Integrated Neighbourhood Teams (INTs)

Community Engagement Report

healthwatch Lambeth

Contents

About Healthwatch Lambeth

Healthwatch Lambeth is the independent champion for people who use health and social care services in Lambeth. We work to ensure that local people's voices are heard and that their experiences influence how services are designed, delivered, and improved.

As a charity with statutory functions, we have a duty to:

- Provide information about local health and social care services
- Help people find and access the support they need
- Involve communities in how services are commissioned and delivered
- Represent the views and experiences of local people to decision-makers
- Make recommendations to improve services
- Share insight with Healthwatch England and, where appropriate, the Care Quality Commission

We are also members of the Lambeth Health and Wellbeing Board and the Lambeth Together Care Partnership Board.

More information about us can be found on the Healthwatch Lambeth website.

Public Involvement and Participation

A core goal of Healthwatch Lambeth is to promote inclusive, effective, and meaningful public involvement in health and social care, ensuring that residents are not only heard but have real influence over decisions that affect their lives.

We work in partnership with local delivery alliances to design and deliver engagement activities, while also acting as a critical friend to strengthen approaches, move beyond consultation towards genuine coproduction, and support continuous improvement.

This approach ensures that residents' experiences and views are central to decision-making and service design.

Acknowledgements

Healthwatch Lambeth would like to thank all the people, community groups, and partners who contributed their time, insight, and expertise to this project. Their experiences and perspectives are central to shaping more responsive and inclusive services in Lambeth.

We are very grateful to the organisations that hosted focus groups and connected us with their members:

- Children and Young Person Alliance Shadow Board
- Hillyard House Extra Care Scheme
- Mosaic Clubhouse
- SLAM carers group
- Tonic Housing
- Vida Centre, Age UK

Thank you to our Healthwatch Lambeth volunteers Callum Ward, Emma Legerstedt, Josie Waterworth, Kate Gosling, Roisin Alamo-Doyle, and Tati Sneddon, who supported this project through notetaking and data analysis.

Executive Summary

Healthwatch Lambeth undertook a comprehensive programme of community engagement to explore how Lambeth people and communities think the three shifts set out in Fit for the Future: The 10 Year Health Plan for England—Hospital to Community, Analogue to Digital, and Treatment to Prevention—could be delivered through Lambeth Integrated Neighbourhood Teams (INTs).

A total of 356 individuals contributed through workshops, a borough-wide survey, focus groups, and interviews, capturing the experiences of people with diverse and often complex overlapping health and care needs.

Key Findings

Residents strongly support the ambition underpinning INTs to deliver more coordinated, community-based care. They recognised the potential benefits of bringing care closer to home, improving the use of digital tools, and focusing more on prevention. However, they were clear that these shifts will only work if services become more joined-up, accessible, inclusive, and trusted.

A consistent message across all groups was that people want care to feel less fragmented. Many described the burden of navigating a system that feels disjointed and reactive, and having to coordinate their own care across GPs, hospitals, social care, mental health services, education, and community support. This was particularly challenging for parents of children and young people with complex needs, people with multiple long-term conditions, people experiencing frailty, carers, and people needing mental health support. Residents wanted clearer pathways, named contacts, proactive coordination, better communication between services, and less need to repeat their story.

People strongly supported bringing more care closer to home, but they did not want this to mean simply relocating services away from hospitals. They wanted community-based care that is timely, accessible, and holistic, delivered in trusted local places, and supported by clear follow-up. For some groups, especially people experiencing frailty or long-term conditions, reducing travel and providing care in familiar community settings was seen as essential to staying well and independent.

There was a clear consensus that digital tools should improve access without replacing in-person routes. Residents wanted genuine choice in how they access care, including face-to-face, telephone, and supported digital options. People needing mental health support were particularly concerned about privacy and confidentiality when using online systems, reinforcing the need for clear assurance about how information is used and protected.

Residents supported a stronger focus on prevention but emphasised that this must go beyond information or early intervention alone. Prevention needs to include practical, holistic support that helps people stay well in their daily lives, including health checks, regular reviews, low-cost or free physical activities, mental wellbeing support, social connection, falls prevention, nutrition advice, and support with wider determinants of health. For people experiencing frailty, prevention may mean support that helps them remain active, connected, and independent for longer.

Trust emerged as a key issue shaping how people engage with services. While many people trusted individual services such as GPs or community organisations, confidence in the system was more variable and uneven across population groups. People wanted services that listen, take concerns seriously, recognise carers and family members as partners, and provide culturally safe and accessible support.

Trusted voluntary and community organisations—including community centres, libraries, and local activity providers—are essential partners in reaching communities and building confidence in neighbourhood-based support.

Across all population groups, distinct barriers, priorities, and levels of unmet need were identified, reinforcing the importance of designing INTs in ways that are flexible, inclusive, and responsive to diverse needs.

Overall, the findings suggest that Integrated Neighbourhood Teams have the potential to improve care in Lambeth if they are designed around lived experience. People want a model that brings services together, reduces the burden on individuals and families, provides practical and preventative support, offers genuine choice in how people access care, works closely with trusted VCSE partners, and demonstrates how people's voices have shaped change.

Recommendations

Our key recommendations for Integrated Neighbourhood Teams are:

1. **Provide joined-up, coordinated care** with clear pathways, named contacts, and better communication between primary care, hospitals, mental health, social care, education, and voluntary sector services.
2. **Bring care closer to home** through trusted, accessible community locations, local specialist advice, better follow-up, and support that reduces unnecessary travel and hospital use.
3. **Maintain hybrid access** by ensuring digital tools are available but do not replace face-to-face, telephone, and supported access routes.
4. **Make prevention central to neighbourhood care** through health checks, regular reviews, access to low-cost or free physical activities, mental wellbeing support, social connection, falls prevention, nutrition advice, and support with wider determinants of health.
5. **Build trust and inclusion** by listening to people, taking concerns seriously, recognising carers and family members as partners, and designing services that are culturally safe and accessible.
6. **Work closely with voluntary and community organisations** that people already know and trust, including community centres, faith groups, peer support networks, housing schemes, libraries, and local activity providers.
7. **Embed people's voice** and co-production with them into the design, delivery, and evaluation of INTs, with feedback loops that show people and communities how their experiences have shaped change.

Further details on how these recommendations can be implemented are provided in the Recommendations section of this report.

Introduction

Background and Rationale

Integrated Neighbourhood Teams (INTs) are intended to support people's health and wellbeing by delivering more joined-up, community-based care. They aim to bring services closer to home, make them easier to access, and support people to live healthier, more independent lives.

INTs in Lambeth will initially support:

1. People who experience frailty (Frailty)
2. People with multiple long-term conditions (MLTC)
3. People who need support with their mental health (SMH)
4. Children and young people with complex needs (CYP)

Healthwatch Lambeth was commissioned by Lambeth Together to gather people's and communities' views on the development of this model, with a focus on improving experiences and reducing inequalities.

This report presents findings and feedback on the development of INTs, as well as the wider system shifts:

1. Hospital to Community
2. Analogue to Digital
3. Treatment to Prevention

This work represents an important first step in an ongoing conversation with individuals and communities in the development and evolution of INTs.

Engagement Aims and Objectives

To understand how residents currently experience health and care services in Lambeth and to identify how Integrated Neighbourhood Teams (INTs) can be developed to deliver more coordinated, accessible, and equitable care that better meets local needs.

Objectives

The engagement was designed to:

- Capture lived experiences of accessing and navigating health and social care services across Lambeth.
- Gather feedback from a diverse range of communities across Lambeth.

- Explore people's perceptions and expectations of neighbourhood-based care.
- Identify barriers and enablers to accessing timely, appropriate support, particularly for people with complex or multiple needs.
- Identify inequalities in access to and experiences of services, including their impact on key population groups.
- Inform the development of Integrated Neighbourhood Teams.

Governance and Oversight

A steering group was established at the start of the project and met nine times between May 2025 and May 2026.

Their role included:

- Contributing to and reviewing the project plan.
- Advising on the development of engagement materials and methods.
- Providing feedback on emerging issues and areas for further exploration.
- Supporting the promotion of engagement activities through established networks.

The steering group was made up of representatives from Lambeth Together and Healthwatch Lambeth, including programme leads, engagement and communications professionals, and clinical and community representatives. This multi-disciplinary oversight ensured that engagement activities were grounded in both strategic priorities and the practical knowledge and experience of local communities.

Table 1 – Steering Group Members

Healthwatch Lambeth	Folake Segun - CEO Vanita Bhavnani - Research and Engagement Manager Caroline O'Neill - Engagement Officer
SEL ICB	Bola Olatunde – Engagement and Communications Manager
Lambeth Together	Alex Jackson – Programme Lead Alicia Lyons – Engagement Manager Samantha Lasbury – Communications Manager
Living Well Network Alliance	Guy Swindle – Deputy Director, Lambeth Living Well Delivery Alliance/South London and Maudsley NHS Trust

Neighbourhood and Wellbeing Delivery Alliance	Anthony Davis - Engaging with Communities Clinical and Care Professional Lead Chris French – Community Connector

Wider Reporting and Partnership Engagement

In addition to steering group meetings, regular catch-ups were held between Healthwatch Lambeth and the Lambeth Together Programme Lead to provide updates and check in.

Project updates were also shared across a range of partnership forums, including Lambeth Together Boards and Engagement Practitioner Meetings.

Table 2 – Meeting and Presentation Log

Lambeth Together	Neighbourhood Wellbeing Delivery Alliance (NWDA)	June 2025 January 2026
Lambeth Together	Communications & Engagement	June 2025 September 2025 October 2025
Lambeth Together	Care Partnership Board	September 2025 December 2025 January 2026
South East London Integrated Care Board	Creative Health in Lambeth Neighbourhoods Event	October 2025
South East London Integrated Care System	Engagement Practitioners' Network	November 2025

These governance arrangements provided a clear framework for oversight and partnership working.

Methodology

Healthwatch Lambeth adopted a three-phase, mixed-methods approach to engage with people and communities in Lambeth. This was designed to combine breadth of reach with depth of insight and ensure that people's experiences could be explored in different ways through different channels of engagement. This included early exploratory engagement, a broader survey-based engagement, and more targeted qualitative engagement with specific population groups, ensuring the capture of high-level patterns of experience and more detailed lived experience. Across all phases, a total of 356 individuals participated in the engagement.

Figure 1 - Stages of Engagement

We engaged with people representing the four target groups for INTs in Lambeth. Throughout this report, we will refer to these groups with the following abbreviations.

Table 3 – Engagement by Cohort

Cohort	Abbreviation	Engagement Method
Parents of children and young people with complex needs (Parents of CYP)	Parents of CYP	Survey Focus groups
Young people/person (YP)	YP	Interviews
People experiencing frailty (Frailty)	Frailty	Survey Focus groups Interview
Older LGBTQ+ people (LGBTQ+)	LGBTQ+	Focus group
People with multiple long-term conditions (MLTC)	MLTC	Survey
People needing support with their mental health (SMH)	SMH	Survey Focus group
Carers of people who need support with mental health (SMH Carers)	SMH Carers	Survey Focus group

Phase 1: Community Workshops

Two workshops were held in July 2025—one in-person at We are 336 and one online. The sessions brought together members of the public and professionals working in health and social care to capture initial views on INTs to inform the later engagement activity, including the development of the survey and the structure of focus group/interview discussions.

Phase 2: Borough-Wide Survey

A borough-wide survey served as the primary quantitative element of the engagement. It was co-designed with community members and stakeholders and reviewed by the project steering group and the Lambeth Together Communications and Engagement team.

The survey was made available online, by telephone, and in person to help widen access and reduce barriers to participation.

The survey opened in October 2025 and closed in late November 2025. It was subsequently reopened between December 2025 and January 2026 to increase the representation of residents from Black heritage in Lambeth. A total of 289 responses were received.

To support accessibility, the survey was translated into the five community languages most requested for translation services at Lambeth General Practices. These were Arabic, Polish, Portuguese, Somali, and Spanish.

Promotion of the survey was through:

- Newsletters and online platforms – eGiST (Guy's and St Thomas' Hospital NHS Trust); King's Collaborators Hub (King's College Hospital NHS Trust); Get Involved ICS Engagement Newsletter; Let's Talk; Lambeth Residents Newsletter; Healthwatch Lambeth Newsletter.
- Community and voluntary sector networks – Thriving Communities in Stockwell, Norwood, Fiveways and Streatham; Lambeth Advice Network; Lambeth Neighbourhood Forums; Healthwatch Lambeth Trustees and volunteers.

Figure 2 – Survey Promotional Poster

- Outreach events and community engagement activities – Inspire Black Communities Health and Wellbeing Day; Black History Month events in Thriving Stockwell and Better Start North Lambeth; the Lambeth Health & Wellbeing Bus.
- Organisations that supported participation in the survey from residents from Black heritage backgrounds in Lambeth–Black Thrive; Vauxhall Gardens Community Centre; Fits Me Well; Black Prince Trust, amongst others.

The community outreach events provided an opportunity for people to complete the survey with the support of staff members.

Phase 3: Focus Groups and Interviews

The final phase of the engagement was the facilitation of focus groups and interviews. These allowed the opportunity to meet with individuals from specific community groups and created space for more detailed discussions to help explore issues that may not have been captured through the survey alone.

A total of six focus groups, involving 44 participants, and four one-to-one interviews were conducted.

