Lambeth Together
Integrated Assurance Report

October 2026

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Update on six-month review of LTOG metrics

Since our last report, we have reviewed LTOG indicators with a view to reduce waste (overproduction, overprocessing), streamline and align where possible with existing plans without losing focus on key performance processes allowing assurance functions to remain robust. The table below summarises adjusted metrics since our first report in 2026/27 cycle.

Area	Legacy Metric	New metrics/ replacement of initial metric	Rationale if replaced by new measure
Adults social care	*Proportion of people aged 65 and over discharged from hospital with reablement provided partly or solely by LAs, and who remained in the community within 12 weeks of discharge*	Percentage of people with reduced level of need at the end of reablement.	Better Care Fund measure has been disbanded and no longer reported nationally via DHSC. New measure aligns with ASC council KPIs and continues a reporting focus under a Reablement pathway.
Long Term Conditions	*Proportion of people with Type 2 diabetes who have all 8 care processes measured and recorded on an annual basis*	NA	Metric adjusted to reflect Medicines Optimisation team Lambeth Offer local scheme for 26/27 specification
Long Term Conditions	*Proportion of people aged 79 or under with hypertension who achieve a blood pressure measure less than or equal to 140/90mmHg this FY*	Removed	This metric is no longer part of Lambeth Offer local scheme specification
Long Term Conditions	*Proportion of people aged 80 or over with hypertension who achieve a blood pressure measure less than or equal to 150/90mmHg this FY*	Black, Asian or multi-ethnic people under 80 years of age, on the hypertension register with a blood pressure ≤140/90mmHg - 71% target as per Lambeth Offer Schemes	Metric adjusted to reflect Medicines Optimisation team Lambeth Offer local scheme for 26/27 specs
Prevention (Staying Healthy)	*Percentage of eligible population aged 40-74 offered an NHS Health Check who received a Health Check*	Proportion of NHS health checks completed across the eligible population	Metric description adjusted to align with Health and Wellbeing strategy outcome metric
Prevention (Staying Healthy)	*Number of people accessing smoking cessation services and setting a quit date*	Percentage of those setting a quit date who successfully quit smoking	Metric adjusted to align with Health and Wellbeing strategy outcome process metric
Sexual Health	*HIV Late Diagnosis*	Number of new or returning Prep Users	Metric adjusted to align with Health and Wellbeing strategy outcome process metric
Neighbourhood	*% of population being seen within an INT*	Child Health Team activity	New metric introduced and aligned with metric reported to the Integrator Delivery Boards
Neighbourhood	*Number of patients invited to MLTC (NNHIP) INT vs Plan*	MLTC (NNHIP) INT: Cumulative number of patients invited vs Plan	
Neighbourhood	*Neighbourhood health indicator 3*	Frailty INT: Cumulative holistic assessments completed vs Plan	

Impact measures performance trend (1)

Area	Metric	Target/Plan	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26	Comments
Adults social care	Reviews completed within 12 months	Actual			82%			81%			80%			80%			78%				Data source ASC team logs
		Plan			75%			75%			75%			75%			75%				
		Variance			7%			6%			5%			5%			3%				
Adults social care	Median time from contact to completion of assessment (days)	Actual			10			12			14			8			11				Plan is set at 42 days (local target aligned to council business plan) Data source ASC team logs
		Plan			42			42			42			42			42				
		Variance			-32			-30			-28			-34			-31				
BCF	Percentage of people with reduced level of need at the end of reablement	Actual			86%			87%			87%			88%			88%				Data source ASC team logs
		Plan																			
		Variance																			
Childrens	Number of CYP accessing CAMHs services	Actual					1,238	1,823	2,076	2,049	1,641	1,782	1,667	1,857	1,712	1,648	2,072	1,940			Data source Evelina - CAHMS
		Plan																			
		Variance																			
Childrens	Number of children and young people waiting longer than 52 weeks for an assessment and commencing treatment with Child and Adolescent Mental Health Services	Actual										2			3	4	5	5			Data source Evelina - CAHMS
		Plan										0			0	0	0	0			
		Variance										2			3	4	5	5			
Homeless Health	Number of rough sleepers brought into accommodation	Actual			64			54			95			52			29				Data source Homeless team logs Plan = against previous year position
		Plan			44			33			55			62			64				
		Variance			20			21			40			-10			-35				
Learning Disabilties	Percentage of people aged 14+ on the GP Learning Disability Register receiving an annual health check in year	Actual	3.9%	8.0%	13.2%	20.2%	25.6%	32.3%	40.4%	46.3%	54.8%	63.8%	73.8%	80%	4.8%	4.7%	7.9%				Data source for 26/27 NHSD Plan adjusted from 25/26 performance against at 60% year end target
		Plan	6.3%	13%	19%	25%	31%	38%	44%	50%	57%	63%	69%	76%	3.7%	8%	12%	19%	24%	31%	
		Variance	-2.4%	-4.6%	-5.6%	-4.9%	-5.8%	-5.5%	-3.7%	-4.0%	-1.8%	0.9%	4.6%	4.5%	1.1%	-2.8%	-4.6%				
Long Term Conditions	Proportion of people with Type 2 diabetes who have all 8 care processes measured and recorded on an annual basis	Actual	13.8%	21.5%	30.7%	40.0%	47.1%	54.3%	59.9%	66.4%	68.3%	71.6%	74.4%	77.1%	4.7%	11.4%	19.3%	28.2%	35.1%		Data source Ardens Manager
		Plan	6.4%	12.8%	19.3%	25.7%	32.1%	38.5%	44.9%	51.3%	57.8%	64.2%	70.6%	77%	6%	11%	17%	22%	28%	33.0%	
		Variance	7.3%	8.7%	11.5%	14.3%	15.0%	15.8%	14.9%	15.1%	10.5%	7.4%	3.8%	0.1%	-0.8%	0.4%	2.8%	6.2%	7.6%		
Long Term Conditions	Black, Asian or multi-ethnic people under 80 years of age, on the hypertension register with a blood pressure ≤140/90mmHg - 71% target as per L Schemes	Actual													9.6%	18.6%	27.8%	36.2%	43.3%		Data source Ardens Manager
		Plan													6%	12%	18%	24%	30%	36%	
		Variance													3.7%	6.8%	10.1%	12.5%	13.8%		
Maternity	Continuity of maternity care for women	Actual	Awaiting confirmation from CYP Alliance to propose a new metric aligned with Maternity pathway																		Data being sourced
		Plan																			
		Variance																			
Mental Health	Percentage of people on the Severe Mental Illness Register receiving an physical health check in year	Actual	2.80%	7.6%	14.3%	21.4%	25.9%	31.7%	38.5%	43.9%	48.7%	53.9%	58.9%	65.6%						30.7%	Data source for 26/27 Ardens Manager (September's data as of 24 Sept) Plan adjusted from 25/26 performance against at 65% year end target
		Plan	5.0%	10%	15%	20%	25%	30%	35%	40%	45%	50%	55%	60%						31.4%	
		Variance	-2.2%	-2.4%	-0.7%	1.4%	0.9%	1.7%	3.5%	3.9%	3.7%	3.9%	3.9%	5.6%						-0.7%	
Mental Health	Access to Lambeth Talking Therapies for Black African and Caribbean residents to ensure they are as least as good as those of White residents	Actual			25.2%			26.6%			24.2%			26.2%			26%				Data source IAPTUS
		Plan			21.7%			21.7%			21.7%			21.7%			21.7%				
		Variance			3.5%			4.9%			2.5%			2.5%			4%				
Mental Health	Recovery rates for Lambeth Talking Therapies for Black African and Caribbean residents to ensure they are as least as good as those of White residents	Actual			47.8%			47.0%			42.1%			48.0%			44.7%				Data source IAPTUS
		Plan			48.0%			48.0%			48.0%			48.0%			48%				
		Variance			-0.2%			-1.0%			-5.9%			0.0%			-3%				

