

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

**Date:** Thursday 8 January 2026

**Time:** 1.00 pm

**Venue:** Microsoft Teams

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

### **Members of the Committee**

Dianne Aitken	Lambeth Together Care Partnership Board Co-Chair. Neighbourhood and Wellbeing Delivery Alliance Clinical and Care Professional Lead, GP
Nozomi Akanuma	Living Well Network Alliance Clinical and Care Professional Lead, South London and Maudsley NHS Foundation Trust
Cllr David Bridson	Cabinet Member for Healthier Communities (job-share), Lambeth Council
Andrew Carter	Corporate Director of Children's Services, Lambeth Council
Paul Coles	Chief Executive, Age UK, Lambeth
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 and South East London Integrated Care Board (SEL ICB)
Sarah Flanagan	Patient and Public Voice Member
Therese Fletcher	Managing Director, Lambeth GP Federation
Ruth Hutt	Director of Public Health, Lambeth Council
Penelope Jarrett	Chair, Lambeth Local Medical Committee, GP
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-Brown	Lambeth Together Care Partnership Board Co-Chair / Cabinet Member for Healthier Communities (job-share), Lambeth Council
Raj Mitra	Children and Young People's Alliance Clinical and Care Professional Lead, GP
Ade Odunlade	Chief Operating Officer, South London and Maudsley NHS Foundation Trust
Folake Segun	Chief Executive, Healthwatch Lambeth
George Verghese	Co-Chair of the Lambeth Primary Care Clinical Cabinet, GP
Richard Outram	Director of Adult Social Care, Lambeth Council

### **Further Information**

If you require any further information or have any queries please contact: Lambeth Business Support,  
Email: [Lambethbusinesssupport@selondonics.nhs.uk](mailto:Lambethbusinesssupport@selondonics.nhs.uk)

### **Access for Members of the 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 via Microsoft Teams.

### **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](https://twitter.com/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.

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<b>2</b>	<b>Apologies for Absence</b>	
<b>3</b>	<b>Declaration of Pecuniary Interests</b> Under Standing Order 4.4, where any councillor has a Disclosable Pecuniary Interest (as defined in the Members' Code of Conduct (para. 4)) in any matter to be considered at a meeting of the Council, a committee, sub-committee or joint committee, they must withdraw from the meeting room during the whole of the consideration of that matter and must not participate in any vote on that matter unless a dispensation has been obtained from the Monitoring Officer.	
<b>4</b>	<b>Minutes</b>	<b>5 - 14</b>
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<b>6</b>	<b>Lambeth Together Executive Lead Update</b>	<b>17 - 30</b>
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# Lambeth Together Care Partnership Public Forum and Board Meeting in Public

Thursday 8 January 2026, 1:00pm – 5:00pm

## AGENDA

**THIS MEETING IS IN ONLINE ONLY**

[MS Teams Link](#)

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

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

Agenda Item No. and Time	Agenda Item Title	Attachment / Supporting Information	Agenda Item Lead
(10 mins)	Lambeth Together Care Partnership Board meeting in Public on 4 Sept 2025		and South East London Integrated Care Board
5. 2.20pm (40 mins)	<b>Deep Dive – Staying Healthy</b> Members of the Board are asked to; <ul style="list-style-type: none"> <li>Approve the progress report on the work of the Staying Healthy programme against the activities to deliver NHS Health Checks as outlined in Our Health, Our Lambeth - Lambeth Together health and care plan 2023-28</li> <li>Consider the preliminary findings of Department of Health and Social Care pilots (Health Checks at Work and Health Checks online) and the potential application of learning locally for the core NHS Health Checks programme and wider system</li> <li>Provide any relevant feedback for the Department of Health and Social Care so as to help inform national thinking in lieu of any future national roll out of the pilots</li> </ul>	Paper enc.	<b>Bimpe Oki</b> <i>Consultant in Public Health</i>  <b>Adrian Johnson</b> <i>Senior Commissioning Officer, Public Health</i>
3:00pm	<b>BREAK</b>		
6. 3:10pm (20 mins)	<b>Business Planning 2026/27</b> Members of the Board are asked to; <ul style="list-style-type: none"> <li>Approve and provide feedback on the content of the draft priorities outlined within the appendix of this pack</li> <li>Note the timeframes of the 2026/27 business planning round</li> </ul>	Paper enc.	<b>Warren Beresford</b> <i>Associate Director Health &amp; Care Planning and Intelligence</i>
7. 3.30pm (10 mins)	<b>Lambeth Together Primary Care Commissioning Committee (PCCC)</b> Members of the Board are asked to; <ul style="list-style-type: none"> <li>Note the update on discussions held at the Primary Care Commissioning Committee on 19 November 2025</li> </ul>	Paper enc.	<b>Jasmina Lijesevic</b> <i>Lambeth Together Board Lay Member</i>

Agenda Item No. and Time	Agenda Item Title	Attachment / Supporting Information	Agenda Item Lead
	<ul style="list-style-type: none"> <li>Ratify decisions made at the Primary Care Commissioning Committee on 19 November 2025</li> </ul>		
8. 3.40m (10 mins)	<b>Lambeth Together Assurance Group (LTAG) Update</b> Members of the Board are asked to; <ul style="list-style-type: none"> <li>Note the report from the Lambeth Together Assurance Sub-Group and the associated Integrated Assurance Report presented on 25 November 2025</li> </ul>	Paper enc & att.	<b>Jasmina Lijesevic</b> <i>Lambeth Together Board Lay Member</i>
9. 3.50pm (10 mins)	<b>Questions from the public</b>		
10. 4.00pm	<b>AOB Close</b>  Date of next meeting: <b>5 March, 2026</b> Venue: TBA Public forum: 1pm-2pm Board meeting in Public: 2pm-5pm		<b>Dr Di Aitken</b> <i>Co-Chair</i>

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## LAMBETH TOGETHER CARE PARTNERSHIP MINUTES

Thursday 6 November 2025 at 1.00 pm

Brixton Library, Brixton Oval, SW2 1JQ

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

[Part 2 Meeting Recording - Item 1 to 5 \(Inclusive\)](#)

[Part 3 Meeting Recording - Item 6 to 10 \(Inclusive\)](#)

[Board Meeting Papers](#)

[Supplementary Papers Pack - Assurance Report \(Item 7\)](#)

### 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
Alice Jarvis	Director of Operations and Partnerships, Integrated and Specialist Medicine, Guy's and St Thomas' NHS Foundation Trust (GSTT) (deputising for Louise Dark, Chief Executive, Integrated and Specialist Medicine, Guy's and St Thomas' NHS Foundation Trust (GSTT))
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)
Dr George Verghese	GP, Co-Chair of the Lambeth Primary Care Clinical Cabinet
Dr Nozomi Akanuma	Living Well Network Alliance Clinical and Care Professional Lead, South London, and the Maudsley NHS Foundation Trust
Dr Penelope Jarrett (non-voting member)	Chair, Lambeth Local Medical Committee
Dr Raj Mitra	GP, Children and Young People's Alliance Clinical and Care Professional Lead
Eugenie Dadie	Patient and Public Voice Member
Jane Hannon	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)
Jasmina Lijesevic	Lay Member
Julie Lowe	Site Chief Executive, Kings College Hospital NHS Foundation Trust
Paul Coles	Chief Executive, Age UK Lambeth
Richard Outram	Director Adult Social Care Lambeth Council (deputising for Fiona Connolly, Corporate Director, Housing & Adults Social Care, Lambeth Council)
Ruth Hutt	Director of Public Health, Lambeth Council
Sarah Flanagan	Patient and Public Voice Member

In attendance:

Alex Jackson	Programme Lead, Lambeth Together
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
Oge Chesa	Director of Primary Care and Transformation, NHS South East London Integrated Care Board
Simon Boote	Programme Director, Children and Young People's Alliance
Warren Beresford	Associate Director, Health and Care Planning and Intelligence, NHS South East London Integrated Care Board
Alice Dias	CEO, Carers Hub
Anna Walsh	Transformation Lead, Act Early South London
Deniece Campbell	Advocate and Carer
Katherine Cowling	Programme Manager, Public Health, Lambeth Council
Jazzy Zapata-Matas	Children and Young People's Alliance Shadow Board member
Rachel Scantlebury	Public Health Consultant, Lambeth Council
Yahya Iman	Children and Young People's Alliance Shadow Board Member

## Apologies:

Ade Odunlade	Chief Operating Officer, South London and Maudsley NHS Foundation Trust
Andrew Carter	Corporate Director of Children's Services, Lambeth Council
Cllr David Bridson	Cabinet Member for Healthier Communities (job-share), Lambeth Council
Damilola Bamidele	Head of Programmes for Lambeth, Black Thrive, Lambeth
Fiona Connolly	Corporate Director of Housing and Adult Social Care, Lambeth Council
Folake Segun (non-voting member)	Chief Executive, Healthwatch Lambeth
Louise Dark	Chief Executive, Integrated and Specialist Medicine, Guy's and St Thomas' NHS Foundation Trust (GSTT)
Therese Fletcher	Managing Director, Lambeth GP Federation

## 1 Introduction

Dr Di Aitken opened the meeting. Board Members introduced themselves. Apologies were noted from Cllr David Bridson, Damilola Bamidele, Fiona Connolly with Richard Outram deputising, Folake Segun, Ade Odunlade with Jane Hannon deputising and Andrew Carter with Dan Stoten deputising.

## 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:

- Support within the education system for disabled students once they reach 18 years of age;
- Green Homes Grant and supporting participation in the scheme;



- The School Filters Programme run by the Mayor of London;
- Vaccination rates for children; &
- Social Prescribers in GP surgeries.

Dr Di Aitken noted the recent retirement of Dr Steven Miller after over 30 years impactful service and contribution to the health system.

Dr Stephen Miller dedicated over 30 years to Paxton Green as a Partner, where he led on all things digital, drawing on his academic foundation from the University of London. Alongside this, he served for more than 17 years at NHS Digital as the Chief Clinician for Primary Care Technology within the Transformation Directorate. As Medical Director for the Choose and Book Service, Dr Miller played a pivotal role in integrating technology into General Practice. His work focused on procuring interoperable systems that empower GPs to deliver better care by ensuring timely access to essential patient information.

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

### **3 Declaration of Pecuniary Interests**

There was none.

### **4 Minutes**

The [minutes](#) of the meeting of Thursday 04 September 2025 were agreed as an accurate record of the meeting.

It was noted that all previous actions are closed.

### **5 Lambeth Together Place Executive Lead Update**

Andrew Eyres gave an overview of the Place Executive Lead report. The following discussions took place:

- Sarah Flanagan asked regarding Appendix 1 of the report what was meant by the answer to all recommendations as no.
- Andrew explained this means that there is no requirement to refer the decision back to the South East London Integrated Care Board (SEL ICB) for further approval, as the decisions were taken under delegation to Place (Lambeth).
- Dr Raj Mitra asked for assurance on the shift of funding from treatment to prevention within the NHS and also how the board will work together on integration and secure the shift to digital.
- Andrew assured Dr Mitra that this was being considered as part of business planning, nationally and locally, and there should be a focus on shifting resources, including the workforce, and new ways of working,

rather than solely focusing on finance.

- Dr Di Aitken assured Dr Mitra that she is a member of a national AI group and yesterday there was a meeting with over 2,000 people on the call all seeking to learn about this.
- Richard Outram suggested that it might be a useful thing to discover as a Board about what AI is already doing, what is happening nationally and consider its safety.
- Jasmina Lijesevic said that as a patient, AI is not understood and there are safety concerns and would like to understand more about it.
- Dr Aitken agreed and explained that was one of the questions at the meeting yesterday, namely, there is a need to understand the impact to patients in terms of safety.

## RESOLVED

1. Board members received the update on key developments since the Lambeth Together Care Partnership Board meeting in public on 04 September 2025.

To view the report accompanying this item, refer to pages 15 to 25 of the Board pack.

To view the recording for this item, refer to part 2 of the meeting recording from 04:00 – 18:30.

## 6 Children & Young Person Alliance Deep Dive

Simon Boote, Anna Walsh, Rachel Scantlebury, Yahya Iman, and Jazzy Zapata-Matas presented their deep dive on the Children and Young People's Delivery Alliance. The following was discussed:

- Dr Penelope Jarrett and Jasmina Lijesevic noted Yahya's comment on being asked to toughen up when mental health issues are highlighted by students, particularly around examination time. It was noted that for Secondary School teachers, only 14% have access to autism training.
- Dr Nozomi Akanuma asked how we are implementing this for transition to adulthood within primary care and secondary care and how to use the CYPA's Shadow Board to support learning on digital skills.
- Simon noted a need for work to focus on wider transition into adulthood.
- Dan Stoten explained that Child and Adolescent Mental Health Services (CAMHS) has a patient group, that provides peer support and asked Simon to make the link through children's team colleagues to avoid duplication.
- Dan explained that he has arranged for an Associate Director to attend the Shadow Board and report back to the Children's Services Management Team (CSMT) and back to the Lambeth Together Care Partnership Board.
- Jazzy confirmed that many young people want to be involved with sharing their views and expertise. She described lots of opportunities for young people to be involved with decision makers if decision makers know where/how to reach them. For example, community centres and other key places where these young people are eager to share their views/learning.



**Action:** Simon Boote to link in with the children's team regarding the patient group and peer support to avoid duplication.

**Action:** Assistant Director to report back to the Lambeth Together Care Partnership Board after attending the Young People's Shadow Board.

## **RESOLVED**

Board members:

1. Approved 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. Approved 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. Heard 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.

To view the presentation accompanying this item, refer to pages 27 to 48 of the Board pack.

To view the recording for this item, refer to part 2 of the meeting recording from 18:30 – 58:00.

## **7 Lambeth Together Primary Care Commissioning Committee**

Jasmina Lijesevic presented on the September Primary Care Commissioning Committee. All items were ratified by the Board.

Please note, changes were made to the November published Board papers pack on 12<sup>th</sup> November 2025 for the Primary Care Commissioning Committee slides. These changes had no implications on the ratification from the Board.

## **RATIFIED**

1. Members of the Board noted the update on discussions held at the Primary Care Commissioning Committee on 17 September 2025; and
2. Ratified decisions made at the Primary Care Commissioning Committee (PCCC) on 17 September 2025.

To view the presentation accompanying this item, refer to pages 49 to 58 of the Board pack.

To view the recording for this item, refer to part 3 of the meeting recording from 00:10 – 04:20.

## **8 Lambeth Together Assurance Sub-Group**

Jasmina Lijesevic presented on the September Assurance Group meeting.

**RESOLVED**

1. Board members noted the report from the Lambeth Together Assurance Sub-Group and the associated Integrated Assurance Report presented on 16 September 2025.

To view the presentation and report accompanying this item, refer to pages 59 to 72 of the Board pack and the supplementary papers pack.

To view the recording for this item, refer to part 2 of the meeting recording from 19:30 – 22:40.

## 9 Business Planning 2026-27

Warren Beresford presented the Business Planning item:

- Dr Penelope Jarrett noted the disconnect between hospital resource and the shift to community.
- Andrew Eyres explained that we do not have the national allocation of resources yet, which may address how that shift will be supported. Andrew noted there is still a lot to work at a national level but noted that in SE London money has already been invested into community-based services and explained this reflects a shift to some degree and an ongoing commitment to that principle. Andrew explained that neighbourhood development will support this and will facilitate a shift in the workforce resources into the community. Andrew explained it will not solely be the national resourcing that drives this, and it is about how to locally navigate the national contractual requirements.
- Paul Coles highlighted a need to include key principles in the document and explained this would underpin what Dr Jarrett raised.
- Andrew explained the principles will be those that we are already working to which are well established, which will be reflected in the planning process. Andrew agreed that it would be useful to have an upfront statement of the principles within the paper.
- All proposals were approved by the Board.

**Action:** Include an upfront link to the principles.

**RESOLVED**

1. Board members approved the proposed approach for the 2026/27 Business Planning Process, noting the national requirements and timelines; &
2. Agreed to work with their respective organisations, alliances, and partners to support the production of prioritised and deliverable local plans.

To view the presentation accompanying this item, refer to pages 73 to 92 of the Board pack.

To view the recording for this item, refer to part 3 of the meeting recording from 04:20 – 19:30.



## 10 Carer's Strategy 2024-2029 - Update

Alice Dias, Deniece Campbell, and Katherine Cowling presented on the Carer's Strategy and the following was discussed:

- Dr Penelope Jarrett noted that the majority of patients in King's College Hospital (KCH) and GSTT are not Lambeth residents and asked how the team navigate this.
- Alice explained that all carers are supported as far as their limited resources allows, when the charity receives funding from Lambeth a specific query is made to establish whether they are a Lambeth resident. Alice explained the charity has links to St George's Hospital and other partners.
- Jane Bowie noted a short-term grant which has been shared across SEL, and they are seeking to establish a single carers discharge support offer across the 6 SEL boroughs.
- Paul Coles asked about extending this to neighbouring boroughs and thought it might not be possible for now.
- Dr Raj Mitra noted that some patients have no carer to look after them and noted the benefit of use of volunteer carers.
- Alice Dias noted that the team are aware of respite needs of carers and there is a limited offer to support with this but given the charity size and limitations, they are pacing themselves and have had requests for volunteer carers, which will be included in future plans.
- Ruth Hutt commended the team on their work and recognition gained. Ruth explained as a carer herself; the challenges she faces on how to get access to primary care record for a person cared for (out of borough).
- It was noted that proxy access to loved ones' NHS records is not straightforward, and Dr Di Aitken explained the NHS 10 Year Plan is working on proxy access. Alice Jarvis noted that My Chart allows for proxy access.
- Tinka Gordon, Social Prescriber for North Lambeth PCN raised issues related to the funding and resource available to support voluntary sector organisations and social prescribers to be part of integrated neighbourhoods. There is a concern that existing workforce resource will need to do more without additional funding to support the shift to neighbourhoods, rather than exploring opportunities to shift funding into prevention and the third sector to support the aims of the 10 Year Plan.
- Andrew Eyres outlined work delivered locally to support third sector organisations including through funding from SEL to address health inequalities. Andrew explained that there are resources, including but not solely, money, already within the health and care system that can be used in a different way, for example the health plan has ambitious plans to deploy the workforce such as nurses in the community. Andrew also acknowledged the value that the voluntary and community sector (VCS) offers in Lambeth and explained that the VCS is a key part of implementing a prevention agenda.

**RESOLVED**



1. Board members noted the actions and outcomes delivered in Year 1 of the strategy; &
2. Supported the actions underway and planned for Year 2 of the strategy.

To view the presentation and report accompanying this item, refer to pages 93 to 107 of the Board pack and the supplementary papers pack.

## 11 Lambeth Together - Integrated Assurance Report

- Paul Coles promoted the launch of Age UK's 'the Longest Wait' campaign on corridor care, highlighting the national figures and impact of those waiting lengthy times in A&E corridors. The Board were asked to support collecting and sharing data on corridor care, including by age and ethnicity.
- Alice Jarvis noted that GSTT are very supportive of the campaign, and the Trust does not accept corridor care, it is not part of their plan, and it very rarely happens in practice. GSTT will support looking at that data and currently review 12 hour waits internally which are reported nationally. Alice flagged a challenge that there are very significant pressures in ED for acute Trusts at this time of year and the need to manage that demand through greater prevention as discussed elsewhere on the agenda today.
- Andrew Eyres confirmed this data would need to be provided by the Trusts and Alice agreed to raise with KCH outside the meeting.
- Jasmina Lijesevic noted that she has never seen corridor care in Lambeth hospitals and noted the need to share this message to allay any fears of members of the public attending A&E.

