

LAMBETH TOGETHER CARE PARTNERSHIP (FORMERLY LAMBETH TOGETHER STRATEGIC BOARD)

Date: Thursday 3 July 2025

Time: 1.00 pm

Venue: Studio 4, Brixton House, 385 Coldharbour Lane, SW9 8GL

Copies of agendas, reports, minutes and other attachments for the Council's meetings are available on the [Lambeth website](#).

Members of the Committee

Dianne 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
Penelope Jarrett	Chair, Lambeth Local Medical Committee, GP
Damilola Bamidele	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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Lambeth Together Care Partnership Public Forum and Board Meeting in Public

Brixton House, 385 Coldharbour Lane, SW9 8GL
Thursday 3 July 2025 | 1:00pm – 5:00pm

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		Cllr Nanda Manley-Browne <i>Co-Chair</i>
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 Members of the Board are asked to: <ul style="list-style-type: none"> Declare any interests on items included in this agenda 		Dr Di Aitken <i>Co-Chair</i>
3.	Review of Minutes and Matters Arising Members of the Board are asked to: <ul style="list-style-type: none"> Approve draft minutes of the Lambeth Together Care Partnership Board meeting in public on 15 May 2025 Consider any matters arising from the Lambeth Together Care Partnership Board meeting in public on 15 May 2025 	Paper enc.	Dr Di Aitken <i>Co-Chair</i>
4.	Lambeth Together Care Partnership - Place Executive Lead Report	Paper enc.	Andrew Eyres <i>Place Executive Lead Lambeth, Corporate</i>

Agenda Item No. and Time	Agenda Item Title	Attachment / Supporting Information	Agenda Item Lead
2:10pm (10 mins)	Members of the Board are asked to: <ul style="list-style-type: none"> Receive an update on key developments since the Lambeth Together Care Partnership Board meeting in public on 15 May 2025 		<i>Director, Integrated Health, and Care, Lambeth Council and South East London Integrated Care Board</i>
5. 2.20pm (20 mins)	Living Well Network Alliance (LWNA) Roadmap Members of the Board are asked to: <ul style="list-style-type: none"> Endorse the Alliance's agreed focus on outcomes and support the implementation of the roadmap for the next 12 months 	Paper enc.	Jane Bowie <i>Director of Integrated Commissioning (Adults)</i>
6. 2.40pm (15 mins)	Lambeth Together Assurance 2025/26 Process Review Members of the Board are asked to: <ul style="list-style-type: none"> Approve the proposed changes to the Health and Care Plan impact measures for 25/26; Approve the forward view presentation timetable for 25/26; & Provide feedback on any additional steps that could be taken to improve or streamline the assurance process 	Paper enc.	Warren Beresford <i>Associate Director Health and Care Planning and Intelligence</i>
2:55pm	BREAK		
7. 3.05pm (15 mins)	Lambeth Together Assurance Sub-Group 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 13 May 2025 	Paper enc.	Jasmina Lijesevic <i>Lambeth Together Board Lay Member</i> Warren Beresford <i>Associate Director Health and Care Planning and Intelligence</i>
8. 3.20pm (30 mins)	Healthwatch Lambeth Annual Report Members of the Board are asked to: <ul style="list-style-type: none"> Receive an update on the report on Healthwatch Lambeth's impact, community engagement, and contribution to service improvements across 2024 - 2025 	Paper enc.	Folake Segun <i>CEO, Healthwatch Lambeth</i>

Agenda Item No. and Time	Agenda Item Title	Attachment / Supporting Information	Agenda Item Lead
9. 3.50pm (10 mins)	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 14 May 2025; & Ratify decisions made at the Primary Care Commissioning Committee on 14 May 2025. 	Paper enc.	Jasmina Lijesevic <i>Lambeth Together Board Lay Member</i> Oge Chesa <i>Director of Primary Care and Transformation</i>
4:00pm	BREAK		
10. 4.10pm (15 mins)	CQC Members of the Board are asked to: <ul style="list-style-type: none"> Note that the CQC has commenced its assessment process of Lambeth Adult Social Care in May 2025 that will yield a public judgement outcome. The assessment is likely to run into late Autumn 2025; Read Lambeth Adult Social Care's Self-Assessment Executive Summary to be briefed on ASC's interpretation and understanding of its performance; & Engage with CQC assessors as part of the assessment fieldwork. 	Paper enc.	Fiona Connolly <i>Corporate Director: Housing & Adults Social Care</i>
11. 4:25pm (25 mins)	Neighbourhood Working Update Members of the Board are asked to: <ul style="list-style-type: none"> Note the update on the development of neighbourhood working Lambeth Integrator Model: <ul style="list-style-type: none"> Ratify the proposed model for the integrator in Lambeth as outlined in appendix 1; Ratify use of £250k for integrator development in Lambeth; Approve delegating final approval for the integrator memorandum of understanding and detail of the integrator development funding disbursement to the Neighbourhood & Wellbeing Delivery Alliance Leadership Board (with regular updates to the Lambeth Together Care Partnership Board) 	Paper enc	Josepha Reynolds <i>Programme Director, Neighbourhood & Wellbeing Delivery Alliance</i> Alice Jarvis <i>Director of Operations & Partnerships, Guy's and St Thomas's NHS Foundation Trust</i> Shaheen Khan <i>Clinical Director, Guy's and St Thomas's NHS Foundation Trust</i> George Verghese <i>Director, Lambeth General Practice Provider Alliance</i> Therese Fletcher <i>Managing Director, Lambeth GP Federation</i> Tania Kalsi

Agenda Item No. and Time	Agenda Item Title	Attachment / Supporting Information	Agenda Item Lead
	Lambeth INT Delivery Plan: <ul style="list-style-type: none"> Endorse the Integrated Neighbourhood Teams (INT) Delivery Plan for July – December 2025 SEL Ageing Well Framework: <ul style="list-style-type: none"> Ratify the Ageing Well framework developed by South East London (SEL) as part of the ongoing development of integrated neighbourhood teams 		Consultant Geriatrician, Guy's and St Thomas's NHS Foundation Trust
12. 4:50pm (5 mins)	Questions from public attendees An opportunity for members of the public to ask further questions.		Dr Di Aitken Co-Chair
13. 4.55pm	AOB Close Date of next public meeting: 4 September 2025 (virtual only) <ul style="list-style-type: none"> Public forum, 1pm-2pm Board meeting in Public, 2pm-5pm 		Dr Di Aitken Co-Chair

LAMBETH TOGETHER CARE PARTNERSHIP BOARD MINUTES

Thursday, 15th May 2025, 2pm
Brixton Tate Library, 2 Brixton Oval, SW2 1JQ

[Part 1 Meeting Recording - Public Forum](#) (please note, the Public Forum does not have formal minutes taken).

[Part 2 Meeting Recording - Item 1 to 6 \(Inclusive\)](#)

[Part 3 Meeting Recording - Item 7 to 11 \(Inclusive\)](#)

[Board Meeting Papers](#)

[Supplementary Papers Pack](#)

Members Present:

Cllr Nanda Manley-Browne	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 NHS South East London Integrated Care Board
Ade Odunlade	Chief Operating Officer, South London and Maudsley NHS Foundation Trust
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)
Cllr David Bridson	Cabinet Member for Healthier Communities (job-share), Lambeth Council
Damilola Bamidele	Head of Programmes for Lambeth, Black Thrive, Lambeth
Dr Nozomi Akanuma	Living Well Network Alliance Clinical and Care Professional Lead, South London, and the Maudsley NHS Foundation Trust
Dr Penelope Jarrett (non-voting member)	Chair, Lambeth Local Medical Committee
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
Paul Coles	Chief Executive, Age UK, Lambeth
Ruth Hutt	Director of Public Health, Lambeth Council
Simon Boote	Children and Young People Alliance Lead (deputising for Andrew Carter, Corporate Director of Children's Services, Lambeth Council)
Therese Fletcher	Managing Director, Lambeth GP Federation

Apologies:

Andrew Carter	Corporate Director of Children's Services, Lambeth Council
Dr George Verghese	GP, Co-Chair of the Lambeth Primary Care Clinical Cabinet
Fiona Connolly	Corporate Director of Housing and Adult Social Care, Lambeth Council
Julie Lowe	Site Chief Executive, Kings College Hospital NHS Foundation Trust
Louise Dark	Chief Executive, Integrated and Specialist Medicine, Guy's and St Thomas' NHS Foundation Trust
Sarah Flanagan	Patient and Public Voice Member

In Attendance:

Alex Jackson	Programme Lead, Lambeth Together
Edward Odoi	Associate Director of Finance, NHS South East London Integrated Care Board
Jane Bowie	Director, Integrated Commissioning (Adults), Lambeth Council and NHS South East London Integrated Care Board
Oge Chesa	Director of Primary Care and Transformation, NHS South East London Integrated Care Board
Warren Beresford	Associate Director, Health and Care Planning and Intelligence, NHS South East London Integrated Care Board
Jade Holvey	Associate Director Housing and Adult Social Care Commissioning, Lambeth Council
Jessica Engen	Consultant in Public Health, Lambeth Council
Karen Mathieu	Senior Strategic Development Manager, Lambeth Council
Nancy Padwick	Strategic Lead for Sexual Health, Lambeth Council
Olawumi Ademokun	Outreach Lead, Turning Point
Ryan Jackson	Strategic Commissioning Manager, Lambeth Council
Serina Aboim	Clinical Service Lead, Health Inclusion Service
Tina Fleury	LSL (Lambeth, Southwark & Lewisham) Sexual Health Services, Turning Point

1 Introductions

Board Members present introduced themselves. Apologies were noted from Andrew Carter, with Simon Boote deputising, Dr George Verghese, Fiona Connolly, Julie Lowe, Louise Dark, with Alice Jarvis deputising, and Sarah Flanagan.

Dr Di Aitken noted changes to some Board member roles since the last meeting in March 2025 and welcomed Councillor Nanda Manley-Browne and Councillor David Bridson as the new Cabinet Members for Healthier Communities (job-share). Dr Aitken explained that Councillor Nanda Manley-Browne will replace Councillor Jacqui Dyer as the Lambeth Together Care Partnership Board Co-Chair. Dr Aitken thanked Cllrs Jacqui Dyer, Tim Windle and Judith Cavanagh for their valued contributions to the Board.

Other key changes noted were:

Two new member representatives were welcomed to the Board, Ade Odunlade for South London and Maudsley (SLaM) NHS Foundation Trust, and Damilola Bamidele for Black Thrive.

Dr Aitken welcomed back to the Board, Fiona Connolly as Corporate Director of Housing and Adult Social Care, and Ruth Hutt, Director of Public Health. Board Members thanked Richard Outram who covered for Fiona Connolly and Bimpe Oki who covered for Ruth Hutt while they covered interim roles over the past twelve months.

Reporting back from the Public Forum

Dr Di Aitken welcomed members of the public to the meeting and noted the topics discussed during the earlier Public Forum, that included;

- Eugenie Dadie gave an update on work she has been completing as a Patient and Public Voice Member and asked, 'How the Board can support Patient Participation Groups (PPGs)'.
- Synnovis and follow up on previous queries regarding Synnovis.
- National Autistic Society and annual health checks.

- Hosting climate theatre workshops linked to improving health.
- Clarification regarding the position around funding for the 2025 London Inspire Programme annual event in July.
- An issue on the process for wound dressing and need for better follow up to prevent a gap in treatment.

Responses to the specific questions raised at the Public Forum will be published on the [Lambeth Together Website](#).

Dr Aitken informed Members that Dr Paul Heenan had recently passed away. Dr Aitken described key achievements of Dr Heenan's career as a GP, his support for commissioning in Lambeth and as a founding partner at the Clapham Family Practice.

2 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.

3 Minutes from 06 March 2025 Meeting

The [minutes](#) of the meeting of Thursday 06 March 2025 were agreed as an accurate record of the meeting.

All previous actions are closed.

4 Place Executive Lead Report

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

RESOLVED

1. Board members noted the update on key developments since the formal Lambeth Together Care Partnership Board meeting in public on 06 March 2025.

To view the report accompanying this item, refer to pages 15 to 26 of the Board pack.

To view the recording for this item, refer to part 2 of the meeting recording from 02:31 – 07:46.

5 Deep Dive: Homeless Health

Jade Holvey, Serina Aboim and Ryan Jackson presented a deep dive into the Homeless Health Programme. The following discussions took place:

- Dr Di Aitken questioned progress with input for the GP data the team had flagged. Dr Aitken asked GP colleagues whether they were involved with supporting this work. Ryan confirmed that some data had been received and supported by the Mawbey Brough Clinic.
- Folake Segun welcomed the presentation and offered help with dual diagnosis which had identified some issues. Folake said there is still a gap and asked what more can be done as GPs may generally be unaware of the support available for people who are homeless.
- Alice Jarvis commended the team and work presented.
- Dr Aitken thanked SLaM for their input.
- Ruth Hutt commended the work presented and noted partners are often not aware of the work being undertaken. Ruth explained the police highlighted the quality of outreach in Lambeth and combating drugs. Ruth welcomed the opportunity to follow up outside the meeting and to consider how this work can be strengthened, particularly regarding rehab.

- Dr Penelope Jarrett thanked the presenting team for the work undertaken and welcomed the positive news of efforts to ensure patients are registered with GPs. Dr Jarrett noted that sometimes contact is difficult as patients may use their parents' address. In response to Dr Jarrett's comments, the team will continue to work to ensure contact details are updated.
- Dr Raj Mitra noted higher addiction and malnutrition rates amongst this cohort and commented that, with a move toward a cashless society, it is a challenge to support the homeless with requests for cash. Ryan explained that Lambeth has a particularly wide range of support in place, including food banks, and that there are 343 bed spaces in Lambeth, therefore, the focus should be on supporting individuals to access this offer. Jade explained Streetlink is available to support individuals. Dr Mitra asked for cards to enable signposting to Streetlink. Jade said it was unclear whether cards are available, although a digital link can be shared with members.
- Folake asked what more members could do to support the team. Ryan noted the importance of awareness raising and confirmed that this meeting offers good opportunities to share the knowledge to ensure all are aware of the support for this cohort of individuals.
- Sareena said it would be a good idea to standardise coding across all practices to help prompt questions and have an extended threshold. Dr Aitken agreed.
- Dr Mitra noted that his practice receives 9-10 pages of blood results (blood screening of homeless patients) from the supported hostel without supporting details of what the specific issue is that the screening nurse is worried about. Sareena explained that the EPIC data system has a functionality to make this smoother/make the specific details clearer, therefore, this issue should improve going forward. Sareena explained that GP practices should be getting a letter accompanying the blood screening result and hopefully in future this will be more streamlined.

Action: Jade Holvey to circulate Streetlink hyperlink details with Board members.

RESOLVED

1. Board members approved the progress report on the work of the Homeless Health programme against 'Our Health, Our Lambeth' activities and outcomes; and
2. Endorsed and supported the recommissioning plans for the Vulnerable Adults housing pathway and rough sleeping outreach service.

To view the report accompanying this item, refer to pages 27 to 50 of the Board pack.

To view the recording for this item, refer to part 2 of the meeting recording from 07:50 – 46:25.

6 Deep Dive - Sexual Health

Jessica Engen, Nancy Padwick, Karen Mathieu, Tina Fleury, and Olawumi Ademokun presented a deep dive into the Sexual Health Programme. The following was discussed:

- Dr Raj Mitra explained that Lambeth still has some of the highest HIV rates and asked what is unique to Lambeth that makes that the case.
- The team suggested that HIV rates are still so high amongst young people due to the impact of the Covid-19. There is a lack of confidence around signposting and in schools, it is often expected that untrained teachers will cover sex education and culture and factors such as stigma. Furthermore, sometimes the family unit is not an easy place for a young person to get information and advice. There are challenges and the average person does not realise that only 30% of people may have symptoms of STIs and that there is no shame in it.
- Dr Mitra also noted he had not heard of the Sexual Health website mentioned. Dr Penelope Jarrett commended the team on the website and like Dr Mitra, hadn't heard of it until now. The team have promoted the website but will circulate again. The Communication and Engagement team have advised that the website link was well distributed, and a launch message was sent out the previous week.

