Lambeth Together
Integrated Assurance Report

August 2026

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Impact measures performance trend (1)

Area	Metric	Target/Plan	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Source/ Rationale/ Comments
Adults social care	Proportion of new assessments completed where carers have been identified and offered an assessment	Actual	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		100%	Data source ASC team logs
		Plan	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%		95%	
		Variance	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%		5%	
Adults social care	Median time from contact to completion of assessment (days)	Actual			10			12			14			8			11	Plan is set at 42 days (local target aligned to council business plan) Data source ASC team logs
		Plan			42			42			42			42			42	
		Variance			-32			-30			-28			-34			-31	
BCF	Proportion of people aged 65 and over discharged from hospital with reablement provided partly or solely by LAs, and who remained in the community within 12 weeks of discharge	Actual			65%			67%			66%							
		Plan																
		Variance																
Childrens	Number of CYP accessing CAMHs services	Actual													1,701	1,645	2,044	Data source Evelina - CAHMS
		Plan																
		Variance																
Childrens	Number of children and young people waiting longer than 52 weeks for an assessment and commencing treatment with Child and Adolescent Mental Health Services	Actual										2			3	4	5	Data source Evelina - CAHMS
		Plan										0			0	0	0	
		Variance										2			3	4	5	
Homeless Health	Number of rough sleepers brought into accommodation	Actual			64			54			95			52			29	Data source Homeless team logs Plan = against previous year position
		Plan			44			33			55			62			64	
		Variance			20			21			40			-10			-35	
Learning Disabilties	Percentage of people aged 14+ on the GP Learning Disability Register receiving an annual health check in year	Actual	3.9%	8.0%	13.2%	20.2%	25.6%	32.3%	40.4%	46.3%	54.8%	63.8%	73.8%	80%			15%	Data source EMIS. Straitght line plan against at 75% year end target
		Plan	6.3%	13%	19%	25%	31%	38%	44%	50%	57%	63%	69%	76%			12.0%	
		Variance	-2.4%	-4.6%	-5.6%	-4.9%	-5.8%	-5.5%	-3.7%	-4.0%	-1.8%	0.9%	4.6%	4.5%			3.0%	
Long Term Conditions	Proportion of people with Type 2 diabetes who have all 8 care processes measured and recorded on an annual basis	Actual	13.8%	21.5%	30.7%	40.0%	47.1%	54.3%	59.9%	66.4%	68.3%	71.6%	74.4%	77.1%			67.2%	Data source in Q1 Ardens Manager - please note Ardens report methodology looks back at last 12m of performance rather than a cumulative performance in 26/27.
		Plan	6.4%	12.8%	19.3%	25.7%	32.1%	38.5%	44.9%	51.3%	57.8%	64.2%	70.6%	77%			77%	
		Variance	7.3%	8.7%	11.5%	14.3%	15.0%	15.8%	14.9%	15.1%	10.5%	7.4%	3.8%	0.1%			-9.8%	
Long Term Conditions	Proportion of people aged 79 or under with hypertension who achieve a blood pressure measure less than or equal to 140/90mmHg this FY	Actual	12.3%	21.9%	31.3%	39.9%	45.7%	50.9%	55.5%	58.6%	62.4%	65.6%	68.8%	72.6%			76.3%	Data source in Q1 Ardens Manager - please note Ardens report methodology looks back at last 12m of performance rather than a cumulative performance in 26/27.
		Plan	7%	13%	20%	27%	33%	40%	47%	54%	60%	67%	74%	80%			80%	
		Variance	5.7%	8.5%	11.2%	13.1%	12.2%	10.7%	8.6%	5.1%	2.1%	-1.4%	-4.9%	-7.8%			-3.7%	
Long Term Conditions	Proportion of people aged 80 or over with hypertension who achieve a blood pressure measure less than or equal to 150/90mmHg this FY	Actual	14.7%	27.1%	38.4%	48.3%	55.9%	61.3%	66.5%	70.5%	73.3%	76.4%	78.9%	81.9%			88.9%	Data source in Q1 Ardens Manager - please note Ardens report methodology looks back at last 12m of performance rather than a cumulative performance in 26/27.
		Plan	7%	13%	20%	27%	33%	40%	47%	54%	60%	67%	74%	80%			80%	
		Variance	8.0%	13.7%	18.4%	21.5%	22.4%	21.1%	19.7%	16.9%	13.0%	9.4%	5.2%	1.5%			8.9%	
Maternity	Continuity of maternity care for women	Actual	TBA															Data being sourced
		Plan																
		Variance																

We are looking to provide a summarised view of agreed LTOG indicators. For some measures, we are not able to display this information using this visual format, or data processes/ flows are being refined/ validated. We will aim to fully integrate all impact measures on a scorecard to allow a full visual presentation of measures activity.
Some of the Plans/trajectories/targets are provisional and subject to change.

Impact measures performance trend (2)