**Action: Alice Jarvis to liaise with King's College Hospital regarding data on corridor care.**

The date of the next Lambeth Together Care Partnership Public Board meeting was confirmed as Thursday 08 January 2026 and will be held via Microsoft Teams only.

The meeting ended at 16:35pm

CHAIR  
LAMBETH TOGETHER CARE PARTNERSHIP  
(FORMERLY LAMBETH TOGETHER  
STRATEGIC BOARD)  
Thursday 8 January 2026

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## Lambeth Together Care Partnership Board - Action Log

### Actions update for January 2025 Board

No	Raised	Action	Status
1	November LTCP Board	Simon Boote to link in with the children's team regarding the patient group and peer support to avoid duplication.	Closed
2	November LTCP Board	Assistant Director to report back to the Lambeth Together Care Partnership Board after attending the Young People's Shadow Board.	In Progress
3	November LTCP Board	Include an upfront link to the Business Planning principles.	Closed
4	November LTCP Board	Alice Jarvis to liaise with King's College Hospital regarding data on corridor care.	Closed

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## Lambeth Together Care Partnership Board

<b>Title</b>	Lambeth Together Place Executive Lead Update
<b>Meeting Date</b>	08 January 2026
<b>Author</b>	Andrew Eyres, Place Executive Lead Lambeth, Corporate Director, Integrated Health, and Adult Social Care, Lambeth Council and South East London Integrated Care Board
<b>Lead</b>	Andrew Eyres, Place Executive Lead Lambeth, Corporate Director, Integrated Health, and Adult Social Care, Lambeth Council and South East London Integrated Care Board

**This item is for:**

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

The Lambeth Together Care Partnership Board is asked to:

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

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

N/A. Individual items addressed at various fora.

**Summary and Impact on Inequalities**

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

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## Lambeth Together Care Partnership

### Place Executive Lead Report 8th January 2025

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



#### ***'Our Health, Our Lambeth'***

As we begin the new year, ['Our Health, Our Lambeth'](#), the Lambeth Together Health and Care Plan, continues to provide a clear and stable framework for integrated working in Lambeth. We are now more than halfway through delivery of the 2023–2028 plan and, despite sustained operational pressures, financial challenges and shifting national priorities, the partnership has maintained focus and momentum in delivering for our residents. The direction set out in *'Our Health, Our Lambeth'* remains closely aligned with the government's 10 Year Health Plan, and its three core shifts: from hospital to community, from sickness to prevention, and from analogue to digital. These priorities are already well embedded locally, with a strong

emphasis on prevention and early intervention, tackling inequalities, and developing more integrated, neighbourhood-based models of care.

A key area of progress this year has been the design and development of the Integrated Neighbourhood Teams (INTs) that will initially support residents who are frail, residents with multiple long-term health conditions and children and young people with complex needs. We anticipate that the first iterations of these INTs will begin to roll-out from April 2026 and then scale up throughout the year. Our five neighbourhoods in Lambeth will increasingly become the organising unit for delivery, bringing together primary care, community services, mental health, social care and voluntary and community sector partners, with residents involved in shaping design and priorities. This provides a practical route to improving outcomes, experience and equity at a local level as we head into the final two years of our plan.

Alongside neighbourhood development, partners have continued to strengthen prevention-focused approaches and to target effort where inequalities are greatest, using population health data and insight to inform decision-making. This year we have expanded delivery of our Tobacco Control Plan, further embedded the 'Vaccination in New Spaces' programme and launched a new Lambeth, Southwark, and Lewisham Sexual Health Alliance to deliver equitable, community-led sexual health services with over 2,300 people reached so far through engagement, testing, and youth outreach. There has also been continued progress in supporting people with mental health needs and long-term health conditions by offering more proactive and person-centred care in community settings. During the first half of 2025/26, the Evening Sanctuary at Mosaic Clubhouse diverted over 500 potential A&E visits by providing a safe, supportive space for people in mental health crisis, a significant increase on the numbers supported during the same period last year.

While challenges remain, relationships across partner organisations are increasingly being established at both neighbourhood level and borough wide to ensure joined-up delivery and shared accountability for outcomes. I look forward to the third Annual Review of *Our Health, Our Lambeth*, which will provide an opportunity to reflect on progress and ensure our priorities remain aligned with the needs of our residents. During Quarter 4 this will be developed alongside, and aligned with, the refresh of the borough's overarching *Health and Wellbeing Strategy 2023-28*, and the wider South East London *Five Year Strategic Commissioning Plan* to ensure a coherent and joined-up strategic direction for Lambeth that will enable us to continue making progress for residents while managing ongoing system pressures in the years ahead.

## **Leadership and Governance**

Over the past year there has been a deliberate focus on strengthening place-based leadership and ensuring that governance arrangements remain clear, proportionate and focused on delivery following publication of the 10 Year Health Plan in July and subsequent emerging national policy priorities. In recent months, this has included reviewing opportunities for closer alignment across the Lambeth Together Care Partnership Board and the Health and Wellbeing Board, recognising their complementary roles in setting direction, overseeing delivery and providing system-wide leadership for health and wellbeing in the borough. Going forward into 2026 we will be working with partners across both boards to ensure we have an effective model in place that enables us to maintain oversight and ensure delivery of our refreshed *Health and Care Plan* and *Health and Wellbeing Strategy*.

During this period, the partnership has also seen the retirement of David Bradley as Chief Executive Officer at South London and Maudsley NHS Foundation Trust. Congratulations to Lambeth Together Board Member Ade Odunlade who has been appointed as Interim Chief Executive Officer at SLaM. Professor Clive Kay, CEO of Kings Healthcare NHS Foundation Trust has also announced his retirement but will remain in his role at KCH until the summer. Both CEOs have made significant contributions to health and care in Lambeth over many years, and their leadership and commitment to partnership working have been highly valued across the system.

As in my previous report to the Partnership Board, Appendix 1 of this report outlines the delegated decisions I have taken as Lambeth Place Executive Lead on behalf of the South East London Integrated Care Board since our last meeting. This summary aims to provide transparent place-based financial governance in support of the improvement of health and care services in Lambeth, which includes additional schemes to build winter resilience across the health and care system, support for the development of the integrator function in Lambeth, and pilot services to test new ways of working that will inform our longer term strategic commissioning approach.

## **ICB Change Programme and Reform**

Since our last board meeting there have been a number of significant updates in relation to the reform programme for Integrated Care Boards, both at national and South East London level. In November there was national agreement reached between the Department of Health and Social Care and the Treasury on meeting the cost of redundancies, meaning that ICBs can now proceed with finalising and consulting on their proposed structures and operating models ahead of implementation in 2026/27.

In South East London we expect that the consultation process on the new structure will likely start in March 2026, pending the outcome of ongoing local discussions with South West London ICB (SWL ICB) on the opportunities for working together to deliver the Model ICB Blueprint and the ambitions set out in the 10 Year Health Plan. Through these discussions to date both SEL ICB and SWL ICB have agreed to enter a clustering arrangement and share an ICB Chair, Chief Executive and Executive team. Richard Douglas has been appointed as Chair of both SEL and SWL ICBs.

This proposal is not a formal merger and both SEL ICB and SWL ICB will remain as separate organisations, however there are opportunities to combine expertise, experience and leadership as strategic commissioners to deliver for south London as a whole. The two ICB executive teams will take the next steps in working together to design joint structures where combined teams could better support delivery across both South East and South West London. I will continue to update partners and share further details on the proposals as this work progresses over the early part of January.

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





The Lambeth Health and Wellbeing Bus has been in demand all around the borough, visiting community sites and festive celebrations to bring wide ranging health and wellbeing advice, blood pressure testing and winter vaccinations to our residents. Joining our bus team, board members, take part in 'Board on the Bus' sessions, speaking directly to residents about their experiences and thoughts around health and care services, as part of the wider board listening programme. In November, Simon Boote, Director of the Children and Young People Alliance wrapped up his second Board on the Bus session after speaking with visitors to Brixton Library about health and care priorities. The Library is a regular stop for the

bus team, who were joined this time by a vaccination team from Pavillion Pharmacy. Residents reported concerns around waiting times for appointments and hospital treatments, and a wish for more affordable options for exercise and leisure activities. The feedback from residents was discussed with Board members at the Board seminar in December. This process keeps a live and ongoing connection between our board members and our residents, and will continue into 2026.

### **System Pressures and Winter Planning**

At the beginning of December, I updated that across the Lambeth and Southwark system we would be implementing 4 priority programmes in our jointly agreed winter plan:

- ED Transfer & Cohorting Nurse (GSTT) – Improves ambulance offload and ED flow.
- Weekend Discharge Consultant (GSTT) – Addresses weekend discharge delays.
- KHP Homeless Hotel Allowance (GSTT & King's) – Supports early discharge of vulnerable patients.
- Point of Care Testing for Troponin & D-dimer (King's) – Enhances diagnostic turnaround and ED efficiency

We have subsequently been able to confirm additional support for reablement services and UCR@home and housing link workers in both boroughs. We will be evaluating all schemes in our review of our winter plan at the end of the financial year.

Following a BMA poll of members, resident doctors took industrial action from 17-22 December – as a system, we are now quite rehearsed in how to prepare and respond but would acknowledge the significant impact to system working and most important of all to our residents and their carers. The BMA reports that in January 2026 it is planning to seek to extend its mandate to take further strike action in the new year.

### **Vaccinations**

Delivery of our public health outreach and engagement strategy to improve uptake of vaccinations has continued throughout the winter. Overall flu vaccine uptake is slightly higher than at the same point last year in four out of five cohorts, with the 65 and above cohort matching last year's figures. Given the increasing flu activity and strong national vaccine effectiveness, we are continuing to actively promote flu vaccination throughout the season. The team have delivered a total of 17 sessions across the borough including via outreach using the Health and Wellbeing Bus, with the remainder run in partnership with voluntary and community sector groups and health and wellbeing hubs. In the new year the team will be carrying out a final push including sharing best practice for GP Practices to mop-up those who have not yet taken up their vaccination offer. We plan to evaluate the strategy to assess impact and inform preparedness and response planning for next season.

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

#### **Neighbourhood and Wellbeing Delivery Alliance (NWDA)**

The Women and Girls' Health Hub in Lambeth officially opened its doors in September at Minnie Kidd House, Clapham. This marks an important next step in improving access to women's health care locally and follows the successful virtual triage pilot, which has been running since March 2025. Lambeth is one of three pilot sites in South East London selected to develop and test this new model of care. The Hub has been informed by a needs assessment, which prioritised key areas such as pre-conception, long-acting reversible contraception, heavy menstrual bleeding, and menopause. Its design has been shaped through co-production with residents, clinicians, commissioners, the VCSE sector, and focus groups, ensuring it reflects the needs and experiences of women and girls in Lambeth. The aim is to improve access to high-quality health care for women and girls across the life course, enhancing experience, empowerment, and equity, while providing care and advice closer to where people live. The Hub is community-based and provides high-quality clinical advice and support through collaborative multidisciplinary teams across gynaecology, sexual and reproductive health, and GPs with a Special Interest. The model operates through two linked components;

1. Virtual MDT Triage managed jointly by GPs, gynaecology, and sexual health consultants. Each referral to the Hub is reviewed virtually, with outcomes including either:
  - Advice and guidance returned to the GP, or
  - Referral for a face-to-face appointment within the Hub clinics.
2. Community-Based Hub (Minnie Kidd House, Clapham):
  - Offers direct access for patients requiring in-person assessment and management.
  - Provides care for most gynaecological and sexual and reproductive health issues locally, reducing unnecessary hospital referrals and enabling women to be seen closer to home.
  - Serves as a learning environment for Lambeth GPs, supporting local upskilling and shared clinical practice.

Early evaluation from the virtual phase showed 65% of referrals were successfully managed through advice and guidance, meaning these women avoided being added to already long secondary care waiting lists. The physical Hub now builds on this success, combining virtual efficiency with face-to-face accessibility to further reduce gynaecology wait times and improve patient experience.

Alongside the Hub, the Lambeth Health and Wellbeing Bus team has also been trained to support women's health conversations during community outreach events, helping women and girls discuss their health concerns confidently and access information about services and self-care resources available locally and online. To date 547 women have been engaged via 12 outreach events with 44% of conversations focused on menopause. Additionally, 10 community organisations in Lambeth have received funding to deliver culturally inclusive workshops and campaigns, with an ambition to reach over 1200 residents directly. As part of this work three community health education events have been delivered in the community so far focusing on menopause, heavy menstrual bleeding and contraception in partnership with the Hills, Brooks and Dales Primary Care Network. This represents a significant milestone in Lambeth's commitment to improving women's health, prevention, and equity, and demonstrates what can be achieved through strong partnership working between NHS providers, Lambeth Council, and the voluntary and community sector.

## **Living Well Network Delivery Alliance (LWNA)**

The Living Well Network Alliance (LWNA) continues to develop its refreshed community service offer and is now finalising the proposed model with service users, carers, staff and partners. Key changes are expected to be introduced in the Spring/Summer of 2026. This model should see reduced waiting times to access adult mental health services and a further reduction in people having to retell their stories, as well as clearer, more consistent pathways for different mental health needs. The Alliance is also looking at how we can keep people better informed and involved, both whilst they are waiting for support and whilst they are receiving it.



The LWNA has published its 6<sup>th</sup> annual [Progress Report](#), which demonstrates how the Alliance is progressing against its priorities, using both data on impact and case studies of the people the Alliance has supported during the last year. The Alliance has also produced a new [4-minute film](#) that showcases the Evening Sanctuary at Mosaic Clubhouse - a safe and supportive alternative to A&E for Lambeth residents in mental health crisis. Once a frequent A&E visitor, Marcus found hope, stability and connection through the Sanctuary. He's now thriving as a peer mentor at [The Harbour](#)., supporting others on their recovery journey.

### **Children and Young Person Delivery Alliance (CYPA)**

The Children and Young Person Alliance (CYPA) has made steady progress on the development of integrated neighbourhood teams for children with complex needs. At the start of November, the Alliance supported the Integrated Children's Commissioning and Youth Services Away Day. This brought together more than one hundred staff from across Lambeth to hear about current work, new initiatives, and wider system developments. As part of the day, the Alliance hosted a workshop on integrated neighbourhood teams. Twelve teams took part and shared their ideas on how services could work together more closely and where to focus efforts. Two broad themes came through strongly: support for children and families with emerging or increasing risk and better joined-up support for children with complex needs, disabilities, and special educational needs, including those who are below the threshold for statutory support. This feedback is now informing the Alliance's work in this area.

In early December, the Alliance held a senior integrated neighbourhood teams workshop. The session brought together senior colleagues from local health providers, the council, primary care and children's social care. Partners discussed how we might bring together existing services or develop new neighbourhood approaches to make a difference in the priority areas identified. This work will continue to shape the next stage of our neighbourhood development plans. The Alliance is now in a strong position to begin outlining the core outcomes we want integrated neighbourhood teams to deliver, along with the ambitions we hold for this work. The next phase will focus on turning this shared understanding into clear plans for delivery.

The Alliance has also continued efforts to hear directly from young people in the community and bring their views into our work, including through the Children and Young Person Alliance Shadow Board, made up of young people from the Lambeth community who review the work of the Alliance and contribute their views. Recent discussions have focused on health inequalities, the development of integrated neighbourhood teams, and early thinking on the new hospital programme at Evelina London Children's Hospital. Members have also been invited to take part in the wider neighbourhood engagement activity led by Healthwatch Lambeth. I was pleased that two members of the Shadow Board attended the Lambeth Together Care Partnership Board in early November to contribute to the Children and Young Persons Alliance update, which focused on the development of integrated neighbourhood teams and the priority areas we are working towards. They shared what mattered most to them and what they believe should be reflected in our future plans.

### **National Neighbourhood Health Implementation Programme (NNHIP)**

A codesign process is underway to shape the Lambeth approach to the National Neighbourhood Health Implementation Programme (NNHIP). NNHIP is a programme across Lambeth and Southwark to create a neighbourhood model for people with long term conditions, acting as a 'first wave' site nationally. We are working with all our local partners to understand how we best work together to support residents and deliver preventative care in communities.

Since the last update in November two further co-design workshops have been delivered. These highly successful sessions have been consistently well attended, with representation from commissioners, public

health, social care, Thriving Communities, Healthwatch, GPs, hospital consultants, social prescribers, community pharmacists, and residents with lived experience. The level of energy, collaboration and commitment across all sessions has been extremely encouraging, showing how passionate Lambeth residents and professionals are about working differently together to improve neighbourhood-based care. Through these workshops, guided by data, the group has jointly defined the priority cohort as adults with three or more long-term conditions, with at least one being cardiovascular disease, Type 2 diabetes and/or chronic kidney disease. This provides a focused and high-impact starting point for testing our neighbourhood models.

The emerging service model brings together targeted outreach, personalised community-based support and appropriate clinical input, underpinned by care coordination, a prevention-led approach, and strong integration across Integrated Neighbourhood Teams (INTs) and local partners. The group also defined success for INT working in terms of what matters most to residents, staff and partners:

- residents feeling heard, supported and empowered,
- staff working in more joined-up and coordinated ways, and
- a model that learns quickly, reduces duplication, improves patient flow and demonstrates clear system value over time.

The next steps are now focused on moving into an agile test and learn phase from January to March, to understand what works in practice and capture learning. Subject to this learning, the ambition is to scale the model across the whole borough from April 2026 in line with our wider INT timelines for frailty and children and young people with complex needs.

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

The EDI Group has continued to lead important work in shaping a fairer, more inclusive health and care system in Lambeth. Over recent months, the group has taken steps to strengthen its purpose and impact as we step into 2026, and is reviewing membership to ensure representation across our partnership whilst reaffirming our commitment to open, constructive conversations that drive system-wide change.

During 2025 a key focus for the group has been overseeing the adoption of the Patient and Carer Race Equality Framework (PCREF) in our Delivery Alliances and Programme areas. The publication of Healthwatch Lambeth's report *A Fulfilling Life on Black men's mental health* earlier this year shone a light on the continued inequalities in access, cultural sensitivity, and trust in local services. These findings are a call to action for all of us. The EDI Group has agreed to lead on developing a system-wide response that champions cultural competency, equitable access, and co-production, that will seek to build on the work to support frameworks like PCREF. This is about more than improving services - it's about building trust and delivering equity.

In November Lambeth marked the International Day for the Elimination of Violence Against Women, with Lambeth Council actively promoting the White Ribbon campaign amongst staff and communities, reinforcing our borough-wide pledge to end men's violence against women and girls. December saw Lambeth Together reaffirm our commitment to ending new HIV cases by 2030 through World AIDS Day activities focused on prevention, testing, and care. We also supported Age UK Lambeth's Festive Friends campaign to tackle loneliness among older residents and amplified the urgent blood donation appeal for Black heritage donors at the Brixton Blood Donor Centre.

Planning for the Inspire 2026 event is already underway and we are exploring how we can secure funding to sustain and grow this important work as an annual fixture in the Lambeth Together calendar. Our ambition is for the event to become a cornerstone of our prevention and equity approach, linking cultural pride with better health outcomes and demonstrating what an anti-racist health system looks like in practice.

