

LAMBETH TOGETHER CARE PARTNERSHIP (FORMERLY LAMBETH TOGETHER STRATEGIC BOARD)

Date: Thursday 15 May 2025
Time: 1.00 pm
Venue: Brixton Library, Brixton Oval, London, SW2 1JQ

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Members of the Committee

Di Aitken	Lambeth Together Care Partnership Board Co-Chair. Neighbourhood and Wellbeing Delivery Alliance Clinical and Care Professional Lead, GP
Nozomi Akanuma	Living Well Network Alliance Clinical and Care Professional Lead, South London and Maudsley NHS Foundation Trust
Cllr David Bridson	Cabinet Member for Healthier Communities (job-share), Lambeth Council
Andrew Carter	Corporate Director of Children's Services, Lambeth Council
Paul Coles	Chief Executive, Age UK, Lambeth
Fiona Connolly	Corporate Director Housing & Adults Social Care, Lambeth Council
Eugenie Dadie	Patient and Public Voice Member
Louise Dark	Chief Executive Integrated and Specialist Medicine, Guy's and St Thomas (GSTT) NHS Foundation Trust
Andrew Eyres	Place Executive Lead Lambeth, South East London Integrated Care Board and Corporate Director, Integrated Health, and Care, Lambeth Council
Sarah Flanagan	Patient and Public Voice Member
Therese Fletcher	Managing Director, Lambeth GP Federation
Ruth Hutt	Director of Public Health, Lambeth Council
Penelope Jarrett	Chair, Lambeth Local Medical Committee, GP
Lilian Latinwo-Olajide	Programme Director, Black Thrive, Lambeth
Jasmina Lijesevic	Lambeth Together Care Partnership Board Lay Member
Julie Lowe	Site Chief Executive, Kings College Hospital NHS Foundation Trust
Cllr Nanda Manley-Brown	Lambeth Together Care Partnership Board Co-Chair / Cabinet Member for Healthier Communities (job-share), Lambeth Council

Raj Mitra	Children and Young People's Alliance Clinical and Care Professional Lead, GP
Ade Odunlade	Chief Operating Officer, South London and Maudsley NHS Foundation Trust
Folake Segun	Chief Executive, Healthwatch Lambeth
George Verghese	Co-Chair of the Lambeth Primary Care Clinical Cabinet, GP

Further Information

If you require any further information or have any queries please contact: Email:

lambethbusinesssupport@selondonics.nhs.uk

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Access for Members of the Committee

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Access for elected Members of the Council

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AGENDA

Please note that the agenda ordering may be changed at the meeting.

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3	Declaration of Pecuniary Interests Under Standing Order 4.4, where any councillor has a Disclosable Pecuniary Interest (as defined in the Members' Code of Conduct (para. 4)) in any matter to be considered at a meeting of the Council, a committee, sub-committee or joint committee, they must withdraw from the meeting room during the whole of the consideration of that matter and must not participate in any vote on that matter unless a dispensation has been obtained from the Monitoring Officer.	
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Lambeth Together Care Partnership Public Forum and Board Meeting in Public

Thursday 15 May 2025, 1:00pm – 5:00pm
Brixton Tate Library

AGENDA

THIS MEETING IS IN PERSON ONLY

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

Agenda Item No. and Time	Agenda Item Title	Attachment / Supporting Information	Agenda Item Lead
1 p.m.	Public Forum		
60 mins	Welcome and introductions The Public Forum and how to take part Questions from the public		
2 p.m.	Board Meeting in Public		
1.	Introductions <ul style="list-style-type: none"> Welcome, introductions and apologies 		Dr Di Aitken <i>Co-Chair</i>
2.	Declarations of Interest <ul style="list-style-type: none"> Members of the Board are asked to declare any interests on items included in this agenda 		Dr Di Aitken <i>Co-Chair</i>
3.	Review of Minutes <ul style="list-style-type: none"> Members of the Board are asked to approve minutes and review any matters arising from the Lambeth Together Care Partnership Board meeting in Public on 6 March 2025 	Paper enc.	Dr Di Aitken <i>Co-Chair</i>
4. 2:10pm (10 mins)	Place Executive Lead Report <ul style="list-style-type: none"> Members of the Board are asked to receive an update on key developments since the last 	Paper enc.	Andrew Eyres <i>Place Executive Lead Lambeth, Corporate Director, Integrated Health, and Care, Lambeth Council and South East London Integrated Care Board</i>

Agenda Item No. and Time	Agenda Item Title	Attachment / Supporting Information	Agenda Item Lead
	Lambeth Together Care Partnership Board meeting in Public on 6 March 2025		
5. 2.20pm (35 mins)	Deep Dive – Homeless Health Members of the Board are asked to; <ul style="list-style-type: none"> Approve the progress report on the work of the Homeless Health programme against 'Our Health. Our Lambeth' activities and outcomes Endorse and support the recommissioning plans for the Vulnerable Adults housing pathway and rough sleeping outreach service 	Paper enc.	Emma Casey <i>Lead Commissioner - Housing Needs</i>
6. 2:55pm (30 mins)	Deep Dive - Sexual Health Members of the Board are asked to; <ul style="list-style-type: none"> To approve the progress report on the work of the sexual health programme against 'Our Health, Our Lambeth' activities and outcomes To endorse the promotion of our sexual health services, including the outreach service and Find Sexual Health To work in collaboration to achieve our outcomes within the sexual health strategy 	Paper enc.	Nancy Padwick <i>Strategic Lead for Sexual Health</i> Jessica Engen <i>Consultant in Public Health; Turning Point</i>
3:25 (10 mins)	BREAK		
7. 3.35pm (50 mins)	Business Planning: Second Annual Review Our Health Our Lambeth Members of the Board are asked to; <ul style="list-style-type: none"> Approve the second annual review of Our Health, Our Lambeth and the 2025/26 action plan Approve the final integrator model for Integrated Neighbourhood Teams (INTs) as agreed by the Neighbourhood and Wellbeing Delivery Alliance Note the 2025/26 SEL ICB (Lambeth) budget and 2025/26 Lambeth Council budget for 	Paper enc & att.	Alex Jackson <i>Lambeth Together Programme Lead</i>

Agenda Item No. and Time	Agenda Item Title	Attachment / Supporting Information	Agenda Item Lead
	health and social care and support the expenditure plans		
8. 4.25pm (10 mins)	Lambeth Together Primary Care Commissioning Committee (PCCC) Members of the Board are asked to; <ul style="list-style-type: none"> Note the update on discussions held at the Primary Care Commissioning Committee on 19 March 2025 Ratify decisions made at the Primary Care Commissioning Committee on 19 March 2025 	Paper enc.	Jasmina Lijesevic <i>Lambeth Together Board Lay Member</i>
9. 4.35pm (10 mins)	Lambeth Together Assurance Group (LTAG) Update Members of the Board are asked to; <ul style="list-style-type: none"> Note the report from the Lambeth Together Assurance Sub-Group and the associated Integrated Assurance Report presented on 18th March 2025 	Paper enc & att.	Jasmina Lijesevic <i>Lambeth Together Board Lay Member</i>
10. 4.45pm (10 mins)	Questions from the public		
11. 4.55pm	AOB Close Date of next meeting: 3 July 2025 Public forum: 1pm-2pm Board meeting in Public: 2pm-5pm		Dr Di Aitken <i>Co-Chair</i>

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LAMBETH TOGETHER CARE PARTNERSHIP BOARD MINUTES

Thursday, 6th March 2025, 2pm
Brixton Tate Library, 2 Brixton Oval, SW2 1JQ

Members Present:

Cllr Jacqui Dyer	Lambeth Together Care Partnership Board Co-Chair. Cabinet Member for Healthier Communities (job-share), Lambeth Council
Dr Di Aitken	Lambeth Together Care Partnership Board Co-Chair. Neighbourhood and Wellbeing Delivery Alliance Clinical and Care Professional Lead
Andrew Eyres	Place Executive Lead Lambeth, Corporate Director, Integrated Health, and Care, Lambeth Council and South East London Integrated Care Board
Alice Jarvis	Director of Operations and Partnerships, Guy's and St Thomas' NHS Foundation Trust, (deputising for Louise Dark, Chief Executive, Integrated and Specialist Medicine, Guy's and St Thomas' NHS Foundation Trust)
Bimpe Oki	Acting Director of Public Health, Lambeth Council
Cllr Judith Cavanagh	Young People's Champion, Lambeth Council
Cllr Tim Windle	Cabinet Member for Healthier Communities (job-share), Lambeth Council
Dan Stoten	Director of Integrated Commissioning for Children's and Youth Services, Lambeth Council (deputising for Andrew Carter, Corporate Director of Children's Services, Lambeth Council)
Dr George Verghese	GP, Co-Chair of the Lambeth Primary Care Clinical Cabinet
Dr Nozomi Akanuma	Living Well Network Alliance Clinical and Care Professional Lead, South London, and the Maudsley NHS Foundation Trust
Dr Raj Mitra	GP, Children and Young People's Alliance Clinical and Care Professional Lead
Eugenie Dadie	Patient and Public Voice Member
Folake Segun (non-voting member)	Chief Executive, Healthwatch Lambeth
Jasmina Lijesevic	Lay Member
Julie Lowe	Site Chief Executive, Kings College Hospital NHS Foundation Trust
Paul Coles	Chief Executive, Age UK, Lambeth
Richard Sparkes	Deputy Director of Social Care, Lambeth Council (deputising for Richard Outram, Director Adult Social Care, Adults Social Care and Housing, Lambeth Council)
Sarah Flanagan	Patient and Public Voice Member

In attendance:

Alex Jackson	Programme Lead, Lambeth Together
Emily Perry	Senior Project Manager, Neighbourhood and Wellbeing Delivery Alliance

Georgina Fekete	Non-Executive Director, South East London Integrated Care Board
Guy Swindle	Deputy Director, Living Well Network Alliance
Jane Bowie	Director, Integrated Commissioning (Adults), Lambeth Council
Josepha Reynolds	Programme Director, Neighbourhood and Wellbeing Delivery Alliance
Lorraine Gordon	Interim Director, Living Well Network Alliance
Oge Chesa	Director of Primary Care and Transformation, Southeast London Integrated Care Board
Warren Beresford	Associate Director, Health and Care Planning and Intelligence, South East London Integrated Care Board
Abdul Mukadam	Medical Director, Akerman Medical Practice
Amy Miland	Community Living
Binki Taylor	Neighbourhood and Wellbeing Delivery Alliance Chair
Ciara Doherty	Lead Chronic Kidney Disease Prevention Pharmacist, Guy's and St Thomas' NHS Foundation Trust
David Orekoya	Associate Director, Integrated Commissioning, Mental Health and Learning Disabilities and Autism
Dr Nandi Mukhopadhyay	Clinical and Care Professional Lead in Learning disabilities and Autism
Mariama Kandeh	Expert by Experience
Michelle Homer	Lead Commissioner, Lambeth Council
Robert Dunne-Vega	Lead Commissioner, Lambeth Council
Sarah Pritchard	Community Living
Sharif Yacoob	Primary Care Facilitator / Data Analysis Lead
Syeda Farooq	Care Coordinator, Akerman Medical Practice

1 Introductions

Board Members present introduced themselves. Apologies were noted from Richard Outram, with Richard Sparkes deputising, Louise Dark, with Alice Jarvis Deputising, Andrew Carter, with Dan Stoten deputising, and Ade Odunlade, Chief Operating Operator for the South London and Maudsley NHS Foundation Trust, the newest member to the Lambeth Together Care Partnership Board.

A welcome was also given to Georgina Fekete, Non-Executive Director for the South East London Integrated Care Board (SEL ICB) observing the meeting.

2 Apologies for Absence

Ade Odunlade	Chief Operating Officer, South London and Maudsley NHS Foundation Trust
Andrew Carter	Corporate Director of Children's Services, Lambeth Council
Dr Penelope Jarrett (non-voting member)	Chair, Lambeth Local Medical Committee
Lilian Latinwo-Olajide	Programme Director, Black Thrive, Lambeth
Louise Dark	Chief Executive, Integrated and Specialist Medicine, Guy's and St Thomas' NHS Foundation Trust
Richard Outram	Director Adult Social Care, Adults Social Care and Housing, Lambeth Council
Therese Fletcher	Managing Director, Lambeth GP Federation



3 Declarations of Interest

Members were asked to declare any conflicts of interests linked to specific items on the agenda. No conflicts of interest were raised.

4 Minutes from 9 January 2025 Meeting

The [minutes](#) of the meeting of Thursday 9th January 2025 were agreed as an accurate record of the meeting.

Two actions from the January meeting remain open and are awaiting meeting dates to be set to complete the actions.

5 March 2025 Action Log

N o	Date Raised	Action	Open/Closed
1	09/01/2025	Bimpe Oki to explore further promotion of the Annual Public Health Report, including promoting the link to the report on the Council website.	Closed
2	09/01/2025	Merwaan Chaudhry to gather information on Oliver McGowen training and share with Board members.	Closed
3	09/01/2025	Dan Stoten and Merwaan Chaudhry to meet outside of the Board meeting to discuss links with CAMHS and the CYP.	Closed
4	09/01/2025	Merwaan Chaudhry to link in with the Age UK Gambling Link Workers - gamblingawareness@ageuklambeth.org	Open
5	09/01/2025	Alice Jarvis to link Merwaan Chaudhry with Guy's and St Thomas' to share data on suicide prevention.	Open
6	09/01/2025	Further item on the development of 'neighbourhood teams' in Lambeth to come back to future Board discussions.	Closed
7	09/01/2025	Warren Beresford to share benchmarking data around the HPV vaccine with members.	Closed

6 Lambeth Together Place Executive Lead Update

Andrew Eyres gave an overview of the Place Executive Lead report.

Dr Di Aitken enjoyed this report as it had lots of content and liked how the Communications and Engagement team had captured the Board on the Bus initiative.

RESOLVED

1. Board members noted the update on key developments since the formal Lambeth Together Care Partnership Board meeting in public on 9th January 2025.

To view the report accompanying this item, refer to pages 19 to 28 of the Board pack.

To view the recording for this item, refer to part 2 of the meeting recording from 02:30 – 06:45.

7 Learning Disabilities and Autism (LDA) Programme Deep Dive

Robert Dunne-Vega, David Orekoya, Amy Miland, Sarah Pritchard, Dr Nandi Mukhopadhyay, Michelle Homer, and Mariama Kandeh presented on the LDA Programme. The following discussions took place:

- Dr Di Aitken commented that this is a great demonstration of what can be achieved.
- Jasmina Lijesevic thanked Dr Mukhopadhyay for the data, expressed that she was really impressed with it and hoped it provides clarity. Jasmina also gave thanks to Michelle for all the work on the strategy and recognised the huge difference it has made to many lives.
- Jasmina asked the Community Living team if there are reassurances that parents' preferences are considered. Jasmina asked what options are available and can the team confirm that individuals would not be forced to go into therapy that they disagree with as it can be frightening for those involved.
- Dr Raj Mitra explained that when those with learning disabilities attend their appointments with support, a much richer discussion is had and the information that is taken away is a lot richer so asked, should it be mandatory that someone with learning disabilities bring someone with them to their appointments. Dr Mitra also asked if the health checks are effective and change behaviour.
- Sarah Flanagan asked is there a portion of people who are still under restrictions and are we reaching the right amount of the population.
- Folake Segun asked if young people have chosen not to engage with health checks or are not registered, is the team doing work to find out why they are not.
- Amy explained that the teams work uses a history of science that underpins their training and delivery. In terms of positive behaviour, all bodies noted within the presentation regulate the team to follow this framework of applied behaviour analysis and there are regulatory boards with a strong ethical code of conduct which we have to stick by, and which guide our values. Amy explained that no one is forced to do anything they do not want to do.
- David explained the LDA Programme invited Community Living to the Board as they work closely with commissioners and operational colleagues to make sure the dignity of service users is at the heart of what we do which proves effective for service users.
- Robert explained in regard to whether we are reaching everyone, we know exactly who our people are on our dynamic support registers and look to discharge people at the right time but noted there are people about which we do not know.
- Dr Mukhopadhyay outlined a piece of assurance work undertaken to understand if the care of our patients with learning disabilities is as good as everyone else's and as a result, looked at cardio, diabetes, hypertension, lifestyle factors, etc. to determine how well treated patients are. It was found that our patients with learning disabilities are better controlled with illnesses, such as, hypertension and diabetes, then the

general population.