Area	Metric	Target/Plan	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Source/ Rationale/ Comments
Mental Health	Percentage of people on the Severe Mental Illness Register receiving an physical health check in year	Actual	2.80%	7.6%	14.3%	21.4%	25.9%	31.7%	38.5%	43.9%	48.7%	53.9%	58.9%	65.6%			14%	Data source EMIS. Straitght line plan against at 60% year end target
		Plan	5.0%	10%	15%	20%	25%	30%	35%	40%	45%	50%	55%	60%			15%	
		Variance	-2.2%	-2.4%	-0.7%	1.4%	0.9%	1.7%	3.5%	3.9%	3.7%	3.9%	3.9%	5.6%			-1.0%	
Mental Health	Access to Lambeth Talking Therapies for Black African and Caribbean residents to ensure they are as least as good as those of White residents	Actual			25.2%			26.6%			24.2%			26.2%				Data source IAPTUS
		Plan			21.7%			21.7%			21.7%			21.7%				
		Variance			3.5%			4.9%			2.5%			2.5%				
Mental Health	Recovery rates for Lambeth Talking Therapies for Black African and Caribbean residents to ensure they are as least as good as those of White residents	Actual			47.8%			47.0%			42.1%			48.0%				Data source IAPTUS
		Plan			48.0%			48.0%			48.0%			48.0%				
		Variance			-0.2%			-1.0%			-5.9%			0.0%				
Neighbourhood	% of population being seen within an INT	Actual	TBA															Methodology being constucted
		Plan																
		Variance																
Neighbourhood	Number of patients invitated to MLTC (NNHIP) INT vs Plan	Actual																
		Plan																
		Variance																
Neighbourhood	Neighbourhood health indicator 3	Actual	TBA															To be agreed with NWDA
		Plan																
		Variance																
Prevention (Staying Healthy	Percentage of eligible population aged 40-74 offered an NHS Health Check who received a Health Check	Actual	0.7%	1.2%	1.7%	2.3%	2.7%	3.2%	3.7%	4.1%	4.6%	5.1%	5.9%	6.2%			1.3%	Data source EMIS (Q1 data under validation) Plan = against previous year position
		Plan	0.2%	0.5%	0.6%	0.6%	1.0%	1.3%	2.0%	2.5%	3.2%	4.0%	4.6%	5.3%			0.7%	
		Variance	0.4%	0.7%	1.1%	1.7%	1.7%	1.9%	1.7%	1.7%	1.4%	1.1%	1.3%	1.0%			0.6%	
Prevention (Staying Healthy	Number of people accessing smoking cessation services and setting a quit date	Actual												1,274				Year-end figures show 1,274 people set a quit date in 25/26. In 26/27 programme aims have 1,500 people setting a quit date by March 27. Q1 data will be available in October 26.
Primary Care	Access - GP Appointments carried out	Actual	168,137	169,121	172,598	185,250	148,731	180,274	204,228	168,723	167,716	178,771	168,777	182,843	173,540	158,673	190,266	Provisional monitoring metric Plan = against previous year position
		Plan	166,166	165,670	149,688	170,573	159,787	163,524	194,806	171,242	157,189	186,600	167,637	176,726	168,137	169,121	172,598	
		Variance	1%	2%	15%	9%	-7%	10%	5%	-1%	7%	-4%	1%	3%	3%	-6%	10%	
Primary Care	Access - Percentage of General practice appointments seen within two weeks	Actual	89%	89%	90%	90%	90%	90%	88%	89%	89.5%	89.4%	90.2%	89.5%	88.9%	89.2%	88.7%	
		Plan	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	
		Variance	-1.0%	-1.0%	-0.3%	0.2%	0.1%	0.1%	-1.9%	-1.0%	-0.5%	-0.6%	0.2%	-0.5%	-1.1%	-0.8%	-1.3%	
Substance Misuse	Number of clients in substance misuse treatment	Actual										2104						January 2026 (Feb 2026 to Jan 2025) data source NDTMS. Ambition for 26/27 is to reach 2160 clients in treatment
		Plan																
		Variance																
Vaccs/Imms	Proportion of Lambeth registered children by age 1 that have all primary immunisations	Actual			86.7%			86.2%			88.6%			86.7%			TBA	Data source COVER
		Plan			90%			90%			90%			90%			TBA	
		Variance			-3.3%			-3.8%			-1.4%			-3.3%			TBA	
Vaccs/Imms	Proportion of Lambeth registered population who are over the age of 65 receiving immunisation for Flu	Actual	54.5%											53.8%				The data source ImmForm. The overall performance for 25/26 was 53.8%. The 25/26 performance is 0.7% lower than 24/25.
		Plan	75%											75%				
		Variance	-20.5%											-21.2%				

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Our Health, Our Lambeth

Lambeth Together Health and Care Plan 2023-28

Programme/ Alliances Highlight report updates

Milestone status key:
Green: on track to deliver as planned
Amber: risks or issues emerging that may impact delivery
Red: delivery at risk; immediate action or escalation required

Children and Young Person Alliance

Accountable Lead(s): Dan Stoten, Dr. Raj Mitra, Dr. Rachel James, Sarah Henderson, Bidisha Lahoti **Delivery Lead(s):** Simon Boote, Eleanor Wyllie

Progress & Deliverables since last highlight report	New Intelligence, Impact, and Outcomes	Upcoming Key Milestones	Due	RAG
• Emotional wellbeing and mental health access was reviewed through the LTOG deep dive on 14 July 2026. The update covered demand, first contact, long waits, active caseload, school-based access and outcome reporting. ○ Lambeth Lighthouse remains the main front door route. Reported 28-day first contact performance stayed above 90% in the months shown to May 2026. Long waits are lower than the previous year but still need tracking by pathway. • CHESS (Child Health Education and Social Care Support) is now live as a monthly neighbourhood multi-agency meeting in Norwood and Brixton & Herne Hill, with referrals from general practice, schools, mental health and social care. • Neighbourhood work is progressing through the delivery meeting, including CHESS, proactive case finding, the A&E frequent attenders model, transition support for children with complex learning disability or cerebral palsy, and the unstable asthma pathway. • Maternity national report learning is being reviewed. South East London (SEL) Local Maternity and Neonatal System (LMNS) discussion is planned, with trust actions expected to be formally decided in December 2026.	• The child and adolescent mental health services deep dive showed a 12-month view to May 2026: 2,019 referrals received, 1,400 accepted, active caseload rising from 2,823 to 3,207, and 21,464 attended contacts. • CHESS activity is increasing: 22 referrals were recorded by July 2026, with 10 children and young people on the waiting list. 41% had emotional wellbeing or mental health needs and 23% had neurodevelopmental or special educational needs. • CHESS cases are often complex, with social need, mental health need and school attendance concerns. A co-located physical offer is being explored; discussions remain ongoing through the neighbourhood operational delivery meeting (NODM). • National maternity reports continue to highlight listening to women and families, safe staffing, culture, accountability, triage, data quality and inequalities. The Alliance will bring a short board update once clinical maternity input is received. • Current assurance remains limited by data gaps across equity, maternity reporting and some community service reporting.	CYP Alliance Board update on national maternity reports, subject to input from clinical and care professional lead for maternity.	Q3 2026/ 27	
		SEL LMNS to consider national report learning and confirm trust action process.	Dec 2026	
		NODM to review CHESS demand, co-located offer, referral criteria and case-finding routes.	Oct 2026	
		Develop next steps on A&E expansion, transition support, proactive case finding and unstable asthma pathway.	Q4 2026/ 27	

Key Risks & Issues	Mitigations	Owner
Local maternity reporting continues to be challenging allowing sometimes limited views of access and outcomes needed. THIS HAS ALREADY BEEN ESCALATED.	Use agreed SEL LMNS reporting routes and national registries, note data caveats, and avoid local conclusions until trust actions are agreed.	Maternity leads / providers
CHESS demand is rising and the model is still developing, including meeting capacity and future physical co-location.	Review frequency, criteria, case-finding and co-location options through NODM before any wider spread. In addition, Act Early South London are supporting with project leadership and evaluation.	Alliance / NODM

Support Required from the Partners

No additional support from partners is required at this point. Existing input will continue through the clinical maternity lead, SEL LMNS routes, providers and NODM.