Focus Groups

The focus groups brought together people and communities with a range of experiences and needs, including:

- Parents of children and young people with complex needs (Parents of CYP)
- People experiencing frailty (Frailty)
- Older LGBTQ+ people (LGBTQ+)
- People who need support with their mental health (SMH)
- Carers of people who need support with mental health (SMH Carers)

Focus groups explored the type of support that would help people stay healthy in the community, their experiences of using digital services, and the type of services and support they would like to see included within INTs.

The focus group of parents and carers of children and young people with complex needs followed a different structure. They explored 5 priority areas identified by the Children and Young People Alliance within Lambeth Council:

1. Getting help early – when a child or young person is struggling or life becomes difficult
2. Emotional wellbeing and mental health
3. Autism, ADHD, and Special Educational Needs
4. Health and everyday life – keeping healthy and managing ongoing conditions
5. Feeling included in education

Focus group sessions were delivered both face-to-face and online. Many were coordinated in partnership with local organisations (see Table 4). This helped create safe and familiar spaces to support participation.

Table 4 - Focus Group Sessions

Location	Cohort	Number of Participants
Mosaic Clubhouse	SMH	7
Vida Centre, Age UK	Frailty	13
SLAM Carers, online	SMH Carers	6
Tonic Housing	LGBTQIA +	4
Hillyard House Extra Care Scheme	Frailty	9
Upper Norwood Library Hub	Parents of CYP	3

Interviews

Interviews followed a similar structure to the focus groups. Young people from the Children and Young Person Alliance Shadow Board took part in interviews. One member of the public shared their experiences of caring for someone who experiences frailty.

Table 5 - Interview Participants

Cohort	Number of Participants
Young People (YP)	3
Frailty (Frailty)	1

Data Analysis

When reviewing figures throughout this report, note that not all participants responded to every question or provided all the data asked of them. As such, percentages are based on the number of respondents to each question.

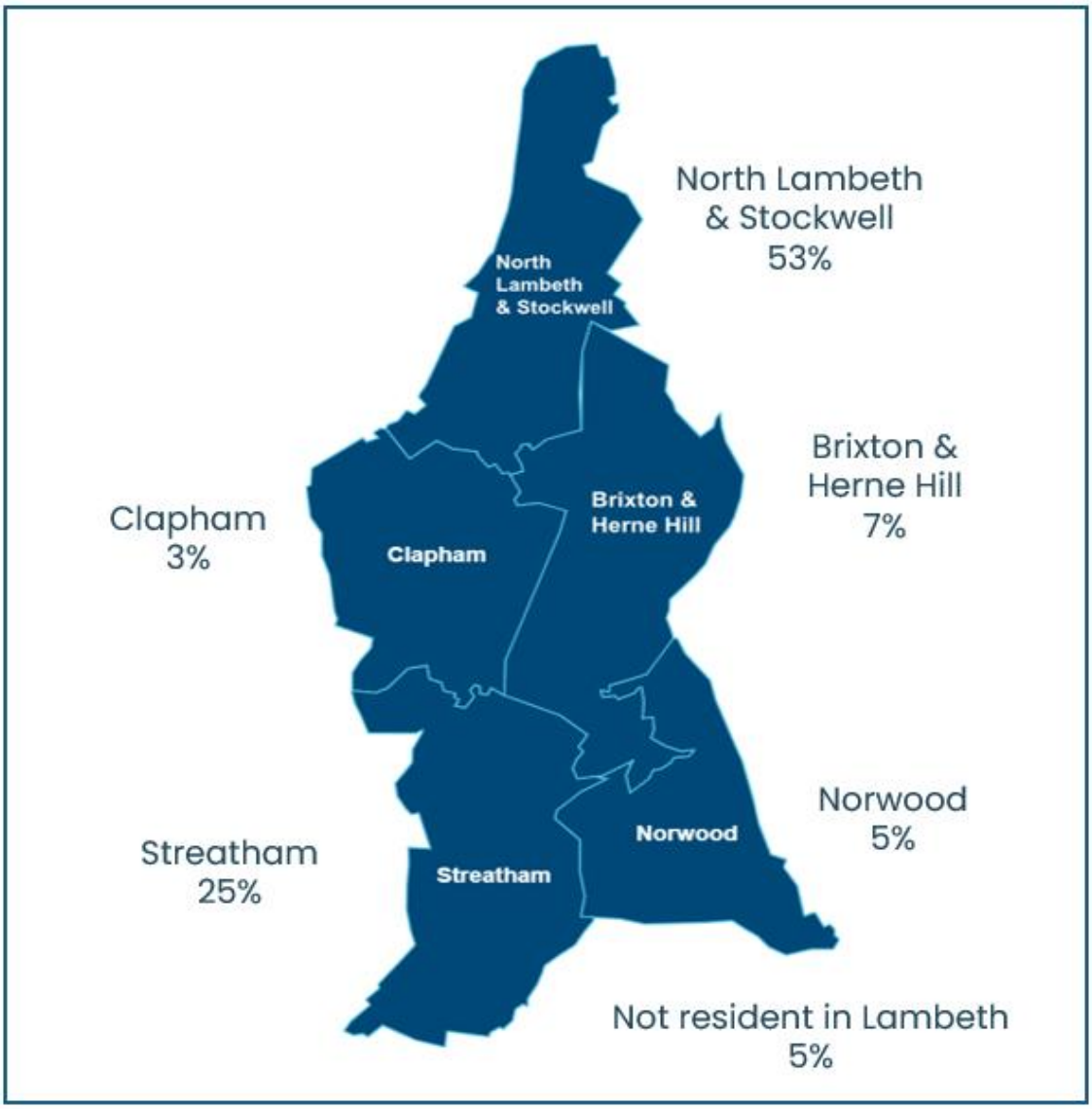
Participant Profile

356 people contributed to this engagement through two community workshops (19), a resident survey (289), six focus groups (44), and four interviews (4).

Neighbourhood

Respondents were drawn from across Lambeth, although representation varied between neighbourhoods. The majority reside in North Lambeth and Stockwell, followed by Streatham. Clapham had the lowest representation amongst survey respondents. A proportion of survey respondents are not resident in the borough, the majority of whom reside in Southwark.

Figure 3 – Survey Participation by Neighbourhood



Gender and Age

The survey data indicated that the engagement reached a predominantly female and older population with a significant proportion of residents aged 50 and over.

Table 6 - Gender of All Participants Participants

Gender	%
Male	32
Female	64
Non-binary	0
Prefer not to say	3

Table 7 - Age of All

Age	%
16-18	1
18-24	0
25-49	17
50-64	35
65+	54

Ethnicity

The ethnicity profile of participants varied by method of engagement, highlighting both the strengths and limitations of the overall approach.

Across the full sample, participants were broadly in line with borough demographics. However, we wanted to hear from all voices, especially those that are more often excluded.

The targeted approach used in the qualitative phase of the engagement successfully reached communities that are often underrepresented in traditional survey-based methods.

Initial survey responses indicated that people from Black heritage backgrounds were underrepresented. In response, the survey was reopened between December 2025 and January 2026 and targeted promotion was carried out to encourage people from these communities to take part.

The combined dataset indicates that different engagement approaches reached different groups. This reinforces the value of a mixed-methods approach, where qualitative engagement can help address gaps in quantitative reach.

Table 8 - Ethnicity Breakdown by Engagement Method

	% of all participants	% of survey respondents	% of focus group and interview participants
White British	68	52	28
Other White background	16	18	-
Black/ Black British	16	11	53
Asian/ Asian British	5	2	10
Mixed/ multiple ethnic groups	3	3	3
Other ethnic groups	4	3	8

Population Groups

Table 9 - Percentage of Participants by Population Group

Characteristic	%
CYP with complex needs	13
Multiple long-term conditions	59
Experience frailty	43
Need support with mental health	43
LGBTQIA	2

Many survey respondents identified with more than one population group, highlighting that people may have multiple and interconnected needs rather than needs fitting into one category (see Table 10 in Appendix A).

Strengths and Limitations

This engagement benefited from:

- A mixed-methods approach.
- Input from a range of population groups.
- Strong partnership working.

Limitations include:

- Representation gaps in some communities.
- Variability in levels of detail provided by participants.

Findings

This section brings together insight from the community workshops, survey, focus groups, and interviews. It explores how the three shifts - Hospital to Community, Analogue to Digital, and Treatment to Prevention - can be realised through Integrated Neighbourhood Teams (INTs).

Across all engagement, people were broadly supportive of bringing care closer to home, making better use of digital tools, and focusing more on prevention. However, the workshops and targeted engagement showed that these shifts cannot be delivered separately. People described a need for neighbourhood services that are joined-up, trusted, accessible, inclusive, and able to support people before problems escalate.

Community workshop participants helped shape the later survey and focus group engagement. They identified the key features of a good neighbourhood health service as faster access, reduced waiting times, joined-up support, local care, clear and ongoing communication, culturally sensitive and trauma-informed delivery, integration between health and social care, shared resources and networks, stable workforce capacity, and attention to wider determinants of health.

Participants also identified practical opportunities and risks for INTs. They saw potential benefits in sharing resources across health, social care, and the voluntary sector, improving patient experience, increasing clinical capacity, reducing waiting lists, and building trust by delivering support in familiar community settings. At the same time, they raised concerns about neighbourhood boundaries, information sharing, staff and voluntary sector capacity, and the need to make people aware of available support.

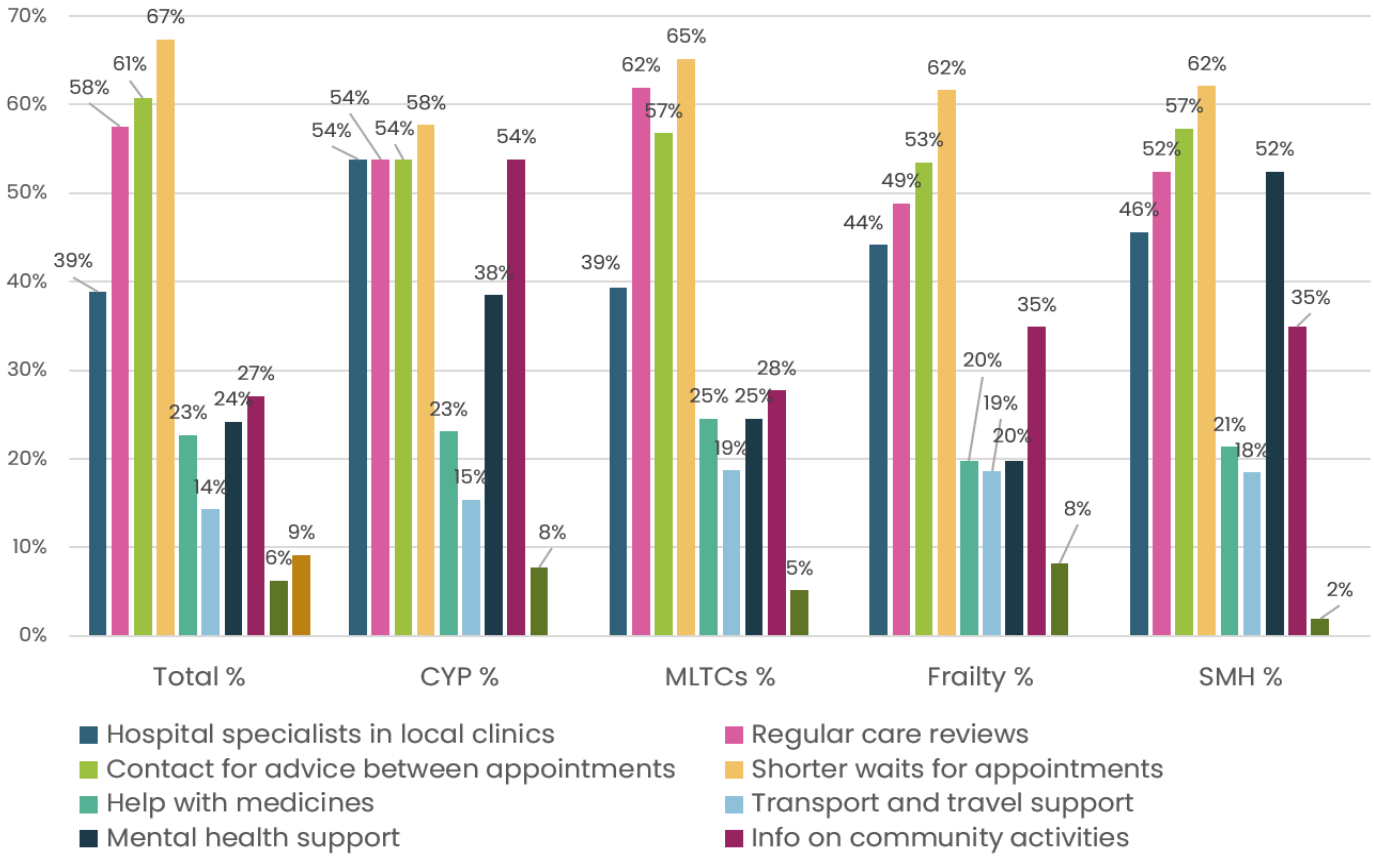
The findings below integrate workshop evidence with the survey, focus group, and interview evidence.

1. Joined-Up, Holistic Neighbourhood Care

Participants described neighbourhood health services as most valuable when they bring together primary care, social care, voluntary sector support, and wider community resources.