- Dr Mukhopadhyay responded to Folake's question and explained we have a system where we can track these parameters, and we have a Service Improvement Facilitator who can contact all practices so can tell practices to intervene where needed. A piece of work was done with Healthwatch Lambeth around health checks and learning disability patients queried why we did not ask them if they wanted to have their health check alone so after receiving that feedback, we now actively ask is there anything you want to discuss without your support being present.

RESOLVED

1. Board members noted and supported the progress of the Learning Disabilities and Autism Programme and Lambeth All Age Autism Strategy throughout 2024/25; and
2. Provided feedback to the team.

To view the presentation accompanying this item, refer to pages 29 to 48 of the Board Pack.

To view the recording for this item, refer to part 2 of the meeting recording from 12:38 – 1:08:00.

8 Lambeth Together Primary Care Commissioning Committee update

Oge Chesa gave an update on the January PCCC meeting and Board members ratified all decisions made at that meeting.

RATIFIED

1. Members of the Board noted the update on discussions held at the Primary Care Commissioning Committee on 22 January 2025; and
2. Ratified decisions made at the Primary Care Commissioning Committee on 22 January 2025.

To view the presentation accompanying this item, refer to pages 49 to 57 of the Board pack.

To view the recording for this item, refer to part 2 of the meeting recording from 07:45 – 12:37

9 Lambeth Together Assurance Sub-Group

Warren Beresford gave an update on the January LTAG meeting and the following was discussed:

- Paul Coles asked regarding flu vaccinations, was the conclusion that the drop in uptake could have been due to the late release of flu vaccine this year.
- Warren explained that this factor did not help but we are tracking below last year's position for a range of different reasons and because of that, this has been registered on our risk register. Warren noted that Lambeth is



not the only borough in SEL in this position as most boroughs are tracking similarly.

- Bimpe Oki explained that nationally, vaccines in general have had less uptake and noted that we are concerned about this. Bimpe mentioned there were a few factors that did not help but highlighted the need to work with communities in terms of increasing uptake.

RESOLVED

1. Board members noted and supported the update from the Lambeth Together Assurance Sub-Group and the associated Integrated Assurance Report presented on 21 January 2025.

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

To view the recording for this item, refer to part 2 of the meeting recording from 1:08:00 – 1:15:40.

10 Lambeth Together Business Planning Update

Warren Beresford presented on Lambeth Together Business Planning and the following discussions took place:

- Dr Raj Mitra asked Warren to confirm that we have to do more with less resources. Dr Mitra asked if the public were going to be told this. Dr Mitra agreed with more digital and more prevention but asked, with less resources will we be relying on neighbourhoods, which is experimental at the moment so asked how we know that will help.
- Andrew Eyres explained the borough has been clear about resources this year and noted that we are going to have to do better with what we have already got. Andrew explained we can change the narrative as to how can we best support our residents to live as healthy as possible and noted that this is not a question only for finance or clinicians, but for all of us.

RESOLVED

1. Board members noted the progress of the Lambeth Together 2025/26 business planning process;
2. Provided feedback on the Plan's development; and
3. Approved the next steps and timeline.

To view the presentation accompanying this item, refer to pages 73 to 80 of the Board pack.

To view the recording for this item, refer to part 3 of the meeting recording from 01:00 – 14:05.

11 Neighbourhood and Wellbeing Delivery Alliance (NWDA)

Binki Taylor, Josepha Reynolds, Emily Perry, Abdul Mukadam, Sharif Yacoob, Syeda Farooq, and Ciara Doherty presented the NWDA deep dive, where the following was

discussed:

- Cllr Tim Windle noted that the presentation mentioned, 'what is a neighbourhood' and the potential to create differing neighbourhoods' boundaries. Cllr Windle was supportive of the approach but wondered if there was a risk of confusing people about what neighbourhoods they are in and what services are where.
- Dr George Verghese explained, having been around the table when we have discussed neighbourhoods for some years, it is positive to see now something on paper. Cllr Windle mentioned services and boundaries, but the idea is, if you are in the Stockwell Group and want to go to Herne Hill, you should be able to and what you will find will be the same consistency of offer.
- Andrew Eyres explained that whilst we might feel more comfortable with firm boundaries, the public do not always recognise those and will not always be consistent of where people live and where they access care.
- Jasmina Lijesevic confirmed we want services that work for residents, and it does not matter if it is on a boundary.
- Dr Nozomi Akanuma explained that has seen seven to eight rounds of changes to boundaries within mental health services so is excited with this firm proposal. Some people find it difficult within mental health as we currently have three localities, and we are bound to fit into various Primary Care Networks (PCNs). Patients living closer to the north of the borough do not have the same needs and conditions to those in living in Streatham and Dr Akanuma hoped this will give us an opportunity to think about what services serve the different population needs.
- Sarah asked if consideration had been given to whether the population was wealthy or more deprived and if consideration had been given to developing neighbourhoods with boundaries where they are very deprived and very well-off.
- Josepha explained the proposal followed the town centre model and how systems are already set up, noting it is important that the offer is a consistent one. Different neighbourhoods' needs and population health data will tell us that Loughborough Junction will be different to Vauxhall, for example, so we will target responses to certain needs.
- Sarah Flanagan asked what an integrator is, is it a person or is it a body and asked how it can function with no additional funding.
- Josepha explained an integrator is an organisation or potentially two partners with the proposed aim to make things simpler as we develop integrated teams. It will be easier to do things together, like HR or finance, which the integrator will hold on behalf of other partners. For example, instead of integrated teams having different employers there is one organisation who does this.
- Dr Verghese explained the integrator function is a developmental journey coordinating the consistency of offer and removing dysfunction, which will be developed over months to years.
- Jasmina Lijesevic asked if Care Coordinators can work with GPs to talk patients through what their MyChart results mean.
- Dr Di Aitken asked how we can involve the voluntary care sector in neighbourhood-based work.



- Abdul explained that Care Coordinators can make sure results have arrived and, when looking at results, can schedule a call with the clinician and patient to go over the results.
- Dr Verghese explained that Care Coordinators can just explain what chronic kidney disease is, for example, and they have been trained to introduce what the condition is.
- Board members endorsed the proposed geographies, and delegated final sign-off to the NWDA, with an action to bring this item back to the April Board Seminar.

Action: An item on Integrated Neighbourhood Teams to be brought to the April Seminar.

RESOLVED

1. Board members endorsed the proposed neighbourhood geographies for INTs in Lambeth;
2. Noted and commented on the proposed integrator function for Lambeth; and
3. Delegated final sign off on the neighbourhoods and integrator model to the Neighbourhood and Wellbeing Delivery Alliance, noting that a final model will return to the April seminar.

To view the presentation accompanying this item, refer to pages 81 to 103 of the Board pack.

To view the recording for this item, refer to part 3 of the meeting recording from 14:10 – 1:13:15.

The meeting ended at 16:52pm

CHAIR
LAMBETH TOGETHER CARE PARTNERSHIP
(FORMERLY LAMBETH TOGETHER
STRATEGIC BOARD)
Thursday 1 May 2025

Date of Despatch: 21 March 2025

Web: www.lambeth.gov.uk

Lambeth Together Care Partnership Board - Action Log

Actions update for May 2025 Board

No	Date Raised	Action	Status
1	09/01/2025	Dan Stoten and Merwaan Chaudhry to meet outside of the Board meeting to discuss links with CAMHS and the CYP.	Closed
2	09/01/2025	Alice Jarvis to link Merwaan Chaudhry with Guy's and St Thomas' to share data on suicide prevention.	Closed
3	09/01/2025	Warren Beresford to share benchmarking data around the HPV vaccine with members.	Closed Data provided
4	06/03/2025	An item on Integrated Neighbourhood Teams to be brought to the April Seminar.	Closed

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Lambeth Together Care Partnership Board

Title	Lambeth Together Place Executive Lead Update
Meeting Date	15 May 2025
Author	Andrew Eyres, Place Executive Lead Lambeth, Corporate Director, Integrated Health, and Care, Lambeth Council and South East London Integrated Care Board
Lead	Andrew Eyres, Place Executive Lead Lambeth, Corporate Director, Integrated Health, and Care, Lambeth Council and South East London Integrated Care Board

This item is for:

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

The Lambeth Together Care Partnership Board is asked to:

1. Receive an update on key developments since the Lambeth Together Care Partnership Board meeting in public on 06 March 2025

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

N/A. Individual items addressed at various fora.

Summary and Impact on Inequalities

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

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Lambeth Together Care Partnership

Place Executive Lead Report

15 May 2025

Andrew Eyres – Corporate Director, Integrated Health and Care



‘Our Health, Our Lambeth’

As we move into the third year of delivering ‘*Our Health, Our Lambeth 2023-2028*’, we are not only looking back, but also firmly looking forward. The challenges we face, whether financial, operational, or driven by wider national reform, demand a sharper focus on the things that matter most to our residents and those delivering care and support across the system. The past year has seen the election of a new government and the publication of several key documents, ahead of the new NHS 10-Year Plan expected later this year, which have outlined a renewed national focus on neighbourhood working, preventative health, and personalised care. These reforms speak directly to the existing ambitions we set out in *Our Health, Our*

Lambeth, but also highlight the scale of the challenge ahead in delivering real, sustained change during a period of fiscal constraint.

Against this backdrop, our Year 2 Annual Review demonstrates real progress – not just in terms of service delivery, but in how we work together, in how we listen to residents, and in how we embed equity at every level of our partnership. Over the past year, we have delivered and made meaningful progress on several key local strategies, including the Lambeth Carers Strategy, the Age-Friendly Lambeth Action Plan, and the All-Age Autism Strategy – each one rooted in co-production and designed to respond to the experiences and intersecting needs of our communities.

Our Delivery Alliances continue to lead the way in embedding new models of care. The Living Well Network Alliance has continued to expand the reach and impact of its support, with the Primary Care Alliance Network (PCAN) and Staying Well Service now embedded across Lambeth, helping more residents access mental health care through their GP. Crisis and recovery services supported hundreds of people to remain well at home, while over 1,000 referrals were made to help people resolve wider issues impacting their health including individual employment support. Work to embed the Patient and Carer Race Equality Framework (PCREF) has also continued to influence practice across the system.

The Neighbourhood and Wellbeing Delivery Alliance has scaled up the Hospital @home model, now reaching national capacity targets and offering new pathways for people to receive care and recover safely at home. Through neighbourhood partnerships like Thriving Fiveways, we’ve co-designed new responses to local priorities, including physical activity for older people and access to musculoskeletal (MSK) physiotherapy. The now electric Health and Wellbeing Bus has continued to reach over 1,000 people per month, offering vital health checks and advice in community spaces.

The Children and Young People Alliance has driven improvements in access and equity. Through the expansion of the Child Health Integrated Learning and Delivery System (CHILDs) framework, each Primary Care Network (PCN) now has a dedicated child health team, providing specialist triage advice to enable more children to be managed in primary care and reducing the need for secondary and acute care. Child and Adolescent Mental Health Services (CAMHS) have reduced waiting times, expanded treatment options, and reached more young people from racialised communities. A new school-based mental health hub has improved access for families, while new maternity support - including personalised care plans and birth trauma services, responded directly to community need. Over £5 million in Family Hub and Start for Life funding has supported the expansion of joined-up early years services.

These achievements reflect our ongoing commitment to an integrated, neighbourhood-led approach, working to embed prevention and wellbeing in a more integrated way with our local communities and partners, showcased in the tangible impact of our community outreach models, and in guiding the way we are embedding digital and data-enabled care across our system.

Coordinated through the NWDA we have been developing our wider approach to Neighbourhood working and Lambeth Together Board Members in March supported our approach and agreed the five neighbourhood areas, based on our town centre model, we will work to in Lambeth. To support the development and implementation of integrated neighbourhood care we are working with local partners to identify an 'integrator' who will host and coordinate those functions required to enable partners to effectively work more closely together as an integrated team within each of our five neighbourhoods.

Equity, diversity, and inclusion remain core to everything we do. Our Lambeth Together EDI subgroup has supported initiatives for residents with learning disabilities and autism. Our work on the Lambeth Learning Disability Annual Health Checks – which met national targets – has been supported by peer-led promotion and listening events, helping to build trust and improve access. The group has also introduced new scrutiny processes to assess how programmes are delivering for marginalised groups, in particular providing challenge and feedback to ensure that our investment to tackle health inequalities is delivering on that aim.

Our refreshed Action Plan for 2025/26 sets out a clear roadmap for the year ahead. It reflects the shared ambition of our partnership and the voices of our communities. We will deepen our work on prevention and early intervention, particularly through strengthening our neighbourhood working, including through Integrated Neighbourhood Teams to deliver more joined-up care, closer to home. This includes supporting children with complex needs, improving outcomes for those living with long-term conditions, and delivering targeted work around frailty and end-of-life care.

As we deliver our second annual review, we do so with the recognition that this is not business as usual. The health and care landscape has changed dramatically since we first published the plan in 2023. Lambeth Together is well-positioned to respond to this context, not only because of the strong foundations we've built, but because we are clearly seeing the benefits of working across organisational boundaries. We are showcasing what it means to plan and deliver care in a truly integrated, holistic and responsive way, bringing together residents, carers, voluntary and community sector partners, clinicians, and service providers with a shared commitment to health equity and social justice.

This next phase of our plan is about delivery and accountability. It is about being ambitious, yet realistic about what we can achieve within the resources available. We are grateful to our partners, frontline staff, and those with lived experience who have shaped this work bringing this next chapter of *Our Health, Our Lambeth* to life. The Year 2 annual review and action plan will be published on the [Lambeth Together website](#) following approval from the Lambeth Together Care Partnership Board.

Our Governance and Leadership

Following recent changes to Lambeth Council's Cabinet, there will be some updates to the political leadership represented on the Lambeth Together Board. We are pleased to welcome Councillor Nanda Manley-Browne and Councillor David Bridson as the new job share Cabinet Members for Healthier Communities. Councillor Manley-Browne will take on the role of co-chair for the Lambeth Together Care Partnership Board. They succeed Councillor Jacqui Dyer, as co-chair, and Councillor Tim Windle. We would like to extend our heartfelt thanks to both for their dedication, leadership and longstanding commitment to improving health outcomes and addressing inequality in health outcomes in Lambeth.

