Lambeth together

NHS
South East London

Our Health, Our Lambeth

Lambeth Together health and care plan 2023–28: Year 3 Review and Action Plan for 2026/27

Lambeth

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About this document

Title: Our Health, Our Lambeth - Lambeth Together health and care plan: Year 3 Review and Action Plan for 2026/27

Purpose: Third of our annual reviews for 'Our Health Our Lambeth' 2023–2028. An outline of how health and care services in Lambeth have worked together to improve health and wellbeing outcomes in 2025/2026 and our action plan for 2026/2027

Approved by: Lambeth Together Care Partnership Board

Date: 11 June 2026

Year 3 – Chair's Foreword

We are now over halfway through delivering Our Health, Our Lambeth 2023–28, our shared five-year plan for improving health and care across the borough.

As we refresh the plan for the next two years, it continues to provide a strong and stable framework for partnership working across the NHS, local government and the voluntary and community sector. Together, we remain focused on maintaining momentum while responding to the financial, workforce and operational pressures facing the health and care system.

Our priorities remain aligned with the national reform agenda set out in the government's 10 Year Health Plan, particularly the shift towards a more preventative, community-based and digitally enabled Neighbourhood Health Service. In Lambeth, this ambition is grounded in the needs, strengths and aspirations of our communities.

Over the past year, we have strengthened place-based leadership and collaboration across our partnership. We were pleased to be selected, alongside Southwark, as a national first-wave site for the National Neighbourhood Health Implementation Programme. This recognises the strength of partnership working already underway locally and provides valuable national support to accelerate our ambitions for neighbourhood working. Through co-design with residents, frontline staff and partners, we are testing new approaches focused on proactive outreach, personalised support and more joined-up care. The learning from this work will inform the rollout of Integrated Neighbourhood Teams across Lambeth.

We have also continued to make tangible progress in improving access to services and delivering care closer to home. The opening of the Women and Girls' Health Hub at Minnie Kidd House marks an important step in expanding community-based women's health services. The Lambeth, Southwark and Lewisham Sexual Health Alliance is strengthening collaboration across boroughs to deliver more equitable and accessible services. In mental health, the Evening Sanctuary at Mosaic Clubhouse continues to offer a safe and supportive alternative to A&E for people in crisis.

Prevention and tackling health inequalities remain at the heart of our work. Over the past year, we have expanded delivery of our Tobacco Control Plan, strengthened vaccination outreach in community settings and tested new approaches across programmes supporting healthy weight, health checks and staying well. Lambeth has also secured funding from Versus Arthritis to support a borough-wide rollout of the Pain: Equality of Care and Support in the Community (PEACS) programme, helping to improve support for residents living with chronic pain, particularly within Lambeth's Black communities.

Alongside this, we have continued to progress key initiatives supporting residents who experience the greatest health inequalities, including our Age Friendly Action Plan, All Age Autism Strategy, Carers Strategy and bespoke LGBTQ+ healthcare support. We have also embedded the principles of the Patient and Carer Race Equality Framework across our programmes, reinforcing our commitment to addressing systemic racism and ensuring services are shaped by lived experience.

Our Health, Our Lambeth remains a living plan, aligned with the Lambeth 2030 Borough Plan, the Lambeth Health and Wellbeing Strategy and South East London's Strategic Commissioning Plan. Our progress continues to be shaped by meaningful engagement with residents and partners.

As we look ahead, our focus is on building on what works, scaling integrated neighbourhood models and translating strong collaboration into sustained improvements in outcomes, experience and equity.

We would like to thank everyone across our partnership and communities who continues to contribute to this shared endeavour. Together, we remain committed to building a more joined-up, preventative and neighbourhood-based health and care system for Lambeth – improving health and wellbeing for all residents while narrowing the gap for those facing the poorest outcomes.

https://www.lambethtogether.net/long-read/our-health-our-lambeth/

Dr Dianne Aitken, Lambeth GP
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What is Lambeth Together?

Established in 2017, Lambeth Together is a partnership of the voluntary and community sector, the NHS, Lambeth Council, and others, focused on improving health and wellbeing and reducing inequalities for people in Lambeth through an integrated health and care system.

In the past, divisions between hospitals and family doctors, between physical and mental health and between NHS and Council services have meant that many experience disjointed care. Furthermore, these impacts are not felt equally - with poverty, racism and inequality contributing to worsened health outcomes for many.

Lambeth Together coordinates health and care across our borough to remove unhelpful divides, making services easier to access and better suited to people's needs. This helps people get the right care and support in the right place, as early as possible and will benefit our population in achieving better health in the decades to come.

‘Our Health, Our Lambeth’ Lambeth Together Health and Care Plan

Three years ago, the Lambeth Together Care Partnership launched Our Health, Our Lambeth 2023–2028, committing to an ambitious five-year plan to improve health and wellbeing and tackle the persistent inequalities experienced by communities across the borough.

The Lambeth Together Health and Care Plan establishes how health and care services are working together to improve outcomes and achieve our shared aspirations, including the activities we are delivering, the principles of how we work and how we are measuring our impact. See our Year Two 2024–25 annual review here.

Over the past year, we have taken initiatives that reflect the priorities set out in the plan. Significant progress has been made in developing more integrated working across health and care at neighbourhood level. Learning from early implementation has informed the ongoing development of Integrated Neighbourhood Teams, bringing together NHS Trusts, primary care, local authority services and the voluntary and community sector to work more closely together. This approach will strengthen coordination, improve pathways and support more joined-up care for residents.

Tackling inequalities and addressing the impact of systemic racism remains central to our work. Over the past year, partners have continued to advance the Patient and Carer Race Equality Framework (PCREF), embedding learning across mental health services and wider partnership activity to ensure care is equitable, responsive and informed by lived experience. Our commitment to anti-racism continues to shape how we design, deliver and evaluate services.

At the heart of **Our Health, Our Lambeth** is the voice of our community. Engagement with residents, partners and frontline staff continues to inform delivery and ensure our actions reflect the realities of people’s lives.

As we enter year four, this annual review reflects both the progress we have made together and our continued determination to deliver care that is designed around the needs, strengths and lived experiences of Lambeth’s communities.

Our annual review demonstrates how learning from the first three years of delivery is shaping our next phase of work. The 2026/27 action plan will focus on ensuring 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.

We also recognise the uncertain and developing financial and legislative landscape in which we are making these plans. As far as is possible, these plans represent our current priorities and intention for 2026/27, but will be subject to ongoing review in response to emerging national guidance and any changes in our responsibilities and shared arrangements.

Our Priorities

We prioritised eight population groups and health issues where we will work together to improve health and wellbeing - we call these our 'Delivery Alliances' and our Programmes. They are responsible for bringing together our partners and people with lived experience to plan and manage initiatives that will join-up services, improve outcomes and address inequalities.

Children and Young People Delivery Alliance

Supporting children and young people in Lambeth to grow up healthy and happy.

Homeless Health programme

Improving health outcomes for people who are homeless or at risk of becoming homeless (including rough sleepers and refugees).

Living Well Network Delivery Alliance

Supporting adults in Lambeth who are experiencing mental illness or distress.

Sexual Health Programme

Improving people's sexual and reproductive health and enabling people with HIV to live and age well, across Lambeth, Southwark and Lewisham.

Staying Healthy Programme

Promoting the health of the Lambeth population and supporting communities to maintain good health and wellbeing.

Neighbourhood and Wellbeing Delivery Alliance

Improving the health and wellbeing of adults by working together in local neighbourhoods.

Learning Disabilities and Autism Programme

Improving outcomes and support for people who are autistic or have a learning disability.

Substance Misuse Programme

Reducing the harms caused by substance misuse and supporting those using substances to access the right help to meet their needs.

What Will Help us Deliver our Plan

Lambeth Together 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.

Lambeth Together identifies three overarching **Aspirations** for our plan, which will be achieved through the delivery of 15 key outcomes over the five-year period.

1. People lead healthy lives and have good physical and emotional health and wellbeing for as long as possible
2. Physical and mental health conditions are detected early and people are supported and empowered to manage these conditions and avoid complications
3. People have access to and positive experiences of health and care services that they trust and meet their needs

Our 15 outcomes span the whole life course and focus on supporting positive health behaviours and community connection; preventing illness and harm through immunisation, early diagnosis, and addressing substance misuse; improving mental, emotional, sexual, and reproductive health; enabling people to manage long-term conditions, live independently, and age well; and delivering joined-up, neighbourhood-based care.

They prioritise reducing inequalities, improving maternal outcomes, supporting people with learning disabilities and/or autism to achieve equal life chances; promoting mental health recovery, wellbeing, and participation, and improving health outcomes for people who are homeless or at risk of homelessness.

Why does this matter?

We know that a wide range of factors, including income and ethnicity, can impact on people's health and lead to poorer outcomes. We are focusing on prevention in key areas – blood pressure, obesity, mental health, smoking status, alcohol intake and vaccinations – as we know that doing so will make the biggest difference to people's health and generate significant return on investment across the wider health and care system.

We know that more people are living with multiple and complex health issues. Our population health data shows us that we have populations who experience worse outcomes for certain long-term conditions. These could be preventable if diagnosed earlier, or manageable as part of daily life, when the right support is provided. We want to empower and support people to manage their health and wellbeing.

We know that divisions between primary and secondary care, physical and mental health and NHS and council services means that too many people experience disjointed care and poorer outcomes. Making services more joined-up, easier to access in local neighbourhoods, and better suited to people's needs will help our population get the right care and support in the right place, as early as possible and achieve better health in the decades to come.

Equality, Diversity and Inclusion

Lambeth Together remains firmly committed to Equality, Diversity and Inclusion (EDI) as a core principle of our partnership. Our approach is grounded in fairness, dignity and respect, and focused on tackling the structural barriers that continue to drive unequal access to health and care services and unequal outcomes across our borough. Our aim is clear: to ensure that all residents are treated fairly, receive high-quality care, and have an equal opportunity to achieve the best possible health.

Through this annual review, we reaffirm our commitment to a positive, action-oriented approach to equity across all protected characteristics. This includes maintaining an explicit anti-racist approach and continuing to build trust and confidence with our communities, particularly those who have historically experienced exclusion, discrimination or poorer outcomes from health and care services.

The Lambeth Together EDI Subgroup continues to play a critical role in supporting, challenging and overseeing the work of our Delivery Alliances and Programme areas. Through structured scrutiny and constructive challenge, the subgroup helps to ensure that our Health and Care Plan is implemented in ways that are inclusive, transparent and accountable. Its work provides practical recommendations and feedback to strengthen how services respond to the needs of Lambeth's diverse communities.

Over the past year, the EDI Subgroup has supported and promoted a range of targeted initiatives. This includes work to improve access to work experience and employment opportunities for residents with learning disabilities and autism, helping to address longstanding inequalities in economic participation. We have also strengthened our oversight of the Patient and Carer Race Equality Framework (PCREF), establishing clearer processes to monitor implementation and impact. This has supported stronger coordination across Delivery Alliances and Programme areas delivering mental health support, reinforcing a whole-partnership approach to embedding the PCREF within Lambeth Together.

During Black History Month in October, Lambeth Together and the Caribbean and African Health Network (CAHN) successfully co-hosted and delivered another Inspire Black Communities Health and Wellbeing Day. Held at St Marks Church in Kennington, more than 450 people attended the event which offered entertainment, exercise and fitness activities, health and wellbeing stalls, health checks and talks from health professionals covering topics including sexual health, spotting signs of cancer, maintaining good mental health and staying active. The Health and Wellbeing Bus Team collaborated with Pavillion Pharmacy and Lambeth GP Federation to deliver vaccinations and blood pressure checks alongside conversations to provide advice, guidance and tackle health inequalities.

