



# Our Health, Our Lambeth

## Year 2 Review and Action Plan for 2025/26



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**About this document**

**Title:** Our Health, Our Lambeth, Lambeth Together health and care plan 2023–28: Year 2 Review and Action Plan for 2025/26

**Purpose:** Second of our annual reviews for ‘Our Health Our Lambeth 2023–2028. An outline of how health and care services in Lambeth have worked together to improve health and wellbeing outcomes in 2024/2025 and our action plan for 2025/26

**Approved by:** Lambeth Together Care Partnership Board

**Date:** 15 May 2025

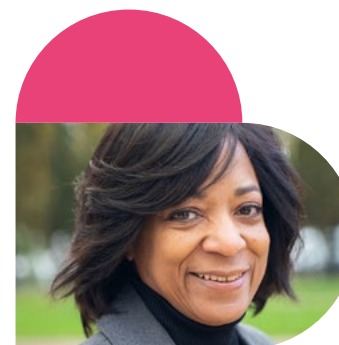


# Foreword

Two years ago, the Lambeth Together Care Partnership launched our ambitious five-year health and care plan, **Our Health, Our Lambeth 2023–2028**, setting out a bold vision to improve the health and well-being of everyone living in Lambeth. Today, as we reflect on our progress and prepare for the third year of our plan, we do so with a renewed sense of purpose, determination, and commitment to delivering care that is truly designed around the needs of our communities.

Over the last year, we have seen significant change within our Board with a new co-Chair, Cllr Jacqui Dyer, Cabinet Member for Healthier Communities, alongside other new Board members who bring fresh perspectives and expertise. Their leadership strengthens our ability to work collaboratively, to tackle persistent health inequalities and to shape a fairer, more inclusive health and care system for Lambeth.

Lambeth remains a borough of rich diversity and resilience, yet we continue to face stark inequalities. The resource pressures on local government, the NHS, and the voluntary and community sector remain substantial, but our collective strength and innovative approaches are helping us to drive meaningful change. The new government's vision for a Neighbourhood NHS aligns with our approach, with three Big Shifts focusing on prevention, shifting care closer to home and harnessing digital innovation to enable a more sustainable and equitable health and care system.



Dr Dianne Aitken, Lambeth GP



Cllr Jacqui Dyer, Cabinet Member for Healthier Communities, Lambeth Council

**Lambeth Together Care Partnership  
Board Co-chairs**

Despite the ongoing financial and operational pressures, we have made significant progress over the past year. We have expanded Hospital @home services, reducing unnecessary hospital admissions and supporting recovery in the community. We are improving access to mental health services for people in crisis alongside providing support for them to recover and stay well. New community-led initiatives are helping to address the specific needs of our diverse population and provide culturally competent, person-centred care. We have strengthened support for carers through the delivery of the Lambeth Carers' Strategy and enhanced access in primary care to better meet demand. The launch of our Age-Friendly Action Plan marked an important milestone in our efforts to foster an age-friendly community and support older residents to age well, whilst our new 0–25 disabilities service has implemented a more holistic approach to aid the transition to adult services.

Our priorities for the year ahead will include a focus on developing and strengthening our Integrated Neighbourhood Teams by building on the learning from our work to date to bring together health and care partners, including NHS Trusts, primary care and local authority teams, with the voluntary and community sector to work closer together at a neighbourhood level. We will also take forward the Patient and Carer Race Equality Framework (PCREF) to tackle the impact of systemic racism in mental health outcomes and care, helping to ensure that our provision is equitable and responsive to the lived experiences for all our communities. As a partnership we are wholeheartedly committed to anti-racism and are actively learning from the PCREF to implement this most effectively across all aspects of our work.

Central to our progress is the voice of our community. Our plan remains a living, breathing document - rooted in the priorities detailed in the Lambeth 2030 Our Borough Plan, the Lambeth Health

and Wellbeing Strategy and the South East London Integrated Care System's (SEL ICS) Strategic Priorities. It continues to reflect the insights of our partners and the lived realities of Lambeth residents, ensuring that our refreshed actions are informed by those we serve.

As we move forward, we remain committed to ensuring that all residents regardless of race, income, or background can expect the best possible health outcomes. Our journey towards health equity is ongoing, and through collaboration, innovation, and a shared vision, we are confident that we can continue making Lambeth a healthier, fairer borough for all.

Thank you for being part of this journey. Together, we will build a stronger, more inclusive health and care system.

[Our Health, Our Lambeth: Lambeth Together health and care plan 2023–28](#)

# Lambeth Together

## What is Lambeth Together?

Established in 2017, 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.

In the past, divisions between hospitals and family doctors, between physical and mental health and between NHS and local government services have meant that many experience disjointed care. Furthermore, these impacts are not felt equally - with poverty, racism and inequality contributing to worsened health outcomes for many.

Lambeth Together coordinates health and care across our borough to remove unhelpful divides, making services easier to access and better suited to people's needs. This helps people get the right care and support in the right place, as early as possible and will benefit our population in achieving better health in the decades to come.



# 'Our Health, Our Lambeth'

## Lambeth Together health and care plan 2023–28

### 'Our Health, Our Lambeth' Lambeth Together Health and Care Plan

In May 2023, the Lambeth Together Care Partnership Board formally agreed and committed to 'Our Health, Our Lambeth', a comprehensive and ambitious Health and Care plan for 2023–2028.

Informed by our partner organisations, our Delivery Alliances and Programmes, consultation and engagement with the public and a range of voluntary, community, faith and social enterprise organisations, Our Health, Our Lambeth was developed to guide the partnership in how we will work together for the wellbeing of our patients, residents and those who care for them.

The Lambeth Together Health and Care Plan sets out how health and care services are working together to improve outcomes and achieve our overarching aspirations including the activities we are delivering, the principles

of how we work, and how we are measuring the impact of our work.

This is a five-year plan with a dynamic annual action plan. In May 2024, we published our first annual review which reflected on a number of key achievements:

- The Living Well Network Alliance launched the Culturally Appropriate Peer Support and Advocacy Project (CAPSA), which won a Health Service Journal (HSJ) Award for 'Best Not for Profit Working in Partnership with the NHS'.
- The Neighbourhood and Wellbeing Delivery Alliance's Social Prescribing Link Workers ran six health and wellbeing events, from North Lambeth to Streatham, engaging hundreds of residents.
- The Children and Young People's Alliance focused on Lambeth Maternity Services and collaborated with system partners to improve governance and equality, diversity, and inclusion in maternity care.

We also outlined our plan for 2024/25 and over the past year we have taken this forward, building upon the successes delivered in year one. We have now reviewed and refreshed our plan for 2025/26, demonstrating the progress we have made to date as well as committing to the key priorities we will take forward during the year ahead.

We also recognise the uncertain and changing financial and legislative landscape in which we are making these plans. As far as is possible these plans represent our current priorities and intention for 2025/26, but may be subject to further review and change if there are material changes to our delivery capability, responsibilities or our shared arrangements.

See our [year one 2023–2024 annual review here](#).



## Our Delivery Alliances and Programme Areas

We have prioritised eight population groups and health issues where we will work together to improve health and wellbeing - we call these our 'Delivery Alliances' and our Programmes.

### Staying Healthy Programme

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

### 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.

### Children and Young People Delivery Alliance

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



### Learning Disabilities and Autism Programme

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

### Neighbourhood and Wellbeing Delivery Alliance

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



### Homeless Health programme

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

### Living well Network Delivery Alliance

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



### 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 Aspirations and Outcomes

Lambeth Together 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. 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.

Lambeth Together identifies three overarching **Aspirations** for our plan, which will be achieved through the delivery of 15 key outcomes over the five-year period.

1. People lead healthy lives and have good physical and emotional health and wellbeing for as long as possible
2. Physical and mental health conditions are detected early and people are supported and empowered to manage these conditions and avoid complications
3. People have access to and positive experiences of health and care services that they trust and meet their needs

## A commitment to Equality, Diversity, and Inclusion

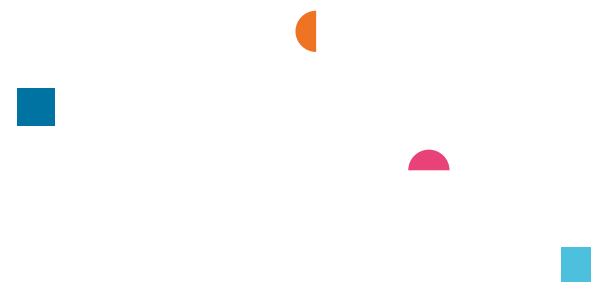
Lambeth Together upholds the principles of Equality, Diversity, and Inclusion (EDI) to ensure fairness, dignity, and respect for all. Our EDI agenda is dedicated to addressing concerns, dismantling barriers, and fostering a healthier borough where every individual has equitable access to health and care services, fair treatment within these services, and equal opportunities to attain optimal health outcomes, thereby reducing health inequalities.

Through undertaking this annual review we re-commit to taking 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

The EDI subgroup plays a crucial role in supporting and overseeing the work of our Lambeth Together Delivery Alliances and Programme areas. Through rigorous scrutiny, we ensure that our Health and Care Plan is inclusive and accountable, providing recommendations and feedback to improve support for our residents. For example, this

year the Lambeth Together EDI Group has promoted initiatives to support residents with learning disabilities and autism in gaining work experience and employment opportunities. We have also established an oversight process to enable us to monitor the implementation of the Patient and Carer Race Equality Framework (PCREF). This aims to ensure stronger coordination and collaboration across all of our Delivery Alliances and Programme areas that offer mental health support, adopting a whole partnership approach to institutionalising the PCREF more widely within Lambeth Together.

Within the EDI subgroup, there are further subgroups dedicated to specific areas of inequality, such as LGBTQ+ disparities, and a working group managing the South East London (SEL) Health Inequalities funding.





## Continuing our programme to tackle health inequalities

This year we have continued to invest the health inequalities funding made available by South East London Integrated Care Board (SEL ICB) and our Delivery Alliances and Programmes have implemented projects that will continue into 2025/26.

To inform these proposals we evaluated the initiatives in the preceding years and found significant progress in several areas. Our projects successfully engaged with diverse communities, providing tailored support and resources. We saw improvements in early intervention for mental health among children and young people, and our efforts in prevention and wellbeing led to healthier lifestyle choices across the borough. However, challenges remain, particularly in addressing the root causes of health inequalities, such as socioeconomic factors and systemic racism. We are committed to refining our approaches and seeking sustainable solutions to these complex issues.

For 2024/25 and 2025/26 our investment continues to adopt a preventative approach and will target key areas such as diabetes, respiratory illnesses, mental health promotion and improving access to physical activity for people with long-term conditions. Through these initiatives we are co-developing and implementing more culturally appropriate and tailored support.

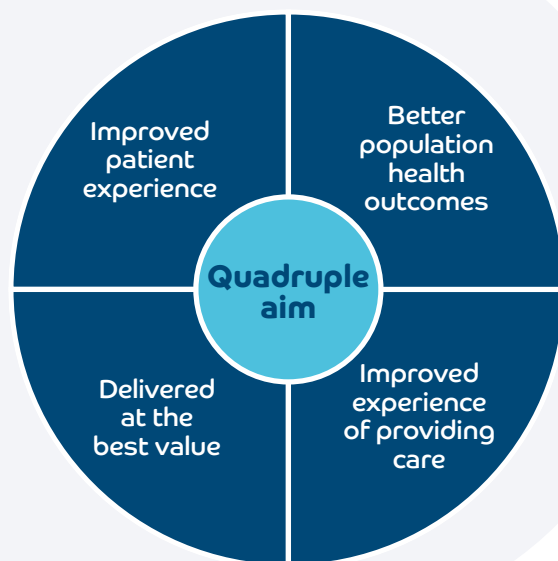
The health inequalities funding therefore presents an exciting opportunity to significantly contribute to our overarching aspirations outlined in 'Our Health and Our Lambeth'. Through our collaborative efforts and targeted interventions, we are creating a more inclusive and supportive environment where everyone can lead a healthy and fulfilling life.



# What Will Help Us Deliver Our Plan

When launching our plan in 2023, we reflected on and agreed the ways we need to work and what our staff, partners and residents need, to help us meet our outcomes.

## Quadruple aim framework



## Our principles:

To deliver our aims, we recognised that we need to operate differently. By working together and reflecting on our ongoing engagement with residents and service users, we 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 continue to 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.

- 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.

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.



## 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

Our workforce is at the heart of delivering high-quality, inclusive, and equitable care for the people of Lambeth. We are committed to building a workforce that is representative of our diverse and intersectional communities, ensuring that staff can relate to and understand the lived experiences of the people they serve.

To achieve this, we will continue to focus on workforce development and retention, fostering a culture where staff feel valued, trusted, and empowered. Our emerging Lambeth Together workforce strategy will be designed to ensure that all employees have the capacity and support they need to provide communities with a consistent and reliable service. By prioritising staff satisfaction and wellbeing - we aim to create a positive and equitable working environment that attracts and retains our talent.

We will strengthen our ability to work as an integrated system, supporting workforce development across organisational boundaries through initiatives such as the Integrated Neighbourhood Teams and the wider Clinical and Care Professional Leads

(CCPL) Network. This will enable a more seamless and coordinated approach to care inequalities and drive improvements in local health outcomes.

### Clinical and Care Professional Leads Network

In May 2024, we recruited to our new team of Clinical and Care Professional Leads (CCPLs). As part of the process, we focussed on recruiting a more diverse group of professionals. Our CCPLs work on creating better, more personalised, and coordinated ways to support people and provide care in hospitals, GP surgeries, care homes, community settings, and people's homes. Each CCPL collaborates with colleagues from different health and care areas, as well as with service users and communities, to share knowledge, innovate, and improve services based on their own and others' experiences. Key focus areas include maternity, children's health, domestic abuse, mental health, learning disabilities and autism, diagnostics, planned care, medicines, social prescribing, and managing long-term conditions like diabetes or chronic pain.