Across the survey, the most common types of support that people felt would help them take care of their health without needing to go to hospital were shorter waits for appointments (67%), someone to contact for advice between appointments (61%), regular care reviews (58%),, and access to hospital specialists in local clinics (39%).

Figure 4 – Survey Question 8: What helps you stay well?



This suggests that people are not only asking for services to move out of hospital. They want a more responsive and continuous model of care, where support is available earlier, advice is easier to access, and people are not left to manage alone between appointments.

Individuals gave examples of what this support might look like to them. The most common themes were digital and phone access to care, support to self-manage health, and better coordination between GPs and hospitals.

Community workshop and focus group participants similarly highlighted the importance of personalised, holistic care, self-management, and community-based support.

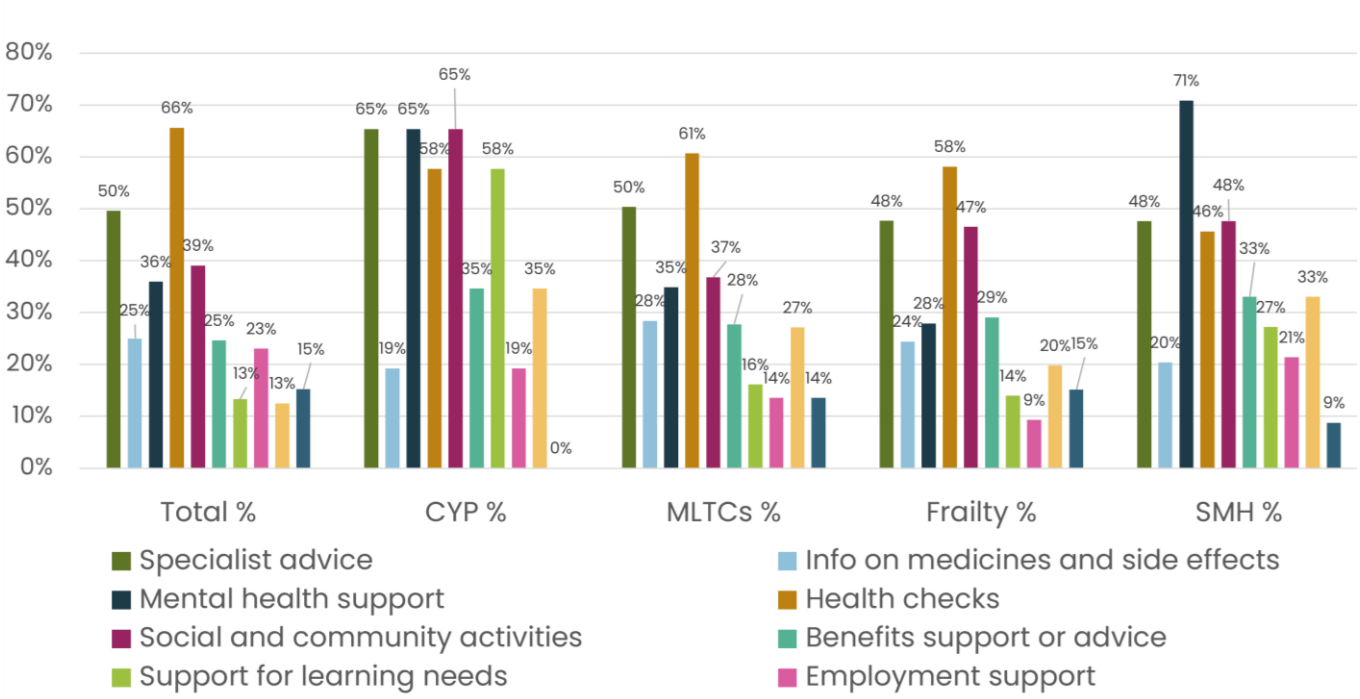
Participants gave specific examples of the types of roles they would find beneficial to be incorporated into a neighbourhood model. These included GPs, pharmacists, social prescribing link workers, nutritionists, occupational therapists, mental health professionals, social workers, schools, family carers, housing support, and voluntary sector organisations. A full list of these suggestions can be found in Appendix C.

The survey asked people to identify the type of support or services INTs could offer in the community that would make the biggest difference to them or the person they care for. Respondents prioritised practical health support and trusted advice, including health checks (66%) and specialist advice (50%). There was also demand for social and community activities

(39%) and mental health support (36%), showing that staying well is not only about medical care.

People also wanted help with wider aspects of managing their health. A quarter of respondents highlighted benefits support or advice (25%), employment support (23%), and information on medicines and side effects (25%).

Figure 5 – Survey Question 3: What support or services could neighbourhood teams offer that would make the biggest difference to you or the person you care for?



Survey respondents also identified better GP access, social prescribing, and in-home support as services that neighbourhood teams could offer that would make the biggest difference to them.

Reducing Fragmentation and the Burden of Coordination

Across all population groups, current services were described as fragmented, with individuals often having to navigate their own care across multiple providers. Integration of teams was seen as crucial to the success of INTs and establishing trust in the model.

At present, the lack of integration has shifted the burden of coordination onto individuals and families. This was particularly acute for parents of children and young people with complex needs, who described themselves as the de facto coordinators across health, education, and social care.

> "Services aren't joined-up…it's left to us to coordinate" (Focus group - parents of CYP)

Workshop participants described navigating services as an ongoing struggle.

> “Everything’s a separate fight, and you have to do it again, and again, and again.” (Community workshop participant)

Having to repeatedly share information across providers was another key frustration across all cohorts and was described as exhausting. This was reflected in conversations with attendees at an Age UK exercise class.

> “Better coordination between health services…rather than having to repeat your story many times.” (Focus group - frailty)

Survey responses show that coordination is a practical access issue. Among parents of children and young people with complex needs, 46% said that having to coordinate care with different teams is “always” or “often” a barrier, with a further 27% saying it is “sometimes” difficult (see Figure 14 in Appendix B).

People with multiple long-term conditions also described poor coordination across teams.

> "I have complex needs and co-morbidities, and so there is not a coordinated approach to my care. They have no communication amongst teams." (Survey respondent)

People wanted INTs to provide a clearer route through services. This included named contacts, regular reviews, and better communication and collaboration between primary and secondary care. For instance, one suggestion was that INTs could coordinate post-discharge support, including guidance and training for family members and carers looking after someone at home, as well as support across different services such as GPs and hospital specialists.

> “Better or improve collaboration between GP primary care and secondary.” (Focus group - SMH)

Participants also wanted neighbourhood centres or hubs where multiple services could be accessed in one place. For example, people requiring specific injections to manage their pain currently must wait for a consultant appointment. People we spoke with felt that a highly skilled professional may be able to provide that support within a community setting.

"Having an integrated health centre nearby that's holistic." (Focus group - LGBTQ+)

For parents of children with complex needs, holistic support meant recognising not only physical or clinical needs but also family circumstances, poverty, food insecurity, mental health, and wider social pressures.

"There isn't a comprehensive pathway, which has very negatively affected the mental health of children and their carers. However, this [INTs] means we can start from scratch and gives us the opportunity to make a difference." (Community workshop - parent of CYP)

Parents of children with complex needs could also benefit from a family-centred approach, instead of only supporting the child, as they are often overwhelmed and struggling to coordinate care.

What Different Groups Wanted from Neighbourhood Care

Parents of children and young people with complex needs were most likely to identify specialist advice, mental health support, and social and community activities (all 65%) as the support that would make the biggest difference to them. This group also highlighted the need for mental health support for very young children.

"Mental health support for children under 5 years old" (Survey respondent - parent of CYP)

People with multiple long-term conditions highlighted better GP access, including longer appointments and continuity with a named professional.

"I would like to be able to have access to a doctor for more than 10 minutes" (Survey respondent - MLC

People experiencing frailty most often raised condition-specific support, including for Chronic Obstructive Pulmonary Disease (COPD), knee, and mobility issues. This reinforces the need for INTs to recognise that people may sit across more than one cohort, for example, people experiencing frailty who also need support for long-term conditions, rather than being treated as distinct.

People who need support with their mental health were most likely to identify mental health support (71%) as making the biggest difference, while specialist advice and social and community activities (both 48%) were also highly rated. Some wanted condition-specific and specialist support,

including for autism, OCD, and the intersection between mental and physical health.

"Support for autistic people. I have immense social and sensory difficulties and would honestly just like support that acknowledges and helps deal with these." (Survey respondent - SMH)

In-home and practical support was also raised by this group, including companionship for people who are housebound.

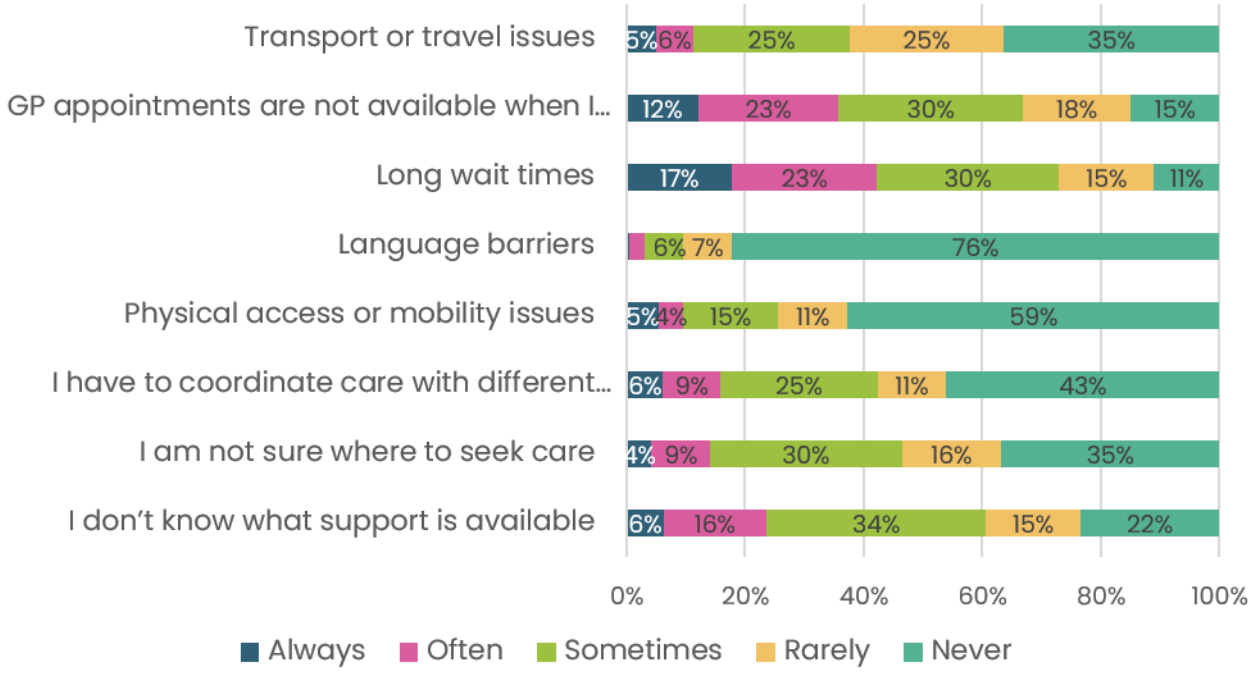
“Someone that can come in the home for those who are housebound and spend time to talk, socialise." (Survey respondent - SMH)

These findings suggest that a key test of INTs will be whether they make care easier to navigate and reduce the burden on people, carers, and families to hold the system together.

2. Access, Wait Times, and Unmet Need

The need for timely access was a consistent finding across the workshops and targeted engagement. Survey respondents identified long wait times, difficulty getting GP appointments, and lack of awareness of available support as the biggest barriers to care. These findings suggest a need for care navigation support, including between different services like GPs and hospital specialists.

Figure 6 – Survey Question 9: How often do the following make it hard to get the care you need? (All respondents)



Some barriers were worsened by other factors, such as rejected referrals.

"Having my GP referrals to specialist teams at GSTT and Royal Brompton continually rejected is soul-destroying. Everything goes unresolved and just accumulates in terms of burden on my wellbeing. As a result, I have stopped advocating for myself and just let it all wash over me" (Survey respondent)

For parents of children and young people with complex needs, long wait times were a major recurring obstacle. Almost two-thirds (62%) said long waits "always" or "often" make access harder, with a further 23% saying they "sometimes" do. Delayed referrals and waiting times for CAMHS and children's services were also raised (see Figure 14 in Appendix B).

"I waited for years for a face-to-face CAMHS mental health appointment for one of my daughters." (Survey respondent)

Across the full survey sample, nearly half (44%) said there were no services or support that they needed but could not access. However, more than a third (35%) said they were struggling with access or unmet need. People shared examples, including specialist referrals, mental health support, neurodivergent services, and GP access (see Figure 18 in Appendix B).

"I have been waiting for a very simple issue to be resolved with my ADHD medication for over 18 months. When I call for support, including when suicidal, I am told to make a cup of herbal tea." (Survey respondent - SMH)

A small number of respondents identified language barriers as an issue, with most (76%) indicating this "never" makes it hard to get the care they need. However, most respondents completed this survey in English. Three of the seven (43%) respondents who completed the survey in a community language reported that language barriers "often" make it hard for them to get the care they need.

Some people wanted help with the administrative tasks required to access support, such as applications for Blue Badges, PIP, DLA, or Care Act assessments. Several expressed frustration that GPs charge for supporting letters for these applications, or that they had to seek alternative supporting information because supporting letters need to be dated within the past 12 months, and they had not seen their GP within that time.

