

## LAMBETH TOGETHER CARE PARTNERSHIP (FORMERLY LAMBETH TOGETHER STRATEGIC BOARD)

**Date:** Thursday 4 September 2025

**Time:** 1.00 pm

**Venue:** [Microsoft Teams](#)

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
Damiola 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-Browne	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: Lambeth Business Support  
Email: [lambethbusinesssupport@selondonics.nhs.uk](mailto:lambethbusinesssupport@selondonics.nhs.uk)

**Access for Members of the Committee**

In line with legislation, Committee members must attend in person at Lambeth Town Hall.

**Access for elected Members of the Council**

Councillors who are not members of the Committee but wish to attend must inform Democratic Services by 12pm on the weekday before the meeting. Upon doing so they will be invited to attend.

**Digital Engagement**

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## **AGENDA**

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

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<b>2 Apologies for Absence</b>	
<b>3 Declaration of Pecuniary Interests</b> Under Standing Order 4.4, where any councillor has a Disclosable Pecuniary Interest (as defined in the Members' Code of Conduct (para. 4)) in any matter to be considered at a meeting of the Council, a committee, sub-committee or joint committee, they must withdraw from the meeting room during the whole of the consideration of that matter and must not participate in any vote on that matter unless a dispensation has been obtained from the Monitoring Officer.	
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# Lambeth Together Care Partnership Public Forum and Board Meeting in Public

[Microsoft Teams Only](#)

Thursday 4 September 2025 | 1:00pm – 5:00pm

## AGENDA

**THIS MEETING IS ONLINE 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.	<b>Public Forum</b>		
60 mins	<b>Welcome and introductions</b>  <b>The Public Forum and how to take part</b>  <b>Questions from the public</b>		<b>Cllr Nanda Manley-Browne</b> <i>Co-Chair</i>
2 p.m.	<b>Board Meeting in Public</b>		
1.	<b>Introductions</b> <ul style="list-style-type: none"> <li>Welcome, introductions and apologies.</li> </ul>		<b>Dr Di Aitken</b> <i>Co-Chair</i>
2.	<b>Declarations of Interest</b>  Members of the Board are asked to: <ul style="list-style-type: none"> <li>Declare any interests on items included in this agenda.</li> </ul>		<b>Dr Di Aitken</b> <i>Co-Chair</i>
3.	<b>Review of Minutes and Matters Arising</b>  Members of the Board are asked to: <ul style="list-style-type: none"> <li>Approve draft minutes of the Lambeth Together Care Partnership Board meeting in public on 03 July 2025; &amp;</li> <li>Consider any matters arising from the Lambeth Together Care Partnership Board meeting in public on 03 July 2025.</li> </ul>	Paper enc.	<b>Dr Di Aitken</b> <i>Co-Chair</i>
4.	<b>Lambeth Together Care Partnership - Place Executive Lead Report</b>	Paper enc.	<b>Andrew Eyres</b> <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"> <li>Receive an update on key developments since the Lambeth Together Care Partnership Board meeting in public on 03 July 2025.</li> </ul>		<i>Director, Integrated Health, and Care, Lambeth Council and South East London Integrated Care Board</i>
5.  2.20pm (40 mins)	<b>Addressing Substance Misuse – Deep Dive</b>  Members of the Board are asked to: <ul style="list-style-type: none"> <li>Approve the progress report on the work of the Substance Misuse Programme against ‘Our Health, Our Lambeth’ activities and outcomes and support the partnership efforts.</li> </ul>	Paper enc.	<b>Ese Iyasere</b> <i>Consultant in Public Health</i>  <b>Rob Goodwin</b> <i>Combating Drugs Partnership Senior Programme Manager</i>  <b>Nilam Jani</b> <i>Public Health Information Analyst</i>  <b>Kersti Dolphin</b> <i>Adfam Director of Services</i>
6.  3.00pm (15 mins)	<b>Lambeth Together Assurance Sub-Group</b>  Members of the Board are asked to: <ul style="list-style-type: none"> <li>Note the report from the Lambeth Together Assurance Sub-Group and the associated Integrated Assurance Report presented on 15 July 2025.</li> </ul>	Paper enc.	<b>Jasmina Lijesevic</b> <i>Lambeth Together Board Lay Member</i>  <b>Warren Beresford</b> <i>Associate Director Health and Care Planning and Intelligence</i>
3:15pm	<b>BREAK</b>		
7.  3.25pm (10 mins)	<b>Primary Care Commissioning Committee (PCCC)</b>  Members of the Board are asked to: <ul style="list-style-type: none"> <li>Note the update on discussions held at the Primary Care Commissioning Committee on 23 July 2025; &amp;</li> <li>Ratify decisions made at the Primary Care Commissioning Committee on 23 July 2025.</li> </ul>	Paper enc.	<b>Jasmina Lijesevic</b> <i>Lambeth Together Board Lay Member</i>  <b>Oge Chesa</b> <i>Director of Primary Care and Transformation</i>
8.  3.35pm (20 mins)	<b>Universal Access Fund: All-Age Autism Fund (AAAF) - Q1 Monitoring Update (Apr–Jun 2025)</b>  Members of the Board are asked to: <ul style="list-style-type: none"> <li>Note the delivery and outcomes achieved in Quarter 1;</li> </ul>	Paper enc.	<b>Taiwo Afolabi</b> <i>Senior Commissioning Officer</i>  <b>Michelle Homer</b> <i>Lead Commissioner</i>  <b>Lulu Pinkney</b> <i>Special Educational Needs and Disability Youth Involvement Coordinator</i>

Agenda Item No. and Time	Agenda Item Title	Attachment / Supporting Information	Agenda Item Lead
	<ul style="list-style-type: none"> <li>▫ Endorse the Quarter 2 priorities to strengthen equity and sustainability; &amp;</li> <li>▫ Support cross-system enablers: <ul style="list-style-type: none"> <li>○ (i) comms amplification via partners;</li> <li>○ (ii) data-sharing to improve demographic and outcome completeness;</li> <li>○ (iii) alignment with Oliver McGowan training</li> </ul> </li> </ul>		
9. 3:55pm (10 mins)	<b>Questions from public attendees</b> An opportunity for members of the public to ask further questions.		<b>Dr Di Aitken</b> <i>Co-Chair</i>
10. 4.05pm	<b>AOB Meeting Close</b>  Date of next public meeting: <b>6 November 2025</b> (in person only at the Brixton Library): <ul style="list-style-type: none"> <li>▫ Public forum, 1pm-2pm</li> <li>▫ Board meeting in Public, 2pm-5pm</li> </ul>		<b>Dr Di Aitken</b> <i>Co-Chair</i>
4:10pm	<b>BREAK</b>		
4.15pm (20 mins)	<b>Autism: A Unique Life</b> Members are invited to stay behind after the close of formal business to watch a short documentary that supports our All-Age Autism Strategy, called Autism: A Unique based on the lived experiences of 27 young people from three local schools.		

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## LAMBETH TOGETHER CARE PARTNERSHIP MINUTES

**Thursday 3 July 2025 at 1.00 pm**  
**Brixton House, 385 Coldharbour Lane, SW9 8GL**

### 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
Dr George Verghese	GP, Co-Chair of the Lambeth Primary Care Clinical Cabinet
Dr Nozomi Akanuma	Living Well Network Alliance Clinical and Care Professional Lead, South London, and the Maudsley NHS Foundation Trust
Dr Penelope Jarrett (non-voting member)	Chair, Lambeth Local Medical Committee
Eugenie Dadie	Patient and Public Voice Member
Fiona Connolly	Corporate Director of Housing and Adult Social Care, Lambeth Council
Folake Segun (non-voting member)	Chief Executive, Healthwatch Lambeth
Jasmina Lijesevic	Lay Member
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
Paul Coles	Chief Executive, Age UK, Lambeth
Phillipa Galligan	Deputy Chief Operating Officer, South London and Maudsley NHS Foundation Trust (deputising for Ade Odunlade, Chief Operating Officer, South London and Maudsley NHS Foundation Trust)
Ruth Hutt	Director of Public Health, Lambeth Council
Sarah Flanagan	Patient and Public Voice Member
Simon Boote	Programme Director, Children and Young People's Alliance (deputising for Andrew Carter, Corporate Director of Children's Services, Lambeth Council)
Therese Fletcher	Managing Director, Lambeth GP Federation

### 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
Josepha Reynolds	Programme Director, Neighbourhood and Wellbeing Delivery Alliance
Oge Chesa	Director of Primary Care and Transformation, NHS South East London Integrated Care Board
Richard Outram	
Warren Bersford	Associate Director, Health and Care Planning and Intelligence, NHS South East London Integrated Care Board

## Apologies:

Ade Odunlade	Chief Operating Officer, South London and Maudsley NHS Foundation Trust
Andrew Carter	Corporate Director of Children's Services, Lambeth Council
Cllr David Bridson	Cabinet Member for Healthier Communities (job-share), Lambeth Council
Damilola Bamidele	Head of Programmes for Lambeth, Black Thrive, Lambeth
Dr Raj Mitra	GP, Children and Young People's Alliance Clinical and Care Professional Lead

## 1 Introduction

Board Members present introduced themselves. Apologies were noted from Ade Odunlade, with Phillipa Galligan deputising, Simon Boote is deputising for Andrew Carter, and there are apologies from Dr Raj Mitra, Damilola Bamidele, and Cllr David Bridson.

Dr Di Aitken shared the sad news of Laura McFarlane's passing. Laura passed away on Sunday 29<sup>th</sup> June 2025. Laura had a long and successful career in Lambeth for over 40 years, working to improve the lives of families, and most recently, leading the Lambeth Early Action Partnership (LEAP), which has helped inform national policy on early years.

## 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:

- An update from Patient and Public Voice Member, Sarah Flanagan. Sarah is a member of Mosaic Clubhouse, which is the only accredited clubhouse in the UK and part of a bigger organisation, known as Clubhouse International, offering mental health support all around the world. Sarah had recently visited Tampa, Florida, in May, where 161 Clubhouses were represented. Sarah fed back on her learning from the visit and noted that Mosaic has a very good reputation within the Clubhouse movement.

The following was also discussed:

- The recent hot weather and how to support people in managing the heat.
- Opportunities to continue delivery of the PEACS project (Pain, Equality of Care and Support) in two other neighbourhoods within the borough.
- A reminder was given that residents can check cancer screening dates in Windrush Square.
- The recent news on the abolition of Healthwatch England.
- The two engagement workshops for Integrated Neighbourhood Teams being held on the 14<sup>th</sup> and 16<sup>th</sup> July.



- Alcohol Awareness Week.
- HIV Confidence and ensuring Lambeth is becoming a HIV Confident borough.

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

## 2 Declaration of Pecuniary Interests

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

## 3 Minutes

The [minutes](#) of the meeting of Thursday 15 May 2025 were agreed as an accurate record of the meeting.

All previous actions are closed

## 4 Lambeth Together Place Executive Lead Update

## 5 Living Well Network Alliance Road map

Jane Bowie presented on the Living Well Network Alliance Roadmap. The following discussions took place:

- Dr George Verghese explained that he was involved in the roadmap from a GP perspective and noted that he was happy to support it as much as possible through the GP Provider Alliance.
- Dr Di Aitken asked if there were plans to improve accessibility to trauma informed services, in particular, talking therapies services. Dr Aitken noted that many of the communities need ready access to talk through traumas affecting their physical health.
- Jane explained the local talking therapies service does collect data on use by different communities and plans based on that information, and it is one of those areas that they track.
- Dr Penelope Jarrett asked about re-accessing mental health services after discharge.
- Jane explained there is a single point of access which is part of the Alliance services.
- Phillippa Galligan explained that centres immediately take back anyone who left 12 months prior and if it was longer than 12 months, contact would need to be made through the single point of access.
- Sarah Flanagan wanted to note that if someone is aged over 65, they have to be referred to the older adult's team.

- Sarah also asked how the enablers within the roadmap will be delivered with limited resources.
- Jane explained the enablers are the context in which the Alliance will be working, and they will be the elements to help reach the outcomes and complete tasks set. Some of these are on the road to being completed and some are about making better use of existing scarce resources. Jane noted the roadmap will need to be targeted, efficient and effective.

### RESOLVED

1. Board members endorsed the Alliance's agreed focus on outcomes and supported the implementation of the roadmap for the next 12 months.

To view the presentation accompanying this item, refer to pages 25 to 33 of the Board pack.

To view the recording for this item, refer to part 2 of the meeting recording from 06:50 – 19:50.

## 6 Lambeth Together Assurance Process Review for 2025/26

Warren Beresford presented on the Assurance Process Review. The following was discussed:

- Dr Penelope Jarrett asked which Boards had discussed the proposals to date.
- Andrew Eyres reassured members that the proposals have been agreed with Lambeth Together as Delivery Alliances, and Programmes, Management Teams and the Lambeth Together Assurance Group.
- Ruth Hutt asked what more partners can do to work with programmes to support with inequalities data they may struggle to gather and demonstrate the impacts upon residents.
- Warren explained the team have developed a presentation standard, which is included in the board papers. The Health and Care Plan has 15 outcomes, which are monitored during the year at the assurance meetings with deep dives designed to ensure partners understand the data and can work to secure change and improvement.

### RESOLVED

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

To view the presentation accompanying this item, refer to pages 35 to 60 of the Board pack.



To view the recording for this item, refer to part 2 of the meeting recording from 20:00 – 29:40.

## 7 Lambeth Together Assurance Sub-Group

Warren Beresford gave the routine update to the Board on the Assurance Sub-Group. The following was discussed:

- Andrew Eyres explained the group try to capture issues that are system wide. Each partner will have their own risk registers, but the assurance group is trying to provide a population perspective.
- Dr Penelope Jarrett asked how the outcome measures are interpreted, as most of the areas listed only show 2 measures, suggesting quite a narrow focus on broad outcomes.
- Warren explained that the pack demonstrates the high-level performance trend for each outcome over time. As part of the assurance process, the group asks colleagues and partners to collaborate and will dive more into specific areas of focus such as ethnicity data and ask presenters to use wider impact measures to support the overall picture. The idea is that assurance tracking is not rigid, and presenters can flexibly draw on data and intelligence to support the impact measures. There are measures that are referenced but may only be annual, for example. The group are trying to find the balance between providing lots of detail and an easy-to-understand high-level overview.

### RESOLVED

1. Board members noted the report from the Lambeth Together Assurance Sub-Group and the associated Integrated Assurance Report presented on 13 May 2025.

To view the presentation and report accompanying this item, refer to pages 61 to 72 of the Board pack and the supplementary papers pack.

To view the recording for this item, refer to part 2 of the meeting recording from 29:40 – 37:00.

## 8 Healthwatch Lambeth Annual Update

Patrick Mitchell, Chair of Healthwatch Lambeth, noted it has been a particularly challenging 12 months for Healthwatch as they have lost a Chair and Chief Executive and have had to reduce hours due to limited resourcing. Patrick wanted to acknowledge the work of his predecessor, Sarah Corlett. Patrick explained they have appointed new trustees and wanted to thank Folake and the team who have worked very hard in the last 12 months. Patrick explained they do not yet have any further detail on the announcement that Healthwatch England will be abolished.