## 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.

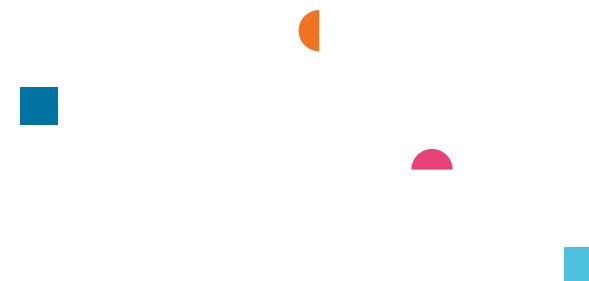
## Our communities

- Communicate and engage with our service users and residents using a range of methods, ensuring information is accessible and easy to understand, and listen to service users, 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.
- 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.

## Finances

As we approach the third year of our health and care plan, we recognise the increasingly challenged financial position of our health and care system. All partners face ongoing pressures and resource constraints, and we are working together as a system to achieve sustainability over the coming years. Throughout this annual review and looking ahead to 2025/26 we remain focused on delivering the outcomes that matter most to our patients and residents whilst balancing our ambition with realism, enabling us to:

- Provide health and care services that meet the growing needs for people within the available resources that maximise productivity and efficiency opportunities.



## Data and Population Health Management

Our goal is to improve health outcomes for all residents while focusing on those most in need to ensure equity. This includes making a positive impact on specific populations within our community, such as those from different ethnic backgrounds, sexual orientations, and those living in deprived areas. To achieve this, we are committed to developing a culture and infrastructure that prioritises data-driven decision-making.

By embedding Population Health Management (PHM) principles, we will move away from a reactive system that responds when people become unwell and shift towards a proactive model that focuses on prevention, reduces the risk of hospitalisation, and addresses healthcare inequalities.

A strong neighbourhood focus is key to this approach. Without fundamentally changing how health and care services engage with local communities, we will struggle to manage increasing demands, improve health and wellbeing, and reduce inequalities.

By improving how we collect and analyse data, and learning from best practice, research, and quality reviews, we can better understand the needs of our populations and deliver more targeted and effective care

Two examples of our data-driven approach are Lambeth HEART and Lambeth DataNet. Lambeth HEART are developing a novel data linkage between Lambeth Council's Adult Social Care data and South London and Maudsley's mental health data. This will lead to the provision of an anonymised data resource for research purposes using the Clinical Record Interactive Search (CRIS) system. The resulting dataset will comprise only data from individuals who have both mental health records and adult social care records. This is in partnership with Kings College 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 <https://lambethtogether.net/our-ways-of-working/>



# What We Achieved Together In 2024/25

Reflecting on the second year of Our Health, Our Lambeth demonstrates our partnership's resourcefulness and resilience in challenging circumstances. Over the past twelve months, we have continued to improve access, outcomes and experience for our residents in key areas, building on the strong baseline developed in the first year of the plan.

From working with system partners to tackle the wider determinants of health and implement early intervention and prevention measures to supporting those with long-term conditions, each milestone represents the benefits of collaboration and partnership working. As we conduct this second annual review, we celebrate with pride the strides made in improving the quality and responsiveness of care, whilst looking ahead at the work still to do.

## Our Alliances - a selection of achievements

### Living Well Network Alliance

#### Developing and improving our services

At the start of the year, Living Well Network Alliance partners agreed the three-year extension of our partnership, which will start from April 2025 to March 2028. Over the last year we have continued to deliver on our priorities, whilst looking ahead to plan how we want to work over the coming three years. The Alliance has continued to focus on managing the increased demand for mental health services, developing more mental health support with GPs, and building on our approach to tackling health inequalities such as our award winning CAPSA (Culturally Appropriate Peer Support and Advocacy) service and pioneering the Patient and Carer Race Equality Framework (PCREF). We have also further developed our existing support services – Individual Placement and Support (IPS), and Staying Well, including the Primary



**13,670**  
people accessing  
services

**266**  
people  
supported  
to look for  
work

**575**  
A&E  
attendances  
avoided

**834**  
people  
in crisis  
supported  
at home



Care Alliance Network (PCAN) – to maximise their impact and effectiveness across the whole of Lambeth.

### Improving access and outcomes

From April to December 2024, we worked with 13,670 people and many of our services were at or close to capacity

- Our services are accessible. We responded to 86% of new referrals in under 14 days.
- Most people fully engage with the offer we make them, 83% of people to date this year.
- We are focused on supporting people to recover and move towards independence, 51% of people who used a service during this period were moved on from it.
- We supported 834 people in crisis to remain at home, The Treehouse worked with 22 people, all of whom were sustained in semi-independent

accommodation and our Staying Well team supported 271 people to remain well at home, while the Community Living and Support Service (CLaSS) supported 424 people to be discharged from hospital to more independent accommodation.

- We know that people want us to help them to use their time more productively, resolve problems impacting on their health and find work. We made 3,021 referrals for additional support and our Individual Placement Support (IPS) team supported 266 people to look for work.

### The Evening Sanctuary

Mosaic Clubhouse, which delivers the Evening Sanctuary for the Alliance, celebrated its 30th anniversary in 2024. This year the sanctuary hosted over one thousand attendances from people between April and December 2024, directly avoiding 575 attendances to A&E.

### Pioneering Research across London

Monica Geraghty, Programme Manager for the Living Well Network Alliance, presented a case study on embedding Mental Health Specialist and Supported Housing within a whole system approach to overcome barriers, to a Research and Market Development event organised by the Greater London Authority.

The Alliance has also been taking part in a research project: How can we put social interventions at the centre of mental health care? Led by the Centre for Society and Mental Health and the Institute of Psychiatry, Psychology and Neuroscience, KCL. Involving two in-person Theory of Change workshops to date, we have helped develop a model which maps out what changes need to be made to systems and processes in SLam so that social inclusion is put firmly at the heart of mental health care. The results are due to be published shortly, and we are excited to support the recommendations in Lambeth.

## Neighbourhood and Wellbeing Delivery Alliance

### Hospital @home Service

The Hospital @home Service started in 2013. Since then, capacity has grown through the wider “Hospital @home” offer across Lambeth and Southwark including a number of adult and paediatric services. Throughout the last two years, the service has been able to work with more people, including:

- Addressing identified inequalities. For example, we started working with residents with sickle cell through a pilot project to support deterioration of sickle cell symptoms in the community and avoid hospital admissions.
- Understanding what population health data tells us about numbers of people at risk of being admitted to hospital and how Hospital @home can provide a safe and trusted alternative to hospital admission.
- Improving how Hospital @home works closer with other services and teams, i.e. palliative care and integrated respiratory services.

- Developing a Remote Monitoring pilot project through partnership with Doccla. Remote monitoring is the use of technology to monitor patients remotely using digital devices to collect and share patient health information, allowing patients to remain at home and track progress of their condition and alert clinicians to changes in their health. The intention is to enable care for more people in their own homes.
- Developing new pathways of care. This has included post procedure Transcatheter aortic valve implantation (TAVI), a procedure to replace a damaged aortic valve with a new one without open heart surgery. We also look at how to discharge people on the same day as their surgery without having any overnight stay and earlier supported discharges following surgery so that people can recover in their own homes.

Through our collaborative place-based approach, we have delivered a 65% increase in Hospital @home capacity from 2023/24, achieving the target of 40–50 beds per 100,000 population set by NHSE across



**65%**  
increase in  
Hospital @home  
capacity

**241**  
Hospital  
@home  
beds  
available

**Over 550**  
attendances at  
PCN community  
events

**706**  
cancer  
screening  
tests  
completed



Lambeth and Southwark. We now have 241 beds, provided across a range of specialisms from December 2024.

### Long-Term Conditions

Our Medicines Optimisation team have joined up with various health campaigns, like May Measurement Month and Know Your Numbers Week. These events have brought together the Lambeth Health and Wellbeing bus, Lambeth Council, specialist blood pressure pharmacists from Guy's and St Thomas' NHS Foundation Trust, and local Community Pharmacists. We've held these events in popular spots around Brixton, including the Civic Centre, Town Hall, Windrush Square, and the library. The aim is to make it easier for people to check their health and learn more about managing blood pressure.

### Cancer initiatives

The NWDA's support of local initiatives has played a pivotal role in tackling cancer and health inequalities through collaborative, community led events. Working with local partners, we have helped support a range of

impactful activities to boost cancer screening awareness and access, particularly among underrepresented groups.

- Hills Brook & Dale PCN held two cancer screening awareness events for residents who had not responded to screening invitations in September 2024 and March 2025. 105 and 77 people attended each to learn more about cancer screening and prevention. More than half of the men (73%) who attended the September event were Black Afro-Caribbean/ African ethnicity.
- Stockwellbeing PCN held an International Women's Day event in March 2025 which featured talks on breast and bowel cancer screening, with flyers translated into multiple languages, for more than 80 women who attended
- Evaluation of the Catch 22 Bowel Cancer Screening Project demonstrated that the project engaged with 4,439 out of 8,339 individuals who had not responded to a bowel cancer screening invitation, with 706 completing screening tests.



## Improving access to Primary, Community and Emergency Care

**Improving access to General Practice:** This year we saw an increase in the number of appointments offered in general practice, with 812,000 conducted from April to August 2024. General Practice appointment data confirms Lambeth is achieving beyond the 1.5% increase in General Practice appointment activity compared to the previous year.

**Shifting to digital:** 100% of practices now operate a cloud-based telephony system. Through the Lloyd George Records Digitisation 53% practices have either had their LG Records digitised or have been put forward for digitisation in the coming year. The remaining practices will be put forward as national funding is identified.

**Digital Inclusion:** To support patients and practices a self-assessment Digital Inclusion (DI) Framework has been developed. 5 face-to-face sessions have been held providing training and insight into DI, use of NHS App understanding of its optimisation at practice level.

NHS APP-Registrations have increased by 5% in the year to December 2024 in those over 13 years of age. 55% of practices are at or above the 50% national target for utilisation. Through the Digital Change Manager we are working with the remaining practices, focussing on NHS App Awareness, Barriers and Resistance to improve access for all Lambeth registered patients.

**Patient Registration Automation:** 18,700 patients have been enabled to automatically register with a Lambeth Practice, saving 2.75 days of admin, and a 500% increase in coded registration data improving the patient experience as demonstrated with 4.9 (out of 5) feedback. Practices able to free up time to support more complex patients and those that frequently attend.

**Improving access to Urgent and Emergency Care:** Over the last year there has also been significant work to develop and improve access to Urgent and Emergency Care through a variety of channels:

- Ahead of the expected re-design of the local 111 service we have redesigned a more tailored Integrated Delivery Unit

which will provide clinical assessments, revalidations of ambulance response categories, support and navigation for clinicians and enable better utilisation of all pathways from self-care, pharmacy support, and primary care appointments to Urgent Treatment Centres (UTC) and Emergency Department (ED).

- Increased use of self-care app (Get U Better) for self-management of muscular skeletal services.
- Launch of additional community services as an alternative to secondary care including Community Ear, Nose and Throat (ENT) service, continued community audiology services, which now offer self-referral route, community ear wax removal service and continuation of the minor eye condition service.
- Supported both Kings and GSTT with transformation of services to provide additional capacity for urgent care and flow from these departments. Provided additional winter funding for key schemes to decompress ED departments throughout winter.

## Working with Communities

The Alliance continues to work across Lambeth's diverse communities, actively listening to what is happening within them from those who are delivering on the ground. The Board of the NWDA has held several meetings in the heart of our Thriving Communities, hearing first hand from the residents who are delivering for their communities. The first meeting in July 2024, was held in Thriving Fiveways (which covers the Loughborough Junction, Angell Town area) at the community run Platform Café. Similar meetings were held in Thriving Norwood and Thriving Stockwell. Community groups presented their work to senior Leaders from social care, public health, community services, primary care, secondary care and commissioning.

Our Pro-Activity programme, working to increase levels of physical activity in Lambeth, has co-developed programmes with Thriving Fiveways which has some of the most deprived areas in Lambeth.

Led by the Thriving Fiveways group, an intergenerational walking flag football team has been designed with local community group, BIGKID Foundation. The programme is aimed at people who are 55+ and started in January 2025. We were successful in obtaining match funding from London Sport for this programme.

Working with partners including the MSK (Musculoskeletal) Physiotherapy Team at GSTT, the Pro-Activity programme held three successful Physiotherapy Community Days. For the first session at Flaxman Sports Centre, invites were sent to those on the MSK waiting list in Fiveways PCN and over 100 people attended. Over 65% of attendees were female and 50–60-year-olds were the highest number in attendance, followed by 60–70-year-olds. 33% of attendees were Black British. The NWDA also funded two days at Streatham Ice and Leisure Centre, with over 100 people attending each day to effectively clear the physiotherapy waiting list in Streatham.







### Supporting our residents to manage the cost of living

Throughout 2024/25, the council delivered a [Cost-of-Living Response Plan](#) to support residents to maximise their incomes, minimise their costs and build their financial resilience. This was the third Cost of Living Response Plan put in place by the council to support those most impacted by poverty and increased costs, with initiatives including holiday support to children in receipt of free school meals, targeted support to the council's most vulnerable tenants impacted by communal heating and hot water charges and targeted link-worker support.

Over the course of this plan, we have seen a number of important outcomes:

- Since April 2023, the council has provided over 90,000 units of support to over 33,000 households.

- The percentage of unclaimed benefits in the borough has reduced by 23%, bringing over £6.5m into the borough.
- Prior to the council's Cost of Living Response Plans, 27% of all residents in financial crisis were from Black households. This figure has now decreased to 20%, marking a significant improvement. Similarly, the proportion of residents at risk of crisis that are from Black households has dropped from 29% to 27%. These changes represent a 9% reduction in the inequalities gap for Black residents either in, or at risk of, financial crisis.
- Through the Cost-of-Living Response Plans, the council has reduced the number of households with negative budgets by three times the amount estimated if no action had been taken.