There were clear differences between cohorts. The highest level of unmet need was among children and young people with complex needs, where 54% said there were services they needed but could not find or access. Just under half of people experiencing frailty (45%) and people who needed support with their mental health (43%) also said they had unmet needs (see Figure 18 in Appendix B).

Workshop participants also raised challenges around lack of awareness of services, frequent changes due to funding cycles and staff turnover, and uncertainty around how people would access services if neighbourhood boundaries did not align with where they receive care.

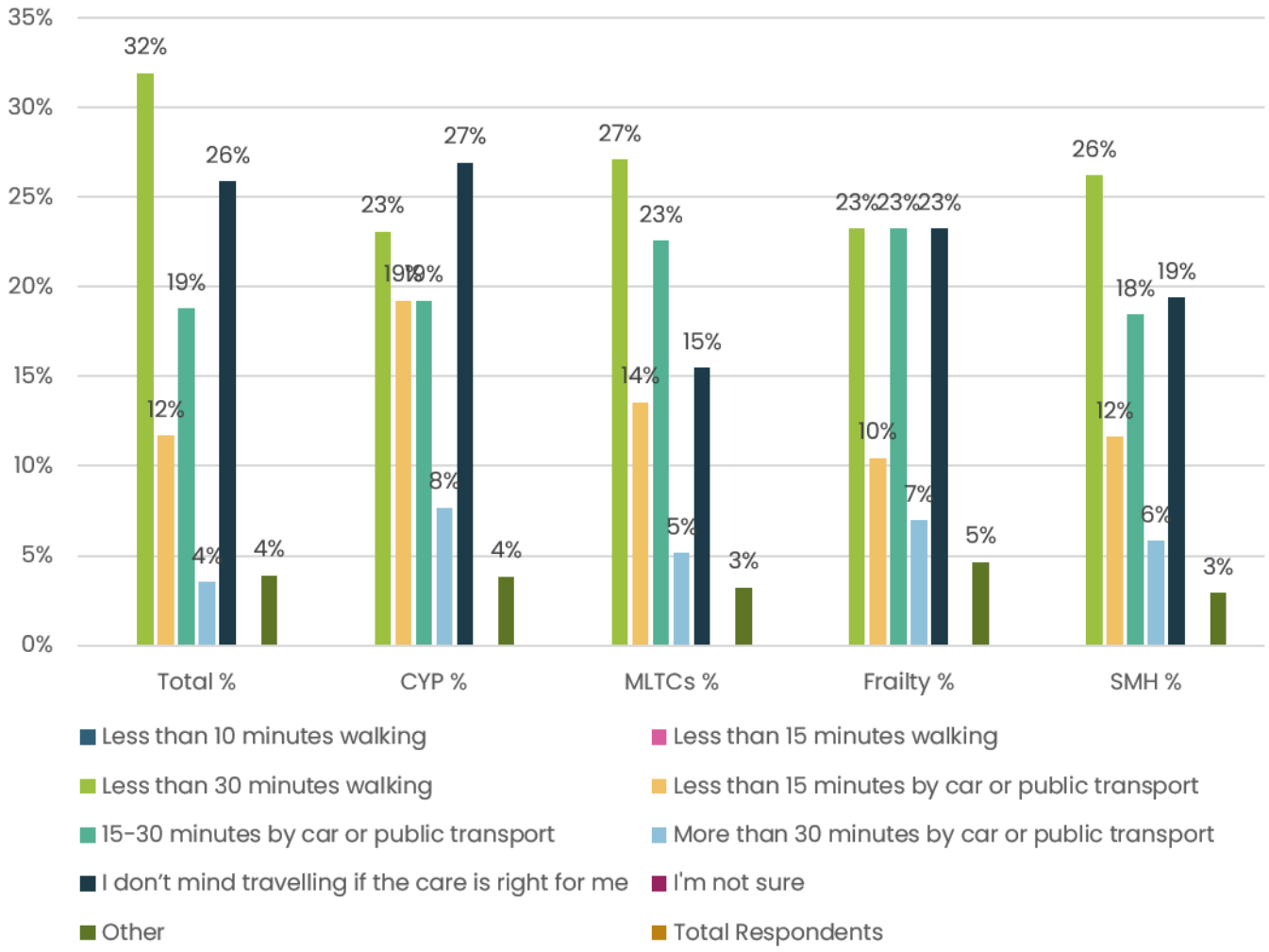
Overall, gaps in service availability are compounded by difficulties with awareness, signposting, navigation, referral routes, and suitability of support. INTs will need to provide clear information and care navigation, including between GPs, hospitals, mental health, social care, and community services.

3. Care Closer to Home, Transport, and Physical Accessibility

People consistently supported care being delivered closer to where they live. This was not only about convenience but about feeling safe, supported, and able to engage with services without unnecessary barriers.

A third of survey respondents (32%) wanted to travel less than 30 minutes on foot to access health and social care. However, a quarter (26%) said they did not mind travelling if the care was right for them, showing that quality and suitability of care can outweigh distance for some people.

Figure 7 – Survey Question 5: What is the longest you are willing to travel to access health or care services?



Respondents' willingness to travel depended on urgency, seriousness and the type of care required.

"I want to be able to access information locally, but willing to travel for support and assistance" (Survey respondent)

"Obviously, I would travel as far as required depending on seriousness of the health problem." (Survey respondent - SMH)

For some families, the availability of specialist care meant they felt they had little choice about travel.

"With paediatric care, we really have no option. South Lambeth is poorly networked for health services." (Survey respondent - parent of CYP)

Survey responses highlighted mobility barriers experienced by people with multiple long-term conditions and those experiencing frailty.

"I prefer something easy to access within 30 minutes by car/public transport as I'm disabled. But I will go wherever is necessary to get the relevant support." (Survey respondent)

People experiencing frailty, particularly those living in extra care settings, described fear of falling and reduced mobility as barriers to leaving their homes.

"I think about going out, but then I back down. I fell a lot last year, and I got frightened." (Focus group participant, Hillyard House)

These experiences reinforce the need for some care and support to be delivered within residential settings, extra care schemes, or people's homes.

"For services to come here." (Focus group - frailty)

"Any building that can fit services in one place, ground floor." (Focus group - frailty)

Accessibility should shape both the location and design of INT services. Carers and residents described barriers created by inaccessible buildings, lack of ramps, wheelchair access, and the need to plan journeys carefully.

"I can't go in the house with the wheelchair because it won't fit." (Focus group - SMH carer)

"My mother can no longer access certain areas in the borough. She has to be very intentional when planning access to locations; for example, shops - do they have ramps? She avoids steps; they eliminate her from access." (Interview - frailty)

Accessibility should also shape the types of support being offered. For instance, some wished for community yoga classes which offer adaptations and adjustments that allow people with long-term conditions to participate.

Transport reliability and appointment timing were also important. One resident described how changes to Dial-a-Ride reduced confidence and independence.

"The last time we used it [Dial-a-Ride] was Mother's Day 2025, as it is no longer very accessible. When you try to book the service, you are able to book the return

journey, but they aren't able to confirm the way out. You have to keep checking availability, and you often get close to the time you need to leave with no confirmation. You can only book 7 days in advance. You used to be able to book repeat journeys, which was better. Now it is very last minute and unsettling. My Mum talks about not wanting to be a burden. Dial a ride gives her that independence as [she] can travel independently, but we can't rely on it as much now." (Interview - frailty)

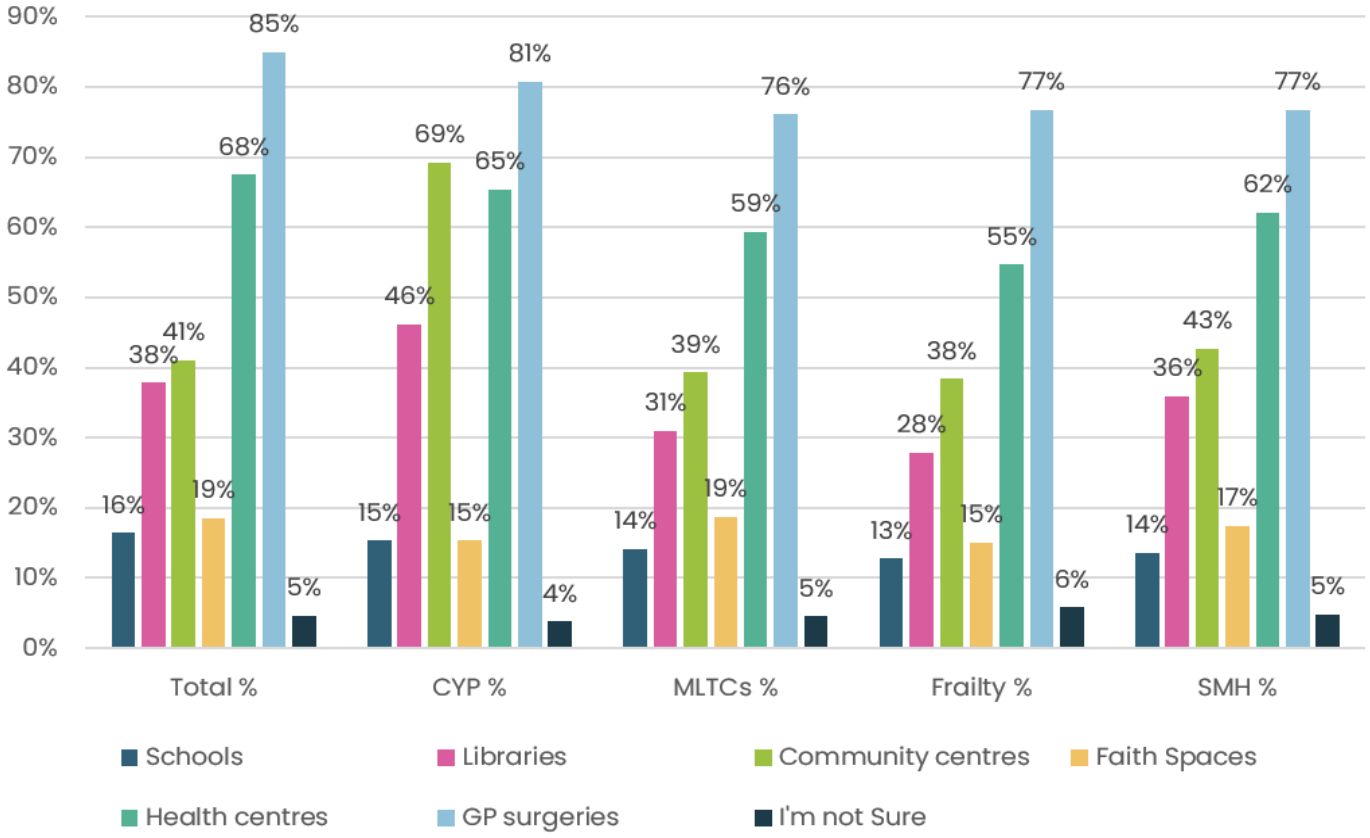
Another participant described how early appointment times created financial barriers because they could not use their travel pass.

"But what I struggle with is the time of the appointments, they make them early, so I can't use my travel pass to get to them for free." (Focus group - frailty)

When asked where they would feel comfortable accessing support, respondents showed the strongest preference for formal health settings, particularly GP surgeries (85%) and health centres (68%). However, many were also open to community centres (41%) and libraries (38%), suggesting that neighbourhood services could be delivered in accessible non-clinical settings that people already know and use.

Parents of children and young people with complex needs were especially open to community-based settings, with 69% saying they would feel comfortable accessing support in community centres and 46% in libraries, while still valuing health centres (65%) and GP surgeries (81%).

Figure 8 - Survey Question 4: Where would you feel comfortable going for social, health, and wellbeing support in your neighbourhood?



The movement of care from hospital to the community provides the opportunity for multiple specialists to be located in one place, communicating with each other and eliminating the need for patients to travel to different locations. Professionals suggested that virtual wards could be embedded into INT delivery to support care outside hospital settings.

"If this works, if you can bring care into neighbourhoods and deliver services outside of hospitals, that's what people want." (Community workshop participant)

People living in neighbouring boroughs who use Lambeth services raised concerns about how INTs would affect their access. Similar concerns were raised about different INTs focusing on specific cohorts and what that would mean for people living outside those neighbourhoods or with overlapping needs.

4. Prevention, Staying Well, and Wider Determinants of Health

Prevention was consistently described as a holistic concept encompassing physical health, social and mental wellbeing, and other factors like employment, housing, and finances. Workshop participants highlighted early intervention, inclusive support, healthy ageing, social connection, and community-based wellbeing.

Survey and focus group participants similarly described prevention as including social connection, nutrition, activities, and access to trusted advice.