Folake Segun, Caroline O'Neil, and Annabel D'Agostino, presented on the Healthwatch Annual Report and the following was discussed:

- Louise Dark asked, as partners move into integrated neighbourhood teams and patients transition between pathways, how would the Healthwatch team's insight and expertise help shape and form that and how would partners have to change to support patients to access those pathways.
- Folake explained that Healthwatch can look at the patient journey and help with the integration of services. Folake noted that Healthwatch Lambeth have been at the forefront of this work, for example a project called 'Going home' followed patients from discharge to home for about 8 months, for which Healthwatch Lambeth won an award.
- Ruth Hutt asked, as the NHS 10-year plan continues the shift to digital, what have Healthwatch learned looking at digital inclusion and exclusion.
- Folake explained the support to share insights is key as the team know a lot about what people's challenges are, for example, access, price and fear. There are several options around how to support residents who can't or won't access digitally, and partners need to ensure there is a manageable transition.
- Sarah Flanagan asked is a service or organisation informed beforehand when Healthwatch conduct an enter and review.
- Folake explained that the services do know. Healthwatch have the right to enter so do not have to make announced visits, but the team work in collaboration with colleagues. Folake confirmed Healthwatch do not carry out unannounced visits.
- Dr Di Aitken asked is there a process for working with providers when Healthwatch publish report findings.
- Folake explained that when Healthwatch do a piece of work or look at a service, the service has 20 statutory working days to respond. However, it can often take 40 or 60 days to get a final response, so sometimes the reports come out 6 months later. Healthwatch tend to go back after 6-8 months to ask if the recommendations are put in place and this forms part of the feedback to the public.

## RESOLVED

1. Members of the Board received an update on the report on Healthwatch Lambeth's impact, community engagement, and contribution to service improvements across 2024 – 2025.

To view the presentation accompanying this item, refer to pages 73 to 86 of the Board pack.

To view the recording for this item, refer to part 2 of the meeting recording from 37:36 – 1:14:00.

## 9 Lambeth Together Primary Care Commissioning Committee Update

Oge Chesa presented on the recent PCCC meeting. The following discussions took place:

- Dr Penelope Jarrett asked if the policy decisions are ratified today, will



they be communicated to practices so GPs will know about those changes.

- Oge confirmed the policies will be communicated to the 6 South East London (SEL) Boards and then dispersed to general practice.
- Paul Coles asked, regarding the last decision, is there a legal risk to the Board in making the procurement decision.
- Andrew Eyres confirmed it is an Integrated Care Board (ICB) procurement so the ICB rather than Lambeth Together, would bear any risk.

#### **RATIFIED**

1. Members of the Board noted the update on discussions held at the Primary Care Commissioning Committee on 14 May 2025; and
2. Ratified decisions made at the Primary Care Commissioning Committee on 14 May 2025.

To view the presentation accompanying this item, refer to pages 87 to 95 of the Board pack.

To view the recording for this item, refer to part 2 of the meeting recording from 1:14:00 – 1:23:00.

### **10 Care Quality Commission (CQC) Assessment of Lambeth Adult (ASC)**

Fiona Connolly, Richard Outram, and Jane Bowie gave the Board an update on the Adult Social Care CQC inspection. The following was discussed:

- Dr Penelope Jarrett asked if the inspection was adult safeguarding only and if it included children's safeguarding.
- Richard confirmed it is not children's; it is adults safeguarding. Richard went on to confirm there is a GP representative on the Safeguarding Board.
- Andrew Eyres asked, what is the CQCs approach to engaging with frontline staff from partners.
- Fiona confirmed the CQC will be speaking to staff, including those working in integrated teams, and the team are working closely with staff to prepare. The CQC will be speaking to service users, and they want to talk to people who deliver services. Richard confirmed there is a shared list of names of who partners can contact if there are any queries and 55 documents were submitted to the CQC which partners can review.
- Sarah Flanagan asked for the contacts and documents.
- Fiona confirmed the team will circulate to Board members.

**Action: CQC documentation and contact list to be shared with Board members.**

#### **RESOLVED**

1. Board members noted that the CQC has commenced its assessment process of Lambeth Adult Social Care (ASC) in May 2025 that will yield a public judgement outcome. The assessment is likely to run into late Autumn 2025;
2. Read the Lambeth Adult Social Care's Self-Assessment Executive Summary



- to be briefed on ASC's interpretation and understanding of its performance; &
- 3. Agreed to engage with CQC assessors as part of the assessment fieldwork.

To view the presentation accompanying this item, refer to pages 97 to 112 of the Board pack.

To view the recording for this item, refer to part 3 of the meeting recording from 00:18 – 12:00

## 11 Neighbourhood Working Update

Josepha Reynolds, Louise Dark, George Verghese, and Therese Fletcher gave an update on neighbourhood working. The following discussions took place:

- Andrew Eyres explained this is an important decision for the Board and significant that it is being taken on the same day the NHS 10-Year Plan has been launched so wanted to thank everyone involved in taking forward this important work to date.
- Therese Fletcher noted Lambeth is in an advanced position amongst South East London boroughs. Therese explained the team are not starting from scratch, and there are already projects in place, so the team need to do the work where the projects are not in place.
- George noted the Board should share positive confirmation of the approvals with those who are absent today.

**Action: Confirm absent Board members are informed of the board approvals.**

### RESOLVED

1. Board members noted the update on the development of neighbourhood working;

#### **Lambeth Integrator Model:**

2. Ratified the proposed model for the integrator in Lambeth as outlined in appendix 1;
3. Ratified use of £250k for integrator development in Lambeth;
4. Approved 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. Endorsed the Integrated Neighbourhood Teams (INT) Delivery Plan for July – December 2025.

#### **SEL Ageing Well Framework:**

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

To view the presentation and appendices accompanying this item, refer to pages 113 to 122 of the Board pack and the supplementary appendix pack.

To view the recording for this item, refer to part 3 of the meeting recording from 12:10 – 35:50.





The meeting ended at 16:27pm

CHAIR  
LAMBETH TOGETHER CARE PARTNERSHIP  
(FORMERLY LAMBETH TOGETHER  
STRATEGIC BOARD)  
Thursday 4 September 2025

Web: [www.lambeth.gov.uk](http://www.lambeth.gov.uk)

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## Lambeth Together Care Partnership Board - Action Log

### Actions update for September 2025 Board

No	Date Raised	Action	Status
1	03/07/2025	CQC documentation and contact list to be shared with Board members.	Closed
2	03/07/2025	Ask absent Board members to 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).	Closed

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## Lambeth Together Care Partnership Board

<b>Title</b>	Lambeth Together Place Executive Lead Update
<b>Meeting Date</b>	04 September 2025
<b>Author</b>	Andrew Eyres, Place Executive Lead Lambeth, Corporate Director, Integrated Health, and Care, Lambeth Council and South East London Integrated Care Board
<b>Lead</b>	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"/>	<b>Information</b>	<input type="checkbox"/>	<b>Discussion</b>	<input type="checkbox"/>	<b>Decision</b>	<input type="checkbox"/>	<b>Ratification</b>
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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 03 July 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 04 September 2025

**Andrew Eyres – Corporate Director, Integrated Health and Care**



#### **The NHS 10 Year Plan and Neighbourhood Health Service Development**

The NHS 10 Year Plan, Fit for the Future, was published on 1 July setting out a bold generational vision for transforming healthcare in England. At 168 pages, the plan is ambitious with expectations ranging from enhancing public health and ending the 8am GP scramble to revolutionising the NHS App and embracing AI, genomics, and wearable tech. The Plan represents a significant milestone for the NHS, at a time when demographic change through an ageing population is set to add additional demands to an already stretched system still recovering from the Covid-19 pandemic and the cost-of-living crisis. In the government's words, the NHS is at a historic crossroads.

At its heart, the plan is focused on delivering three big shifts:

- From 'sickness to prevention', preventing illnesses before they happen, identifying and managing chronic conditions earlier.
- From 'hospital to community', bringing care closer to where people live, through a neighbourhood health service delivering more proactive and personalised care.
- From 'analogue to digital', by rolling out new technologies and digital approaches to modernise the NHS for improved access and greater productivity.

We are in a strong position to deliver on these three shifts in Lambeth, building on our well-established partnership working and our existing local ambitions through our Lambeth Together Care Partnership. An important element in the Plan is convening Integrated Neighbourhood Teams (INTs) of primary, community, acute and social care professionals, along with the voluntary and community sector (VCS), to enable seamless collaborative working and provide holistic, person-centred and community-based care for people with complex needs.

And in Lambeth, we have been developing our approach to neighbourhood health at pace over recent months. We have agreed our Integrator model as a partnership between Guy's and St Thomas' NHS Foundation Trust (GSTT) and the Lambeth General Practice Provider Alliance (LGPPA). Our Integrator will lead on enabling the delivery of INTs in Lambeth. This partnership arrangement recognises the central role of both organisations in delivering local care in the borough, and the importance of these services in supporting the development of a neighbourhood service along with wider partners, including Lambeth Council, King's College Hospital (KCH), South London and Maudsley (SLaM), the voluntary sector, and the wider network of primary and community care providers. The Integrator reports into Lambeth Together via the Neighbourhood and Wellbeing Delivery Alliance (NWDA).

Following this agreement, the NWDA have been working with our integrator partnership to develop a detailed operating model underpinned by a Memorandum of Understanding (MOU). The principal aims of the integrator model are to:

- Facilitate population health management by promoting the sharing and effective use of data and information across organisations, enabling holistic care for our residents and improving population health outcomes

- Collectively provide essential infrastructure supporting people, finance, governance, and risk management for INTs in a consistent way, harnessing existing local assets and resources.
- Implement INTs, including recruitment of team managers and clinical leads, and working with local organisations to identify the resources/staff that will be deployed into INTs.

Work is now underway to complete a 'maturity matrix' to understand the local strengths, opportunities and gaps for the Integrator's future working. Non-recurrent funding from the South East London Integrated Care Board (SEL ICB) has been allocated to help respond to the needs identified through the maturity matrix.

In addition, the NWDA has started implementation of the INT Delivery Plan, including establishing design meetings in each neighbourhood to review population health data and develop target interventions to inform the design of each INT between now and the end of December. Working with Healthwatch Lambeth, we have also started a wide-ranging public and community engagement exercise to gain feedback and input to help shape the INT design, with two successful public events held in July. The next stage of this work will include online and print surveys, followed by more in-depth focus groups and interviews with residents with lived experience. Further information on opportunities to get involved will be shared via the Lambeth Together website in due course.

At our Board meeting in July, we approved the high-level INT Delivery Plan and agreed our integrator model to provide the vital infrastructure and coordination which will enable us to work effectively across organisations and professional teams. We look forward to delivering on these ambitions over the coming months.

### **Presenting the NHS 10 Year Plan at the Lambeth Strategic Partnership Summer Event**

I was delighted to speak about the new NHS Plan alongside Louise Dark, Chief Executive, of the Integrated and Specialist Medicine Clinical Group at Guy's and St Thomas', during the Lambeth Strategic Partnership (LSP) Summer Reception at the newly re-opened and refurbished Brockwell Hall back in July. The event reflected the many strengths of the LSP, highlighted through a range of lightening talks by partnership members. The LSP is a close-knit partnership, aligning statutory and non-statutory partners around a clear set of shared values, aims and goals. It was exciting to see just how intertwined our work is and the level of ambition we all hold to improve outcomes in our borough.

The government's ambition for the NHS to play a fundamental role in driving local prosperity and social mobility through inclusive growth is aligned with the priorities of Lambeth's strategic partners. The recently published Lambeth Growth Plan highlights the opportunities we have, including through assets like the Institute for Health Engineering and the SC1 Life Sciences Innovation District to attract inward investment, create jobs and upskill our local population. Locally, our NHS anchor institutions like Guy's and St Thomas', Kings College Hospital and South London and the Maudsley NHS Foundation Trusts, already employ thousands of local residents and are opening up new pathways into skills development and health and life sciences careers. We are very well placed to progress this agenda in the coming years.

### **ICB Change Programme and Reform**

I wrote previously that the Secretary of State for Health and Social Care announced in March that NHS England will be taken back into direct government control as part of the Department of Health and Social Care and would be required to reduce its overall costs. Additionally Integrated Care Boards (ICBs) across England had been asked to reduce their running/corporate costs, with a focus on strengthening their role as strategic commissioners, at system and at place, and in support of enhanced Neighbourhood working.

In July, Andrew Bland, Chief Executive Officer of the South East London Integrated Care Board, provided an update on the ICB Change Programme, confirming that the programme is progressing to plan. ICB Executive Directors have submitted structural proposals, which it is planned will be finalised into a cohesive organisational design from the end of August, to be followed by staff consultation in September. This remains subject to the ongoing National Regional Assurance process, designed to ensure that ICB proposals meet the national ICB blueprint standards and are financially sustainable. Implementation is required to be completed by the end of this financial year.



## Board on the Bus – Meeting Our Residents Where They Are

Board members have been enthusiastic participants in our Board listening programme throughout the summer period, with a number of Board on the Bus sessions taking place across the borough.

Board on the Bus is a key part of the Board commitment, through the Board listening programme, to bring local community voices into the strategic thinking of the partnership at Lambeth Together. Senior leaders taking part in the sessions report back into Board seminars to update colleagues on what they heard from residents and their experience while out in the community.

In June, Edward Odoi, Associate Director of Finance, SEL ICB Lambeth and Patrick Mitchell, Chair of Healthwatch Lambeth, joined the Health and Wellbeing Bus team at Stockwell Community Trust Centre where residents spoke with them about their healthcare and wellbeing, and how services could better meet their needs.



Early in July, I was pleased to take my turn along with Simon Boote, Director of the Children and Young People's Alliance, joining a Board on the Bus session on a busy, sunny day at Brixton Market, Electric Avenue. Simon and I spent time with residents, listening to their views and aspirations for their health and wellbeing. As always, the Health Champions were available to provide health advice and to offer blood pressure checks along with our new Vital 5 consultations. It turned out to be a record day of blood pressure testing, with 121 tests completed.

Later in July, Damilola Bamidele, Programme Director, Black Thrive, and Anna Marcus, Associate Director, Primary and Community Care, were stationed at Lower Marsh Market, where residents and visitors shared their healthcare priorities. Anna, Damilola and our Health Champions were encouraging blood pressure testing, signposting to local services and highlighting the new women and girl's health factsheets, which are proving popular.



The initiative continues in August and beyond, taking us up to a year of regular sessions this October.

## System Pressures

Both Guy's and St Thomas' Trust and King's College Hospital, in collaboration and engagement with wider system partners and stakeholders, are busy drafting winter plans, which will be taken and signed off by the Lambeth and Southwark Urgent Emergency Care Board at the end of August. These plans will aim to address the priority actions set out in the NHS England Urgent and Emergency Care Plan 2025/26 and learnings from last year from across South East London. Their Winter Plans will support current actions being implemented and monitored within their existing Urgent and Emergency Care Recovery Plan to enable them to meet the national 4-hour Emergency Department Targets by March 2026 of 78% and 75% for GSTT and Kings respectively.

Some key focus areas for this winter which aim to address expected demand and capacity challenges, and which build on the current UEC Recovery Plan focus areas already being delivered include:

- **London Ambulance Service (LAS):** Improving ambulance handover times at Emergency Departments, enabling LAS to improve their category 2 response times (serious but not life-threatening calls).