- Dr Nozomi Akanuma congratulated the team on reaching hard to reach cases, such as complex and mental health issues, in particular, ethnic minority groups and would like to know how to work with the team to gain expertise on engaging these groups.
- Jessica confirmed Lambeth has the highest STI testing rates.

Action: Sexual Health team to promote website to Board members.

RESOLVED

1. Board members approved the progress report on the work of the sexual health programme against 'Our Health, Our Lambeth' activities and outcomes;
2. Endorsed the promotion of our sexual health services, including the outreach service and Find Sexual Health; and
3. Agreed to work in collaboration to achieve outcomes within the Sexual Health Strategy.

To view the report accompanying this item, refer to pages 51 to 67 of the Board pack.

To view the recording for this item, refer to part 2 of the meeting recording from 46:45 – 1:26:55.

7 Business Planning: Second Annual Review - *Our Health, Our Lambeth*

Alex Jackson presented on the second annual review of the *Our Health, Our Lambeth* Health and Care Plan. Beverly de Valmency from the Black Prince Trust, and Noreen, a local service user, shared their lived experience. The following was discussed:

- Alex noted that there is one final change to the Plan that will be edited by the design team for the final document, to correct a typo in the finance appendix.
- Dr Raj Mitra asked if there are any plans for the Black Prince Trust to work with Guy's and St Thomas' Hospital (GSTT) and King's College Hospital (KCH) on pre-op rehabilitation.
- Beverly outlined the Black Prince Trust's work with GSTT to deliver community days for musculoskeletal (MSK) patients. There are no plans currently to work on pre-op rehabilitation, but the team are interested in exploring this.
- Dr Mitra asked if there are any proposals within the Health and Care Plan to provide free weight loss injections as many patients do not fit the South East London Integrated Care Board (SEL ICB) criteria. Dr Di Aitken responded that the SEL criteria is very specific but there is a national consultation on the pathway, and she will discuss with the Medicines Optimisation team.

Action: Dr Di Aitken to raise the weight loss injection guidance at the Medicines and Clinical Pathways meeting.

Alex Jackson also presented the Integrator Model that has been agreed by the Neighbourhood and Wellbeing Delivery Alliance (NWDA) to support the delivery of Integrated Neighbourhood Teams (INTs), following delegation of this work at the March 2025 Lambeth Together Board.

Edward Odoi presented the 2025-26 NHS SEL ICB (Lambeth) Budgets, outlining the significant financial challenge and plans to deliver efficiency savings. Alex Jackson presented a summary of the Lambeth Council budget position for 2025-26 for Adult Social Care, Children's Social Care and Integrated Health and Care. The following was discussed:

- Dr Penelope Jarrett stated that there are challenges to deliver the nationally negotiated GP contract within the funding allocated, as well as the proposed changes to the local contracts.
- Andrew Eyres noted that every sector is financially challenged and that all NHS providers have savings targets to deliver. Therefore, we will all have to work together to get the most from our budgets. Andrew noted that primary care has been allocated a larger uplift relative to other sectors.

- Dr Jarrett noted that GP leaders are very keen to continue to be involved in the development of the integrator role. Dr Raj Mitra asked how conflicts of interest with the integrator role will be managed to ensure patient care is optimised. Andrew responded that it is for the partners to collectively decide who the integrator is. The long-term aim is for the Neighbourhood and Wellbeing Delivery Alliance to become the integrator. In the meantime, the best approach is the combination of the NHS Trust, providing the scale of a large institution, in partnership with General Practice, which has the benefits of being close to the local population. This will need to be agreed by all partners.
- Caroline, a Public Attendee, asked if we should be concerned about the allocation for the GP national contract. Andrew responded that national contracts are negotiated between the Department of Health and Social Care (DHSC) and the British Medical Association (BMA). The question for us locally is whether it meets our level of need. For example, our registered list size for General Practice may grow in year, which would put pressure on the budget. This would equally apply across any other service. The expectation is to manage within the overall budget.

RESOLVED

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

To view the report accompanying this item, refer to pages 69 to 87 of the Board pack.

To view the recording for this item, refer to part 3 of the meeting recording from 00:50 – 42:40.

8 Primary Care Commissioning Committee (PCCC)

Jasmina Lijesevic gave an update on the March PCCC meeting and Board members ratified all decisions made at that meeting.

Dr Di Aitken noted that there was a conflict of interest regarding the Lambeth Offer with GPs who are Board members and confirmed those members withdrew from the decision making.

RATIFIED

1. Members of the Board noted the update on discussions held at the Primary Care Commissioning Committee on 19 March 2025; and
2. Ratified decisions made at the Primary Care Commissioning Committee on 19 March 2025.

To view the presentation accompanying this item, refer to pages 89 to 99 of the Board pack.

To view the recording for this item, refer to part 3 of the meeting recording from 42:40 – 52:10.

9 Lambeth Together Assurance Sub-group (LTAG)

Jasmina Lijesevic gave an update on the March LTAG meeting and the following was discussed:

- Dr Di Aitken explained the demand for the Single Point of Access is outstripping capacity and asked how we could resolve this issue. Dr Nozomi Akanuma explained two factors contributed to reducing waiting times within 14-28 days and explained initial modelling five years ago has needed updating. Due to processing time and triage time, even with extra staff, the service faces resource pressures.

RESOLVED

1. Board members noted the report from the Lambeth Together Assurance Sub-Group and the associated Integrated Assurance Report presented on 18 March 2025.

To view the report accompanying this item, refer to pages 101 to 114 of the Board pack.

To view the recording for this item, refer to part 3 of the meeting recording from 52:15 – 1:03:50.

10 Questions from Public Attendees

A member of the public identified a typing error in the Integrated Assurance report on page 15 related to the Learning Disabilities and Autism programme. The Board acknowledged and apologised for the typing error.

11 AOB

- Dr Raj Mitra noted the increase in unemployment rates and explained the work he is doing in his Primary Care Network (PCN) to reduce this and asked how the health and social care system can support to get people back into work. Andrew Eyres referred to his report earlier in the meeting outlining opportunities to join people up to wider services, including employment support for people with long-term health conditions. Some individuals are classed as economically inactive and that this may be due to health conditions that we can help with. Andrew explained there was a workshop at Denmark Hill earlier this week and it is a national priority to tackle this, noting there is more that can be done locally.
- Jasmina Lijesevic noted that in Lambeth some of those who are classed as economically inactive, particularly mothers and women on PIP, are not always able to go back to work. Therefore, despite the national definition, they should not be considered “economically inactive”, and there needs to be a different way of describing this.

The date of the next Lambeth Together Care Partnership Public Board meeting was confirmed as Thursday 3 July, which will be held in person, location to be confirmed.

CHAIR
LAMBETH TOGETHER CARE PARTNERSHIP BOARD
Thursday 15 May 2025

Lambeth Together Care Partnership Board – March Action Log

No	Date Raised	Action	Open/Closed
1	06/03/2025	An item on Integrated Neighbourhood Teams to be brought to the April Seminar.	Closed

Lambeth Together Care Partnership Board - Action Log

Actions update for July 2025 Board

No	Date Raised	Action	Status
1	15/05/2025	Jade Holvey to circulate Streetlink hyperlink details with Board members.	Closed
2	15/05/2025	Sexual Health team to promote website to Board members.	Closed
3	15/05/2025	Dr Di Aitken to raise free weight loss injections at Medicines and Clinical Pathways meeting.	Closed

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Lambeth Together Care Partnership Board

Title	Lambeth Together Place Executive Lead Update
Meeting Date	03 July 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 15 May 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 03 July 2025

Andrew Eyres – Corporate Director, Integrated Health and Care



'Our Health, Our Lambeth'

In May, the Lambeth Together Care Partnership (LTCP) Board approved the second annual review of *'Our Health, Our Lambeth'*, Lambeth Together's five-year Health and Care Plan. As we step into 2025/26, we remain focused on delivering high-quality, safe, and fair healthcare for everyone in Lambeth. The refresh of the Health and Care Plan allowed us to take stock of our progress over the last two years and identify the key priorities that will enable us to successfully deliver improvements for our residents and service users during 2025/26. We are confident that our refreshed plan aligns closely with the new government's national vision for the health service, and the regional goals set by the South East London Integrated Care System (SEL

ICS). At the same time, as we build on our progress to date to create a healthier, more resilient community, we must balance our ambition with the realities of the financial and resource constraints across our partnership.

Throughout the year ahead, we will continue to develop the Neighbourhood Health Service model, bringing care closer to home and making it easier for people to get the care they need within their own communities through Integrated Neighbourhood Teams (INTs). On the agenda today, we have a progress update on the neighbourhood work being led by the Neighbourhood and Wellbeing Delivery Alliance (NWDA). The Board will review the Lambeth Integrator Model and the Integrated Neighbourhood Team Delivery Plan for July to December 2025. This builds on the national and SEL guidance on developing a neighbourhood health service, the London Target Operating Model for neighbourhoods, as well as the significant work that has been undertaken at Place to develop our local model of support. Over the coming months, we will continue to engage our partners as this work develops, and we will commence a programme of public and community engagement to help shape the design of our overall neighbourhood approach in partnership with Healthwatch Lambeth.

Through this work, we will continue to strengthen our preventative approach to better manage demand and tackle the wider determinants of health, helping people stay well for longer and supporting them before issues escalate. To support this, we will also further refine our Population Health Management (PHM) approach, making smarter use of data to better understand the needs of our communities and provide more effective, targeted care. *Our Health, Our Lambeth* lays out our delivery priorities as a partnership up to 2028, and these principles form the basis of our work to establish integrated neighbourhood teams – including tackling inequalities in experience and access.

The Health and Care Plan aims to deliver inclusive and equitable healthcare for all in Lambeth, particularly addressing the challenges faced by our most vulnerable communities. This year, we will take forward the Patient and Carer Race Equality Framework (PCREF) to tackle the impact of systemic racism in mental health outcomes and care. Lambeth Together is wholeheartedly committed to anti-racism, and we are actively learning from the PCREF to implement this most effectively across all aspects of our work.

As a partnership, we remain focused on achieving the 15 outcomes in the Plan. In line with this, we have established an updated delivery and assurance process for 2025/26, to ensure that the Board has sufficient oversight as the Plan progresses during the year and can act early to manage risks and issues as they

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

You can read the full [Our Health, Our Lambeth: Year 2 Review and Action Plan for 2025/26](#).

Board on the Bus – Meeting Our Residents Where They Are



The Board listening programme is a year-round initiative that takes our leadership out into the community to speak with residents about their healthcare needs and priorities - an important part of this is the Board on the Bus sessions. In May, Alice Jarvis and Dr Raj Mitra joined the bus at Lower Marsh market to hear resident views on their healthcare needs. Also, on board that day were our Health Champions, offering blood pressure checks and healthcare advice. Joining the team was Abudu Ziwa, with us on a 10-week placement from Project

SEARCH (School to Employment and Rehabilitation Centre Help), for 16–24-year-olds with Learning Disabilities and Autism. In June, our Patient and Public Voice Board Member, Eugenie Dadie, joined the bus at Brixton Library, again with the Health Champions, who included a mental health support worker - a service available every Monday on the bus. Eugenie will feedback her experiences to the Board Seminar in October.



The Organisational Development (OD) programme has continued to provide dedicated learning and collaboration time for the LTCP Board and Executive team. At the end of June, our Away Time session focused on how we can further enhance Lambeth Together's approach to Community Engagement. The session provided an opportunity to bring together leaders and explore how we best maximise our efforts across three key domains: ensuring diverse voices inform our decision-making; aligning our priority focus with what matters most to our local communities; and creating meaningful opportunities to involve local people in our work programmes. The session was interactive and thought-provoking, providing space for valuable reflection and discussion. Attendees shared their perspectives, contributing insights and identifying opportunities that will help shape the future direction for our community engagement and collaboration.

In May, we held a Lunch and Learn session spotlighting the work of Thriving Stockwell, hosted by Steve Griffin, Director of Stockwell Partnership, and Dr. Vikesh Sharma, local GP at Grantham Practice. The session highlighted the innovative work being done at a neighbourhood level in Stockwell to reduce health inequalities and strengthen community wellbeing through use of local data, collaboration across organisations and grassroots engagement. From celebrating key achievements to exploring how individuals and organisations can contribute, the discussion offered a range of perspectives on building a healthier, more connected Stockwell and provides a strong blueprint for replicating this approach in our wider neighbourhood working across Lambeth.

Clinical and Care Professional Leads

The Lambeth Together Executive Group received the latest updates on the activities of our [Clinical and Care Professional Leads](#) (CCPLs) from the Neighbourhood and Wellbeing Delivery Alliance. The CCPLs updated on the work being delivered in key areas such as early Cancer Diagnosis, supporting GP practices in utilising the chronic pain register to help residents to live well with pain, piloting holistic Frailty support, and Engaging with Communities, including the Digital Approach Pathway Service (D-DAPS) to connect Lambeth residents transitioning from hospital to home with trained volunteers

My thanks to Dr Di Aitken (Chronic Pain CCPL), Dr Mark Adams (Cancer CCPL), Anthony Davis (Engaging with Communities CCPL), Dr Tania Kalsi (Ageing Well Secondary Care CCPL) and Dr Jay Patel (Ageing

Well Primary Care CCPL) for ensuring that these critical health and wellbeing priorities continued to be addressed effectively.

NHS Transformation

The government's proposed NHS Transformation and Reform programme continues at pace. I wrote in May that the Secretary of State for Health and Social Care announced that NHS England (NHSE) 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 operating costs. Alongside this, Integrated Care Boards (ICBs) across England were asked to reduce their running costs by, on average, 50% by the end of the 2025/26 financial year. In South East London this equates to a requirement to deliver savings of 35% to our current operating costs.

ICBs have now also received the national target operating model blueprint, which outlines a focus on strategic commissioning, population health management and developing Neighbourhood working, with the expectation that providers take on a bigger role in delivering integrated care. SEL ICB submitted its high-level proposal for implementing the target operating model on Friday 30 May, which stated a commitment to retaining both the SEL footprint and the structure of Place within that. We are now working with our partners across SEL to implement this model in line with the required national timescales.

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 soon as this becomes available, along with the implications of any savings proposals to our Lambeth Together Partnership arrangements. At the same time, the Council is reviewing its senior leadership structures in the light of the need to secure in-year savings and further updates will be provided to Board Members.

System Pressures

We reported in May that both Guy's and St Thomas' Trust (GSTT) and King's College Hospital (KCH) finished the year 2024/25 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. High demand, however, continues across all of our sites throughout the year and system partners have been reflecting on the particular areas of focus for this year, which include:

- **Criteria to Admit (C2A):** Building on information gained from recent C2A audits at both Trusts, implement consistent use of C2A, to consistently challenge the need to admit patients and use alternative non admitted pathways as appropriate, including Same Day Emergency Care (SDEC) and returners, Urgent Community Response (UCR), Virtual Wards (VW) and Community / Primary Care.
- **Same Day Emergency Care and Frailty Units:** Building on the expansion of capacity and location of SDEC units to drive greater efficiency, continue the focus on SDEC and Frailty Unit, developing greater level of Trusted Assessor Models for 111/999 and primary / community clinicians, improved access, extended operating times and additional capacity.
- **Single Point of Access (SPOA):** Implementation of more SPOA routes for GPs, 111/999 clinicians / other primary & community teams, building on the current SPOA for UCR/VW/SDEC for 111/99.

On 6 June, NHSE published the Urgent Emergency Care (UEC) plan for this year which sets out priority actions to have the greatest impact on winter performance this year. The plan can be read here

[NHS England » Urgent and emergency care plan 2025/26](#) and we will be taking it to our next Lambeth and Southwark UEC Board on 16 July.

Our Delivery Alliances – a selection of highlights

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). The NWDA have confirmed with the five

neighbourhoods their area of focus for Integrated Neighbourhood Teams (INT's). Over the next 6 months, detailed delivery plans will be developed with the leads of each neighbourhood to get to an INT model. These will be reviewed by the INT working group in January 2026 for implementation. The areas of focus for each neighbourhood are as follows:

1. North Lambeth & Stockwell: Multiple Long-Term Conditions
2. Clapham: Multiple Long-Term Conditions
3. Brixton and Herne Hill: Frailty
4. Streatham: Multiple Long-Term Conditions
5. Norwood: Children and Young People

In addition, across Lambeth, we are developing a proactive community-based integrated frailty care model focused on our most deprived areas in the borough, in the Brixton and Herne Hill neighbourhood. To do this we are:

- Developing a proactive in-reach and outreach model to identify people who are at risk of mild, moderate and severe frailty in our most deprived neighbourhood (this is a test and learn approach); and
- Developing an outcome measure framework to enable us to understand the impact of the model that can be scaled across the borough.

