

# Lambeth Together Care Partnership Public Forum and Board Meeting in Public

Thursday 5 March 2026, 2:00pm – 5:00pm

## AGENDA

**THIS MEETING IS IN PERSON ONLY**

**Brixton Tate Library, Brixton Oval, London, SW2 1JQ**

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
2 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>		
3 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 8 January 2026.</li> </ul>	Paper enc.	<b>Dr Di Aitken</b> <i>Co-Chair</i>
4. 3:05pm (5 mins)	<b>Place Executive Lead Update</b> <ul style="list-style-type: none"> <li>▫ Members of the Board are asked to receive an update on key developments since the</li> </ul>	Paper enc.	<b>Andrew Eyres</b> <i>Place Executive Lead Lambeth, Corporate Director, Integrated Health, and Care, Lambeth Council and South East London Integrated Care Board</i>

Agenda Item No. and Time	Agenda Item Title	Attachment / Supporting Information	Agenda Item Lead
	last Lambeth Together Care Partnership Board meeting in Public on 8 January 2026.		
5.  3:10pm (35 mins)	<p><b>Lambeth Learning Disabilities Intensive Support Team</b></p> <p>Members of the Board are asked to:</p> <ul style="list-style-type: none"> <li>▫ Endorse the ongoing development and implementation of the Lambeth Intensive Support Team, a function hosted by NHS South London and Maudsley and NHS Guy's and St Thomas', preventing placement breakdowns and hospital admissions through rapid, flexible, community-based responses for people with learning disabilities who may also be autistic; &amp;</li> <li>▫ Support the partnership working with Lambeth Adults Social Care and South East London Integrated Care Board (Lambeth) to continue to mobilise around jointly agreed system objectives.</li> </ul>	Paper enc.	<p><b>Helen Bolger</b> <i>Lead Commissioner Learning Disabilities and Autism (LDA)</i></p> <p><b>Dr Barbara Barter</b> <i>Consultant Clinical Psychologist, Mental Health and Learning Disabilities Service (MHLDS)</i></p> <p><b>Dr Judith Reep</b> <i>Consultant Allied Health Professional (AHP) Community Services for Adults with Learning Disabilities</i></p> <p><b>Jo Dwyer</b> <i>Lead Occupational Therapist Lewisham, Southwark and Lambeth Teams for Adults with Learning Disabilities</i></p>
6.  3:45pm (10 mins)	<p><b>Lambeth Together Assurance Group (LTAG) Update</b></p> <ul style="list-style-type: none"> <li>▫ Members of the Board are asked to note the report from the Lambeth Together Assurance Sub-Group and the associated Integrated Assurance Report presented on 27 January 2026.</li> </ul>	Paper enc & att.	<p><b>Jasmina Lijesevic</b> <i>Lambeth Together Board Lay Member</i></p>
3:55pm	<b>BREAK</b>		
7.  4:00pm 30 mins	<p><b>Living Well Network Alliance (LWNA) Progress Update</b></p> <p>Members of the Board are asked to:</p> <ul style="list-style-type: none"> <li>▫ Note the proposed changes to neighbourhood working in our Living Well Centres, South London and Maudsley (SLaM) NHS Foundation Trust's £675k voluntary, community and social enterprise (VCSE) tendering and highlights from our 2024/25 Progress Report; &amp;</li> <li>▫ Hear from Marcus, the subject of our Evening Sanctuary film.</li> </ul>	Paper enc.	<p><b>Guy Swindle</b> <i>Deputy Director, Living Well Network Alliance</i></p> <p><b>Marcus</b> <i>Evening Sanctuary Film</i></p>

Agenda Item No. and Time	Agenda Item Title	Attachment / Supporting Information	Agenda Item Lead
8. 4:30pm (10 mins)	<b>Lambeth Together Primary Care Commissioning Committee (PCCC) Update</b>  Members of the Board are asked to: <ul style="list-style-type: none"> <li>▫ Note and support the content of the slide pack; &amp;</li> <li>▫ Ratify decisions made at the Primary Care Commissioning Committee on the 21<sup>st</sup> January 2026 as well as the Extraordinary Primary Care Commissioning Committee on the 14<sup>th</sup> January 2026.</li> </ul>	Paper enc.	<b>Jasmina Lijesevic</b> <i>Lambeth Together Board Lay Member</i>
9. 4:40pm (15 mins)	<b>Lambeth Together Business Planning 2026/27</b>  Members of the Board are asked to: <ul style="list-style-type: none"> <li>▫ Note the progress made since the last Partnership Board meeting;</li> <li>▫ Provide feedback and approve the draft activities for 2026/27 outlined within the appendix of this pack; &amp;</li> <li>▫ Approve the timeframes and remaining actions leading to the final Lambeth Together Health and Care Plan refresh for 2026/27.</li> </ul>	Paper enc.	<b>Warren Beresford</b> <i>Associate Director Health and Care Planning and Intelligence</i>  <b>Alex Jackson</b> <i>Lambeth Together Programme Lead</i>
10. 4:55pm (5 mins)	<b>Questions from the public</b>  Members of the public are encouraged to ask questions based on the presentations and discussions from the Board meeting.		<b>Dr Di Aitken</b> <i>Co-Chair</i>
11. 5:00pm Close	<b>AOB Close</b>  Date of next meeting: <b>11 June 2026 TBC</b> Venue: TBA Public forum: 1pm-2pm Board meeting in Public: 2pm-5pm		<b>Dr Di Aitken</b> <i>Co-Chair</i>

**LAMBETH TOGETHER CARE PARTNERSHIP BOARD MINUTES**  
**Thursday, 8<sup>th</sup> January 2026, 2pm**  
**Microsoft Teams Only**

[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 \(Item 8\)](#)

**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 Penelope Jarrett (non-voting member)	Chair, Lambeth Local Medical Committee
Dr Raj Mitra	GP, Children and Young People's Alliance Clinical and Care Professional Lead
Eugenie Dadie	Patient and Public Voice Member
Folake Segun (non-voting member)	Chief Executive, Healthwatch Lambeth
Jasmina Lijesevic	Lay Member
Paul Coles	Chief Executive, Age UK Lambeth
Richard Outram	Director, Adult Social Care, Lambeth Council
Ruth Hutt	Director of Public Health, Lambeth Council
Sarah Flanagan	Patient and Public Voice Member
Therese Fletcher	Managing Director, Lambeth GP Federation

**Apologies:**

Ade Odunlade	Interim Chief Executive Officer, South London and Maudsley NHS Foundation Trust
Andrew Carter	Corporate Director of Children's Services, Lambeth Council
Cllr David Bridson	Cabinet Member for Healthier Communities (job-share), Lambeth Council
Damilola Bamidele	Head of Programmes for Lambeth, Black Thrive, Lambeth
Dr Nozomi Akanuma	Living Well Network Alliance Clinical and Care Professional Lead, South London, and the Maudsley NHS Foundation Trust
Julie Lowe	Site Chief Executive, Kings College Hospital NHS Foundation Trust
Louise Dark	Chief Executive, Integrated and Specialist Medicine, Guy's and St Thomas' NHS Foundation Trust (GSTT)

**In Attendance:**

Alex Jackson	Programme Lead, Lambeth Together
Edward Odoi	Finance Director, South East London Integrated Care Board
Guy Swindle	Deputy Director, Lambeth Together Living Well Network Alliance
Jane Bowie	Director, Integrated Commissioning (Adults), Lambeth Council and NHS South East London Integrated Care Board
Josepha Reynolds	Programme Director, Neighbourhood and Wellbeing Delivery Alliance
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
Adrian Johnson	Senior Commissioning Officer, Lambeth Council
Bimpe Oki	Consultant in Public Health, Lambeth Council
Nicole Srinivasan	Practice Manager, Streatham Common Practice Group
Shanet Lewis	Programme Lead, Lambeth Council

**1 Introductions**

Dr Di Aitken opened the meeting. Board Members introduced themselves. Apologies were noted from Ade Odunlade and Cllr David Bridson. Dan Stoten deputised for Andrew Carter and Alice Jarvis deputised for Louise Dark.

**Reporting back from the Public Forum**

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

An update from Patient and Public Voice (PPV) member, Sarah Flanagan. Sarah explained that she had recently completed Place Assessments with Healthwatch Lambeth, which are patient-led assessments of the care environment. Sarah had explained that the assessment includes looking at how well a place is maintained and what the food is like, for example. Sarah visited a ward at King's College Hospital (KCH) and was very pleased with what she found. Sarah recommended that people get involved with these assessments as they can be a real eye-opener.

The following was also discussed:

- Prostate Cancer early diagnosis by testing those at high risk;
- The cost of accessing homeless hostels in Lambeth;
- Kings Healthcare NHS Foundation Trust contract with Wheelshare;
- Access to basic benefits via the Council, such as housing payments and fuel allowances;
- Digital inclusion;
- The amber cold alert; &
- The extension to 20<sup>th</sup> January 2026 of the Healthwatch Lambeth survey.

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

## 2 Declarations of Interest

Members were asked to declare any conflicts of interests linked to specific items on the agenda. No conflicts of interest were raised at this point in the meeting. Therese Fletcher and Dr George Verghese declared conflicts related to agenda item 7 at that point of the agenda.

## 3 Minutes from 06 November 2025 Meeting

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

It was noted that all previous actions are closed, including one action recorded as open on the action log within the Board papers; which had been closed since the papers were published.

## 4 Place Executive Lead Report

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

- Dr Penelope Jarrett welcomed the presence of the Blood Donor Centre in Brixton and the high visibility through campaigns to keep it in people's minds.
- Dr Jarrett noted Richard Douglas' appointment as the Chair for the South East London (SEL) Integrated Care Board (ICB) and South West London (SWL) ICB and asked if a Chief Executive had been appointed.
- Andrew explained that the Chief Executive had not yet been appointed. Andrew also explained that Richard had been nominated as the Chair, but this had not yet been formally accepted by the Secretary of State.

**Please note, the Place Executive Lead report stated Richard Douglas had been appointed as the Chair – he has been nominated, not yet appointed.**

### RESOLVED

1. Board members received the update on key developments since the last Lambeth Together Care Partnership Board meeting in public on 06 November 2025.

To view the report accompanying this item, refer to pages 17 to 28 of the Board pack.

To view the recording for this item, refer to part 2 of the meeting recording from 04:20 – 09:50.

## 5 Deep Dive – Staying Healthy

Bimpe Oki, Shanet Lewis, Nicole Srinivasan, and Adrian Johnson presented their deep dive on the Staying Healthy Programme. The following was discussed:

- Andrew Eyres asked as we are looking at learnings from existing practices, will the team and new practices do something different and evaluate the results separately or will the results be amalgamated to understand learning from all phases of work.
- Dr Raj Mitra queried the digital approach over focusing on outreach with communities and engaging peer supporters to encourage residents to have a health check, given that we know digital can be an issue for some residents.
- Dr Penelope Jarrett explained that the complexity of an online programme makes it expensive to roll out. Dr Jarrett also explained that health checks at work can reach a different demographic, and the challenge is knowing how many people have had a health check if this

information is not communicated back to GPs. Dr Jarrett explained it did not always feel joined up.

- Alex Jackson stated it is not a one-size fits all model and suggested it is helpful to have different avenues to reach different people, such as the core programme delivered by GPs, the Health Checks at Work (HAWK) model and the digital health check. Alex explained there will be opportunities through Lambeth's neighbourhood model to harness outreach and engagement to improve uptake of services like the NHS Health Check.
- Ruth Hutt explained there has been lots of learning from the health checks at work programme and Lambeth has an advantage compared to other places due to existing infrastructure that supported the work. Through the use of DataNet, we can understand the impacts of health checks, which shows that there is a positive impact on all cause and mortality in deprived communities. Ruth explained that this is a screening programme, and it is meant to cover everyone, but we need to make better use of call and recall targeting at risk groups.
- Bimpe explained that the roll out would likely be an amalgamation of different practices depending on the numbers they are able to get through. Bimpe said this is an opportunity for now to consider in Lambeth and we need to be looking at the core NHS Health Check programme and how we use the lessons from the pilots to improve our numbers.
- Ruth explained it is clear the programme does help address inequalities so we need to make sure we are maxing out on the opportunities we have from this programme to do that without bringing in new approaches and there are things we can work on, like call and recall follow-ups. Ruth confirmed the team will feed this into their work as they move ahead with the new contract next year.

## **RESOLVED**

Board members:

1. Approved 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. Considered the preliminary findings of the 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. Provided 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.

To view the presentation accompanying this item, refer to pages 31 to 63 of the Board pack.

To view the recording for this item, refer to part 2 of the meeting recording from 10:00 – 1:09:20.

**Please note, the order of items changed at this point of the meeting, with the Primary Care Commissioning Committee (PCCC) item coming first, followed by Lambeth Together Assurance Sub-Group (LTAG) and then Business Planning 2026/27.**

## **6 Business Planning 2026/27**

Warren Beresford presented a business planning update for the financial year of 2026/27. The following discussions took place:

- Andrew Eyres confirmed that partners are inputting into this through the Lambeth Together Executive Group (LTEG) and the Lambeth Together Delivery Alliances and programmes as well as through this Board.
- Andrew noted that some providers have portfolio responsibilities beyond Lambeth but expects that the plans will ensure coherence between partner organisations' plans and the Lambeth Together and South East London wide strategies.
- Dr Raj Mitra asked if there is anything we can learn from the peer review with Bromley's plan.

- Warren explained that Lambeth covered everything in the medium-term planning guidance and generally, the feedback gathered was that our plans are comprehensive. Bromley had that same feedback as well.

#### **RESOLVED**

Board members:

1. Approved and provided feedback on the content of the draft priorities outlined within the appendix of this pack; &
2. Noted the timeframes of the 2026/27 business planning round.

To view the presentation accompanying this item, refer to pages 65 to 82 of the Board pack.

To view the recording for this item, refer to part 3 of the meeting recording from 28:05 – 38:50.

## **7 Lambeth Together Primary Care Commissioning Committee (PCCC)**

Oge Chesa presented on the November Primary Care Commissioning Committee. All items were ratified by the Board, except for the decision to ratify the Alternative Provider Medical Services (APMS) Care Home Provider contract breach. The following was discussed:

- There was a conflict of interest noted for Dr George Verghese related to the Waterloo Health Centre decision, for which he did not participate in the ratification.
- Dr George Verghese stated that he and Dr Penelope Jarrett had asked to review the PCCC papers in relation to the Alternative Provider Medical Services (APMS) Care Home Provider in advance of ratifying the PCCCs decision. Dr Jarrett is not a voting member of the Board so cannot ratify the decision.
- Therese Fletcher declared a conflict of interest related to the APMS Provider contract breach decision. Therese also explained that a remedial letter was received, not a breach notice. The remedial letter had clear steps as to what needed to be remedied including the lift and shift of an IT system which would impact on another contract, which is why it was not straightforward. Therese confirmed everything had been remedied.
- Oge accepted the suggested correction that it was a remedial notice in relation to a contract breach.
- Dr Di Aitken explained they could not discuss the detail as the Part 2 PCCC meeting is private and confidential and the Board is meeting in public. Dr Aitken explained that ratification would need to be discussed further in private, and Andrew Eyres confirmed the decision would then need to be ratified separately through a Chair's Action.
- The Board agreed to ratify all other decisions.

**Action: Ratification of the decision concerning the Alternative Provider Medical Services (APMS) Care Home Provider contract breach will be enacted by Chairs' Action following Members' review.**

#### **RATIFIED**

1. Members of the Board noted the update on discussions held at the Primary Care Commissioning Committee on 19 November 2025; and
2. Members of the Partnership Board ratified decisions made at the Primary Care Commissioning Committee on 19 November 2025. It was agreed that ratification of the decision concerning the Alternative Provider Medical Services (APMS) Care Home Provider contract breach will be enacted by chairs action following Members review.

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

To view the recording for this item, refer to part 3 of the meeting recording from 00:26 – 18:05.

## **8 Lambeth Together Assurance Sub-Group (LTAG)**

Warren Beresford presented on the November Assurance Group meeting and the following discussions took place:

- Sarah Flanagan asked, in light of the recent announcement that the chickenpox vaccine is to be included in childhood vaccinations, is it possible that adding one more thing may make the uptake of childhood vaccinations more worrisome for some people.
- Dr George Verghese explained there will always be vaccine fatigue and it is a very new programme but combining MMR with chickenpox may drive more people to get the vaccine.
- Ruth Hutt explained there has been a lobby to get the chickenpox vaccine as part of the programme and people are keen to have it and felt for those who might choose not to have vaccines, the addition will not make much difference. Ruth confirmed one of the biggest challenges is logistics and ensuring people have the right access as we do have a challenge with vaccine uptake in London and in Lambeth. There is work happening across London with Directors of Public Health to understand how we can better encourage vaccination and understand what the barriers are. Ruth noted that lots of this work on this has already been initiated in Lambeth.

### **RESOLVED**

1. Board members noted the report from the Lambeth Together Assurance Sub-Group and the associated Integrated Assurance Report presented on 25 November 2025.

To view the presentation and report accompanying this item, refer to pages 93 to 106 of the Board pack and the supplementary papers pack.

To view the recording for this item, refer to part 3 of the meeting recording from 18:10 – 28:00.