We look forward to working with Councillors Manley-Browne and Bridson as they take up their new responsibilities and continue to support our shared ambition to improve health and wellbeing for everyone in Lambeth

There is also a change in representation relating to young people and wellbeing. Councillor Judith Cavanagh has taken on a new role as Deputy Cabinet Member for Finance. Our thanks go to Councillor Cavanagh for her excellent contributions to the work of the Board and wish her well in her new role.

Ian Davis took up his role as Chief Executive of Lambeth Council in March and has expressed a clear commitment to addressing health inequity across the borough working with Lambeth partners. Following his arrival, we welcome back Fiona Connolly, Corporate Director of Adult Social Care and Housing and Ruth Hutt Director of Public Health back to the Lambeth Together Care Partnership Board. We extend our thanks to Bimpe Oki and Richard Outram who have covered these leadership positions on the Board over the past twelve months. Their contributions have been highly valued, and we acknowledge the commitment and flexibility of all colleagues across the system who supported the delivery of our shared priorities during this time.

We also welcome [Ade Odunlade](#) to the Lambeth Together Board as the new representative for South London and Maudsley NHS Foundation Trust. He brings over 30 years of experience in clinical leadership and workforce development and is an advocate for human development, mental health and Population Health Management. We look forward to working with him as we continue to strengthen our integrated working and community-based care.

At the last Board meeting we were able to thank Lorraine Gordon for contribution to partnership working and improving outcomes for Lambeth residents as Interim Alliance Lead for the Living Well Network Alliance.

Finally, we note the announcement that Amanda Pritchard will return to Guy's and St Thomas' NHS Foundation Trust as Chief Executive. Her return to South East London is welcomed, and we look forward to continuing our partnership to improve health outcomes for local communities.

Board on the Bus

Our 'Board on the Bus' programme continues to send health and care decision-makers into neighbourhoods to listen to what matters most to people about their health and care. It's a key element in Lambeth Together's approach to engagement so that people are involved at all levels in the Partnership's work. In recent visits, board 'buddies' have joined our Health Champions on the Health and Wellbeing bus in community locations across the borough. In March Alex Jackson, Programme Lead, and Lorraine Gordon were at the Kennington Park Community Centre and our most recent participants in April were Cllr Dyer and Julie Lowe who were at a busy Streatham Leisure Centre speaking with residents during the school Easter Holidays. The thoughts and views of residents are captured and shared at regular Board seminars, enabling Lambeth Together's leadership to understand live issues from the Lambeth population at different points in time, and to hear from communities that may be unlikely to take part in more formal health care engagement activity.



Cllr Dyer (former Co-Chair, Lambeth Together) and Julie Lowe (Site Chief Executive at Kings College Hospital)



Folake Segun (Chief Executive, Healthwatch Lambeth) and Jasmina Lijesevic (Lay Member)

Organisational Development

The Organisational Development (OD) programme for the LTCP Board and Executive team continues to provide opportunities for our leaders to come together and collectively address the strategic challenges facing our system. Our first away time of the year in March asked the question *how can we build an 'anti-racism framework' for Lambeth Together, using the Patient and Carer Race Equality Framework as a guiding model?* The session provided a unique opportunity to engage with the aims of the PCREF and outlined examples of best practice. Board Members explored what more we can do as leaders within the system to make a difference, including identifying a number of actionable opportunities to address systemic racism that we will be looking to implement this year. The event further reinforced our shared and individual commitment to making a difference. To continue to take these learnings forward, our next OD session in June will focus on maximising a shared approach to engaging with our communities across Lambeth Together, furthering our efforts to create an inclusive and equitable environment for all. We will also host a lunch and learn session in May, led by Thriving Stockwell, which will provide an insight into their innovative, community-led model of integrated partnership working across the VCS, local community and health sector to tackle health inequalities.

Clinical and Care Professional Leads

Our quarterly CCPL (Clinical and Care Professional Leads) Network Forum met at the end of April, offering the opportunity for our CCPLs to discuss their work, share clinical best practice and problem solve any barriers they are facing. We received an update from Debajeet Choudhuri, our Planned Care and Diagnostics CCPL who highlighted recent developments and strategic initiatives in this area including the new MSK guidelines for SEL, promoting the Get U Better App and upcoming changes and expected improvements in the Synnovis service. Mark Adams, Cancer CCPL, shared recent achievements noting the successful evaluation of the Catch 22 Bowel screening non-responder project, work to promote uptake of prostate cancer screening with the AT Beacon Hub and the ongoing Targeted Lung Health Check programme. Warren Beresford, Associate Director of Health and Care Planning and Intelligence, presented the latest data and intelligence which is informing the development of the frailty, multi-long term conditions and children and young people care pathways for Integrated Neighbourhood Teams (INTs). I'd also like to thank Alison Davidson, who finished in her role as IRIS CCPL in April and Rachael Kilner, who will be finishing as the Children and Young Person CCPL at the end of May. Both have made invaluable contributions through their hard work in Lambeth, and I wish them all the best in the future.

NHS Transformation

In March the Secretary of State for Health and Social Care announced that NHS England will be taken back into direct government control as part of the Department of Health and Social Care and would be required to reduce its overall costs.

Additionally Integrated Care Boards (ICBs) across England have been asked to reduce their running/corporate costs by, on average, 50% by the end of 2025 and ICBs are asked to focus on strengthening their role as strategic commissioners, at System and at Place and in support of enhanced Neighbourhood working. This is addition to 30% savings already delivered in ICB running costs over the past 18 months.

At the beginning of May we received initial national guidance on the operating model for ICBs, and are awaiting specific ICB savings targets - with an expectation that ICBs will set out broad proposals in response for the end of May. ICB staff and those in joint roles are being kept informed as information becomes available and support is available to those who may be impacted. Further information will be shared with Board members as this becomes available along with the implications of any savings proposals to our Lambeth Together Partnership arrangements.

At the same time NHS Trusts are also required to reduce their corporate costs to closer to pre-Covid levels and individual assumptions have been set for each Trust.

System Pressures

Both Guy's and St Thomas' Trust (GSTT) and King's College Hospital (KCH) finished the year, exceeding their 4 hour emergency department targets of 78%/ 70% respectively, reaching 79.1%/ 72.2% of all patients

in the year being seen and discharged / admitted from the department within 4 hours, this has been supported by a number of positive changes to the physical estate within the Trusts, which have provided the emergency departments and associated support services with additional capacity, including at GSTT a new dedicated discharge unit for patients being discharged from wards and at Denmark Hill a new Acute Admissions Ward and co-location of their Same Day Emergency Care Units.

Our sites continue to receive high volumes of attendances to the emergency department with increased acuity; however, the Trust continues to implement their flow programme of activities to support effective flow through the department. Additionally, they continue to hold Multi-Agency Discharge Events throughout the year, which are beneficial in identifying where improvements are needed and directing resources to those areas. Beyond the hospital, the actions from all system partners over the year - including but not limited to primary care, mental health services, local authority and voluntary care services has helped us ensure Lambeth residents can continue to access high quality urgent care, in the most appropriate settings, when they need it. System partners are currently reflecting on last year and considering what further areas they should focus on which will maintain and may even improve their performance further this year.

Additionally, ahead of the Easter bank holiday weekend system partners worked hard to ensure they all had available capacity and senior decision makers to support the holiday period.

Our Delivery Alliances – a selection of highlights



Local Cancer event

Neighbourhood and Wellbeing Delivery Alliance (NWDA)

The Neighbourhood and Wellbeing Delivery Alliance has been leading the conversations around neighbourhoods on behalf of Lambeth Together. Since the last Lambeth Together Care Partnership Board, we have formally proposed our integrator for the next 12 months as a partnership between GSTT and the Lambeth General Practice Provider Alliance (LGPPA). GSTT and LGPPA are working together to develop an integrator operating model which will be shared with all NWDA partners for sign off by June. We have also been working with our Lambeth Integrated Neighbourhood Teams (INT) Working Group to develop our high level delivery plan for INTs. This delivery plan is due to be finalised by July, and will set out we are going to develop our interventions for neighbourhood working in each of our five neighbourhoods. Alongside the cohorts set

nationally (Children & Young People, Multiple Long Term Conditions, and Frailty) we are also looking to build on our successful work in the Lambeth Living Well Network Alliance to support people with mental health through a neighbourhood approach.

Since September 2024, the NWDA has supported Primary Care Networks to deliver five community outreach events in partnership with local organisations, aimed at improving cancer screening uptake and raising awareness of bowel, cervical, lung and breast cancer. These events have had a particular focus on reducing health inequalities and therefore were designed to engage communities in culturally relevant ways. Across the five events we saw 300 residents attend.

At the two events where ethnicity data was collected, the majority of attendees were from ethnic minority backgrounds, with 73% of attendees of the event ran by Hills Brook & Dale PCN being Black/Afro-Caribbean/African. Feedback highlighted the value of collaborating with local partners to deliver information in ways that resonated with the community. Notably, at one event, 78% of attendees rated the session as 'excellent'.

In addition to the events, Lambeth led on a Bowel Cancer Screening Project in 2023-24 that reached out to individuals who had not responded to their cancer screening invitation. The recently published evaluation showed that the project team successfully spoke to 4,439 people, resulting in 706 completed tests.

Living Well Network Delivery Alliance (LWNA)

As part of our commitment to reducing mental health inequalities in Lambeth, the LWNA partnered with The London Community Foundation to fund six grassroots organisations: Surviving Universal UK, Sunshine International Arts, Home-Start Lambeth, Carers4Carers, Create Foundation, and Poetic Unity.

These projects provide targeted support to communities most affected by unequal access to mental health services, with a focus on Black, Latin American and other Spanish and Portuguese speakers living in Lambeth. Initiatives include building peer support networks for Black carers and Black men, co-developing culturally appropriate community mental health hubs with Black Psychotherapy, and using creative approaches such as Poetic Unity's *Mandem*, *Let's Talk* project to explore how poetry can support the mental wellbeing of young Black men.

Each project incorporates impact measurement through surveys and informal group discussions and will feed into the proposed Lambeth Learning Forum. This collaborative platform will help capture insights across projects, allowing us to share best practice and influence broader mental health system change across the borough.

We were also pleased to welcome Amanda Pritchard, newly appointed Chief Executive of Guys and St. Thomas' NHS Trust, on a visit to the Mosaic Clubhouse in March to demonstrate the work we are doing locally to support people to recover and stay well in the community. Mosaic Clubhouse is a member-led model that supports people who are living with a mental health condition in Lambeth, which includes the Evening Sanctuary as a non-clinical alternative to A&E hospital admissions for people in crisis.

Additionally, the Alliance Deputy Director, Associate Medical Director and other Lambeth colleagues met with Lewisham colleagues to share learning as Lewisham begins to develop their model of community mental health. We strongly believe that by working together in this way, both Lambeth and Lewisham residents will benefit from improved community mental health services.

Children and Young People's Delivery Alliance (CYP)

The CYP Alliance continues to support the development of Integrated Neighbourhood Teams, with a focus on emotional wellbeing and early support. As part of this, the Alliance is working closely with the CHILDS programme to strengthen mental health provision at neighbourhood level. A new pilot, due to go live shortly, will bring together schools, local services and community teams to test a more coordinated approach to early mental health support. The aim is to ensure help is easier to access and better matched to children and young people's needs, particularly for those who don't meet the threshold for specialist care.

The CHILDS team also shared their wider work to upskill professionals supporting families in the early years. Health visitors and early help teams have taken part in targeted training on key issues such as infant jaundice, constipation, and autism in the under-fives. A recent Early Years Study Day focused on caring for children with complex needs, with input from paediatricians, therapists and specialist health visitors. These learning sessions are improving knowledge and confidence across the workforce and reflect the Alliance's commitment to integration and early intervention.

The Alliance continues to link in with the Family Hub programme, which is moving into its next phase. Services delivered through Lambeth's children's centres over the past year have included infant feeding support, home learning activities and parenting programmes, with a draft perinatal mental health pathway now out for consultation. A locality-based Family Hub model has been developed, aligned to Lambeth's five town centre areas, with work underway to map neighbourhood needs and develop shared outcomes.

Lambeth Together Equality, Diversity and Inclusion (EDI) Group



Juliet Amoa - commended as an Inspirational and Inclusive Leader

The Lambeth Together LGBTQ+ Subgroup was restarted on 25 March. Co-chairs Alice Amanda Hiton, a Midwife at Kings College Hospital, and Cheyanne Henderson from Lambeth Links will lead the group, which also includes representation from local organisations LGBT HERO and Black Thrive, and local councillor David Robson. This group is tasked with providing strategic direction, challenging norms, scrutinizing practices, and guiding policies and procedures that impact LGBTQ+ individuals. Allies interested in joining are encouraged to contact Shakaira Trail, Lambeth Together EDI Manager, at strail@lambeth.gov.uk.

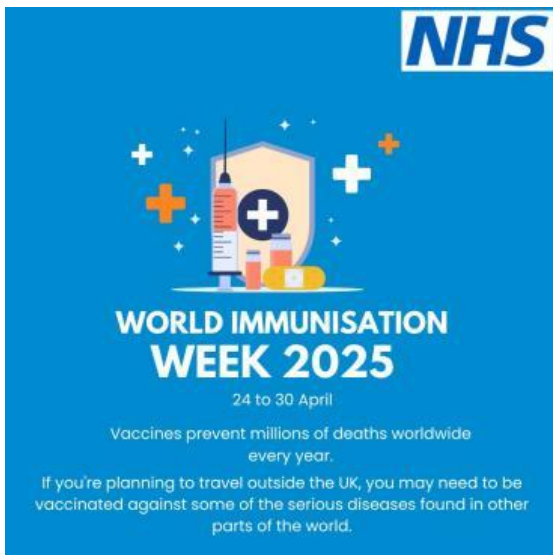
On 7 March colleagues attended the London Anti-Racism Collaboration for Health (LARCH) Conference, which aims to empower health and care organisations to embed anti-racist approaches and address health inequalities experienced by Black, Asian, and minoritized ethnic Londoners. In partnership with Health Innovation Network South London, the conference provided a vital space to explore challenges and opportunities in advancing anti-racist action in health and care. The conference featured an opening address by Dr. Debbie Weekes-Bernard, Deputy Mayor for Communities and Social Justice, and a keynote speech by Prof. Kevin Fenton CBE, Public Health Director of London. For more details on the event and how you can get involved, please visit the Events page of the London Anti-Racism Collaboration for Health.

Following the remarkable success of last year's Black Health Inequalities Summit, which welcomed over 450 attendees, the London Inspire Programme held the second Black Health Inequalities Summit on 26

March, attracting over 800 delegates. Workshops focused on Health Equity and Policy, Community-Based Health Initiatives, Mental Health and Wellbeing, Chronic Disease Management, Youth Health and Education, and Research and Data Collection. The learning from these events will be taken back into our partnership EDI group.

In the last update I shared that Lambeth had a number of finalists nominated for the SEL ICS EDI Conference and Awards in March. I'm pleased to report that the Lambeth Sickle Cell Project, delivered through the Cost-of-Living Team, supporting the winter energy costs of residents living with sickle cell disease won the Innovation in EDI Award and Juliet Amoa was highly commended as an Inspirational and Inclusive Leader. There was also recognition for Staff Networks at Guy's and St Thomas' and Kings College Hospital and for the SEL hospital trusts work on re-engaging residents in HIV prevention and care.