Programme / Alliance: Lambeth Living Well Network Alliance

Accountable Lead(s): Guy Swindle **Delivery Lead(s):** Emma Porter, Richard Stiles, Chris Moretti, David Orekoya, Kristian Draper, Ambesit Tekeste, Sara Dampier

Progress & Deliverables since last report	New Intelligence, Impact, and outcomes	Upcoming milestones	Due	RAG
Program to remodel community MH services is in progress with completion expected by the end of 2026. Remodelling of the front-door is in the implementation phase with the merger and colocation of Lambeth's Single Point of Access (SPA) and Crisis Outreach Service (COS) on course for mid-September Primary care (STEP1) redesign is underway with scoping and definition to be agreed by end of August. Changes to the scope of Secondary Care Psychological Therapies (SCPT) and the roles of Voluntary Care and Social Enterprise (VCSE) partners (STEP2) have been agreed, and the implementation phase is now being planned. The project to restructure SMI treatment and intervention (STEP 3) has commenced with clinical pathways and a new draft operational policy scheduled for sign-off in late September.	More Black people are using low to medium intensity MH services, with the proportion rising from an average of 26.3% in 2024/25 to 27.5% in 2025/26. This was largely due to improved access to Lambeth Talking Therapies (LTT). In Q4 Jan-Mar 2025/26, 26.3% of those completing LTT treatment were Black, higher than their representation in Lambeth's 18+ population at 21.7%. The reliable recovery rate for Black people is slowly improving, just missing the 48% target in Q4 Jan-Mar 2025/26 at 47.6%; still 4.4% points below the rate for White people. Access to short-term support is also improving slowly. On average, Black people are getting a second appointment with a short-term support team 2 days sooner than their White counterparts. Waits are trending upwards for all groups, but were below 28 days in Q4. Use of high and very-high intensity services by Black people, fell from 50.8% to 47.4%, Q1 Apr-Jun 2024/25 to Q4 Jan-Mar 2025/26, suggesting that progress is being made towards the goal of helping Lambeth's Black residents access early help before a crisis arises.	Remodel Front-Door - merge SPA and COS teams and co-locate CMHT Step1 primary care - define scope of service CMHT Step2 SCPT and VCSE care - sign-off implementation plan CMHT Step3 secondary care - sign-off pathways and operational policy	Sep Aug Sep	

Key Risks & Issues	Mitigations	Owner
High demand for beds from EDs and high use of expensive 'spot purchased' beds.	Weekly internal flow meetings along with usual MADE meetings	Emma Porter
Issue: Senior Decision-Making Group (SDMG) is not currently able to keep up with the number of referrals to be reviewed.	Additional MDT meetings are making pathway decisions on less urgent referrals. The trial of the SDMG approach is up for review.	Sara Dampier
Risk: Building may not be ready to collocate SPA and COS	Cross-training is going ahead with preparations for the possibility of a virtual SPA/COS team merger before colocation is possible.	Emma Porter / Richard Styles/ Elliot Rose
Risk: Remodelled CMHT may redistribute workload in a way that is not aligned with capacity in some parts of the system.	Will be carefully monitoring impacts across the system and working to adjust capacity as may be needed.	Emma Porter / Guy Swindle / Judy Newman

Support Required from the Partners

No additional partner support is required at this time. Next milestones on all workstreams are currently on course. Issues and risks are being mitigated.

Neighbourhood and Wellbeing Delivery Alliance

Accountable Lead(s): Alice Jarvis & Therese Fletcher, **Delivery Lead(s):** Josepha Reynolds, Sophie Goddard & Naomi McCulloch

Progress & Deliverables since last highlight report

INT Delivery:

- Practices continuing engaging patients across three cohorts and reviewing them through the agreed clinical pathway. Activity is on track for Q1 trajectory for all cohorts.
- Care coordinator function has gone live
- Recruitment mainly completed, outstanding secondary care leadership and neighbourhood manager / admin for final neighbourhoods
- Y2 model being designed and costed

Strategic delivery:

- NNHIP phase 1 has completed, phase 2 started in August and is running until end of October, focusing on strengthening and accelerating delivery
- SIF has been signed off for all Lambeth workstreams, including 4 x pushing boundaries

Partner engagement:

- Scoped and agreed a dedicated VCFSE workstream for neighbourhoods, including health inequalities funding to support VCFSE leadership within neighbourhoods

New Intelligence, Impact, and Outcomes

- Lambeth on track to meet scale and spread numbers for Q1 as established within SIF submission
- 25 MLTC INT cohort metrics have been defined to measure both process and patient outcomes. EMIS searches have been developed to enable reporting on a range of these metrics. Additional work is required to develop and validate searches for the remaining measures
- Hospital activity metrics for the MLTC cohort are available via the SEL BI Discovery linked dataset
- Development of CYP and frailty reporting is planned. More work needs to be done onbringing together reporting (CYP) and embedding data collection and clarifying coding (frailty) through SOPs and work with operational leads.
- Exploring opportunities to integrate non-medical / social determinants data/intelligence through shared data via the 'Future of Prevention Programme in Lambeth - coordinated by Newton and Xantura)

Upcoming Key Milestones	Due	RAG
Recruit to full Y1 neighbourhood structure	August	
Mobilise SIF workstreams, agreeing processes, KPIs and use of underspend	October	
Agree Y2 neighbourhood delivery structure	October	
Deliver phase 2 of NNHIP	October	
Scale INTs to all Lambeth neighbourhoods	March	

Key Risks & Issues	Mitigations	Owner
Risk: spending FYE SIF allocations recognising transferred partially through the financial year	Map out current position and share financial plan in September for sign off by partners	IDB & NWDA
Issue: reporting currently requires significant manual coordination across systems – will make ongoing reporting as scale harder to sustain	SIF used to fund dedicated lead who is working with PHM enabler group to manage response	PHM enabling function

Support Required from the Partners

No additional partner support required at this time – being managed through Integrator Delivery Board in partnership with NWDA, LLWNA and CYPA leadership.

