Lambeth Together Care Partnership
Public Forum and Board Meeting in Public

Thursday 05 November 2026, 1:00pm – 4:15pm
Brixton Library, Brixton Oval, SW2 1JQ
THIS MEETING IS IN PERSON ONLY

AGENDA

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

Agenda Item No. and Time	Agenda Item Title	Attachment / Supporting Information	Agenda Item Lead
1 p.m.	**Public Forum**		
60 mins	**Welcome and introductions** **The Public Forum and how to take part** **Questions from the public**		
2 p.m.	**Board Meeting in Public**		
1.	**Introductions** ▫ Welcome, introductions and apologies.		**Dr Di Aitken** *Co-Chair*
2.	**Declarations of Interest** ▫ Members of the Board are asked to declare any interests on items included in this agenda.		**Dr Di Aitken** *Co-Chair*
3.	**Review of Minutes** ▫ Members of the Board are asked to approve minutes and review any matters arising from the Lambeth Together Care Partnership Board meeting in public on 03 September 2026.	Paper enc.	**Dr Di Aitken** *Co-Chair*
4. 2:05pm (5 mins)	**Lambeth Together Governance and Membership Review** Members of the Board are asked to:	Paper enc.	**Andrew Eyres** *Place Executive Lead Lambeth, Corporate Director, Integrated Health, and Care, Lambeth Council*

Agenda Item No. and Time	Agenda Item Title	Attachment / Supporting Information	Agenda Item Lead
	▫ Approve the revised Lambeth Together Care Partnership Board Terms of Reference; & ▫ Approve the revised Lambeth Together Care Partnership Board Membership.		*and South East London Integrated Care Board*
5. 2:10pm (30 mins)	**Children and Young People's Mental Health: Access, Early Identification and Prevention** Members of the Board are asked to: ▫ Receive and note the update on specialist mental health services and local prevention initiatives; ▫ Endorse the partnership's approach to earlier identification, prevention and coordinated neighbourhood support; & ▫ Support continued evaluation and planning to inform future development.	Paper enc.	**Simon Boote** *Programme Director, Children and Young People's Alliance* **Steph Lamb** *GP, Clinical Director, Well Centre* **Eleanor Wyllie** *Programme Lead, Child Health Integrated Learning and Delivery System (CHILDs), Evelina London* **Anna Walsh** *Transformation Lead for Act Early South London*
6 . 2:40pm (30 mins)	**Substance Misuse Programme Update** ▫ Members of the Board are asked to approve the update on the Substance Misuse Programme's progress against the activities set out in the Our Health, Our Lambeth 2023–28 Health and Care Plan, including the latest Programme performance and the work of the Reducing the Strength of Alcohol campaign.	Paper enc.	**Emma Burke** *Lead Commissioner, Substance Misuse* **Matthew Andrews** *Safe, Sociable London Partnership*
3:10pm	**BREAK**		
7. 3:15pm (10 mins)	**Place Executive Lead Update** ▫ Members of the Board are asked to receive an update on key developments since the last Lambeth Together Care Partnership Board meeting in Public on 03 September 2026.	Paper enc.	**Andrew Eyres** *Place Executive Lead Lambeth, Corporate Director, Integrated Health, and Care, Lambeth Council and South East London Integrated Care Board*
8. 3:25pm (25 mins)	**Healthwatch Lambeth Annual Report 2025–26: Speaking up for better care** Members of the Board are asked to: ▫ Note the reach and impact of Healthwatch Lambeth's work in 2025–26; &	Paper enc.	**Folake Segun** *CEO, Healthwatch Lambeth* **Vanita Bhavnani** *Research and Engagement Manager, Healthwatch Lambeth*

Agenda Item No. and Time	Agenda Item Title	Attachment / Supporting Information	Agenda Item Lead
	▫ Ask partners to show how they will use Healthwatch Lambeth insight and recommendations in service improvement, commissioning, neighbourhood working, reducing inequalities and report back on progress.		**Caroline O'Neil** *Engagement Officer, Healthwatch Lambeth*
9. 3:50pm (10 mins)	**Lambeth Together Oversight Group (LTOG) Update** ▫ Members of the Board are asked to note the report from the Lambeth Together Oversight Group and the associated Integrated Assurance Report.	Paper enc & att.	**Warren Beresford** *Associate Director, Health & Care Planning and Intelligence*
10. 4:00pm (10 mins)	**Lambeth Together Primary Care Commissioning Committee (PCCC) Update** Members of the Board are asked to: ▫ Note and support the content of the slide pack; & ▫ Ratify decisions made at the Primary Care Commissioning Committee on 16 September 2026.	Paper enc.	**Oge Chesa** *Director of Primary Care and Transformation*
11. 4:10pm (5 mins)	**AOB** Members of the Board are asked to state any other business.		**Dr Di Aitken** *Co-Chair*
12. 4:15pm Close	**Close** Date of next meeting: **11 February 2026** Venue: Microsoft Teams Only Public forum: 1pm-2pm Board meeting in Public: 2pm-4pm		**Dr Di Aitken** *Co-Chair*

LAMBETH TOGETHER CARE PARTNERSHIP BOARD MINUTES

Thursday, 3rd September 2026, 2pm
Microsoft Teams Only

Part 1 Meeting Recording - Public Forum (please note, the Public Forum does not have formal minutes taken).
Part 2 Meeting Recording - Board Meeting
Board Meeting Papers
Supplementary Papers Pack - Assurance Report (Item 5)

Members Present:

Cllr Jeremy Isaacs	Lambeth Together Care Partnership Board Co-Chair. Cabinet Member for Health and Adult Social Care (job-share), Lambeth Council
Dr Di Aitken	Lambeth Together Care Partnership Board Co-Chair. Neighbourhood and Wellbeing Delivery Alliance Clinical and Care Professional Lead
Andrew Eyres	Place Executive Lead Lambeth, Corporate Director, Integrated Health, and Care, Lambeth Council and NHS South East London Integrated Care Board
Alice Jarvis	Director of Operations and Partnerships, Integrated and Specialist Medicine, Guy's and St Thomas' NHS Foundation Trust (GSTT) (deputising for Louise Dark, Chief Executive, Integrated and Specialist Medicine, Guy's and St Thomas' NHS Foundation Trust (GSTT)
Damilola Bamidele	Head of Programmes for Lambeth, Black Thrive, Lambeth
Dan Stoten	Director of Integrated Children's Commissioning and Youth Services (deputising for Andrew Carter, Corporate Director of Children's Services, Lambeth Council)
Dr George Verghese	GP, Co-Chair of the Lambeth Primary Care Clinical Cabinet
Dr Nozomi Akanuma	Living Well Network Alliance Clinical and Care Professional Lead, South London, and the Maudsley NHS Foundation Trust
Dr Penelope Jarrett (non-voting member)	Chair, Lambeth Local Medical Committee
Dr Raj Mitra	GP, Children and Young People's Alliance Clinical and Care Professional Lead
Folake Segun *(non-voting member)*	Chief Executive, Healthwatch Lambeth
Jasmina Lijesevic	Lay Member
Paul Coles	Chief Executive, Age UK Lambeth
Richard Sparkes	Director, Adult Social Care, Lambeth Council
Ruth Hutt	Director of Public Health, Lambeth Council
Sherine Thompson	Patient and Public Voice Member

Apologies:

Andrew Carter	Corporate Director of Children's Services, Lambeth Council
Cllr Samantha Dorney-Smith	Cabinet Member for Health and Adult Social Care (job-share), Lambeth Council
Eugenie Dadie	Patient and Public Voice Member
Gus Heafield	Chief Operating Officer, South London, and the Maudsley NHS Foundation Trust
Julie Lowe	Site Chief Executive, Kings College Hospital NHS Foundation Trust
Louise Dark	Chief Executive, Integrated and Specialist Medicine, Guy's and St Thomas' NHS Foundation Trust (GSTT)
Therese Fletcher	Managing Director, Lambeth GP Federation

In Attendance:

Alex Jackson	Programme Lead, Lambeth Together
Alfie Villeneau	Deputy Manager, Wix's Lane
Colleen Davis	Commissioning Officer, Lambeth Council
Daniel Lehmann	Lead Worker, Living on the Streets
Edward Odoi	Associate Director, Finance - Southeast London Integrated Care Board
Emma Casey	Commissioning Officer, Lambeth Council
Guy Swindle	Deputy Director, Lambeth Together Living Well Network Alliance
Jade Holvey	Acting Director Integrated Commissioning (Adults), Lambeth Council and NHS South East London Integrated Care Board
Oge Chesa	Director of Primary Care and Transformation, NHS South East London Integrated Care Board
Paul Davis	Head of Commissioning, Lambeth Council
Ryan Jackson	Commissioning Manager, Lambeth Council
Tim Greenhalgh	Rough Sleeping Commissioner, Lambeth Council
Warren Beresford	Associate Director, Health and Care Planning and Intelligence, NHS South East London Integrated Care Board

1 Introductions

Dr Di Aitken opened the meeting. Board Members introduced themselves. Apologies were noted from Therese Fletcher, Gus Heafield, Eugenie Dadie, Cllr Samantha Dorney-Smith, and Julie Lowe and George Verghese will be joining the meeting late.

The appointment of two new Patient and Public Voice (PPV) Members was warmly welcomed following a recruitment process that attracted a lot of interest and applications from residents. Eugenie Dadie (second term) and Sherine Thompson (appointed for the first time) were welcomed as newly appointed PPV members.

This was Jasmina Lijesevic's last meeting as a Lay Board Member and the Board thanked her for her significant contribution. Also the role of Jane Bowie, who retired in August, was recognised. Jane was not a Board member but was an active member of the partnership. Jade Holvey was welcomed in her role as acting Integrated Director of Integrated Commissioning.

Reporting back from the Public Forum

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

- How the partnership works together consistently to ensure meaningful collaboration with local communities.
- Opportunities to improve access to English for Speakers of Other Languages (ESOL) courses in Lambeth, including for asylum seekers and refugees.
- Early intervention in mental health.
- Ensuring the public voice is represented following the abolition of governors in local Foundation Trusts proposed by the NHS Modernisation Bill.
- New duties to ensure that GPs, schools and health visitors are notified when a household moves into temporary accommodation.
- Government's plans to introduce folic acid into non-wholemeal wheat flour.
- An update on Healthwatch Lambeth's Hospital Discharge Survey: Survey: Delayed or Difficult Hospital Discharge
- The name change to Healthwatch Lambeth Survey: Help shape our future name | Healthwatch Lambeth
- Developing a prevention culture to prevent more hospital admissions.

Responses to the specific questions raised at the Public Forum will be published on the Lambeth Together website.

2 Declarations of Interest

Members were asked to declare any conflicts of interests linked to specific items on the agenda. The following interests were declared:

- Dr George Verghese, Dr Di Aitken and Dr Raj Mitra are conflicted with the Lambeth Offer Programme update (slide 4 of the Primary Care Commissioning Committee item).
- Dr George Verghese, Dr Di Aitken, Dr Raj Mitra, and Therese Fletcher are conflicted with the Review and 2026/27 Allocation (slide 5 of the Primary Care Commissioning Committee item).
- All GPs were asked not to vote for the ratification of the Primary Care Commissioning Committee decisions.

3 Minutes from 11 June 2026 Meeting

The minutes of the meeting of Thursday 11 June 2026 were agreed as an accurate record of the meeting.

It was noted that all previous actions are closed.

4 Place Executive Lead Report

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

- Dr Penelope Jarrett asked whether the partnership had submitted a response to the Single Neighbourhood Providers (SNP) and Multi Neighbourhood Providers (MNP) consultation.
- Andrew explained that we are not intending to do so as a single partnership and that the South East London Integrated Care Board (SEL ICB) have collated information from all six Places. Andrew confirmed that the ICB has coordinated the neighbourhood work with input from Josepha Reynolds, Programme Director for the Neighbourhood and Wellbeing Delivery Alliance (NWDA), and Oge Chesa.

RESOLVED

1. Board members **received** the update on key developments since the last Lambeth Together Care Partnership Board meeting in public on 11 June 2026.

To view the report accompanying this item, refer to pages 15 to 26 of the Board pack.
To view the recording for this item, refer to part 2 of the meeting recording from 03:25 – 08:45.

5 Lambeth Together Oversight Group (LTOG) Update

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

- Jasmina Lijesevic asked if cases that exceed the 28-day initial period and 52-week period waiting list for Child and Adolescent Mental Health Services (CAMHS) are tracked and how things can improve?
- Dan Stoten explained we do track that information, and we have achieved these targets. He confirmed that the number of cases waiting for over 52 weeks are in single figures. Dan went on to explain that there are separate issues regarding attention deficit hyperactivity disorder

(ADHD), and some of those cases are over 52 weeks, but they are separate from other CAMHS services. Dan explained we often get a lot of enquiries from parents asking where their child is on the waiting list and we cannot give an exact location on the list. Dan suggested that a small tweak to the CAMHS process can be made to communicate the expected window of treatment to parents after 28 days.

- Dr Raj Mitra asked if we are receiving data from Epic yet.
- Warren outlined the secure data environment managed by Guy's and St Thomas' NHS Foundation Trust (GSTT) where there is a large data warehouse supporting with neighbourhood development to flow data from GPs and hospitals to understand the different pathways. The ambition is Epic data will flow into that. Warren explained we should have the data around the Autumn.
- Alice Jarvis confirmed she would find out the timetable and circulate this to Board members.
- Folake Segun asked how Board members will assure ourselves that the standards relating to health inequalities are embedded in partner organisations, so communities see there is a difference being made.
- Warren explained that LTOG is designed to give high level oversight around assurance of Lambeth Together delivery. Alliances and Programmes have assurance embedded within them. Individual highlight reports include the Alliance and Programme Lead reporting in detail on health inequalities and risks. The forward plan also includes deep dives into each area so detail around assurance will be picked up. Warren explained the team are planning a 6-month review through LTOG to ensure the right information is reported.
- Andrew Eyres explained that the Lambeth Together Care Partnership Board is not itself a regulator nor an individual organisation Board where there is a duty to ensure they are meeting the standards - there is a process for that within those boards. The Lambeth Together Partnership is however supported by the Equality, Diversity and Inclusion (EDI) group, which takes a focus on areas like the Patient and Carer Race Equality Framework (PCREF) to ensure there is a systematic approach to addressing health equity in our activities and delivery. While Lambeth Together is not a regulator, we can use our influence and partnership working to support progressing those issues most important to us collectively.
- Sherine Thompson asked when moving from analogue to digital, how are we making sure, as we increase digital access, we do not create another barrier for those who may struggle with technology.
- Oge Chesa explained in terms of digital inclusion, the GP practices are encouraging the uptake and use of the NHS app but are aware that not everyone is digitally inclined and there is a programme of work with the GPs to provide them with practical tools to enable GP processes to occur, for example, still booking appointments over the phone. Oge confirmed that every practice in Lambeth will go through this process.

Action: Alice Jarvis to provide Board members with a timetable stating when Epic data will be available to view.

RESOLVED

1. Board members **noted** the report from the Lambeth Together Oversight Group and the associated Integrated Assurance Report.

To view the presentation and report accompanying this item, refer to pages 27 to 34 of the Board pack and the supplementary papers pack.
To view the recording for this item, refer to part 2 of the meeting recording from 08:45 – 34:44.

6 Lambeth Together Primary Care Commissioning Committee (PCCC)

Oge Chesa presented on the July Primary Care Commissioning Committee. All items were ratified by the Board, and the following discussions took place:

- Dr Penelope Jarrett asked for confirmation whether the Xyla contracts will no longer be offering blood pressure monitoring.
- Oge was not aware of this change and committed to checking with the Medical Optimisation Team and providing Dr Jarrett with an answer outside of the meeting.
- All decisions were ratified by the Board.

Action: Oge Chesa to provide Dr Penelope Jarrett with information regarding the Xyla contracts.

RATIFIED

1. Members of the Board **noted** and **supported** the content of the slide pack; and
2. Members of the Partnership Board **ratified** decisions made at the Primary Care Commissioning Committee on 15 July 2026.

To view the presentation accompanying this item, refer to pages 35 to 44 of the Board pack.
To view the recording for this item, refer to part 2 of the meeting recording from 34:45 – 45:26.