## **9 Questions from Public Attendees**

- Caroline asked how the Board felt about holding meetings online and in-person and the difference between them.
- Andrew Eyres appreciated the flexibility but if he had to choose he preferred face to face.
- Alex Jackson explained he sees the benefits of both for the Lambeth Together Public Forum. Holding the person in person tends to reach a different audience to online, for example at Brixton Library this will reach a lot of people who are using the library or who see our flyers whereas in online meetings, people who work in Lambeth community organisations can often join the forum virtually on their lunchbreak. We want to keep both options as not one size fits all.
- Caroline felt both ways felt fairer for all. Dr Raj Mitra stated he felt face to face allowed richer discussions. Sarah Flanagan stated she likes having options but agrees it is beneficial to have a physical check-in.
- Dr George Verghese explained he has many patients who would not go to the surgery and see him face to face but prefer online consultations so we must embrace every way.
- Harper asked is there anything that is being done, or in the strategic plans for 2026-27, to ensure that data poverty is not a prevalent issue within Lambeth given the shift towards digital and online health services.
- Warren Beresford explained the three shifts from the national health plan for the next 10 years include a shift from analogue to digital and explained we are being asked to consider our plans through that lens, so it is about finding the balance between digital exclusion and making sure it isn't creating inequity but still making it easier for residents and more efficient.

## **10 AOB**

The date of the next Lambeth Together Care Partnership Public Board meeting was confirmed as Thursday 05 March 2026 in person, at the Brixton Library.



The meeting ended at 16:10.

**CHAIR**  
**LAMBETH TOGETHER CARE PARTNERSHIP BOARD**  
**Thursday 8 January 2026**



## Lambeth Together Care Partnership Board - Action Log

### Actions update for March 2026 Board

No	Raised	Action	Status
1	08/01/2026	Ratification of the decision concerning the Alternative Provider Medical Services (APMS) Care Home Provider contract breach will be enacted by Chairs' Action following Members' review.	Closed

## Lambeth Together Care Partnership Board

<b>Title</b>	Place Executive Lead Update
<b>Meeting Date</b>	05 March 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 last Lambeth Together Care Partnership Board meeting in public on 08 January 2026.

**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.



## Lambeth Together Care Partnership

### Place Executive Lead Report 5<sup>th</sup> March 2026

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

#### ***‘Our Health, Our Lambeth’***

As the third year of implementation draws to a close, [‘Our Health, Our Lambeth’](#) continues to act as the borough’s blueprint for integrated health and care delivery. Partners have continued to sustain a strong collective drive and clarity of purpose, while navigating ongoing service and resource challenges and responding to shifts in the national policy landscape.



This year saw the publication of the government’s new 10 Year Health Plan: *Fit for the Future*, accompanied by a range of new guidance and expectations for NHS organisations and their partners to deliver a more efficient, preventative and digitally enabled neighbourhood health services. As we continue to work towards the ambitions set out in the Lambeth Together Health and Care Plan, we are continually evolving our activities to ensure alignment with these core shifts. As we look ahead to the next phase of delivery, our focus is on embedding what works, scaling integrated neighbourhood models, and translating strong collaboration into sustained improvements in outcomes, care experience and equity.

Over the past year, we have collectively made tangible progress across key priority areas in the Health and Care Plan. The new Women and Girls’ Health Hub at Minnie Kidd House is improving women’s health provision closer to home, the Age UK Lambeth ‘Exercise and Socialise’ Project provides physical activity classes for over 55s to support strength, balance, confidence and opportunities to connect as part of our Age Friendly Action Plan and the new ‘Find Sexual Health’ online tool was launched as the single, trusted source of communication, education and knowledge for Lambeth residents. As we continue to reach into our communities and build trust in our system, our Health and Wellbeing Bus offers better access to health and support information engaging over 13,500 residents in 1-1 support throughout the year, whilst the Lambeth Health Determinants Research Collaborative (HDRC) has successfully co-produced the Lambeth Community Knowledge Network (CKN) with Mabadiliko CIC convening almost 40 community members to actively contribute lived-experience expertise to our local services.

Partnership working across health, criminal justice and community safety has strengthened pathways into substance misuse treatment services, including custody-based interventions, hotspot operations, and referrals via voluntary and enforcement routes. In mental health, the Living Well Network Alliance (LWNA) has begun to implement a new roadmap to reduce inpatient admissions and improve recovery outcomes for adults, whilst the rollout of Mental Health Support Teams in schools has continued, with the planned extension to a further 12 schools by the end of 2025-26, taking coverage to 28 schools.

King’s College Hospital NHS Foundation Trust (KCH) and Guy’s and St Thomas’ NHS Foundation Trust (GSTT) have made notable improvements in urgent and emergency care this year, demonstrating continued progress in modernising front door access, strengthening community-based alternatives to hospital attendance and enhancing patient flow. At the KCH Denmark Hill site, a major milestone was reached in October 2025, with the launch of a new digital check-in service within the Emergency Department, and GSTT’s Urgent Community Response team have continued to increase their capacity to receive more referrals, supporting the shift of more urgent care delivery into the community.

The third annual review of *Our Health, Our Lambeth* provides an important opportunity to reflect on progress, reaffirm priorities and ensure our approach remains grounded in the needs of Lambeth residents. During Quarter 4, we have commenced this process to renew our action plan for 2026/27, building on the progress made over the last three years, whilst ensuring ongoing alignment with the refreshed Lambeth *Health and Wellbeing Strategy 2023-28*, and the new South East London *Five Year Strategic Commissioning Plan*. The activities proposed for 2026/27 will focus on good access to high quality general practice, improving planned care in the community, establishing integrated neighbourhood teams for people with complex needs and improving care for children and young people as part of neighbourhood working.

Together, these plans provide a coherent framework that connects borough-level priorities with neighbourhood delivery and system-wide commissioning intentions, strengthening our collective ability to address inequalities and improve outcomes. A first draft of our renewed plan activities for 2026/27 is on the agenda today for input and approval from Board Members.

### **Leadership and Governance**

March will see the retirement of Richard Outram, Director of Adult Social Care, after many years of dedicated service to Lambeth. Richard had delayed his long-planned retirement to see through the recent Care Quality Commission (CQC) Inspection of Lambeth Adult Social Care and now feels it is the right moment to plan a careful and orderly handover. I know Board members will want to wish him well as he steps into his retirement and to thank him for his dedication to supporting service users and his commitment to working collaboratively to support the integration of our local health and social care system. The recruitment process for the new Director of Adult Social Care is underway, and I will keep you updated on the outcome over the coming months. In the meantime, I am pleased to announce that Richard Sparkes will be taking on the role of Interim Director of Adult Social Care. Richard will provide the necessary continuity of leadership through this period of change. I am sure you will all join me in congratulating Richard and offering him your support.

In January, I shared that Ade Odunlade was successfully appointed Interim Chief Executive Officer at South London and Maudsley NHS Foundation Trust (SLaM) and I am now delighted to welcome Gus Heafield, Chief Finance Officer, as the new SLaM representative on the Lambeth Together Board. Gus brings many years of experience across both the private and public sectors and has been the Director of Finance and Corporate Governance at SLaM since 1999. We look forward to the experience he will bring to our Board as we continue to strengthen our integrated working and community-based care.

As in previous reports to the Partnership Board, the decisions I have taken as Lambeth Place Executive Lead under delegation from the South East London Integrated Care Board (SEL ICB) since our last meeting are outlined in Appendix 1.

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

It has been a year since the Secretary of State for Health and Social Care first announced a significant programme of reform to the NHS in England. Through this programme, Integrated Care Boards (ICBs) across England have been asked to reduce their running costs by, on average, 50%, and to deliver a new operating model that focuses on strategic commissioning at System and at Place and on developing a neighbourhood health service. Over the last year, I have kept partners updated on progress and will continue to provide updates as the process nears conclusion in the coming months.

Progress has continued at pace in recent months following the agreement of a clustering arrangement between South East and South West London. Both ICBs will remain as separate organisations and this is not a merger, they will, however work closely together where it makes sense, pooling expertise, experience and leadership as strategic commissioners to deliver for South London. The Boards of each organisation have agreed a set of shared proposals which includes a shared Chair and a joint Executive Management Team that has:

- A shared Chief Executive; Chief Commissioning Officer; Chief Finance and Compliance Officer; Medical Director and Chief Nurse and Quality Officer.

- A Shared Director of Communications and Engagement shared across both ICBs and with an NHS Trust provider.
- No change to existing Place leadership arrangements in each ICB.

In February, Andrew Bland was formally appointed as the shared Chief Executive for South East and South West London ICBs. Consultation on proposals for a new operating structure for South East London is anticipated to start at the beginning of March, followed by a 45-day staff consultation. The first round of voluntary redundancies within SEL ICB were approved at the beginning of January and the second round will commence when formal consultation begins. This remains an uncertain time for staff and our partners, and I'd like to thank you all for your continued patience and ongoing support for Lambeth's communities as this process begins to conclude.

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

The first Board on the Bus session of the year took place on Monday 12 January, when Board buddies Louise Dark, Chief Executive of Specialist and Integrated Medicine at Guy's and St Thomas NHS Foundation Trust and Oge Chesa, Director of Primary Care and Transformation, SEL ICB, joined Health Champions at the Community Shop in Norwood, speaking with around 20 residents about their experiences of health and care. As well as sharing local support information via our Health Champions, the bus also provided access to its regular Monday mental health advisor.



In February, the programme welcomed Neighbourhood Integrator Lead Dr Shaheen Khan, Deputy Medical Director (Integrated and Specialist Medicine, GSTT) to the Civic Centre, where he spent time with Health Champions discussing wellbeing priorities, took part in National HIV Testing Week activities by completing a HIV test and blood pressure check, and learned about ongoing efforts to promote HIV testing across the borough. Further visits from Integrator Leads and Lambeth Together Board members are planned for the months ahead.

The Board on the Bus programme aims to strengthen relationships between health leaders and local residents by creating accessible spaces for open discussion and shared learning across Lambeth. By bringing senior leaders directly into community settings, the programme enables them to hear first-hand experiences of health and care, helping to shape priorities and improve local services. The programme also contributes to the continuous listening approach of the board listening programme, that guides ongoing improvement across the borough.

**System Pressures and Winter Planning**

Winter pressures continue to impact system performance, with increased acuity, seasonal illnesses and falls affecting Emergency Department flow. GSTT is performing at or above its 78% year-end target and aiming for 80% supported by Winter Plans and additional community-based capacity. The Trust achieved top ratings in the latest CQC inpatient survey. Kings is experiencing similar pressures and although currently below its year-end target, is on track to meet its March 2026 trajectory. The Trust has opened a small escalation ward and is implementing winter schemes to stabilise performance. Kings' transition to a new urgent treatment centre (UTC) provider and introduction of a digital front door are driving improvements, although Type 3 performance remains an area of focus. Both Trusts are supported by the increase in Urgent Community Response Winter Capacity, use of virtual wards and Same Day Emergency Care Units. Recent public health campaigns will support patients in accessing the right care and setting for their needs, including selfcare, pharmacy first, and 111 online/ telephone.

South East London ICB has been named the 2025 winner of Consultant Connect's 'Urgent Care' Award, celebrating the huge success of our urgent community response (UCR) rollout across all six boroughs, with over 3,000 calls and a 95% first-time connection rate delivered this year. A special shout-out to Avril Satchwell, Associate Director of Planned and Urgent Care, who introduced and championed the move to use Consultant Connect as our single point of access for UCR. This smart, cost neutral decision has given SEL a streamlined, data-driven pathway that's now supporting wider expansion and improving urgent care for residents across the system.

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

**Neighbourhood and Wellbeing Delivery Alliance (NWDA)** - Lambeth Together partners are expanding support for residents with chronic obstructive pulmonary disease (COPD) as part of our shared commitment to bring more care closer to home. The North Lambeth Primary Care Network (PCN), in partnership with Guy's and St Thomas' NHS Foundation Trust, is launching a new proactive care service for people in North Lambeth living with COPD. The service will support up to 150 patients at a time and is designed to help identify problems early, provide support at home, and reduce the risk of avoidable flare ups and hospital visits. The service is delivered in partnership with Doccla, who support NHS proactive and virtual care services. This new model of care reflects our ambition to shift more specialist support into neighbourhood and community settings, enabling people to stay well for longer and maintain their independence. The new remote monitoring service is for North Lambeth residents with COPD who would benefit from extra support to stay well at home. Eligible patients will be contacted directly by their GP practice and invited to join, in line with national NHS guidance on proactive and virtual care. This service works alongside existing NHS support and does not replace usual care. The offer includes regular check-ins, at home monitoring devices and tailored advice to help people manage their condition confidently and avoid unnecessary hospital visits.

As well as this, [Connected Lambeth](#) is a new community directory that has been commissioned by Lambeth's Adult Social Care team to signpost residents to a wide range of support across the borough. Lambeth Council is inviting local services to sign up to be listed, so that the directory is relevant and helpful to as many people as possible. In addition to Council services, they are looking for:

- NHS and other statutory or government services.
- Services provided by voluntary, charity and community sector organisations, social enterprises or faith-based groups.
- CQC registered care homes, home care agencies and supported living services.

**Living Well Network Delivery Alliance (LWNA)** - South London and Maudsley NHS Foundation Trust staff are currently being consulted on proposed changes to community mental health services, which, if agreed, will mean the current Living Well Centres organising their staff to provide support based on the five Lambeth neighbourhoods. It is also proposed to simplify and clarify the different types and levels of mental health support provided. If agreed, these changes should mean people are supported by teams that know them and their neighbourhoods better and that it is clearer what support is available and when people might be eligible for it. Any changes are unlikely to happen before September 2026 and there will be plenty of communications and engagement over the coming months with those we support and their carers, particularly the small number of people who might see a change in where and/or who they get their support from.

The Lambeth Living Well Network Alliance is also looking for VCSE (Voluntary, Community and Social Enterprise) organisations to provide specified mental health services for the people of Lambeth, as follows:

- Enhanced Mental Health Crisis Prevention Service: Up to the value of £250,000 ([Link to tender](#))
- Housing and Social Support Navigation: Up to the value of £250,000 ([link to tender](#))
- Partnership Awards (small grants): Up to the value of £175,000 (typically between £2k and £20k per organisation).

**Children and Young Person Delivery Alliance (CYPA)** – The Children and Young Person Delivery Alliance have continued to develop integrated neighbourhood teams for children and young people in Lambeth.

Building on earlier engagement with partners, the Alliance has completed a prioritisation process to focus effort on areas where a neighbourhood approach can add most value. Two pilot areas are now being progressed. The first focuses on children and young people who are frequent attenders at accident and emergency. This work is exploring how services can come together at neighbourhood level to better understand patterns of attendance, identify underlying needs and provide more coordinated support. The second pilot relates to transition into adulthood for young people with special educational needs. Partners are considering how health, education and social care can align more effectively to support smoother transitions and clearer forward planning as young people move towards adult services.

The Alliance is also working closely with colleagues in children's social care and within the Family Hub offer. These discussions are helping to shape a longer-term model for a more fully integrated neighbourhood approach, with a focus on shared planning and reduced duplication across services. Engagement with local families remains central to this work. The Alliance is actively engaging with Lambeth parents and carers, as well as children and young people, supported by colleagues in Healthwatch Lambeth. Their views are informing the development of integrated neighbourhood teams and helping to ensure that future plans reflect the experiences and priorities of the local community.

**National Neighbourhood Health Implementation Programme** - In September 2025, a joint bid from Lambeth Together and Partnership Southwark was selected as one of 43 pilot sites across the country to test the neighbourhood principles within the NHS 10-Year Plan as part of the National Neighbourhood Health Implementation Programme (NNHIP). This reflects the strong work already happening locally to improve health and care in our neighbourhoods and is a significant opportunity for Lambeth to share the developing national agenda.

Our initial focus is on adults with multiple long-term conditions and rising risk, where there is a real opportunity to improve outcomes, reduce pressure on services, and support the long-term sustainability of the health and care system. Those who have cardiovascular illness, diabetes and chronic kidney disease will be included in the initial cohort of this work. In Lambeth, this work has started in Streatham, North Lambeth, Stockwell and Clapham, and will build on our existing work for the multi-morbidity model of care.

Since the last update, a further co-design workshop has taken place to engage and help to shape what neighbourhood health in Lambeth should look like. These sessions continue to be very well attended, bringing together people from across the system, including NHS commissioners, public health, social care, GPs, hospital clinicians, community pharmacists, social prescribers, voluntary, community and social enterprises (VCSEs) and Thriving Communities partners, Healthwatch and residents with lived experience. Those workshops were highly engaging and collaborative, with a strong sense of shared purpose and commitment. Discussions focused on:

- what matters most to residents
- how it can build on existing strengths and assets in our communities
- using data to identify people with rising risk as well as those with established conditions
- keeping prevention and the wider factors that affect health firmly in view

There was strong agreement that we should start small, test ideas, learn quickly and improve as we go. Participants also emphasised the importance of a person-centred, community-delivered approach, bringing together clinical services and community support through Integrated Neighbourhood Teams (INTs). VCSE organisations are seen as essential partners in this work.

We are planning to begin testing our new delivery model from the end of March 2026. Phase one will be focused on building, learning and improving together. Following this testing phase, we will adjust the model where needed and scale it up to all GP practices across the participating neighbourhoods later in the year and to the rest of the borough from April 2027.

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

In February, Lambeth hosted a brilliant programme of events across the borough for LGBTQ+ History Month including readings, talks, film screenings, creative workshops, and community events celebrating LGBTQ+ history, culture and activism. Highlights featured an Open Mic Poetry Night celebrating LGBTQ+ voice, a Brixton Library LGBTQ+ Zine Fair, literary discussions, creative family craft sessions, and screenings exploring queer history and activism. You can find the full programme on the Lambeth [website](#).

Lambeth Together Equality, Diversity and Inclusive (EDI) Development Manager, Shakaira Trail, will be returning to her substantive role in Adult Social Care at the end of March. I'd like to thank Shakaira for the impactful and supportive role she has played in driving forward our ambitious work to tackle health inequalities across the partnership, including supporting partners to maintain oversight of the implementation of the Patient and Carer Race Equality Framework (PCREF) through our EDI Group and the successful Inspire event in October 2025.