We have developed a "Frailty Team" and recruited a dedicated Ageing Well Social Prescribing Link worker, and Frailty Nurse Practitioner, who are working alongside a GSTT Consultant Geriatrician. The Frailty Team begun seeing moderate to severe frail patients from Minet Green Health Practice in March, alongside a GSTT Consultant Geriatrician. Over 26 patients have received a holistic frailty assessment, most of which supported through a home visit. These patients are reviewed with the practice in a monthly multi-disciplinary team and the team are linking up with adult social care, occupational therapy and other teams where necessary / appropriate. In addition, we have run 7 outreach events at different venues across the Brixton and Herne Hill neighbourhood (including sheltered housing, food banks and at a Latin American Community group), and have supported over 50 patients with a holistic frailty assessment.

Living Well Network Delivery Alliance

An independent rapid review of the Lambeth Living Well Network Alliance took place at the beginning of 2025. The Alliance commissioned the Review to ensure it remains effective and able to further improve Lambeth's mental health during its three-year contract extension to March 2028.

All Alliance Partners welcomed the Review and have committed to work together to continue to develop the Alliance.

The Review found that the Alliance has 'an enviable reputation inside and outside Lambeth' and having 'met much of its original cultural change purpose...is in need of a cultural reset to understand and meet the challenges of the current context'. The Review recognised the pioneering work of the Alliance in integrating clinical, social and Voluntary, Community and Social Enterprises staff into neighbourhood-based Living Well Centres, improving the service offer to local Lambeth residents living with a serious mental illness and simplifying access to support, personalising care and integrating the service provision beyond clinical and social care into housing and employment support. However, it recognises that there are challenges in areas such as having a single data story, duplication in governance and the need to build a new sense of shared endeavour.

Alliance Partners have agreed to focus on three outcomes:

- Reduce crisis presentations for people known to services
- Increase the proportion of black people getting early support – understanding that increasing impact on this group will benefit all those experiencing inequalities
- Show an improvement in people's recovery outcomes

To deliver these outcomes, the Alliance will continue to work with staff, service users and carers, the Lambeth Collaborative, and others with a stake in our services to co-create a plan by September to improve the way we work. I will keep you informed of progress through these reports.

Children and Young People's Delivery Alliance

The Child Health Integrated Learning and Delivery System (CHILDS) framework continues to provide the foundation for developing Integrated Neighbourhood Teams for children and young people. CHILDS is a shared model of care built around common childhood conditions such as asthma, eczema and constipation, and supports more joined up, proactive working between services. It remains our core template for neighbourhood-based delivery, and work is now underway to identify the next intervention that can be added to the CHILDS offer. This will help us build on what is already in place and move closer to delivering on our integrated care ambitions.

In June, a new strand of CHILDS activity went live: a psychiatry led joint mental health case discussion model. This brings together mental health professionals, GPs, and a consultant psychiatrist to discuss more complex cases, particularly where children are experiencing emotional or mental health difficulties but do not meet the threshold for NHS mental health services, are waiting for diagnostic assessments, or need additional input from primary care. Initial feedback has been very positive. Although it is starting small, the model will be expanded across all five neighbourhoods in due course.

On 23 June, the Alliance welcomed Anna Walsh into post as Transformation Lead. This joint role sits across the South London Act Early team (Evelina's population health function) and the CYP Alliance. Anna will be using data and proven transformation methods to help the Alliance shape its work, making sure our decisions are informed by evidence and supporting our shift towards more locally driven, neighbourhood-based delivery.

Finally, the Alliance continues to support the rollout of PCREF within schools based Mental Health Support Teams. The focus here is on enabling staff to access tailored training in cultural sensitivity and anti-racism, helping make services more inclusive and responsive to underrepresented communities. This work marks an important step in embedding a meaningful and practical race equality approach within school settings, where children and young people spend such a crucial part of their lives.

Lambeth Together Equality, Diversity and Inclusion (EDI) Group

The Lambeth Together LGBTQ+ Subgroup there have been meaningful conversations referencing the recent change in legislation following the UK Supreme Court's ruling on 16th April. In the case of *For Women Scotland Ltd v The Scottish Ministers*, the court unanimously decided that under the Equality Act 2010, the terms "woman" and "sex" refer exclusively to biological sex at birth. The transgender community has demonstrated remarkable resilience in the face of adversity, and support networks remain strong. In Lambeth, we remain committed to providing compassionate healthcare and advocacy for all. Allies interested in joining are encouraged to contact Shakaira Trail, Lambeth Together EDI Manager, at strail@lambeth.gov.uk.

This month also marked a number of notable anniversaries, including: **World Refugee Week** events and which saw the launch of a new *Welcome to Lambeth* guide co-produced with sanctuary seekers in the borough; **Windrush Day** was held on 22 June to celebrate the contribution Caribbean migrants, and their families have made to the UK; and **Pride Month**, also in June, is about acceptance, equality, celebrating the work of LGBTQ+ people, education in LGBTQ+ history and raising awareness of issues affecting the LGBTQ+ community. **Gypsy Roma and traveller History Month** was held in June. Through celebration, education and raising awareness, Gypsy, Roma and Traveller History Month helps to tackle prejudice, change the story, and amplify the voices of Gypsies, Roma and Travellers in wider society. For details on activities celebrating our differences please visit the Lambeth Together website.

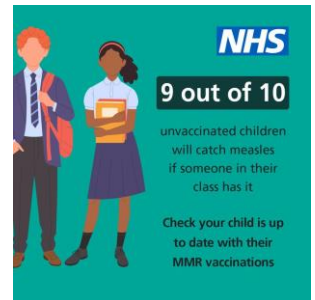
Integrated neighbourhoods in Lambeth aim to bring together primary, secondary, and community care services to address health inequalities and improve overall health outcomes. Shakaira Trail will now be

attending INT working groups to support with the delivery and Juliet Amoa will also be attending the NWDA Board.

Key Campaigns for Lambeth Together



Preventative health has remained a strong focus in our campaigns this month. In Lambeth, we promoted the benefits of cancer screening, sharing news on pop-up events led by social prescribing link workers, and on social media, we encouraged the uptake of the spring COVID-19 booster and raised awareness of MMR and polio catch-up clinics



running across the borough until the end of June. We also encouraged sign-up to HEAL-D, a culturally tailored diabetes education programme for African and Caribbean communities. We amplified national campaigns locally, including Carers Week and Loneliness Awareness Week.

Lambeth Country Show 2025 – A big Lambeth Together Presence

Lambeth Together brought health and wellbeing advice and services right into the heart of our community at the Lambeth Country Show on 7th and 8th June. As part of this much-loved annual event, the team engaged with local residents, offering free health checks, expert advice, and practical resources to support healthier living.

Local GPs, pharmacists and the Beacon Project delivered 185 blood pressure checks, with those recording high numbers recommended to visit their GP. Advice was also shared at our blood pressure stations on healthy living, nutrition and tips for exercise and activity. Our Health and Wellbeing Bus was located alongside our Lambeth Together tent, offering a new enhanced health check, part of the South East London Vital 5 programme.



Over the weekend, 23 people accessed this new service, involving 30-minute in-depth conversations. The team also introduced new fact sheets to support women and girl's health, covering topics such as heavy menstrual bleeding, contraception, pre-conception and menopause. Many partners joined us over the weekend providing information on local care, support and services, including Age UK, AT Beacon Project, Healthwatch Lambeth, Mosaic Clubhouse, South London and Maudsley Talking Therapies, NHS Blood Transplant Team, Moorfields Eye Hospital, Lambeth Council Sanctuary Services, Lambeth Council Adult Social Care, Lambeth HEART (health research and insight) Lambeth Council Public Health, The Childhood Immunisation Team, Guys and St Thomas' NHS Foundation Trust, The Living Well Network Alliance and clinicians from local pharmacies and GP practices.

It was great to see so many of our Board Members and Programme Leads continuing the board listening programme over the two days of the Country Show. Our leadership team and volunteers were out in force, speaking to 175 residents about what matters most to them about health and care and how services can better meet their needs. Their feedback will be fed back to the Board Seminar in October and added to our website.

You can read more about our weekend in Brockwell Park on the [Lambeth Together website](#), where you will find a link to our new video, which captures the spirit of the event, and the dedication of our teams over a great couple of days.

Project Search (School to Employment and Rehabilitation Centre Help)

In line with our commitment to improve employment opportunities for local people through the SEL Anchor Alliance Programme, I'm pleased that 21 of our young people with special educational needs and disabilities (SEND) have been hosted on placements with our partners, including Kings College Hospital and Lambeth Council. The Lambeth Together Programme Team has had the privilege of hosting a supported intern on a 10-week placement as part of the initiative. The placement provided the intern with an opportunity to develop a broad range of skills, identify their strengths, and build confidence for potential job applications, and was supported by experienced colleagues who guided them in gaining valuable on-the-job learning. One of the standout moments from this placement was the intern's facilitation of the icebreaker activity at the Directorate Away Time. Their ability to engage the team in this session demonstrated their confidence, communication skills, and adaptability. The Programme Team was impressed by their initiative and professionalism, acknowledging the positive impact they had on the event. Beyond the intern's development, the Programme Team has also reflected on how valuable this experience was for them. They have provided feedback that working with the intern offered a fresh perspective on their work and deepened their understanding of inclusive work practices. This placement proved beneficial for both the intern and the team, highlighting the importance of creating opportunities that support young people in their journey toward meaningful employment. I would encourage all of our partners to express an interest in hosting a Project Search supported intern where possible. If your organisation or team is interested in hosting an intern from the new cohort of students starting in September, please email lambethtogether@selondonics.nhs.uk to discuss the opportunity. Project Search is a collaboration between:

- DFN Project SEARCH
- Lambeth Council
- Orchard Hill College
- Unity Works
- The Department of Work and Pensions
- Partner organisations like us who host the interns.

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Lambeth Together Care Partnership Board

Title	Living Well Network Alliance Roadmap
Meeting Date	3 rd July 2025
Author (& role / title/s)	Guy Swindle, Deputy Director, Living Well Network Alliance
Lead / Presenters (& role / title/s)	Jane Bowie, Director of Integrated Commissioning (Adults)

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. Endorse the Alliance's agreed focus on outcomes and support the implementation of the roadmap for the next 12 months

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

Alliance Partners (Leadership and Management Teams) representing:

1. Certitude
2. Lambeth Council
3. South-East London Integrated Care Board (SELICB)
4. South London and Maudsley NHS Trust (SLaM)
5. Thames Reach

Summary and Impact on Inequalities

The roadmap includes a new focused set of outcomes and priorities and activities to deliver them, which are all designed to further improve the mental health and wellbeing of the people of Lambeth.

Delivering continued change and improvement within a financially constrained environment for all Alliance Partners remains a key challenge, however, those facing health inequalities will always be the focus of the Alliance.

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Alliance Roadmap

LTEG 17th June 2025



Outline

- Context – The Alliance Review
- A refocus on three key outcomes
- Priorities to deliver these outcomes
- A milestone plan of projects and tasks to achieve impact in the priority areas
- Important enablers to support improvement

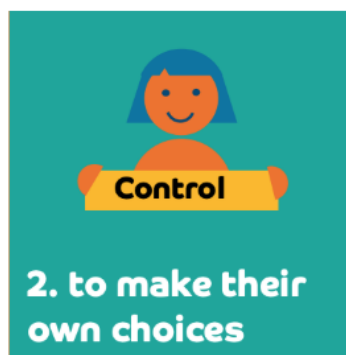
Context – The Alliance Review

- An independent rapid review of the Lambeth Living Well Network Alliance (the Alliance) took place at the beginning of 2025.
- The Alliance commissioned the Review to ensure it remains effective and able to further improve Lambeth's mental health during its three-year contract extension to March 2028.
- All Alliance Partners welcomed the Review and have committed to work together to continue to develop the Alliance.
- The Review found that the Alliance has 'an enviable reputation inside and outside Lambeth' and having 'met much of its original cultural change purpose...is in need of a cultural reset to understand and meet the challenges of the current context'
- Senior representatives of all Alliance Partner organisations had two highly productive awaydays to agree a high-level Roadmap for the next 12 months and beyond to refresh the Alliance.
- This is that Roadmap

We agreed to focus on three outcomes

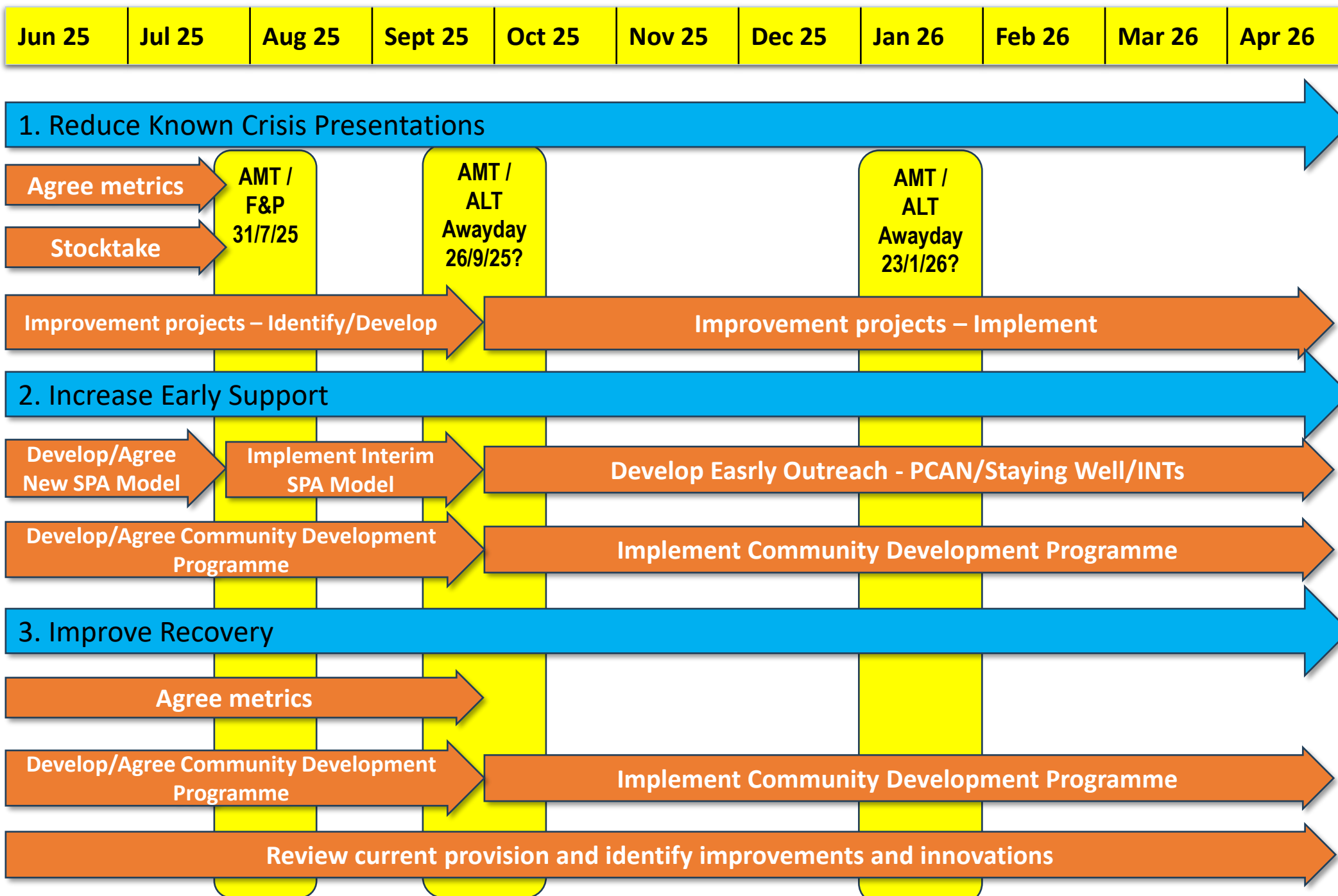
In line with our 3 Big Outcomes (see graphic below), our focus for the next 3 years will be:

1. Reduce crisis presentations for people known to services
2. Increase the proportion of Black people getting early support and reduce proportion using crisis services – understanding that increasing impact on this group will have a global benefit
3. Show an improvement in people's recovery outcomes



Priority Tasks

1. Reduce Known Crisis Presentations
 - a) Agree baseline, measures and targets
 - b) Stocktake of current offer
 - c) Develop project(s) to deliver outcome
2. Increase Early Support to Black and other under-served communities
 - a) Reset 'front door' - improve accessibility and develop outreach
 - b) Implement community development programme (LWC's Review, SLaM's Community Care Development Programme, SPA Review etc.)
 - c) Build on existing services (PCAN and Staying Well) to deliver effective, accessible prevention within communities including Integrated Neighbourhood Teams
3. Improve Recovery
 - a) Agree baseline, measures and targets
 - b) Implement community development programme
 - c) Identify new approaches and learning from others



Enablers (separate plans as required)

- A. Clear communications – shared understanding and common purpose
- B. Genuine co-production – involving service users, carers, staff, the Collaborative, providers and others in developing our services and approach
- C. A supportive and collaborative culture - modelling behaviours and reflective practice at all levels
- D. A compassionate, capable and motivated workforce - aligned to LWNA principles and values
- E. Living within our means - by using the resources we have in the most cost-effective way
- F. Effective and proportionate governance

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Lambeth Together Care Partnership Board

Title	Lambeth Together Assurance Process Review for 2025/26
Meeting Date	03 July 2025
Author (& role / title/s)	Warren Beresford - Associate Director Health and Care Planning and Intelligence
Lead / Presenters (& role / title/s)	Jasmina Lijesevic, Lay Member Warren Beresford - Associate Director Health and Care Planning and Intelligence

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 proposed changes to the Health and Care Plan impact measures for 25/26;
2. Approve the forward view presentation timetable for 25/26; &
3. Provide feedback on any additional steps that could be taken to improve or streamline the assurance process

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

Lambeth Together Assurance Group.
Lambeth Together Care Partnership Board Seminar.