- **Mental Health:** Reducing the amount of time mental health patients are waiting in EDs to be admitted to a Mental Health unit and increasing access and awareness of alternative access points for those patients in crisis.
- **Discharges:** Focusing on reducing the length of stay of patients and discharge delays and thus improving flow within the hospital.
- **Vaccinations:** Increasing the take up of available vaccinations with a Trust focus on staff flu vaccination programmes and increasing the take up of these which would reduce the number of staff sickness over the winter period.
- **Community:** Increase use of community teams to where possible allow patients to be seen outside of the hospital, including use of urgent community response, virtual wards (@home) and other community and primary care services.

Our planning comes at a time of increased risk of industrial action, as seen recently with the action by BMA resident (junior) doctors from July 25<sup>th</sup> to 30<sup>th</sup> of July. Our local trusts alongside health and care system partners acted to ensure that patient care was not unduly impacted upon. Our local hospital and mental health trusts coped well during the latest industrial action, enacting plans to ensure urgent care was prioritised and to mitigate the impact on planned care services wherever possible. It is not yet known whether there will be further episodes of industrial action in the near future.

You may have also seen in the press that the joint equipment service provider, NRS Healthcare Ltd, has informed us that they are in the process of winding up their business operations due to being taken into administration by the Official Receiver from 1 August. As a result, Lambeth partners are transitioning to a new provider for Lambeth and Southwark residents, Provide Equipment Hub (PEH). Provide Equipment Hub have over 30 years of experience providing community equipment services in South East London, having formerly traded as Croydon Community Equipment Service. We have been moving our prescribers as well as those at Guys' and St Thomas' Trust and King's College Hospital Trust over to PEH for provision of items of equipment. In the short term, NRS will continue operation, but we are supporting PEH to fully mobilise over the following weeks.

## **Our Delivery Alliances – a selection of highlights**

### **Neighbourhood and Wellbeing Delivery Alliance**

The Discharge – Digital Approach Pathway Service (D-DAPS) is a volunteer-led programme funded by the UK Shared Prosperity Fund and delivered in partnership with Age UK Lambeth to support Lambeth residents in making a safe transition from hospital to home. Utilising the Careforme digital platform, the service delivers a 28-day personalised support plan for each patient, beginning with a "Ready for Return" home check, and works closely with Thriving Communities and Guy's and St Thomas' to streamline discharge processes and connect patients with local resources. Since its launch in November 2024, D-DAPS has recruited over 98 volunteers, achieved volunteer matching within one hour of referral, and demonstrated early impact in enhancing patient safety, reducing isolation, and strengthening community engagement. In his role as the Engaging with Communities Clinical and Care Professional Lead (CCPL) for the NWDA, Anthony Davis contributed to D-DAPS design and delivery, co-developed the implementation plan, supported platform development, and assisted Age UK Lambeth with volunteer recruitment and induction.

Over the past six weeks, the D-DAPS has received eight referrals, with seven accepted and successfully matched to volunteers within 24 hours of discharge. The volunteer pool currently includes 18 active members, with six newly onboarded during this period and a further 12 in the onboarding process or awaiting DBS clearance. Engagement efforts have generated growing interest across King's College Hospital, Guy's and St Thomas', and St George's Hospital, with invitations to present at various hospital and community teams and to participate in St George's Discharge Training Day (date TBC). With these strengthened links and continued awareness-raising, referral numbers are expected to increase in the coming weeks, further enhancing the reach and impact of D-DAPS.

### **Living Well Network Delivery Alliance**

SLaM along with Alliance partners has undertaken a focused initiative to address the backlog in its single point of access. Through the diligent efforts of Lambeth's Single Point of Access (SPA) team, supported by colleagues across Lambeth and other SLaM boroughs, the backlog of approximately 600 people waiting to be processed by SPA at the end of June has been completely eliminated by 13<sup>th</sup> August. The Single Point of Access is being redesigned to prevent future backlogs, manage increased demand, and ensure the people of Lambeth receive timely access to necessary services.

The Alliance continues to align our plan with the broader community redesign and Alliance priorities, in line with the NHS Long Term Plan, including the development of neighbourhood working. The focus of our strategy is on improving operational efficiency, optimising the use of our skills and experience, and measuring our impact effectively.

### **Children and Young People's Delivery Alliance**

The Children and Young People Alliance continues to develop neighbourhood-based delivery of services for children and young people. Work is now centred on Norwood, where the Alliance is working with the local delivery team to test pilots of integrated neighbourhood teams. These pilots will help us learn what works before expanding across all five neighbourhoods. A working group has been set up with partners from the NHS, mental health services, primary care, and social care. This group will guide the development of neighbourhood teams and make key decisions about how they are introduced.

The Alliance is also supporting a health inequality review led by the South London Act Early Team, based at Evelina London. The review will give us a clearer view of the challenges faced by children, young people, and women using maternity services. It will help shape future plans for integrated care and provide the basis for conversations with local communities about what matters most to them.

### **Lambeth Together Equality, Diversity and Inclusion (EDI) Group**

Over July and August, the Lambeth Together EDI Group has continued to champion inclusive practice and amplify under-represented voices across the borough. The group has been actively preparing for the upcoming INSPIRE event on 25th October, which will promote equity, inclusion, and innovation in health and care. The event will offer a vibrant mix of interactive workshops, lived experience panels, creative performances, and networking spaces, alongside access to support services including mental health resources, advocacy groups, career development advice, and wellbeing activities. Planning has included outreach to community partners and the formation of a Task and Finish Group to ensure the event is co-produced and reflective of Lambeth's diverse communities. Public communications for the event have been shared via the Lambeth Together website. For more information or to get involved, please contact Shakaira Trail at [strail@lambeth.gov.uk](mailto:strail@lambeth.gov.uk).

We're also making real strides in our efforts to embed the Patient and Carer Race Equality Framework (PCREF) across Lambeth. Having all Delivery Alliances and Programme Areas report into the EDI Group is strengthening system-wide accountability and helping us drive consistent, anti-racist practice. It is enabling shared learning, identifying where support is needed, and ensuring equity is built into our borough-wide planning. Through our Children and Young People's Alliance, our Mental Health Support Teams and Children's Wellbeing Practitioners are providing early, practical support in schools and communities, shaped by data and insight from children and families. Our Staying Healthy Programme is another great example, with initiatives like Fruit and Veg on Prescription, tailored physical activity for Black women, and culturally specific weight management and mental health advice using the framework to steer impact. The recently completed Mental Health Joint Strategic Needs Assessment strongly supports the continued rollout of PCREF in services across the borough. This is Lambeth showing leadership - transparent, collaborative, and rooted in community voice.

In July, we marked Disability Pride Month, highlighting the importance of accessibility and the lived experiences of disabled people. This included sharing staff stories and resources to promote inclusive practice. August saw a focus on youth voice and mental health equity, with the EDI Group contributing to discussions on how to better engage young people in shaping services that affect them.

### Lambeth Clinical and Care Professional Leads Network

In July I attended the Lambeth Together [Clinical and Care Professional Leads](#) (CCPL) Forum. The Network forum meets quarterly, bringing together Lambeth's clinical leadership to share updates, reflect on strategic developments, and discuss collaborative priorities. Three informative updates from CCPLs, including:

- (i) Anthony Davis CCPL for Community Engagement, on the work he has been supporting to seek resident and community input for the design of our Integrated Neighbourhood Teams and his work with Lambeth's LGBTQ+ community to launch a Trans and Non-binary Health Clinic at the Bridge.
- (ii) Tim Yorston, CCPL for Urgent and Emergency Care, on work exploring digital triage models that integrate with NHS 111 and ambulance services, and
- (iii) Kim Nurse, CCPL for the Staying Healthy programme, on the Alcohol Awareness Week campaign encouraging EMIS pop-up prompts to improve screening and referrals in general practice. She also contributed to a comprehensive system-wide review of adult obesity pathways across SE London, supporting recommendations to ensure a more integrated, effective approach to weight management services.

All highlighted the valuable contributions that are Lambeth CCPL Network add to designing services that are more responsive and accessible to the specific and personalised needs of our communities.

### Key Campaigns for Lambeth Together



With summer in full swing, our campaigns have focused on keeping Lambeth residents safe, well, and informed. We promoted summer catch-up clinics for HPV and MMR vaccinations, urging families to use the school break to get children protected before the new term. We amplified NHS advice on travel vaccinations, meningitis protection, and staying hydrated during hot weather, especially for vulnerable groups.



For #WorldBreastfeedingWeek, we shared practical tips for new parents returning to work. We also highlighted NHS talking therapies for those feeling low or anxious, and encouraged parents and carers to make use of local pharmacies for common childhood conditions.

We spotlighted Alcohol Awareness Week by sharing the inspiring journeys of Lambeth peer mentors who have overcome addiction and now support others in recovery.

We promoted opportunities for residents to share feedback and help shape menopause care services across South East London, including through community events and information sessions.



Finally, the Communications and Engagement Team produced a short video of our Lambeth Together presence at the Lambeth Country Show in June. Do take a look at the video by clicking [here](#). The video captures the spirit of this community event and the partnership working with colleagues from across Lambeth Together partners over the weekend.



### Sexual Health Consultation

Lambeth Council wants to know what residents think about the move to Minnie Kidd House Sexual Health clinic from the Streatham Hill site. This will ensure that the services provided meet your needs and expectations. Local authorities have the responsibility to ensure open access sexual health services, providing contraceptives, STI testing and treatment, and sexual health advice. The service is delivered by Guy's and St Thomas' NHS Foundation Trust. We are currently engaging residents on the new location for sexual health services in Lambeth. The service was previously located at Streatham Hill; however, the building has been deemed unusable, and this has made it necessary for sexual and reproductive health services to be relocated elsewhere in the borough. Participating in the survey is easy and can be done online. Responses will be kept confidential and will directly influence the planning and implementation of health services in Lambeth. Anyone can complete the survey [here](#), with responses to be submitted by 29 August 2025. We are particularly interested in hearing from Lambeth's residents who have experience accessing sexual health services, young people under 25, Black African and Caribbean people and from the LGBTQIA+ community.

### AT Beacon Project

The AT Beacon Team was at Brixton market on Saturday 9 August as part of their "*Our Health and Wellbeing Outreach*". The team interacted with over 400 individuals at the market, these included shoppers, market traders and residents. They were offered health promotion advice, opportunities to talk about their health and to have their blood pressure checked. This led to those who engaged:

- Being aware of potential health risks, preventative action and services available to support early detection;
- Learning to manage existing conditions considering cultural practices;
- Being sent to their GP or A & E if identified as potentially being at high risk;
- Being supported to register with a GP;
- Signposted to AT Beacon initiatives such as the hubs, health and wellbeing workshops and fruit and veg on prescription scheme; &
- Signposted to relevant local services.



The response was overwhelmingly positive, with appreciation expressed on the approach being inclusive and valuable to residents, particularly traders who, through the nature of their work, are less likely to be proactively looking after their health or taking up preventative services. A number of attendees requested that this type of engagement become a regular feature in Brixton's market calendar. The approach connects with elements of realising the vision of a neighbourhood health approach, focusing on preventative care, being in the heart of the community, and meeting people in familiar and trusted spaces.

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## Lambeth Together Care Partnership Board

<b>Title</b>	Addressing Substance Misuse – Deep Dive
<b>Meeting Date</b>	04 September 2025
<b>Author (&amp; role / title/s)</b>	Rob Goodwin – Combatting Drugs Partnership (CDP) Senior Programme Manager Nilam Jani - Public Health Information Analyst Vanessa Cottrell - Strategic Manager, Service Development
<b>Lead / Presenters (&amp; role / title/s)</b>	Ese Iyasere – Consultant in Public Health Rob Goodwin – CDP Senior Programme Manager Nilam Jani – Public Health Information Analyst Kersti Dolphin – Adfam Director of Services

**This item is for:**

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

The Lambeth Together Care Partnership Board is asked to:

1. Approve the progress report on the work of the Substance Misuse Programme against 'Our Health, Our Lambeth' activities and outcomes and support the partnership efforts.

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

2. Reducing Harms from Alcohol Group (RHAG)
3. Lambeth Combatting Drugs Partnership
4. Safer Lambeth Partnership Executive

**Summary of your community and stakeholder engagement**

The Lambeth Combatting Drugs Partnership brings together a broad range of stakeholders – including council teams and departments like housing services, the NHS, police, probation, treatment providers, voluntary organisations, and community representatives – to coordinate prevention, treatment, and recovery efforts in line with local and national priorities. Engagement has involved service users, individuals with lived experience, public focus groups, and stakeholder workshops.

Using local prevalence and mortality data, the partnership identifies priority and under-represented groups, addressing gaps through targeted outreach and peer-led activities. Insights from the Street Engagement Team and the Lambeth Service Users Council inform understanding of the needs of people facing multiple disadvantages, with engagement efforts designed to overcome barriers within these communities.

### **Report summary and Impact on Inequalities**

Progress against treatment goals shows that alcohol and non-opiate treatment numbers exceeded Year 3 targets. The number of young people in treatment also increased steadily, nearing the Year 3 target. Residential rehabilitation placements remain above London and England averages but fall short of the national target due to budget limitations.

New initiatives planned for 2025/26 include expanding drug and alcohol treatment for rough sleepers and sustaining joint prison-to-community care. The partnership is also tackling inequalities through targeted interventions such as harm reduction, naloxone distribution, physical health support in addiction services, and by improving access for high-need and under-served groups.