### **Key Campaigns for Lambeth Together**



Over the past weeks, Lambeth Together has continued to champion prevention, community support and improved access to care. We amplified NHS Blood and Transplant's urgent call for donors, highlighting the critical national shortage and encouraging our staff and local residents to book appointments at the Brixton Donor Centre. Alongside this, we promoted Age UK Lambeth's wide range of winter support offers — from winter wellbeing fairs to practical help for older residents who may be isolated or struggling with rising living costs — ensuring people know where to turn as colder weather sets in. We also supported World AIDS Day, sharing information about HIV prevention, testing and local support services.

Winter health messaging has remained a key focus, with strengthened promotion of flu vaccination as local and national cases continued to rise. We've continued to share broader campaigns promoting NHS 111 online, Pharmacy First and the NHS App across our digital channels, on the Lambeth Health and Wellbeing Bus, and on screens in Council buildings, libraries and leisure centres. As we start the New Year, our messaging will shift towards the traditional New Year opportunities for reflection and behaviour change, including support to quit smoking, take part in Dry January and encouraging residents to take small steps towards healthier habits for 2026.



**Brixton, it's in our blood to save lives**

**Appointments are available now at Brixton Blood Donor Centre**  
444 Brixton Road. Open 7 days a week. Walk-ins welcome.

Be the **giving type** Book now at [blood.co.uk](https://blood.co.uk)

**Save lives Give blood**



**Protect your festive season with a flu vaccine**  
**Don't let flu ruin your fun**

**Remember to order prescriptions early**

To avoid delays in getting your medicines over the bank holidays, **order your prescriptions in good time.**

You can order repeat prescriptions through the NHS App or at your GP surgery.

Lambeth's Annual Public Health Report 2025 "[Food at the Heart of Lambeth](#)" focuses on food justice – the principle that everyone has the right to affordable, nutritious, and culturally appropriate food. It highlights how food insecurity in Lambeth is not just about hunger but also about access to food that supports health, dignity, and community. The report sets out a vision for food justice in Lambeth and the steps the Council is taking with partners to make it a reality.

Lambeth has led nationally on innovative food initiatives, including a fruit and vegetable on prescription scheme, auto-enrolment for free school meals, and support for community food growing. The borough signed the Plant-Based Treaty, launched recipe books for Black communities, and works with schools and retailers to promote healthy eating. Lambeth Food Partnership brings together community groups, businesses, and public services to drive systemic change.

The report calls for a whole-system approach to creating a Lambeth where everyone can eat well, thrive, and live with dignity. The report was presented to Lambeth's Health and Wellbeing Board in November 2025, where Lambeth's new Food Justice Action Plan (2025–2030) was also approved. Key priorities of this plan include:

- Prevention: promoting breastfeeding, Healthy Start uptake, and healthy school meals, life course approach to food justice
- Crisis support: ensuring dignified, nutritious emergency food provision with wrap around support
- Addressing wider systemic and environmental structures: expanding food growing, improving access to healthy options, poverty and economic inclusion

### Visit of Guy's and St Thomas' Board Members



In November, we hosted a fourth visit from Miranda Brawn, Non-Executive Director for Guy's and St Thomas' (GSTT) NHS Foundation Trust. Miranda was joined by fellow Non-Executive Director Jamie Heywood and the Trust Chair Charles Alexander. The focus of the visit was on our developing neighbourhood health arrangements, through a tour of the Brixton and Herne Hill neighbourhood. The visit showcased the wide range of health and care provision available at neighbourhood level; from the growing role of community pharmacies, like Junction Pharmacy, in offering integrated primary care support to community-led wellbeing activities delivered by the voluntary sector in Thriving

Fiveways. The visit began with a trip to Akerman Health Centre hosted by the Neighbourhood and Wellbeing Delivery Alliance (NWDA) outlining how we are developing Integrated Neighbourhood Teams (INTs) through the National Neighbourhood Health Implementation Programme (NNHIP) and a focus on frailty in Brixton and Herne Hill. We finished the day in the heart of Brixton for a discussion on how Lambeth has transformed its provision for homeless young people to include much more holistic health and wellbeing support.

### London Life Sciences Week Digital Event

I attended one of the events held in November to recognise London Life Sciences Week, looking at health systems, technological and digital futures, sponsored by the London Regional Office of NHSE. It featured presentations and panel discussions from those organisations at the leading edge of intelligence, data management and technological advances in health care from across the capital, and featured an introductory speech by Dr Zubir Ahmed, Under Secretary of State for Health Innovation and Safety. Fascinating stuff that will clearly impact on how we can best plan for and deliver health care services harnessing innovation and working in partnership with the wider life sciences commercial sector going forward.

### South London and Maudsley (SLaM) Strategy Refresh

South London and Maudsley (SLaM) NHS Foundation Trust has started a process to refresh its strategy and to evolve the Trust Vision and Mission, ahead of the current strategy *Aiming High; Changing Lives* ending in 2026. In November I participated on a panel as part of a public meeting held at St Johns Church in Waterloo to launch the stakeholder engagement on a refreshed South London and Maudsley Trust strategy and ensure service users, carers, staff, governors, partners and communities can input in developing the new strategy, vision and mission. Around 250 people attended the event, both in person and online, to have their say on the strategy refresh.

Through their existing work to date with a group of service users, carers, staff and community leaders, four areas have emerged as overarching priorities: improving care outcomes; improving experience; innovation and learning; and equity and inclusion.

SLaM is running a variety of engagement activities throughout November 2025 to March 2026 to get further feedback and input on their initial ideas to shape the final strategy. This engagement activity includes:

- Events specifically for service users and carers
- Borough based events, including in Lambeth, co-developed with partners and local stakeholders that bring together service users, carers, communities and partners.
- Targeted events and focus groups
- A survey open until 31 March 2026

The survey link and registration information for all events is available on the [SLaM website](#). Lambeth Together partners will have an opportunity to input into the survey development through our Lambeth Together Executive Group meetings in January and I am looking forward to working with SLaM colleagues to ensure continued alignment between their new strategy and our refreshed Lambeth Together Health and Care Plan and Health and Wellbeing Strategy over the coming years.

### **Autism Voice Lunch and Learn Session**

In December, we held our final Lambeth Together 'Lunch and Learn' session of 2025, hosted by Mariama Kande, CEO and Co-founder of [Autism Voice](#). Mariama shared an overview of Autism Voice's work to improve wellbeing for people with autism through greater understanding and support - particularly within Black, Asian, and multi-ethnic communities. Since 2016, Autism Voice has supported over 15,000 people through a wide range of social and sports clubs, trips, and accredited courses. The organisation also plays an active role in shaping local health and care priorities, contributing to both the Lambeth All-Age Autism Strategy and Guy's and St Thomas' All-Age Neurodiversity Strategy.

### **Lambeth Civic Awards 2026**

Nominations are now open for the 2026 Lambeth Civic Awards with submissions made through the Council website. These awards recognise outstanding individuals, volunteers, community groups and local partners who make a real impact in Lambeth. Award categories cover a wide range of contributions, including volunteering, health and wellbeing, climate and green spaces, arts and culture, social enterprise, community safety and youth empowerment. Do please take the time to nominate someone whose work deserves to be recognised and celebrated ahead of the deadline on 25 January 2026. The awards rely on people putting names forward and it would be great to have those supporting our health and care mission to be acknowledged. More information and the nomination link can be found here: <https://www.lambeth.gov.uk/lambeth-civic-awards-2026/award-categories>.

## Appendix 1 South East London Integrated Care Board (SEL ICB) Lambeth Place Executive Lead Decisions

Decision taken	Decision route
Contract award following a competitive process under the Provider Selection Regime (PSR) to Positive Support Group to deliver Positive Behavioural Support (PBS) from 05 January 2026 to 04 June 2026 for a total contract value of £68,646.	Decision taken by Lambeth Place Executive Lead under SEL ICB Scheme of Delegation
Formal notice served to Operose Health to terminate the contract for Population Health Management (PHM) Business Intelligence (EZ Analytics) on 31 March 2026.	Decision taken by Lambeth Place Executive Lead under SEL ICB Scheme of Delegation
Funding agreed for four Supported Winter Schemes delivered by Guy's and St Thomas NHS Foundation Trust (GSTT), Kings College Hospital NHS Foundation Trust (KCH) and Lambeth Council for a total value £92,000.	Decision taken by Lambeth Place Executive Lead under SEL ICB Scheme of Delegation
Contract variation to ICS Operations LTD to deliver a domiciliary cardiology diagnostics service from 01 December 2025 to 31 March 2026 for a total additional value of £17,680.	Decision taken by Lambeth Place Executive Lead under SEL ICB Scheme of Delegation
Transfer of non-recurrent £250,000 integrator development funding to Guy's and St Thomas NHS Foundation Trust on behalf of the integrator function in Lambeth.	Decision taken by Lambeth Place Executive Lead under SEL ICB Scheme of Delegation
Contract Modification from 15 December 2025 to 31 May 2026 for the Lambeth Community Denosumab Service to:  1. Amend name of Provider stated on contract from Lambeth Healthcare Practice to Lambeth Healthcare Limited  2. Removal of reference to ODS code Y07020  3. Amend CQC registration number of Lambeth Healthcare Practice (1-12687623446) to Lambeth Healthcare Limited (1- 3950322140)	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 Heatherington Group Practice for the medical support to Pulross Centre for a six-month period from 01 October 2025 to 31 March 2026 for a total contract value of £30,000.	Decision taken by Lambeth Place Executive Lead under SEL ICB Scheme of Delegation
Contract award via a single tender waiver to Stockwell Partnership to deliver a Vital 5 neighbourhood proof of concept from 15 December 2025 to 14 December 2028 for a total contract value of £300,000.	Decision taken by SEL ICB - included for information due to relevance to Lambeth place.





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## Lambeth Together Care Partnership Board

<b>Title</b>	<b>Staying Healthy: NHS Health Checks update and strategic direction presentation</b>
<b>Meeting Date</b>	8th January 2026
<b>Author (&amp; role / title/s)</b>	Bimpe Oki - Consultant in Public Health Shanet Lewis - Programme Lead, Public Health Adrian Johnson - Senior Commissioning Officer, Public Health
<b>Lead / Presenters (&amp; role / title/s)</b>	Bimpe Oki - Consultant in Public Health Adrian Johnson - Senior Commissioning Officer, Public Health

**This item is for;**

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

The Lambeth Together Care Partnership Board is asked to;

1. Approve the progress report on the work of the Staying Healthy programme against the activities to deliver NHS Health Checks as outlined in Our Health, Our Lambeth - Lambeth Together health and care plan 2023-28.
2. Consider the preliminary findings of Department of Health and Social Care pilots (Health Checks at Work and Health Checks online) and the potential application of learning locally for the core NHS Health Checks programme and wider system.
3. Provide any relevant feedback for the Department of Health and Social Care so as to help inform national thinking in lieu of any future national roll out of the pilots.

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

Elements of the work have been presented at the NHS Health Checks steering group and the Staying Healthy Partnership Board.

**Summary of your community and stakeholder engagement**

For the core NHS Health Check service Public Health commissioners led a patient engagement exercise to gain insight into the patient experience of accessing NHS Health Checks, the modifications required and their preferences around accessibility and delivery to optimise engagement levels. A survey was undertaken late 2023 and promoted through

Lambeth Council, Lambeth Together and other key stakeholder comms channels with responses received from both those who have and have not had a Health Check.

Survey respondents were broadly in line and representative of borough demographics: 42% White British, 19% Black, 14% Other including Latin American, 13% White Other (including white European), 8% Asian, 6% mixed/multiple ethnic group.

Health Check steering Group and Strategy formed in 2024 to (amongst other things) oversee a programme of evaluation to understand equity of access especially those who are at most risk, including assessing and evaluating opportunities for outreach and community delivery to improve access e.g. Health Checks online and Health Checks at work.

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

The report sets out:

- Progress update On the NHS Health Check PCN model that was implemented April 2024
- Progress update on Strategic direction of service including addressing inequalities, particularly those who are not accessing the current offer.
- Involvement in Department of Health and Social Care Health Checks at Work and Health Checks on-line pilots and preliminary findings.

# Staying Healthy NHS Health Checks update and strategic direction

08/01/26

Bimpe Oki – Public Health

Shanet Lewis – Public Health

Adrian Johnson – Public Health



# Lambeth Together Care Partnership Board is asked to:



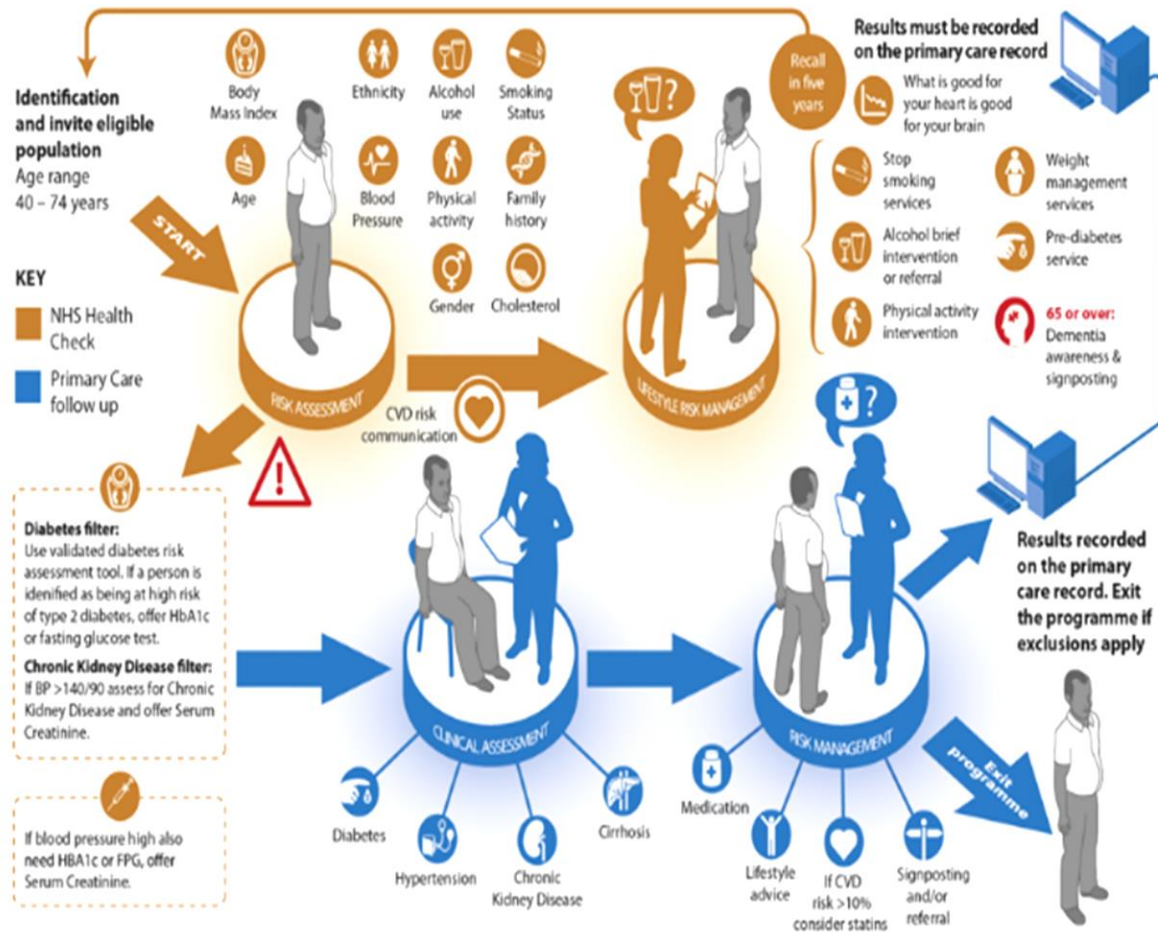
- Approve the progress report on the work of the Staying Healthy programme against the activities to deliver NHS Health Checks as outlined in Our Health, Our Lambeth - Lambeth Together health and care plan 2023-28.
- Consider the preliminary findings of Department of Health and Social Care pilots (Health Checks at Work and Health Checks online) and the potential application of learning locally for the core NHS Health Checks programme and wider system.
- Provide any relevant feedback for the Department of Health and Social Care so as to help inform national thinking in lieu of any future national roll out of the pilots.



# NHS Health Checks

Early identification of risk and disease:

## NHS Health Check



Launched 2009 as a national prevention programme to spot early signs of stroke, kidney disease, heart disease, type 2 diabetes or dementia.

Adults aged 40 to 74 who have not been diagnosed with certain pre-existing conditions\*.

Since 2013 local authorities became responsible for NHS Health Checks and the Call and Recall.

A check includes an assessment of:

- smoking status
- alcohol consumption
- physical activity
- weight
- blood pressure
- cholesterol
- diabetes risk



# Strategic Direction



April 2024 implemented a new model of 9 Primary Care Networks (PCNs).



Updated Service Specification including clearer referral pathways & nominated Primary Care Networks (PCN) leads.



Co-development with Primary Care:-

- Strengthen primary care capacity
- Improve consistency across the borough
- Reach more underserved groups
- Improved data monitoring dashboard





# Strategic Direction



Steering Group and Strategy formed to oversee programme.



Public Health led programme evaluation.



Opportunities for outreach and community delivery to improve access. Health Checks online or Health Checks at work.