Key Campaigns for Lambeth Together



This Spring, Lambeth Together has continued to deliver impactful public health campaigns, with a continued emphasis on promoting HIV testing, raising awareness of cancer screening and identifying symptoms early. We have run a local campaign to support smokers to quit and supported NHS Blood and Transplant Authority's campaign to increase blood donor numbers and bookings at our new Brixton donor centre. To help our NHS cope better with demand, and at the same time help residents to help themselves, we have been encouraging people to download and use the NHS app, and, on Social Prescribing Day, we put the brilliant work of the social prescribing link workers who work in our general practices in the spotlight.

supported work placement for someone with autism. The end of this month marks World Immunisation Week, and locally we will be pointing parents to the MMR and polio catch up clinics offered at children's centres across Lambeth until the end of June.



Autism Acceptance Month



Staff from across Lambeth Council taking part in a practical 'Sensory Awareness Challenge' exercise on Autism Awareness

In April 2025, Lambeth's All-Age Autism Team collaborated with Autism Voice and other VCS organisations to raise awareness, understanding, and acceptance of autism during this year's Autism Acceptance Month. We are pleased to share that the events, resources, and success stories reached more staff and residents than ever before, highlighting our ongoing commitment to delivering inclusive, high-quality services for autistic people in Lambeth. Throughout April, we supported both in-person staff events, community events, and digital initiatives to promote acceptance and address the diverse needs of autistic individuals. We showcased individuals like K, who gained confidence and independence through targeted support, and R, who began a 10-week placement at MYCO Ltd. thanks to the Project Search programme.

Together, these stories illustrated how our All-Age Autism Strategy is bringing real change by focusing on seven key

priorities, from raising understanding and awareness of autism to increasing employment opportunities. For more information about visit [Our new autism strategy | Lambeth Council](#) or watch the video, "[Bridging gaps, Enhancing Lives](#)" to hear more.

Health Checks at Work

The Health Checks at Work programme has now formally concluded, having successfully delivered against its objectives with a total of 4,017 cardiovascular disease (CVD) and NHS Health Checks completed across Lambeth. This represents more than twice the number of checks delivered in comparison to other London boroughs and highlights the strong local engagement with this preventative health initiative.

Lambeth was uniquely positioned as the only borough to offer three distinct types of health checks through the programme. In addition to cardiovascular screening, the initiative also supported increased awareness of cancer screening and early detection, contributing to a broader culture of preventative health. The (NHS) Health Checks at Work initiative aligns to our Borough Plan of 'Making Lambeth Fit for the Future', giving colleagues to access a free health check at work. This helps us better identify and manage health risks.

Funded through a £200,000 award from central government as part of the national CVD Workplace Pilot, the programme was delivered over a compressed six-month period. Despite the short timescale, delivery partners across the Council, local NHS providers, and the Health and Wellbeing Bus worked collaboratively to ensure widespread access and participation.

The response from staff was overwhelmingly positive, with many expressing appreciation for the accessibility and value of the service. One participant commented: *"This was the first time I've ever had a cholesterol check or known about my heart health, so it was much appreciated. Great that it could be organised and accessed easily. If other checks were offered, I would also take them up"*. Another noted: *"In my opinion, the service was impeccable. Easily accessible and super useful"*

Thanks and congratulations are due to Shanet Lewis and all those involved in developing, coordinating, and promoting this programme. The high uptake and excellent feedback speak to the strength of the cross-sector collaboration and the clear demand for proactive health and wellbeing support in the workplace.



Lambeth Health Checks at Work



Andrew Eyres (Corporate Director, Integrated Health and Care) receiving a health check at work

Lambeth Civic Awards 2025

I am delighted to share some good news from the recent Lambeth Civic Awards 2025, which recognise the incredible contributions of individuals and organisations making a real difference in our borough. Two of our Thriving Communities partners were recognised for their outstanding work:

- Beverley de Valmency from the Black Prince Trust, part of Thriving North Lambeth, received the Thriving Communities Award – a well-deserved recognition of her passionate leadership and commitment to supporting and empowering her community.
- Thriving Stockwell was named a finalist in the Health and Wellbeing category, acknowledging their impactful efforts to improve the lives and wellbeing of local residents and tackle health inequalities.



Lambeth Civic Awards

These recognitions highlight the strength of our partnerships and the dedication of local leaders who are at the heart of building a healthier, more connected Lambeth. We're proud to work alongside them and celebrate their success.



Lambeth Together Care Partnership Board

Title	Lambeth Homeless Health Update
Meeting Date	15 May 2025
Author (& role / title/s)	Emma Casey – Lead Commissioner, Housing Needs
Lead / Presenters (& role / title/s)	Emma Casey – Lead Commissioner, Housing Needs

This item is for;

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

The Lambeth Together Care Partnership Board is asked to;

1. Approve the progress report on the work of the Homeless Health programme against [‘Our Health. Our Lambeth’](#) activities and outcomes
2. Endorse and support the recommissioning plans for the Vulnerable Adults housing pathway and rough sleeping outreach service

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

N/A. Individual items addressed at various fora.

Summary and Impact on Inequalities

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

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Homeless Health Inclusion

Lambeth Together Care Partnership May 2025

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Working in partnership for a healthier borough

Lambeth's Homeless Health Programme

- Lambeth's Ending Rough Sleeping Plan and Homelessness Strategy
- Lambeth's Vulnerable Adults Pathway (accommodation)
- Primary Care
- Rough Sleeping Drug and Alcohol Treatment Grant (Integrated Health Network)
- NHSE Rough Sleeping Project
- GSTT Health Inclusion service and Hospital Homeless team



Working in partnership for a healthier borough

Progress with outcomes and activities

Indicators	Outcomes
The Lambeth Rough Sleeping Outreach team will continue to target all rough sleepers	The Lambeth rough sleeping outreach team supported 132 people away from the streets and into accommodation between April and December 2024.
Identify the numbers of people in supported housing who are not yet registered with a GP.	The number of GP registrations across supported housing has increased from 90% in Q1 to 98% in Q3.
Develop model to allow cross referencing GP registration for those in supported housing, with engagement with GP	The recommissioning of the Vulnerable Adults Pathway is starting in April 2025. This will include capturing data on engagement with GP and physical health issues.
Develop intelligence to review how long rough sleepers brought into accommodation, have sustained tenancy.	<p>The current intelligence is based on “returners”, and this is a London wide indicator on the number of rough sleepers who return to the street after being placed in settled accommodation. Intelligence on tenancy sustainment (how long individuals remain in accommodation) is harder to capture.</p> <p>Between April and December 2024, Lambeth recorded 4 individuals who returned to rough sleeping after being placed in settled accommodation.</p>

Priorities 2025/26

- Recommissioning of the Vulnerable Adults' Pathway provision (VAP) and outreach service
- Reducing the number of rough sleepers who return to the street after being in settled accommodation
- GP registrations across the VAP – continue to be over 90%
- Increasing the number of people engaging in structured treatment and those completing detox and residential rehabilitation
- Increase engagement in mental health services, therefore reducing number of emergency contacts/crisis interventions



Achievements across rough sleeping and Vulnerable Adults Pathway services

01

Rough sleeping in Lambeth reduced in Q4 24/25

A **40%** decrease compared to the same period of 2023/24

02

Activating the Severe Weather Emergency Protocol (SWEP) resulted in **78** rough sleepers taking up emergency accommodation away from freezing temperatures

03

Of those **78** who stayed in emergency accommodation during SWEP, **57** were accommodated in more settled accommodation, not returning to the street

04

Hostels and supported housing have sustained their target of at least **90%** of residents being registered with a GP

Case Study

Client X has been rough sleeping for 6 months after their partner was sent to prison

Previous history of intermittently rough sleeping for long periods, mental health needs, self neglect and physical health needs

Refusing all offers of support & accommodation, including during freezing temperatures

High volumes of complaints and concerns relating to their rough sleeping

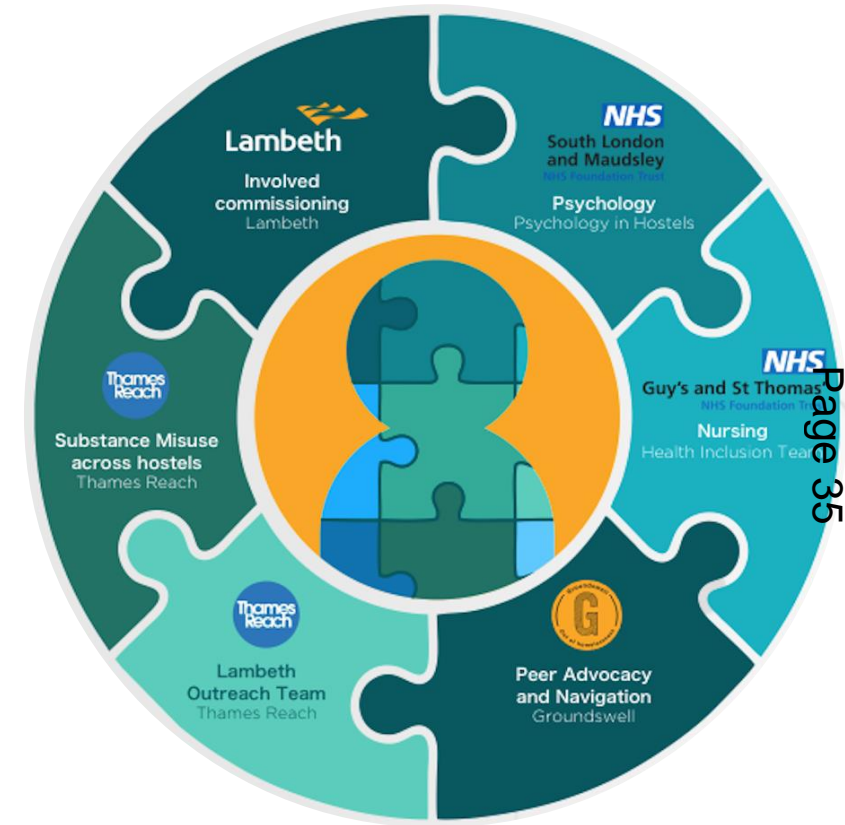
Multi-agency approach – rough sleeping coordinator, rough sleeping outreach team, START mental health team, social worker, police and public protection officer

Eventually accepted temporary accommodation provided by Lambeth Council

Attended hospital and was treated for a burst abscess and is now medicated for diabetes

Rough Sleeping Drug and Alcohol Treatment Grant (RSDATG)

- Grant funding has been extended from 1 April 2025 until 31 March 2026.
- The grant primarily aims to support rough sleepers or those at risk of homelessness into structured treatment, in- patient detox and residential rehab.
- The grant funds the Integrated Health Network (IHN), which includes- recovery workers, specialist nurses, a psychologist and peer support.



Integrated Health Network

In Lambeth, the majority of the Rough Sleeping Drug and Alcohol Treatment Grant (RSDATG) is allocated to fund the Integrated Health Network (IHN). This supports individuals with a Lambeth connection who are sleeping rough or at risk of homelessness, with an identified substance misuse need that negatively impacts other areas of their life, including housing stability.

The aim is to enable them to access and maintain contact with substance misuse treatment services.

The IHN provides a multi-disciplinary team (MDT) response for individuals meeting these criteria and offers:

- Support for physical health issues
- Assistance with attending appointments and navigating health and care systems
- Access to psychological support

IHN	Achievements
Thames Reach Recovery Workers	By the end of Q3 2024/25, more than 50% of individuals on the IHN caseload, primarily supported by Thames Reach had accessed and maintained engagement with structured treatment at Lorraine Hewitt House.
GSTT nurses	A renewed focus on engaging people sleeping rough—through bi-weekly outreach with GSTT nurses and support at local day centres—has boosted the IHN team’s visibility and increased referrals. Over 90% of new IHN clients this year have received physical health support from nurses, including direct care (e.g. health assessments, vaccinations, hostel-based clinics) and indirect support like help with GP/dentist registration and referrals to specialist services.
Grounds Well care navigators	Groundswell care navigators have played a key role in improving health appointment attendance, accompanying clients and advocating for them—particularly important given that over 80% of new clients report a history of missed appointments.
SLaM Psychology	The IHN psychologist has collaborated with hostel staff to develop behavioural contracts, helping clients at risk of eviction retain accommodation.

IHN Case Study: Luis*

***Please note, names in this report have been anonymised to protect patient identity.**

Luis, a 45-year-old man living in supported accommodation in Lambeth, was referred to the Integrated Health Network (IHN) after his housing placement broke down due to increased alcohol use and difficulties with self-care. Over the course of a year, Luis worked closely with the IHN team to achieve goals such as abstaining from alcohol, managing social anxiety, improving physical health, and developing daily living skills.

He received psychological support through weekly therapy sessions focused on addressing the root causes of his alcohol use, as well as one-to-one input from a recovery worker using SMART techniques. IHN nurses helped him manage his medication, while Groundswell care navigators supported his engagement with mainstream health services.

The team also identified mental health as a contributing factor to physical health concerns and supported Luis through behavioural contracts and a budgeting plan, which improved his routine, self-efficacy, and reduced alcohol use. After reaching key milestones, he was admitted to inpatient detox and then residential rehab in early March. With an abstinence-based hostel secured for post-rehab accommodation, Luis was successfully discharged from the IHN.



NHSE Rough Sleeping Project

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

The five key outcomes are to:

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



Key Interventions

Assertive outreach targeting people in supported housing provisions to sustain their tenancies through the provision of specialist assessments, treatment and interventions (provided by the START team and Psychology in Hostels)

Clinical input to address trauma and mental health needs including medication, therapy and psycho-social support through care coordination

Complex case support to the peer advocates and voluntary sector housing providers

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

GP specialist neuro assessment and advocacy for residents with neurocognitive conditions to ensure physical, mental health and support needs are being met.

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

Achievements

- **Hard to reach client outreach** – which has improved access to mental health and addictions services for clients previously referred to mainstream services and either rejected due to co-occurring needs or discharged due to non-attendance. Approximately 100 clients have been supported to access mental health services since Spring 2020 and 50% access formal addictions care.
- **Creation of the Lambeth Hostels Brain Injury and Neuropsychology service** – providing specialist support to hostel residents including physical health and capacity assessments. One hostel referred 17 of their 40 residents which demonstrated the unmet need. Input from the service has led to a number of move on from hostels to more appropriate accommodation, often funded by Adult Social Care
- **Two Opiate prescribing clinics have been put in place** – ensuring that clients in two of the largest hostels can stabilise drug use without needing to travel: this is now maintained by Lorraine Hewitt House. START CMHT are also initiating outreach OST for their clients in the hostel.
- **GP and Care coordinator expertise** has been used to access placements via Adult Social Care for those with eligible care needs under the Care Act 2014.

- **214 referrals between 2020-2025**
- **Engagement rates of 90% in START, 75% in PIH.**
- **89% of caseload sustained accommodation**
- **21% of caseload had positive move-on (affected by availability)**
- **55% of clients were engaged in positive physical health interventions**
- **55% of the caseload accessed substance use treatment (Tier 3 and 4)**
- **88% of the caseload accessed mental health treatment (medication, psychosocial support, psychiatry)**
- **An average 32% reduction in contacts with the Criminal Justice System**
- **26% reduction of physical health emergencies (ambulance call out, A&E attendance)**
- **58% reduction of mental health emergency contacts (A&E attendance, S136, ambulance call out)**

Case Study

Shelly is a 35-year-old Somali woman with a history of early trauma.

