LAMBETH TOGETHER CARE PARTNERSHIP (FORMERLY LAMBETH TOGETHER STRATEGIC BOARD)

Date: Thursday 6 November 2025
Time: 1.00 pm
Venue: Brixton Tate Library, London, SW2 1JQ

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
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	Corporate Director, Integrated Health and Adult Social 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

Access for Members of the Public and Representations

Members of the public have a legal right to attend Council and committee meetings. Members of the public should not heckle or otherwise disrupt and must respect the rulings of the chair. Other than when invited to do so by the Chair, members of the public are not permitted to speak at the meeting as this distracts councillors, officers and members of the public who are observing during the meeting.

Access for Members of the Committee

In line with legislation, Committee members must attend in person at Brixton Tate Library, London, SW2 1JQ.

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

We encourage people to use Social Media and we normally tweet from most Council meetings. To get involved you can follow us @LBLDemocracy.

Audio/Visual Recording

Everyone is welcome to record meetings of the Council and its Committees using any, non-disruptive, methods you think are suitable. If you have any questions, please contact Democratic Services (members of the press please contact the Press Office).

AGENDA

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

Lambeth Together Care Partnership
Public Forum and Board Meeting in Public

Thursday 6 November 2025, 1:00pm – 5:00pm
Brixton Tate Library

AGENDA

THIS MEETING IS IN PERSON ONLY

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

Agenda Item No. and Time	Agenda Item Title	Attachment / Supporting Information	Agenda Item Lead
1 p.m.	**Public Forum**		
60 mins	**Welcome and introductions** **The Public Forum and how to take part** **Questions from the public**		
2 p.m.	**Board Meeting in Public**		
1.	**Introductions** ▫ Welcome, introductions and apologies		**Dr Di Aitken** *Co-Chair*
2.	**Declarations of Interest** ▫ Members of the Board are asked to declare any interests on items included in this agenda		**Dr Di Aitken** *Co-Chair*
3.	**Review of Minutes** ▫ Members of the Board are asked to approve minutes and review any matters arising from the Lambeth Together Care Partnership Board meeting in Public on 4 Sept 2025	Paper enc.	**Dr Di Aitken** *Co-Chair*
4. 2:05pm (10 mins)	**Place Executive Lead Report** ▫ Members of the Board are asked to receive an update on key developments since the last	Paper enc.	**Andrew Eyres** *Place Executive Lead Lambeth, Corporate Director, Integrated Health, and Care, Lambeth Council and South East London Integrated Care Board*

Agenda Item No. and Time	Agenda Item Title	Attachment / Supporting Information	Agenda Item Lead
	Lambeth Together Care Partnership Board meeting in Public on 4 Sept 2025		
5. 2.15pm (30 mins)	**Deep Dive – Children and Young People Alliance** Members of the Board are asked to; ▫ Approve the progress report on the work of the Children and Young People Alliance against the activities outlined in Our Health, Our Lambeth - Lambeth Together health and care plan 2023-28. ▫ Approve the health inequalities and prioritisation approach based on work from Act Early South London, to help guide and design implementation of integrated neighbourhood teams for the Children and Young People Alliance. ▫ Hear directly from children and young people in Lambeth about the health and care issues that matter most to them, including where resources should be focused and how their voices can be embedded in decision-making and future planning.	Paper enc.	**Simon Boote** *Programme Director - Children & Young People Alliance* **Anna Walsh** *Transformation Lead, Act Early South London* **Eleanor Wyllie** *Programme Director, CHILD* **Rachel Scantlebury** *PH Consultant, Lambeth*
2:45 (10 mins)	**BREAK**		
6. 2.55pm (10 mins)	**Lambeth Together Primary Care Commissioning Committee (PCCC)** Members of the Board are asked to; ▫ Note the update on discussions held at the Primary Care Commissioning Committee on 17th September; and ▫ Ratify decisions made at the Primary Care Commissioning Committee on 17th September	Paper enc.	**Jasmina Lijesevic** *Lambeth Together Board Lay Member*
7. 3.05pm (10 mins)	**Lambeth Together Assurance Group (LTAG) Update** Members of the Board are asked to; ▫ Note the report from the Lambeth Together Assurance Sub-Group and the associated Integrated Assurance Report presented on 16 September 2025	Paper enc & att.	**Jasmina Lijesevic** *Lambeth Together Board Lay Member*

Agenda Item No. and Time	Agenda Item Title	Attachment / Supporting Information	Agenda Item Lead
8. 3.15pm (20 mins)	**Business Planning 2026/2027** Members of the Board are asked to; ▫ Approve the proposed approach for the 2026/27 Business Planning Process, noting the national requirements and timelines ▫ Work with their respective organisations, alliances, and partners to support the production of prioritised and deliverable local plans		**Warren Beresford** *Associate Director Health and Care Planning and Intelligence*
9. 3.35pm (20 mins)	**Carer's Strategy Update** Members of the Board are asked to; ▫ Note the actions and outcomes delivered in Year 1 of the strategy ▫ Support the actions underway and planned for Year 2 of the strategy		**Jen Henderson** *Associate Director, Integrated Commissioning* **Alice Dias** *CEO, Carers Hub* **Deniece Campbell** *Advocate & Carer* **Katherine Peddie** *Service Development Officer, Children's Commissioning and Youth Services* **Alex Murphy** *Lead Commissioner SEND & Health, Children's Commissioning and Youth Services*
10. 3.55pm (10 mins)	**Questions from the public**		
10. 4.05pm	**AOB** **Close** Date of next meeting: **8 January 2026** Format: Virtual, online only Public forum: 1pm-2pm Board meeting in Public: 2pm-5pm		**Dr Di Aitken** *Co-Chair*

This page is intentionally left blank

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

Thursday 4 September 2025 at 2:00PM
Microsoft Teams

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
Cllr David Bridson	Cabinet Member for Healthier Communities (job-share), Lambeth Council
Dr George Verghese	GP, Co-Chair of the Lambeth Primary Care Clinical Cabinet
Dr Raj Mitra	GP, Children and Young People's Alliance Clinical and Care Professional Lead
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 (GSTT)
Ruth Hutt	Director of Public Health, Lambeth Council
Sarah Flanagan	Patient and Public Voice Member
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)
Richard Outram	Director Adult Social Care Lambeth Council (deputising for Fiona Connolly, Corporate Director, Housing & Adults Social Care, Lambeth Council)
Dan Stoten	Director of Integrated Children's Commissioning and Youth Services - Lambeth Council and NHS South East London Integrated Care Board (deputising for Andrew Carter, Corporate Director of Children's Services, Lambeth Council)
Folake Segun *(non-voting member)*	Chief Executive, Healthwatch Lambeth

In attendance:

Alex Jackson	Programme Lead, Lambeth Together
Alice Jarvis	Director of Operations and Partnerships, Integrated and Specialist Medicine, Guy's and St Thomas' NHS Foundation Trust (GSTT)
Edward Odoi	Associate Director of Finance, NHS South East London Integrated Care Board
Ese Iyasere	Consultant in Public Health, Lambeth Council
Guy Swindle	Deputy Director, Lambeth Together Living Well Network Alliance
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
Kersti Dolphin	Adfam Director of Services
Lulu Pinkney	Special Educational Needs and Disability Youth Involvement Coordinator
Oge Chesa	Director of Primary Care and Transformation, NHS South East London Integrated Care

	Board
Rob Goodwin	Combatting Drugs Partnership Senior Programme Manager, Lambeth Council
Simon Boote	Programme Director, Children and Young People's Alliance
Taiwo Afolabi	Senior Commissioning Officer, Lambeth Council
Warren Beresford	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
Damilola Bamidele	Head of Programmes for Lambeth, Black Thrive, Lambeth
Dr Nozomi Akanuma	Living Well Network Alliance Clinical and Care Professional Lead, South London, and the Maudsley NHS Foundation Trust
Dr Penelope Jarrett *(non-voting member)*	Chair, Lambeth Local Medical Committee
Eugenie Dadie	Patient and Public Voice Member
Fiona Connolly	Corporate Director of Housing and Adult Social Care, Lambeth Council
Paul Coles	Chief Executive, Age UK, Lambeth
Therese Fletcher	Managing Director, Lambeth GP Federation

1 Introduction

Dr Di Aitken opened the meeting. Board Members and presenters introduced themselves. Apologies were noted from Ade Odunlade, Andrew Carter, Dr Nozomi Akanuma, Dr Penelope Jarrett, Damilola Bamidele, Eugenie Dadie, Fiona Connolly, Paul Coles and Therese Fletcher.

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 Sarah Flanagan, Patient and Public Voice Member (PPV), ahead of World Suicide Prevention Day on 10 September, highlighted the refreshed Lambeth Suicide Prevention Strategy 2025–2030, and recommended that attendees read the strategy. Sarah, Cllr Manley-Browne and other Board members acknowledged the importance of the topic and available support resources. Sarah also highlighted the positive work of The Listening Place, the Black Men's Consortium and Mosaic Clubhouse to encourage open conversations about mental health.

The following was also discussed:

- The 'Inspire' event on Black community health, taking place on 25th October at St Mark's Church, Kennington.
- Community Engagement on Neighbourhood Health Services.
- Concerns Over Abolishment of Healthwatch England.

- Complexity of Care Pathways and Primary Care Challenges.
- Complex Instructions and Patient Self-Management.
- Mental Health, Well-Being, and Community Initiatives.

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.

Dr Di Aitken reminded colleagues to review their declaration of interests to ensure they are up to date.

3 Minutes

The minutes of the meeting of Thursday 03 July 2025 were **agreed** as an accurate record of the meeting.

All previous actions are closed.

4 Lambeth Together Care Partnership - Place Executive Lead Report

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

RESOLVED

1. Board members received the update on key developments since the Lambeth Together Care Partnership Board meeting in public on 03 July 2025.

To view the report accompanying this item, refer to pages 17 to 25 of the Board pack.
To view the recording for this item, refer to part 2 of the meeting recording from 02:43 – 07:43.

5 Addressing Substance Misuse – Deep Dive

Ese Iyasere, Rob Goodwin and Kersti Dolphin presented a deep dive into the Substance Misuse programme. The following was discussed:

- The Board recognised the positive work on strengthening the local response to substance misuse through a system-wide approach, aligned with national strategies, and building on the commitments in Our Health, Our Lambeth.
- Dr Di Aitken queried whether new residential Rehab Access are available within London.

- Rob responded to say that the rehab access providers are generally outside of London.
- Andrew Eyres asked who is responsible for the Continuity of Care Post-Prison for those released into Lambeth or those imprisoned in Lambeth and raised a query about deaths in treatment.
- Rob advised that Lambeth is responsible for people who are imprisoned in Lambeth and people coming into Lambeth when they get their prison release. The team work with Forward Trust and other areas where there may be uncertainty around where they're going to be placed. The team advised that they have been drawing themes including a focus on actual cause of death and links with substance misuse. Most deaths in treatment are due to natural causes. The drugs and alcohol related death panel review cases and the team identify themes from the case reviews.
- Dr Raj Mitra asked whether the team had thought about moving away from the disease model of addiction to a more holistic approach for the individual.
- Ese advised that the team are focussing on a more holistic approach, providing wrap around support and tackling the wider determinants. Lambeth Council has been approached to be part of a study that considers combination therapy in treating those with substance addiction.
- Having given apologies for the meeting, Dr Penelope Jarret asked by email if Public Health in Lambeth would support the British Medical Association (BMA) call for minimum unit pricing of alcohol.
- Jasmina Lijesevic asked if services link in to support families of young people with substance misuse issues.
- Ruth Hutt confirmed that there is support for minimum unit pricing in Lambeth and shared details of Change Growth Live who offer training for those working with young people.
- Kersti Dolphin confirmed that parents and families of young people are welcome in the Adfam Service.

Action: Kersti Dolphin to share Adfam materials with GP Practices.

RESOLVED

1. Board members **approved** the progress report on the work of the Substance Misuse Programme against 'Our Health, Our Lambeth' activities and outcomes and supported the partnership efforts.

To view the presentation accompanying this item, refer to pages 27 to 55 of the Board pack.

To view the recording for this item, refer to part 2 of the meeting recording from 07:44 – 44:14.

6 Lambeth Together Assurance Sub-Group

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

- Board members noted the value of NHS health checks in workplace settings and were encouraged to review the detailed pack and dashboard updates, which will track progress throughout the year.

RESOLVED

1. Board members **noted** the report from the Lambeth Together Assurance Sub-Group and the associated Integrated Assurance Report presented on 15 July 2025.

To view the presentation and report accompanying this item, refer to pages 57 to 69 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 44:15 – 48:34.

7 Primary Care Commissioning Committee (PCCC)

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

- Dr Penelope Jarrett sent an email question in advance querying how the new Grantham Practice building was funded and asked what other funding is available for the GP estate in Lambeth.
- Andrew Eyres confirmed that the overall Estates budget is held at South East London Integrated Care Board (SEL ICB) level.
- Oge Chesa advised that there is a budget for new development as well as existing national and subnational grants. Oge confirmed that the funding for the Grantham Practice was not from the local delegated budgets, but it was historical funding.
- Dr Jarrett also queried the transfer of the Special Allocation Scheme for SEL from Bromley to Lewisham, believing it already operated from Lewisham.
- Oge advised that Bromley had been previously managing on behalf of Boroughs, with approvals due to be put into place for Boroughs to manage themselves.

Actions: Oge Chesa to provide contact details of the Director of Estates to Dr Penelope Jarrett.

RATIFIED

1. Members of the Board noted the update on discussions held at the Primary Care Commissioning Committee on 23 July 2025; and
2. **Ratified decisions** made at the Primary Care Commissioning Committee (PCCC) on 23 July 2025.

To view the presentation accompanying this item, refer to pages 71 to 81 of the Board pack.

To view the recording for this item, refer to part 3 of the meeting recording from 00:20-08:21.

8 Universal Access Fund: All-Age Autism Fund - Q1 Monitoring Update

Taiwo Afolabi and Lulu Pinkney presented on the All-Age Autism Fund. The following discussions took place:

- Sarah Flanagan commended the work and the variety of projects funded. She questioned whether the team are reaching adults over 25, and whether they are reaching out to the majority of young people or children with autism, appreciating that some are waiting to be diagnosed as well. She also asked how referrals are made into the service.
- Taiwo responded that the team are making efforts to reach the community - they ran consultations and understand that there is a significant number of autistic individuals and that they are consistently offering opportunities to engage with them through a range of means.
- Jasmina Lijesevic commented that the presentation was especially impactful and provided hope. She expressed gratitude to the presenters for their work, the projects and organisations that have been funded and gave special thanks to the children and young people who participated in the filming for one of the projects. She emphasised how this work and the strategies discussed today offer real hope and relief to families, helping to ease the burden of worry and improve wellbeing.

Action: Autism film to feature on the Lambeth Together website, with a link asking for feedback.