7 Living Well Network Alliance (LWNA) Update

Guy Swindle gave an update on the work being completed by the Living Well Network Alliance. The following was discussed:

- Dr Di Aitken asked if a service user would get a diagram of their pathway when they contact the services.
- Guy explained that is not provided at the moment and agreed we do not communicate enough about where people are in the system. Guy explained the Single Point of Access (SPA) aims to make services better by improving communication.
- Dr Penelope Jarrett mentioned that Talking Therapies referrals are not supposed to be rejected but explained it does not always feel that way when feedback is sent back following a referral and the patient does not have anywhere to go following the feedback.
- Dr Raj Mitra encouraged the Alliance to think about the development of the Primary Care Network Alliance (PCAN) on a neighbourhood level and asked what areas need further development with the PCAN model. He explained that practices in the north of the borough are shifting a lot of work from the SPA and dealing with through PCAN. Dr Mitra asked if the LWNA is measuring that in terms of the work being taken from SPA.
- Folake Segun asked if the Alliance is tracking statistics on outcomes by demographic to understand the broader impact, for example for global majority communities.
- Guy agreed with Dr Jarrett that it can be frustrating when a referral is returned to the GP with feedback. Guy explained the Alliance has secured a small amount of money to support PCAN and expand the Staying Well team to assist with things like referrals.
- Guy also confirmed that demographic data and statistics are available for the Alliance's services.
- Dr Nozomi Akanuma asked for everyone to understand this is a work in progress. She explained that this has to be interpreted in the context of the broader work on the neighbourhood models and beyond. Dr Akanuma explained the referrals depend on how good the information provided is and patients must be referred to the appropriate service based on their need. Dr Akanuma explained the team is working to embed proper feedback mechanisms into the system to deal with any disagreements regarding referrals.
- Sherine Thompson asked how much work the team does with employers on prevention in terms of keeping people psychologically safe in the workplace before having to access crisis or support because of work related stress.
- Sherine felt encouraged to see Black residents accessing support earlier and asked, when keeping sight of access and the outcomes, what happens once the patient is through the door

- do they feel heard and do they receive the appropriate support. Sherine also asked why there is a recovery gap between White and Black residents.
- Guy explained that work with employers is limited in terms of workplace culture but if it's about supporting people to stay in their job, the Alliance does look at what can be done for that particular individual.
- Guy went on to explain in terms of outcomes and access, Talking Therapies found that Black communities and other minority communities come in with greater needs than White communities, so we do get the same amount of movement, but we are giving more support and sessions to Black communities which has improved their recoveries. The Alliance involves Black communities in decision making as we want the best outcome, so need that feedback.

RESOLVED

1. Board members **considered** the information provided in the presentation on the impact of the LWNA and planned developments of community mental health services; &
2. Board members **approved** the progress report on the work of the Living Well Network Alliance against the activities outlined in Our Health, Our Lambeth – Lambeth Together Health and Care Plan 2023-28.

To view the presentation accompanying this item, refer to pages 45 to 60 of the Board pack.
To view the recording for this item, refer to part 2 of the meeting recording from 45:28 – 1:22:30.

8 Homeless Health Programme

Paul Davis, Tim Greenlagh, Emma Casey, Ryan Jackson, Alfie Villeneau, Daniel Lehmann, and Colleen Davis presented on the Homeless Health Programme. The following discussions took place:

- Cllr Jeremy Isaacs asked for assurance there is not a fragmented picture of overlapping criteria given there are so many different providers for a group of about 500 people.
- Emma explained the services are not all commissioned by the Council. Emma reiterated that one of the priorities for the year is to look at all services as a whole to make sure there is no overlap.
- Cllr Isaacs asked what the team are doing to prevent people becoming homeless for the first time.
- Emma explained there will always be rough sleeping crisis intervention working with housing colleagues but, a prevention pilot was completed in Lambeth, so the team are modelling that pilot to understand the learning for the service.
- Guy Swindle thanked Paul and the team for presenting and the work they do.
- Dr Raj Mitra explained his practice register homeless people and screen them for childhood trauma. Dr Mitra explained on average 58% of homeless people have four adverse childhood events in their life and 90% have one adverse event. Dr Mitra explained we can tackle this in practices.
- The following questions were added to the meeting chat due to the meeting ending. Full written responses will be circulated to Board members:

- Jasmina Lijesevic asked are risks identified early for looked after children and what can be done already at that early stage?
- Dan Stoten outlined the innovative Housing Related Support pathway which works with Care Leavers and Children in Care to reduce the numbers of homeless children leaving care. The service has had a really positive impact and has been shortlisted for numerous national awards.
- Dr Penelope Jarrett asked how the Integrated Health Network (IHN) is funded and asked for clarification on the difference between this service and the Health Inclusion Team (HIT).
- Dr Jarrett also asked what happens to people who have no local connections and are not entitled to Lambeth Housing Support.

- The Integrated Health Network (IHN) is funded through the Rough Sleeping Drug and Alcohol Treatment Grant and commissioned by the Public Health team at Lambeth Council. The IHN provides coordinated, specialist support for people who are sleeping rough, or at risk of homelessness in Lambeth, where substance use is impacting housing stability, physical health, mental health, or wider wellbeing.
- Referrals to the IHN can only be made by the Rough Sleeping Outreach Team and services within the Adult Supported Accommodation Pathway. The referral process ensures that individuals with complex needs receive integrated support from a range of professionals who can address both their health and housing-related challenges.
- The Health Inclusion Team forms part of the IHN partnership. However, the Health Inclusion Team also work across the borough within hostels.
- Anyone who is assessed as having a local connection outside of Lambeth will usually be supported to reconnect with and return to that area, where appropriate. Local authorities cannot simply "deport" people back to another council area. However, where a person has a clear local connection elsewhere and support is available there, efforts will be made to help them access services in that area. If a person's local connection cannot be established, often due to frequent moves or a history of rough sleeping across multiple areas, Lambeth may accept responsibility for providing support. This approach does not apply to people fleeing domestic abuse, where safety considerations take precedence over local connection criteria.

Action: Homeless Health Programme Team to respond to questions posted in the meeting chat and circulate responses to Board members.

RESOLVED

1. Board members **supported** the update on developments and ongoing work around Homeless Health, including the conclusion of the recommissioning of services across the Adult Supported Accommodation Pathway; &
2. Board members **approved** the progress report on the work of the Homeless Health Programme against the activities outlined in Our Health, Our Lambeth - Lambeth Together Health and Care Plan 2023-28.

To view the presentation accompanying this item, refer to pages 61 to 80 of the Board pack.
To view the recording for this item, refer to part 2 of the meeting recording from 1:22:40 – 2:08:00.

9 Questions from Public Attendees

There were no questions from the public.

10 AOB

The date of the next Lambeth Together Care Partnership Public Board meeting was noted as 05 November 2026, and it will be held at Brixton Library.

The meeting ended at 16:11.

Co-CHAIRs
LAMBETH TOGETHER CARE PARTNERSHIP BOARD
Thursday 03 September 2026

Lambeth Together Care Partnership Board - Action Log

Actions update for November 2026 Board

No	Raised	Action	Status
1	03/09/2026	Alice Jarvis to provide Board members with a timetable stating when Epic data will be available to view.	Open
2	03/09/2026	Oge Chesa to provide Dr Penelope Jarrett with information regarding the Xyla contracts.	Closed
3	03/09/2026	Homeless Health Programme Team to respond to questions posted in the meeting chat and circulate responses to Board members.	Closed

Lambeth Together Care Partnership Board

Title	Lambeth Together Governance and Membership Review
Meeting Date	5 November 2026
Author	Alex Jackson - Lambeth Together Programme Director
Lead / Presenters	Andrew Eyres - Place Executive Lead Lambeth, Corporate Director, Integrated Health, and Adult Social Care, Lambeth Council and South East London Integrated Care Board

This item is for:

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

Decision / Action Required:

The Lambeth Together Care Partnership Board is asked to:

1. Approve the revised Lambeth Together Care Partnership Board Terms of Reference; &
2. Approve the revised Lambeth Together Care Partnership Board Membership.

Executive Summary:

The Lambeth Together Care Partnership Board (LTCPB) has completed a governance review, including reviewing membership arrangements to reflect wider system changes, such as the revised South East London Integrated Care Board (SEL ICB) Governance Framework, under which the LTCPB, will no longer operate as an ICB sub-committee.

The proposed membership changes include:

1. Addition of the Lambeth General Practice Provider Alliance representative (brings together the GP Federation and Primary Care Clinical Cabinet representation).
2. Addition of the Chair of the Lambeth Pharmaceutical Committee as a non-voting member.
3. This also includes the disestablishment of the Lambeth Together Lay Member Role effective from 04 September 2026 in line with the South East London Integrated Care Board (SEL ICB) Change Programme.

Strategic Alignment:

The governance and membership review supports the delivery of *Our Health, Our Lambeth 2023–28* Health and Care Plan by ensuring that Lambeth Together has effective partnership arrangements, appropriate representation and clear leadership to support delivery of the Plan. The refreshed arrangements are intended to support a more joined-up and streamlined approach to partnership working, while maintaining appropriate oversight, planning and delivery of the Health and Care Plan and the refreshed Health and Wellbeing Strategy. The changes also respond to wider system developments, including the national 10 Year Health Plan, changes to the SEL ICB governance framework and the redesigned clinical leadership arrangements. This will help ensure that Lambeth Together governance remains aligned with the wider health and care system and is able to support the delivery of priorities for Lambeth residents.

Summary of your Community and Stakeholder Engagement:

The governance review has been undertaken jointly with existing Board members and wider Lambeth Together partners to inform the proposed membership arrangements. Engagement has focused on ensuring that the refreshed Board retains appropriate representation from across the local health and care system, including clinical and professional, executive, community, voluntary sector and patient and public voice perspectives. The proposals reflect the feedback and considerations arising from these discussions, alongside the need to respond to wider changes across the NHS, local government and voluntary sector.

Impact on Inequalities:

The governance and membership changes are intended to support Lambeth Together's ongoing focus on improving health outcomes and reducing health inequalities for Lambeth residents. Maintaining appropriate community, patient and public voice, clinical, professional and executive representation within the LTCPB will help ensure that the Board continues to provide system-wide oversight of priorities affecting Lambeth communities. Alongside this, the Board's refreshed clinical leadership arrangements will also provide strategic clinical leadership, expert advice and guidance to support the design, development and implementation of priority programmes across Lambeth Together and its Delivery Alliances.

What other Groups or Committees have considered this item to date?

Lambeth Together Board Seminar October 2026.

Lambeth Together Care Partnership Board

DRAFT Terms of Reference

05 November 2026

1. Introduction

1.1 Lambeth Together is Lambeth's Local Health and Care Partnership. It is a partnership of the NHS, Lambeth Council, voluntary sector organisations and local communities working together to improve health outcomes, reduce health inequalities and ensure that services respond to the needs and experiences of Lambeth's diverse population.

1.2 The partnership supports organisations to work across traditional boundaries to understand local needs, agree shared priorities and plan, develop and deliver more joined-up, person-centered health and care. Its shared ambitions are set out in Our Health, Our Lambeth 2023-28, the Lambeth Together Health and Care Plan and are informed by local evidence, the experiences of residents and communities, and relevant health and well-being priorities.

1.4 The Lambeth Together Care Partnership Board ("the Board") provides strategic leadership and oversight for the Partnership. It brings partners together to agree direction and priorities, review progress and outcomes, address shared challenges and promote collective action. The Board supports meaningful involvement of residents and communities and helps ensure that neighbourhood-based approaches contribute to improved outcomes and reduced inequalities across Lambeth.

1.5 These Terms of Reference describe the Board's purpose, responsibilities, membership, governance and ways of working, including its relationship with other Lambeth Together partnership arrangements.

2. Purpose

2.1 The purpose of the Board is to provide a shared forum for strategic leadership, collaboration and assurance across Lambeth Together. It will enable partners to design, plan, deliver and evaluate work collectively, with a focus on improving health and care outcomes, reducing inequalities and promoting fair access to appropriate care and support.

2.2 In fulfilling this purpose, the Board will:

a) Agree and maintain a shared direction for Lambeth Together, informed by the Lambeth Together Health and Care Plan, local population needs and the views of residents and communities.

b) Promote joined up working across organisations, services and neighbourhoods, supporting the development of integrated neighbourhood approaches and more coordinated care.

c) Oversee progress against agreed priorities, outcomes and improvement activity, seeking assurance that plans are being delivered and that learning is used to improve services.

d) Identify shared risks, barriers, gaps and opportunities that require partnership action, and agree how these will be addressed or escalated through the appropriate organisational or partnership route.

e) Promote the effective use of collective resources, evidence and expertise, while recognising that each partner remains responsible for its own statutory duties, resources and decisions, unless specific authority has been formally delegated.

f) Support Lambeth Together's contribution to relevant borough, regional and national priorities ensuring alignment with local needs and the partnership's agreed ambitions.

3. Duties

3.1. **Partnership leadership and development.** Provide leadership for Lambeth Together as a collaborative Local Care Partnership; strengthen relationships and shared ownership between partners; and support clear, effective arrangements for working together across organisational and neighbourhood boundaries.

3.2 **Neighbourhood working and integration.** Promote the development of integrated, neighbourhood-based approaches that bring services and professionals together around the needs of local people. Support alignment between neighbourhood delivery, borough-wide priorities and the work of Lambeth Together Alliances and Programmes.

3.3 **Resident and community involvement.** Champion meaningful and inclusive engagement with residents, carers and communities, particularly those experiencing health inequalities or barriers to services. Ensure that feedback, lived experience and community knowledge are considered in the Board's discussions and decisions.

3.4 **Strategy and planning.** Oversee the development and review of Lambeth Together's shared plans, including the Health and Care Plan and associated annual priorities such as the Health and Wellbeing Strategy and ICS Strategic Priorities. The Board must ensure planning is driven by the needs of the local population, uses evidence and feedback from communities and professionals, takes account of national, regional and system level planning requirements and outcomes, and is reflective of and can demonstrate the full engagement and endorsement of the Local Care Partnership.

3.5 **Delivery and improvement.** Responsibility for ensuring the translation of agreed system and place objectives into tangible delivery and implementation plans with appropriate milestones, outcomes, responsibilities and risk management. The Board will ensure the plans are locally responsive, deliver value for money and support quality improvement.

3.6 **Performance, outcomes and learning.** Review progress against agreed plans and measures using proportionate reporting and evidence. Consider what is working well, where progress is behind expectations, and what changes or additional support may be required. Promote evaluation, shared learning and the use of case studies and residents' experiences alongside quantitative data.

3.7 **Governance and accountability.** Maintain clear, transparent and proportionate governance arrangements for the Board and its relationship with other Lambeth Together structures. The Board will not duplicate the statutory responsibilities or formal decision-making powers of its member organisations. Uphold high standards of public service, integrity, openness and accountability, and ensure that decisions and actions are recorded and followed up.

4. Accountabilities, authority and delegation

DRAFT

4.1. Lambeth Together is a partnership arrangement rather than a statutory organisation. The Board provides a forum for collective leadership and partnership oversight; it does not replace the statutory duties, governance or decision-making responsibilities of the organisations represented.

4.2 Members are expected to participate on behalf of their organisations, contribute to collective discussions and support agreed partnership actions. Each member remains responsible for acting within the authority and delegations of their own organisation.

4.4 SEL Integrated Care Board will act through the formal delegation of the Place Executive Lead as outlined in the Scheme of Delegation. Lambeth Council will act within the authority delegated through the Council's constitution, Cabinet and relevant executive arrangements. All other Board representatives will act within their respective organisational governance and delegation arrangements.

4.6 Any formal delegation, decision-making authority or resource-management responsibility held by the Board must be documented separately or explicitly recorded in these Terms of Reference and reviewed when arrangements change.

5. Membership and attendance

5.1. The Board's membership reflects the breadth of the Lambeth Together partnership and provides appropriate clinical and professional, executive, and community perspectives. Core membership includes representatives of the following organisations including specific postholders, where named:

Clinical and Professional Membership

a. Lambeth Place Clinical Lead and Board co-Chair
b. Director of Public Health (DPH), Lambeth Council
c. Director, Adult Social Care (DASS), Lambeth Council
d. Corporate Director Children, Families and Education (DCS), Lambeth Council
e. Delivery Alliance Clinical Lead(s) x 3

Community Membership

a. Lambeth Council Cabinet Member Lead for Health and Adult Social Care and Board co-Chair[1]
b. Lambeth Council opposition councillors x 2
c. Patient and Public Voice Representatives x 2
d. Black Thrive, Lambeth Voluntary Sector Representative

Executive Membership

a. Lambeth Place Executive Lead, and Corporate Director, Integrated Health and Adult Social Care, Lambeth Council and NHS SE London ICB
b. Executive, Guy's and St Thomas' NHS Foundation Trust
c. Executive, Kings College Hospital NHS Foundation Trust
d. Executive, South London and the Maudsley NHS Foundation Trust
e. Lambeth GP Provider Alliance Representative[2]
f. Chief Executive Officer, Age UK Lambeth

[1] Where this role is fulfilled as a job share both Cabinet Members will be invited to attend the Board, but the role will only have one vote in decision making.
[2] Subject to completion of LGPPA organisational due diligence process

5.2 Non-voting members. Additional members are included in all Board meetings and activity, as key partners of the Lambeth Together Care Partnership, but do not hold a vote and are not part of the quoracy.

a. Chief Executive, Healthwatch Lambeth
b. Chair, Lambeth Local Medical Committee.
c. Chair, Lambeth Pharmaceutical Committee

5.3 Members are expected to attend regularly, contribute actively and share relevant information with their organisations or constituencies. Where a member cannot attend, they should give apologies in advance and are responsible for identifying a nominated deputy. Arrangements for deputies' attendance should be notified in advance to the Board co-chairs and the Lambeth Together Programme Team. Deputies should be suitably briefed and able to contribute on behalf of the member.