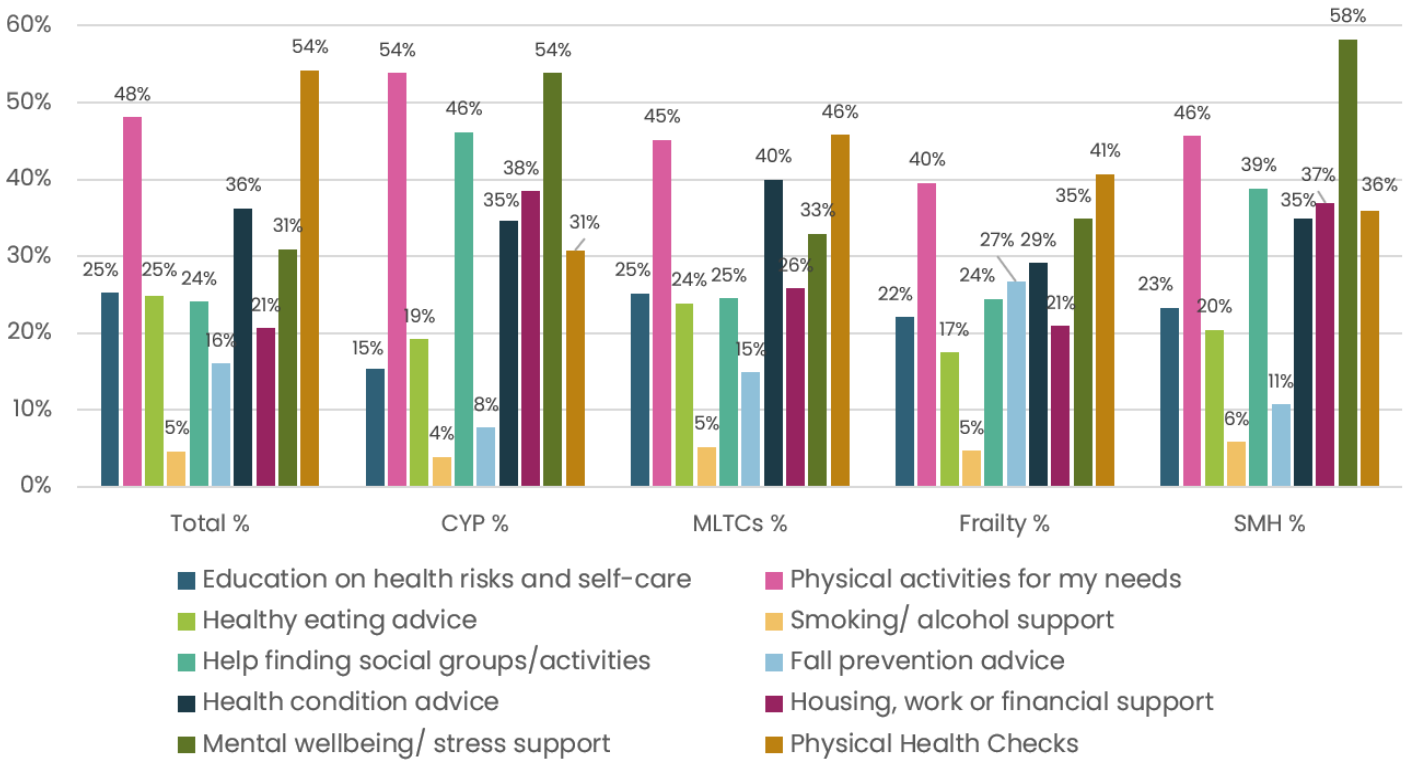
> "It's about future-proofing our health and looking after ourselves. The three most important things for longevity and living well in old age are movement, diet, and mental health, both psychological and cognitive." (Focus group - LGBTQ+)

> "Exercise regularly, eat healthy, track nutrients, sleep well, and ensure a good work/life balance" (Survey respondent)

Workshop participants identified a wide range of support that could help people stay well, including health education, nutritional education, social opportunities, age-appropriate and lifestyle-appropriate activities, cognitive stimulation, employment support, schools as early intervention hubs, culturally appropriate counselling, and mental health assessments for parents and carers without long waiting lists (see Appendix C).

When asked what would help them stay well, survey respondents prioritised physical health checks (54%) and physical activities suited to their needs (48%). Over a third wanted health condition advice (36%), while a quarter wanted education on health risks and self-care (25%) and healthy eating advice (25%). Support for mental wellbeing and stress (31%) was also a significant priority, alongside help finding social groups and activities (24%) and housing, work, or financial support (21%).

Figure 9 – Survey Question 15: Thinking about yourself and your health right now, what would help you to stay well and as healthy as you can be?



While priorities were broadly similar across groups, CYP and residents needing support with mental health placed greater emphasis on mental wellbeing, physical activity, social connection, and practical issues such as housing, work, and finances. In contrast, people experiencing frailty were more likely than other groups to identify fall prevention advice as important.

For frailty and ageing well, prevention was seen as preferable to treatment. Suggestions included teaching people how to fall safely, supporting people to build strength, and starting healthy ageing support earlier. Workshop participants suggested using funding to mitigate against frailty, potentially through partnership with Age Friendly Lambeth.

People described prevention in practical terms: regular health checks, self-management support, routine reviews, reminders, phone check-ins, nutrition advice, healthy eating support, appropriate activity, and help to stay socially connected.

"Regular routine appointments, reminders and check-ins by phone." (Survey respondent)

“Ways to check back in as I get older and my condition changes." (Survey respondent)

Nutrition and healthy eating were raised across groups, including the challenge of accessing affordable healthy food, cooking for one person, and knowing how to use kitchen equipment.

"The local supermarket does not have many healthy food options - too many ready meals, processed food and prepackaged fruit and veg only available in family sizes (I live alone). Few 'brown' versions of rice, pasta, couscous, etc., instead of white." (Survey respondent)

"We would like someone to come and talk to us about healthy eating, e.g. a chef or nutritionist. The problem is you don't eat well when you are on your own. You eat a lot of processed foods, sometimes because of convenience, lack of healthy recipes, or not knowing how to use kitchen devices, e.g. air fryer." (Focus group - LGBTQ+)

People wanted physical activities that were appropriate to age, ability, and lifestyle. Some were not aware of suitable activities, while others felt available options did not meet their needs.

"Being more mobile and active would stop me becoming a type 2 diabetic and my heart condition from worsening." (Survey respondent)

"It's important to find physical activities that are age-appropriate. There is a climbing gym up the road, but that's "for young people." On the other hand, we've had tai chi and yoga classes, but those were too slow for me. There should be two levels offered for different skills." (Focus group - LGBTQ+)

People with multiple long-term conditions wanted access to suitable activities, in addition to medication.

"There are many activities available, but many are not suitable for people with MLTCs. There is a huge interest in these activities, as many people are sick of being medicated. We should be brave to use alternative medicines. Many people would like to see different things." (Community workshop - MLTC)

For people experiencing frailty, this meant activities that cater to different levels of mobility, confidence, and independence. Some felt that activities aimed at older people could be too limited or too slow, while others felt there were limited options for people who want to remain active but have slowed down.

"Local provision of activities is important. For example, a walking group. My mother can't keep up with rambling groups, so they aren't a good fit. Want activities for people who have slowed down a little. I expect there would be a demand for this as others at her groups have also mentioned they would like the same." (Interview – frailty)

The connection between health, activity levels, and social isolation was highlighted. Loneliness emerged as a significant contributor to maintaining good health, particularly among older adults.

"Staying active and connected. But as I age, physical isolation is going to become more of an issue." (Survey respondent)

"I'm really lonely. My husband passed away years ago, and my children all live away. I spend my time at home with the television on, but the television can't talk to you." (Focus group - frailty)

"I belong to clubs; I go to church and the cinema with people from the groups. I like to keep socially active. I like to meet people like me from here." (Focus group - frailty)

For some people experiencing frailty, preventative activities need to be provided very close to home or within residential settings. Reduced mobility, fear of getting lost, and lack of confidence when travelling to unfamiliar places can all prevent people from taking part.

"I used to go to bingo; I can't go there now as I can't walk as far." (Focus group – frailty)

"When you go somewhere new, you get lost." (Focus group – frailty)

"I don't know where we would go. Even here we don't know what's available to do. I would like to go out more, but there is lots on at night, and I don't want to go out then." (Focus group – frailty)

For people who need support with their mental health, prevention meant being able to maintain stability, avoid crisis, and access support early. Participants described good health as being physically and mentally well, having a safe and stable home, maintaining routines, having people to turn

to, and being able to take part in community life through work, volunteering, social activity, and exercise.

Staying well depended on a network of support, including family, friends, GPs, Community Psychiatric Nurses, pharmacies, crisis lines, mental health teams, and community spaces such as Mosaic, Centre 70, churches, mosques, and leisure centres. Participants valued services that were calm, accessible, and responsive, where staff had time to listen, take quick action, and coordinate with other services.

Practical support such as medication reviews, blood pressure checks, psychological therapies, safeguarding, volunteering, physical activity, and having someone to talk to between appointments were all seen as important in maintaining wellbeing. However, some people felt their mental health needs had not been properly understood or met.

> "Mental health issues were never handled to my level of needs. It has taken 51 years of battling." (Survey respondent)

Participants from this cohort said they would be better supported to stay well through more flexible and timely access to GP and mental health support, including same-day or later GP appointments, easier appointment changes, no delays to depot injections, and proactive follow-up from mental health professionals in GP practices. They also wanted stronger crisis support, including crisis houses, 24-hour crisis cafés, a mental health A&E, shorter A&E waits, and more NHS mental health staff.

The discussion with people needing support with their mental health focused strongly on seeking help before reaching crisis. Trusting relationships with staff, smoother referrals, and better handovers would encourage people to seek help earlier. People said they were more likely to reach out when services listened to their needs, avoided assumptions, and offered discreet support.

Barriers to Prevention and Staying Healthy

Survey respondents described how existing services had helped them stay well through physical activity, health checks, and social connection. This shows that INTs should build on what people already value and use.

> "The best things in my life locally are the Community Garden and the Brixton Umbrella Circle." (Survey respondent)

However, prevention is limited by cost of living, waiting times, poor access, and wider pressures. Cost limited participation in social and fitness activities, and some people struggled with medication, treatment, or equipment costs.

"Women who, like me, are poor are being discriminated against by decisions to withhold health-giving medications purely on the grounds of cost." (Survey respondent)

One participant had glasses waiting from Specsavers but could not afford to pay for them.

“My circumstances have changed, and I’m trying to pay in instalments.” (Focus group - frailty)

Juggling work, money, stress, and caring responsibilities also made it harder to stay healthy.

"Everything: money, society, chronic stress, worry, work. I am exhausted just by work alone." (Survey respondent)

"The time I need to devote caring for my husband leaves me with very little time to do anything else." (Survey respondent)

5. Trust, Inclusion and Feeling Taken Seriously

Trust emerged as a central issue across all population groups. People emphasised that trust is built through consistent relationships, active listening, inclusive practice, and visible action from feedback.

“I think the most important trust is knowing that when you say something to them, and you know you have some concerns, that they actually take you as somebody who knows what you're talking about…and your concerns are real …they take you seriously.” (Focus group - SMH carer)

For carers and parents, being recognised as knowledgeable about the person they support was especially important.

“I know when there's concerns with my son, and sometimes I've recognised things that nobody's picked up on. And when I mentioned it to people, they say, oh, but that's the job for so and so. And I said no, I might be mum, but I've recognised something. You need to just trust that I know.” (Focus group - SMH carer)

Residents were asked to identify teams and services in Lambeth that they already knew about and trusted. GPs were the most trusted service, followed by hospital care, pharmacy, and community organisations.

"GP, community physio, peer support groups, friends, and family" (Survey respondent)

Trust varied across groups. People with multiple long-term conditions expressed trust in hospitals and specialist allied health teams. People experiencing frailty trusted a range of clinical services, including community nursing and social care, with many seeking support from multiple teams.

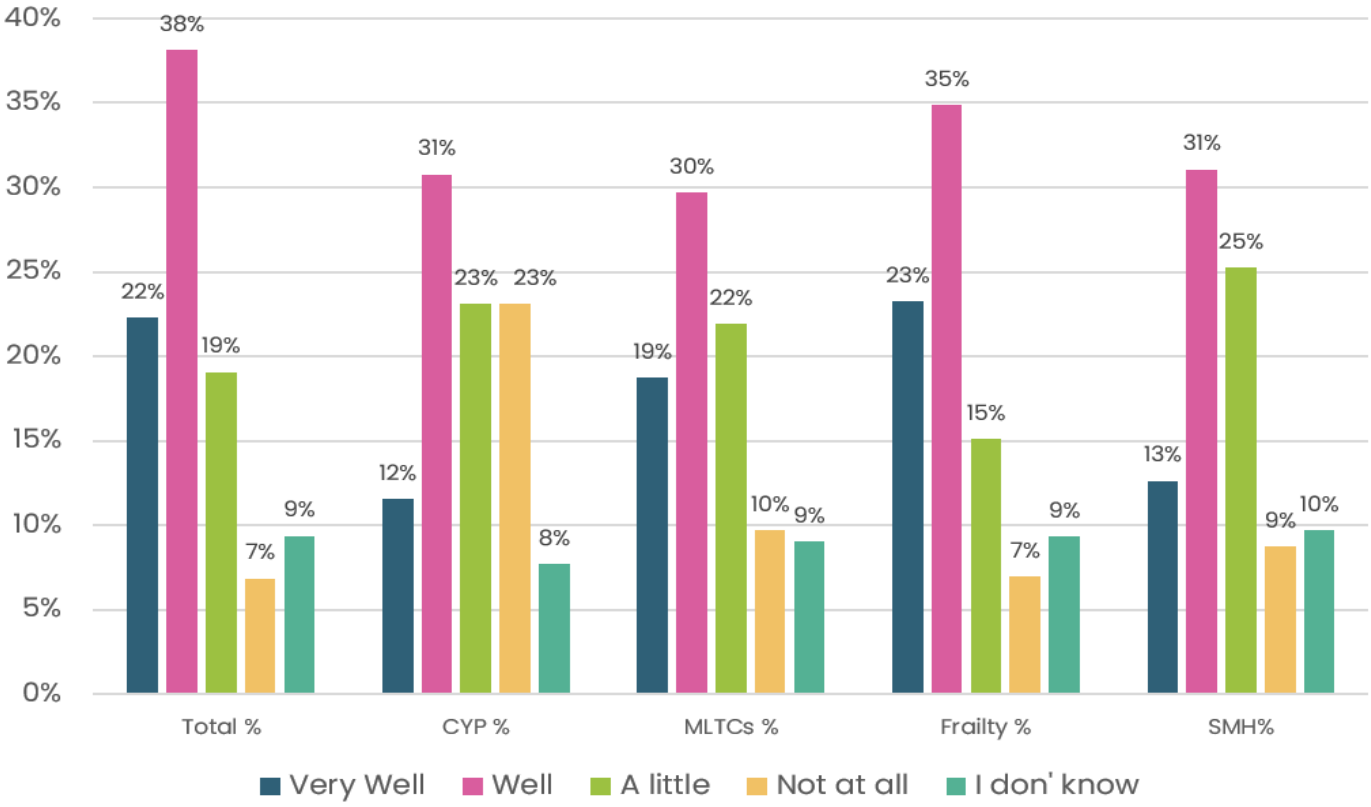
"My main access to support is through the GP practice, clinics at St Thomas' and Guy's, the neurology consultant, the pain management team, and physio team." (Survey respondent)

People in the children and young people with complex needs cohort showed greater trust in social care services than other cohorts, but many also expressed limited or no trust in any service, often linked to long waits. People who need support for their mental health trusted community mental health teams and community services, including VCSE organisations, LGBTQ+ groups, and peer support networks.