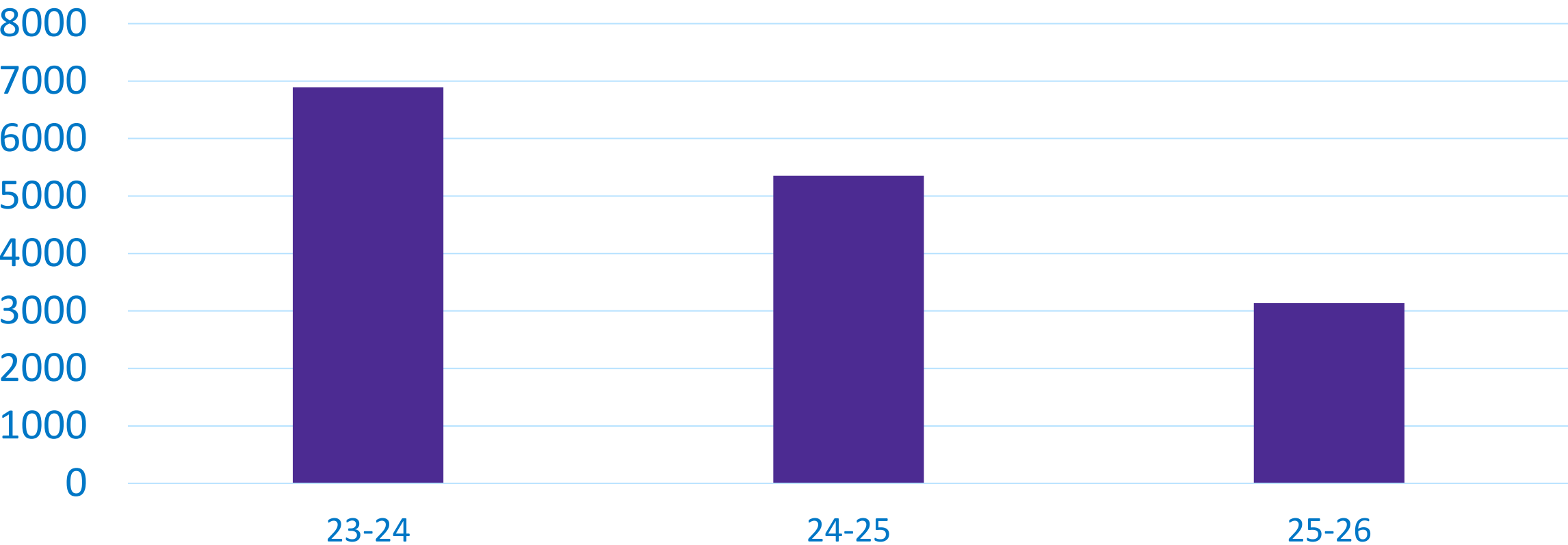
Re-commissioning 26-27. Targeted approach/ assessing/ refining model(s) of delivery



# Lambeth Health Check Data



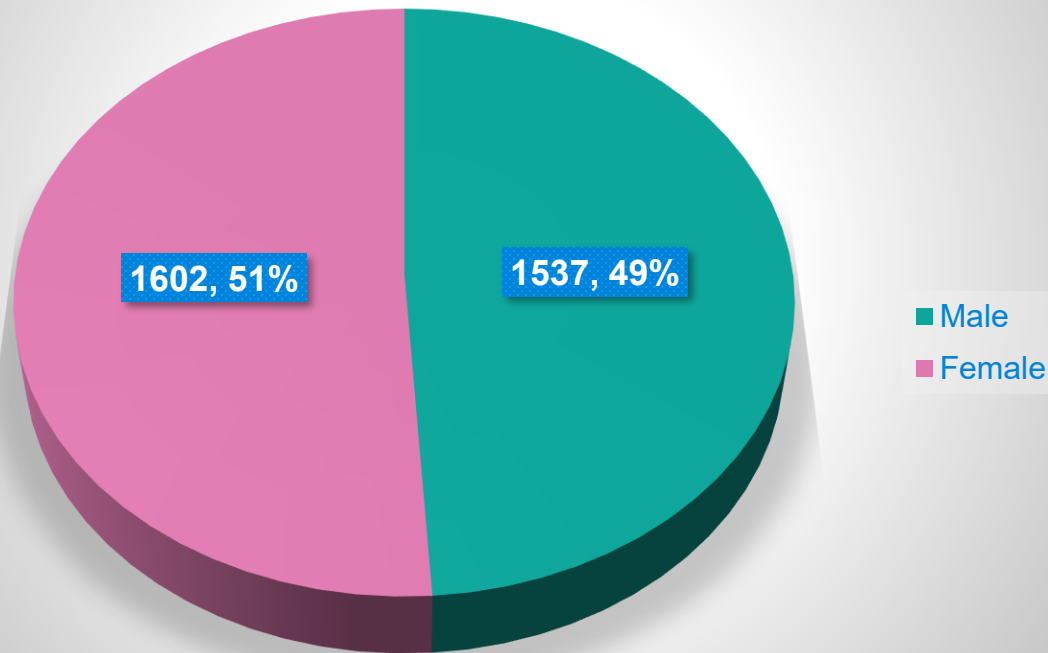
## Health Checks Activity



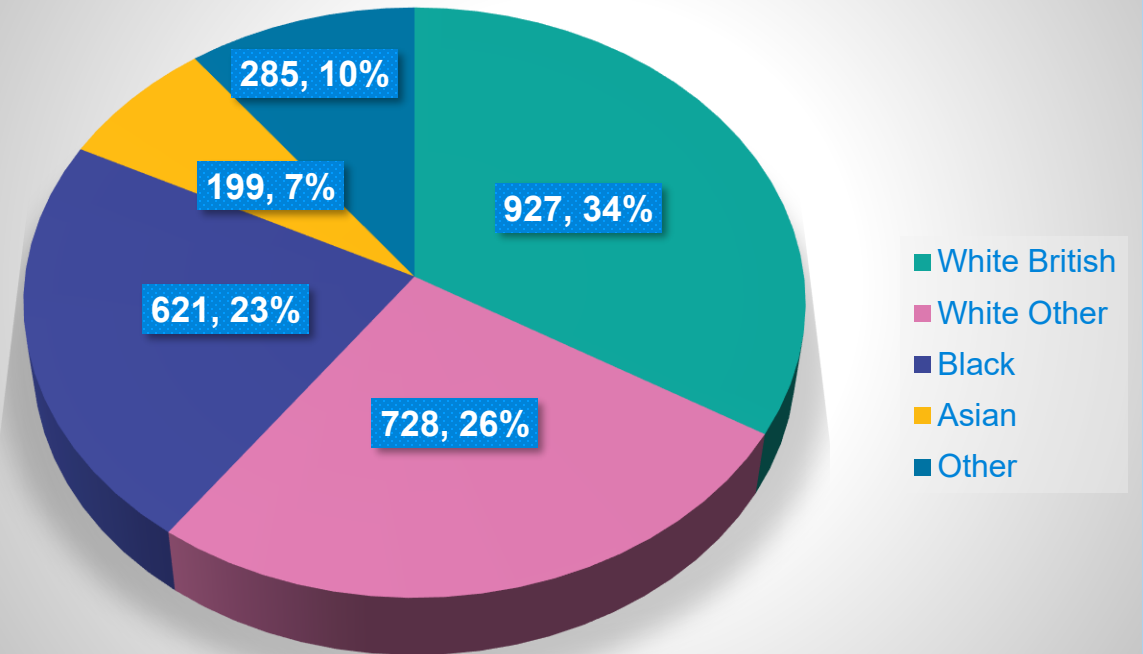
# Lambeth Health Check Data



## Gender Profile of Health Checks performed



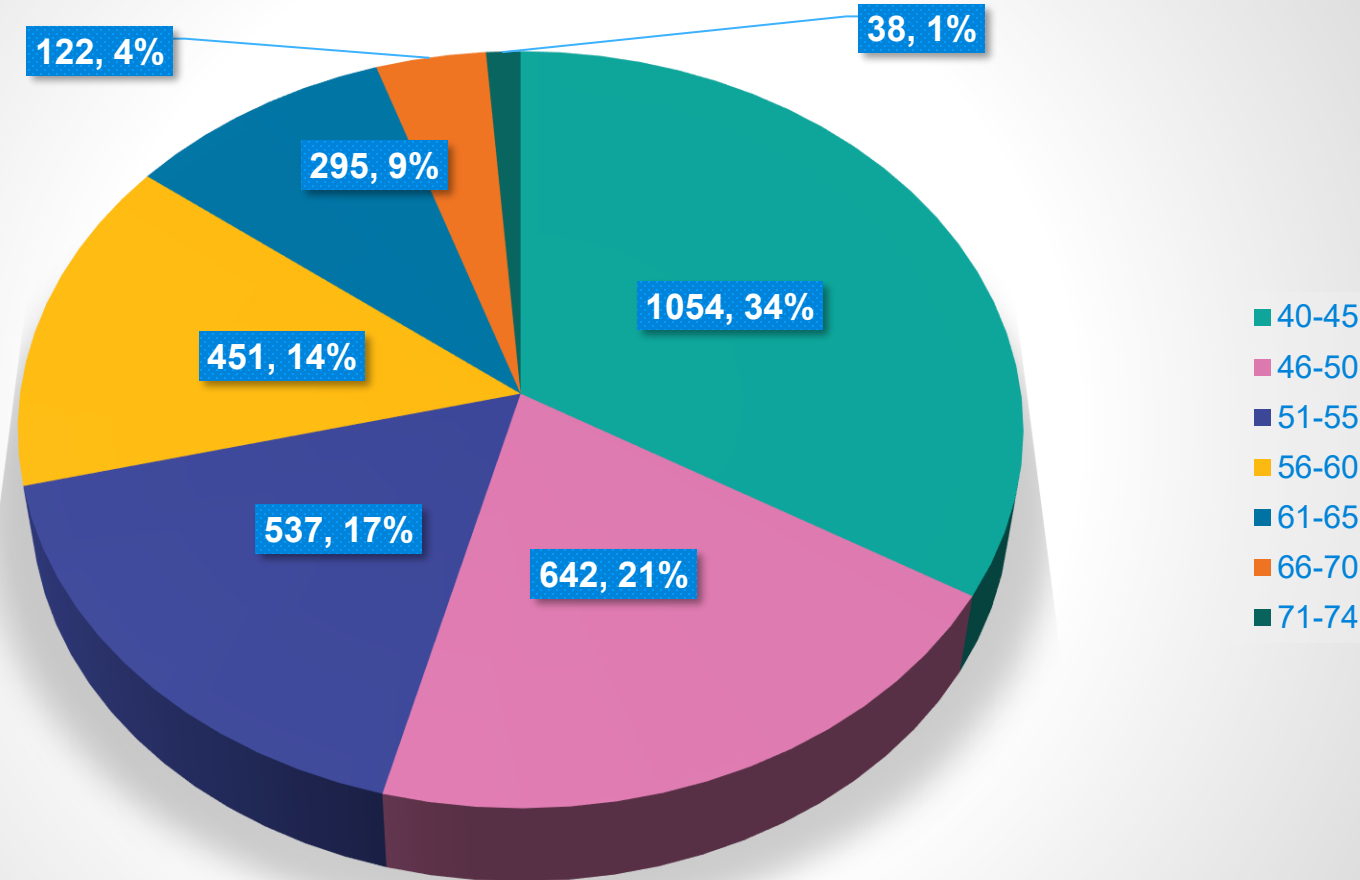
## Ethnicity of Health Checks performed



# Lambeth Health Check Data



Age breakdown of Health Checks performed



# Proposed Priority Invites for 26-27



Proposed Priority Groups	Proposed Priority Clinical indicators
• Men	• No Blood Pressure status in last three years;
• Socio-economically deprived (LSOA)	• No Alcohol Status in last three years;
• Black and minority ethnic communities	• No Smoking Status in last three years;
	• Latest BMI >30; ( $\geq 27.5$ in Black, South Asian, Chinese population)
	• Latest Cardiovascular Disease Risk >10%
	• Latest Smoking Status = Smoker







Funded by UK Government

Lambeth together

# Health Checks at Work

Are you an employer in Lambeth?  
Do you want to help your staff stay healthy?

We have a **free offer** that can help:

- Confidential NHS Health Checks for your staff
- Delivered directly at your place of work
- Conducted by NHS health professionals
- Checks will include measurements such as cholesterol and blood glucose testing



Information can be found here:  
[lgpf.org/hcwork](https://lgpf.org/hcwork)



Full information can be found by using the QR code or link.

Available for all businesses, organisations or charities in Lambeth.

Lambeth

LAMBETH HEALTHCARE

NHS



# NHS Health Checks at Work (HAWK) Pilot update

# HAWK Delivery Overview



## Health Checks Offered:

1. Full NHS Health Checks (40-74)
  - Full HDL/LDL cholesterol blood samples to lab and POCT blood glucose (sent to lab if high)
2. Cardiovascular Disease (CVD) Assessments (25-39, +75)
  - POCT (cholesterol, blood glucose)
3. Mini Health Checks (18-24)

\*all checks incorporated BMI, BP, smoking status, alcohol, healthy mind (Vital 5)

\*If risk identified person offered further checks even if out of age range

## Activity: Oct '24-Mar'25

1. 648 NHS Health Checks
2. 3175 CVD Assessments
3. 194 Mini Health Checks

**Total: 4,017 delivered**

**Lambeth Residents: 1,158**

## Delivery Models:

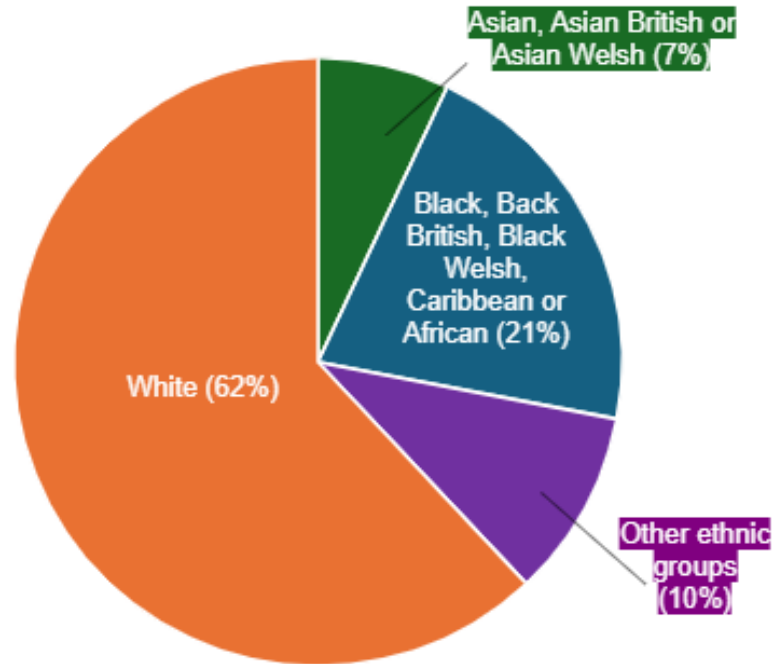
1. Static hub in workplace
2. Pop-up hub in workplace
3. Mobile teams, door-to-door



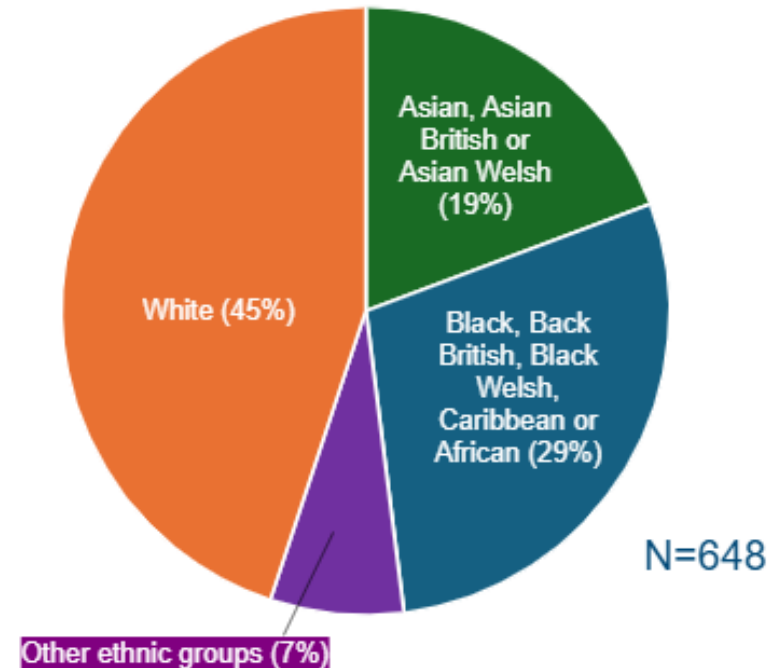
# HAWK: Ethnic Groups at Higher Risk of CVD



Usual NHS Health Check programme 2024-2025



NHS Health Checks delivered through HAWK





# Health Checks at Work (HAWK): Key Findings



- Similar number of total NHS health checks in Lambeth in the same 6-month period of the previous year – not possible to state conclusively whether HAWK led to more NHS health checks for Lambeth residents.
- HAWK reached **proportionately more Asian and Black ethnic groups** compared to the Lambeth population, especially for NHS health checks.
- **Target groups were best reached on the high street** (men, smokers, ethnicities at higher risk of CVD and people from socio-economically disadvantaged groups)
- HAWK reached **high-CVD-risk individuals**, but likely due to the inclusion of those with established cardiovascular disease
- Checks **increased awareness** of participants' health and **improved behaviours**
- **Many contacted their GP** or other health services following the check and some were **diagnosed with chronic health conditions**





# NHS Health Checks on-line Pilot update

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## Vision for a national digital service

To increase the flexibility and reach of the NHS Health Check through the creation of an innovative, accessible national digital service, delivered alongside local face-to-face offerings, that helps people understand and take action to engage with their cardiovascular health.

### How did we get here?

An NHS Health Check digital exemplar  
Discovery was conducted by Public Health England

2019

An evidence-based review of the NHS Health Check programme identified use of a digital approach to improve participation and engagement in the NHS Health Check

2021

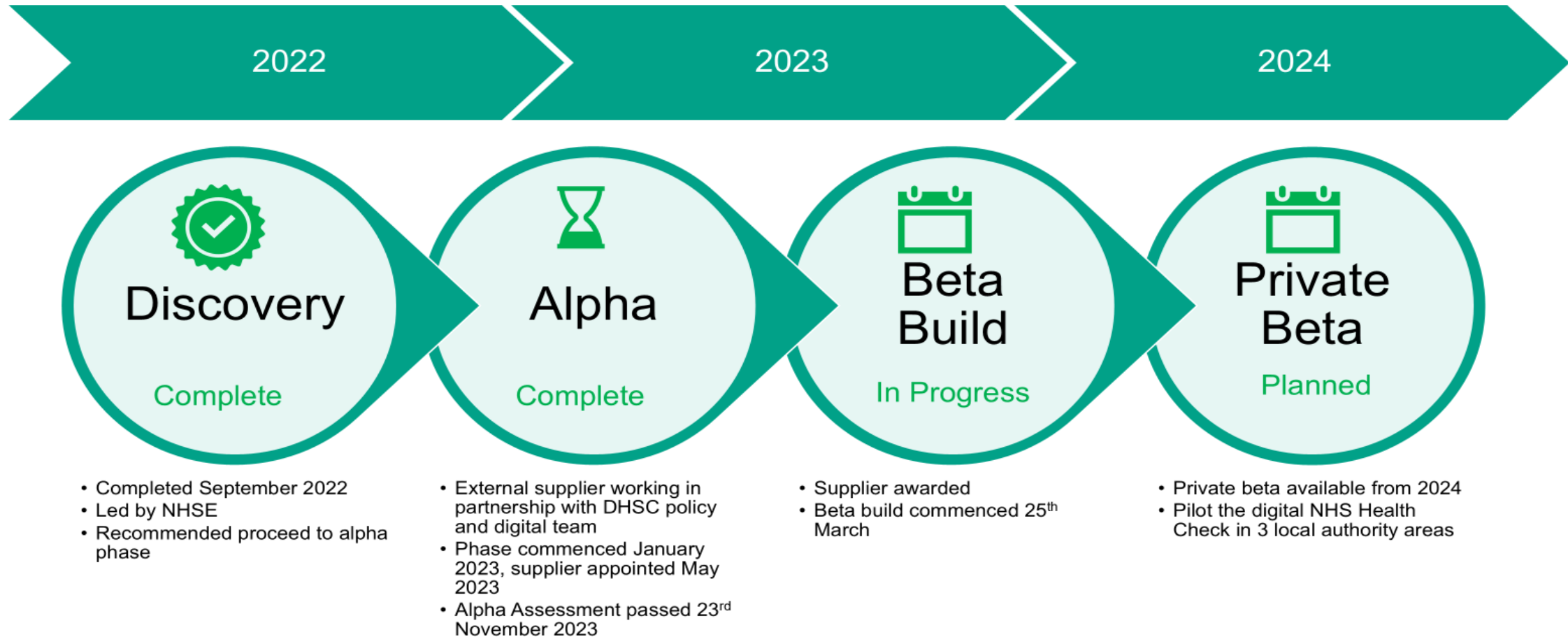
Further work to develop a digital NHS Health Check was initiated by an updated Discovery phase