5.5 The membership should be reviewed periodically to ensure it remains appropriate, inclusive and aligned with the partnership's priorities.

6. Chair of meeting

6.2 The co-chairs will provide leadership to the Board, agree agendas with the Board support team, facilitate balanced and constructive discussion, promote consensus and ensure that actions and decisions are clearly recorded.

6.3 If one co-Chair is unable to attend or has a conflict of interest in relation to an item, the other co-Chair will preside. If neither can preside, the members present will agree an appropriate person to chair that meeting or item.

7. Quorum and conflict of interest

7.1 The quorum will be at least 50% of core members. The Lambeth Together Programme Team should record attendance and whether the meeting is quorate. A nominated deputy will count towards the quorum only where they are formally authorised to act for the relevant member on behalf of their organisation.

7.2. Each core member has one vote, unless otherwise specified in section 5.1 by virtue of multiples of the same role.

7.2 If the meeting is not quorate, discussion may proceed, but any matter requiring a formal decision within the Board's agreed authority must be deferred or handled through an agreed alternative process that respects the relevant partners' governance arrangements. Matters deemed by the chair to be 'urgent' can be considered outside of the meeting via email communication.

7.5 Where an urgent issue arises between meetings, the co-Chairs may agree an appropriate route for seeking members' views or progressing the matter. Any decision made outside a meeting must be within the Board's agreed authority, properly recorded and reported at the next meeting.

7.3 The Board agrees to enact its responsibilities as set out in these terms of reference in accordance with the Seven Principles of Public Life set out by the Committee on Standards in Public Life (the Nolan Principles).

7.4 Members must declare any actual, potential or perceived conflicts of interest relevant to the Board's business, in accordance with the ICB Conflict of Interest Policy. Members will follow the process and procedures outlined in the policy in instances where conflicts or perceived conflicts arise. Declarations and any agreed actions, including withdrawal

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from discussion or decision-making where appropriate, will be recorded in the meeting record.

8. Decision-making

8.1 The Board will aim to reach agreement by consensus wherever possible. If a vote is required, the core members, including the co-chairs, are the voting members of the Board. Core members are expected to have a designated deputy who will attend the Board with delegated authority as and when necessary.

8.3 Where a formal vote is permitted under an agreed delegation, each eligible core member will have one vote, subject to any specific arrangements set out in the relevant delegation. Non-voting participants will not vote.

8.4 Members are responsible for ensuring that agreed actions are taken forward within their organisations and for notifying the Board of material barriers, delays or decisions that affect delivery.

9. Frequency

9.1 The Board will meet once per quarter (in public) with ability to have a private session as Part B in addition to this.

9.2 All members are expected to attend all meetings or provide apologies in advance if they are unable to attend.

10. Reporting

10.1 Papers will be made available five working days in advance to allow members to discuss issues with colleagues ahead of the meeting. Members are responsible for seeking appropriate feedback.

10.2 The Board will maintain a record of its discussions, conclusions, decisions within its authority, risks and agreed actions. Minutes and action logs will be prepared by the Lambeth Together Programme Team and approved by the co-Chairs. Minutes and papers will be made publicly available wherever appropriate, subject to legal requirements, data protection, confidentiality and any agreed exemptions. The reason for withholding information should be recorded in line with applicable arrangements.

11. Board support

11.1 The Lambeth Together Programme Team will provide appropriate business and administrative support for the Board. The team will coordinate the forward plan and agenda with the co-Chairs, arrange meetings, circulate papers, record attendance and declarations of interest, prepare draft minutes and maintain the action log.

11.3 Draft minutes will be sent to the co-Chairs for review within five working days of the meeting. Following the co-Chairs' review, draft minutes and actions will be circulated to members as soon as practicable, normally within a further five working days.

11.4 The Lambeth Together Programme Team will support proportionate monitoring of actions and follow up with action owners ahead of subsequent meetings.

12. Review of Arrangements

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12.1 The Board will undertake a self-assessment of its effectiveness on at least an annual basis. The Terms of Reference will be reviewed at least annually and sooner if there are material changes to Lambeth Together's purpose, partnership arrangements, membership or decision-making remit.

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Lambeth Together Care Partnership Board

Title	Children and Young People's Mental Health: Access, Early Identification and Prevention
Meeting Date	5 November 2026
Author	Simon Boote - Programme Director, Children and Young People's Alliance (CYPA)
Lead / Presenters	Simon Boote - Programme Director, Children and Young People's Alliance (CYPA) Dr Steph Lamb - Clinical Director, The Well Centre Eleanor Wyllie - Programme Lead, Child Health Integrated Learning and Delivery System (CHILDS), Evelina London Anna Walsh - Transformation Lead, Act Early South London

This item is for:

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

Decision / Action Required:

The Lambeth Together Care Partnership Board is asked to:

1. Receive and note the update on specialist mental health services and local prevention initiatives;
2. Endorse the partnership's approach to earlier identification, prevention and coordinated neighbourhood support; &
3. Support continued evaluation and planning to inform future development.

Executive Summary:

This paper provides an overview of children's mental health service pressures and the work being undertaken to improve access and support families. Its main focus is on local prevention and early intervention, highlighting the Well Centre, emerging initiatives to address emotionally based school non-attendance, and integrated neighbourhood working through Child Health, Education, Social Care and Support (CHESS).

Strategic Alignment:

The activities presented on within this update contribute towards *Our Health, Our Lambeth* Lambeth Together Health and Care Plan 2023-28 outcome H - "When emotional and mental health issues are identified, the right help, support and diagnosis is offered early and in a timely way."

The work also supports the wider ambition to provide joined-up, accessible care within local communities.

Summary of your Community and Stakeholder Engagement:

Development has involved partners through the Neighbourhood Operational Delivery Meeting, the Well Centre, CHILDS, Act Early South London and Child and Adolescent Mental Health Services (CAMHS). Joint working has focused on earlier identification, prevention and coordinated support.

Impact on Inequalities:

The approach aims to improve access to early support through schools, primary care and community settings, particularly for children and young people experiencing disadvantage,

additional needs or barriers to accessing specialist services. Evaluation will help assess reach and impact across different communities.

What other Groups or Committees have considered this item to date?

None. This combined update has not previously been presented for formal consideration.

Children and young people's mental health

Access, early identification and prevention

Lambeth Together Care Partnership Board

5 November 2026









Working in partnership for a healthier borough

What we will cover today

The specialist service context first, then how partners are developing earlier, more local support.

01 **Specialist service picture**

CAMHS access and autism diagnostic waits — different providers and pathways

02 **What services are doing now**

Earlier contact, support while waiting and changes to specialist pathways

03 **Early support through the Well Centre**

Its established offer, a new wellbeing toolkit and the school-attendance pilot

04 **Joining up neighbourhood support**

Integrated teams, CHESS, evaluation and next steps for the partnership

Detailed service data, delivery plans and evaluation measures are provided in the appendices.

Specialist services: access and diagnostic pressures

CAMHS | South London and Maudsley

3,223

Active CAMHS episodes

Lambeth, July 2026

92%

First contacts within 28 days

Lighthouse, May–July 2026 combined

3,997 Lambeth children and young people had at least one CAMHS contact over the preceding 12 months.

Autism assessments | Evelina London

1,856

Children waiting for autism assessment

Lambeth, August 2026

813

Waiting over 52 weeks

44% of the Lambeth autism list

136 Lambeth children had been waiting over 90 weeks for an autism assessment.

Separate pathways: first CAMHS contact does not mean treatment has started.

Supporting children and families while they wait

Provider initiatives to improve access, offer earlier support and manage waits

CAMHS Lighthouse front door

Early identification and pathway allocation, initial offers of care and a response when needs escalate.

MyHealthE and family support

Tailored information and psychoeducation while waiting; parent groups extended to families with neurodevelopmental needs.

CAMHS pathway and capacity work

Attention Deficit Hyperactivity Disorder (ADHD) pathway review, stronger links with primary care, school mental health teams and work to reduce administrative burden.

Evelina autism assessment response

Prioritising the longest waits, additional assessment capacity, an early pathway for eligible under-fives and consultant recruitment.

These actions are under way or were reported by providers; their separate impact on waiting times is not yet quantified.

Local ambition: identify need and offer help earlier

Agreed direction from the neighbourhood partners' workshop, 14 September 2026

The opportunity is to recognise emerging need where children already are, and bring local partners together before difficulties escalate.

Identify earlier

Use proactive case finding, school and primary care intelligence to recognise emerging need.

Connect services

Agree how education, health, early help and community partners coordinate practical support.

Understand the impact

Use the shared self-assessment and regular reporting agreed at the September workshop.

CHESS and the Well Centre are examples of how this approach is being put into practice, with further development and evaluation planned.

The Well Centre: support that starts with the young person

An established, confidential youth health offer delivered through primary care and wider partnerships

Physical, emotional and sexual health are considered together — without young people having to fit a single diagnostic pathway.

763

Lambeth young people attended

Reported for the last year

6,426+

Lambeth young people seen

Cumulative reach reported in 2026

73%

Recorded improved wellbeing

Among 141 with two WHO-5 ratings

Young people can self-refer or be linked in by schools, general practice and community partners. GPs, counsellors and health and wellbeing practitioners plan support together.

The Well Centre: developing earlier support

Using an established approach in new settings, alongside targeted clinical collaboration

Teen Health Check

Already used at the Well Centre

A holistic assessment brings together physical health, emotional wellbeing and wider circumstances, informing a tailored plan.

ADHD prescribing

Linked to CAMHS

For selected young people aged 17+, specialist GP prescribing is intended to support continuity and ease pressure on the CAMHS medication clinic.

Teen wellbeing toolkit

In development across SE London

Being developed with young people, general practice and community organisations to support conversations, safeguarding and signposting.

The toolkit is being developed for wider use: it is not the same as the existing Teen Health Check used in the Well Centre.

Responding earlier when school attendance changes

Pushing the Boundaries | emotionally based school non-attendance | Act Early-led | Well Centre delivered pilot

Persistent absence can be an early sign of emotional distress, neurodevelopmental needs or difficulties at home or school.

Health and Wellbeing practitioner posts planned

Years 6–9 targeted

Identify

Selected schools will identify pupils with persistent absence or risk factors.

Understand

A practitioner will assess each young person's needs and circumstances.

Respond

Tailored one-to-one support will be coordinated with schools and local services.

Funding awarded in August 2026; the September project plan describes mobilisation. Outcomes are not yet established.

Neighbourhood working: turning separate needs into one plan

Integrated neighbourhood teams and CHESS | practical joint working across services

Where a child's needs cross education, health and social care, a shared discussion can replace separate referrals and fragmented plans.

Integrated neighbourhood approach

The September workshop agreed work on earlier identification, shared care coordination and a common self-assessment.

CHESS (Child Health, Education, Social Care and Support) in practice

A monthly multi-agency case discussion across Brixton and Herne Hill and Norwood, supporting CYP aged 0–18 with overlapping needs.

6 cases

current monthly discussion capacity

55%

of referred CYP had mental health needs

41%

had neurodevelopmental / SEND needs

Early referral data are based on small numbers; outcomes need evaluation before decisions on wider spread.

For the Board: receive, endorse and support

A shared approach to earlier identification and prevention in Lambeth

The Care Partnership Board is asked to:

01 **Receive and note**

The update on CAMHS, autism assessments and the practical responses already in place.

02 **Endorse the approach**

Earlier identification, person-centred support and better coordination through local partnerships.

03 **Support the next stage**

Joint evaluation and year-two planning, including whether proven models should be adapted or extended.

The year-two neighbourhood mental health priority remains under consideration; this is not a request to approve a new model or funding today.

Appendix A. CAMHS: activity and access

Lambeth | July 2026 baseline; first-contact trend May–July 2026

Service activity

Measure	Aug 2025	Apr 2026	May 2026	Jun 2026	Jul 2026
Initial referrals received	101	226	185	179	207
Initial referrals accepted	91	124	151	108	119
Active episodes at month end	2,880	3,129	3,208	3,257	3,223
Attended contacts	1,238	1,712	1,648	2,072	1,940

Lighthouse front door: referral to first attended contact

Measure	May 2026	June 2026	July 2026
First contacts	82	97	106
Within 28 days	77	91	95
Share within 28 days	93.9%	93.8%	89.6%
Median wait among those first seen	1 week	2 weeks	1 week

Combined May–July: 263 of 285 (92.3%); median time already waiting at July month end: 5 weeks.

First CAMHS contact is not the start of treatment; access counts people and caseload counts episodes.

Appendix B. CAMHS: service response

Reported pathway developments, support while waiting and school-based access

Access, waiting-well and pathway changes

Initiative	Reported offer or development
Lighthouse	Early identification, pathway allocation, initial care and escalation
MyHealthE	Digital outcome forms, questionnaires and tailored information for families
Group support	Parent interventions extended to neurodevelopmental needs
ADHD and primary care	Care-pathway review; specialist consultation; 17+ Well Centre prescribing model
Digital and workforce	Administrative improvement and trials of supportive digital technology

School mental health support teams

Measure	Reported position
Lambeth teams	4; another team planned in 2026/27 in the March paper
Schools covered	52 reported by 2026; further onboarding planned
Annual access	589 Lambeth children with at least one team contact, year to July 2026

Provider-reported initiatives; their individual effects on waiting times have not been established.

Appendix C. Autism assessments: waits and response

Evelina London community paediatrics | Lambeth | August–September 2026

Age profile and duration of waits (weeks)

Age	0–18	18–52	52–65	65–78	78–90	90–104	104+	Total
Under 5	130	114	60	73	20	6	0	403
Over 5	308	491	210	167	147	128	2	1,453
Total	438	605	270	240	167	134	2	1,856

813 waiting over 52 weeks; 136 waiting over 90 weeks.

Actions reported by Evelina

Focus	Response
Longest waits	Prioritisation, validation and management of waits over 90 weeks
Assessment capacity	Targeted additional sessions; two consultants being recruited
Younger children	Early Autism Assessment Pathway for clinically suitable under-fives
Patient flow	Administration centralisation and clinic utilisation improvements
Capacity and older CYP	Planned shift of general paediatrics capacity; 17+ backlog clinics

This is a separate community paediatrics diagnostic pathway. Long waiting times remain; the provider reports actions to increase assessment capacity.

Appendix D. The Well Centre: service and pathway

Established Lambeth youth health service | NHS-commissioned and delivered through primary care

What the service provides

Aspect	Reported model
Offer	Free and confidential support across physical, emotional and sexual health
Team	GPs, counsellors and health and wellbeing practitioners
Ways in	Self-referral; schools, families, GPs and community organisations
Reach	763 Lambeth attendees in the last year; more than 6,426 seen to date

How a young person receives support

Stage	Established pathway
Initial assessment	Holistic GP-led Teen Health Check: mental, physical and social factors
Joint planning	Multidisciplinary review; agree practitioner, counselling or GP support
Personalised support	Often 8–10 wellbeing sessions, groups, signposting and clinical review
Oversight and escalation	Clinical and safeguarding oversight with CAMHS psychiatry input
Earlier waiting estimate	February 2026 paper: up to two months before initial assessment

The Well Centre provides early intervention and is not an urgent or crisis mental health service.

Appendix E. The Well Centre: outcomes and reach

Outcome results and characteristics from different reporting periods

Recorded wellbeing (October 2025–March 2026)

Measure	Reported result	Interpretation
Paired WHO-5 wellbeing ratings	141	Not all service users
Improved wellbeing rating	73%	Among those with two ratings
Mean baseline / follow-up	11.40 / 15.06	Mean increase of 3.66 points
Overall reach	763 young people	Attended in the reported year

Needs and inequalities in those attending

Reported category	Share or count	Period
Autism / ADHD (diagnosed or suspected)	32% / 24%	SEND brief – last year
Anxiety / depression or low mood	64% / 41%	2024/25
Poor school attendance	15%	2024/25
Residents in most deprived three deciles	356 of 732	2024/25

Wellbeing results relate to the paired-score cohort.

Appendix F. The Well Centre: development and links

New Teen Health and Wellbeing Toolkit alongside established local partnerships

Teen Health and Wellbeing Toolkit (commissioned across South East London)

Area	Planned approach
Purpose	Practical prompts for wellbeing conversations and identifying unmet need
Settings	General practice and voluntary or community organisations
Co-production	Young people, practices and community organisations in all boroughs
Piloting	One voluntary/community organisation in each South East London borough
Tools	Safeguarding, confidentiality, local mapping and referral/signposting

Existing clinical and community partnerships

Partnership	Contribution
CAMHS and ADHD	Consultation and prescribing continuity for selected older teenagers
Hospitals and youth justice	Practitioners connecting young people to wider support
Education, community and families	Referral routes, activity groups and creative opportunities

The new toolkit remains in development; it is not the Teen Health Check already in use.