SEL Neighbourhood Roadmap Domain: Acute–Community Interface

Accountable Lead(s): Avril Satchwell Delivery Lead(s): System partners

Progress & Deliverables since last highlight report	New Intelligence, Impact, and Outcomes	Upcoming Key Milestones	Due	RAG
Coordinated UEC/community interface work, winter wash-up 25/26 and 2026/27 winter planning. Shared AI service-navigation and SIF scheme proposals for review.	Focus remains on “right service first time”, care closer to home and avoiding ED/admission. Community capacity and referral visibility remain key as ED, ambulance and MH demand remains high.	Winter planning: confirm partner returns and priorities	September	
		Agree next steps for SIF / AI navigation proposals	August	
		Maintain focus on SPOA, UCR, virtual wards, SDEC and community pathways	Ongoing	

Key Risks & Issues	Mitigations	Owner
Rising MH waits in ED increase safety and flow risk.	Work with SLAM, Trusts and LA on action plan and support options in ED.	SLAM, Trusts, LA
Limited finance/workforce to deliver agreed improvement actions.	Prioritise high-impact schemes; escalate through UEC governance.	Avril / UEC partners

Support Required from the Partners

Partners to confirm winter priorities, risks and benefits; support SIF/AI navigation decisions; and keep strengthening referral routes across acute, community, primary care, LAS, MH, LA and VCSE partners.

SEL Neighbourhood Roadmap – Other Domains

PHM: Accountable Lead(s): Ayseha Ali/Warren Beresford Delivery Lead(s): Integrators (GSTT, GP Federation), Public Health Intelligence Team

Update	Upcoming Key Milestones	Due	RAG
INTs for Frailty, MLTC and CYP live in April 2026. Monthly reporting being submitted through IDB meetings to capture activity, and NNHIP for MLTC activity. Lambeth and Southwark Integrator PHM meeting established fortnightly with representation from GSTT, primary care and local authority public health. This is an enabler function of the integrator PMO and is working to improve our data and evaluation. Planning underway to agree further metrics for INT reporting and develop primary care searches for data capture. NNHIP national return submitted for May 26.	Understanding NNHIP phase 2 reporting requirements	Aug 26	
	Development of standardised reporting cycle for of Frailty/CYP INT activity increasing volume of metrics reported	Sep 26	

Key Risks & Issues	Mitigations	Owner
Lack of linked data set across primary and secondary care	1) exploring data sharing agreements for INT cohorts; 2) awaiting primary care data flow into GSTT SDE	Ayesha Ali/Chris Euden
Capacity for developing primary care data searches impacting PHM delivery	SIF funding confirmed for additional analytical capacity in primary care	Integrator hosts

Primary Care: Accountable Lead(s): Anna Marcus Delivery Lead(s): Primary Care Commissioning Team, Primary Care Providers

Update	Upcoming Key Milestones	Due	RAG
Primary care support offer - GP contract is available for practices to sign up to Deep Dive being provided at meeting on 11th August focusing specifically on the work being led by the Primary Care Commissioning Team to support general practice in delivering key elements of the Primary Care & Community Access Domain. The presentation will cover the 2026/27 GP Contract changes, the approach to reducing unwarranted variation, and the General Practice Support Offer.	GP Patient Survey – analysis and agree appropriate next steps	Sep 26	
	Universal offer will go live by October 26	Oct 26	

Key Risks & Issues	Mitigations	Owner	Escalation
Patient list validation	Understand financial impact against PMS premium	Oge Chesa	No

Staying Healthy – Health Checks

Accountable Lead(s): Bimpe Oki **Delivery Lead(s):** Public Health

Progress & Deliverables since last highlight report	New Intelligence, Impact, and Outcomes	Upcoming Key Milestones	Due	RAG
We continue to deliver Health Checks to Lambeth's eligible population (those aged 40-74 who have not been diagnosed with certain pre-existing conditions and not had a Health Check within five years prior) through GPs organised to PCNs In 2025/26, 6477 people in Lambeth had a Health Check. This represent a 21% increase from 5,355 in 2024/25. April 2026 saw the successful recommissioning of a new service with a greater focus on more effective targeting of at-risk groups such as Men, Smokers or those from Black and Minority ethnic communities. These priority groups will be regularly reviewed during the life of the contract.	**Outcomes 2025/26** 19% of patients who had a health check were referred to lifestyle services or prescribed medication: • 32% patients prescribed statins • 9% prescribed antihypertensives • 28% referred to the National Diabetes Prevention Programme (NDPP) • 4% referred to smoking cessation services • 27% referred to weight management 9% of patients who had a health check were diagnosed with a health condition and added to appropriate registers: • 28% diagnosed with hypertension • 7% diagnosed with diabetes • 2% with chronic kidney disease (CKD) • 63% with non-diabetic hyperglycaemia	Know your numbers week awareness campaign early September	September	
		NHS Health Checks Practice Improvement Plan	August	

Key Risks & Issues	Mitigations	Owner
• Invitations are high but conversion rates are still a concern for most boroughs • Primary care workforce shortages and competing pressures	• NHS Steering Group with key stakeholders within PH the ICB and LMC has been formed along with a Strategy to oversee the direction of the Health check programme.	Public Health

Support Required from the Partners

None recorded.

Staying Healthy - Smoking Cessation

Accountable Lead(s): Bimpe Oki **Delivery Lead(s):** Margherita Sweetlove

Progress & Deliverables since last highlight report	New Intelligence, Impact, and Outcomes	Upcoming Key Milestones	Due	RAG
In 2025/26 we expanded our smoking cessation offer to include a pharmacy coordinator to support our commissioned pharmacies in their delivery; a tobacco dependency advisor to operate within our community mental services; and a bespoke service for children and young people which include 1:1 support as well as educational sessions in schools and other settings.	The latest available service data (Q4 2025/26) shows that 1274 people have set a quit date in Lambeth in 2025/26. This represents a 71% increase from 2024/25. Further, we have made good progress in reaching three of our target populations: people in routine and manual occupations, people living with long term mental health conditions and children and young people. In particular, our workplace clinics in constructions sites have resulted in over 80 construction workers setting a quit date.	Stoptober 2026	October 2026	
		Coming into force of the Tobacco and Vapes Act	January 2027	

Key Risks & Issues	Mitigations	Owner
As time progresses and more people quit smoking, the remaining smokers will be harder to reach, impacting the potential outcomes of the programme.	As part of the Core Prevention SIF, we are planning to train multiple VCSFE organisations to be able to support and signpost smokers through very brief advice	Public Health

Support Required from the Partners
Partners to share any Stoptober communications with their channels from September 2026.