What Will Help Us Deliver Our Plan

Our principles

To deliver our aspirations, we recognise that we need to operate differently. By working together and reflecting on our ongoing engagement with patients and service users, we continue to work to a set of principles in delivering this plan. Without these principles being brought to life, it is unlikely we will be able to fulfil the ambition we have outlined. We continue to pay attention not only to what we want to achieve, but also to what we do and how we change to genuinely live these principles.

We commit to:

- a positive and action orientated approach to equity for all protected characteristics, including taking an anti-racist approach, seeking to build trust and confidence with our communities
- an asset-based approach, building and amplifying what is already in the community, starting with the assumption of strengths and trust in Lambeth's communities
- determined and dynamic approach to integration, which understands that no one organisation has the answers to these complex issues we are attempting to tackle, and that collaboration is essential
- an approach which enables and supports the concept of 'health and wellbeing in all policies', working with partners to address the 'wider determinants' of health, such as employment, poverty and housing through the delivery of the borough's overarching Health and Wellbeing Strategy
- undertaking open and participative research, where local people are involved in collecting data and building evidence to inform our decisions

The 'Three Shifts'

The 10 Year Health Plan published in July 2025 outlined three big shifts that will be fundamental for improving health and care and moving towards a Neighbourhood Health Service:

> From hospital to community

> From treatment to prevention

> From analogue to digital

Over many years, our residents have set clear and consistent expectations and aspirations for improving health and care. People want more proactive and preventative care, delivered closer to home, integrated across different care-giving teams, and in partnership with local communities. This will mean residents can more easily access a wide range of support without having to navigate organisational boundaries themselves, and where services are offered digitally, there is an inclusive approach to ensure no one is left behind.

Developing more integrated local health and care delivery models across children, adults and mental health services at neighbourhood level has been an ongoing priority for Lambeth Together for many years. The Three Shifts align well with these local priorities, and we are confident they will help us continue to work towards the ambitions set out in Our Health, Our Lambeth in the years ahead.

Hospital to community:

Lambeth's priorities will strengthen neighbourhood delivery by expanding integrated community-based models, including community mental health support, Hospital @Home and Integrated Neighbourhood Teams for people with multiple long-term conditions, people who are frail and children and young people with complex needs. Through earlier detection and better long-term condition management, we will reduce reliance on hospital care by supporting people where they live.

Our Ageing Well pathways, community maternity services, health checks, and inclusion health outreach will ensure that residents with the highest needs receive timely support in familiar, local settings. We will also work in partnership to ensure we are maximising community resources, such as our local Neighbourhood Health Centres.

Together these priorities shift activity away from acute hospital services and embed a more proactive, joined-up community offer.

Treatment to prevention:

The priorities in our plan collectively strengthen Lambeth's prevention offer by targeting the behaviours and conditions that drive the poorest outcomes. This includes improving vaccination uptake, tobacco control, weight management, alcohol reduction, healthy blood pressure and mental health. These areas are aligned with the Vital 5 which are vital for long-term good health and wellbeing. Prevention is also embedded in maternal health, carer's wellbeing, support for people with learning disabilities and autism, and work with homeless residents. By targeting communities at greatest risk, these priorities reduce inequalities and prevent escalation into more costly, reactive care.

Analogue to digital:

Digital capability underpins many of the priorities in our plan, enabling care to be delivered more efficiently, proactively and closer to home. Virtual Wards and remote monitoring support people with long-term

conditions or frailty without requiring hospital admission. Shared digital records and better primary–secondary care coordination will improve continuity of care and reduce duplication across services while better use of data and population health tools will support targeted outreach for vaccinations, screening and long-term condition management to reduce health inequalities. More accessible online and digital pathways will widen access and enable more residents to receive timely care and advice, whilst at the same time we will work with partners to ensure there is support, guidance and high-quality alternatives available for people who are currently digitally excluded.

One example is our innovative data linkage project with King's College London and South London and Maudsley NHS Foundation Trust, which is making progress in connecting anonymised adult social care and mental health data to inform research and planning, supported by community engagement to ensure residents' perspectives inform interpretation and use.

Our Neighbourhoods

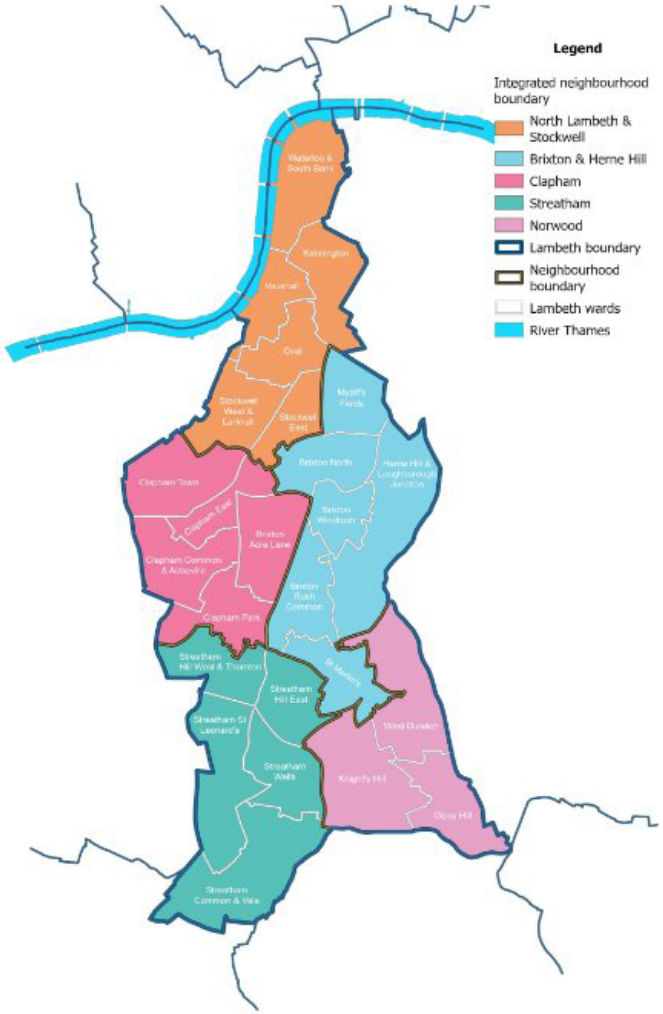
Over the last year, we have identified our five neighbourhood areas in Lambeth, in which we will increasingly be working across the NHS, Lambeth Council, voluntary sector and community groups, and local residents to prevent and address health issues, tackle inequalities and deliver Integrated Neighbourhood Teams for cohorts who require more complex and coordinated support.

Our neighbourhoods are specific geographical areas and communities aligned to 'town centres' that resonate with residents and that local services, organisations and communities can coalesce around to address needs and improve outcomes.

In Lambeth our five agreed neighbourhoods are:

- North Lambeth & Stockwell
- Brixton and Herne Hill
- Clapham
- Streatham
- Norwood

Lambeth's Five Neighbourhoods



Learn more about neighbourhood health and care services in Lambeth: Our neighbourhoods - Lambeth Together

Lambeth Together has appointed a partnership of Guy's and St Thomas NHS Foundation Trust (GSTT) and the Lambeth General Practice Provider Alliance (LGPPA) as our neighbourhood health integrator with responsibility for providing the core infrastructure to support effective Integrated Neighbourhood Teams, ensuring services are tailored to meet local community needs and operate smoothly across organisational boundaries. This is a critical role in creating cohesive, proactive, targeted, and sustainable services that place individuals and communities at the centre.

In Lambeth, this partnership arrangement recognises the central role of both organisations in delivering care in the borough, and the importance of these services in supporting the development of a neighbourhood service with our wider partners, including Lambeth Council, King's College Hospital, South London and Maudsley, the voluntary sector, and the wider network of primary and community care providers.

Finances

As we approach the fourth year of our plan, the health and care system faces an ever more challenged financial position. Ongoing pressures and resource constraints are impacting all partners, and we are working together as a system to achieve sustainability over the coming years. We remain focused on providing health and care services that meet the growing needs of residents within the available resources. Throughout this annual review and looking ahead to 2026/27, we know we must balance our ambition with realism, enabling us to deliver the outcomes that matter most whilst maximising productivity and efficiency opportunities.

What We Achieved Together In 2025/26

Reflecting on the third year of our health and care plan highlights how our partnership has matured and strengthened its collective impact.

Over the past year, we have deepened our focus on improving access, outcomes and experiences for Lambeth residents, building on the solid foundations laid in the first two years. Collaboration between partners has continued to drive progress, from addressing the wider determinants of health and embedding prevention approaches, to enhancing support for people living with long-term conditions and those facing the greatest inequalities. Each achievement underscores the value of working together with shared purpose. As we complete this third annual review, we do so with a renewed sense of pride in how far we have come and a clear determination to tackle the challenges ahead with the same commitment, creativity and partnership spirit.

Our Alliances - a selection of achievements

Neighbourhood and Wellbeing Delivery Alliance (NWDA)

National Neighbourhood Health Implementation Programme (NNHIP)

In September, Lambeth Together, in partnership with Partnership Southwark, was selected as one of 43 national pilots in the National Neighbourhood Health Implementation Programme (NNHIP). This flagship initiative from NHS England and the Department of Health and Social Care aims to support delivery of neighbourhood working and is a significant achievement which reflects the quality of the work already underway in Lambeth and Southwark to strengthen neighbourhood-level care and the collaboration between partners.

The NNHIP brings tailored support and national coaching to build on the existing work and improve outcomes for local children and adults, especially those with multiple long-term conditions and those affected by wider social and economic factors. Over recent months, the NWDA has led a co-design process with local partners, residents, and frontline teams to test new models of neighbourhood working.

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

- residents feeling heard, supported and empowered,
- staff working in more joined-up and coordinated ways, and

- a model that learns quickly, reduces duplication, improves patient flow and demonstrates clear system value over time.

This model has been tested through a learning phase from January to April 2026 and is now informing the scale-up of our neighbourhoods' approach across the whole borough.

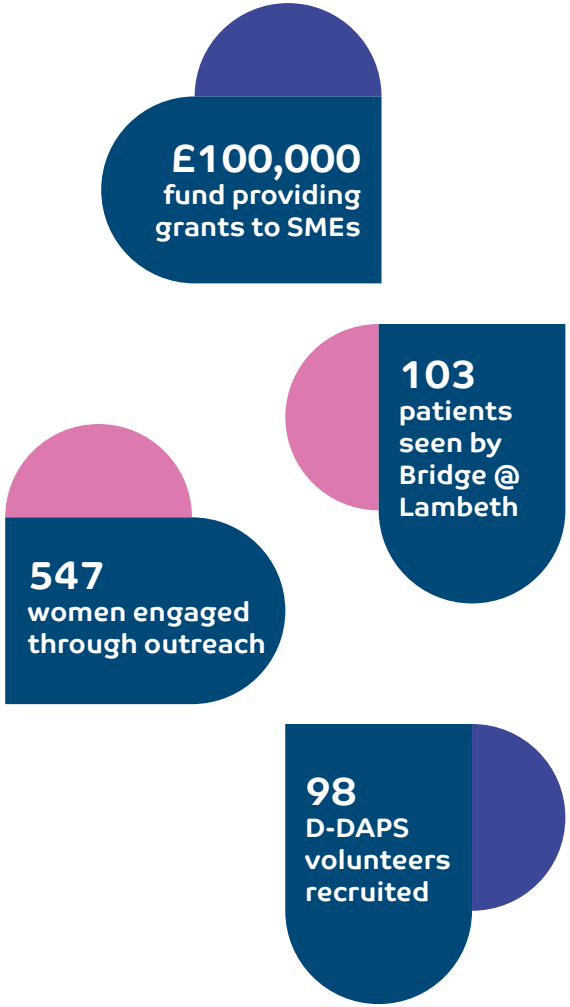
Integrated Neighbourhood Teams: Frailty

Over the last year, we have also designed a model to support our residents to age well within their neighbourhoods. We called this the 'Ageing Well prototype'. We wanted to explore the current health and care system to gain an understanding of the needs of our local population when it comes to ageing, with a focus on mild, moderate and severe frailty. This was explored through two pathways: Primary Care Inreach and Community Outreach.

