

LAMBETH TOGETHER CARE PARTNERSHIP (FORMERLY LAMBETH TOGETHER STRATEGIC BOARD)

Date: Thursday 6 March 2025
Time: 1.00 pm
Venue: Brixton Tate Library, SW2 1JQ

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Members of the Committee

Dr Dianne Aitken, Lambeth Together Care Partnership Board Co-Chair. Neighbourhood and Wellbeing Delivery Alliance Clinical and Care Professional Lead, GP
Dr Nozomi Akanuma, Living Well Network Alliance Clinical and Care Professional Lead, South London and Maudsley NHS Foundation Trust
Andrew Carter, Corporate Director of Children's Services, Lambeth Council
Councillor Judith Cavanagh, Young People's Champion, Lambeth Council
Paul Coles, Chief Executive, Age UK, Lambeth
Eugenie Dadie, Patient and Public Voice Member
Louise Dark, Chief Executive Integrated and Specialist Medicine, Guy's and St Thomas (GSTT) NHS Foundation Trust
Councillor Jacqui Dyer, Lambeth Together Care Partnership Board Co-Chair / Cabinet Member for Healthier Communities (job-share), Lambeth Council
Andrew Eyres, Place Executive Lead Lambeth, South East London Integrated Care Board and Corporate Director, Integrated Health, and Care, Lambeth Council
Sarah Flanagan, Patient and Public Voice Member
Therese Fletcher, Managing Director, GP Federations
Penelope Jarrett, Chair, Lambeth Local Medical Committee, GP
Lilian Latinwo-Olajide, Programme Director, Black Thrive, Lambeth
Jasmina Lijesevic, Lambeth Together Care Partnership Board Lay Member
Julie Lowe, Site Chief Executive, Kings College Hospital NHS Foundation Trust
Raj Mitra, Children and Young People's Alliance Clinical and Care Professional Lead, GP
Bimpe Oki, Acting Director of Public Health, Lambeth Council
Richard Outram, Director of Adult Social Care, Lambeth Council
Folake Segun, Chief Executive, Healthwatch Lambeth
George Verghese, Co-Chair of the Lambeth Primary Care Clinical Cabinet, GP
Councillor Timothy Windle, Cabinet Member for Healthier Communities (Job-Share), Lambeth Council

Further Information

If you require any further information or have any queries please contact: Email:

lambethbusinesssupport@selondonics.nhs.uk

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AGENDA

Please note that the agenda ordering may be changed at the meeting.

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Lambeth Together Care Partnership Public Forum and Board Meeting in Public

Thursday 6 March 2025 | Brixton (Tate) Library | 1:00pm – 5:00pm

AGENDA

THIS MEETING IS IN PERSON ONLY

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		CIlr Jacqui Dyer <i>Co-Chair</i>
2 p.m.	Board Meeting in Public		
1.	Introductions <ul style="list-style-type: none"> ▫ Welcome, introductions and apologies 		Dr Di Aitken <i>Co-Chair</i>
2.	Declarations of Interest Members of the Board are asked to: <ul style="list-style-type: none"> ▫ declare any interests on items included in this agenda 		Dr Di Aitken <i>Co-Chair</i>
3.	Review of Minutes Members of the Board are asked to: <ul style="list-style-type: none"> ▫ approve minutes and review any matters arising from the Lambeth Together Care Partnership Board meeting in Public on 9 January 2025 	Paper enc.	Dr Di Aitken <i>Co-Chair</i>
4. 2:10pm (10 mins)	Place Executive Lead Report Members of the Board are asked to: <ul style="list-style-type: none"> ▫ receive an update on key developments since the last Lambeth Together Care Partnership Board meeting in Public on 9 January 2025 ▫ 	Paper enc.	Andrew Eyres <i>Place Executive Lead Lambeth, Corporate Director, Integrated Health, and Care, Lambeth Council and South East London Integrated Care Board</i>

Agenda Item No. and Time	Agenda Item Title	Attachment / Supporting Information	Agenda Item Lead
5. 2.20pm (45 mins)	Learning Disability & Autism Programme (LDA) – Deep Dive Members of the Board are asked to: <ul style="list-style-type: none"> ▫ note and support the progress of the Learning Disabilities and Autism Programme and Lambeth All Age Autism Strategy throughout 2024/25 ▫ provide feedback and questions to the team 	Paper enc.	Helen Bolger <i>Lead Commissioner, Lambeth Council and SEL ICB</i> David Orekoya <i>Associate Director Integrated Commissioning – Mental Health and LDA</i> Amy Miland & Sarah Pritchard <i>Community Living</i> Dr Nandi Mukhopadhyay <i>CCPL in Learning disabilities and autism : SEL ICS :Lambeth</i> Michelle Homer <i>Lead Commissioner, Lambeth Council</i> Tom Gallagher <i>Expert by Experience</i>
6. 3.05pm (10 mins)	Lambeth Together Primary Care Commissioning Committee (PCCC) Members of the Board are asked to <ul style="list-style-type: none"> ▫ note the update on discussions held at the Primary Care Commissioning Committee on 22 January 2025 ▫ ratify the decisions made at the Primary Care Commissioning Committee on 22 January 2025 	Paper enc.	Jasmina Lijesevic <i>Lambeth Together Board Lay Member</i>
7. 3.15pm (15 mins)	Lambeth Together Assurance Group (LTAG) Update Members of the Board are asked to: <ul style="list-style-type: none"> ▫ note and support the update from the Lambeth Together Assurance Sub-Group and the associated Integrated Assurance Report presented on 21 January 2025. 	Paper enc & attached	Jasmina Lijesevic <i>Lambeth Together Board Lay Member</i>
3:30 (10 mins)	BREAK		
8. 3:40pm (20 mins)	Lambeth Together Business Planning Members of the Board are asked to <ul style="list-style-type: none"> ▫ Note the progress of the Lambeth Together 2025/26 business planning process 	Paper enc.	Warren Beresford <i>Associate Director Health and Care Planning and Intelligence</i>

Agenda Item No. and Time	Agenda Item Title	Attachment / Supporting Information	Agenda Item Lead
	<ul style="list-style-type: none"> ▫ Provide further feedback on the Plan's development ▫ Approve the next steps and timeline 		
9. 4.00pm (45 mins)	<p>Neighbourhood and Wellbeing Delivery Alliance (NWDA) – Deep Dive</p> <p>Members of the Board are asked to:</p> <p>Integrated Neighbourhood Teams (INT) Implementation:</p> <ul style="list-style-type: none"> ▫ Endorse the proposed neighbourhood geographies for INTs in Lambeth ▫ Note and comment on the proposed integrator function for Lambeth ▫ Delegate final sign off on the neighbourhoods and integrator model to the Neighbourhood and Wellbeing Delivery Alliance, noting that a final model will return to the April seminar ▫ Consider and provide feedback on the following questions: <ul style="list-style-type: none"> ○ How can an INT approach be scaled and supported across the borough? ○ How can we ensure a scaled model has a targeted health inequalities approach ○ Do we have any other examples to learn from? ○ How could we better involve the voluntary and community sector in an INT model? 	Paper enc.	<p>Binki Taylor <i>NWDA Chair</i></p> <p>Josepha Reynolds <i>NWDA Director</i></p> <p>Emily Perry <i>Senior Project Manager - NWDA</i></p> <p>Abdul Mukadam <i>Medical Director Akerman Medical Practice</i></p> <p>Sharif Yacoob <i>Primary Care Facilitator / Data Analysis Lead</i></p> <p>Syeda Farooq <i>Care Coordinator Akerman Medical Practice</i></p> <p>Ciara Doherty <i>Lead Chronic Kidney Disease prevention pharmacist, GSTT</i></p>
10. 4.45pm (10 mins)	<p>Questions from the public</p>		
11. 4.55pm	<p>AOB Close</p> <p>Date of next meeting: 1 May 2025 (virtual)</p> <p>Public forum: 1pm-2pm</p> <p>Board meeting in Public: 2pm-5pm</p>		<p>Dr Di Aitken <i>Co-Chair</i></p>

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
LAMBETH TOGETHER CARE PARTNERSHIP (FORMERLY LAMBETH TOGETHER STRATEGIC BOARD) MINUTES

Thursday 9 January 2025 at 1.00 pm
Microsoft Teams Only

Members Present:

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 South East London Integrated Care Board
Alice Jarvis	Director of Operations and Partnerships, Guy's and St Thomas' NHS Foundation Trust, (deputising for Louise Dark, Chief Executive, Integrated and Specialist Medicine, Guy's and St Thomas' NHS Foundation Trust)
Bimpe Oki	Acting Director of Public Health, Lambeth Council
Cllr Judith Cavanagh	Young People's Champion, Lambeth Council
Cllr Tim Windle	Cabinet Member for Healthier Communities (job- share), Lambeth Council
Dan Stoten	Director of Integrated Commissioning for Children's and Youth Services, Lambeth Council (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 Penelope Jarrett (<i>non-voting member</i>)	Chair, Lambeth Local Medical Committee
Dr Raj Mitra	GP, Children and Young People's Alliance Clinical and Care Professional Lead
Folake Segun (<i>non-voting member</i>)	Chief Executive, Healthwatch Lambeth
Jasmina Lijesevic	Lay Member
Lorraine Gordon	Interim Director, Living Well Network Alliance (deputising for the Director of Therapies, South London and Maudsley NHS Foundation Trust vacancy)
Paul Coles	Chief Executive, Age UK, Lambeth
Richard Outram	Director Adult Social Care, Adults Social Care and Housing, Lambeth Council
Sarah Flanagan	Patient and Public Voice Member

In attendance:

Alex Jackson	Programme Lead, Lambeth Together
Edward Odoi 	Associate Director of Finance, Lambeth, Southeast London Integrated Care Board
Guy Swindle 	Deputy Director, Living Well Network Alliance



Jane Bowie	Director, Integrated Commissioning (Adults), Lambeth Council
Oge Chesa	Director of Primary Care and Transformation, Southeast London Integrated Care Board
Simon Boote	Children and Young People Alliance Lead
Warren Beresford	Associate Director, Health and Care Planning and Intelligence, South East London Integrated Care Board
Catriona Crookes	Public Health Registrar, Lambeth Council
Emily Perry	Senior Project Manager, Neighbourhood and Wellbeing Delivery Alliance
Jack Gerrard	Age UK, Lambeth
Josepha Reynolds	Programme Director, Neighbourhood and Wellbeing Delivery Alliance
Megan Coe	Public Health Specialist, Lambeth Council
Merwaan Chaudhry	Public Health Specialist, Mental Health & Wellbeing, Lambeth Council
Tania Kalsi	Consultant Geriatrician, Guy's and St Thomas' Hospital Foundation Trust

1 Introductions

Board Members present introduced themselves. Apologies were noted from Louise Dark, with Alice Jarvis deputising for Louise, Eugenie Dadie, and Cllr Jacqui Dyer.

2 Apologies for Absence

Cllr Jacqui Dyer	Lambeth Together Care Partnership Board Co-Chair. Cabinet Member for Healthier Communities (job-share), Lambeth Council
Andrew Carter	Corporate Director of Children's Services, Lambeth Council
Dr Nozomi Akanuma	Living Well Network Alliance Clinical and Care Professional Lead, South London, and the Maudsley NHS Foundation Trust
Eugenie Dadie	Patient and Public Voice Member
Julie Lowe	Site Chief Executive, Kings College Hospital NHS Foundation Trust
Lilian Latinwo-Olajide	Programme Director, Black Thrive, Lambeth
Louise Dark	Chief Executive, Integrated and Specialist Medicine, Guy's and St Thomas' NHS Foundation Trust
Therese Fletcher	Managing Director, Lambeth GP Federation
Vacancy	Director of Therapies, South London and Maudsley NHS Foundation Trust



3 Declarations of Interest

Members were asked to declare any conflicts of interests linked to specific items on the agenda. No conflicts of interest were raised.

4 Minutes from 7 November 2024 Meeting

The [minutes](#) of the meeting of Thursday 07 November 2024 were agreed as an accurate record of the meeting.

All previous actions are closed and will be published with the amended final November minutes

5 November 2024 Action Log

No	Date Raised	Action	Open/Closed
1	07/11/2024	Questions raised in regard to the Hospital @home item to be tabulated, and a response provided.	Closed
2	07/11/2024	Hospital @home to come back to the February Seminar to discuss the responses provided to questions asked.	Closed

6 Lambeth Together Place Executive Update

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

- Dr Raj Mitra commended the recent Annual Public Health report and encouraged everyone to read it. Dr Mitra asked how the team will make it available and encourage people to read it. Andrew explained the report can be promoted by a flyer and is linked on the Council website. Andrew added it can also be shared directly with general practice. Dr Di Aitken asked if there could be a QR code displayed in community pharmacies as well.

Action: Bimpe Oki to explore further promotion of the Annual Public Health Report, including promoting the link to the report on the Council website.

RESOLVED

1. Board members noted the update on key developments since the formal Lambeth Together Care Partnership Board meeting in public on 7th November 2024.

To view the report accompanying this item, refer to pages 15 to 23 of the Board pack.
To view the recording for this item, refer to part 2 of the meeting recording from 02:05 – 08:15

7 Staying Healthy Deep Dive - Lambeth Suicide Prevention Strategy 2025 -2030



Prevention Strategy and the following was discussed:

- Dr Di Aitken asked about research and hearing from community members and wondered if the team are planning to use community research organisations or are they doing their engagement work via the Living Well Network Alliance (LWNA). Merwaan explained the team can look at doing community research as part of the strategy and noted they heard from the Living Well Collaborative around the suicide prevention challenge and how to approach this given it is a sensitive topic area. Merwaan noted the team would welcome lived experience but explained they would have to be considerate of what they are asking people and how they ask. Merwaan explained the team can consider putting research into the community, especially around data collection.
- Dr Penelope Jarrett explained that a positive development she had observed as a GP is that people, in particular men, are more open to discussing mental health problems. Dr Jarrett welcomed the suggestion for ongoing funding for the Listening Place and Cruse Bereavement Service, noting the importance for Lambeth to have services who have the time and expertise to listen appropriately.
- Cllr Judith Cavanagh commended the fascinating and valuable work done by the team and wanted to know, in terms of data collection, how we identify the reasons why someone may have chosen to take their own life and how much it's possible to share that information with those who come across people who may be at risk of taking their own life. For example, gambling may be a cause, but the person may not have shared that with anyone, so Cllr Cavanagh wondered if there was any specific outreach team. Merwaan explained it is difficult to see symptoms of those who may be having suicidal thoughts or who may try an attempt on their life. Therefore real time, personalised information is limited. Merwaan explained the team would not be able to contact the individual's next of kin to offer support and mentioned that other organisations can do that. While Public Health cannot provide individual support, however, Public Health can understand the reasons listed in suicide notes or risk factors in the reports, so are able to use the local insight to understand if there are particular common factors. Regarding gambling, for example, there is work being completed within the Public Health team on the impact of gambling and the team proactively engage with certain communities on this. Merwaan explained that with the nature of suicide, you cannot always predict who may be at high risk. Paul Coles explained that Age UK Lambeth also have gambling link workers who can help.
- Jasmina Lijesevic asked about Oliver McGowen training and wondered if the team had thought about how to engage people struggling who cannot communicate verbally. Jasmina asked how the team may approach that and how to engage with young adults as Child and Adolescent Mental Health Services (CAMHS) are stretched and some of the advice parents have received from CAMHS, such as '*hide the knives*' and '*go to A&E*,' is frightening for a lot of people so asked how the team can tackle that. Merwaan explained he is not involved in the delivery of the training, but he would raise with leads who are. He also explained that engaging with young adults and CAMHS is a valid point, and the team would consider this going forward. Merwaan said that there is no tailored response in place at the minute but would welcome guidance on how it



would be appropriate to do that. Dan Stoten offered to link in with Merwaan regarding CAMHS and work with the Children and Young People's Alliance (CYP).

- Dr Raj Mitra asked, in the research, is there any evidence of links between social media and depression and suicide, as a lot of his patients say they feel better when they don't use social media. Merwaan explained the research does link social media use with general mental health and wellbeing but that the link with suicide is not as strong, so it is not included in the national guidance. Merwaan mentioned the team can look into this as part of wider work in mental health and wellbeing and noted it could be a potential risk factor but as far as the national strategy goes, there is not a strong research link.
- Andrew Eyres asked about schools and what support is available to staff working in schools and how do they access advice. Merwaan stated that suicide prevention training is tailored to those working with children and young people and there are upcoming sessions offering tailored support and advice. Merwaan noted that the team can look to develop this as part of the refreshed strategy to provide more tailored support and advice in these situations. Merwaan went on to mention the team are looking to do this as part of the strategy and are also looking at incidences of multiple suicides where it can happen in communities, such as schools.
- Lorraine Gordon asked about social prescribers and how we link in with them, in particular for a role in outreach around gambling and wondered could there be synergy in terms of joining the dots with established links already. Merwaan explained they do sit on the steering group but in terms of specific outreach around gambling, the team can look into this. Merwaan noted that social prescribers are represented within the partnership group, but this can be looked at as part of the strategy.

Action: Merwaan Chaudhry to gather information on Oliver McGowan training and share with Board members.

Action: Dan Stoten and Merwaan Chaudhry to meet outside of the Board meeting to discuss links with CAMHS and the CYP Alliance.

Action: Merwaan Chaudhry to link in with the Age UK Gambling Link Workers - gamblingawareness@ageuklambeth.org

Action: Alice Jarvis to link Merwaan Chaudhry with Guy's and St Thomas' to share data on suicide prevention relating to the Emergency Department.

RESOLVED

1. Board members noted the progress and development of the Lambeth Suicide Prevention Strategy; and
2. Supported further opportunities for sharing of relevant data, such as self-harm and suicide attempts data from Emergency Departments.

To view the presentation accompanying this item, refer to pages 25 to 48 of the Board Pack.

To view the recording for this item, refer to part 2 of the meeting recording from 08:16 – 50:30.