RESOLVED

1. Board members **noted** the delivery and outcomes achieved in Quarter 1;
2. **Endorsed** the Quarter 2 priorities to strengthen equity and sustainability; and
3. **Supported** cross-system enablers:
   - comms amplification via partners;
   - data-sharing to improve demographic and outcome completeness;
   - alignment with Oliver McGowan training rollout and leisure-centre sensory spaces.

The film “Autism: A Unique Life,” which was premiered at the Brixton Ritzy was played at the end of the meeting. Board members are encouraged to share the short film via the link here and the short feedback form to measure the impact of the film available here.

To view the presentation accompanying this item, refer to pages 83 to 91 of the Board pack.

To view the recording for this item, refer to part 3 of the meeting recording from 08:33 – 36:00.

9 Questions from Public Attendees

- An audience member asked when the Lambeth Carers Strategy would next be on the Lambeth Together Board agenda. The Programme Team will review the forward plan to confirm.
- The Board revisited comments sent in advance by Dr Penelope Jarrett in relation to item 6, noting that there are also significant data problems for the vaccination programme. Warren Beresford acknowledged the ongoing issues with vaccination data and agreed to take the issue offline and link with Ese Iyasere, Public Health Consultant.
- Sarah Flanagan asked about the new chickenpox vaccine and its potential uptake. Ruth Hutt responded to say that Chickenpox will be added to the MMR vaccine from next year, however uptake challenges persist across all vaccines, including MMR and Flu, and informed members that a broader action plan is in place to address vaccine confidence and access.

Actions:
Alex Jackson to review the forward plan to identify when the Lambeth Carers Strategy is next due to update the Board.
Warren Beresford and Ese Iyasere to follow-up and provide clarity on data discrepancies between primary care and published figures, with efforts ongoing to resolve them.

10 AOB

The date of the next Lambeth Together Care Partnership Public Board meeting was **confirmed** as Thursday 06 November and will be held in person only at Brixton Library.

The meeting ended at 16:14pm

CHAIR
LAMBETH TOGETHER CARE PARTNERSHIP
(FORMERLY LAMBETH TOGETHER
STRATEGIC BOARD)
Thursday 6 November 2025

Contact for Enquiries: Kaya Small
E-mail: Ksmall@lambeth.gov.uk
Web: www.lambeth.gov.uk

This page is intentionally left blank

Lambeth Together Care Partnership Board - Action Log

Actions update for November 2025 Board

No	Raised	Action	Status
1	September LTCP Board	Circulate Autism video - A Unique Life, link.	Closed
2	September LTCP Board	Comms and Engagement to create an Autism item on the Lambeth Together website.	Closed Article here
3	September LTCP Board	Alex Jackson to pick up with Deneice Campbell about Carers coming back to the Board.	Closed
4	September LTCP Board	Kersti Dolphin to share Adfam materials with GP Practices.	Closed
5	September LTCP Board	Oge Chesa to provide contact details of the Director of Estates to Dr Penelope Jarrett.	Closed
6	September LTCP Board	Warren Beresford and Ese Iyasere to follow-up and provide clarity on data discrepancies between primary care and published figures, with efforts ongoing to resolve them.	Closed

This page is intentionally left blank

Lambeth Together Care Partnership Board

Title	Lambeth Together Place Executive Lead Update
Meeting Date	06 November 2025
Author	Andrew Eyres, Place Executive Lead Lambeth, Corporate Director, Integrated Health, and Care, Lambeth Council and South East London Integrated Care Board
Lead	Andrew Eyres, Place Executive Lead Lambeth, Corporate Director, Integrated Health, and Care, Lambeth Council and South East London Integrated Care Board

This item is for:

☒	**Information**	☐	**Discussion**	☐	**Decision**	☐	**Ratification**

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 04 September 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.

This page is intentionally left blank

Lambeth Together Care Partnership

Place Executive Lead Report
06 November 2025

Andrew Eyres – Corporate Director, Integrated Health and Care

The 10 Year Health Plan and Neighbourhood Health Service Development
I'm delighted to share that on Monday 8 September the joint bid submitted by Lambeth Together partners, alongside Partnership Southwark, was selected as one of only 43 national pilots in the National Neighbourhood Health Implementation Programme (NNHIP). This is a flagship initiative from NHS England and the Department of Health and Social Care, designed to strengthen neighbourhood-based models of care across the country. Being chosen as a national pilot is a significant achievement and a reflection of the high-quality, collaborative work already taking place in Lambeth. It recognises our shared commitment to improving health and wellbeing through genuine partnership across the NHS, the Council, and the voluntary and community sector.

The programme will focus on improving care for people living with Multiple Long-Term Conditions (MLTC) while also developing the structures, relationships, and mechanisms that underpin neighbourhood health. Our approach will be tailored to the needs of Lambeth residents, using our existing Integrator model and neighbourhood infrastructure to turn this vision into delivery. Over the coming months, Integrated Neighbourhood Teams (INTs) will begin the detailed design of the new model, bringing together partners from primary care, acute and community services, social care, the VCSE sector, and residents with lived experience. This will ensure the model is designed with our communities. A series of monthly co-design meetings will take place to take this work forward, with a first successful session held on 23 October. The NNHIP is a great opportunity for Lambeth to shape national learning on how neighbourhood working can improve health outcomes and tackle inequalities. It's a great example to the commitment, innovation, and collaboration that continue to define how we work together in Lambeth.

Locally we also continue our work to develop INTs to support people who are frail and children with complex needs and are building to an April 2026 start date for INTs to be mobilised for all three priority cohorts in line with our INT Delivery Plan. Neighbourhood lead meetings have been established to lead on this work, with initial sessions held to review local data, insight and evidence to inform design of each INT intervention. In Brixton & Herne Hill the first design session for frailty was held in September, creating our evidence review and agreeing actions for the next two months to get to a proposed model by the end of November. A frailty coding audit is also being carried out to get a better understanding of coding accuracy and consistency across the GP practices within the INT. On 23rd October Lambeth submitted an Integrator Development Plan to South East London ICB to secure funding which will support the maturity of our local neighbourhood infrastructure across a range of domains including building operational capacity, engaging voluntary and community sector partners in co-design, strengthening data analytical capacity and unlocking barriers to system wide data-sharing.

Healthwatch Lambeth have now launched the next phase of their public engagement work to support the development of neighbourhood health in the borough. They are inviting people who live in Lambeth, use a GP surgery based in Lambeth or care for someone who lives in Lambeth, to complete a short survey. Survey responses will help further shape neighbourhood health and care services and will be used especially to guide the development of integrated neighbourhood teams (INTs), initially focusing on support for people with multiple long term health conditions, frail people, children with complex health needs, and people who need support with their mental health. Please promote the survey with your networks ahead of the closing date on Friday 14 November. Responses are especially welcome from people with lived experience in one

or more of these priority areas. Following this, Healthwatch will also hold a series of focus groups for our priority cohorts throughout November. If you or someone you care for is in one of these cohorts and interested in joining a focus group please contact info@healthwatchlambeth.org.uk.

Additionally, in September, Public Health teams from across SEL came together hosted by Lambeth to discuss the changing landscape of health policy. I was delighted to present an overview of the Government 10 Year Health Plan: Fit for the Future and there were excellent overviews of local government policy developments as well as sessions on population health and AI and its impacts for public health. We've had great feedback from other boroughs, and the smooth running and organisation of the day were highly praised.

I also met with SE London Place leads, Directors of Public Health and Health and Wellbeing Board chairs to talk through how we might continue to work and learn together across SE London, in particular with the new responsibility put forward in the Health Plan for Health and Wellbeing Boards to oversee local Neighbourhood Health Plans. My thanks to Ruth Hutt for her slot with Toby Garrood, SEL ICB Medical Director, talking to the importance of setting outcome measures.

Organisational Development

As part of our ongoing Organisational Development programme, an away time session in October brought together members of the Health and Wellbeing Board and the Lambeth Together Care Partnership Board for a focused discussion on how we drive forward the 10-Year Health Plan in Lambeth. The session provided a valuable opportunity for partners across both boards to reflect on the strategic shifts outlined in the plan, moving from hospital to community, analogue to digital and sickness to prevention, and to explore how Lambeth can lead local delivery of these priorities.

As we await expected national planning guidance, we considered opportunities to refresh and align our existing strategies such as *Our Health, Our Lambeth* and the Lambeth Health and Wellbeing Strategy to support delivery of the 10 Year Plan's long-term vision. We also took the opportunity to review our current governance arrangements and started to develop proposals for how we can better align and streamline our ways of working, strategic planning and delivery priorities across both boards. The session reinforced the importance of collaborative, place-based working and set the stage for how we will need to evolve to support more efficient and effective decision-making in light of national, regional and local developments. I will share more on this in the coming months as we receive further national guidance and start to finalise our local plans.

I also joined colleagues at a lunch and learn session led by SELICB colleagues which explored a range of areas with strong potential for local collaboration including the Anchor Alliance Programme, the Creative Health Programme and South London Listens. The insights shared are highly relevant to our work in Lambeth, particularly as we continue to develop our neighbourhood approach, through working together to address the wider determinants of health, emphasising community organising, housing, creative health, and equity in maternal and mental health.

Our Leadership and Governance

Lambeth Council has now confirmed the outcome of the first phase of its organisational change process affecting senior leadership roles, including Corporate Directors. These changes are intended to strengthen how we work with partners and residents while responding to the financial challenges facing the organisation. As part of these changes, I am delighted to have the opportunity to continue to lead the Lambeth Together Health and Care Partnership and will also take on responsibility for Adult Social Care within an expanded Integrated Health and Adult Social Care Directorate. This will continue to be a joint role between Lambeth Council and the South East London Integrated Care Board (ICB), reflecting our commitment to integrated health and care leadership. I look forward to continuing to work with colleagues and partners as we maintain our focus on improving outcomes for Lambeth residents.

I would also like to share that Fiona Connolly will be leaving the Council at the end of November. Fiona has made a significant contribution to Lambeth over many years in a number of senior roles, and her leadership and professionalism have been greatly valued by colleagues across the organisation and our wider partnership. I want to thank Fiona for her dedication to Lambeth and wish her every success for the future. Richard Outram will take on the statutory role of Director of Adult Social Care.

In my role as Lambeth Place Executive Lead, I hold delegated authority to take financial decisions on behalf of the South East London Integrated Care Board in support of the improvement of health and care services in Lambeth. To create greater transparency and strengthen our place-based financial governance I'm reporting decisions taken following rigorous oversight through our integrated commissioning arrangements. Decisions taken include expanding holistic primary care services for young people and strengthening access to community-based provision — helping us deliver more joined-up, responsive care for our residents. This has enabled us to take timely and strategic action to safeguard service continuity, build resilience, and support financial sustainability for our providers during a period of transition. Further information on these decisions can be found in Appendix 1 of this report.

ICB Change Programme and Reform

As previously reported, the Secretary of State for Health and Social Care announced in March that Integrated Care Boards (ICBs) across England would be required to reduce their running and corporate costs, and re-design their operational structures in line with a new target operating model emphasising a strengthened strategic commissioning role at system and place level and a focus on developing neighbourhood health.

I have provided updates on the progression of this process throughout the year, and in my last update outlined the plan for staff consultation on the SEL proposal to begin in September. However, since then the ICB Change Programme has been suspended nationally, pending resolution of a number of outstanding financial questions. At the time of writing there is no significant update or change to this position. The expectation remains that implementation will go ahead but at a later date. I will keep partners updated on the process over the coming months.

Board on the Bus – Meeting Our Residents Where They Are

We have now completed one year of our Board on the Bus programme, which forms a key part of the Board listening programme. Over the past year, 21 members our leadership team have taken part, speaking with a total of 170 members of the public about their thoughts on local services and their health and care experiences. A great range of topics have been discussed, with frequent mentions of access to GP appointments and hospital waits, mental health support, availability of affordable leisure options and a need for improved maternal health support. As always, participants feedback what they hear to board seminars, most recently by Simon Boote, Director of Children and Young People Alliance; Damilola Bamidele, Head of Programme Delivery, Black Thrive and Edward Odoi, ICB Finance, who completed their sessions over the summer.

System Pressures and Winter Planning

Both Guy's and St Thomas' Trust and King's College Hospital (KCH), in collaboration and engagement with wider system partners, have completed their winter plans to form a single Lambeth and Southwark Winter Plan, outlining priorities and actions to keep the local population safe, meet the increasing activity demands and remain within national targets for delivery and performance, particularly the Emergency Department 4 hour waiting time target (78% for GSTT and 75% for Kings) by the end of the year. GSTT is currently meeting the target with Kings at over 73% an increase already on last year's target of 70%.

A new ask this year from NHS England and Regional Team, was to submit Board Assurances at Trust and ICB level against a set of national assurance criteria. The Winter Plan and Board Assurance submissions were then stress tested with region at a local workshop and found to be robust. Systems are now implementing the plans as they start to see demands on services starting to increase. Winter priorities include;

- **Faster ambulance handovers** to improve emergency response.
- **Quicker mental health admissions** and better crisis support.
- **Streamlined discharges** to free up hospital beds.
- **Boosted staff flu vaccinations** to reduce sickness.
- **Expanded community care** to ease hospital demand.

Part of KCH's plan this year was to harness digital solutions by introducing a 'Digital Front Door' at Kings Denmark Hill site for those attending the Emergency Department/ Urgent Treatment Centre. This enables key information to be captured and appropriately signpost patients to the correct area for their need in a much quicker manner, ensuring those with urgent needs are flagged early in the process. Support is on hand at the front door, for those requiring support to use the digital systems or who require an advocate to complete it for them. The Digital Front Door launched w/c 6th October with 80% of attending public able to use the devices on the first day. We look forward to hearing more about the impact of this in future Board meetings.

Our new integrated community equipment service provider, Provider Equipment Hub (PEH) has seen activity for Lambeth increase by 258%. We have seen an impressive performance in completion and timeliness of orders despite the challenging context in which the service has mobilised. Overall, 92.36% of deliveries have been completed on time against a target of 95% and 100% of repairs have been completed on time (as of 15 October 2025).[1] We expect to see continued improvement in delivery speed in the coming months as the new service is fully embedded.

The General Practice Lambeth Offer

In Lambeth, General Practice teams are working together to deliver more joined-up, personalised care through the Lambeth Offer. The Lambeth Offer is a set of service specifications that inform targeted pieces of work. It comprises a £7 million annual reinvestment of funding into services like diabetes management, wound care, chronic pain support, and vaccinations. By embedding neighbourhood integration, we're building care around communities, with multidisciplinary teams inclusive of general practice, collaborating to improve access, continuity, and outcomes. Whether managing long-term conditions, recovering after hospital stays, or staying well, residents can now access the right support, in the right place, at the right time.