"Physical health is GP mostly. Mental health, I get more support from the LGBTQ+ community (Brixton Umbrella Circle, LGBTQ+ Community Centre in Bankside, Atypiqueers Queer Autistic support group) than the medical profession." (Survey respondent)

When asked how well local health and care services understand their needs, 60% of survey respondents said services understand their needs "well" or "very well". However, 19% said "a little" and 7% said "not at all". Parents of children and young people with complex needs were less likely than others to say services understand their needs "well" or "very well" (43% combined), and more likely to say, "a little" or "not at all" (both 23%).

Figure 10 - Survey Question 19: How well do local health and care services understand your personal needs?



People said services would feel more inclusive and respectful if care was person-centred, non-judgemental, free from assumptions, and demonstrated active listening and better awareness of their needs.

> "Non-judgmental attitude, non-shaming. Freedom to speak openly. More curiosity from them, rather than making assumptions about causes and treatments needed." (Survey respondent)

Residents from Black heritage backgrounds emphasised the importance of being listened to and taken seriously.

> "As a woman of colour, I am already at higher risk, and this is not taken into account." (Survey respondent)

Older people experiencing frailty also said they wanted to be listened to better, noting that being older should not mean being dismissed or spoken to condescendingly.

Older LGBTQ+ residents raised a specific need for culturally safe and inclusive future planning, end-of-life care, and LGBTQ+ friendly care homes. This was linked to concerns about whether mainstream services would feel safe and inclusive as their needs changed.

"I live in fear of dying on my own with poor quality of life and without being able to move. I want to start thinking about where to go next …when my needs change. I want to know if there are facilities that I would be happy to move into without leaving it to the last minute; that would give me peace of mind…I'm afraid of facing homophobic abuse elsewhere if I move. (Focus group - LGBTQ+)

Suggestions were made for a role to be embedded within INTs that combines both a social prescriber link worker with counselling skills, to prevent health or care issues getting to crises.

These findings suggest that trust and inclusion should be designed into INTs through staff training, continuity, culturally safe practice, clear communication, and meaningful involvement of people and communities.

6. Carers and Families as Partners in Care

Carers described carrying significant responsibility for coordinating care and supporting people to stay well. Their evidence shows that prevention must also include support for carers themselves, not only the person receiving care.

"The consistent thing is everyone here is knackered. Everyone here is doing umpteen things that they shouldn't be doing and coordinating things." (Focus group participant - parents of CYP)

Carers valued clear information, good communication, and named contacts for the professionals supporting the person they care for.

"…I just need to have the name of the person that's working with him and just to know that I can make that contact if I need to. Yeah, it's kind of reassurance, really and trust is important - there needs to be trust." (Focus group - SMH)

They described the value of a triangle of care between the person accessing services, professionals, and family carers.

"…when it's working at its best that you've got that that three-way relationship with the professional and the family at home and the person that's accessing the services." (Focus group - SMH)

Carers also sought support from other carers and peer groups who understand the pressures of caring.

“Keeping your own well-being …It's very important to have the Carers Hub, there knowing that …there's always someone there, knowing the people that you can go, ‘Hey, I'm not feeling this today. I'm trying to get through it and I'm fighting.’” (Focus group - SMH)

“I can't do my job properly if I'm feeling this way. I need to speak to someone about why I'm feeling this way, you know, if I overloaded myself. And I think a lot of people and a lot of carers do the same but they're just nervous about speaking to somebody sometimes because they said, oh no, it makes me feel vulnerable. I said hey, I've been there.” (Focus group - SMH)

Carers felt validated when services acknowledged the difficulties they experience.

"The person I care for is autistic. I would like more understanding of the pressures of being a working carer." (Survey respondent)

For INTs, this points to the need for carers to be recognised as partners in care and as people with their own preventative health and wellbeing needs.

7. Listening and Responding to Feedback

People shared clear views about how INTs should listen and learn from residents’ experiences. The most common message was that engagement should happen through multiple channels, including surveys, digital methods, phone, and in-person methods.

“Provide opportunities for me to share and ask my opinion in various ways.” (Survey respondent)

"They can help by listening and believing what I tell them." (Survey respondent)

People wanted engagement to take place in a range of locations and through trusted community spaces, including places where people already gather.

“Hold focus groups in existing spaces. Barbers, salons, and schools." (Survey respondent)

"Contact those who are housebound." (Survey respondent)

Workshop participants similarly emphasised neighbourhood-based collaboration and the role of community connectors, faith groups, schools, parents' networks, and voluntary sector organisations as trusted routes into communities.

People were clear that listening should be embedded into the design and delivery of neighbourhood services, not treated as a one-off consultation exercise.

"Real co-production is needed, not tokenism." (Survey respondent)

"Get this co-produced from lived experience first as we know what we need at a local level." (Survey respondent)

There was also a strong desire for visible action and feedback after people share their views. This reflects a broader concern that lived experience is not always valued within professional decision-making. People and communities are more likely to believe in the development of neighbourhood teams if they can see that their experiences have shaped it.

"Need to demonstrate that they value what I have to say." (Survey respondent)

"Give feedback after receiving what I have to say." (Survey respondent)

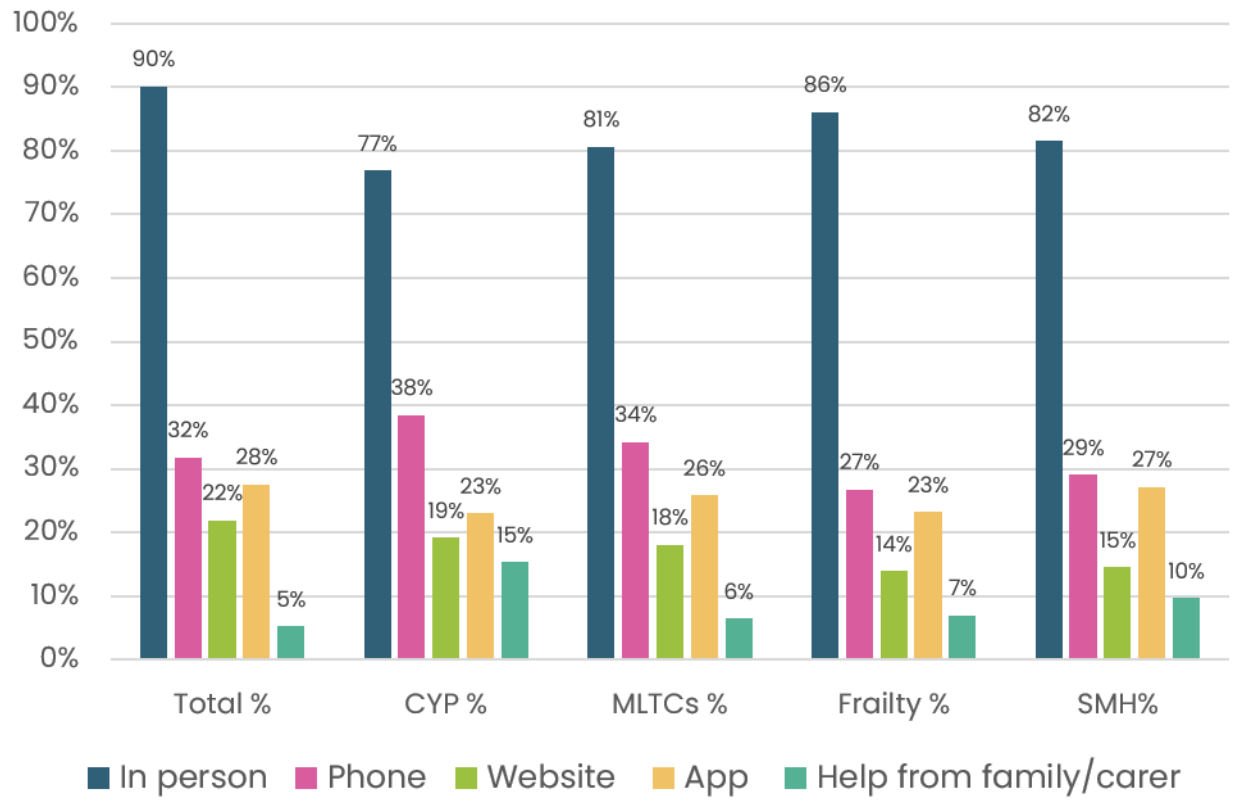
These findings suggest that INTs will build trust if people can see how their views have shaped decisions, service design, and improvements over time. Sustaining confidence will depend on people being able to see how their views are shaping change in practice.

8. Analogue to Digital Support: Digital Tools Should Enhance, Not Replace, Human Support

The workshops and targeted engagement showed that people recognise the potential benefits of digital tools. Digital services were valued where they add convenience, improve access to information, or support self-management. However, people were clear that digital tools should not replace face-to-face, telephone, or supported routes into care.

Residents were asked their preferred way to use health and care services. The overwhelming majority (90%) said they would prefer to do so in person. Other methods were less commonly preferred, with around 32% preferring support by phone, 28% by app, and 22% via a website.

Figure 11 – Survey Question 11: What would be your preferred way to use health and care services?



People did not reject digital access completely. Many suggested a hybrid model of both in-person and online services to address inequity of access.

"App should supplement the in-person experience, rather than the other way around. Apps should not give unfair advantage to those who are able to access services digitally." (Survey respondent)

Access and Confidence Using Digital Tools

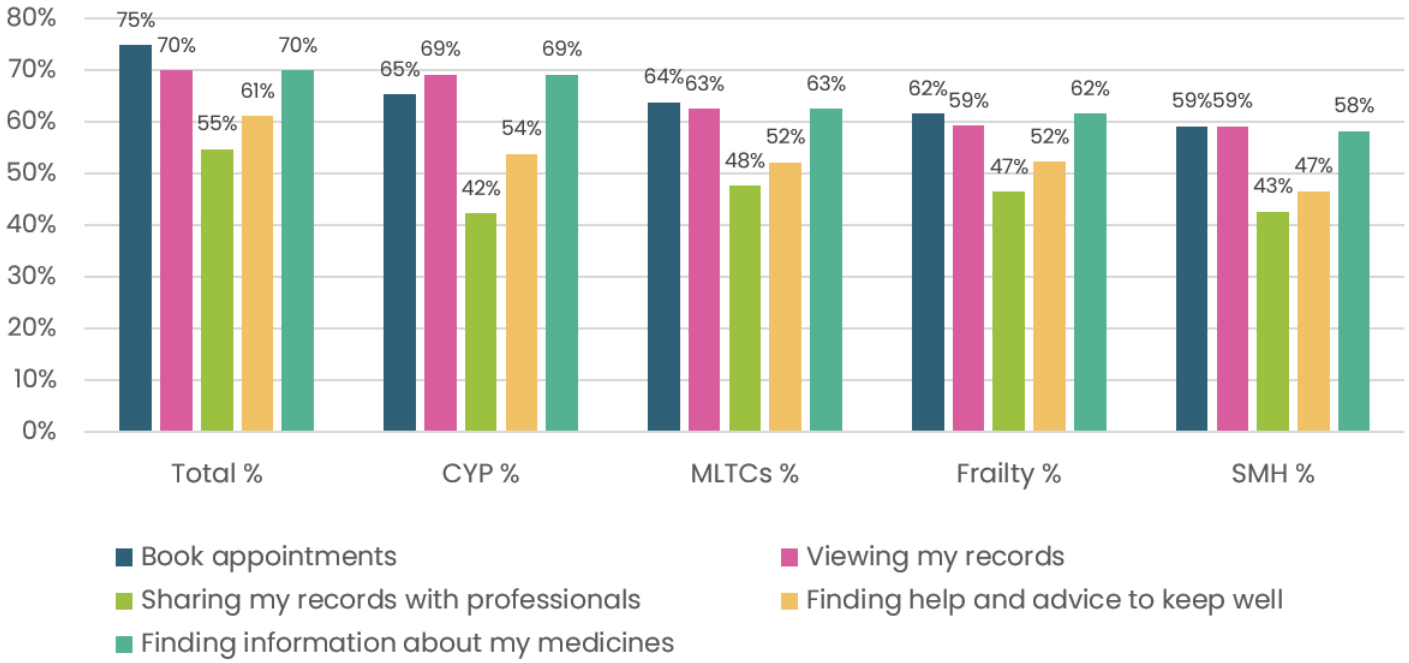
The preference for in-person access was common across all groups. For parents of children and young people with complex needs, in-person access was seen to minimise unnecessary stress. People with multiple long-term conditions described challenges completing multi-page forms online and navigating GP websites. People experiencing frailty felt that in-person services enabled proper assessment and clearer information. Hearing difficulties and lack of access to smartphones also underpinned this preference. People needing support with their mental health preferred in-person support because of privacy concerns and a desire to be properly heard and understood.