For the Inreach pathway, there was a team consisting of a Geriatrician, Frailty Practitioner and an Age UK Social Prescribing Link Worker (SPLW). The team worked with a GP practice in Brixton & Herne Hill neighbourhood. The team provided home visits to people living with frailty to complete a full health and social 'MOT' (Comprehensive Geriatric Assessment) and understand the holistic support that people needed.

In the Outreach pathway, the team visit community spaces, such as sheltered housing sites, food banks and places of worship to provide a similar intervention to people in the community with frailty or at risk of frailty, focusing on people experiencing health inequalities.

Frailty has been identified as a priority cohort in the shift to Neighbourhood Health. The learnings from the Ageing Well prototype became the foundation of the development of the Ageing Well (frailty) Integrated Neighbourhood Team. There have been several engagement workshops with system partners, and development of working groups to agree scalable Inreach and Outreach models that will be embedded initially in the Brixton & Herne Hill neighbourhood in April 2026, then scaled to the whole borough by the end of 2026/27.



Women and Girls Health Hub

The Women and Girls' Health Hub in Lambeth officially opened its doors in September at Minnie Kidd House, Clapham. This marked an important next step in improving access to women's health care locally and follows the successful virtual triage pilot, running since March 2025. Lambeth is one of three pilot sites in South East London selected to develop and test this new model of care.

The Hub has been informed by a needs assessment, which prioritised key areas such as, pre-conception, long-acting reversible contraception, heavy menstrual bleeding, and menopause. Its design has been shaped through co-production with residents, clinicians, commissioners, the Voluntary, Community and Social Enterprise (VCSE) sector, ensuring it reflects the needs and experiences of women and girls in Lambeth. The aim is to improve access to high-quality health care for women and girls across the life course, enhancing experience, empowerment, and equity, while providing care and advice closer to where people live.

The Hub is community-based and provides high-quality clinical advice and support through collaborative multidisciplinary teams, across gynaecology, sexual and reproductive health, and GPs with a Special Interest. The model offers both a virtual multi-disciplinary team and an in-person community-based hub.

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

Alongside the Hub, the Lambeth Health and Wellbeing Bus team have been trained to support women's health conversations during community outreach events, helping women and girls discuss their health concerns confidently and access information about services and self-care resources available locally and online.

By December 2025, 547 women have been engaged via 12 outreach events, with 44% of conversations focused on menopause.

Additionally, ten community organisations in Lambeth have received funding to deliver culturally inclusive workshops and campaigns, with an ambition to reach over 1,200 residents directly. Three community health education events have been delivered focusing on menopause, heavy menstrual bleeding and contraception in partnership with the Hills, Brooks and Dales Primary Care Network (HBD PCN). This represents a significant milestone in Lambeth's commitment to improving women's health, prevention, and equity, and demonstrates what can be achieved through strong partnership working between NHS providers, Lambeth Council, and the voluntary and community sector.

Urgent and Emergency Care

During 2025/26, both King's College Hospital (KCH) and Guy's and St Thomas' (GSTT) NHS Foundation Trust made notable improvements in urgent and emergency care, demonstrating continued progress in modernising front-door access, strengthening community-based alternatives to hospital attendance and enhancing patient flow.

At King's College Hospital, a major milestone was reached in October 2025 with the launch of a new digital check-in service within the Emergency Department. This introduced self-service kiosks for adults arriving at the ED, enabling patients to rapidly enter essential information about their condition on arrival. The data captured at the kiosks flows directly into King's electronic patient record, giving clinicians earlier visibility of incoming patients and allowing more efficient clinical triage and streaming. The system was designed to reduce long queues at reception, improve responsiveness, and ensure that patients are guided to the right part of the service more quickly. Importantly, staff and volunteers were positioned to support patients in using the kiosks, helping ensure the service is accessible and inclusive. These improvements have together formed a crucial development in enhancing the patient experience and supporting the shift from analogue to digital.

At Guy's and St Thomas', progress has been linked to national priorities, which set clear expectations for increasing the number of people supported by Urgent Community Response (UCR) teams. These services play an important role in preventing avoidable ED attendances and admissions at both Kings and GSTT by providing rapid, community-based urgent care in patients' homes. GSTT's UCR team continue to increase their capacity to receive more referrals which is supporting the shift of more urgent care delivery into the community. This forms an important component of overall ED performance by reducing pressure on hospital front doors and enabling more timely and personalised urgent care away from acute settings.

Discharge - Digital Approach Pathway Service (D-DAPS)

A key development has been the continued development of the Discharge – Digital Approach Pathway Service (D-DAPS), a volunteer-led programme funded through the UK Shared Prosperity Fund and delivered in partnership with Age UK Lambeth. Initially launched in November 2024, D-DAPS supported Lambeth residents to make a safe transition from hospital to home through a personalised 28-day support plan delivered using the Careforme digital platform.

The service offered a "Ready for Return" home check and worked closely with Thriving

Communities and Guy's and St Thomas' NHS Foundation Trust to support safe and timely discharge, enhance patient safety, reduce isolation, and strengthen links to community-based support. Since its launch, D-DAPS has recruited over 98 volunteers and demonstrated strong early operational performance, including volunteer matching within one hour of referral.

From June to August 2025, the service received eight referrals, seven of which were accepted and successfully matched to volunteers within 24 hours of discharge.

Bridge @ Lambeth

NWDA partners are piloting the Bridge@ Lambeth, a new monthly general practice clinic designed specifically to support trans and non-binary residents in Lambeth. The clinic opened in September and it provides gender-affirming healthcare within a primary care setting, helping to remove barriers that too often prevent people from accessing the care they need and deserve. The clinic is held in Brixton and is run by Lambeth GP Federation in partnership with Lambeth Links, a local LGBTQ+ organisation, and brings together a dedicated team of GPs, nurses, healthcare assistants and Lambeth Links staff.

The **Bridge@Lambeth** builds on the learning from Lambeth's Pride in Practice initiative and the success of **Bridge@ Southwark**, recognising the inequalities that trans and non-binary people continue to experience in healthcare and seeking to create a more inclusive, person-centred model of care. The clinic is being delivered as an 18-month pilot, supported by the South East London Integrated Care System Inequalities Fund. We've seen 103 patients through the monthly **Bridge@Lambeth** clinics since August. It is a popular and well appreciated service.

Integrated Care System (ICS) Fund for Strengthening Grassroots Community Infrastructure

In 2025/26, Lambeth utilised a targeted ICS Capital Fund to strengthen the capacity and sustainability of small, specialist grassroots Voluntary, Community, Faith and Social Enterprise (VCFSE) organisations serving underserved and marginalised communities. The fund reflects a shared system commitment to investing in the infrastructure that enables trusted community-led provision to operate effectively alongside neighbourhood working and Integrated Neighbourhood Teams (INTs).

Administered by London Community Foundation and aligned with priorities agreed with South East London Integrated Care Board, the £100,000 fund provided grants of up to £5,000 to micro and small organisations. Funding was explicitly focused on core capacity rather than service delivery, supporting areas such as small-scale capital purchases, volunteer costs, training, and back-office infrastructure.

Organisations supported through the fund included 'By and For' groups working with ethnically diverse communities, disabled people, and residents experiencing mental health inequalities. Examples of funded activity include upgrading IT and digital systems, strengthening safeguarding and governance arrangements, and improving volunteer coordination and organisational resilience.

Living Well Network Alliance (LWNA)

Independent Review Findings

April 2025 marked the first year of the Living Well Network Alliance contract extension which will continue to March 2028. The Alliance's work this year has focused on responding to the findings of the independent review commissioned in late 2024 to identify what we currently do well and what we could improve, as well as helping us to identify priorities for the next three years.

As a partnership, the Alliance has agreed to focus on three key priorities and implemented a road map during 2025–26 to ensure we remain on the path to achieving these:

1. Reduce inpatient admission for people already engaged with services, by strengthening early intervention and ongoing support to prevent crises that lead to hospitalisation.
2. Increase the number of Black people getting early support and reduce the proportion using crisis services, understanding that increasing impact on this group will have a global benefit.
3. Demonstrate improved recovery outcomes-evidence that demonstrates mental health improvements for people in our services.

Preventing crisis admissions

A key priority this year has been reducing the time people wait to access mental health support. South London and Maudsley (SLaM), working closely with Alliance partners, has delivered a focused programme to address the backlog within Lambeth's Single Point of Access (SPA). Through the coordinated efforts of the Lambeth SPA team, supported by colleagues across Lambeth and other SLaM boroughs, a backlog of approximately 600 people waiting to be processed at the end of June was fully cleared by 13 August. Alongside this achievement, work is underway to redesign the SPA to better manage rising demand, prevent future backlogs, and ensure residents of Lambeth receive timely and appropriate access to care.

During 2025/26, the Evening Sanctuary at Mosaic Clubhouse played a significant role in providing a safe, caring and supportive haven for people in mental health crisis, hosting 1,669 visits and diverting 1,141 potential A&E attendances.

Providing joined up, early support

The Alliance has continued to develop the Primary Care Alliance Network (PCAN) and Staying Well Service to maximise impact and deliver effective, accessible prevention within communities. PCAN meets fortnightly in each of our nine Primary Care Network areas covering the borough. The Staying Well team worked closely with 151 people throughout 2025/26. These successful models are informing the development of Integrated Neighbourhood Team models for mental health in Lambeth.

Supporting recovery and independence

Our Community Liaison and Support Service (CLaSS) has worked with 260 people in the first nine months of 2025/26, helping them to move on from acute inpatient beds to less restrictive settings, such as step down and supported accommodation and, where possible, their own home. In this same nine months, our Individual Placement and Support (IPS) service worked with 190 people with serious mental illness to get them ready to start or return to work, with 50 people securing paid employment throughout 2025/26.

Serious Mental Illness (SMI) Annual Health checks

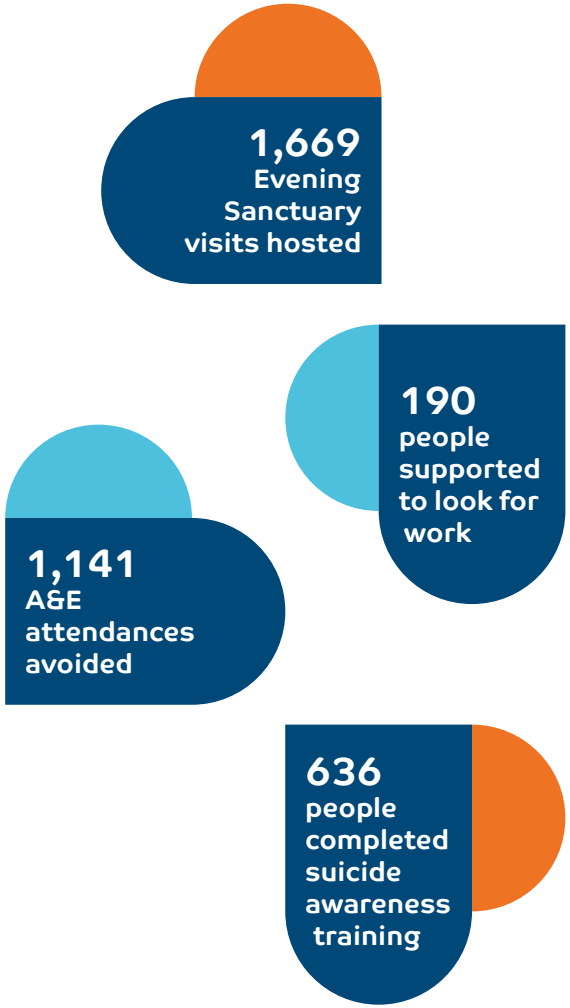
People with SMI are at increased risk of poor physical health, with average life expectancy 15–20 years lower compared to the general population. Two thirds of these deaths result from avoidable conditions including heart disease and cancer and therefore increasing health checks among people with SMI to promote physical health and wellbeing, identify risk factors early and facilitate access to prompt treatment has been a key priority.