Our Delivery Alliances – a selection of highlights

Neighbourhood and Wellbeing Delivery Alliance

Lambeth will be moving forward with a borough-wide rollout of the Pain: Equality of Care and Support in the Community (PEACS) programme, following the successful completion of the two-year pilot earlier this year. To support this rollout an application to Versus Arthritis (UK's largest charity supporting people with arthritis) was submitted in June 2025 by the KHP Mind and Body team. The application was successful and provides funding to roll out the PEACS model in three new pilot sites across UK, including Lambeth. PEACS programme was developed by King's Health Partners and the StockWellBeing Primary Care Network, and it takes a bio-psycho-social, person-centred approach to chronic pain, with a particular focus on Black communities in Lambeth, where rates of chronic pain are significantly higher, especially among Black women. The model was co-designed with patients, carers, clinicians, and community partners, ensuring it reflects lived experience and cultural insight. Delivered collaboratively across primary, secondary, and community care, PEACS supports people living with chronic pain through comprehensive health checks, in-depth GP assessments and medicine reviews, lifestyle workshops, and multidisciplinary team reviews — addressing both the mind and body impacts of pain. In Lambeth, the next phase will be embedded within our Integrated

Neighbourhood Team (INT) approach and the PEACS roll out will start with our three neighbourhoods focusing on long term conditions (North Lambeth and Stockwell, Streatham and Clapham). The KHP Mind and Body team will continue to provide strategic direction and oversight, working closely with King's College Hospital, South London and Maudsley, Guy's and St Thomas', and PCN leadership, supported by the NWDA team. Partners at CESEL are developing chronic pain guidance across South East London. This marks a significant milestone for Lambeth demonstrating how collaboration, innovation, and community partnership can help deliver more equitable, holistic care for residents living with chronic pain.

I'm also pleased to share an important new development in local provision for our trans and non-binary community. Bridge@Lambeth is a new monthly general practice clinic designed specifically to support trans and non-binary residents in Lambeth. The clinic opened in September and it provides gender-affirming healthcare within a primary care setting, helping to remove barriers that too often prevent people from accessing the care they need and deserve. The clinic is run by Lambeth GP Federation in partnership with Lambeth Links, our local LGBTQ+ organisation, and brings together a dedicated team of GPs, nurses, healthcare assistants and Lambeth Links staff, who personally welcome every person attending. Bridge@Lambeth builds on the success of Bridge@Southwark, recognising the inequalities that trans and non-binary people continue to experience in healthcare and seeking to create a more inclusive, person-centred model of care. The clinic is being delivered as an 18-month pilot, supported by the South East London Integrated Care System Inequalities Fund. Bridge@Lambeth runs once a month in Brixton. Patients can access the clinic either through a referral from their own GP or by contacting the service directly at lgpf.bridgeatlambeth@nhs.net. We are proud to offer this new service as part of our ongoing work to reduce health inequalities and ensure that everyone in Lambeth can access care that meets their needs.

Living Well Network Delivery Alliance

With a view to the Living Well Network Alliance's (LWNA's) 3-year contract extension to March 2028, and beyond, senior SLaM clinicians led a 6-week project to develop an improved framework for delivering community mental health services in Lambeth. This framework is now being developed by service users, carers, Alliance staff, the Lambeth Collaborative and others with a stake in mental health in Lambeth. They will co-produce an improved model of services to better meet increased mental health needs and the national and regional drive towards neighbourhood working as well as the NHS's 10 Year Plan and 3 'shifts': from hospital to community, from analogue to digital and from treating sickness to prevention. In the first 6 months of 2025/26 the Evening Sanctuary, mental health crisis centre hosted by Mosaic Clubhouse and commissioned by the Alliance, diverted 548 A&E visits providing instead a safe, welcoming and caring place for those suffering a mental health crisis. This is a 56% increase of A&E diversions by the Evening Sanctuay compared to the same period in 2024/25.

Children and Young People's Delivery Alliance

The Children and Young People Alliance continues to strengthen its partnerships across the system, with a growing focus on population health, and integrated neighbourhood working. The newly formed Children and Young People Alliance Integrated Neighbourhood Working Group has approved a number of early Integrated Neighbourhood Team pilots. These include work focused on supporting young people with cerebral palsy and learning disabilities through transition, improving care for children who frequently attend paediatric emergency departments, and building on existing emotional wellbeing and mental health discussion groups. The Working Group has also agreed to begin longer-term planning for the development of a dual multidisciplinary approach to children's integrated care. This would bring together professionals across health, family hubs, and early years teams, alongside children's social care. The aim is to create a stronger link between local authority-run early years and 0–19 services and health partners in primary and secondary care. Although at an early stage, this is seen as an important step towards a more joined-up, multi-agency offer for children and young people in Lambeth.

The Alliance continues to support work led by Act Early South London, based at Evelina London. The Act Early team is developing a detailed scoping report on health inequalities and priorities for children and young people in Lambeth. Their findings will inform medium- and long-term plans for integrated neighbourhood health. The team is engaging with the new Shadow Board and preparing a Lambeth Integrated Health Workshop later in the year to involve wider system partners. The Alliance has also established a Children

and Young People Alliance Shadow Board, bringing together young people who live or study in Lambeth to share their experiences and perspectives on health and care. Their input will help ensure that the voice of children and young people shapes future decision-making across the Alliance.

In maternity, the Alliance is supporting new developments. The first is the introduction of group pregnancy care at Evelina London Children's Hospital, part of Guy's and St Thomas' NHS Foundation Trust. This midwifery-led model brings pregnant women together in a group setting, offering peer-to-peer support and shared learning alongside clinical care. Evidence from a successful pilot in southwest London shows positive outcomes, particularly for women who are at higher risk or from underrepresented backgrounds. The Alliance is working closely with colleagues at Evelina to help establish the model locally. The Alliance is also supporting the roll-out of the Diabetes in Pregnancy initiative, led by Diabetes Africa, an organisation working to address diabetes and related conditions among people of Black, African, and African-Caribbean heritage. The introduction of their specialist toolkit aims to improve outcomes for women and birthing people who are pregnant or planning a pregnancy.

Lambeth Together Equality, Diversity and Inclusion (EDI) Group

I was delighted to attend the inspire 2025 event on 25 October during Black History Month. This year was the fourth time we have held at St Mark's Church in Kennington and was our most inclusive and impactful yet, with over 450 attending to celebrate culture, access vital health services, and connect with local support. The event aimed to support early detection of conditions such as diabetes and hypertension, improved health literacy and confidence among Black residents and strengthen trust between our local communities and services. inspire 2025 was a demonstration of what an anti-racist, community-rooted health system looks like in practice. It brought together music, food, dance, and art with screenings, advice, and prevention, creating a space where health and heritage met meaningfully. The event was led by our Equity, Diversity and Inclusion (EDI) Working Group. I want to thank all partners, volunteers, and staff who contributed to the success of inspire 2025 and particularly to Shakaira Trail, our EDI Manager for successfully managing the planning for the event.

The EDI Working Group will continue to build on this momentum, ensuring that equity remains central to everything we do, aligned with our strategic priorities in Our Health, Our Lambeth 2023–28 and the Lambeth 2030 Borough Plan, and the borough's golden thread of Equity and Justice.

Care Quality Commission (CQC) Assessment of Lambeth Adult Social Care
On 23 October 2025, the Care Quality Commission concluded its evidence gathering for its local authority assessment of Lambeth Adult Social Care (ASC). The process was initiated in May 2025 and consisted of an evidence library submission, case tracking of people with care and support needs, offsite fieldwork with partners and providers, and an onsite visit between 21-23 October.

A team of assessors met with over 150 ASC frontline staff and managers around a variety of themes. Some of the particular areas that assessors explored with staff were:

- ASC's arrangements and approach to safeguarding
- How ASC identifies and supports carers effectively
- ASC's approach to ensuring equity in experience and outcomes
- How ASC works in partnership with other organisations and Council departments
- The practice approach and model that ASC draws upon in its work with people with care and support needs

The site visit ran smoothly and assessors remarked on the passion and commitment of all frontline staff that met with them. There will now be a period in which the final report and outcome is drafted, audited and approved. It is expected that this will be published in early 2026.

Lambeth Clinical and Care Professional Leads Network
The October CCPL (Clinical and Care Professionals) Forum provided a focused one-hour session for clinical and care professional leaders across Lambeth to share updates, celebrate achievements, and discuss system-wide priorities. Key highlights included an update on Urgent Care developments from Kirsty Deda, a joint presentation spotlighting local activity supporting Black History Month and an update on progress on the National Neighbourhood Health Implementation Programme, from Dr Di Aitken and Oge Chesa, Director of Primary Care and Transformation.

Key Campaigns for Lambeth Together

September through to October saw Lambeth Together continue its strong focus on preventative health and inclusive care. We supported Stoptober, encouraging residents to quit smoking with tailored support from Lambeth's Specialist Stop Smoking Service and a creative health programme for LGBTQ+ communities. In recognition of World Suicide Prevention Day, we amplified messages of hope and prevention, highlighting the importance of community awareness and early intervention. And in sexual health, we promoted a new digital service for Lambeth residents to improve access to HIV prevention medication, commissioned by Lambeth Council.

We've also begun supporting winter communications campaigns, starting with flu vaccination for health and care staff, children, pregnant women and people with long-term health conditions. And as we move into winter, we'll be ramping up our promotion of the NHS App, NHS 111 online and Pharmacy First services to improve access and reduce pressure on urgent care. Key campaigns content travels the borough on the screen of Lambeth Together's Health and Wellbeing Bus, and reaches community members on digital screens in Council buildings, libraries and leisure centres.

Tribute to Laura McFarlane

I had the privilege to speak on behalf of Lambeth partners at an event celebrating the life of Laura McFarlane in the Town Hall. Laura worked in Lambeth supporting children and families for over 20 years and led the Lambeth Early Action Partnership until its planned end earlier this year. Sadly, Laura died soon after her retirement last March and the event was held to recognise her achievements including her role in leading LEAP whose impact has been felt not just in our early years approach in Lambeth but more widely in informing national policy direction, with renewed investment in early childhood services under the Start for Life Family Hub programme. Joining Laura's family, colleagues, friends and partners from across Laura's professional life reflected her unique contribution to partnership working for the benefit of children and families in Lambeth.

Appendix 1 SEL ICB Lambeth Place Executive Lead Decisions

Decision taken	Is decision for recommendation to SEL ICB?
One year contract extension from 1 April 2025 to 31 March 2026 for the Community Cardiovascular Diagnostic Service delivered by Xyla Elective Care (XEC) for a revised annual contract value of £570,240.	No - decision taken by Lambeth Place Executive Lead under SEL ICB Scheme of Delegation
Contract award following Direct Award Process C under the Provider Selection Regime (PSR) to the Well Centre for an 18-month period from 1 April 2025 to 30 September 2026 with an optional 6-month extension for a total annual value of £419,277.	No - decision taken by Lambeth Place Executive Lead under SEL ICB Scheme of Delegation
Uplift to the hourly rate for the planned variable service delivered by Marie Curie with an estimated impact of £55,494 increase to the annual contract value.	No - decision taken by Lambeth Place Executive Lead under SEL ICB Scheme of Delegation
One year contract extension from 1 April 2025 to 31 March 2026 for the Lambeth Community Denosumab Service delivered by Lambeth Healthcare Limited for a total annual value £49,140.	No - decision taken by Lambeth Place Executive Lead under SEL ICB Scheme of Delegation

This page is intentionally left blank

Lambeth Together Care Partnership Board

Title	Children & Young Person Alliance Deep Dive
Meeting Date	06 November 2025
Authors (& role / title/s)	Anna Walsh, Transformation Lead, Act Early South London Simon Boote, Programme Director, CYP Alliance
Lead / Presenters (& role / title/s)	Anna Walsh, Transformation Lead, Act Early South London Simon Boote, Programme Director, CYP Alliance Eleanor Wyllie, Programme Director, CHILD Rachel Scantlebury, PH Consultant, Lambeth

This item is for;

☒	**Information**	☒	**Discussion**	☐	**Decision**	☐	**Ratification**

Recommendations;

The Lambeth Together Care Partnership Board is asked to;

1. Approve the progress report on the work of the Children and Young People Alliance against the activities outlined in Our Health, Our Lambeth - Lambeth Together health and care plan 2023-28.

2. Approve the health inequalities and prioritisation approach based on work from Act Early South London, to help guide and design implementation of integrated neighbourhood teams for the Children and Young People Alliance.

3. Hear directly from children and young people in Lambeth about the health and care issues that matter most to them, including where resources should be focused and how their voices can be embedded in decision-making and future planning.

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

The Children and Young People Alliance updates on progress against activities at the Lambeth Together Executive Group and on outcomes at the Lambeth Together Assurance Group.

The work led by Act Early South London on health inequality scoping and prioritisation for children and young people in Lambeth has been discussed at a range of forums, including the Children and Young Person Integrated Neighbourhood Working Group, the Lambeth Integrated Neighbourhood Team Working Group, the Children and Young People Alliance Board, the SEND Strategic Provider Alliance, and the Lambeth Integrated Delivery Board.

There are plans to take an update on Act Early, and wider integrated health work for children and young people, to Lambeth Children's Corporate Management Board.

Summary of your community and stakeholder engagement

The Alliance has established the Children and Young People Shadow Board to bring lived experience into decisions and to help shape work plans and priorities. Members of the Shadow Board will be joining the presentation so that the issues that matter most to them, including where resources should be focused and how their voices can be embedded in decision-making and future planning.

Summary and Impact on Inequalities

The presentation highlights work across the Children and Young People Alliance focused on reducing inequalities in health access, experience, and outcomes. Through lived experience input, children and young people share first-hand views on barriers to care and priorities for improvement, ensuring that future planning reflects their needs and perspectives.

The update from Act Early South London provides an evidence-based overview of the main health inequalities affecting children and young people in Lambeth. This includes variations in mental health, long-term conditions, and wider determinants such as housing and education. Findings from this work will inform the design of Integrated Neighbourhood Teams and shape targeted interventions to reduce inequalities at a local level.

Together, these elements strengthen Lambeth's approach to tackling health disparities by combining lived experience, population health insight, and collaborative system planning.

Deep Dive: Children & Young Person Alliance

6 November 2025

Ask of the LTCP Board

- Approve the progress report on the work of the Children and Young People Alliance against the activities outlined in Our Health, Our Lambeth - Lambeth Together health and care plan 2023-28.
- Approve the health inequalities and prioritisation approach based on work from Act Early South London, to help guide and design implementation of integrated neighbourhood teams for the Children and Young People Alliance.
- Hear directly from children and young people in Lambeth about the health and care issues that matter most to them, including where resources should be focused and how their voices can be embedded in decision-making and future planning.

Today’s update

Emphasis:

Less on past achievements; more on children and young people’s voice, health inequality scoping, and integrated neighbourhood teams.