8 Ageing Well in Lambeth

Paul Coles, Josepha Reynolds, Emily Perry, Tania Kalsi, Jack Gerrard, and Megan Coe presented on Ageing Well in Lambeth. The discussions followed:

- Dr Penelope Jarrett asked about the socialise and exercise classes and whether they are complementary to the strength and balance classes or do the socialise and exercise classes replace the strength and balance classes.
- Dr Jarrett also asked about transport and freedom passes but noted that those are not options for all, especially those with less mobility, namely, Lambeth's very elderly residents. Dr Jarrett noted the difficulties with attending services and that some residents can get transport services to hospital appointments but cannot get transport services to community settings, such as classes, or GP appointments. Dr Jarrett did not see this information referenced in any of the documents or presentations available for today's meeting and wanted the team to comment on this.
- Dr Raj Mitra asked about residents who are housebound and noted they are becoming frailer as they cannot access the outside world so wanted to know if the team are helping those residents. Dr Mitra also noted that transport had been a longstanding issue and asked if the team had considered something to help residents get out of their homes.
- Jasmina Lijesevic raised the issue of outdoor spaces and the accessibility to public areas, such as pavements, noting people are becoming housebound due to obstacles within their paths on a daily basis such as dustbins, trees, e-bikes, etc.
- Andrew Eyres asked how age-focus relates to the condition-focused programmes, such as pain, diabetes, or respiratory for example. Andrew asked how we get the read across from specific conditions to more general interventions relating to age.
- Cllr Judith Cavanagh asked about day trips and wondered if they were advertised by the Council through information that goes out to estate residents' associations as they could be a good link for advertising opportunities that people may not otherwise hear about.
- Paul explained the exercise and socialise classes are complementary to the other classes and referrals are taken from the Falls Prevention team.
- Paul explained regarding housebound patients that one of the reasons the project started was that Age UK Lambeth realised the pandemic left a lot of older people fearful of leaving their homes, so Age UK focused on those people initially to re-socialise them into society. Paul went on to explain for housebound residents, when exercise classes are put on, they are also available online so people can join from home and noted Lambeth has a Befriending Scheme as well.
- On the transport issue, Paul explained Age UK are well aware of the issues and an application with Motability to set up a volunteer driver's scheme with Age UK buying electric vehicles and recruiting volunteers had been submitted but were unsuccessful. This was frustrating but Paul will resubmit another application next year.
- Paul also noted the issues with freedom passes in that they changed the start time for some older people and Paul would be interested to understand what



- impact that may have had on residents attending GP or hospital appointments in the morning, whether older people are pushing for later appointments.
- Paul explained that the day trips fill up straight away and would like to put more on, if more volunteers were available.
 - Megan answered regarding outdoor spaces and explained that in terms of obstacles on pavements, such as e-bikes, scooters, etc. this is something that has been raised within the Age Friendly engagement and consultation for the Action Plan and explained Age Friendly are working very closely with the Transport team – the Transport team work across outdoor spaces with the Council as well. Megan explained the Council's Kerbside Strategy looks to be able to widen pavements in areas they have identified, and they have an approach for tree planting so for further information, please review the Kerbside Strategy. Megan wanted to acknowledge these issues were raised as part of the Age Friendly consultation. Sarah also wanted to mention, as someone with mobility issues, her concerns as to the that the number of bikes on pavements in Brixton. Cllr Tim Windle referenced the recent English Devolution White paper which will give councils more powers to regulate these services, which Lambeth and other councils have lobbied for. A number of different groups have complained about poorly parked bikes, and this will be addressed as part of the Kerbside Strategy. Cllr Windle noted that we need to find a good balance between supporting healthier lifestyles including through active travel and the concerns expressed concerning the kerbside.
 - Josepha mentioned the frailty work being done at Fiveways Primary Care Network (PCN) and explained that they worked with the Community Physiotherapy team at Guy's and St Thomas' (GSTT) to run a Community Physio Day for anyone on the musculoskeletal physiotherapy waiting list in the area. Josepha explained that all patients in the area on the waiting list were invited to attend the day, which included access to the community physio but also to a geriatrician team, Age UK Lambeth and other community organisations to allow the team to think about how to provide more holistic support in relation to ageing and frailty. Sarah Flanagan wanted to ask if the project at Fiveways was a one-off or if it was going to continue and begin across the whole borough. Josepha explained that the Fiveways project is starting there as it is one of the most deprived areas in Lambeth and there is dedicated funding, but the aim is to test the model at Fiveways and use the insight from that to think about how we can open it up across the Borough.
 - Bimpe Oki emphasised that, when talking about older people, we are really talking about ageing well and how we can begin to start early to address these issues. We often pick up long-term conditions quite early, so it is important we manage these well into old age. The focus is often those who are around the greater end of need, and this is a reminder for all that we need to start as early as possible.

RESOLVED

1. Board members noted the progress made by Age-Friendly Lambeth and Age UK Lambeth over the last year;
2. Supported upcoming areas of work; and
3. Discussed how partners can continue to provide input to the work to support residents to age well in Lambeth.



To view the presentation accompanying this item, refer to pages 49 to 68 of the Board pack.

To view the recording for this item, refer to part 3 of the meeting recording from 00:10 – 48:00.

9 Lambeth Together Primary Care Commissioning Committee Update

Jasmina Lijesevic and Oge Chesa gave an update on the November PCCC meeting.

- Dr Penelope Jarrett mentioned the newly procured interpreting service and noted that practices do not know about the service yet but need to know soon as it will be implemented in April. Dr Jarrett explained that although this is described as a primary care service, it is for general practice only and no other services, such as pharmacies, optometry and dentistry, and explained that is something the Committee should be aware of.
- Dr Jarrett also mentioned the schemes around investment in general practice and noted Lambeth are fortunate that the discretionary spend in general practice is higher than in other parts of South East London.
- Dr Jarrett felt that the Project Initiation Document (PID) was optimistic in terms of timescales and noted there may be some revision and asked if Oge could update members about that in terms of commissioning intentions letters that go to GPs.
- Oge explained, in terms of the Lambeth Offer, this is a significant piece of work and wanted to commend the team. Oge mentioned, for context, that the existing incentive programme had been in place 10 years. since 2015.,. The Lambeth Offer is ambitious, but we want to ensure that incentivisation for general practice going forward is relevant to the Lambeth Health and Care Plan, agreed in 2023, as well as changes to national policy. Oge explained we will aim to do as much as possible to meet the objectives but where it does not happen, we may carry some over, with a view to ensure we complete it in 2025/26.

RATIFIED

1. Members of the Board noted the update on discussions held at the Primary Care Commissioning Committee on 20 November 2024; and
2. Ratified decisions made at the Primary Care Commissioning Committee on 20 November 2024.

To view the presentation accompanying this item, refer to pages 69 to 81 of the Board pack.

To view the recording for this item, refer to part 3 of the meeting recording from 48:05 – 58:08.

10 Business and Financial Planning 2025/26 - Health and Care Plan Review

Warren Beresford and Alex Jackson presented on Business and Financial Planning.



The following was discussed:

- Dr Raj Mitra mentioned that over the last few weeks there had been a lot of discussion around productivity within the NHS and wondered whether, with the plans for the year ahead, thought had been given to how we can be more productive.
- Dr Penelope Jarrett noted it had been mentioned that GPs had been very productive in terms of number of appointments delivered. Dr Jarrett also wanted members to understand that GP funding is different to that of councils and trusts.
- Dr George Verghese suggested that we need to start to describe what a neighbourhood in Lambeth is to our residents. A neighbourhood will be different in different communities, which is important for us to understand and recognise, but we will need to describe something that makes sense to our residents.
- Jasmina Lijesevic followed up on Dr Verghese's point and confirmed that as a resident there can be a disconnect or overlap and the word 'neighbourhood' is mentioned so much it can become overused and confusing.
- Josepha agreed and explained there will be no fixed end point as it is something that will evolve and continue to evolve in years to come but even if we do not have a fixed definition, we can definitely think about how to communicate what this means for residents and how we build on it, using the Board and different forums we have available. We need to put together a clear narrative on what a neighbourhood means for Lambeth and break it down into clear steps that we are going through, including how we will engage residents going forward. We will need to bring back to the Board how we are going to do that and how we are going to engage our partners, as part of ongoing business planning.
- Dr Di Aitken explained it is good that the Board is able to discuss these points as over the next few months, agreements will need to be made around business planning and encouraged members to keep discussions alive.
- Alice Jarvis responded to Jasmina's point around duplication and explained the intent is there to remove the duplication where possible.
- Andrew Eyres confirmed we will come back to this point at future meetings and explained we must think of the health and care system as a whole and not just one part of the system, so that we are not duplicating.

Action: Further item on the development of 'neighbourhood teams' in Lambeth to come back to future Board discussions.

RESOLVED

1. Board members noted the requirements of the 2025/26 Lambeth Together business planning and associated timeframes;
2. Provided feedback on the approach and considered their role within the planning process; and
3. Committed to collaborate on producing and delivering an impactful plan.

To view the presentation accompanying this item, refer to pages 83 to 100 of the Board pack.

To view the recording for this item, refer to part 3 of the meeting recording from 1:12:03



– 1:39:15.

11 Lambeth Together Care Partnership - Terms of Reference Annual Review

Alex Jackson updated on the Lambeth Together Care Partnership Board Terms of Reference:

- Changes discussed and proposed at the December Seminar have been made and the updated terms of reference have been agreed.

RATIFIED

1. Board members noted the recommended updates to the Lambeth Together Care Partnership Terms of Reference; and
2. Approved the proposed January 09 2025 Lambeth Together Care Partnership Board Terms of Reference for submission to the SEL ICB Board.

To view the presentation accompanying this item, refer to pages 101 to 108 of the Board pack.

To view the recording for this item, refer to part 3 of the meeting recording from 1:39:20 – 1:40:30

12 Questions from public attendees

- Basia Brzeziecka wanted to raise awareness of the many people living with dementia who live alone and feel isolated. She explained that many of those people cannot access social groups or other services and that without social stimulations this causes further decline. She explained there is a need for support workers who could support people living with dementia with letters, medical appointments, and accessing services. Basia asked to exchange details with Jack Gerrard from Age UK for more project information - jack@ageuklambeth.org
- Sarah Flanagan asked about human papillomavirus (HPV) vaccines and if the uptake information was available. Warren Beresford explained the data is published nationally and we do have benchmarking data so will share that with members.
- In the meeting chat Martin Heath asked Jasmina to clarify the point about the annual health checks, as these health checks are only available for people with learning disabilities and autism and not available for autistic people without learning disabilities. Jasmina confirmed this question has been raised a number of times and has caused confusion for a number of people, in terms of, how a learning disability is defined and who is or is not entitled to the health checks. Dr Aitken and Jasmina confirmed it is an ongoing issue within multiple spaces and has been raised on multiple national platforms so encouraged Martin to keep engaged with the discussions.



Action: Age UK and Age Friendly team to follow up Basia's question outside of the meeting.

Action: Respond to Martin Heath's question via email.

Action: Warren Beresford to share benchmarking data around the HPV vaccine with members.

13 Date of the next meeting

The date of the next Lambeth Together Care Partnership Public Board meeting was confirmed as Thursday 6th March 2025 at the Brixton Library.

Dr Raj Mitra noted the feedback from the November Board meeting and the need to ensure the building was suitable for those with a disability. Sarah Flanagan noted we need to advertise how to get into the library using the wheelchair access. Andrew Eyres confirmed the team were reviewing all feedback and matters related to the meeting accessibility and would consider ways to ensure accessibility, logistics and comfort for the March Board.

Bimpe Oki asked members to fill out the Pharmaceutical Needs Assessment survey to feedback on local pharmacy services. The Lambeth Council Public Health team is carrying out a Pharmaceutical Needs Assessment (PNA) to find out what local people need from their pharmacy services. This survey will help us to understand your views and identify areas for improvement to help shape local services.

<https://haveyoursay.lambeth.gov.uk/en-GB/projects/pharmaceutical-need-assessment-pna-2025>

The meeting ended at 16:55pm

CHAIR
LAMBETH TOGETHER CARE PARTNERSHIP
(FORMERLY LAMBETH TOGETHER
STRATEGIC BOARD)
Thursday 6 March 2025

Date of Despatch: Wednesday 22 January

Contact for Enquiries:

Web: www.lambeth.gov.uk

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Lambeth Together Care Partnership Board - Action Log

Actions update for March 2025 Board

No	Date Raised	Action	Status
1	09/01/2025	Bimpe Oki to explore further promotion of the Annual Public Health Report, including promoting the link to the report on the Council website.	Closed
2	09/01/2025	Merwaan Chaudhry to gather information on Oliver McGowen training and share with Board members.	Closed
3	09/01/2025	Dan Stoten and Merwaan Chaudhry to meet outside of the Board meeting to discuss links with CAMHS and the CYP.	In progress
4	09/01/2025	Merwaan Chaudhry to link in with the Age UK Gambling Link Workers - gamblingawareness@ageuklambeth.org	Closed
5	09/01/2025	Alice Jarvis to link Merwaan Chaudhry with Guy's and St Thomas' to share data on suicide prevention.	In progress
6	09/01/2025	Further item on the development of 'neighbourhood teams' in Lambeth to come back to future Board discussions.	Closed On Forward Plan
7	09/01/2025	Warren Beresford to share benchmarking data around the HPV vaccine with members.	In progress
8	09/01/2025	Lambeth Together updated Terms of Reference approved by the ICB Board.	Closed

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Lambeth Together Care Partnership Board

Title	Lambeth Together Place Executive Lead Update
Meeting Date	06 March 2025
Author	Andrew Eyres, Place Executive Lead Lambeth, Corporate Director, Integrated Health, and Care, Lambeth Council and South East London Integrated Care Board
Lead	Andrew Eyres, Place Executive Lead Lambeth, Corporate Director, Integrated Health, and Care, Lambeth Council and South East London Integrated Care Board

This item is for:

<input checked="" type="checkbox"/>	Information	<input type="checkbox"/>	Discussion	<input type="checkbox"/>	Decision	<input type="checkbox"/>	Ratification
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Recommendations:

The Lambeth Together Care Partnership Board is asked to:

1. receive an update on key developments since the Lambeth Together Care Partnership Board meeting in public on 09 January 2025

What other groups or committees have considered this item to date?

N/A. Individual items addressed at various fora.

Summary and Impact on Inequalities

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

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Lambeth Together Care Partnership

Place Executive Lead Report

6th March 2025

Andrew Eyres – Corporate Director, Integrated Health and Care

‘Our Health, Our Lambeth’

As we approach the third year of [‘Our Health, Our Lambeth 2023-2028’](#), we are reflecting on our progress and undertaking our second annual review. This process is a key opportunity to take stock of what we’ve achieved, acknowledge the challenges we face, and refine our priorities for the years ahead. With increasing financial pressures across the system and the evolving national policy landscape, including a new 10-Year NHS Plan - we must be even more focused on how we plan and deliver health and care services in Lambeth. Our full annual review and Action Plan for 2025-26 will be published following sign off at our May Board meeting.



In the past year, we’ve made significant strides in key areas of our Plan. We have continued to develop and embed more proactive and integrated models of care such as the multi-disciplinary Primary Care Alliance Network (PCAN) in our adult mental health services and the Child Health Integrated Learning and Delivery System (CHILDS) framework. The expansion of the Hospital @Home service has helped reduce demand on hospital services, enabling more residents to receive care in their own homes. Lambeth Child and Adolescent Mental Health Services have made meaningful progress in improving access to mental health support for young people, reducing waiting lists and ensuring that those in need are seen sooner. We’ve also seen real impact in our work to improve access to care and tackle health inequalities. Our newly electric Health and Wellbeing Bus has been reaching over a thousand residents and workers each month, providing essential health advice and support in community spaces. Our recently launched Sexual Health Outreach Services, including the Sexual Health Empowerment & Reproductive Outreach (SHERO) initiative for women of black heritage will be instrumental in breaking down barriers and making sexual health services more culturally appropriate and accessible.

As we celebrate these successes, we also recognise that we face an increasingly challenging financial landscape. The national NHS guidance for 2025/26 has set clear expectations for us improve efficiency and prioritise interventions that we know have a high impact and better manage demand, whilst continuing to live within our budget. Local government faces significant resource challenges through the demand for housing and social care services. The government’s vision for a neighbourhood-based care calls for a shift towards prevention, community-based care and digital innovation, which aligns closely with our own plans but will require us to optimise our existing partnership resources and collaboration to implement effectively. Looking ahead, our focus will be on developing and strengthening integrated neighbourhood teams, initially to better support people with long-term conditions and those at risk of frailty, enhancing and addressing health inequalities, particularly in areas such as maternal health. We will also continue our efforts in prevention, with continued emphasis on vaccination outreach, targeted weight management support, and comprehensive smoking cessation services. At the same time, we will push forward with enabling activities including population health management tools and digital transformation, ensuring that our systems are more efficient, inclusive and responsive to the needs of our residents.

As we move into the next stage of planning, our priority is to ensure that our refreshed strategy reflects our ambition to drive improvement in outcomes for our communities, but equally realistic in terms of the resource challenges faced by all our partners. My thanks to all our partners for their continued focus on driving system wide change in partnership. Together, we are building a health and care system that is not only sustainable but also truly responsive to the people of Lambeth. We look forward to and embrace the conversations ahead as we finalise our plans for 2025/26.

Our Governance and Leadership

In October 2024 we launched the Board on the Bus initiative, supporting our board members to join the Lambeth Health and Wellbeing Bus as it visits community locations across the borough. This initiative extends the Board listening programme, enabling our Board members to hear the thoughts and views of residents, which are captured and reflected back at the Board seminars. Each month board 'buddies' team up on a bus visit where our board members talk to residents about what matters most to them about health and care for them and their families at a variety of locations across the borough. Recent stops have included West Norwood Library, the PEACS (Pain: Equality of Care and Support within the community) Festive Event at Morley College and The Womanhood Event at Moorlands Leisure Centre. Residents connecting with our board members have raised a number of issues, including concerns around the cost of living, access to GP appointments and long waits for treatment, highlighting the difficulties around isolation and loneliness and the need for inexpensive leisure activities, especially for children to support their health and wellbeing.