Staying Healthy - Vaccinations

Accountable Lead(s): Ese Iyasere **Delivery Lead(s):** Irene Stylianou

Progress & Deliverables since last highlight report	New Intelligence, Impact, and Outcomes	Upcoming Key Milestones	Due	RAG
Childhood Immunisations: In Q4 2025/26, Lambeth's 6-in-1 vaccine uptake at 12 months was 86.7%, representing a 1.9 pp decrease from the previous quarter (88.6%). Uptake for this quarter, however, remained 2.3 pp above the London average of 84.4%. MMR1 uptake at 24 months was 86.4%, 6.3pp higher than the previous quarter (80.1%) and 1.1% higher than the London average 85.3%. **Influenza:** Local ambitions for the 2025/26 flu season were achieved for under-65s with long-term conditions, children and pregnant women. Compared with 2024/25, uptake increased by 2.3 percentage points among under-65s with long-term conditions, reaching 31.5%, and by 6.1 percentage points among pregnant women, reaching 37.5%.Achieving the local ambition for people aged 65 and over remains a challenge, with uptake declining by 0.7 percentage points to 53.8%.	During the last quarter, the Childhood Immunisation Strategy Refresh was completed. Stategy included detail on addressing MMR vaccine hesitancy through targeted engagement with healthcare professionals, expanding community-led initiatives, strengthening online immunisation information, and bringing together PCNs and VCS organisations to improve uptake in low-coverage areas. In addition, the one-year evaluation of the Community Vaccination Service was completed. The evaluation demonstrated the value of delivering 1:1 parent workshops in trusted community settings in increasing parents' knowledge of immunisations while identifying opportunities to further improve delivery Evaluation of the community engagement activities for flu during the previous season was carried out and identified a range of priroties 2026/27 seasonal campaign. The campaign will strengthen partnerships with VCS groups and Health and Wellbeing Hubs to deliver targeted, community-based engagement in trusted settings.	Continued delivery of the refreshed Childhood Vaccination Strategy, alongside implementation of the 2026/27 seasonal flu outreach and engagement strategy, with a focus on improving uptake, reducing inequalities and strengthening access for communities with lower vaccination coverage.	Delivery of the refreshed Childhood Vaccination Strategy will continue over the next few years, while the seasonal flu outreach and engagement plan will be implemented during Q3–Q4 2026/27.	

Key Risks & Issues	Mitigations
Sub-optimal MMR coverage continues to present a key health protection risk for Lambeth. Ongoing measles outbreaks across London highlight the importance of improving vaccination uptake to reduce the risk of local transmission, particularly in under-vaccinated communities.	Mitigating action is focused on strengthening access, follow-up and community confidence. This includes progressing the national MMR call and recall programme for children aged up to 11 years, continuing delivery of the Vaccination in New Spaces initiative, and supporting general practices to implement robust local call and recall arrangements. These measures are complemented by community-led work to raise awareness, better understand barriers to vaccination and co-produce practical responses with residents and local partners.

Support Required from the Partners

None recorded.

Staying Healthy – Mental Health and Suicide Prevention

Accountable Lead(s): Bimpe Oki **Delivery Lead(s):** Public Health

Progress & Deliverables since last highlight report	New Intelligence, Impact, and Outcomes	Upcoming Key Milestones	Due	RAG
We are on track with our objective to deliver mental health awareness and suicide prevention training in collaboration with local partners, with programmes scheduled to run throughout 2026/27. There is a scheduled training session for the Carers Hub taking place in September. Recruitment is due to begin shortly for a new Mental Health Promotion Outreach Worker post hosted by AT Beacon	Between January 2026 and April 2026, 133 Lambeth residents and professionals have completed the online Suicide Awareness training via the Zero Suicide Alliance (ZSA) Between October 2025 and January 2026, The Listening Place received a total 372 new referrals and engaged 431 Lambeth residents. Service providers have been contacted to provide new data insights and outcomes.	World Suicide Prevention Day	10th September 2026	

Key Risks & Issues	Mitigations	Owner
Training uptake	Expanding the offer to include more tailored sessions, proactively reaching out into local communities and VCSEs, INTs, and embedding the training offer in other related areas of work including gambling harms, workplace wellbeing, etc.	Public Health
Recruitment challenges	Ensure vacant post is promoted across existing networks	Commissioned service provider

Support Required from the Partners
None recorded.

Sexual Health

Accountable Lead(s): Jessica Engen **Delivery Lead(s):** Nancy Padwick

Progress & Deliverables since last highlight report	New Intelligence, Impact, and Outcomes	Upcoming Key Milestones	Due	RAG
• The Clinical In-Reach service launched in mid-June 2026, now providing a community-based route to STI testing and treatment particularly for vulnerable or marginalised residents. The service will be monitored over time for uptake and impact. • The new London eService procurement has been delayed, with the proposed new service now expected from August 2027 rather than earlier timelines. As a result, the programme is pursuing a 12-month extension of the current PreventX contract to maintain continuity. • Metro Charity entered liquidation during Q4, resulting in the cessation of the existing HIV Care and Support service. Officers are currently working to progress the award of an interim contract to maintain continuity of support for people living with HIV. • During 2025/26, the young people outreach service delivered 205 outreach activities, engaged 3,811 young people, provided 27 professional training sessions and delivered 56 one-to-one interventions across Lambeth and Southwark.	Annual STI data are now available for 2025. The number of new STI diagnosis decreased by 15.5% in Lambeth from 9,167 in 2024 to 7,750 in 2025. Numbers and rates of syphilis, chlamydia and gonorrhoea diagnoses have all decreased with syphilis now showing a significant downward trend over the last 5 years. STI testing rates also decreased but by less than STI diagnoses (5.6%). STI testing positivity fell from 9.8% to 8.4%. The reduction in diagnosis appears greater than would be expected from the reduction in testing alone and together with the fall in positivity suggests a likely reduction in transmission rather than simply reduced case-finding. Further analysis is needed to understand the impact across different population groups.	Sexual Health Awareness Week, 14-20 September 2026.	4 September	
		Launch of PrEP in our Community pilot, 29 July 2026	29 July	
		LHPP launch of London-wide campaign targeting young people and Black heritage communities	September	

Key Risks & Issues	Mitigations	Owner
Delay to new e service contract due to London e-service procurement being delayed, risking operating out of contract.	London programme seeking 12month extension of the current PreventX contract to maintain continuity.	Lead Commissioner
Risk of service disruption of HIV care and support services following the closure of Metro	Interim contract sought whilst procurement is undertaken	Lead Commissioner

Support Required from the Partners

Communications and engagement support required to promote and share awareness campaigns (e.g. Sexual Health Week, HIV Testing Week, Contraception access and local services) to both internal and external audiences.