## Children and Young People Alliance

The Children and Young People (CYP) Alliance has played a vital role as a collaborative platform, supporting initiatives that have addressed health inequalities and improved outcomes for children, young people, and families across Lambeth in 2024/25. By facilitating partnerships and fostering engagement, the Alliance has strengthened efforts to deliver impactful change.

## CHILDs and South London Act Early

The Children and Young People's Health Partnership (CYPHP) continued advancing its Child Health Integrated Learning and Delivery System (CHILDs) framework, with the Alliance facilitating partnerships to ensure proactive and integrated child health. Each PCN now has a dedicated child health team, with around 65% of children managed in primary care through triage advice. Feedback has been positive, with 100% of GPs and patients reporting satisfaction following triage or local clinic attendance.

Collaboration with community organisations and initiatives such as South London Act Early is supporting a broader, data-driven approach to addressing health inequalities. Early work includes engaging five community

groups, jointly funding roles to support interventions, and co-designing solutions.

The CHILDs model also received national acclaim with an HSJ award for improving paediatric outcomes, demonstrating the value of collaboration and user-centred approaches in delivering meaningful change.

## Evelina Strategy and Engagement:

The Evelina London Children's Hospital has been a key partner, achieving national recognition for reducing inequalities. The Evelina London Patch Children's Nursing Team won the 2024 HSJ Award for Reducing Inequalities and Improving Outcomes for Children and Young People. Their proactive, holistic model of care has dramatically improved outcomes for children with asthma, eczema, and constipation in Lambeth and Southwark.

## Maternity:

The Alliance has supported advancements in maternity care through its collaboration with the Local Maternity and Neonatal System (LMNS). Key developments include:

- Supporting the establishment of a maternal medicine network to improve



**HSJ  
award**  
for improving  
outcomes

**£3.8m**  
early  
years  
funding

**Five**  
marginalised  
groups engaged

**Ten**  
years  
of LEAP  
celebrated

care for women with complex medical needs, reducing disparities in outcomes for marginalised groups.

- Contributing to updates in the LMNS equality and equity action plan, aimed at addressing structural barriers in care provision.
- Amplifying the Evelina London Maternity “Good to Outstanding” Programme, which engaged over 2,700 women and families to inform priorities such as continuity of carer, perinatal mental health, and personalised care plans.
- Highlighting birth trauma services for families experiencing baby loss, launched in partnership with perinatal mental health teams.

#### **MatDAT Rollout and Development:**

The national rollout of the Maternity Disadvantage Assessment Tool (MatDAT) in 2024/25 continues to develop, with the Alliance playing a key role in refining its use. Future work with the Born in South London dataset will help to deepen understanding of how women and birthing people access and engage with maternity services, ensuring the

tool is effectively identifying and addressing disparities. These insights will inform local and national maternity strategies, with a focus on improving equity in care.

#### **10-Years of LEAP:**

As LEAP concluded its transformative 10-year programme, the Alliance is ensuring key learnings shape future work, specifically emphasising investment in early years services, strengthening community connections, and adopting long-term funding models. LEAP’s holistic community engagement model was celebrated at its September 2024 Learning Conference, attended by over 170 participants.

LEAP achieved a 40% improvement in overall child development at age 2.5, a 12% increase in parental mental health and wellbeing, and a 5% rise in parental knowledge, skills, and behaviour, with the greatest impact in deprived areas. Service successes reduced pre-term births through caseload midwifery, improved home learning environments through early communication programmes and embedding midwifery continuity of care.

#### **FHSL and Early Years Achievements:**

Lambeth has secured £3.8m in national Family Hub and Start for Life funding (2022–2025), with a further £1.34m confirmed for 2025/26. The Alliance has helped shape the development of Family Hubs, ensuring integration with early years and youth provision. This has included engagement with health, education, and community partners to co-design services that are more accessible and responsive to local needs. Key areas of focus have been strengthening perinatal mental health support, improving access to SEND services, and developing targeted outreach for young parents and families facing disadvantage

#### **CYP Emotional Wellbeing and Mental Health:**

Through partnerships, the Alliance has facilitated strides in improving emotional wellbeing and mental health (EWMH) provision for children and young people. A pilot integrating mental health specialists into local child health teams resulted in 50 children being discussed over nine months, with 43% receiving advice and guidance, and targeted interventions for issues such as anxiety, low mood, and ADHD.



### **Lambeth CAMHS (Child and Adolescent Mental Health Services):**

Lambeth CAMHS has also made significant progress in addressing service access and quality in 2024/25. The service increased the number of first care contacts while reducing long waiting lists, ensuring timely support for children and young people. Collaborating with system partners, CAMHS refined its ADHD pathway and introduced pharmacist input alongside additional nurse prescribing capacity to expand treatment options.

The service's community presence was strengthened with its move into St John's Angell Town Primary School, improving accessibility for families. Efforts to engage under-represented groups led to a 6% increase in access for children and young people from global majority communities. Partnerships with external organisations facilitated additional ADHD assessments and treatment initiations. CAMHS also secured Wave 12 funding to grow Mental Health Support Teams in schools, enhancing early intervention and support for young people.



### **PCREF and Schools Mental Health Support Teams**

The Alliance has supported the rollout of the Patient and Carer Race Equality Framework (PCREF) in Schools Mental Health Support Teams, focusing on staff training and cultural awareness to improve access and engagement for children and young people from racialised communities. This work has involved equipping teams with the skills and knowledge to deliver more culturally responsive care, alongside strengthening data collection to better understand disparities in service use. Early feedback suggests that these efforts are improving engagement, with further evaluation planned to inform next steps.

### **Well Centre Evaluation Achievements:**

An evaluation of the Well Centre—a youth-friendly, multi-disciplinary primary care service—showcased its holistic and impactful approach. The service delivered over 5,000 appointments to young people aged 10 to 25 during the previous year. Outcomes included:

- Improved access to tailored health services for young people experiencing anxiety, depression, self-harm, behavioural

challenges, gender identity questions, school attendance issues, and more complex issues such as post-traumatic stress disorder.

- Improved mental health outcomes, measured using the World Health Organization wellbeing scale (WHO 5).

## Our Programme achievements

### Learning Disabilities and Autism

#### Launch of All-Age Autism Strategy:

This year Lambeth launched its [All-Age Autism Strategy](#) and has started working through the plan this sets out. In February Lambeth hosted the first Autism Action forum to review progress of the strategy with residents and service providers. Lambeth received 23 applications for All Age Autism funding, and successful organisations were invited to a Welcome Event in February to look forward on progress together.

#### Launch of 0–25 service:

This year saw the launch of the 0–25 Disabilities Service. Children or young people

with a disability and their families can receive specialist support that is responsive to a person's changing need as they transition to adult services. The approach is holistic, considering work or education, independent living, and the move to adult health services.

#### Meeting Annual Health Check targets:

Uptake of the Learning Disability (LD) Annual Physical Health Check (AHC) has remained high this year, meeting the national target of 75%. Lambeth is continuing to improve awareness of AHCs to try and reach as many residents as possible. This includes collaboration with schools, colleges, and special education needs coordinators (SENCOs), as well as joint efforts with Lambeth Carers' Hub and Social Services. Lambeth has been running Q&A sessions, launching a peer review process for health checks, and widely sharing easy-to-read information about health checks. Lambeth has also been working with voluntary organisations to raise awareness and holding a Listening Event for GP practices and people with learning disabilities to improve the health check process.

#### Lambeth Carer's Strategy:

Carers make a critical contribution to supporting the health and wellbeing of communities in Lambeth. In 2024, we launched the Lambeth Carers Strategy and quickly commenced work to deliver on the priorities identified by Lambeth carers. Some of what we've achieved so far includes:

- **We launched discounted memberships at Active Lambeth sites for unpaid carers.** This enables Lambeth carers who are signed up to the Lambeth Carers Card to access concessionary rates for gym membership as well as 'pay and play' visits.
- **We launched the Carers Hospital Discharge Pilot.** In collaboration with Carers Hub Lambeth and Age UK Lambeth, health and social care teams have launched a year-long pilot programme to support carers during hospital discharge by linking them in with information, support and post-discharge interventions.
- **We launched the Lambeth Carers Awards 2024.** In September 2024, Lambeth demonstrated our commitment to recognising carers for their contribution

while raising the carer profile. Partners across the system came together to celebrate several carers across 20 categories through an awards ceremony with music, food and entertainment.

- **We updated our webpages to improve information for carers.** Lambeth have committed to producing transparent and accessible information on support and care pathways. Contributing towards this, Adult Social Care completed a wholesale review of Adult Social Care webpages, including a review and update of carer-specific pages, improving the quality of information available for carers.
- **We increased the number of carers assessments completed.** Lambeth have committed to providing a carers assessment for all eligible carers. To date in 2024/25, a total of 1,994 carers assessments have been completed, which is an increase on the 1,536 assessments completed the previous year. We have also met the 95% target of carers known to Adult Social Care being offered an assessment.

## Sexual Health

The Sexual Health Programme + HIV Commissioning Team has got much to be proud of this year. Apart from the huge amount of business-as-usual work, we've all been heavily involved in other Lambeth, Southwark, Lewisham, Bexley and Bromley (LSLBB) work, regional and national projects to ensure that we are working towards providing the best services we can, reducing inequalities experienced across our communities and meeting unmet need.

Commissioners have developed and procured new services, run stakeholder and engagement events, undertaken rich consultations and organised lunch and learn events and awareness campaigns whilst broadening the invite list to more and more partners each time they've done it.

### LARC Hub:

Public Health have commissioned MSI Reproductive Choices UK to deliver the Long-Acting Reversible (LARC) contraception Hub Service for Lambeth Patients alongside the existing GP provision where available. The service fits, remove and replace contraceptive implants and IUD/S (intrauterine devices).

The clinic is based in Brixton and patients will also be able to access the service from central London and Lewisham clinics. The service also provides training appointments for clinicians interested in becoming LARC fitters, as we know there is a demand for this from local clinicians. The service launched in February 2025.

### Sexual Health Pharmacy Service:

The Sexual Health Pharmacy Service has been refreshed and reviewed. 20 pharmacies are now signed up to deliver the service and the Pharmacy Alliance is working to grow, promote and strengthen the service.

### Sexual Health Outreach Service:

Lambeth, Southwark, and Lewisham (LSL) have achieved a significant milestone towards improving sexual health and wellbeing by successfully commissioning Sexual Health Outreach Services for key communities over the last year. This will form part of a wider Sexual Health Outreach Alliance covering LSL which will include the outreach providers and specialist sexual health clinics. This innovative collaboration will aim to address barriers faced by young



people, ethnically minoritised groups, and marginalised communities, ensuring accessible, dignified support for all. The initiative emphasises community-focused sexual health and wellbeing information and promotion, workshops, one-on-one counselling, and improved access to sexual health clinics through a chaperone service. This partnership demonstrates a commitment to reducing stigma and fostering healthier, empowered communities across LSL.

#### **SHERO: Lambeth outreach project:**

SHERO (Sexual Health Empowerment and Reproductive Outreach) is a dedicated initiative aimed at championing sexual and reproductive health for Black heritage women in Lambeth. Through workshops, events, and awareness campaigns. SHERO empowers and educates while providing accessible health resources tailored to their unique needs.

This is a six-month project and to date, over 200 Lambeth residents have attended three community events to hear talks from GPs, clinicians and local sexual health providers such as the Africa Advocacy Foundation

(AAF). The events have been well supported by local organisations such as Healthwatch Lambeth, Alzheimer's Society and Age Concern.

At the time of this report, the project has recruited 14 Community Champions who are being trained to deliver talks in the community (e.g., library events, parent and toddler groups) across the borough as well as signpost Lambeth residents to existing services. At the last event they shared their personal experiences on the project, while looking forward to engaging more directly with the Lambeth community after completing their training programme. The feedback so far is that residents are responding positively to speaking about Sexual and Reproductive Health (SRH) and HIV with volunteers who come from the same background and experiences as them.

By fostering open discussions and improving access to quality health information, SHERO seeks to reduce sexual health disparities and build a supportive, informed community.

Going forward the Caribbean and African Health Network (CAHN) will continue this exciting work as business as usual.





### **London HIV Prevention Programme:**

Lambeth continues to host and commission the London HIV Prevention Programme (LHPP), and to collaborate closely with its staff. LHPP is London's flagship HIV public health programme, a pan-London partnership between all boroughs to work to reduce new HIV diagnoses in the capital. In 2024 the programme was extended to run until 2027. Lambeth will continue to manage the LHPP on behalf of the 32 London Boroughs, the Association of Directors of Public Health and London Councils.

In addition to the award winning Do It London campaign, LHPP will continue to deliver an outreach and engagement service to gay, bisexual and other men who have sex with men, overserving racially minoritised, migrant, and younger men.

This year the LHPP have introduced a new arm to the programme that will specifically target communities of Black heritage. To inform this work a needs assessment has been commissioned and will report the findings in March 2025.

### **World AIDS Day Communications: LHPP and Lambeth:**

For World AIDS Day (1 December), the programme delivered a host of activity, including:

- Producing videos promoting the four prevention methods, that organically reached over 10,000 people.
- Delivering multilingual videos promoting HIV testing to GPs, sexual health clinics and other primary care providers for use on digital screens in waiting rooms.
- Running multilingual out-of-home digital advertising, targeting boroughs with higher levels of bilingual speakers, receiving over 700,000 impressions.
- Running digital advertising promoting testing to reach over 1 million people across London.

The above work contributed to over 8000 visits to Sexual Health London's website, and preliminary results indicate a significant uplift in order of tests around this date.

Lambeth contributed directly to this work by securing press coverage, producing organic and paid advertising around testing

and through the screening of videos in a variety of settings including at Lambeth gyms, GP surgeries and in the Health and Wellbeing Bus.