Impact measures performance trend (2)

Area	Metric	Target/Plan	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26	Comments
Prevention (Staying Healthy	**Proportion of NHS health checks completed across the eligible population**	Actual	0.7%	1.2%	1.7%	2.3%	2.7%	3.2%	3.7%	4.1%	4.6%	5.1%	5.9%	6.2%							Ardens report is under verification and validation, once ratified we will back date 26/27 performance Plan = against previous year position
		Plan	0.2%	0.5%	0.6%	0.6%	1.0%	1.3%	2.0%	2.5%	3.2%	4.0%	4.6%	5.3%			1.7%			3.2%	
		Variance	0.4%	0.7%	1.1%	1.7%	1.7%	1.9%	1.7%	1.7%	1.4%	1.1%	1.3%	1.0%							
Prevention (Staying Healthy	**Percentage of those setting a quit date who successfully quit smoking**	Actual			59%			60%			54%			63%			59%				Data source - service level data. Quarterly target set at 60%. Q1 26/27 data will be available in October
		Plan			60%			60%			60%			60%			60%				
		Variance			-1%			0%			-6%			3.0%			-1.0%				
Primary Care	**Access - GP Appointments carried out**	Actual	168,137	169,121	172,598	185,250	148,731	180,274	204,228	168,723	167,716	178,771	168,777	182,843	173,540	158,673	190,266	194,561			Data source GPAD data Provisional monitoring metric Plan = against previous year position
		Plan	166,166	165,670	149,688	170,573	159,787	163,524	194,806	171,242	157,189	186,600	167,637	176,726	168,137	169,121	172,598	185,250			
		Variance	1%	2%	15%	9%	-7%	10%	5%	-1%	7%	-4%	1%	3%	3%	-6%	10%	5%			
Primary Care	**Access - Percentage of General practice appointments seen within two weeks**	Actual	89%	89%	90%	90%	90%	90%	88%	89%	89.5%	89.4%	90.2%	89.5%	88.9%	89.2%	88.7%	89.9%			Data source GPAD data- Consideration is being given to revising this metric to 'same-day urgent appointments delivered in general practice' to align with the national GP
		Plan	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%			
		Variance	-1.0%	-1.0%	-0.3%	0.2%	0.1%	0.1%	-1.9%	-1.0%	-0.5%	-0.6%	0.2%	-0.5%	-1.1%	-0.8%	-1.3%	-0.1%			
Sexual Health	**Number of new or returning Prep Users**	Actual			1,687			1,635			1,687			1,630			1,588				Local service data - Pathway Analytics Dashboard
		Plan																			
		Variance																			
Sexual Health	**Rates of STI Testing**	Actual	The team is developing a dashboard and going through the last stages of proof of concept, once ratified we will update the report with the latest information on rates of STI testing																		Data source GUMCAD
		Plan																			
		Variance																			
Vaccs/Imms	**Proportion of Lambeth registered children by age 1 that have all primary immunisations**	Actual			86.7%			86.2%			88.6%			86.7%			86.9%				Data source COVER
		Plan			90%			90%			90%			90%			90%				
		Variance			-3.3%			-3.8%			-1.4%			-3.3%			-3.1%				
Vaccs/Imms	**Proportion of Lambeth registered population who are over the age of 65 receiving immunisation for Flu**	Actual	54.5%											54%						0%	The data source ImmForm The overall performance for 25/26 was 53.8%. The 25/26 performance is 0.7% lower than 24/25.
		Plan	75%											75%							
		Variance	-20.5%											-21.2%							