## Key Campaigns for Lambeth Together

Lambeth residents over 40 were being encouraged to show their hearts a little care during national Heart Month by dropping into a local pharmacy for a quick, free blood pressure check. High blood pressure remains a major issue in the borough, with data showing that just over 34% of Lambeth adults have higher than average blood pressure. Because high blood pressure often has no symptoms and can go undetected, a simple check can make a significant difference to long-term health. National research also highlights that around 30% of adults with hypertension are unaware they have it, underlining the importance of easy, community-based-testing. Blood pressure checks in community pharmacies are free for over 40s and people can also make an appointment with their GP.



Prevention and early detection of high blood pressure remain a priority for the Lambeth Together Neighbourhood and Wellbeing Delivery Alliance, whose work focuses on raising awareness amongst communities where we see the highest inequalities, and on ensuring that those who are identified with high blood pressure have effective and personalised support to manage it to safer levels.

We recently joined NHS Blood and Transplant Authority to promote a public awareness campaign around the Brixton Blood Donor Centre, focused on increasing overall donations and increasing new donations from Black residents, with marked success. [London Now](#) has reported that 17,000 Londoners donated blood at the Brixton Blood Donor Centre since it opened around a year ago. The centre has played an important role in reaching underrepresented communities, with more than one in ten donors coming from Black heritage backgrounds. This is really important as the R0 blood type, needed for people living with sickle cell disease, is much more common in people from black communities.

## Health and Wellbeing Strategy 2023-28 Refresh

We've continued the mid-point review and refresh of Lambeth's Health and Wellbeing Strategy 2023-28. The focus has been on ensuring the strategy remains meaningful, measurable and aligned to our wider ambitions to reduce inequalities and strengthen prevention across the borough. This work builds on the foundations set out in the existing strategy, updating the key planned activities, policies and linked strategies that will contribute to achieving the strategy's priorities. We are also refreshing the metrics being used to track progress against the strategy. On 5 February, the Lambeth Together Care Partnership Board and Lambeth Health and Wellbeing Board held a joint development session to consider how to focus efforts over the coming years to best support the delivery of the second half of the strategy. Recommendations for a refreshed set of indicators are now being prepared for discussion with partners.

### **Age-Friendly Lambeth: Unpaid Older Carers Event (February 2026)**

In partnership with the Black Prince Trust and Carers Hub, colleagues from Public Health and Integrated Commissioning (representing Age-Friendly Lambeth and the Carers Strategy), organised an Unpaid Older Carers Event on the 12 February. Held at the Black Prince Trust and despite the weather, the event was a great success! 60 older residents (ages 50 years and over) participated across the day, many of whom were unpaid carers. Activities included arts and crafts, a digital skills training course on using mobile phones, a chair-based exercise class and a light lunch! Drop-in information and advice were also available from Age UK Lambeth, Carers Hub, Blue Sky Brokers, and Carers' Champion Social Worker. Blue Sky Brokers offer support on direct payments. Additionally, a Health and Wellbeing Champion had 25 interactions and delivered 13 blood pressure checks on the day. Feedback from the attendees was extremely positive and for many people, it had increased their awareness of information, advice and/or support offered by organisations in the borough, such as Clear Community Web. Many attendees commented on how enjoyable the day was or that they had enjoyed the opportunity to network. Information and support for Carers is available from [Carers Hub Lambeth](#), who provide a range of services, as well as linking unpaid carers in with opportunities in the community – including one to one advice and peer support. Furthermore, many of Black Prince Trust's ongoing activities, whether it is their physical activity classes or their Ageing Well Programme, are also open to unpaid older carers in Lambeth.

### **Great Mental Health Day 2026**

Great Mental Health Day on 30 January focused on the theme of “Everyday Spaces”; the places in our communities where people naturally connect and where early support often begins. To mark the day, we organised a staff wellbeing walk on 29 January, bringing together colleagues from across the council. Setting off from Brixton for a lunchtime route taking in Brixton Orchard, Brixton Village, Wyck Gardens, Loughborough Farm and Max Roach Park, the walk served as a practical reminder that these local spaces play a vital role in supporting mental wellbeing and in creating opportunities for connection.

### **HIV Testing Week (9–15 February 2026)**

Lambeth encouraged everyone to “know your status” during National HIV Testing Week, with residents offered a HIV screen whenever they have a blood test during the week. As part of the campaign, we are supporting residents to access free and confidential home testing kits, promoting materials from HIV Prevention England, and encouraging partners, particularly in primary care, to raise awareness and signpost testing options. We're also using the opportunity to highlight key sexual health services, including our clinic services, the Young People's Condom Distribution Scheme, Bridges, Find Sexual Health and the Do It London campaign. This work aligns with Lambeth's wider ambition to strengthen inclusive, accessible sexual health services and reduce inequalities across the borough. All Lambeth staff are also encouraged to undertake “HIV confident” training as part of our commitment to gaining HIV confident status.

### **Outcome of Inspections**

**Inspection of Local Authority Children's Services by Ofsted** - During January 2026, Lambeth's Children's Social Care was subject to a full ILACS (Inspection of Local Authority Children's Services) by Ofsted. The report findings and overall rating are embargoed until early March 2026, but inspectors did commend our workforce on their drive, passion and commitment for the children and young people they work with. We are looking forward to receiving the report and will share the key findings with partners in due course. My sincere thanks to all colleagues for working so hard up to and during the inspection.

**Youth Justice Services Inspection** - Lambeth also had a full inspection from His Majesty's Inspectorate of Probation (HMIP) of Youth Justice Services (YJS) in October 2025. The findings report which was released from embargo in mid-January 2026 rated the service with an overall rating of “Good”, with two of the four elements being inspected receiving an “Outstanding” rating. Inspectors praised Lambeth's work to achieve positive change for children, particularly in Planning, Implementation and Delivery, whilst also acknowledging that work with victims requires improvement. Inspectors also said that the YJS displayed an excellent understanding of how trauma impacted children's wellbeing, and that officers adopted a truly trauma-informed

approach. Finally, practitioners were lauded for working alongside children, ensuring their voices and opinions were heard, and their diverse cultural needs also considered in all work undertaken.

**South London and Maudsley NHS Foundation Trust** - Care Quality Commission (CQC) inspectors visited SLaM's adult community acute wards for adults of working age, Psychiatric Intensive Care Units (PICUs), Forensics and Crisis Services and Health Based Place of Safety (HBPOS) in June and July last year and completed a Well Led review in October 2026. The full CQC inspection reports were published in February and are available online. Required actions and plans in response to the report findings will be progressed and worked on collaboratively.

### **Lambeth Civic Awards 2026**

Nominations are now in for the Lambeth Civic Awards 2026, celebrating the outstanding individuals, groups, organisations and charities who make a real difference in our borough. Entries were reviewed by a panel of community partners and Lambeth Council Leaders, who shortlisted nominees across all categories, including Lambeth Links, the Black Men's Consortium, Art4Space and many other individuals and organisations who have collaborated with Lambeth Together to improve the health and wellbeing of our local communities. The full list of nominees can be found on the Lambeth Council [website](#). Winners will be celebrated at a ceremony on 17 March at the Assembly Hall in Brixton.

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

<b>Decision taken</b>	<b>Decision route</b>
Contract award to Solico to deliver a Thriving Communities neighbourhood engagement programme from 1st April 2026 to 30th June 2026 for a total contract value of £13,934.66, in line with the South East London Integrated Care Board Standing financial instructions.	Decision taken by Lambeth Place Executive Lead under SEL ICB Scheme of Delegation.

## Lambeth Together Care Partnership Board

<b>Title</b>	Lambeth Learning Disabilities Intensive Support Team
<b>Meeting Date</b>	5 <sup>th</sup> March 2026
<b>Authors and Presenters (&amp; role / title/s)</b>	<p>Helen Bolger, Lead Commissioner Learning Disabilities and Autism (LDA), South East London (SEL) Integrated Care Board (ICB) and Lambeth Council</p> <p>Dr Barbara Barter, Consultant Clinical Psychologist, Mental Health and Learning Disabilities Service (MHLDD), South London and Maudsley (SLaM) NHS Foundation Trust</p> <p>Dr Judith Reep, Consultant Allied Health Professional (AHP) Community Services for Adults with Learning Disabilities, Guy's and St Thomas' (GSTT) NHS Foundation Trust</p> <p>Jo Dwyer, Lead Occupational Therapist Lewisham, Southwark and Lambeth Teams for Adults with Learning Disabilities, Guys and St Thomas' NHS Foundation Trust</p>

**This item is for;**

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

The Lambeth Together Care Partnership Board is asked to:

1. Endorse the ongoing development and implementation of the Lambeth Intensive Support Team, a function hosted by NHS South London and Maudsley and NHS Guy's and St Thomas', preventing placement breakdowns and hospital admissions through rapid, flexible, community-based responses for people with learning disabilities who may also be autistic; &
2. Support the partnership working with Lambeth Adults Social Care and South East London Integrated Care Board (Lambeth) to continue to mobilise around jointly agreed system objectives.

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

Lambeth All-Age Learning Disabilities and Autism Strategy Group.

## Summary of your community and stakeholder engagement

As the culmination of a multi-year partnership service development exercise, the Intensive Support Service (IST) is informed by ongoing community engagement, led across each of the partner organisations and the principles of personalised interventions, trauma-informed care and addressing inequality, are demonstrated throughout.

## Report summary and Impact on Inequalities

People with a learning disability and autistic people face significant health inequalities, leading to lower life expectancy and more avoidable deaths than the general population. The Learning Disability Mortality Review (LeDeR), published in November 2023, found the median age of death was 62.9 years for people with a learning disability and 55 years for autistic people with a learning disability.

Inequalities are even starker for people from ethnic minority groups: The average life expectancy for people with a learning disability from an ethnic minority was 34, compared to 62 years for people denoted as 'white'.

Nationally, the NHS Long-Term plan acknowledges that too many people have historically ended up unnecessarily in a mental health hospital setting and stayed there for too long, with the negative impacts on their long-term health and wellbeing. Nationally and locally, we continue to reduce reliance on mental health inpatient care.

There is a substantial body of evidence both on a national level and in Lambeth to show that people with learning disabilities and/or autism who display behaviours that challenge from Black, Asian and minority ethnic (BAME) backgrounds are more likely to experience restrictive practice in inpatient psychiatric settings and in the community.

The Lambeth Intensive Support Team is a key part of the system response to build up community care, prevent placement breakdown or hospital admission for those with the most complex needs, thereby improving health and wellbeing of people with learning disabilities.

Throughout the service, design is informed by recent engagement exercises with people with learning disabilities and their families from historically marginalised communities.

# Lambeth Learning Disabilities Intensive Support Team

All-Age Learning Disabilities and Autism (LDA) Programme



Working in partnership for a healthier borough



## Presenters

Helen Bolger	Lead Commissioner LDA, SEL ICB and Lambeth Council
Dr Barbara Barter	Consultant Clinical Psychologist, Mental Health and Learning Disabilities Service (MHLDS) South London and Maudsley NHS Foundation Trust
Dr Judith Reep	Consultant Allied Health Professional (AHP) Community Services for Adults with Learning Disabilities Guy's and St Thomas' NHS Foundation Trust
Jo Dwyer	Lead Occupational Therapist Lewisham, Southwark and Lambeth Teams for Adults with Learning Disabilities Guys and St Thomas' NHS Foundation Trust



# Outcomes for residents with Learning Disabilities



**Our Health Our Lambeth: Lambeth Together Health and Care Plan 2023-28**

## OUTCOME

People with learning disabilities and/or autism are discharged from inpatient settings and supported to live in the community with appropriate accommodation and care.

## ACTIVITY

Crisis situations are minimised through early intervention and preventative health and care services

## Lambeth, Southwark and Lewisham System Outcomes for Intensive Support Teams

- Tackle the disparity in the access, experience and outcomes faced by marginalised groups, such as the over-representation of people from black communities in more restrictive settings
- Support the building of a **sustainable provider market** with long-term improvements in care and support
- Actively minimise the over-provision of care, support risk management embed the concept of **'least restrictive environment'**



# INTENSIVE SUPPORT SERVICE (IST) SUMMARY

Overview of IST services and case study insights

# National and Local Context

## National Policy Priorities

- Since 2015, UK policies focus on reducing inpatient reliance and expanding community-based care alternatives for adults with learning disabilities.
- **Building the Right Support** (Oct 2015, NHS England, in partnership with the Local Government Association (LGA) and the Directors of Adult Social Services (ADASS), A national action plan to close inpatient facilities for people with a learning disability and autistic people. Shifting money from inpatient services to the community and reduce the use of inpatient beds.
- **The NHS Long Term Plan** (2019), included the new deadline of 2023/24 to achieve the 50% reduction in inpatient care.
- **Intensive Support Teams (IST)** have developed with the aim of supporting high quality, person centred, timely and multi-agency community support.

## Local Context

- Focus on Crisis Response and Trauma-Informed Care; Addressing Inequality and Complex Needs
- Local IST frameworks emphasize crisis response, least restrictive practices, and embedding trauma-informed approaches across providers.
- Focus on reducing inequality for marginalised groups through early identification, system learning, and understanding complex needs.



### **Prevention and Early Intervention**

IST focuses on preventing placement breakdowns and hospital admissions through rapid, flexible community-based responses.

### **Multi-element Interventions**

Interventions include behavioral assessments, communication profiling, environmental changes, and staff training to stabilize risks.

### **Trauma-Informed Crisis Response**

Crisis models emphasize least restrictive practice, trauma-informed care, and improving quality of life via communication and sensory compatibility.

### **System Leadership and Transition Support**

IST aids transitions from inpatient care to local settings, strengthens services through coaching and multidisciplinary involvement.

# Core Aims and Crisis Response

Role	Employer
<b>Lead Psychologist</b> – clinical leadership for IST by overseeing behavioural formulation, risk management, and care planning to ensure consistent, evidence-based, trauma-informed support.	SLaM
<b>Behaviour Support Worker</b> - provides direct behavioural support through assessment direct intervention, ensuring consistent implementation of Positive Behaviour Support plans to improve quality of life.	SLaM
<b>Speech and Language Therapist</b> - Provides assessment, diagnosis, and treatment, within a Positive Behaviour Support (PBS) framework, for adults with learning disabilities, who may also have autism, and/or complex mental health needs, particularly those at risk of placement breakdown and/or hospital admission. They deliver person-centred, often urgent, intervention to improve communication and to manage any dysphagia needs (eating/drinking difficulties).	GSTT
<b>Occupational Therapist</b> - Provides proactive, person/relationship-centred care through analysis of functional performance. They are concerned with the person's sensory, motor, cognitive and emotional skills, and how they interact with the person's current and desired occupational life. interventions might include implementation of tailored environmental modifications and skills development programmes.	GSTT

Team Roles:  
Planned Go  
Live in Q1  
2026/27

### **Comprehensive Service Functions**

IST services cover crisis intervention, system-wide planning, workforce development, and provider consultation.

### **Governance and Collaboration**

IST teams engage in governance through local groups and multi-agency forums for integrated planning.

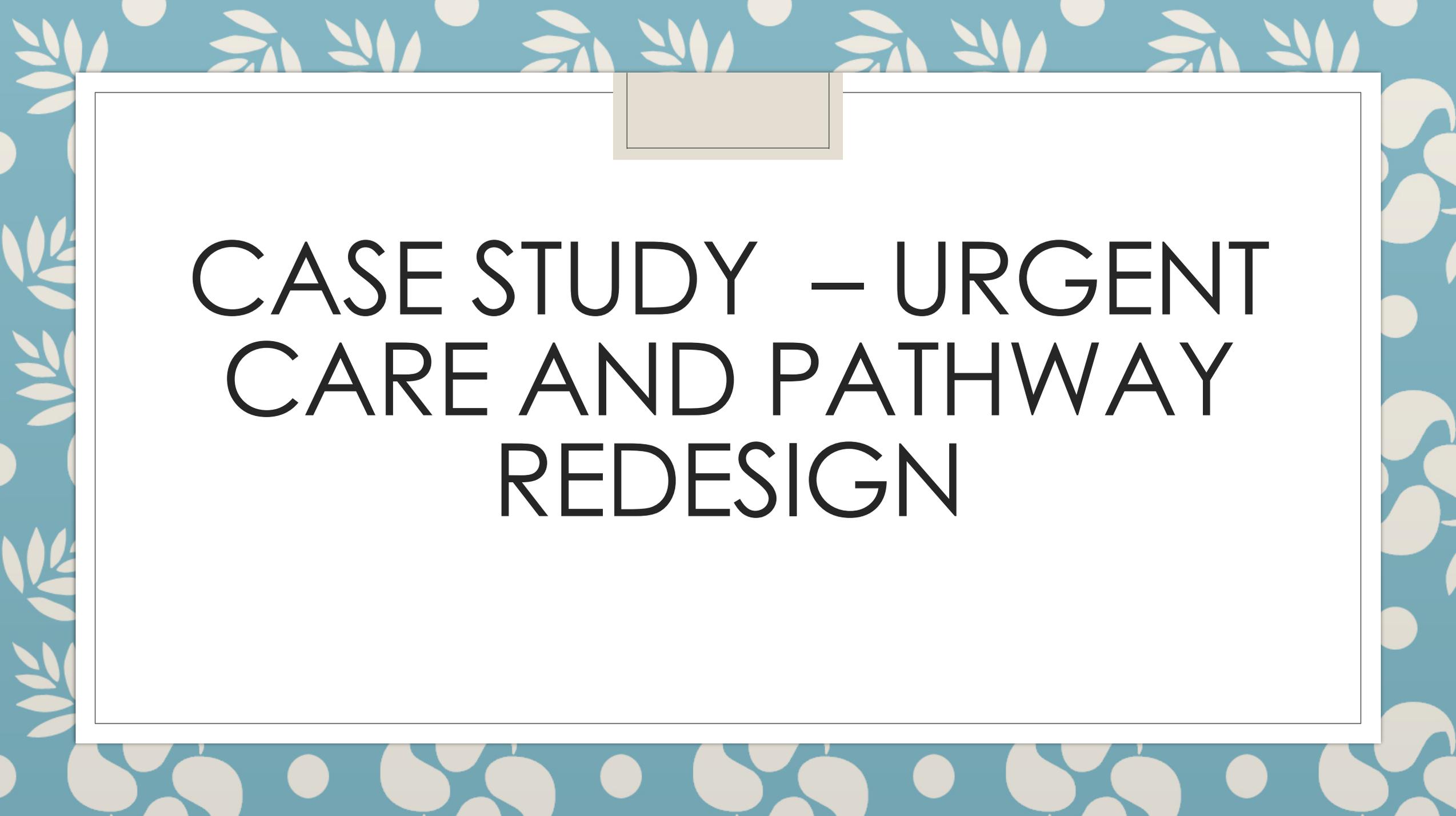
### **Monitoring and Reporting**

Robust monitoring includes annual activity reports, financial impact analysis, and progress reviews.