2022



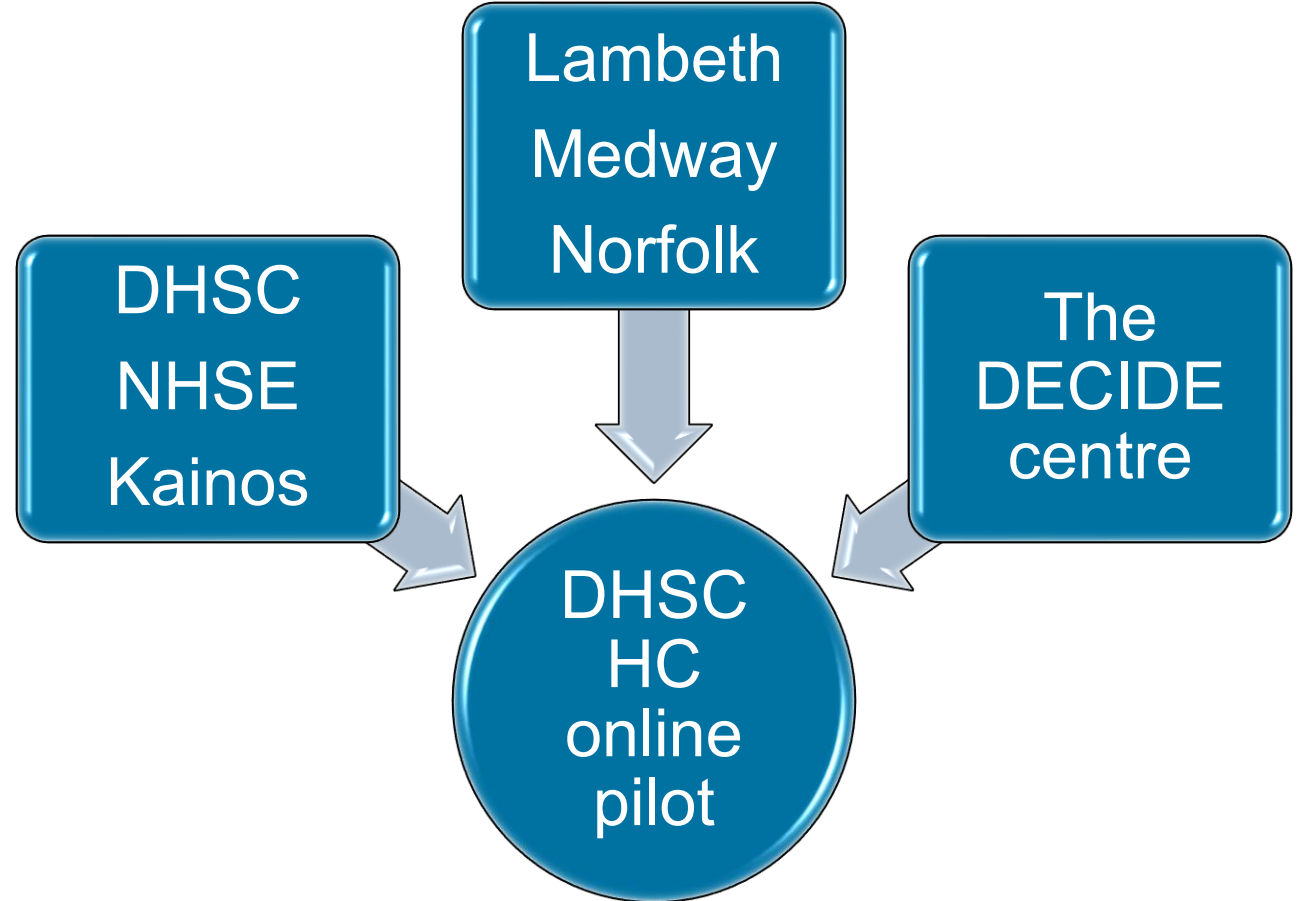


## Digital NHS Health Check Timeline





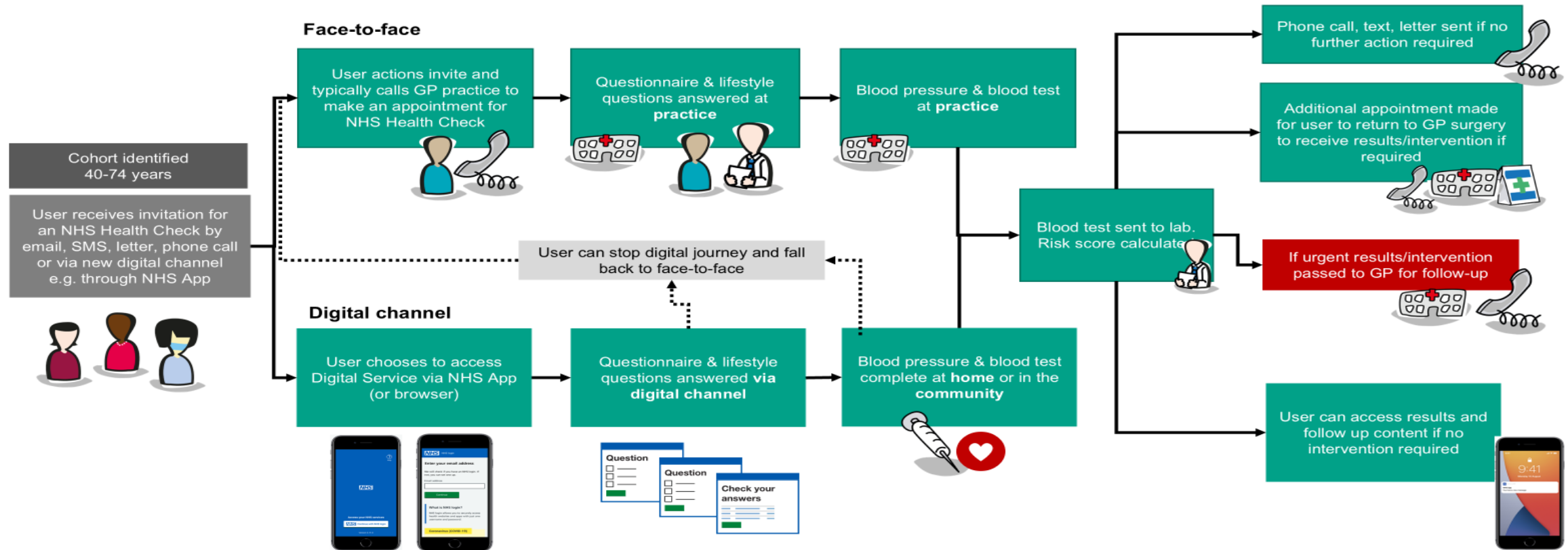
# Partners involved



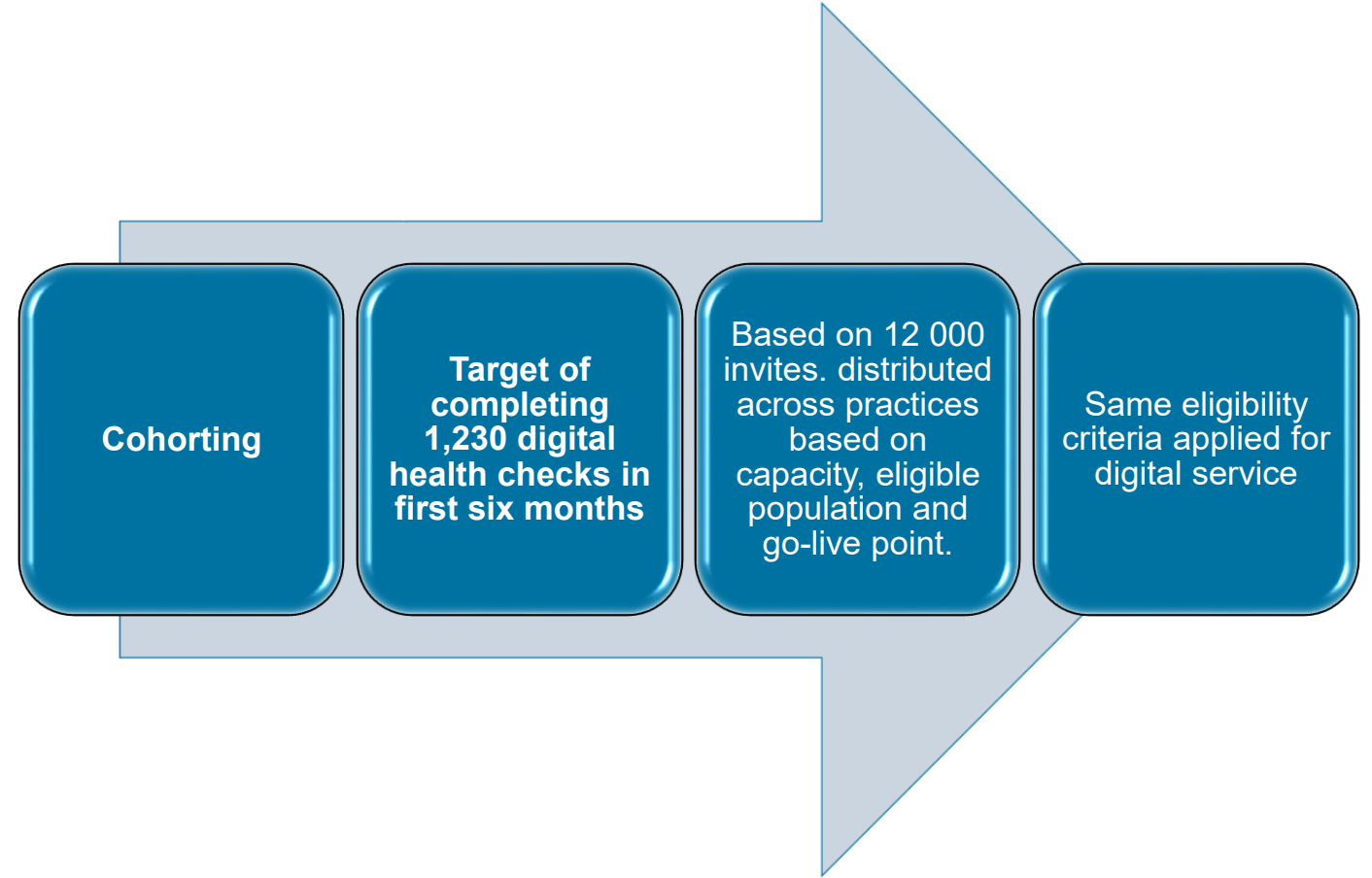
# User Journey



## Providing a joined-up experience across all channels



# Cohorting





# Research



**User and Staff  
Research**

‘Pop-up’ research on site  
or dedicated sessions

Incentives for local  
people to take part in the  
research – this would be  
£10 shopping voucher  
per participant. Aimed to  
recruit 10-15 participants  
over the course of a day.

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## User research Highlights

Majority of participants were able to successfully complete the health check online

The average completion time was 20 minutes for patients and 15 minutes for staff.

"It was fine, yeah. In fact, it was shorter than I thought it was going to be."

"I think it's quite user friendly."

"Not much effort. I could do that at home fine."

"That was easy, I've got no problem doing that at home."

"It was fine for me to complete. Patient experience will vary depending on their confidence"



# Research



## Staff identified perceived benefits

Flexibility, comfort  
and privacy for  
patients

More  
convenience for  
people with busy  
lifestyles

## Staff identified anticipated challenges

Accuracy of patient  
readings,  
particularly blood  
pressure and blood  
test completion

concerns about  
the HC online  
replacing the face-  
to-face service in  
the future.

For specific groups –  
low digital literacy,  
from areas of high  
social deprivation,  
and with English as a  
second language

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# Preliminary Findings\*



**560** individual users have started the service. Of these...  
**233** (41.6%) were aged between 40-45.  
**29** (5.1%) were aged between 66 and 74.

**335** individual users have input information regarding their sex. Of these...  
**218** (65%) were female.  
**117** (35%) were male.

**335** users have input information regarding their ethnicity. Notably, most (~75%) individual users who have input ethnicity data are 'white'.



# Preliminary Findings\*



Early trends indicate individuals from areas of higher deprivation are more likely to start their NHC-Online. It is important to consider that the majority of the invitations and data displayed here are from activity in only 4 local authorities (Norfolk, Lambeth, Manchester & Medway)

## Completed/Risk Scores (age, sex, ethnicity and deprivation)

Page 56

- **66** individual users have fully completed the NHC-Online and therefore received their CVD risk score. Of these, **60** users received a low CVD risk score, and **6** received a moderate CVD risk score.
- The number of completions is notably more distributed across the age categories when compared to the distribution for 'service started', whilst the distribution in the ethnicity and sex categories remain heavily 'white' (~**85%**) and 'female' (~**71%**).



# Preliminary Findings\*



- Whilst more women have received a risk score by fully completing their NHS Health Check-Online in total compared to men (~70% vs ~30%), more men have been identified in the 'moderate CVD risk' category.
- **Urgent clinical shutter screens (age, sex and ethnicity)**
- So far, **25** individual users have been shuttered out of the NHSHC-Online due to urgent clinical risk (**2.32%** of total individual users who have started an NHS Health Check-Online)
- **22** of these instances have occurred due to diabetes symptoms. **3** of these instances have occurred due to a very high blood pressure reading.





# Preliminary Findings\*



- **13** of these individual users were male, **12** were female.
- **16** of these individual users identified as white, **3** identified as Asian or Asian British, **2** identified as Black African, Caribbean or British, and **2** identified as other.
- **15** of these individual users were aged between 40-50, **7** were aged between 51-60, **3** were aged between 61-74.





# Next Steps



Pilot is moving on to it's next phase with 8 additional sites now included

Pilot due to run till end of March 26

Continuous development of invites, reminders, user journey and writeback protocols

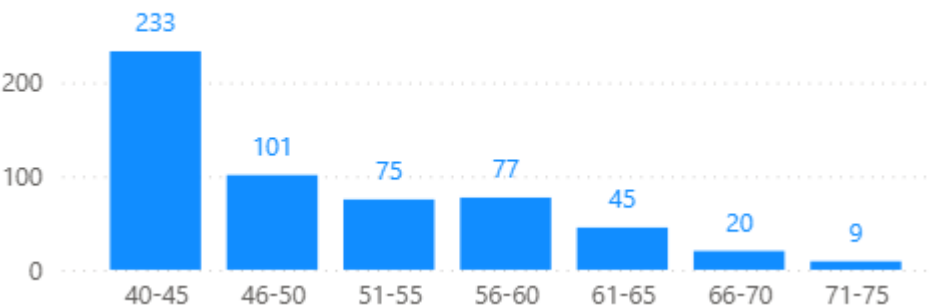
Evaluation and wider roll out



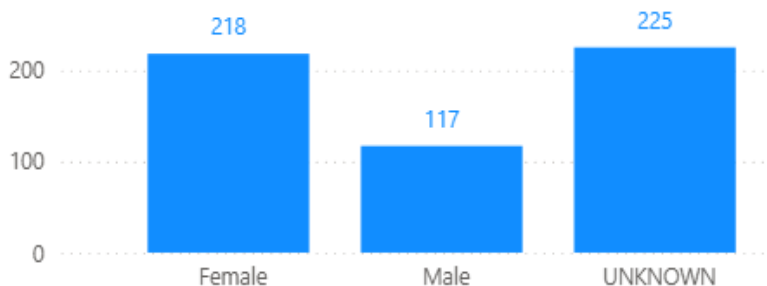
# Demographics\*



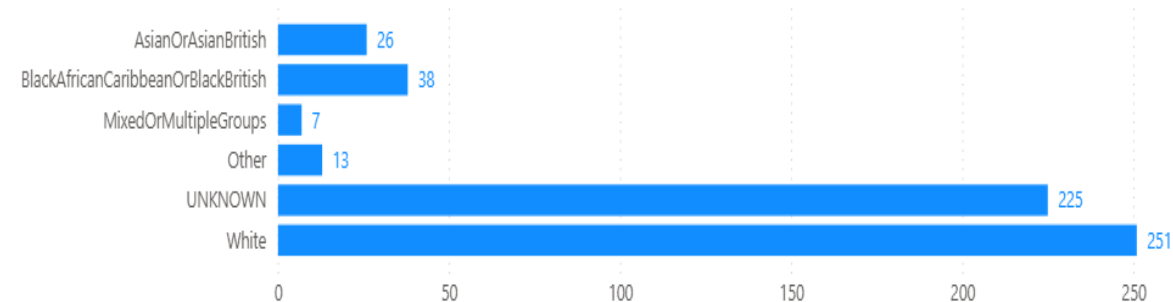
Age group



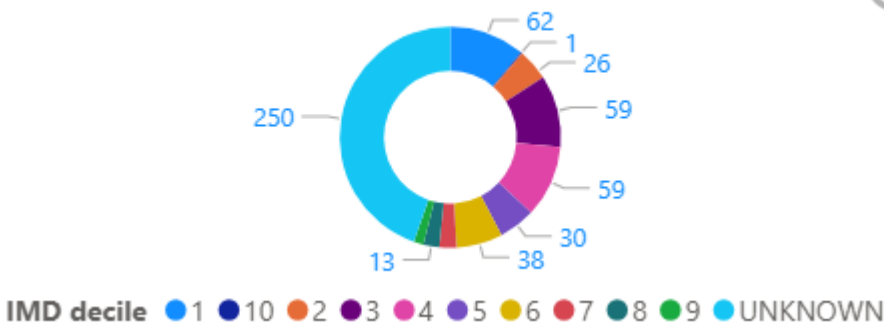
Sex at birth



Ethnicity



Deprivation (IMD decile)

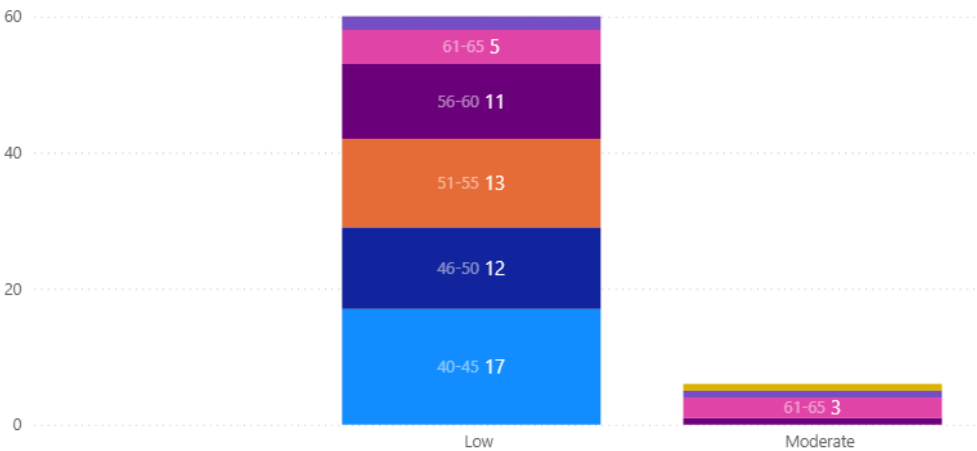


# Demographics\*



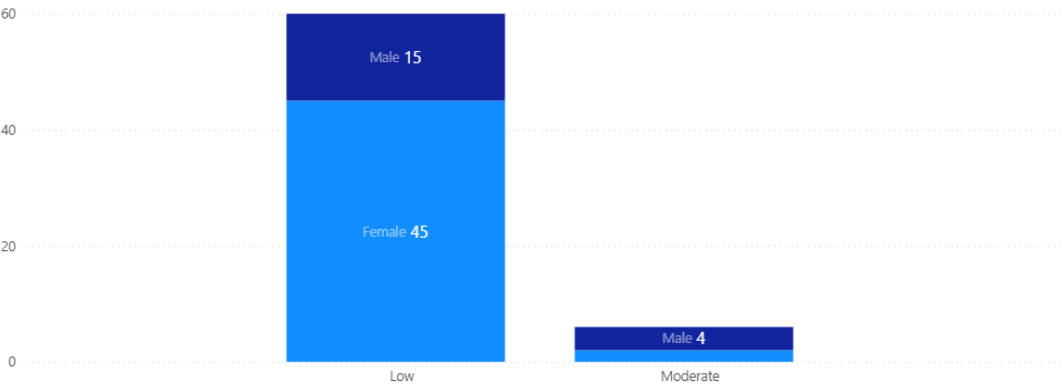
No. individuals in each CVD risk category