Substance Misuse

Accountable Lead(s): Ese Iyasere **Delivery Lead(s):** Emma Burke

Progress & Deliverables since last highlight report	New Intelligence, Impact, and Outcomes	Upcoming Key Milestones	Due	RAG
The Combatting Drugs Partnership (CDP) continues to meet to monitor engagement in treatment, continuity of care from prison to community treatment, and the reduction of drug related harm. Co-chaired by Lambeth Council DPH and Met Police Superintendent. Treatment planning for 2026-29 with the Office for Health Improvement and Disparities has been undertaken, outlining how the new ringfenced drug and alcohol funding will be delivered in Lambeth. The substance misuse needs assessment is underway and expects to report in Q3. This will help inform a review of the commissioned substance misuse services/pathways. The "Reducing the Strength" Campaign is advancing well, with planning, stakeholder engagement and targeting largely complete. The campaign is now moving into implementation through coordinated partnership activity, outreach and engagement with licensed premises. Detailed update will be provided to LTOG September 26.	The latest publicly available data shows that Lambeth continues to improve the numbers in drug and alcohol treatment. This has been driven by increases in those with alcohol and non-opiate problems accessing treatment. Continuity of care from prisons has improved with the latest data from 2024-25 showing Lambeth performing favourably compared to the London region.	Needs Assessment due to report in Q3	Q3	

Key Risks & Issues	Mitigations	Owner
Concerns about substance misuse street population in Brixton/Streatham Hill areas	Work with Community Safety Partnership on coordinated approach and action plan delivery	Emma Burke

Support Required from the Partners
None recorded.

Homeless Health

Accountable Lead(s): Paul Davis – Head of Commissioning, Supported Housing

Progress & Deliverables since last highlight report	New Intelligence, Impact, and Outcomes	Upcoming Key Milestones	Due	RAG
A total of 33 rough sleepers were brought into accommodation in Q1 of this year. This is lower than previous quarters. The numbers are likely to increase in Q2 due to the frequency of SWEP (Severe Weather Emergency Protocol) being activated.	Factors leading to a decrease in numbers are • Rough Sleeping Co-Ordinator post not in place while recruitment took place • SWEP not active in this quarter • Outreach team not at full capacity. This has now been mitigated by use of locums while recruitment took place	Enter new service agreement following retender (new contract was awarded beginning in July)	August	
		Annual National rough sleeping count across the country in November	November	

Key Risks & Issues	Mitigations	Owner
Outreach team lack of capacity	Use of temporary staff and ongoing recruitment	Paul Davis
Rough Sleeping Coordinator post vacant	This has now been recruited to	Paul Davis

Support Required from the Partners
None recorded.

Learning Disabilities and Autism (LDA) Programme

Accountable Lead(s): Jane Bowie (Director of Integrated Commissioning Adults), Dan Stoten (Director of Integrated Children's Commissioning and Youth Services
Delivery Lead(s): David Orekoya (Associate Director Mental Health and LD, Helen Bolger (Lead Commissioner – LDA)

Progress & Deliverables since last highlight report

- Lambeth Adult Social Care achieved rating of Good after recent inspection including for ASC LD provision and outstanding for addressing inequalities which incudes our All Age Autism Action Plan.
- Full impact assessment report published into An evaluation of Positive Behaviour Support in Lambeth: Project findings and next steps
- Lambeth Intensive Support Team (SlaM and GSTT), a crisis and prevention service for people with learning disabilities
- Employment support –Lambeth's Connect to Work scheme has established a pilot Supported Employment Quality Framework which as onboarded 70 individuals who were not in employment most of whom have a learning disability. Of these 21 have engaged in paid work to date.

New Intelligence, Impact, and Outcomes

LDA Inpatient Pathway	01/04/2026	01/08/2026
ICB Commissioned - Adults	6	9
SLP Commissioned (Forensic) - Adults	4	5
SLP Commissioned Children	1	3
Total	**11**	**17**

- Increase in admissions seen in CYP admission which is known to fluctuate over time between 0-3 inpatients at any one time
- 6 new admissions of people with autism but no learning disability in 7 months Jan to July, including readmissions is driving increase seen in adults

Upcoming Key Milestones	Due	RAG
Publish tender for Residential and Supported Living Approved Provider List	Q2 2026/27	
Award and mobilise CYP Preventive Positive Behaviour Support (PBS) offer	Q2 2026/27	
Deliver soft market engagement to support the SEL LDA Housing Strategy and Financial Sustainability Strategy	Q2 2026/27	
All Age Autism Strategy Completion of year 2 delivery and evaluation of AAS action plan	Q3 2026/27	
Begin One-System discharge planning for on highly complex and high risk individual currently in forensic hospital setting	Q3 2026/27	

Key Risks & Issues	Mitigations	Owner
Challenges in securing appropriate accommodation locally	Lambeth is leading on SEL LDA Housing Strategy on behalf of the six SEL boroughs. Initial analysis of activity conducted with focus now orientated towards developing coom approach high cost and bespoke housing needs.	David Orekoya/Helen Bolger
Challenges in securing safe, good quality care services within financial pressures	LDA APL tender launch due by Q3 2026/27. Embedding right sizing and sufficiency as BAU for LDA packages	David Orekoya/Robert Dunne
LDA Delayed or failed discharge - People with challenging behaviour who are due for discharge in 2026/27	One system planning to ensure clear governance and collective ownership of discharge planning	David Orekoya/Helen Bolger

Support Required from the Partners

We value the continued commitment to collaborative working by system partners through our Lambeth All Age Learning Disability and Autism Steering Group which is taking forward key projects including early and intensive community support for our LDA cohort and development of our SEL housing and care strategy.