### **Strategic Future Planning**

Future plans use prioritisation frameworks balancing risk, capacity, and strategic value for impact.

# Service Activities and Planning



# CASE STUDY – URGENT CARE AND PATHWAY REDESIGN

### **Urgent Placement Breakdown**

Fabian faced sudden placement loss due to residential home closure without planned transition, risking hospital admission.

### **Behaviours of Concern**

Fabian exhibited high anxiety with physical and self-injurious behaviors linked to communication and environmental changes.

### **Rapid Crisis Intervention**

IST provided quick support, reducing risks and helping staff understand Fabian's needs and communication methods.

### **Prevention of Hospitalisation**

Timely IST response prevented hospital admission and enabled sustainable long-term care planning.

# Background and Initial IST Response

### **Tailored Intervention Plan**

IST created a personalized intervention using functional behaviour and communication assessments with trauma-informed support.

### **Health and Specialist Support**

Comprehensive physical health checks and specialist referrals addressed previously unidentified health needs effectively.

### **Successful Transition Support**

IST led transition meetings and worked closely with placement staff to ensure competence and confidence before move-in.

### **Positive Outcomes Achieved**

Client experienced reduced behaviours of concern, improved emotional regulation, greater independence, and enriched daily routines.

# IST Intervention and Outcomes

# Questions



Working in partnership for a healthier borough

**5th March 2026**

<b>Title</b>	Lambeth Together Assurance Sub-Group
<b>Meeting Date</b>	5 <sup>th</sup> March 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 27<sup>th</sup> January 2026.

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

None

**Summary and Impact on Inequalities**

At the meeting on 27<sup>th</sup> January, the Lambeth Together Assurance Group (LTAG) meeting agenda centred around 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.

# Lambeth Together Assurance Group Update

Lambeth Together Partnership Board – March 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 27th January 2026.
- At the meeting on 27th January, 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 G. People who have developed long term health conditions have help to manage their condition and prevent complications***
  - ***Outcome J. People know where to go to get the right help, and are treated at the right time, in the right place, for their needs***
  - ***Outcome K. Older adults are provided with the right health and care support at the right time, live healthy and active later lives and are supported to age well***
- 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 G. People who have developed long term health conditions have help to manage their condition and prevent complications***

- The group heard updates on local work to improve diabetes care, support people with high blood pressure, reduce the risks from taking too many medicines, and strengthen engagement with residents
- The group discussed the issue of polypharmacy—when people take many different medicines at the same time. This can increase side effects, make treatment harder to manage, and cause medicines to interact in unsafe ways.
- A rise was noted in the number of people aged 65+ who were prescribed 10 or more different medicines between July and October 2025. The group agreed that more work is needed to understand why this is increasing and what action is required.
- The proportion of people with Type 2 diabetes receiving all eight recommended annual health checks is similar to last year and is on track to meet this year's target.
- Early detection and good management of high blood pressure helps prevent heart disease, stroke and kidney problems. Data showed that more patients now have well-controlled blood pressure compared with last year, although reaching the ambition that 80% of all patients with hypertension have well-managed blood pressure by year-end remains challenging.
- The group received updates on community activities such as Know Your Numbers Week and the Inspire Health event, which aimed to raise awareness of high blood pressure and encourage blood pressure checks in community settings
- A new at-home cardiovascular diagnostic service for housebound residents was presented. This will offer ECGs and blood pressure monitoring either in person or by post and is expected to launch in February. This is particularly important because rates of heart disease and stroke in Lambeth are higher than the averages for London and England. The service will contribute to the NHS goal of preventing 150,000 heart attacks and strokes over the next decade.

## ***Outcome J. People know where to go to get the right help, and are treated at the right time, in the right place, for their needs***

- The group reviewed data on how many people are using the Pharmacy First service. This included information on the different clinical pathways available, the types of minor conditions treated, and how pharmacies are supplying medicines.
- The group also discussed challenges with the data, such as differences between pharmacy IT systems and delays in reporting.
- Increasing the use of Pharmacy First is important because it offers convenient access to care in local community pharmacies, often with flexible appointment options. It also helps manage demand on GP practices and ensures that people who are more seriously unwell can be treated more quickly.
- The group were informed that use of the NHS Pharmacy Contraception Service has continued to rise, particularly since the service was expanded to include access to emergency hormonal contraception. Uptake has increased following the expansion.
- Updates were also provided on improvements in NHS App usage, GP telephone systems, and online consultation options.
- In October 2025, Lambeth delivered 463 GP appointments per 1,000 residents, which is higher than the South East London average of 452 and higher than the comparable boroughs of Southwark and Lewisham.
- Both digital and face-to-face appointment options are helping ensure timely and responsive access to primary care for residents. The group also heard about ongoing work to address differences in uptake between individual GP practices.
- Data was presented on A&E waiting times, the effects of winter pressures, and the roll-out of winter schemes and community-based alternatives. These aim to support timely care, reduce pressure on emergency departments, and provide residents with appropriate care outside of hospital where possible.

## ***Outcome K. Older adults are provided with the right health and care support at the right time, live healthy and active later lives and are supported to age well***

- The group received an update on re-ablement services, covering referral patterns, outcomes, service improvements, and work taking place in end-of-life care. The focus of these programmes is to help people maintain or regain independence and to reduce health inequalities.
- The proportion of people who finish re-ablement with a reduced or no need for ongoing care remains high at 88%, which is a small improvement on the previous quarter. This data is reported up to the end of October 2025.
- Presenters highlighted continued strong performance in providing carers' assessments, the contribution of Carers Champions, and the ongoing review of re-ablement delivery being carried out with Guy's and St Thomas' and commissioning colleagues.
- It was noted that there has been a slight increase in the number of appropriate and accepted re-ablement referrals, along with a consistently high rate of people who require reduced or no further care after the intervention.
- The group was also updated on the number of patients that GP practices have recorded as being on end-of-life care registers. Current levels are in line with what would be expected given the age and health needs of the local population.
- Work continues to expand advance care planning and reduce inequalities in access to end-of-life services. Local initiatives such as the Compassionate Neighbours and Echo programmes were highlighted as examples of community support.
- It is important for a GP to know when a patient is on an end-of-life pathway to ensure care focuses on comfort, dignity, avoiding unnecessary treatments, and aligning support with the patient's preferences.

# Appendix – Integrated Assurance Report Summary



# Lambeth Together Health and Care Plan Scorecard – January 2026

ID	Outcome	Measures tracked	Jan-26			Vs previous update	Nov-25		Comments
			Measures Reported with a target	On plan/ target	% measures on track (where have a target)		% measures on track (where have a target)2		
A	<i>People maintain positive behaviours that keep them healthy</i>	5	1	1	100%	–	100%		
B	<i>People are connected to communities which enable them to maintain good health</i>	1	1	1	100%	–	100%		
C	<i>People are immunised against vaccine preventable diseases</i>	3	3	0	0%	–	0%	Flu indicators will be validated at year end positon.	
D	<i>People have healthy mental and emotional wellbeing</i>	3	3	2	67%	–	67%		
E	<i>People have healthy and fulfilling sexual relationships and good reproductive health</i>	3	1	1	100%	–	100%	LARC activity is monitored via EZ and SH team maintain a log, commentary support progress against plan. STI testing and diagnoses rate is monitored via quarterly GumCAD reports.	
F	<i>People receive early diagnosis and support on physical health conditions</i>	5	5	2	40%	–	40%	LD AHC performance is behind monthly trajectory though YE target is expected to be achieved in line with previous years One Cancer screening programme tracking above national target.	
G	<i>People who have developed long term health conditions have help to manage their condition and prevent complications</i>	4	3	3	100%	–	100%	Cardiovascular and Diabetes measures above previous year trajectory.	
H	<i>When emotional and mental health issues are identified; the right help and support is offered early and in a timely way</i>	4	2	1	50%	–	50%		
I	<i>People have access to joined-up and holistic health and care delivered in their neighbourhoods</i>	3	2	2	100%	–	100%		
J	<i>People know where to go to get the right help, and are treated at the right time, in the right place, for their needs</i>	4	1	1	100%	–	100%		
K	<i>Older adults are provided with the right health and care support at the right time, live healthy and active later lives and are supported to age well</i>	4	2	2	100%	–	100%		
L	<i>Women have positive experiences of maternal healthcare and do not experience a disproportionate maternal mortality rate</i>	0	0	0	-		-		
M	<i>People with learning disabilities and/or autism achieve equal life chances, live as independently as possible and have the right support from health and care services</i>	3	1	1	100%	–	100%		
N	<i>People using mental health support services can recover and stay well, with the right support, and can participate on an equal footing in daily life</i>	4	3	2	67%	–	67%	Measures tracked against previous year activity	
O	<i>People who are homeless, or at risk of becoming homeless, (including rough sleepers and refugees) have improved health</i>	4	4	4	100%	–	100%	Measures tracked against previous year activity	
	<b>Total</b>	<b>50</b>	<b>32</b>	<b>23</b>	<b>72%</b>	<b>–</b>	<b>72%</b>		



# Health and Care Plan: Key headlines (1)

	Outcome	Key Headlines
A	<b><i>People maintain positive behaviours that keep them healthy</i></b>	<p>Main challenges with NHS Health checks are, 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. Below are described actions to mitigate known challenges,</p> <ul style="list-style-type: none"> <li>• Continue regular NHS Health check Steering Group meeting focussing on implementing Strategy and Action plan with LMC representation</li> <li>• Steering Group to address scope and shape Neighbourhood working model</li> <li>• Intention to Direct Award NHS Health checks to GPs/ PCNS for 26-27 to build on recently recommissioned model</li> <li>• Agreeing and refining targeted invite approach with GPs to increase key demographic uptake.</li> <li>• Evaluating the effectiveness of DHSC Health check at work and Health checks online pilots.</li> <li>• To continue to seek out other proof of concept initiatives to enhance uptake and impact of Health Checks</li> </ul>
B	<b><i>People are connected to communities which enable them to maintain good health</i></b>	<p>The Back on Track service will be ending on 31/03/26 if additional funding is not secured. The Back on Track service is a financial link worker project working in Stockwellbeing and Fiveways PCNs with social prescribing focusing exclusively on financial matters. The service works closely with Lambeth Council to give vulnerable patients “breathing space” from Council Tax and rent arrears to focus on income maximisation and debt management. The project has been running for the past 4 years with great results but without additional funding residents could lose this vital support and face greater financial and health inequalities as a result.</p>
C	<b><i>People are immunised against vaccine preventable diseases</i></b>	<p>Childhood immunisation coverage in Lambeth continues to be challenging overall, with sustained difficulty achieving the locally agreed 90% uptake ambition. Published COVER data are now available for Q1 and Q2 2025/26 (with Q3 due to be published end of March 2026). The latest data show that, in Q2 compared to Q1 2025/26, uptake of the 6-in-1 primary immunisation at 12 months declined; MMR1 uptake at 24 months remained broadly stable; and uptake of both MMR1 and MMR2 at age 5 improved. This broadly aligns with the picture across London and statistical peers.</p> <p>On Influenza, the ambition to deliver a 2% improvement in uptake across priority groups (65+, under-65s at clinical risk, and pregnant women) was not achieved in 2024/25 and remains the target for the current season, which is now underway. Uptake to date is currently outperforming the same period last year, indicating positive early progress, although there remains variation across practices.</p>
D	<b><i>People have healthy mental and emotional wellbeing</i></b>	<p>The Lambeth Living Well Centres’ Short-Term Support service (STS) began helping 200 new people in December, more than the 169 new people seen in November and many more than the monthly average of 156 for 2024/25. This makes 1498 new people supported so far in 2025/26. The number of people Focused Support (FS) started supporting in December rose to 38 from 31 in November, which means that 309 new people have been supported so far in 2025/26. The Lambeth Single Point of Access (SPA) referred 189 people to STS in October, and 123 in September.</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>On Reproductive Health, total LARC activity in general practice for Q3 was 661 – total LARC fittings were 319. This is an increase from Q2 where there were 408 total appointments and 200 total LARC fittings. LARC Hub data is not yet available for Q3.</p> <p>STI testing and diagnosis shows the latest available data on number of STI tests and number of STI diagnosis is up to Q1 25/26. There were 15,308 tests taken by Lambeth residents between April and June 2025. This is less than the previous quarter where 16,098 tests were undertaken. This may be due to seasonal variation. Number of new STI diagnoses have decreased slightly with 2,231 in Q1 25/26 compared to 2,300 new diagnoses in Q4 24/25 (and 2,423 in Q3 24/25). Please note, quarterly data from GUMCAD are provisional and subject to change.</p>
F	<b>People receive early diagnosis and support on physical health conditions</b>	<p>SMI health checks have increased by 10 percentage points to 48.7% from last month and is exceeding the 24/25 trajectory by 5 percentage points and is on track to meet the end of year target. LD health checks have increased since December by 14 percentage points since last month, however, is 3 percentage points below the 24/25 trajectory.</p> <p>The number of Lambeth residents accessing PrEP continues to increase. At the time of writing this report clinical activity data shows 607 PrEP starts and 3027 continuers, this is an increase of 308 starts and 1913 continuing from the previous update, activity data is until October 2025.</p>
G	<b>People who have developed long term health conditions have help to manage their condition and prevent complications</b>	<p>Planned deep dive, see enclosed presentation along with highlight report updates.</p>
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 December was 73, down 49% from the 142 open at the end of November and 88% from the 602 open at the end of June. People still open to SPA at the end of December, had been open to SPA, on average, for 6.1 days in the case of urgent referrals and 7.3 days for routine referrals, respectively a 31% and 52% improvement from the end of November.</p> <p>ON CYP activity, Lambeth continues to see high and sustained demand into CAMHS, with referrals averaging around 110–120 per month in the baseline period. Overall CAMHS caseload has steadily increased over time (2950 at the end of Nov, an increase of 189 over a 6-month period), reflecting both demand growth and longer durations of care, particularly within the neurodevelopmental pathway.</p>

# Health and Care Plan: Key Headlines (3)



	Outcome	Key Headlines
I	<b><i>People have access to joined-up and holistic health and care delivered in their neighbourhoods</i></b>	In Q3, 64 people were seen by the Health and Wellbeing Bus and team for a Vital 5 check during period. Out of this total, 17 GP follow up forms were submit, having their details sent over and linked with their GP records to receive a follow up call and further support from their GP. This was a much larger number than previous 2 quarters which could indicate the team have increased confidence in obtaining people's details to submit forms, which can have been achieved through our recent conversations regarding the process and guidance in approaching service users with requesting this information.
J	<b><i>People know where to go to get the right help, and are treated at the right time, in the right place, for their needs</i></b>	Planned deep dive, see enclosed presentation along with highlight report updates.
K	<b><i>Older adults are provided with the right health and care support at the right time, live healthy and active later lives and are supported to age well</i></b>	Planned deep dive, see enclosed presentation along with highlight report updates.
L	<b><i>Women have positive experiences of maternal healthcare and do not experience a disproportionate maternal mortality rate</i></b>	<p>The Local Maternity and Neonatal System (LMNS) has provided a provider-level report covering current activity and quality oversight across King's College Hospital and Guy's and St Thomas'.</p> <p>The report includes some outcome measures (for example preterm birth), but does not include perinatal mortality or any measures that allow continuity of care across maternity pathways to be tracked.</p> <p>The Alliance will use this report as a starting point and continue to work with the LMNS to further validate and strengthen the data.</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>	<p>On number of people in inpatient settings figures are reported quarterly. In January 2026 the number of people cared for in specialist inpatient units was 12 (10 adults and 2 YP). This indicates a steady downwards trend since 22/23 which evidences the effective work to facilitate discharge to the community and prevent admission.</p> <p>Number of supported employment and supported internships we create through our health and care partners. There are currently 6 interns on the Lambeth Council Supported Internships programme, and there are 7 on the King's College Hospital programme. In addition, we have 2 young people attending aspects of the Supported Internship programme at Lambeth Council with a view to taking part in the full programme next academic year.</p>
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>	<p>LWNA's Community Living and Support Service (CLaSS) helps people with serious mental health conditions to leave inpatient care and live in the community. In the third quarter of 2025/26, October to December, CLaSS started working with 46 new people, down slightly on the 50 new clients in the previous quarter, July to September.</p> <p>LWNA's Individual Placement and Support (IPS) helps people with a serious mental illness find and sustain paid employment. The IPS service helped 9 people find work in the third quarter, October to December, down from the 15 people supported in the quarter July to September. This is much less than the original placement target of 36 per quarter, but the team also helped 4 people to sustain employment for 26 weeks or more.</p>
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 Q3 was 95, a steep increase from 54 in the previous quarter. A steep increase from 54 in the previous quarter. This is largely due to our having activated the Severe Weather Emergency Protocol (SWEP) three times in this quarter which accounts for 31% of accommodation placements. During SWEP, everyone rough sleeping is offered emergency bedspaces within our Vulnerable Adult's Pathway, and the outreach team continue to work with them to move them straight from SWEP into a stable accommodation outcome to avoid a return to the streets.</p> <p>The outreach team have also done particularly well with supporting rough sleepers into winter night shelters and to No Second Night Out.</p>

# Other Areas of Business

## Finance

### South East London ICB (Lambeth)

- The borough is reporting an overall £23k year to date underspend position and a forecast breakeven position at Month 09 (December 2025) after the “equalisation” of the ring fenced delegated primary care budgets. The reported forecast position includes £1,769k overspend on Mental Health Services and £536k overspend on Prescribing offset by underspend on Continuing Health Care (CHC) Services and Primary Care Services
- The key risks within the 2025-26 Lambeth’s finance position are exponential growth in referrals to independent sector providers for ADHD & ASD assessments, Mental Health Cost Per Case and Integrated Community Equipment Contract Provider contract.