Age group ● 40-45 ● 46-50 ● 51-55 ● 56-60 ● 61-65 ● 66-70 ● 71-75



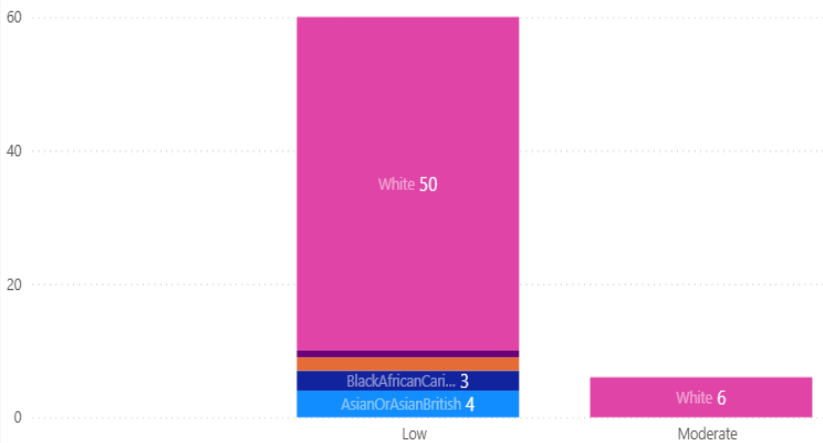
No. individuals in each CVD risk category

Sex at birth ● Female ● Male



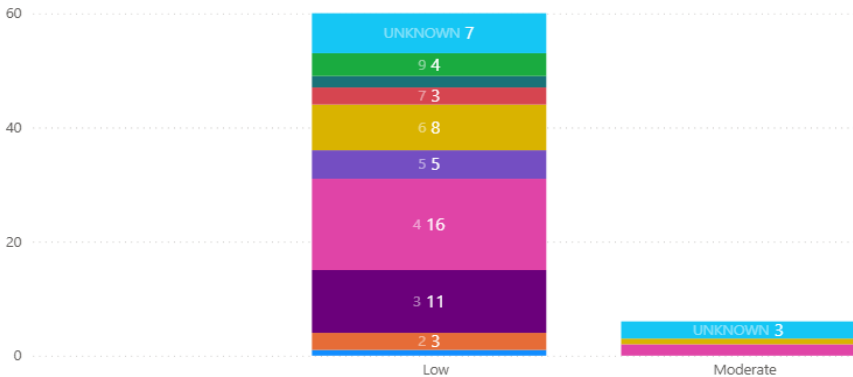
No. individuals in each CVD risk category

Ethnicity ● AsianOrAsianBritish ● BlackAfricanCaribbeanOrBlackBritish ● MixedOrMultipleGroups ● Other ● White

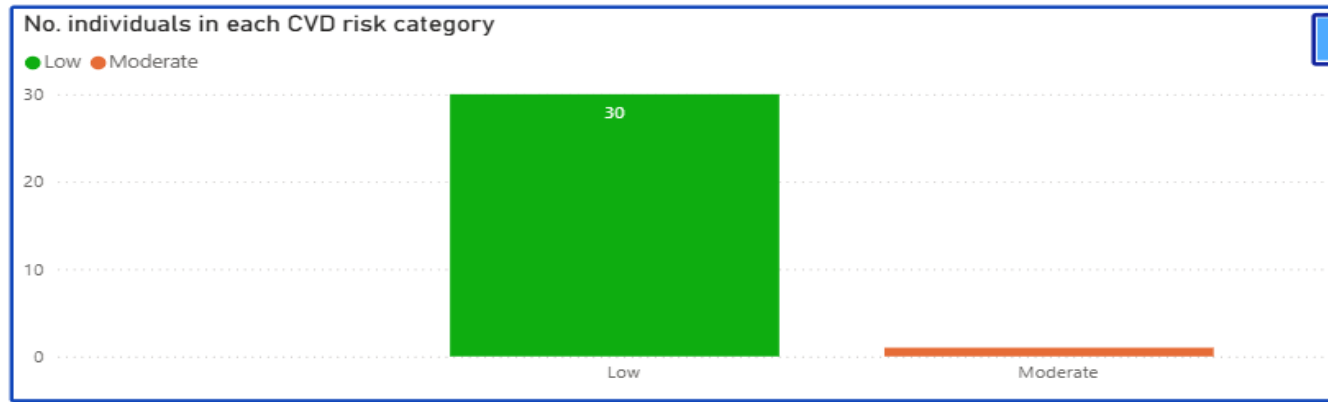
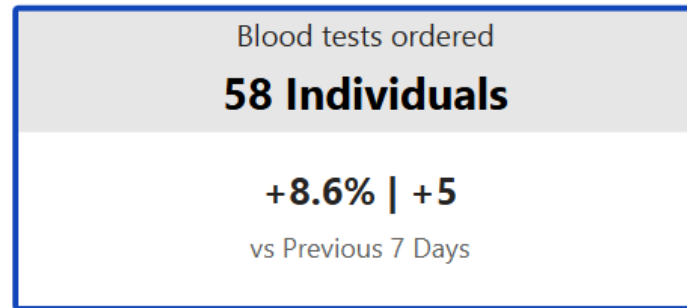
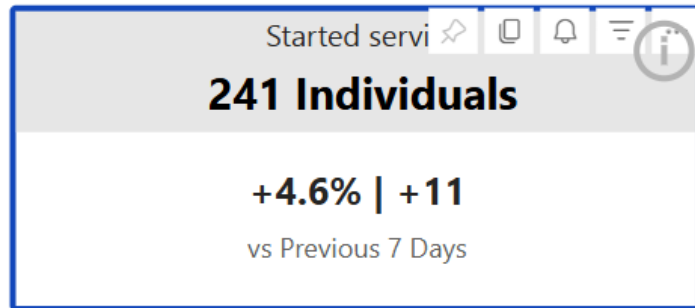


No. individuals in each CVD risk category

Deprivation (IMD decile) ● 1 ● 2 ● 3 ● 4 ● 5 ● 6 ● 7 ● 8 ● 9 ● UNKNOWN



# Programme Update (Lambeth data)



# Programme Update (Lambeth data)



Practice	Started	Bloods ordered	Completed
Palace Road Surgery	70	23	10
Streatham Common Practice	72	18	12
Exchange Surgery	37	11	8
The Vale Surgery	22	2	0
Valley Road Surgery	21	3	1
<b>TOTAL</b>	<b>222</b>	<b>57</b>	<b>31</b>

Practice	Started	Bloods ordered	Completed
South Lambeth Road	19	1	0



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## Lambeth Together Care Partnership Board

<b>Title</b>	Business Planning 2026-27
<b>Meeting Date</b>	08 January 2026
<b>Author</b>	Warren Beresford, Associate Director Health and Care Planning and Intelligence
<b>Lead</b>	Oge Chesa, Director of Primary Care and Transformation

**This item is for;**

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

The purpose of this update is to brief the Lambeth Together Partnership Board on progress of the ongoing 2026/27 Business Planning Process and to seek feedback on the emerging Lambeth Together priorities and plans for 2026-27

The board is asked to:

1. approve and provide feedback on the content of the draft priorities outlined within the appendix of this pack
2. note the timeframes of the 26/27 business planning round

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

None

**Summary of your community and stakeholder engagement**

The priorities for Lambeth Together Delivery Alliances and Programme Areas are shaped through engagement with a wide range of stakeholders including local residents and services users.

**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.



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# Business Planning 2026-27

**Lambeth Together Partnership Board Update**

**08 January 2026**



Working in partnership for a healthier borough



# For Lambeth residents: what does this pack mean for me?

## *What this is about*

Each year, organisations across Lambeth work together to agree the most important actions to focus on for the year ahead. These actions are about improving local health and care services and achieving the best possible outcomes for residents, within the money and resources available.

## *What this pack explains*

This pack:

- Sets out **how and when** these priorities are being developed
- Shares **early, high-level information** about the emerging focus areas for the year ahead

## *Why this matters to you*

The priorities in this plan influence:

- The services you and your family use
- How care is coordinated across health, council, and community services
- Where effort and investment are focused to improve health and reduce inequalities in Lambeth

## *Why it's going to the Board*

The Lambeth Together Partnership Board oversees this work and ensures the plans reflect local needs. This pack is being shared with them to seek their input and steer the final plan.

# For the Board: The purpose of this update



The purpose of this update is to brief the Lambeth Together Partnership Board on progress of the ongoing 2026/27 Business Planning Process and to seek feedback on the emerging Lambeth Together priorities and plans for 2026-27

The board is asked to:

1. approve and provide feedback on the content of the draft priorities outlined within the appendix of this pack
2. note the timeframes of the 2026/27 business planning round



# What we need to produce (A recap)



## SEL Operational Plan

- A level plan, coordinated by SEL Planning Leads with input from providers and place based commissioners
- ICB system returns, covering numerical annual finance, activity, workforce and performance plans (led SEL level with input from providers and place based commissioners)

## SEL Strategic 5-Year Commissioning Plan / Population Health Improvement Plan

- A level plan, coordinated by SEL Planning Leads but requires narrative from place
- Sets out objectives, priorities, deliverables, and outcomes across population health, service improvement, and transformation. Includes key enablers such as estates, workforce, finance, and commissioning approaches/levers.

## Local Neighbourhood Health Plan (LNP)

- Oversight from Lambeth Together Partnership and Lambeth Health & Wellbeing Board
- **Part A: Population health improvement plan** to include social care, public health and Better Care Fund (BCF)
- **Part B: Delivery plan for Neighbourhood health services.**
- LNPs will feed into and align with the SEL Strategic 5-Year Commissioning Plan / Population Improvement Plan
- Department for Health and Social Care (DHSC) will publish separate guidance to support their development.

The “**Local Neighbourhood Health Plan**” (both Part A - Pop Health Improvement Plan and Part B - the Delivery Neighbourhood Plan as described in national guidance) **is being treated as the basis for the updated and refreshed Lambeth Together Health and Care Plan.**

# What we've produced so far



## ***Population Health Improvement Plan***

- Alliances and programmes have provided draft activities on 3–5 priority focus areas for 2026/27 and beyond.
- These activities include detail on how these priorities will contribute to the three NHS shifts set out in the National Health Plan and improve access to high-quality, safe care.

## ***Neighbourhood Delivery Plan***


- The Lambeth Integrator (Guy's and St Thomas NHS Foundation Trust/Lambeth GP Provider Alliance) has coordinated and collated details of planned actions across seven priority areas to develop neighbourhood health services.
- These 7 area are based on the recently published [Medium term planning framework - delivering change together 2026/27 to 2028/29](#) and will be further informed by additional national Neighbourhood planning guidance expected in January 2026.

- A summary of these plans is included in the appendix to this pack.
- This summary was shared with the South East London ICB (SEL) planning team in December 2025 to inform the draft SEL ICB Strategic Commissioning Plan.



# Immediate Next Steps



- 
- **SEL ICB Central Planning Team review:** the SEL Planning team is reviewing our summarised plans and feeding back.
  - **Peer review exercise:** each of the six SEL boroughs randomly paired with another borough. Lambeth has been paired with Bromley, and the peer review is due to be completed by **9<sup>th</sup> January**.
  - **Final submission of the summary plans;** Final Lambeth summarised plans to inform the final SEL Strategic Plan required by **16<sup>th</sup> January**. This is to allow sufficient time for SEL Board approval ahead of submission to NHS England on 12<sup>th</sup> February.
  - **Continue to develop local Plan:** Work will continue to develop planned activities to inform the refreshed Health and Care Plan and Health and Wellbeing Strategy in **Quarter 4**.

# Broader Business Planning Timeline



Step	Key activity	Timeline
1	Review and act upon feedback received from SEL Planning Team	December 25
1	Peer review exercise: Lambeth and Bromley to undertake peer review exercise	9 <sup>th</sup> January
3	Submit Lambeth summarised plans to SEL central planning team to inform the final SEL Strategic Plan	16 <sup>th</sup> January
4	Await further national guidance on requirements for the Local Neighbourhood Plan <i>(confirmation received that further guidance will follow)</i>	January 26
5	Continue governance review to strengthen alignment and effectiveness between the HWBB and the Lambeth Together Partnership Board.	January 26
	<i>Ongoing refinement of Local Neighbourhood Plan (Pop Health Improvement Plan &amp; N'hood Delivery Plan)</i>	Jan/Feb 26
7	Plan developed to inform refreshed Lambeth Together Health and Care Plan and align to overarching Health and Wellbeing Strategy	Jan/Feb 26
8	Draft Local Neighbourhood Plan shared with LT Partnership Board and HWBB for sign off <i>(indicative timeline) - **may require sign off outside of HWBB meeting as meeting not taking place until March 26)</i>	Feb-26
9	Final sign off of plans from LT Partnership Board and HWBB <i>(indicative timeline)</i>	Mar-26
10	Publication of Health and Care Plan Annual Review and Refresh	May-26

# Ask of the the Board



The board is asked to:

1. approve and provide feedback on the content of the draft priorities outlined within the appendix of this pack
2. note the timeframes of the 26/27 business planning round





# APPENDIX

## **Draft Lambeth Inputs into the South East London 5-Year Strategic Commissioning Plan**

*These draft plans will form the basis of our refreshed Lambeth Together Health and Care Plan for 2026-27*



# Population Health Improvement Plan (1/3)

## LAMBETH \*\*\*DRAFT\*\*\*

South East London

Ambition	
We are committed to improving health and social care outcomes for all our communities, ensuring that everyone, regardless of background or lived experience, can reach their full potential, feel valued, and have access to safe, positive health and care choices. We proudly celebrate our rich diversity and actively listen to our communities' voices, making sure they are heard and represented. Our focus remains on advancing equality, diversity, and inclusion to create a more equitable and supportive environment for all	
What do we know about our local population and residents?	What outcomes are we looking to secure over the next five years?
<ul style="list-style-type: none"> <li>Lambeth is an inner London borough bordered by the Thames to the north, Wandsworth west, Southwark east, and Croydon south, with about 316,000 residents and a GP registered population of around 450,000.</li> <li>It is relatively deprived: 8% live in England's most deprived 20%, and 59% in the most deprived 40%.</li> <li>Lambeth has a younger population (43% aged 20–39) but is aging: adults 45+ increased by 25% between 2011–2021, while children under 10 fell by 20%.</li> <li>Population is projected to grow 6% (18,000) in 15 years, with 45+ rising 15% and 65+ rising 54%.</li> <li>Life expectancy has risen by 5 years over 20 years, despite COVID-19, but people spend on average ~20 years in poor health, disproportionately affecting deprived areas.</li> <li>Long-term conditions (LTCs) drive poor health: 1 in 2 aged 50+ have at least one LTC, 1 in 3 have three or more LTCs; hypertension and diabetes are most common, especially among Black and Other ethnic groups.</li> <li>The life expectancy gap between most and least deprived is driven by circulatory disease, cancer, respiratory disease, mental health (dementia), and deaths from injury, poisoning, and suicide.</li> </ul>	<p>Our proposed population health outcomes include that our residents;</p> <ul style="list-style-type: none"> <li>Maintain positive behaviours that keep them healthy</li> <li>Are connected to communities that enable them to maintain good health</li> <li>Are immunised against vaccine preventable diseases</li> <li>Have healthy mental and emotional wellbeing</li> <li>Have healthy and fulfilling sexual relationships and good reproductive health</li> <li>Receive early diagnosis and support for physical health conditions</li> <li>Who have developed long term health conditions have help to manage their condition and prevent complications</li> <li>When emotional and mental health issues are identified, the right help, support and diagnosis is offered early and in a timely way</li> <li>Have access to joined-up and holistic health and care delivered in their neighbourhoods</li> <li>Know where to go to get the right help, are treated at the right time, in the right place, for their needs</li> <li>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</li> <li>Have positive experiences of maternal healthcare and there are no disproportionate maternal mortality rates among women</li> <li>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</li> <li>Using mental health support services can recover and stay well, with the right support, and can participate on equal terms in daily life</li> <li>Who are homeless, or at risk of becoming homeless, have improved health</li> </ul>

# Population Health Improvement Plan (2/3)

## LAMBETH \*\*\*DRAFT\*\*\*

South East London

Priority Area	What are we aiming to achieve?	Why does this matter?
1. People lead healthy lives and have good physical and emotional health and wellbeing for as long as possible	<ul style="list-style-type: none"> <li>• <b>Implement Phase 2 of the Reducing the Strength campaign</b> to restrict high-strength alcohol availability and reduce associated harm.</li> <li>• <b>Broaden access to HIV testing and PrEP (Pre-Exposure Prophylaxis)</b> across a range of settings.</li> <li>• <b>Continue delivery of targeted Tier 2 lifestyle programmes</b> such as Fits Me Well and community men's groups.</li> <li>• <b>Deliver the Combatting Drugs Partnership plan</b>, increasing engagement, improving continuity of care and reducing drug-related harm.</li> <li>• <b>Evaluate the 2025/26 Flu Outreach Strategy</b> to inform improved deployment for future years</li> <li>• <b>Expand stop smoking support</b> through enhanced specialist, pharmacy, mental health digital offers, and targeted community engagement.</li> <li>• <b>Focus Sexually Transmitted Infection (STI) prevention, testing and treatment</b> on those with greatest need.</li> <li>• <b>Implement the direct award of NHS Health Checks</b> to GPs and build on learning from national pilots to reach high-risk groups.</li> <li>• <b>Operationalise the new community-pharmacy-led HPV vaccination duty</b>, supported by targeted engagement to reach women and young people who missed school provision.</li> </ul>	A wide range of factors, including income and ethnicity, can impact on people's health and lead to poorer outcomes. Targeting prevention across blood pressure, obesity, mental health, smoking, alcohol and vaccinations will have the greatest impact and deliver strong value for the system.
2. Physical and mental health conditions are detected early, and people are supported and empowered to manage these conditions and avoid complications.	<ul style="list-style-type: none"> <li>• <b>Embed an updated community model</b> closely aligned to neighbourhood working.</li> <li>• <b>Enhance medicines value, safety and stewardship</b> including preparation for innovative medicines, the national formulary roll-out and delivery of antimicrobial resistance (AMR) local action plans.</li> <li>• <b>Improve uptake of Serious Mental Illness (SMI) Health Checks</b>, with a focus on Black and multi-ethnic communities.</li> <li>• <b>Position community pharmacy as a key neighbourhood asset</b>, increasing prevention activity, uptake of clinical services through collaboration</li> <li>• <b>Support implementation of Learning Disability Phase 2 of the Digital Dynamic Support Register (DDSR).</b></li> <li>• <b>Take forward the All-Age Autism Strategy</b>, offering early intensive family support to reduce escalation and strengthen parental confidence.</li> <li>• <b>Progress with the Lambeth Carers Strategy</b> to ensure carers are recognised, supported to maintain their health and wellbeing.</li> </ul>	Many people now live with several long-term conditions, and some communities are affected more. With earlier diagnosis and the right help, these can be managed well as part of daily life. We want to empower and support people to manage their health and wellbeing.
3. People have access to and positive experiences of health and care services that they trust and meet their needs	<ul style="list-style-type: none"> <li>• <b>Expand use of the Maternity Disadvantage Assessment Tool</b>, using population data to inform targeted support and neighbourhood maternity models.</li> <li>• <b>Advance the Act Early South London programme</b>, generating insight into health inequalities to shape future interventions.</li> <li>• <b>Embed a consistent general practice access model to improve same-day access, patient experience and reduce variation.</b></li> <li>• <b>Increase the proportion of black people getting early support and reduce proportion using Mental Health crisis services</b></li> <li>• <b>Maintain system resilience winter and out-of-hours planning</b>, and aligning delivery with new 111 Integrated Delivery Unit pathways.</li> <li>• <b>Strengthen integration of general practice and community-based health and care services within Integrated Neighbourhood Teams (INTs)</b> through aligned access flows, multi-disciplinary team (MDT) coordination and seamless referral and follow-up.</li> <li>• <b>Reablement</b> - following review, to commission revised model for reablement, to continue to deliver excellent outcomes and to a wider group of service users including people in the community to help them avoid hospital admission</li> </ul>	Divisions between services mean many people still experience disjointed care and poorer outcomes. Strengthening integration and improving access will ensure people receive timely, appropriate support, helping our population stay healthier for longer and reduce avoidable pressure on the health system.



