

25th June 2025

By email only

Dear Andrew and Andrew,

We are submitting our response to the call for expressions of interest for delivery of the Integrator function in borough. Our response is framed around the specific questions that have been asked, and we look forward to ongoing discussions on the next steps with our Lambeth partners.

1. Which statutory bodies and partners are included within the integrator arrangement being proposed? If the arrangement is a partnership arrangement, which organisation would act as the lead organisation (as set out in the principles related to form)?

Lambeth has agreed that the integrator will be a partnership between Guy's and St Thomas' NHS Foundation Trust (GSTT) and Lambeth General Practice Provider Alliance (LGPPA). This partnership arrangement recognises the central role of both organisations in delivering care in the borough, and the importance of these services in supporting the development of a neighbourhood service with our wider partners including Lambeth Council, King's College Hospital, South London and Maudsley, the voluntary sector, and the wider network of primary and community care providers.

GSTT will be the statutory body hosting the partnership. We are establishing robust partnership arrangements that allow us to take an equitable approach, held together by key principles which govern our work (expanded on in the following section).

We recognise that the GP leadership arrangements within our Integrator partnership are evolving in response to the external environment. The LGPPA is undertaking a due diligence process which is being led by the ICB Lambeth Primary Care team and aims to provide assurance to the broader Lambeth Together partners around the LGPPA's operating function for both broader GP leadership organisation functions as well as core Integrator functions. We are expecting the due diligence process to conclude by October 2025.

Due to the immediate ask for the integrator to hold the £250,000 integrator development funding provided by SEL ICB, this will be held by GSTT on behalf the integrator, in service of the wider Lambeth Together Care Partnership organisation, with principles for spend being ratified by the partners with oversight of our Lambeth Together priorities.

2. What shared decision-making structures are planned to be put in place to support the integrator arrangements, and how is parity of voice being considered to enable effective neighbourhood working?

We recognise that our work around neighbourhoods will be led by the integrator, but that there will be significant input needed from all partners at an operational and strategic level in order to deliver on our neighbourhood ambitions. As the integrator, we will co-produce and codevelop our work with all relevant stakeholders and effectively communicate these changes throughout our local care partnerships.

The integrator will establish an Integrator Delivery Board (IDB) in July 2025. The IDB will have delegated authority from GSTT and the LGPPA to make decisions on behalf of the respective organisations and broader partners. The IDB will meet monthly. The integrator will utilise existing

partner governance functions to streamline functions and ensure that all Lambeth partners are part of the integrator delivery model. The IDB will therefore report quarterly into Lambeth Together via the Neighbourhood and Wellbeing Delivery Alliance (NWDA), recognising that this will ensure engagement with the right partner representatives. We also anticipate the IDB will work closely with equivalent structures in all SEL boroughs as part of a network of integrators to share best practice. We will also be maintaining close joint working across Lambeth and Southwark to make the best use of local resources and harness the opportunity for synergistic working at scale.

There will be core members from the integrator on the IDB. These will include:

- **GSTT:** ISM CEO, Evelina CEO, ISM Director of Partnerships and Operations, ISM Deputy Medical Director, Population Health Hub Consultant, Evelina Director of Strategy, Evelina Deputy Medical Director
- **LGPPA:** Managing Director, LGPPA directors x 4
- **NWDA:** Programme Director

The core principles of the IDB will be:

- Make decisions on allocation of resources within INT models
- Scrutinise and agree models of INT delivery (explored in more detail in following answer)
- Respond to emerging policy developments regarding neighbourhood health
- Demonstrate impact of neighbourhood health models of care
- Receive updates from delivery function

3. How will the integrator arrangement ensure that resources and leadership are in place to deliver the integrator function and the development of integrated neighbourhood care either through the lead organisation, or via a broader partnership approach? It is recognised that the function will grow over time.

Our integrator leadership model will include integrator specific governance as well as reporting and engagement with our broader partners. The Integrator Delivery Board's terms of reference will provide a jointly agreed structure for this governance, harnessing the collective resources of the integrator partners.

You will be aware that there is collaborative work taking place across Southwark and Lambeth with shared partners. We are exploring how we keep strong connections between our respective integrator models, whilst retaining the strong identities and attending to the needs in each borough. This work includes harnessing the input from our primary care leadership structures, and also within GSTT via the INT delivery committee, which reports into the Improving the Health of our Populations (IHOP) committee.

We will make the best use of our existing resources to design, develop and deliver an integrated neighbourhood care model. We will do this through agreement with Lambeth partners as well as using the initial learning from our models to support discussions around how we work to deliver the national 'three shifts' as models show impact.

We will continue to review our resources as the neighbourhood health model develops to ensure that the function is developing. We also recognise alignment with this and the work taking place

around the model ICB structure. The functions and use of partnership resources will formally reviewed within our Lambeth Together executive structures on an annual basis.

The existing Lambeth and Southwark Primary Care and Acute Interface Forum addresses prioritised interface issues like referrals, pathways and fit notes. We anticipate this group, and potentially other groups working in the partnership space, will transition into the integrator function to streamline the delivery of the neighbourhood health model.

4. What will be the first priorities for the integrator arrangements to support effective neighbourhood working, considering the South East London focus on delivery of integrated neighbourhood teams for our three priority populations?

Our first priorities are to deliver on the national ambitions around integrated neighbourhood teams, centred around the identified cohorts with additional local variation where required. Developing INTs to support care of residents with frailty, multiple long-term conditions and children and young people will provide a framework for our work.

Our key priorities will be to support operational coordination between sectors and partners across the borough and between INTs. This should enable us to identify the gaps across our fragmented pathways and services, and provide the opportunity to build interfaces and relationships, supporting workforce planning and business intelligence. Our principal aims will be to:

- facilitate population health management by promoting the sharing and effective use of data and information across organisations, enabling holistic care for our residents and improving population health outcomes
- collectively provide essential infrastructure supporting people, finance, governance, and risk management for INTs in a consistent way, harnessing existing local assets and resources.
- implement INTs, including recruitment of team managers and clinical leads, and working with local organisations to identify the resources/staff that will be deployed into INTs.

The initial priorities for this financial year are as follows:

- establishment of IDB in July 2025
 - each neighbourhood to undertake detailed design work before starting to deliver frontline change, using initial insights and learning to develop the model
 - commence partnership work around data and insights to help develop the future model

We recognise that the INT model is predicated on a population health management approach. Due to the similar integrator model across Lambeth and Southwark, we expect to share the development of this function across both boroughs to ensure an effective and efficient model. This will use resources from the Population Health Hub within GSTT, the data analytical function within the LGPPA and the respective federations in Southwark, and the business intelligence capacity within SEL ICB. The long-term aim of the population health management function will be to develop an integrated data set with a patient-identifiable data set that enables detailed risk stratification across our populations, working with the broader SEL ICS on any relevant ICS PHM tools or procurements. As a short-term aim, the population health management function will work with partner organisations

to create overarching data sets to focus our work in neighbourhoods and understand the enablers for data sharing.

We welcome the opportunity to discuss our plans in more detail.

Many thanks,



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