Appendix G. Pushing the Boundaries: model and evaluation

One-year Emotionally Based School Non-Attendance (EBSNA) rapid response pilot | Lambeth and Southwark | mobilisation in 2026

Funded intervention

Element	Proposed delivery
Target group	School years 6–9; persistent absence or strong EBSNA risk factors
Team	2 health and wellbeing practitioners supported by the Well Centre
Identifying need	School-led proactive identification and holistic assessment
Support	Goal-based one-to-one wellbeing support; links to schools and local services
Stage	Funding awarded August 2026; September plan includes recruitment and school selection

Proposed measures of success

Domain	Evaluation approach
Reach and equity	Referrals and demographics, including reasons for absence
Education and wellbeing	Before/after attendance, goals and validated wellbeing scores
Experience and integration	Feedback from CYP, families, schools and practitioners; case studies
Wider services	Health service use and links to neighbourhood teams/CHESS

Expected benefits, including improved attendance and wellbeing, are not yet established outcomes.

Appendix H. CHESS: model and early findings

Child Health, Education, Social care and Support | two Lambeth neighbourhoods

Monthly joint case discussion model

Element	Approach
Population	Children aged 0–18 registered with Brixton/Herne Hill or Norwood GPs
Partners	Primary care, CAMHS, schools, Early Help, nursing, community paediatrics
Scope	Overlapping mental health, SEND, family, physical health or education needs
Outputs	Advice, shared action plan, alternative service or care-coordination route

Early activity reported in September 2026 (referral data incomplete)

Indicator	Reported position
Current discussion capacity	About 6 children and young people per month
Mental health / neurodevelopmental needs	55% / 41% of referrals; categories can overlap
Family pressures and emerging risk	36% of referrals
Reported benefit	More coordinated plans and inter-agency information sharing
Delivery risks	Workload, multi-agency capacity, information sharing and administration

Early referral data are small; observed planning benefits are not evidence of reduced waiting times.

Appendix I. Joint working: evidence and future options

CHILDS mental health case discussions, proposed shared evaluation and unconfirmed year-two planning

CHILDS mental health case discussions (n=120)

Profile	Finding
2+ mental health concerns	72%
Neurodevelopmental concern	69%
Physical health condition	37%
Social needs / safeguarding	42%
Poor school attendance	33%

Shared evaluation (illustrative)

Domain	Measures to consider
Delivery	Referrals, access, meeting activity
Coordination	Shared plans, actions, experience
Health / education	Goals, wellbeing, attendance
Equity	Demographics and local reach
Sustainability	Staffing, time and administration

Draft year-two options — for evaluation and future decisions only

Focus	Possible next stage
CHESS	Evaluate outcomes, family experience and resources before deciding on spread
EBSNA pilot	Assess attendance and wellbeing impacts before considering adaptation
Governance	Consider evidence in 2027/28 prioritisation; no funding or expansion decision yet

CHILDS and CHESS are distinct. Mental health prioritisation for year two and any wider spread have not been agreed.

Lambeth Together Care Partnership Board

Title	Substance Misuse Programme Update
Meeting Date	5 November 2026
Author (& role / title/s)	Emma Burke - Lead Commissioner, Substance Misuse
Lead / Presenters (& role / title/s)	Emma Burke - Lead Commissioner, Substance Misuse Matthew Andrews - Safe, Sociable London Partnership

This item is for:

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

Decision / Action Required:

The Lambeth Together Care Partnership Board is asked to:

1. Approve the update on the Substance Misuse Programme's progress against the activities set out in the *Our Health, Our Lambeth 2023–28* Health and Care Plan, including the latest Programme performance and the work of the Reducing the Strength of Alcohol campaign.

Executive Summary:

The Substance Misuse Programme will give an annual update on how the Programme is progressing against the Substance Misuse activities outlined in the *Our Health, Our Lambeth 2023-28* Health and Care Plan. The presentation will provide an overview of delivery against the activities, including the latest performance. It will also provide a deeper dive into the work of the Reducing the Strength of Alcohol campaign.

Strategic Alignment:

Delivery of substance misuse treatment reduces the harms caused by substance misuse and supports those using substances to access the right help to meet their needs. It also provides an opportunity to focus on supporting positive healthy behaviours and community connection and preventing illness and harm.

Summary of your Community and Stakeholder Engagement:

Lambeth Addictions Consortium have a well-established Service User Council who contribute to the development of the drug and alcohol service and provide the views of service users to inform future provision. Substance misuse commissioners work with a range of council and local services to ensure there are routes into treatment.

Impact on Inequalities:

Drug and alcohol treatment services play a major role in reducing health inequalities. People experiencing deprivation, homelessness, poor mental health, unemployment, contact with the criminal justice system, or multiple disadvantages are significantly more likely to experience drug and alcohol-related harm. Increasing access to drug and alcohol treatment improves health outcomes for these disadvantaged groups.

What other Groups or Committees have considered this item to date?

Information was presented to the Lambeth Together Oversight Group on the substance misuse activities in the *Our Health, Our Lambeth* plan. Substance misuse treatment is also regularly monitored via Lambeth's Combatting Drugs Partnership meeting.

Lambeth together

Substance Misuse Update

Emma Burke - Lead Commissioner, Substance Misuse
Matthew Andrews – Safe Sociable London Partnership









Working in partnership for a healthier borough

Lambeth Health and care plan: Substance Misuse delivery

1. 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.
2. 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.
3. Embed Phase 2 of Reducing the Strength to restrict high-strength alcohol and reduce harm (deep dive).



Lambeth CDP: local delivery and 2026/27 focus

Combatting Drugs Partnership (CDP): Our local partnership mechanism for coordinated delivery, assurance and improvement across drug-related harm, crime, supply, treatment and recovery.

How the local arrangement works

National strategy and Office for Health Improvement and Disparities
Framework, funding, local ambitions and assurance.

→

Lambeth Combatting Drugs Partnership
Multi-agency delivery plan co-produced with partners.

→

Safer Lambeth Partnership
Strategic oversight of community safety outcomes.

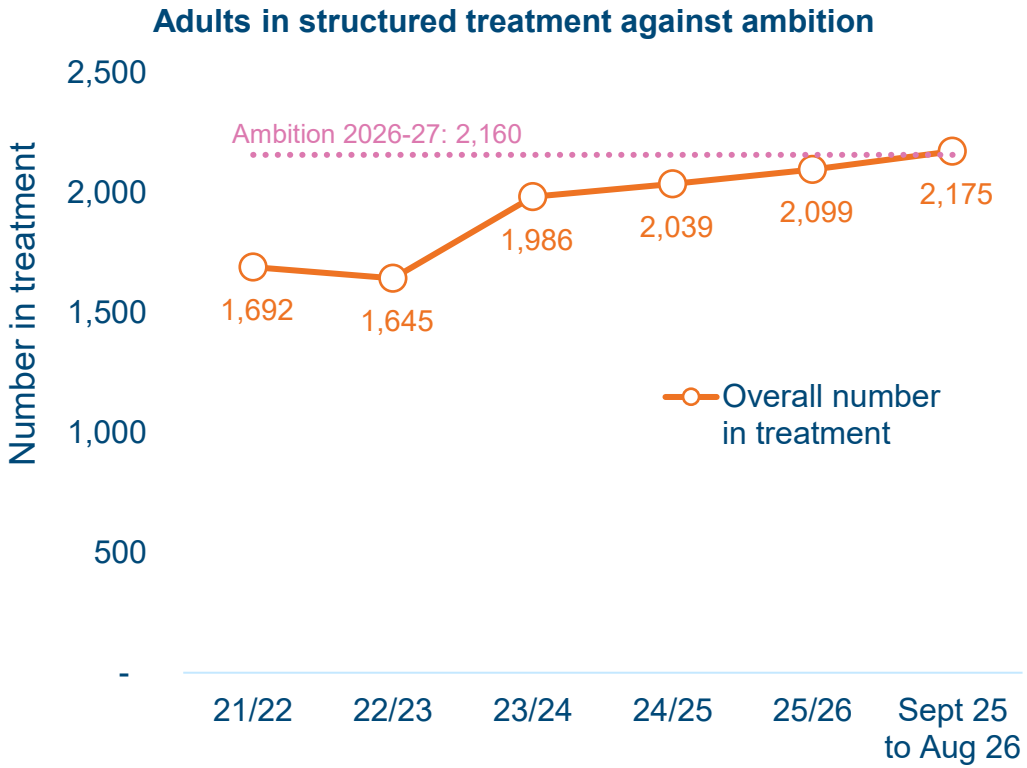
Leadership update: Lambeth Combatting Drug Partnership has moved from Director of Public Health-only chairing to rotating chairing between Public Health and Police, strengthening shared oversight of drug-related crime while retaining the wider public health, treatment and prevention focus.

2026/27 Combatting Drugs Partnership delivery focus

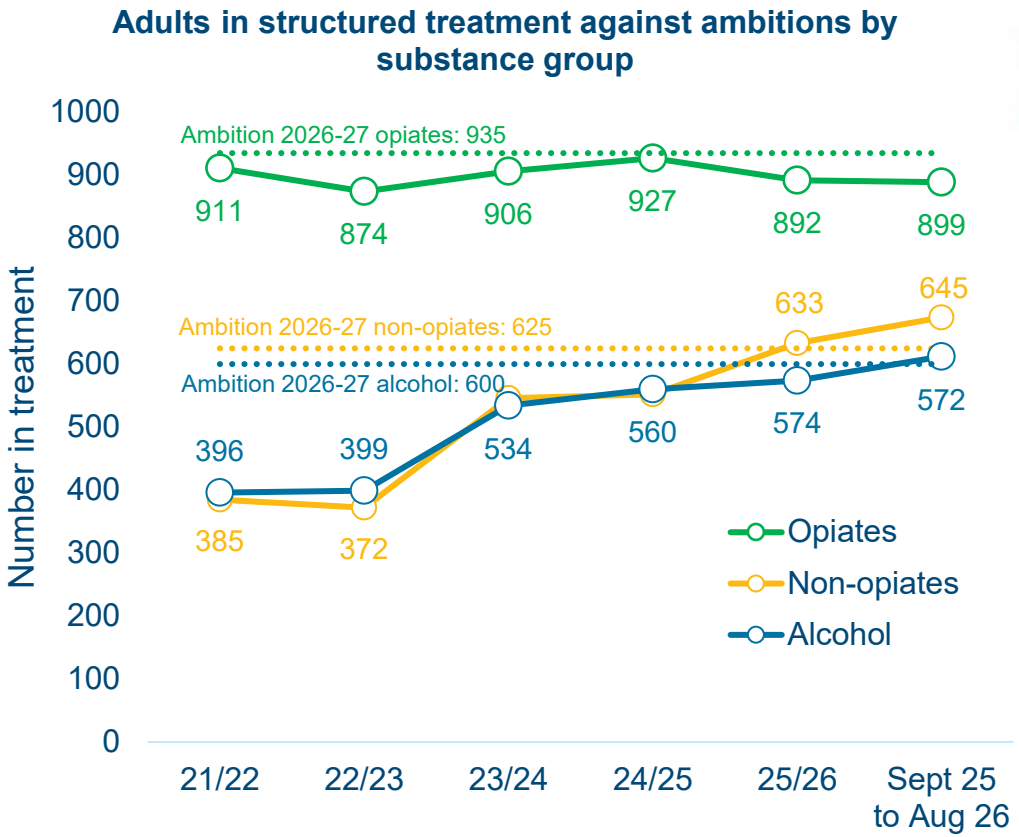
- Deliver the Office for Health Improvement and Disparities (OHID)-agreed 2026/27 plan and local ambitions and the refreshed Combatting Drugs Partnership delivery plan.
- Ensure the findings of the substance misuse needs assessment are translated into commissioning and pathway improvement.
- Continue prevention, early intervention, treatment engagement and recovery activity, including for priority groups.

- Maintain and grow naloxone access, overdose prevention and wider harm reduction activity – pilot in Met custody suites.
- Refine the Synthetic Opioid Response Plan to incorporate Office for Health Improvement and Disparities feedback, including out-of-hours arrangements, and exercise the plan with partners.
- Continue delivery of the Local Drug Information System and Drug and Alcohol Related Death Panel to support intelligence-sharing, learning and prevention.

Ambition - capacity



Ambition Area	Baseline 2021/22	Achievement 2026-27 (Sept 25 to Aug 26)	Ambition 2026-27
All adults in structured treatment	1,692	2,116	2,160



The number of adults in structured treatment is on track to meet the ambition.

Opiate treatment numbers have remained stable over the past four years.

Non-opiate and alcohol treatment numbers are on course to exceed the ambition.

Ambition Area	Achievement 2026-27 (Sept 25 to Aug 26)	Ambition 2026-27
Opiates	899	935
Non-opiates	645	625
Alcohol	572	600

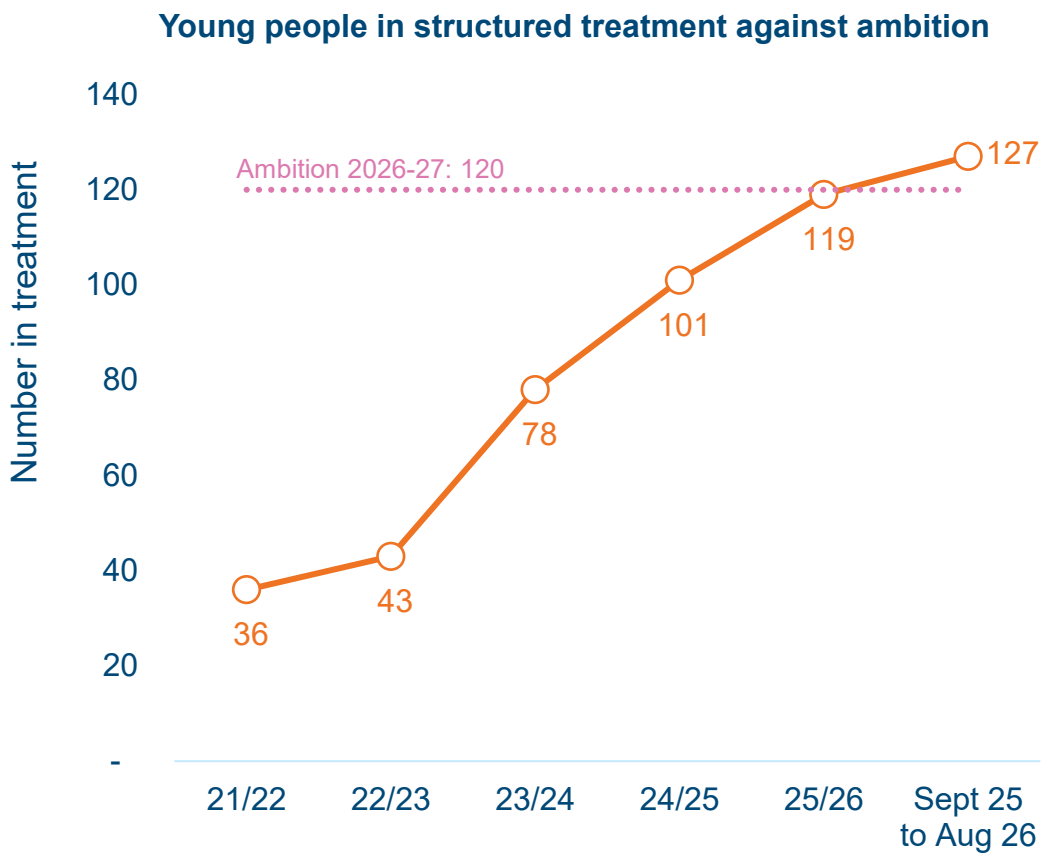
Source: National Drug Treatment Monitoring System, Monthly provisional statistics

Ambition - capacity

Children and young people (under 18s only) in treatment

Ambition Area	Baseline 2021/22	Achievement 2026-27 (Sept 25 to Aug 26)	Ambition 2026-27
Young people in structured treatment	36	127	120

The ambition of 120 young people in treatment is on track to be met, with 127 under-18s now in structured treatment



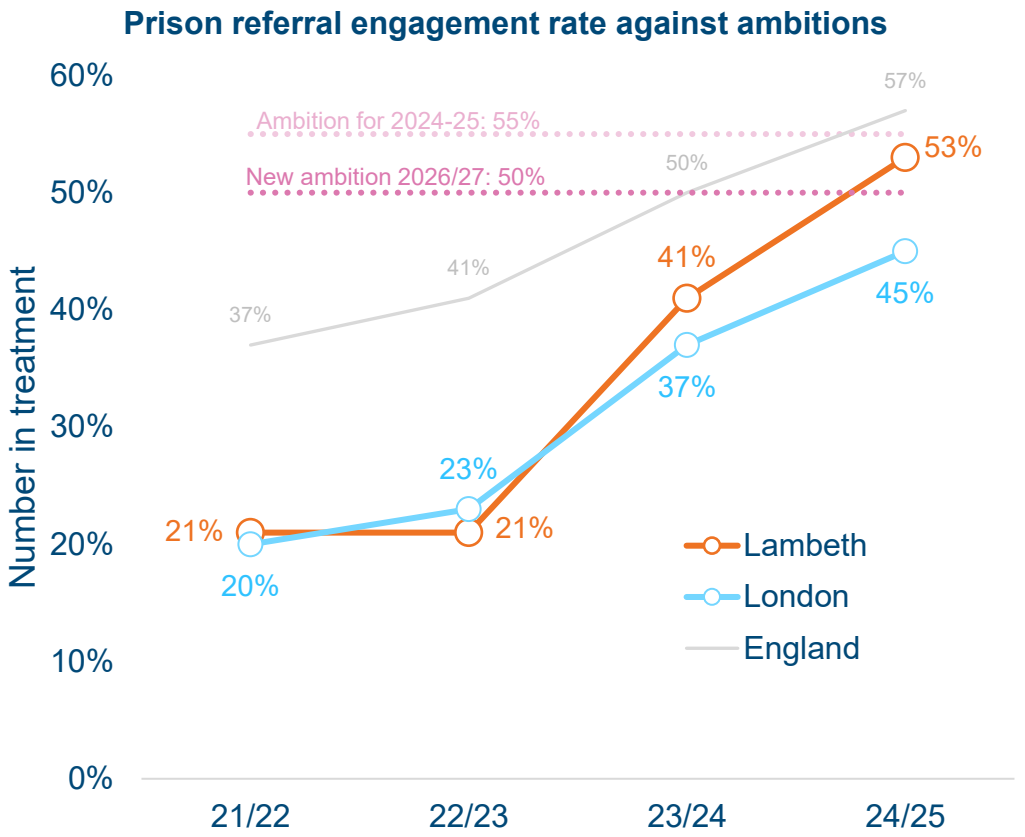
Source: National Drug Treatment Monitoring System, Monthly provisional statistics

Ambition - Continuity of care

Percentage of prison leavers with a continued drug and alcohol treatment need picked up in community treatment within 21 days

Ambition Area	Pick ups	Referrals	Achievement 2024-25 (Jan 24 to Dec 24)	Ambition 2024-25
Continuity of care	68	129	53%	55%

Note: To allow time for the 21 days to pass after release from prison, this rolling 12-month measure is delayed and reported with a three-month lag. The March 2025 release relates to prison exits between January 2024 and December 2024



- Prison referral engagement rates more than doubled between 2021-22 and 2024-25, increasing from 21% to 53%, close to the ambition of 55% and higher than the London rate of 45%.
- A new engagement rate ambition of 50% has been set for 2026/27.