Our Health, Our Lambeth

Lambeth Together Health and Care Plan 2023-28

Programme/ Alliances Highlight report updates

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

Neighbourhood and Wellbeing Delivery Alliance (INTs)

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

Progress & Deliverables since last highlight report	New Intelligence, Impact, and Outcomes	Upcoming Key Milestones	Due	RAG
INT Delivery: • Practices continuing engaging patients across three cohorts and reviewing them through the agreed clinical pathway. Q1 activity met for all the all cohorts. Q2 activity will be below trajectory due to delays in practice onboarding – expecting this to increase and meet targets in Q3. • Care coordinator function has gone live • Recruitment mainly completed, outstanding administrator role for final neighbourhoods • Y2 model being designed and costed as part of SIF process **Strategic delivery:** • NNHIP phase 1 has completed, phase 2 started in August and is running until end of October, focusing on strengthening and accelerating delivery • SIF has been signed off for all Lambeth workstreams, including 4 x pushing boundaries **Partner engagement:** • Scoped and agreed a dedicated VCFSE workstream for neighbourhoods, including health inequalities funding to support VCFSE leadership within neighbourhoods • Exploring potential proactive care models between integrator and other external partners	• Lambeth met scale and spread numbers for Q1 as established within SIF submission. Q2 activity will be below trajectory due to delays in practice onboarding – integrator looking to manage numbers and reach trajectories in Q3 to remain on track. • 25 MLTC INT cohort metrics have been defined to measure both process and patient outcomes. EMIS searches have been developed to enable reporting on a range of these metrics. Additional work is required to develop and validate searches for the remaining measures • Hospital activity metrics for the MLTC cohort are available via the SEL BI Discovery linked dataset • Development of CYP and frailty reporting is planned. More work needs to be done onbringing together reporting (CYP) and embedding data collection and clarifying coding (frailty) through SOPs and work with operational leads. • Exploring opportunities to integrate non-medical / social determinants data/intelligence through shared data via the 'Future of Prevention Programme in Lambeth - coordinated by Newton and Xantura)	Mobilise SIF workstreams, agreeing processes, KPIs and use of underspend	October	
		Agree Y2 neighbourhood delivery structure	October	
		Deliver phase 2 of NNHIP	October	
		Scale INTs to all Lambeth neighbourhoods	March	

Key Risks & Issues	Mitigations	Owner	Escalate for further discussion with partners?
Risk: Spending FYE SIF allocations recognising transferred partially through the financial year	Map out current position and share financial plan in September for sign off by partners	IDB & NWDA	No
Risk: Sustainability of the Population Health Hub after 2 years of Charity Funding ending in March 2027	The Hub is in active discussion with GSTT Exec, and solutions are being explored to ensure the Hub is a work in progress for sustainability.	GSTT	No
Risk: There may be an impact on the Lambeth INT structure delivery as Y2 model not finalised yet and impact of changes to ARRS roles including reduction in social prescribing capacity	Y2 model being developed at pace and open recruitment process in place to support.	IDB	No

Support Required from the Partners

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

Neighbourhood and Wellbeing Delivery Alliance – Primary Care Development & Commissioning

Accountable Lead(s): Peter Lathlean and Anna Marcus **Delivery Lead(s):** Primary Care Team

Progress & Deliverables since last highlight report	New Intelligence, Impact, and Outcomes	Upcoming Key Milestones	Due	RAG
• PC THRIVE: Launched in September, this SEL-wide offer was developed in partnership with places to support GP practices in accessing a range of programmes, including universal development, structured support, targeted improvement, diagnostic reviews, and bespoke transformation initiatives. • LAMBETH'S PRIMARY CARE SUPPORT OFFER (PCSO): Applications are now open. The offer provides tailored local help where THRIVE does not fully cater for the need, including advice, coaching, peer support, jointly developed packages or justified financial support. • LAMBETH OFFER: Service redevelopments underway, service specifications are due to go to the Lambeth Together Primary Care Commissioning Committee at the next meeting cycle.	•SAME-DAY ACCESS: SEL ICB recorded 75% performance in June against a 72% trajectory. Practices at 60% or below are being contacted by the Training Hub; the stated ambition is 90% by the end of March. • PRACTICE SUPPORT and UNWARRANTED VARIATION IN GENERAL PRACTICE: The local fund can respond to operational, workforce, access, quality, safety, leadership, patient engagement and sustainability challenges, a key ICB approach to addressing unwarranted variation in general practice, which is a national mandate for ICBs.	Embed THRIVE-first messaging and promote the Lambeth application route	Ongoing	
		Review Support Offer applications through the PCSO Working Group and agree tailored responses	Monthly	

Key Risks & Issues	Mitigations	Owner	Escalate for further discussion with partners?
Variation in same-day access remains, with a cohort of practices at 60% or below.	Targeted Training Hub contact; use support offers and performance intelligence to agree improvement actions.	SEL PC Contracting / Lambeth PC and Neighbourhood Teams	No

Support Required from the Partners

Partners are asked to promote THRIVE as the first route and promote the Lambeth Support Offer where needs remain.