She lost her flat and son after an episode of post-natal illness, was not seen by mainstream services and ended up street homeless

She was evicted repeatedly from hostels and temporary accommodation for assaulting staff .
She was unable to engage with any mental health care or assessment

The team care coordinator started working with Shelly when she moved into an Assessment Centre and built a positive, confiding relationship based on understanding her early experiences, tolerating resistance to contact and offering consistent care

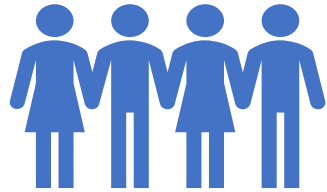
This led to a more robust assessment and eventually an inpatient admission under the Mental Health Act.

She was diagnosed with Bipolar Affective illness, treated and moved into a specialist mental health hostel.

She sees her care coordinator regularly, continues medication, is seeing her sister and son again and has moved to a Clearing House property.

Guy's and St Thomas's NHS Foundation Trust

Two services that support those who experiences homelessness within the integrated specialist medicine clinical group



Health inclusion service in
the Community within
Integrated Local Services
directorates



Homeless Hospital
Health team in Acute
and General Medicine
directorates

Health Inclusion Homeless service

Homeless Nursing service

This service is a nurse-led highly specialist service that provides community healthcare for people experiencing homelessness and those with addictions. In-reach clinics are located within homeless hostels, day centres and street outreach. We deliver health screening, chronic disease management, minor ailments triage and sexual reproductive health care

Integrated Health network (IHN)

The nursing staff provide assessments and interventions as well as advocating for clients in collaboration with mainstream services, including GPs and hospital specialists. They support clients in managing both chronic health conditions and acute medical concerns.

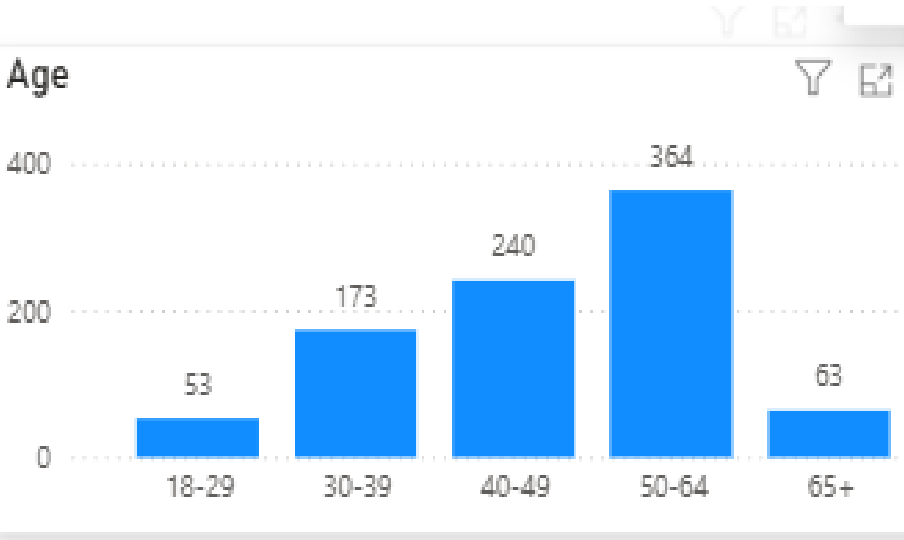
Blood Borne virus nursing service

Nursing services deliver clinical care and support to the Lambeth community, including individuals experiencing homelessness within the addictions service. Our physical health and Blood Borne Virus (BBV) clinics collaborate with specialised services for treatment and monitoring.

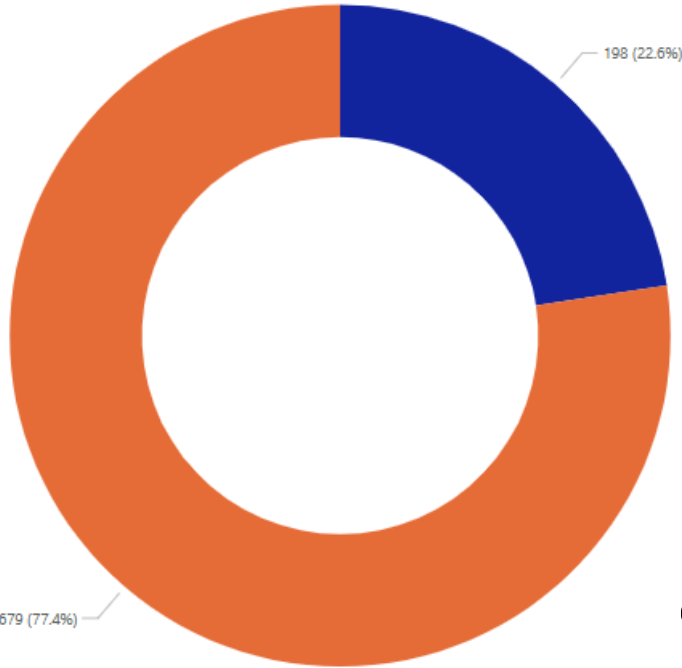
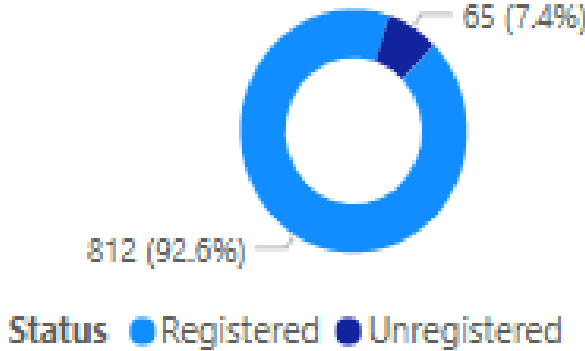
Health Inclusion Homeless summary demographics

From 1st January 2024 to 1st January 2025

- Total of 877 clients have accessed the service.
- Most clients are aged between 50-64 years old
- 812 clients are registered with a GP, and facilitating GP registrations remains a key priority for the nursing service
- Majority of clients worked with identify as male



GP Registration Status

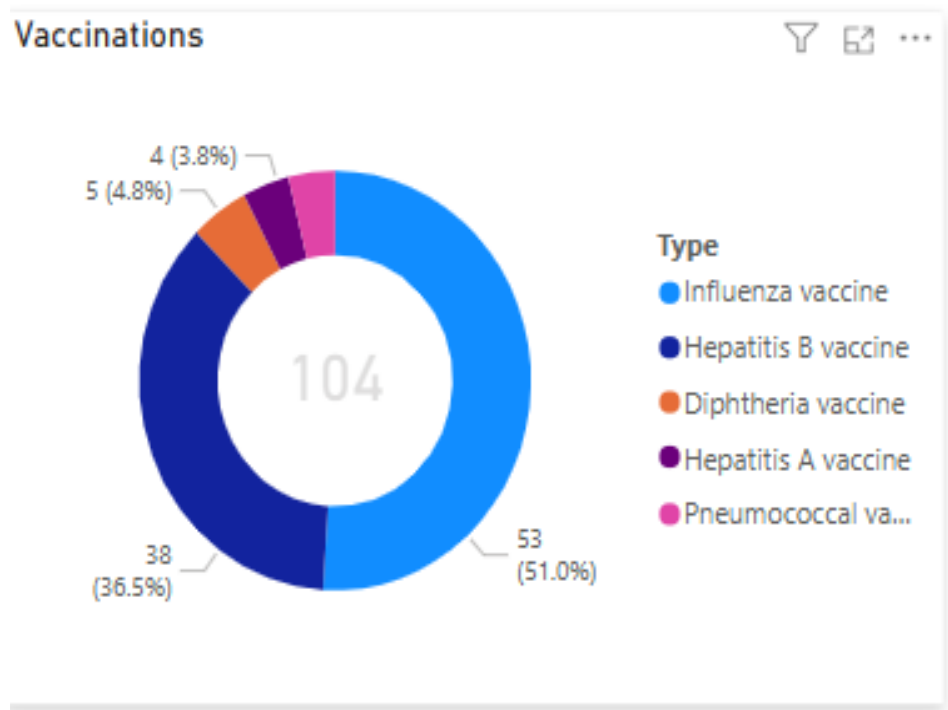


Health Inclusion Homeless service

Outcomes/achievements: January 2024-January 2025

Vaccinations:

The service offers vaccinations for individuals experiencing homelessness, as well as for members of the community who attend Lambeth addiction services.



Partnership working:

Referrals to other services is essential for ensuring integrated care. Individuals experiencing homelessness receive person-centred care, including wound care, prescription management, and substance misuse referrals, provided by our skilled nursing team.

Onward Referral	Count of Referrals
Housing Support	37
Patient Education	196
Referral to Addiction Service	2
Referral to Dentist	10
Referral to Mental Health Support	12
Referral to Optician	5
Referral to Pharmacy	19
Referral to Podiatry	17
Referral to Sexual and Reproductive Health	8
Referral to Social Services for Adult Protection	1
Referral to Urgent Care Centre	3
Total	310

Case study

Client X is a rough sleeper and has had limited engagement with health, housing support, and addiction services. Our nursing team collaborates closely with the Lambeth Outreach team to conduct daily welfare checks and facilitate engagement. Unfortunately, client X's health deteriorated requiring a hospital admission for life-saving treatment. We implemented discharge planning jointly with the GSTT hospital homeless team, which facilitated PX's transition into accommodation accompanied by a social support package.

Professionals involved: Health Inclusion Homeless nurses, GP, rough sleeping Outreach team, Lorraine Hewitt House, START, Social services and Hospital Homeless Health team.

Outcomes:

- Hospital admission for lifesaving treatment
- Treatment for chronic leg ulcers
- Engagement around mental health services
- New wheelchair
- Safe accommodation
- Medical treatment plan
- Improved mental health and well-being

Asks.....

- Approve the progress report on the Homeless Health programme
- Support with the Vulnerable Adults Pathway recommissioning and new models of support
- Support to raise awareness of how stakeholders and the community can report rough sleepers if they are concerned



Questions and Comments



Working in partnership for a healthier borough



Lambeth Together Care Partnership Board

Title	Sexual Health – Deep Dive
Meeting Date	15 May 2025
Author (& role / title/s)	Jessica Engen – Consultant in Public Health, Nancy Padwick – Strategic Lead for Sexual Health
Lead / Presenters (& role / title/s)	Nancy Padwick – Strategic Lead for Sexual Health Jessica Engen – Consultant in Public Health; Turning Point

This item is for;

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

The Lambeth Together Care Partnership Board is asked to;

1. To approve the progress report on the work of the sexual health programme against '[Our Health. Our Lambeth](#)' activities and outcomes
2. To endorse the promotion of our sexual health services, including the outreach service and Find Sexual Health
3. To work with us in collaboration to achieve our outcomes within the sexual health strategy

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

1. Lewisham, Southwark, Bexley and Bromley (LSBB) Councils
2. Lambeth Together Executive Group
3. South East London Clinical Advisory Group
4. South East London Sexual Health Improvement and Innovation Group
5. South East London Directors of Public Health

Summary and Impact on Inequalities

The work of the sexual health programme and progress against Our Health, Our Lambeth activities is presented. Work has taken place across four key themes including outreach and education, reproductive health, reducing STIs and HIV. A particular focus has been to improve access, knowledge and awareness of sexual health and sexual and reproductive

health (SRH) services to those with the greatest need in order to reduce inequalities in outcomes. This includes the roll out of a new outreach service designed for young people, Black, Asian and multi-ethnic communities and marginalised groups and an initiative to reduce sexual and reproductive health inequalities for Black women. Work has also taken place to improve and increase access to contraception through GP, pharmacy and a new long acting reversible contraception (LARC) hub. Key performance indicators have been updated and standardised across Trusts to support the delivery and monitoring of integrated sexual health services.

Upcoming areas of focus will be the launch and implementation of a new joint sexual and reproductive health strategy with a focus on ensuring services, communications and interventions target those with the greatest need.

Sexual Health – Deep Dive

Lambeth Together Care Partnership
15th May 2025



Healthy Relationships - Outreach and Education

Priority - Healthy and fulfilling sexual relationships

Vision - People are empowered to make their sexual relationships healthy and fulfilling

- Development of outreach services targeting YP, Marginalised groups, African, Caribbean and Latin American communities
- Comms campaigns (sexual health week, World Aids Day)
- Schools survey undertaken by over 3000 YP providing insight into knowledge and awareness of sexual and reproductive health
- Find Sexual Health

Sexual Health Empowerment and Reproductive Outreach (SHERO) Lambeth

- Aimed to highlight and reduce sexual and reproductive health inequalities for Black women in Lambeth.
- Over 500 women attended three community events in the borough- with over 2,000 social media interactions
- Attendees were able to listen to culturally aligned content on health-related topics, take health checks and on the spot HIV tests (over 90 residents across the project) and much more.
- 13 community champions were recruited and will work with the outreach programme when launched.

SHERO in Pictures and Quotes



I learned a lot about PCOS, endometriosis and fibroids. Brilliant talk and event.

Extremely useful, engaging speakers who weren't afraid to answer questions. Looking forward to future events.

Very engaging speakers – very important topics. Inspiring to hear work being done.



The SHERO initiative is a six-month project, launched in October 2024. It was set up to highlight and reduce sexual and reproductive health inequalities for Black women in Lambeth through community activities and creating open, inclusive conversations about sexual and reproductive wellness.

Find free sexual health and contraception services in southeast London

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

Your postcode

e.g. SW2 11E

[Find a service](#)



- A digital tool that connects residents with free online and local sexual health services across Southeast London (directory function)
- Hosted by Lambeth Public Health
- Re-designed and refreshed
- We aim to reach more residents with up-to-date and real time information, that is accessible 24/7



TURNING
POINT



Our services

And our work in Lambeth

Young Lambeth
Sexual Health

Young Lambeth Sexual Health

Who we are & what we do

Professionals
Trainings

Come Correct
C-card Scheme

Relationships &
Sex Education
Workshops

Drop-Ins & Stalls
at Events

1-to-1 Mentoring



Our data

Since January 2025 we have...

Engaged with **115**
young people



3

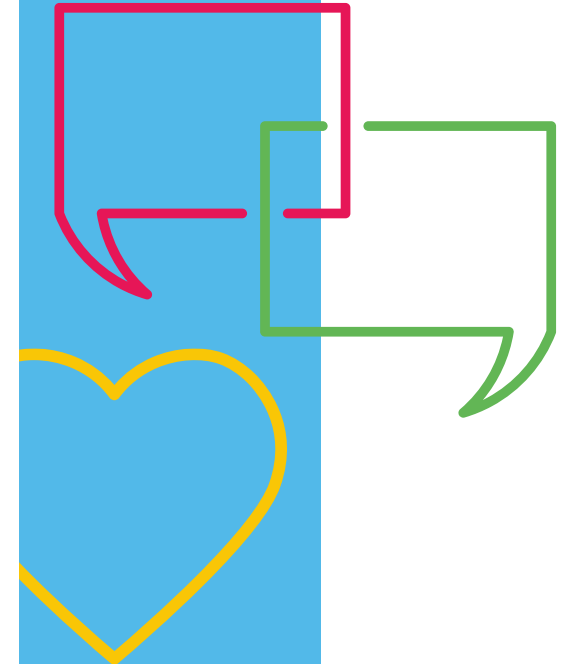
re-freshers fair drop-ins

1

college sexual health
drop-in

1

community hub drop-in



Our data

Since January 2025 we have...

Engaged with **115**
young people

Engaged with **22**
professionals



5

c-card trainings

2

professionals' trainings

Our data

Since January 2025 we have...