All General Practices in Lambeth are commissioned to deliver comprehensive health checks for people with SMI via the new Lambeth Offer, and there has been new collaboration with the Staying Well Service to support people holistically with their physical health, with Mosaic Clubhouse to improve access to health checks and advice, and with the Health Check Liaison Team and Clozapine Service to improve data and information sharing. Uptake of SMI physical health checks remained high this year. By the end of the financial year, we provided checks to 66% of people on the SMI register, exceeding the national target of 60%.

Mental health awareness and Suicide Prevention

Working with Public Health, we have also continued to strengthen Lambeth's mental health awareness and suicide prevention training offer, working closely with voluntary and community sector organisations, primary care, schools, and local authority colleagues. This year, Lambeth also collaborated with Primary Care partners to include a brief suicide prevention introduction within Protected Learning Time sessions for both clinical and non-clinical GP staff, providing greater confidence in recognising and responding to suicide risk.

Engagement with education settings has successfully increased, with an introductory suicide prevention session delivered across school staff. Alongside this, 636 people have completed the free Suicide Awareness Training developed by the Zero Suicide Alliance (ZSA) in 2025, contributing to a broader culture of community support across the borough.



Understanding our population and tackling inequalities

We continue to work hard to understand why those from our African and Caribbean communities are over-represented in mental health services, especially the acute end, and to do something about this, we want to make sure that anyone from any background feels comfortable asking for support as soon as they need it, and that support is easy to access, sensitive to their individual needs and effective.

As an Alliance, we are implementing changes as part of the Patient and Carer Race Equality Framework (PCREF) to improve the access, experience and outcomes of the people we support from our Black, LGBTQ+ and other 'minority' communities. We are focusing on increasing awareness and understanding of our staff as well as working with individuals through peer support and advocacy to ensure we understand and are responsive to their needs.

We have championed the collection, analysis and reporting of ethnicity data in Lambeth-improving the quality and amount of that data. For example, when we started reporting the ethnicity of people introduced to our Single Point of Access in the summer of 2020, we had ethnicity data for less than half of those referred (48%). We now have that data for more than four out of five (84%) and this is growing all the time.

In addition, Public Health has completed a Mental Health Joint Strategic Needs Assessment (JSNA), setting out key findings and evidence-based recommendations to inform future service planning and targeted improvements across the system. The Living Well Network Alliance will continue to convene partners to ensure that our future plans are informed by our local insight and understanding.

Children and Young People's Alliance (CYPA)

Integrated Neighbourhood Teams for Children and Young People with complex needs

Over the past year, the Alliance has focused on doing fewer things better, with a clear emphasis on neighbourhood working, earlier support, and reducing inequality in access and outcomes. A consistent theme has been bringing partners together around practical delivery, and making sure local voice and lived experience are shaping what we do next.
A key step forward has been the continued development of Integrated Neighbourhood Teams (INTs) for children and young people.

This work has built directly from the CHILDs approach and the existing local child health team ways of working, using them as the practical template for neighbourhood multi-disciplinary working in Lambeth. Over the year, we have moved from early design into more defined ways of working, with a clearer link between health-hosted multi-disciplinary meetings and the Families First programme and Family Hub activity. The aim has been to make it easier for families to navigate support, reduce duplication between meetings and thresholds, and ensure that the right people are around the table when decisions are being made.

Alongside this, two INT pilot pathways have been stepped up to test and refine the approach in practice. One pilot focuses on paediatric frequent attenders in Accident and Emergency, to improve coordination and earlier support and reduce avoidable repeat attendance. The second pilot focuses on transition for children and young people with complex needs and Special Educational Needs and Disabilities, with the aim of improving planning, shared ownership, and

continuity as young people move between children's and adult-facing services.

Engagement and co-production

Engagement and co-production has also been a stronger and more structured part of the Alliance's work this year. This has included a system stakeholder workshop to test the emerging INT approach and priorities with partners, and a separate piece of work with Children's Services directorates and the Integrated Children's Commissioning division to strengthen links between Alliance delivery, commissioning priorities, and governance. In addition, we progressed an engagement pilot with parents and carers and with children and young people, delivered with Healthwatch Lambeth, to bring practical feedback into the design and to sense-check what would make the biggest difference to families.

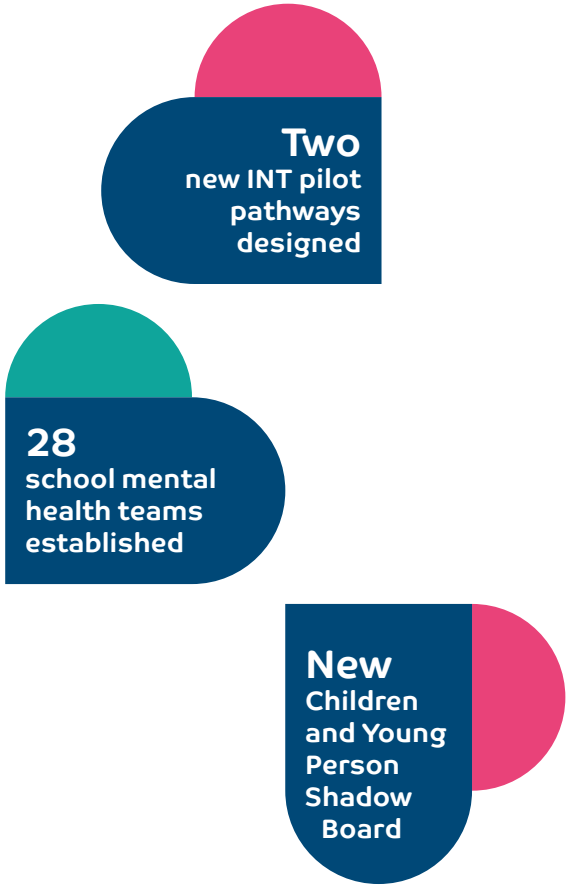
To strengthen young people's voice in decision making, the Alliance also formed the Children and Young Person Shadow Board. This has created a clearer route for children and young people's perspectives to inform Alliance discussions and priorities, and it has supported a more consistent approach to listening, feeding back, and showing how lived experience is shaping decisions.

Emotional wellbeing and Mental health

In emotional wellbeing and mental health, delivery of Mental Health Support Teams in schools has continued, with a planned roll-out to a further 12 schools in 2025/26, taking coverage to 28 schools. There has been an ongoing focus on whether access and outcomes reflect Lambeth's local population, including monitoring by ethnicity and taking action where gaps are identified. This has been supported by wider work to strengthen earlier support and clearer routes between schools; community offers and specialist services.

Maternity Disadvantage Assessment Tool (MatDAT)

Finally, the Alliance has continued to support work on maternity and perinatal outcomes, including place-level oversight arrangements, stronger local assurance while dashboard access is finalised, and work to improve access and engagement in perinatal mental health support. Development and planned roll-out of the Maternity Disadvantage Assessment Tool (MatDAT) has remained a key strand of work to strengthen early identification of unmet need and improve routes into support.



Our Programme achievements

Staying Healthy Programme

Culturally appropriate advice and support

The Staying Healthy programme continues to take a proactive approach to providing culturally appropriate advice and support for people to stay well. This has included a wide range of preventative outreach initiatives delivered in community settings across Lambeth's neighbourhoods to ensure residents have the information they need to look after their health and access local services. The Health and Wellbeing Bus directly engaged over 16,000 residents in one-to-one support during the year, and is now offering the South East London Vital 5 health check which provides advice and guidance on blood pressure, alcohol, smoking, healthy weight and healthy mind.

The AT Beacon Project continued their reach into communities across their community-based health and wellbeing hubs as well as wrap around support for people with high blood pressure and other unmet needs. Their extensive outreach programme covers markets, faith organisations and community events. The hubs and outreach work regularly support over 1,000 people each month, 67% of whom are of black Caribbean or African heritage. The hubs and outreach work has proven to reach people with unmet cardiovascular risk with 35% of all blood-pressure readings above recommended thresholds. The Project also supports the delivery of the Lambeth Fruit and Vegetable on Prescription programme by enrolling people with high blood pressure, providing fruit and vegetable vouchers to use in local markets and offering support to improve their health and wellbeing. AT Beacon have facilitated community health workshops focusing on subjects such as healthy weight and cancer screening and continue to be an important part of Lambeth's response to addressing health inequalities in black and marginalised population groups.

Health Checks at Work (HAWK) evaluation

Following the successful Health Checks at Work pilot, which delivered over 4000 Health Checks during 2024–25, the highest number of any London borough, there has been a focused effort to evaluate and understand the impact of the pilot. A Public Health evaluation completed this year demonstrated that:

- HAWK reached proportionately more Asian and Black ethnic groups compared to the Lambeth population, especially for NHS Health Checks
- Target groups were best reached on the high street (men, smokers, ethnicities at higher risk of CVD and people from socio-economically disadvantaged groups)
- Checks increased awareness of participants' health and improved behaviours
- Many contacted their GP or other health services following the check and some were diagnosed with chronic health conditions

The learning is informing the local delivery of the NHS Health Checks service and wider preventative programmes. The NHS Health Checks programme, over 2025–26, saw a significant increase in checks completed compared to the previous year, with over 6,000 Health checks completed to date.

This compares favourably to the same period last year where 3,356 health checks were completed. Lambeth GP practices continue to embrace the new model and show recovery from the issues experienced in the early part of 2024/25 following the Synovis lab critical incident.

Tobacco Control Plan

Lambeth has progressed delivery of Year Two of the Tobacco Control Plan supported by the government's Smokefree Generation initiative, expanding smoking cessation service capacity and increasing quit attempts. This includes the addition of workplace clinics at construction sites to engage routine and manual workers who are more likely to be smokers. An in-house prescriber for medications such as varenicline and Zyban has been introduced, removing the need for GP referrals and making it easier for quitters to access the support they need first time. Additional capacity created within GSTT resulted in 27 more residents setting a quit date in the first three quarters of 2025/26 compared to the whole of 2024/25 and 261 more residents compared to the whole of 2023/24. The community pharmacy universal stop smoking offer has been further consolidated, evidenced by an increase in quitters compared to the previous year.

Improving access to weight management services

This year, the remodelled Lambeth Healthy Weight Hub service continues to deliver its structured 12-week Tier 2 weight management service. The service now offers three distinct workstreams to maximise links into communities that have the highest need and are likely to benefit most:

- Lambeth Healthy weight: a general programme for any user who meets the eligibility criteria.
- Fits me Well and Fits me Well Men: Interventions based on local learning and insight. These culturally tailored programmes include practical cook and eat sessions delivered and incorporates a focus on health improvement and waist size, not just weight loss and BMI.
- Men's Group: A men's only offering which addresses the perception of weight management as a feminised space by offering men-only groups delivered by male facilitators, positioning women as allies and key supporters and developing and delivering bespoke physical activity sessions, such as Men's Walk'n'Talk, and walking football.

