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 Financial 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 – September Action Log

No	Date 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