Dr Nozomi Akanuma - Living Well Network Alliance Clinical and Care Professional Lead and Sarah Flanagan - Patient and Public Voice Member



Louise Dark - Chief Executive, Integrated and Specialist Medicine Clinical Group, Guy's and St Thomas' NHS Foundation Trust and Dr Di Aitken - Co-Chair, Lambeth Together Care Partnership Board



Cllr Cavanagh, Young People's Champion, Lambeth Council

Organisational Development: Following the learning and development from our one-year Board Member Organisational Development programme we have collaboratively designed a refreshed OD programme for the year ahead. The programme promotes active participation and meaningful engagement with residents, plus peer support and shared learning among our board and executive members, in order to ensure that they are well-equipped to drive sustainable change across our health and care system and can effectively implement and sustain the learning within their own organisations. This year the programme will take forward priorities on addressing systemic racism, embedding robust community engagement and driving forward delivery of *Our Health, Our Lambeth* ambitions.

Clinical and Care Professional Leads: In January all South East London Integrated Care Board [CCPLs \(Clinical and Care Professional Leads\)](#) were invited to join an in-person networking event. The session began with an overview of the Urgent and Emergency Care programme, highlighting key initiatives and progress and was followed by an interactive discussion on health inequalities and population health management, where participants shared insights and strategies to address these critical issues. Our CCPLs continue to support the delivery of our Health and Care Plan and develop improved, more personalised and integrated ways of supporting people across hospital, GP surgery, care homes and community settings, and in people's own homes. Their priority areas include maternity, children and young people's health, domestic abuse, mental health, community engagement, learning disability and autism, diagnostics, planned care, medicines and managing long-term conditions such as diabetes or chronic pain.

System Pressures

As a system we continue to address the demands on our urgent care system through the winter months, overseen through our Lambeth and Southwark UEC Board supported by our shared Winter Plan. Partners are continuing to work extremely hard to ensure people are seen in the right place, and at the right time and our performance to date this winter has compared well to other areas. This has been supported this year through five funded winter schemes, which we continue to monitor;

- Legal support for homeless patients
- Enhanced Transfer of Care Hub arrangements
- Co-location of hospital Same Day Emergency Care Services and increased opening hours
- Additional Out Of Hours winter capacity
- Additional beds for Homeless patients

In addition a single SEL Urgent Community Response (UCR) contact number for London Ambulance Service has been piloted from 16th December introducing a single, dedicated contact number for the London Ambulance Service via Consultant Connect. Appropriate Care Pathways (ACPs) and DOS profiles were updated to reflect the new contact details for London Ambulance Service staff and the system continues to develop well.

Our Delivery Alliances – a selection of highlights

Neighbourhood and Wellbeing Delivery Alliance (NWDA)

The Alliance has continued to co-ordinate our approach to developing Integrated Neighbourhood Teams (INTs) in Lambeth. This has involved ongoing engagement with partners through the Lambeth Together Executive Group (LTEG), Guy's and St Thomas Integrated Specialist Medicine directorate, Primary Care and Lambeth council including Adult Social Care, Children's Services and Public Health. Through this work we have established a new INT Working Group bringing together these cross-system partners to input into the proposed plans, with an initial focus on agreeing our local neighbourhood geographies and defining the integrator function. An update on the development of INTs is included on our agenda today.

A Primary Care Network Clinical Director event was held on 28 January which gave PCN Clinical Directors the opportunity to add their voice to the Lambeth Neighbourhood proposal and discuss resource utilisation. Positive feedback was gained at the end of the session with requests for more sessions in the future. In addition, the third *Strengthening General Practice* conference was held on 5 February, co-ordinated by the Lambeth GP Federation. This built on discussions held at the PCN CD event in addition to sessions from public health addressing inequalities and prevention, and an update from the Training Hub on General Practice workforce. The views of General Practice on neighbourhoods were captured across the two for a, which were widely positive but also provided more avenues to explore. The aim is to involve General Practice colleagues so there is a clear and consistent understanding of the developing new landscape and an opportunity to contribute to and influence its new ways of working.

NHS and Care Volunteer Responders is a flexible volunteering programme designed to support the NHS and Adult Social Care Services in England via a digital platform. Through local engagement campaigns promoting the service to key local health and social care teams the service has reported that during 2024 they have successfully linked 487 local volunteers to around 3,000 requests for support from Lambeth's health and social care services to deliver a range of activities for local residents. This support has included providing; 1,527 shopping trips for essential items, 536 trips to accompany an individual to a local activity, 274 pharmacy collections and deliveries to residents home, 167 pickup and drop off of medication or small items of medical equipment needed by the resident, 55 check in companion visits along with other supporting activities, helping Lambeth residents who do not have local friends or relatives able to provide much needed support in the short term.

Living Well Network Delivery Alliance (LWNA)

The LWNA has undertaken a rapid review commissioned by the Alliance Leadership Team, and led by Anu Singh (SEL ICB Non-Executive Director) to identify how the Alliance can ensure it continues to best function as it enters its three-year contract extension from April 2025, agree by the partners earlier this financial year. The Alliance has considered the findings of the review and will work with Alliance partners and other key stakeholders over the coming weeks to agree a plan to implement any changes to how we work and core priorities for the next phase of Alliance working from 2028.

The LWNA has also been working with other colleagues in the Children and Young People and Neighbourhood and Wellbeing Delivery Alliances to develop joint working as an agreed approach to setting

up Integrated Neighbourhood Teams in Lambeth. This programme will be an element of implementing national policy of the three strategic shifts (hospital to primary and community services; analogue to digital; and treatment to prevention) to help shape the future of health and support at the local level and closer to home.

Children and Young People's Delivery Alliance (CYP)

Alongside our other Alliances, the Children and Young People Alliance continues to help develop work for Integrated Neighbourhood Teams, with a focus on children and young people, drawing on learning from the CHILDS model. CHILDS has already demonstrated the benefits of integrated and proactive care, improving access, reducing unnecessary hospital visits and strengthening service coordination. These principles are shaping how early intervention, multi-agency collaboration and population health approaches are embedded into Integrated Neighbourhood Teams, ensuring that care is joined up, responsive and accessible. The Alliance is actively involved in this work, engaging system partners to ensure services reflect the needs of children, young people and families in Lambeth. As part of this work, the Family Hub and Start for Life Programme is bringing together services for families and children to improve accessibility, coordination, and support at the right time and in the right place. The Family Hub model in Lambeth will focus on early years and youth provision, providing a single point of access to key services such as perinatal mental health, SEND early support, youth justice outreach, and targeted family interventions. This approach aligns with the Alliance's commitment to improving access, early intervention, and joined-up working across the system.

Lastly, the Children and Young People Alliance and the Integrated Children's Commissioning and Youth Services Team held an Away Day at the start of February at Lambeth Town Hall. The event brought together over 100 colleagues for a day of reflection, discussion and planning. It was a chance to hear about the great work happening across the team, share achievements, discuss challenges and explore opportunities for collaboration on priorities for the year ahead. Updates were given on the challenges system partners face and highlighting the importance of collaborative and neighbourhood working as a way to adapt and respond. It was also of course a chance to thank staff for their continued hard work and commitment.

Lambeth Together Equality, Diversity and Inclusion (EDI) Group

In February we marked LGBTQ+ History Month, celebrating the history, achievements, and contributions of the LGBTQ+ community. Throughout the month Lambeth Council organised various events, including lectures, workshops, film screenings, art exhibitions, and community gatherings, including an Arts exhibition and creative design sessions for all ages at Brixton library. The Lambeth Together Equality, Diversity, and Inclusion Group is currently reviewing and refreshing its LGBTQ+ Working Group. The group provides strategic direction, challenge, scrutiny, and guidance to practices, policies, and procedures impacting LGBTQ+ people. The primary objective is to improve LGBTQ+ care and support across the Lambeth Together partnership and ensure our Health and Care Plan addresses the health inequalities faced by LGBTQ+ individuals. If you are an ally and would be interested in joining, please do not hesitate to get in touch with Shakaira Trail, Lambeth Together EDI Manager strail@lambeth.gov.uk.

We also recognised Race Equality Week from 3rd to 9th February, with Lambeth colleagues engaging in several activities to promote race equality and inclusion in the workplace, including the 5-Day Race Equality Challenge which involved five different activities over five days, encouraging colleagues to reflect and take action to drive race equality within Lambeth.

Long-Acting Reversible Contraception Hub Relocation

As of 3rd February 2025, Lambeth's Long-Acting Reversible Contraception (LARC) Hub is moving to Raleigh Gardens on Brixton Hill. Operated by MSI Reproductive Choices, this new hub replaces the previous service at the Akerman Health Centre.

The service aims to provide residents with accessible and convenient contraceptive services, including increased appointment availability and comprehensive consultations to help individuals choose the most suitable contraceptive method. Additionally, the hub offers coil appointments for hormone replacement therapy (HRT) and non-contraceptive purposes.

Appointments can be booked by calling 0345 300 2350, with no GP referral required. The previous service at the Akerman Health Centre will remain operational until the end of March 2025. This initiative aligns with Lambeth Together's Sexual Health Programme priorities, focusing on enhancing access to contraception and supporting residents in managing their reproductive health and I'd like to take this opportunity to thank the GP Federation for its partnership work on improving access to contraception.

New NHS Blood Donation Centre in Brixton



I was delighted to attend the official opening of London's newest Blood Donor Centre in the centre of Brixton in January. The purpose designed new centre has the capacity to accommodate more than 1,000 donors a week and replaces the temporary part-time site in the Town Hall. Through our Lambeth Together partnership, I hope we can help to support NHS Blood and Transplant to encourage Lambeth residents and staff to book a slot and save up to three lives with each donation. There's a need for all blood types, but O negative and B negative are especially vulnerable to shortfalls, while the Ro blood type (found among 56 percent of black donors) is urgently needed to meet the needs of people who have sickle cell disease, which predominantly affect people of black heritage. You can read more about the new Centre on our [Lambeth Together news page](#).



Age-Friendly Lambeth Action Plan

To help guide our approach to becoming an Age-Friendly Borough, Lambeth Council signed off its first Age-Friendly Lambeth Action Plan (2024-2027) at the Council Cabinet meeting on 24 February. In celebrating this milestone, Lambeth joins a growing number of local authorities in the UK and in London making commitments to support ageing well. The Age-Friendly Lambeth Action Plan will help guide efforts from the Council and partners to foster an age-friendly community and support older residents to age well.

The World Health Organization's Age-Friendly Cities and Communities framework, which includes key areas of community life such as transport, communication and information, civic participation and employment, among others, has been used to help inform the action plan. Additionally, extensive community engagement, reviewing of literature and the evidence base on ageing and consulting with leads across the Council – and partners – helped produce our actions.

The Action Plan will be published online in the coming weeks. As well as delivering the action plan, next steps will include finalising an evaluative framework for the plan and identifying further opportunities to work in partnership to raise the age-friendly agenda.

South East London (SEL) Creative Health Programme

On 12 February Lambeth Together colleagues supported the South East London (SEL) Creative Health Programme event organised in partnership with the Greater London Authority (GLA) and the Southbank Centre. The event looked at how creativity is being used to tackle health inequalities and can support the development of neighbourhood health. Creative health offers a different approach to health and wellbeing - one that draws on community assets and mobilises creative and cultural activity to support people to live well. This could be taking part in a community gardening project, a singing for wellbeing group, a social arts and crafts session, a cookery class, or any other creative activity either at home, in a community or health setting, or in a cultural and heritage space.

The event brought together system leaders, community representatives from the voluntary sector, local people with experience of improving health services and those with lived experience of utilising creativity to support their own wellbeing. The important work already happening on this locally in Lambeth was well represented in the panel discussions with contributions from Dr Vik Sharma outlining the work of Thriving

Stockwell, particularly in supporting the Latin American and Portuguese speaking community, and Tony Cealy highlighting the creative and cultural approach used by the Black Men's Consortium to improve Black men's mental wellbeing. As we further develop our approach to prevention, neighbourhood health and reducing health inequalities, it is vital that we continue to support and build upon these grassroots approaches that are being pioneered in our local communities.

Population Health Management

I am pleased to announce that, following a recent procurement process, we will commission the EZ Analytics Population Health tool for 2025/26. This tool will continue valuable population health insights, supporting general practice, and enabling the Lambeth Together Partnership to deliver targeted interventions in the year ahead. The tool has already proven its value in helping us achieve high rates of structured medication reviews and health checks for individuals with Severe Mental Illness and Learning Disabilities. Moving forward, it will play a key role in meeting the requirements set out in the recently published NHS Operating Plan guidance, which emphasises the importance of population health management, prevention, and support for those with long-term conditions. Additionally, we will also reflect how the tool may support us imbed our Integrated Neighbourhood Services.

Key Campaigns for Lambeth Together

Lambeth Together has continued to deliver impactful public health campaigns, with a strong emphasis in recent months on promoting vaccination, smoking cessation, blood donation, mental health, HIV testing, and cancer awareness.

Throughout winter, we have prioritised vaccination campaigns, particularly around Respiratory Sinus Arrhythmia (RSA), helping those vulnerable to lung infections stay well and avoid urgent care. In February, we continued promoting flu vaccinations for children, ensuring parents were aware that jabs remained available until the end of the month.

In January, we supported the premium London Smokefree app, offering residents 24/7 real-time support and 12 weeks of free nicotine replacement therapy or vapes to help them quit smoking. We also backed the national blood donation campaign, boosted locally by the opening of the new Brixton Blood Donor Centre, making it easier for Lambeth residents to donate and save lives. Additionally, we championed Great Mental Health Day (see below), reinforcing the importance of mental health support and signposting local services.

In February, we placed a strong focus on HIV Testing Week (see below), highlighting free and confidential testing opportunities. We also ramped up efforts to promote cancer screening, particularly for breast and prostate cancer, addressing health inequalities with the support of local faith leaders. On World Cancer Day (4 February), we joined a local initiative to raise awareness about the signs and symptoms of womb cancer.

Beyond these priority areas, we continued to support national and local campaigns, including Be Clear on Cancer, Carers Rights Day, and NHS Every Mind Matters, ensuring Lambeth residents had access to vital health information and support.



Great Mental Health Day in Lambeth

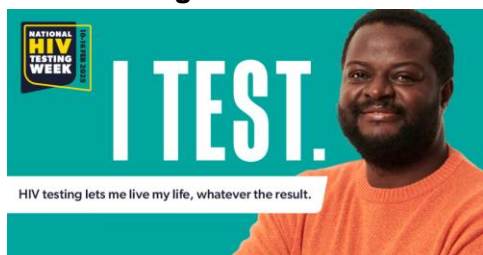
On Friday, 31 January 2025, Lambeth marked Great Mental Health Day by focusing on the theme 'Small Actions for Others' at an event which highlighted how simple acts of kindness can create a stronger, more supportive community while also improving individual well-being.

The day aimed to raise awareness of mental health, reduce stigma, and signpost local support services. It was

also an opportunity to recognise the incredible work of the many organisations, charities, and professionals in Lambeth who provide mental health support throughout the year. Cllr Jacqui Dyer emphasised the importance of these services and the positive impact they have on the community. A key part of the day was a free public webinar, led by Richard Davis, Lambeth Council's Community Engagement & VCS Support Officer. The session explored different ways residents could get involved in volunteering to support mental health in the community. Subsequently, we signed up an extra 80 subscribers to our volunteering newsletter – taking the total to over 12,000 members. We have had enquiries from three staff teams looking to arrange staff volunteer team sessions, and sign-ups to local group sessions including trainee volunteers at Brixton Windmill, food service at Ace of Clubs and telephone befriending sessions with Age UK Lambeth to name but a few. Residents were also reminded of mental health and crisis services available in Lambeth, including the free NHS Talking Therapies service, which provides confidential support for stress, anxiety, and depression. These services can be accessed directly or via local GPs. Great Mental Health Day aligns with Lambeth Together's ongoing efforts to promote well-being and support those experiencing mental distress. Through initiatives like the Living Well Network Alliance and the Staying Healthy Programme, Lambeth continues to work towards a healthier, more connected borough.



Lambeth Together and National HIV Testing Week



From 5 to 11th February 2024, Lambeth Together played a key role in supporting National HIV Testing Week, reinforcing our commitment to tackling HIV in the borough. Lambeth has one of the highest rates of HIV in the UK, and while progress has been made in reducing new diagnoses, late diagnoses remain a challenge. Testing is at the heart of our efforts to ensure that everyone can access the care they need at the right time. This year, we focused on making HIV testing as accessible as possible. Free home test kits were available to order

online, local GPs and sexual health clinics encouraged routine testing, and our Health and Wellbeing Bus offered walk-in HIV tests to reach people directly in the community. We also partnered with the Caribbean and African Health Network, running a free testing and information event at Brixton Library to support communities most affected by HIV. As part of our broader approach, we encouraged residents to participate in a survey aimed at improving HIV services, particularly for Black heritage communities. We recognise that stigma and health inequalities still act as barriers to testing, and we are committed to breaking these down through better access, awareness, and engagement. Lambeth Together's Sexual Health Programme continues to work towards reducing sexually transmitted infections, tackling HIV stigma, and ultimately eliminating new transmissions. National HIV Testing Week was a crucial moment in this effort, reinforcing the message that HIV testing is quick, easy, and a vital step toward better health for all.

South East London (SEL) Equality, Diversity, and Inclusion (EDI) Conference and Awards

We were delighted pleased that Lambeth has been shortlisted for two awards at the first South East London (SEL) Equality, Diversity, and Inclusion (EDI) Conference and Awards.

The Sickle Cell project led by the council's cost of living team in partnership with a number of other council teams, Guy's and St Thomas (GSTT), primary care networks, and local Sickle Cell Support groups has been shortlisted for the Innovation in EDI Award. The project supports low-income residents with sickle cell disease by providing non-clinical cost and energy-saving interventions to improve their health and well-being during winter.

Juliet Amoa, Associate Director for Equity and Inclusion, Community Health and Engagement, has been shortlisted for the Inspirational Inclusive Leader award for her work collaborating with various stakeholders

to co-create programs that tackle social and health disparities, particularly within marginalized communities. This award celebrates leaders who have made significant contributions to creating inclusive environments, fostering equity, and inspiring others to take action towards diversity and inclusion goals.

The awards ceremony will be held on 4 March. Good luck to both our nominees!

Lambeth HEART Team shortlisted for Local Government Chronicle Award

Finally, and on a similar note, congratulations to the HEART team who have been shortlisted for a Local Government Chronicle Award under the Community Involvement category for their work in transforming research and health equity in Lambeth. The winning submission will be known on 9th June. Good luck to Lambeth HEART.