Neighbourhood and Wellbeing Delivery Alliance: Acute-Community Interface

Accountable Lead(s): Avril Satchwell

Progress & Deliverables since last highlight report	New Intelligence, Impact, and Outcomes	Upcoming Key Milestones	Due	RAG
• Draft Winter Plan and King's/GSTT assurance returns submitted; Chair's Action launched for final approval. • 18 Sep stress-test completed with NHSE; SPoA/frailty learning and SIF pilot alignment shared with system partners.	• 41 winter proposals reviewed; six priority schemes fit the Lambeth financial envelope, with other funding unconfirmed. • Flow/discharge remains the system blocker; 22 Sep updates also flagged acute/MH pressure and inconsistent sit-rep views.	Secure co-chair approval of Winter Plan and EIA	25 Sep	
		Finalise King's/GSTT BAS and NHSE submission	30 Sep	
		Complete scheme business cases; mobilise approved package	Oct	
		Align frailty/SPoA, UCR and care-home/LAS work	TBC	

Key Risks & Issues	Mitigations	Owner	Escalate for further discussion with partners?
High ED/MH demand	Daily joint review; trigger executive escalation for prolonged waits.	SLaM / Trusts / ICB	No
Sign-off timing and unconfirmed Southwark/SEL funding threaten winter	Use Chair's Action; tier schemes by benefit/readiness; release funds only with	UEC Board / ICB / Finance	No

Support Required from the Partners

Co-chairs to approve the Plan/EIA by 25 Sep; Trusts to finalise BAS by 30 Sep; partners to confirm leads, KPIs and SWIM entries, align LAS dashboard/care-home/UCR/frailty work, and identify Southwark/SEL funding.

Neighbourhood and Wellbeing Delivery Alliance: Population Health Management

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

Update	Upcoming Key Milestones	Due	RAG
A streamlined INT activity report has been developed to support Integrator Delivery Boards, with work underway to gather and incorporate feedback on its usefulness and effectiveness. An application has been submitted to the Data Usage Committee (DUC) to enable analysts within the SEL Integrators to access data held within the SEL Provider SDE, supporting population health management and analytical insight. Discussions are continuing regarding mechanisms to facilitate the sharing of patient-level health and adult social care data in support of the Newton Prevention Programme. Lambeth DataNet Summery bulletin has been circulated with partners. The bulletin provides an update on the great research being undertaken to provide insights into the needs of our Lambeth residents. South East London multimorbidity model of care (MMMoC) Phase II summary evaluation report published and circulated to partners. Lambeth PHM Oversight Group terms of reference were updated and approved at the September meeting.	Understanding NNHIP phase 2 reporting requirements	Aug 26	
	Development of standardised reporting cycle for of Frailty/CYP INT activity increasing volume of metrics reported	Sep 26	
	Provide intelligence pack to inform INT and SIF 26/27 plans. Workshops scheduled for November 26	Nov 26	

Key Risks & Issues	Mitigations	Owner	Escalate for further discussion with partners?
Lack of linked data set across primary and secondary care	Primary care Data now in the provide Secure data environment. SEL ICB linked data can by used in interim for some requirements. Application presented to SEL DUC in September. Awaiting outcome.	Ayesha Ali/Chris Euden	No
Capacity for developing primary care data searches impacting PHM delivery	SIF funding confirmed for additional analytical capacity in primary care	Integrator hosts	No
Data Quality around reporting INT activity remains a limitation across cohorts.	Significant improvements have been made to primary care searches for both MLTC and Frailty this month, which we expect to report on from next months following validation with operational and clinical leads	Integrator Hosts	No

Living Well Network Alliance

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

Progress & Deliverables since last highlight report
Program to remodel community MH services continues with completion expected by the end of 2026. Remodelling of the front-door has begun. Lambeth's Single Point of Access (SPA) and Crisis Outreach Service (COS) are now co-located and, subject to consultation, will merge to form Single Point of Access and Rapid Response team (SPARR) on 19-Oct-26. Primary care (STEP1) redesign scope and definition are agreed. Implementation planning is in progress with sign-off of the plan expected in October and implementation likely to fall in early 2027. Changes to the scope of Secondary Care Psychological Therapies (SCPT) and the roles of Voluntary Care and Social Enterprise (VCSE) partners (STEP2) have been agreed. Implementation is planned for early November. The project to restructure SMI treatment and intervention (STEP 3) is in progress. Clinical pathways and a new draft operational policy are signed-off. Implementation is planned for early November.

New Intelligence, Impact, and Outcomes
In Q1 Apr-Jun 2026/27, 26.1% of those completing LTT treatment were Black. This is significantly higher than the Black representation in Lambeth's 18+ population at 21.7%. However, the reliable recovery rate for Black clients fell in Q1 Apr-Jun 2026/27 fell to 44.7%; 7.7% points below the rate for White people. LTT note the higher starting severity of clients from the global majority and commit to focusing is on achieving a minimum of 49% reliable recovery for all ethnic groups. Access to short-term support improved overall in Q1 Apr-Jun 2026/27, with people waiting on average 5 days less for a second appointment. Black service users however waited a day longer than their White counterparts. This is a change from the recent pattern which has seen Black people seen more quickly. Use of high and very-high intensity services by Black people, increased from 47.4% to 47.9%, Q4 Jan-Mar 2025/26 to Q1 Apr-Jun 2026/27, while the proportion of those getting early low-medium intensity help fell from 27.8% to 27.2% over that period. This is against the trend across 2024/25 and 2025/26 in which use of low-medium intensity services increased for Black service users.