The Lambeth weight management programme for Latin American communities is a culturally appropriate programme, designed for Spanish and Portuguese Speaking communities. The delivery of the programme includes:

- A tailored, evidence-based, 12-week lifestyle and weight management course
- Healthy eating guidance adapted for Latin American cuisine
- Cook and eat workshops, a supermarket tour and gym induction
- Fun, music-based physical activity sessions
- Behaviour-change support
- A group-focused approach that encourages everyone to progress together

The new service is extremely popular, with high attendance. Monitoring data shows strong demand, with a current waiting list. Overall, 83% of participants have lost weight and reduced their BMI. Beyond physical health outcomes, the programme has significantly improved motivation, confidence, mental health, and social wellbeing. Participants report feeling more energetic, supported, and confident in making healthy lifestyle choices.

Age-Friendly Lambeth

Significant progress has been made this year towards making Lambeth an age-friendly borough, following the formal launch of the Age-Friendly Lambeth Action Plan (2024-2027). The programme has moved successfully into its delivery phase, with good progress already underway in raising awareness of our ageing population, ensuring older residents are considered in service planning and delivery and implementing age-friendly initiatives. These include the Age UK Lambeth Exercise and Socialise Project, which provides physical activity classes that support strength, balance, confidence in being active and provides the opportunity to connect with other residents aged 55 and over in community locations throughout the borough. Delivery has been enabled by strong partnership working, ensuring that actions are grounded in the lived experience of older residents and focused on tackling the challenges that can lead to poorer outcomes in later life.

Engagement activities this year have included partnering with eight voluntary, community and faith sector organisations to deliver International Day of Older Person events with over 380 people attending. The events celebrated ageing, connected residents to each other and organisations and provided a range of activities, including delivering health and wellbeing support, physical activity, blood pressure checks, chagas testing and information sessions on digital skills and pensions.

Vaccinations

Seasonal Flu Vaccination Campaign:
Seasonal flu vaccination uptake this year has been encouraging compared to the same point last season across key cohorts, with aged 65+, clinically at-risk populations, and pregnant women showing higher uptake. Previous local analysis shows

persistently lower flu uptake among Black and mixed ethnic groups and residents in more deprived areas - a Public Health-led outreach and engagement plan is underway to address this through targeted awareness-raising and myth-busting with voluntary and community sector partners, trusted community messaging, and improved access through community pharmacies, Making Every Contact Count provision and pop-up/outreach clinics, including opportunistic vaccination activity at Brixton Library, Vida's Café (Age UK), Lambeth Carers Hub, Black Prince Trust, and Christ Church Gipsy Hill.

Childhood immunisations:
While the two-year Childhood Vaccination Strategy concluded in 2025, delivery continues ahead of the refreshed strategy, with ongoing local outreach and engagement to complement GP provision. As part of Making Every Contact Count, community services supporting families have been identified and prioritised to inform targeted training and support, alongside wider workforce development through the SEL NHS childhood immunisation webinar and Jitsuvax training, strengthening frontline capability to support informed vaccination conversations.

The Vaccination in New Spaces initiative has been extended to July 2026, a jointly funded initiative by the SEL ICB and Lambeth Council Public Health. The offer is available to all forty GP practices, with ten currently actively engaged and work ongoing to strengthen wider participation. Delivery also continues across nine children's centres, with over 1,500 parents engaged to date. Wider partnership working with the Health and Wellbeing Bus, VCS and faith groups has reached more than 10,000 families through a range of initiatives including community popup clinics, engagement events and targeted outreach. In parallel, the Celebrate and Protect project has expanded from seven to 21 GP practices, strengthening call and recall systems through birthday card prompts and supporting whole-practice approaches to opportunistic vaccination discussions and improved data quality.

Lambeth Health Determinants Research Collaborative (HDRC)

The Lambeth Health Determinants Research Collaboration (HDRC) has entered its fourth year of the five-year NIHR-funded programme, with continued momentum and growing impact. Lambeth was one of the first ten local areas nationally to secure the HDRC infrastructure award in 2022, receiving £5 million to strengthen our capacity to understand and act on the wider determinants of health.

Since then, partnerships with King's College London and Black Thrive have been strengthened, ensuring race equity, lived experience and community-centred approaches remain central to the work. This collaboration also enhances the ability to link data across health, social care and council systems to understand how local policies affect residents' lives.

Over the past year, Lambeth HDRC has continued to build strong foundations and visibility across the borough's health and care system, academic networks and local communities. A key milestone was the co-production of the Lambeth Community Knowledge Network (CKN) with Mabadiliko CIC, supported through a series of engagement events where residents, partners and practitioners shared insight. The network now includes almost 40 community members, with twelve actively contributing lived-experience expertise to local authority services.

The Council's research infrastructure continues to be strengthened through new partnership agreements, a research safeguarding policy, and are finalising a Lambeth-wide research governance framework to support ethical and collaborative research. To build long-term capability, the research workforce has been expanded with it being the third year of hosting master's interns and embedded researchers, supporting projects across council departments and community organisations, including the Inspire Black Communities Health and Wellbeing Day.

Sexual Health Programme

2025–2030 Sexual and Reproductive Health and HIV Strategy

Lambeth led the development of a new joint Sexual and Reproductive Health and HIV Strategy with Southwark, Lewisham, Bromley, and Bexley (LSLBB) to tackle high STI/HIV rates in South East London through prevention, reducing inequalities, and integrated services, to align with national goals like ending new HIV transmissions by 2030. The strategy focuses on healthy relationships, reducing STIs, improving reproductive health and reducing HIV transmission.

Lambeth, Southwark and Lewisham Sexual Health Alliance

The Lambeth, Southwark, and Lewisham Sexual Health Alliance was publicly launched at an event in September, bringing together organisations across the three boroughs to address shared challenges and deliver more equitable, accessible, and community-rooted sexual health services. The Alliance will work with organisations including Turning Point, NAZ, Spectra, IRMO (The Indoamerican Refugee and Migrant Association), and the Caribbean and African Health Network to deliver services that reflect the lived experiences of local communities focused on:

- Targeted outreach and education for groups historically underserved by sexual health services
- Community-based support and empowerment, helping residents build confidence to access clinics, understand healthy relationships, and seek testing and treatment

- Integrated service delivery, reducing duplication and improving access across borough boundaries

During the summer, the Alliance engaged more than 3,800 people across Lambeth, Southwark and Lewisham, including over 1,100 residents from Black and Latin American heritage communities. During this period, the Alliance delivered more than 280 HIV and STI tests and reached over 1,900 young people through a combination of targeted engagement, testing, youth outreach and condom distribution.

Refreshed service offer for open access integrated STI and contraception clinical services

Following a successful public consultation exercise during July and August, a refreshed service offer for open access integrated STI and contraception clinical services has been designed which reflects the key priorities of residents. The refreshed model delivered by Guy's and St Thomas' NHS Foundation Trust (GSTT) will go live in early 2026, offering core sexual health services like STI testing and treatment, HIV testing and Long-Acting Reversible Contraception (LARC), as well as enhanced access via bookable evening and Saturday appointments, dedicated clinics for young people and telephone and e-clinics available for PrEP and other non-clinical services. Alongside the integrated sexual health service, Lambeth's sexual and reproductive health offer ranges from the digital e-service known as SHL, as well as online access PrEP, whilst community and primary care services and the Alliance outreach services all remain important elements in ensuring a range of services, locations and times are available to all residents.

Sexual Health Dashboard

Strengthening monitoring and analysis of sexual and reproductive health services across Lambeth has been a key priority this year to improve our local understanding of both service delivery and access across clinical and community settings. A Termination of Pregnancy (TOPs) dashboard has been developed, enabling more detailed monitoring of activity across different demographic groups and supporting more informed commissioning decisions.

Development of a wider sexual health dashboard is also underway, which will provide enhanced insight into testing, diagnoses and service uptake across integrated sexual and reproductive health services, GP, pharmacy, outreach and online provision. Together, these improvements will support earlier identification of emerging issues, more responsive service improvement and continued focus on equity of access and outcomes.

The London HIV Prevention Programme (LHPP)

With the highest diagnosed prevalence of HIV in the country, Lambeth continues to host the London HIV Prevention Programme (LHPP) across the capital. In 2025/26, the programme delivered outreach to gay, bisexual and other men who have sex with men (GBMSM) in bars, venues and high profile festivals and events such as Mighty Hoopla, Fetish Week and UK Black Pride, distributing over 150,000 condoms, providing 500+ HIV tests in the community and engaging over 10,000 GBMSM in in-depth conversations about HIV prevention.

From August to October, the LHPP launched the new Do It London campaign aimed at uniting Londoners around ending new HIV transmissions. The campaign used inclusive, locally relevant messaging focused on reaching communities most affected by HIV, including gay, bisexual and other men who have sex with men, Londoners of Black African heritage, and other communities with a higher prevalence of HIV. This high-visibility campaign spanned digital, print, audio and out-of-home media across London, and a novel pop-up nail salon event aimed at engaging Black women, an underserved key audience. The campaign had significant reach, delivering over 15m impressions and 50,000+ click throughs to testing and PrEP access pages. The campaign saw significant increases in website traffic (+137%) and PrEP engagement (+46%) compared to benchmarks before the campaign launch, and 59% increase in test orders compared to the pre-campaign period.

The LHPP conducted a pan-London needs assessment to better understand the HIV prevention needs of Londoners of Black heritage. The outcomes of the research were published in September 2025 in the Towards Equity: Reimagining HIV Prevention for London's Black Heritage Communities Report, which identified persistent stigma, mistrust, unequal access to Pre exposure prophylaxis (PrEP) medication, and cultural factors influencing risk perception. The report emphasised the need for culturally grounded, community-led approaches to improve engagement and outcomes.

In response to the report's findings, the LHPP is funding community-based outreach for Londoners with Black Heritage. Made up of seven experienced London organisations, the Skin Like Mine programme will promote regular HIV testing and prevention as part of routine self-care, using trusted community partners to reach populations that are underserved by traditional services. The partnership has extensive reach across London and a strong track record of delivering effective, culturally competent public health programmes.

Learning Disabilities and Autism Programme

All-Age Autism Strategy: Universal Access Fund

The Learning Disabilities and Autism Programme launched the Universal Access Fund (UAF) in April 2025 to deliver against priorities outlined in the Lambeth All-Age Autism strategy. UAF supports our vision for maximising inclusion and independence, through an early intervention approach and has enabled people without formal diagnosis to receive personalised support and opportunities. As a result, people who would not be eligible for funding or support with their Autism are able to access universal services, ultimately improving outcomes for them and their families. The UAF awarded funding to 23 organisations to run projects to raise awareness, provide community support, open up employment opportunities, and improve safety and has engaged over 160 people.

One project supported 27 young people from three local schools to create a short documentary about autism, called Autism: A Unique Life, based on their own lived experiences. The film premiered at The Ritzy Cinema in July 2025 and aims to raise awareness and help autistic young people into employment.

Learning Disability Annual Health Checks

We know that people with a Learning Disability experience worse physical health than those without a Learning Disability and adults die on average 19 years earlier from avoidable causes. Common causes of avoidable deaths are linked to cardiovascular conditions, respiratory illnesses and cancer. Everyone on the LD register is invited for an annual health check to facilitate early detection of ill health and risk factors and to promote positive health behaviours.