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Finance

Finance: South East London ICB (Lambeth)

Overall Finance Position (2026/27 M03)

Service Area	Year to date Budget £'000s	Year to date Actual £'000s	Year to date Variance £'000s	Annual Budget £'000s	Forecast Outturn £'000s	Forecast Variance £'000s
Acute Services	118	118	0	472	472	0
Community Health Services	7,620	7,620	0	30,931	30,998	-66
Mental Health Services	6,263	6,397	-134	25,051	27,048	-1,997
Continuing Care Services	8,892	8,740	152	35,567	33,504	2,064
Prescribing	10,990	10,990	0	44,849	44,849	0
Other Primary Care Services	996	996	0	3,985	3,985	0
Corporate Budgets	1,220	1,220	0	4,878	4,878	0
Total	**36,099**	**36,080**	**18**	**145,734**	**145,733**	**0**

- The borough is reporting an overall **year to date £18k underspend position** and a **forecast breakeven position** at Month 03 (June 2026). The reported forecast position includes **£1,997k overspend on Mental Health Services** offset by **£2,064k underspend on Continuing Health Care (CHC)**.
- The key risks within the 2026-27 Lambeth's finance position are **exponential growth in referrals to independent sector providers for ADHD & ASD assessments and Mental Health Cost Per Case**.
- Mental Health budget year to date and forecast overspend is mainly driven by increased ADHD and ASD assessments under the Right to Choose process and Mental Health placements expenditure (**the forecast expenditure at M03 against these specific budgets is £3,164k overspend**) mitigated by constraining investments.
- The Continuing Healthcare budget is **forecasting £2,064k underspend** as the CHC team continues to deliver on reviewing high-cost packages and out of area placements. Work is ongoing to establish better value costs. The number of active CHC and FNC clients at M03 (June 2026) is 535.
- Prescribing actual data is provided two months in arrears and the borough is reporting a forecast breakeven position against in year budget based on one month actual data at Month 03 (June 2026).
- Further risks remain associated with demand driven budgets (e.g. health contribution towards CYP tri-partite arrangement).

Lambeth Council M2 Updates

Integrated Health & Adult Social Care	Budget £'000	Forecast £'000	Variance £'000
Adult Social Care			
Expenditure	198,567	204,274	5,707
Income	-54,437	-60,144	-5,707
Net	**144,130**	**144,130**	**0**
Public Health			
Expenditure	44,633	44,568	-65
Income	-44,633	-44,568	65
Net	**0**	**0**	**0**
Integrated Commissioning			
Expenditure	12,482	15,972	3,490
Income	-12,349	-15,839	-3,490
Net	**133**	**133**	**0**
Senior Management			
Expenditure	189	156	33
Income	-261	-283	-22
Net	**-72**	**-127**	**-55**
IHASC Directorate Total			
Expenditure	255,871	264,970	9,099
Income	-111,680	-120,834	-9,154
Net	**144,191**	**144,136**	**-55**

The directorate is currently forecasting a broadly breakeven forecast outturn position at M2, reflecting continued management action throughout 2025/26 and utilisation of growth funding to meet underlying demand for social care services.

Adult Social Care:

- ASC is currently forecasting a breakeven position for 2026/27.
- Position achieved through utilisation of growth funding (£8m demographic and demand growth) and mitigating actions
- Underlying demand pressures remain while the current position reflects continued review of high-cost placements and care packages Improved income performance (client contributions and health income)
- In-year savings target of £2.513m
- The position remains sensitive to changes in demand and placement activity

Public Health and Integrated Commissioning (BCF):

Breakeven position forecast for 2026/27, based on full utilisation of grant income

Stronger integration between Public Health and ASC commissioning continues to support system sustainability

Senior Management (Adults Commissioning budgets)

£55k underspend based on current vacancies, while recruitment is underway to vacant posts

Lambeth together

Risk Summary

Director / lead	leads for the 7 priority areas, lead commissioners
Management Lead	Andrew Eyres, each of the leads for the 7 priority areas, lead commissioners
Data source / period	SEL BAF

Lambeth Risk Register

- As of August, there are six risks on Lambeth risk register. The table below shows current risks,

Lead	Risk Title	Current Rating
Dan S	CAMHS waiting times	6
Dan S	Diagnostic waiting times for neurodiversity assessments - children and young people	16
Anna M	Immunisation Rates protect Children, including vulnerable groups from communicable diseases.	12
Anna M	Increase in vaccine preventable diseases due to not reaching herd immunity coverage across the population - Seasonal Flu Vaccination	9
Ed O	Non-achievement of Place/borough financial balance 2026/27	4
David O	Delivery of productivity & efficiency requirement and achievement of financial balance for Mental Health for 2026-27 financial year	9

- In line with SEL risk framework, risks will be reviewed each month. The next SEL Risk Forum meeting will take place mid-September where risk leads will have an opportunity to discuss risks across boroughs and SEL position across local care partnerships to identify/ flag/ compare local risk against ICB and system risks.

South East London ICB Corporate Objectives & delegated assurance metrics

South East London ICB - Strategic Outcomes Framework

South East London ICB is currently developing its Strategic Outcomes framework (SOF). The framework is intended to provide SEL ICB with a single, coherent line of sight from high-level strategic ambition through to the services that deliver care and the measures that track progress. It is intended to be organised around a life course structure - Start well, Live well, and Age well - with a set of cross-cutting outcomes that apply across the whole SEL population.

The SOF will place population health and prevention at the centre of our work - to improve the health of our residents, and reduce the inequalities across our the six boroughs across South East London.

Two workshops have took place (one in January and one in July) to develop, test the model, and seek feedback from stakeholders across the boroughs

The output is intended to produce a set of 13 outcomes that set out the strategic direction to improving population health in South East London that provide a shared set of ambitions, language and process to improve population health across South East London.

The intention is that each outcome consists of three layers as per table below with a range of metrics. Lambeth Together will need to take into consideration the framework as it develops and how it ensures it contributes to its delivery

Layer	Question it answers	Contains	Primary audience	Quantity	Sensitivity and utility
Compass-layer Where we are heading…	What is the strategic ambition for this population group?	Outcomes only	ICB board, chief officers, residents	13	*These are outcomes only: they express where we are heading without prescribing how. Because they rarely change, they provide the stable anchor against which all commissioning activity is ultimately judged.*
Journey-layer How we are getting there…	What should be happening for people, and is it happening?	Statements and linked indicators	Commissioners and senior leaders	34 statements, 99 indicators	*Journey statements add specificity to compass-layer outcomes. They describe what should be happening for people and are paired with indicators that make progress visible. The journey indicators may be swapped out as better indicators become available but are generally available on an annual cycle.*
Action-layer What we do every day…	How well are services delivering the things that make it happen?	Indicators only	Providers, pathway leads and BI teams	Under development	*Action indicators track how well services are delivering the results that enable journey-layer outcomes - surfacing where effort is well-aligned and where legacy gaps persist. This level is most sensitive to small changes and can be monitored on a quarterly basis.*

Lambeth Integrated Health and Care Directorate Business Plan Update 26/27

Integrated Health and Care Business Plan 26/27

The Integrated Health and Care (IHC) Business Plan is a process that sits one tier below the Council's Borough Plan. The plan for the directorate in 26/27 includes a selected set of deliverable outputs drawn from the refreshed Lambeth Together Health and Care Plan (2026–27), where these align closely with overarching Council priorities and objectives and the **Local Outcomes Framework - GOV.UK**

The Directorate is led by Corporate Director, Andrew Eyres, and consists of five Divisions. We deliver support to Lambeth residents to help them manage their health and wellbeing, assess and meet their care needs and address health inequity. Lambeth Council and NHS South East London Integrated Care Board work with local providers of health and care and with other partners through our Lambeth Together partnership to enable people in Lambeth to live healthy and independent lives, to support our communities to thrive and to ensure that they are able to access high quality support when they need it.