Lambeth Together Care Partnership Board

Title	Learning Disabilities and Autism (LDA) Programme Deep Dive
Meeting Date	06 March 2025
Author (& role / title/s)	Helen Bolger (Lead Commissioner, Lambeth Council and SEL ICB) Amy Miland & Sarah Pritchard (Community Living) Dr Nandi Mukhopadhyay (CCPL in Learning disabilities and autism : SEL ICS :Lambeth) Michelle Homer (Lead Commissioner, Lambeth Council) Tom Gallagher (Expert by Experience)
Lead / Presenters (& role / title/s)	Presenters: As above Lead: David Orekoya (Associate Director Integrated Commissioning – Mental Health and LDA)

This item is for;

<input checked="" type="checkbox"/>	Information	<input checked="" type="checkbox"/>	Discussion	<input type="checkbox"/>	Decision	<input type="checkbox"/>	Ratification
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Recommendations;

The Lambeth Together Care Partnership Board is asked to;

1. Note and support the progress of the Learning Disabilities and Autism Programme and Lambeth All Age Autism Strategy throughout 2024/25
2. Provide feedback and questions to the team

What other groups or committees have considered this item to date?

Lambeth All-Age Learning Disabilities and Autism (LDA) Steering Group

Summary and Impact on Inequalities

Learning Disabilities and Autism (LDA) Programme Deep Dive

- The care provider perspective on supporting individuals in the community
- Learning Disability Annual Physical Health Checks
- The Lambeth All Age Autism Strategy

The Lambeth All-Age LDA Programme reports a number of successes from the 2024/25 year and today's presentation focuses on three main areas.

Reducing inpatient admissions and facilitating discharge for people with learning disabilities and/or autism

There has been further progress on reducing the use of the most restrictive hospital setting to care for people with learning disabilities and/or autistic people. In year three adults were discharged sustainably to the community.

We know from local and national data that people from minority ethnic backgrounds and in particularly Black backgrounds, are more likely to be supported in the most restrictive settings. Personalised discharge planning and admission avoidance programmes mean that in the last three years the number of people from Black backgrounds in hospital has decreased by 50%.

We couldn't have done this without good quality personalised support from care and support providers. Representatives from *Community Living* will explain how they use a Positive Behaviour Support (PBS) approach to support people with complex needs and life histories to live well in the community

Annual Physical Health Checks

GP Practices within Lambeth Place are on track to achieve a percentage update of Health Checks and Health Action Plans over and above the national target of 75%.

The LDA Programme undertook further analysis of those who repeatedly not accessing a Health Check and worked with family carers and the voluntary sector to listen to concerns about awareness of the Health Checks and to share information. This is particularly focussed on hearing the voices of people from historically marginalised communities.

A communications and engagement plan is now in place to work collaboratively with voluntary organisations who are supporting people on the ground to raise awareness of the Health Check and encourage people to take them up.

Lambeth All Age Autism Strategy

In 2024 we launched our Lambeth All Age Autism Strategy with a vision to create an environment where autistic individuals of all ages are valued and included in their communities.

The Programme will feed back on progress of the All Age Autism Fund which offers support community projects that enhance autism awareness, build community support, promote employment, and ensure safety.

Tom Gallagher, an expert by experience will share his experience of working in Lambeth as an autistic person.



Learning Disabilities and Autism (LDA) Programme Deep Dive

	Presenter
Programme Overview 2024/25	Helen Bolger (Lead Commissioner, Lambeth Council and SEL ICB)
The care provider perspective on supporting individuals in the community	Amy Miland & Sarah Pritchard (Community Living)
Learning Disability Annual Physical Health Checks	Dr Nandi Mukhopadhyay (CCPL in Learning disabilities and autism : SEL ICS :Lambeth)
The Lambeth All Age Autism Strategy	Michelle Homer (Lead Commissioner, Lambeth Council) Tom Gallagher (Expert by Experience)
Questions	



Programme Highlights 2024/25

Outcome 1

People with learning disabilities and/or autism are discharged from inpatient settings and supported to live in the community with appropriate accommodation and care.

Lambeth's **drop-in and floating support services** were re-launched in April 2024 to continue helping live independently in their own homes

In year **3 adults with leaning disabilities and/or autism were discharged** from specialist inpatient facilities, using one-system planning approach.
In the last three years the number of **people from Black backgrounds in the most restrictive hospital settings has decreased** by 50%

Outcome 2

The gap in life expectancy between people with learning disabilities and/or autism and the general population narrows

Improving awareness of the **Annual Health Check: Communications and engagement plan** launched working with people with learning disabilities, carers, schools and voluntary organisations, with particular focus on engagement with diverse and racialised communities

Agreed and rolled out **Individual Placement Agreements** for new LDA residential care and supported living placements, giving more clarity on the most important outcomes for clients and the care we commission.

Outcome 3

Health and social wellbeing across the life course for all people of all ages, with learning disabilities and autism, improves

Lambeth Engagement Principles developed in collaboration with stakeholder steering group and agreed at LDA Steering Group are now embedded in all our work

The 0-25 Disabilities Service was launched to offer stronger and clearer support for children and young people in the service as they prepare for adulthood, with fewer hand-offs between services and earlier transition planning.

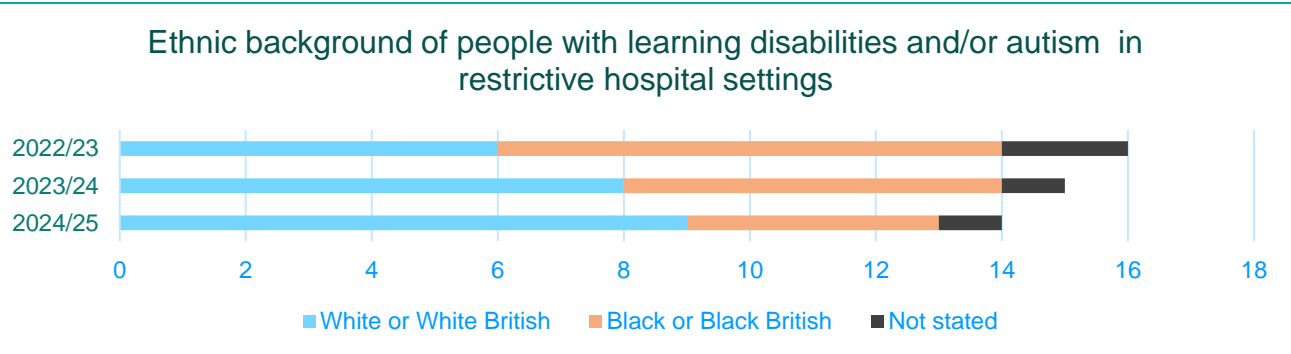


Reducing inpatient admissions and facilitating discharge for people with learning disabilities and/or autism

It is an NHS Long Term Plan objective to “improve community-based support so that people can lead lives of their choosing in homes not hospitals; further reducing our reliance on specialist hospitals”

Admission Prevention: what is in place from the system

- **Care Education and Treatment Reviews:** a community CETR is a multi-agency, person-centred and holistic review of a person’s care and life context with aim of preventing admission to hospital
- **Dynamic Support Register (DSR) CYP** – fortnightly multi-agency meetings include SEL ICB, Positive Behaviour Group, CAMHS, Keyworker Service
- **Dynamic Support Register (DSR) adults** – bimonthly multiagency meeting include SEL ICB, ASC and Lambeth MHL D
- SEL Positive Support Group – **Behaviour Intensive Community Support** service (ages 10-25)
- **SEL Select Keyworker service** (up to age 25) – offers liaison between professional and the CYP and family to find imaginative, person-centred ways to prevent admission



No. of people in inpatient settings

	2022/23	2023/24	1st Feb 2025
Adults	15	13	12
Children	1	2	2
Total	16	15	14

Page 33

No. of people discharged and now settled in the community (excludes those readmitted)

	2022/23	2023/24	1st Feb 2025
Total	4	4	3

Supporting Individuals in the Community

A PBS Perspective

COMMUNITY LIVING – AMY MILAND, UKBA(CERT) & SARAH
PRITCHARD

Who are we?

Supported Living in Lambeth for people who need extra help to live in the community safely and with a good Quality of Life.

Diagnoses of those we support include ASD, ADHD, LD, mental health needs and many more.

Our goals are for people to have the same opportunities as their peers with the least restrictions possible

We have an embedded PBS team and are members of the restriction reduction network (RRN)

Single or shared self-contained flats or own property.

Day Centre internal at Knights House; purpose built coming soon at Kenbury House! Behaviour Team led with skills teaching and opportunities to make friends.



Knights House – 16 clients currently supported. 2 share.



Kenbury House – 5 clients currently Supported full-time.



Outreach Support
(in own homes)

What is PBS (Positive Behaviour Support)

- Not a crisis support team!
- Work with the person and their families to enhance lives through using the science of behaviour
- Focuses on Quality of Life and supporting happiness through skills teaching.
- Subsequently, a natural outcome is a reduction in unsafe behaviours which place the person or others at risk
- Looks at whether people have access to the things they want and need.
- Teaches vital communication skills
- Uses assessments to understand behaviour – the function (the ‘why’) and what we can do to help.
- Understands sensory needs and looks at the environment to ensure it is supportive and safe.
- Monitors behaviour changes
- Looks at social validity and fidelity systems to check if skills are functional and meaningful.

Team

- Clinical Director
- Behaviour Specialist
- PBS Practitioners
- RBT
- PBS Leads
- Service Manager/Team Leaders
- Amazing Support Teams



Expertise

- Autism, ADHD, LD
- Anxiety
- Sex and relationships
- Sleep disorders
- Diet/feeding disorders
- Pica
- PDA
- Emotional regulation
- Smearing
- Trauma
- Functional speech/AAC
- Active Support (PCAS)
- ACT
- Sensory needs



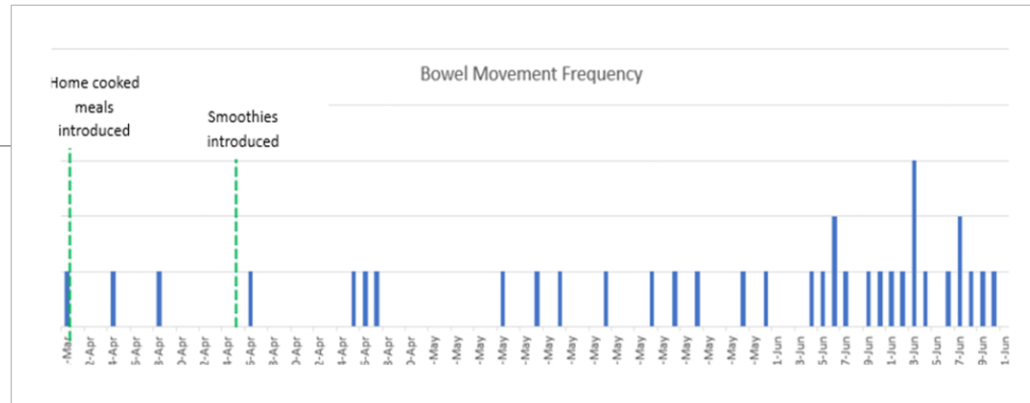
Training & Support

- Person centred – language included
- Fun, flexible, creative
- Scientific basis
- Rapport
- Team led
- Individualised
- Training – BST, embedded, classroom
- Stakeholder involvement
- Co-production with person – Oliver McGowan TTT; interviews; work experience; jobs.
- Trauma informed care

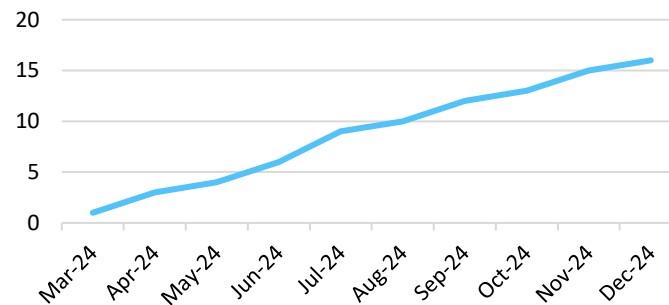
Case Study 1 — Moving on from Hospital

BEFORE

- Limited access to what she loves
- Often secluded
- Favourite items removed
- Poor diet
- Restrained
- Limited movement
- Lack of trust and rapport with team
- 5:1 support
- Very restricted diet
- Frequent enemas due to poor diet
- **More incidents, less bowel movements**



New Skills Learned - Cumulative



PBS Approach

Skills Teaching – Identifying Emotions and Cooking/new foods
 Creative approaches – AirUp bottle; modelling; visuals and choices
 Assessments and data – trauma informed; trackers to monitor
 Overlaying health with behaviour and understanding the link

NOW

- Close collaboration with her health team
- Desensitised to to medical professionals and spaces meaning more medical support (and answers!)
- Supported by staff who understand her preferences and cultural needs
- Now drinking smoothies and eating home cooked food
- Learnt lots of new skills!
- Staff reduction plan – behaviour data led.
- **More bowel movements, less incidents**

Case Study 2 – Preventing Re-Admission

BACKGROUND

- Young woman with history of admission and stay in hospitals
- Moved into new home in 2024
- High anxiety levels previously led to her not leaving a room for 3 months in old home
- Significant incident involving restraint from police, and required trip to A&E
- Previously this had led to a lengthy hospital stay

PBS SUPPORT

- Creative approach based on her preferences and interests – Princess activities and sensory supports
- Allowed her to move with trust
- Dynamic changes to support – internal reviews with team to identify small changes
- Observations and direct feedback to the team to tweak input and check for consistency
- Ongoing tracking of early warning signs to identify any future changes in wellbeing
- Sleep tracking to monitor early signs
- Support for staff to ensure their own well-being
- Co-production with the young woman to agree on safety plans

OUTCOME

- Able to remain living in her own home
- Introduced internal work experience to develop computer skills (building on personal interest)
- Team able to identify even subtle changes in emotions and mood – and act early!
- Developing skills
- Built trust with a team that also supports her cultural needs and contact with family

Communication aids; easy reads; skills teaching (emotions/staying safe) staff training

Work with family; de-briefs and lessons learned log.



Annual Physical Health Checks

2018-2024 Year on Year Performance

	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24
The number of people General Practice LDA registers	1346	1469	1402	1465	1510	1648
Checks & Health Action Plans completed	1008	1042	953	1169	1308	1370
Percentage	74.9%	70.9%	68.0%	79.8%	86.6%	83.1%

- The position in December 2023 was 52%.
- The annual trend is approx. 30% of checks being completed in the first half of the year and approx. 50% from October to March.

2024/25 Performance

	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
The number of people General Practice LDA registers (Denominator)	1651	1656	1659	1674	1681	1693	1702	1716	1719
Checks & Health Action Plans completed	33	86	160	237	327	465	705	811	940
Percentage completed	2.0%	5.2%	9.6%	14.2%	19.5%	27.5%	41.4%	47.3%	54.7%



Annual Health Checks: National Cancer Screening

National Cancer Screenings: LDA

	Mar-22			Mar-23			Mar-24			SEL population
	LD	Autism	Both	LD	Autism	Both	LD	Autism	Both	
Bowel 60% target	43.1%	48.3%	45.7%	48.4%	54.8%	51.6%	48.3%	46.8%	47.6%	59.3%
Breast 80% target	43.4%	38.9%	41.2%	40.7%	56.0%	48.4%	41.9%	60.7%	51.3%	50.0%
Cervical 80% target	51.4%	64.7%	58.1%	48.5%	60.9%	54.7%	49.4%	63.9%	56.7%	65.4%

- The eligible population across the 3 screenings is quite small: Bowel 332 people, Breast 213 people and Cervical 602 people.