The target for completed annual health checks for 2025/26 is 75%. At the end of 2025/26, 80% of the LD register received an annual health check and health action plan. Practices are receiving focused support, and we expect to meet the end of year target.

This is in line with historical trends above target, and over 80% of annual health checks have been completed each year since 2022.

To further target our efforts at those with greatest need, this year's focus has been on better engaging young people to access health checks as informed by results of local audits. This has included a range of activities such as:

- Establishing the first complex transition clinics between the GSTT Paediatric Team and GPs.
- Working with SEL designated clinical officer for SEND to engage with SENCOs and the Special School Heads Network who are keen to share info about getting on the LD register and the AHC and action plan.
- Raising awareness of health checks at transition learning events.
- GP Practice-based data searches have been amended to allow practices to easily identify the 14–25-year-old cohort within their practice to target for invites and engagement.

Supported employment and internship opportunities

Since the 'Ready, Steady, Work' pilot supported employment service launched at the beginning of the year, ten adult social care clients with learning disabilities and autism have been referred to the service and received support towards gaining employment. People who took part in the scheme received support with building a CV, vocational profiling, developing life and work skills, and applying for jobs and attending interviews.

Anticipated outcomes regarding participants gaining paid employment have proved challenging to achieve, but a range of learning from this pilot is being built into Lambeth's approach to the new national 'Connect to Work' initiative, including making it easier for outside parties to make referrals into the scheme, working more closely with families ahead of and during referrals, and providing ongoing social work support to participants while taking part in the programme.

There are currently two DFN Project Search Supported Internship programmes delivering in Lambeth, with seven interns at King's College Hospital and six interns at Lambeth Council, providing a pathway between education and employment for 16–24-year-olds with learning disabilities and/or autism.

The Connect to Work programme launched in October 2025 and will deliver until March 2030, a DWP funded programme delivered by Lambeth Council to support residents with disabilities, long-term health conditions, and complex barriers into employment. The SEQF Team primarily work with individuals with learning disabilities and autism, following the Supported Employment model, including intensive individualised 1:1 support, employer engagement, and in-work support.

Substance Misuse Programme

Lambeth continues to support sustained numbers of residents into structured substance misuse treatment, with non-opiate and alcohol treatment exceeding ambitions and increased engagement of under-18s. Between November 2024 and October 2025, 44 residents accessed residential rehabilitation, representing a higher proportion of the treatment population than regional and national averages.

Inclusion health approaches have expanded to reach more people who are rough sleeping or at risk of homelessness. Alcohol harm reduction activity has progressed through strengthened identification and brief advice in primary care and development of GP shared care, alongside wider naloxone provision and an enhanced Local Drug Information System to support overdose prevention and timely intelligence-sharing on emerging drug risks.

Partnership working across health, criminal justice and community safety continues to strengthen pathways into treatment, including custody-based interventions, hotspot operations, and referrals via voluntary and enforcement routes. Continuity of care from prison remains an improvement priority - Lambeth is currently performing above the London average and is working with providers and criminal justice partners to support further improvement. A refreshed outcomes framework has been embedded for 2025/26, with plans approved by the Office for Health Improvement and Disparities, including a stronger focus on treatment quality, recovery and lived experience. Delivery of the Rough Sleeping Drug and Alcohol Treatment Intervention is close to target, and a borough-wide Substance Misuse Needs Assessment is underway, which will inform future planning and commissioning in 2026.

Homeless Health Programme

Rough Sleeping Outreach

Over the past year, the Lambeth Rough Sleeping Outreach Team has continued to deliver targeted and proactive outreach, ensuring that everyone found rough sleeping in the borough is offered a route off the streets. The rough sleeping team is run by Thames Reach, a VCSE provider and works extensively with statutory health partners including the NHS, GSTT and Public Health. They also work directly with our statutory housing services and the Lambeth Assessment Centre to ensure the best access to services possible for rough sleepers. Through this work, between quarter 1 and quarter 3 of 2025/26, a total of 69 positive move on outcomes were achieved across the Pathway. These included a diverse range of destinations, such as the Private Rented Sector, nominations, Clearing House placements, detoxification and rehabilitation services, reciprocal arrangements with other boroughs, and reunification with friends or family. Based on current performance, the total number of positive move ons in 2025/26 is on track to exceed those achieved in 2024/25 by the end of quarter 4.

The team also maintained a strong emergency response through the Severe Weather Emergency Protocol, with up to 36 additional accommodation spaces available during periods of extreme weather. Specialist roles within the team, including Living on the Streets workers and an embedded Public Protection Officer, have enabled a holistic and personalised approach to supporting people experiencing long-term and entrenched rough sleeping, helping address complex needs and sustain pathways away from the streets.

Improving access to healthcare in hostels

Hostels and supported housing services continued to maintain GP registration rates above 90%, helping to ensure residents can access primary care, preventative health services and ongoing support.

Two new on-site opiate prescribing clinics have been established within large hostels and are delivered by Lorraine Hewitt House. These clinics enable residents to stabilise their drug use locally while accessing consistent treatment and wider health and recovery support.

Needs Assessment to improve services

An extensive needs assessment has been completed to inform improvement to our service provision alongside consultations and focus groups with a wide variety of service users, service providers and statutory services. New service models have been designed for the Vulnerable Adults Pathway and the Rough Sleeping Outreach Service, which are expected to be in place for 1st July 2026. The new service specifications objectives include the requirement to enhance access to mental and physical health services, as well as drug and alcohol support and to connect residents with healthcare providers and specialised services to address their health needs and substance misuse issues.

How We Know That We Have Made A Difference

Assurance of our Progress

In our original five-year plan, we stated our intention to continuously assess, learn from, reflect on, and refine our health and care plan as we progress. To facilitate this, starting in 2023/24, we improved how we run our Lambeth Together Assurance group (the group we used to monitor progress against our planned deliverables) by implementing the following changes:

We revamped our Integrated Assurance reporting to focus on the 15 delivery outcomes outlined in our plan. Each outcome is assessed based on:

- Progress indicated by data and intelligence
- Reduction of identified health inequalities
- Challenges impeding progress and potential actions to overcome them

We also established a rota of deep dives into each outcome where areas would be given greater focus and scrutiny.

Subsequently, the assurance group updates the Lambeth Together Partnership Board during public meetings. This platform enables residents to review our progress and hold us accountable, especially in areas where improvements are needed.

The table below summarises some of the key findings documented within our Lambeth Together Integrated Assurance Report over the past year. You can find examples of the Lambeth Together Assurance Group updates and the assurance report in the public board meeting papers here.

ID	Outcome	Highlights
A	People maintain positive behaviours that keep them healthy	NHS Health checks data for 2025/26 showed uptake stood at 6.2%, representing 1% increase against 5.3% year end plan.
B	People are connected to communities which enable them to maintain good health	The percentage of low-income residents coping financially has been increasing since 2022/23 and this year we introduced a target of increasing by 0.5% each quarter versus previous quarter. Data up until Q3 2025/26 showed we have met this target each quarter.

ID	Outcome	Highlights
C	People are immunised against vaccine preventable diseases	Most recent data from Immunisations Cover reports suggest the local target of 90% for MMR vaccination uptake was not met, prioritising this local goal is crucial for community protection.
D	People have healthy mental and emotional wellbeing	Data shows that the improvement in Black service users' access to short term support seen during the last quarter of 2024/25 continues through 2025/26. Black services users were 28.7% of those accessing short-term support in the quarter April to June, 30.3% July to September and 31.4% October to December. These are all much higher that the 18.7% of the Lambeth 18-64 population that identifies as Black. The proportion of those new to Focused Support during the quarter October to December from Black communities was at 51.0%, marginally lower than the 2024/25 average of 53.1%.
E	People have healthy and fulfilling sexual relationships and good reproductive health	Most recent data on number of STI tests shows activity is up in Q2 2025/26, the number of STI diagnosis in Q2 decreased slightly when compared with previous quarter. Fluctuations may be due to seasonal variation.
F	People receive early diagnosis and support on physical health conditions	Pleased to report Lambeth has met national SMI and LD annual health checks targets. Both health checks recorded increases of circa 5% against year end targets. On cancer screening, Lambeth have achieved above the national standard of 60% for Bowel Cancer screening. For Breast and Cervical screening Lambeth is below national standard.

ID	Outcome	Highlights
G	People who have developed long term health conditions have help to manage their condition and prevent complications	We have met the 2025/26 target (77%) on Type 2 Diabetes 8 Care Processes. On Cardiovascular blood pressure targets for people on hypertension register, we met 80% target for cohort aged 80 and over and were behind target for aged 79 and under (73%). Both workstreams had a focus on reducing health inequalities.
H	When emotional and mental health issues are identified; the right help and support is offered early and in a timely way	Access for Lambeth Talking Therapies (LTT) from Q1 to Q3 of 2025/26 for black users is standing circa at 25% this is higher than the 21.7% estimated Black population of Lambeth. The latest available data shows recovery rates remain a challenge, with Black service users starting with more serious problems than the all-service average. Despite this challenge, black service users had a reliable improvement rate of 70.2%, year to date, which is above the service average of 68.6%. This shows that Black service users make significant (and slightly bigger) improvements in therapy.
I	People have access to joined-up and holistic health and care delivered in their neighbourhoods	Health and Wellbeing Bus activity in 2025/26 up until Q3 shows service is delivering minimum of 3,000 interactions per quarter, with exception of Q2 where seasonal factors may explain this variation. Out of this activity, there's an average of 90 1-1 Vital 5 sessions per quarter where between 5% to 10% of people seen by the team are being advised to see GP within three weeks.

ID	Outcome	Highlights
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	In 2025/26, data up until February shows 90% of Lambeth registered patients can get an appointment in less than two weeks. On Lambeth Pharmacy First Plus Service, data from August 2024 to January 2026 shows most interventions (1462) have taken place for people whose registered post code district falls within IMD decile 1 to 3 which shows the service is accessed by the target population. In absence of this service, 62% would have gone without medication and 38% of patients would have visited general practice to request the medication on prescription.
K	Older adults are provided with the right health and care support at the right time, live healthy and active later lives and are supported to age well	On care offer the reablement service activity and outcomes, we report a slight increase in appropriate/accepted reablement referrals, a steady high rate of reduced or no need for care post-intervention, which confirms a key success measure for reablement.
L	Women have positive experiences of maternal healthcare and do not experience a disproportionate maternal mortality rate	Since EPIC implementation there have been challenges with data reports from providers, in addition there's been further national guidance and the alliance continues to work with SEL Local Maternity & Neonatal System (LMNS) to develop a borough-level dashboard, deliver recommendations via CYP Alliance Board.
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	On LD service, in the last four years there have been 5 sustainable discharges to the community of people from black background which supports the reduction in black patients being over-represented in more restricted settings. In the last three years the number of people from black background in the most restrictive hospital settings has decreased from 50% of the inpatient population (2022) to 36% (Mar 2026), noting positive progress.

ID	Outcome	Highlights
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	Community Living and Support Service (CLaSS) Q3 data shows 46% were for Black services users, down from 52% the previous quarter and 54% the previous financial year. This fall comes as the proportion of Black people newly admitted as inpatients fell to 40%, from 49% in Q2. The equivalent figures for more intensive community services, focused support and home treatment, were roughly stable, at 50% and 33% respectively. All of these figures however remain much higher than might be expected, given that the black adult population of Lambeth in 2026 is estimated to be 18.7%.
O	People who are homeless, or at risk of becoming homeless, (including rough sleepers and refugees) have improved health	In 2025/26, data on rough sleepers brought into accommodation until Q3 showed high levels of activity when compared with previous year position. On GP engagement and registration of people living in supported accommodation, figures from 2024/25 until Q3 2025/26 evidence upward trajectory standing at 98% on last reported quarter.