# Addressing Substance Misuse

**Ese Iyasere**, Consultant in Public Health, LBL

**Rob Goodwin**, CDP Senior Programme Manager

**Nilam Jani**, Public Health Information Analyst

**Kersti Dolphin**, Director of Services, Adfam

4<sup>th</sup> September 2025



Working in partnership for a healthier borough

# Agenda Items

1. Setting the scene
2. Key Priorities Update: Progress, Challenges & Plans for 2025/26
3. Highlight Area – Alcohol Workstream



# Setting the scene



# Scene Setting – Integrated Health and Care Plan



Commitments align with the national drug strategy and the Combatting Drugs Partnership workplan

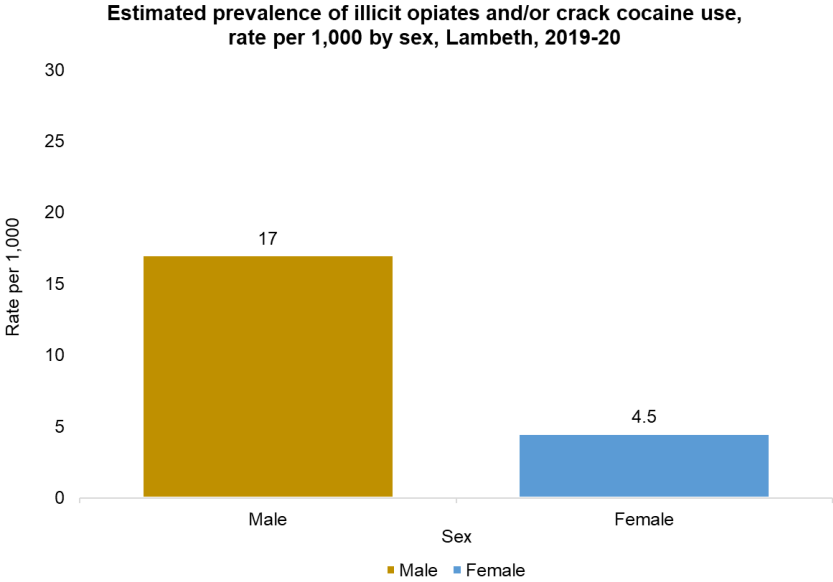
Integrated Health and Care Plan Commitments
Enhanced outreach and engagement, including targeted street outreach for: people experiencing rough sleeping and homelessness (aligned with and complementing rough sleeping grant initiatives where relevant), targeted vulnerable/priority groups including sex workers, crack, heroin users and alcohol users who are not in contact with treatment, and young people not accessing services
Additional treatment places for people dependent on alcohol
Capacity to support collaboration, information sharing and joint working arrangements between drug and alcohol treatment and other key local agencies, to better understand and meet the needs of vulnerable/priority groups
Complete a Joint Strategic Needs Assessment Health Profile of Substance Misuse in Lambeth using different data sources to better understand our population, collaboratively working with partners and local communities to investigate and identify the current and future health and service needs of our population
Improve identification of those with high risk drinking through use of the 'Vital 5' tool and implementing brief intervention and onward referral
Develop our outreach and early prevention initiatives such as our Assertive Outreach Team in partnership with Police and Community Safety and access to early and brief interventions on alcohol and drugs use
Strengthen referral pathways for risky and dependent alcohol drinkers from primary care and acute trust-embedded addiction care teams to treatment services



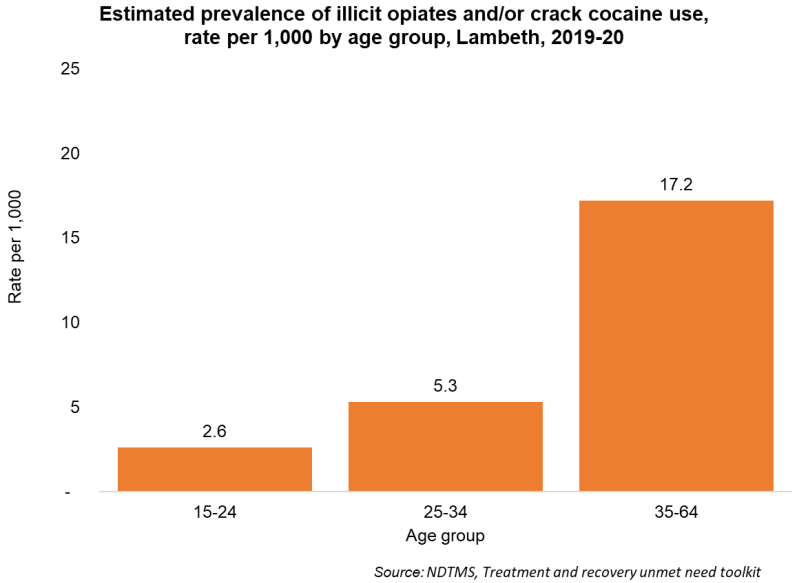
# Estimates by Demographics



## Illicit opiate and/or crack cocaine use

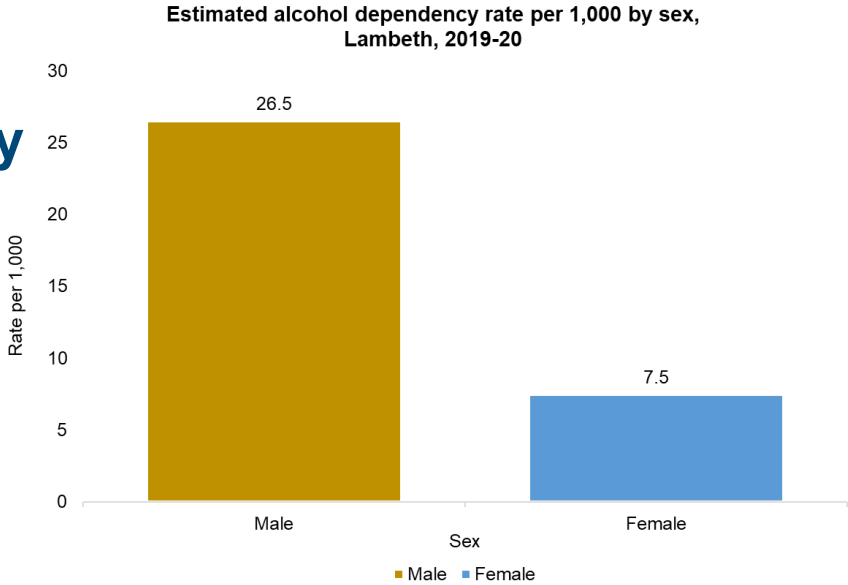


Source: NDTMS, Treatment and recovery unmet need toolkit

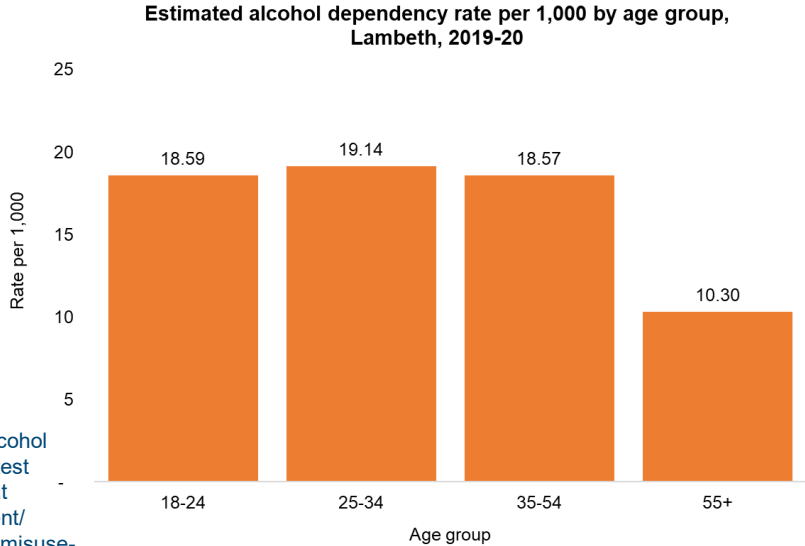


Source: NDTMS, Treatment and recovery unmet need toolkit

## Alcohol dependency



Source: NDTMS, Treatment and recovery unmet need toolkit



Source: NDTMS, Treatment and recovery unmet need toolkit

Estimates of prevalence of alcohol dependent users, from the latest prevalence estimates found at <https://www.gov.uk/government/collections/alcohol-and-drug-misuse-and-treatment-statistics>

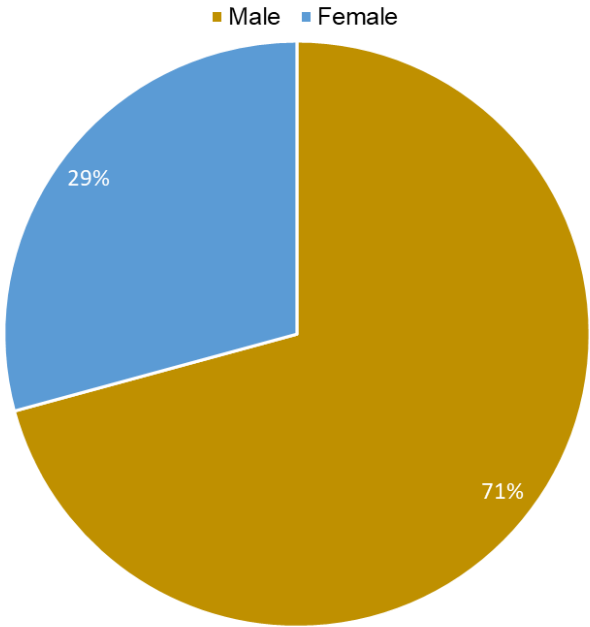
Prevalence estimates of people using opiates and/or crack produced by The Office for Health Improvement and Disparities (OHID) and UK Health Security Agency (UKHSA).

# Key Priorities Update: Progress, Challenges & Plans for 2025/26



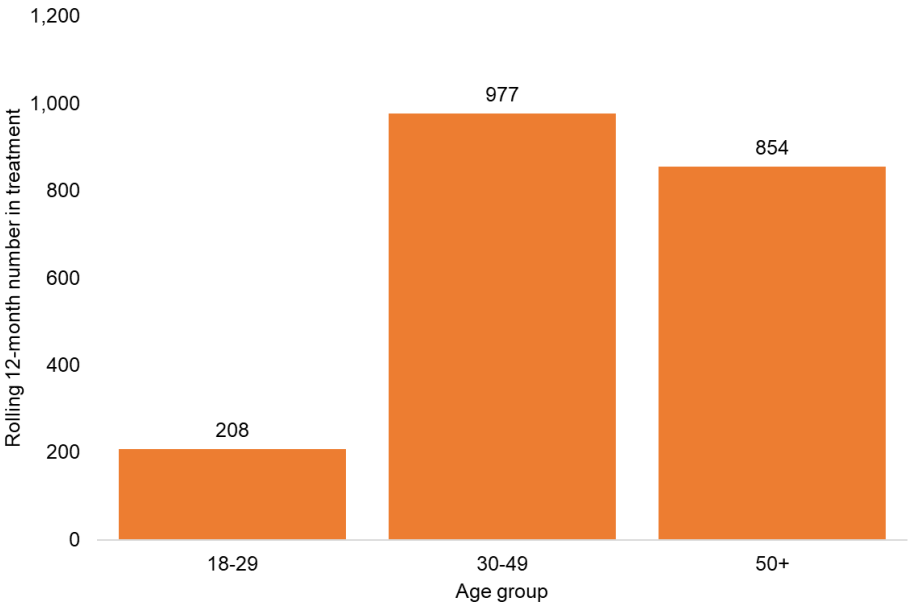
# Demographics of Adults in Treatment March 2025 (April 2024 to March 2025)

Adults in treatment in Lambeth by sex,  
March 2025 (April 2024 to March 2025)



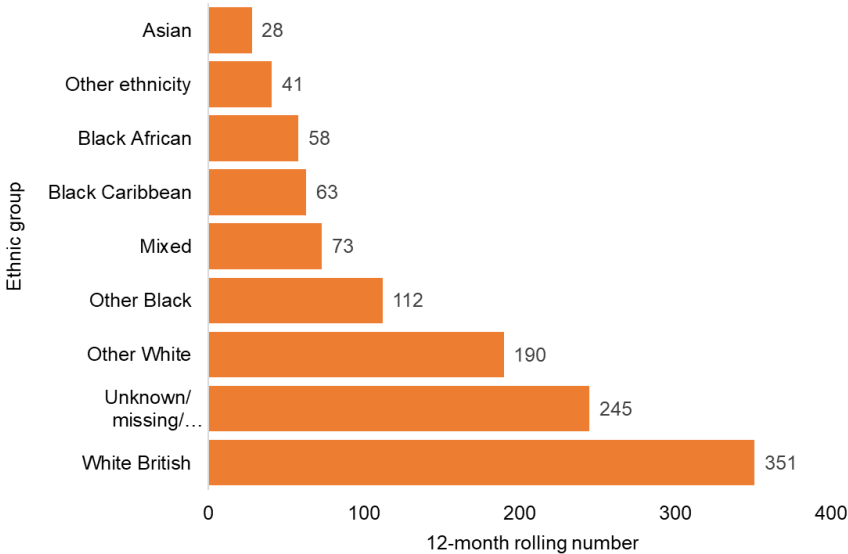
Source: NDTMS, Local Outcomes Framework

Number of adults in treatment in Lambeth by age group  
March 2025 (April 2024 to March 2025)



Source: NDTMS, Local Outcomes Framework

Number of adults in treatment in Lambeth by age group  
March 2025 (April 2024 to March 2025)



Source: NDTMS, Local Outcomes Framework



# Numbers in Structured Treatment



## Ambitions and progress

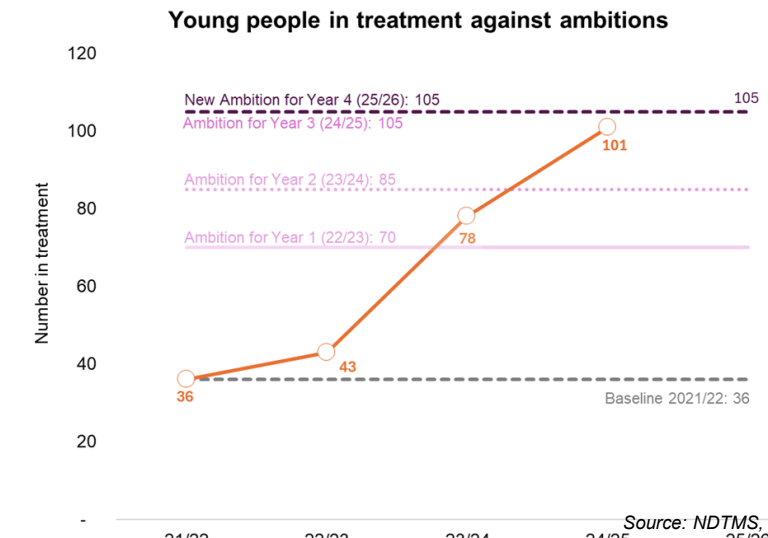
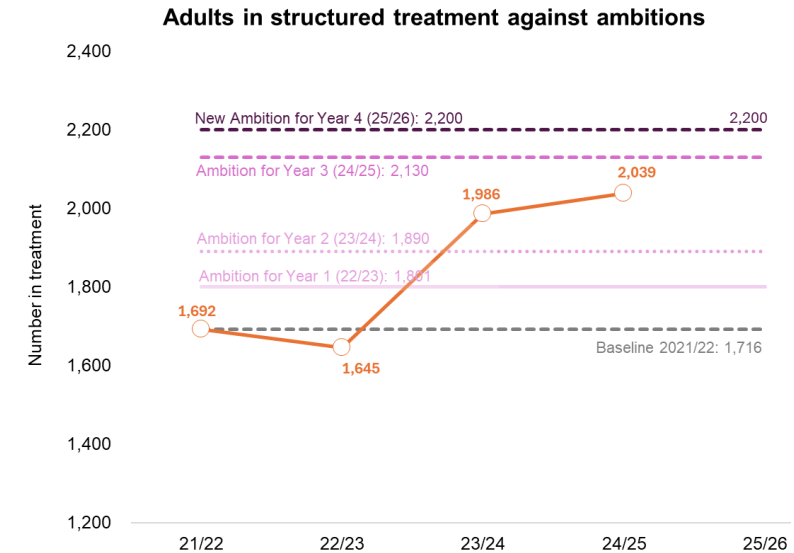
### Achievements

- The overall adult's capacity ambition was exceeded in Year 3
- Non-opiates and alcohol numbers in treatment surpassed Year 3 ambitions
- **Opiate** numbers in treatment have seen very little movement since baseline, this trend is also seen regionally and nationally
  - However, number in opiate treatment is the highest it's been in 3 years in Lambeth, but has shown little improvement over the year
- **Young people** in treatment have increased considerably this year, 4 more young people in treatment are needed to achieve Year 3 ambition