Engaged with **115**
young people

Engaged with **22**
professionals

Established **two**
satellite services



Care leavers

Lambeth

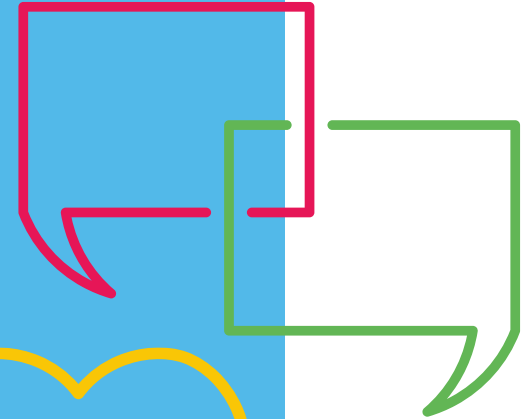


Asylum seekers and
refugees

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INDOAMERICAN
REFUGEE AND
MIGRANT
ORGANISATION

**YL
SH**
Young Lambeth
Sexual Health



Page 61

**TURNING
POINT**



For this current quarter

April – June 2025 we currently have...

32 RSE workshops

8 sexual health drop-ins

1 parents & carers evening

2 c-card trainings

Reproductive Health

Priority - Good reproductive health across the life course

Vision - People effectively manage their fertility/reproductive health, understand what impacts on it, and have knowledge of and access to contraceptive.

Increasing access to contraception

- GP LARC offer now includes coils and implants for non-contraception reasons (including for HRT treatment).
- New LARC Hub service in Brixton started in February – also including LARC for non-contraception reasons and will offer training programme for local clinicians.
- Refresh of Sexual and Reproductive Health Pharmacy Service – and increased number of community pharmacies delivering free EHC (emergency contraception) and contraception advice.

- Supported the roll-out of safe access zones introduced around Abortion Clinics – successful in protecting patients and clinicians from harassment.

Educational and promotional activities

- Sexual Health in Practice (SHIP) sessions delivered for primary care nurses and GPs
- Promotional posters developed to support community pharmacies to promote the national contraception scheme.

LARC = Long-Acting
Reversible Contraception



Reducing Sexually Transmitted Infections (STIs)

Priority - High quality and innovative STI testing and treatment

Vision - The local burden of STIs is reduced, in particular among those who are disproportionately affected

- We continue to have the highest rates of STIs diagnosed *BUT* we have the highest testing rates in England
- Reducing the rates of transmitted infections remains a key theme in the new strategy, with a renewed focus on those with the greatest need

- Syphilis Care Pathway workshop – October 24. Lambeth hosted the first London workshop with UKHSA, resulting in a number of actions to be taken forwarded and will inform the new sexual health strategy action plan.
- Outreach services – Are now mobilised, with a rapid access pathway into clinic.
- Agreement of updated standardised KPIs across Trusts and updated reporting mechanisms
- E-Service, this continues to be a popular access point for many residents, Lambeth are currently part of the working group for the re-procurement of this service, with the intention of widening the new offer, where guidelines allow.

Priority - Living well with HIV

Vision - We move towards achievement of 0–0–0: zero HIV-related stigma, zero HIV transmissions and zero HIV-related deaths:

- **Fast Track Cities Work**

"...UNAIDS 90-90-90 goals were met in England in 2023 and partially met for the UNAIDS 95-95-95 goals, with 96% of all those living with HIV being diagnosed; 94% of those diagnosed receiving treatment, and 92% of those treated being virally suppressed "

- Proposed work plan for 25/26 *but* funding still to be announced
- Workstream 1: Primary care
- Workstream 2: Addressing barriers to access
- Workstream 3: Tackling stigma

- HIV testing week - the team ran another successful HIV testing week across SEL in February 2024

- Resident Communications
- Professional Communications
- Internal Communications
- In-Person Testing
- Self-Testing

- HIV late diagnosis audit in progress to understand trends in late diagnosis and identify missed opportunities for testing

Upcoming areas of focus

- Launch new LSLBB strategy
- Use improved demographic service data and STI prioritisation framework to understand service use in those with the highest need to inform future service development and improve equity of access .
- To work with professionals across the system to improve knowledge of SH services and best practice in order to improve outcomes and reduce stigma
- Increase focus on prevention including improving resident's knowledge and awareness of sexual and reproductive health, access to condoms and accessibility and targeting of testing and treatment
- Improving knowledge and access to PrEP (pre-exposure prophylaxis) through:
 - Piloting a digital pathway
 - Working with primary and secondary care across SEL to develop access to PrEP across different services
 - Develop training and promotional materials for professionals and residents to improve knowledge of PrEP and expertise in delivery
- Working with ICB Commissioners to implement a new opt out approach to HIV testing in primary care

Asks for the board

- To note the progress of the work of the sexual health programme against [‘Our Health. Our Lambeth’](#) activities and outcomes
- To support the promotion of our sexual health services, including the outreach service and Find Sexual Health
- To work with us in collaboration to achieve our outcomes within the sexual health strategy

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Lambeth Together Care Partnership Board

Title	Lambeth Together business planning
Meeting Date	15 May 2025
Author (& role / title/s)	Alex Jackson Lambeth Together Programme Lead Edward Odoi Associate Director Finance
Lead / Presenters (& role / title/s)	Alex Jackson Lambeth Together Programme Lead

This item is for;

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

The Lambeth Together Care Partnership Board is asked to;

1. Approve the second annual review of Our Health, Our Lambeth and the 2025/26 action plan
2. Approve the final integrator model for Integrated Neighbourhood Teams (INTs) as agreed by the Neighbourhood and Wellbeing Delivery Alliance
3. Note the 2025/26 SEL ICB (Lambeth) budget and 2025/26 Lambeth Council budget for health and social care and support the expenditure plans

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

LTCP Seminar December 2024
LTCP Board January 2025
LTCP Seminar February 2025
LTCP Board March 2025
LTCP Seminar April 2025

Summary and Impact on Inequalities

The item seeks approval on Lambeth Together's final business planning for 2025/26, including the requirements and associated timeframes for South East London ICB and Lambeth Council.

We are approaching the third year of *Our Health Our Lambeth*, the five-year Lambeth Together Health and Care Plan. The plan 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. The plan has a wide range of activities, 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.

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Lambeth Together Business Planning 2025/26

Lambeth Together Care Partnership Board 15 May 2025



Working in partnership for a healthier borough

Purpose



The purpose of this pack is to seek final approval from the Lambeth Together Care Partnership Board on the Lambeth Together 2025/26 business planning process and priorities for 2025/26.

Board members are asked to:

- 1. Approve the second annual refresh of Our Health, Our Lambeth (full report included in the Board papers – see appendix 1)**
- 2. Approve the final integrator model for 2025/26 as part of the Integrated Neighbourhood Teams (INTs) development**
- 3. Note the 2025/26 SEL ICB (Lambeth) budget and 2025/26 Lambeth Council budget for health and social care and support the expenditure plans**



Our Health, Our Lambeth Annual Review 2024/25



Working in partnership for a healthier borough



South East London Joint Forward Plan and Lambeth Integrated Health and Care Directorate Business Plan refresh for 2025/26

- As part of the business planning process, the **Lambeth Together partnership was required to contribute to the South East London ICS (SEL) 2025/26 refresh of its five-year Joint Forward Plan**. This includes outlining its key activities for the year ahead and demonstrating how they support the broader objectives and priorities of the system.
- Additionally, as part of Lambeth Council's governance structure (Integrated Health and Care Directorate), **the partnership also needed to refresh its directorate business plan**, summarising how its 25/26 activities align with and contribute to the overarching goals of the Lambeth 2030 Council-wide plan.
- The Lambeth sections of both the SEL Joint Forward Plan and the Integrated Health and Care Business Plan refresh are **drawn from the activities set out in *Our Health, Our Lambeth*, Lambeth Together Health and Care Plan 2025/26 refresh**. While elements have been tailored to meet the specific needs of the ICS and the council, **all three plans remain fully aligned and consistent**.
- These plans reflect 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**



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



In 2023, the Lambeth Together Care Partnership embarked on an ambitious health and care plan, *Our Health, Our Lambeth*, to outline and chart our commitment to improving the health and well-being of every individual living within our borough.

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

Our plan responds to the priorities, developed by residents and communities, as set out in the Lambeth Health and Wellbeing Strategy and the Lambeth Borough Plan, and is aligned with South East London Integrated Care System's Strategic Priorities.

The *Our Health, Our Lambeth* aspirations are as follows:

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

Through a wide range of activities our Delivery Alliances and Programme areas are delivering the 15 Outcomes in the plan.

To find out more about *Our Health, Our Lambeth*, please visit [Our Health, Our Lambeth - Lambeth Together health and care plan 2023-28](#)



Our Heath, Our Lambeth Refresh

The refreshed Plan will

- ✓ Recognise key achievements of 2024/25
- ✓ Include examples of lived experiences from our population
- ✓ Take into account emerging issues and any additional requirements outlined within national guidance, policy and plans
- ✓ Continue to have addressing health inequalities at the heart of its deliverables
- ✓ Be ambitious, whilst recognising and working within the current resource constraints
- ✓ Closely align with the Lambeth Council Borough Plan and the refreshed South East London ICB Joint Forward Plan and will underpin the Lambeth Health and Wellbeing strategy

To find out more about *Our Health, Our Lambeth*, please visit [Our Health, Our Lambeth - Lambeth Together health and care plan 2023-28](#)

Completed milestones:

- 31 Jan – Key achievements and lived experience provided by Alliances and Programmes
- 05 Feb – LTCP Seminar agrees timeline and structure
- 11 Feb – LTEG input into key priorities aligned to national guidance
- 28 Feb – Alliance and Programme leads confirm priority actions for 2025/26
- 11 Mar - First draft shared with Design Team
- 25 March – First designed draft circulated
- 04 Apr - First designed draft reviewed at LT April Seminar
- 16 Apr - Second draft shared with Design Team, returned 23 April

Upcoming milestones:

- May - Designed document signed off by May Board
- Leads to refresh outcomes metrics once activities are agreed



Working in partnership for a healthier borough

2024/25 Key Achievements



A selection of highlights from our Alliance and Programme areas in 2024/25

LWNA	NWDA	CYPA	Learning Disabilities and Autism
<ul style="list-style-type: none"> Expanded and maximised impact of services: Individual Placement and Support (IPS), Staying Well, and the Primary Care Alliance Network (PCAN) 30th anniversary of the Evening Sanctuary at Mosaic Clubhouse, 575 A&E attendances avoided Leading pioneering London research 	<ul style="list-style-type: none"> Expanded Hospital @home capacity by 65%, with 241 beds now provided Achieved beyond the 1.5% target increase in General Practice appointment activity Three MSK community days have reduced physiotherapy waiting lists in Fiveways and Streatham Cost-of-living Response Plan decreased the percentage of residents in financial crisis 	<ul style="list-style-type: none"> Rollout of the CHILDS model to all PCNs, which received an HSJ award for improving paediatric outcomes Increased number of CAMHS first care contacts and reduced waiting lists Rollout of the Patient and Carer Race Equality Framework (PCREF) in Schools Mental Health Support Teams. Successful evaluation of the Well Centre 	<ul style="list-style-type: none"> Launch of All-Age Autism Strategy Uptake of the Learning Disability (LD) Annual Physical Health Check has met the 75% national target New 0–25 Disabilities Service launched to support transition to adult services The new Carers Strategy has delivered a number of early successes including increasing the number of carers assessments completed



2024/25 Key Achievements



A selection of highlights from our Alliance and Programme areas in 2024/25

Sexual Health	Staying Healthy	Substance Misuse	Homeless Health
<ul style="list-style-type: none">• Launched a new Long-acting Reversible contraception (LARC) Hub for Lambeth Patients• New delivery model for Sexual Health outreach for marginalized communities including the SHERO initiative• Renewed Sexual Health Pharmacy Service• Digital advertising to promote testing for World AIDs day reached over 1 million people across London	<ul style="list-style-type: none">• Age Friendly Action Plan launched alongside the Age-Friendly Forum and Ageing Well Festival.• Health Checks at Work delivered over 4000 checks to Lambeth workers.• Nearly 600 smokers referred to stop smoking services as part of the Targeted Lung Health Check• Successful extension of the Vaccinations in New Spaces project	<ul style="list-style-type: none">• Significant increase in numbers in treatment across adult and young people's services.• Co-produced a more comprehensive Young Person's service• On-street engagement has directly reached over 500 individuals since November 2023.• Launched the first-of-its-kind Chemsex Forum	<ul style="list-style-type: none">• Coordination between the Integrated Health Network (IHN) and outreach teams enabled more nurses to join outreach shifts and deliver health interventions• The rough sleeping outreach team supported 132 people away from the streets and into accommodation between April and December 2024• Supported 11 of the 18 most entrenched rough sleepers to find accommodation• Developed and agreed the Lambeth Homewards action plan in partnership with the Royal Foundation

Overarching 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.
- **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.
- **Using Data to Improve Health Outcomes** - 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
- **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.
- **Maintaining Quality, Safety, and Financial Stability** - amidst the ongoing financial challenges, we are determined to continue delivering safe, high-quality care.



2025/26 Action plan



A selection of key activities from our Alliance and Programme areas in 2025/26*

- Implementing and expanding Integrated Neighbourhood Teams (INTs) and launching the new Lambeth Offer in General Practice.
- Embedding the Patient and Carer Race Equality Framework (PCREF) in our local mental health services.
- Expansion of Single Point of Access to Same-Day Emergency Care, Urgent community response services and Hospital @home
- Targeting health inequalities by increasing access to health improvement and prevention support such as the health and wellbeing bus, NHS Health Checks and Stop Smoking services
- Continue delivery of key strategies including the Lambeth All-Age Autism Strategy, Lambeth Carers Strategy and Age Friendly Action Plan
- Lambeth HEART will co-produce research priorities with the Lambeth Community Knowledge Network

*Note: the 2025/26 Action Plan does not include every action in the five-year Health and Care Plan, but focuses on new, refreshed or ongoing 'big ticket' activities.



Lived Experience

Noreen

Black Prince Trust Community Living Room
Thriving North Lambeth



Integrated Neighbourhood Teams – integrator model

In March, the Lambeth Together Care Partnership delegated final sign off on the neighbourhoods integrator model to the Neighbourhood and Wellbeing Delivery Alliance, noting that a final model will return to the April seminar.

The Board received an update on the model at the April seminar and is now asked to approve the final Lambeth integrator model.



Lambeth integrator model



Core ask of the integrator

- Act as the system lead to deliver the INT model which is designed and agreed within the INT working group.
- Host the change support to deliver the INT model within Lambeth.
- Able to host roles as applicable and provide back office support (e.g. finance, HR).
- Able to operationally deliver multi-disciplinary services.
- Lead on the PHM approach that underpins the INT development, linking in with other system capacity.
- Capture impact and success of the developing INT model.

Our Lambeth approach

- Want to agree our Lambeth integrator as a partnership – we do not need to go through a formal procurement process.
- Ensure we manage any conflicts of interest to decide this locally.
- Note that this is developing nationally and we need to be flexible around the integrator, as well as how our system is going to develop INTs.
- Note that this is no additional resource for the integrator so all partners to support the integrator with in-kind resource, data and expertise.