What you have told us; listening to and engaging our residents

Over the last year, we have worked in partnership with Healthwatch Lambeth to deliver a wide-ranging programme of community and resident engagement which has informed our plans and marks the start of an ongoing local dialogue about how we can improve access to local services, better join-up health and care provision and deliver more support in local neighbourhoods.

We continue to tailor our approach, listening to local people and taking account of their views to ensure we are providing peronalised and culturally appropriate support. The following selection of case studies demonstrate how our Delivery Alliances and Programme Areas are having a positive impact on the lived experience of Lambeth residents.

Neighbourhood and Wellbeing Delivery Alliance Case Studies

Women and Girl's Health Hub: It's Time to Talk Menopause – Baytree

M, a Latin American woman aged 47, attended her first health and wellbeing workshop organised by Baytree after a friend recommended the sessions. Initially, she felt shy and unsure about speaking openly about menopause, as it was a topic she had not discussed before. However, during her first session, she noticed other women asking questions freely and sharing their experiences, which helped create a positive, supportive atmosphere. This encouraged M to feel comfortable asking her own questions and engaging in the discussion.

Through attending the workshops, M realised she had limited prior knowledge about menopause, particularly regarding the role of nutrition, managing stress, and maintaining overall wellbeing. She particularly enjoyed learning practical advice about nutrition, including healthy diets and recipes she could make at home on a tight budget. She also learned simple exercises she could do at home to support her physical health. M benefited from having her blood pressure checked, which increased her awareness of her general health and the importance of regular preventative care. The sessions provided practical strategies that she could apply in her daily life, helping her feel more confident in managing her health. In addition, M greatly valued the opportunity to connect with other women, share experiences, and build supportive relationships.

After attending several sessions, she reported feeling a strong sense of belonging and connection to the community, as well as increased confidence to discuss health topics openly. The workshops not only improved her understanding of menopause but also strengthened her emotional wellbeing, sense

of empowerment, and ability to make healthy lifestyle changes at home.

"At first, I felt shy to talk about menopause but seeing other women asking questions made me feel comfortable. I learned things I didn't know before and now I feel more confident"

Women and Girl's Health Hub: Beth's Bakers and Baristas: Conversation Café – Women in Prison

Woman S, in her early 40s, was already engaging with the Women in Prison service while under probation supervision and receiving psychological support linked to her conviction. Following her release from prison in September 2025, she began to experience a decline in her health, describing severe anxiety, frequent headaches, joint pain, and persistent exhaustion. When she raised these concerns with her psychologist, she was advised that feeling overwhelmed after release was common and was encouraged to manage her emotions to reduce the risk of reoffending. Similarly, when she disclosed her symptoms to her probation officer, they were attributed to seasonal flu and was reminded about the consequences of missing appointments.

S attended our event on 19 December, where she initially accessed free period products and information leaflets, including one on menopause. At her next appointment with her Women in Prison Advocate, she shared that she had read the leaflet and realised she had not had a period since leaving prison three months ago. She said she'd previously assumed it was due to stress but was now thinking she was menopausal. Her Advocate advised she should seek further medical advice and supported her to book a GP appointment and request a blood test. The results confirmed that she is peri-menopausal. As a result, she is now exploring appropriate health treatment and support options. This demonstrates how early, trauma-informed intervention and accessible health information can enable women in the criminal justice system to better understand and manage their health and also how their health needs can sometimes be overshadowed by being in the CJS.

Women and Girl's Health Hub: Menopause 4 Carers – Carers 4 Carers

Sandra is a Black Caribbean Woman in her late 40s. She cares for her elderly parents and works part-time. When she joined the Menopause 4 Carers programme delivered by Carers 4 Carers, she was overwhelmed, unsure whether symptoms were stress or menopause.

Through the programme she has gained:

- Clarity about perimenopause
- Increased understanding of what was happening to her body and mind
- Improved stress management
- Increased exercise engagement
- Reduced isolation
- A voice to discuss menopause with other women

"I finally feel informed, listened to, and supported. I'm now better equipped to manage my wellbeing and caring role. Going forward I would like to see more of these sessions for other carers and follow up sessions/ check-ins for this group"

Living Well Network Alliance Case Study

Marcus and The Evening Sanctuary:

"I didn't know where to go, I was freaking out, really stuck. I needed help. I needed someone to listen to me. A&E is always there, it's 24 hours, no-one's going to turn you away. I went to A&E because I was depressed, feeling suicidal.

I was put into a room on my own. They were looking for a bed; they couldn't find a bed. To wait there for a mental health assessment when you're not quite feeling yourself, it can be very daunting. They were nice to me. They asked me what was going on but you leave there thinking okay, I may have got a bit of company and stuff, but it wasn't what I needed."

This is the story of Marcus, who went to A&E feeling suicidal before discovering The Evening Sanctuary at Mosaic Clubhouse, an alternative mental health crisis provision in Brixton. The Evening Sanctuary is a place where people can come in the evenings to escape from their difficulties. It's a safe space for people to come to navigate through their crisis as an alternative to A&E.

Marcus was facing a lot of things in his life that he felt were becoming too much to handle.

"I felt like the whole world was on my shoulders and I just couldn't deal with the stuff anymore. I was suffering from drug and alcohol addiction; I was really not in a good place. When you go into A&E so much, you get kind of fed up of telling nurses and doctors why you're in there and your situations in life to get you there.

When you come to the Evening Sanctuary, the staff remember your story. If it wasn't for the Evening Sanctuary, I wouldn't be in the place that I am now. I think I would have been further back in my recovery. When I do think about it now, I couldn't be more grateful. Coming to the Evening Sanctuary gave me the confidence to make a change in my life and to feel good about myself."

The time Marcus spent at the Evening Sanctuary helped him recover, and he is now in a position to give back to the community. He is now a peer mentor at The Harbour, a local drug and alcohol service that he has previously used.

"Today I can say that I can now help others. I'm in a better place for that and that is amazing."

Staying Healthy Programme Case Studies

AT Beacon Community Shop Hub:

One of our regular service users came back to the Community Shop in January 2026 after the holiday period for her routine Blood Pressure check and to collect the Alexandra Rose voucher, which provides healthy fruit and vegetables. The result of her Blood Pressure check was in the normal range of 126/68. She told us that she was really pleased as this was the lowest reading she had in the last 6 months since she had been coming to the Hub. Her previous reading was 170/ 98.

We asked her what she has done differently during that time and she said the information, advice, leaflets and Rose vouchers have made a big difference to her life, improved her eating habits, and allowed her to make healthier choices. We signposted her to make an appointment with her GP or at a Community Pharmacy for a Blood Pressure medication review. She expressed her gratitude for the help and support she has received from the Beacon Team.

Vital 5 and Health Checks at Work:

A clinician delivering the Health Checks at Work initiative reflected on the benefits of reaching Care Home staff out of hours:

"We were there until 02:00 in in the morning in some of the care homes. Once the night staff came in, they did the medication round, everybody's going to sleep. They all were very keen. Everybody did it. We picked up quite a few from there with high cholesterol, high blood pressure, and high sugars."

Residents who had a Vital 5 Check said

"As, a result of having the Vital 5 Health Check I feel more confident in making changes to my diet and introducing exercise to my daily routine. The Health Champion used the healthy eating plate and glass to show me the number of units of alcohol I am consuming. It was useful to have the visual aids."

"The Health Champion took time to talk about services available to me after the check. Especially, for mental health. I felt listened to and now ready to engage with services."

Substance Misuse Programme Case Study

Csilla's Story on the Impact of Alcohol Misuse on Family Life:

Csilla self-referred to Adfam for support due to the impact of her husband Stefan's excessive drinking. She was overwhelmed, dealing with her job, household responsibilities, and sole care of their 4-year-old son, while also managing her own depression.

Stefan's alcohol use had escalated over the past year, leading to emotional and verbal abuse, and he posed a safety risk to their child, resulting in supervised contact only. During sessions, Csilla revealed fear of Stefan and described how his behaviour was controlling and emotionally abusive. After Stefan left the family home and stopped contact, Csilla felt angry and hurt. The worker supported her with safety planning, emotional wellbeing, and anger management. They explored the dynamics of abuse using the power and control wheel and worked on setting boundaries.

Csilla was encouraged to access Early Help, but after Stefan moved out, the service closed her case, though they referred her to a local children's centre. In later sessions, the focus shifted to rebuilding Csilla's support network, accessing exercise, improving mental health, and understanding her legal rights. She was referred to counselling and a peer support group.

Learning Disabilities and Autism Programme Case Study

Autism Voice:

A 21-year-old woman who believes she may be autistic, but had not yet received a diagnosis, was referred to Autism Voice by her Jobcentre work coach. At the time, she was extremely withdrawn both at home and during sessions, often feeling like she didn't quite "fit in" with family routines or expectations. Her daily life was very limited. She relied entirely on being driven when she wanted to visit places and her diet consisted mostly of bread, cheese and Marmite.

After joining Autism Voice, she began attending weekly craft-making and wellbeing workshops, supported by tailored one-to-one sessions. Her family also took part in coaching sessions to help them better understand autistic needs and how they could support her more effectively. Gradually, she started building confidence and learning practical life skills such as meal planning, cooking and using public transport. Over time her diet expanded, and she now plans and cooks a varied weekly menu. She has also gained the confidence to travel independently on public transport to attend appointments. Perhaps most importantly, she now feels able to express her opinions within family discussions, and both she and her family have developed a much better understanding of each other.

She has since secured a six-month Kickstart work placement and shared:

"Without Autism Voice, I would have given up on getting an assessment... your support is the backbone when needed."

Our Plan For The Year Ahead - 2026/27

How we will deliver in 2026/27

Our Health, Our Lambeth remains focused on delivering high-quality, safe, and fair healthcare for everyone in the borough. As we take forward our priorities for 2026/27, we are confident in our ability to achieve the vision for a Neighbourhood Health Service guided by the three big shifts, whilst delivering the regional goals set by the South East London Integrated Care System (SEL ICS) and the Lambeth Health and Wellbeing Strategy. As we embark on the final two years of the plan, we also know that we must balance our ambition with the realities of the financial and resource constraints across our partnership.

Delivering Joined-up Care in Local Neighbourhoods

We will continue to develop the Neighbourhood Health Service model, implementing Integrated Neighbourhood Teams (INTs) for people with multiple long term health conditions, those who are frail and children and young people with complex needs so that it is easier to get the care they need within their own communities.

Managing Demand and Shifting to Prevention

With increasing demand for health and care services, we remain committed to enabling people to stay well for longer, proactively engaging them before issues escalate and providing earlier intervention when it's needed.

Using Data and Digital Technology to Improve Health Outcomes

We are continuing to improve our Population Health Management (PHM) approach, making more sophisticated use of data to better understand the needs of our communities and provide more effective, targeted care. We will also adopt more accessible online and digital pathways to allow more residents to receive timely care and advice, whilst ensuring there is support and high-quality alternatives available for people who are digitally excluded.

Tackling Health Inequalities and Embedding Anti-Racism

We are committed to ensuring that healthcare in Lambeth is inclusive and equitable for all, particularly addressing the challenges faced by our most vulnerable communities.

Maintaining Quality, Safety, and Financial Stability

Amidst the ongoing financial challenges, we are determined to continue delivering safe, and sustainable high-quality care.