### **Sexual Health Made Simple: Sexual Health Week 2024:**

From 9 to 15 September, commissioners supported this national campaign with external and internal activities to raise awareness of local sexual health services, and to encourage people to take control of their reproductive health including testing regularly for Sexually Transmitted Infections (STIs) and HIV.

For residents and people who work and study in the borough, social media assets were produced for the council's website, Instagram and X platforms. The campaign provided an opportunity to promote the online contraception and testing offer available via SHL.uk.

Commissioners also hosted a series of Lunch and Learn sessions internal to southeast London local authority colleagues to raise the profile of the work we do. Topics included "Reproductive Health: Your Rights" and "Tackling HIV Stigma".

Many colleagues, particularly front-line staff such as social workers, were unaware of services and had not been sharing this information with our key target audiences.

## Staying Healthy

### Age Friendly Lambeth:

Building on the achievements of 2024/25, we've made significant progress on the development of our plans to support us in becoming an Age-Friendly Borough.

As part of our community engagement, we established an Age-Friendly Forum. The forum brings together residents and organisations supporting older residents in Lambeth to hear their perspectives on ageing well to inform our approach to Age-Friendly Lambeth. Across 2024/2025, the forum has met four times - three times in person and once online and has had over 185 attendances across the four meetings.

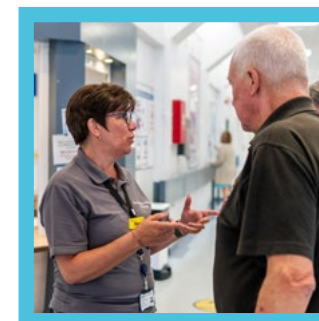
We've also published two documents that detail Lambeth's ageing population and inequalities in ageing: the [Older People's Profile](#) and The Director of Public Health's 2024 [Annual Public Health Report \(APHR\)](#) on Ageing Well in Lambeth.

We combined insights from the community engagement, our reviews of the evidence around ageing and input from Council leads to produce and launch our Age Friendly Action Plan. We consulted on the Action Plan throughout summer 2024. Over 300 people participated, with around 8 out of 10 respondents saying they thought the action plan would support us in becoming an Age-Friendly Borough. These findings were used to inform the finalised Action Plan.

In October, we celebrated International Day of Older Person's with our second ever Ageing Well Festival which attracted over 450 attendees who were able to access information stalls and participate in fun activities.

### Stop Smoking

Over the last year we have continued providing free vapes as part of the national Swap to Stop scheme. Local commissioned pharmacies have added vapes to their offer, as planned. During this past year, the Lambeth Stop Smoking Service has also offered support to the Targeted Lung Health Check (THLC) programme. As a result of this, nearly 600 local residents have been referred



to the local Stop Smoking Service, after they were screened by the TLHC team. The Lambeth Stop Smoking service has been able to incorporate two new specialists to support with this work, as part of the Smokefree Generation pledge. These new specialists will also work in creating workplace clinics, in order to ensure routine and manual workers are offered smoking cessation services in their work premises, so that we can tackle health inequalities and high smoking prevalence amongst this group. Strengthening local pharmacy provision and performance is also one of the objectives for the year to come.

### **Vaccinations:**

The “Vaccinations in New Spaces” project successfully progressed from a six-month pilot to a year-long extension, which is currently ongoing. This initiative is a key part of our co-developed childhood vaccination strategy, designed in partnership with system partners and residents, and aligns with UNICEF’s model for improving vaccination coverage and tackling inequalities.

The project has shown potential in reaching families who might otherwise remain unvaccinated, increasing access

and enhancing parental understanding of vaccination benefits. Some families have reported a renewed intent to vaccinate after engaging with the initiative.

Equity is central to the project, addressing findings from a local health equity audit. By focusing on underserved populations, it complements the universal offer delivered by GPs, while employing targeted and hyper-targeted approaches, such as community outreach and home-based vaccinations, to reduce disparities and improve uptake.

To ensure long-term success, strengthening engagement with General Practices remains a priority. We are encouraged by the project’s potential in reducing childhood vaccination inequalities and have applied for South-East London (SEL) inequalities funding to sustain and expand its impact.

### **Health Checks at Work:**

Public Health successfully bid for government funding to be part of the cardiovascular disease (CVD) workplace pilot. Delivered in partnership with Lambeth GP Federation, “Health Checks at work” took an ambitious approach, meeting the target of over 4,000 CVD assessments and NHS Health Checks for

workers in Lambeth from October 2024 to March 2025.

All employers who signed up to the programme could offer their staff free health checks based on their risk profile. In particular the programme targeted workplaces with staff who were at higher risk of CVD, for example men and workers on low or insecure income. The mobile delivery team saw clinicians go to high street locations in evenings and weekends, successfully reaching more people with underdiagnosed conditions that put them at greater risk of diseases of the heart and circulatory system. The pilot is being fully evaluated and lessons learnt will be taken forward into other health interventions delivered in non-clinical settings such as the Lambeth Together Health and Wellbeing Bus.

### **Promoting healthy behaviours in the local community**

Throughout 2024/25 we have continued to build relationships with local communities, voluntary sector, Primary Care Networks (PCNs) and other partners to ensure residents have access to advice and support in community settings to stay well, which is tailored and culturally appropriate through



initiatives such as the Health and Wellbeing Bus, Thriving Communities, and the Beacon Project.

#### **Lambeth Together Health and Wellbeing Bus:**

The Health and Wellbeing Bus has continued to support residents and workers throughout the borough with general health and wellbeing signposting into services and 1–1 sessions with the team of outreach workers in the areas of mental health, welfare advice and clinician teams. The team regularly see over 1,000 people each month at a combination of high street locations and community hubs and events. During the year the bus attracted additional funding from Kings Health Partners to continue delivering a project that had started back in October 2023 offering cardiovascular disease (CVD) health assessments. In just nine months the team of Health champions and nurses saw almost 2,500 people take up this offer, that included blood pressure and cholesterol checks.

This year the bus also went fully electric replacing the previously diesel-powered vehicle. This has helped align the programme to Lambeth's Climate Net Zero 2030 ambitions.

#### **Ascension Trust Beacon Project:**

The AT Beacon Project has continued to deliver it's wide ranging and culturally appropriate health promotion and prevention support. The team has organised a series of outreach events in the local community and themed activities across their hubs with specific health promotion messages and associated interventions. These activities have celebrated key initiatives like Black History Month and included Prostate Cancer and Cancer Screening Awareness, Diabetes Risk Awareness, Mental Health Awareness and Suicide Prevention. Service users are offered health education, health promotion materials, access to specialist healthcare professionals, referrals to their GPs and Primary Care Networks (PCNs) for health checks and signposting to other services provided by Lambeth Council.

Alongside this core support and outreach, the Beacon Project have implemented a number of new initiatives:

**The Lambeth Fruit and Vegetable on Prescription Programme:** In October the Beacon Project extended Phase II of the Lambeth Fruit and Vegetable on Prescription Programme launched with 50 participants. This initiative supports individuals with



underlying health conditions in adopting healthier lifestyles by providing weekly fruit and vegetable vouchers. Each week, participants visit the hubs to collect their prescribed vouchers and receive blood pressure checks from the nursing and healthcare team. All 50 participants were given a starter pack that included a unique 'Be Right Bag' filled with dietary and nutritional guides, health promotion materials, an Eatwell plate, and miniature items that serve as reminders to stay hydrated and maintain healthy eating habits.

**Loyalty Card Programme (LCP):** The Loyalty Card Programme was introduced in November and received tremendous uptake and positive feedback from service users. The programme aims to motivate and encourage participants to engage with the hubs range of health and well-being services, including health advice, mental health support conversations, blood pressure checks, and well-being surveys.

Additionally, the programme has a broader goal of tracking the progress and success of participants who return. Participants receive

a monthly stamp on their card for six months, and those who remain consistent throughout this period will receive a reward at the end.

**W.I.P.E It Out:** Launched in December the W.I.P.E It Out (Wash, Indoors, Protect, Eat Well) campaign aims to help prevent winter illnesses, particularly among the elderly. The team kicked off the launch at two key locations in Lambeth: Apostolic Church All Nations Centre in Kennington and St. John's Church in Angell Town, Brixton, providing training for community leaders and their communities to help them implement the W.I.P.E. It Out initiative.

### Lambeth HEART

In 2022, Lambeth Health Determinants Research Collaboration (HDRC) became one of the first 10 collaborations nationally to secure funding from the National Institute for Health Research (NIHR). Lambeth HEART, our local HDRC was awarded a £5 million research infrastructure grant over five years. We established a partnership with King's College London and Black Thrive to support a race equity approach and link health and







council data, enabling a better understanding of the impact of local policies.

Over the past year, Lambeth HEART has made significant strides in establishing its foundations and fostering strong connections with the health and care staff, academic colleagues and the local community. A key achievement has been co-producing the Lambeth Community Knowledge Network through community events.

Key research infrastructure has been developed, including partnership agreements with key stakeholders and a research safeguarding policy, to support collaborative work. Capacity-building efforts included recruiting master's student interns and adding several embedded researchers to the team to support projects across the council and community organisations.

A staff-wide research and evaluation skills survey has been completed, informing our upcoming workforce learning and development plans. The team are working with partners at King College London on

a novel data linkage between Lambeth Council's adult social care data and South London and Maudsley's mental health data. This includes facilitating community engagement opportunities to ensure that the community's viewpoints are considered.

A Lambeth staff member from the Housing directorate was awarded the NIHR PLAF (Preliminary Local Authority Engagement Fund), enabling them to strengthen research collaborations and enhance our local authority's capacity for evidence-based decision-making. Further opportunities for staff will be available next year.

### **Substance Misuse**

Lambeth has achieved a significant increase in overall numbers in treatment across both adult and young people's services. Collaborating with council teams and external partners through the Lambeth Combating Drugs Partnership, we have adopted a whole-system approach to tackling drug supply and demand while enhancing treatment and recovery services. Maximising the Public





Health Grant, Supplementary Grant and Rough Sleeping Grant we have worked with policing and probation colleagues to provide new and additional support to those within the criminal justice system, provided on street engagement teams, additional support for those rough sleeping and increase in young people's work across pathways.

### Enhanced Young Person's Services

The newly re-commissioned young person's drug and alcohol services is providing a more comprehensive offer, including outreach within the community and visits to schools to decrease unmet need, prevent use and reduce demand.

The young person's service earned national recognition from the Office for Health Improvement and Disparities (OHID). The co-produced service model engaged 150 young people to shape an effective support system, resulting in a higher rate of young people in treatment compared to London-wide figures. National OHID officers visited Lambeth to learn from its successes, and the team was invited to speak at a conference to share best practice and showcase our successes.

### Chemsex Forum

In partnership with Southwark, we have launched the first-of-its-kind Chemsex Forum, bringing together police, service providers, community safety teams, and public health specialists to address the harms linked to Chemsex drug use and foster greater collaboration to support more people into recovery. This pioneering initiative has received London-wide attention, and the next stage will review the Chemsex needs assessment to address current challenges more effectively.

### The Combating Drugs Partnership (CDP)

The Combating Drugs Partnership brings together key stakeholders to tackle drug-related crime, reduce demand and supply, and enable effective treatment and recovery support. Our partnership approach to targeting of vulnerable adults and young people is evident through the investment from the Rough Sleeping Grant and our joint work with housing and rough sleeping teams in the borough:

- The Integrated Health Network (IHN), a multidisciplinary team funded by

the Rough Sleeping Grant, provides tailored support for homeless individuals struggling with substance misuse who are not ready to access mainstream services.

- The "Team Around Me" approach has empowered service users and fostered collaborative care planning across services.
- Increased coordination between IHN and outreach teams has enabled more nurses to regularly join outreach workers shifts and deliver essential health interventions.

### The On-Street Engagement Team

Since launching in November 2023, the on-street engagement team has directly reached over 500 individuals across Lambeth. They have also welcomed Councillors and other stakeholders to observe their outreach work, demonstrating their role in supporting vulnerable residents.

### Investing in our staff and communities

Whilst the Supplementary Grant has enabled investment in new staff and expertise within our services, we have also prioritised

staff training and development to support staff retention. Additionally, we continue to strengthen our recovery communities, actively involving individuals with lived experience.

### Homeless Health

The Lambeth rough sleeping outreach team supported 132 people away from the streets and into accommodation between April and December 2024.

Lambeth has 18 long term entrenched clients allocated to the borough, classified as T1000 clients. These are individuals who have complex support needs and who require flexible, specialist approaches to break down barriers to engagement with the aim to support them into accommodation. The Living on the Streets (LOS) worker leads on coordinating these cases and as of the end of December 2024 out of the 18 individuals allocated to Lambeth, 11 were accommodated. Of the remaining 7, 4 are sleeping rough and refusing offers and 3 are in other boroughs and do not want to return to Lambeth.

The rough sleeping public protection officer has been pivotal in supporting the rough sleeping outreach team to achieve outcomes. This role works in partnership to use enforcement techniques when individuals are resistant to accepting support. The role is influential specifically around anti-social behaviour related to rough sleeping and has had positive outcomes in reducing the number of tents and encampments across the borough, instead encouraging people to accept accommodation.

Alongside this the Lambeth Homewards initiative created by the Royal Foundation, is focused on particularly vulnerable groups and aims to demonstrate that it is possible to end homelessness, making it rare, brief, and unrepeatable. This year we have developed and agreed an action plan that will be delivered over the next twelve months. Our Lambeth coalition's work is designed to support lone female parents in temporary accommodation, and adds value around existing activity.



# How We Know That We Have Made A Difference

## Assurance of our Progress

In our original five-year plan, we stated our intention to continuously assess, learn from, reflect on, and refine our health and care plan as we progress.