Source: National Drug Treatment Monitoring System, Local Outcomes Framework

Integrated Health Network (rough sleeping) Case Study: Sophia

Situation
Young woman with complex substance use, trauma, mental health, physical health and housing needs, with a history of poor engagement with services.

HIT Nursing
Addressed physical health needs through health screening, treatment follow-up, and referral for physiotherapy.

Groundswell
Supported attendance at key health and treatment appointments, provided advocacy, and helped maintain engagement with services.

Thames Reach
Built trust through regular hostel-based support, identified safeguarding concerns, and reconnected her with substance misuse treatment and harm reduction support.

SLaM Psychology
Improved engagement through trauma-informed support, completed assessment and safety planning, and enabled participation in trauma recovery work.

Outcome
Coordinated multi-agency support reduced risk, enabled a move to more suitable accommodation, and improved stability and engagement across services

Substance Misuse Needs Assessment

- The needs assessment is now finalised, awaiting publication in December (due to use of restricted statistics).
- The aim was to build a robust local **evidence base** on the levels and patterns of met and unmet need for substance misuse support in Lambeth. The findings will inform service planning, system improvement, future commissioning decisions and discussions with national government.
- The scope covered **adults** with needs around **illicit drug use**, supplementing Lambeth's 2023 alcohol needs assessment.
- It was conducted through data analysis from a wide range of sources, interviews with 30 key stakeholders, focus groups with service users and hostels residents and surveys of residents and business improvement districts.
- A webinar to be planned for December will introduce the key findings to stakeholders.

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Substance Misuse Needs Assessment: Emerging themes



Persistent met and unmet need around opiates and crack cocaine, which reflects rates seen across London.



Growth in the number of people in treatment and people presenting to treatment for the first time, particularly driven by cocaine and amphetamines.



The **impact of older age** on complexity, physical and mental health, social care and housing, alongside high rates of **unmet need in younger age groups**.



Key local population groups with specific patterns of need, including **LGBTQ+** people, **women** and people experiencing **homelessness**.



The importance of **cross-system working** to address overlapping needs, including healthcare, mental health, social care, children's services, criminal justice, housing and employment.

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Reducing the Strength Campaign (RTSC)

Addressing the impact of street drinking and rough sleeping in Lambeth

Outline: What is a Reducing The Strenght Campaign?

- In 2022 & 2023 Lambeth Public Health commissioned a pilot Reducing the Strength Campaign to address a specific issue with street drinkers in the West Norwood and Tulse Hill area. The pilot was developed with the aim that it could be rolled out more widely in Lambeth if shown to have an impact.

- The Reducing The Strength Campaign is an approach that has been used across England and is intended to provide a holistic approach to reduce street drinking and other street-based issues that cause public nuisance. By working in partnership across communities, businesses, enforcement teams and outreach teams (substance misuse, mental health and rough sleeping teams).

- By working together across the partners more is achieved to both address the initial issue, and to support the people at the centre of the issue.

- By providing both partnership approaches to enforcement and support, more is achieved than through less co-ordinated approaches.

Outline: The West Norwood and Tulse Hill pilot

- Started in autumn 2022 and continuing to summer 2023 this pilot project targeted a specific issue causing public nuisance through a congregation of street drinkers and substance users in the yard of a local church and community centre.
- By targeting licensed premises in the area, encouraging the removal of cheap, high strength alcohol from sale, by providing targeted outreach support to the group and working with community groups and business to provide intelligence and support the issue was addressed.
- A decrease in anti-social behaviour in the two wards targeted was noted between 22/23 and 24/25.

Ward	22-23	22-23 (monthly rate)	24-25	24-25 (monthly rate)
Knight's Hill	391	18	333	17.5
St Martin's	274	12.5	141	7.5

- The Business Improvement District and community groups noted the problem had dissipated, outreach workers noted that the issue has largely resolved, and relationships between Council teams and local businesses and community groups has strengthened through the partnership approach of the pilot.

Outline: Brixton and Streatham

- After the impact of the Tulse Hill and West Norwood Reducing The Strength Campaign work, and using data and stakeholder input, Brixton and Streatham have been identified as the next stage of the roll out for the Reducing The Strength Campaign.
- Beginning in February this year the first stages (Phase 2) of the Reduce the Strength Campaign in Brixton and Streatham took place.
- The initial stages of the work include preparation, scoping and engagement. These are in progress and will be outlined further later in the presentation.
- Partnerships have been developed with key enforcement agencies, outreach and health and wellbeing support teams and with Business Improvement Districts (in Brixton and Streatham).

Progress: Actions

Action	Tasks
1. Scope and finalise focus areas, prepare materials and full project plan.	*✓ Prepare initiation report presentation for Reducing Harm for Alcohol Group* *✓ Prepare comms and training materials* *✓ Engage partners on evaluation framework*
2. Initiate partnership engagement.	*✓ Engaging partners as per stakeholder engagement matrix* *✓ Key stakeholder interviews*
3. Community partnership engagement.	*✓ Engage and identify community partners* *✓ Work with willing community partners to develop a plan of action* *✓ Coordinate community action with Licensing and Outreach support actions*
4. Initial premises visits.	• To arrange with Lambeth Licensing Team
5. Organising outreach coordination and schedules.	• Revitalising the 2023 coordination group with partnership development guidance from the Drug and Alcohol Treatment and Recovery Improvement Grant (DATRIG) funded Outreach team
6. Follow up premises visits.	• To arrange with Lambeth Licensing Team
7. Maintain and evaluate.	• Initial implementation review and recommendations for any adjustments • Initiate impact

Progress: targeting and segmenting

Cohort/Detail	Location	Licensing response	Support: Substance Misuse	Support: Rough Sleeping	Support: Health	Support: Mental Health	Enforcement
Street Drinking: Disruptive/ Intimidatory	• Streatham High Street near the Odeon. • Streatham Hil Station: near M&S and theatre • Outside Brixton Tube Station • Windrush Square • Max Roach and Ruppel Parks • Botton end of Rush Common • Outside William Hill Streatham • Alan Carr Gardens Streatham • Aldi carpark Streatham	Licensing visit to premises in the area to promote campaign and the voluntary removal of high strength low cost alcohol and small containers (eg. Single cans or miniatures) from sale.	• Street team target – offer of support. • Support will range from light touch/ checking in to referrals etc.	• Street team to liaise with rough sleeping team is any	TBD	• MH Team involved as required	• Specific targeted activity to be coordinated with police and local enforcement/ public protection team
Rough Sleeping associated drinking	Various locations		• Rough Sleeping Team as primary contact – liaising with the Street team as necessary	• Rough sleeping team – offer of housing etc. Will liaise with Street team or through hostels where sub mis support required.	TBD	• All liaison through the Rough Sleeping Team	• Rough Sleeping Team has dedicated Public Protection Officer (position soon to vacant) that coordinates enforcement activity regarding tents etc and Antisocial Behaviour.
Cultural Street Drinking	Various locations (to be identified) • LIDL carpark Streatham		• Street team check in – light touch.	• Unlikely to be required – but if needed referral from Street team to Rough Sleeping Team	TBD	TBD	• Liaison from Street team with Public Protection where necessary
Youth Street Drinking	TBD • Tesco Streatham Carpark - YP drinking on bikes		TBD • Street team check in – light touch.	TBD	TBD	TBD	• Targeted enforcement • Identify source of alcohol being consumed
Traditional/ Social Street Drinking	• Outside Brixton Police Station • Windrush Square • Electric avenue		• Street team check in – offer of support, light touch.	TBD	TBD	TBD	• Liaison from Street team with Public Protection where necessary

Next Steps: Licensed premises engagement

- Engagement visits or ‘walk arounds’ with off-licences in Brixton to raise awareness of the campaign, to encourage licensees to consider voluntarily removing high strength, low-cost alcohol from sale, and to gather further intelligence are being organised with an initial dates in November being considered.
- These visits will be partnership visits involving the Brixton and Streatham Business Improvement Districts, Licensing partners, and others.
- Further information on the campaign and the benefits of voluntarily reducing the strength of types of alcohol for sale will be sent out to all off-licences in the Brixton and Streatham areas.

Next Steps: Support

- A good level of support is already available and operating as outreach services for the targeted cohorts, and we have engaged with these teams already.
- We will establish a small coordinating group to ensure that these existing teams are aware of the activities and information gathered by the wider project and have the opportunity to coordinate with the wider project. This is likely to take the form of rejuvenating the informal outreach tasking meeting that was operational in 2022/23.
- The aim of the support element of the project is to make sure that people in need are able to access the support they need and to make sure that the issues are not just displaced to another location.

Next Steps: Enforcement

The aim is to directly address anti-social behaviour, intimidation and violence, and to re-assure the public that these public areas are safe to use.

This is achieved by working with:

- **Licensing enforcement**, identifying off-licences that are not meeting their responsibilities and are at risk of contributing to street drinking and anti-social behaviour issues and have not engaged with the project to address these.
- **Public enforcement**, aimed at street drinkers where anti-social behaviour, intimidation or violence is occurring.

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Any questions?

Lambeth Together Care Partnership Board

Title	Place Executive Lead Update
Meeting Date	05 November 2026
Author (& role / title/s)	Andrew Eyres, Place Executive Lead Lambeth, Corporate Director, Integrated Health, and Adult Social Care, Lambeth Council and South East London Integrated Care Board
Lead / Presenters (& role / title/s)	Andrew Eyres, Place Executive Lead Lambeth, Corporate Director, Integrated Health, and Adult Social Care, Lambeth Council and South East London Integrated Care Board

This item is for:

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

Decision / Action Required:

The Lambeth Together Care Partnership Board is asked to:

1. Receive an update on key developments since the last Lambeth Together Care Partnership Board meeting in public on 03 September 2026.

Executive Summary:

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

Strategic Alignment:

The report updates on progress across Lambeth Together priorities, highlighting work to improve health and wellbeing, reduce health inequalities, strengthen prevention and deliver more joined-up, neighbourhood-based care for residents.

Summary of your Community and Stakeholder Engagement:

N/A. Individual items addressed at various fora.

Impact on Inequalities:

The report highlights work to reduce health inequalities by improving access to joined-up, preventative and community-based care, with a focus on addressing the needs of Lambeth's most disadvantaged residents and priority communities.

What other Groups or Committees have considered this item to date?

N/A. Individual items addressed at various fora.

Lambeth Together Care Partnership

Place Executive Lead Report 5th November 2026

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



'Our Health, Our Lambeth'

Since our last meeting in September, the Lambeth Together Care Partnership has continued to make progress in delivering *Our Health, Our Lambeth 2023–28*, and the priorities agreed through the 2026/27 action plan. We have recently completed a six-month review of delivery across our Alliances and Programmes, capturing achievements, progress against agreed activities, and areas where further work is needed. This review provides an opportunity to reflect on the impact of our collective efforts, share learning and good practice, and ensure that our priorities continue to respond to the needs of Lambeth residents and the inequalities they experience.

Delivery of *Our Health, Our Lambeth* continues to progress across the partnership, with a strong focus on strengthening neighbourhood-based care, improving prevention and addressing health inequalities. Lambeth Together partners continue to work to move more care out of hospital settings and into communities and neighbourhoods through more proactive and targeted early intervention. Our Integrated Neighbourhood Teams (INTs) are continuing to identify and engage patients across the three priority cohorts, and reviewing them through the agreed clinical pathway, supported by the launch of a new care coordinator function which aims to ensure a more seamless patient experience. Within mental health, work to remodel community services on a neighbourhood footprint is progressing, with the Single Point of Access (SPA) and Crisis Outreach Service (COS) now co-located to provide more joined-up care, with plans underway to bring these together into a Single Point of Access and Rapid Response team (SPARR) later this year.

We have seen continued collective efforts throughout the year to keep people well, prevent ill health and promote healthier behaviours. The Sexual Health Programme delivered a series of outreach events during Sexual Health Awareness Week in September to increase awareness that HIV testing is free, accessible and available both online and in person. Alongside this, sexual health services have expanded, including the development of ten 'Clinic-in-a-Box' satellite sites across South London and enhanced evening and weekend access to long-acting reversible contraception (LARC) in Brixton. The London HIV Prevention Programme (LHPP) has also launched a London-wide campaign targeting young people and Black heritage communities.

Ahead of winter, the 2026/27 seasonal flu vaccination campaign has begun for those most at risk, including children, pregnant women, and older adults. This includes targeted outreach, communications and improved vaccination pathways in partnership with voluntary and community sector (VCS) partners, focusing on groups and areas with lower uptake, particularly older adults, Black and mixed ethnic communities, and residents in Brixton and Norwood. Learning from the 2025/26 season has informed delivery with activity taking place through VCS organisations, Health and Wellbeing Hubs and other trusted community settings to improve uptake, reduce inequalities and strengthen access to vaccination.

The Homeless Health Programme continues to prioritise supporting rough sleepers away from the streets, with additional beds and services being mobilised before winter, to meet the Prime Minister's "In for Christmas" request. Alongside this, a new Substance Misuse Needs Assessment has been completed and will be published in December, with the latest published data showing continued improvement in the number of Lambeth residents accessing drug and alcohol treatment. Together, these milestones demonstrate the partnership's continued commitment to delivering more accessible, joined up and preventative care, designed around the needs of Lambeth residents and communities.

Looking ahead, the findings from our six-month review will help inform our priorities for the remainder of 2026/27, with a continued emphasis on developing our INTs, embedding Population Health Management approaches, strengthening prevention and improving the experience of residents who require support from multiple services. In the final quarter of the year, we will begin the next business planning round to refresh the action plan for 2027/28 - the final year of our current Health and Care Plan. This will provide an opportunity to reflect on the progress made to date, address areas where further improvement is needed and ensure that our partnership remains focused on delivering measurable improvements in health and wellbeing for Lambeth residents.

Leadership and Governance

We have reviewed our partnership governance and membership arrangements to ensure that Lambeth Together remains well positioned to respond to wider changes across the health and care system and changing national and regional landscape. Maintaining strong community, patient and public voice, alongside clinical, professional and executive representation remains central to ensuring that our decisions continue to reflect the needs and experiences of Lambeth residents.

We have completed the membership review for the Lambeth Together Care Partnership Board, with proposed changes being presented to the Board for approval today. We have updated political representation on the Board to reflect the Council's new position post the May Council election. I would like to welcome Cllr Erica Abu, Labour Party, and Cllr Matthew Bryant, Liberal Democrat, to the Lambeth Together Board.
General Practice representation is now through the Lambeth General Practice Provider Alliance (LGPPA), and we have added the Lambeth Pharmaceutical Committee (LPC) Chair: Bhaveen Patel in a non-voting role. The new Place-based Clinical Leadership arrangements are also now in place (see below) and will provide strategic clinical leadership to support the development and delivery of key priorities within the Health and Care Plan.