Upcoming Key Milestones	Due	RAG
Remodel Front-Door - merge SPA and COS teams creating SPARR	19-Oct	
CMHT Step1 primary care - sign-off implementation plan	Oct	
CMHT Switch to 5-neighbourhood model - implementation	2-Nov	
CMHT Step2 SCPT and VCSE care - implementation	2-Nov	
CMHT Step3 secondary care - implementation	2-Nov	

Key Risks & Issues	Mitigations	Owner	Escalate for further discussion with partners?
Issue: Senior Decision-Making Group (SDMG) is not currently able to keep up with the number of referrals to be reviewed.	SDMG will continue. Additional MDT meetings will make pathway decisions on less urgent referrals until the number of these is reduced by newly created SPARR team (merger of SPA and COS).	Sara Dampier	No
Risk: Remodelled CMHT may redistribute workload in a way that is not aligned with capacity in some parts of the system.	Will be carefully monitoring impacts across the system and working to adjust capacity as may be needed.	Emma Porter / Guy Swindle / Judy Newman	No

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

Children and Young Person Alliance

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

Progress & Deliverables since last highlight report	New Intelligence, Impact, and Outcomes
• **Maternity** – South East London maternity work continues across personalised care, relational care, infant feeding, pre-conception health and service-user voice. The maternity disadvantage assessment tool is well embedded at Guy's and St Thomas', and Lambeth Family Hub information is included in the infant-feeding information now being distributed. Formal delivery recommendations arising from national maternity reviews are due to be issued at South East London Local Maternity and Neonatal System level in December 2026, for providers to deliver against. • **Autism & Related Disorders diagnostics** – Autism assessment remains a key waiting-time focus. Work includes prioritising children with the longest waits, increasing assessment capacity, providing an earlier assessment route for clinically appropriate children under five, and recruiting two additional consultants. • **Child and Adolescent Mental Health Services** – Latest July 2026 mental health data show that 89.6% of Lambeth front-door first contacts took place within 28 days, compared with 93.9% in May and 93.8% in June. The median wait from referral to first attended contact was one week in July. • **Neighbourhood working** – Following the 14 September neighbourhood workshop, partners agreed a joint approach to assessing neighbourhood working, alongside approaches to proactive case finding and care coordination. Work continues on the neighbourhood multi-agency model, future spread, regular data reporting and the care coordination, administrative and reporting support required.	• **Autism & Related Disorders diagnostics** – At August 2026, 1,856 Lambeth children were waiting for an autism assessment. Of these, 813 had waited more than 52 weeks and 136 more than 90 weeks. Most children waiting were aged over five. Available capacity is being focused on the longest waits. • **Child and Adolescent Mental Health Services** – In the rolling 12 months to July 2026, 3,997 Lambeth children and young people had at least one contact with child and adolescent mental health services, including 589 through school mental health support teams. For those still waiting for a first access contact at the end of July, the Lambeth median wait was five weeks. • **Neighbourhood working –** Demand for the children and young people's neighbourhood multi-agency model remains high. Regular primary care reporting has now been agreed, which should provide a clearer view of activity and inform decisions about future spread and capacity.

Upcoming Key Milestones	Due	RAG
Confirm next steps from the neighbourhood workshop, including self-assessment, proactive case finding and care coordination.	Oct 2026	
South East London Local Maternity and Neonatal System to issue formal delivery recommendations for providers.	Dec 2026	
Evelina Communities colleagues to continue autism waiting-list work, including additional assessment capacity and consultant recruitment.	Q3-Q4 2026/27	
Develop next steps on A&E expansion, transition support, proactive case finding and unstable asthma pathway.	Q4 2026/27	

Key Risks & Issues	Mitigations	Owner	Escalate for further discussion with partners ?
Local maternity data remain variable, limiting a consistent Lambeth view of access, experience and outcomes.	Continue to use agreed South East London reporting and service-user feedback, with data limitations made clear. December provider recommendations will provide a further basis for oversight.	Maternity leads / providers	No
Neighbourhood delivery remains dependent on sustained multi-agency capacity and clarity on future care coordination, data, reporting and administrative support.	Requirements are being worked through with neighbourhood and infrastructure leads, with regular reporting and clearer arrangements for care coordination being developed.	Alliance / Neighbourhood Leads / NODM	No

Support Required from the Partners

No additional support from partners is required at this point.

Staying Healthy Programme

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

Progress & Deliverables since last highlight report	New Intelligence, Impact, and Outcomes	Upcoming Key Milestones	Due	RAG
We continue to deliver Health Checks for our eligible population. (those aged 40-74 who have not been diagnosed with certain pre-existing conditions and not had a Health Check within five years prior) through GPs organised to PCNs A new 4-year Health Check service went live in Q1 with a greater focus on delivering to more at-risk groups A new dashboard (Ardens) was also launched as a key intelligence tool to help support the service in reaching its stated aims. Both services are currently going through an expected mobilisation and embedding phase with the intention of transitioning to a more business as usual position in Q3.	A study involving NHS Health Checks in Lambeth was recently published. The study suggests significant long-term survival benefit associated with the NHS-HC, supporting continued investment in and optimisation of the programme to provide population health benefits. The full paper can be accessed in the link: Association of the NHS Health Check with all-cause mortality: a longitudinal cohort study in primary care | British Journal of General Practice	Presenting published paper to NHS Health Check London network	October	
		Stoptober awareness campaign	October	
		National Diabetes month awareness campaign	November	

Key Risks & Issues	Mitigations	Owner	Escalate for further discussion with partners?
•Invitations are high but conversion rates are still a concern for most boroughs •Primary care workforce shortages and competing pressures	•NHS Steering Group with key stakeholders within PH the ICB and LMC has been formed along with a Strategy to oversee the direction of the Health check programme.	Public Health	No

Support Required from the Partners
None required at this time.