Reviewing 'Our Health, Our Lambeth'

When we launched Our Health, Our Lambeth in 2023, we were clear that the five years ahead would not be static. We anticipated policy reform, financial constraints and rapid change across the wider health and care landscape. Three years on, that context has only intensified. National expectations continue to evolve, our use of shared data and intelligence is more sophisticated, and the financial environment remains particularly challenging. The publication of the 10-Year Plan for Health in July 2025 signalled in clear terms the need for significant reform aligned to the three shifts. Against this backdrop, this third annual review confirms that our Plan remains relevant, resilient and rooted in the needs of Lambeth's communities, and that it continues to provide a strong framework for delivering better outcomes.

Through our Lambeth Together governance arrangements, we have maintained a disciplined and transparent approach to delivery. The Lambeth Together Care Partnership Board has continued to review progress against our outcome measures, scrutinise performance and shape priorities for the year ahead. This review has not simply been a stocktake of activity. Throughout the year, the Board has challenged whether our work is making a tangible difference, particularly in narrowing the health inequalities that persist across our borough. In doing so, we have drawn on the lived experience of residents and patients, frontline insight from staff and partners, and the latest research evidence on the structural drivers of inequality in Lambeth.

Where our approach is delivering measurable impact, we are scaling and embedding that practice across the partnership. Where progress has been slower or outcomes have not shifted as intended, we have been prepared to adapt, refining delivery models, strengthening accountability and sharpening our focus on prevention and equity. As national priorities have developed, we have aligned them with local need, ensuring that Lambeth both contributes to and benefits from wider system reform without losing sight of what matters most to our communities.

We remain committed to openness and accountability. Over the coming year, we will continue to test and review our progress in public through the Lambeth Together Care Partnership Board, using data, insight and community feedback to guide our decisions. Our refreshed Action Plan for 2026/27, set out in Appendix 1, reflects this continued focus on outcomes, partnership and practical delivery.

As we conclude our third year, we want to recognise the collective effort that underpins this progress. Partners, staff, residents, volunteers and community organisations have all played a vital role in strengthening our local health and care system.

Appendix 1: Our Plan for 2026/27

As we move into year four, our Health and Care Plan is set to build upon the many achievements realised over the last three years. Through continued partnership working at neighbourhood level we remain committed to building a healthier, more resilient borough. The 2026/27 action plan will focus on ensuring 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. These priorities are strongly aligned with national reform, and will deliver the shift towards a preventative, community-based and digitally enabled Neighbourhood Health Service, while staying rooted in the needs and aspirations of Lambeth residents.

Outcome	ID	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

Outcome	ID	Activity	Status
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

Outcome	ID	Activity	Status
A. People maintain positive behaviours that keep them healthy:	NEW	Deliver initiatives to improve the health and wellbeing of children and young people including the national supervised toothbrushing programme.	UPDATED activity for 2026/27
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

Outcome	ID	Activity	Status
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.	Continuing activity from 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
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

Outcome	ID	Activity	Status
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.	Continuing activity from 2025/26
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
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

Outcome	ID	Activity	Status
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

Outcome	ID	Activity	Status
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
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

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 Serious Mental Illness (SMI) Health Checks 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
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

Outcome	ID	Activity	Status
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
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

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:	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
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

Outcome	ID	Activity	Status
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

Outcome	ID	Activity	Status
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
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 seven 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

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:	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

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 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:	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 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:	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

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:	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
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

Outcome	ID	Activity	Status
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
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

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:	190	The Approved Provider List tender will go live in Q2 2026/27. 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

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:	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
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

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	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
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	NEW	Work with partners to optimise community and crisis services, improve patient flow and discharge, and maximise local capacity for people requiring acute mental health support.	NEW activity for 2026/27
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

Outcome	ID	Activity	Status
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 2: Managing Risks

This appendix outlines a summarised easy read of our overarching thematic risks. Details against each of these risk areas are managed through our Lambeth Together Assurance process and are detailed in our Board papers throughout the year.

The matrix below represents the possible combined risk scores based on a measurement of both the likelihood (probability) and severity (impact) of risk issues.

A combination of likelihood and severity score provides the combine risk score. Risk score is from 1–25 (1= rare and negligible severity and 25 = Almost certain and catastrophic).

No.	Risk	Risk Description	Current Risk Rating	Rating in 2025/26	Target Risk Rating	Risk Mitigation
1	Data and intelligence	Insufficient or poor-quality data results in an inability to track the progress and evaluate our interventions and impact. Incomplete, outdated, or inaccurate data hinders the effectiveness of our decision-making and analysis.	9	9	6	Continue to engage with health partners to address areas where poor data quality has been identified, with the aim to improve data quality parameters. Making information more timely, accurate and complete by building on existing relationships between the analytical teams across the partnership. Continue to develop/ adjust assurance mechanisms through the assurance group and other fora to review, monitor and evaluate progress and to enable scrutiny of the validity of data and intelligence. We have built into our governance process the mechanism to periodically review the plan and to adjust, improve, and refine how we monitor delivery and adjust performance indicators as data quality improves.

No.	Risk	Risk Description	Current Risk Rating	Rating in 2025/26	Target Risk Rating	Risk Mitigation
2	Financial savings/ pressures	Lambeth Together partner organisations need to make financial savings and/or face significant budget pressures.	12	16	8	Partner organisations continue to provide a stable financial environment that supports existing commissioning agreements aligned with agreed outcomes. The commitment to financial sustainability will be vital to ensuring a robust and effective delivering of core responsibilities, secured through approaches that demonstrably improve productivity, efficiency, and value through making the best possible use of funding available.
3	Wider economic impact on inequalities	We know that our focus as a health and care system must be on tackling unfair and avoidable differences in health between different groups of people, that were exacerbated through the Covid-19 pandemic. A national cost of living crisis, high inflation and rising costs, threatens to worsen living standards and increase poverty, which could lead to a widening of inequalities.	12	12	6	Continue to work in partnership with Lambeth Council's Cost of Living programme to provide extra support for residents most impacted by the cost of living crisis, including ensuring offers of support for residents are communicated throughout the health and care system.

No.	Risk	Risk Description	Current Risk Rating	Rating in 2025/26	Target Risk Rating	Risk Mitigation
4	Rise of infectious disease(s)	Future pandemic or epidemic of an infectious disease such as Flu or Covid-19. Managing a pandemic may inhibit our collective ability to deliver this plan.	9	12	6	Infectious disease prevention measures to remain in place and promoted to the public. Public Health pandemic planning to be in place.
5	Workforce	Reduced ability to recruit, retain and support staff.	9	9	6	The Lambeth Together & Development Hub to develop Peer support groups for the workforce to encourage resilience and personal development The Lambeth Together & Development Hub is working with practices to develop apprenticeships for healthcare workers in Lambeth. Lambeth will pilot the Automation of Patient Registration to facilitate administration function in General Practice, which will benefit both the patient and General Practice Workforce. Commit to supporting the workforce to relate to our communities' lived experience, is representative of and supports our diverse and intersectional communities. Support carers pay, as part of Lambeth's Ethical Care Charter. Engage with, and across, our workforce including through our Clinical and Care Professional Network.

No.	Risk	Risk Description	Current Risk Rating	Rating in 2025/26	Target Risk Rating	Risk Mitigation
6	Immunisations Fatigue	Vaccine hesitancy, fatigue and reluctance in the population following the Covid-19 pandemic.	9	12	3	As part of our childhood immunisation strategy, we have developed a targeted communication strategy which is available in a range of languages spoken by our community Supported GP Practices, to establish protocols to promote vaccination uptake in line with national guidelines. Developed a comprehensive training package for staff ensures consistent vaccine confidence building. Community Model Team pilots at local events to boost vaccination rates and accept requests from support from GPs. Supported GP Practices, to establish protocols to promote vaccination uptake in line with national guidelines.
7	System-wide demand	Demand on the health and care system impacts Lambeth Together to the extent that it constrains partner ability to prioritise transformation.	12	16	6	Executive group to review system pressures regularly and consistently, alongside transformation work, and encourage operational information sharing and solution-focused partnership working.

No.	Risk	Risk Description	Current Risk Rating	Rating in 2025/26	Target Risk Rating	Risk Mitigation
8	Changes to national priorities	Legislative changes or changes in national priorities impacts upon local priorities.	6	8	4	There are governance processes to periodically review the plan, to adjust, improve, and refine as necessary so that the plan continues to be aligned with national priorities. Formally review the plan annually and propose changes via Lambeth Together Care Partnership Board agreement and ratification.
9	Enablers are not present	In developing our plan, we have reflected on and agreed the ways we need to work and what conditions we need to succeed. If these enabling factors are not present, this will impact our ability to meet our outcomes.	9	12	6	Ensure existing working groups are aligned to and delivering on our Enablers. Where our Enablers need dedicated improvement, we will bring together the right people to do this. We will pay attention to the Enablers in the same way we do our outcomes and build oversight of these enablers into our governance and ways of working.

Appendix 3 Financial Context

Financial context

The current economic climate and public sector finances remain challenging, impacting organisations across the country, including NHS South East London ICB and Lambeth Council.

As we enter the 2026/27 financial year, SEL ICB continues to operate in a highly constrained financial environment. This situation is further exacerbated by ongoing operational pressures throughout the wider health and care system. In light of these circumstances, each Place within the ICB is required to deliver at least 5% cash-releasing efficiency savings. In addition, Places must also manage further cost pressures and carefully consider any proposed investments to ensure financial sustainability. The 2026/27 Place budget was built using carry forward 2025/26 recurrent budgets as a starting baseline uplifted for net inflation efficiency (0.03%) and overall growth (1.51%).

To support national NHS reform, SEL ICB will consult on and implement a change programme aimed at reducing its corporate and management costs by 35%. This significant reduction is in line with the government announcement in March 2025. This process is due to conclude during 2026/27 and the full implications of these changes as well as the wider reform of the health and care system is yet to be fully felt.

Lambeth Council faces a similarly challenging environment. Throughout the past year, the Council has taken a detailed review of its activities and how it manages demand, and has refreshed its 2026/27 financial planning assumptions, including savings proposals across its activities. The Council's overall savings target for 2026/27 is £46.58m, of which £2.578m relates to Integrated Health and Adult Social Care and £2.010m to Children's Services.

NHS providers are also experiencing a challenging financial environment. They must deliver substantial savings to maintain financial sustainability, while simultaneously meeting expectations for service recovery. Care providers and organisations within the voluntary and community sector are equally required to identify and deliver savings in order to address rising inflation and increased staffing costs.

Within the NHS, there is a continued need to adopt a realistic approach to resource assumptions. This requires a focus on both improving effectiveness and outcomes, achieved through transformation and preventative measures. Looking ahead, the priority will remain on ambitious actions to address inequalities in outcomes, ensuring that interventions are targeted where they are most needed and can deliver the greatest impact.

South East London Integrated Care Board (Lambeth)	2026/27 Annual Total Budget, £'000
Acute Service	605,273
Community Health Services	109,014
Mental Health Services	148,601
NHS Continuing Care Services	36,592
Prescribing	44,807
Other Primary Care Services	3,985
Delegated Primary Care Services	97,307
Other (Dental, Ophthalmic and Pharmaceutical Services)	**50,738**
Corporate Costs	4,666
Total*	**1,100,983**

*This is Lambeth share of the total SEL ICB budget for Acute and Spec Comm based on applying historic share of spend.

Lambeth shared based on apportion by the GP List Size.

2026/27 Council Revenue Budgets	£'000
Integrated Commissioning / Health & Care	17,597
Public Health**	43,871
Adult Social Care	188,178
Children, Families and Education	131,584
Total	**381,230**

**Public Health grant funding

2026/27 Overall Budget	£'000
Total	**1,482,213**

Lambeth together

Working in partnership for a healthier borough

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