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

- The Integrated Health and Adult Social Care (IHASC) directorate is forecasting an overspend of £6.331m as of November 2025.
- The IHASC forecast position has improved, with the projected overspend reducing from £8m in Q1 and from £6.873m in Q2
- The key reasons behind this reduction in the past month reduction in forecast spend on placements in Adult Social Care, and a one-off contribution from Public Health Grant towards Adults Commissioning posts

## Quality

- The next detailed Quality item is due to be presented at the next Lambeth Together Assurance Group in March 2026
- No exceptions were reported.

## Risk

- As of January 2026 , there were 9 active risks on the South East London Risk register for Lambeth, which is the same number as the last update in November 2025.
- The risk score for Integrated Community Equipment Service reduced score from 6 to4 following positive changes in service provision seen as a result of the new provider.

## Lambeth Together Care Partnership Board

<b>Title</b>	Living Well Network Alliance (LWNA) Progress Update
<b>Meeting Date</b>	5 <sup>th</sup> March 2026
<b>Author (&amp; role / title/s)</b>	Guy Swindle - Deputy Director, LWNA
<b>Lead / Presenters (&amp; role / title/s)</b>	Guy Swindle Marcus (lived experience)

### 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. Note the proposed changes to neighbourhood working in our Living Well Centres, South London and Maudsley (SLaM) NHS Foundation Trust's £675k voluntary, community and social enterprise (VCSE) tendering and highlights from our 2024/25 Progress Report; &
2. Hear from Marcus, the subject of our Evening Sanctuary film.

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

LWNA Leadership and Management Teams and the Lambeth Together Executive Group have seen all or parts of the contents of this presentation.

### Summary of your community and stakeholder engagement

Service users, carers and the Lambeth Collaborative have been fully involved in developing the service developments and VCSE procurement.

### Report summary and Impact on Inequalities

The presentation sets out a proposed move to neighbourhood working in our Living Well Centres, SLaM's VCSE procurement and some highlights from our 2024/25 Progress Report.



# Lambeth Together Care Partnership Board

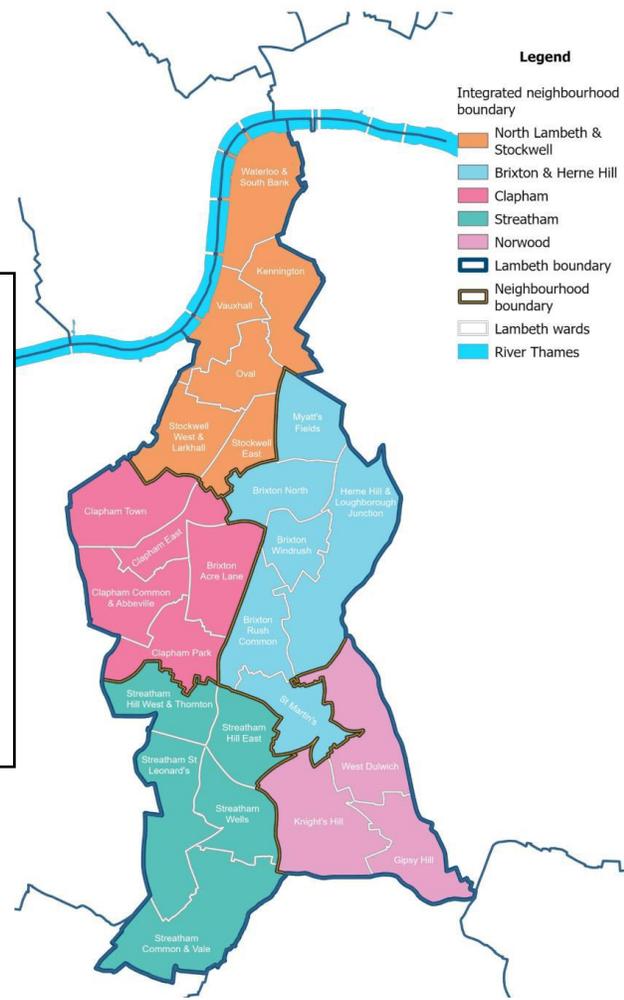
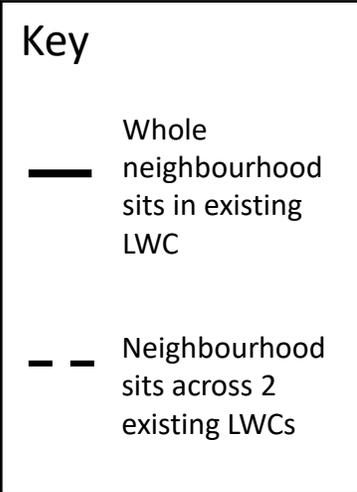
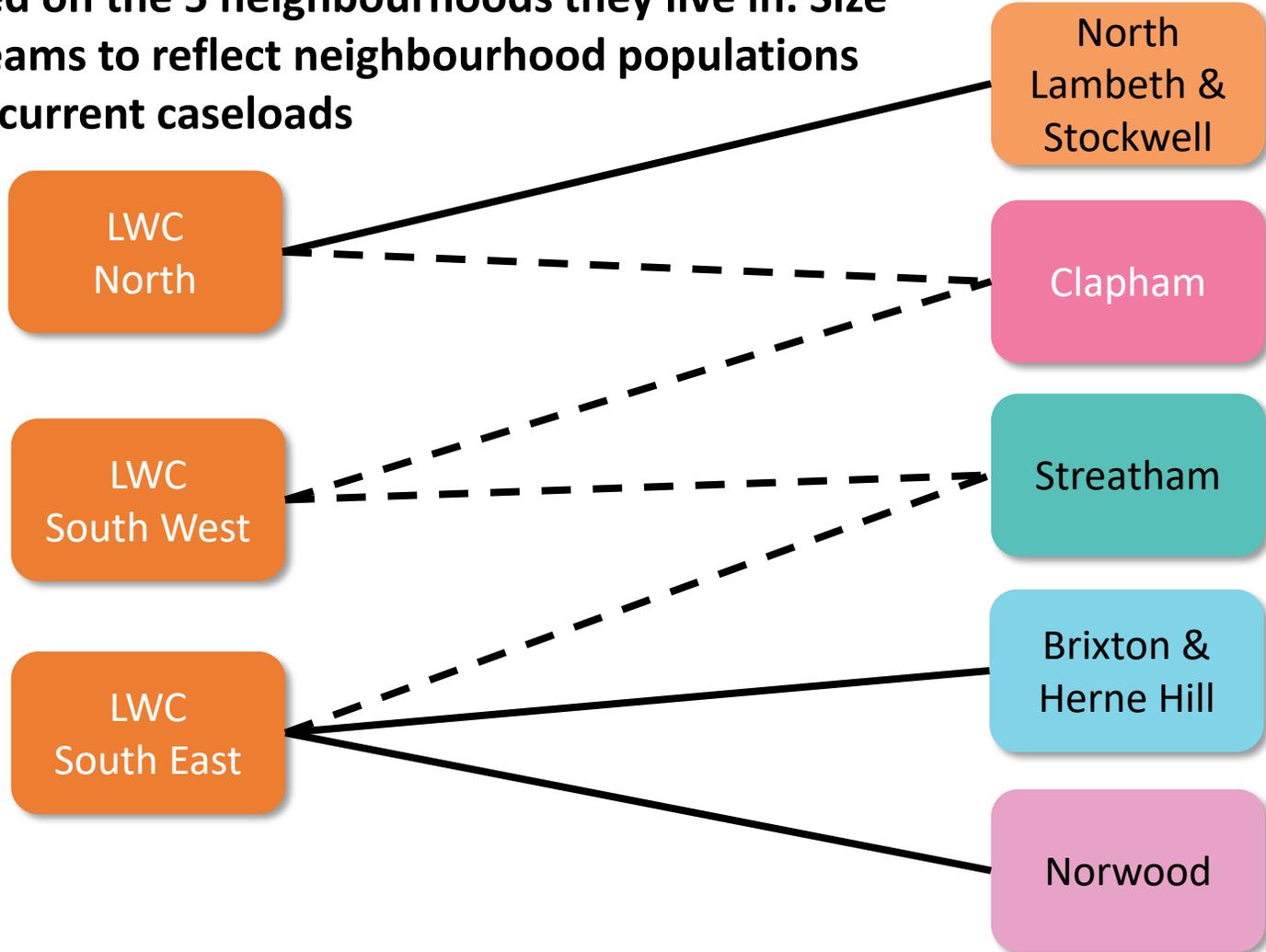
## 5<sup>th</sup> March 2026

# Contents

1. Neighbourhood working and VCSE (Voluntary, Community and Social Enterprise) procurement
2. Our new focus
3. Progress Report 2024/25
4. Short film - Marcus and the Evening Sanctuary
5. Meet Marcus

# Living Well Centres – Neighbourhood Working Proposal

Proposed to continue to operate out of our 3 LWCs, but to organise teams to support people based on the 5 neighbourhoods they live in. Size of teams to reflect neighbourhood populations and current caseloads



The 5 neighbourhoods agreed by Lambeth Together. No plans yet to have physical centres (buildings) in these.

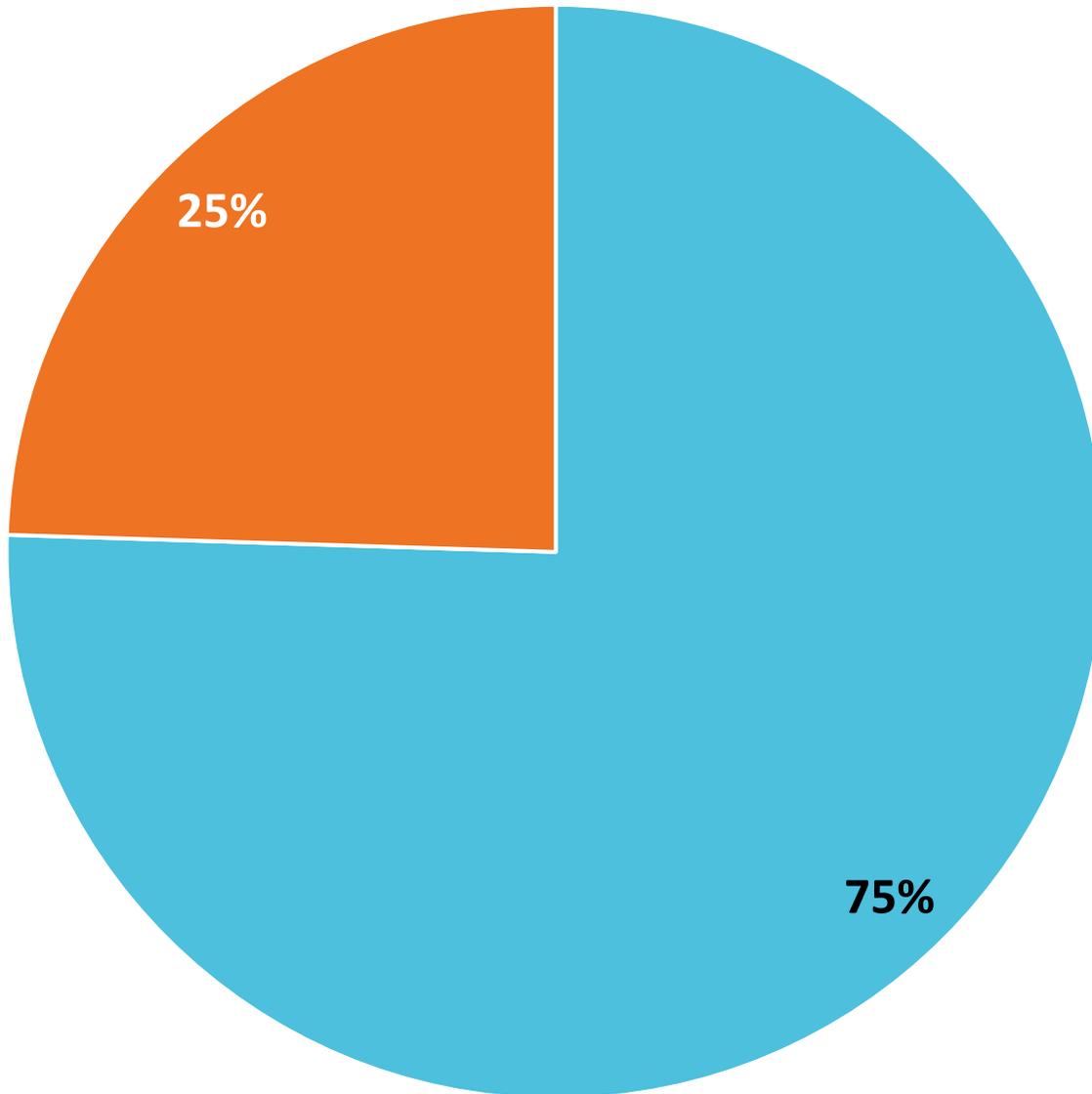
# SLaM VCSE Procurement

- Total recurring budget £675k pa. plus £75k for Community Partnership Officer.
- Contracts typically 2 years plus 1:
- 3 Lots:
  - Lot 1: **Enhanced Mental Health Crisis Prevention Service**: Up to the value of £250,000 ([Link to tender](#))
  - Lot 2: **Housing and Social Support Navigation**: Up to the value of £250,000 ([link to tender](#))
  - Lot 3: **Partnership Awards (small grants)**: Up to the value of £175,000 (typically between £2k and £20k per organisation)
- Lots 1 and 2 are out to tender – deadline to submit 30/3/26
- Lot 3 being managed by SLaM's Community Partnership Officer – Jerome Martello

# In June 2025 we agreed to focus on three things

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

# Reduce crisis presentations for people already engaged with services

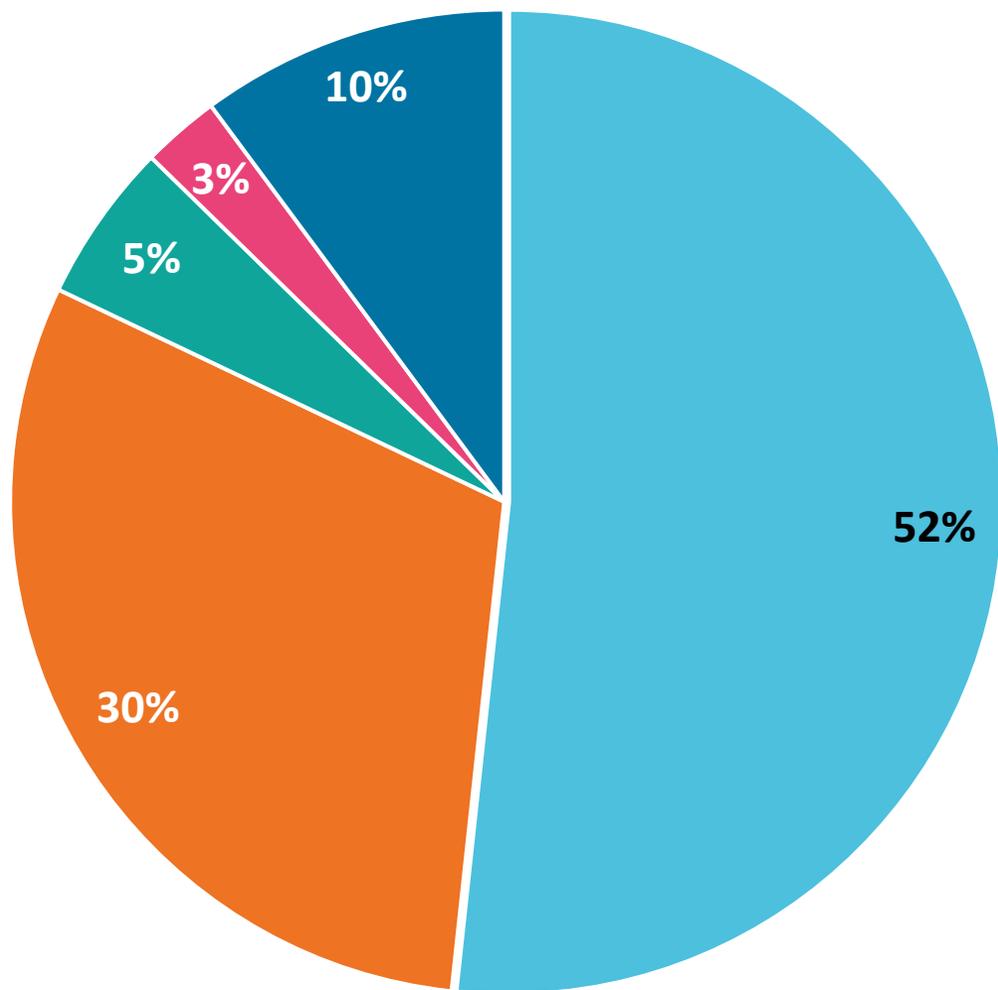


■ Prior contact

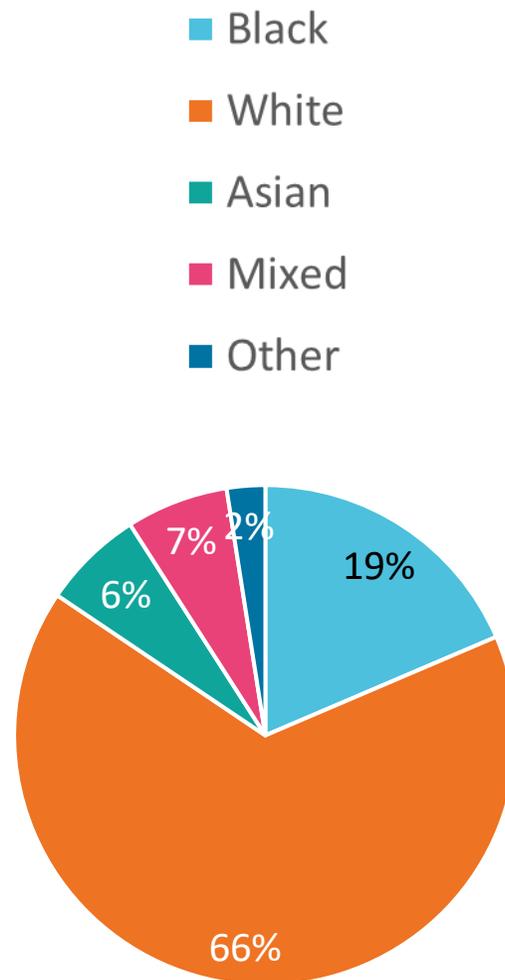
■ No prior contact

Attendances at A&E by Lambeth residents seeking mental health support 2025-26 (Apr-Dec) by prior recorded contact with mental health services