We will cover:

- **Recap:** Children and Young People Alliance (CYPA) achievements and plans.
- **Integrated neighbourhood teams:** approach, pilot in Norwood, and rollout intent.
- **Lived experience:** hearing from children and young people on priorities for health and care.
- **Act Early South London:** health inequalities scoping and emerging priorities.
- **Q & A**

CYPA: achievements (12 months)

Partnerships and services

- Stronger joint working across health, education, social care and the voluntary sector
- Local child health teams supported; CHILDS is a case study in national guidance
- Well Centre evaluation shows its positive impact on supporting young people
- Emotional wellbeing pilot embedded in child health teams
- Proactive nursing team recognised with national award for reducing inequalities

Maternity and voice

- Supported rollout of the maternity disadvantage assessment tool; clinical lead linked providers, the local maternity and neonatal system, and Born in South London data
- Worked with Born in South London on access to perinatal mental health service data
- LEAP legacy retained in early years practice
- Children and Young People Shadow Board established to bring lived experience into decisions

Foundations for integration

- Alignment with Family Hubs and Start for Life
- Governance stepped up for integrated neighbourhood teams

CYPA: priorities

Emotional wellbeing and participation

- Reduce waiting and improve equity of access for children and young people
- Sustain and, where possible, expand the Well Centre and school-based offers
- Strengthen pathway oversight and outcomes tracking
- Embed the Patient and Carer Race Equality Framework in provider-led services
- Grow the role of the Shadow Board; bring a patient and public engagement officer into post

Maternity, data and neighbourhoods

- Use MatDAT insights and Born in South London linkage to target inequality; improve access to perinatal mental health support
- Align neighbourhood working with Family Hubs and retain effective LEAP approaches
- Develop integrated neighbourhood teams for children and young people with complex needs; pilot in Norwood with phased rollout and common measures for access, experience and outcomes

Integrated neighbourhood teams

Purpose and approach

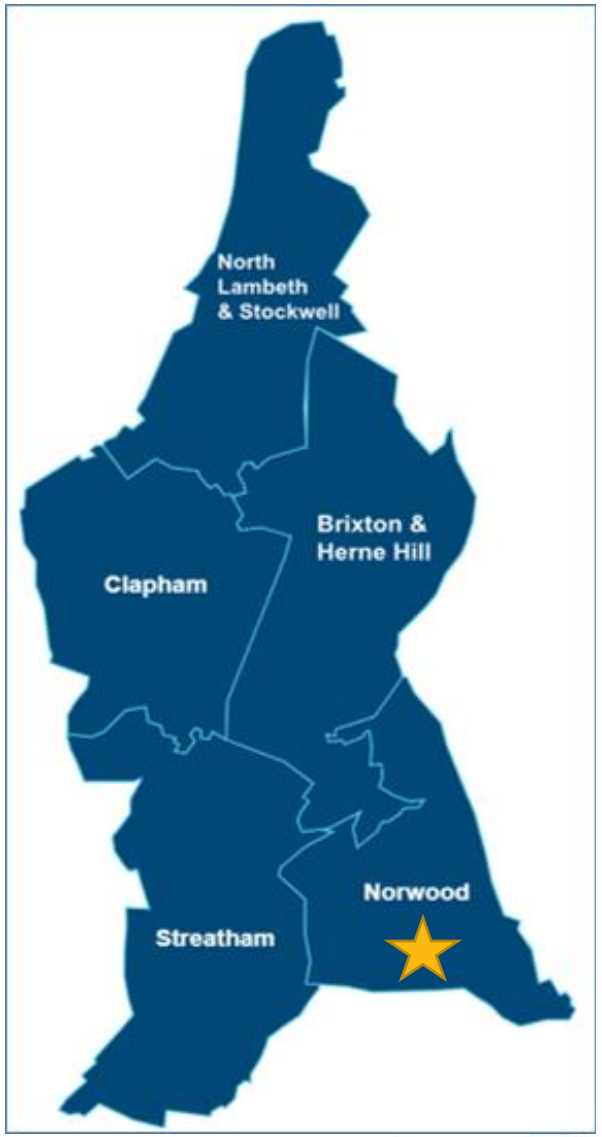
- Join up support around children and families close to home
- Borough-wide model, starting with a pilot in Norwood to test and learn before rollout
- Clear governance and common measures for access, experience and outcomes

Initial proposed pilots

- Transition clinics for young people with cerebral palsy and complex learning disability
- Frequent CYP attenders in emergency departments
- Mental health discussion groups for children and young people
- Work with education on emotionally based school non-attendance

Design and alignment

- Future model: aligning the national initiatives across health and social care, which specify more integrated partnership working to support children and young people:
  - Integrated Neighbourhood Teams (NHS priority for CYP with complex needs)
  - Families First Partnership Programme (DfE priority to support CYP on safeguarding registers)
  - Best Start in Life Family Hubs (DfE priority to provide integrated support to families, particularly early years)
  - Young Futures Hubs (Government pilot for areas with high youth crime rates)
- Priorities shaped by children and young people's voice and Act Early South London insight



CHILDS

Child Health Integrated Learning and Delivery System

Act Early (Lambeth & Southwark)

6 November 2025

Lambeth Together Care Partnership Board

To cover…

- Overview of Act Early and links to CYP Alliance
- Summary of progress to date
- Act Early Child Outcomes Report
- Questions and discussion

We have a strong history of partnership working

2012

Together, in 2012, we formed the Children and Young People's Health Partnership (CYPHP), to improve the every day healthcare of children and young people in Lambeth and Southwark, which included Lambeth GP Federation, Lambeth CCG and Lambeth Council.

2016 – 21

CYPHP Randomised Control Trial (RCT), to measure the impact of integrated child health teams and other proactive care models – comparing 'intervention' and 'control' practices.

2021 – current

End of RCT – **integrated child health teams rolled out to all GP practices in Lambeth & Southwark**. CYPHP develops the Child Health Integrated Learning and Delivery System (CHILDS) Framework, taking learning from CYPHP and applying it to other conditions.

2025

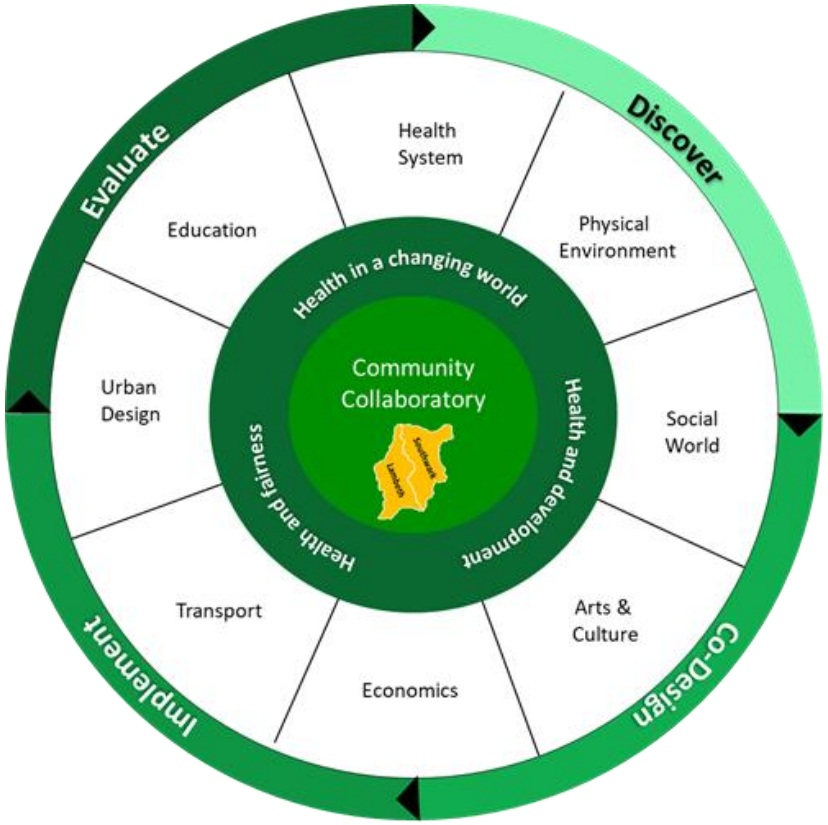
Act Early will respond to priority problems in child health and tackle unresolved challenges and system pressures through partnership and systems working. Our long-term vision is to promote a healthier and fairer future for children and young people across Lambeth and Southwark.

This programme of work will support delivery of local and regional strategic priorities of population health and will deliver measurable and demonstratable impact.

What is Act Early?

CHILDS
Child Health Integrated Learning and Delivery System

How do we know the intervention has reduced inequalities in a *sustainable* way?



What are the main inequalities in CYP?

Where should we focus the interventions? Who should deliver?

What interventions will reduce the inequality?

Informs and supports
Could evaluate

Act Early ⇄ INTs

Implementation of interventions

It will help deliver Lambeth's ambitions

This aligns with Lambeth's CYP Alliance priorities:

- Ensure women and birthing people have positive experiences of maternal healthcare and increase equality in outcomes across all population groups
- Support prevention and early intervention for emotional and mental health issues by ensuring community and school-based mental health support is a timely and positive experience
- Increase the number of children that are immunised against vaccine preventable disease

It also lays the groundwork for integrated neighbourhood teams (INTs) to mobilise and provide multi-disciplinary and person-centred care at neighbourhood level. Act Early will help shape priorities for INTs.

Lambeth together

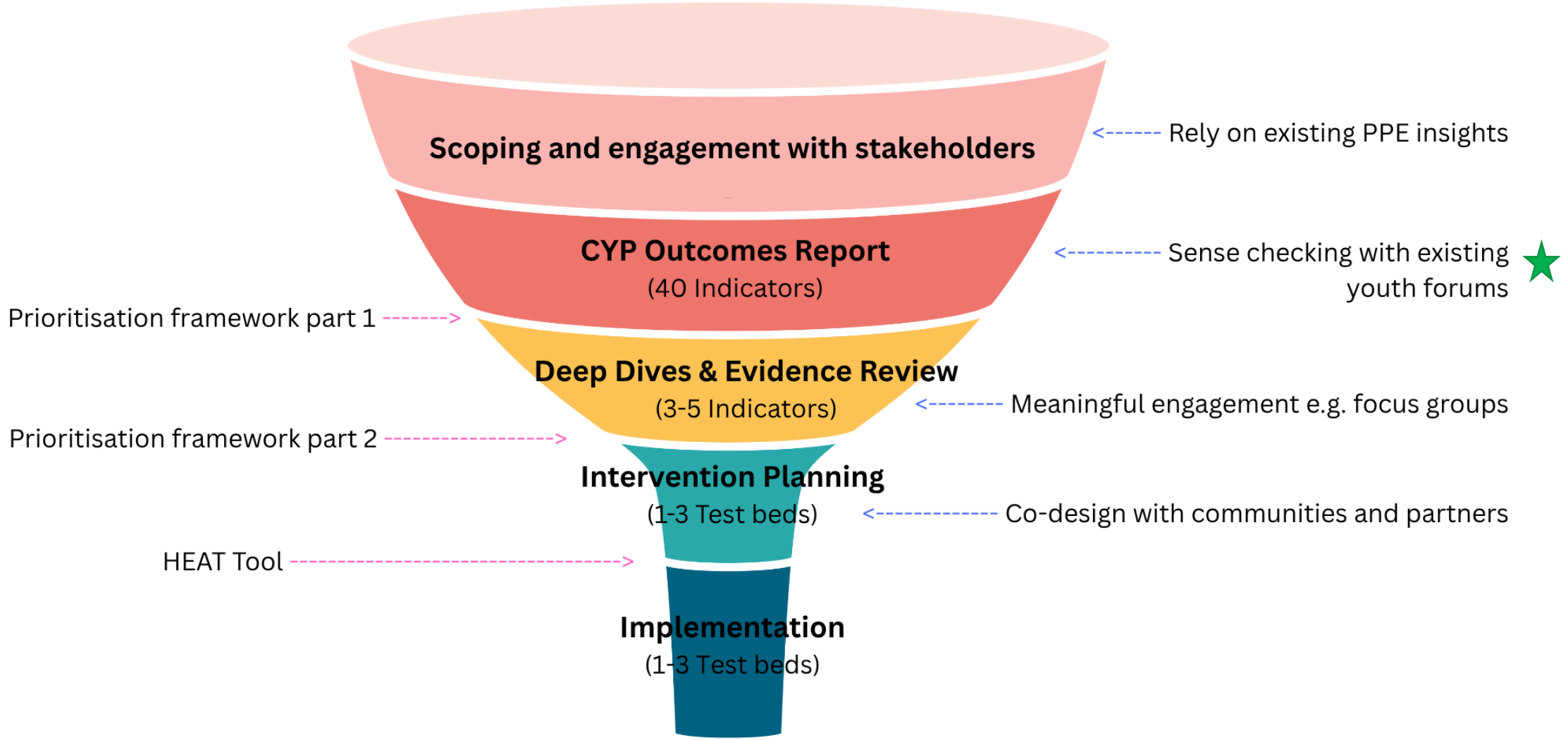
This will support Lambeth's ambitions to become a Child Friendly community, it will:

- Raise the profile of children's issues in Lambeth
- Bring research evidence and analysis to bear on local decisions that affect children
- Provide greater clarity about commissioning decisions that impact on/support children
- Make decisions informed by those whom they will directly affect
- Improve joint working across services and agencies by considering impacts on the whole child rather than a programme or service

Work in partnership with Lambeth HEART (Health Evaluation and Research Network): the ambition is to understand is to understand and act on the causes of health inequalities in Lambeth with the aim to develop an open and participative research collaboration which generates new knowledge, identifies, and applies existing research to tackle the causes of inequalities to improve health and wellbeing outcomes.