At the time of writing this report, we were concluding/ validating our Q1 KPI submission. We will report on the business plan actions in Q2 and will share these updates once available. The tables below identify short term outcomes (actions) for 26/27 across health and care domains.

Domain	OUTPUT
	Key output or activity planned for 2026/27 to achieve short term outcome
Adult & Social Care	Use training, supervision and feedback to ensure the wide and consistent adoption of Adult Social Care's practice model including the strength-based approach and intersectionality
Adult & Social Care	Deliver Year 3 of the Adult Social Care and Health Prevention Strategic Framework
Adult & Social Care	Deliver the Adult Social Care Co-Production and Engagement Strategic Framework
Adult & Social Care	Deliver the Adult Social Care Digital Innovation Strategy Framework
Adult & Social Care	Co-produce, publish and deliver the Adult Social Care Fair and Inclusive Support action plan
Adult & Social Care	Publish and deliver the new Lambeth Adults Safeguarding Board 3-Year Strategic Plan (2026-2029)
Adult & Social Care	Refresh the Adult Social Care Delivery Plan in light of the publication of Lambeth's Care Quality Commission local authority assessment report
Adult & Social Care	Deliver the activities set out in the Adult Social Care Quality Assurance Framework

Integrated Health and Care Business Plan 26/27

Domain	OUTPUT
	Key output or activity planned for 2026/27 to achieve short term outcome
Public Health	Delivery the Age-Friendly Lambeth Action Plan 2024-2027
Public Health	Deliver community-led initiatives to increase awareness of vaccine-preventable diseases
Public Health	Delivery of sexual health prevention and treatment programmes, including expanded access to HIV testing and PrEP in line with the HIV Action Plan for England (2025–2030)
Public Health	Delivery of prevention programmes across smoking cessation, healthy weight and NHS Health Checks, including Smoke Free Generation and Million Hearts and Minds.
Public Health	Provide public health intelligence support to Lambeth council and the wider health and care system
Public Health	Deliver the HDRC Learning and Development Programme
Public Health	Delivery of substance misuse prevention, treatment and recovery programmes through local partnerships, aligned to the national drug strategy.
Public Health	Delivery and coordination of the Lambeth Health and Wellbeing Strategy (2023–2028), supporting system-wide alignment to agreed priorities and outcomes.
Public Health	Deliver initiatives to improve the health and wellbeing of children and young people including the national supervised toothbrushing programme

Domain	OUTPUT
	Key output or activity planned for 2026/27 to achieve short term outcome
Integrated Commissioning	Deliver Year 3 of the Lambeth Carers Strategy 2024-2029
Integrated Commissioning	Work with partners to ensure the Learning dissaibility register reflects learning dissability prevelence within the borough
Integrated Commissioning	Work with partners to ensure the Severe Mental Illness register reflects learning disability prevalence within the borough
Children and Young People	Act Early South London will undertake deep-dive investigations to inform emotional wellbeing and mental health service design for children and young people, focusing on emotionally based school non-attendance and community-based support.
Children and Young People	Offer varied emotional wellbeing provision for children and young people that is cohesive, joined-up, well-communicated and improves access
Maternity	Pull together a comprehensive dataset for Lambeth women using maternity services
Mental Health	Re-organise mental health resources to allign with Lambeth Neighbourhood footpints
Primary Care	At least one Integrated Neighbourhood Team is formally established across all 5 Neighbourhoods
Primary Care	Governance and support processes are in place to identify and address unwarranted variation in General practice on a range of key metrics.
Primary Care	Mobilise the 'Lambeth Offer' locally commissioned services for general practice. Ensure that all delivery expectations, training, and monitoring arrangements are in place ahead of full contract oversight in 2027/28.

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Appendix

Lambeth Together Health and Care Plan: Programme/ Alliances aligned to Outcomes

NWDA
People are connected to communities which enable them to maintain good health
People receive early diagnosis and support on physical health conditions
People who have developed long term health conditions have help to manage their condition and prevent complications
People have access to joined-up and holistic health and care delivered in their neighbourhoods
People know where to go to get the right help, and are treated at the right time, in the right place, for their needs
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

CYP
When emotional and mental health issues are identified; the right help and support is offered early and in a timely way
Women have positive experiences of maternal healthcare and do not experience a disproportionate maternal mortality rate

LDA
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

LWNA
People have healthy mental and emotional wellbeing
When emotional and mental health issues are identified; the right help and support is offered early and in a timely way
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

Staying Healthy
People maintain positive behaviours that keep them healthy
People are immunised against vaccine preventable diseases

Sexual Health
People have healthy and fulfilling sexual relationships and good reproductive health

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

Substance Misuse
People maintain positive behaviours that keep them healthy

Lambeth Together Health and Care Plan: Outcomes & Owners

ID	Outcome	NWDA	LWNA	CYP	Staying Healthy	Sexual Health	LDA	Homeless Health	Substance Misuse
A	People maintain positive behaviours that keep them healthy				Owner				Contributor
B	People are connected to communities which enable them to maintain good health	Owner							
C	People are immunised against vaccine preventable diseases				Owner				
D	People have healthy mental and emotional wellbeing		Owner						
E	People have healthy and fulfilling sexual relationships and good reproductive health					Owner			
F	People receive early diagnosis and support on physical health conditions	Owner							
G	People who have developed long term health conditions have help to manage their condition and prevent complications	Owner							
H	When emotional and mental health issues are identified; the right help and support is offered early and in a timely way		Owner						
I	People have access to joined-up and holistic health and care delivered in their neighbourhoods	Owner							
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	Owner							
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	Owner							
L	Women have positive experiences of maternal healthcare and do not experience a disproportionate maternal mortality rate			Owner					
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						Owner		
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		Owner						
O	People who are homeless, or at risk of becoming homeless, (including rough sleepers and refugees) have improved health							Owner	