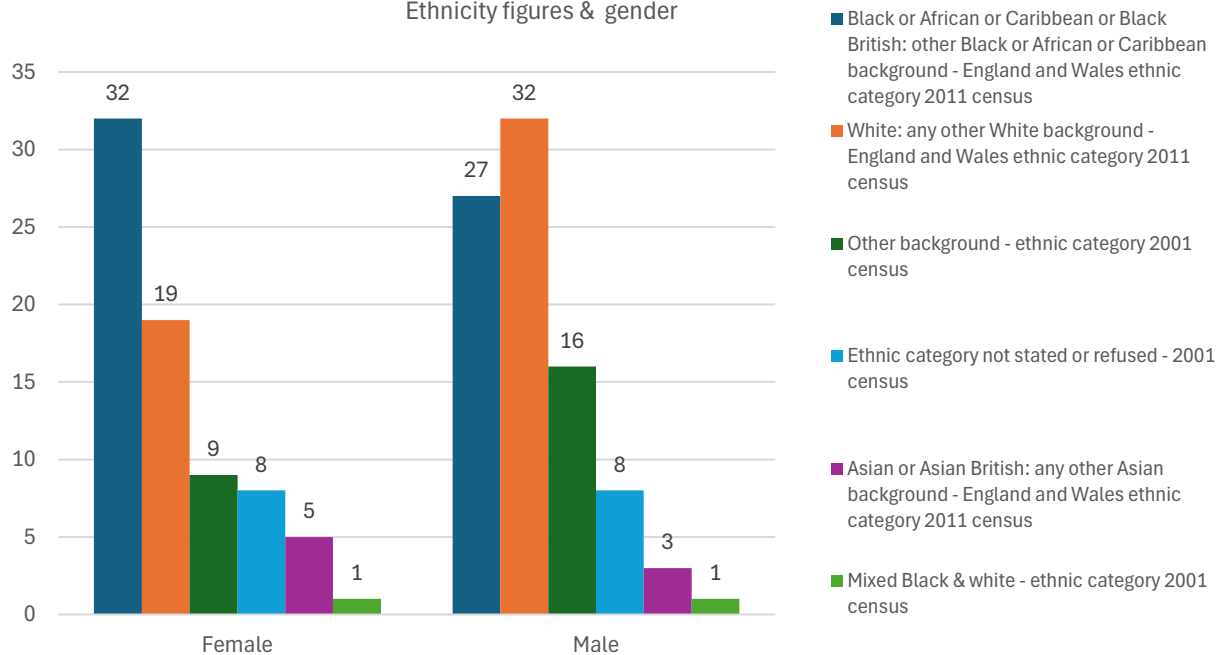
Annual Health Checks: People not Engaging

An audit to identify people who have not had a health check in the 3 years from 2021/222 to 2023/24:

A total of 161 people, approx. 10% of the register, did not attend for a health check

	Female	Male	Total
14-20	18	27	45
21-30	11	26	37
31-40	12	19	31
41-50	7	3	10
51-60	11	8	19
61-70	11	3	14
71-80	4	1	5
Total	74	87	161

Ethnicity figures & gender



KEY MESSAGES

37% were Black African/Caribbean

32% were White

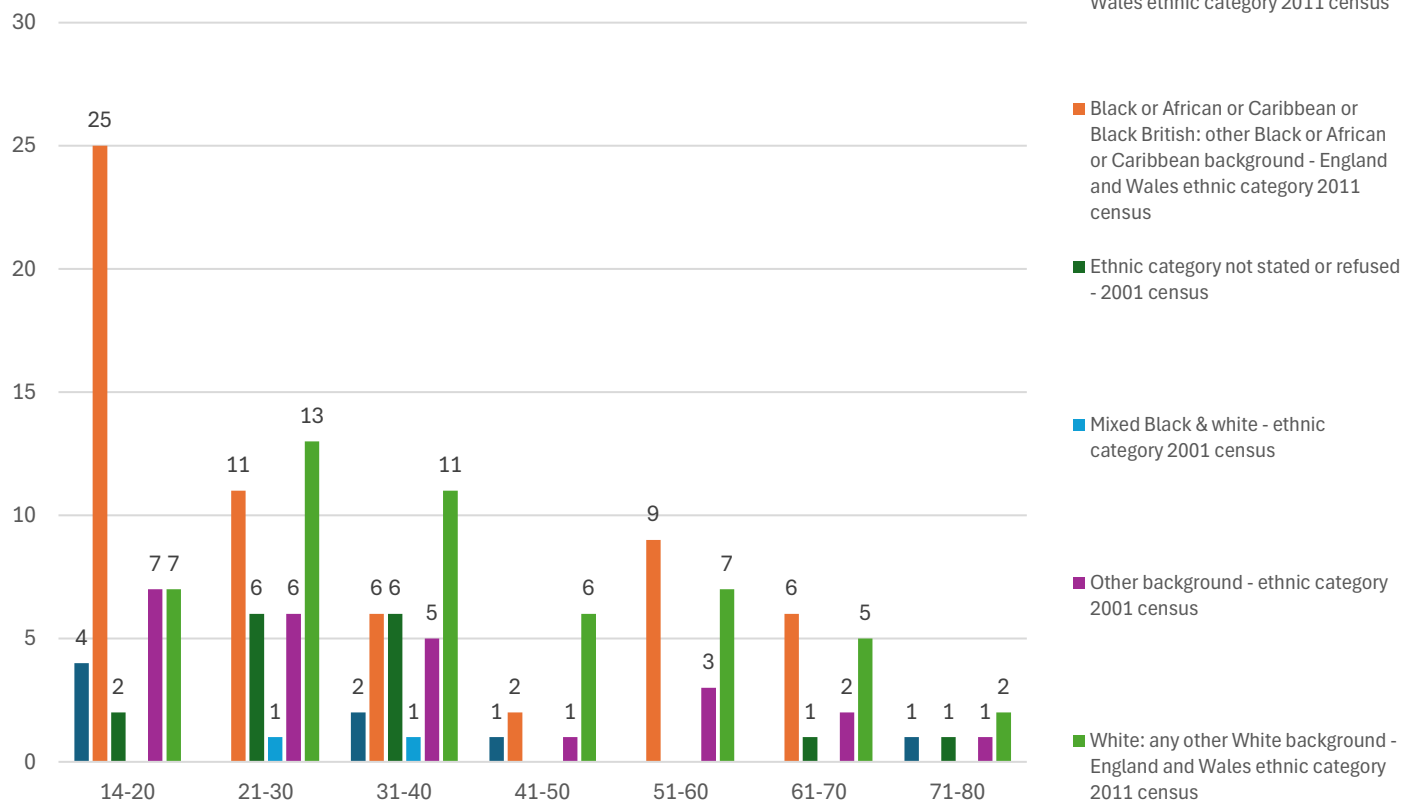
The same number (32) of Black females as White males did not have a health check

Half of those who didn't attend were under 30 years old



Annual Health Checks: People not Engaging

No. of pts by age group & ethnicity



KEY MESSAGES

All ethnicities had higher numbers of younger people under 40.

A disproportionately high number of Black African and Caribbean people under 30 didn't have a health check.

60% of White people who didn't attend were under 40 years old.

People in the Other category were more evenly distributed through the age groups.



Annual Health Checks: 24/25 Plan

- Communications and engagement plan developed using results of the audit to focus on engaging young Black people on the register to attend for health checks.
- Commissioners met with Carers' representatives in September to listen to concerns about awareness of the health checks and to share data and information.
- Link with schools, including special schools, and colleges and SENCOs and Children's Commissioning
- Joint working with Lambeth Carers' Hub and Social Services to run health and social Q&A sessions for individuals and carers
- Widely share information about health checks with people with learning disabilities and their family/carers ensuring it is Easy Read and includes information about eligibility for being on the register
- Work collaboratively with voluntary organisations who are supporting people on the ground to raise awareness of the health check and encourage people to take them up

Lambeth All Age Autism Strategy – LTCP March 2025

Bridging Gaps, Enhancing Lives



Working in partnership for a healthier borough

Lambeth All-Age Autism Strategy 2024 - 2027



CONTEXT:

Aligned with the UK's "**National Strategy for Autistic Children, Young People and Adults: 2021 to 2026**," Lambeth Council has developed an All-Age Autism Strategy.

The national strategy encourages local authorities to take a comprehensive approach to supporting autistic individuals across all ages. It underlines the importance of local engagement with autistic communities, collaboration with the health and education sectors, providing consistent support for all ages, addressing service gaps, and ensuring transparency in ongoing developments.

Vision:

To create an environment where autistic individuals of all ages are valued and included in their communities. This includes providing access to early intervention and education services, as well as employment and housing opportunities tailored to the unique needs of autistic individuals. The strategy also aims to increase understanding and awareness of autism among the general population and reduce the stigma and discrimination many autistic individuals face.

Resource Available: £240k non-recurrent funding from SEL ICS to spend on the project to support the implementation of the SEL Autism Strategy.

The Lambeth All Age Autism Strategy highlights a collective dedication of partners, families, and the wider community in driving meaningful change. The ongoing implementation of the strategy remains committed to fostering inclusive practices and delivering high-quality support that adapts to the evolving needs of autistic individuals and their families in the wider community.



Tom Gallagher

Lived experience: Impact of the Lambeth All Age Autism Strategy



All Age Autism Strategy: Project Update

March 2025



Key Outcomes to date:

- Increased autism awareness across Lambeth through campaigns and workshops.
- Enhanced employment opportunities with direct support and partnerships.
- Strengthened collaborative efforts with Lambeth Together, GSTT, and VCS.
- Planned funding for innovative projects tailored to the needs of autistic individuals
- Established the Autism Strategy Implementation Group (ASIG) and held our first meeting in November 2024. This is formed of leads from various departments, healthcare providers and community organisations to ensure that the Actions that they have committed to are being progressed.

Commissioning Actions:

- SEL ICB's £240,000 grant targets four key aims: enhancing autism awareness, building community support, promoting employment, and ensuring safety.
- 23 submissions received to the All Age Autism Fund, autistic individuals helped review bids, ensuring community relevance.
- 6 projects are fully funded, 6 partially funded, and others await further clarification.
- Examples: Activities range from craft-making workshops and bilingual support sessions to an inclusive football club, each measured through attendance, feedback, and social outcomes.

Collaborative Working:

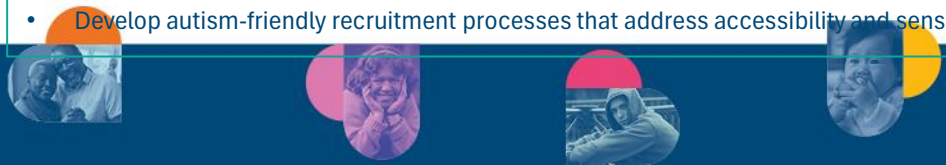
- We're working with key partners through Lambeth together – Living Well Network alliance.
- SLaM and Lambeth LA have recently launched individual All Age Autism Strategies which outline several recommendations. The approach of the Alliance is that we will review the 2 strategies and decide on actions to be taken from these recommendations
- SLAM Awareness & Training - Autistic people involved in auditing services. This project aims to ensure that autistic individuals are meaningfully involved in service audits across the Alliance, which includes Lambeth Council, SLaM, Certitude, and Thames Reach. By embedding autistic voices into service reviews, the project will foster inclusivity and highlight real-world challenges faced by autistic individuals in accessing services. Staff will be supported with guidance on how to engage autistic individuals effectively while addressing their specific needs.
- Develop autism-friendly recruitment processes that address accessibility and sensory needs

Action Plan Progress:

- Collaborate with Lambeth Made for an improved SEND Careers Offer and comprehensive SENCO/teacher training.
- The Skills and Employment team are working collaboratively with the Senior Strategic Area SENCO to support young people with SEND and Autism into Supported Internships
- Discussions are ongoing with the SENCO teams and Preparing for Adulthood Strategy Lead to ensure schools and networks are informed of opportunities for young people.
- Work proactively with schools, Higher Education and Further Education institutions to deliver employer-led careers and employability skills support for young people with SEND and autism
- A pilot for SEND career programmes in Lambeth schools is underway, with South Bank College and Orchard Hill College as partners for supported internships.

Next Steps:

- We plan on having a Welcome Event in January/February for successful applicants of the grant
- First Autism Action forum in January and February. This will include providers and people with lived experience to discuss how the action plan is doing.
- Prepare for Autism Awareness Week (2nd–8th April), including a public event with guest speakers, workshops, and a consultation for adults with autism (without learning disabilities).





Lambeth
together



Questions



Lambeth Together Care Partnership Board

Title	Lambeth Together Primary Care Commissioning Committee update
Meeting Date	06 March 2025
Author	Peter Lathlean – Head of PCN Development and Commissioning
Lead	Jasmina Lijesevic – Lambeth Together Board Lay Member

This item is for;

<input checked="" type="checkbox"/>	Information	<input type="checkbox"/>	Discussion	<input type="checkbox"/>	Decision	<input checked="" type="checkbox"/>	Ratification
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Recommendations:

The Lambeth Together Care Partnership Board is asked to:

1. Note the update on discussions held at the Primary Care Commissioning Committee on 22 January 2025
2. Ratify decisions made at the Primary Care Commissioning Committee on 22 January 2025

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

Summary and Impact on Inequalities

The Primary Care Commissioning Committee (PCCC) is responsible for facilitating service users with accessible and equitable primary care services in our community. This includes services provided by General Practices, Dentists, Pharmacists, and Eye Care Specialists. 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 22 January 2025, and an opportunity to ask further questions and feed into the PCCC business.

Lambeth Together Primary Care Commissioning Committee (LTPCCC)

Summary of Meeting held on
Wednesday 22nd January 2025



Working in partnership for a healthier borough

LTPCCC Part Two Meeting



Approvals recommended to the Board:

Lambeth Estates General Update

The committee received an update from the estates team – paper highlighted progress with the wider SEL Integrated Neighbourhood Team board. PCCC will receive future updates on the estates and infrastructure strategy being developed to support neighbourhood integration. Estate team are waiting on NHS planning guidance and will commence activities once published.

AT Medics at the Streatham Primary Care Centre

The Committee received an update on the estate's situation at the Streatham Primary Care Centre. This included confirmation the GP lease is due to expire this calendar year – GSTT services have since vacated the centre resulting in significant void space. Estates colleagues proposed to undertake a feasibility study to report back by the end of February to identify and recommend business options.

Committee approved the recommendation to undertake the feasibility study, within the timelines. The Board is asked to ratify this decision.



LTPCCC Part Two Meeting



Lambeth Offer

The PCCC received an update on the review of the Lambeth General Practice Improvement Scheme and the Quality Premium. The report outlined progress to date and noted the transition from programme review and evaluation to service redesign.

Originally, the committee allocated 12 months (until 1 April 2025) to allow commissioners to update, modernise, or decommission the 15 existing schemes. This process also aimed to co-design a revised suite of schemes in collaboration with General Practice and Alliances, ensuring alignment with the Health and Care Plan, NHS 10 year Plan, and the emerging Neighbourhood Integrated Teams model.

However, internal and external challenge - such as collective action, Synnovis's critical cyberattack, and the management cost reduction programme - have caused unforeseen delays. As a result, the original 1 April 2025 implementation date is no longer feasible, requiring additional co-design efforts to maximise health and care benefits for local residents.

Committee Decisions:

- **The committee approved the following:**
- **Extension of the existing schemes, with three key exceptions:**
 - **The ability to adopt any national programme that supersedes local schemes.**
 - **Inclusion of "invest to save" schemes that support NHS financial stability (Medicines Optimisation).**
 - **The option to decommission schemes that are no longer viable and replace with new schemes.**
- **A revised timeline, to be submitted by March 2025, ensuring the following milestones:**
- **By the 1st October 2025 complete service specifications and co-design future schemes.**
- **Mobilisation from October 2025 to March 2026, leading to full implementation from 1 April 2026, when all locally commissioned services will be consolidated under the Lambeth Offer.**

- **The Board is asked to ratify this decision.**



LTPCCC Part Two Meeting

Approvals recommended to the Board:

2024 / 2025 Building Practice Resilience Funding

- For 2024/2025 the Committee allocated £130K through the System Development Fund to support practices in Lambeth to become more sustainable and resilient, better placed to tackle the challenges they face now and into the future
- Since 2016, nationally, practices can apply for and access financial support to address critical situations within General Practice that impact on resilience. The paper sought a decision on the funding allocation following a panel review of applications.
- The panel previously recommended the release of £30,790.00 as a first tranche and noted the intention to recommend an approach on how the remainder is to be deployed
- In January, the panel recommended a further £45,326.00.
- The remaining £53,884.00 is to be reallocated to Primary Care Networks to support strengthening general practice 'at scale' in line with last year.
- The Committee approved the release of an additional £45,326.00 building practice resilience funding to individual practice requests as recommended by the Panel and also approved £53.884.00 to be reinvested in the strengthening and integration of general practice at Place.
- **The Board is asked to ratify this decision**



LTPCCC Part Two Meeting

Approvals recommended to the Board:

Enhanced Access Services (DES)

Stockwell PCN and Brixton & Clapham PCN submitted proposals to terminate their current sub-contracting arrangements and request committee approval to replace with PCNs own in-house provision.

OUTCOME – STOCKWELL PCN - The Committee approved the service model changes for Stockwell PCN which included the proposed changes as they align with PCN DES requirements. They approved the proposed service launch for the 1st of April 2025, together with the establishment of the readiness meetings.

OUTCOME – BRIXTON AND CLAPHAM PCN – The Committee approved the service model changes for Stockwell PCN which included the proposed changes as they align with PCN DES requirements. They approved the proposed service launch for the 1st of April 2025, together with the establishment of the readiness meetings.

The Board is asked to ratify this decision

LTPCCC Part Two Meeting



Allocating Primary Care System Development Fund (SDF) Resources to the Neighbourhood and Wellbeing Delivery Alliance (NWDA)

The Head of PCN Finance confirmed that a portion of the SDF fund, originally reserved for delegated cost pressures, could be reinvested. A total of £40,000 was identified, with a recommendation to transfer these funds to the NWDA to support Neighbourhood Integrated Team initiatives.

The Committee approved the release and transfer of £40,000 from the primary care SDF as a General Practice contribution to work of NWDA.

The Board is asked to ratify this decision





LTPCCC Part One Meeting

Updates on **standing items** were received on:

- **Risk Register**
- **Performance**
- **Workforce**
- **Primary Care Finance**
- **Quality**
- **Neighbourhood Update**

The Committee noted each update in turn.



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Lambeth Together Care Partnership Board

Title	Lambeth Together Assurance Sub-Group
Meeting Date	06 March 2025
Author	Warren Beresford – Associate Director Health and Care Planning and Intelligence Jo Fernandes – Planning Intelligence and Improvement Manager
Lead	Jasmina Lijesevic – Board Lay Member

This item is for;

<input checked="" type="checkbox"/>	Information	<input type="checkbox"/>	Discussion	<input type="checkbox"/>	Decision	<input type="checkbox"/>	Ratification
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Recommendations;

The Lambeth Together Care Partnership Board is asked to note and support the update from the Lambeth Together Assurance Sub-Group and the associated Integrated Assurance Report presented on 21st January 2025

What other groups or committees have considered this item to date?

None

Summary and Impact on Inequalities

At the meeting on 21st January, the Lambeth Together Assurance Group (LTAG) meeting agenda centred around three outcomes which the partnership is aiming to achieve through delivery of the [‘Our Health, Our Lambeth, As Lambeth Together’s health and care plan](#)

These were

Outcome G: People who have developed long term health conditions have help to manage their condition and prevent complications

Outcome 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

Outcome 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

- Detailed updates were presented by Lambeth partners working in these areas discussing the interventions and impact measures being monitored to check that the outcomes are being achieved.

- Time was also given at the meeting to review the Lambeth Together Integrated Assurance Report which provides assurance around wider delivery of the Lambeth Together Health and Care Plan (2023-2028), Quality, Risk, and Finance.
- The summary paper provides a short summary of what was covered during the meeting. For further detail please refer to the more detailed Integrated Assurance report which is shared as part of the Board papers.

Lambeth Together Assurance Group Update

19 February 2025

Purpose

- The Lambeth Together Care Partnership Board is asked to note the report from the Lambeth Together Assurance Sub-Group (LTAG) and the associated Integrated Assurance Report presented on 21st January 2025
- At the meeting on 21st January, the Lambeth Together Assurance Group (LTAG) meeting agenda centred around three outcomes which the partnership is aiming to achieve through delivery of the [‘Our Health, Our Lambeth, As Lambeth Together’s health and care plan’](#).
- These were
 - ***Outcome G: People who have developed long term health conditions have help to manage their condition and prevent complications***
 - ***Outcome 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***
 - ***Outcome 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***
- Detailed updates were presented by Lambeth partners working in these areas discussing the interventions and impact measures being monitored to check that the outcomes are being achieved.
- Time was also given at the meeting to review the Lambeth Together Integrated Assurance Report which provides assurance around wider delivery of the Lambeth Together Health and Care Plan (2023-2028), Quality, Risk, and Finance.
- The following slides provide a short summary of what was covered during the meeting. For further detail please refer to the more detailed Integrated Assurance report which is shared as part of the Board papers.