Act Early in Practice

CHILDS
Child Health Integrated Learning and Delivery System



Progress to date

CHILDS
Child Health Integrated Learning and Delivery System

- Endorsement of Act Early from Lambeth CYP Alliance and Southwark Start Well in March 2024
- Act Early grant awarded from Evelina Charity June 2024, additional resource agreed from Lambeth Health Inequalities Fund
- Engagement with cross-sector partners to scope local priorities and encourage shared ownership and buy-in
- Links with Lambeth CYP Alliance Shadow Board and Child Friendly Lambeth
- Governance proposal and project timelines drafted and approved by CYP Alliance
- Outcomes report underway – co-produced with Lambeth & Southwark health intelligence leads
- Preparation for deep dive/intervention stages

Act Early CYP Outcomes Report

CHILDS
Child Health Integrated Learning and Delivery System

- Indicators agreed with cross-sector partners incl. Lambeth and Southwark health intelligence teams
- Documents the relevant context in Lambeth and Southwark
- Builds a picture of child and family biopsychosocial outcomes and inequalities

- Pulls from *existing* sources and summaries, including local JSNAs and public reports
- Additional data provided by health intelligence teams, HEART, and others
- Findings will help prioritise key issues for CYP which will benefit from co-designed intervention

- Findings will create a shared sense of priority
- Can be used by partners to scope and progress local plans, including INTs
- This report will launch the Act Early Lambeth-Southwark partnership

Act Early CYP Outcomes Report

CHILDS
Child Health Integrated Learning and Delivery System

Chapter 1
Overview of CYP Population

Chapter 2
At risk groups

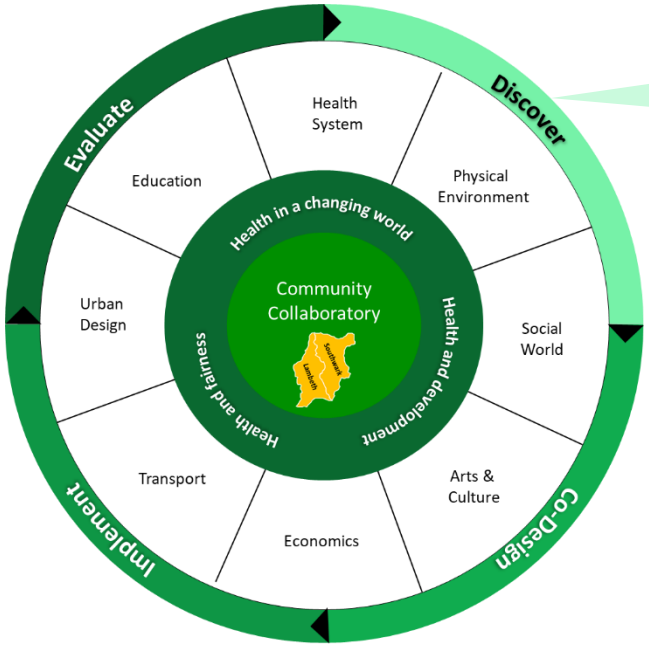
Chapter 3
Infancy to Pre-School
(0-4 years)

Chapter 4
Childhood and Primary School
(5-11 Years)

Chapter 5
Adolescence and secondary school
(12-18 Years)

Chapter 6
All age indicators

Chapter 7
Social and environmental outcomes



What are the emerging inequalities in CYP?

Vulnerable groups e.g. refugee and asylum seekers, children known to youth justice service

Oral health outcomes

Health inequalities in infant mortality and morbidity by ethnicity and deprivation

Coordination of care and support for children with complex needs

Housing impacting on health

Increasing childhood obesity

Neurodiversity – access for diagnosis and support in schools

Persistent school absence

Childhood immunisation coverage

Access to care

Inequalities in mental health conditions

High ED usage

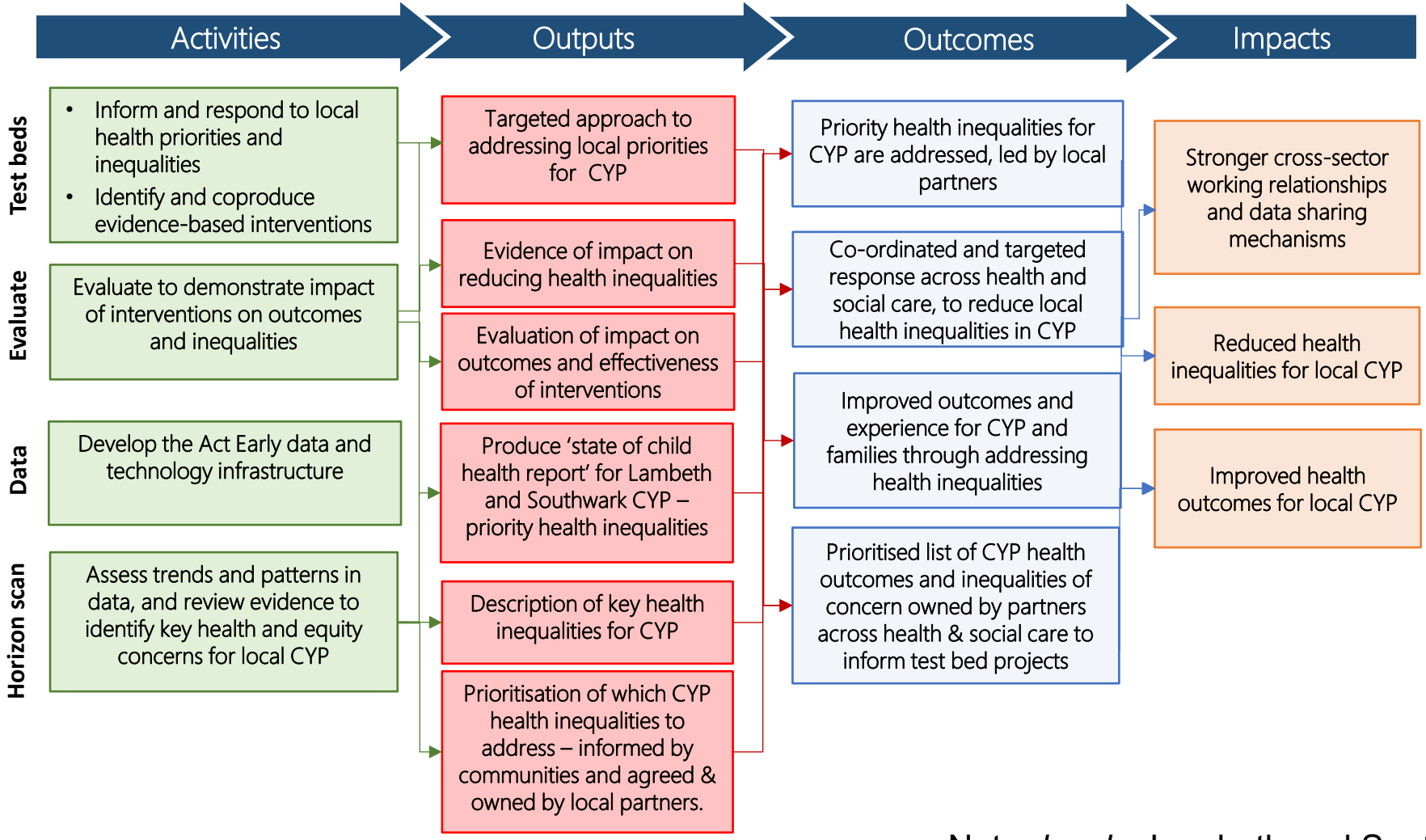
Health inequalities in birth outcomes by ethnicity and deprivation

Next steps

- Report finalisation – November
- Sign off as part of Lambeth JSNA cycle – in progress
- Co-hosting with CYP Alliance an INT multi-agency workshop – 1st Dec
- Deep dives/evidence review on priority areas – Nov-Feb
- Act Early cross-borough partnership meeting – Dec/Jan
- Intervention co-production and design – Feb-May
- Ongoing work to ensure prioritisation of CYP across the system

Act Early Logic Model

CHILDS
Child Health Integrated Learning and Delivery System



Note: *local* = Lambeth and Southwark population

Governance Proposal

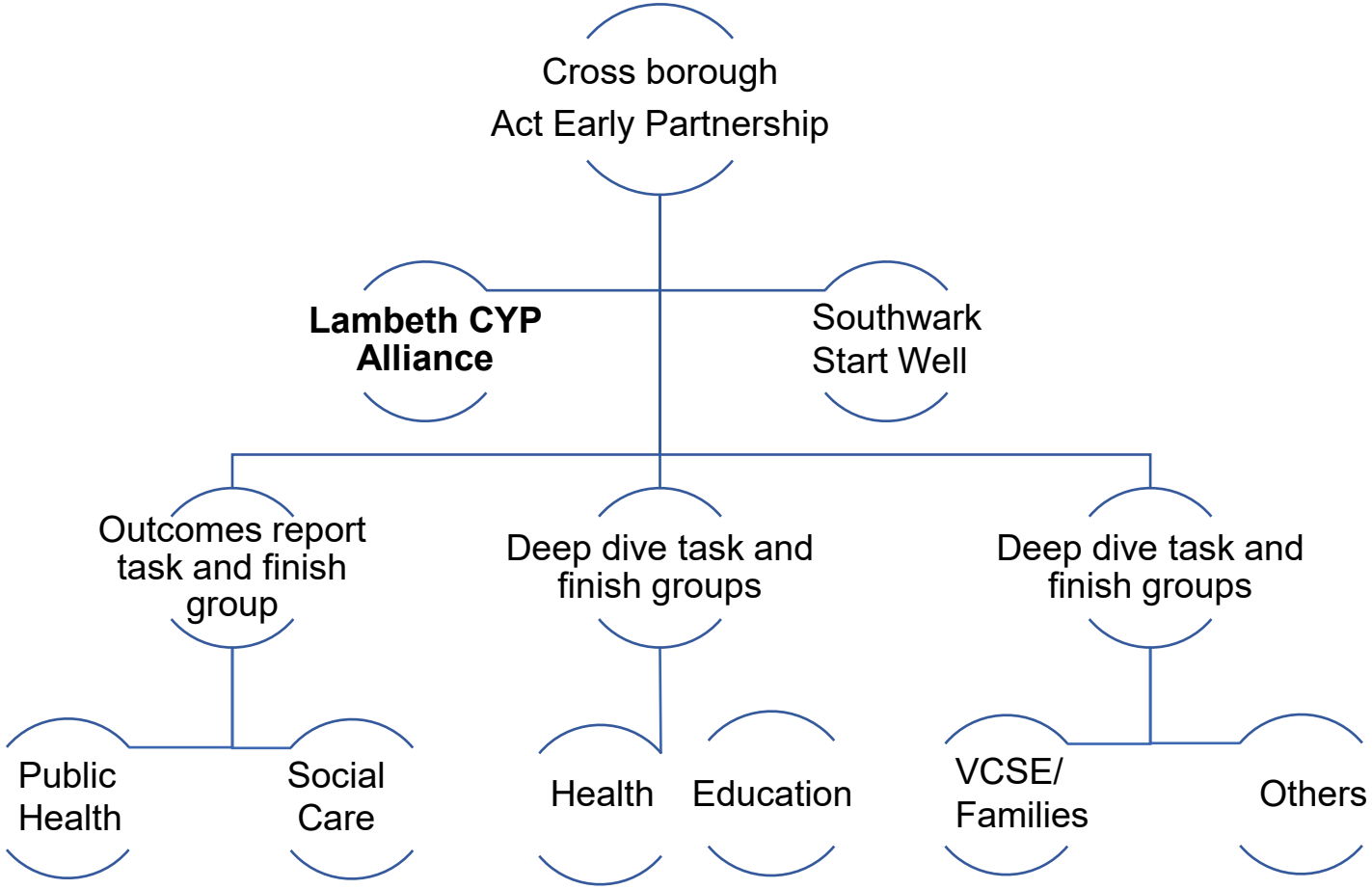
CHILDS
Child Health Integrated Learning and Delivery System

Function: Meet at key Act Early milestones: sign off of outcomes report, interventions and evaluation

Function: Approve deep dive areas, provide governance and feedback on behalf of their borough, collaboration on interventions

Function: Provide expertise and oversight to project deliverables incl. outcomes report and deep dives

Function: Inform and influence Act Early scoping and priority setting, share resource and data, input to task and finish groups



Act Early Project team

Table of contents

Lambeth Together Care Partnership Board

Title	**Lambeth Together Primary Care Commissioning Committee (LTPCCC)**
Meeting Date	6 November 2025
Author (& role / title/s)	Peter Lathlean - Head of PCN Development and Commissioning
Lead / Presenters (& role / title/s)	Jasmina Lijesevic – Lambeth Together Board Lay Member

This item is for;

☒	**Information**	☐	**Discussion**	☐	**Decision**	☒	**Ratification**

Recommendations;

The Lambeth Together Care Partnership Board is asked to;

- Note the update on discussions held at the Primary Care Commissioning Committee on 17th September; and
- Ratify decisions made at the Primary Care Commissioning Committee on 17th September

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 of your community and stakeholder engagement

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) (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 17th September 2025, and an opportunity to ask further questions and feed into the PCCC business.

Report summary and Impact on Inequalities

The PCCC business delivers several positive impacts on health inequalities.

- Targeted Investment in INTs – Repurposing funds to the neighbourhood supports place-based care, which is more responsive to local population needs.
- Digital Transformation & BI Capability - Enhancing digital maturity and analytics can help identify and address unwarranted variation in care delivery, improving equity and digital exclusion.
- Practice Nurse Development - Investing in nurse supports continuity of care and developing a resilient multi-professional General Practice workforce.
- CESEL Support - Focused work on chronic conditions (e.g. CVD, asthma, CKD) aligns with tackling clinical inequalities.

Lambeth Together Primary Care Commissioning Committee (LTPCCC)

Key Decisions & Updates from Wednesday 17th September 2025

Working in partnership for a healthier borough

LTPCCC Part Two Meeting

- **Lambeth Estates Update**
  - £1.6M secured for primary care premises.
  - Graphite Square project delayed.
  - Funding must be used by March; practices supported in applying.
  - Clarified use of Utilisation and Management Fund (UMF) for increasing clinical capacity and the Local Improvement Grant (LEG) for practice premises improvements, both of which are accessible through established criteria.

Board is asked to note the content.

LTPCCC Part Two Meeting

- **Lambeth Offer INT Scheme (2025–2027)**
  - Approval for INT scheme reallocating funds from breast cancer screening to neighbourhood scheme.
  - Funding for 2026/27 subject to affordability and Integrated Planning & Finance Committee review.
- OUTCOME – Approval given for the Lambeth Integrated Neighbourhood Team (INT) Development Scheme for implementation from October 2025. Subject to the Integrated Planning and Finance committee review and affordability for the 26/27-year funding.

To be ratified by the LTCP Board

Medicines Optimisation Plan

- Shift from Lambeth-only to SEL-wide plan.
- £350K Lambeth allocation retained; £1.1M savings expected.
- Tools like Optimise RX and dashboards to support practices.
- Appeals process clarified.
- OUTCOME: Plan approved (v0.9a) for borough-wide launch.

To be ratified by the LTCP Board

LTPCCC Part Two Meeting

SDF Allocation Overview 2025/26 Update

- Supplements the paper provided in July.
- **Digital Change Manager -** Continued funding to support digital transformation across Lambeth practices. Role includes facilitating adoption of digital tools and improving digital maturity.
- **SEL Digital Resources -** Investment in shared digital infrastructure and tools across South East London. Supports data analytics, interoperability, and digital service delivery.
- **Practice Nurse Measures -** Funding to support nurse development and retention. Includes training, upskilling, and workforce sustainability initiatives.
- **GP Fellowships -** Fellowship numbers reduced from 10 to 4 due to limited supervisory capacity. Focus shifted to supporting transformation programmes within available resources.

New Initiatives

- **Band 7 Advisor/Analyst Role -** New post to support:
  - Use of NHS England's toolkit for reducing unwarranted variation.
  - Development of business intelligence (BI) capabilities.
  - Evidence-based commissioning and performance monitoring.
- **Modern General Practice Fund**

  Replaces the previous Primary Care Access Recovery Plan funding.

  Aims to drive innovation and transformation in general practice delivery models.

•**Outcome**: SDF allocations for 2025/26 approved.

To be ratified by the LTCP Board

LTPCCC Part Two Meeting

Workforce – Lantum Contract

•Recommendation to withdraw £21K funding from 2026/27.