### Challenges and Opportunities

- Lambeth is participating in OHID-supported pilots to increase the number of opiate users in treatment
- Working with providers to develop a plan to improve access to assessments across the borough.
- All ambitions have been reviewed for 2025/26, with new stretch targets based on the Sustainability Report and OHID-approved local plans

## Actual numbers achieved vs ambitions





# Numbers in Residential Rehab



## Ambitions and progress

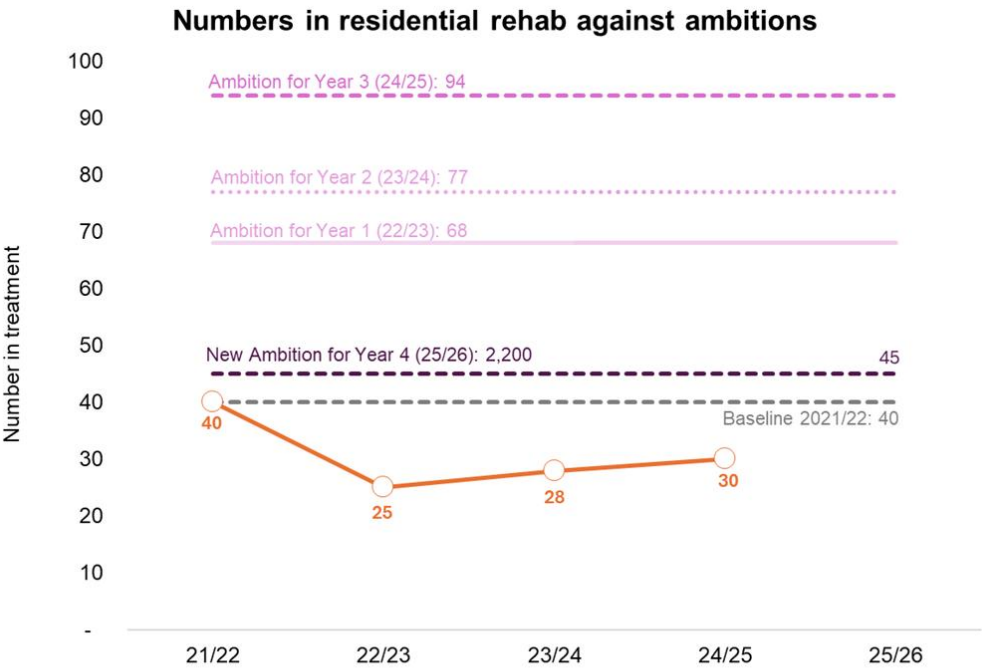
### Achievements

- Apr 2024 - March 2025: 30 individuals in residential rehab
- This represents 1.5% of all adults in treatment
  - Lambeth performed better compared to England average of 1.1% and London average of 1.3%
- National 2% ambition (based on 2,130 adults in treatment): 43 placements
  - rehab did not achieve the year 3 ambition, (representing 1.5% of adults in treatment) however, this grant year, we have refreshed ambitions to match affordability
- OHID ambition for 2025/26: 43 placements

### Challenges and Opportunities

- Budget constraints prevented meeting national target, even with other barriers removed
- OHID regularly updated and engaged in reviewing ambitions
- Negotiated ambition and full funding of placements agreed for 2025/26

## Actual numbers achieved vs ambitions



Source: NDTMS, Local Outcomes Framework

# Continuity of Care



## Ambitions and progress

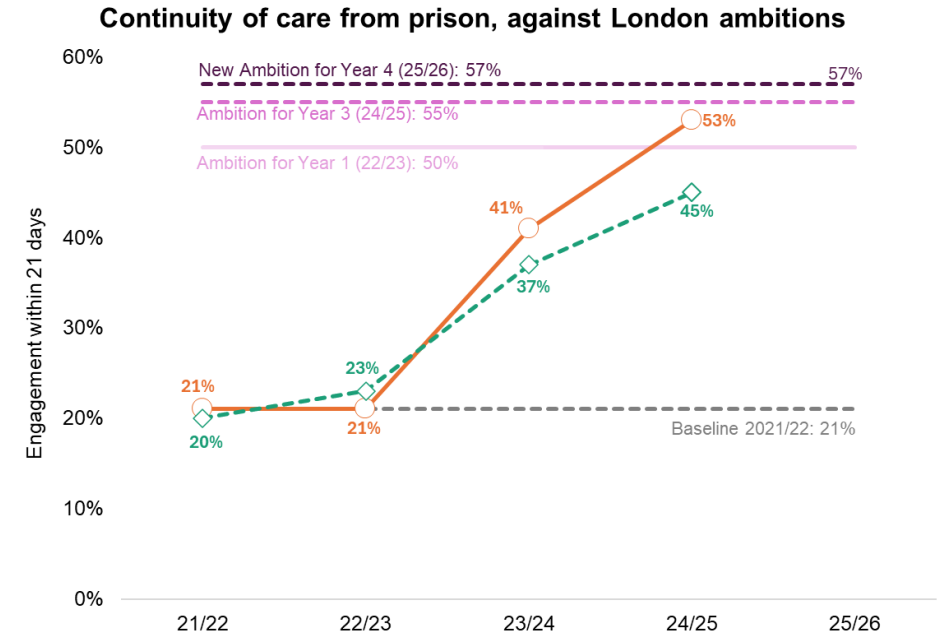
### Achievements

- Year 3 ambition for **continuity of care** (% of prison leavers engaging in treatment within 21 days) was not met
- 3 additional people (if referrals stay the same) needed to engage in treatment to meet year 3 ambition of 55% and 6 additional people to meet year 4 ambition of 57%

### Challenges and Opportunities

- Improved cross-partnership communication, enabling faster resolution of challenges
- Good collaboration with project ADDER to address supply issues
- Mandatory drug assessments in place with drug workers embedded in custody suits
- MPS voluntary referrals into substance misuse treatment services launched in August 2024
- Joint Lambeth–borough–HMP Thameside project helps prison leavers reconnect with services and resettle locally
- Turning arrests into opportunities for recovery through the Required Assessment Programme

## Actual numbers achieved vs ambitions



Source: NDTMS, Local Outcomes Framework

# Reducing Deaths in Treatment



## Ambitions and progress

### Current Position

- **25 deaths** in treatment recorded between **April 2024 - March 2025**
- **20 deaths** in the same period in the previous year - a **slight increase**
- Higher than usual deaths observed in **mid 2023**

### Mitigation

- **Drug and Alcohol-Related Deaths (DARD) Panel** meets quarterly to review cases in Lambeth
  - Examples of recommendations made to the **CDP** include:
    - ✓ Embedding a **specialist stop smoking service** within addiction services
    - ✓ Enhancing **physical health support** for individuals in treatment
    - ✓ Strengthening co-occurring conditions pathway
- Focus on **preventing premature deaths** through:
  - **Targeted interventions** (e.g. harm reduction, increased naloxone access)
  - Offer a **range of treatment options** tailored to diverse and specialist needs
    - ✓ Improving **treatment engagement** and outcomes



# Key Priorities for 2025/26



1. Substance Misuse Needs Assessment in development
2. Chemsex Needs Assessment in development
3. Continuation and development of On Street Engagement
4. Review of the Combating Drugs Partnership and Delivery Plan
5. Progressing Alcohol Needs Assessment recommendations through RHAG Workplan



# New Ambition 25/26: Retention Rate and Treatment Progress



- **Retention rate** is the proportion of adults staying 12 weeks in treatment or completing in that time
- In the short period of time, improvements have already been seen, with opiates retention even exceeding the Year 4 ambition
- **Treatment progress** is the proportion of adults in treatment who complete successfully (excluding those who have acute housing issues) or adults in treatment with substantially reduced or abstained drug use
- Improvements in treatment progress across all substance groups have already been seen but as these are new ambitions, there is not enough data to compare and measure progress.

Ambition area		Baseline Sept 2024	Year 3 March 2025 achievement	Year 4 New 2025/26 ambition
Retention	Opiates	66%	73%	71%
	Non opiates (combined non-opiate only and non-opiates and alcohol)	70%	72%	75%
	Alcohol	81%	80%	85%
Treatment progress	Opiates	44%	45%	46%
	Non opiates (combined non-opiate only and non-opiates and alcohol)	45%	46%	47%
	Alcohol	55%	56%	57%

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Please note retention and treatment progress cannot be compared due to different time periods used to report data on NDTMS:

- The **retention** ambition refers to time period January 2024 to December 2024 (3-month lag to allow 12 weeks to pass to see if people remain in treatment over that time).
- The **treatment progress** ambition relates to time period April 2024 to March 2025.

# New Ambition 25/26: People Receiving the Rough Sleeping Drug and Alcohol Treatment Intervention



- **RSDAT** - All adults in structured treatment in receipt of a rough sleeping intervention
- New ambition to reach 50 people, already at 39 people with the majority coming through the opiate's pathway (which justifies the new 2025/26 ambitions where more weight is placed on this substance group compared to the other substance groups)
- 100% of opiate clients have been retained or have successfully completed within 12 weeks
- As this is a new ambition, there is not enough data to compare and measure progress

	RSDAT - All adults in structured treatment in receipt of a rough sleeping intervention						
	In treatment			Retention		Treatment progress	
	RSDAT intervention baseline (March 2024)	March 2025 (Apr 24 to Mar 25) RSDAT intervention	Year 4 New 2025/26 ambition	March 25 (Jan 24 to Dec 24) % retained at 12 weeks	Year 4 New 2025/26 ambition % retained at 12 weeks	March 25 (Apr 24 to Mar 25) % making progress	Year 4 New ambition 2025-26 % making progress
All adults in treatment with RSDAT flag	1	39	50				
Opiates	1	29	30	100%	71%	16%	30%
Non opiates (combined non-opiate only and non-opiates and alcohol)	0	7	10	60%	75%	0%	30%
Alcohol	0	3	10	100%	85%	33%	30%

Please note retention and treatment progress cannot be compared due to different time periods used to report data on NDTMS:

- The **retention** ambition refers to time period January 2024 to December 2024 (3-month lag to allow 12 weeks to pass to see if people remain in treatment over that time).
- The **treatment progress** ambition relates to time period April 2024 to March 2025.

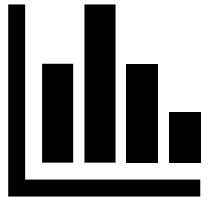


# **HIGHLIGHT: Reducing Alcohol-Related Harm in Lambeth – Alcohol Needs Assessment**





# Approach & Methods



*Local  
epidemiological  
evidence*



*Engagement and  
collaboration*



*Evidence  
base*





# Key Data Takeaways



- 1/3 of adults consume >14 units weekly (4th highest London borough); 1/4 binge drink
- 88% dependent drinkers are not in treatment (highest in London)
- 1,800 alcohol-specific hospital admissions (directly standardised rate 786/100,000) in 2021
  - Highest rates: men, 60-69 years, White Irish, with increasing deprivation
- The alcohol-related mortality rate in Lambeth was 37.1/100,000 in 2023
  - Higher rate in men, and at England level, there's increasing rate with increasing deprivation
- 65% of ambulance call-outs in Lambeth were alcohol-related in 2020/21 (2nd highest in London)
- 478 alcohol-related anti-social behavior incidents in 2022/23 (7th highest in London)
  - 4% of all anti-social behavior incidents
- In 2018/19, 1.5% of road traffic casualties involved a failed breath test (or refusal to provide a sample)



# Stakeholder Engagement & Collaboration



## Service users

- Lambeth Client Council
- The Harbour recovery clients

## Partnership Stakeholders

- Age UK focus group
- Healthwatch

## Service providers

- GP Federation
- Clinical GP
- Lambeth Additions Consortium
- Clinical lead for addictions and addictions psychiatrist
- Treatment services: Loraine Hewitt House
- The Harbour: HumanKind
- Community mental health services
- Young people's services: Change Grow Live
- Guy's and St Thomas' Hospital Trust addictions services
- AgeUK social prescribers

## System partners

- Healthy Schools Coordinator, Lambeth Council
- Adult Social Care, Lambeth Council (assessment for residential rehabilitation)
- Supported housing commissioning, Lambeth Council

## Lambeth Commissioners

- Lead commissioner for combating drugs partnership
- Lead commissioner for substance misuse in Lambeth
- Lead commissioner for youth services in substance misuse in Lambeth

## Other Councils

- Camden, Islington, Southwark, Bromley



# Stakeholder Engagement Methods



Focus groups

Online survey

Stakeholder workshop

1:1 in-depth interviews

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- **Limitation:** need a deeper understanding from **under-represented groups**
  - Diverse ethnic backgrounds, women, victims of violence, sex workers, people within the criminal justice system, experiencing homelessness or at risk of homeless, Gypsy Roma and Traveller community, people in treatment and have relapsed



# Recommendations Informing Lambeth's Alcohol Action Plan (2023-2025)



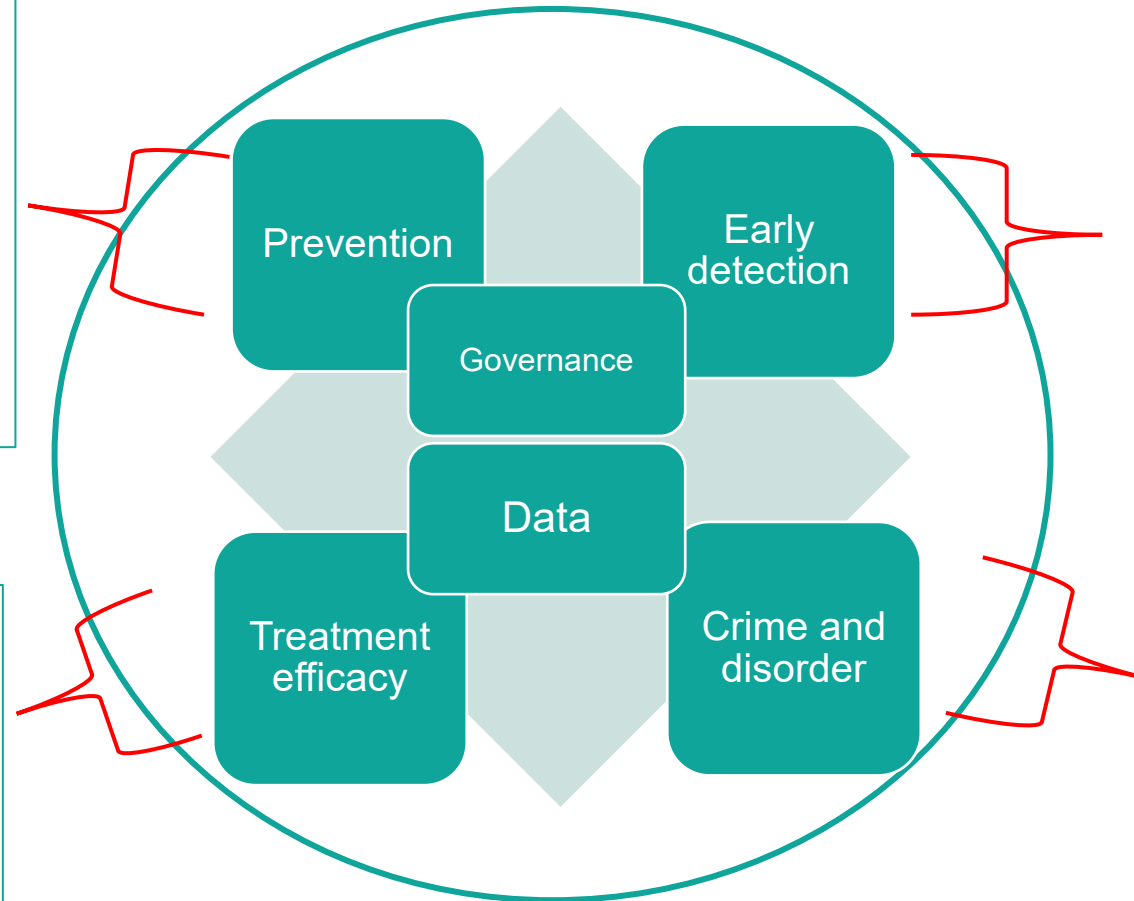
## Awareness

- Schools, service for young people affected by parental alcohol harm, youth workers
- Lambeth/SEL-wide awareness campaigns