Agreed model

- We will work towards the NWDA becoming the integrator so that we have a truly partnership approach within Lambeth.
- We have agreed an initial 12 month integrator model between GSTT and general practice. This has been endorsed by GSTT's Trust Executive Committee and the Lambeth General Practice Provider Alliance.
- Work will now happen to develop a detailed operating model for the integrator, feeding into any submission requirements at SEL.
- Reporting on delivery will remain through the NWDA Board, with regular updates to LTCPB.

2025-26 NHS SEL ICB (Lambeth) Budgets

Lambeth	2024-25 Recurrent Baseline	2025-26 Net Tariff Uplift	2025-26 Growth (Gross)	2025-26 Convergence	Changes and Additions	2025-26 Total Place Managed Budget	Delegated Budget	Non-Delegated Budget	2025-26 Total Budget	Minimum 5% Efficiency Requirement
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Acute Services	456	26	12	-6		488	488	410,682	411,169	62
Community Health Services	28,149	589	468	-145	805	29,867	108,813		108,813	1,468
Mental Health Services	20,720	446	516	-110	1,969	23,541	134,564		134,564	1,079
Continuing Care Services	35,774	769	715	-190	-1,157	35,911	35,911		35,911	1,853
Prescribing	42,666	704	853	-226		43,998	43,998		43,998	2,200
Other Primary Care Services	4,375	94	41	-23	-530	3,957	3,957		3,957	223
Other (DOP Services)	1,036	21.97	5.05	-5	-1,058	0		13,764	13,764	
Delegated Primary Care Services	85,371	1,835	802	-440	7,830	95,399	95,399		95,399	4,378
Corporate Budgets	1,233				3,314	4,547	4,547		4,547	57
Total	219,780	4,486	3,413	-1,144	11,173	237,707	427,676	424,445	852,121	11,319

Minimum efficiency requirement of 5.0% will be required across all budgets. This will be met through:

- ☐ 2.0% embedded within Tariff/ inflation uplifts
- ☐ Savings/efficiencies to offset the convergence (0.5%) adjustment
- ☐ Business as usual cash releasing efficiencies and improved productivity and efficiency.
- ☐ System wide sustainability initiatives.

2025-26 NHS SEL ICB (Lambeth) Productivity and Efficiency Requirement.

Service Area	2025-26 Notified Total Place Managed Start Budgets, £'000s	Minimum 5% Efficiency Requirement, £'000s	Embedded Efficiency (Tariff Efficiency:-2% & Convergence Adj.: - 0.53%) , £'000s	Further Cost Improvement Plans, £'000s
Acute Services	488	62	31	
Community Health Services	29,867	1,468	719	750
Mental Health Services	23,541	1,079	524	1,248
Continuing Care Services	35,910	1,852	904	1,895
Prescribing	43,998	2,200	1,079	1,144
Other Primary Care Services	3,957	223	110	533
Delegated Primary Care Services	95,399	4,378	2,147	
Corporate Budgets	4,547	57		
Total	237,707	11,319	5,514	5,570

2025-26 NHS SEL ICB (Lambeth)

High Level Financial Risks Summary

Service Area	2024-25 Year-End Outturn Variance, £'000s	2025-26 Financial Risks
Acute Services	210	
Community Health Services	(471)	Underlying 2024-25 pressures (Audiology, Interpreting Service, Cardiovascular Diagnostic Service).
Mental Health Services	(746)	Underlying 2024-25 pressures (Mental Health and Learning Cost per case , ADHD, S12 assessments), Young People who transition to adult services with high-cost packages.
Continuing Care Services	1,037	Key risks remain associated with demand driven budgets
Prescribing	64	Key risks remain associated with demand driven budgets
Other Primary Care Services	411	
Delegated Primary Care Services	(823)	Underlying 2024-25 pressure - (Locum Reimbursements, Retainer Scheme and List Lize Growth).
Corporate Budgets	330	
Total	12	

The Council's key financial challenges ahead:

- Managing unprecedented demand for statutory services across temporary accommodation, adult social care, and children's social care, with costs expected to reach £100 million for housing homeless households this year
- Balancing the budget with substantial savings and income generation across the Council

2025/26 budget for Integrated Health and Care, Adult Social Care and Children's Services

2025/26 Council Revenue Budgets	£'000 2024/5	£'000 2025/6
Integrated Commissioning / Health & Care	1,720	1,710
Public Health	36,844*	38,946*
Adult Social Care	107,355	117,839
Children's Services	110,464	112,283
Total	256,383	270,778

*Public Health grant funding

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Lambeth Together Care Partnership Board

Title	Lambeth Together Primary Care Commissioning Committee update
Meeting Date	15 May 2025
Author	Lesley Connaughton – PCN Development & Engagement Manager
Lead	Jasmina Lijesevic – Lambeth Together Board Lay Member

This item is for;

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

The Lambeth Together Care Partnership Board is asked to:

- Note the update on discussions held at the Primary Care Commissioning Committee on 19 March 2025
- Ratify decisions made at the Primary Care Commissioning Committee on 19 March 2025

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

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

- Lambeth Together Primary Care Commissioning Committee
- Lambeth Local Medical Committee
- Lambeth Medicines Optimisation

Summary and Impact on Inequalities

The Primary Care Commissioning Committee (PCCC) is responsible for facilitating service users with accessible and equitable primary care services in our community.

This includes services provided by General Practices, Dentists, Pharmacists, and Eye Care Specialists. The Committee's primary objective is to address and mitigate any healthcare inequalities within the community whilst improving access.

Key Functions:

- (i) Equity of Provision: The PCCC ensures that all proposals and items it receives prioritise equitable healthcare provision to the population. It actively works to prevent the creation of unnecessary barriers that hinder people from receiving essential services.
- (ii) Impact Assessment: Before approving any major changes to the expected service delivery, the Committee conducts a comprehensive assessment of the proposed changes' impact. This assessment considers the potential effects on accessibility and ensures that funding is optimally allocated to guarantee inclusive and responsive service access for all.

This update to the Lambeth Together Care Partnership Board is to provide assurance on the delivery of delegated primary care functions, information on and ratification of decisions made at the Primary Care Commissioning Committee on 19 March 2025, and an opportunity to ask further questions and feed into the PCCC business.

Lambeth Together Primary Care Commissioning Committee (LTPCCC)

Summary of Meeting held on
Wednesday 19th March 2025

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Working in partnership for a healthier borough

LTPCCC Part Two Meeting



Approvals recommended to the Board:

Chairs Action - HBD Enhanced Access proposal taken in February 2025.

The Primary Care Team provided the background to the chairs action that had to be completed prior to the next Committee Meeting due to service model changes commencing 1st April 2025.

The Committee approved the service model changes requested by HBD PCN as outlined in the proposal and supporting Chairs Action documents

The Board is asked to ratify this decision.



LTPCCC Part Two Meeting



Lambeth Estates - Stockwell Group Practice Proposal

The Committee received a new proposal to refurbish and extend the Stockwell Group Practice, with the ask of the Committee to approve the proposal to develop and submit a full business case. The refurbishment and extension to the premises would be funded by the practice by disposing of a part of land at the front of the premises and reinvesting back into the practice to expand by three clinical rooms.

The Committee approved the proposal to develop and submit a full business case by the Stockwell Group Practice to refurbish and extend their premises.

The Board is asked to ratify this decision.



LTPCCC Part Two Meeting



Lambeth Offer

The PCCC received an update on the progress of the Lambeth General Practice Improvement Scheme and the Quality Premium since the last Committee meeting and took the Committee through the contents of the papers previously circulated. A previous request to see the advice from the commercial hub was currently being collated and would be shared with the Committee when finalised.

Discussions regarding funding and ensuring General Practice isn't destabilised within the changes planned within the Lambeth Offer took place.

Committee Decisions:

The committee completed the following actions regarding the Lambeth Offer paper:

- Noted the content of the report and the progress made to provide assurances to the Committee.
- Noted £207k aligned to decommissioned activity will not be reinvested and will not continue for 2025/26.
- Noted that replacing the decommissioned schemes will need careful management. Primary Care will develop and deploy new service schemes within the financial year as aligned to national priorities.
- Gave approval to re-allocate funding strategically within the Neighbourhood Integrated Team model, prioritising investment in frailty, long-term conditions, and children's services, whilst noting that this will be subject to the financial position and the ability to deliver on the productivity and efficiency requirements.

LTPCCC Part Two Meeting



Lambeth Offer – continued.

- Reviewed, discussed and approved the Commissioning Intentions Letter.
- Approved the revised timeline to ensure a launch of 1st October 2025.
- Approved the enhanced governance provided to ensure all service specifications adhere to the Lambeth Offer checklist for standardised development and implementation.
- Discussed the level of attention the Committee wishes for reviewing specifications at future meetings – while the Committee has overall accountability, service specifications are required to be supported by the Lambeth Offer Sub-group and Task and Finish Groups prior to committee view.

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And:

- The Committee reserved acknowledging and approving the advice provided by the NHS London Commercial Hub to implement NHS Standard Contracts in 2025/26, ensuring procurement practices comply with new regulatory requirements and urgently replace implied contracts with legally binding agreements to align with PSR guidelines, until they had sight of the advice received.

The Board is asked to ratify this decision.



LTPCCC Part Two Meeting



GP Out of Hours for a Lambeth Practice

The Committee received the background to the on-going issue between the out of hours service provided by SELDOC and a practice in Lambeth.

A draft remedial breach notice was shared with the Committee discussing changes that were required for the practice to fulfil their Out of Hours obligations to their registered patient list. It was clarified that the Primary Care Team were still in the process of seeking legal advice on suggested wording to be included in the letter.

Discussions within the Committee took place to fully understand the content of the paper and the required ask including that the Practice registered list would still have access to the Out of Hours Service, which was confirmed.

The Committee approved the following outcomes:

- The Committee approved, subject to legal advice, to issue the practice a remedial notice for Breach 1, 2 & 3 as stated.
- The Committee declined the Practice's ask of setting up their own out of hours provision.
- The Committee approved setting up an arrangement for the ICB to directly pay SELDOC for the out of hours provision, subject to legal advice.
- The Committee approved the recovery process to reclaim the outstanding balance of £106,576.00, subject to legal advice.

The Board is asked to ratify this decision

LTPCCC Part Two Meeting



Initial Accommodation Centre (IAC)

The Committee received an update on the Service Development Fund for those seeking asylum in Lambeth as a place of sanctuary, detailing the background and progress to date and funding review.

The Committee approved the following actions:

- Noted the content of the report and the significant challenges in delivering healthcare to asylum seekers in the context of reducing financial support.
- Endorsed the application of the Memorandum of Understanding (MoU) to manage the discharge of Service Development Fund (SDF) allocations, with the understanding that funding will be accrued and released only upon completion of the MoU.
- Acknowledged that where MoUs are not in place, the ICB is not permitted to release any SDF funding outside of this agreement, potentially resulting in practices not receiving income for services rendered.
- Approved the extension of the IAC coordination meeting structure for 2025/26 to maintain strategic oversight and operational co-ordination



LTPCCC Part Two Meeting

Initial Accommodation Centre (IAC) – continued.



Additionally, the Committee approved a formal comprehensive review of asylum seeker healthcare provision in Lambeth, encompassing:

- A business decision on whether to continue with the nine designated General Practices or allow residents to register with any Lambeth practice (as per standard GMS registration processes)
- Development of a cost model that accurately reflects the true expense of providing appropriate clinical care to this population

The Board is asked to ratify this decision



LTPCCC Part One Meeting



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

- **Primary Care Transformation and Operational Delivery Group**
- **Risk Register**
- **Performance**
- **Workforce**
- **Primary Care Finance**
- **Quality**
- **Integrated Neighbourhood Teams**
- **Renal Cardiometabolic Project**
- **Public Health Commissioning**
- **CHILDS Programme**

The Committee noted each update in turn.

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Lambeth Together Care Partnership Board

Title	Lambeth Together Assurance Sub-Group
Meeting Date	15 May 2025
Author	Warren Beresford – Associate Director Health and Care Planning and Intelligence Jo Fernandes – Planning Intelligence and Improvement Manager
Lead	Jasmina Lijesevic – Board Lay Member

This item is for;

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Recommendations;

The Lambeth Together Care Partnership Board is asked to note the report from the Lambeth Together Assurance Sub-Group and the associated Integrated Assurance Report presented on 18th March 2025

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

None

Summary and Impact on Inequalities

At the meeting on 18th March, the Lambeth Together Assurance Group (LTAG) meeting agenda centred around three outcomes which the partnership is aiming to achieve through delivery of the [‘Our Health, Our Lambeth, As Lambeth Together’s health and care plan](#)

These were

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

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

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

Outcome 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

- Detailed updates were presented by Lambeth partners working in these areas discussing the interventions and impact measures being monitored to check that the outcomes are being achieved.
- Time was also given at the meeting to review the Lambeth Together Integrated Assurance Report which provides assurance around wider delivery of the Lambeth Together Health and Care Plan (2023-2028), Quality, Risk, and Finance.
- The summary paper provides a short summary of what was covered during the meeting. For further detail please refer to the more detailed Integrated Assurance report which is shared as part of the Board papers.

Lambeth Together Assurance Group Update

Lambeth Together Partnership Board – May 2025

Purpose

- The Lambeth Together Care Partnership Board is asked to note the report from the Lambeth Together Assurance Sub-Group (LTAG) and the associated Integrated Assurance Report presented on 18th March 2025
- At the meeting on 8th March, the Lambeth Together Assurance Group (LTAG) meeting agenda centred around three outcomes which the partnership is aiming to achieve through delivery of the [‘Our Health, Our Lambeth, As Lambeth Together’s health and care plan’](#).

- These were

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

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

Outcome 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

- Detailed updates were presented by Lambeth partners working in these areas discussing the interventions and impact measures being monitored to check that the outcomes are being achieved.
- Time was also given at the meeting to review the Lambeth Together Integrated Assurance Report which provides assurance around wider delivery of the Lambeth Together Health and Care Plan (2023-2028), Quality, Risk, and Finance.
- The following slides provide a short summary of what was covered during the meeting. For further detail please refer to the more detailed Integrated Assurance report which is shared as part of the Board papers.

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

The update on this item and the subsequent discussion covered the following points

- There has been an increase in demand for Age UK Lambeth's social prescribing service, with housing, mental health, and cost of living noted as key challenges. Expanded support models include Financial and Gambling Link Workers and partnerships with community organisations such as the Indo-american Refugee and Migrant Organisation (IRMO)
- Ongoing issues with social prescribing data capture due to the lack of a centralised CRM system. Discussions are underway to explore solutions and improve referral tracking and evaluation of impact.
- Gambling Link Worker model is first of its kind in England and mainly targeting minority communities and women. Awareness-raising across services is essential due to stigma and low engagement with existing addiction services.
- Update received on the financial resilience of low-income residents showed a relatively static position in the percentage coping financially in 2025, with private renters disproportionately affected. Data from the Low Income Family Tracker informs targeted support.
- Percentage of Lambeth residents in relative poverty has reduced by 3.9% since August 2024. A Tackling Poverty Strategy has been developed in response to long-term cost of living challenges.
- Anticipated welfare changes are expected to impact Universal Credit and PiP recipients. A deeper dive into data on those 'fit to work' is planned. The importance of mental health support in returning to work was emphasised



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

The update on this item and the subsequent discussion covered the following points


- Lambeth's SPA receives ~600 adult referrals monthly; LTT sees over 1,000, mostly for anxiety and depression. SPA waiting list peaked at 900, now ~400. Service is being re-modelled to manage increasing demand and improve efficiency.
- SPA aims to process 95% of referrals within 3 days to allow timely support from Living Well Centres. Current wait for urgent cases is 10 days with. A key challenge noted was that demand is outstripping capacity and in its current configuration the team does not reliably achieve the business as usual demand
- Lambeth Talking Therapies (LTT) offers online and in-person support including CBT and counselling. Performance now measured by completed treatments rather than first appointments, with a focus on improving access and recovery rates.
- Efforts are underway to improve outcomes for Black clients, with recovery rates rising but still lagging behind White clients. Training and engagement initiatives are supporting improvement.
- In response to a question about the impact of therapist training, it was reported that staff feedback has been positive and there appears to be a direct correlation between the training and improved outcomes; further work is ongoing to improve recovery rates.
- In response to a question about early intervention before specialist referral, it was acknowledged that earlier support in the community could be beneficial, and there are plans to increase collaboration with voluntary and grassroots organisations.
- In response to a question about disengagement from CAMHS, it was explained that current data systems limit insight, but new developments will allow better tracking of where and why young people disengage from services.