Rationale:

•The decision is based on a strategic reallocation of funds to other priority areas.

•The paper outlined:

- •How practices can be supported to use their workforce more sustainably.
- •The cost implications for practices that choose to continue using Lantum independently after Lambeth's withdrawal.

Implications:

- •Practices will need to self-fund their use of Lantum if they wish to continue.
- •The shift encourages greater autonomy and sustainability in workforce planning at the practice level.

Outcome: Withdrawal approved.

To be ratified by the LTCP Board

LTPCCC Part Two Meeting

APMS Care Home Provider Breach

- Breach of confidentiality during procurement.
- Legal advice led to decision to revoke breach notice and not reissue under Invitation to tender clauses.
- **Outcome**: Option 1 approved (revoke and not reissue)

To be ratified by the LTCP Board

- **Practice Contract Conversion**
- Request to convert a practice APMS to PMS contract.
- Legal constraints prevent direct award; competitive process required.
- Lease misalignment discussed.
- **Outcome**: Option 2 approved; working group to assess and report in November.

To be ratified by the LTCP Board

- **Practice travel vaccination issue**
- Issue with charging for NHS-funded travel vaccinations.
- **Outcome**: Referred to Quality & Resilience Committee for review and potential breach notice.

To be ratified by the LTCP Board

LTPCCC Part One Meeting

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

Primary Care Transformation and Operational Delivery Group (PTOG)

- Integrated Neighbourhood Teams (INTs) are central to primary care transformation.
- PTOG's scope is under review; as INT discussions will move to dedicated forums.
- Governance: INTs will report into the Neighbourhood Well-being Delivery Alliance and the Lambeth Together Care Partnership Board.
- A meeting is being set up with Community Pharmacy, Dentistry, and Opticians to identify primary care schemes that will remain outside neighbourhood working and retained through PTOG.
- PTOG will refocus on modernising general practice, aligning with the aims of the retired Primary Care Access Recovery Plan, though its policy objectives remain.

Risk Register

No updates since the previous month.

Quality

•Focus on patient safety strategy rollout, LFPSE contract requirement, and quality alerts.
•Alerts included inappropriate 111 referrals and poor use of direct lines.

•Actions/Discussions:
•LFPSE system awareness and compliance support needed.
•Di Aitken to follow up on learning disability safety actions.
•Future agendas to include updates from both SEL and Lambeth Quality Groups.

LTPCCC Part One Meeting

- **Integrated Neighbourhood Teams**
- Lambeth accepted into the national Neighbourhood Health Implementation Programme.
- **Clinical Effectiveness (CESEL)**
- CESEL supports Lambeth GP practices with:
- Data analysis (e.g., CVD and asthma performance)
- Practice visits
- Resource development (guides for diabetes, asthma, CKD, frailty, etc.)
- Discussion: Coding accuracy and use of Arden's templates raised. CESEL to align with Lambeth Quality Group and local incentive schemes (Lambeth Offer).

Committee noted each item in turn

Lambeth Together Care Partnership Board

Title	**Lambeth Together Assurance Sub-Group**
Meeting Date	06 November 2025
Author	Warren Beresford – Associate Director Health & Care Planning and Intelligence
Lead	Jasmina Lijesevic – Board Lay Member

This item is for;

☒	**Information**	☐	**Discussion**	☐	**Decision**	☐	**Ratification**

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 16th September 2025

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

None

Summary of your community and stakeholder engagement

N/A

Summary and Impact on Inequalities

At the meeting on 16th September, the Lambeth Together Assurance Group (LTAG) meeting agenda centred around one outcomes which the partnership is aiming to achieve through delivery of the 'Our Health, Our Lambeth, As Lambeth Together's health and care plan

These were:
Outcome O: People who are homeless, or at risk of becoming homeless, (including rough sleepers and refugees) have improved health

Outcome E: People have healthy and fulfilling sexual relationships and good reproductive health

Outcome L: Women have positive experiences of maternal healthcare and do not experience a disproportionate maternal mortality rate

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.

Lambeth Together

Assurance Group Update

Lambeth Together Partnership Board – November 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 16th September 2025.
- At the meeting on 16th September, 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 O: People who are homeless, or at risk of becoming homeless, (including rough sleepers and refugees) have improved health***
  - ***Outcome E: People have healthy and fulfilling sexual relationships and good reproductive health***
  - ***Outcome L: Women have positive experiences of maternal healthcare and do not experience a disproportionate maternal mortality rate***
- 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.

Health and Care Plan: Outcomes in Focus

Outcome O: People who are homeless, or at risk of becoming homeless, (including rough sleepers and refugees) have improved health

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

- The group received an update confirming that performance against the homelessness and rough sleeping outcomes has remained steady, and a high level of people registered with a GP across the supported housing vulnerable adults pathway (98%) has been maintained.

- There was a discussion around Integrated Health Network engaging with hard-to-reach individuals, including rough sleepers and supported housing residents. Noting in the past year, there was a high uptake of mental health services.

- On key areas of focus and challenges, Lambeth participated in a successful London-wide pilot (2024) supporting those at risk of rough sleeping, housing over 30 individuals. Funding was time limited and options for local continuation are being explored.

- On rough sleeping demographic, CHAIN database notes those listed are mostly UK nationals and the ratio is generally 80% men to 20% female. There was a recent increase in Eritrean nationals linked to Home Office decisions to release people from accommodation.

Health and Care Plan: Outcomes in Focus

Outcome E: People have healthy and fulfilling sexual relationships and good reproductive health

The update on this item, and the subsequent discussion, covered progress against outcome objectives on sexual and reproductive health in Lambeth.

- LARC access declined in 2024/25, especially for implants, due to GP service changes and clinician shortages—being addressed via a new LARC Hub training programme.
- Abortion rates remain high in Lambeth, with notable disparities by age and ethnicity—especially among Black Caribbean women aged 20–24 - prompting targeted outreach and education. Oral contraception use has dropped in general practice over four years, while pharmacy and Trust uptake has slightly increased.
- Community outreach and education are underway to address hormone hesitancy and improve sexual health awareness among young people and multi-ethnic communities.
- Monitoring challenges persist around non-hormonal contraception, online apps, and emergency contraception use, with efforts to better understand user preferences and decision-making.
- Partners noted challenges with fragmented services and poor data (especially demographic data), these are limiting understanding of contraception trends; new service models and digital tools are being introduced to improve access and data quality.

Health and Care Plan: Outcomes in Focus

Outcome L: Women have positive experiences of maternal healthcare and do not experience a disproportionate maternal mortality rate

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

- Perinatal mortality has increased in Lambeth, mainly due to a rise in stillbirths; rates are now above regional and national averages. Birth rates have declined from 4,392 in 2017 to 3,365 in 2023, while neonatal death rates remain stable.
- The latest UK maternal report (MBRRACE), noted disparities in perinatal outcomes for Black women persist, prompting targeted interventions such as midwife calls and preconception support.
- A group pregnancy care pilot is planned, building on LEAP's success, with approval sought from the CYP Alliance Board. Trust and LMNS initiatives include equity programmes, cultural safety training, multilingual education, and independent mortality reviews.
- Continuity of care tracking is being developed locally, supported by GSTT data and LEAP evidence.
- Perinatal mental health engagement is a challenge; tools like the maternity disadvantage assessment are being used to improve service uptake and data sharing with SLaM.

Appendix – Integrated Assurance Report Summary

Lambeth Together Health and Care Plan Scorecard

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	***People maintain positive behaviours that keep them healthy***	Q1 2025-2026, saw a total of 1677 Health checks completed. This compares favorably to the same period last year where 1105 health checks were completed indicating that the practices continue to acclimate to the new ways of working under the new model despite the issues experienced in the early part of 24/25.
B	***People are connected to communities which enable them to maintain good health***	The need for social prescribing continues, with high demand on the service. Comparison of one surgery Age UK Lambeth provides the Social Prescribing Link Worker saw monthly referrals increase significantly. A yearly comparison from July 2024 with 8 referrals to 39 referrals in July 2025.
C	***People are immunised against vaccine preventable diseases***	The national flu campaign began on 1 September with the children's and pregnant women's programme; other eligible groups, including over-65s, will follow from 1 October. ImmForm remains the national monitoring platform. Co-administration of flu with other vaccines (COVID, RSV, etc.) where possible, is being encouraged in Lambeth. As the 2% uptake increase target was missed in 2024/25, the same goal will be carried forward into this season, with renewed focus on outreach and engagement.
D	***People have healthy mental and emotional wellbeing***	The Lambeth Living Well Centres' Short-Term Support service (STS) began helping 183 new people in August, fewer than the 208 seen in July but still many more than the monthly average of 156 for 2024/25. This makes 817 new people supported so far in 2025/26. The number of people Focused Support (FS) started supporting in August fell to 26 from 39 in July, which makes 173 new people supported so far in 2025/26. The Lambeth Single Point of Access (SPA) referred 167 people to STS in July, and 89 in August, following concerted efforts in July to reduce the number of people open to SPA.

Health and Care Plan: Key headlines (2)

	Outcome	Key Headlines
E	***People have healthy and fulfilling sexual relationships and good reproductive health***	Planned deep dive, see enclosed presentation along with highlight report updates
F	***People receive early diagnosis and support on physical health conditions***	Bowel Cancer screening aged 60-74-Upward trend. Most recent data shows upward trend with 61.8% screened (January 2025) compared to 50% in December 2019. Note for the financial year of 25/26 SEL ambition is 64.6% but this data is from when the target was 60%. Cervical Cancer screening aged 25-64-shows levels are quite stable but not increasing with 62.7% screening in June 2024 compared to 62.8% in April 2023 but down from 66.7% in April 2019. National target is 80%. Note for the financial year of 25/26 SEL ambition is 64.6% **No update to data since last report in July** Breast cancer screening aged 50-70-Upward trend in the past year. Most recent data shows 57.9% screened in January 2025 which is a significant increase from 54.8% in December 2023. Not returned to pre-covid levels which were 61% in November 2019. Below national target of 80%. Note for the financial year of 25/26 SEL ambition is 60.2%
G	***People who have developed long term health conditions have help to manage their condition and prevent complications***	More black and minority ethnic people have been identified with hypertension when comparing August 2024 to August 2025 data; 9141 and 9817 respectively and within these cohorts, blood pressure control has remained consistent with higher absolute numbers in comparison to the previous year; 24,242 and 25,162 respectively. Current data from the EZA Cardiovascular app shows that hypertension control in the Black African, Black Caribbean, Mixed White and Asian, Unknown or not stated ethnic groups is improving, with comparable rates of target blood pressures being reached across all ethnicities. In addition, year on year performance across target ethnicities and all ethnicities has increased. The measurement and recording of the 8 care processes for Black, Asian and multi ethnic groups continues to trend upwards.
H	***When emotional and mental health issues are identified; the right help and support is offered early and in a timely way***	Data for Lambeth SPA in July and August showed no inequalities in the SPA process. 26% of Black Service users introduced to SPA received onward referrals to Community Mental Health Services or the Trust, the same percentage as for White service users. Average waiting times for urgent introductions processed in August also show no meaningful difference, being 7.3 days and 7.7 days for Black and White service users respectively. Access to Lambeth Talking Therapies (LTT) Recovery for Black service users continues to improve. In April to June 2025 (the latest period for which data is available), 25.2% of new clients identified themselves as Black, better than the 24.2% seen in the previous quarter, and the 21.7% Black population of Lambeth. Session attendance and treatment completion continues to be roughly equal across groups. On CAMHS activity, caseload pressure is significantly driven by the neurodevelopmental pathway. The data does not provide breakdowns by ethnicity, deprivation, or other characteristics for those referred or waiting, so limited health inequalities can be confirmed or tracked from this data. The report is, however, being developed and updated constantly.

Health and Care Plan: Key Headlines (3)

	Outcome	Key Headlines
I	***People have access to joined-up and holistic health and care delivered in their neighbourhoods***	On the Health and Wellbeing Bus ,the data indicates consistent reach into communities and delivery of health and wellbeing services to residents. A consistent challenge has been identifying result of service user after interaction with H&W bus and team and if person went on to making progress. We have been using a follow up form that ties with directly with GP records which holds potential to address this challenge.
J	***People know where to go to get the right help, and are treated at the right time, in the right place, for their needs***	Lambeth Pharmacy First Plus Service data shows from May 2024 to July 2025 most interventions (1195) have taken place for people whose registered post code district falls within IMD decile 1 to 3, which shows the service is accessed by the target population - those with the highest deprivation. Data to date, demonstrates that if people did not have access to the Lambeth Pharmacy First Plus Service, 71% of patients would have visited general practice to request the medication on prescription and 29% would have gone without medication as they are unable to buy the medicines over the counter to deal with minor conditions due to the current cost of living crisis. People who are receiving support through universal credit, patient aged under 16 years or receive income support are the top social vulnerability eligibility groups accessing Lambeth Pharmacy First Plus Service in July 2025. General Practice feedback has been that the service has a had a positive impact for patients and reduced GP appointments for minor conditions.
K	***Older adults are provided with the right health and care support at the right time, live healthy and active later lives and are supported to age well***	On Adult Social Care updates, we can note operationally 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. Further detail is included on highlight slide.
L	***Women have positive experiences of maternal healthcare and do not experience a disproportionate maternal mortality rate***	Planned deep dive, see enclosed presentation along with highlight report updates

Health and Care Plan: Key Headlines (4)

	Outcome	Key Headlines
M	***People with learning disabilities and/or autism achieve equal life chances, live as independently as possible and have the right support from health and care services***	Ethnic background of those supported in inpatient settings is monitored and we can note 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	***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***	There were 43 restrictive incidents and seclusions for inpatients in August 2025, well over both the 37 seen in July and the average of 35 for financial year 2024/25. Of the 79 restrictive incidents and seclusions reported for Lambeth acute inpatients with a stated ethnicity in July and August 2025, 40 (51%) were for Black compared 56% in the preceding 3 months Apr-Jun. However, the numbers involved are too small, highly variable and linked to the same people involved multiple times to draw any firm conclusions. On Patient Reported Experience Measures, we can note Positive friends and family survey responses for LWNA services were 82.4% in August, an improvement of 2.9% points on the 79.5% average for the previous financial year.
O	***People who are homeless, or at risk of becoming homeless, (including rough sleepers and refugees) have improved health***	Planned deep dive, see enclosed presentation along with highlight report updates

Other Areas of Business

Risk

- As of August, there were 9 active risks on the South East London Risk register for Lambeth.
- Since the last update to this group the following risk was opened,
  - Integrated Community Equipment Service - Under S75 agreement, there have been issues with current provider which have been impacting on hospital discharges and ensuring residents receive the right equipment at the right time to support their recovery. There have been significant financial risks related to the provider, ending with the provider going into liquidation in July affecting the delivery and continuity of the service.
- SEL Risk forum took place in July and risk leads met to discuss risks across SEL, receive updates from risk leads and review Local Care Partnership comparative report, we were asked to consider the following points,
  - SEL Risk lead asked LCP partners to consider and add risks in relation to non-standard contracts currently in place for CHC and MH placements.
  - INT estate and digital risks added by Lewisham check if applicable for Lambeth
  - Lambeth's risk exposure in relation to delivery of Joint Forward Plans
- The above points were discussed on 12th August at SMT meeting and partners noted there's no exposure to the above risks in relation to Lambeth LCP.