## Availability

- Licensing policy and applications, work with bar managers, CIZ

- Methods to reach under-represented groups
- Information availability and booking process
- Peer-led sessions
- Assertive alcohol outreach



- IBA (integrated into Vital 5 and the NHS Health Check Programme) across SEL; data recording
- Self-screening methods
- Training to wider professionals e.g. community health champions, social care on IBA delivery

- Incident coding with police

Recommendations aligned with the **SEL Alcohol Action Plan** and the national **'From Harm to Hope' strategy**

Working in partnership for a healthier borough



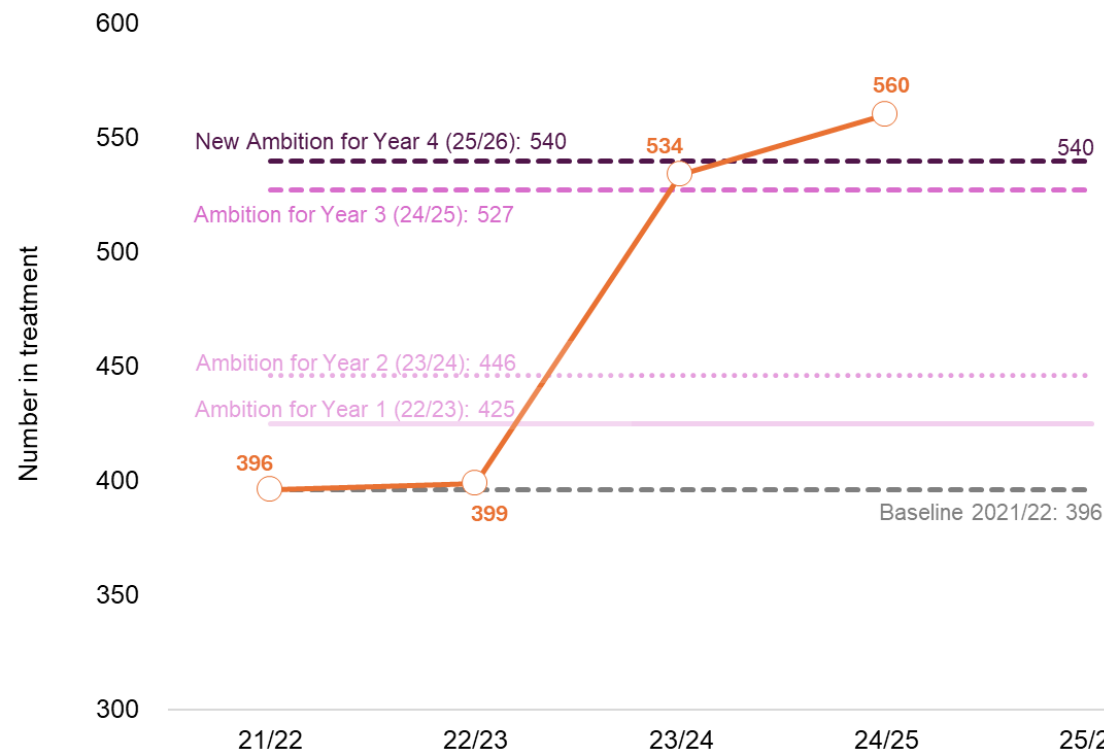
# Progress on Adult Alcohol Treatment vs Local & National Targets



- Baseline (2021/22): 396 adults in structured treatment for alcohol only.
- Year 1 (2022/23): 399 adults in treatment, meeting but only slightly exceeding the baseline and falling short of the ambition (425).
- Year 2 (2023/24): Increase to 534 adults in treatment — surpassing both the Year 2 ambition (446) and the Year 3 ambition (527) ahead of schedule.
- Year 3 (2024/25): Projected further increase to 560, exceeding the new Year 4 ambition (540) a year early.

Overall trend: Numbers stayed almost flat in Year 1 but rose from Year 2 onwards, consistently surpassing set ambitions from that point forward.

Adults in structured treatment for alcohol only against ambitions



Source: NDTMS, Local Outcomes Framework

# Case study: Impact of Alcohol Misuse on Family Life



Csilla self-referred to Adfam for support due to the impact of her husband Stefan's excessive drinking. She was overwhelmed, dealing with her job, household responsibilities, and sole care of their 4-year-old son, while also managing her own depression. Stefan's alcohol use had escalated over the past year, leading to emotional and verbal abuse, and he posed a safety risk to their child, resulting in supervised contact only.

During sessions, Csilla revealed fear of Stefan and described how his behaviour was controlling and emotionally abusive. After Stefan left the family home and stopped contact, Csilla felt angry and hurt. The worker supported her with safety planning, emotional wellbeing, and anger management.

They explored the dynamics of abuse using the power and control wheel and worked on setting boundaries. Csilla was encouraged to access Early Help, but after Stefan moved out, the service closed her case, though they referred her to a local children's centre.

In later sessions, the focus shifted to rebuilding Csilla's support network, accessing exercise, improving mental health, and understanding her legal rights. She was referred to counselling and peer support group.





# What We Need

1. Make every MECC moment count – ask about alcohol and use the resources like Drink Coach, FAST and Audit C
2. Refer. Support. Empower – get people and families connected to local services
3. Drive the needs assessment – contribute when called on



# Any Questions?

Rob Goodwin - [Rgoodwin@lambeth.gov.uk](mailto:Rgoodwin@lambeth.gov.uk)

Vanessa Cottrell - [Vcottrell@lambeth.gov.uk](mailto:Vcottrell@lambeth.gov.uk)

For any follow-up information or questions

Thank you!





# Appendix



# Year 4 OHID DATRIG 25/26



- OHID approved £3,156m investment in Year 4 Drug and Alcohol Treatment, Recovery and Improvement grant
- New Ambitions set for Year 4
- All previous year's investment maintained
- Review of Rough Sleeping Model in collaboration with key stakeholders
- Increase numbers on Depot Buvidal
- Additional Investment into Residential Rehab capacity
- Continuation of SEL wide SM Training provision for front line staff
- On Street Engagement Team funding and support of Anti-Social Behavior response
- Continued Joint Commissioning of Prison Based worker for SEL community services and continuity of care
- Investment into Psychology provision and posts enabling joint work between Treatment services and Live Well Network Alliance



# New Rough Sleeping Drug and Alcohol Treatment intervention

The rough sleeping grant primarily supports The Integrated Health Network (IHN) multi-disciplinary team, which engages individuals not actively seeking substance misuse treatment by first addressing immediate physical, mental health, and care needs, building trust that opens the door to discussing recovery options. The IHN comprises of 4 organisations: Thames Reach, GSTT, SLAM Psychology and Groundswell.

## THAMES REACH

- Deliver in-reach harm reduction support in Lambeth hostels
- Work with staff to identify and engage at-risk clients
- Provide Naloxone, training, and needle exchange supplies

## GSTT

- Use physical health support to build trust and address wider needs with rough sleepers
- Fast-track sexual health support for sex workers via GSTT partnership
- Target vulnerable groups, including refugees and undocumented migrants
- Focus nursing support in hostels with limited health services

## GROUNDSWELL

- Peer navigators provide advocacy and support with navigating services and attending health appointments
- Engagement with physical health often serves as a first step toward addressing substance misuse

## SLAM PSY

- Delivers psychological support and staff training on trauma and mental health
- Leads debriefs and reflective practice sessions
- Supports psychologically informed approaches in hostels
- Provides specialist training on complex conditions (e.g. hoarding, brain injury, personality disorder)

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## Lambeth Together Care Partnership Board

<b>Title</b>	Lambeth Together Assurance Sub-Group
<b>Meeting Date</b>	04 September 2025
<b>Author</b>	Warren Beresford – Associate Director Health & Care Planning and Intelligence
<b>Lead</b>	Jasmina Lijesevic – Board Lay Member

This item is for;

<input checked="" type="checkbox"/>	<b>Information</b>	<input type="checkbox"/>	<b>Discussion</b>	<input type="checkbox"/>	<b>Decision</b>	<input type="checkbox"/>	<b>Ratification</b>
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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 15<sup>th</sup> July 2025.

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

None.

**Summary and Impact on Inequalities**

At the meeting on 15<sup>th</sup> July, the Lambeth Together Assurance Group (LTAG) meeting agenda centred around two outcomes which the partnership is aiming to achieve through delivery of the [‘Our Health, Our Lambeth, As Lambeth Together’s health and care plan](#)

These were

***Outcome A: People Maintain Positive Behaviours That Keep Them Healthy***  
***Outcome D: People Have Healthy Mental and Emotional Well-being***

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), 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.

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# **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 15<sup>th</sup> July 2025
- At the meeting on 15th July, the Lambeth Together Assurance Group (LTAG) meeting agenda centred around three outcomes which the partnership is aiming to achieve through delivery of the ['Our Health, Our Lambeth, As Lambeth Together's health and care plan'](#).
- These were
  - ***Outcome A: People Maintain Positive Behaviours That Keep Them Healthy***
  - ***Outcome D: People Have Healthy Mental and Emotional Well-being***
- 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), 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 D: People Have Healthy Mental and Emotional Well-being*

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

- The group received an update highlighting the progress in mental health promotion, early support services, and the challenges in measuring the impact of suicide prevention training.
- There was a discussion around the ongoing provision of mental health support through the Living Well Network Alliance, which noted a continued trend of fewer people from Black communities accessing intensive support services. This was attributed to efforts in engaging local communities and providing culturally appropriate services.
- The conversation around Suicide Prevention Training noted challenges in measuring the impact that the training was having and the need to target specific cohorts at higher risk. Reference was made to a small increase in suicide rates in Lambeth and the efforts to promote training through community groups and faith organisations.
- Concerns were raised around the waiting times for Single Point of Access (SPA) assessments and the potential unused capacity in the focus support team. The issue was and reference was made to an action plan to address the waiting lists and redesign of the SPA to reach more people upstream.

## *Outcome A: People Maintain Positive Behaviours That Keep Them Healthy*

- The update on this item, and the subsequent discussion, covered progress on smoking cessation, NHS Health Checks and substance misuse, along with related equity issues, barriers and enablers.
- A decline in smoking prevalence in Lambeth was reported, with support provided to 633 people to quit in 2024/25. Proactive steps have been taken to reach high-prevalence groups, and services have been expanded through the Smoke-Free Generation grant. Challenges remain in prescribing varenicline, which are being addressed through targeted outreach and collaboration with providers.
- It was noted that more than 5,000 NHS Health Checks were completed in 2024/25, although men and some ethnic groups remain underrepresented. Efforts to address this include workplace pilot schemes and increased involvement from pharmacies.
- On substance misuse, it was reported that 47% of adults in treatment have made substantial progress, with retention rates varying across different substance categories. The importance of collaboration between services to improve retention was emphasised, and ongoing work is focusing on tackling the associated challenges.
- The group also heard about the on-street engagement team, which undertook 321 interactions in Q1 2025/26, leading to 117 onward referrals to partner services such as Lorraine Hewitt House and neighbouring drug and alcohol services.
- Concerns were raised about the increasing prevalence of vaping among young people and the risk of harmful substances being substituted for vaping liquids
- Presenters described efforts to address underage sales include targeted inspections, the recruitment of a smoking cessation adviser to work with children and young people, and collaboration with trading standards. Work is also targeting shops near schools and seeking to address the challenges of online sales of vaping products.

# **Appendix – Integrated Assurance Report Summary**

At the last Lambeth Together Partnership Board meeting, members approved the proposed changes to the Health and Care Plan impact measures for 2025/26, along with the forward view presentation timetable for the same period.

These metrics will be summarised in the usual scorecard format once more complete data for 2025/26 becomes available.



# Health and Care Plan: Key headlines (1)

	Outcome	Key Headlines
A	<b><i>People maintain positive behaviours that keep them healthy</i></b>	Planned deep dive, see enclosed presentation along with highlight report updates
B	<b><i>People are connected to communities which enable them to maintain good health</i></b>	The financial wellbeing of residents continues to be challenged due to wider economic factors linked primarily to austerity, continuing high inflation for food and energy and the welfare benefits system not keeping pace with the costs of essentials (e.g. Universal Credit (allowances and two-child policy), Healthy Start Vouchers being insufficient to meet the cost of infant formula). The council continues to provide reactive responses to poverty and increases in the cost of living whilst also developing longer-term responses to reducing the instance and impact of poverty in the borough through a Tackling Poverty action plan, with a delayed launch date due to political changes, with health as a key area of focus, recognising the impact of poverty on health outcomes.
C	<b><i>People are immunised against vaccine preventable diseases</i></b>	National (COVER) reporting lacks insights on vaccination inequalities. UKHSA's national health equity audit revealed the presence of avoidable inequalities within the UK vaccination system. A local health equity audit was also completed. It took a systematic approach to examining the areas and extent of inequalities in Lambeth's vaccination service to enable a data driven targeted engagement programme to be designed for those most need it. Inequalities in vaccination coverage and timeliness were found in Lambeth's childhood vaccination system.
D	<b><i>People have healthy mental and emotional wellbeing</i></b>	Planned deep dive, see enclosed presentation along with highlight report updates