Summary and Impact on Inequalities

At the Lambeth Together Partnership Board meeting on 15 May 2025, the Board approved the second annual review of *Our Health, Our Lambeth* along with the 2025/26 action plan.

Following this approval, the assurance process was reviewed to optimise the assurance cycle for the year ahead and to ensure it effectively provides the Board with appropriate oversight of progress against the plan.

The aim of the review was to

- Recalibrate the impact measures used to track delivery against the outcomes set out in the plan.

- Review and recommend improvements to the process for gathering the assurance narrative.
- Strengthen alignment across LTAG, LTEG and LTCPB presentations, with the aim of preventing repeated presentations by the same people and avoid repeat content for the audience

The purpose of this update is to present the outputs of the review to the Lambeth Together Partnership Board and seek its endorsement of the revised set of impact measures for monitoring the Health and Care Plan over the coming year.

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.

Lambeth Together Health and Care Plan Assurance Process review for 2025/26

Introduction

At the Lambeth Together Partnership Board meeting on 15 May 2025, the Board approved the second annual review of *Our Health, Our Lambeth* along with the 2025/26 action plan.

Following this approval, the assurance process was reviewed to optimise the assurance cycle for the year ahead and to ensure it effectively provides the Board with appropriate oversight of progress against the plan.

The aim of the review was to

- **Recalibrate the impact measures used to track delivery** against the outcomes set out in the plan.
- **Review and recommend improvements to the process for gathering the assurance narrative.**
- **Strengthen alignment across LTAG, LTEG and LTCPB presentations**, with the aim of preventing repeated presentations by the same people and avoid repeat content for the audience

The purpose of this update is to present the outputs of the review to the Lambeth Together Partnership Board and seek its endorsement of the revised set of impact measures for monitoring the Health and Care Plan over the coming year.

Once approved, the Lambeth Together Assurance Group will implement the changes to its assurance process.



Summary of impact measure changes for 25/26

Outcome		Retained	Added	Removed	Deferred	Total Reportable	Comments
A	Staying Healthy	2	1	1	0	3	Indicators include focus around smoking prevalence reduction, substance misuse successful treatment and NHS Health checks . Adjustment made to substance misuse indicator so enable more timely reporting
B	Connected to Communities	1	0	1	1	1	Indicator focuses on support to low-income residents . The social prescribing indicator was deferred due to inconsistent recording of activity, making it an unreliable measure. The resident survey indicator was removed, as data is only available annually and concerns were raised that the low sample size does not adequately reflect the views of our population. Further work is required to identify additional indicators to track progress against this outcome.
C	Vaccinations	2	1	1	0	3	Indicators include focus on Year 2 Child Imms and Flu programme immunisations . Indicator on school-age vaccination consent form completion removed due to concerns raised from the provider around reporting this detail
D	Mental and emotional wellbeing	3	1	0	0	4	Indicators include focus on Suicide and Mental Health Awareness training, Living Well Centre service level activity and waiting times . Indicators are pending approval from LWNA.
E	Sexual Health	3	0	0	2	3	Indicators include STI diagnosis and testing , as well as LARC uptake in primary care . Two indicators were deferred due to data currently being available only on an annual basis .

The team will work with alliance and programmes to define targets where appropriate throughout the year.

Summary of impact measure changes for 25/26

Outcome		Retained	Added	Removed	Deferred	Total Reportable	Comments
F	Early diagnosis for physical health conditions	6	0	0	1	6	Indicators include focus SMI and LD Annual Health Checks, Cancer screening programme and PreP activity . Continued to defer HIV testing in ED due to inability to source data from acute provider
G	Managing Long Term Conditions	3	1	1	0	4	Indicators incorporate Type 2 diabetes 8 Care Processes, Hypertension control and Polypharmacy . Adjustment made to target age cohort on the polypharmacy indicator
H	Mental Health Service provision	4	0	0	0	4	Indicators include focus on Single Point of Access referrals waiting time, Lambeth Talking Therapies access and recovery rates, and CAMHS long waiters . Indicators are pending approval from LWNA.
I	Joined up holistic care (neighbourhoods)	2	1	1	0	3	Indicators incorporate Health and Wellbeing Bus activity, including Vital 5 and Women and Girls Interactions, and Beacon service activity . Indicator on CVD workplace removed due to programme being decommissioned and replaced with indicator around women and girls community interactions .
J	Right help, right place, right time	1	3	0	2	4	The indicator on Community Pharmacy activity has been retained. Virtual Ward indicators were removed due to limitations in demonstrating the service's contribution to the outcome. These were replaced with the Emergency Department 4-hour target, which better reflects the system's overall effectiveness in managing inappropriate attendances and reducing demand on emergency services. The GP access indicator has been revised to focus on appointments seen within two weeks .
K	Older Adults	3	2	2	0	5	Indicators include Adult Social Care and End of Life Pathway (EoLP) Universal Care Plan performance . The Adult Social Care indicators have been replaced with two improved measures that provide a clearer indication of success in relation to reablement.

Summary of impact measure changes for 25/26

Outcome		Retained	Added	Removed	Deferred	Total Reportable	Comments
L	Maternity	3	0	0	0	3	Indicators include focus on a range of Maternity health measures. Action being taken to source data.
M	Learning Disabilities	2	2	3	0	4	Indicators include annual health checks for people with Learning Disabilities and Autism, employment outcomes, the number of children and adults with learning disabilities and/or autism, and waiting times for Autism Spectrum Disorder diagnoses. Adjustments have been made to the employment and inpatient monitoring indicators to enable more meaningful reporting against the outcome.
N	Mental Health - recovery	5	0	0	0	5	Indicators include focus on Living Well Network Alliance living support and supported routes referrals activity, Individual Placement Support activity, patient reported experience measures and information on Inpatient setting seclusions and restrictive interventions. Indicators are pending approval from LWNA.
O	Homeless Health	2	2	3	0	4	Indicators incorporate a range of service level indicators from Homeless team linked with health services. Adjustments made to the indicator around bringing rough sleeper into settled accommodation. Reduced the amount of indicators to streamline reporting.
Total reportable impact measures						56	

Process Improvements

- **Production of a 'Deep Dive' Checklist** to guide programme leads in preparing their presentations. *Purpose:* Improve consistency and focus, not to create additional burden. Helps presenters prioritise key evidence and insights. (see appendix 2)
- **Production of example of a good quality update** to help guide programme leads to on the type of information and level of detail to provide for the routine integrated assurance report. (see appendix 3)
- **LTAG pre-submission drop-in sessions** being arranged to support alliances/programmes with preparation ahead of LTAG meetings.
- **Send diary reminder prompts** to be diarised well in advance of submission deadlines to help partners plan their contributions.
- **Insight questions will be introduced at LTAG meetings**, with members invited to respond to the following prompts after each deep dive presentation :
 - *"What's one action the presenter could take to improve delivery of the outcome?"*
 - *"What's one thing you can take from this and apply in your own area?"*
 - *"What support could you offer to enable delivery?"*
- **Short reflection slot** to be built into the agenda at the end of each LTAG meeting for the group to consider:
 - *What was helpful?*
 - *What was missing?*
 - *What should we do differently next time?*

Questions for the Board

Board members are asked to:

- 1. Approve the proposed changes to the Health and Care Plan impact measures for 25/26**
- 2. Approve the forward view presentation timetable for 25/26**
- 3. Provide feedback on any additional steps that could be taken to improve or streamline the assurance process**

Appendix 1: Full Impact Measure List

Summary of proposed impact measures for 2025/26

Outcome Description	Measure ID	Measure Y3	Alliance partners notes/ decision/actions What does good look like/ Target	1. Retain 2. Removed 3. New 4. Defer 5. Imp measure moved to another Outcome
People maintain positive behaviours that keep them healthy	A1	Smoking prevalence reduction	Following engagement with PH team it was noted the national data (smoking prevalence) is annual. Local data (smoking prevalence on disease register, QOF indicator) is quarterly, but not more reliable than overall smoking prevalence. Proposal is to use Smoking Prevalence as impact measure, though monitoring through the QOF as a proxy indicator.	1. Retain
People maintain positive behaviours that keep them healthy	A2	Proportion of opiate / non-opiate / alcohol users that left alcohol treatment successfully in the previous 12 months and do not re-present to treatment within 6 months.	Rationale to remove: based on the annual indicator (with nine month reporting lag), and isn't routinely measured as part of the core indicators any longer.	2. Removed
People maintain positive behaviours that keep them healthy	A3	Uptake of the NHS Health Check for all eligible adults	PH team noted continuous improvement since new model, increased numbers and proportion from previous year, ensure most at risk groups are receiving service	1. Retain
Number of adults in treatment. This is sum of opiate, non-opiate and alcohol clients in treatment. We achieved 2,039 for 2024/25, and the ambition for 2025/26 is 2,200. This is an ambition, not a target.	A4	Number of adults insubstance misuse (opiate, non-opiate and alcohol clients in treatment) treatment	Replacing measure A2 from 24/25. 2,039 for 2024/25, and the ambition for 2025/26 is 2,200. This is an ambition, not a target.	3. New
People are connected to communities which enable them to maintain good health	B1	Number of social prescribing unique contacts	Servive lead noted there are no plans to increase numbers and there are concerns about data quality. WB suggests we look at an alternative.	4. Defer
People are connected to communities which enable them to maintain good health	B2	Residents' wellbeing, use of community assets and social cohesion	This measure was initially proposed by PH team in 23/24, this forms part of Resident Survey which has an annual frequency with a sample of 1000 residents - we are not able to confirm if survey mirror Lambeth population profile, possibly not. This decreases value of intelligence output and conclusions. Planning team to looking at alternative imp measure to be reported in 25/26.	2. Removed
People are connected to communities which enable them to maintain good health	B3	Percentage of low-income residents coping financially	Target of increasing by 0.5% each quarter	1. Retain

Summary of proposed impact measures for 2025/26

Outcome Description	Measure ID	Measure Y3	Alliance partners notes/ decision/actions What does good look like/ Target	1. Retain 2. Removed 3. New 4. Defer 5. Imp measure moved to another Outcome
People are immunised against vaccine preventable diseases	C1	Proportion of Lambeth registered children by age 2 that have received one dose of MMR	This measure is aligned with H&C and Council's business plan for 25/26. Planning team suggested we use a more realistic target than herd immunity (90/95%). Planning team to liaise with Primary and PH partners to determine a suitable local ambition.	1. Retain
People are immunised against vaccine preventable diseases	C2	Proportion of school-age vaccination consent forms returned to the vaccination provider. (Deferred)	Suggestion to use something else, PH team raised concerns in 24/25 in relation to publish this information in public domain.	2. Removed
People are immunised against vaccine preventable diseases	C3	Proportion of Lambeth registered population who are over the age of 65 receiving immunisation for Flu	Target 60% for 25/26 by end of Feb 25. Aligned to SEL Corporate objective.	1. Retain
People are immunised against vaccine preventable diseases	C4	Proportion of Lambeth registered population who are within the 'at risk cohort' receiving immunisation for Flu	Target 32.5% for 25/26 by end of Feb 25. Aligned to SEL Corp objective.	3. New
People have healthy mental and emotional wellbeing	D1	Number of community organisations and volunteers undertaking mental health awareness and suicide prevention training	Funding approved for 25/26 to deliver sessions to H&C partners on Suicide Prevention and MHA.	3. New
People have healthy mental and emotional wellbeing	D2.1	agreed - Number of Entering treatment with Short-Term Support with Living Well Centres.	Measure reported in 24/25, LWNA are reviewing impact measure across their outcomes, unfortunately timelines did not align with LTAG review process. Listed as provisional until LWNA confirm acceptance of this measure for 25/26	1. Retain
People have healthy mental and emotional wellbeing	D2.2	agreed - Number of Entering treatment with Focused Support with Living Well Centres.	As above	1. Retain
People have healthy mental and emotional wellbeing	D2.3	LWNA Short Term Waiting Time	As above	1. Retain

Summary of proposed impact measures for 2025/26

Outcome Description	Measure ID	Measure Y3	Alliance partners notes/ decision/actions What does good look like/ Target	1. Retain 2. Removed 3. New 4. Defer 5. Imp measure moved to another Outcome
People have healthy and fulfilling sexual relationships and good reproductive health	E1.1	Rates of STI testing	No target	1. Retain
People have healthy and fulfilling sexual relationships and good reproductive health	E1.2	Rates of STI diagnoses	STI diagnosis decrease over time	1. Retain
People have healthy and fulfilling sexual relationships and good reproductive health	E2.1	Proportions of different ethnicities accessing contraception through SHL	Measure deferred, data released on an annual cycle not fitting with LTAG governance schedule. If data is available, we propose this information to be included on deep dive presentation as per forward planner.	4. Defer
People have healthy and fulfilling sexual relationships and good reproductive health	E2.2	Proportions of different ethnicities accessing abortions (Annual report end of Y3)	As above	4. Defer
People have healthy and fulfilling sexual relationships and good reproductive health	E3	Number of LARC uptake in primary care	Target = Increase on last year	1. Retain
People receive early diagnosis and support on physical health conditions	F1.1	Uptake of SMI health checks	Lead confirmed target will be maintained as in 24/25. SMI AHC target is 60%	1. Retain
People receive early diagnosis and support on physical health conditions	F1.2	Uptake of LD/AHC health checks	As above LD AHC target is 75%	1. Retain
People receive early diagnosis and support on physical health conditions	F2.1	Proportion of Bowel Cancer screening for those aged 60-74	This indicator is a SEL Corporate objective and target seeks an improvement from the previous reported position on cancer screening	1. Retain
People receive early diagnosis and support on physical health conditions	F2.2	Proportion of cervical Cancer Screening aged 25-64	This indicator is a SEL Corporate objective and target seeks an improvement from the previous reported position on cancer screening	1. Retain
People receive early diagnosis and support on physical health conditions	F2.3	Proportion of breast cancer screening for women aged 50-70	This indicator is a SEL Corporate objective and target seeks an improvement from the previous reported position on cancer screening	1. Retain
People receive early diagnosis and support on physical health conditions	F3.1	Percentage of eligible people receiving an HIV test whilst attending Emergency Departments	Data reporting issues have been identified, frequency may not fit LTAG governance schedule.	4. Defer
People receive early diagnosis and support on physical health conditions	F3.2	Number of new PrEP users (and continuers) resident in Lambeth	Aligned with H&C Y3 activities	1. Retain