Quality

- An update on current quality issues for the first quarter focused on, second year of the HIN (Health Innovation Network) PSIRF (Patient Safety Incident Response Framework) pilot in primary care and overview of Lambeth Q1 Quality Alerts and thematic learning.
- No exceptions were reported.

Finance

South East London ICB (Lambeth)

- The borough is reporting an overall £663k year to date overspend position and a forecast breakeven position at Month 04 (July 2025) after the "equalisation" of the ring fenced delegated primary care budgets. The reported forecast position includes £1,168k overspend on Mental Health Services (including Learning Disabilities) offset by 734k underspend on Continuing Health Care (CHC) Services and the finding of additional savings.

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

- Breakeven position in Public Health and Integrated Commissioning
- Overspend in Senior Management of £100k, subject to confirmation of reserve funding for additional fixed-term commissioning capacity.
- Public Health grant allocation of £39.160m for this financial year, inflationary uplifts on NHS contracts and pay awards to be confirmed later in the year.
- On ASC, forecasting an overspend of £8m. Long-term support placements remain the primary driver of the overspend, especially in Older People (OP) and Adults with Learning Disabilities (ALD).

Lambeth Together Care Partnership Board

Title	Business Planning 2026-27
Meeting Date	06 November 2025
Author	Warren Beresford, Associate Director Health and Care Planning and Intelligence
Lead	Oge Chesa, Director of Primary Care and Transformation

This item is for;

☐	**Information**	☒	**Discussion**	☐	**Decision**	☐	**Ratification**

Recommendations;

The purpose of this update is to brief the Lambeth Together Partnership Board on the emerging Business Planning Process for 2026/27

1. Approve the proposed approach for the 2026/27 Business Planning Process, noting the national requirements and timelines
2. Work with their respective organisations, alliances, and partners to support the production of prioritised and deliverable local plans.

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

None

Summary of your community and stakeholder engagement

N/A

Summary and Impact on Inequalities

The Lambeth Together partnership places significant emphasis on reducing inequalities within its community. To effectively achieve this objective, the partnership recognises that comprehensive and strategic business planning is essential, serving as the backbone to facilitate the successful delivery of these initiatives.

This page is intentionally left blank

Business Planning 2026-27

Lambeth Together Partnership Board Update

06 November 2025

Working in partnership for a healthier borough

Purpose

The purpose of this update is to brief the Lambeth Together Partnership Board on the emerging Business Planning Process for 2026/27

The board is asked to:

1. Approve the proposed approach for the 2026/27 Business Planning Process, noting the national requirements and timelines

2. Work with their respective organisations, alliances, and partners to support the production of prioritised and deliverable local plans.

National Planning Approach

The NHS 10 Year Plan sets a clear ambition to change the way in which the NHS organises, delivers and funds services. In response to this ambition, in August 2025 NHS England developed a new planning framework which aims to shift the focus towards a rolling five year planning horizon.

All NHS organisations have been asked to prepare integrated five-year plans which support transformational change, deliver the three shifts set out in the 10 Year Plan and demonstrate how financial sustainability will be secured over the medium term. The work has been proposed to be split into two phases:

- **Phase 1: Setting the Foundations** – in this phase of the planning process, organisations need to build an understanding of current delivery of their strategy, their local population health needs and outcomes and assess their current commissioned service provision in order to develop actionable commissioning insights and commissioning intentions for 2026/27.

- **Phase 2: Integrated Planning –** in this phase of the planning process, organisations are expected to use the evidence they have gathered from Phase 1, including their actionable commissioning insights, to develop integrated five year commissioning plans which also bring together neighbourhood based plans into a system population health improvement plan.

The role of ICBs within this planning process is one of strategic commissioners, with a core focus on improving population, reducing health inequalities and improving access to consistently high-quality services. It is recognised that ICBs will be transitioning to this way of working over the coming 12-18 months and are likely to be on a developmental pathway which will need to be recognised

Expectations

Plans are expected to:

• Build and align across time horizons, joining up strategic and operational planning

Be coordinated and coherent across organisations and different spatial levels

• Demonstrate robust triangulation between finance, quality, activity and workforce

And be:

• **Outcome focused –** tangible and measurable improvements in outcomes and value for the taxpayer with involvement of patients and the public in developing plans.

• **Accountable and transparent –** clear roles, responsibilities and accountabilities, supported by effective governance to enable transparent decision making, challenge and scrutiny/oversight of plans.

• **Evidence based –** plans are underpinned by robust analytical foundations including population health analysis, demand and capacity modelling, financial forecasts and workforce analytics.

• **Multi-disciplinary –** plans bring together teams from different functional areas to shape content.

• **Credible and deliverable –** ambitious yet achievable goals with robust triangulation.

What do we need to produce?

Phase 1	Output
(Due by Sep 25)	**Preparatory work – 'Foundational Elements' (SEL Level)** Drawing together the data, intelligence and insights that will drive our strategic planning: • Population health needs assessment, identifying underserved communities and surfacing inequalities. • Identifying service and pathway redesign opportunities, including where services are vulnerable/unsustainable. • Demand and capacity analysis, including an assessment of demographic and technological changes (demand), plus productivity, workforce and estates factors (capacity). • Identifying opportunities to improve productivity and efficiency. • Financial analysis to establish a baseline underlying position and cost drivers. • Reviewing and refreshing the organisation's clinical strategy to ensure it is up to date and aligned to the 10YHP • Reviewing the organisation's improvement capability. • Reviewing strategic estates plans, opportunities for disposals and consolidation and where new additional or different estate is needed for transformation or performance improvement.

Phase 2	Output
Due end of Dec 25	**Five year strategic commissioning plan (SEL Level)** • ICB footprint integrated plan that cover service plans, workforce, finance, quality improvement and digital. • Will bring together local neighbourhood health plans into a system population health improvement plan (PHIP). • Plan will include details of overarching population health and commissioning strategy, new models of care and investment programmes aligned to the 10 YHP, how funding will be used to meet need/maximise value/deliver priorities, and how the ICB core strategic commissioning approaches and capabilities will be developed to secure our strategic objectives and outcomes.
	Local Neighbourhood Plan(s) (LNPs / Place Level) • **Part A: Population health improvement plan** which includes social care, public health and BCF, co-ordinated by Health and Wellbeing Boards. • **Part B: Delivery plan for neighbourhood health services.** o LNPs will feed into and align with system PHIP, new models of care and investment programmes set out in the five year strategic commissioning plan.
	Operational plan return (SEL Level - annual) • Single ICB numerical return expected across finance, workforce, activity and performance (with triangulation with providers as required).

How it fits together

SEL 5 Year Strategic Commissioning Plan (new)

- Objectives, priorities, deliverables and outcomes across population health population health, service improvement and transformation.
- Underpinning enablers – including estates, workforce, finance and the use of commissioning approaches/levers.

Lambeth Integrator to lead on Neighborhood plan development working alongside NWDA and Lambeth Together Partners

Oversight via Health and Wellbeing Board and Lambeth Together Partnership Board

Local Neighbourhood Plan (new)

- Subject to forthcoming planning guidance, this is currently considered, for all practical purposes, to form the basis of the updated and refreshed Lambeth Together Health and Care Plan.

Part 1: Population Health Plan

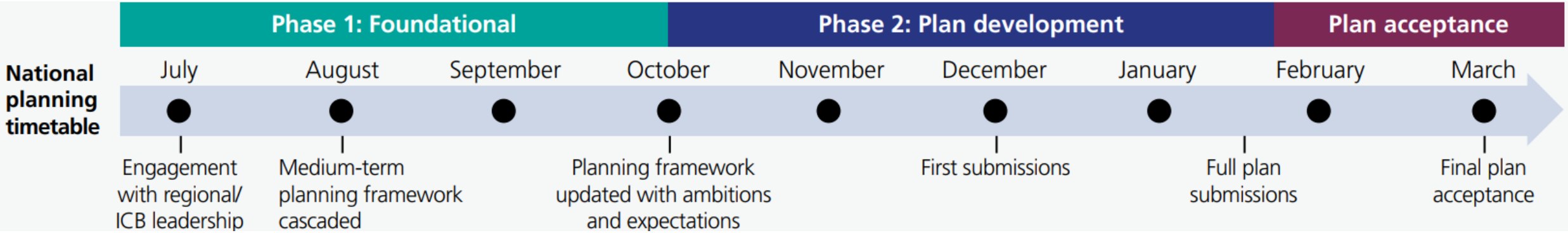
Part 2: Delivery Plan for Neighbourhood Services

- Covers NHS and LA, voluntary sector services and preventative services.

Lambeth Together Health and Care Plan 2023-2028

- Our existing plan sets out activities designed to deliver 15 outcomes up to and including financial year 2027/28 with the aim of achieving the Health and Wellbeing Strategy.
- The plan is refreshed annually to take account of new requirements, emerging priorities, and evolving local needs.

Timelines



Phase 1: Setting the Foundations – There is currently no requirement to share outputs externally with NHS England (NHSE).

Phase 2: Integrated Planning – The level of detail and the nature of outputs required for the ‘draft’ and ‘final’ plan submissions will be clarified through forthcoming planning guidance.

Guidance received to date emphasises strengthening the role and responsibilities of Health and Wellbeing Boards (HWBBs). Further consideration is needed on how best to enable and support this development.

What we know so far?

- First planning guidance document titled ***Medium Term Planning framework – Delivering change together 26-27 to 28-29*** published on 24th October.
- Covers a range of areas including reference to the '3 shifts' detailed within the NHS 10 year plan (From hospital to community, from sickness to prevention, from analogue to digital) and also covers areas such as finance, quality developing integrated health organisations, workforce, and genomics. **(See Appendix for details)**
- Also details key operational and transformational targets for delivery over 26-27, 27-28, and beyond for *Elective, cancer and diagnostics, urgent/emergency care, primary care , community, mental health services. Workforce, and Learning disabilities, autism, and ADHD*
- **Further guidance documents are expected to follow in November,** including
  - **draft model neighbourhood framework**, will set out the definitions, goals and scope of neighbourhood health, along with priority actions for 2026/27
  - **national neighbourhood health planning framework,** setting out how system partners can plan for the delivery of the broader set of neighbourhood goals
  - **model system archetypes,** which will outline different archetypes for the commissioning and provision of neighbourhood health services, including the 3 new contract types: single and multi-neighbourhood provider contracts, and integrated health organisation contracts
  - **model neighbourhood health centres archetypes**, which will describe different archetypes of provision of neighbourhood health services that can be used to inform the better utilisation and enhancement of existing estates, together with new-build solutions, where appropriate

Work underway

- **Reviewing the 'Foundational Elements' (SEL-level) outputs** to help inform our local direction, approach, and understanding (pack was shared by the SEL central team with borough planning leads w/c 20th October).

- **Reviewing the priorities within the Medium Term Planning guidance document against our current plans** and activities to identify challenges, gaps, and areas requiring further clarification and where appropriate, to achieve consistency across the six boroughs. (Noting that the NHS Plan the plan spans a 10-year period, and that not all will be required to be delivered at a local level)

- **Reviewing achievements within the existing Health and Care Plan** to inform our approach to refreshing both the Health and Care Plan and the Health and Wellbeing Strategy.

- **Considering governance arrangements** for how the Health and Wellbeing Board, the Lambeth Together Partnership Board, and Neighborhood & Wellbeing Delivery Alliance will oversee the development and delivery of these plans.

The board are asked to….

1. Approve the proposed approach for the 2026/27 Business Planning Process, noting the national requirements and timelines

2. Work with their respective organisations, alliances, and partners to support the production of prioritised and deliverable local plans.

APPENDIX

Key Operational targets for delivery - Medium Term Planning framework 26-27 to 28-29 (1)

Finance

- Multi-year settlement provides to enable **shift from annual to medium-term financial and delivery planning cycles**.
- Plan to **begin dismantling block contracts**
- Introduce a **new Urgent and Emergency Care (UEC) payment model in 2026/27** with an incentive component
- Proposed **UEC payment model is designed to drive efficiency and help release funding for neighbourhood health**
- New **best practice tariffs will also be introduced in the 2026/27** to incentivise greater use of day case and outpatient pathway
- ICBs and providers to **maintain a balanced or surplus financial position** throughout the planning
- Achievement of **financial balance without reliance on deficit support** funding

Productivity

- **deliver a sustained minimum 2% year-on-year improvement in productivity** over the next three years.
- **focus on reducing inpatient length of stay, improving theatre productivity, and returning to pre-COVID levels of activity** per whole-time equivalent (WTE).
- Organisations to **capitalise on opportunities offered by technology, service transformation, and the reduction of unwarranted cost variation**.
- Require **digital-by-default approach** and embedding more efficient models of care across the NHS

Key Operational targets for delivery - Medium Term Planning framework 26-27 to 28-29 (2)

Organisational Structure

- Guidance will set out how **Integrated Health Organisations (IHOs)** will operate as a **contract-based delivery model**, rather than a new organisational form. It will explain how IHO contracts interact with both **multi-neighbourhood** and **single-neighbourhood** delivery models.
- Early consideration is being given to how **NHS England will assess provider capability** to hold an IHO contract, which will be commissioned by ICBs.
- IHO contract holders will be responsible for **delivering the shift of resources from hospital to community settings**, through integrated, preventative, and neighbourhood-aligned models of care.
- Each IHO contract will be accountable for a **defined population**, focusing on improving **population health outcomes**, **allocative efficiency**, **access**, and **quality**.
- Further detail will be provided in the forthcoming **Model System Archetypes** publication, expected in the autumn.

Neighbourhood Health

Prioritise:

- Improving and **reducing unwarranted variation in GP access**
- **Reducing avoidable non-elective admissions and bed days** for key cohorts:

People with moderate to severe frailty - People living in care homes - People who are housebound or at the end of life

- Enabling **patients requiring planned care to access specialist support closer to home.**
- **Understanding current/projected utilisation and costs for these cohorts.**
- **Identifying GP practices where demand exceeds capacity** and **implementing targeted support** to improve access and reduce variation.
- Developing **integrated plans to better meet their needs and significantly reduce avoidable unplanned admissions**
- Plans must **align with national standards** for UCR, ensuring seven-day availability and rapid response.
- **Systems should provide a minimum 12-hour "community urgent care" offer**, **operating across multiple neighbourhoods.** ICBs to confirm funding.
- Plans to include the es**tablishment of INT's, ideally through contractual arrangements with local authorities**

Key Operational targets for delivery - Medium Term Planning framework 26-27 to 28-29 (3)

Data and Digital

- Fully **adopt all existing NHS App capabilities by 2028/29**, **ensuring at least 95% of appointments across all care settings are available via the App following** appropriate triage.