# Health and Care Plan: Key headlines (2)



	Outcome	Key Headlines
E	<b><i>People have healthy and fulfilling sexual relationships and good reproductive health</i></b>	A dashboard is being developed by the PH Health Intelligence team which will allow us to more easily view STI testing and diagnosis numbers by age, ethnicity, sexual orientation and STI type. This will allow us to better understand need and whether targeted work with communities is having the desired effect on outcomes. The aim is that the dashboard will be completed by the end of Q2
F	<b><i>People receive early diagnosis and support on physical health conditions</i></b>	On cancer screening, there are numerous ongoing challenges. There is a lag in the data so we are 10 months behind with official data to see local rates which can lead to delays in identifying evolving issues. Due to primary care pressures it is difficult for primary care to take on additional screening promotion work. The breast screening incentive has been removed from the local PMS contract so there is now no local primary care incentives for cancer screening. Due to staffing changes within the NWDA there is now less capacity for focus on cancer projects. There are however numerous ongoing projects locally. SELCA are funding projects with IRMO (Latin American community) and LAMSOM (Somali community). They are also funding PCN projects to increase breast and cervical screening along with a PCN community engagement event which took place at the end of February. The NWDA have also funded multiple successful PCN engagement events. The local breast screening service are also working to increase appointments outside of normal working hours to aim to increase screening rates.
G	<b><i>People who have developed long term health conditions have help to manage their condition and prevent complications</i></b>	<p>Blood pressure control measures for both age groups are cumulative measures starting from April 2025. Improvement of blood pressure control has continued whilst hypertension detection and diagnosis has increased. Improvements have been made year on year.</p> <p>The Lambeth ambition for the proportion of people with Type 2 diabetes, who meet all 8 Care Process metrics, is to reach a minimum of 77% improve from prior year baseline by 10 percentage points. The measure is cumulative from April 2025.</p> <p>Challenges include General Practice capacity. General Practice is being supported to focus on improvements in these outcomes through the Lambeth General Practice Improvement Scheme – LTC section and Premium Specification KPIs focusing on completion of the 8 Care Processes and Enhanced Prevention. Access to the EZ Analytics apps will help practices to prioritise patient cohorts for review.</p>
H	<b><i>When emotional and mental health issues are identified; the right help and support is offered early and in a timely way</i></b>	<p>Lambeth SPA has consistently found it difficult to maintain necessary staffing levels and financial restrictions affecting the use of agency staff worsened this problem in recent months. However, remodelling of the core SPA team started in June, including closer co-operation with the Crisis Outreach Service (COS) and, in time, with primary care services. Lambeth Talking Therapies continues to focus on having more new clients access the service who are then assessed as being recovered and showing significant improvement in their symptoms when they complete treatment (i.e. are in “Reliable Recovery”). The LTT service is also working to increase session numbers for Black clients and ensure that reliable recovery rates are consistently over 48% for all ethnic groups.</p> <p>Lambeth CAMHS referrals remain high, with a gap between referrals received and accepted. No reasons or themes for rejected referrals are captured in the data. Caseload has grown, largely due to neurodevelopmental cases (e.g. ADHD), which typically stay under CAMHS care longer. First contact within 28 days is generally being achieved, with Lambeth performing well on this measure. This is important, as it introduces those referred to service to additional support and advice available to them whilst waiting for further assessment or therapeutic intervention.</p>

# Health and Care Plan: Key Headlines (3)



	Outcome	Key Headlines
I	<b><i>People have access to joined-up and holistic health and care delivered in their neighbourhoods</i></b>	<p>HWBus activity clearly indicates that we are reaching a large number of residents as per the total interactions captured. This total comes from both approaches; using the H&amp;W Bus on high streets and at community spaces as well as Health Champion outreach without the bus at various centres and spaces. It also demonstrates that we are consistently offering a variety of services to residents and in tandem, giving them access to information on these health topics.</p> <p>On Beacons service, the data demonstrates the outreach attracts strong numbers and there is demand at neighbourhood level.</p>
J	<b><i>People know where to go to get the right help, and are treated at the right time, in the right place, for their needs</i></b>	Community Pharmacy have undertaken 1184 consultations between May 2024 and April 2025 with Lambeth residents/registered patients to provide advice and guidance on self-care and supply of medicines where appropriate. The 2025-26 SEL Medicines Optimisation Plan includes a measure to increase use of the NHS app capability of ordering repeat prescriptions so that patients may more easily be equipped to take greater control over their health and care and to access care at the right time and place.
K	<b><i>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</i></b>	<p>There has been a change in the way we deliver Reablement. The Rehab Support Workers (RSW's) in Intermediate Care Lambeth are now delivering personal care as well as exercise programmes. We will be monitoring the outcome of these cases in the future and can report on this next time. We continue to achieve a high performance rate for the proportion of carers of service users who were offered a carer's assessment. The baseline is 98% and the latest overall position is 100%. We have also identified a member of staff in each team to be Carer's Champions and this will help to raise awareness of carers in the teams.</p> <p>On End of Life Care, key challenges include varying levels of capacity and professional confidence within Primary Care to initiate PCSP conversations. A recent survey of Lambeth GPs showed that GPs recognize Advance Care Planning (PCSP) as a primary care commitment, but that confidence in initiating and holding these conversations is not consistently high. Other challenges include variable data capture across PCNs, partly to different coding practice occurring in different practices within PCNs. SEL Ageing Well Funding (£64k non-recurrent for 1 year) project is underway to help address these barriers project resource to help address these barriers, working with primary care to support identification of people in the last year of their life and uptake of Universal Care Plans. Primary Care working with GP lead champions to increase completion and quality of UCP / ACP in Lambeth, including addressing data capture.</p>
L	<b><i>Women have positive experiences of maternal healthcare and do not experience a disproportionate maternal mortality rate</i></b>	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	<b>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</b>	On LDA care in specialist inpatient units, we note a steady decrease since 2022/23. From a position of 16 patients cared in inpatients setting in 22/23, we can report that in July 25 there are 10 patients cared on inpatient setting. The proportion of inpatients who are Black/Black British has fallen from 50% (22/23) to 27% (July 25) indicating there is no longer an over-representation of people from Black backgrounds in the most restrictive settings. This demonstrates the hard work of the whole Lambeth Together network and partners to achieve this result.
N	<b>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</b>	Of the new people supported by CLaSS in the first quarter of 2025/26, April to June, 50% were for Black services users, down from the 54% seen in the previous financial year. However, there are too few people involved to be sure that this small difference is statistically significant. More intensive LWNA services presents a mixed picture in the first quarter, April to June, with the proportion of Black people newly accepted into inpatient care rising by 4%, but the equivalent figure for more intensive community support (focused support and home treatment) falling by 4%. Both figures remain much higher than might be expected though, given that the Black adult population of Lambeth is 21.7%.
O	<b>People who are homeless, or at risk of becoming homeless, (including rough sleepers and refugees) have improved health</b>	Following the review process for 25/26 the team agreed to monitor four impact measures in 25/26. A continued focus will be on GP registration across the Vulnerable Adults Pathway (maintaining 90% or above) and number of rough sleepers brought into accommodation. We introduced two new measures for 25/26 focussing on number of rough sleepers who have returned to the streets after being in settled accommodation and 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).



# Other Areas of Business

## Risk

- As of June, there were 8 active risks on the South East London Risk register for Lambeth.
  - CAMHS waiting times
  - Diagnostic waiting times for neurodiversity assessments - children and young people
  - Failure to safeguard adults
  - Immunisation Rates protect Children, including vulnerable groups from communicable diseases.
  - Increase in vaccine preventable diseases due to not reaching herd immunity coverage across the population - Seasonal Flu Vaccination
  - Delivery of overall Place/borough productivity & efficiency requirement and achievement of financial balance for 2025-26.
  - Delivery of Delegated Primary Care productivity & efficiency requirement and managing expenditure within allocated financial resources for 2025-26
  - Delivery of productivity & efficiency requirement and achievement of financial balance for Mental Health for 2025-26 financial year

## Quality

- No specific update on Quality was provided at this meeting, as these are given quarterly unless an issue needs to be raised by exception.
- No exceptions were reported, and any quality matters will be brought forward as part of the group's routine presentations as required.

## Finance

### South East London ICB (Lambeth)

- The borough is reporting an overall £78k year to date overspend position and a forecast breakeven position at Month 02 (May 2025). The reported forecast position includes £337k overspend on Mental Health Services (including Learning Disabilities) and £337k underspend on Continuing Health Care (CHC) Services.

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

- ASC – There is a current projection of £7.8m overspend, a £5.1m increase compared to 2024/25 outturn. Largest pressure areas remain Learning Disabilities, Older Persons Nursing Care due to ongoing increases in acuity, cost and demand.
- Management actions to improve the position include strengthening care package reviews, joint working on transitions through the 0–25 service, and enhancing preventative interventions with greater focus at the point of first contact and increased community reablement referrals

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## Lambeth Together Care Partnership Board

<b>Title</b>	Lambeth Together Primary Care Commissioning Committee Update
<b>Meeting Date</b>	04 September 2025
<b>Author</b>	Lesley Connaughton – PCN Development & Engagement Manager
<b>Lead</b>	Jasmina Lijesevic – Lambeth Together Board Lay Member

This item is for;

<input checked="" type="checkbox"/>	<b>Information</b>	<input type="checkbox"/>	<b>Discussion</b>	<input type="checkbox"/>	<b>Decision</b>	<input checked="" type="checkbox"/>	<b>Ratification</b>
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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 23 July 2025; &
- Ratify decisions made at the Primary Care Commissioning Committee on 23 July 2025.

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

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

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

### Summary and Impact on Inequalities

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

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

Key Functions:

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

This update to the Lambeth Together Care Partnership Board is to provide assurance on the delivery of delegated primary care functions, information on and ratification of decisions made at the Primary Care Commissioning Committee on 23 July 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 23<sup>rd</sup> July 2025



Working in partnership for a healthier borough

# LTPCCC Part Two Meeting



## Approvals recommended to the Board:

### System development fund – end of year review and looking ahead

The Primary Care Team presented the System Development Fund (SDF) paper which included an evaluation of 24/25 activities and recommendations for 25/26 funding allocation.

The paper provided insights into the outcomes and effectiveness of the funded projects. It also outlined the recommendations for 25/26 funding allocation, including support for flexible working support, GP education, Primary Care Sustainability, and locums reimbursement support. The paper proposed the allocation of 60% of the funding.

A paper to the September meeting will detail plans for utilisation of the remaining 40% of the funding.

***Outcome: The committee approved the proposed SDF allocations and noted that a follow-up paper would be presented in September to address additional funding needs and align with the ICB blueprint.***

**The Board is asked to ratify this decision.**

# LTPCCC Part Two Meeting



## Lambeth Estates General Updates

The Committee received an update from the estates team which included news of the opening of the new Grantham Practice on the 11<sup>th</sup> of June, and upcoming projects funded by the utilisation and modernisation fund.

## Local Improvement Grants

Applications received and considered for local improvement grant funding were discussed. Projects under consideration based on funding needs were also noted.

## North Lambeth Premises

An update was given on premises developments within North Lambeth.



# LTPCCC Part Two Meeting



## Approvals recommended to the Board:

### Special Allocation Scheme (SAS) Transfer from Bromley to Lewisham

The Primary Care Contracting Team provided an update to the Committee with an ask to approve the transfer of the SAS contract to Lewisham Borough.

The explanation behind the transfer of the SAS contract from Bromley to Lewisham aligns the contract with the operational lead in Lewisham, where the provider is based and local relationships are managed. All other boroughs in SEL had already approved and agreed the transfer.

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Lewisham will be the host site for the SAS service, everything currently sitting with Bromley would formally transfer to Lewisham.

Confirmation was given that the payment mechanism was already in place.

***Outcome – The Committee approved the transfer of the SAS contract to the Lewisham Borough***

**The Board is asked to ratify this decision.**



# LTPCCC Part Two Meeting



## Expression of interest for the Lambeth GP Provider Alliance

The Committee discussed the expression of interest for creating a new Lambeth GP Provider Alliance. The committee are to review a full application in September, and a due diligence process will be conducted.

The meeting was updated on the processes around the expression of interest and that it created a new Lambeth GP Provider Alliance which aims to provide operational and transformational support to GP practices in Lambeth.

A due diligence process will be conducted to assess the viability and compliance of the new organisation, with several committee members participating in the review panel.

**The Board is asked to note this decision.**



# LTPCCC Part Two Meeting



## Approvals recommended to the Board:

### GP Out of Hours for a Lambeth Practice

The Committee received an update on the second remedial breach notice issued to a practice for non-compliance with their GP out of hours (GP OOH) service, including the background to the breach notice issued and the progress made by the Practice to date.

The second breach notice required the practice to update patient-facing materials, provide a repayment plan to the GP OOH service, and sign a written agreement with the GP OOH service for the service. Whilst the surgery had complied with updating patient materials and repaying GP OOH service, it had not yet provided a signed agreement with them.

***OUTCOME – The Committee approved to proceed with recommendations 1-5, but not to issue a letter of compliance, that also the ICB retain the current financial arrangements with them paying SELDOC directly for the provision of the OOH service until the ICB receives evidence of a signed written agreement between the practice and the GP out of hours service.***

**The Board is asked to ratify this decision**

# LTPCCC Part Two Meeting



## Approvals recommended to the Board:

### Quality Committee recommendation on Travel Vaccinations Complaint for a practice

The Primary Care Team shared with the committee that following the creation of the Quality Committee Meetings, they had reviewed a quality issue with an agreed recommendation to the Primary Care Commissioning Committee. The ICB had received a complaint about patient being charged a consultation fee for NHS-funded travel vaccinations.

Details were provided on the background which included a recommendation that a formal letter be sent to the Practice to clarify that NHS-funded vaccines should be provided free of charge to registered patients and with no consultation fee. A supportive practice visit was also recommended on how to operate a travel vaccination service.

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The committee agreed:

Recommendation - 1A be added to the letter and that the distinction between consultation fees is clarified as well as when vaccinations need to be made available free of charge. It was acknowledged that the language needs to be clear especially as the Practice website is currently not.

**OUTCOME – The Committee approved to take forward the recommended actions for the Travel Vaccinations Issue at the practice.**

**The Board is asked to ratify this decision**



# LTPCCC Part Two Meeting

## Approvals recommended to the Board:

### Chairs Action Breach Notice

The Committee were informed about a breach of confidentiality during the APMS procurement standstill period. A breach notice was issued following a **Chairs Action** that was taken the previous week, and the committee will receive an update at the next meeting.

### The Deerbrook Surgery move from HBD PCN to Fiveways PCN

The Committee were given the background and details for the request for Deerbrook Surgery to move to Fiveways PCN. The committee reminded the need to ensure that all necessary notifications had been actioned and updates completed, i.e. Websites etc

***Outcome – The Committee approved the Deerbrook Surgery move from HBD to Fiveways PCN from the 1<sup>st</sup> of October 2025***

### ADHD Medication

Background to a quality issue that had been raised where a Patient raised a complaint with a clinical decision was shared with the Committee. This falls outside of the ICB delegated function and the Medical Director recommends speaking to NHSE who have asked for all information

***OUTCOME – The Committee approved that Dr Di Aitken is to share information with the Professional Standards Team at NHSE***

**The Board is asked to ratify these 3 decisions**



# LTPCCC Part One Meeting

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

- **Primary Care Transformation and Operational Delivery Group**
- **Risk Register**
- **Performance**
- **Workforce**
- **Primary Care Finance**
- **Quality**
- **Integrated Neighbourhood Teams**
- **CHILDS Programme**

The Committee noted each update in turn.



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## Lambeth Together Care Partnership Board

<b>Title</b>	Universal Access Fund: All-Age Autism Fund (AAAF) - Q1 Monitoring Update (Apr–Jun 2025)
<b>Meeting Date</b>	04 September 2025
<b>Author (&amp; role / title/s)</b>	Taiwo Afolabi - Senior Commissioning Officer
<b>Lead / Presenters (&amp; role / title/s)</b>	Michelle Homer – Lead Commissioner Lulu Pinkney – Special Educational Needs and Disability (SEND) Youth Involvement Coordinator

This item is for;

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

The Lambeth Together Care Partnership Board is asked to:

- Note the delivery and outcomes achieved in Quarter 1;
- Endorse the Quarter 2 priorities to strengthen equity and sustainability; &
- Support cross-system enablers:
  - (i) comms amplification via partners;
  - (ii) data-sharing to improve demographic and outcome completeness;
  - (iii) alignment with Oliver McGowan training

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

Lambeth All-Age Autism Strategy Implementation Group (programme oversight and prioritisation).