To facilitate this, starting in 2023/24, we improved how we run our Lambeth Together Assurance group (the group we used to monitor progress against our planned deliverables) by implementing the following changes:

We revamped our Integrated Assurance reporting to focus on the 15 delivery outcomes outlined in our plan. Each outcome is assessed based on:

- Progress indicated by data and intelligence
- Reduction of identified health inequalities
- Challenges impeding progress and potential actions to overcome them

We also established a rota of deep dives into each outcome where areas would be given greater focus and scrutiny.

Subsequently, the assurance group updates the Lambeth Together Partnership Board during public meetings. This platform enables residents to review our progress

and hold us accountable, especially in areas where improvements are needed.

The table below summarises some of the key findings documented within our Lambeth Together Integrated Assurance Report over the past year. You can find examples of the Lambeth Together Assurance Group updates and the assurance report in the public board meeting papers [here](#).



ID	Outcome	Highlights
A	People maintain positive behaviours that keep them healthy	We have increased the number of people receiving support for substance misuse treatment with 53% receiving treatment within 21 days (increasing from an initial 19%) . We have enhanced collaboration with various partners including policing, probation, community safety. Since November 2024, our new on street engagement team engaged over 500 unique individuals.
B	People are connected to communities which enable them to maintain good health	On Supporting Low-Income Residents, recent data shows a slight increase in financial coping among low-income residents, reaching 78.5% in Q3 2024/25, above the baseline of 76.2% (same period in 2023/24).
C	People are immunised against vaccine preventable diseases	<p>The % of children eligible for the MMR1 vaccine (combined vaccine that protects against measles, mumps, and rubella) between July and September 2024 who received the vaccine was 79.5%. We are ranked 6 of 11 when compared to other borough's in England with a similar demographic.</p> <p>Vaccine uptake for Influenza &amp; Childhood Immunisation remains a challenge due to a complex mix of individual and systemic factors.</p>
D	People have healthy mental and emotional wellbeing	Between April and December 2024, the Living Well Network Alliance supported 13,670 people, with around half of those starting to use a service during this time. The service responded to 86% of new referrals within 14 days.
E	People have healthy and fulfilling sexual relationships and good reproductive health	The latest data shows that in Lambeth, there has been a 5% rise in the use of long-acting reversible contraception (LARC), with rates per 1,000 women being well above the London average

ID	Outcome	Highlights
F	People receive early diagnosis and support on physical health conditions	<p>The latest data on physical health checks for individuals with a serious mental illness shows that we are exceeding the national target of 60% for this population.</p> <p>On Pre-Exposure Prophylaxis (PrEP) activity, at the end of January 2025, 834 residents had newly started on PrEP and 3,951 residents were continuing to use PrEP.</p>
G	People who have developed long term health conditions have help to manage their condition and prevent complications	<p>We have improved blood pressure management among Black and multi-ethnic residents, with a higher proportion achieving good control rates. More individuals from Black and minority ethnic backgrounds have been identified with hypertension, increasing from around 23,700 in February 2024 to 24,900 in February 2025.</p>
H	When emotional and mental health issues are identified; the right help and support is offered early and in a timely way	<p>The Evening Sanctuary, at Mosaic Clubhouse hosted over one thousand attendances between April and December 2024, directly avoiding 575 attendances to A&amp;E.</p>
I	People have access to joined-up and holistic health and care delivered in their neighbourhoods	<p>The Health and Wellbeing Bus has boosted engagement with residents and regularly supported over 1,000 residents and workers each month with a wide range of issues including physical health, mental health, and welfare advice.</p>
J	People know where to go to get the right help, and are treated at the right time, in the right place, for their needs	<p>Between April 2024 and January 2025, Lambeth GP's carried out nearly 1.7 million appointments. This is over 50,000 (7%) more appointments than the same period last year.</p>

ID	Outcome	Highlights
K	Older adults are provided with the right health and care support at the right time, live healthy and active later lives and are supported to age well	During 2024/25, the number of carers assessments provided rose by 40%, with more end-of-life patients receiving personalised care plans. Additionally, the proportion of carers of the users of Adult Social Care Services who were offered a carers assessment has now risen to 98%.
L	Women have positive experiences of maternal healthcare and do not experience a disproportionate maternal mortality rate	The Evelina London Maternity “Good to Outstanding” Programme engaged over 2,700 women and families to inform priorities such as continuity of carer, perinatal mental health, and personalised care plans.
M	People with learning disabilities and/or autism achieve equal life chances, live as independently as possible and have the right support from health and care services	The latest data on Annual Health Checks for individuals with a learning disability shows that we are exceeding the national target of 75% for this population.
N	People using mental health support services can recover and stay well, with the right support, and can participate on an equal footing in daily life	Data on seclusions and restrictive interventions on inpatient setting in 2024/25 show a decrease when compared with 2023/24 period.
O	People who are homeless, or at risk of becoming homeless, (including rough sleepers and refugees) have improved health	The proportion of people living in supported housing that are registered with a GP, has increased from 74% in Q4 2022/23 to 98% as of Q3 2024/25. Additionally, the rate of residents in supported housing engaged with mental health support services has increased from 12% in Q4 2022/23 to 24% as of Q3 2024/25



# What you have told us;

## Listening to and engaging with our residents

Lambeth Together places great emphasis on the involvement of our residents not only in our projects and programmes but in the direction and purpose of the partnership as a whole.

The partnership works with a broad framework of involving people at all levels - a layered approach that includes:

- Setting the overall priorities of Lambeth Together
- Developing and delivering the priority programmes of work within Lambeth Together
- The governance arrangements of the partnership as a whole

To support this, the senior leaders of the partnership all take part in a listening programme, taking time to hear views and what matters most on health and care from residents directly in community settings.

### Our public forum

Every other month, residents and local community groups are invited to join our Lambeth Together Care Partnership board members at the public forum, which takes place immediately before the board meeting in public.

This is an opportunity for residents and local groups to meet and ask questions of local decision makers and those who plan local health and care services. It's also a space for diverse voices to be heard and to share views on what matters most to local people and communities.

The public forum has developed over the last year, with increased attendance, more diverse questions and a new partnership co-chair and Patient and Public Voice member joining the board. Discussions are wide ranging, and our residents have been bringing their views and challenges

to our leadership team who are committed to hearing directly from local people and community organisations in Lambeth. Topics brought to the public forum have included digital access, medical cannabis awareness and opportunities for community funding.

**“You need to come out and tell them what your experiences are. I could tell that they care and listened to me”**

**Margaret**, Public Forum attendee

For more information on our public forum visit the webpage [About our Public Forum - Lambeth Together](#)

## Board on the Bus

In October 2024 we launched the Board on the Bus initiative, supporting our board members to join the Lambeth Health and Wellbeing bus as it visits community locations across the borough. Board 'buddies' team up to join our Health Champions who deliver a wide range of health and wellbeing advice, blood pressure checks, cost of living advice and mental wellbeing support. Our board members talk to residents about what matters most to them about health and care for them and their families.

The thoughts and views of our residents are captured and reflected back to the board at bi-monthly board seminars outlining what has been heard. Our Alliance and Programme leads will follow up particular issues relevant to their areas of work. This provides a direct route for concerns and ideas from local people to be heard by the leaders of our health and care system. Residents connecting with our board members at the health and wellbeing bus have raised a number of interesting issues, including concerns around the cost of living, access to GP appointments and long waits for

treatment, highlighting the difficulties around isolation and loneliness and the availability of inexpensive leisure activities, especially for children to support health and wellbeing.

To read reports on Board on the Bus sessions visit the community insights page on our website [Community insights - Lambeth Together](#)

## The Lambeth Country Show

The Lambeth Country Show is the largest scale opportunity in the borough calendar for Lambeth Together's leadership to hear what matters most to local people about health and care with 120,00 visitors over two days.

Board members undertake a direct, open and repeated listening activity outside of meeting and service settings which supports the partnership commitment to have live connections to communities and involve people in the setting and reviewing the priorities of Lambeth Together, providing an 'ear to the ground'.

In 2024 our team joined Active Lambeth and a wide variety of partners offering blood

pressure checks, advice on hypertension, childhood immunisations, cancer screening, eye health checks, mental health and wellbeing and much more.

Our board members spoke with more than 100 residents asking the questions 'what matters most to you and your family about health and care' and 'what would make the biggest difference to the health and wellbeing of you and your family'. Themes that emerged from these discussions included concerns around access to services such as GP appointments, dental care and waiting times, worries around the cost of living and the importance of retaining free healthcare for the public, concerns around mental health, isolation and loneliness. The importance of finding reliable advice on staying healthy, healthy eating and support to stay happy and health were also big priorities raised by residents.

The partnership is again planning to take part in the Country Show this coming summer.

To read more about our activity at the Lambeth Country Show, visit our webpage [Community insights - Lambeth Together](#)

## Neighbourhood and Wellbeing Delivery Alliance

### Case Study on the Health and Wellbeing Bus:

“This teaches me that I should take care of myself because I know that high blood pressure is dangerous. The lady (nurse) told me where I stand with the heart problem or a stroke or heart attack, and so I’m very happy to be here because now I know that I have to start doing something.

“I have to start move around more, try to eat healthy more, and she said cut down on the salt. I know that salt is not good for my pressure, but this helps me more (to change).

“They explained things to me, tell me about my cholesterol and think about the high blood pressure, and about my weight and my heart. They tell me the result of it if I don’t take care of myself, if I don’t try to get the blood pressure down, what can happen.”

**Lambeth resident** visiting the Health and Wellbeing Bus

### Hospital @home case study

An 83-year-old man was admitted to hospital with abdominal pain, fevers, and shortness of breath. He was found to have an infection in his bile ducts, alongside an existing diagnosis of advanced cancer in the liver. The patient, already receiving support from a palliative care team, was referred for further monitoring and a five-day course of intravenous antibiotics. A referral was made to Hospital @home, enabling him to continue receiving care at home instead of staying longer in hospital. The team worked closely with the district nurses, hospice, and the team providing antibiotics at home, making sure the patient received well-rounded, coordinated care in the comfort of his own home.

“I’m very happy with the physio and now have an appointment booked. It was lovely to speak to someone in Spanish. I’ve been able to ask about housing, health, activities and many other things I didn’t expect!”  
Gladys, MSK Day attendee

“I had no idea so much was available for free. I’ve got information about weight control, I feel more confident that my hip replacement is going to happen and, after speaking to the physio, I’ve confirmed for myself the hydrocortisone injection isn’t the way to go”.  
Keith, MSK Day attendee

## Living Well Network Alliance (LWNA)

### Staying Well Service Case Study:

#### Blu's Story:

Daniel, Blu's Staying Well support worker, visits him regularly to enable him to be more independent at home, where he feels more relaxed, and can receive less intensive psychiatric support. Daniel provides support with benefits and administrative tasks that Blu finds difficult due to his challenges understanding letters. Daniel also secured funding towards a new TV to provide Blu with a source of entertainment and manage his mood during his extensive periods spent indoors.

"I don't go out much. In my spare time I like to watch films, all types depending on the mood. It helps me to relax. Any time I feel down, I watch comedy which helps me feel better." Blu's social anxiety, mobility issues, joint pain, memory problems and paranoid schizophrenia mean that he finds leaving his home extremely challenging. He needs frequent trips to the toilet, which

tends to limit how far he goes and how long he stays out. The Staying Well team offers support sensitive to Blu's needs and his desire to maintain a home of his own; while also helping him to manage his mood and the challenges he faces in interacting with the world outside his flat.

"Daniel has helped me feel more confident, to find the best solutions and get better. He gets me out of the house more. Most of the time we meet at the local bakery, which is a big improvement. If I didn't get the support from Staying Well, I'd be half of what I am now, and I'd definitely be more depressed. They help me with anything to do with my health and getting the benefits I'm entitled to which means I can stay independent in my own home. To me this means a lot. What does home mean to me? Home is where the heart is."

### Lambeth Vocational Services case studies

#### Ken's Story:

"I've been 36 years in mental health and feel I've learned to manage. I never used

to take my medication for psychosis, which made me very unwell, now I manage that, and my diabetes, I eat better food and feel I will be happy for the rest of my life. I started volunteering for Lambeth Vocational Services at Beale House (South London and Maudsley NHS Foundation Trust) in December. I'd been involved with Timebank there and they were really kind. I work on reception. I started to recover after moving into my dad's spare room and was then able to get a home (social housing in Clapham), help with benefits, a freedom pass and support from day centres... I'm so happy here and have had good doctors and psychiatrists – getting talking therapy and health checks via my GP. Above all my vocation, setting up the BMX Club at Brockwell Park, has been my salvation. I was awarded a British Empire Medal in 2023. I met King Charles at The Royal Garden Party, and he asked me 'how did you get your medal?' I said, 'in the post', and he said, 'what for?' and someone shouted 'for 40 years' service.'

\*[www.lambethcoin.org.uk](http://www.lambethcoin.org.uk)

### Gavin's story:

Gavin's support from Vocational Services helped turn his lived experience into a meaningful career. After struggling with his own mental health for many years, Gavin is well on his way to becoming a Mental Health Nurse. He received ten distinctions in his Access in Health and Science exams and was awarded one of just five prestigious Student of the Year Awards from Morley College.

Along his journey, he explained that peer support from others was at the heart of his recovery.