- Patients should be able to **view waiting times, manage medicines, access digital PIFU pathways**, and complete pre-and post-appointment questionnaires.

- **Patient Empowerment:** Deliver new App functionality as set out in the 10YHP, including AI triage/ single place to manage appointments, referrals, and treatment interactions.

Data and Digital Infrastructure: Ensure all providers are onboarded to the NHS Federated Data Platform (FDP) by 28/29.

Unified Access and Communication: Transition to a single access model integrating AI-triage, telephony, and in-person channels through the NHS App. All patient communications to move to NHS Notify, with local systems decommissioned by 28/29.

Digital Standards and Innovation: Fully with the Digital Capabilities Framework, ensuring 100% electronic patient record coverage. Implement all national products by 2027/28, including the Electronic Prescription and Referral Services. Providers to **deploy ambient voice technology (AVT) and adopt approved digital therapeutics**

Sickness to Prevention

Obesity:

- By 2026/27, demonstrate **progress in delivering new obesity service models** that improve advice, access to treatment (including weight-loss medications), and specialist provision such as complications of excess weight clinics for children and young people.

- **By June 2028, provide access to NICE-approved weight-loss treatments**

- **By March 2029, deliver share of national ambition** of 250,000 annual **referrals to the NHS Digital Weight Management Programme.**

Cardiovascular Disease (CVD):
Support delivery of a 25% reduction in CVD-related premature mortality over 10 years by working with local authorities to test and scale the new NHS Health Check online service nationally.

Tobacco and Medicines:
Implement opt-out tobacco dependence models in routine care, reduce antibiotic exposure in line with national thresholds, and address problematic polypharmacy to minimise avoidable harm.

Health Inequalities:
Demonstrate how plans will actively reduce health inequalities across all functions and service areas.

Key Operational targets for delivery - Medium Term Planning framework 26-27 to 28-29 (4)

Patient Experience

- By the end of 25/26, all NHS trusts must s**trengthen how they capture and act on patient feedback** to improve the experience of care and waiting.
- **Trusts to complete at least one full survey cycle** to understand the experience of people waiting for care, including cancellations, communication, perceived deterioration, and information needs to support self-management.
- **Capture near real-time feedback, with a particular focus on discharge processes**, by triangulating inpatient survey results, Friends and Family Test feedback, and PALS and complaints data
- Use the forthcoming **resource pack** (to be published on the NHS England website in November) to strengthen their approach.

Approach to Quality

- ICBs and providers must continue implementing the **NHS Patient Safety Strategy**, embedding the **Patient Safety Incident Response Framework** and ensuring trained **patient safety specialists** and **partners** are actively involved in governance.
- All acute inpatient settings must fully implement **Martha's Rule**

From April 26,

- **Use the National Quality Board (NQB) Quality Strategy** to drive improvements and **Implement modern service frameworks** and the **National Care Delivery Standards**
- Prepare for a **Single National Formulary**, realising 2026/27 efficiency savings from best-value use of Direct Acting Oral Anticoagulants, SGLT-2 medicines, and the wet AMD pathway.
- Improve the quality and efficiency of **All-Age Continuing Care (AACC)** services, eliminating unwarranted variation and transitioning to **AACC Data Set v2.0** by March 2027.
- Digitise workflows and eliminate duplicate paper-based processes, maximising use **NHS FDP**
- By Apil 27 **Implement the Paediatric Early Warning System in all hospitals with paediatric inpatients.**
- **Implementing best practice resources**, including the **maternal care bundle**, new **maternity triage specification**, and **Sands Bereavement Care Pathway**.
- Participating in the **Perinatal Equity and Anti-Discrimination**
- By Nov 25, all trusts must implement the **Maternity Outcomes Signal System (MOSS)**

Key Operational targets for delivery - Medium Term Planning framework 26-27 to 28-29 (5)

Workforce

- NHS boards are expected to **use the 2025/26 staff survey results to undertake a full analysis of free-text feedback, identifying at least three key areas of greatest staff dissatisfaction.**
- **Develop action plans to address key areas** within the year wherever possible.
- Redouble efforts to **create safe, inclusive, and respectful workplaces** which are free from racism, antisemitism, Islamophobia, and all forms of discrimination.
- Maintain a **clear focus on tackling sexual misconduct**, regularly assessing progress against the **Sexual Safety Charter**, in line with the letter issued on 20 August.
- During autumn, the **Management and Leadership Framework** will be published, setting out a code of practice, standards, and competencies for clinical and non-clinical **ICBs and providers should embed this framework within recruitment and appraisal processes**
- In 2026/27, development will continue toward establishing a **College of Executive and Clinical Leadership**, supported by a national curriculum and interactive online modules offering accessible, time-efficient development for leaders at all levels

Genomics

- All NHS providers must meet the government's **150-day clinical trial set-up target**, adhering to the site-specific timeframes in place.
- To **embed research as a core component of everyday care**, **organisations should report research activity and income to their boards on a six-monthly basis.**
- **Reports should include performance against study set-up timelines, compliance** with research contract terms beyond NHS HM Treasury allocations, commercial research income, and **how capacity-building elements of commercial contract income are being utilised, in line with research finance guidance.**
- From **April 2026**, **ICBs should ensure that clinical trials are proactively supported and set up efficiently** by following the standards outlined in *Managing Research Finance in the NHS*. Providers are also expected to deliver services in line with the **NHS Genomic Medicine Service specification**, including genomic testing and clinical functions for cancer, rare diseases, and population health, as well as the implementation of the new **Genomics Population Health Service**.

Key Operational targets - Medium Term Planning framework 26-27 to 28-29 (1)

Domain		2026-27 Target	2028-29 Target
Elective, Cancer & Diagnostics	**Improve the percentage of patients waiting no longer than 18 weeks for treatment**	a minimum 7% improvement in 18-week. Every trust delivering a minimum 7% improvement in 18-week performance or a minimum of 65%, whichever is greater (to deliver national performance target of 70%)	Achieving the standard that at least 92% of patients are waiting 18 weeks or less for treatment
	Improve performance against cancer constitutional standards	Maintain performance against the 28-day cancer Faster Diagnosis Standard at the new threshold of 80%	
		Every trust delivering 94% performance for 31-day and 80% performance for 62-day standards by March 2027	Maintain performance against the 31-day standard at 96% and 62-day standard at 85%
	Improve performance against the DM01 diagnostics 6-week wait standard	Every system delivering a minimum 3% improvement in performance or performance of 20% or better, whichever level of improvement is greater (to achieve national performance of no more than 14% of patients waiting over 6 weeks for a test)	Achieving the standard that no more than 1% of patients are waiting over 6 weeks for a test
Urgent & Emergency Care	**4-hour A&E performance**	Every trust to maintain or improve to 82% by March 2027	National target of 85% as the average for the year
	12-hour A&E performance	Higher % of patients admitted, discharged and transferred from ED within 12 hours across 2026/27 compared to 2025/26	Year-on-year % increases in patients admitted, discharged and transferred from ED within 12 hours
	Category 2 Ambulance response times	Improve upon 2025/26 standard to reach an average response time of 25 minute	Further improvement so that by the end of 2028/29 the average response time is 18 minutes, with 90% of calls responded to within 40 minutes
Primary Care	**Same day appointments for all clinically urgent patients (face to face, phone or online)**	90% - We will consult with the profession on this new ambition	
	Improved patient experience of access to general practice (ONS Health Insights Survey)	Year-on-year improvement	
	Deliver 700,000 additional urgent dental appointments against the July 2023 to June 2024 baseline period	Each ICB to deliver their share of the urgent dental appointment target every year (2026/27 to 2028/29)	

Key Operational targets for delivery - Medium Term Planning framework 26-27 to 28-29 (2)

Domain		2026-27 Target	2028-29 Target
Community Health Services	**Address long waiting times for community health services**	At least 78% of community health service activity occurring within 18 weeks	At least 80% of community health service activity occurring within 18 weeks
Mental Health	**Expand coverage of mental health support teams (MHSTs) in schools and colleges (including teams in training)**	77% coverage of operational mental health support teams and teams in training	94% coverage, reaching 100% by 2029 (operational mental health support teams and teams in training)
	Meet the existing commitments to expand NHS Talking Therapies and Individual Placement and Support	63,500 accessing Individual Placement and Support by the end of 2026/27 805,000 courses of NHS Talking Therapies by the end of 2026/27 with 51% reliable recovery rate and 69% reliable improvement rate	73,500 accessing Individual Placement and Support by the end of 2028/29 915,000 courses of NHS Talking Therapies by the end of 2028/29 with 53% reliable recovery rate and 71% reliable improvement rate
	Eliminating inappropriate out-of-area placements	Reducing the number of inappropriate out of area placements by end of March 2027	Reducing or maintaining at zero the number of inappropriate out of area placements
Learning disabilities, autism and ADHD	**Reduce reliance on mental health inpatient care for people with a learning disability and autistic people**	N/A	Deliver a minimum 10% reduction year-on-year
Workforce	**Reduce use of bank and agency staffing**	Trusts to reduce agency and bank use in-line with individual trust limits, as set out in planning templates, working towards zero spend on agency by 2029/30 Annual limits will be set individually for trusts, based on a national target of a 30% reduction in agency use in 2026/27, and a 10% year-on-year reduction in spend on bank staffing	

Lambeth Together Care Partnership Board

Title	Carer's Strategy 2024-2029 - Update
Meeting Date	6th Nov 2025
Author (& role / title/s)	Katherine Cowling – Programme Manager, Integrated Commissioning
Lead / Presenters (& role / title/s)	Jen Henderson – Associate Director, Integrated Commissioning Alice Dias – CEO, Carers Hub Deniece Campbell – Advocate & Carer Katherine Peddie – Service Development Officer, Children's Commissioning and Youth Services Alex Murphy – Lead Commissioner SEND & Health, Children's Commissioning and Youth Services

This item is for;

☒	**Information**	☐	**Discussion**	☐	**Decision**	☐	**Ratification**

Recommendations;

The Lambeth Together Care Partnership Board is asked to;

1. To note the actions and outcomes delivered in Year 1 of the strategy
2. Support the actions underway and planned for Year 2 of the strategy

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

Lambeth Integrated Health and ASC internal management governance and sign off processes.

Summary of your community and stakeholder engagement

The Carers Strategy is the result of wide-ranging engagement with Carers and Partners including Health and VCS organisations that are part of Lambeth Together.

The Strategy Priorities are the result of feedback from extensive engagement and co-production activities that took place in 2023-2024. They highlight what Carers have told us matters to them, and what should be prioritised to maximise Carers Wellbeing.

The Action Plan is a live document that states how strategy partners plan to work towards the strategy priorities. It will continue to be reviewed and updated with input from partners and unpaid carers through the Cares Collaborative Strategy Group (CCSG).

Report summary and Impact on Inequalities

Through our engagement with Carers, and nationally and locally available health and wellbeing data, we recognise unpaid Carers from a variety of demographics experience levels of disadvantage and exclusion due to their caring role. This strategy addresses that by providing a range of practical support.

We have targeted particular carers groups included black carers, older carers, and carers with autism, or those caring for people with autism. We have done this by aligning the Carers Strategy with other relevant strategies, such as the All Age Autism Strategy. We also carried out targeted engagements with groups that were under-represented.

LTCP 6th November 2025

Carers Strategy Update

Working in partnership for a healthier borough

1. Context

2. Year 1 Review

3. Year 2 Work

4. Questions

Lambeth together

Carers Hub Lambeth

Lambeth Carers Strategy 2024-2029

Working in partnership for a healthier borough

Context

- All-ages strategy – collaboration between adult's services and children's services
- Across health and social care – collaboration across multiple teams, including acute and primary care
- Partner developed – piece of work has been developed with Carers Hub Lambeth as co-partners
- Action plan for 2024-2029

Lambeth together

Seven Priorities

1. Mental, physical and emotional wellbeing of carers
2. Integrated carers pathway and support offer
3. Equipped workforce
4. Visibility, recognition, identification and awareness of Carers
5. Empowering Carers
6. Carer equity
7. Helping to prevent financial hardship for carers

Working in partnership for a healthier borough

Priority detail

Priority	We will
Mental, physical, and emotional wellbeing of carers	Provide discounted memberships and Pay and Play at Active Lambeth sites for carers Work with carers to review the respite pathway Recognise the specific needs of young carers in commissioning activities Support carers to access health and wellbeing support
Integrated carers pathway and support offer	Identify opportunities for integration and partnership working Map carer service offer and support pathway across Lambeth and produce transparent and accessible information on support pathways. Involve and support carers during hospital discharge
Equipped workforce	Expand the Carers Champion initiative Develop and embed carer awareness training Expand the Carers Collaborative network Promote a whole-family practice approach

Priority Detail Continued

Priority	What we will do
Visibility, recognition, identification and awareness of Carers	Develop opportunities to recognise and reward Carers for their contribution Promote carers' needs and rights Recognise specific needs across all Carer groups and at different stages of the caring journey Ensure proactive identification of carers
Empowering Carers	Create accessible and regular opportunities for Carers to share feedback and experience Involve carers in decision-making Raise carer awareness of eligibilities and rights Champion peer support
Carer equity	Raise awareness, promote training opportunities and share best practice around equality, inclusion and diversity Address culturally appropriate support Explore barriers to access
Helping to prevent carers from financial hardship	Increase professional awareness of the financial implications of caring role and hidden poverty Identify and support carers as a group at higher risk of economic hardship Expanded discount programme via Lambeth Carers Card Supporting parent carers with the financial impact of caring Develop a Lambeth carers policy for Lambeth staff.

Year 1 Highlights – Carers Hospital Discharge Pilot

"It felt like someone understood what I was going through, and that I was reassured that I was doing my best."

“The support made me feel less alone and less demoralised. Felt good to know back up was available."

“It’s good knowing there is someone who has local knowledge and experience in this process when your journey starts as a carer, especially when you don't live locally."

Year 1 Highlights

- Active Lambeth Discount
- “Welcome to Kings” guide
- Mental health services “Carers Welcome Pack”
- GSTT Hospital discharge booklet

Working in partnership for a healthier borough

Year 1 Highlights – Carer Spotlight

Lambeth Carer Awards 2024

Priority 4: Visibility, recognition, identification and awareness of Carers

Year 2 - Overview

- Respite review for Carers of those with Physical Disabilities and Older People
- Further work on GSTT hospital discharge booklet
- Lambeth Council Corporate Carer awareness training
- Further development of the Carers Champion Model
- Young Carers Card

Year 2 - Spotlight

- Young Carers Policy
  - Young inspectors reviewed the policy and young carer support which is now drafted and awaiting their sign off
  - Presentation given to Children Families and Education Staff Conference to highlight work of young inspectors and what a young carer is

Lambeth together

Questions

Working in partnership for a healthier borough

This page is intentionally left blank