Summary of proposed impact measures for 2025/26

Outcome Description	Measure ID	Measure Y3	Alliance partners notes/ decision/actions What does good look like/ Target	1. Retain 2. Removed 3. New 4. Defer 5. Imp measure moved to another Outcome
People who have developed long term health conditions have help to manage their condition and prevent complications	G1	Proportion of people with Type 2 diabetes who have all 8 care processes measured and recorded on an annual basis	Indicator wording updated for clarity and to align with Council facing Business Plan KPIs	
			Maintain/reach a minimum of 77% of all 8 Care Process completion OR increase completion by 5 percentage points (compared to baseline 24-25) To note the 8 Care Processes are cumulative measures starting from April 2025. EZA KPI ID ND310	1. Retain
People who have developed long term health conditions have help to manage their condition and prevent complications	G2.1	Proportion of people aged 79 or under with hypertension who achieve a blood pressure measure less than or equal to 140/90mmHg this FY	Indicator wording updated for clarity and to align with Council facing Business Plan KPIs	
			Ambition to reach 80% of people aged 79 years and under with hypertension with blood pressure ≤140/90mmHg NHS England has a national ambition to ensure 80% of people with hypertension are treated to target by 2029 To note the Blood pressure control is a cumulative measure starting from April 2025. EZA KPI ID THY90	1. Retain
People who have developed long term health conditions have help to manage their condition and prevent complications	G2.2	Proportion of people aged 80 or over with hypertension who achieve a blood pressure measure less than or equal to 150/90mmHg this FY	Indicator wording updated for clarity and to align with Council facing Business Plan KPIs	
			Ambition to reach 80% of people aged 80 years and over with hypertension with blood pressure ≤150/90mmHg NHS England has a national ambition to ensure 80% of people with hypertension are treated to target by 2029 To note the Blood pressure control is a cumulative measure starting from April 2025. EZA KPI ID THY50	1. Retain
People who have developed long term health conditions have help to manage their condition and prevent complications	G3	Proportion of people <u>over age of 65</u> who are taking 10 or more medicines, having a medication review	Replaced by G4 - see comments	2. Removed
People know where to go to get the right help, and are treated at the right time, in the right place, for their needs	G4	Proportion of people over age of 75 who are taking 10 or more medicines, having a medication review	Wording updated to change to over 75 years to align with the SEL Medicines Optimisation Plan focus following recommendations from Consultant Pharmacist for Older people/SEL ICB Overprescribing clinical lead.	
			Continue to increase the proportion of SMRs completed. There is not national target. Ambition to increase proportion of SMRs increased for this age group is in line with SEL Medicines Optimisation plan. Its supports the national focus on overprescribing (appropriate and deprescribing), polypharmacy, reducing overordering and waste medicines, sustainability and improving repeat prescribing processes. Note the age cohort has be amended for 2025-26. EZA/Ardens indicator/data will need to be amended/built to reflect this change.	3. New

Summary of proposed impact measures for 2025/26

Outcome Description	Measure ID	Measure Y3	Alliance partners notes/ decision/actions What does good look like/ Target	1. Retain 2. Removed 3. New 4. Defer 5. Imp measure moved to another Outcome
When emotional and mental health issues are identified; the right help and support is offered early and in a timely way	H1	Proportion of referrals to the Living Well Network Alliance Single Point of Access, which were processed during the month (i.e. triaged, referred onwards or otherwise responded to) within 72 hours.	Measure reported in 24/25, LWNA are reviewing impact measure across their outcomes, unfortunately timelines did not align with LTAG review process. Listed as provisional until LWNA confirm acceptance of this measure for 25/26.	1. Retain
When emotional and mental health issues are identified; the right help and support is offered early and in a timely way	H2.1	Access to Lambeth Talking Therapies for Black African and Caribbean residents to ensure they are as least as good as those of White residents	As above	1. Retain
When emotional and mental health issues are identified; the right help and support is offered early and in a timely way	H2.2	Recovery rates for Lambeth Talking Therapies for Black African and Caribbean residents to ensure they are as least as good as those of White residents	As above	1. Retain
When emotional and mental health issues are identified; the right help and support is offered early and in a timely way	H3	Number of children and young people waiting longer than 52 weeks for an assessment and commencing treatment with Child and Adolescent Mental Health Services	Measure aligned with CYP H&C plan 25/26 objectives, data available via CAMHS reports.	1. Retain
People have access to joined-up and holistic health and care delivered in their neighbourhoods	I1	Health and Wellebing Bus - No of interactions - Welfare Advice and Mental Health session	Target would be average of 50 interactions per day	1. Retain
People have access to joined-up and holistic health and care delivered in their neighbourhoods	I2	CVD Workplace service - Health checks	Programme has been decommissioned.	2. Removed
People have access to joined-up and holistic health and care delivered in their neighbourhoods	I3	Beacons service - No of interactions Interactions (brief opportunistic exchange), Hi 5 and BP check	Measure of succes, what good looks like, 1 in 4 interactions complete a high 5 1 in 8 interactions result in blood pressure check	1. Retain
People have access to joined-up and holistic health and care delivered in their neighbourhoods	I4	Vital 5 & Women and Girls community interactions	We have a list of provisional indicators listed against this community support service and we are refining a reduced list of impact measures that would better fit LTAG governance and intelligence schedule.	3. New

Summary of proposed impact measures for 2025/26

Outcome Description	Measure ID	Measure Y3	Alliance partners notes/ decision/actions What does good look like/ Target	1. Retain 2. Removed 3. New 4. Defer 5. Imp measure moved to another Outcome
People know where to go to get the right help, and are treated at the right time, in the right place, for their needs	J1	Number of appointments in General Practice	Measure removed, we are now using 'Percentage of General practice appointments seen within two weeks' to align with IH&C council business plan KPI which is a better indicator to demonstrate delivery of Outcome J and national Pharmacy First Data to be provided for 2025-26 will be: monthly activity data for the Lambeth Pharmacy First Plus (supplied to MO Team by the local providerSEL Community Pharmacy Alliance) AND National Pharmacy First referral data (NHS England/NHS Business Services Authority) There are no national targets for Pharmacy First and similarly for Lambeth Pharmacy First Plus. We would like to see an increase in	2. Removed
People know where to go to get the right help, and are treated at the right time, in the right place, for their needs	J2	Improve access to healthcare professionals through increased use of community pharmacies - GPs and NHS 111 direct people to pharmacies to support people with minor ailments and advice around self-care and common clinical conditions	Target is still 40-50 bed per 1k population but cant get Lambeth specific data. The indicator is limited in terms of demonstrating the effectiveness of the service contributing to the outcome. There are national timeframes to improve the detail on reporting including daily but not until December 25. National timelines to improve trusts to report - delivery plan - daily by December. Measure deferred and replace by J4.	1. Retain
People know where to go to get the right help, and are treated at the right time, in the right place, for their needs	J3.1	Capacity of virtual wards	Target is still 80% but cant get Lambeth specific data. The indicator is limited in terms of demonstrating the effectiveness of the service contributing to the outcome. There are national timeframes to improve the detail on reporting including daily but not until December 25. National timelines to improve trusts to report - delivery plan - daily by December. Measure deferred and replace by J5.	4. Defer
People know where to go to get the right help, and are treated at the right time, in the right place, for their needs	J3.2	Proportion of virtual wards being used	Target as per UEC Recovery workstream trajectories. This metric is recognised as an indicator of progress across a range of interventions, reflecting the overall system's effectiveness in managing inappropriate attendances and reducing demand for emergency department services. Target as per UEC Recovery workstream trajectories.	4. Defer
People know where to go to get the right help, and are treated at the right time, in the right place, for their needs	J4	Patients to be admitted, transferred, or discharged within 4 hours of arrival to A&E - GSTT sites	This metric is recognised as an indicator of progress across a range of interventions, reflecting the overall system's effectiveness in managing inappropriate attendances and reducing demand for emergency department services.	3. New
People know where to go to get the right help, and are treated at the right time, in the right place, for their needs	J5	Patients to be admitted, transferred, or discharged within 4 hours of arrival to A&E - KCH sites	National Target and included within IH&C Business plan KPIs for 25/26	3. New
People know where to go to get the right help, and are treated at the right time, in the right place, for their needs	J6	Percentage of General practice appointments seen within two weeks		3. New

Summary of proposed impact measures for 2025/26

Outcome Description	Measure ID	Measure Y3	Alliance partners notes/ decision/actions What does good look like/ Target	1. Retain 2. Removed 3. New 4. Defer 5. Imp measure moved to another Outcome
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	K1.1	Number of people with an intermediate care offer	ASC leads noted team are focusing more on increasing the number of community referrals to reablement - More community referrals to Reablement would be good a good measure of sucess. Replaced by K1.3	2. Removed
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	K1.2	number of people who have a reduced need for care at the end of this service.	Potential replace with number of people who require no service or a reduced service following reablement -ASC leads said that maintaining the number of people who require no service or a reduced service following reablement is also good measure of success. Replaced by K1.4	2. Removed
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	K1.3	No of community referrals to reablement	ASC lead said we are focusing more on increasing the number of community referrals to reablement - 'More community referrals to Reablement would be a good measure of sucess.	3. New
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	K1.4	No of people who require no service or a reduced service following reablement	ASC lead noted maintaining the no of people who require no service or a reduced service following reablement is also a good measure of success.	3. New
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	K2	Proportion of carers of the users of Adult Social Care Services are offered a carers assessment	Aim is to increase vs 24/25	1. Retain
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	K3.1	Number of people identified as being in their last year of life on practice registers	Michael Griffiths (AD for Physical Disabilities and Longer Term Conditions) will lead on this work. Partners agreed to keep this measure in Y3, Michael to assess whether a local ambition/ target will be added in 25/26	1. Retain
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	K3.2	Proportion of people with Personalised Care and Support Plan(PCSP)/UCP	As above	1. Retain
Women have positive experiences of maternal healthcare and do not experience a disproportionate maternal mortality rate	L1	Continuity of maternity care for women	Aligned H&C plan 25/26 objectives	1. Retain
Women have positive experiences of maternal healthcare and do not experience a disproportionate maternal mortality rate	L2	Patient experience indicators on maternity care The benefits of continuity of care in maternity include improved maternal and foetal outcomes, increased satisfaction with care, reduced healthcare costs, and better communication and trust between the healthcare provider and the patient.	As above	1. Retain
Women have positive experiences of maternal healthcare and do not experience a disproportionate maternal mortality rate	L3	Infant and maternal mortality	As above	1. Retain

Summary of proposed impact measures for 2025/26

- 1. Retain
- 2. Removed
- 3. New
- 4. Defer
- 5. Imp measure moved to another Outcome

Outcome Description	Measure ID	Measure Y3	Alliance partners notes/ decision/actions What does good look like/ Target	
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	M1	Number of children and adults with learning disabilities and/or autism discharged from specialist inpatient units	Measure removed, to be replaced by "Number of children and adults with learning disabilities and/or autism currently cared for in specialist inpatient units". Good = a steady decrease over time of 1-3 per year	2. Removed
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	M2.1	Proportion of people with LDA in work or education	It is extremely challenging to report on the IM as it is stated. CYP up to 25 in education are monitored through the SEND programme but data on the measure as it is stated is not available. Data is collected on people with LDA who are known to ASC and are in work, but no data is collected on people who are outside the ASC system. Paid work, in line with ASCOF not nationally collected. Challenge in continuing to record on ASC record. Quarterly report. Increase from 3 to 5% target in 2028 in line with national/London averages	2. Removed
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	M2.2	Number of supported employment and supported internships we create through our health and care partners.	We will keep monitoring this activity, unable to set a defined target as this activity depends on funding/ providers/ commissioning opportunities. Still we will continue to report on this indicator where we can expect a good measure of success to be a comparison with 24/25 figures, noting known caveats.	1. Retain
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	M2.3	Proportion of people with LDA who are known to ASC services and are in work	Add measure to report on people with LDA who are known to ASC and are in work, replacing M2.1. Aim is to increase from 3 to 5% target in 2028 in line with national/London averages	3. New
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	M3	Rate of uptake for an Annual Health Check and Health Action Plan for those with LDA	This indicator is monitored under Outcome F - LD AHC, we can add another layer of intelligence when doing a deep dive presentation to report on uptake for an Annual Health Check and <u>Health Action Plan</u> for those LDA register.	2. Removed
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	M4	Waiting times for an ASD diagnosis for children and young people	Measure aligned with CYP H&C plan 25/26 objectives, data available via provider reports.	1. Retain
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	M4	Number of children and adults with learning disabilities and/or autism currently cared for in specialist inpatient units	Replaced measure M1 Good = a steady decrease over time of 1-3 per year	3. New

Summary of proposed impact measures for 2025/26

Outcome Description	Measure ID	Measure Y3	Alliance partners notes/ decision/actions What does good look like/ Target	1. Retain 2. Removed 3. New 4. Defer 5. Imp measure moved to another Outcome
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	N1.1	Number of people per quarter supported by the Living Well Network Alliance to stay in their own homes (ClaSS)	Measure reported in 24/25, LWNA are reviewing impact measure across their outcomes, unfortunately timelines did not align with LTAG review process. Listed as provisional until LWNA confirm acceptance of this measure for 25/26	1. Retain
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	N1.2	Number of people per quarter supported by the Living Well Network Alliance into paid employment (IPS)	As above	1. Retain
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	N2	Number of referrals Living Well Network Alliance teams make for service users to additional support routes (such as education, training and employment support, Community Support, Alcohol Advice, Smoking, Benefits advice, Dietician, Family Support)	As above	1. Retain
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	N3	Number of service users reporting a positive experience of using mental health services, feeling they have benefited from support and are more independent and in control of their lives,	As above	1. Retain
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	N4	Seclusions and restrictive interventions on inpatient setting	As above	1. Retain

Summary of proposed impact measures for 2025/26

Outcome Description	Measure ID	Measure Y3	Alliance partners notes/ decision/actions What does good look like/ Target	1. Retain 2. Removed 3. New 4. Defer 5. Imp measure moved to another Outcome
People who are homeless, or at risk of becoming homeless have improved health	O1	number of people resettled into longer-term accommodation	The data shows numbers and complexity can vary. Measure replace with O6	2. Removed
People who are homeless, or at risk of becoming homeless have improved health	O2	Number of rough sleepers brought into accommodation	Measure kept laigned with 25/26 plans. No target - numbers can vary and complexity can vary	1. Retain
People who are homeless, or at risk of becoming homeless have improved health	O3	Proportion of people living in our supported housing that are registered with a GP	Measure aligned wiht 25/26 plans with a 95% target	1. Retain
People who are homeless, or at risk of becoming homeless have improved health	O4	Rate of residents in supported housing engaged with mental health support services.	Measure replaced with O7 to reflect team's pathway in terms of clients engagement with services.	2. Removed
People who are homeless, or at risk of becoming homeless have improved health	O5	Refer people to drug treatment services upon their release from prison, and what proportion then complete their treatment.	Measure removed, proxy measure reported under Outcome A. Suggestion this can be picked up via deep dives into outcome A or O.	2. Removed
People who are homeless, or at risk of becoming homeless have improved health	O5	Number of T1000 cohort (long term entrenched rough sleepers) who are accommodated	One for future consideration once reports allows.	4. Defer
People who are homeless, or at risk of becoming homeless have improved health	O6	Number of rough sleepers who have returned to the streets after being in settled accommodation	No target - numbers can vary and complexity can vary	3. New
People who are homeless, or at risk of becoming homeless have improved health	O7	Number of Rough Sleepers and residents within the Vulnerable Adults' Pathway engaged with the Integrated Health Network (Multi-disciplinary health team with focus on supporting people into substance use treatment and addressing physical and mental health needs)	No target - numbers can vary and complexity can vary. Replaces O4	3. New

Appendix 2: Deep Dive checklist

Lambeth Together Assurance Group (LTAG) - Presentation Preparation Crib Sheet

Purpose of the Presentation

The purpose of the update is to provide assurance on whether the actions being delivered, as outlined in the Lambeth Together Health and Care Plan, are making measurable progress against a specific population outcome.