Lambeth Learning Disability and Autism (LDA) Steering Group.

**Summary of your community and stakeholder engagement**

- Co-production and participation: autistic people co-designed the documentary project with Chocolate Films; parents/carers involved in hub design; participant stories gathered across sports and creative programmes.
- Targeted engagement: Indoamerican Refugee and Migrant Organisation (IRMO) delivered bilingual (Spanish/English) workshops; outreach via schools, job centres, and community networks; bursaries removed cost barriers in sports offers.
- Equalities approach: Demographic capture used to monitor reach by age, gender, ethnicity, language and need; accessible formats and culturally responsive delivery partners engaged; actions set to address gaps (25+ adults, and residents needing non-English support).

**Report summary and Impact on Inequalities**

Programme delivery (Q1 highlights from slides):

- Scale: 166 supported; 121 started engagement; 82 referrals; 39 satisfaction returns.
- Need profile: Autism recorded for 128 participants; comorbid ADHD/ADD and mental-health support present.
- Demographics: 69% under-18; 12% aged 18–24; 19% 25+; 59% male / 41% female; 55% Black/Black British, 12% Asian/Asian British, 10% White (all categories), 10% Mixed, 13% Other/unspecified; primary language English (n=140) with smaller numbers for other languages.
- Projects: Delivery progressed across inclusive sports (Fulham FC, BIGKID), creative/therapeutic offers (Autism Voice, Carers4Carers, Chocolate Films), targeted education hubs (Education Lambeth), access to sensory spaces (Active Lambeth/MAC), and weekend play (Oasisplay). Early outcomes include increased confidence/skills, reduced isolation, successful EHCP interventions (n=6), and case-study evidence of improved wellbeing.

Inequalities assessment:

- Positive reach into Black communities (55%) and children/young people (69% under-18).
- Gaps for adults 25+; limited non-English participation relative to community profile.
- Mitigations/Q2 actions: targeted comms and adult-focused offers; bilingual outreach and translated materials; borough sensory-access guide; strengthen outcomes/KPIs (participation, progression, wellbeing).



# Universal Access Fund – All Age Autism Fund

*Q1 Monitoring Update – April – June 2025*

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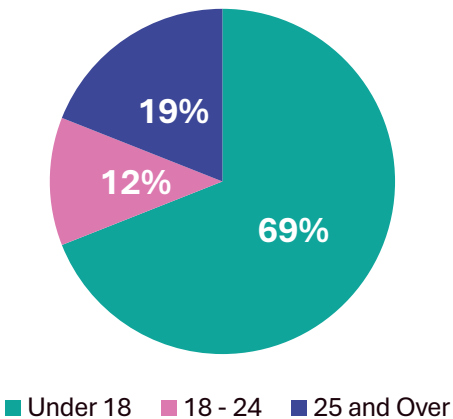


Working in partnership for a healthier borough

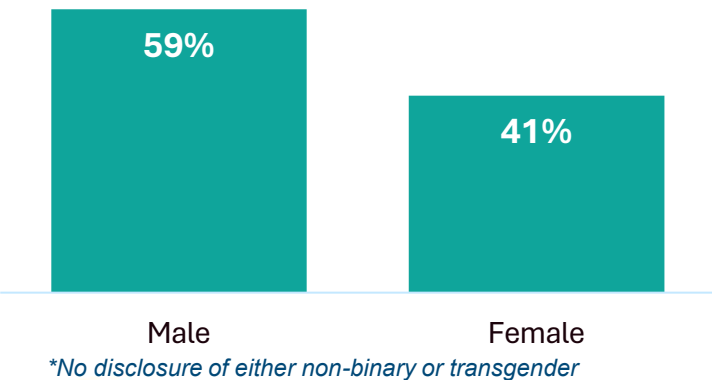
# Participants Overview



AGE GROUP

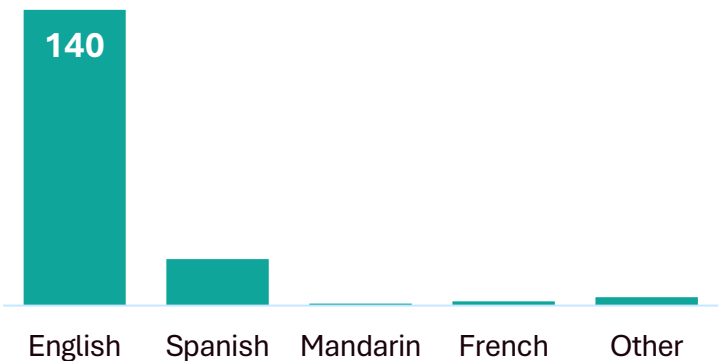


GENDER

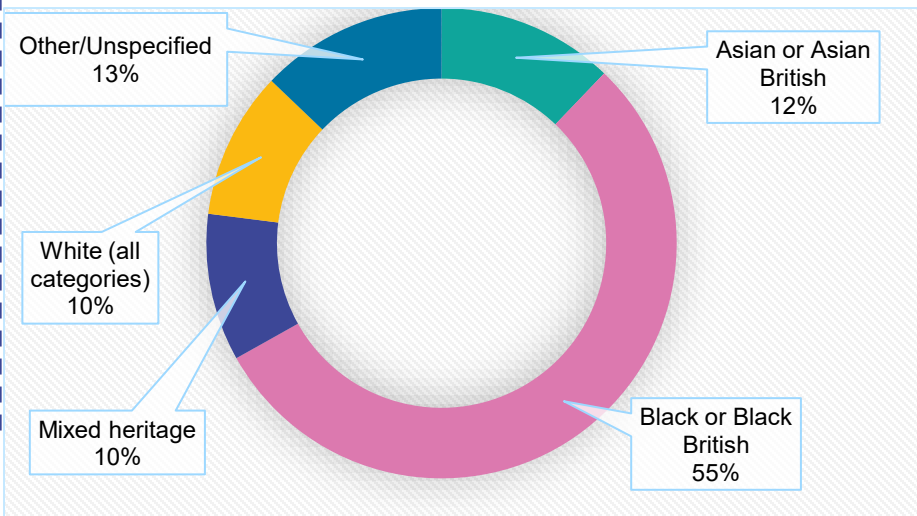
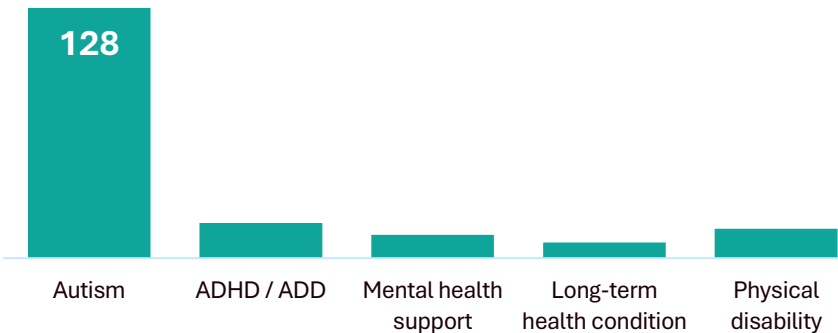


166	121
Total number of participants currently being supported	Total number of participants who started engagement
82	39
Total number of referrals received	Total number of satisfaction survey completed

LANGUAGES



IDENTIFIED NEEDS



# Q1 Progress Update



Project	Q1 Progress
<b>Chocolate Films/ SEND –</b> Creating a documentary style film	<ul style="list-style-type: none"> <li>Appointed Chocolate Films to design and deliver hands-on documentary workshops in Lambeth schools, co-produced with young autistic participants. 27 students engaged across 4 Lambeth schools.</li> <li>Partnered with AQA's Unit Award Scheme so every student receives a "Making a Documentary" certificate</li> <li>Invited Cllrs and Directors to the Ritzy Brixton premiere on Wednesday 9 July 2025</li> <li>Next step - Working with Comms to launch a borough-wide campaign post-premiere</li> </ul>
<b>Education Lambeth –</b> Piloting targeted autism hub	<ul style="list-style-type: none"> <li>6-week pilot for up to 20 school-anxious autistic young people (ages 10–15 &amp; 16–25), co-facilitated by LAAS lead, trained mentor, tutors/carers, with EBSNA info and peer support</li> <li>planning time secured; venue hired, mentoring providers contracted; referrals pathway agreed with education colleagues; Phase 2 sites scouted; resources refined at Autism &amp; ADHD Show</li> <li>Immediate next steps: launch Hub advertising; schedule school/college &amp; parent/carer info sessions; finalise weekly topic briefs &amp; resource packs; produce access guide &amp; sensory map; confirm long-term sustainability plan</li> </ul>
<b>Fulham FC Foundation –</b> Providing weekly inclusive football sessions	<ul style="list-style-type: none"> <li>Successfully delivered inclusive sports sessions supporting 25 autistic participants, maintaining consistently high satisfaction, particularly around skill development and social connections.</li> <li>Secured 100% bursaries for 3 participants, ensuring sustained accessibility and overcoming financial barriers to participation.</li> <li>Shared impactful case study of participant (age 11), showcasing dramatic improvements in confidence, physical mobility, and leadership abilities through structured, inclusive sports participation.</li> </ul>
<b>Brixton Ballers –</b> Providing wheelchair basketball activities for autistic individuals.	<ul style="list-style-type: none"> <li>Successfully attracted and actively engaged 15 autistic participants, primarily through digital platforms (6–10 referrals from social media/online), indicating strong outreach and engagement strategies.</li> <li>Requested targeted support to secure larger sports wheelchairs</li> <li>Shared powerful participant story demonstrating the substantial personal growth, health benefits, and increased self-confidence arising from regular participation in wheelchair basketball.</li> </ul>



# Q1 Progress Update



Project	Q1 Progress
<b>The Multi-Activity Centre (MAC)</b> – Expanding sensory spaces for autistic individuals	<ul style="list-style-type: none"> <li>Actively progressing with securing premises, laying essential groundwork for providing dedicated autism-specific activities in Lambeth.</li> <li>Clear next steps established to secure appropriate venue and finalise budgetary assessments,</li> <li>Positioned well for future success, currently completing critical procurement phases with no operational risks or issues identified.</li> </ul>
<b>IRMO</b> – Providing Bilingual autism support workshops	<ul style="list-style-type: none"> <li>Successfully engaged 11 participants from diverse Latin American communities through targeted outreach via parent-led "Familias Neurodiversas" group.</li> <li>Demonstrated strong programme impact with participants' knowledge of local support services doubling (from 4.0 to 8.0 out of 10) after SALT group sessions.</li> <li>Facilitated 6 successful EHCP support interventions, enhancing families' ability to navigate critical educational support processes confidently.</li> <li>Positive participant feedback highlighted the significant benefit of culturally tailored, Spanish-language group therapy sessions.</li> </ul>
<b>BIGKID Foundation</b> – Providing inclusive sports and life skills sessions	<ul style="list-style-type: none"> <li>Made significant preparatory progress, successfully securing strategic partnerships with 2 local Lambeth schools (Evelyn Grace Academy &amp; Elmgreen School) to deliver autism-focused sessions from September.</li> <li>Clear, achievable next steps identified for September programme launch.</li> </ul>
<b>Carers4Carers</b> – Therapeutic Arts Programme for families	<ul style="list-style-type: none"> <li>Exceeded initial engagement targets, actively involving 18 families (55 individuals) across inclusive creative arts events, highlighting strong community demand.</li> <li>Exceptional participant satisfaction reported, with consistently high attendance at all sessions, reflecting an inclusive and culturally sensitive approach.</li> </ul>



# Q1 Progress Update



Project	Q1 Progress
<b>Autism Voice</b> – Delivering craft making and wellbeing workshops	<ul style="list-style-type: none"> <li>Strong local engagement, supporting 31 autistic participants, with referrals mainly from Lambeth job centres (11–20 referrals) and through word-of-mouth (up to 10 referrals)</li> <li>Achieved 100% satisfaction from all (21) completed participant surveys</li> <li>Effectively signposted 2 participants requiring housing assistance to Lambeth Housing and facilitated specialised support for 3 young people for health and behavioural needs.</li> <li>Identified a clear growth opportunity for expanding tailored activities for autistic adolescents aged 11–15 and essential respite services for families and carers.</li> </ul>
<b>Rathbone</b> – Improving autistic individuals access to activities	<ul style="list-style-type: none"> <li>Effective early-stage engagement, currently supporting 5 autistic young people, primarily via personal recommendations and partnerships with the Children with Disabilities Team.</li> <li>Achieved consistent high satisfaction (100% rated 'Good') in initial satisfaction surveys,</li> <li>Proactive management of complex referrals, effectively signposting 2 participants requiring more intensive support.</li> </ul>
<b>Active Lambeth</b> – Reopening sensory spaces in leisure centres	<ul style="list-style-type: none"> <li>Sensory equipment has been ordered, and spaces in 4 leisure centres have been identified</li> <li>Oliver McGowan's training rollout is being planned for all staff.</li> <li>The opening ceremony will be coordinated once all logistics are confirmed.</li> </ul>
<b>Oasisplay</b> – Providing weekend adventure playground sessions	<ul style="list-style-type: none"> <li>Successfully provided critical personalised support (1:4 ratio) enabling 9 autistic children to engage fully in play and social activities, reducing family isolation.</li> <li>Positive collaboration with local schools and families.</li> <li>Actively supporting families (2 participants) requiring additional specialist interventions from CAMHS and Lambeth's Children with Disabilities services.</li> </ul>



# Case Studies



## Background:

- 21-year-old non-diagnosed autistic female referred by her Jobcentre work coach.

## Challenges:

- Extremely withdrawn at home and in sessions—“square peg” unable to “fit in” with family routines.
- Limited diet (bread, cheese, Marmite) and reliant on car transport only.

## Interventions:

- Weekly craft-making & wellbeing workshops, with bespoke 1:1 support.
- Family coaching sessions to foster understanding of autistic needs.
- Practical life-skills tasks: meal planning, cooking, public-transport training.

## Outcomes:

- Expanded diet: now plans and cooks a varied weekly menu.
- Confidently travels solo on public transport to appointments.
- Voices opinions in family discussions, improving mutual understanding.
- Secured a six-month Kickstart placement—“Without Autism Voice, I would have given up on getting her an assessment ... your support is the backbone when needed.”

## Background:

- Black African single mother (aged mid-30s–40s) caring for two neurodiverse daughters (10 and 14) in Lambeth.

## Challenges:

- Felt isolated, emotionally exhausted and unsupported in her caring role
- Children anxious and withdrawn in family and peer settings

## Interventions:

- Attended three “Expressions of Us” creative workshops (International House, Tate Britain & online) with her daughters.
- Received 1:1 keyworker support and peer networking via a dedicated WhatsApp group.

## Outcomes:

- Children’s confidence blossomed— (10) engaged fully in gallery activities; (14) created and proudly shared her first public artwork.
- Parent formed lasting connections with other carers, exchanging contact details and coping strategies.
- One daughter now sleeps better after peer-led sessions; both have new outlets for self-expression.
- Parent reports “less overwhelmed” and “more supported” in her caring role.





# Autism: A Unique Life

*With thanks to Elm Court School, La Retraite Roman Catholic Girls' School  
& London Nautical, City of London Academy*



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