Across the survey sample, 87% of respondents had access to devices that would enable them to use online services. However, confidence varied by task. Respondents were most confident ("very confident" and "confident" responses combined) in booking appointments (75%), viewing records (70%), and finding information about medicines (70%). Confidence was

lower for finding help and advice to keep well (61%) and lowest for sharing records with professionals (55%) (see Figure 12 below).

Confidence in using digital tools was lowest among people who need support with their mental health and people experiencing frailty, particularly in relation to sharing records with professionals (43% and 47% respectively) and finding help to keep well (47% and 52% respectively).

Figure 12 – Survey Question 13: How confident do you feel doing any of the following online? Combined responses "Very Confident" + "Confident"



Barriers and Usability of Digital Systems

Many factors affected digital confidence, including not having access to smartphones, low digital literacy, visual and hearing difficulties, small screens, inaccessible design, and frustration with online systems.

"I am instinctively a tech dinosaur and only use my phone for messaging. I refuse to manage anything else digitally as I still cannot manage the screen." (Survey respondent)

"Mental distress is compounded when going online, which prevents access. Visual disabilities are never considered." (Survey respondent)

"Even with a smartphone and laptop, accessing help this way feels impossible and impersonal. I know I'm suffering with health problems because I am unable to speak with my GP as I did even pre-COVID." (Survey respondent)

People described online systems as inflexible and difficult to navigate, including appointment systems that booked out early or did not allow easy rebooking.

"If I cancel online, I have to wait many weeks…it doesn't let me rebook straight away." (Focus group - frailty)

The challenges of digital systems worsened when there was no IT support available.

"Sometimes things go wrong online and it's frustrating when there's no IT support to help." (Focus group - LGBTQ+)

Professionals also emphasised that infrastructure should be put in place first to support the shift to digital, so that patients are not bounced around the system.

Privacy, Safety, and Trust

Trust was a significant barrier to digital access. People were concerned about whether digital services were safe, reliable, and appropriate for sensitive health needs.

"I do not trust online services because I fear having my data fall into the hands of private health companies who will exploit it for profit." (Survey respondent)

People accessing mental health support worried about sensitive records being exposed, while others felt online systems could not adequately recognise urgent need or crisis.

"Psychiatric patients have highly sensitive information on records. Hacks make you more vulnerable or at risk." (Focus group - SMH)

Carers also described struggling to use phone or online services privately when they were at home with the person they cared for.

"It's quite difficult sometimes to chat freely at home." (Focus group - SMH)

Parents of children with complex needs raised similar privacy concerns about data sharing and integration between services.

"Someone needs to invent an integrated IT system, because it all topples over with that." (Focus group - parents of CYP)

People also questioned whether online health information could be trusted. Young people described relying on search engines and social media while recognising the risks of misinformation and self-diagnosis.

"You look up something once…you convince yourself it's true." (Interview - YP)

Older residents also raised concerns about misinformation and difficulty recognising reliable information online. One resident expressed a sense of "joy of missing out" from avoiding misleading health information online.

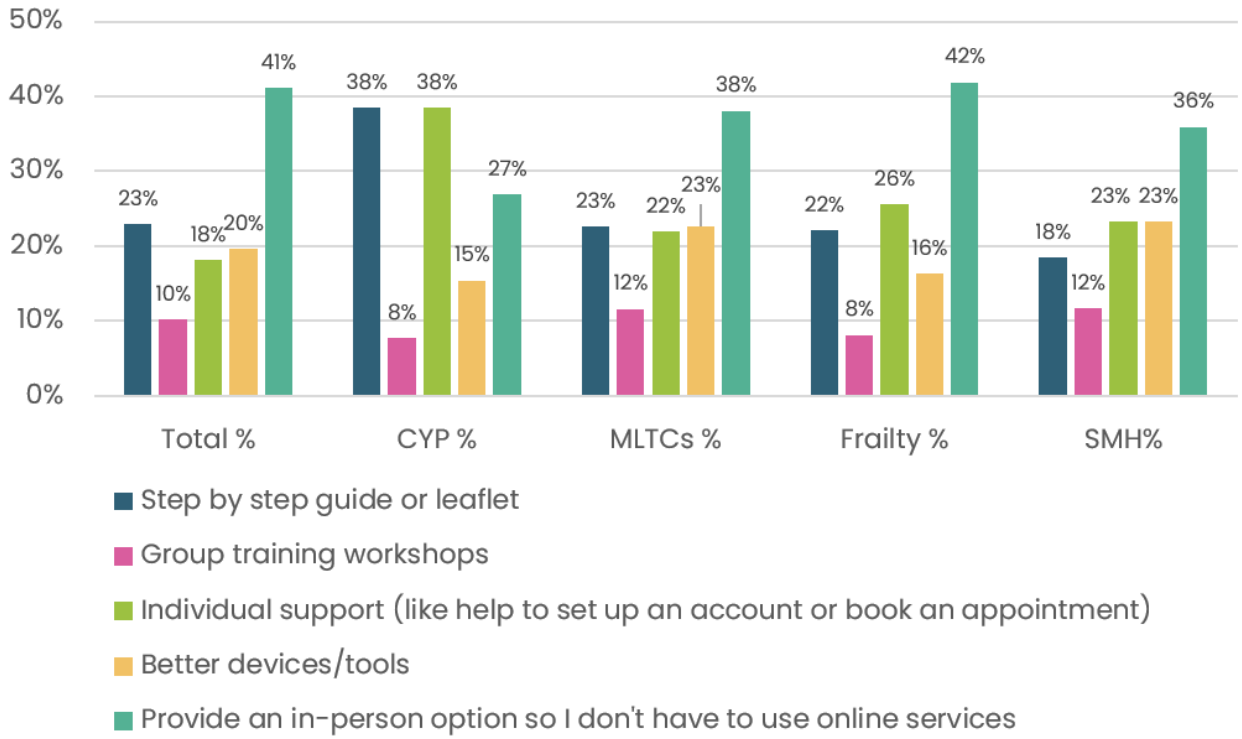
"There is a lot of misinformation and disinformation online, which can cause stress. It's harder to distinguish between real and fake information - I try to fact check, but it's difficult. Sometimes it still influences you, even if you see it briefly. Especially about health - everyone is a doctor on social media. Sometimes staying off social media gives you joy of missing out (JOMO!) rather than Fear of missing out (FOMO)." (Focus group - LGBTQ+)

Lambeth professionals expressed a desire to include quality assurances for patients around the information that is shared with them. For example, if people are getting their test results from an app, they need to be supported to do so.

Improving Confidence

When asked what would help people feel more confident using online services, the most frequent response was having an in-person alternative (41%). Other top responses include a step-by-step guide or leaflet (23%), better devices or tools (20%), and individual support (18%), such as help setting up an account or booking an appointment.

Figure 13 - Survey Question 14: What would help you feel more confident to use online services?



Suggestions to improve trust and confidence included data privacy, better design and usability, clearer guidance, and support on how to use online tools.

"Being convinced data is safe and ethically stored and not up for sale." (Survey respondent)

“Explicit direction for how to access: if not the NHS App, then where? And how to find support if they go missing?" (Survey respondent)

"Consolidation of different NHS apps such as MyChart and NHS App." (Survey respondent)

Workshop participants suggested upskilling campaigns and accessible information or videos that teach people how to use key tools, helping ensure that everyone is supported to access the NHS App, emails, and text messages where appropriate.

Convenience and Potential of Digital Tools

Residents did recognise benefits from digital tools. They valued convenience, communication at suitable times, support for self-management, and the opportunity for people with limited mobility to engage with services without leaving their homes.

"Ordering meds on the app is fantastic." (Focus group - SMH)

Workshop participants identified the potential of digital tools like the NHS App, wearable devices for monitoring frailty and diabetes, robots to dispense medicine, and technology to detect falls. They wanted technology to support care without reducing human support, such as by giving health professionals access to the monitoring data captured by wearable devices.

Digital Exclusion and Unequal Access

Despite these benefits, concerns were raised about digital exclusion, including limited confidence and experience, anxiety, and costs. Many described how digital systems can create barriers for those who are less confident with technology or do not have access to support.

"I have never tried using smartphones...If it has to be done that way, I don't bother." (Focus group - LGBTQ+)

"My main concern is for my mother when I am not around, and she needs to access something via a website. It just doesn't work for her. She has slight cognitive impairment; with other things she is very alert and capable. Her GP surgery recently sent her a text message asking for feedback. She gets confused by it and feels anxiety." (Interview - frailty)

For residents in extra-care settings, the cost of Wi-Fi, mobile phones, and phone credit was also a barrier.

"I called the GP to get medication, but I was number 13 in line. I had to leave it. It was burning my phone credit" (Focus group - frailty)

Lambeth professionals also raised concerns about how to engage with people from different cultures online, requesting that digital platforms and online information be available in other languages.

Loss Of Human Connection and the Need for Hybrid Access

Loss of human connection was raised across cohorts. Digital services were often described as impersonal and lacking empathy.

"Online is impersonal, the human contact is lost." (Focus group - frailty)

This was especially important for people needing mental health support.

"If you need help at 3am, you can't have a chat." (Focus group - SMH)

Across all cohorts, there was a clear consensus that digital services should complement, not replace, existing modes of access. Without this, there is a significant risk of widening inequalities, delaying care, and increasing reliance on informal support networks.

> "Should have option for face-to-face as it's hard to judge people's body language if everything is online, e.g. consultations. It shouldn't go completely online - hybrid model." (Focus group - SMH)

> "English is my second language, so obviously I prefer to see someone face-to-face because connection is not great over the phone. Actually, I don't like over the phone. I prefer to see someone, especially because I'm home alone." (Focus group - SMH)

> "I tried to learn but I just couldn't do it. I wouldn't mind taking training, I'd just have to make notes and hope for the best." (Focus group - frailty)

Professionals echoed these concerns, particularly around mental health support, noting that apps are not a substitute for personal follow-up.

> "Some people are discharged with an app but with little support. For younger people, it could be easier [to use an app]; it's more of a way of life." (Community workshop participant, SMH)

Overall, there was clear and consistent support for a hybrid model of care that combines digital, telephone, and face-to-face access. People were clear that maintaining multiple access routes is essential to ensuring equitable access, preserving trust, and meeting the needs of different communities.

Engagement With Parents and Young People

This section brings together evidence from interviews with young people (YP) and a focus group of parents of children and young people with complex needs (Parents of CYP). It is organised using the five priority areas set out in the interview framework:

1. Getting help early
2. Emotional wellbeing and mental health
3. Autism, ADHD, and special educational needs
4. Health and everyday life
5. Feeling included in education

Some themes ran consistently through all five priority areas. Young people and parents both described the importance of trusted relationships, clear communication, and support that feels discreet, human, and personalised. They also described a system that is often fragmented, inconsistent, and reliant on families to hold things together.

1) Getting Help Early When a Child or Young Person Is Struggling or Life Becomes Difficult

Getting help early often depends on family, school relationships, and knowing where to seek support.

For the young people, the first point of support was usually family, especially mothers, rather than formal services, highlighting the role families play in navigating difficulties.

Young people also identified school senior leadership and pastoral systems as places they could access support. The young people we interviewed told us their schools had Place2Be mental health support available.

They also identified barriers to asking for help early, especially in school settings. Sometimes support could feel too visible, with participants worrying that school-based support would draw attention to them. This could involve being taken out of lessons or facing repeated questioning from adults and peers.

> "They could take you out of lessons…or make somebody speak to you…and then it's just like constant all the time." (Interview -YP)

> "If it's something that I don't necessarily want to be open…people would look and try and question…it just becomes quite a problem." (Interview - YP)

Trust and discretion were crucial to seeking help. Young people valued adults who listened carefully, did not jump to conclusions, and checked in before acting.

> "They just don't cross boundaries…just because they think that they know that's what I need." (Interview – YP)

Young people also wanted ongoing check-ins, instead of support that stops after one conversation.

> "Maybe constant sessions every period of time to just make sure you're on track for progress instead of declining or staying static." (Interview - YP)

For parents, eligibility criteria were a barrier to getting help early. They queried how the definition of "complex needs" will be defined and raised concerns about children who are struggling but do not qualify for support from services.

"There's a difficulty of not meeting thresholds across multiple areas, but still clearly struggling." (Focus group - parents of CYP)

Families faced challenges getting needs recognised early, as the system only seemed to respond once problems were more severe. Getting help early currently depends on family advocacy, trusted individual staff, and people's confidence in speaking up.