Alliance or Programme lead listed as an outcome owners are expected to collaborate with relevant system partners to deliver a 15-minute presentation. Presentations should be data-focused, referencing the agreed impact measures from the Health and Care Plan, while also drawing on broader data and intelligence to provide a fuller picture of progress towards the outcome

What’s required?

- Convene partners contributing to the outcome to agree content and delivery roles.
- Focus on the impact measures within the Integrated Assurance Report, supplemented by relevant additional data or intelligence.
- Demonstrate how the data shows whether what we’re doing is making a difference.
- Use the session to seek support, share learning, and prompt action from others

1	Progress & Impact	4	Alignment with Neighbourhood working
<ul style="list-style-type: none">• What does the latest data and intelligence tell us about progress towards the outcome?• Are we seeing improvement in the agreed impact measures?• Are there other indicators (qualitative or quantitative) that demonstrate change?		<ul style="list-style-type: none">• Does this work contribute to our strategic ‘Three Left Shifts’? (From Hospital to Community/ Treatment to Prevention/ Analogue to Digital)• How does the work support our transition towards Neighbourhood working?	
2	Equity	5	Experience & Engagement
<ul style="list-style-type: none">• What does the data say about health inequalities within this outcome and are we seeing a reduction?		<ul style="list-style-type: none">• What does feedback from service users, carers, or frontline staff tell us>	
3	Barriers & Enablers	6	Sustainability & Value
<ul style="list-style-type: none">• What are the main challenges preventing progress?• Are there specific actions or system changes that could unblock these?• What additional support do you need from partners?		<ul style="list-style-type: none">• How does the work contribute to system sustainability or demonstrate value for money?	



Appendix 3:

An example of good quality update

Example of a high-quality Health and Care Plan outcome update for inclusion in the Integrated Assurance Report

What does the data/intelligence indicate around **progress against the outcome** *(please include supplementary data/intel in addition to the health and care plan impact measures as required)*

The proportion of people with Type 2 diabetes who receive 8 checks is currently tracking below the 25/26 trajectory with data indicating that there is a wide variation of uptake between practices, ranging from 12.7% in Streatham practice and 0.5% at Clapham Park. However, Lambeth currently has the 2nd highest proportion in South East London, 2nd only to Lewisham who in June reported to be at 7.2% (2 percentage points higher than Lambeth)

The data shows that in general foot checks are the being completed at a lower rate than the other care processes. We have however, seen an increase in blood pressure checks and we believe that this is related to the recently established primary care local incentive scheme.

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

A recent research study conducted in London identified significant health inequalities for diabetes, hypertension, and chronic pain among minority ethnic communities in London. The study revealed that individuals from South Asian and Black Caribbean backgrounds faced disproportionately higher rates of diabetes prevalence

In response we are looking to launch an outreach program offering culturally tailored diabetes education workshops, targeting South Asian and Black Caribbean populations. Additionally, we are working with local faith-based organisations and community centres to facilitate diabetes

What are the **challenges hindering progress** and are there **actions which can be taken** to address these?

For Diabetes checks, challenges currently centre around access, inadequate patient education, and resource constraints. To address these challenges, we are developing telemedicine services, implementing educational campaigns, and installing multidisciplinary care teams to improve accessibility, empower patients with knowledge, and enhance care coordination. Additionally, we are bidding for funding, leveraging technology, and addressing health inequalities through community outreach


Additional Comments

We are working with the Planning and Intelligence team to get a better understanding of around a data quality issues with the medication review data. It appears that In some cases, patients may be receiving a medication reviews, these reviews are not being appropriately recorded or captured in the data systems. As a result this has lead to under reporting of the true proportion of individuals receiving this important healthcare process.

This is a made up example for illustrative purposes

Appendix 4: LTAG/LTEG Presentation Forward View

Forward View 2025/26

Date	LTAG	LTEG	LTCP Board
03-Jun		Substance Misuse	
10-Jun		LDA	
17-Jun		CYP	
		LWNA	
01-Jul		Sexual Health	
03-Jul			LWNA Deep Dive
08-Jul		Staying Healthy	
15-Jul	Outcome D: LWNA		
	Outcome A: Staying Healthy		
29-Jul		LWNA	
05-Aug		Homeless Health	
12-Aug		NWDA	
26-Aug		Staying Healthy (vax)	
04-Sep			Substance Misuse Deep Dive
16-Sep	Outcome O: Homeless Health		
	Outcome E: Sexual Health		
	Outcome L: CYP		
07-Oct		NWDA	
14-Oct		LWNA	
04-Nov			LDA Deep Dive
25-Nov	Outcome B, F: NWDA		
	Outcome N: LWNA		
w.c 05-Jan		NWDA	CYP Deep Dive
			Staying Healthy Deep Dive
27-Jan	Outcome K, J, G: NWDA		
05-Mar			NWDA Deep Dive
17-Mar	Outcome C: Staying Healthy		
	Outcome H: LWNA		
	Outcome M: LDA		
w.c 11-May	Outcome I: NWDA		Sexual Health Deep Dive
			Homeless Health Deep Dive

- Aim to better align the reporting of HCP activities at LTEG with the outcomes at LTAG.
- Alliance and Programmes report their activities to LTEG on an 11-week cycle. The first update should outline their plan for the year ahead, followed by regular updates on progress on key deliverables.
- Acknowledge there may be challenges for reporting the Outcomes scheduled first.
- Programme Team will support Alliances and Programmes to align reporting and will work through this process with them



Lambeth Together Care Partnership Board

3rd July 2025

Title	Lambeth Together Assurance Sub-Group
Meeting Date	03 July 2025
Author	Warren Beresford – Associate Director Health and Care Planning and Intelligence
Lead	Jasmina Lijesevic – Board Lay Member

This item is for;

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

The Lambeth Together Care Partnership Board is asked to note the report from the Lambeth Together Assurance Sub-Group and the associated Integrated Assurance Report presented on 13th May 2025

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

None

Summary and Impact on Inequalities

At the meeting on 13th May, the Lambeth Together Assurance Group (LTAG) meeting agenda centred around one outcomes which the partnership is aiming to achieve through delivery of the [‘Our Health, Our Lambeth, As Lambeth Together’s health and care plan](#)

This was *Outcome 1: People have access to joined up and holistic health and care delivered in their neighbourhoods*

- 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 – July 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 13th May, 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 was

Outcome 1: People are connected to communities which enable them to maintain good health

- 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.

Outcome 1: People have access to joined-up and holistic health and care delivered in their neighbourhoods

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

- The group received an update on the progress around the Health and Wellbeing Bus (HWB). It was noted that this is only one area of work contributing to this outcome, and that as the programme of work around Integrated Neighbourhood teams develops that we will have a much richer understanding of the impact we are having in terms of our residents receiving Joined up holistic care.
- The group was presented with a set of slides showing data around the HWB. It was noted that the Health Champions are consistently interacting with 50 people a day through bus and outreach
- Also, during Q1 and Q2, the Cardiovascular Disease Health Check service delivered a total of 957 checks, indicating a high uptake with an average of 24.7 checks per day. Welfare Advice continues to be a highly sought-after service, with a highly experienced advisor conducting an average of 6.1 sessions per day throughout the year. Mental Health support also remains steady, with approx 4.8 sessions delivered per day.
- The group were briefed on some of the learnings from the interactions and primary concerns of our residents which centred around housing benefits, applications and financial and need for mental health service support.
- The group also hear about the next phase of the work which centres around Vital 5 programme and also the women and girls. Health hub outreach.
- The group discussed the value of the bus in terms of analysing the financial benefit and it was acknowledged that the bus was largely grant funded with minimal running costs and costs is mainly staff costs.
- There were also a conversation around the integrations with residents not registered with a GP and the implications of how those residents can be referred for support and there was an action to explore this further.
- There was also a request to better understand those who used the bus and as a result did not utilise emergency services. It was agreed that whilst this is complicated to evaluate that it was something that the group should investigate.

Appendix – Integrated Assurance Report Summary

Lambeth Together Health and Care Plan Scorecard – May 2025

ID	Outcome	Measures tracked	May-25			Vs previous update	Mar-25	Comments
			Measures Reported with a target	On plan/ target	% measures on track (where have a target)		% measures on track (where have a target)2	
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%	—	33%	Average waiting time for LWNA Short term support as at March 25 is 1.3 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	1	33%	↓	67%	Cardiovascular and Diabetes measures slightly behind YE objectives.
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 last 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	3	100%	↑	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	5	100%	↑	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%	
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	24	67%	↑	64%	



Health and Care Plan: Key headlines (1)

	Outcome	Key Headlines
A	<i>People maintain positive behaviours that keep them healthy</i>	Q4 2024-2025 saw continued improvement in activity following the transitional stage of the new contracting model in Q1 and the impact of the Synnovis lab cyber-attack in late Q1 through Q2 A total of 2,000 health checks (HCs) were completed, compared to 2,355 in the same period of 2023-2024. The expectation now is that 25-26 will be a more representative year for service delivery as practices continue to fully transition to a business-as-usual position. The NHS Healthcheck service was recommissioned in Spring 24 on a 2-year basis with the intention that the second year would focus on the PCNs and Lambeth commissioners agreeing and developing an at-scale model to deliver the service in the most optimal way, focussing on our key priorities.
B	<i>People are connected to communities which enable them to maintain good health</i>	The percentage of residents financially coping have reduced, the percentage of residents in crisis, at risk or struggling has not increased and, instead, the percentage of residents who were coping and have now left the dataset have increased. This is likely to indicate that residents' financial situations have improved to the point where they are no longer in receipt of benefits, as well as reflecting the move from localised benefits to Universal Credit.
C	<i>People are immunised against vaccine preventable diseases</i>	<p>For the childhood vaccination programme, National data is currently unavailable. We understand that data cleansing is in progress and will continue to monitor for publication, providing updates as they become available.</p> <p>For flu vaccinations for over 65, although seasonal flu vaccinations are commissioned and provided by the NHS, we committed to contributing to a 2% increase on uptake in 2023/24 season through targeted outreach and engagement activities.</p>
D	<i>People have healthy mental and emotional wellbeing</i>	Past data has highlighted that Black services users are under-represented in accessing the less intensive forms of support (like short-term support) and have a greater need to access intensive support (such a focused support and acute care). Data for the last two quarters shows a significant improvement in Black service users' access to short term support, and their use of focused support becoming more representative of the make up of the borough (Black people being 21.7% of the Lambeth adult population). In the quarter, January to March, Black services users made up 29.7% of those accessing short-term support (up 6.3% points) and 42.0% of those for focused support (down 7.3% points). The latest data on waiting times for a second appointment with STS shows no significant difference between Black and White service users.

Health and Care Plan: Key headlines (2)



	Outcome	Key Headlines
E	People have healthy and fulfilling sexual relationships and good reproductive health	UKSHA circulated a supplementary report to the Summary Profile of Local Authority Sexual Health Profiles (SPLASH) to local authorities. This report gives a more detailed breakdown of STIs and HIV data by demographics. The report covers 2023 and showed in 2023, 20.9% of diagnoses of new STIs made in Sexual Health Services (SHS) in Lambeth residents were in young people aged 15 to 24 years old. This compares to 41.5% in England. Overall, of those Lambeth residents diagnosed with a new STI in 2023, 76.3% were men and 23.7% were women (in SHSs and non-specialist SHSs; excluding diagnoses with no patient gender recorded). In people where sexual orientation was known, 57.6% of new STIs in Lambeth residents in 2023 were among GBMSM, this compares to 27.5% in England. The proportion of new STI's by ethnic group in Lambeth is White, 58.6%, Black 17.65%,Asian, 4.9%, Mixed 9.5%, other 4.2%, not specified 5.1%. Where recorded, 36.2% of new STIs diagnosed in Lambeth residents in 2023 were in people born overseas.
F	People receive early diagnosis and support on physical health conditions	The 2024/25 target was met for both SMI and LD. Performance was down on last year which was, in large part, due to issues accessing blood testing labs.
G	People who have developed long term health conditions have help to manage their condition and prevent complications	At the end of March 2025 76.1% of patients had their 8 Care Processes measured and recorded to support diabetes treatment and care, alongside the total number of people with a diagnosis of Type 2 diabetes increasing through 24-25 compared to April 2024. More black and minority ethnic people have been identified with hypertension when comparing March 2024 to March 2025 data; 23770 and 24872 respectively and within these cohorts, blood pressure control has remained consistent with higher absolute numbers in comparison to the previous year; 15,815 and 16,548 respectively.
H	When emotional and mental health issues are identified; the right help and support is offered early and in a timely way	The number of people waiting for Lambeth SPA at the end of March 2025 was 480 (up 32% from February). People are getting support sooner than they were in May 2024, when more than 900 people were waiting, but waiting times are still too long. More introductions are being processed within 3 days (up to 34.0% in March from 22.4% in February) and the average wait for people in March fell to 12.9 days, from 16.1 days in February. SPA is working to a target of no-one waiting longer than 14.0 days, but in March this was achieved for only 66% of people.

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	Planned deep dive
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>On Hospital @home service, data quality and compliance with the NHSE data Sitrep remains a priority and a work in progress. Additional data fields such as population demographics and diagnosis cohorts will provide a rich dataset to help support the objectives above. Provider Business Informatics teams are working to support the virtual wards minimum dataset ensuring teams are able to meet the data specification and perform the submission process.</p> <p>On the Lambeth Pharmacy First Plus Service, data from March 2025 shows most interventions (2078) have taken place for people whose registered post code district falls within IMD decile 1 to 3 which shows the service is accessed by the target population - those with the highest deprivation. Data to date, demonstrates that if people did not have access to the Lambeth Pharmacy First Plus Service, 57% of patients would have visited general practice to request the medication on prescription, 42% would have gone without medication and 1% would have contacted Out of Hours service.</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	The number of people who have a reduced need for care at the end of a period of Reablement has remained high and this is positive. The percentage for people with a reduced need for care at the end of Reablement continues to improve and is 88% at year end. There has been a change in the way we deliver Reablement. The majority of reablement referrals come via the hospital discharge route. We are increasing the number of people who are offered a reablement service via our front door team in Adult Social Care in order to offer reablement to people living in the community at home. This is now 17% of the total number of referrals to Reablement which is a significant increase from 6% in the last year. This will help to offer a more equitable service for those residents living at home who may benefit from reablement care.
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	<i>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</i>	<p>On reducing the use of inpatient services, One-system data analysis of admissions and discharges across Lambeth within the ICS (adults only), showed close to 20 patients were discharged to the community in the four years to March 2024. 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>Comparison of Learning Disabilities data on health indicators collected during Annual Health Checks (AHC) shows in some areas people with LD are achieving slightly better outcomes than people in the general population as shown by indicators of management of hypertension and diabetes; fewer people with a learning disability have a healthy weight compared to the rest of Lambeth ; a disproportionately high number of Black African and Caribbean people under 30 didn't have a health check. The rate of uptake of AHC and Health Action Plan (HAP), the achievement in 23/24 of 83.1% is excellent against a national target of 75%. We can confirm in 24/25 achievement of 80% despite challenges due to Synovis impact.</p>
N	<i>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</i>	<p>The number of people waiting for Lambeth SPA at the end of March 2025 was 480 (up 32% from February). People are getting support sooner than they were in May 2024, when more than 900 people were waiting, but waiting times are still too long. More introductions are being processed within 3 days (up to 34.0% in March from 22.4% in February) and the average wait for people in March fell to 12.9 days, from 16.1 days in February. SPA is working to a target of no-one waiting longer than 14.0 days, but in March this was achieved for only 66% of people.</p>
O	<i>People who are homeless, or at risk of becoming homeless, (including rough sleepers and refugees) have improved health</i>	<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. SWEP (Severe Weather Emergency Protocol) continues to be activated when temperatures fall to zero or below and all rough sleepers are supported by our outreach team to accept emergency accommodation. Rough sleepers can then be assessed fully and access health services as required.</p>

Other Areas of Business

Risk

- As of April, there were 9 active risks on the South East London Risk register for Lambeth.
 - CAMHS waiting times
 - Diagnostic waiting times for children and young people
 - Failure to safeguard adults
 - Immunisation Rates protect Children, including vulnerable groups from communicable diseases.
 - Community Equipment Services Budget and Performance.
 - Unbudgeted costs linked to learning disability
 - Continuing Health Care Budget and Performance
 - Interpreting Services Overspend
 - Increase in vaccine preventable diseases across the population - Flu
- Risks around the financial position (3 risks) *Inadequate resource in safeguarding structure and Primary Care GP Collective Action* were closed due to low threshold, or because the risks did not materialise and managed in year.