In addition to these changes, Andrew Carter, Corporate Director for Children, Families & Education left the Council in October to join Bromley Council. I am pleased to let you know that the Council has appointed an experienced Interim Corporate Director, Robert Henderson, to lead the directorate for the next 12 months. I would also like to warmly welcome Robert to the Lambeth Together Board and look forward to working with him to support our shared priorities for Lambeth's children and young people.

I would also like to congratulate Dr George Verghese, as he has been appointed to the role of clinical Senior Responsible Officer for the London Neighbourhood Health programme. This followed expressions of interest from across London with a very strong field.

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

Board on the Bus

The September Board on the Bus session took place at Lower Marsh in Waterloo. Joining the Health Champions were Dr George Verghese and Anna Marcus, Associate Director of Primary and Community Care. Also taking part in the session was Richard Davis, Volunteering Lead at Lambeth Council. Discussions at previous sessions had revealed that the Bus Team often get queries from residents around routes to volunteering, so Richard was on hand to speak with people on this topic (visit https://volunteer.lambeth.gov.uk/ for more information).





Board member Julie Lowe, Deputy Chief Executive at Kings College Hospital, joined our Health Champions for a Board on the Bus session at Harry Craddick Community Centre in October. Julie was hearing from residents on their thoughts and experiences of health and care locally during the regular activities put on at the centre in partnership with the Helping Hands Collective. These included a knitting and crochet workshop, a dominos game and the social supermarket. Our Health Champions were busy giving blood pressure checks, advising and signposting people to local services. It was a hive of activity!

You can read the feedback from all our Board on the Bus sessions on our website: Community insights - Lambeth Together.

South East London Integrated Care Board (SEL ICB) Change Programme
The ICB Change Programme is close to completion and as the revised organisational structure becomes established, the focus is shifting towards supporting staff through the transition, embedding new ways of working and maintaining delivery during a period of significant change across the health and care system.

As part of these changes, we have completed recruitment to the new cohort of Lambeth Place-based Clinical Leadership roles. Following competitive interviews, we have successfully appointed to all roles, with Dr Di Aitken taking up the Lambeth Together Clinical Lead, Neighbourhood and Wellbeing Alliance Clinical Lead and Clinical Lead for Quality roles; Dr Raj Mitra as Children and Young People Alliance Clinical Lead; Dr Nozomi Akanuma as Lambeth Living Well Alliance Clinical Lead; and Dr Divanka Wijendra as Primary Care Commissioning Clinical Lead. All four clinicians bring continuity and valuable experience to our clinical leadership arrangements. They took up their new roles on 1 October. The Staying Healthy Clinical Lead is currently being recruited to, and I will keep you updated on this as it progresses.

System Pressures
Urgent and Emergency Care pressures across Lambeth and Southwark remain significant as the system moves into the winter period. Demand has increased across urgent care pathways; however, this is not translating into a corresponding rise in emergency admissions. Much of the additional activity presenting at hospital is ambulatory and could potentially be managed through primary or community care services. Consideration is therefore being given to whether additional primary care capacity could be funded to help respond to predictable surges in Emergency Department demand, particularly on Mondays, Tuesdays and Fridays and during late afternoons and early evenings on weekdays.

I wrote in September regarding the South London and Maudsley NHS Foundation Trust (SLaM) relocation programme from Lambeth Hospital and I can confirm this has progressed, with working-age inpatient wards moving to the new Douglas Bennett House and other services relocating to alternative sites. The new Mental Health Emergency Department at Denmark Hill is planned to open in mid-November, providing a dedicated environment for the assessment and management of people presenting in mental health crisis and supporting improved flow through the wider Emergency Department.

The 2026/27 winter plan is now complete and is being enacted, with Lambeth supporting six additional winter schemes to help manage demand, strengthen capacity and improve flow. Partners remain focused on maintaining flow, strengthening alternatives to hospital attendance and admission, supporting timely discharge and responding flexibly to emerging pressures.

Our Delivery Alliances – a selection of highlights

Neighbourhood and Wellbeing Delivery Alliance (NWDA)
Over the past year, Lambeth has continued to strengthen its neighbourhood health approach, and a recent review by SEL ICB shows encouraging progress in how we are working together to support residents. As part of a South East London-wide assessment, Lambeth reviewed its progress against a Neighbourhood Health Maturity Matrix, which measures how developed neighbourhood-based models of care are across a range of domains. When the assessment was first completed in 2025, Lambeth was largely rated as being

at an emerging stage. One year on, many of these areas have now progressed to developing, reflecting the significant work undertaken across the partnership.

Key achievements over the last 12 months include the establishment of the Integrator Delivery Board, the launch of three Integrated Neighbourhood Teams across Lambeth's five neighbourhoods, closer integration of community mental health services, and Lambeth's participation as a pilot site within the national Neighbourhood Health Implementation Programme. Partners have also agreed investment plans to support integrated neighbourhood working, mental health and prevention, alongside developing shared measures to understand the impact of this work for local communities.

The review highlights notable progress in partnership working, governance, neighbourhood delivery, population health management and organisational development. Importantly, it also provides a clear view of where further work is needed as we move from building the foundations to delivering measurable benefits for residents at scale. Looking ahead, partners will develop a shared neighbourhood workplan, setting out priorities, responsibilities and actions needed to support the next phase of delivery. This will help ensure we continue to build a more joined-up, preventative and locally focused approach to improving health and wellbeing across Lambeth.

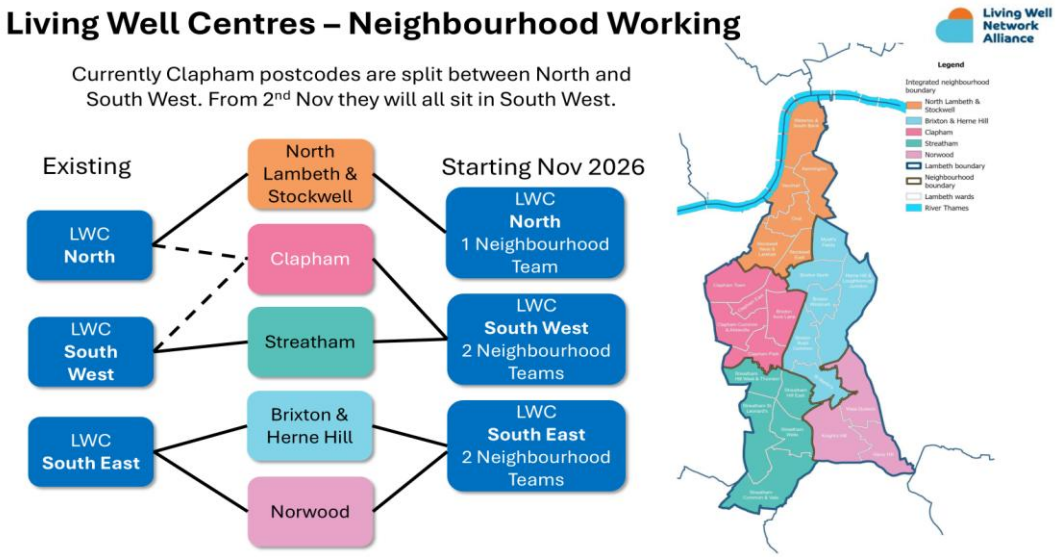
The NWDA have been working with Guy's and St Thomas' NHS Foundation Trust (GSTT) to hold two musculoskeletal (MSK) Community Appointment Days, which were held in Streatham this year, bringing GSTT physiotherapy out of the hospital and into a local community venue. The NWDA works with the GSTT team to organise and fund each event, and every day includes a community hub where local organisations can connect with residents while they are there. In May, 158 patients were seen and around half received treatment on the day. Patients came from GP practices across the borough, and around a third identified as Black or Black British. Around 120 patients were seen in September, and missed appointments fell from 12% in May to 3%, helped by staff calling patients throughout the day. GSTT has since been asked to showcase the events at this year's Allied Health Professionals Day celebrations as an example of the shift from hospital to community. The next event will build stronger links with Thriving Streatham, so that residents leave with a connection to local support as well as a clinical plan.

Living Well Network Alliance (LWNA)
Lambeth's community mental health services will take an important step towards neighbourhood-based working on 2 November 2026, with the introduction of Neighbourhood Mental Health Teams. This change is designed to support more person-centred, neighbourhood-based care while maintaining continuity and quality of care for the people who use our services. There will be no change in the total number of Alliance staff, though there will be some movement to better match the population and needs within each Neighbourhood. From 2 November 2026, community services will be organised into five Neighbourhood Mental Health Teams, while continuing to operate from the existing three Living Well Centre buildings as follows:

Neighbourhood Teams	Living Well Centre	Address
North Lambeth and Stockwell	North	332 Brixton Rd, London SW9 7AA
Clapham	South West	2-8 Gracefield Gardens, London SW16 2ST
Streatham		
Brixton and Herne Hill	South East	312 Brixton Rd, London SW9 6AA
Norwood		

Most of the people we support will continue to receive their care in the same Living Well Centre (LWC) as they are currently based, and most of these will continue to receive their care from the same care coordinator and other professionals. Around 160 people, mostly those in the Clapham Neighbourhood, will be moving from the North LWC in Brixton to the South West LWC in Streatham. Some of these will also be supported by different care coordinators and/or other professionals. We have already started to speak directly to those

affected, and all affected will be seen and supported with the change, including information on travel to Gracefield Gardens. We are also writing to all service users and carers informing them of the changes and offering them an opportunity to speak to their care coordinator and to join fortnightly online drop-in sessions to answer any questions they may have - we expect to have at least one face to face drop-in session at each Living Well Centre. By working in smaller, neighbourhood-based teams, we can get to know those we support better as well as develop even closer relationships with local GPs and voluntary and community services. We will also be better placed to work with the new INTs currently delivering support for those with multiple long-term conditions, frailty and children and young people with complex needs.



Children and Young Person Alliance (CYPA)

The Children and Young Person Alliance is continuing to bring together the delivery of Lambeth's key programmes for children and families, including Families First, Special Educational Needs and Disabilities (SEND) reform, Best Start Family Hubs and integrated neighbourhood teams. Through the Neighbourhood Operational Delivery Meeting, partners are developing a shared approach to neighbourhood working and aligning delivery plans, workforce development and routes into support. This is helping to ensure that new services build on existing provision and respond to the needs of children and families across health, education and social care.

Two recently agreed Pushing Boundaries Pilots are now progressing towards delivery. The first will provide earlier support for children experiencing emotionally based school non-attendance (EBSNA), with the Well Centre leading a health-based offer through health and wellbeing practitioners. Education and SEND colleagues have been involved in shaping the approach and identifying where the pilot can complement existing services and planned SEND reforms. The second is a Maternity Integrated Neighbourhood Team (MINT) pilot, which will test a more coordinated approach to supporting women with complex health and social needs.

Building on the early success of the Child Health, Education, Social Care and Support (CHESS) model, we are exploring more proactive ways of identifying children and families who may benefit from coordinated support before their needs escalate. This includes innovative work to bring together information on repeat social care contacts, school attendance and SEND to identify children whose needs may not be fully addressed through existing services. Partners are now considering how this information can support earlier intervention and referrals into neighbourhood services, including CHESS, helping to reach children who might otherwise remain under the radar.

Alongside this, work is progressing to develop shared principles for care coordination across organisations, so that families have a clear lead professional, an agreed plan and appropriate follow-up across services. This aims to reduce duplication, strengthen joint working and improve the experience of children and families who currently need support from several different services.

Lambeth Together Equality, Diversity and Inclusion (EDI) Group - Inspire Small Grants Programme
The inspire Black Communities Health Inequalities Small Grants Programme launched in October to support grassroots, Black-led organisations working to tackle health inequalities and strengthen community wellbeing for Black African and Black Caribbean communities across Lambeth's five neighbourhoods. Five grants of up to £2000 are available to support new activities, pilot projects, or innovative ways of working that:

- Improve health and wellbeing;
- Help people access and use health services;
- Bring people together and reduce isolation;
- Build trust and confidence in local health and wellbeing support; &
- Strengthen community support and resilience.

The fund recognises the important role that Black-led organisations play in supporting health and wellbeing and addressing health inequalities through community leadership, lived experience and local knowledge while encouraging community collaboration and engagement within neighbourhoods. This builds on the learning and success of Lambeth's long-running inspire programme which has consistently demonstrated strong reach in engaging Black African and Black Caribbean communities and is well valued by residents and partners. Applications closed on 1 November ahead of the panel evaluation and the successful projects will be announced later this month with the expectation they mobilise and begin delivery before the end of March 2027.

Key Campaigns for Lambeth Together
During September and early October, our communications activity focused on promoting prevention, wellbeing and early access to support. To mark Youth Mental Health Day, we highlighted the different ways young people can access free mental health and wellbeing support locally, helping raise awareness of the importance of seeking support early and signposting residents to appropriate services.





We also supported Sexual Health Week in October by promoting the range of free and confidential sexual health and STI testing services available to Lambeth residents.

Primary Care Thrive and Lambeth Offer
In September we saw the launch of Primary Care Thrive: GP Support & Sustain Offer developed by the South East London Integrated Care Board, South East London Workforce Development Hub, and London wide Local Medical Committee and shaped by engagement with practices. The programme responds to the challenges facing general practice with practical support for teams. Primary Care Thrive offers training, development, and support for the whole practice team, helping practices build resilience, strengthen skills, improve working practices, and support staff wellbeing amid continuing operational and workforce pressures. In Lambeth, our local Primary Care Support Offer complements the SEL Primary Care Thrive by offering more bespoke and intensive support so that our practices can access the right help at the right time. We encourage all our practices to explore how the programme can support individual development, team wellbeing and practice sustainability. If you want to find out more on Thrive, please click here - Launch of the South East London Thrive - GP Support and Sustain Offer

Estates
Long-term premises have now been secured for Lambeth Walk Group Practice and Gray's Inn Medical Group (formerly Vauxhall Practice) at the Graphite Square development, Jonathan Street, SE11 5HQ. This follows extensive work by NHS South East London ICB to identify suitable premises within the practices' catchment areas, and subsequent detailed commercial and legal negotiations. Governance processes have now been completed, and agreement for lease arrangements have been formally signed by all parties. We continue to expect the new facility to be operational by summer 2027.

Lambeth Can Move
The Lambeth Can Move System Network launched on 23rd September at Brockwell Hall brought together nearly 100 people from across Lambeth to explore the barriers that prevent people from being physically active and identify practical solutions to overcome them. The event celebrated the growing partnership between Lambeth Council, the NHS, the voluntary and community sector and London Sport to address systemic inequalities in physical activity across the borough. Lambeth Can Move is focused on a preventative approach, with system and culture change at every level to enable everyone to become active and improve their wellbeing. The programme is led by local anchor organisations who are embedded within our communities (Black Prince Trust, Thriving Stockwell, High Trees, Thriving Norwood, Marcus Lipton and Big Kid, and Clapham Park Project) and are developing innovative test and learn approaches ahead of a bid to be submitted to Sport England in January. Lambeth is one of 92 places nationally, and one of only five London boroughs selected to receive this investment.

Carers Awards
In September, Lambeth hosted the second Carers Awards, which was a really positive celebration of the incredible contribution that carers make across the borough. Around 100 people attended the event, with 15 awards presented to recognise a fantastic range of people and organisations. The categories included Community Organisation of the Year, Professional of the Year, School of the Year, Young Carer of the Year, as well as a number of other awards recognising individual carers and the amazing difference they make every single day. Beyond the awards, the event was a genuine celebration where people could come together, have fun, feel appreciated and connect with others.



HIV Confident
Lambeth Council has been formally recognised as a HIV Confident Organisation by the National AIDS Trust, the first Council in the country to achieve this status. This recognises our commitment to creating a workplace and services where people living with HIV feel welcomed, respected, and supported and achievement reflects the work over many years to challenge HIV-related stigma and discrimination through staff awareness, learning, policy review, and clear reporting routes. To help build a more inclusive and stigma-free workplace, all Council staff are being encouraged to complete the HIV Confident e-learning.

SEND Inspection
We had our Lambeth Local Area joint Ofsted/Care Quality Commission inspection of Special Education Needs and Disabilities services for children in October. It was a busy three weeks of preparing documentation and briefings, arranging and participating in meetings, updating partners, supporting young people and their families and assisting the inspectors. The inspectors spoke to our NHS trusts, to Council social workers, the Transitions and Continuing Health Care (CHC) teams, our VCSE partners and GPs, to schools and of course to young people and their carers. I will feedback the findings of the review once the Inspectors publish their final version of the report.