G: People who have developed long term health conditions have help to manage their condition and prevent complications

The update on this item and the subsequent discussion covered the following points

- update on progress towards the target of 77% of people with Type 2 diabetes receiving all eight care processes. Data from April–November 2024 showed good progress, though a dip in May was noted due to the impact of Synnovis and EMIS issues affecting blood testing.
- Brief on initiatives supporting primary care prescribers with medication reviews, including education tools and awareness campaigns such as Medicine Safety Week and Asthma Awareness Week. By the end of November 2024, 7 of 3,205 of patients had received a Structured Medication Review (SMR).
- Diabetic eye screening uptake discussion; with 765 of 1,460 previous non-attenders now regularly attending. Plans to reach the remaining 695 persistent non-attenders are ongoing in collaboration with the Diabetic Eye Screening Programme (DESP).
- The Lambeth-wide blood pressure check event, where 142 staff were tested. Of these, 35 had raised blood pressure, and 28 required follow-up action or lifestyle advice.
- Further discussions covered how partners are engaging with patients on requesting medication reviews and how integrated neighbourhood teams will support the delivery of these initiatives

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

The update on this item and the subsequent discussion covered the following points

- Progress on work related to the number of referrals to rehab and reablement, confirming that this integrated service is delivered by GSTT and Adult Social Care
- Efforts by the Discharge Operational Delivery Group (comprising Adult Social Care in Lambeth and Southwark, GSTT, KCH, and commissioners) to improve reablement referrals.
- Confirmation that the proportion of people experiencing a reduced need for care following a period of reablement remains high, standing at 89% as of November 2024
- Measures for identifying individuals on end-of-life pathways within practice registers and converting these into urgent care plans, alongside efforts to resolve data quality issues in recent records.
- Lambeth securing non-recurrent South East London (SEL) Ageing Well funding for project resources to address borough-specific barriers to end-of-life identification.
- Discussion on waiting times for carers' assessments and inconsistencies in coding for reporting, with an agreed action to incorporate solutions into the Ageing Well project.

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

The update on this item and the subsequent discussion covered the following points

- The Virtual Ward bed target (40–50 beds per 100,000 population) has been met, with an 80% occupancy rate. Local capacity increased from 92 beds in April 2023 to 241 beds by December 2024.
- A remote patient monitoring pilot progressed, with 407 patients onboarded by the end of 2024.
- Challenges with remote monitoring were identified, including patient difficulties with technology, trust issues with third-party providers, increased pressure on unpaid carers.
- The discussion highlighted concerns that the Hospital at Home service may be increasing the burden on unpaid carers. As a result, links have been strengthened between colleagues in Adult Social Care and the Virtual Ward team to explore solutions in this area
- General Practice is delivering more appointments than at any point with General Practice exceeding national targets
- Improved access has been achieved not through new funding but by reallocating resources within the system, Primary Care Networks (PCNs) have played a key role, with 200 additional staff working across Lambeth's nine PCNs through the Additional Roles Reimbursement Scheme, supported by a £9m investment in recruitment, training, and education.
- work undertaken to manage high demand in recent months, including increased flu vaccination efforts over the festive period and additional General Practice appointments.
- Evidence shows that 50% of same-day access appointments are being utilised. 72% of Enhanced Access Hub activity is booked on the day.

Appendix – Integrated Assurance Report Summary

Lambeth Together Health and Care Plan Scorecard – January 2025

ID	Outcome	Measures tracked	Jan-25			Vs previous update	Nov-24	Comments
			Measures Reported with a target				% measures on track (where have a target) ⁴	
A	People maintain positive behaviours that keep them healthy	6	2	1	50%	–	50%	
B	People are connected to communities which enable them to maintain good health	4	2	2	100%	–	100%	
C	People are immunised against vaccine preventable diseases	2	2	0	0%	–	0%	Flu, Y1 and Y2 Child Imms uptake tracking below SEL plan/previous years trajectory
D	People have healthy mental and emotional wellbeing	4	3	2	67%	–	67%	Average waiting time for LWNA Short term support as at Sep24 is 1.7 weeks above plan
E	People have healthy and fulfilling sexual relationships and good reproductive health	2	2	2	100%	↑	-	progress against plan. STI testing and diagnoses rate is monitored via quarterly GumCAD reports.
F	People receive early diagnosis and support on physical health conditions	5	5	3	60%	–	60%	One Cancer screening programme tracking above national target. SMI & LD Annual Health checks on a trajectory to meet year-end targets
G	People who have developed long term health conditions have help to manage their condition and prevent complications	4	3	3	100%	–	100%	
H	When emotional and mental health issues are identified; the right help and support is offered early and in a timely way	4	3	2	67%	–	67%	CAHMS report frequency impacted by EPIC transition
I	People have access to joined-up and holistic health and care delivered in their neighbourhoods	2	2	2	100%	–	100%	
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	3	3	2	67%	–	67%	
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	5	5	4	80%	–	80%	
L	Women have positive experiences of maternal healthcare and do not experience a disproportionate maternal mortality rate	0	0	0	-		-	Reporting functions impacted by EPIC transition, deep dive presentation in Sept 24 provided snapshot report on LMNS BI activity.
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	3	1	1	100%	–	100%	Activity on LD education and employment support will be provided in March 25 deep dive, earlier report shared at LTEG in Oct.
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	5	3	1	33%	–	33%	
O	People who are homeless, or at risk of becoming homeless, (including rough sleepers and refugees) have improved health	5	0	0	-	–	-	
	Total	54	36	25	69%	↑	64%	



Health and Care Plan: Key headlines (1)

	Outcome	Key Headlines
A	<i>People maintain positive behaviours that keep them healthy</i>	NHS Health checks outcomes for Q2 24-25 was significantly impacted by the Synovis lab Cyber-attack that effectively halted the service from the 6th of June to around September 24 as bloods could not be processed. The expectation is that the impact will continue for the rest of the financial year albeit to a lesser extent as recovery efforts continue. 10.5% of patients had a Health Check in Q1 were referred to lifestyle services or prescribed medication. On health checks uptake delivery, we can note current data shows uptake is largely in line with the demographics of that eligible cohort.
B	<i>People are connected to communities which enable them to maintain good health</i>	We can note that whilst the percentage of residents financially coping have reduced, the percentage of residents in crisis, at risk or struggling has not increased and, instead, the percentage of residents who were coping and have now left the dataset have increased. This is likely to indicate that residents' financial situations have improved to the point where they are no longer in receipt of means-tested benefits.
C	<i>People are immunised against vaccine preventable diseases</i>	Achieving herd immunity and meeting the locally set target of 90% remains a challenge in Lambeth. The most recent data published for Quarter 2 of 2024/25 shows that the uptake of the DTaP/IPV/Hib vaccine, offered to babies at 8, 12, and 16 weeks of age, stands at 84.7%. Additionally, uptake for the first dose of the MMR vaccine is at 79.5%. Other boroughs in South-East London have also reported uptake rates below 90%.
D	<i>People have healthy mental and emotional wellbeing</i>	The number of service users accessing Short-Term Support (STS) through the Lambeth Living Well Centres fell by 8 (-7%) from November. Numbers accepted into Focused Support (FS) rose by 20 (+69%), returning to typical levels after a low point the previous month. Lambeth Single Point of Access (SPA) is now consistently making fewer referrals to STS after reducing the backlog of long-waiting. The number of incoming referrals deemed inappropriate by both services is also reduced.

Health and Care Plan: Key headlines (2)



	Outcome	Key Headlines
E	People have healthy and fulfilling sexual relationships and good reproductive health	<p>The Q2 2024 activity GP LARC data shows a good increase in activity within GP practices with 1,765 units of activity compared to 337 in the same quarter last year, although not all PCNs wish to provide this activity, most of the alternative activity is being referred into the current LARC Hub. Commissioners will work on transitioning the current model now that the procurement process has been completed.</p> <p>The new EZ Analytics report on GP LARC activity data by demographics has been delayed. We hope it should be available for next quarter to allow us to report activity via demographics such as ethnicity and age and monitor if there is any decrease or increase in inequalities across PCNs.</p> <p>A new Termination of Pregnancy (TOPs) dashboard has been developed by the PH Health Intelligence team allowing us to view TOPs by age and ethnicity. The data show a higher rate of abortions in Black and Multi-ethnic residents compared to White ethnicities. Going forward we will be able to monitor trends and work with services to improve ethnicity recording.</p>
F	People receive early diagnosis and support on physical health conditions	<p>On Annual Health Checks there's been a good progress from Q2 and on a par with achievement at the same time last year. On track to achieve the SMI target (60%) and the LD target (75%) as a minimum and anticipate reaching 23/24 achievement of 68% for SMI and 83% for LD.</p> <p>On Pre-Exposure Prophylaxis (PrEP) activity, we can note that at the end of November 2024, 703 residents had newly started on PrEP and 3,511 residents were continuing to use PrEP, the activity trend remains level over time. The majority of activity takes place at the central London clinic provided by Chelsea and Westminster NHS Trust, with the second largest proportion of activity provided by GSTT.</p> <p>On cancer screening programmes intelligence on inequalities, see further detail on slide narrative.</p>
G	People who have developed long term health conditions have help to manage their condition and prevent complications	<p>Deep dive - See additional information enclosed with LTAG pack against this outcome.</p> <p>Challenges include General Practice capacity, access, recovery following software incidents across SEL patient awareness and engagement. General Practice is being supported to focus on improvements in these outcomes through the Lambeth General Practice Improvement Scheme – LTC section and Premium Specification KPIs focusing on completion of the 8 Care Processes and Enhanced Prevention. Access to the EZ Analytics apps will help practices to prioritise patient cohorts for review. Utilisation of engagement opportunity for example Know Your Numbers Week. Introduction of AnalyseRx over the coming months, a software solution integrated with EMIS Web will support General Practice to proactively identify and easily action Medicines and LTC optimisation opportunities across our patient population</p>
H	When emotional and mental health issues are identified; the right help and support is offered early and in a timely way	<p>Since peaking in May-24 at just over 900, the SPA caseload has been cut by 70%. Wait times have also been reduced significantly, although they remain far higher than target. The proportion of referrals completed within 3 days rose from 16.6% at the end of the second quarter (Jul-Sep) to 24.9% at the end of the third (Oct-Dec). This measure will only improve significantly when the team is responding to introductions as they arrive, without a significant backlog awaiting admin screening or triage.</p> <p>Lambeth Talking Therapies (LTT) equalities data for 2024/25 for Q2 and Q3 are not yet available. Data for Q1 shows the first appointment measure for Black service user access to the Lambeth Talking Therapy Service (LTT) services as being 3.6 percentage points higher than would be suggested by Lambeth population alone, which is better than that for the White population. Recovery for Black service users however, at 43.1%, continues to fall well short of the 50% recovery rate target, the whole service average and the 55.2% reported for White service users.</p>

Health and Care Plan: Key Headlines (3)



	Outcome	Key Headlines
I	People have access to joined-up and holistic health and care delivered in their neighbourhoods	The activity from Health & Wellbeing bus rose in Q3, we noted a slight decrease with 121 sessions. This may be attributed to festive period as previous data confirms a dip around December. Beacon service activity also saw a decrease in Q3, however, there were additional pop-up activity that happened over the period.
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	<p>On GP appointments we continue to meet SELs commitment to increase GP access by 1.5% for the duration of 2024/25 and data suggest we remain on target to do so.</p> <p>On Community Pharmacy, data from November 2024 shows most interventions (1898) have taken place for people whose registered post code district falls within IMD decile 1 to 3 which shows the service is accessed by the target population - those with the highest deprivation. Data to date, demonstrates that if people did not have access to the Lambeth Pharmacy First Plus Service, 66% of patients would have visited general practice to request the medication on prescription, 33% would have gone without medication and 1% would have visited A&E or an Urgent Care Centre. 33% would have gone without medication as they are unable to buy the medicines over the counter to deal with minor conditions due to the current cost of living crisis.</p> <p>On virtual Wards, one of the main barriers that has been identified is awareness of what the service is and what it can provide. 'Step up' access is via referral in the community from health and social care professionals including General Practitioners and the London Ambulance service to prevent avoidable admissions. 'Step down' referrals are received from KCH and GSTT Emergency Departments, Same Day Emergency Care, Urgent Treatment Centres and direct from ward admissions to enable earlier supported discharges.</p>
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	<p>On challenges we note the following,</p> <ul style="list-style-type: none"> • The Discharge Operational Delivery Group (DODG) has a dedicated workstream looking at the reablement pathway from the ward to the internal flow hub and then on to the service to try and improve the process and ensure referrals to the service are appropriate. There has been some work to increase the number of weekend discharges at GSTT. This has decreased slightly in the last month and we are reviewing the process. • For end-of-life identification and conversion to PSCP / UCP (K3 and K4) key challenges include varying levels of capacity and professional confidence within Primary Care to initiate PCSP conversations, as well as variable data across PCNs owing in part to different coding practice occurring in different practices within PCNs.
L	Women have positive experiences of maternal healthcare and do not experience a disproportionate maternal mortality rate	The adoption of a new Electronic Patient Record system at Guy's & St Thomas' and King's College Hospitals continues to disrupt performance reporting for maternity services across South East London. While work to stabilise the system is ongoing, regular reporting has yet to resume.



Health and Care Plan: Key Headlines (4)

	Outcome	Key Headlines
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	<p>The implementation of a new Electronic Patient Record system at Guy's & St Thomas' Hospital has disrupted performance reporting for the Autism and Related Disorders Diagnostic Service. No update has been provided by the Evelina Communities Team for system partners at this stage. However, local monitoring of performance, governance, and safety continues to ensure that services remain safe and operational.</p> <p>In 2023/24 the Learning Disabilities uptake of Annual Health Checks and health Action Plans exceed the target to reach 83.1%. Steady progress towards the same objective is seen as at 1 January 2025 of 54.68%, and we note that a larger proportion are completed towards the end of the financial year.</p>
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	<p>In the third quarter, Q3 October to December, LWNA's Community Living and Support Service accepted 48 new service users with serious mental health conditions to support them to leave inpatient care and live in the community. This compares with 85 in the previous quarter.</p> <p>Data for LWNA's Individual Placement and Support (IPS) shows that in Q2 16 service users were supported to find paid employment compared to 12 in Q1, however both remain well below the original target of 36 per quarter.</p> <p>Restrictive incidents and seclusions have remained at 29 per month throughout Q3 Oct-Dec (+21%) from a mean average of 33 per month in Q2 Jul-Sep. which is 9% below the median value since April 2023.</p>
O	People who are homeless, or at risk of becoming homeless, (including rough sleepers and refugees) have improved health	<p>The number of residents now registered with GP's is at its highest. This has been achieved through contract monitoring and consistent messaging to Providers to ensure each resident is being supported to register when being accommodated in their service. There is a slight increase in those engaged in mental health services and again this is through a combination of ensuring referrals to appropriate services are being made and ensuring providers are capturing this in monitoring reports. Both ensure we are improving health for homeless/former homeless people.</p> <p>The number of rough sleepers accommodated increased due to Severe Weather Emergency Protocol (SWEP) activation and emergency accommodation being available, CRISIS at Christmas being opened and more clients accessing No Second Night Out (pan London service) Lambeth operate an "In For Good" principle when SWEP is activated (other boroughs do not) so when SWEP is deactivated clients are not asked to leave accommodation until they have an appropriate offer of move on. This increases the likelihood of people addressing health issues and being referred to appropriate services.</p>

Other Areas of Business

Risk

- As of December 24, there are 14 active risks on the South East London Risk Register for Lambeth
- A new risk on the Primary Care GP Collective Action has been added
- Risk 513, concerning inadequate resources within the safeguarding structure, was initially set to be escalated to the SEL ICB Risk Board Assurance Framework. It was later de-escalated as the impact of the issue has lessened, with the recruitment process nearing completion and mitigation in place through the On-call Paediatrician covering the gap.
- It was agreed that low flu vaccination uptake should be considered for inclusion in the risk register, given the current winter experience and uptake rates.

Quality

A range of updates received including

- that currently two investigations are being carried out across the SEL system. Once completed the learning will be shared with Lambeth and SEL colleagues.
- The 5 most reported PSII themes were noted as a delay in treatment and diagnosis, mental health related issues (self harm), discharge summaries, medication and poor communication.
- work being carried out around children and young people, following a workshop that was held last year and the actions being taken to improve oversight of sodium valproate prescribing

Finance

South East London ICB (Lambeth)

- reporting an overall £187k year to date underspend position and a forecast £264k underspend position at Month 08 (Nov 2024).
- The reported year to date position includes £384k overspend on Mental Health Services and £24k overspend on Community Health Services mainly driven by increased cost of the Cardiovascular Diagnostics contract, offset by underspends in Corporate, Continuing Health Care (CHC) and other Budgets.

Adult & Social Care (ASC) & Integrated Health (Lambeth Council)

- ASC –forecast as at Month 6 24/26 showing an overspend of £7.455m, predominantly driven by overspend against client expenditure budgets.
- Key pressures include Supported Accommodation placement, increased year-on-year activity in nursing care



Lambeth Together Care Partnership Board

Title	Lambeth Together Business Planning Update
Meeting Date	06 March 2025
Author	Warren Beresford – Associate Director Health and Care Planning and Intelligence
Lead	Oge Chesa – Director of Primary Care and Transformation

This item is for;

<input checked="" type="checkbox"/>	Information	<input type="checkbox"/>	Discussion	<input type="checkbox"/>	Decision	<input type="checkbox"/>	Ratification
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Recommendations;

The Lambeth Together Care Partnership Board is asked to:

- Note the progress of the Lambeth Together 2025/26 business planning process
- Provide further feedback on the Plan's development
- Approve the next steps and timeline

What other groups or committees have considered this item to date?