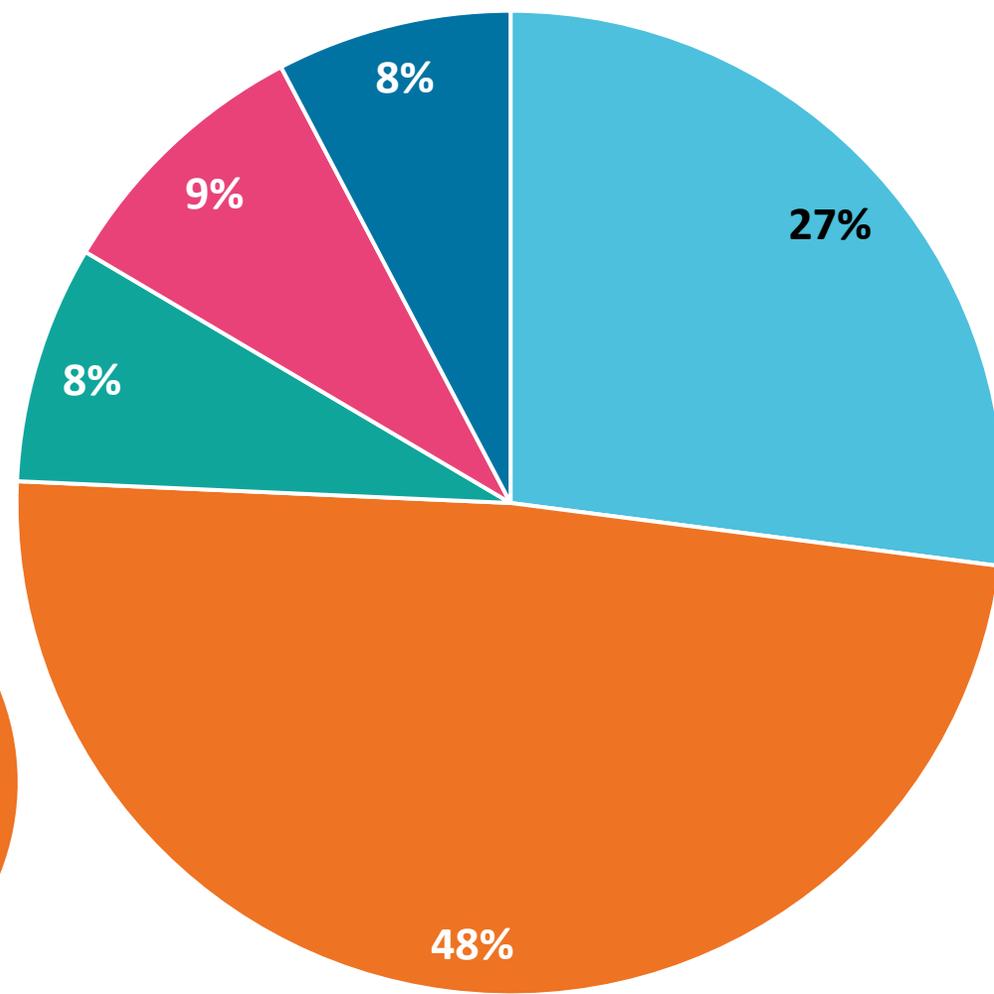
# Increase the proportion of Black people getting early support and reduce proportion using crisis services



**HIGH** and **VERY HIGH** intensity LWNA support  
2025/26 (Apr-Dec) by ethnicity



Lambeth population aged  
18-64 GLA projection  
2026 by ethnicity



**MEDIUM** and **LOW** intensity LWNA support  
2025/26 (Apr-Dec) by ethnicity

# Supporting more people with the same resources

More people being supported in 2025/25 compared with previous year...

- 12% more MH referrals from St Thomas' A&E
- Average of 97.7 beds used in 2024/25, 15% more than the previous year and well above the 81 beds we have available
- 53% increase in Crisis Outreach Referrals
- 34% increase in people supported by our Living Well Centres

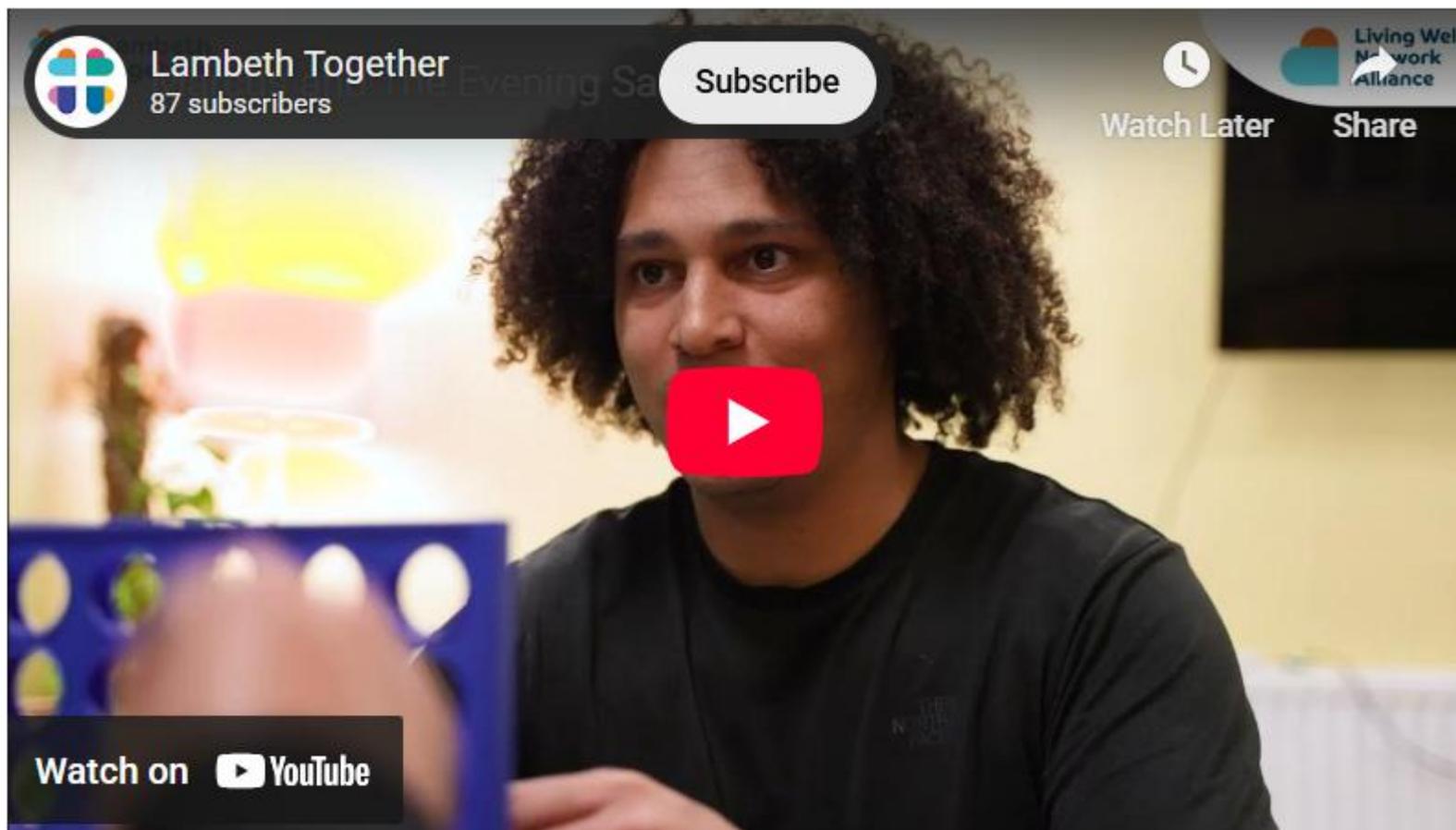


# Progress Report 2024/25

- WORK - our IPS (Independent Placement and Support) service worked with 360 people with serious mental illness to get into work in 2024/25, with 56 people successfully finding employment
- EQUALITY – the percentage of people being sectioned who are Black in 24/25 fell to 48% in 24/25 from 52% in 23/24 and 59% in 22/23
- CRISIS - the Evening Sanctuary at Mosaic Clubhouse directly avoided 839 A&E attendances in 2024/25 (over 4,000 A&E attendances avoided over the life of the Evening Sanctuary)



# Marcus and the Evening Sanctuary



# Meet Marcus

## Lambeth Together Care Partnership Board

<b>Title</b>	Lambeth Primary Care Commissioning Committee Update
<b>Meeting Date</b>	5 <sup>th</sup> March 2026
<b>Author (&amp; role / title/s)</b>	Anna Marcus – Associate Director of Primary and Community Care 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 and support the content of the slide pack; &
2. Ratify decisions made at the Primary Care Commissioning Committee on the 21<sup>st</sup> January 2026 as well as the Extraordinary Primary Care Commissioning Committee on the 14<sup>th</sup> January 2026.

### 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 general practice services in our community. 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 21<sup>st</sup> January 2026 and the Extraordinary Primary Care Commissioning Committee on the 14<sup>th</sup> January 2026 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:

- Supporting workforce and learning opportunities to develop and deliver services sensitive to our populations.
- Identifying undiagnosed Chronic Kidney Disease.
- Investing in our Special Allocation Services (SAS).

# Lambeth Together Primary Care Commissioning Committee (LTPCCC)

Key Decisions & Updates from  
Wednesday 14th January 2026  
Wednesday 21<sup>st</sup> January 2026



Working in partnership for a healthier borough

# LTPCCC Part Two Extraordinary – Lambeth Offer 26/27 schemes



- Comprehensive review of the Lambeth Offer for 26/27, focusing on financial allocations, proposed changes to service specifications, and use of 26/27 as foundation year for transitioning to new commissioning and payment models
- All decisions subject to final budget received and sign-off
- Proposed budget for 26/27 largely the same, with a reduction in the quality and safety scheme budget to uplift the phlebotomy budget
- Service specification changes: 1) align seasonal flu payments to eligible cohorts; 2) streamline KPIs for SMI and physical health checks; 3) expand phlebotomy access and payment; 4) introduce aspirational targets for childhood immunisation
- Mobilisation currently focusing on developing Ardens dashboards for KPI monitoring
- PCCC approved:
  - 26/27 as a Transition Year, focusing on coding, data quality, Ardens-monitoring
  - Final Lambeth Offer specifications for 26/27, as well as proposed 26/27 funding envelopes aligned to 25/26 budgets, subject to affordability, with the exception of the Enhanced Prevention and shared care medicine scheme budgets (to be discussed at the March PCCC)
  - Agreed to support the continued review of financial methodologies, which may result in change from per weighted patient method of payment
  - Approved the contracting method for LGPIS to reflect the updated procurement advice and to note that both PMS and LGPIS schemes will be procured through a contract modification to existing GMS, APMS and PMS contracts

**Decision: Approved, the Board is asked to ratify this decision**



# LTPCCC Part Two – Estates Update



- An update was provided on the engagement exercise around the proposed co-location of the Lambeth Walk Group practice and Gray's Inn Medical / Vauxhall practice, which are in the process of finalising commercial, financial and legal agreements
- An updated business case and proposal will return to an upcoming PCCC

**PCCC determined the business case for co-location of Lambeth Walk Group Practice and Gray's Inn Medical / Vauxhall would return to the March PCCC.**

**There is no decision for ratification**



# LTPCCC Part Two – Request for change to Lambeth Walk catchment area



- An application was received to review an extension to the catchment area for Lambeth Walk Group Practice
- The request would be temporary until the permanent re-location of Lambeth Walk
- PCCC reviewed the reasons for the application, including the practice currently being located in temporary premises outside its usual catchment area and the issues this has created with registering new patients through 'Find a GP' online. This has resulted in a loss of over 1,000 patients registered over an 18 month period
- PCCC determined that before making a decision on the catchment area application, consultation with neighbouring practices would be required
- It was noted that a quality impact assessment would need to be completed

**An update will be reviewed at the March PCCC.**

**There is no decision for ratification**



# LTPCCC Part Two – Denosumab Service Contract variation



- A locally commissioned service for denosumab shared care was noted at the PCCC
- The budget for the denosumab service comes from the community services, budget

**For noting only**



# LTPCCC Part Two – uplift to a practice rent payment



- A review was conducted for an ongoing VAT-related rent uplift for a Lambeth practice
- The review determined that the VAT had been fully reimbursed by 22/23 and documentation of the cessation of continued payments would need to be communicated to the practice
- PCCC decision:
  - Confirmed that the original purpose of the rental uplift was fulfilled by the end of the financial year 22/23
  - Approved the cessation of the uplift payment from the beginning of FY 23/24 onwards
  - Approved the uplift overpayment be offset against the monies owed in relation to the 2017 and 2020 rent reviews, resulting in an updated net payment to the practice
  - This financial reconciliation, along with confirmation of the cessation of the uplift, to be documented in a written agreement issued to the practice

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



# LTPCCC Part Two – Rent overpayment to a practice



- The overpayment to a practice was due to a change in reimbursement practice
- The practice had been reimbursed 100% of lease rent instead of the previously approved 86.2%, resulting in an overpayment due to an administrative change
- At the time of the agreement, the practice had submitted a business case requesting retention of the 100% reimbursement due to full use of the premises. The business case did not go via a governance process.
- PCCC decided:
  - Approve 100% reimbursement from the current financial year (25/26)
  - Deferred the decision on historic overpayments until further documentation and evidence could be reviewed

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



# LTPCCC Part Two – APMS Care Home Update, paper 1



- The first paper shared the actions of the mobilisation plan that were completed, included status of patient registration, coverage of care homes and transition actions from the previous provider
- PCCC also discussed residual risks with the contract, noting challenges with the mobilisation and transition period and that not all care home patients in Lambeth have access to the enhanced service of the APMS contract
- PCCC noted:
  - Mobilisation of One Care Lambeth APMS contract has been successfully completed
  - Financial viability concerns due to list size, and mitigating actions in place
  - Clarification on communication and engagement timeline to return to March PCCC

**Updated actions to return to the March PCCC.**

**There is no decision for ratification**

# LTPCCC Part Two – APMS Care Home Update, paper 2



- The second paper described lessons learned from the procurement and mobilisation exercises
- Issues highlighted were the impact of AI-generated applications; confidentiality breaches; need for improved procurement and contracting processes
- Recommendations included SEL-wide recommendations to improve the procurement process, including application, evaluation, protections for confidential information, market engagement and timeline guidance, contracting updates, expectations during mobilisation
- Additional recommendations were made for the residual Lambeth-specific issues around this procurement process, including further engagement with care homes
- PCCC decided:
  - Approve the recommendations to strengthen future APMS and PSR based procurements and mobilisation processes
  - Approved the formal closure of the APMS care home procurement project (PRJ2079)
  - Noted the ongoing actions required to manage residual issues and system impacts arising from the outgoing provider's behaviour during mobilisation and exit

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

# LTPCCC Part Two – HBD PCN membership change



- An update was made to the Hill, Brook and Dales (HBD) Primary Care Network (PCN) agreement following the removal of Lambeth Healthcare Practice, the outgoing APMS care home contract provider
- The PCN decided against One Care Lambeth (OCL), the new care home provider, joining the PCN
- Funding for the Enhanced Health in Care Homes (EHCH) payments owed to OCL would be deferred until OCL is assigned to a PCN
- PCCC decided:
  - Approve the removal of Lambeth Healthcare Practice from the HBD PCN Network agreement effective from 14 December 2025
  - Agree the withholding of EHCH payments for OCL until their inclusion in a PCN
  - A future update is required for inclusion of OCL into a PCN

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



# LTPCCC Part One Meeting

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

## **Standing Items**

- Risk Update
- Quality Update
- Integrated Neighbourhood Teams Update

## **Paper for discussion**

- No additional papers were brought for discussion
- During the risk update, it was determined that an update on the impact of the national list cleansing exercise would be brought to an upcoming LTPCCC
- During the Quality update, it was determined that an update from the LAS Quality group would be brought to an upcoming LTPCCC



## Lambeth Together Care Partnership Board

<b>Title</b>	Lambeth Together Business Planning 2026/27
<b>Meeting Date</b>	05 March 2026
<b>Author (&amp; role / title/s)</b>	Warren Beresford, Associate Director Health and Care Planning and Intelligence Alex Jackson, Lambeth Together Programme Lead
<b>Lead / Presenters (&amp; role / title/s)</b>	Warren Beresford, Associate Director Health and Care Planning and Intelligence Alex Jackson, Lambeth Together Programme Lead

### This item is for;

<input type="checkbox"/>	<b>Information</b>	<input type="checkbox"/>	<b>Discussion</b>	<input checked="" 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. Note the progress made since the last Partnership Board meeting;
2. Provide feedback and approve the draft activities for 2026/27 outlined within the appendix of this pack; &
3. Approve the timeframes and remaining actions leading to the final Lambeth Together Health and Care Plan refresh for 26/27.