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

Decision taken	Decision route
Contract modification to ICS Operations Ltd (Xyla) to continue the provision of Ambulatory Blood Pressure Monitoring (ABPM) within Lambeth's Community Cardiology Diagnostics Service from 1 April 2027 to 30 June 2028 and amendment to the contract value accordingly. The modification increases the total contract value by £133,000, resulting in a revised indicative lifetime contract value of £2,445,496 over the period 2026-2030 (2-year +1-year +1-year).	Decision taken by Lambeth Place Executive Lead under SEL ICB Scheme of Delegation.
Contract variation to Trinity Hospice for the provision of End-of-Life Care Services to apply a 2.03% uplift (£8,923) to the 2026/27 contract value of £439,508 for a new total annual value of £448,431 backdated to 1 April 2026 to 31 March 2027.	Decision taken by Lambeth Place Executive Lead under SEL ICB Scheme of Delegation.
SEL ICB contribution to Lambeth Council's contract award to Mosaic Clubhouse to deliver the Living Well Partnership (LWP) for an 18-month period from 1 October 2026 to 31 March 2028. The ICB annual contribution is £330,383, and total contribution is £495,574,50 for the 18 months.	Decision taken by Lambeth Place Executive Lead under SEL ICB Scheme of Delegation to allocate ICB contribution for the Lambeth Council Cabinet Member Decision.
Allocation of £10,000 South East London health inequalities funding for the Lambeth inspire small grants programme during 2026/27.	Decision taken through Lambeth Council Officer Delegated Decision following Section 256 agreement between SEL ICB and Lambeth Council.
Contract extension to the Alzheimer's Society for the delivery of the Dementia Support Service (DSS) for two years from 1 October 2026 to 30 September 2028 for a total value of £210,222.	Decision taken by Lambeth Place Executive Lead under SEL ICB Scheme of Delegation.
Agreement for Guy's and St Thomas' NHS Foundation Trust to continue to provide reablement home exercise programmes from 1 October 2026 to 30 November 2026 for a total value of £30,319.88, with the option to extend by a further month for a £15,149.94 (total potential extension value of £45,449.82).	Decision taken by Lambeth Place Executive Lead under SEL ICB Scheme of Delegation.
Contract award to Juvenis following a Request for Quotation process in accordance with South East London ICB's Standing Financial Instructions/Prime Financial Policy to deliver the Community Multi Systems Violence Reduction (CMSVR) Vanguard Programme for a 12-month period from 1 October 2026 to 30 September 2027 for a total annual value of £54,566.	Decision taken by Lambeth Place Executive Lead under SEL ICB Scheme of Delegation.
Funding agreed for six Supported Winter Schemes for 2026/27 delivered by Guy's and St Thomas NHS Foundation Trust (GSTT), Kings College Hospital NHS Foundation Trust (KCH) and South London and Maudsley NHS Foundation Trust (SLaM) for a total value at a total value of £158,420.	Decision taken by Lambeth Place Executive Lead under SEL ICB Scheme of Delegation.

Lambeth Together Care Partnership Board

Title	Healthwatch Lambeth Annual Report 2025–26: Speaking up for better care
Meeting Date	5 November 2026
Author (& role / title/s)	Folake Segun - Chief Executive, Healthwatch Lambeth Eulalia Gurza-Gonzalez - Project Officer, Healthwatch Lambeth
Lead / Presenters (& role / title/s)	Folake Segun - Chief Executive, Healthwatch Lambeth Vanita Bhavnani - Research and Engagement Manager, Healthwatch Lambeth Caroline O'Neill - Engagement Manager, Healthwatch Lambeth

This item is for:

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

Decision / Action Required:

The Lambeth Together Care Partnership Board is asked to:

1. Note the reach and impact of Healthwatch Lambeth's work in 2025–26; &
2. Ask partners to show how they will use Healthwatch Lambeth insight and recommendations in service improvement, commissioning, neighbourhood working, reducing inequalities and report back on progress.

Executive Summary:

This presentation shares some of the achievements and impact of Healthwatch Lambeth in 2025–26. It is being brought to the Board so members, health partners and the public can see what residents said, what changed and where further action is needed.

Healthwatch Lambeth supported more than 8,631 people to have their say or find information about health and care. A total of 654 people shared their experiences, 4,681 people asked for guidance and information, and 43 reports, updates and briefings were published. The presentation shows how people's feedback led to practical changes and wider commitments in mental health, GP care, homelessness and dual diagnosis, hospital discharge, the NHS App and neighbourhood working.

Strategic Alignment:

The report supports *Our Health, Our Lambeth 2023-2028* by attempting to put residents' experiences at the centre of decisions about health and care. It provides evidence to help partners improve access, make care more joined up and tackle unfair differences in people's experiences and outcomes.

Summary of your Community and Stakeholder Engagement:

We listened to people through outreach, engagement projects, surveys, Enter and View visits, information and signposting, and work with community and voluntary organisations. People spoke about mental health care, GP access, homelessness and dual diagnosis,

hospital discharge, digital services and neighbourhood working. They told us that trusted and compassionate support matters, but some people still face long waits, stigma, discrimination, poor communication, digital barriers and services that are not joined up. Over 350 people also shared views on making neighbourhood care more coordinated, accessible and fair.

Impact on Inequalities:

Some communities face greater barriers to care, including stigma, discrimination, digital exclusion and poor access. The findings highlight the need for more inclusive, culturally responsive, accessible and joined-up support.

What other Groups or Committees have considered this item to date?

The reports and findings from our work was shared with relevant health and care partners and informed commitments and improvement work, including GP services, mental health, hospital discharge, the NHS App and neighbourhood working.

Lambeth together

Healthwatch Lambeth Annual Report 2025-26

Speaking up for better care






Working in partnership for a healthier borough

What we do

Healthwatch Lambeth gives people and communities a strong independent voice to influence how health and social care services are provided locally.

1. **Promoting and supporting the involvement** of residents in commissioning, provision & scrutiny of local care services

2. Providing **information** about **and signposting to** access to local services

3. **Obtaining the views of local people** regarding their needs and experiences of local care services and making these views known





4. Enabling local people to **monitor the standard** of provision of local care services and how they could be improved

5. **Making reports & recommendations** about how local care services could be improved

6. **Formulating views on standard of provision** and how local services could be improved

2025-2026 in Numbers



8631 People Supported

654 People Shared their Experiences

4681 People Asked for Guidance and Information

Our People

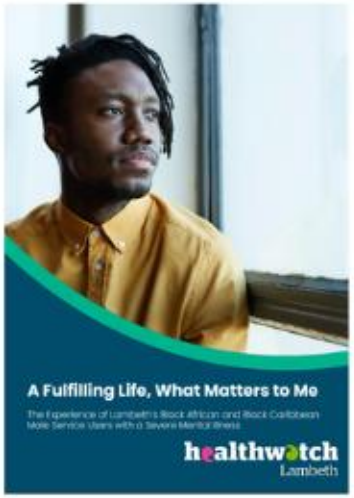
6 part-time staff members (3 FTE equivalent),

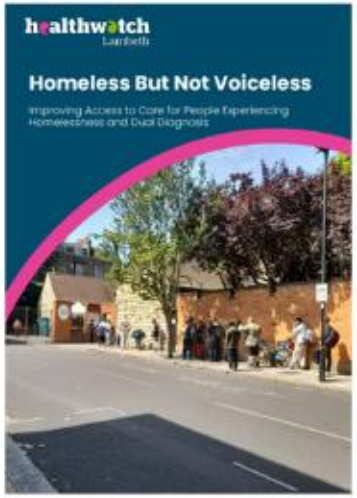
24 volunteers gave 247 hours of their time

10 board members

Championing Your Voice

We published **43** reports, updates, and briefings about the improvements people would like to see in areas like mental health, GP care, and online services like the NHS App.











Working Together during 2025-2026

A Call to Action for Fairer Mental Health Care

The voices of Black men with severe mental illness are helping shape action to address racial inequalities and improve mental health care in Lambeth.



What people told us:

Cultural expectations, stigma, and distrust often delayed help-seeking

Care was **not always personalised**, with experiences shaped by racial bias, discrimination, and unfair treatment.

Delays and difficulties were experienced, including long waits, limited ongoing support, and barriers to crisis care

How we turned your feedback into change



Insights from Black men with a Serious Mental Illness led to a **Call to Action** by the Lambeth Together Executive Group and informed wider mental health improvement work.

The project helped shape discussions on reducing inequalities, culturally responsive care, and changes to the Single Point of Access model.

Small Changes, Better Experiences in GP Care

Enter and View visits at Herne Hill Road Medical Practice and Minet Green Health Practice to hear patients', relatives' and staff views of care.

Some signage was difficult to read or not easily visible.	• Both practices made improvements to signage and accessibility.
Staff faced challenges booking translation services for patients who don't speak English.	• Minet Green introduced Spanish flashcards to support communication with Spanish-speaking patients.
Staff wanted greater capacity to support patients' wider needs, including housing, benefits, or social isolation.	• Herne Hill Road recruited a social prescriber and two salaried GPs to strengthen support and increase capacity.

Breaking Barriers for People Experiencing Homelessness and Dual Diagnosis

- Insights from people experiencing homelessness and dual diagnosis, strengthened understanding of where services are need to change and led to strategic commitments to improve.



What people told us:

- Trusted organisations were praised for providing practical, compassionate support.
- GP registration was difficult without proof of address or access to digital technology.
- Some felt judged or dismissed by health professionals.
- Fragmented mental health and substance misuse services left people without the joined up-support they needed

How we turned your feedback into change

Commitment from the Commissioner for Substance Misuse to a strategic review to:

- Strengthen integration between services.
- Co-design services with people with lived experiences.
- Improve diagnosis pathways.

Commitment from the Director for Primary and Community Care to:

- Improving GP responses through staff training on homelessness, access, and reducing stigma.
- Exploring how Integrated Neighbourhood Teams can provide more joined up support.

Supporting People with Information and signposting

Finding Peter a route back to GP care

- **What you said:**
When Peter was removed from his GP's practice after a breakdown in communication, his advocate Elsa contacted us for help.

- **What we did:**
We connected Elsa and Peter with the Primary Care team of our local Integrated Care Board for further support.

- **What difference this made**:
"With help from the ICB, we were able to register Peter with a new GP. Thank you for your help!"

Helping Anne secure medication delivery at home

- **What you said:**
Anne, who has limited mobility, was frustrated when her pharmacy told her that free medication delivery was only available to those registered as housebound.

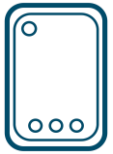
- **What we did:**
We asked a local pharmacy Lead to clarify how home delivery works in Lambeth.

- **What difference this made:**
We explained this to Anne and encouraged her to reach out to other local pharmacies. She was able to find one that offered free home delivery.

Other ways we made a difference



Resident feedback we shared on **hospital discharge** shaped the South East London Primary and Secondary Care interface Patient Charter.



People's feedback informed the NHSE **NHS App Design Team**, helping influence changes to usability, accessibility, and compatibility with other apps.



Over 350 residents views are shaping **neighbourhood working**, so services can deliver more coordinated, accessible, and equitable care.



Feedback from our **mental health engagement programme** contributed to South London and Maudsley's strategy refresh and quality improvement priorities.



Our quarterly '**What you told us' insight reports** highlighted your experiences of care, helping health and care providers understand local concerns and make improvements.

Thank you to Lambeth people, communities, and our volunteers!



- **Listen to residents** through outreach and engagement.
- **Help us understand** what's working – and what needs improving – in local care by supporting our engagement projects.
- **Strengthen our voice** by supporting events, research, and digital communications.

To get involved, visit **healthwatchlambeth.org.uk/volunteer**

“I volunteer because I believe health services should be shaped by the people who use them, and Healthwatch Lambeth plays a crucial role in making that happen

Volunteering has made me appreciate how powerful it is when communities have a real voice. By speaking directly with local people at wellbeing events and on the Health and Wellbeing bus, I’ve seen how important it is to listen to people’s experiences. It reminded me that what we do has a real impact on people’s lives!”

- Roisin, volunteer

Lambeth together

The Look Ahead 2026-27









Working in partnership for a healthier borough

Thank You

How to Contact Healthwatch Lambeth

Call: 020 7274 8522 9am-4pm Monday to Thursday

Email: info@healthwatchlambeth.org.uk

Post: Healthwatch Lambeth, The Health Foundry, Canterbury House, 1 Royal Street, SE1 7LL

Website: www.healthwatchlambeth.org.uk









Working in partnership for a healthier borough

Lambeth Together Care Partnership Board

Title	Lambeth Together Oversight Group (LTOG) Update
Meeting Date	05 November 2026
Author (& role / title/s)	Warren Beresford – Associate Director Health & Care Planning and Intelligence
Lead / Presenters (& role / title/s)	Warren Beresford – Associate Director Health & Care Planning and Intelligence

This item is for:

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

Decision / Action Required:

The Lambeth Together Care Partnership Board is asked to:

1. Note the report from the Lambeth Together Oversight Group and the associated Integrated Assurance Report.

Executive Summary:

The Lambeth Together Care Partnership Board is asked to note the contents of this report, which summarises discussions from the two most recent Lambeth Together Oversight Group (LTOG) meetings held on 8 September and 13 October 2026, together with the latest Integrated Assurance Report presented at the meeting on 13 October 2026.

At these meetings, key agenda items included updates from the Neighbourhood Wellbeing Delivery Alliance, as well as the Learning Disabilities and Autism, Substance Misuse, and Sexual Health programmes. The group also received an update on plans for this year's Seasonal Influenza Vaccination Campaign.

Detailed updates were provided by Lambeth partners leading these programmes, outlining the interventions being delivered and the measures used to assess progress and impact against agreed outcomes.

The following slides provide a summary of the key discussions and matters considered. Further detail is available in the Integrated Assurance Report, which is included within the Board papers.

Strategic Alignment:

The meeting on 13 October included a review of the Lambeth Together Integrated Assurance Report, which provides assurance on the delivery of the Lambeth Together Health and Care Plan (2023-2028), including performance, risk and financial oversight.

Summary of your Community and Stakeholder Engagement:

Lambeth Together partners and programme leads contributed updates and discussions through the September and October LTOG meetings.

Impact on Inequalities:

The updates highlight the need to reduce health inequalities through targeted outreach, accessible and culturally responsive services, and stronger support for vulnerable residents and priority communities. Discussions focused on improving vaccination uptake, access to sexual health and substance misuse services, and support for people with learning disabilities and autism, while strengthening resident engagement and identifying gaps in outcomes.

What other Groups or Committees have considered this item to date?

None.

Lambeth Together

Oversight Group Update

Lambeth Together Care Partnership Board – November 2026

Context

Purpose

The Lambeth Together Care Partnership **Board is asked to note the contents of this report which summarises discussions from the two most recent Lambeth Together Oversight Group (LTOG)** meetings held on 8th September and 13th October 2026, together with the latest Integrated Assurance Report presented at the 13th October 2026 meeting.

The Role of the Lambeth Together Oversight Group (LTOG)

- ***Function***: LTOG was created to consolidate the Lambeth Together Assurance Group and the Executive Group, reducing duplication and administrative burden while maintaining strong assurance and oversight for the Lambeth Local Care Partnership
- ***Meeting Structure and Reporting:*** The LTOG will meet monthly to provide oversight and assurance on partnership delivery with outputs being reported to this Lambeth Together Board and escalation of any delivery issues as needed.
- ***Coverage:*** The group has established a forward plan for the coming year to ensure sufficient oversight and assurance of the delivery of activities and outcomes outlined within 'Our Health, Our Lambeth, As Lambeth Together's health and care plan'.
- ***Membership and Participation:*** All Lambeth Together Board members have an open invitation to attend LTOG meetings, with a core membership defined

Overview of LTOG meetings since the last Lambeth Together Care Partnership Board Meeting

There have been two LTOG meetings since the September Lambeth Together Care Partnership Board meeting. The meetings covered the following key agenda items.

8th September 26

Neighbourhood and Wellbeing Delivery Alliance (NWDA) - Integrated Neighbourhood Teams (INTs): Members received an overview of the overall programme, strategic updates, and progress on INT delivery.

Learning Disabilities and Autism (LDA) Programme
Members received an overview of Positive Behaviour Support, the roll out of Phase 2 of the Digital Dynamic Support Register (DDSR), and an update on the All-Age Autism Strategy and Universal Access Fund.

Substance Misuse Programme
Members received an update on the Programme's national and local context, budgets and planning, and an overview of National Strategy to Local Ambitions

13th October 26

Sexual Health Programme
Members were asked to support the upcoming awareness raising activity and discuss outreach opportunities and ongoing partnership working with other services across the system.

Influenza Vaccination Programme
Members received an update on the Seasonal Vaccination Campaign 2026/27.

Review of Integrated Assurance Report
Members reviewed the Integrated Assurance Report, comprising the performance metrics dashboard, Lambeth risks recorded on the SEL ICB risk register, financial performance updates, and Alliance and programme highlight reports.

Assurance: Focused Updates

Neighbourhood and Wellbeing Delivery Alliance (NWDA) - Integrated Neighbourhood Teams (INTs)

The group received an update on the progress of **Integrated Neighbourhood Teams (INTs) in Lambeth**, including the mobilisation of one cohort in each neighbourhood, the establishment of core staffing and care coordination arrangements, and plans to **scale delivery across all five neighbourhoods during 2026/27**.

The group heard that the **year one model has focused on priority cohorts for people with multiple long-term conditions, frailty, and children and young people**, with plans for all cohorts to be live in every neighbourhood by March 2027.