Substance Misuse Programme

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

Progress & Deliverables since last highlight report	New Intelligence, Impact, and Outcomes	Upcoming Key Milestones	Due	RAG
The Combatting Drugs Partnership (CDP) continues to meet to monitor engagement in treatment, continuity of care from prison to community treatment, and the reduction of drug related harm. Co-chaired by Lambeth Council DPH and Met Police Superintendent. The October meeting will discuss concerns rasied about on street drug use. Delivery of the treatment plan agreed with OHID is underway The substance misuse needs assessment is complete and will be published with December (due to the nature of restricted statistics. A webinar will be developed for stakeholders to hear the findings. A rapid review of co-occurring mental health and substance misuse services is about to be initiated. This will help inform a review of the commissioned substance misuse services/pathways.	The latest publicly available data shows that Lambeth continues to improve the numbers in drug and alcohol treatment.	Publication of drugs needs assessment and development of related webinar.	December	

Key Risks & Issues	Mitigations	Owner	Escalate for further discussion with partners?
Continued concern about substance misuse by the street population in Brixton/Streatham Hill areas	Discussions underway to identify a joint plan to address with public safety	Emma Burke	No

Support Required from the Partners
None required at this time.

Vaccinations

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

Progress & Deliverables since last highlight report	New Intelligence, Impact, and Outcomes	Upcoming Key Milestones	Due	RAG
Childhood Immunisations: Latest Q1 2026/27 COVER data continue to show that childhood vaccination uptake in Lambeth remains below the levels required for optimal population protection, with inequalities in uptake remaining a key focus. Delivery of the refreshed Childhood Immunisation Strategy is now underway, with work progressing across its four priorities: effective communication; community engagement and outreach; training and Making Every Contact Count (MECC); and quality improvement. This includes continued targeted community engagement, work with primary care and voluntary and community sector partners, and activity to strengthen access and follow-up in communities with lower uptake. **Influenza:** The 2026/27 seasonal flu campaign has commenced. Vaccination for children and pregnant women began in September, with the offer for older adults starting from 1 October. Local outreach and engagement activity is being mobilised alongside the vaccination programme, informed by learning from the 2025/26 season and focused particularly on groups and localities where uptake was lower.	The focus this quarter has moved from identifying recommendations to implementation. Delivery is underway against the findings of the refreshed Childhood Immunisation Strategy and the evaluation of the Community Vaccination Service, with progress overseen through the Immunisation and Vaccination Operational Group. This includes strengthening targeted community engagement and communications, working with primary care and VCS partners in areas with lower uptake, and improving pathways into vaccination following community engagement. For flu, findings from the 2025/26 evaluation are informing delivery of the 2026/27 campaign. Activity is being targeted towards groups and localities where uptake was lower last season, including older adults, Black and mixed ethnic communities, and residents in Brixton and Norwood. Delivery will continue through partnerships with VCS organisations, Health and Wellbeing Hubs and other trusted community settings.	Continued delivery of the refreshed Childhood Vaccination Strategy, alongside implementation of the 2026/27 seasonal flu outreach and engagement strategy, with a focus on improving uptake, reducing inequalities and strengthening access for communities with lower vaccination coverage.	Delivery of the refreshed Childhood Vaccination Strategy will continue over the next few years, while the seasonal flu outreach and engagement plan will be implemented during Q3–Q4 2026/27.	

Key Risks & Issues	Mitigations	Owner	Escalate for further discussion with partners?
Sub-optimal MMR coverage continues to present a key health protection risk for Lambeth. Ongoing measles transmission in London reinforces the importance of improving vaccination uptake to reduce the risk of local transmission, particularly in under-vaccinated communities.	Mitigating action remains focused on strengthening access, follow-up and community confidence. This includes progressing call and recall activity, continuing delivery of the Vaccination in New Spaces initiative, and working with general practices to identify and follow up children who remain under-vaccinated. These measures are complemented by community-led work to raise awareness, better understand barriers to vaccination and develop practical responses with residents and local partners.	Public Health	No

Support Required from the Partners
None at this time.

Sexual Health Programme

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

Progress & Deliverables since last highlight report	New Intelligence, Impact, and Outcomes	Upcoming Key Milestones	Due	RAG
Sexual Health Awareness Week, 14-20 September 2026. Launch of PrEP in our Community pilot, 29 July 2026 LHPP launch of London-wide campaign targeting young people and Black heritage communities 10 satellites now set up or in development across LSL for Clinic in a box via the Clinical Outreach SEL have volunteered to pilot access to STI testing via the NHS App, this will provide a test and learn option for the wider roll out across London expected in April 2027. MSI are now providing a weekly enhanced access offer for women wanting LARC fitted or removed, in the evening on or a Saturday in Brixton	Awaiting analysis of activity data. GSTT continue to perform well on KPIs. However, diagnostic rate for chlamydia has fallen below threshol This is likely to reflect the decreases seen locally and nationally in chlamydia diagnosis. Within GSTT, this is likely to be linked to a reduction in diagnosis among GBMSM due to uptake of DoxyPeP. 104 outreach events/activities held in Q1 by Turning Point (Young People outreach service) and 561 YP reached. 10 training sessions for teachers and professionals.	Working with TP to improve co-ordination of outreach, increase visibility and awareness of service offers. Development of promotional materials and awareness raising events for residents and professionals.	Ongoing	
		Re-procurement of HIV peer support service to begin.	November	
		Evaluation panel for grassroots organisations bidding for funding for local sexual health and wellbeing projects. to be held		