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

Lambeth Together Care Partnership Board January 2026  
Lambeth Together Care Partnership Board Seminar February 2026

### Summary of your community and stakeholder engagement

The priorities for Lambeth Together Delivery Alliances and Programme Areas are shaped through extensive engagement with a wide range of stakeholders including local residents and services users to ensure that action plans are responsive and will deliver outcomes to address local needs.

### Report summary and Impact on Inequalities

The purpose of this update is to share the draft activities proposed for inclusion within the refreshed Lambeth Together Health and Care Plan for 2026/27 and to seek feedback on these activities, ahead of the Plan's refresh.

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.

We are approaching the fourth year of *Our Health Our Lambeth*, the five-year Lambeth Together Health and Care Plan. The plan focuses on supporting people to lead healthy lives, improving prevention and early intervention, and making sure that people have access to and positive experiences of health and care services that they trust and meet their needs. The plan has a wide range of activities, supported by a positive and action-focused approach to equity for all protected characteristics including taking an anti-racist approach, to build trust and confidence with our communities.

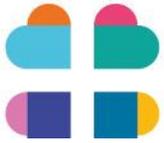
# Business Planning 2026-27

Lambeth Together Partnership Board

05 March 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:

- Shows the key milestones so far in developing the plan
- Shares the first full draft activities planned for the year ahead

## *Why this matters to you*

The activities 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 share the draft activities proposed for inclusion within the refreshed Lambeth Together Health and Care Plan for 2026/27 and to seek feedback on these activities, ahead of the Plan's refresh.

The board is asked to

1. Note the progress made since the last partnership board meeting
2. Provide feedback and approve the draft activities for 2026/27 outlined within the appendix of this pack
3. Approve the timeframes and remaining actions leading to the final Lambeth Together Health and Care Plan refresh for 26/27



# The process we've followed to develop our planned activities for the Health and Care Plan 26/27 refresh



December 25

January 26

February 26

- **Dec 25:** Initial draft activities for the **Population Health Improvement Plan** developed. Alliances and programmes identified 3–5 priority activities each, setting out how these improve access to high-quality, safe care and align with the national “three shifts”.
- **Dec 25:** Integrator organisations coordinated the **development of draft activities for the Neighbourhood Health Improvement Plan**.
- **Dec 25/Jan 26:** Alliances and programmes provided **progress updates on delivery of 2025/26 activities and detail on key achievements for the year**.
- **Jan 26:** **Summary of Lambeth Plans shared with South East London (SEL) central planning team to inform the SEL Strategic Plan** (SEL submitted plan to NHS England in February 26)
- **Feb 26:** **Planned activities from 2025/26 were reviewed alongside draft actions for 2026/27 to identify items to update, refine, or close**. Consolidated activities (see appendix) were **shared with alliance/programme leads to sense-check interpretation, with actions updated in line with feedback received**.

# Lambeth Together Health and Care Plan – Next Steps



The boxes below outline the key next steps to finalise and publish the Lambeth Together Health and Care Plan, and to ensure we are prepared to begin implementation in 2026/27

## Additional Plan Sections

- Draft sections covering Finance, Foreword, Equality, Diversity & Inclusion (EDI), Neighbourhood Working, Achievements, Enablers, and Lived Experience are in development and being consulted on with alliance and programme teams.
- Drafts will be shared with key stakeholders for review, and with Board members for comment at the Lambeth Together Partnership Board seminar in April.

## Impact Measures

- Metrics to track delivery of the plan are being reviewed to ensure they effectively capture intended outcomes and impact.

## Alignment with Parallel Plans and Strategies

- Work is underway to update our council-facing Integrated Health and Care Directorate business plan.
- In parallel, we are cross-checking the Lambeth Together Health and Care Plan against the emerging refreshed Health and Wellbeing Strategy to ensure full alignment and to confirm that the plan effectively supports delivery of the strategy.

## Governance

- Governance arrangements are being reviewed in preparation for 2026/27 to ensure assurance processes are robust, proportionate, and effective

# Broader Business Planning Timeline

SEL Strategic  
Commissioning Plan  
Health and Wellbeing  
Strategy

Lambeth Together Health  
and Care Plan

Lambeth Council  
Directorate Business Plan

	Key activity	Timeline
1	Submit Lambeth summarised plans to SEL central planning team to inform the final SEL Strategic Plan	Complete
2	Health and Care Plan Activities review: review 25/26 alongside draft activities for 26/27 to identify items that can be updated, refined, or closed. Share back with leads for review	Complete
3	Await further national guidance on requirements for the Local Neighbourhood Plan <i>(delayed with no timeline for publication)</i>	Delayed
4	The Board participated in an engagement and feedback to inform the developing Health and Wellbeing Strategy refresh and also received summary detail on the emerging Lambeth Together 26/27 priorities	Complete
5	Refine additional Sections content for the plan including Finance, Foreword, EDI, Neighbourhood working, Achievements, Enablers, lived experience	In Progress
6	Health and Care Plan draft Activities for 26/27 shared with Lambeth Together Partnership Board for feedback	5 <sup>th</sup> March
7	Produce initial draft plan and Key Performance Indicators for council facing Integrated Health & Care Directorate 26-27 Business Plan	Early March
8	Produce final draft plan and Key Performance Indicators for council facing Integrated Health & Care Directorate 26-27 Business Plan	Late March
9	Health and Wellbeing Strategy refresh to be sign off by Health and Wellbeing Board	25th March
10	Final Integrated Health & Care Directorate 26-27 Business Plan approved through Council Governance structure	Early April
11	Full Draft Lambeth Together Health & Care Plan including all sections to be presented at Board Seminar for feedback	2 <sup>nd</sup> April
12	Feedback incorporated into Health and Care Plan and shared with design team for final update	April-May
13	Final publishable Health and Care Plan 26-27 refresh shared for approval at Lambeth Together Partnership Board Meeting	June 26



# Ask of the the Board



The board is asked to

1. Note the progress made since the last partnership board meeting
2. Provide feedback and approve the draft activities for 2026/27 outlined within the appendix of this pack
3. Approve the timeframes and remaining actions leading to the final Lambeth Together Health and Care Plan refresh for 26/27





# APPENDIX

**Draft Lambeth activities for inclusion within our refreshed Lambeth Together Health and Care Plan for 2026-27**



# Action Plan 2026/27: Outcome A



Outcome	ID	Proposed Activity	Status
A. People maintain positive behaviours that keep them healthy:	1	Work with local communities, voluntary sector, Primary Care Networks (PCNs) and other partners to ensure residents have access to advice and support in community settings to stay well, which is tailored and culturally appropriate	Continuing activity from 2025/26
A. People maintain positive behaviours that keep them healthy:	3	Expand local Stop smoking service provision to reach key cohorts through a range of channels including specialist and community pharmacy provision, Targeted Lung Health Checks, the London Digital Service and targeted support in mental health services, Emergency Departments and for Children and Young People.	UPDATED activity for 2026/27
A. People maintain positive behaviours that keep them healthy:	4	Continue delivery of targeted Tier 2 lifestyle weight management programmes such as Fits Me Well and community men's groups to reach those that have highest need including Black African, Black Caribbean and Latin American communities.	UPDATED activity for 2026/27
A. People maintain positive behaviours that keep them healthy:	5	Develop a model for a SEL single point of access to enable more equitable access and provision of weight management services starting with Tiers 3 & 4.	UPDATED activity for 2026/27
A. People maintain positive behaviours that keep them healthy:	7	Deliver the Combatting Drugs Partnership plan to sustain engagement in treatment, strengthen continuity of care, and reduce drug-related harm, and achieving outcomes including maintaining the increased number of service users on treatment for alcohol and non-opiates.	UPDATED activity for 2026/27
A. People maintain positive behaviours that keep them healthy:	10	Conduct a Needs Assessment on Substance Misuse in Lambeth, using diverse data sources to understand current and future health and service needs in collaboration with partners and local communities.	Continuing activity from 2025/26
A. People maintain positive behaviours that keep them healthy:	NEW	Embed Phase 2 of Reducing the Strength to restrict high-strength alcohol and reduce harm.	NEW activity for 2026/27



# Action Plan 2026/27: Outcome B



Outcome	ID	Activity	Status
B. People are connected to communities that enable them to maintain good health:	20	Providing capacity building support to community and voluntary organisations to further assist their promotion of health and wellbeing and to continue to develop in our Black and diverse communities, trust and confidence in the health and care system	Continuing activity from 2025/26
B. People are connected to communities that enable them to maintain good health:	22	Continue to deliver cross-borough, data-led actions to tackle poverty, focusing on prevention and early intervention to improve outcomes for residents facing, or at risk of, financial hardship	Continuing activity from 2025/26
B. People are connected to communities that enable them to maintain good health:	23	Lambeth HDRC are delivering a Learning and Development programme to support council teams to build research capacity and capability, including research methods, analysis and report-writing. The HDRC's L&D programme will involve, and extend to, its Community Knowledge Network (a panel of residents with lived experience) and the HDRC will also be working with Black Thrive to deliver some sessions.	UPDATED activity for 2026/27
B. People are connected to communities that enable them to maintain good health:	26	There will be a focus on reviewing cases of infant deaths in Lambeth to identify common wider determinants of infant mortality. These findings will inform the development of an evidence-based programme aimed at addressing these determinants, using community and neighbourhood resources to strengthen support for parents, families, and children	Consolidated activity to commence in 2025/26
B. People are connected to communities that enable them to maintain good health:	NEW	Develop neighbourhood footprints around natural communities including establishing neighbourhood leads across all system partners, identifying health centres in each neighbourhood and testing ways of information sharing with grassroots voluntary and community sector organisations	NEW activity for 2026/27



# Action Plan 2026/27: Outcome C



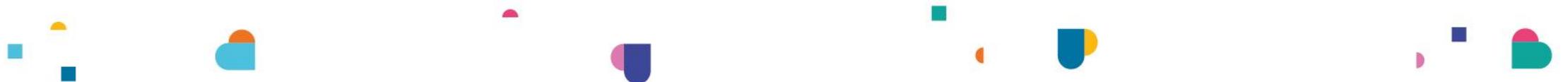
Outcome	ID	Activity	Status
C. People are immunised against vaccine preventable diseases:	28	Implement newly agreed local incentive scheme in General Practice to improve vaccination uptake in high risk groups	UPDATED activity for 2026/27
C. People are immunised against vaccine preventable diseases:	31	Health Visitors to continue to proactively check immunisation status of new-borns' and infants during routine health reviews and refer parents to GPs for vaccination where required, with a one-off audit proposed to assess consistency and coverage	Continuing activity from 2025/26
C. People are immunised against vaccine preventable diseases:	36	Continue to deliver community-led initiatives to increase awareness of vaccine-preventable diseases (VPDs) and to improve vaccine uptake across priority populations.	UPDATED activity for 2026/27
C. People are immunised against vaccine preventable diseases:	37	Work to ensure optimisation of out of hours and weekend vaccination provision across the borough.	
C. People are immunised against vaccine preventable diseases:	40	Vaccinations are discussed opportunistically with all families of children who have missed immunisations, as part of a whole-practice approach, by both clinicians and non clinicians in GP practices.	Continuing activity from 2025/26
C. People are immunised against vaccine preventable diseases:	NEW	Undertake an evaluation of the 2025/26 Flu Outreach and Engagement Strategy to assess its effectiveness and operational learning, and to inform preparedness, planning and delivery for the 2026/27 influenza season.	NEW activity for 2026/27



# Action Plan 2026/27: Outcome D



Outcome	ID	Activity	Status
D. People have healthy mental and emotional wellbeing:	46	Continue to develop and expand the Living Well Network Alliance's Culturally Appropriate Peer Support and Advocacy (CAPSA) - including its role in supporting the implementation of the Patient and Carer Race Equality Framework (PCREF).	Continuing activity from 2025/26
D. People have healthy mental and emotional wellbeing:	48	Implement the recommendations of the Joint Strategic Needs Assessment Health Profile of Mental Health in Lambeth to address the current and future health and service needs of our population	Continuing activity from 2025/26
D. People have healthy mental and emotional wellbeing:	51	Implement and monitor changes as part of the Patient and Carer Race Equality Framework (PCREF) programme to improve the access, experience and outcomes of the people we support from our Black, LGBTQ+ and other 'minority' communities	Continuing activity from 2025/26
D. People have healthy mental and emotional wellbeing:	52	Support South East London ICB to implement the multi-agency Single Point of Access (SPA) for mental health support, drawing together a range of services seeking to support children and young people and their families	Continuing activity from 2025/26
D. People have healthy mental and emotional wellbeing:	53	Offer varied emotional wellbeing provision for children and young people that is a cohesive and joined-up offer, that is well-communicated and enables improved access - develop a standardised approach to measuring outcomes across providers.	Continuing activity from 2025/26
D. People have healthy mental and emotional wellbeing:	54	As part of the Suicide Prevention Action Plan and feeding into the Autism strategy work with mental health services to improve the experience of people with autism - relevant recommendations from the evidence review on autism and suicide are considered and adopted	Continuing activity from 2025/26



# Action Plan 2026/27: Outcome E



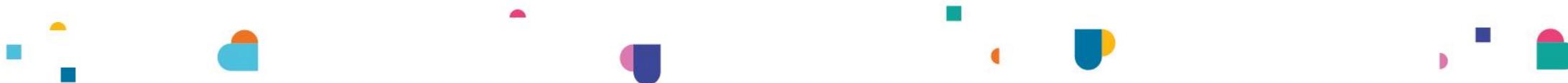
Outcome	ID	Activity	Status
E. People have healthy and fulfilling sexual relationships and good reproductive health:	64	We'll monitor and analyse what our services are delivering and who is accessing them across our clinical provision for abortion, integrated sexual and reproductive health services, GP, pharmacy and other service providers including outreach, whether the service is in clinic, online or in the community.'	Continuing activity from 2025/26
E. People have healthy and fulfilling sexual relationships and good reproductive health:	NEW	We will increase knowledge, confidence and skills to build healthy sexual relationships.	NEW activity for 2026/27
E. People have healthy and fulfilling sexual relationships and good reproductive health:	NEW	We will increase access to visible, accessible, comprehensive contraceptive services	NEW activity for 2026/27
E. People have healthy and fulfilling sexual relationships and good reproductive health:	NEW	We will target STI prevention testing and treatment services to people with the highest need	NEW activity for 2026/27
E. People have healthy and fulfilling sexual relationships and good reproductive health:	NEW	We will increase access to HIV testing and PrEP in a range of settings.	NEW activity for 2026/27



# Action Plan 2026/27: Outcome F



Outcome	ID	Activity	Status
F. People receive early diagnosis and support for physical health conditions:	81	Continue to develop NHS Health Checks programme delivered through General Practice building on the learning from Health Checks at Work and digital national pilots programme to increase uptake of checks with an increased focus of addressing health inequalities.	UPDATED activity for 2026/27
F. People receive early diagnosis and support for physical health conditions:	83	Local implementation at borough and neighbourhood levels of SEL Vital 5 priorities	Continuing activity from 2025/26
F. People receive early diagnosis and support for physical health conditions:	85	Continue to improve uptake of SMI Healthchecks in line with national target particularly for those of those 40 including men and Black men.	UPDATED activity for 2026/27
F. People receive early diagnosis and support for physical health conditions:	89	Promotion of Learning Disability (LD) Annual Health Check AHC amongst target population especially Black females, White Males and those under 25, whilst ensuring quality health checks and action plans are in place	UPDATED activity for 2026/27
F. People receive early diagnosis and support for physical health conditions:	NEW	Enhance early diagnosis, prevention, and management of long-term conditions including weight management medicines and reduce polypharmacy and overprescribing.	NEW activity for 2026/27



# Action Plan 2026/27: Outcome G



Outcome	ID	Activity	Status
G. People who have developed long term health conditions have help to manage their condition and prevent complications:	101	The Lambeth Community Diabetes Service will continue building on the established integrated model of care, to improve population health and reduce inequalities by exploring opportunities for patient initiated follow up appointments through risk stratification tools.	UPDATED activity for 2026/27
G. People who have developed long term health conditions have help to manage their condition and prevent complications:	107	Rollout delivery of the Pain: Equality of Care and Support in the Community (PEACS) programme across Lambeth with funding from Versus Arthritis.	UPDATED activity for 2026/27
G. People who have developed long term health conditions have help to manage their condition and prevent complications:	111	We will continue to promote and support the community pharmacy hypertension check service to increase options for patients/residents to have blood pressure checks, thereby improving identification of high blood pressure and increasing opportunities to provide healthy lifestyle advice and medicines optimisation for blood pressure and promote self-care.	UPDATED activity for 2026/27
G. People who have developed long term health conditions have help to manage their condition and prevent complications:	NEW	Enhance medicines value, safety and stewardship including preparation for innovative medicines	NEW activity for 2026/27
G. People who have developed long term health conditions have help to manage their condition and prevent complications:	NEW	Enhance early diagnosis, prevention, and management of long-term conditions including weight management medicines and reduce polypharmacy and overprescribing.	NEW activity for 2026/27