Quality

- The number of Quality Alerts reported slowed in Q4 and was similar to the previous year
- Themes: Appointment/incorrect referral issues. Treatment/Escalation at Lambeth Hub. Miscommunication about treatment. Medication Error
- Alerts have been actioned in line with level of concern.
- The introduction of the Patient Safety Incident Response System has resulted in a reduction of SIs being reported. PSII's are being considered and reported after consideration of a proportionate response.

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Finance

South East London ICB (Lambeth)

- The borough is reported an overall draft 2024-25 year-end outturn underspend variance of £12k. The reported position includes £471k overspend on Community Health Services, £745k overspend on Mental Health Services (including learning disabilities) and £823k 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 – M11 forecast predicts an overspend of £12.8m in 2024/25, which is unchanged from January (M10). The service has reserves of £3m which once applied will reduce the projected overspend **to £9.8m**
- The overspend is driven almost entirely by care & support package costs, with the largest pressures in Nursing Care (OP, PD, ALD), Residential Care (OP & LD) and Supported Living/Accommodation (PD & LD)



Lambeth Together Care Partnership Board

Title	Healthwatch Lambeth Annual Update
Meeting Date	3 July 2025
Author (& role / title/s)	Folake Segun, Chief Executive, Healthwatch Lambeth
Lead / Presenters (& role / title/s)	Folake Segun, Chief Executive Vanita Bhavnani, Engagement and Research Manager

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 receive an update on the report on Healthwatch Lambeth's impact, community engagement, and contribution to service improvements across 2024 - 2025

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

N/A

Summary and Impact on Inequalities

Key Achievements

- **23,400+ people supported** with care information and advocacy.
- **830 experiences shared** to improve local health and care services.
- **16,200+ sought guidance** on prescriptions, NHS access, and complaints.
- **39 reports published**, including on pharmacy access, digital inclusion, and mental health.

Impact

- **Dental** access research and mental health ward enhancements.
- **SEL Maternity** care co-design and feedback from ethnic minority patients on eye care.
- **Luther King Ward**: Patient feedback led to welcome packs, better communication, and 24/7 refreshments.
- **Bankhouse Extra Care**: Improved communication, inclusive activities, and a new Activities Coordinator.
- Insights from 9,500 people shaped **ICB Strategy** and digital inclusion efforts.

- **Fiveways PCN:** Survey and workshops revealed confidence—not access—as the main barrier to digital healthcare.
- **Streatham PCN:** Health and Wellbeing event for South Asian patients highlighted language and digital access challenges.

Healthwatch Lambeth Annual Update 2025

Insights into our community impact and achievements



Working in partnership for a healthier borough

Our Remit: What we do

The aim of local Healthwatch is to give people and communities a stronger voice to influence how health and social care services are provided locally.

1

Promoting and supporting the involvement of residents in commissioning, provision & scrutiny of local care services



2

Providing **advice and information** about access to local services



3

Obtaining the views of local people regarding their needs and experiences of local care services and making these views known



4

Enabling local people to **monitor the standard** of provision of local care services and how they could be improved

5

Making reports & recommendations about how local care services could be improved

6

Formulating views on standard of provision and how local services could be improved.



Our Year in Numbers



Number of People Supported

Over 23,400 individuals have received our support, empowering them to express their concerns and gain vital information regarding their care.

Staff and Volunteers

Our dedicated team consists of 7 part-time staff members, 16 volunteers, and 12 board members, ensuring effective outreach and support.

Sharing Experiences

We shared the experiences of 830 people with health and social care services to improve care.

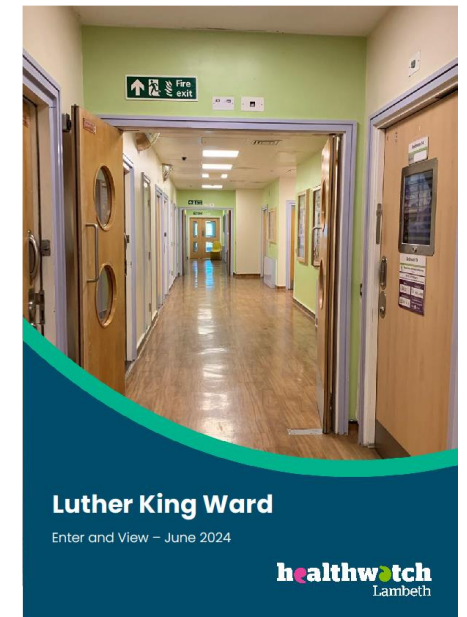
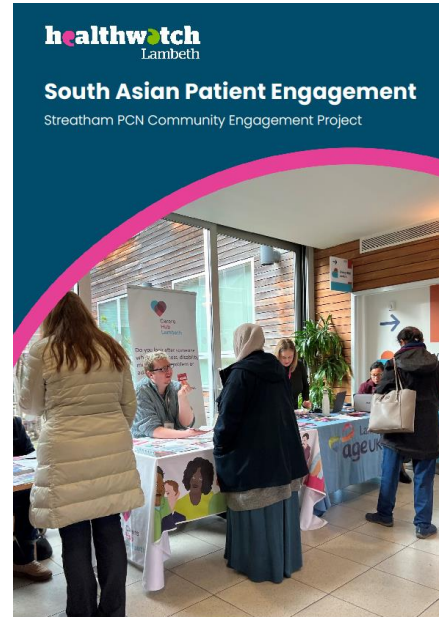
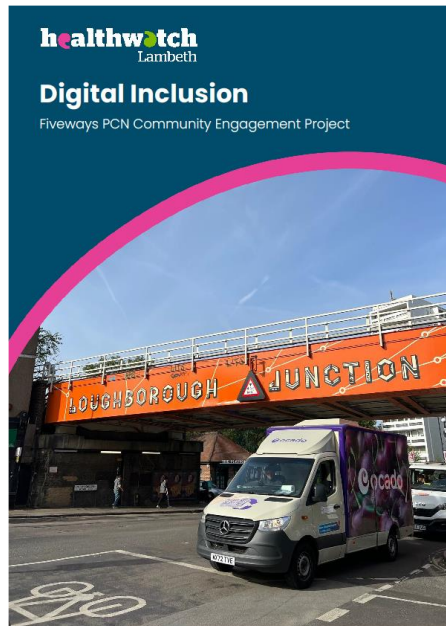
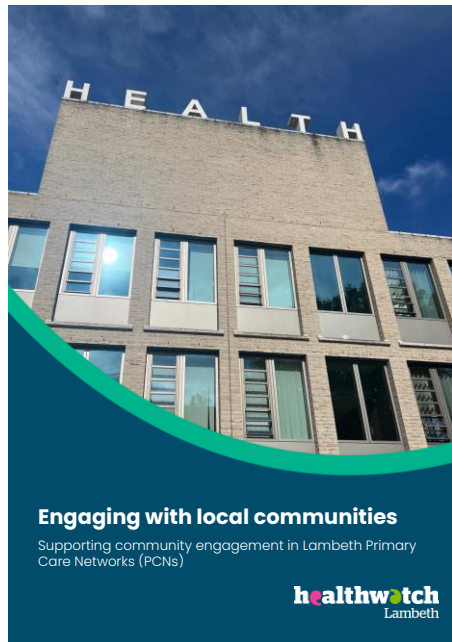
Guidance and Information

More than 16,200 individuals sought guidance on topics such as prescription help and NHS services, showing the effectiveness of our outreach.

Championing Your Voice



We produced 39 publications in 2024-2025



A Year of Making a Difference

Spring

We collaborated with the Lambeth Safeguarding Adults Board to inform residents about safeguarding processes and community engagement opportunities.

Our Resident Pulse Survey highlighted the need for improved communication and support for residents awaiting elective care.

Summer

Our research highlighted the need for improved access to dental care during summer, influencing local healthcare policies.

We focused on enhancing patient and carer engagement, ensuring their voices were heard in summer health initiatives.

Our recommendations led to improved communication strategies for mental health wards, benefiting patients.

Autumn

The NHS used our insights from women's maternity care experiences to improve local maternity services effectively.

Feedback was gathered from diverse communities to ensure culturally competent healthcare services and support.

Collaboration with SEL maternity services and stakeholders led to co-created solutions for better healthcare delivery.

Winter

Our Enter & View visits to GP surgeries assessed patient experience.

We contributed to the new Lambeth Pharmaceutical Needs Assessment to ensure equitable access for people.

Patient Voices and Ward Improvements at the Luther King Ward



What you said, What we did

What Changed

Ward Improvements

New welcome packs and regular meetings to enhance patient engagement and information sharing.

Access to Refreshments

New policies allow patients access to snacks and refreshments outside of mealtimes, improving overall patient satisfaction.

Building Better Connections in Extra Care Housing



What you said, What we did

What Changed

Resident Feedback Impact

Resident feedback led to better communication and more engaging social activities, enhancing the living environment.

Communication Improvements

Improved communication channels have been established to ensure residents are informed about activities and staff.

Inclusive Activity Programming

A new Activities Coordinator has been employed to develop a more inclusive activity program based on residents' interests.

Working in partnership for a healthier borough

Working with other Healthwatch: Collective Impact

Transforming Care and Reducing Inequalities

- Collective insights from 9,500 individuals were utilized to enhance care and address health disparities across the region.



Voice of the Patients

- The collaboration amplified the voices of patients and families, influencing key decision-making processes.



Shaping ICS Strategy

- Insights helped shape the SEL ICS strategy, improving engagement and addressing digital exclusion through specific strategies.



Working in partnership for a healthier borough

Our Volunteers



Our 16 volunteers have dedicated an impressive 330 hours this year, showing their commitment to improving community care.

Volunteers conducted visits to local GPs, Extra Care housing, and hospitals to gather insights and feedback about services.

Through outreach, volunteers encouraged residents to share their views, helping to amplify community voices and concerns.

Volunteers attended borough-wide events to raise awareness of our work, gathering valuable feedback from the community.

Volunteers: At the heart of what we do



“Volunteering taught me how to talk to people, use my skills to make a real difference, and gain clarity about my career steps. Honestly, I just really enjoy it!”

“As a volunteer, I have listened to the experiences of people of all ages and backgrounds in community events like the Aging Well festival or during Enter and View visits in extra care schemes and hospital wards.”

Naomi

“Volunteering with Healthwatch Lambeth has been extremely rewarding. I got involved to do something meaningful with my free time and to learn more about public health at a local level - it has turned into so much more!”

“I have loved speaking with people at outreach events and interviewing GP staff in Enter & View visits. It has even inspired me to pursue a career more directly focused on public health.”

Contacting Us



Call: 020 7274 8522 – 9am–4pm Monday to Friday



Email: info@healthwatchlambeth.org.uk



Website: www.healthwatchlambeth.org.uk



Working in partnership for a healthier borough

Thank You



Working in partnership for a healthier borough



Lambeth Together Care Partnership Board

Title	Lambeth Together Primary Care Commissioning Committee Update
Meeting Date	03 July 2025
Author	Tracy Everard – Primary Care Commissioning 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 14 May 2025
- Ratify decisions made at the Primary Care Commissioning Committee on 14 May 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

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 14 May 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 14th May 2025





LTPCCC Part Two Meeting

Lambeth Estates

Updates on the following were received:

- Decisions of the North Lambeth Project Delivery Group
- Streatham Primary Care Feasibility Study / Option Appraisal outcome
- Stockwell Group Practice

The Committee approved:

- **Decisions of the North Lambeth Project Delivery Group to pursue single site solutions for the Lambeth Walk Group Practice and Waterloo Health Centre and to support the potential to collocate the Lambeth Walk Group Practice with another surgery**
- **The preferred option to consolidate the Edith Cavell and Streatham Place at the Streatham Hill Primary Care Centre and to progress the preferred option to Full Business Case.**
- **An additional rent reimbursement of circa £21,500,00 (plus VAT) plus Business Rates to support the extension of the Stockwell Group Practice and the creation of four new / additional consulting / clinical rooms.**

The Board is asked to ratify these decisions.



LTPCCC Part Two Meeting

Lambeth Offer & Commissioning Intentions

The committee noted the update report, which included the Commissioning Intention Letter circulated to General Practice on 14th April 2025 as well as the locally commissioned schemes transitioning from a Service Level Agreement to an NHS Standard contract arrangement. Commissioning Managers have been debriefed on ongoing governance requirements and new documentation has been developed for Commissioning Managers to support new service specification development.

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The Committee noted the contents of the report for information.

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LTPCCC Part Two Meeting

SEL ICB Primary Care Policies and Guidance

The committee were asked to approve the following:

- SEL Primary Care Managing Late/Retrospective Claims Policy. This would be implemented from 1st July 2025, with Practices able to submit outstanding claims up until 30th of Sept 2025. This policy is part of our ongoing financial stewardship efforts and aims to reduce the ICB's financial risk associated with managing historic claims outside the financial year in which the episode occurred, ensuring better management of the delegated budget line.
- Local Dispute Resolution Process and the short-term financial support guidance documents. The documents were presented as useful guidance to be followed in any relevant situation.

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The Committee approved the SEL Primary Care Policy and Guidance.

The Board is asked to ratify this decision.

LTPCCC Part Two Meeting



GP Out of Hours for a Lambeth Practice

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

After the practice was issued a remedial breach notice, the practice had 28 days to respond to the notice. The practice responded to step 1 of the remedial notice but failed to respond to steps 2 and 3 as well as provided no evidence for the information request.

The Committee approved the following outcomes:

- **The ICB should issue a second breach for non-compliance with the initial remedial notice and issue a new remedial breach for the outstanding actions of the initial remedial notice**
- **LTPCCC declined the practice's ask of a deduction to the amount to be repaid to SELDOC.**
- **Continue the interim arrangement directly between the ICB and SELDOC for provision of the OOH service for the practice's patients until a long-term arrangement is finalised.**
- **Agree to work with SELDOC and the practice on a fair payment plan for the entirety of the sum of funds owed to SELDOC, given the lack of evidence that the practice provided**

The Board is asked to ratify this decision

LTPCCC Part Two Meeting



APMS legal advice

Further to a challenge to a procurement process received, the Legal team provided the following options to resolve the situation:

- Option 1 - Proceed with award at risk: Manage the conflict with ethical wall agreements and remove evaluators aware of the issue. This is the preferred option.
- Option 2 - Abandon the process: Re-run the procurement after a sufficient time lapse.
- Option 3 - Exclude Bidder B: Justify exclusion based on fairness and conflict management.
- Option 4 - Award based on ITT bids only: Avoid interview stage to mitigate conflict risks.

It was noted that with every Option the risk increased.

The Committee approved the recommendation of option 1

The Board is asked to ratify this decision.





LTPCCC Part One Meeting

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

- **Public Health Commissioning - Stop Smoking/LARC**
- **Risk Register**
- **Performance**
- **Workforce**
- **Primary Care Finance**
- **Quality**
- **Integrated Neighbourhood Teams**
- **Community Pharmacy Services**

The Committee noted each update in turn.

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Lambeth Together Care Partnership Board

Title	Care Quality Commission (CQC) Assessment of Lambeth Adult Social Care (ASC)
Meeting Date	3 rd July 2025
Author (& role / title/s)	Nick Le Friec, Senior Programme Manager
Lead / Presenters (& role / title/s)	Fiona Connolly, Corporate Director Housing and Adult Social Care Richard Outram, Director Adult Social Care

This item is for;

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

The Lambeth Together Care Partnership Board is asked to;

1. Note that the CQC has commenced its assessment process of Lambeth Adult Social Care in May 2025 that will yield a public judgement outcome. The assessment is likely to run into late Autumn 2025.
2. Read Lambeth Adult Social Care's Self-Assessment Executive Summary to be briefed on ASC's interpretation and understanding of its performance.
3. Engage with CQC assessors as part of the assessment fieldwork.