None

Summary and Impact on Inequalities

This paper outlines the progress made since the business planning update presented to the Lambeth Together Partnership Board on 9th January 2025. It highlights key themes from feedback received on the plan's content and approach for 2025/26, as well as the next steps in the process:

- **End of February** – Programme team drafts the Annual Review; Council Directorate Business Plan and KPIs aligned with key priorities
- **March 2025** – Joint Forward Plan refresh endorsed by the ICB Board; local budgets finalised
- **April Board Seminar** – First draft of the designed Annual Review presented to the Lambeth Together Partnership Board
- **May Board Meeting** – Final designed Annual Review approved by the Lambeth Together Partnership Board

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Lambeth Together Business Planning

2025/26

Lambeth Together Partnership Board
06 March 2025



This pack provides an update to the Lambeth Together Care Partnership Board on:

- The progress of the Lambeth Together 2025/26 business planning process
- The next steps and timeline
- Opportunities for the board to provide further feedback on the Plan's development

Key Progress since the LT Partnership Board meeting on 9th January 2025

Date	Milestone	Detail
30th January	25/26 priorities and operational planning guidance published	Published documents on 30th January detailed key priorities for NHS for 2025/26. Included specific guidance documentation on plan to reform elective care for patients and Neighbourhood health guidelines.
6th February	LT Partnership Board Seminar - Business Planning Update and discussion	The board received a summary of the NHS Operating Plan Guidance, the financial context, and provided feedback on the alignment of the planning guidance priorities and the emerging priorities for Lambeth Together as part of its Health and Care Plan annual review.
7th February:	Lambeth draft contributions to South East London ICB and Lambeth Council Plans shared with ICB and council leads	Draft completed templates submitted to ICB and council colleagues describing our plans and how they contribute to overarching South East London ICB and Lambeth Council priorities.

Key Progress since the LT Partnership Board meeting on 9th January 2025

Date	Milestone	Detail
11th February	LT Executive Group – National vs local priority alignment exercise	System partners were asked to consider each of the key national priorities and feedback on questions - <i>Do our plans align? / Are we confident in delivery? / Do activities need updating or strengthening? Are there gaps? Should we do anything different? / Do we re-prioritise? Feedback received is being reflected within our plans for 25/26.</i>
27th January	South East London Draft Operating Plan submissions to NHS England (NHSE)	System level draft collections to be submitted to NHSE including initial activity, workforce, finance, and performance plans for 25/26.
January to Date	Ongoing refinement of Plans	<p>Health and Care Plan Activities; Continued engagement with Lambeth Together partners to develop and refine plans to enable plans to be published within the agreed timelines and in readiness for implementation for 2025/26.</p> <p>Neighbourhood Service Development; Developing approach around Neighbourhood services and management of population with multiple Long term conditions plans</p> <p>Financial Budgets; Following announcement of financial allocations for 2025/26 , ICBs are developing financial plans including productivity and efficiency savings , and management of cost pressures. Plans to be developed and finalised through March 2025.</p>

Feedback Themes

•**Prioritisation within Financial Constraints** – To live within our means, we must set clear priorities and be explicit about what we are committing to delivering within the available financial resources.

•**Emphasising Prevention and Demand Reduction** – Our plan must align with the shift towards prevention, as seen in neighborhood-based work, improving efficiency, and reducing unnecessary demand on services.

•**Context of Acute Trust Efficiency Measures** – The national priorities contain challenging efficiency expectations for acute trusts, all of which have received benchmarking data highlighting areas of inefficiency. This context needs to be acknowledged, even if it does not sit within wider partner direct activities.

•**Assessing Progress Over Two Years** – Rather than focusing solely on our year-on-year improvements, our plan should evaluate the progress made over the two-year period. Have we achieved 40% of our goals, for example? What is our overall measure of success? Are we stopping initiatives due to de-prioritisation or changes in national guidance?

•**Accelerating Prevention Efforts** – How can we move further and faster in embedding prevention? We may need to focus on key areas to accelerate impact.

•**Strengthening Integrated Neighborhoods Teams** – This is a key focus area for 2025/26 and beyond.

•**Addressing Service Variation and Health Inequalities** – Ensuring our approach actively tackles service variation and keeps health inequalities reduction at the core of our plans.

•**Enhancing Collaboration Across Alliances and Programmes** – Strengthening links between our alliances and programmes to improve alignment and impact.

•**Explicit Strategy for Demand Management** – Clearly outlining our approach to managing demand, including a shift towards prevention and early intervention.

•**Partnerships with Voluntary Services and Carers** – Strengthening collaboration with voluntary organisations and carers to enhance community support and service delivery.

•**Making a Coherent Case for Change** – Recognising that not everything is within our direct control, but we must be clear on our priorities, what we aim to influence, and how we make a compelling case to key decision-makers.

Next steps timeline

February 25

- **End February:** Programme team **produce Annual Review draft; Council Directorate Business Plan and KPIs drafted** to align to key priorities

March 25

- **March 2025:** Joint Forward Plan refresh endorsed by ICB Board; Local Budgets finalised

April 25

- **April Board Seminar:** First Annual Review designed draft presented to Lambeth Together Partnership Board

May 25

- **May Board:** Lambeth Together Partnership Board **approve final designed Annual Review**



Lambeth Together Care Partnership Board

Title	Neighbourhood and Wellbeing Delivery Alliance (NWDA)
Meeting Date	6 th March 2025
Author (& role / title/s)	Josephina Reynolds (NWDA Director), Emily Perry (Senior Project Manager), Therese Fletcher (Lambeth GP Federation), Sharif Yacoub (Primary Care Facilitator / Data Analysis Lead)
Lead / Presenters (& role / title/s)	Binki Taylor (NWDA Chair) Josephina Reynolds (NWDA Director), Emily Perry (Senior Project Manager, NWDA) Abdul Mukadam (Medical Director Akerman Medical Practice), Sharif Yacoub (Primary Care Facilitator / Data Analysis Lead), Syeda Farooq, Care Coordinator Akerman Medical Practice, Ciara Doherty, Lead Chronic Kidney Disease prevention pharmacist, GSTT

This item is for;

<input type="checkbox"/>	Information	<input type="checkbox"/>	Discussion	<input type="checkbox"/>	Decision	<input checked="" type="checkbox"/>	Ratification
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Recommendations;

The Lambeth Together Care Partnership Board is asked to;

- Integrated Neighbourhood Teams (INT) Implementation:**
 - o Endorse the proposed neighbourhood geographies for INTs in Lambeth
 - o Note and comment on the proposed integrator function for Lambeth
 - o Delegate final sign off on the neighbourhoods and integrator model to the Neighbourhood and Wellbeing Delivery Alliance, noting that a final model will return to the April seminar
 - o Consider and provide feedback on the following questions:
 - i. How can an INT approach be scaled and supported across the borough?
 - ii. How can we ensure a scaled model has a targeted health inequalities approach
 - iii. Do we have any other examples to learn from?
 - iv. How could we better involve the voluntary and community sector in an INT model?

What other groups or committees have considered this item to date?

Neighbourhood and Wellbeing Delivery Alliance Leadership Board
 Integrated Neighbourhood Team Working Group
 Integrated and Specialist Medicine Clinical Group Partnerships Board meeting

Lambeth Together Executive Group

Summary and Impact on Inequalities

Integrated Neighbourhood Teams (INT) Implementation

- N/A - strategy update

Testing an INT approach: chronic kidney disease

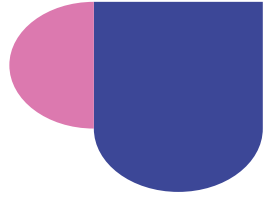
- This project has been able to identify patients who are at risk of CKD, or CKD worsening who were previously not engaging with their GP Practice, reducing health inequalities among this cohort of patients
- Whilst there are lots of learnings to consider for a wider rollout and improvements that could be made, the project has resulted in a better way to deliver a more coordinated and joined up care approach between primary and secondary care – resulting in better patient experiences/outcomes and system efficiencies
- Overall the project has increased CKD prevalence from 2.7% to 2.9% across the whole of Lambeth and has identified patients who were not previously accessing GP services.

Neighbourhood and Wellbeing Delivery Alliance update

6 March 2025



Agenda



Item	Time	Lead
Introduction to the Neighbourhood and Wellbeing and Delivery Alliance (NWDA)	10 mins	Binki Taylor, Independent Chair for NWDA & Chief Executive of Brixton Project
Integrated Neighbourhood Teams (INT) – implementation update	10 mins	Josepha Reynolds, Programme Director, NWDA
Questions	5 mins	
Testing an INT approach: chronic kidney disease	15 mins	<ul style="list-style-type: none"> • Emily Perry, Senior Project Manager, NWDA • Abdul Mukadam, Medical Director, Akerman Medical Practice • Sharif Yacoob, Primary Care Facilitator / Data Analysis Lead, Lambeth GP Federation • Syeda Farooq, Care Coordinator, Akerman Medical Practice • Ciara Doherty, Lead Chronic Kidney Disease prevention pharmacist, GSTT
Questions	5 mins	



Introduction | NWDA



The NWDA priorities are informed by Our Health, Our Lambeth, where we believe we can make the greatest impact and where we know the greatest areas of need are within our health and care system. Within each priority are individual projects which will help us to achieve our ambitions.

WORKING WITH COMMUNITIES

- **Why this priority?** Our insights tell us that Lambeth has health inequalities which need to be tackled in partnership with communities – we know resilient communities have better health outcomes. We also know that there is an increase in residents living with long-term conditions, sometimes multiple long-term conditions, who we want to work with more holistically.
- Our projects: Health and Wellbeing Bus, Thriving Communities incl. community outreach days, Inequalities funding (Bridge, respiratory, T2T2 diabetes, diabetes day, flag football), Cancer screening, VCFSE Infrastructure funding.

INTEGRATED NEIGHBOURHOOD TEAMS

- **Why this priority?** We know that more people are living with multiple and complex health issues. This is creating pressure on our system as people interact with numerous health and care partners without coordinating their support. We want to empower and support people to manage their health and wellbeing through a place based working approach.
- Our projects: Ageing Well , Renal Cardiometabolic , Women & Girls Health Hubs, Virtual wards, Integrated Performance Board, Chronic Pain – PEACS rollout, Integrated Neighbourhood working delivery plan

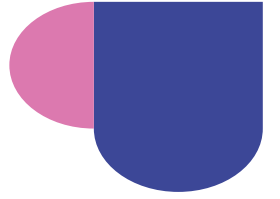
Link to our recently published progress report for last year: [NWDA 2024 Progress Report](#)



Integrated Neighbourhood Teams – Implementation update



Context



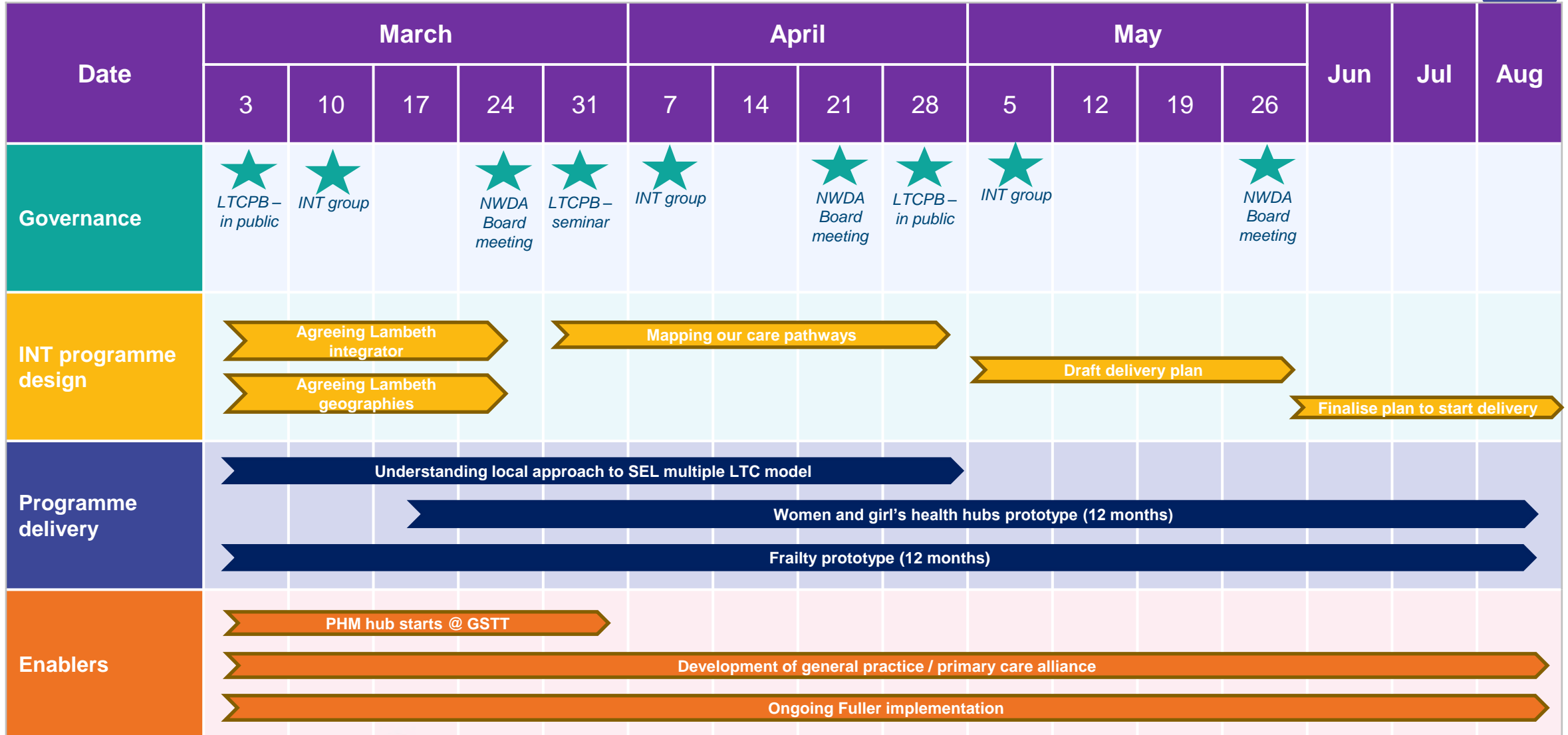
- **Lambeth Together has committed to working in a more integrated way at the neighbourhood level**, and as part of that, develop Integrated Neighbourhood Teams (INTs).
- **Neighbourhood working is a continuation of local, regional and national initiatives**, including the Fuller and Darzi reports, that have aimed to bring integrated care and manage our activity and demand.
- **Lambeth has a strong history of integrated working already**, including CHILDs health clinics, Thriving Communities, intermediate care and our work through Lambeth Together.
- However there is a need to **unpick and determine what INTs mean** in a practical, tangible way. We want to understand what we want to achieve through INTs, who we want them to support, and how we are going to measure success.
- This will be an **iterative and developmental process** – we are not going to end in the same place that we started!
- Today gives an **update on our progress to date** to the LTCPB.



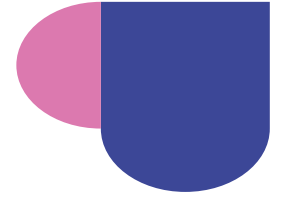
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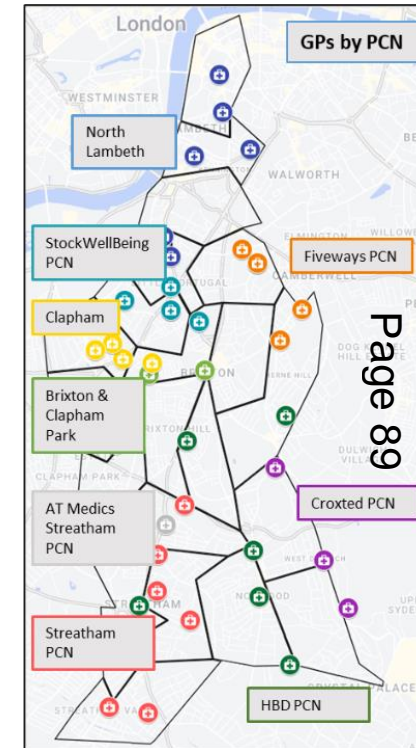
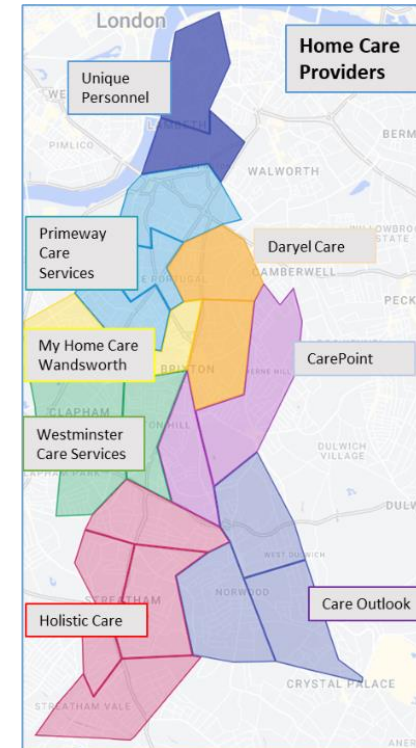
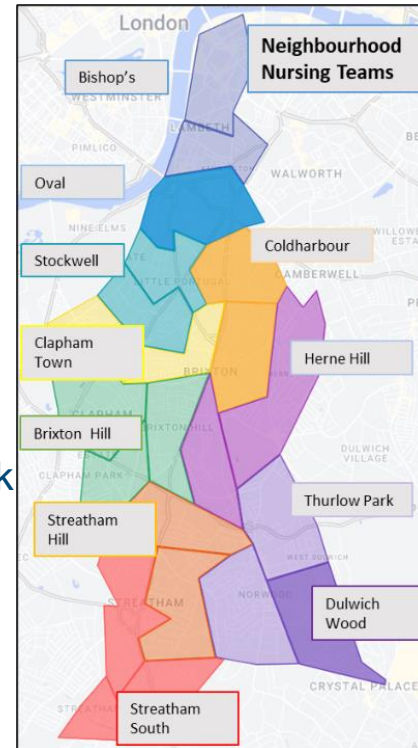
Timeline



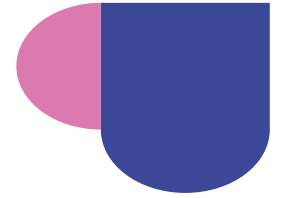
Neighbourhoods – context



- We have a number of existing neighbourhoods in Lambeth that we want to consider when developing our INTs, as well as ensuring our neighbourhoods reflect feedback from residents
- Our existing footprints include:
 - 9 Primary Care Networks PCNs
 - 8 commissioned home care and neighbourhood nursing services.
 - Lambeth council's 5 Town Centre model – e.g. Family Hubs
 - 3 Community Mental Health localities
- To date, 8 neighbourhoods have been used when discussing INTs in Lambeth. These range in size from c. 15k to c.50k residents, which is lower than the nationally recommended integrated neighbourhood size of 50k-100k residents
- At our INT Working Group on 25 February 2025, we agreed that we would rationalise our neighbourhoods into five, reflecting the work undertaken by Lambeth Council with residents and bringing together our existing health and care team structures.