# Population Health Improvement Plan (3/3) South East London

## LAMBETH \*\*\*DRAFT\*\*\*

### How will these priorities contribute to the NHS three shifts?

#### FROM HOSPITAL TO COMMUNITY

Our priorities focus on strengthening the shift toward community-based care by **expanding neighbourhood models, ensuring that the support provided to residents is both timely and tailored to their needs. Strengthening general practice integration** within Integrated Neighbourhood Teams (INTs), aligned access flows, and multi-disciplinary team (MDT) **coordination will enable optimised referral and follow-up.** Revised pathways and system resilience planning, including surge, winter, and 111 Integrated Delivery Unit alignment, **ensure timely care closer to home.** Together, **these priorities reduce reliance on hospital services and embed proactive, joined-up support across the community.**

#### FROM SICKNESS TO PREVENTION

**Our priorities focus on preventing poor outcomes by addressing key lifestyle and health risks.** Campaigns such as Reducing the Strength, expanded HIV and Sexually Transmitted Infection (STI) testing, targeted lifestyle programmes, stop-smoking support, flu outreach, and Human Papillomavirus (HPV) vaccination **aim to reach those at greatest need.** NHS Health Checks and community-pharmacy-led interventions further **support early detection and risk reduction.** By **targeting behaviours and conditions that drive inequalities, these priorities prevent escalation into crisis care, reduce avoidable harm, and promote healthier, longer lives.**

#### FROM ANALOGUE TO DIGITAL

**Digital tools will underpin the delivery** of neighbourhood-based services, **improving access, efficiency, and coordination. Digital solutions will support early detection and ongoing management of long-term conditions,** including Serious Mental Illness (SMI) and learning disabilities, medicines optimisation, and the Digital Dynamic Support Register (DDSR). Additionally, a range of projects such as Operational Dovetail are **looking to strengthen the interoperability and flow of information between primary care and acute settings, improving the seamlessness of care** for our population. **Enhanced use of data through Act Early South London informs targeted interventions.** By leveraging digital pathways, clinical services, and outreach, residents can access timely, personalised care while freeing capacity across the system

### How will our priorities improve access to high quality, safe care?

By prioritising the advancement of integrated neighbourhood care, we aim to make high-quality, safe services more accessible and responsive to the needs of our Borough's residents. In Primary care, consistent use of population stratification, **data-driven decision-making,** and INT-based care **navigation ensures timely access, reduces unwarranted variation, and supports seamless referral pathways.**

Children, maternity, and learning disability initiatives **enable earlier identification of need, personalised support, and coordinated care, reducing fragmentation** and ensuring **equitable access** for diverse communities. Mental health and substance misuse programmes **enhance prevention, crisis support, and culturally appropriate interventions, improving engagement and outcomes.**

Medicines optimisation, pharmacy integration, and digital tools such as online consultations, NHS App, and **shared records make care more convenient, safer, and patient-centred.** Prevention and immunisation programmes, along with targeted sexual health, weight management, and stop-smoking initiatives, **remove barriers for underserved populations.** Collectively, these actions ensure **residents receive timely, appropriate, and coordinated care, improving safety, experience, and clinical outcomes across the system**

### How will we monitor and share progress?

Delivery will sit with our alliance and programmes, and we will monitor progress through our established Lambeth Together governance arrangements, ensuring clear oversight, transparency, and accountability. Progress against the priorities will be reviewed at the Lambeth Together Assurance Group (LTAG), where partners assess delivery, risks, impact measures, and any areas requiring escalation. LTAG provides formal assurance to the Lambeth Together Care Partnership Board, which meets in public, enabling residents, partners, and stakeholders to see how delivery by the alliance and programmes is progressing and where further action is needed. An assurance report will accompany each Board meeting, summarising delivery against plan, key performance indicators, inequalities impact, and any corrective actions. This ensures both the Board and members of the public have a transparent view of system progress.

# Neighbourhood Delivery Plan (1/4) \*\*\*DRAFT\*\*\*

	Local Actions In Year 1	Local Actions In Year 2	Local Actions In Years 3 -5
<b>Develop neighbourhood footprints around natural communities</b>	<ul style="list-style-type: none"> <li>Establish neighbourhood leadership functions across all system partners to create leadership teams, building on existing primary care and Thriving Communities neighbourhood leads</li> <li>Establish health centres in each neighbourhood</li> <li>Redesign community services by Neighbourhood</li> <li>Agree a standard process for managing and engaging registered patients who reside outside the Neighbourhood or borough</li> </ul>	<ul style="list-style-type: none"> <li>Expand all integrated neighbourhood teams to the five neighbourhoods in Lambeth</li> <li>Embed neighbourhood working within secondary care workplans as business as usual</li> <li>Test ways of information sharing with grassroots voluntary &amp; community sector organisations</li> <li>Test new financial and contractual models which could allow single or multi-neighbourhood provider delivery models</li> </ul>	<ul style="list-style-type: none"> <li>Neighbourhoods to roll out new financial and contractual models for single or multi neighbourhood provider delivery models</li> <li>Embed shared data systems across all partners within neighbourhoods</li> </ul>
<b>Ensure good access to high quality general practice</b>	<ul style="list-style-type: none"> <li>Develop a comprehensive understanding of current access provision and agree shared priorities.</li> <li>Strengthen same day access by embedding total triage to support safe prioritisation.</li> <li>Support practices to optimise digital tools (online consultations, AI scribe, NHS App) to improve flow and free clinical capacity.</li> <li>Use population segmentation tool to inform proactive care and resource allocation.</li> </ul>	<ul style="list-style-type: none"> <li>Improve access by applying shared principles for same day access and triage.</li> <li>Expand use of digital tools to streamline demand and support timely clinical assessment.</li> <li>Use population segmentation tools to identify patient cohorts, helping practices manage demand and improve access equity</li> <li>Strengthen the GP integration by coordinating information, referrals and follow-up within neighbourhood networks.</li> </ul>	<ul style="list-style-type: none"> <li>Deliver a mature neighbourhood access model with consistent same day access performance, improved patient experience and digital maturity across practices.</li> <li>Use population health insights to target unmet need and reduce inequalities.</li> <li>Establish general practice as a fully integrated neighbourhood partner, sharing data and jointly supporting neighbourhood priorities.</li> </ul>
<b>Continue to improve the primary-secondary care interface and implement the recommendations of the Red Tape Challenge (RTC) and 'Bridging the Gap'</b>	<ul style="list-style-type: none"> <li>Use the Lambeth &amp; Southwark Interface Forum to oversee local implementation of the SEL priorities.</li> <li>Standardise communication processes: discharge summaries within 24 hours; clinic letters within 10 days, Fit notes issued by secondary care</li> <li>Implement the "Waiting Well" approach with clear patient information and contact points</li> <li>Improve return rate/quality of advice and guidance</li> <li>Maintain and promote directories, guidelines, and consistent prescribing policies.</li> </ul>	<ul style="list-style-type: none"> <li>Measure impact by monitoring Key Performance Indicators (KPIs) on patient experience and duplication reduction.</li> <li>Develop shared care protocols: clarify responsibilities for call/recall and monitoring</li> <li>Enhance onward referral pathways within Trusts</li> <li>Expand digital solutions e.g. interoperable systems for communication and referral tracking.</li> <li>Strengthen patient engagement: accessible waiting time data and appointment</li> </ul>	<ul style="list-style-type: none"> <li>Measure impact by monitoring KPIs on patient experience and duplication reduction.</li> <li>Embed shared health promotion agenda: joint primary/secondary care initiatives</li> <li>Scale successful models: apply best practices</li> <li>Long-term workforce/funding plans: secure recurrent funding for interface improvement roles and digital infrastructure.</li> </ul>

# Neighbourhood Delivery Plan (2/4) \*\*\*DRAFT\*\*\*



South East London

**Establish Integrated Neighbourhood Teams (INT) focused on people with complex needs at higher risk of hospital admissions (people living with frailty, care home residents, housebound and people at end of life).**

## Year 1

**Objective: Move from testing to scaling, secure sustainable structures, implement national standards, and accelerate prevention and digital transformation.**

**Scale INT delivery borough-wide** by: expanding INT model from early neighbourhoods to full Lambeth coverage; build INT contractual alignment with local authority & VCSE partners fully embed Multi-disciplinary teams (MDT's), shared care planning, and coordinated outreach; integrate with Frailty INT infrastructure and Children and Young People (CYP) complex needs pathways where appropriate.

**Develop workforce and integrated leadership:** shared training for Cardiovascular Disease (CVD) and multiple long-term condition (MLTC) care and management; develop INT organisational development programme focused on integrated behaviours, shared accountability, trauma informed practice and building trust between organisations.

**Strengthen resident and community engagement;** establish neighbourhood health and wellbeing networks and activities; improve access to blood pressure checks, Atrial Fibrillation detection and Diabetes management, launch early "Pharmacy First – style pathways with CVD focus.

**Build early digital foundations;** Strengthen digital-by-default INT working by adopting NHS App features for MLTC residents (e.g., AI triage, appointment booking, Manage My Health), ensuring 95%+ appointment visibility. Establish early information-sharing agreements, begin deploying ambient voice technology, and transition all direct-to-patient communications to NHS Notify and NHS App push notifications.

**Contract-based working** with local authorities in place supporting the INT activities and demonstrate clear progress against agreed outcomes.

- Establish Neighbourhood Nursing and GP stakeholder regular meeting and improve engagement and communications
- Adjustments to Neighbourhood Nursing boundaries to align to neighbourhoods
- Planning for Integrated Local Services (GSTT) Single Point of Access (SPA) & use of electronic referral system (e-RS) for adult community referrals

## Year 2

**Objectives: Strengthen prevention and CVD risk reduction, build a skilled and digitally enabled neighbourhood workforce, expand community-based MLTC support, embed shared governance and outcomes across partners.**

Expand focus on other long term conditions for INTs to support and include.

**Strengthen prevention and population health focus** in line with the NHS 10-Year Plan and population health management (PHM) priorities, with a focus on metabolic risk and weight management. Support the 25% reduction in premature CVD mortality and work with local authorities to test the new online NHS Health Check.

**Workforce & leadership maturity:** expand training for VCSE, pharmacy and community health and wellbeing teams to support CVD follow up and preventions.; create career pathways into INT roles; build resilience by strengthening skills

**Fully digital-by-default neighbourhood health system through:** Fully onboard community, acute and mental health services to the Federated Data Platform. Complete migration to NHS Notify and NHS App "push" notifications by 2028/29. Adopt an AI-assisted triage access model that guides patients to self-care or the right service through a single NHS App interface, integrated with telephony and in-person routes. Expand use of digital therapeutics and remote monitoring.

**Expand community-based offer** by establishing regular MLTC community hubs/open access points and further scale up POCT across VCSE and pharmacy sites; use Thriving Communities to anchor community-based delivery and resident outreach.

**Strengthen governance, finance & shared Accountability** by moving towards aligned budget, shared outcomes approach across Lambeth partners.

**Consolidated evaluation;** interim evaluation on outcomes, inequalities, utilisation, and workforce impact that demonstrates progress; Begin modelling long-term system productivity gains.

# Neighbourhood Delivery Plan (3/4) \*\*\*DRAFT\*\*\*



South East London

Establish Integrated Neighbourhood Teams (INT) focused on people with complex needs at higher risk of hospital admissions (people living with frailty, care home residents, housebound and people at end of life).

## Year 3

**Objectives: Deliver sustained system-wide impact, full integration, digital maturity, and reduced long-term demand.**

- **Full maturity of INTs across Lambeth** achieved by having contract-based integrated teams with shared leadership across NHS, Local Authority and VCSE; all neighbourhoods operating within the same core INT delivery standards; multiple Long-Term Condition (MLTC) INT pathways fully embedded in day to day operations.
- **Population- level prevention and risk reduction** demonstrated by measurable reduction in MLTC severity and progression; large scale delivery of Cardiovascular Disease (CVD) risk management programmes, digital weight management, alcohol and mental wellbeing support; reduced prevalence of uncontrolled hypertension and diabetes.
- **Established digital-by-default neighbourhood health system** in line with the development on digital functionalities guided by the national and local initiatives.
- **Workforce sustainability and new roles** achieved through upskilling, mature multi-disciplinary team (MDT) neighbourhood workforce with shared competencies; expanded and/or established widely new roles created such as; community pharmacist as prescribers, VCSE prevention workforce, digital navigators, advance care coordinators.
- **Evaluation and monitoring** – regular monitoring of agreed outcomes and measures of the long term impact.

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Agree a multi-neighbourhood urgent care plan which includes ensuring the teams supporting urgent community response, hospital at home and home-based intermediate care have the right capacity and work seamlessly in partnership with ambulances, acute care and are linked to INTs

### Local Actions In Year 1

- Develop winter plans to meet seasonal demands
- Year-round focus on Urgent Emergency Care (UEC) recovery and reducing Emergency Department (ED) pressure and meeting performance targets
- Work to develop Single Point of Access (SPOA) for same-day urgent care
- Prepare for 2027, 111/Integrated Delivery Unit go-live
- Work with Ambulance Services on trusted assessor models and consider implementation of “call before convey”
- Develop Neighbourhoods same day access plans
- Continue work to fully utilise available ‘at Home’ capacity
- Intermediate Care Lambeth provision will reduce due to disinvestment. Related service redesign will also be planning for alignment to neighbourhoods

### Local Actions In Year 2

- Subject to resources available develop
- Develop winter plans to meet seasonal demands
  - 111 platform and Integrated Delivery Units go live (April 2027)
  - Deliver strong multi-specialty Single Point of Access (SPOA)
  - Develop Neighbourhoods same day access plans
  - Expand @home capacity if additional funding is available
  - Potential planning of Integrated Delivery Unit (IDU)
  - Continued redesign of the Intermediate Care Lambeth provision as full disinvestment realised

### Local Actions In Years 3 -5

- Subject to resources available develop
- Annual winter planning and Urgent/Emergency Care recovery to meet national targets
  - Collaborate with the IDU provider to enhance integration with other services, leveraging technology and AI and linking with neighbourhood teams and pathways.

# Neighbourhood Delivery Plan (4/4) \*\*\*DRAFT\*\*\*

	Local Actions In Year 1	Local Actions In Year 2	Local Actions In Years 3 -5
Improving planned care in the community (linked to work to redesign outpatient care)	<ul style="list-style-type: none"> <li>To establish models of care for Frailty, multiple long term conditions (MLTCs) and Children and Young People (CYP) within each neighbourhood.</li> <li>Review the use of all community estates and activity at each centre</li> <li>Develop a future strategy and plan informed through Patient and Public Engagement (PPE) and Voluntary, Community and Social Enterprise (VCSE) sector</li> </ul>	<ul style="list-style-type: none"> <li>Set key milestones to deliver against the agreed strategy</li> <li>Agree what additional services, beyond Frailty, MLTC and CYP, should be delivered in the community.</li> <li>Understand the key interdependencies and agree how they will be managed.</li> </ul>	<ul style="list-style-type: none"> <li>All chronic conditions to be supported and managed out of hospital and in local hubs where appropriate</li> <li>Use of digital to support patient care and support patients to manage their own care</li> </ul>
Improving care for children and young people as part of neighbourhood working	<ul style="list-style-type: none"> <li>Continue delivering integrated child health teams for every GP practice in Lambeth</li> <li>Establish a CYP Integrated Neighbourhood Team (INT) working Group with clear decision-making and reporting.</li> <li>Engage stakeholders, including CYP and parents, in developing INTs for complex-needs CYP.</li> <li>Plan/develop the bi-borough model by linking Early Help and Early Years panels in Family Hubs with GP-hosted child health multidisciplinary teams, underpinned by the CHILDS framework.</li> <li>Progress with CYP INT pilots and evaluation plans.</li> <li>Develop a short list of CYP health inequality priority areas to guide INT development, through the CYP Alliance, Healthwatch Lambeth and Act Early South London.</li> <li>Agree a mid- to long-term plan and milestones for CYP INT rollout across the five neighbourhoods.</li> </ul>	<ul style="list-style-type: none"> <li>Reconfigure existing integrated child health team delivery and resource to neighbourhood boundaries once IT systems allow.</li> <li>Implement integrated working across health and social care (bi-borough model).</li> <li>Evaluate learning from the bi-borough model and the agreed CYPINT pilots, and refine pathways, roles and delivery.</li> <li>Ensure early standardisation of CYP INT components across all five neighbourhoods, supported by population health data, experience feedback and outcomes.</li> <li>Align Family Hubs, Early Help, schools, community health services and general practice around agreed CYP INT priorities within each neighbourhood.</li> <li>Develop and confirm additional metrics, data flows and reporting to monitor access, experience and outcomes at neighbourhood level.</li> </ul>	<ul style="list-style-type: none"> <li>Maintain and refine the CYP INT model across all neighbourhoods, using evaluation, data and feedback to ensure it remains fit for purpose.</li> <li>Adjust cohorts, pathways and access routes (Family Hubs, social care, schools and health) in response to emerging needs and inequalities.</li> <li>Embed ongoing governance and neighbourhood leadership to sustain partner buy-in and shared accountability.</li> <li>Use routine outcome and experience measures to demonstrate impact and support long-term sustainability.</li> </ul>





## Lambeth Together Care Partnership Board

<b>Title</b>	Lambeth Primary Care Commissioning Committee update
<b>Meeting Date</b>	8 <sup>th</sup> January 2026
<b>Author (&amp; role / title/s)</b>	Peter Lathlean – Heald of PCN Development and Commissioning Oge Chesa – Director of Primary Care and Transformation
<b>Lead / Presenters (&amp; role / title/s)</b>	Jasmina Lijesevic – Lambeth Together Care Partnership Board Lay Member

This item is for;

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

The Lambeth Together Care Partnership Board is asked to;

1. Note the content of the slide pack
2. Ratify decision made at the Primary Care Commissioning Committee on the 19<sup>th</sup> November 2025

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

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

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

**Summary 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) 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 19th November 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. These are covered within the reports shared with committee.

# Lambeth Together Primary Care Commissioning Committee (LTPCCC)

Key Decisions & Updates from  
Wednesday 19th November 2025

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Working in partnership for a healthier borough

# LTPCCC Part Two – Waterloo Health Centre



- Proposal to extend modular building hire for an additional 5 years as no viable permanent premises identified to date.
- Annual cost: £186,000, funded via the Central Revaluation Reserve.
- Includes 3-year break clause if a permanent solution emerges.