# Action Plan 2026/27: Outcome H



Outcome	ID	Activity	Status
H. When emotional and mental health issues are identified; the right help, support and diagnosis is offered early and in a timely way:	50	Embed use of Dialogue + patient outcome reporting tool, to ensure a robust and consistent process to capture treatment satisfaction and feedback.	UPDATED activity for 2026/27
H. When emotional and mental health issues are identified; the right help, support and diagnosis is offered early and in a timely way:	119	The Living Well Network Alliance will implement a revised model for the Singe Point of Access to deliver a sustainable service and ensure people get the right support in a timely fashion.	UPDATED activity for 2026/27
H. When emotional and mental health issues are identified; the right help, support and diagnosis is offered early and in a timely way:	130	We will continue to develop and deliver our Mental Health School Teams in Lambeth schools and improve the diversity in ethnicity of children and young people accessing this support in line with national targets for rollout.	UPDATED activity for 2026/27
H. When emotional and mental health issues are identified; the right help, support and diagnosis is offered early and in a timely way:	NEW	Finalise and implement a revised community model with greater alignment to Lambeth Together approach to neighbourhood working.	NEW activity for 2026/27
H. When emotional and mental health issues are identified; the right help, support and diagnosis is offered early and in a timely way:	NEW	Increase the proportion of Black people receiving support and reduce their Mental Health crisis services use.	NEW activity for 2026/27



# Action Plan 2026/27: Outcome I



Outcome	ID	Activity	Status
I. People have access to joined-up and holistic health and care delivered in their neighbourhoods:	133	The Neighbourhood and Wellbeing Delivery Alliance (NWDA) will support the creation and evaluation of health and care community networks (as part of the Thriving Communities programme) to inform neighbourhood service development with a particular focus on providing an equitable and localised offer of health and social care for all our residents	Continuing activity from 2025/26
I. People have access to joined-up and holistic health and care delivered in their neighbourhoods:	134	Lambeth Together partners will test, develop and implement new models of Integrated Neighbourhood Teams to support those with multiple long term conditions, drawing on the learning from the National Neighbourhood Health Implementation Programme (NNHIP).	UPDATED activity for 2026/27
I. People have access to joined-up and holistic health and care delivered in their neighbourhoods:	140	Refine and develop the approach to Population Health Management around the Core20 to target unmet need and reduce system demand.	UPDATED activity for 2026/27
I. People have access to joined-up and holistic health and care delivered in their neighbourhoods:	219	Mobilise the Lambeth Offer in General Practice to improve consistency, reduce variation and improve population health outcomes.	UPDATED activity for 2026/27
I. People have access to joined-up and holistic health and care delivered in their neighbourhoods:	NEW	Continue to improve the primary-secondary care interface and implement the recommendations of the Red Tape Challenge (RTC) and 'Bridging the Gap'.	NEW activity for 2026/27
I. People have access to joined-up and holistic health and care delivered in their neighbourhoods:	NEW	Advance the Act Early South London programme to enable health inequalities discovery, prioritisation and preparation for neighbourhood and community-based intervention design and evaluation.	NEW activity for 2026/27
I. People have access to joined-up and holistic health and care delivered in their neighbourhoods:	NEW	Lambeth Together partners will test, develop and implement Integrated Neighbourhood Teams for children and young people with complex needs, including identification of priority areas and piloting of neighbourhood-based models.	NEW activity for 2026/27
I. People have access to joined-up and holistic health and care delivered in their neighbourhoods:	NEW	Lambeth Together partners will test, develop and implement new models of Integrated Neighbourhood Teams to support those who are frail.	NEW activity for 2026/27



# Action Plan 2026/27: Outcome J



Outcome	ID	Activity	Status
J. People know where to go to get the right help, and are treated at the right time, in the right place, for their needs:	146	Demand management including review of ways to implement best practice and improve access to same day emergency care and alternative appointment slots in community/primary care including promotion of 111 online v telephone 111 and use of Pharmacy First for 7 clinical conditions	Continuing activity from 2025/26
J. People know where to go to get the right help, and are treated at the right time, in the right place, for their needs:	150	Increase the use of digital tools including the NHS app so that patients may more easily be equipped to take greater control over their health and care and to access care at the right time and place for example ordering repeat prescriptions. Establish a digital-by-default approach where appropriate, while retaining inclusive options for those who cannot access digital tools.	UPDATED activity for 2026/27
J. People know where to go to get the right help, and are treated at the right time, in the right place, for their needs:	156	Increase referrals by primary care via Consultant Connect's Single Point of Access into Same-Day Emergency Care, increase communications and engagement with primary care to raise awareness of Same-Day Emergency Care and access criteria - monitor activity, demand and any unmet demands for Same-Day Emergency Care at both GSTT and Kings	Continuing activity from 2025/26
J. People know where to go to get the right help, and are treated at the right time, in the right place, for their needs:	221	Ongoing evaluation of potentially suitable digital solutions for management of front door of Emergency Departments, learning from Kings Denmark Hill digital front door implementation	UPDATED activity for 2026/27
J. People know where to go to get the right help, and are treated at the right time, in the right place, for their needs:	222	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 Integrated Neighbourhood Teams (INTs).	UPDATED activity for 2026/27
J. People know where to go to get the right help, and are treated at the right time, in the right place, for their needs:	NEW	Expand clinical pharmacy roles, support independent prescribing, and integrate pharmacists into multi-disciplinary teams to improve prevention, communication and access.	NEW activity for 2026/27



# Action Plan 2026/27: Outcome K



Outcome	ID	Activity	Status
K. Older adults are provided with the right health and care support at the right time, live healthy and active later lives and are supported to age well:	167	Continue to deliver Lambeth's Age-Friendly Action Plan to ensure access to affordable community support and health services to enable older residents to keep healthy, independent, active and support ageing well, including with VCS partners such as Age UK Lambeth to deliver Exercise and Socialise.	UPDATED activity for 2025/26
K. Older adults are provided with the right health and care support at the right time, live healthy and active later lives and are supported to age well:	168	Commission a revised reablement model 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	UPDATED activity for 2025/26
K. Older adults are provided with the right health and care support at the right time, live healthy and active later lives and are supported to age well:	173	Deliver key priorities in Year 3 of the Lambeth Carer's strategy to support carers to maintain their health and wellbeing.	UPDATED activity for 2026/27
K. Older adults are provided with the right health and care support at the right time, live healthy and active later lives and are supported to age well:	177	Exercise providers in the borough are developing and expanding their provision where they can and are developing staff and public information to guide people to the correct type and level of activity and exercise for their needs. Further falls prevention training for care homes is underway and planned for completion in 2026/27.	UPDATED activity for 2026/27
K. Older adults are provided with the right health and care support at the right time, live healthy and active later lives and are supported to age well:	180	Continue activity to deliver inclusive adult social care services ensuring an inclusive environment where all service users, including Black and LGBTQ+ resident, feel safe and accepted for who they are. This will include completion of the Pride in Care training and assessment in all older people's care homes in Lambeth. A new LGBTQ+ Commissioning Action Plan will also be launched, informed by the recent LGBT Hero Community Consultation on inclusive care in the community.	UPDATED activity for 2026/27



# Action Plan 2026/27: Outcome L



Outcome	ID	Activity	Status
L. Women have positive experiences of maternal healthcare and do not experience a disproportionate maternal mortality rate:	182	Work with colleagues across the system to pull together a comprehensive dataset for Lambeth women using maternity services to counter significant inequalities in experience. This includes partnership working through Local Maternity and Neonatal Systems (LMNS) consolidating maternity metrics across providers and utilisation of analytic resources produced by SEL BI team, such as, Core20PLUS5. This will allow us to create a localised action plan to meet the specific needs of Lambeth women	Continuing activity from 2026/27
L. Women have positive experiences of maternal healthcare and do not experience a disproportionate maternal mortality rate:	183	Feed into the delivery plan at the Local Maternity and Neonatal level in South East London, ensuring reporting into and alignment with the Lambeth Together Children and Young Person Delivery Alliance.	UPDATED activity for 2026/27
L. Women have positive experiences of maternal healthcare and do not experience a disproportionate maternal mortality rate:	184	Make progress towards the national safety ambition to reduce stillbirth, neonatal mortality, maternal mortality and serious intrapartum brain injury	Continuing activity from 2026/27
L. Women have positive experiences of maternal healthcare and do not experience a disproportionate maternal mortality rate:	185	Ensure all women have personalised and safe care through every woman receiving a personalised care plan and being supported to make informed choices, including increased use of continuity of midwifery care	Continuing activity from 2026/27
L. Women have positive experiences of maternal healthcare and do not experience a disproportionate maternal mortality rate:	186	Improve access to perinatal mental health services	Continuing activity from 2026/27
L. Women have positive experiences of maternal healthcare and do not experience a disproportionate maternal mortality rate:	NEW	Implementation and spread of the Maternity Disadvantage Assessment Tool, and its use alongside local population datasets to inform targeted support and future neighbourhood-based maternity models.	NEW activity for 2026/27



# Action Plan 2026/27: Outcome M



Outcome	ID	Activity	Status
M. People with learning disabilities and/or autism achieve equal life chances, live as independently as possible and have the right support from health and care services:	188	The Lambeth Intensive Support Function will go live in early 2026 to offer a prevention and crisis intervention service for people with learning disabilities at risk of placement breakdown and/or hospital admission. The Community Autism Service is in development to support autistic people who are at risk of admission through therapeutic and other interventions	UPDATED activity for 2026/27
M. People with learning disabilities and/or autism achieve equal life chances, live as independently as possible and have the right support from health and care services:	190	The Approved Provider List tender will go live in Q2 2025/27. Reviews of individual placements continue under the principles of Right Sizing Care.  The SEL LDA Accommodation with Care Strategy (hosted by Lambeth) is developing a cross-SEL view of the long term demand for housing and accommodation with care in the community and lead collaborative projects across Place services thereby allowing people to live independently close to communities and families and reducing the use of inpatient care.	UPDATED activity for 2026/27
M. People with learning disabilities and/or autism achieve equal life chances, live as independently as possible and have the right support from health and care services:	192	Developing new supported employment and internship opportunities through our health and care partners, including a bespoke offer for Adult Social Care clients through Connect to Work.	UPDATED activity for 2026/27
M. People with learning disabilities and/or autism achieve equal life chances, live as independently as possible and have the right support from health and care services:	193	Continue to deliver the All Age Autism Strategy and Universal Access Fund to offer targeted family support and reach individuals early, build confidence and reduce the likelihood of escalating support needs.	UPDATED activity for 2026/27
M. People with learning disabilities and/or autism achieve equal life chances, live as independently as possible and have the right support from health and care services:	NEW	Local roll out of Phase 2 of the Digital Dynamic Support Register (DDSR) as the core tool and framework for preventing escalations that lead to placement breakdown and admission to hospital though ensuring effective partnership working and flexible coordination of resources, for CYP and adults with learning disabilities and autistic people.	NEW activity for 2026/27
M. People with learning disabilities and/or autism achieve equal life chances, live as independently as possible and have the right support from health and care services:	NEW	Improve access to Positive Behaviour Support and the impact for those experiencing inequalities due to the intersectionality of their LD or autism and their racial or cultural background. Targeted support to those who need it most is a tool to prevent escalating challenging behaviour.	NEW activity for 2026/27



# Action Plan 2026/27: Outcome N



Outcome	ID	Activity	Status
N. People using mental health support services can recover and stay well, with the right support, and can participate on equal terms in daily life	203	Work with statutory partners to ensure work opportunities for people with Severe Mental Illness (SMI) and other long term conditions and ensure full mobilisation and monitoring of the Living Well Network Alliance Individual Placement Support Service (IPS) to enable more people with SMI to achieve their goal of sustainable paid work with a fair wage whilst accessing support to help find and maintain employment and monitor the service against intended goals	Continuing activity from 2025/26
N. People using mental health support services can recover and stay well, with the right support, and can participate on equal terms in daily life	205	Deliver on the reprovision of the Lambeth Hospital together with SLaM, including the mobilisation of a redesigned inpatient care model to provide better quality and more culturally appropriate clinical service	Continuing activity from 2025/26



# Action Plan 2026/27: Outcome O



Outcome	ID	Activity	Status
O. People who are homeless, or at risk of becoming homeless, (including rough sleepers and refugees) have improved health:	209	The Lambeth Rough Sleeping Outreach Team will continue to target all rough sleepers found in Lambeth to ensure everyone is offered a route off the streets. Long term entrenched rough sleepers will continue being case worked by specialist roles within the team such as a Living On The Streets worker, and embedded roles such as a Public Protection Officer.	UPDATED activity for 2026/27
O. People who are homeless, or at risk of becoming homeless, (including rough sleepers and refugees) have improved health:	211	Implement the recommissioned Vulnerable Adults Pathway and the Rough Sleeping Outreach Service with a focus on enhancing access to mental and physical health services, as well as drug and alcohol support	UPDATED activity for 2026/27
O. People who are homeless, or at risk of becoming homeless, (including rough sleepers and refugees) have improved health:	224	Lambeth will commission a new rough sleeping outreach service that can respond to the current demands and changing needs of rough sleeping.	Continuing activity from 2025/26





# Appendix - Glossary



# Understanding Lambeth Together's Language



<b>Lambeth Together</b>	Lambeth Together is a Local Care Partnership of the NHS, local authority, the voluntary sector, and others, focused on improving health and wellbeing and reducing inequalities for people in Lambeth through an integrated health and care partnership.
<b>Southeast London Integrated Care Systems (SEL ICS)</b>	A range of organisations – the NHS, our local authorities, the voluntary, community and social enterprise (VCSE) sectors that play a role in organising and providing health and care in Southeast London and need to work together to better serve local people.
<b>NHS Southeast London Integrated Care Board (ICB)</b>	A statutory body responsible for allocating resources, high-level planning and overseeing the performance of our health and care system. The NHS Southeast London ICB is the legal name for the Board and the public name for the ICB is NHS Southeast London.
<b>Provider Collaboratives (PCs)</b>	Partnerships between groups of NHS providers such as our acute providers, namely Guys and St Thomas's and Kings College London, and our mental health providers, such as the South London and Maudsley NHS trust, responsible for working together to make better use of resources and improve the quality of more specialist services.
<b>Local Care Partnership (LCP)</b>	Each 'Place' or Borough within the SEL ICS has a Local Care Partnership convening local authorities, NHS organisations and the VCSE in our boroughs responsible for developing and overseeing out of hospital care. Lambeth Together Care Partnership is the local care partnership for Lambeth.
<b>Lambeth Together Care Partnership Board</b>	The Lambeth Together Care Partnership Board is made up of different members within the Local Care Partnership. A bi-monthly formal meeting is held where members of the Local Care Partnership meet to discuss matters and make decisions regarding the health and wellbeing for the people in Lambeth.
<b>Board Member</b>	A Board member has decision making powers when the Board are making decisions on behalf of the Local Care Partnership. The members are from different organisations within the Local Care Partnership and have those decision-making powers on behalf of their organisations. Patient and Public Voice (PPV) members are also members of the Board and have decision making powers but do so on behalf of the public. Non-voting members are members of the Board but do not have decision making powers.
<b>Public Forum</b>	A public forum is held bi-monthly before the Lambeth Together Care Partnership Board meetings. The forum is an informal meeting for people and groups interested in health and care to meet local decision makers, ask questions, and share what matters to themselves and their communities, with a chance to influence plans for health and care in Lambeth.
<b>Commissioning / Commissioner</b>	Planning, agreeing and monitoring services, ranging from the health-needs assessment for a population, through the clinically based design of patient pathways, to service specification and contract negotiation or procurement, with continuous quality assessment.



Acronym	Term
ADASS	Association of Directors of Adult Social Services
ASC	Adult Social Care
AHP	Allied Health Professional
APMS	Alternative Provider Medical Services
BI	Business Intelligence
CCG	Clinical Commissioning Group (dissolved and now ICB)
CCPL	Clinical and Care Professional Lead
CYP	Children and Young People
DAS	Director of Adult Social Care
DCS	Director of Children's Social Care
DPH	Director of Public Health
EHCH	Enhanced Health in Care Homes
GP	General Practice
GSTT	Guy's and St Thomas' NHS Foundation Trust
HAWK	Health Checks at Work
HWBB	Health and Wellbeing Board
ICB	Integrated Care Board
ICS	Integrated Care System
IPS	Independent Placement and Support
IST	Intensive Support Service
INT	Integrated Neighbourhood Team
KCH	Kings College Hospital NHS Foundation Trust
KHP	Kings Health Partners
KPI	Key Performance Indicator
LARC	Long-acting Reversible Contraception
LGPPA	Lambeth General Practice Provider Alliance

Acronym	Term
LCP	Local Care Partnership
LDA	Learning Disabilities & Autism
LeDer	The Learning Disability Mortality Review
LGA	Local Government Association
LMNS	Local Maternity and Neonatal System
LWNA	Living Well Network Alliance
LTAG / LTEG	Lambeth Together Assurance Group / Lambeth Together Executive Group
MHLD	Mental Health and Learning Disabilities Service
MLTC	Multiple Long-Term Conditions
MO / Meds Op	Medicines Optimisation
NNHIP	National Neighbourhood Health Implementation Programme
NWDA	Neighbourhood and Wellbeing Delivery Alliance
OCL	One Care Lambeth
PBS	Positive Behaviour Support
PCCC	Primary Care Commissioning Committee
PCN	Primary Care Network
PLT	Protected Learning Time
PrEP	Pre-Exposure Prophylaxis
PTOG	Primary Care Transformation and Operational Delivery Group
PEACS	Pain: Equality of Care and Support
PHE	Public Health England
Place	Refers to the local borough
SAS	Special Allocation Services
SPA	Single Point of Access
SEL	South East London
SLaM	South London and Maudsley NHS Foundation Trust
SMI	Severe Mental Illness
SWL	South West London
System	Refers to the South East London Integrated Care System (SEL ICS)
VCS	Voluntary Care Sector
VCSE	Voluntary Community and Social Enterprise