Key Risks & Issues	Mitigations	Owner	Escalate for further discussion with partners?
Delay to new e service contract due to London e-service procurement being delayed, risking operating out of contract. Implementation of a few key new tariffs in 2026/27 and further updates to all tariffs in 27/26	London programme seeking 12month extension of the current PreventX contract to maintain continuity. Work to analysis financial impacts across all LSLBB Boroughs Awareness raising of all services starting in November, to ensure that residence know about alternative to in- clinical services and remote options	Lead Commissioner Lead Commissioner and Business Intelligence	No

Support Required from the Partners

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

Homeless Health Programme

Accountable Lead(s): Paul Davis and Emma Casey

Progress & Deliverables since last highlight report	New Intelligence, Impact, and Outcomes	Upcoming Key Milestones	Due	RAG
A total of 34 rough sleepers were brought into accommodation in Q2 which is 1 more than the Q1 figure of 33. The focus remains for the outreach team to support rough sleepers away from the street as quickly as possible.	N/A	Every rough sleeper to have a route off the street before Christmas	24/12/2026	

Key Risks & Issues	Mitigations	Owner	Escalate for further discussion with partners?
Mobilisation of extra beds and services to meet the Prime Ministers “In for Christmas” request	Received £1.1 million funding and working with key partners to agree models asap.	Paul Davis	No
Tents and encampments cannot be enforced (removed) due to lack of resources from Public Protection colleagues. This is causing a rise in RS numbers, complaints and ME’s	Recruited a worker via Thames Reach, awaiting delegated authority to be arranged via the Council	Paul Davis	No

Support Required from the Partners
Nothing required at this stage

Learning Disabilities and Autism (LDA) Programme

Accountable Lead(s): Jade Holvey, Dan Stoten **Delivery Lead(s):** David Orekoya, Helen Bolger

Progress & Deliverables since last highlight report

- Tender for Residential and Supported Living Approved Provider List has been published and receiving interest from potential providers. Contract Award expected Q4 2026/27
- Lambeth Intensive Support Team (SlaM and GSTT), a crisis and prevention service for people with learning disabilities implementation – all staff are now in place and first 3 service users have commenced interventions
- Expected start of One-Systems Discharge planning for one highly complex and high risk individual has now set for Q4 2026/27. Awaiting advice on next steps from SLP partners

New Intelligence, Impact, and Outcomes

LDA Inpatient Pathway	01/04/2026	01/09/2026
ICB Commissioned - Adults	6	8
SLP Commissioned (Forensic) - Adults	4	4
SLP Commissioned Children	1	3
Total	**11**	**15**

- Increase in admissions seen in CYP admission which is known to fluctuate over time between 0-3 inpatients at any one time
- Since last update: 2 autistic adults discharge and 1 admission

Upcoming Key Milestones	Due	RAG
Publish tender for Residential and Supported Living Approved Provider List	Q2 2026/27	
Award and mobilise CYP Preventive Positive Behaviour Support (PBS) offer	Q2 2026/27	
Deliver soft market engagement to support the SEL LDA Housing Strategy and Financial Sustainability Strategy	Q2 2026/27	
All Age Autism Strategy Completion of year 2 delivery and evaluation of AAS action plan	Q3 2026/27	
Begin One-System discharge planning for 1 highly complex & high-risk individual currently in forensic hospital setting	Q4 2026/27	

Key Risks & Issues	Mitigations	Owner	Escalate for further discussion with partners?
Challenges in securing appropriate accommodation locally	Lambeth leading on SEL LDA Housing Strategy on behalf of the 6 SEL boroughs. Initial analysis of activity conducted with focus now orientated towards developing coom approach high cost and bespoke housing needs.	David Orekoya/Helen Bolger	No
Challenges in securing safe, good quality care services within financial pressures	LDA APL tender launched in Sep 26 with expected Contract Award in Q4 26/27. Embedding right sizing & sufficiency as BAU for LDA packages.	David Orekoya/Robert Dunne	No
LDA Delayed or failed discharge - People with challenging behaviour who are due for discharge in 2026/27	One system planning to ensure clear governance and collective ownership of discharge planning.	David Orekoya/Helen Bolger	No

Support Required from the Partners

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

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Finance

Finance: South East London ICB (Lambeth)

Overall Finance Position (2026/27 M05)

Service Area	Year to date Budget £'000s	Year to date Actual £'000s	Year to date Variance £'000s	Annual Budget £'000s	Forecast Outturn £'000s	Forecast Variance £'000s
Acute Services	197	197	0	472	472	0
Community Health Services	12,696	12,404	292	30,921	30,598	323
Mental Health Services	10,500	11,529	-1,029	25,200	27,485	-2,285
Continuing Care Services	14,899	14,082	818	35,759	33,796	1,962
Prescribing	18,712	18,792	-81	44,849	44,849	0
Other Primary Care Services	1,609	1,609	-0	3,861	3,861	0
Corporate Budgets	2,033	2,033	0	4,878	4,878	0
Total	**60,645**	**60,645**	**0**	**145,940**	**145,939**	**0**