**Decision: Approved**

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



# LTPCCC Part Two – Contracting and Finance



- **Specialist Allocation Service (previously known as violent patient service)**
  - Uplift required to due to increasing estates, staffing and security costs. Risk of contract no longer being financially viable for current provider due to rising costs.
  - No financial uplift has been applied since 2019.
  - Significant financial and patient risks identified should the contract be returned ahead of the contract term.
  - All places (boroughs) requested to make the same contribution.
  - Lambeth's uplift contribution will be financed from the delegated budget, via the list size growth cash reserve.
  - Uplift includes two conditions; no further uplifts will be considered for the remaining contract term and the provider to develop action plan to address unwarranted variation. The contract will continue to be managed by Lewisham Place.

**Decision: PCCC approved 16.5% uplift to contract backdated to 3.11.2024 when the original request was submitted**

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

# LTPCCC Part Two – Protected Learning Time



- Lambeth has an existing contract with Lambeth Healthcare Ltd (GP Federation) to deliver General Practice cover, when General Practice closes for Protected Learning Time (PLT).
- Lambeth commissions 8 PLT sessions per year.
- PCCC approved:
  - PLT clinical cover for 2025/26 (£79,125)
  - Commencement of market testing for future commissioning to adhere to the PSR regulations during 2026/27.
  - Invest £16,875 (via the Primary Care Workforce Academy) to sustain the Practice Manager Forums for both 2025/26 and 26/27.

**Decision: Approved by PCCC**

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



# LTPCCC Part Two – Pavilion Practice

## APMS contract



- PCCC considered options relating to the expression of interest from the contractor to convert this APMS contract to an alternative contract type.
- PCCC considered four options with option 2 recommended and approved for onward action (convert APMS to PMS via a competitive tender).
- PCCC agreed that while Option 2 was preferred, all options remain live as further patient engagement and market testing will be undertaken to shape and inform the current strategic review that will inform the final decision making.
- The option would allow commissioners to address the lease extension.

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**Decision: Approved Option 2**

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





# LTPCCC Part Two – APMS Care Home

## Provider contract breach



- PCCC discussed the chairs action to breach Lambeth Healthcare Ltd, the incumbent provider, due to uncooperative behaviour during the mobilisation period to transition the service to the new provider and actions to be taken should Lambeth Healthcare Ltd not remediate by designated timelines.
- PCCC continued to support the recommendation made within the chairs action and the additional actions:
  - Collect and review patient choice exercises being managed by the care home providers to ensure these exercises were impartial and patients and families understand the consequences of receiving a General Medical Service (GMS) offer as opposed to the ICB commissioned Alternative Provider Medical Services (APMS) care home contract offer.
  - Send a letter to every care home patient explaining the ICB commissioned service and decisions made by the ICB to ensure patients receive provision far beyond that within a GMS contract.

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**Decision: Approved by PCCC**

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



# LTPCCC Part One Meeting

**PCCC received reports on the following items:**

## **Standing Items**

- Workforce Update
- Primary Care Finance
- Performance Update

## **Paper for discussion**

- Community Pharmacy Update – Increases in pharmacy first, hypertension screening and contraceptive services. 47,546 PF consultations to date.
- Public Health – 4 year contract for NHS Health checks and LARC.
- Enhanced Access – all PCNs compliant with obligations, 27,000+ hours of provision delivered.
- Renal & Cardiometabolic pilot – Identified 668 previously undiagnosed CKD patients across 18 practices. High satisfaction among staff and patients, a potential model for integrated neighbourhood teams.

**The Board is asked to note the update.**

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## Lambeth Together Care Partnership Board

<b>Title</b>	<b>Lambeth Together Assurance Update</b>
<b>Meeting Date</b>	8th January 2026
<b>Author</b>	Warren Beresford – Associate Director Health & Care Planning and Intelligence
<b>Lead</b>	Jasmina Lijesevic – Board Lay Member

This item is for;

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

The Lambeth Together Care Partnership Board is asked to note the report from the Lambeth Together Assurance Sub-Group and the associated Integrated Assurance Report presented on 25th November 2025.

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

Lambeth Together Assurance Sub-Group

**Summary and Impact on Inequalities**

At the meeting on 25<sup>th</sup> November, 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 C. People are immunised against vaccine preventable diseases***

***Outcome F. People receive early diagnosis and support on physical health conditions***

***Outcome 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***

Detailed updates were presented by Lambeth partners working in these areas discussing the interventions and impact measures being monitored to check that the outcomes are being achieved.

Time was also given at the meeting to review the Lambeth Together Integrated Assurance Report which provides assurance around wider delivery of the Lambeth Together Health and Care Plan (2023-2028), Risk, and Finance.

The following slides provide a short summary of what was covered during the meeting. For further detail please refer to the more detailed Integrated Assurance report which is shared as part of the Board papers.

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# Lambeth Together Assurance Group Update

Lambeth Together Partnership Board – January 2026



# 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 25<sup>th</sup> November 2025.
- At the meeting on 25<sup>th</sup> November, 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 C. People are immunised against vaccine preventable diseases***
  - ***Outcome F. People receive early diagnosis and support on physical health conditions***
  - ***Outcome 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***
- Detailed updates were presented by Lambeth partners working in these areas discussing the interventions and impact measures being monitored to check that the outcomes are being achieved.
- Time was also given at the meeting to review the Lambeth Together Integrated Assurance Report which provides assurance around wider delivery of the Lambeth Together Health and Care Plan (2023-2028), Risk, and Finance.
- The following slides provide a short summary of what was covered during the meeting. For further detail please refer to the more detailed Integrated Assurance report which is shared as part of the Board papers.

## ***Outcome C. People are immunised against vaccine preventable diseases***

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

- A strategy refresh is underway informed by emerging trends and persistent inequalities in vaccination uptake along with work to improve GP delivery, data quality, community engagement to address barriers, build trust, and reduce hesitancy, provide coherent communications across partners and training to develop workforce capability
- Data over the past five years indicates a gradual decline across key childhood vaccinations with a recent improvement reported. The MMR1 uptake at 24 months, continues has fallen to below 80%. Some contributing factors include poor data quality, limited appointment availability, variations in GP practice processes, misinformation from social media, fundamental life changes, time restrictions within the immunisation schedule and cost of living pressures.
- Flu uptake per practice across 2024/25 among over 65 is ranges for 39% to 76% and indicates variation in achievement of the local ambition for under 60 fives at risk for and pregnant women indicating a need for more consistent delivery and better use of data to drive improvement at practice level.
- A range of interventions targeted support being provided by the SEL ICB's Primary care teams in Lambeth to improving childhood vaccinations and seasonal vaccination programme uptake, focussed on sustained delivery through the campaign period and improving call and recall follow through to address this. Also community centred approaches and partnerships with trusted local organisations to reduce the inequalities in flu uptake among black, black, British and mixed ethnic groups.

## ***Outcome F. People receive early diagnosis and support on physical health conditions***

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

- Over the last three years Lambeth has at least achieved its targets for serious mental illness (SMI) and learning disability (LD) health checks (HC). The expectation for the coming year is that national targets will be met, as a minimum and to achieve last year's position of 64% for SMI health checks and 80% for LDA health checks.
- Local audits on the SMI and LDA registers were undertaken to identify those who had not attended for health check in the previous 3 years:
  - The SMI cohort showed that 72% of those who didn't attend were male and 52% were between 30 and 50 years of age. In terms of ethnicity, 37% were African or Caribbean and 25% were White.
  - 70% of people on the LD register who had not attended were under the age of 40. Non-attenders ethnicity was closely distributed among African or Caribbean (37%) and White (32%) people. Analysis of gender and ethnicity revealed the highest number of non-attendees were Black females and White males.
- There are a range of activities being carried to improve the uptake for those groups identified including the Lambeth Offer HC incentive, use of a data quality facilitator to support transfer to GP records/coding of SLAM HC data (SMI). Also, work with schools to promote HC, transition clinics (GSTT) pilot for complex patients moving from child to adult services (LD).

## ***Outcome 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***

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

- Role of the LWNA's Individual Placement and Support (IPS) service in helping people with a serious mental illness (SMI) find and retain paid employment. For example, through building stronger employer connections and quality contact between service users and potential employers, providing an increased range of employment opportunities by improved understanding of mental health, offer of fair opportunities and reasonable adjustments. Positive outcomes have been achieved with many in sustained employment for over 30 weeks.
- Number of people per quarter supported to stay in their own homes by means of the Living Well Network Alliance (LWNA) Community Living and Support Service (CLaSS) and achievements in securing inpatient discharge within the 32-day benchmark.
- Referral activities to improve service users' quality of life were also described such as connecting to education, training, benefits advice, improving diet and achieving reduced alcohol consumption.
- A significant disparity was reported in the ethnic composition of service users who are receiving restrictive interventions, including seclusion and restraint. Actions being taken to address this include staff training in deescalation skills and how to use less restrictive approaches, adoption of the PCREF (Patient and Carer Race Equality Framework), also provision of culturally appropriate peer support and advocacy (CAPSA).

# **Appendix – Integrated Assurance Report Summary**

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

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





# Health and Care Plan: Key headlines (1)

	Outcome	Key Headlines
A	<b><i>People maintain positive behaviours that keep them healthy</i></b>	<p>In Q2 2025-2026, there was a total of 1337 Health checks completed. This compares favourably to the same period last year where 746 health checks were completed when the service was severely impacted by the Synovis Lab Cyber attack. The Practices continue to acclimate to the new ways of working as set forth by the new model despite the issues experienced in a significant portion of 24/25 and the holdover it carried through to 25/26.</p> <p>There are the following challenges ongoing capacity of primary care, improving uptake of the service especially amongst key demographics, recommissioning of the service for 26-27 and infrastructure limitations impacting Incorporating/ embedding At scale model/ Neighbourhood model.</p>
B	<b><i>People are connected to communities which enable them to maintain good health</i></b>	<p>The percentage of residents coping financially has increased by almost 3% since last reporting. The number of residents in the dataset have also increased as the council now has access to additional information for residents in receipt of benefits Universal Credit. This suggests positive progress against the action.</p> <p>The lack of resources limiting the type of support social prescribers can provide to residents.</p>
C	<b><i>People are immunised against vaccine preventable diseases</i></b>	<p>Planned deep dive, see enclosed presentation along with highlight report updates.</p>
D	<b><i>People have healthy mental and emotional wellbeing</i></b>	<p>Data shows that the improvement in Black service users' access to short term support seen during the last quarter of 2024/25 is being sustained through to September and October, in which Black services users were 34.0% of those accessing short-term support (up 5.3% points on Q1 2025/56). This is also much higher than the 18.7% of the Lambeth 18-64 population that identifies as Black. The proportion of those new to focused support during September and October from Black communities fell to 50.0%, lower than the 2024/25 average of 53.1%. The numbers involved however are relatively low and so need to be viewed over a longer period to establish a reliable downward trend.</p> <p>The latest data on waiting times for a second appointment with STS shows Black services users receiving a second appointment more quickly than White service users (waiting on average 27 and 32 days respectively). This may reflect the fact that, In September and October, 42% of STS referrals for Black service users were prioritised as being urgent, compared to 35% for White service users.</p>

# Health and Care Plan: Key headlines (2)



	Outcome	Key Headlines
E	<b>People have healthy and fulfilling sexual relationships and good reproductive health</b>	<p>The latest available data on number of STI tests and number of STI diagnosis is up to Q4 24/25. Number of tests remain steady. There were 16,098 tests taken by Lambeth residents between January and March 2025. This is similar to the previous quarter where 16,218 tests were undertaken. Number of new STI diagnosis have decreased slightly with 2,300 new diagnoses in Q4 24/25 compared to 2,423 in Q3 24/25. This is also lower than the same time period in the previous year (2,522, Q4 23/24). Diagnosis of chlamydia appears to be on a downward trend with 721 diagnosis this quarter, compared to 819 in the previous quarter and 1010 in the same quarter the previous year. Please note, quarterly data from GUMCAD are provisional and subject to change.</p> <p>On Reproductive Health, challenges on IT limitations preventing practices from facilitating inter-practice referrals continue, offers will seek to find a solution for the new contract from April 2026.</p>
F	<b>People receive early diagnosis and support on physical health conditions</b>	Planned deep dive, see enclosed presentation along with highlight report updates
G	<b>People who have developed long term health conditions have help to manage their condition and prevent complications</b>	The Lambeth ambition for the proportion of people with Type 2 diabetes, who meet all 8 Care Process metrics, is to reach a minimum of 77% improve from prior year baseline by 10 percentage points. The measure is cumulative from April 2025. As of 15 October 2025, 46.8% of patients had their 8 Care Processes measured and recorded to support diabetes treatment and care, alongside the total number of people with a diagnosis of Type 2 diabetes (denominator) increasing from April 2025. The National Diabetes Audit (24/25) shows that 72.4% of patients with type-2 Diabetes in Lambeth had had their 8 Care Processes measured and recorded to support diabetes treatment and care. This is 15 percentage points higher than the national average (57.6%), 7 points higher than the South East London average (65.4%), and 4 points higher than the London average (68.1%). Lambeth outperforms 40 of 42 boroughs.
H	<b>When emotional and mental health issues are identified; the right help and support is offered early and in a timely way</b>	<p>The number of people open to Lambeth Single Point of Access (SPA) at the end of October was 196, down 3% from the 203 open at the end of September and 67% from the 595 open at the end of June, but up 40% increase from the 140 seen at the end of August following the concerted effort to reduce that June total. People still open to SPA at the end of October, had been open to SPA, on average, for 7.6 days in the case of urgent referrals and 15.9 days for routine referrals, respectively a 61% and 52% increase from the end of September.</p> <p>Lambeth CAMHS referrals remain high (caseload 114 / month). Demographic breakdown of referral data is not provided in the SLAM report, nor is information on referral rejection. Caseload has grown (from 2424 active cases to 2821 in a 12-month period), largely due to neurodevelopmental cases (e.g. ADHD) which typically stay under CAMHS care longer.</p> <p>First contact within 28 days is being achieved, with Lambeth performing well on this measure (avg. 96% Q1 2025). This is important, as it introduces those referred to service to additional support and advice available to them whilst waiting for assessment or therapeutic intervention. 52-week waiters have reduced markedly (from 26 in April '25 to 7 in June '25), and this is due to targeted waiting-list work.</p>

# Health and Care Plan: Key Headlines (3)



	Outcome	Key Headlines
I	<b>People have access to joined-up and holistic health and care delivered in their neighbourhoods</b>	<p>On the Health and Wellbeing Bus , 252 people were seen for a Vital 5 check during this period. Out of this total, 10 had a GP follow up form submitted, having their details sent over and linked with their GP records to receive a follow up call and further support from their GP. Over 20 were instructed to go to their GP within the same day, 7 days, 3 weeks or a year. Over 90 were signposted to seek further support by either self referring to their GP or local pharmacy.</p> <p>The data shows that we're reaching people with complex health conditions, identified through our outreach and ensuring that they're seeking support beyond our limitations, contributing to a more joined up and holistic health and care approach.</p>
J	<b>People know where to go to get the right help, and are treated at the right time, in the right place, for their needs</b>	<p>Lambeth Pharmacy First Plus Service data shows from May 2024 to September 2025 most interventions (1343) 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, 59% of patients would have visited general practice to request the medication on prescription and 41% 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 pension credit guarantee credit are the top social vulnerability eligibility groups accessing Lambeth Pharmacy First Plus Service in September 2025. General Practice feedback has been that the service has a had a positive impact for patients and reduced GP appointments for minor conditions.</p> <p>Data from August 2025 shows a 5.08% increase (17, 369 August 2025 vs 16,528 in April 2025) in repeat prescriptions being ordered via the NHS app.</p>
K	<b>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</b>	<p>For quarters 1 and 2 of 2025/26 both the size of practice end of life care registers as a proportion of list size and the proportion of patients on those registers with advanced care plans have remained static. There are no regularly published datasets providing insight into inequalities at end of life at borough level. Demographic information collected by palliative care services provides a limited proxy for the characteristic of ethnicity only. This indicates that service provision is broadly in line with the borough's diversity.</p>
L	<b>Women have positive experiences of maternal healthcare and do not experience a disproportionate maternal mortality rate</b>	<p>Data from 2023 shows that stillbirths per 1,000 births and neonatal death rates are higher than both South East London and national averages. However, because the absolute numbers are small, minor changes in the number of cases result in larger percentage fluctuations</p>



# Health and Care Plan: Key Headlines (4)

	Outcome	Key Headlines
M	<b><i>People with learning disabilities and/or autism achieve equal life chances, live as independently as possible and have the right support from health and care services</i></b>	In November 2025, the number of people cared for in specialist inpatient units was 11 which represents a steady downwards trend since 22/23. This evidences the effective work to facilitate discharge to the community and prevent admission.
N	<b><i>People using mental health support services can recover and stay well, with the right support, and can participate on an equal footing in daily life</i></b>	Planned deep dive, see enclosed presentation along with highlight report updates
O	<b><i>People who are homeless, or at risk of becoming homeless, (including rough sleepers and refugees) have improved health</i></b>	<p>The number of rough sleepers successfully supported into accommodation during Q2 was 54, a decrease from 64 in the previous quarter. This remains a positive overall figure for move on. The summer months involve a different rough sleeping landscape with higher numbers of intermittent rough sleeping (i.e. seasonal workers rough sleeping in Waterloo but rejecting all engagement with outreach teams) as well as individuals from other boroughs rough sleeping in Lambeth for a single night or for short periods of time before returning to their originating borough. This is characteristic of the warmer months and makes effective move on more challenging.</p> <p>The number of those returning to rough sleeping after being in settled accommodation remains low at 3. This represents an increase of 1 from the previous quarter. Two of the individuals represented in this data were (and remain) in stable accommodation but rough slept for one night before returning to their bedspaces (one was from Lambeth, one from Westminster). The one client who was homeless is now accommodated.</p>

# Other Areas of Business

## Risk

- As of October, there were 9 active risks on the South East London Risk register for Lambeth.
- Since the last update to this group the following risk scores have been adjusted
- Integrated Community Equipment Service reduced score from 12 to 6 considering new provider PEH continuing to improve delivery, 92% deliveries and 100% repairs have been completed on time.
- The risk on Diagnostic waiting times for neurodiversity assessments (CYP) increased score to 16, following discussion at Place Executive Leads (PELs) meeting in October, agreement by all PELs risk should be escalated to BAF.
- SEL Risk forum took place in November and risk leads met to discuss risks across SEL, receive updates from risk leads and review Local Care Partnership comparative report, no significant changes noted at this time.

## 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 Q2 Quality Alerts and thematic learning.
- No exceptions were reported.

## Finance

### South East London ICB (Lambeth)

- The borough is reporting an overall £251k year to date overspend position and a forecast breakeven position at Month 06 (September 2025) after the “equalisation” of the ring fenced delegated primary care budgets. The reported forecast position includes £1,045k overspend on Mental Health Services and £579k overspend on Prescribing offset by underspend on Continuing Health Care (CHC) Services and Primary Care Services.

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

- Breakeven position in Public Health, and Integrated Commissioning and Senior Management divisions
- Overspend reduced by £1.173m due to early decommissioning of contracts in Supported Housing, in preparation for the Vulnerable Adults Pathway contracts to commence in 2026/27 (£673k reduction), and a £500k grant contribution towards placement costs.
- However, both factors are one-off mitigations against the current financial year’s position, and £8m underlying pressure remains