**"It was the first time in my life that someone else was speaking my language – and I'm thinking, they're telling my story."**

**"I've just finished the second year of my mental health nursing degree, which was challenging and inspiring, particularly as I've had work placements at SLaM (South London & Maudsley NHS Foundation Trust). At the moment, I'm on an eating disorders placement."**

**"Imagine me? Seven weeks on an acute ward... the place I experienced some of the most challenging times personally has become so significant on my own academic journey. You couldn't make that up!!"**

**"I've also done a six-week placement with the Lambeth Early Onset Community Team (LEO). It means a lot to give back to my local community that I've got so much from."**

**"I'm valuing learning about the hospital's different aspects of care, and thankful that my life was turned around as a result of going through the 'new front door to mental health' rather than going back into hospital."**

**"Receiving an award was the ultimate confirmation that the path I've taken was the right one. I can finally say I'm no longer stigmatised by my mental health and can speak out."**

[Read Gavin's full story here.](#)

## Children and Young Person's Alliance

### The Well Centre

**"When I first started at the Well Centre I was hesitant. I thought therapy would leave me feeling worse and that talking about my experiences would not change how I felt inside. But, after beginning sessions, I noticed a shift. I was not just repeating the same story, I was truly being listened to. For the first time I felt lighter after a session rather than weighed down."**

**It was not always easy to attend, and I opened up about things I never thought I would. But whenever I dismissed my feelings or tried to justify my unhappiness, I was met with reassurance and support. Even through the ups and downs, I always received the same encouragement and care. I wish everyone could access the help I received at the Well Centre, and I will always be grateful for the support I had."**

**Anonymous** case study from a young person using the Well Centre


## Family Hub Start for Life Programme/ Lambeth Children's Centres

"The staff are very welcoming and supportive. I suffer with severe anxiety and depression, and a particular staff member really helped me through this by doing weekly sessions with me. It felt like therapy and gave me the confidence to engage more.

"Attending the children's centre has been a lifeline for me and my child. The variety of activities each week is fantastic, and the staff go above and beyond to make everyone feel included. I've made new friends, and my child has had so many opportunities to learn and socialise.

"The Saturday dads' group is amazing. I've met so many great friends, and there are always brilliant activities for my child. We look forward to it every week. The staff are fabulous, and it's a great way to spend time with my child while giving my partner some much-needed rest."


### Parent's feedback




One parent shared,  
"The Patch team's care for my son has been amazing. His asthma is now under control, and we've avoided countless trips to A&E."



A parent commented,  
"Having a familiar midwife throughout my pregnancy made such a difference. I felt listened to and supported every step of the way."



One parent noted:  
"The children's centres have been a lifeline. The staff's kindness and the range of activities make a real difference to our family."



- One mother shared,  
"The support I received after my baby's loss through the Helix service was invaluable. The team's care and empathy gave me the strength to heal."



## Learning Disability and Autism Programme

### K's lived experience

K is a young autistic woman with Learning Disabilities and behaviour that challenges who is supported successfully in the community. She has benefitted from the support on offer to prevent placement breakdown and hospital admission. She is being supported to improve her skills and live a more independent life.

The supported living provider where K lives put in extra support to help her improve her reading skills. This aimed to help her recognise key words, find items, and apply these skills to daily activities. K was eager to learn, and her family supported this goal by providing resources.

With her keyworker and specialist workers, known words were identified (e.g., egg, grape, shoes) and used to teach new ones. Words were matched to real objects at home and tested both in context and out of context.

K already knew 13/46 words selected. After teaching, she was able to consistently match (in context) and then read all words. As K loves going shopping this has improved that activity, and she can practise her reading this way.

### Carer's Strategy Lived Experience:

Stephanie (35) cares for her mother, Vee, who has many complex health conditions, which require complex care from specialist teams. Stephanie balances caring alongside her own health issues and mental health condition, which can make caring, an already all-consuming and difficult experience, harder to deal with.

Stephanie reached out to the Carers' Hub Lambeth (CHL) when her mother was admitted to Kings College Hospital after becoming unwell in the community, due to an obstruction in her bowel, which made it difficult for her to eat and drink. This had resulted in complex interventions in hospital due to her other underlying health conditions.

When CHL first met Stephanie, it was clear that she was overwhelmed by the hospital process and was working hard to link together the care that Vee required. CHL spoke through these issues with Stephanie and established the outstanding questions she needed to ask Vee's care team. Through this, it was identified that a professionals' meeting was required and CHL sought out the nurse in charge on the ward to facilitate this. CHL were able to come to a thorough understanding of Vee's conditions, care and treatment in hospital and plans for discharge, forming a clearer picture of what Vee's life may look like going forward. This was crucial for Stephanie as she had previously felt in the dark about this, and was now able to gauge an understanding of how her caring role will change.

Having in-hospital support available from CHL has empowered Stephanie and changed the entire experience for her, leading to better outcomes for both herself and Vee in working towards her discharge from hospital.

## Staying Healthy Programme

### Healthy weight case study

Lanceford Brown from Stockwell has lost 8kg since joining the weight management and exercise programme that is available to Lambeth residents. The 12-week programme run by Guy's and St Thomas' supports residents to adopt healthier behaviours and maintain a consistently healthy weight. The service also offers people of Black African or Black Caribbean heritage specialist advice on ways to lose weight, while providing healthier alternatives to their favourite traditional dishes.

Mr Brown, whose parents are Jamaican, was diagnosed with type 2 diabetes in 2009 and has been taking medication for high blood pressure since his mid-30s. Mr Brown said:

**"I found the programme very educational. You can talk about putting food in a specific area on an Eatwell plate, but if you go to most Caribbean dinners, you have to consider the height of the food too! The main thing that the programme has given me is structure – it allows me to plan my meals at regular times, I do my exercise at regular times, and I stay away from processed food – everything in moderation."**

**Partner testimony:** Céline Causeret, a Community Health Improvement Coordinator at Guy's and St Thomas', said

**"It's never too late to do something, and something is better than nothing. If you do a little bit more physical activity you will start to see differences. A little bit of weight loss will help you in your daily life, and you will feel better."**

### Lambeth HEART community feedback

One of the Lambeth HEART Community Knowledge Network members spoke on their experience so far;

**"I care deeply about my local community, which I consider myself an active constituent of. I believe the CKN project has the potential to lay a strong foundation for lasting change for the people of Lambeth, and I wanted to contribute the best I can to its success. It's still early days, but the first workshop, which focused on connection and capturing the initial thoughts, fears, and conversations of community members and system participants, met my expectations. I left feeling somewhat connected and energised. One of the biggest lessons I took away is an extension of the saying, "knowledge is power." For a system or project to truly be equitable, everyone involved needs access to all the information—not just the research insights and analysis, but transparency throughout the entire project lifecycle."**



## Thriving North Lambeth case study – Community Living Room at the Black Prince Trust

Noreen (85) has been using the Community Living Room at the Black Prince Trust on a regular basis over the last few years. After losing her confidence during Covid lockdowns, the classes and support on offer at the Black Prince Trust helped her to regain strength, agility and mobility. Using an adaptive Concept Rower, she felt safe and confident exercising and socialising once more.

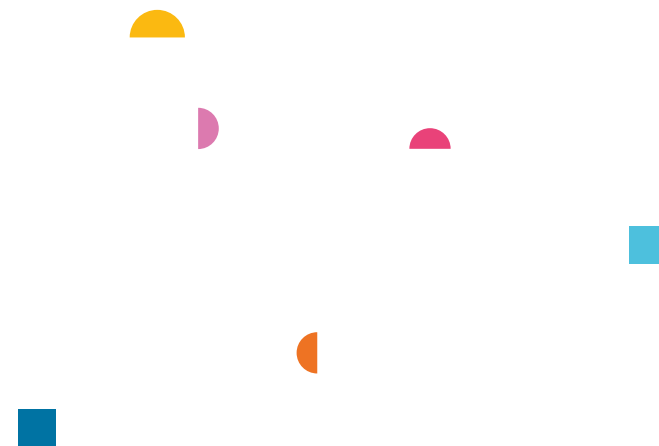
On Friday 13 December 2024, Noreen had a fall when putting her hairdryer away. On the floor, in immense pain, she remembered what she'd learned in the Community Living Room classes: how to get up. She managed to crawl and raise the alarm for help, remembering to open the front door too. Assessment at Guy's hospital established she had fractured her pelvis. With osteoporosis, surgery was going to be complicated.

Her mobility and fitness were assessed, Noreen showed that despite the fracture, she could still squat, with impressive range. Her strength and mobility impressed the medical team. She had her resistance bands

brought in and showed how she could wrap bands around one foot at a time and lift her legs from the chair to the bed, using her upper body strength. When the doctor asked where she learnt this, she proudly replied “in classes at the Black Prince Trust Community Living Room”.

An average hospital stay for a pelvis fracture at this age would be at least 15 nights. After two nights, doctors said she stood a much better chance of recovery at home. She would have less risk of infection. Two days after her catastrophic fall, Noreen went home. Home help and daily physio were organised. Returning home also meant that her husband didn't have to go into a care home, they managed with a daily carer.

Eight weeks from her fall, Noreen headed out with one stick, and got on the bus to the Black Prince Trust, not to exercise but to visit. To prove she could do it. The Community Living Room is now working closely with the physiotherapy team at Guy's and St Thomas' to ensure a safe and staged return to enable Noreen to exercise and socialise at the hub and release her from hospital physio support much sooner than usually anticipated.



# Our plan for the year ahead – 2025/26

## Our priorities for 2025/26

As we step into 2025/26, we remain focused on delivering high-quality, safe, and fair healthcare for everyone in Lambeth. We can be confident that our refreshed Plan aligns closely with the new government's national vision for the health service, and the regional goals set by the South East London Integrated Care System (SEL ICS). At the same time as we build on our progress to date to create a healthier, more resilient community, we must balance our ambition with the realities of the financial and resource constraints across our partnership.

## Our Key Priorities for 2025/26

### Bringing Care Closer to Home

We will continue to develop the Neighbourhood Health Service model, making it easier for people to get the care they need within their own communities. This means:

- Implementing and Expanding Integrated Neighbourhood Teams (INTs) to bring together health, social care, and voluntary sector services for more joined-up support. INTs will adopt an initial focus on patients with multiple long-term conditions, those at risk of frailty and children with high levels of need.
- Rolling out the new Lambeth Offer in General Practice, ensuring better equity of access and coordination of primary care services.
- Strengthening our relationships with community organisations to provide support that is tailored to the needs of our diverse population.

### Managing Demand and Shifting to Prevention

With increasing pressure on our health and care services, we're committed to helping people stay well for longer and supporting them before issues escalate. Our plans include:

- Expanding early intervention and prevention services to reduce avoidable hospital visits.
- Strengthening social prescribing and community-led initiatives that support people's physical and mental wellbeing.
- Enhancing and improving mental health support, particularly within primary and community care settings such as the Staying Well Service.

## Using Data to Improve Health Outcomes

To support this work we will further refine our Population Health Management (PHM) approach and make smarter use of data to better understand the needs of our communities and provide more effective, targeted care. This includes:

- Expanding our use of PHM tools to proactively identify and support those most at risk.
- Improving data sharing between services to create a more seamless patient experience.
- Using analytics to assess and evaluate the impact of our work and ensure continuous improvement.

## Tackling Health Inequalities and Embedding Anti-Racism

We are committed to ensuring that healthcare in Lambeth is inclusive and equitable for all, particularly addressing the challenges faced by our most vulnerable communities. This means:

- Embedding anti-racism across all services, including the rollout of the Patient and Carer Race Equality Framework (PCREF).
- Addressing disparities in health outcomes, particularly for groups that have historically been underserved, such as in maternity care.
- Working closely with local communities to co-design solutions that truly meet their needs.

## Maintaining Quality, Safety, and Financial Stability

Amidst the ongoing financial challenges, we are determined to continue delivering safe, high-quality care. We will:

- Ensure that patient safety and clinical excellence remain at the heart of our decision making and planning.
- Identify innovative solutions and efficiencies to manage financial pressures while protecting frontline services.
- Invest in our workforce, supporting staff wellbeing and developing new ways of working to improve capacity and resilience.

### Looking Ahead

The coming year is about transformation, collaboration, and ensuring that everyone in Lambeth can live healthier lives. Despite the challenges we face, our collective commitment to working with partners and local communities will drive real, positive change for the people of Lambeth.

## Reviewing 'Our Health, Our Lambeth'

When we first launched this plan in 2023, we understood that the next five years would present significant change, challenge and opportunity. National health and care directives would evolve, our access to and use of data, intelligence and insights would improve, and we would continue to face an increasingly difficult financial position. With the election of a new Government in July 2024, and a new 10 Year Plan for Health on the horizon in Spring 2025 we are in the midst of a period of huge transformation for the health and care system and as we reflect on the first two years of our plan, and look to the year ahead, we can be confident that our plan is well placed to deliver on these ambitions.

Through our Lambeth Together governance process we regularly review the activities to deliver our plan and the measures we use to monitor success. Throughout the year the Lambeth Together Care Partnership Board has reflected on the progress we are making towards meeting our outcomes and has helped to shape our updated plans for the

year ahead. In completing this annual review, we have asked the Board to re-consider:

- Is this working?
- Can we do more?
- Do we need to change course?
- Where we have delivered what we said we would, what's next?
- Where we have met our target, should we aim higher?
- Where we have different data, 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?

Where we have identified what is working well, we will continue to build upon these successes and embed the learning across our partnership. Wherever possible we have mainstreamed our work so that it becomes business as usual. Where new opportunities and challenges have emerged, we have updated and refreshed our approach to

remain focused on delivering the outcomes that matter and we have built new directives into our plan to ensure we are locally delivering on national priorities. As a result of this process, we have agreed an updated and focused Action Plan for 2025/26 summarised in Appendix 1. We commit to continuing our annual review process and to hold ourselves to account for the delivery of this plan through the Lambeth Together Care Partnership Board in Public during the year ahead.

As we conclude our second annual review, we want to express our heartfelt gratitude to everyone who has contributed to our shared progress throughout the last two years. Your commitment, insights, and collaboration have been pivotal in driving the ongoing transformation of our Health and Care System. We have built on our strong foundations, and we are confident that by upholding our values and principles, we will achieve our collective goals. As we move forward to the midway point of our plan, we must stay resolute in our direction towards fostering a healthier, more inclusive Lambeth.