- The borough is reporting an overall **year to date breakeven position** and a **forecast breakeven position** at Month 05 (August 2026). The reported forecast position includes **£2,285k overspend on Mental Health Services** offset by **£323k underspend on Community Health Services** and **£1,962k underspend on Continuing Health Care (CHC)**.
- The key risks within the 2026-27 Lambeth's finance position are **exponential growth in referrals to independent sector providers for ADHD & ASD assessments and Mental Health individual placements**.
- Mental Health budget year to date and forecast overspend is mainly driven by increased ADHD and ASD assessments under the Right to Choose process and Mental Health placements expenditure (**the forecast expenditure at M05 against these specific budgets is £4,912k overspend**) mitigated by constraining investments.
- The Continuing Healthcare budget is **forecasting £1,962k underspend** as the CHC team continues to deliver on reviewing high-cost packages and out of area placements. Work is ongoing to establish better value costs. The number of active CHC and FNC clients at M05 (August 2026) is 533.
- Prescribing actual data is provided two months in arrears and the borough is reporting a year to date £81k overspend and forecast breakeven position against in year budget based on three months actual data at Month 05 (August 2026).
- Further risks remain associated with demand driven budgets (e.g. health contribution towards CYP tri-partite arrangement).

Lambeth Council M3 Updates

Integrated Health & Adult Social Care	Budget £'000	Forecast £'000	Variance £'000
Adult Social Care			
Expenditure	196,980	202,049	5,069
Income	-54,760	-59,831	-5,071
Net	**142,220**	**142,219**	**(1)**
Public Health			
Expenditure	44,633	44,568	-65
Income	-44,633	-44,568	65
Net	**0**	**0**	**0**
Integrated Commissioning			
Expenditure	12,482	15,972	3,490
Income	-12,349	-15,839	-3,490
Net	**133**	**133**	**0**
Senior Management			
Expenditure	44	-7	-51
Income	-261	-284	-23
Net	**-217**	**-291**	**-75**
IHASC Directorate Total			
Expenditure	254,139	264,632	10,493
Income	-112,003	-122,577	-10,568
Net	**142,136**	**142,061**	**-75**

The directorate is currently forecasting a broadly breakeven forecast outturn position at M3, reflecting continued management action throughout 2025/26 and utilisation of growth funding to meet underlying demand for social care services.

Adult Social Care:

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

Public Health and Integrated Commissioning (BCF):

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

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

Senior Management (Adults Commissioning budgets)

£75k underspend based on current vacancies, while recruitment is underway to vacant posts

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Risk Summary

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

Lambeth Risk Register

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

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

- Since our last update, we have added a risk on SEND reforms. There is a risk that additional therapeutic capacity for the Experts at Hand model in a set of professions for which there are existing shortages, will influence the pace and impact of reform plans, competition for staff leads to unplanned shortages and cost pressures.
- In line with SEL risk framework, risks will be reviewed each month. On a wider context, the SEL Risk Forum meetings have been stood down and in July, SEL Board approved the new governance arrangements for the ICB. As new corporate team structures are implemented, further work will be developed to align the ICB's risk framework with these changes and to begin aligning arrangements with South West London ICB, as risk management will in future be supported by a shared team. Once there are further developments we will inform the group accordingly.

South East London ICB Corporate Objectives & delegated assurance metrics

South East London ICB - Strategic Outcomes Framework

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

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

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

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

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

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

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

Integrated Health and Care Business Plan 26/27

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

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

At the time of writing this report, we were preparing for Q2 submission on updates against agreed short term outcomes. Once this exercise is completed, we will share with the group business updates. The tables below identify short term outcomes (actions) for 26/27 across health and care domains.

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

Integrated Health and Care Business Plan 26/27

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

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

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Appendix

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

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

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

LDA
People with learning disabilities and/or autism achieve equal life chances, live as independently as possible and have the right support from health and care services

LWNA
People have healthy mental and emotional wellbeing
When emotional and mental health issues are identified; the right help and support is offered early and in a timely way
People using mental health support services can recover and stay well, with the right support, and can participate on an equal footing in daily life

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

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

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

Substance Misuse
People maintain positive behaviours that keep them healthy

Lambeth Together Health and Care Plan: Outcomes & Owners

ID	Outcome	NWDA	LWNA	CYP	Staying Healthy	Sexual Health	LDA	Homeless Health	Substance Misuse
A	People maintain positive behaviours that keep them healthy				Owner				Contributor
B	People are connected to communities which enable them to maintain good health	Owner							
C	People are immunised against vaccine preventable diseases				Owner				
D	People have healthy mental and emotional wellbeing		Owner						
E	People have healthy and fulfilling sexual relationships and good reproductive health					Owner			
F	People receive early diagnosis and support on physical health conditions	Owner							
G	People who have developed long term health conditions have help to manage their condition and prevent complications	Owner							
H	When emotional and mental health issues are identified; the right help and support is offered early and in a timely way		Owner						
I	People have access to joined-up and holistic health and care delivered in their neighbourhoods	Owner							
J	People know where to go to get the right help, and are treated at the right time, in the right place, for their needs	Owner							
K	Older adults are provided with the right health and care support at the right time, live healthy and active later lives and are supported to age well	Owner							
L	Women have positive experiences of maternal healthcare and do not experience a disproportionate maternal mortality rate			Owner					
M	People with learning disabilities and/or autism achieve equal life chances, live as independently as possible and have the right support from health and care services						Owner		
N	People using mental health support services can recover and stay well, with the right support, and can participate on an equal footing in daily life		Owner						
O	People who are homeless, or at risk of becoming homeless, (including rough sleepers and refugees) have improved health							Owner	