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

- Good progress continues on Annual Health Check (AHC) and Health Action Plan (HAP) uptake for people with learning disabilities, with rates on track to meet the 75% national target.
- There has been a steady decrease in inpatient admissions and improved rates of sustainable discharge for people with learning disabilities and/or autism over a three-year period. 17 individuals were discharged sustainably between 2020–2024, without readmission.
- A personalised discharge approach is helping address the over-representation of people from Black backgrounds in restrictive settings. The approach has supported people from underserved communities to live sustainably in the community.
- Two case studies illustrated positive outcomes from tailored, trauma-informed support: one involving improvements in physical and emotional health through trust-building and diet change, and another showing prevention of hospital readmission through personalised transition support.
- Employment rates for ASC clients with learning disabilities or autism have tripled since 2021/22, although figures remain a small subset. Efforts are underway to set a new benchmark now that national data is no longer reported.
- It was noted that nearly three-quarters of employed ASC clients are male, highlighting a need to improve employment opportunities for female clients. Ethnicity data shows employment rates are more in line with the wider population.
- A new Supported Employment pilot launching in April 2025 will address gaps in provision for ASC clients with more complex needs.
- In response to questions on ASD assessment waiting lists, it was confirmed that waiting times have decreased despite increased referrals. Further actions were taken to clarify policies for those who move boroughs while on the list and to check if data exists on support received (e.g. speech and language therapy) during the wait.

Appendix – Integrated Assurance Report Summary

Lambeth Together Health and Care Plan Scorecard – March 2025

ID	Outcome	Measures tracked	Mar-25			Vs previous update	Jan-25	Comments
			Measures Reported with a target	On plan/ target	% measures on track (where have a target)		% measures on track (where have a target)	
A	People maintain positive behaviours that keep them healthy	6	2	1	50%	—	50%	
B	People are connected to communities which enable them to maintain good health	4	2	2	100%	—	100%	
C	People are immunised against vaccine preventable diseases	2	2	0	0%	—	0%	Flu, Y1 and Y2 Child Imms uptake tracking below SEL plan/previous years trajectory
D	People have healthy mental and emotional wellbeing	4	3	1	33%	↓	67%	Average waiting time for LWNA Short term support as at February 25 is 1.8 weeks below plan.
E	People have healthy and fulfilling sexual relationships and good reproductive health	2	2	2	100%	↑	100%	LARC activity is monitored via EZ and SH team maintain a log, commentary support progress against plan. STI testing and diagnoses rate is monitored via quarterly GumCAD reports.
F	People receive early diagnosis and support on physical health conditions	5	5	3	60%	—	60%	One Cancer screening programme tracking above national target. SMI & LD Annual Health checks on a trajectory to meet year-end targets
G	People who have developed long term health conditions have help to manage their condition and prevent complications	4	3	2	67%	↓	100%	Cardiovascular measures slightly behind February's planned activity.
H	When emotional and mental health issues are identified; the right help and support is offered early and in a timely way	4	3	2	67%	—	67%	CAHMS report frequency impacted by EPIC transition
I	People have access to joined-up and holistic health and care delivered in their neighbourhoods	2	2	2	100%	—	100%	No changes since Q3 reported position
J	People know where to go to get the right help, and are treated at the right time, in the right place, for their needs	3	3	2	67%	—	67%	
K	Older adults are provided with the right health and care support at the right time, live healthy and active later lives and are supported to age well	5	5	4	80%	—	80%	
L	Women have positive experiences of maternal healthcare and do not experience a disproportionate maternal mortality rate	0	0	0	-		-	Reporting functions impacted by EPIC transition, deep dive presentation in Sept 24 provided snapshot report on LMNS BI activity.
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	3	1	1	100%	—	100%	Activity on LD education and employment support will be provided in March 25 deep dive, earlier report shared at LTEG in Oct.
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	5	3	1	33%	—	33%	
O	People who are homeless, or at risk of becoming homeless, (including rough sleepers and refugees) have improved health	5	0	0	-	—	-	
	Total	54	36	23	64%	↓	69%	



Health and Care Plan: Key headlines (1)

	Outcome	Key Headlines
A	<i>People maintain positive behaviours that keep them healthy</i>	In Q3 2024-2025, there was a significant improvement in activity following the transitional stage of the new contracting model in Q1 and the impact of the Synovis lab cyber-attack in late Q1 through Q2 Practices continue to work to recover to a Business-as-usual position after the critical incident highlighted at the end of Q1. The NHS Healthcheck service was recommissioned in Spring 24 on a 2-year basis with the intention that the 2nd year would focus on the PCN's and Lambeth commissioners agreeing and developing an at scale model to deliver the service in the most optimal way, focussing on our key priorities. Practice representation is now formalised on the Lambeth Healthcheck Steering group to facilitate strategic goals including implementing the At Scale Model and targeting priority groups.
B	<i>People are connected to communities which enable them to maintain good health</i>	There is a continued high demand for social prescribing across Lambeth. Age UK Lambeth continues to see an increase in the number of referrals into the service. Within one PCN (Croxted) there have already been 65 referrals in 2025 demonstrating a clear need for social prescribing support in the borough.
C	<i>People are immunised against vaccine preventable diseases</i>	Achieving herd immunity and meeting the locally set target of 90% remains a challenge in Lambeth. The most recent data published for Quarter 2 of 2024/25 shows that the uptake of the DTaP/IPV/Hib vaccine, offered to babies at 8, 12, and 16 weeks of age, stands at 84.7%. Additionally, uptake for the first dose of the MMR vaccine is at 79.5%. Other boroughs in South-East London have also reported uptake rates below 90%. There are no updates to report for Outcome C at this time. The Q3 data has not yet been released, and remedial actions are still ongoing.
D	<i>People have healthy mental and emotional wellbeing</i>	The Lambeth Living Well Centres' Short-Term Support service (STS) started helping 131 new people in February, slightly fewer than in the previous month (133). The number of people Focused Support (FS) started supporting in February fell by much more, to 36 from 57 in January. Reducing the waiting list of the Lambeth Single Point of Access over the summer led to SPA referring high numbers to STS last summer. After falling to 50-60 in recent months the number of referrals rose significantly in January to 108.

Health and Care Plan: Key headlines (2)



	Outcome	Key Headlines
E	<i>People have healthy and fulfilling sexual relationships and good reproductive health</i>	<p>Annual data has been released by UKHSA. The data show a 5% increase in the rate of LARC prescriptions since the previous year. (42.2 per 1000 women aged 15-44 in 2023 vs 40 per 1000 women in 2022). This is significantly higher than the London rate of 33.6 per 1000 and similar to the England average.</p> <p>Local service data show in Q3 there were 813 LARC appointments used in GP and the LARC Hub. There was an error in reporting Q2 data in the last report due to a user error. Over the last three quarters activity has remained stable which suggests access is currently stable. As the new Hub service mobilizes in the next quarter and the GP contracts enters its second year, with the attached training offer, we will hope to see increased in activity, suggesting increased access.</p>
F	<i>People receive early diagnosis and support on physical health conditions</i>	<p>On Annual Health Checks there's a good progress from January and on track to achieve SMI and LD national health check targets by end of March.</p> <p>On Prep activity, at the end of January 2025, 834 residents had newly started on PrEP and 3,951 residents were continuing to use PrEP. The activity trend and clinic usage remains the same as the last reporting period.</p>
G	<i>People who have developed long term health conditions have help to manage their condition and prevent complications</i>	<p>The impact measures under this outcome are showing positive progress against year-end objectives. More black and minority ethnic people have been identified with hypertension when comparing February 2024 to February 2025 data; 23724 and 24843 respectively and within these cohorts, blood pressure control has remained consistent with higher absolute numbers in comparison to the previous year; 14,978 and 15,608 respectively.</p> <p>The Diabetes app within EZ Analytics has been further updated for 24-25 to provide more detailed data on improvements of the measurement and recording of the care processes for Black African, Black Caribbean, Mixed White and Asian, Unknown or not stated ethnic groups. Data is comparable to the previous year, noting the increase in diabetes population and the challenges faced during 2024-25.</p>
H	<i>When emotional and mental health issues are identified; the right help and support is offered early and in a timely way</i>	<p>In May 2024, just over 900 people were waiting for Lambeth SPA. In February 2025, that number has fallen to 365. People are now getting support sooner than they were in May, but they are still waiting too long. More introductions are being processed within 3 days (up to 22.4% in February from 17.6% in January). However, the average wait for people in February was 16.1 days, against a target of no-one waiting longer than 14.0 days.</p> <p>Lambeth Talking Therapies will keep focusing on having more new clients access the service who are then assessed as being recovered and showing significant improvement in their symptoms when they complete treatment (i.e. are in "Reliable Recovery"). The LTT service is also working to increase session numbers for Black clients and ensure that reliable recovery rates are consistently over 48% for all ethnic groups.</p> <p>Deep dive - See additional information on CAMHS enclosed with LTAG pack against this outcome.</p>

Health and Care Plan: Key Headlines (3)



	Outcome	Key Headlines
I	People have access to joined-up and holistic health and care delivered in their neighbourhoods	The Beacon data shows that a rising number of HI-5 interactions are converting into health and wellbeing sessions, reflecting an overall improvement in our outreach efforts. A significant number of people have been directed to local resources for accessing statutory services within the borough. Additionally, there has been a notable increase in signposting to general practitioners (GPs) and primary care networks (PCNs).
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>Community Pharmacy have undertaken 2,824 consultations between March 2023 and January 2025 with Lambeth residents/registered patients to provide advice and guidance on self-care and supply of medicines where appropriate. The NHS Pharmacy First Service (previously known as GP-Community Pharmacy Consultation Service) increases GP capacity through triaging of low-acuity conditions to community pharmacy. GP referrals to NHS Pharmacy First supports the national approach to increasing GP access. Data from service launch in 31 January 2024 to 31 January 2025 shows a positive increase in use.</p> <p>The Medicines Optimisation Team has collaborated with the Local Authority Cost of Living Programme Lead to discuss continuous and increased promotion of the Lambeth Pharmacy First Plus service to residents. Community Pharmacy Neighbourhood Leads (CPNLs) have been engaging with general practice and their peers to provide clinical leadership and support the national access priority, which has supported increases in referrals.</p>
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	SEL Ageing Well Funding secured for project resource to help address these barriers, by working with primary care to support identification of people in the last year of their life and uptake of Universal Care Plans. Primary Care working with GP leads to mobilise project with a focus on creation of Clinical Lead Champion role, working with champions at GP level to increase completion and quality of UCP / ACP in Lambeth. 7 of 9 Primary Care Champions appointed to post across PCN. Organising launch event with lead in late January 2025.
L	Women have positive experiences of maternal healthcare and do not experience a disproportionate maternal mortality rate	The adoption of a new Electronic Patient Record system at Guy's & St Thomas' and King's College Hospitals continues to disrupt performance reporting for maternity services across South East London. While work to stabilise the system is ongoing, regular reporting has yet to resume.



Health and Care Plan: Key Headlines (4)

	Outcome	Key Headlines
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	<p>On reducing the use of inpatient services: One-system data analysis of admissions and discharges across Lambeth within the ICS (adults only), showed that 17 patients were discharged to the community in the four years to March 2024 (after removing repeat admission/discharges).</p> <p>In the last three years the number of people from Black backgrounds in the most restrictive hospital settings has decreased by 50%. We know historically there is an over-representation of Black people in the most restrictive setting, therefore this evidenced progress is very positive</p> <p>Autism waits have fallen despite the increase in the Autism waiting list. Driven by increased autism capacity and efficiency of booking clients.</p>
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	<p>The Community Living and Support Service (CLaSS) helps people with serious mental health conditions to leave inpatient care and live in the community. In the third quarter October to December, CLaSS started working with 49 new people, fewer than the 85 new clients in the second quarter, June to September.</p> <p>The Individual Placement and Support (IPS) helps people with a serious mental illness find and sustain paid employment. The IPS service helped 15 people find work in the third quarter October to December, which is the best quarterly result of the financial year so far, though still much lower than the original target for the service of 36 placements per quarter.</p> <p>Restrictive incidents and seclusions for inpatients in February fell to 24, the lowest monthly total since December 2023 and well below the average of 32 from the previous financial year. Positive friends and family survey responses for LWNA, across both the inpatient and community settings, rose to 82.5%. This is another improvement on the average survey results from the previous financial year.</p>
O	People who are homeless, or at risk of becoming homeless, (including rough sleepers and refugees) have improved health	<p>Recommissioning of the Vulnerable Adults Pathway is due to commence in April 2025, this includes changes to contract monitoring frameworks and KPI's including health outcomes. A continued focus on GP registration across the Vulnerable Adults Pathway (maintaining 90% or above) registration with dentists, engagement with mental health services and substance use services.</p> <p>The number of residents registered with GP's continues to be at its highest level. This has been achieved through contract monitoring and consistent messaging to Providers to ensure each resident is being supported to register when being accommodated in their service.</p>

Other Areas of Business

Risk

- As of February 25, there are 14 active risks on the South East London Risk Register for Lambeth
- The risk on Interpreting Services procurement was closed
- Risk added on the Increase in vaccine preventable diseases due to not reaching herd immunity coverage across the population .
- Risk 567, on GP collective action was reduced as the risk has not materialised
- Risk (563) on Interpreting services overspend is under review.

Quality

A range of updates received including

- Support being provided to the Alternative Provider Medical Service procurement providing expertise in reviewing evidence of Patient Safety Incident Reporting systems and culture for reporting and understanding to the Patient Safety Incident Response Framework.
- Learning was identified from a quality alert from a patient’s GP relating to communication issues between various teams at Guy’s And St Thomas’ Hospital.

Finance

South East London ICB (Lambeth)

- The borough is reporting an overall £513k year to date underspend position and a forecast £283k underspend position at Month 10 (Jan 25).
- The reported year to date position includes £653k overspend on Mental Health Services, £45k overspend on Community Health Services mainly driven by increased cost of the Cardiovascular Diagnostics contract and £707k overspend on Delegated Primary Care Services driven by locum reimbursements, retainer scheme and list size growth, offset by underspends in other budget lines.

Adult & Social Care (ASC) & Integrated Health (Lambeth Council)

- ASC –forecast as at Month 9 25.26 showing an overspend of £8.382m, predominantly driven by overspend against client expenditure budgets.
- Key pressures include Supported Accommodation placement, increased year-on-year activity in nursing care