# Appendix 1 - Our Plan for the year ahead 2025/26

## Our Plan for 2025/26

As we move into 2025/26, our Health and Care Plan will continue to focus on improving the wellbeing of our community. We are committed to expanding access to essential healthcare services while placing a greater emphasis on prevention. This includes launching more community-based initiatives to promote healthy lifestyles and prevent illness. We also recognise the importance of wider factors affecting health, such as housing and food security. By strengthening partnerships with local organisations and stakeholders, we aim to take a more holistic approach to care, addressing these social determinants of health. Through these efforts, we will continue working towards a healthier and more resilient Lambeth, ensuring that everyone has the support they need to live well.

Outcome	ID	Activity	Status
A. People maintain positive behaviours that keep them healthy:	1	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	Continuing activity from 2024/25
A. People maintain positive behaviours that keep them healthy:	3	Deliver stop smoking services and support including specialist services and community pharmacy provision and strengthen links with hospital and pharmacy stop smoking pathways	Continuing activity from 2024/25
A. People maintain positive behaviours that keep them healthy:	4	Deliver a remodelled targeted weight management service with better links into communities that have the highest need and are likely to benefit most	UPDATED activity for 2025/26

Outcome	ID	Activity	Status
A. People maintain positive behaviours that keep them healthy:	5	Work across the council and ICB to support a holistic needs-led approach to weight management care pathway to deliver prevention and increase access and uptake by residents most at risk	UPDATED activity for 2025/26
A. People maintain positive behaviours that keep them healthy:	6	Continue to deliver targeted on street engagement and outreach to support access to substance misuse support	UPDATED activity for 2025/26
A. People maintain positive behaviours that keep them healthy:	7	Maintain the increased number of service users on treatment for alcohol and non-opiates	UPDATED activity for 2025/26
A. People maintain positive behaviours that keep them healthy:	10	Conduct a Needs Assessment on Substance Misuse in Lambeth, using diverse data sources to understand current and future health and service needs in collaboration with partners and local communities	UPDATED activity for 2025/26
B. People are connected to communities that enable them to maintain good health:	20	Providing capacity building support to community and voluntary organisations to further assist their promotion of health and wellbeing and to continue to develop in our Black and diverse communities, trust and confidence in the health and care system	Continuing activity from 2024/25
B. People are connected to communities that enable them to maintain good health:	22	Deliver cross-borough, data-led actions to tackle poverty, focusing on prevention and early intervention to improve outcomes for residents facing, or at risk of, financial hardship	UPDATED activity for 2025/26
B. People are connected to communities that enable them to maintain good health:	23	Lambeth HEART will co-produce research priorities with the Lambeth Community Knowledge Network and other local forums and foster strong partnerships between the community and local authority staff. This collaborative approach will help ensure that research and evaluation findings are effectively translated into actionable strategies, enhancing the delivery and impact of local services	UPDATED activity for 2025/26

Outcome	ID	Activity	Status
B. People are connected to communities that enable them to maintain good health:	25	Targeted support to access self-care medicines available from community pharmacies in the borough to support people affected by deprivation including through Lambeth Pharmacy First Plus	UPDATED activity for 2025/26
B. People are connected to communities that enable them to maintain good health:	26	There will be a focus on reviewing cases of infant deaths in Lambeth to identify common wider determinants of infant mortality. These findings will inform the development of an evidence-based programme aimed at addressing these determinants, using community and neighbourhood resources to strengthen support for parents, families, and children	Consolidated activity to commence in 2025/26
C. People are immunised against vaccine preventable diseases:	28	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 FLU ONLY	Continuing activity from 2024/25
C. People are immunised against vaccine preventable diseases:	31	Health Visitors to continue to proactively check immunisation status of new-borns' and infants during routine health reviews and refer parents to GPs for vaccination where required	Continuing activity from 2024/25
C. People are immunised against vaccine preventable diseases:	32	In line with MECC, 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	UPDATED activity for 2025/26

Outcome	ID	Activity	Status
C. People are immunised against vaccine preventable diseases:	36	Sustain the delivery of vaccinations in new spaces initiative which aims to reduce vaccination inequalities by addressing hesitancy, improving access, and boosting trust and health literacy in under-served communities	UPDATED activity for 2025/26
C. People are immunised against vaccine preventable diseases:	37	Work to ensure optimisation of out of hours and weekend vaccination provision across the borough	UPDATED activity for 2025/26
C. People are immunised against vaccine preventable diseases:	40	Vaccinations are discussed opportunistically with all families of children who have missed immunisations, as part of a whole-practice approach, by both clinicians and non-clinicians in GP practices	UPDATED activity for 2025/26
D. People have healthy mental and emotional wellbeing:	46	Continue to develop and expand the Living Well Network Alliance's Culturally Appropriate Peer Support and Advocacy (CAPSA) - including its role in supporting the implementation of the Patient and Carer Race Equality Framework (PCREF)	UPDATED activity for 2025/26
D. People have healthy mental and emotional wellbeing:	48	Implement the recommendations of the Joint Strategic Needs Assessment Health Profile of Mental Health in Lambeth to address the current and future health and service needs of our population	UPDATED activity for 2025/26
D. People have healthy mental and emotional wellbeing:	51	Implement and monitor 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	UPDATED activity for 2025/26

Outcome	ID	Activity	Status
D. People have healthy mental and emotional wellbeing:	52	Support South East London ICB to implement the multi-agency Single Point of Access (SPA) for mental health support, drawing together a range of services seeking to support children and young people and their families	UPDATED activity for 2025/26
D. People have healthy mental and emotional wellbeing:	53	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	Continuing activity from 2024/25
D. People have healthy mental and emotional wellbeing:	54	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	Continuing activity from 2024/25
E. People have healthy and fulfilling sexual relationships and good reproductive health:	57	Open access integrated STI and contraception clinical services will have a refreshed service offer	Continuing activity from 2024/25
E. People have healthy and fulfilling sexual relationships and good reproductive health:	59	Increase consistency of partner notification and reporting across all services that perform STI testing	UPDATED activity for 2025/26
E. People have healthy and fulfilling sexual relationships and good reproductive health:	64	We'll monitor and analyse what our services are delivering and who is accessing them across our clinical provision for abortion, integrated sexual and reproductive health services, GP, pharmacy and other service providers including outreach, whether the service is in clinic, online or in the community.'	UPDATED activity for 2025/26

Outcome	ID	Activity	Status
E. People have healthy and fulfilling sexual relationships and good reproductive health:	66	We will monitor LARC activity, including who is accessing services, and uptake of training for clinicians to become LARC fitters	UPDATED activity for 2025/26
E. People have healthy and fulfilling sexual relationships and good reproductive health:	68	We will launch an online access tool and continue to co-develop with Trusts an online booking system where possible	UPDATED activity for 2025/26
E. People have healthy and fulfilling sexual relationships and good reproductive health:	78	Continue to develop online booking across providers to support access and gain 'live' system oversight of capacity, of all service access	Continuing activity from 2024/25
F. People receive early diagnosis and support for physical health conditions:	81	Target health inequalities by increasing invites and uptake of NHS Health Checks for those with highest risk in a range of settings	UPDATED activity for 2025/26
F. People receive early diagnosis and support for physical health conditions:	83	Local implementation at borough and neighbourhood levels of SEL Vital 5 priorities	UPDATED activity for 2025/26
F. People receive early diagnosis and support for physical health conditions:	85	Work with health and care partners to ensure access to and delivery of Serious Mental Illness (SMI) Annual Health Check (AHC) in line with national line targets and local quality metrics	UPDATED activity for 2025/26
F. People receive early diagnosis and support for physical health conditions:	89	Promotion of Learning Disability (LD) Annual Health Check AHC amongst target population especially those who do not engage in health checks e.g. black females and white males	UPDATED activity for 2025/26



Outcome	ID	Activity	Status
F. People receive early diagnosis and support for physical health conditions:	90	Increase the uptake of all cancer screening across our diverse communities particularly for those whom English is not their first language including local Portuguese and Spanish speaking community	Continuing activity from 2024/25
G. People who have developed long term health conditions have help to manage their condition and prevent complications:	101	The Lambeth Community Diabetes Service continues to work closely with partners to improve population health and reduce inequalities by provision of five diabetes clinics weekly across Lambeth and structured education sessions for people with diabetes. The service will continue building on the established integrated model of care with existing Lambeth Together partners	UPDATED activity for 2025/26
G. People who have developed long term health conditions have help to manage their condition and prevent complications:	103	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	Continuing activity from 2024/25
G. People who have developed long term health conditions have help to manage their condition and prevent complications:	107	Explore options to scale up the Pain: Equality of Care and Support in the Community (PEACS) programme across Lambeth	UPDATED activity for 2025/26
G. People who have developed long term health conditions have help to manage their condition and prevent complications:	111	We will continue to support the community pharmacy hypertension check service to reduce demand in General Practice	UPDATED activity for 2025/26

Outcome	ID	Activity	Status
G. People who have developed long term health conditions have help to manage their condition and prevent complications:	114	The commissioned cardiovascular diagnostic service will continue to support the identification of hypertension in 2025/26. Seven Community Cardiovascular Diagnostic hubs provide ECG, ABPM and HBPM diagnostic services across Lambeth	UPDATED activity for 2025/26
H. When emotional and mental health issues are identified; the right help, support and diagnosis is offered early and in a timely way:	119	The Living Well Network Alliance will implement the agreed service model for Single Point of Access (SPA) in 2025/26	UPDATED activity for 2025/26
H. When emotional and mental health issues are identified; the right help, support and diagnosis is offered early and in a timely way:	127	Continue to develop the Primary Care Alliance Network (PCAN) and Staying Well Service to maximise impact and effectiveness across the whole of Lambeth	UPDATED activity for 2025/26
H. When emotional and mental health issues are identified; the right help, support and diagnosis is offered early and in a timely way:	129	Improve the diversity in ethnicity of children and young people accessing Mental Health School Teams – Implement the Patient and Carer Race Equality Framework, regularly monitor progress, and establish oversight through the Children and Young Person Emotional Wellbeing and Mental Health Working Group	UPDATED activity for 2025/26
H. When emotional and mental health issues are identified; the right help, support and diagnosis is offered early and in a timely way:	130	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 12 schools in 2025/26, enabling us to ensure we have widespread cover across 28 schools	UPDATED activity for 2025/26

Outcome	ID	Activity	Status
I. People have access to joined-up and holistic health and care delivered in their neighbourhoods:	133	The Neighbourhood and Wellbeing Delivery Alliance (NWDA) will support the creation and evaluation of health and care community networks (as part of the Thriving Communities programme) to inform neighbourhood service development with a particular focus on providing an equitable and localised offer of health and social care for all our residents	UPDATED activity for 2025/26
I. People have access to joined-up and holistic health and care delivered in their neighbourhoods:	134	Lambeth Together partners (including PCNs, secondary care, social care, community care, VCS etc.) will test, develop and implement new models of Integrated Neighbourhood Teams focusing on frailty, multiple long-term conditions and children and young people with complex needs	UPDATED activity for 2025/26
I. People have access to joined-up and holistic health and care delivered in their neighbourhoods:	135	Primary Care Networks (PCN) and community-based partners will engage patients and local residents to gain insight and inform the development of integrated neighbourhood teams	UPDATED activity for 2025/26
I. People have access to joined-up and holistic health and care delivered in their neighbourhoods:	138	Encourage use of advice and guidance tools, including Consultant Connect which is available to General Practice to obtain advice and guidance, preventing unnecessary referrals and admissions and a Single Point of Access for Same Day Emergency Care services	UPDATED activity for 2025/26
I. People have access to joined-up and holistic health and care delivered in their neighbourhoods:	140	Refine and develop the approach to Population Health Management around the Core20	Continuing activity from 2024/25
I. People have access to joined-up and holistic health and care delivered in their neighbourhoods:	219	Launch the new Lambeth Offer to more effectively incentivise General Practice to provide high quality and equitable services	NEW activity commencing in 2025/26

Outcome	ID	Activity	Status
I. People have access to joined-up and holistic health and care delivered in their neighbourhoods:	220	Deliver 12-month proof of concept for Women and Girl's Health Hubs in Lambeth	NEW activity commencing in 2025/26
J. People know where to go to get the right help, and are treated at the right time, in the right place, for their needs:	146	Demand management including review of ways to implement best practice and improve access to same day emergency care and alternative appointment slots in community/primary care including promotion of 111 online v telephone 111 and use of Pharmacy First for 7 key conditions	UPDATED activity for 2025/26
J. People know where to go to get the right help, and are treated at the right time, in the right place, for their needs:	221	Ongoing evaluation of potentially suitable digital solutions for management of front door of Emergency Departments	NEW activity commencing in 2025/26
J. People know where to go to get the right help, and are treated at the right time, in the right place, for their needs:	150	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 for example ordering repeat prescriptions	UPDATED activity for 2025/26
J. People know where to go to get the right help, and are treated at the right time, in the right place, for their needs:	156	Increase referrals by primary care via Consultant Connect's Single Point of Access 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	UPDATED activity for 2025/26

Outcome	ID	Activity	Status
J. People know where to go to get the right help, and are treated at the right time, in the right place, for their needs:	222	Implementation and expansion of Single Point of Access to Same-Day Emergency Care, Urgent community response services and Virtual Wards (Hospital @home) to Ambulance Service and General Practice Clinicians	NEW activity commencing in 2025/26
J. People know where to go to get the right help, and are treated at the right time, in the right place, for their needs:	223	Maintain access to urgent dental care, in line with national requirements	NEW activity commencing in 2025/26
J. People know where to go to get the right help, and are treated at the right time, in the right place, for their needs:	161	Engage in the development and deployment of a London Care Record that supports Advanced Care Planning	Continuing activity from 2024/25
K. Older adults are provided with the right health and care support at the right time, live healthy and active later lives and are supported to age well:	167	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	Continuing activity from 2024/25
K. Older adults are provided with the right health and care support at the right time, live healthy and active later lives and are supported to age well:	168	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	Continuing activity from 2024/25