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

1. Health and Wellbeing Board
2. Lambeth Safeguarding Adults Board

Summary and Impact on Inequalities

The CQC Framework is made up of 9 assessed quality statements against which Lambeth ASC will be individually scored. One quality statement is "Equity in experiences and outcomes," meaning CQC will be assessing to what extent Lambeth is meeting diverse care and support needs effectively. CQC are likely to be interested in Lambeth ASC's understanding of inequalities in the borough and the work it has undertaken to improve outcomes for seldom heard or less visible groups. Lambeth ASC has provided specific evidence around its work in this area that is included in the attached paper for this Board.

The full quality statement for "Equity in experiences and outcomes" in the framework is:

"We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support and treatment in response to this."

**Care Quality Commission Assessment of Lambeth Adult
Social Care – Lambeth Together Partnership Board**
July 2025

Introduction

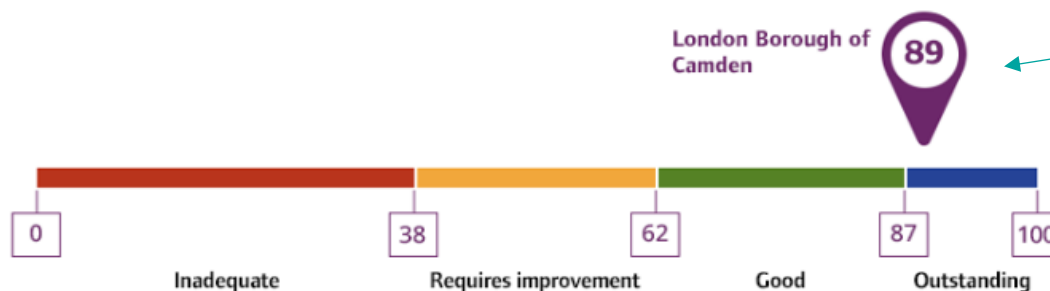
- The Care Quality Commission (CQC) is undertaking initial assessments of local authority Adult Social Care (ASC) services nationally starting from December 2023.
- This will yield a public judgement using the same “one-word” judgement outcomes as Ofsted.
- Lambeth ASC was notified its assessment was commencing on Monday 12th May 2025.
- It submitted its “Information Return” evidence on Friday 30th May 2025.



The CQC Assessment Framework

London Borough of Camden

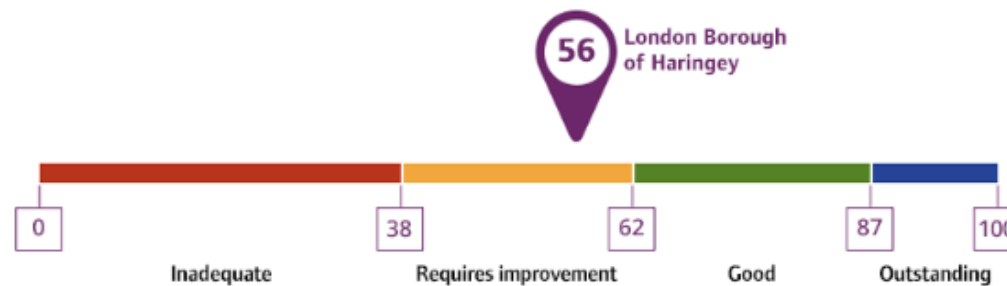
Outstanding ●



Lambeth will receive a score out of 100 and an overall judgement rating

London Borough of Haringey

Requires improvement ●



Taken from CQC website

The CQC Assessment Framework

Theme 1 - Working with People

Supporting People to Live Healthier Lives

Assessing Needs

Equity in Experiences and Outcomes

Theme 2 - Providing Support

Care Provision, Integration and Continuity

Partnerships and Communities

Theme 3 - Ensuring Safety

Safe Systems, Pathways and Transitions

Safeguarding

Theme 4 - Leadership

Governance, Management and Sustainability

Learning, Improvement and Innovation



The CQC Assessment Framework

Quality statement scores

Assessing needs	Score: 3 ●
Supporting people to lead healthier lives	Score: 3 ●
Equity in experience and outcomes	Score: 4 ●
Care provision, integration and continuity	Score: 3 ●
Partnerships and communities	Score: 4 ●
Safe pathways, systems and transitions	Score: 4 ●
Safeguarding	Score: 3 ●
Governance, management and sustainability	Score: 4 ●
Learning, improvement and innovation	Score: 4 ●

There are 9 “Quality Statements” divided into four “Themes”.

Lambeth will receive a judgement outcome against each quality statement specifically.


Taken from CQC website



“Partnerships and Communities” is an assessed quality statement in the framework



Quality statement



We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.



Taken from CQC website

Evidence CQC will consider in relation to the quality statements includes:

Feedback from partners

- Community and voluntary sector groups, including those representing:
 - people who are more likely to have a poorer experience of care and poorer outcomes
 - people with protected equality characteristics
 - unpaid carers
- Local health partners
- Care providers, local provider forums
- Health commissioners
- Health and wellbeing board
- Integrated care partnership and integrated care system
- Advocacy providers

Taken from CQC website





Indicative CQC Assessment Timetable

Timescale	Expected CQC Activity
Week 1 to 3	Assessment notification Prepare all items for submission as part of the Information Return
3-4 months after notification	CQC commence direct communication with VCS, providers and health and care partners Case Tracking Notification and Submission Scene Setting presentation with CQC and ASC Senior Management
4-6 months after notification	Onsite fieldwork to take place over 3-4 days (approx. 5 months from notification)

How will CQC engage partners

- The CQC will directly contact representatives from the health and care partnership as part of offsite fieldwork via email or telephone. Contact details were shared as part of the Information Return submission.
- This is expected to begin in June 2025 and to continue through into the summer.
- ASC will share more information from its Self-Assessment with partners that are likely to be contacted.



Lambeth Adult Social Care Self-Assessment

Key strengths and delivering our plans to improve by assessment theme



Theme 1 – Working with People

Key Strengths

A strong track record of meeting diverse care and support needs through engagement, innovation and collaboration

Our hospital discharge pathway and wider integrated offer with health achieving positive reablement outcomes

Remodelled front door pathway to manage demand in partnership with Age UK Lambeth to improve our prevention offer

A clear practice model putting an emphasis on building on people's strengths and intersectionality

Delivering our plans to improve

Continuing to encourage the wider use of direct payments to foster independence, choice and control

Reviewing our reablement model to ensure it meets community demand and continues to deliver good outcomes for residents

Theme 2 – Providing Support

Key Strengths

Diverse and resilient care marketplace of high-quality care and support provision

A strong integrated commissioning approach working closely and effectively with operational social care teams

The Lambeth Carers Strategy launched in 2024 strengthening our offer for carers who report significantly improved satisfaction

Strong strategic partnerships with voluntary and community sector

Delivering our plans to improve

Continuing to develop community capacity to respond to increasing demand in services

Streamlining our financial processes to consistently support effective joint work with care providers

Theme 3 – Ensuring Safety

Key Strengths

The effectiveness of, and partnership commitment to, the Lambeth Safeguarding Adults Board

Sustained reduction in safeguarding concerns reflecting significant engagement with partner agencies and the impact of the Safeguarding Hub

Robust quality assurance framework and provider monitoring

Positive risk reduction outcomes achieved through our safeguarding interventions and placing the voice of the person at the centre of our work

Delivering our plans to improve

Embedding our 0-25 Disabilities service and pathway through ongoing joint work with Children's Services

Adapting and refining our approach to managing increasing need



Theme 4 - Leadership

Key Strengths

A community focused workforce with a supportive and ambitious culture driven by a visible senior leadership team

Effective use of data to manage and monitor risk and to drive performance across the department

Integration of health and social care under the umbrella of Lambeth Together – mature relationships and advanced pace of integrated care

Robust and effective governance that is integrated and delivered across health and care directorate boundaries

Delivering our plans to improve

Responding to recruitment and retention market pressures to sustain workforce stability

Continue to deliver our digital innovation action plan to support future demand management, and improved outcomes for residents.



Lambeth Together Care Partnership Board

Title	Neighbourhood Working Update
Meeting Date	03 July 2025
Author (& role / title/s)	<p>Josepha Reynolds, Programme Director, Neighbourhood & Wellbeing Delivery Alliance (NWDA) & Value Based Integrated Care (VBIC)</p> <p>Lambeth Together partners through the Integrated Neighbourhood Team Working Group, Oge Chesa - Senior Responsible Officer (SRO)</p>
Lead / Presenters (& role / title/s)	<p>Josepha Reynolds, Programme Director, NWDA & VBIC</p> <p>Alice Jarvis, Director of Operations & Partnerships, Guy's and St Thomas's NHS Foundation Trust</p> <p>Shaheen Khan, Clinical Director, Guy's and St Thomas's NHS Foundation Trust</p> <p>George Verghese, Director, Lambeth General Practice Provider Alliance</p> <p>Therese Fletcher, Managing Director, Lambeth GP Federation</p> <p>Tania Kalsi, Consultant Geriatrician, Guy's and St Thomas's NHS Foundation Trust</p>

This item is for;

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

The Lambeth Together Care Partnership Board is asked to;

1. Note the update on the development of neighbourhood working

Lambeth Integrator Model:

2. Ratify the proposed model for the integrator in Lambeth as outlined in appendix 1;
3. Ratify use of £250k for integrator development in Lambeth;
4. Approve delegating final approval for the integrator memorandum of understanding and detail of the integrator development funding disbursement to the Neighbourhood & Wellbeing Delivery Alliance Leadership Board (with regular updates to the Lambeth Together Care Partnership Board)

Lambeth INT Delivery Plan:

5. Endorse the Integrated Neighbourhood Teams (INT) Delivery Plan for July – December 2025

SEL Ageing Well Framework:

6. Ratify the Ageing Well framework developed by South East London (SEL) as part of the ongoing development of integrated neighbourhood teams

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

1. Lambeth INT Working Group
2. NWDA Leadership Board

Summary and Impact on Inequalities

- Neighbourhood working and integrated neighbourhood teams aims to reduce inequalities by improving partnership working and delivering proactive care closer to home. Initial detail is included within the INT delivery plan and will be shared in more detail as the model of care is developed.

Neighbourhood working – update

July 2025

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Working in partnership for a healthier borough

Purpose of today



To provide an update on neighbourhood working and ask the Lambeth Together Care Partnership Board to:

Lambeth Integrator model

- Ratify the proposed model for the integrator in Lambeth as outlined in appendix 1
- Ratify use of £250k for integrator development in Lambeth
- Approve delegating final approval for the integrator MOU and detail of the integrator development funding disbursement to the NWDA Leadership Board (with regular updates to the LTCPB)

Lambeth INT Delivery Plan

- Endorse the INT Delivery Plan for July – December 2025 (further detail in Appendix 2)

SEL Ageing Well Framework

- Ratify the Ageing Well framework developed by SEL as part of the ongoing development of integrated neighbourhood teams (further detail in Appendix 3);
- Note that implementation of the Ageing Well framework will form part of INT delivery, reporting into the NWDA Leadership Board.

Neighbourhoods – refresh!



- The aim of neighbourhood working is to bring together services and local communities through a population health management approach.
- Developing more integrated local health and care delivery models across children, adults and mental health services has been an ongoing priority for Lambeth Together.
- This aligns with the national policy direction: Fuller Report (2022), Darzi Review (2024) and the developing reform of NHS England and ICBs, with a specific London operating model for neighbourhoods released in May.
- In Lambeth, we have agreed our neighbourhoods and started to develop our delivery structures, with the aim to have integrated neighbourhood teams up and running by April 2026 supporting the following groups:
 - Frailty
 - Multiple long term conditions
 - Children and young people
 - Mental health



Timeline



We are here

Next review

Short term: April-June

Developing high level delivery plan

- Developed insights for each care pathway
- Identified named neighbourhood leads from each partner
- Agreed which INT will be tested in each neighbourhood, along with a high level approach
- Overarching programme plan with resources identified (aligned to integrator conversations)

Medium term: July-Dec

Detailed design and initial delivery of INT model

- Our integrator will be set up and structured against requirements within the delivery plan
- Each neighbourhood to undertake detailed design work before starting to deliver frontline change, using initial insights and learning to develop the model
- Alongside this work, there will be ongoing work around data and insights to help develop the future model

Long term: January 2026 onwards

Embedding and iterating our INT model

- All neighbourhoods have an INT model in place and are starting to embed this new way of working
- Using a test and learn model to measure impact for our INT models and adapt as needed
- Consideration of when models are able to be scaled to other neighbourhoods or new interventions are able / ready to be implemented

2026 onwards – start next phase of work to scale INTs!

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Lambeth integrator model

Note that this is pending final discussions

- An integrator is an organisation/s who will lead on the delivery of integrated neighbourhood teams on behalf of the Lambeth Together partners. LTCPB approved a partnership model between GSTT and the Lambeth General Practice Provider Alliance (LGPPA) at the March Board.
- Since that point, GSTT and LGPPA have been undertaking work to develop what this model would look like, aligned to the integrator principles (see right). GSTT and LGPPA have submitted a letter to Andrew Eyres, Place Executive Lead for Lambeth, and Andrew Bland, Chief Executive for SEL ICB, formally applying for the role of the integrator (appendix 1).
- There is also additional work happening to create a Memorandum of Understanding (MOU) which lays out in more detail how this the integrator partnership will operate. We are expecting this to be in place by the end of July.
- Once the MOU is signed, the integrator will undertake a 'maturity matrix' exercise over the summer, working with Lambeth Together partners to understand our local strengths, opportunities and gaps for our future working. SEL ICB has allocated 250k per place for integrator development funding. This funding will be used to help respond to the needs identified through the maturity matrix.

The LTCPB is asked to:

- Ratify the proposed model for the integrator in Lambeth as outlined in appendix 1
- Ratify use of £250k for integrator development in Lambeth
- Approve delegating final approval for the integrator MOU and detail of the integrator development funding disbursement to the NWDA Leadership Board (with regular updates to the LTCPB)

Key principles



Lead the delivery of INTs, driving the test and learn approach and engagement with communities:



Support operational coordination



Facilitate population health management



Address interface issues and share learning



Drive equity in access and outcomes



Support system sustainability and resilience .



Provide essential infrastructure for neighbourhoods

Lambeth INT delivery plan



- The integrator has been identified to deliver our Lambeth ambitions around integrated neighbourhood teams.
- Work has been taking place across Lambeth partners through the Lambeth INT working group to develop a high level INT delivery plan from July – December 2025.
- Over the next six months we will develop the detailed design for the INTs, with regular reporting into the NWDA Leadership Board.
- The design work for the INTs will be reviewed by the INT Working Group in January, and return to LTCPB in Spring 2025 for ratification.

The LTCPB is asked to:

- Endorse the INT Delivery Plan for July – December 2025



Lambeth INT delivery plan *DRAFT*

July – December 2025



Working in partnership for a healthier borough

SEL Ageing Well framework



- The SEL Ageing Well Framework was developed between January and March 2025.
- Over 170 SEL colleagues and stakeholders were involved in multiple working sessions to develop a shared vision and ambition for the framework with over 70 colleagues taking part in 3 face to face workshops to define the detail.
- This aligns with our work in Lambeth that has already taken place around Age Friendly Lambeth and our Ageing Well programme.
- The ambition within the SEL Ageing Well framework will inform the development of our frailty INTs in Lambeth through the integrator.



SEL Ageing Well Framework *'Age without limits: you say, your way'*

Final Draft Report
April 2025



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The LTCPB is asked to:

- Ratify the Ageing Well framework developed by SEL as part of the ongoing development of integrated neighbourhood teams;
- Note that implementation of the Ageing Well framework will form part of INT delivery, reporting into the NWDA Leadership Board.



Ask for the LTCPB



The Lambeth Together Care Partnership Board is asked to note the update and:

Lambeth Integrator model

- Ratify the proposed model for the integrator in Lambeth as outlined in appendix 1
- Ratify use of £250k for integrator development in Lambeth
- Approve delegating final approval for the integrator MOU and detail of the integrator development funding disbursement to the NWDA Leadership Board (with regular updates to the LTCPB)

Lambeth INT Delivery Plan

- Endorse the INT Delivery Plan for July – December 2025

SEL Ageing Well Framework

- Ratify the Ageing Well framework developed by SEL as part of the ongoing development of integrated neighbourhood teams;
- Note that implementation of the Ageing Well framework will form part of INT delivery, reporting into the NWDA Leadership Board.