The group heard about plans to strengthen the role of the **voluntary, community, faith and social enterprise (VCFSE) sector** within neighbourhood health, including the establishment of a dedicated workstream and recurrent investment to support neighbourhood leadership, coordination and capacity building.

Discussions focused on the importance of **integrating mental health, prevention and vaccination activity within the neighbourhood model**, alongside the need to strengthen resident engagement and demonstrate the impact of INTs through patient stories and outcomes.

Key challenges highlighted included data quality and access to integrated datasets, with assurance provided that these risks are being actively managed through programme governance arrangements

Learning Disabilities and Autism (LDA) Programme

The group received an update on **support for people with learning disabilities and autistic people**, including progress on **Positive Behaviour Support (PBS)**, the **Digital Dynamic Support Register** and delivery of the **All-Age Autism Strategy**.

It was explained that the **PBS programme** has provided personalised support for people at risk of escalating needs, with reported improvements in **wellbeing and risk outcomes**. An independent evaluation identified opportunities to strengthen **early intervention**, increase involvement of **people with lived experience**, improve understanding of wider factors affecting outcomes, and enhance **equality monitoring**.

Members also heard about plans for a **new preventative PBS service for children and young people**, aimed at providing **earlier support** and reducing the risk of future crises through closer integration with **education, health and support services**.

The **Digital Dynamic Support Register** has been enhanced through a **single South East London system**, improving **information sharing**, oversight of people at risk, **equality reporting** and management of referrals and support needs.

An update on the **All-Age Autism Strategy** highlighted investment in **community projects, family support, youth-led initiatives and culturally responsive services**. Discussions focused on **earlier intervention, reducing inequalities and improving support for autistic adults**, particularly as demand continues to exceed current capacity

Assurance: Focused Updates

Substance Misuse Programme

The group received an update on **Lambeth's substance misuse treatment and recovery programme.** The update highlighted **increasing engagement with treatment services**, alongside ongoing challenges in reaching some of the borough's most vulnerable residents.

Members heard that the **Lambeth Combating Drugs Partnership** continues to deliver priorities aligned to the national drug strategy, including **treatment and recovery, prevention and early intervention, and harm reduction**. The borough's treatment system brings together **specialist treatment, recovery support, homelessness outreach, criminal justice services, and wider physical and mental health support**.

An update on performance noted that, while overall adult treatment ambitions were not fully achieved in 2025/26, the **number of residents accessing treatment has increased significantly since 2022**, with particularly strong growth in **alcohol and non-opiate treatment**. Performance among **young people exceeded planned targets**, and treatment outcomes improved across most substance groups.

Emerging findings from the **illicit drug needs assessment** identified unmet need in some areas, and growing complexity among older people. Discussions focused on strengthening **substance misuse and mental health pathways**, improving support for **people with dual diagnosis**, and developing more integrated services spanning **housing, employment, social care and criminal justice**

Sexual Health Programme

The group received an update on **sexual health outcomes, service performance and access to sexual health services in Lambeth.**.

While **STI testing and diagnoses have continued to decline**, Lambeth continues to report **some of the highest testing and diagnosis rates in England**. Members heard that **diagnoses of major STIs, including gonorrhoea, syphilis and chlamydia, have reduced in recent years**, with notable reductions among gay, bisexual and other men who have sex with men. Despite this progress, targeted testing and prevention activity remains a priority for younger people and groups at higher risk of infection.

The group received an update on improvements to service provision, including expanded Guy's and St Thomas' NHS Foundation Trust clinic capacity, increased local appointment availability, and continued access to **prevention and contraception services**. Members also heard about the introduction of **doxyPEP** for eligible higher-risk groups.

The update highlighted a range of **outreach, community engagement and communications initiatives**, including a new clinical outreach service, community-led sexual wellbeing projects and public awareness campaigns.

Discussions focused on **health inequalities, targeted prevention activity and the use of population-level intelligence** to improve outcomes and inform future service improvements

Assurance: Focused Updates

Seasonal Vaccination Campaign 2026/27

The group received an update on the **2026/27 seasonal flu and COVID-19 vaccination programme**, including lessons learned from the previous campaign, planned outreach activity, and targeted approaches to improve uptake among eligible residents.

Members heard that community outreach activity during the previous campaign generated significant resident engagement and contributed to improved uptake in several priority groups. However, **vaccination rates declined among people aged 65 and over** and remained lower in some neighbourhoods and communities. Feedback highlighted the importance of **trusted conversations, convenient local venues, and clear information on eligibility and access**.

The group received an update on the **2026/27 delivery plan**, which includes partnership working with **community and voluntary sector organisations**, **multilingual communications**, **Community Champion training**, and the targeted use of data and intelligence to identify areas of lower uptake. Vaccinations will continue to be delivered through **GP practices, community pharmacies, maternity services, care homes, schools, outreach services and health inclusion programmes**.

The group heard the largest gap in terms of percentage uptake was among **adults aged 18–64 in clinical risk groups**. Discussions focused on **targeted vaccination activity**, improving understanding of local uptake patterns, and strengthening coordination between partners to support higher vaccination rates ahead of winter.

Integrated Assurance Report

At its meeting on 13th October**, the group reviewed the latest Integrated Assurance Report**, which is included as a supplementary paper within the Board meeting pack. The **report includes a performance dashboard covering key impact measures** across all Lambeth Together alliances and programmes.

Additionally, the **report includes a highlight report for each alliance/programme** which **provides detail on key deliverables**, any **new insights around intelligence, impact, outcomes, upcoming milestones, key risks and mitigations.** Deliverables within the highlight report and impact measures tie back to the outcomes aiming to be achieved within the health and care plan.

The group reviewed reported metrics across a range of areas, including, physical health checks for patients with severe mental illness (SMI), Integrated Neighbourhood Team activity, and metrics related to the management of Lont Term Conditions (LTC's). **Of the 18 measures currently reported, the majority are on track with 36 forthcoming milestones, 26 are rated green and 10 amber.**

The group also **discussed the seven Lambeth risks currently reported on the South East London ICB risk register**, relating to Child and Adolescent Mental Health Serviceswaiting times, Special Educational Needs and Disabilities reform creating costs and workforce pressures, diagnostic service pressures, childhood immunisation uptake, seasonal flu vaccination, financial sustainability and productivity requirements.

LTOG **noted the need for greater visibility of neighbourhood delivery risks and requested stronger alignment between the narrative in the highlight reports and reported performance metrics**. In particular, where metrics are below target or performing below expectations, the corresponding highlight report should clearly reflect the underlying issues, associated risks, and mitigating actions

Lambeth Together Care Partnership Board

Title	Lambeth Together Primary Care Commissioning Committee (PCCC) Update
Meeting Date	05 November 2026
Author (& role / title/s)	Anna Marcus – Associate Director of Primary and Community Care Oge Chesa – Director of Primary Care and Transformation
Lead / Presenters (& role / title/s)	Oge Chesa – Director of Primary Care and Transformation

This item is for:

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

Decision / Action Required:

The Lambeth Together Care Partnership Board is asked to:

1. Note and support the content of the slide pack; &
2. Ratify decisions made at the Primary Care Commissioning Committee on the 16 September 2026.

Executive Summary:

This paper provides an update on key decisions and discussions from the 16 September 2026 Lambeth Primary Care Commissioning Committee. The Board is asked to receive the updates and ratify the Committee's decisions.

Strategic Alignment:

The updates support the *Our Health, Our Lambeth 2023–28* Health and Care Plan priorities by strengthening primary care services, improving access to appointments and diagnostic services, supporting quality and resilience in general practice, and progressing integrated neighbourhood working. They also support effective use of resources and partnership working to improve health outcomes for Lambeth residents.

Summary of your Community and Stakeholder Engagement:

The Primary Care Commissioning Committee (PCCC) is responsible for facilitating service users with accessible and equitable general practice services in our community. The Committee's primary objective is to address and mitigate any healthcare inequalities within the community whilst improving access.

Key Functions:

(i) Equity of Provision: The PCCC ensures that all proposals and items it receives prioritise equitable healthcare provision to the population. It actively works to prevent the creation of unnecessary barriers that hinder people from receiving essential services.
(ii) Impact Assessment: Before approving any major changes to the expected service delivery, the Committee conducts a comprehensive assessment of the

proposed changes' impact. This assessment considers the potential effects on accessibility and ensures that funding is optimally allocated to guarantee inclusive and responsive service access for all.

This update to the Lambeth Together Care Partnership Board is to provide assurance on the delivery of delegated primary care functions, information on and ratification of decisions made at the Primary Care Commissioning Committee on the 16th September 2026 and an opportunity to ask further questions and feed into the PCCC business.

Impact on Inequalities:

The PCCC business delivers several positive impacts on health inequalities:

- Supporting workforce and learning opportunities to develop and deliver services sensitive to our populations.
- Identifying undiagnosed Chronic Kidney Disease.

Investing in our Special Allocation Services (SAS).

What other Groups or Committees have considered this item to date?

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

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

Lambeth Together Primary Care Commissioning Committee (LTPCCC)

Key Decisions & Updates from Wednesday 16th September 2026









Working in partnership for a healthier borough

LTPCCC Part Two – Estates Update

- 4 Local Improvement Grant applications for practice estate improvements have progressed to the second approval stage, with supporting documents expected at the end of September, further to a rapid final approval process
- Legal documents are in circulation for finalising the agreement with Graphite Square, with expected timelines for site development coming soon
- Updates were provided on lease status, building contracts and district valuation for several practices
- Updates were requested on including patient engagement within general practice relocations, closures or service transfers
- An updated estates lease tracker, including a renewals intentions field, will be brought to a future meeting

PCCC noted the contents of the update

The Board is asked to note the update

LTPCCC Part Two – Lambeth Community Cardiovascular Diagnostic Service

- The paper provided an update that clinic-based ambulatory blood pressure monitoring (ABPM) will remain within Xyla's Lambeth cardiology diagnostic contract from 27/28 after updated NHS England pharmacy-service eligibility rules were reviewed, with contract modification and practice communications to follow.
- This review concluded this will provide a simpler referral route, continuity, flexibility and equitable access, based on the updated requirements
- Procurement advice concluded that a contract modification is appropriate, and Lambeth Senior Management approved the proposal

PCCC noted the contents of the paper

The Board is asked to note the update

LTPCCC Part Two – LGPPA due diligence review

- An update was provided on the July due diligence process to review the Lambeth GP Provider Alliance (LGPPA) becoming a formal member of the Lambeth health and care space
- The report from the due diligence panel recommended that the LGPPA was not yet ready to become a formal member and required further work around operational delivery of its mission as well as on its corporate governance, including risk management and compliance
- The outcome of the report was provided in writing to the LGPPA, and based on the report recommendations the LGPPA has since acquired external expertise to support further development of their business plan

PCCC approved the outcome of the due diligence process and intention to undergo another due diligence process for further review at a future PCCC meeting in November

The Board is asked to ratify the decision

LTPCCC Part Two – Enhanced Access 25/26 end of year performance

- The end of year performance report demonstrated that all 9 PCNs met or exceeded their 25/26 Enhanced Access (EA) requirements.
- PCNs were required to deliver 23,084 EA hours and delivered 26,452, exceeding the requirement by 3,000 hours. This equated to 110k appointments offered, 101k booked and 96.7k attended which were a mix of face-to-face (46% of activity), telephone (39%) and e-consults (15%)
- The service was provided with a multidisciplinary workforce, including GPs, nurses, allied roles and healthcare assistants

In view of the ICB Change Programme, the Committee noted that EA monitoring and contract management now sits with the SEL Primary Care Contracting team as lead

The Board is asked to note this performance update

LTPCCC Part Two – SDF note: NWDA contribution

- A discussion noted that £55,000 from previously approved 25/26 Strengthening GP SDF funds will be redirected to the Lambeth GP Provider Alliance (LGPPA)'s NWDA contribution for 26/27
- This funding had not yet been spent and was originally intended for LGPPA development and engagement activity. Following LGPPA's request for support with the NWDA contribution, the £55,000 will be deducted from that allocation

PCCC noted the SDF funding update

The Board is asked to note this funding reallocation

LTPCCC Part Two – PCTOG Closure

- The paper recommended retiring the Primary Care Transformation and Operational Group (PCTOG) because its former responsibilities are now covered primarily through the Neighbourhood working and NWDA governance as well as the Quality and Resilience Group
- PCTOG was created originally to operationalise primary care access and recovery proposals, as well as closer working between dentistry, optometry and community pharmacy.
- Primary care access work is now covered through the Quality and Resilience group, while closer working with dentistry, optometry and community pharmacy is covered through Neighbourhood work

PCCC decided:

- To approve the formal closure of the PCTOG group with immediate effect

The Board is asked to ratify this decision

LTPCCC Part One Meeting

PCCC received reports on the following items:

Standing Items

- Quality Update: quality alerts and more Lambeth- and primary care-specific reporting were discussed, with actions on reporting reviews to be taken through the Lambeth Primary Care Quality and Resilience Group.

- Integrated Neighbourhood Teams Update: governance for the patient cohort INT groups as well as the enablers were discussed, including an update on the VCSFE workstream. The update discussed plans to increase patient throughput through the MDTs.

- Digital Update: an update was discussed on the upcoming launch of the digital inclusion training, NHS App adoption, Ardens Manager usage and the upcoming remote consultation re-procurement.

- GP Access Deep Dive Update: access data for general practice was discussed, alongside an update on the launch of the SEL Primary Care Thrive Offer to support practices with improving access.

- **The Board is asked to note these updates**

Appendix - Glossary






Understanding Lambeth Together's Language

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






Acronym	Term
ABPM	Ambulatory Blood Pressure Monitoring
ADASS	Association of Directors of Adult Social Services
ADHD	Attention Deficit Hyperactivity Disorder
AHP	Allied Health Professional
APMS	Alternative Provider Medical Services
ASC	Adult Social Care
BI	Business Intelligence
CAMHS	Child and Adolescent Mental Health Services
CDP	Combatting Drugs Partnership
CHESS	Child Health, Education, Social Care and Support
CHILDS	Child Health Integrated Learning and Delivery System
COS	Crisis Outreach Service
CYP	Children and Young People
DAS	Director of Adult Social Care
DATRIG	Drug and Alcohol Treatment and Recovery Improvement Grant
DCS	Director of Children's Social Care
DPH	Director of Public Health
EBSNA	Emotionally Based School Non-Attendance
EHCH	Enhanced Health in Care Homes
GP	General Practice
GMS	General Medical Services
GSTT	Guy's and St Thomas' NHS Foundation Trust
HAWK	Health Checks at Work
HWBB	Health and Wellbeing Board
ICB	Integrated Care Board
ICS	Integrated Care System
IHN	Integrated Health Network
INT	Integrated Neighbourhood Team

Acronym	Term
IPD	In Patient Detox
IPS	Independent Placement and Support
IST	Intensive Support Service
KCH	Kings College Hospital NHS Foundation Trust
KHP	Kings Health Partners
KPI	Key Performance Indicator
LARC	Long-Acting Reversible Contraception
LCP	Local Care Partnership
LDA	Learning Disabilities & Autism
LeDer	The Learning Disability Mortality Review
LGA	Local Government Association
LGPPA	Lambeth General Practice Provider Alliance
LHH	Lorraine Hewitt House
LMNS	Local Maternity and Neonatal System
LTOG	Lambeth Together Oversight Group
LWC	Living Well Centre
LWNA	Living Well Network Alliance
MHLD	Mental Health and Learning Disabilities Service
MLTC	Multiple Long-Term Conditions
MO / Meds Op	Medicines Optimisation
NDTMS	National Drug Treatment Monitoring System
NNHIP	National Neighbourhood Health Implementation Programme
NWDA	Neighbourhood and Wellbeing Delivery Alliance
OCL	One Care Lambeth
OHID	Office for Health Improvement and Disparities
PBS	Positive Behaviour Support
PCCC	Primary Care Commissioning Committee
PCN	Primary Care Network
PCTOG	Primary Care Transformation and Operational Group
PEACS	Pain: Equality of Care and Support
PHE	Public Health England
Place	Refers to the local borough
PLT	Protected Learning Time
PMS	Personal Medical Services

Acronym	Term
PrEP	Pre-Exposure Prophylaxis
PTOG	Primary Care Transformation and Operational Delivery Group
RR	Residential Rehab
RSDAT	Rough Sleeping Drug and Alcohol Treatment
RTSC	Reducing the Strength Campaign
SAS	Special Allocation Services
SDF	Service Development Funding
SEL	South East London
SEND	Special Education Needs and Disabilities
SLA	Service Level Agreement
SLaM	South London and Maudsley NHS Foundation Trust
SMI	Severe Mental Illness
SPA	Single Point of Access
SPARR	Single Point of Access and Rapid Response Team
SWEP	Severe Weather Emergency Protocol
SWL	South West London
System	Refers to the South East London Integrated Care System (SEL ICS)
VCS	Voluntary Care Sector
VCSE	Voluntary Community and Social Enterprise