Outcome	ID	Activity	Status
K. Older adults are provided with the right health and care support at the right time, live healthy and active later lives and are supported to age well:	171	Prioritise integration of Palliative and End of Life Care into frailty pathways	UPDATED activity for 2025/26
K. Older adults are provided with the right health and care support at the right time, live healthy and active later lives and are supported to age well:	173	Deliver the key priorities in Year 2 of the new Lambeth Carer's strategy to ensure carers can access the right support and information	UPDATED activity for 2025/26
K. Older adults are provided with the right health and care support at the right time, live healthy and active later lives and are supported to age well:	177	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	Continuing activity from 2024/25



Outcome	ID	Activity	Status
K. Older adults are provided with the right health and care support at the right time, live healthy and active later lives and are supported to age well:	180	We will work to ensure we use best practice procurement and commissioning models that deliver inclusive services, working with partners such as Age Friendly, Lambeth Links and the LGBT Foundation to ensure that all adult social care services create an inclusive environment where all service users, including Black and LGBTQ+ resident, feel safe and accepted for who they are. This will include producing a Commissioning Action Plan for ASC Services developed in partnership with stakeholders	UPDATED activity for 2025/26
L. Women have positive experiences of maternal healthcare and do not experience a disproportionate maternal mortality rate:	182	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	Continuing activity from 2024/25
L. Women have positive experiences of maternal healthcare and do not experience a disproportionate maternal mortality rate:	183	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	Activity due to commence in 2025/26
L. Women have positive experiences of maternal healthcare and do not experience a disproportionate maternal mortality rate:	184	Make progress towards the national safety ambition to reduce stillbirth, neonatal mortality, maternal mortality and serious intrapartum brain injury	Activity due to commence in 2025/26

Outcome	ID	Activity	Status
L. Women have positive experiences of maternal healthcare and do not experience a disproportionate maternal mortality rate:	185	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	Activity due to commence in 2025/26
L. Women have positive experiences of maternal healthcare and do not experience a disproportionate maternal mortality rate:	186	Improve access to perinatal mental health services	Activity due to commence in 2025/26
L. Women have positive experiences of maternal healthcare and do not experience a disproportionate maternal mortality rate:	187	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	Activity due to commence in 2025/26
M. People with learning disabilities and/or autism achieve equal life chances, live as independently as possible and have the right support from health and care services:	188	Review crisis intervention/admission prevention services to agree improved borough offer	Continuing activity from 2024/25
M. People with learning disabilities and/or autism achieve equal life chances, live as independently as possible and have the right support from health and care services:	190	ALD Placement Transformation Strategy - Ensure accommodation-based placements maximise lifelong independence underpinned by clear systematic contractual framework to ensure best value	Continuing activity from 2024/25

Outcome	ID	Activity	Status
M. People with learning disabilities and/or autism achieve equal life chances, live as independently as possible and have the right support from health and care services:	192	Developing new supported employment and internship opportunities through our health and care partners	Continuing activity from 2024/25
M. People with learning disabilities and/or autism achieve equal life chances, live as independently as possible and have the right support from health and care services:	193	Deliver Year 2 of the Lambeth All-Age Autism Strategy with users, carers and partners building on inclusive environments and supportive structures	UPDATED activity for 2025/26
M. People with learning disabilities and/or autism achieve equal life chances, live as independently as possible and have the right support from health and care services:	198	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	Continuing activity from 2024/25
N. People using mental health support services can recover and stay well, with the right support, and can participate on equal terms in daily life	203	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	Continuing activity from 2024/25

Outcome	ID	Activity	Status
N. People using mental health support services can recover and stay well, with the right support, and can participate on equal terms in daily life	205	Deliver on the reprovision 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	Continuing activity from 2024/25
O. People who are homeless, or at risk of becoming homeless, (including rough sleepers and refugees) have improved health:	209	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	Continuing activity from 2024/25
O. People who are homeless, or at risk of becoming homeless, (including rough sleepers and refugees) have improved health:	211	As part of the recommissioning of the rough sleeping outreach service and Vulnerable Adults Pathway services, review contract monitoring, outcomes and KPI's, ensuring health is a priority	UPDATED activity for 2025/26
O. People who are homeless, or at risk of becoming homeless, (including rough sleepers and refugees) have improved health:	212	Tenancy sustainment levels of accommodation is captured	UPDATED activity for 2025/26
O. People who are homeless, or at risk of becoming homeless, (including rough sleepers and refugees) have improved health:	224	Lambeth will commission a new rough sleeping outreach service that can respond to the current demands and changing needs of rough sleeping	NEW activity commencing in 2025/26

# Appendix 2 - Managing Risks

This appendix outlines a summarised easy read of our overarching thematic risks. Details against each of these risk areas are managed through our Lambeth Together Assurance process and are detailed in our Board papers throughout the year.

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).

No.	Risk	Risk Description	Current Risk Rating	Target Risk Rating	Risk Mitigation
1	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.	9	6	<p>Continue to engage with health partners to address areas where poor data quality has been identified, with the aim to improve data quality parameters. Making information more timely, accurate and complete by building on existing relationships between the analytical teams across the partnership.</p> <p>Continue to develop/ adjust assurance mechanisms through the assurance group and other fora to review, monitor and evaluate progress and to enable scrutiny of the validity of data and intelligence.</p> <p>We have built 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>

No.	Risk	Risk Description	Current Risk Rating	Target Risk Rating	Risk Mitigation
2	Financial savings/ pressures	Lambeth Together partner organisations need to make financial savings and/or face significant budget pressures.	16	8	<p>This plan reflects our partnerships intentions as of April 2025, but its development has coincided with the government’s announcement that NHS Integrated Care Boards (ICBs) are expected to reduce their management and programme costs by 50% in the year ahead (2025/26). Lambeth Council has also proposed that it will be reviewing its Operating Model in 2025/26. As such these plans represent our current priorities, but may be subject to further review and change if there are material changes to our delivery capability, responsibilities or our shared arrangements.</p> <p>Partner organisations continue to provide a stable financial environment that supports existing commissioning agreements aligned with agreed outcomes. 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>

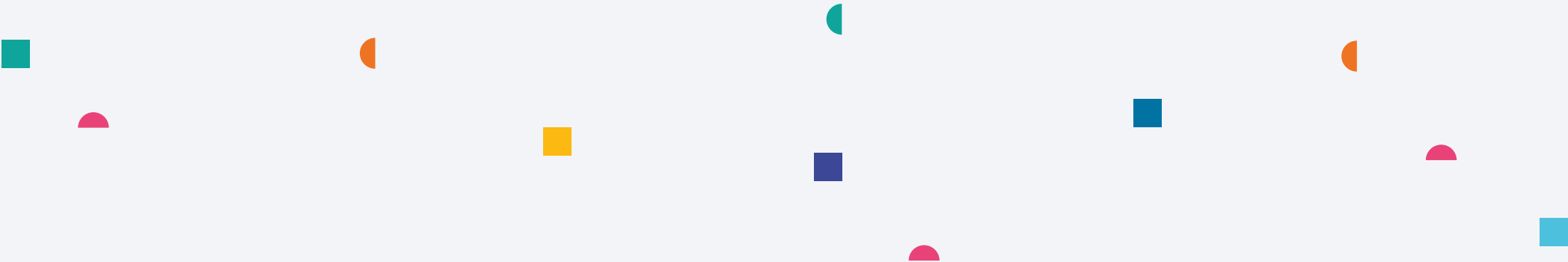


No.	Risk	Risk Description	Current Risk Rating	Target Risk Rating	Risk Mitigation
3	<b>Wider economic impact on inequalities</b>	We know that our focus as a health and care system must be on tackling unfair and avoidable differences in health between different groups of people, that were exacerbated through 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	6	Continue to 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.
4	<b>Rise of infectious disease(s)</b>	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.	9	6	Infectious disease prevention measures to remain in place and promoted to the public. Public Health pandemic planning to be in place.

No.	Risk	Risk Description	Current Risk Rating	Target Risk Rating	Risk Mitigation
5	Workforce	Reduced ability to recruit, retain and support staff.	16	6	<p>This plan reflects our partnerships intentions as of April 2025, but their development has coincided with the government's announcement that NHS Integrated Care Boards (ICBs) are expected to reduce their management and programme costs by 50% in the year ahead (2025/26). Lambeth Council has also proposed that it will be reviewing its Operating Model in 2025/26. As such these plans represent our current priorities, but may be subject to further review and change if there are material changes to our delivery capability, responsibilities or our shared arrangements.</p> <p>Software rolled out to support General Practices to effectively plan their workforce requirements, based on healthcare needs in the borough.</p> <p>The Lambeth Together and Development Hub to develop Peer support groups for the workforce to encourage resilience and personal development.</p> <p>The Lambeth Together and Development Hub is working with practices to develop apprenticeships for healthcare workers in Lambeth.</p> <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>

No.	Risk	Risk Description	Current Risk Rating	Target Risk Rating	Risk Mitigation
	<b>Workforce (continued)</b>	Reduced ability to recruit, retain and support staff (continued)			<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>
6	<b>Immunisations Fatigue</b>	Vaccine hesitancy, fatigue and reluctance in the population following the Covid-19 pandemic.	9	3	<p>As part of our childhood immunisation strategy, we have developed a targeted communication strategy which is available in a range of languages spoken by our community.</p> <p>Developed a comprehensive training package for staff ensures consistent vaccine confidence building.</p> <p>Community Model Team pilots at local events to boost vaccination rates and accept requests from support from GPs.</p> <p>Supported GP Practices, to establish protocols to promote vaccination uptake in line with national guidelines.</p>
7	<b>System-wide demand</b>	Demand on the health and care system impacts Lambeth Together to the extent that it constrains partner ability to prioritise transformation.	12	6	<p>Executive group to review system pressures regularly and consistently, alongside transformation work, and encourage operational information sharing and solution-focused partnership working.</p>

No.	Risk	Risk Description	Current Risk Rating	Target Risk Rating	Risk Mitigation
8	Changes to national priorities	Legislative changes or changes in national priorities impacts upon local priorities.	6	4	There are governance processes to periodically review the plan, to adjust, improve, and refine as necessary so that the plan continues to be aligned with national priorities. Formally review the plan annually and propose changes via Lambeth Together Care Partnership Board agreement and ratification.
9	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.	9	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

### Financial context

At the outset of our five year plan, we recognised that both the economy and public sector funding is expected to be constrained.

As we enter financial year 2025/26, South East London ICB continues to work in a significantly financially challenged environment, exacerbated by wider system operational pressures, South East London ICB requires each Place to achieve a minimum 5% cash releasing efficiency savings, plus manage further cost pressures and proposed investments.

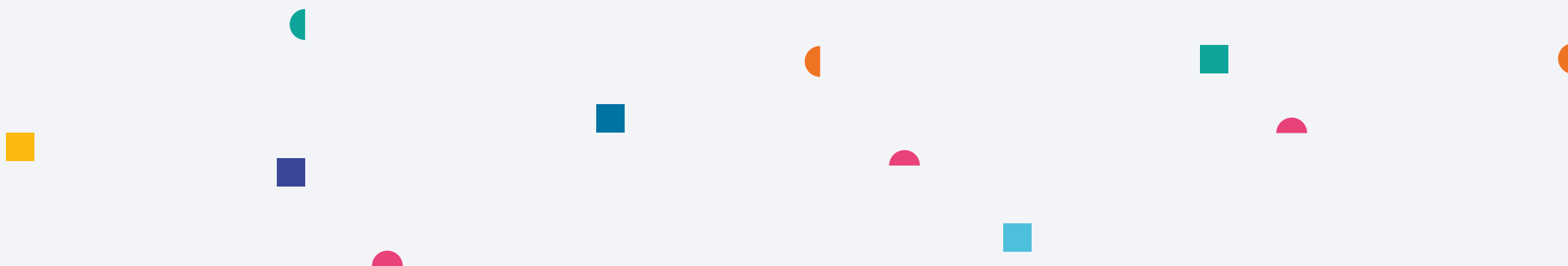
Also, ICBs in England have been asked to reduce their sizes by 50% during 2025-26 financial year. For SEL ICB, this is in addition to the 30% reductions we have already made, the full impact of which is still to be felt.

Lambeth Council faces a similarly challenging environment. Over the past six months the council has refreshed its 2025/26 financial planning assumptions, including savings proposals across its activities. The Council's overall savings target for 2025/26 is £46.3m, of which £5.8m relates to Adult Social Care and Children's Services.

NHS providers face a challenging financial context with the need to deliver significant

savings to secure financial sustainability as well as address service recovery expectations. Care providers and the VCS equally face the need to address savings to meet inflationary and enhanced staffing costs.

Within the NHS, we will need to continue be realistic in our resource assumptions and combine the need to deliver improved effectiveness and outcomes through transformation and prevention. Throughout the years ahead, we will remain ambitious and seek to prioritise those interventions that address inequality in outcomes.



<b>South East London Integrated Care Board (Lambeth)</b>	<b>2025/26 Annual Total Budget, £'000</b>
Acute Services	411,169
Community Health Services	108,813
Mental Health Services	134,564
NHS Continuing Care Services	35,911
Prescribing	43,998
Other Primary Care Services	3,957
Delegated Primary Care Services	95,339
Other (Dental, Ophthalmic and Pharmaceutical Services)	13,764
Corporate Costs	4,547
<b>Total</b>	<b>852,121</b>

<b>2025/26 Council Revenue Budgets</b>	<b>£'000</b>
<b>Integrated Commissioning / Health and Care</b>	<b>1,710</b>
Public Health	38,946*
<b>Adult Social Care</b>	<b>117,839</b>
<b>Children's Services</b>	<b>112,283</b>
<b>Total</b>	<b>270,778</b>

\*Public Health grant funding

<b>2025/26 Overall Budget</b>	<b>£'000</b>
<b>Total</b>	<b>1,122,899</b>





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