Neighbourhoods – proposed option



North Lambeth and Stockwell

Wards: 6 | Resident Pop.: 67,272 GP Pop.: 111,170
Home Care Neighbourhoods: 2
PCNs: North Lambeth PCN and StockWellBeing PCN.

Clapham

Wards: 5 | Resident Pop.: 63,736 GP Pop.: 88,296
Home Care Neighbourhoods: 2
PCNs: Brixton & Clapham Park PCN and Clapham PCN .

Streatham

Wards: 5 | Resident Pop.: 63,998 GP Pop.: 101,855
Home Care Neighbourhoods: 1
PCNs: Streatham PCN, AT Medics Streatham PCN and HBD PCN (Prentis Medical Centre)



Brixton and Herne Hill

Wards: 6 | Resident Pop.: 78,668 GP Pop.: 89,160
Home Care Neighbourhoods: 2
PCNs: Fiveways PCN, HBD PCN and StockWellBeing PCN (Stockwell Group Practice)*.

Norwood

Wards: 3 | Resident Pop.: 38,548 GP Pop.: 61,822
Home Care Neighbourhoods: 1
PCNs: Croxted PCN and HBD PCN.

Integrator – context

Places are being asked to choose an ‘integrator’ for each borough. The ‘integrator’ will host integration functions required to enable partners to work together effectively at neighbourhood level. The integrator will help INTs function while maintaining flexibility to respond to local needs and adapt as neighbourhoods transition from development to delivery.

Principles for an integrator

- ✓ Support operational coordination between sectors and partners across the borough and between INTs, bridging the gap across the current reality of fragmented pathways and services by addressing the practicalities of collaboration (e.g., building interfaces and relationships, supporting workforce planning, and business intelligence).
- ✓ Facilitate population health management (PHM) by promoting the sharing and effective use of data and real-time information across organisations, enabling holistic care for residents and improving population health outcomes.
- ✓ Address interface issues and share learning through coordinating discussions at Place level (e.g., sharing resources and managing care transitions) and escalating issues affecting multiple neighbourhoods to ensure system-wide alignment.
- ✓ Drive equity in access and outcomes using PHM data and working closely with partners (including VCSFEs) to identify and address disparities in access and care delivery, supporting INTs to meet local needs and reduce inequalities.
- ✓ Provide essential infrastructure supporting people, finance, governance and risk management for INTs in a way which is consistent and cost-effective so that neighbourhood delivery becomes business-as-usual, harnessing existing local assets and resources.



Integrator – proposed option



Core ask of the integrator

- Act as the system lead to deliver the INT model which is designed and agreed within the INT working group.
- Host the change support to deliver the INT model within Lambeth.
- Able to host roles as applicable and provide back office support (e.g. finance, HR).
- Able to operationally deliver multi-disciplinary services.
- Lead on the PHM approach that underpins the INT development, linking in with other system capacity.
- Capture impact and success of the developing INT model.

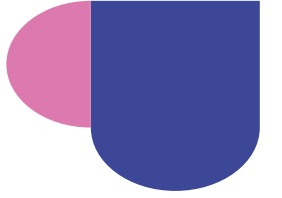
Our Lambeth approach

- Want to agree our Lambeth integrator as a partnership – we do not need to go through a formal procurement process.
- Ensure we manage any conflicts of interest to decide this locally.
- Note that this is developing nationally and we need to be flexible around the integrator, as well as how our system is going to develop INTs.
- Note that this is no additional resource for the integrator so all partners to support the integrator with in-kind resource, data and expertise.

Proposed next steps

- We want to work towards the NWDA becoming the integrator so that we have a truly partnership approach within Lambeth.
- As this needs time to develop, we will appoint an initial integrator for 12 months.
- We are expecting this to be a partnership between GSTT and general practice, however we need to undertake work throughout March to understand what this means in practice and ensure we have a sustainable model for both partners.
- Reporting on delivery will remain through the NWDA Board, with regular updates to LTCPB.

Next steps



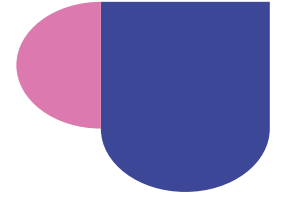
- We will agree our geographies and integrator function by the end of March – we are expecting this to follow the model that we have laid out within these slides, but requires final details to be determined throughout the month
- We will continue to use our partnership INT working group to achieve our ambition for an INT delivery plan by the end of June
- The Lambeth Together Care Partnership Board is asked to:
 - Endorse the proposed neighbourhood geographies for Lambeth
 - Note and comment on the proposed integrator function for Lambeth
 - Delegate final sign off on the neighbourhoods and model to the Neighbourhood and Wellbeing Delivery Alliance, noting that a final model will return to the April seminar



Testing an INT approach: chronic kidney disease

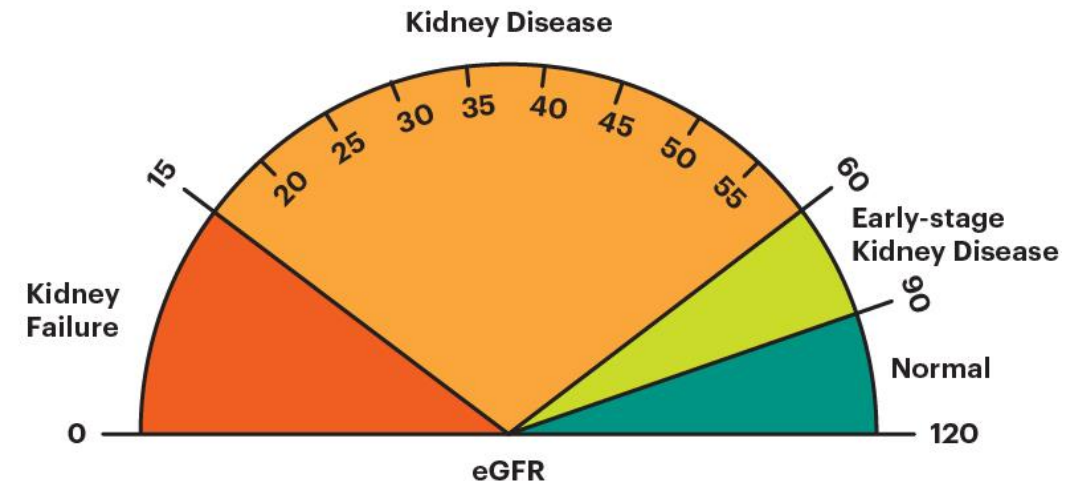


Testing an INT approach: chronic kidney disease

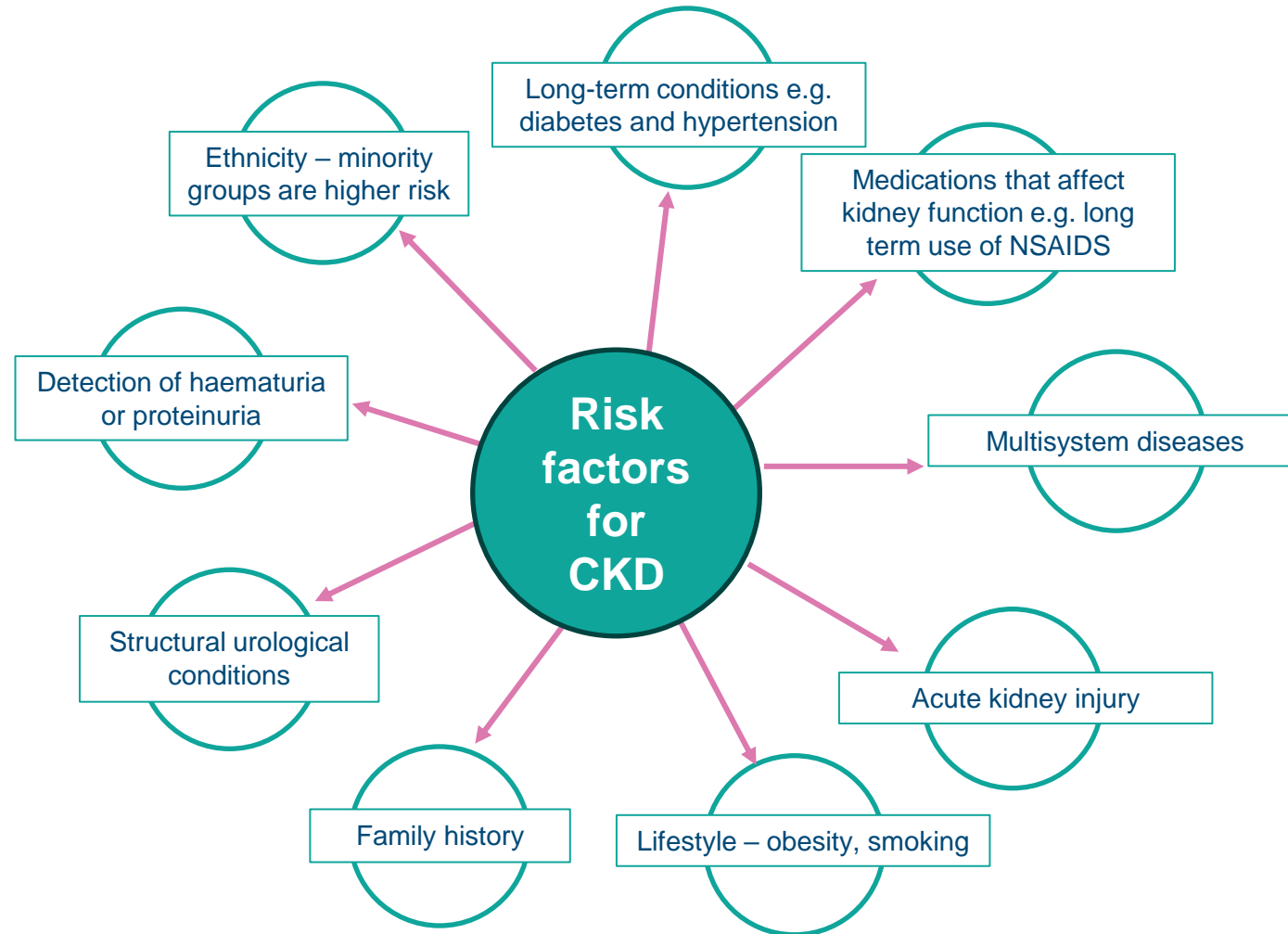
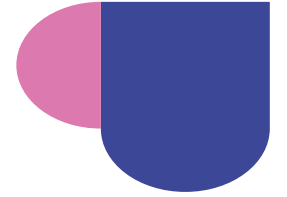


- **Chronic kidney disease (CKD)** is where you have abnormal kidney structure/function and so your kidneys cannot filter blood in the way that they should.
- CKD is ranked into stages 3-5. The higher the stage = the more severe and therefore greater medical intervention is required.
- The **project works with people who have CKD 3**. We want to help their condition deteriorating to CKD 4/5 which will result in dialysis.

Glomerular filtration rate (eGFR) is a test used to check how well the kidneys are working



Testing an INT approach: chronic kidney disease



Testing an INT approach: chronic kidney disease

Background

- The **Renal Cardiometabolic (RCM)** project is an 18-month pilot running from October 2023 until the end of April 2025.
- The project has an integrated partnership approach between primary and secondary care.
- The aim is to provide education and support to GPs, enabling the identification of Chronic Kidney Disease (CKD) and the ability for referred and triaged patients to be managed effectively and appropriately away from a secondary care setting to enable improved health outcomes for the patient.

Design

PCN Selection: the model is being tested in 3 PCNs: HBD, North Lambeth and Clapham

Integrated neighbourhood working between primary and secondary care, facilitated by cross-partnership Steering Group

Developing the role of the **Care Coordinator** to provide holistic support to the patient throughout the duration of the project.

External Evaluation being completed by Mid-Lancs CSU

Approach

Cohort 1

Age <60 and any one or more of the following:

- Uncontrolled hypertension
- Uncontrolled diabetes
- Mental Health Disorder Known
- Established CVD & Heart Failure
- Urine test of albumin to creatinine ratio (>30)

Cohort 2

Age <60 and any one or more of the following:

- Urine test of albumin to creatinine ratio > 3
- Has a test within 24 months to see how kidneys filter waste (EGFR)
- Blood glucose < 64
- Blood pressure <149/89

Cohort 3

Age <60 and any one or more of the following:

- Urine test of albumin to creatinine ratio > 3
- No recent test to see how kidneys filter waste (EGFR)
- Blood glucose < 64
- Blood pressure <149/89

Testing an INT approach: chronic kidney disease



Impact – System

1. **GP Federation leadership** to support GPs and Care Coordinators to mobilise project
2. Delivery of Care Coordinator training, and 121 support
3. **Primary and secondary care integration**
 - Developed SOP to support and communicate approach
 - Set up of Accumail system to enable direct communication between GPs and secondary care
 - Facilitation of fortnightly MDT's for complex cases

Impact - Prevalence

- 18/18 practices actively, and correctly, coding newly identified patients
- **596 new CKD3+ diagnoses.** Prevalence Increase: (April 23 vs December 24)
 - Clapham PCN: (2.0% vs 2.7%)
 - HBD PCN: (3.7% vs 3.9%)
 - North Lambeth: PCN (2.4% vs 2.4%)
 - Lambeth: (2.7% vs 2.9%)
- Patient reviews completed: 96/228
- 5 practices (with a total of 24 patients) managed through MDT

Impact – Patient Identification

Cohort 1 (Last 4 months)

- 226 Patients found
- 206 Reviewed
- 41% from ethnic minority backgrounds

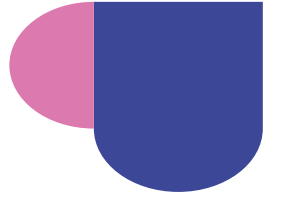
Cohort 2 (Current work)

- 102 Patients found
- Ongoing process

Cohort 3 (future work)

- Work will commence April
- Work will commence April

Testing an INT approach: chronic kidney disease



Care Coordinator Role

Role

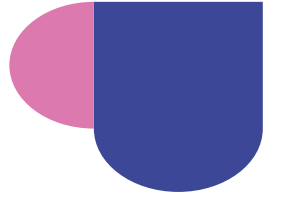
- Key to the delivery of the INT approach to manage CKD as they are the first and main point of contact with patients throughout the longevity of their enrolment in the project
- Improve patient's health care experience
- Provide holistic support to manage patient's overall health and well-being and improve their overall experience
- To engage and empower patients to understand their CKD risk, and to take responsibility to improve their health outcomes

Responsibilities

- Invite patients to participate in the project
- Ensure blood tests are completed, and that they are reviewed by the GP
- Complete beginning and 6-monthly feedback with the patient
- Share results and care plans with the patient
- Invite patients for follow-up as necessary



Testing an INT approach: chronic kidney disease



CASE STUDY 1

Background of Patient

- HIV patient on hospital-prescribed medication with specialised eGFR monitoring

Enrolment into the RCM Project

- Patient was identified using Cohort 1 criteria
- Had a Multimorbidity review, blood test, social prescriber

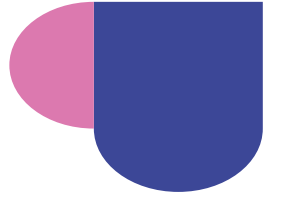
Impact

- Talk about control of CKD and how both primary care and secondary care will support him in the best way possible.

Feedback from Patient: *"Thank you for taking my care seriously"*



Testing an INT approach: chronic kidney disease



CASE STUDY 2

Background of Patient

- Undiagnosed CKD 4 patient, using Accumail to seamlessly refer patient into secondary care.

Enrolment into the RCM Project

- Did have an abnormal eGFR but was not diagnosed but was picked up as part of the long list.
- Had a Multimorbidity review, blood test, social prescriber and care co-ordinator

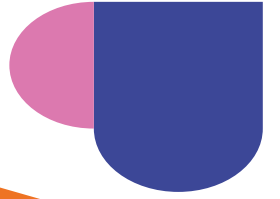
Impact

- Spoke about the importance of CKD and the quick turn around to referring into secondary using the new approach.

Feedback from Patient: *"I am so grateful, thank you for the support you and the team have provided"*?



Testing an INT approach: chronic kidney disease



This integrated model of care is a more sustainable model of working for the future...

14 strongly agree/agree
3 neutral/not sure
2 strongly disagree/disagree

My team has improved the way we provide holistic patient care...

14 strongly agree/agree
3 neutral/not sure
2 strongly disagree/disagree

My trust in working within a multi-disciplinary team has increased...

11 strongly agree/agree
3 neutral/not sure
2 strongly disagree/disagree

The model of care helps to break down primary/secondary care barriers and focus more of pathways with learning from and for both sides

too resource heavy and bureaucratic and over complex- a simpler project /goals would be easier to maintain

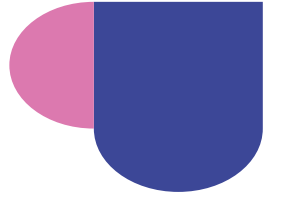
... it instills consistency in care across the board. Consistency in care is key for long term, as it is with anything.

Having more support and the commitment and efforts from various teams would be more sustainable to help patients in the long run

...a good way of reducing multiple outpatient appts with different specialties. Therefore increased efficiency with consistent high quality care

this is definitely a better way to deliver patient care and see improved outcomes but there is a lot of change management work with the system that is needed to ensure this is sustainable, effective and efficient going forwards

could be a problem as the codes are too much to take in and use it on every patient



Questions to the Board:

- How can an INT approach be scaled and supported across the borough?
- How can we ensure a scaled model has a targeted health inequalities approach? Do we have any other examples to learn from?
- How could we better involve the voluntary and community sector in an INT model?



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