A joined-up model should make early help feel more discreet, more relational, and easier to access without having to wait for problems to escalate.

2) Getting Help for Emotional Wellbeing and Mental Health

Young people need support to feel safe, respectful, and non-judgemental. Some said they would be more confident and likely to reach out for support if they felt listened to without assumptions.

"I think initially, just like listening to the whole conversation, understanding your point of view, and not assuming straight away." (Interview - YP)

A recurring concern was the fear of being singled out, seen differently, or not taken seriously. Some worried that their concerns would be minimised because of their age.

"It's something about [sic] being different...if it's obvious that there's additional support being offered." (Interview - YP)

"You might be worried to not be taken seriously because I think people under 18, there's that stereotype of them not being taken seriously." (Interview - YP)

While young people are aware that support exists, it was not always explained what support was right for each situation.

"The help is there, but it's not specific to people and it's quite broad, so you struggle which one to find for help." (Interview - YP)

One young person raised the important point that some people are at risk of being overlooked when they do not display obvious signs of struggling behaviourally.

"Giving the space for all children to speak about mental health…there was only people who'd get support from teachers and staff were children who are so called troubled or…badly behaved" (Interview - YP)

The young people agreed that there is no one-size-fits-all response to emotional wellbeing. One participant said they cope by "ranting" and getting everything out, while another said they need to remove themselves and have a few minutes alone. This reinforces the importance of flexible support options rather than a single model of intervention.

Overall, the evidence suggests that good emotional wellbeing support for young people needs to be discreet, easy to access, emotionally safe, and flexible enough to reflect different personalities and coping styles.

3) Getting Support for Autism, ADHD, and Special Educational Needs

Young people and parents were concerned about stigma, long wait times for diagnosis and treatment, and inconsistent understanding of support needs.

Young people discussed the growing role of social media in shaping how their peers think about neurodivergence and diagnosis, particularly through TikTok. Some may self-diagnose rather than go through what feels like a lengthy and demanding assessment process.

"If you can't focus a lot in class, people just then self-diagnose themselves with ADHD. But that's just one factor of it." (Interview - YP).

Parents described the experience of waiting for assessments as confusing and difficult, and wanted more transparency and contact during this period. Parents wanted to know the length of waiting lists and to receive periodic check-ins on whether needs have changed, preferably by a clinician and not an online system.

A young person described their school's use of a "passport" setting out a student's needs, which is accessible to every teacher. It includes information on diagnoses, undertaken assessments, behaviours, or triggers that indicate a student may be agitated, and what teachers can do to help.

"They have something called the passport. Every single teacher has access to it [and] what that person needs…. The passport involves things like whether the student has ADHD and what it is that helps with that" (Interview - YP)

Parents described a much broader picture in which support often breaks down outside the classroom. They raised concerns about wider wraparound services not being sufficiently trained, such as transport and administrative staff not understanding children's needs or treating them as neurotypical when they are not.

"Ancillary support staff 'on the edges' need proper training for real wraparound service." (Focus group – parent of CYP)

Parents experiences indicate that understanding of SEND and neurodivergence needs to extend beyond teaching or clinical roles.

There was a need for clearer support while waiting, better staff understanding across the whole system, and more consistent, personalised adjustments that do not rely on families repeating and explaining their child's needs.

4) Health and Everyday Life – Keeping Healthy and Managing Ongoing Conditions

Young people often navigate health information using digital sources first, while parents of children with complex needs face major challenges with communication and poor system integration.

Young people seemed aware of the limitations of online information. One participant would value an easy way to ask professionals whether something they had seen online was accurate.

Parents provided a more critical picture of how health support works for children with complex needs, describing health checks as patchy and insufficient.

"Health checks are insufficient. Protocols not followed — only basics are covered in tick box exercise." (Focus group -parent of CYP)

Information provided at school and by clinicians was not always appropriate for children with complex needs. The healthy eating guide provided at schools was described as generic and lacking nuance for children with complex needs. Parents also raised concerns about weight-related conversations focusing only on overweight, rather than underweight or medically complex situations.

Parents expressed frustration with disconnected IT systems, manual data entry, and repeated form-filling. One participant described having to fill out the same questionnaires online multiple times only to repeat the information again with the clinician.

"You fill out same questionnaire's multiple times, then the clinician then goes through everything again." (Focus group – parent of CYP)

Parents were also concerned that when systems do not work properly, access becomes inequitable. While some families can move faster through the system because they know who to call, others cannot.

There is a need for clearer, more trusted health information for young people, and more coordinated, tailored, and reliable systems for families managing ongoing health needs.

5) Feeling Included in Education

Young people experience education not only as a place of learning but as a major source of routine, identity, and social connection.

When asked what motivates them to attend school, young people described their friendships and break times as valuable.

> "I think just the social aspects like break and lunch; it keeps you going when you have long lessons." (Interview - YP)

> "I think what makes a break really a break is talking to people, playing games, getting your minds out of what you were previously doing." (Interview - YP)

Young people also spoke positively about schools that create community through events, trips, and celebrations, like movie nights, popcorn parties, ice skating trips, Ramadan-related activities, and international trips.

They described how missing days of school quickly creates more stress, making it harder to return and catch up with their peers.

> "When you miss a level of A levels now…the content is much harder." (Interview - YP)

> "They expect you to know the content whether you were there [or not]." (Interview - YP)

There were also examples of proactive attendance support. One young person described an attendance officer who visits homes to speak with families to find ways to help students return to school.

Parents shared that a growing number of children are out of school for emotional reasons and that many families are turning to home education because of lack of support in schools.

> "There's a growing cohort of children out of school for emotional reasons." (Focus group – parent of CYP)

Parents' feedback suggests that feeling included in education is dependent on whether children with complex needs are understood, safely supported, and treated with dignity across all parts of the education experience.

Parents also raised concerns that inclusion is too often interpreted narrowly, with insufficient attention paid to the wider conditions that make school accessible or inaccessible. This included concerns about transport, communication, and wraparound support.

Feeling included in education means children are able to participate safely and meaningfully, without families having to compensate for gaps in transport, communication, health support, training, or system coordination. It also means recognising that for children with complex needs, educational inclusion is shaped by the wider environment around the child — including family circumstances, health needs, housing, community support, and the capacity of the system itself.

Cross-Cutting Themes Emerging Across All Five Priorities

Across all five priority areas, several consistent messages emerge.

1. Trust and relationships are central

Young people are most likely to seek help and engage with support when they trust the person involved. This was true whether the issue was early help, mental health, SEND support, or education. Support works best when adults listen, avoid assumptions, and respect confidentiality and choice.

2. Support must be discreet and non-stigmatising

Young people repeatedly described support as harder to access when it felt visible, public, or stigmatising. This is especially important for emotional wellbeing support but also applies to how schools and services respond when young people are struggling.

3. Systems are not joined-up enough

Parents described fragmented thresholds, poor communication, disconnected IT, and the need to repeat information multiple times. Young people similarly described navigating different adults and services without always feeling there was a clear route through.

4. Families are doing a lot of the coordination

Parents described themselves as effectively holding the system together, with one participant saying, *"Parents become de facto coordinators." (Focus group – parent of CYP)*. This is a key finding for Integrated Neighbourhood Teams, since the stated aim is to reduce duplication and create more joined-up support.

5. Young people want support that feels human

They described wanting empathy, follow-up, flexibility, and support that reflects who they are, rather than generic or procedural responses.

A good neighbourhood-based model for children and young people with complex needs would not only join services together structurally, but would make support feel more relational, discreet, tailored, and consistent in practice.

Ways of Working with People and Communities in Lambeth

Successful development and implementation of neighbourhood teams require trust, integration, accessibility, and inclusivity.

1. Build trust through continuity, listening, and visible action.

People are more likely to engage with INTs if they feel listened to, believed, and taken seriously. INTs should show how resident feedback shapes decisions and provide feedback after engagement.

2. Reduce the burden on individuals and carers to navigate the system.

A key measure of INT success should be whether people have to repeat their story less often, experience fewer rejected or delayed referrals, and know who to contact when they need help.

3. Ensure the model is flexible enough for different levels of need.

People's needs vary significantly by age, disability, mental health, caring responsibilities, mobility, language, digital confidence, and trust in services. INTs should be designed with enough flexibility to respond to these differences.

4. Work in partnership with voluntary and community organisations.

Trust is already established with many community organisations, peer networks, faith groups, libraries, housing schemes, and local activity providers. These organisations should be central partners in INT design and delivery.

6. Measure success through people's experience, not only service activity.

INTs should track whether residents experience better coordination, faster access, improved confidence, reduced isolation, stronger trust, fewer crises, and better ability to stay well.

Conclusion

This engagement highlights strong support for the principles of Integrated Neighbourhood Teams alongside a clear framework for how services are designed and delivered.

People and communities want care that is joined-up, accessible, coordinated, inclusive, and responsive to their needs. People's experiences are often shaped by fragmentation, complexity, and variation in access and trust across different groups.

Across all three shifts, the findings show that how people experience the system as a whole is as important as where and how care is delivered. This includes reducing the burden of navigating services, strengthening relationships and trust, addressing inequalities, and ensuring people access support in ways that work for them.

INTs must deliver coordination, accessibility, inclusion, and meaningful engagement with people and communities, which must be central to their development alongside strong partnerships with VCSE organisations.

Ultimately, the real test of success will be whether people experience care as more joined-up, more accessible, and more responsive to their needs.

Recommendations

The findings show that people support the ambition of Integrated Neighbourhood Teams, but want services to be joined-up, accessible, trusted, inclusive, and focused on helping people stay well. The recommendations below reflect the key themes emerging from the engagement.

1. Provide joined-up, coordinated care
    - Improve care coordination
        - Single point of contact per neighbourhood
        - Reduce story repetition
        - Clear handover/communications channels and pathways between GP, hospital, pharmacy, school, etc
    - Reduce waiting times and referral loops
        - Clear escalation when symptoms persist
        - Transparent communication about waiting times
        - Review thresholds that determine whether services are provided
    - Improve integration of data and IT systems to support coordination and continuity of care.
    - Strengthen workforce capacity, skills, and training to deliver integrated, person-centred care
2. Bring care closer to home
    - Deliver care where people are located
        - Mobile services – dentist, optician, nurses – to housing schemes/care homes/etc
        - Holistic neighbourhood hubs
    - Transport as a barrier to health
        - Improve reliability of Dial-a-Ride
        - Appointment times that align with travel concessions
3. Maintain hybrid access
    - Build digital tools that enhance, rather than replace, relationships with professionals

- Offer parallel access pathways so the shift to digital does not mean digital-only
    - Ensure phone and face-to-face options are maintained persevering human connection and trusted support
- Ensure digital services are accessible to people with disabilities, language needs, and low digital confidence
    - Provide appropriate support and accessible formats
- Provide local digital support hubs
    - Community based drop-ins in community spaces such as libraries, community centres, and housing schemes
    - Increase and improve access to devices in community settings
- Refine online systems
    - Allow rebooking of appointments online
    - Simplify forms for repeat users
- Provide clear, accessible, and trusted resources
    - NHS approved content for different communities including youth facing content
    - Counter misinformation
    - Promote avenues where young people can get information verified
- Provide clear assurance around data privacy, safety, and appropriate use of information

4. Make prevention central to neighbourhood care

- Provide community based social and physical activities
    - Low cost or free
    - Tailored to different abilities and needs
    - Deliver a range of accessible walking groups for people with reduced mobility
- Incorporate nutrition and health education into community settings
    - On-site talks about health conditions e.g. diabetes, heart health, menopause
    - Cooking demonstrations
    - Preventative lifestyle support

- Integrated health checks, e.g. blood pressure, diabetes, podiatry, in one location
- Offer Universal mental health prevention in schools and communities
    - Create safe and inclusive spaces for people to discuss wellbeing without stigma and judgement
    - Train staff in cultural competency, mental health support, and listening without assumption/judgement
- Address loneliness and social connection as a health issue through community-based support and outreach
    - Provide target support for people with higher levels of needs including those experiencing frailty, long-term conditions, and mental health challenges
    - Provide Outreach support and social activities for isolated individuals

5. Build trust and inclusion
    - Embed cultural and identity safety
        - Anti-discrimination standards and training in all settings, for all roles
    - Address inequalities in access and experience by tailoring approaches to different population groups and monitoring variation in outcomes
    - Measure success through people's experiences of care, including trust, accessibility, coordination, and ability to stay well
6. Work closely with voluntary and community organisations
    - Work in close partnership with voluntary and community sector organisations, recognising their role as trusted providers of support and engagement
    - Ensure VCSE organisations are appropriately resourced and integrated into neighbourhood delivery models
7. Embed people's voice
    - Embed people's voice and co-production throughout the design, delivery, and evaluation of services
    - Provide clear and consistent feedback loops, showing how people's views have shaped decisions and service improvements

Appendix A: Participant Profile

Many survey respondents identified with more than one population group, highlighting that people may have multiple and interconnected needs rather than needs fitting into one category.

Table 10 - Survey Participants Who Fall into Multiple Population Groups

Multiple Cohorts	No.	%
Multiple long-term conditions **and** Frailty	57	29%
Multiple long-term conditions **and** support with their mental health	56	28%
Multiple long-term conditions **and** CYP with complex needs	7	4%
Frailty **and** support with their mental health	32	16%
Frailty **and** CYP with complex needs	4	2%
Support with their mental health **and** CYP with complex needs	6	3%
Multiple long-term conditions **and** Frailty **and** Support with their mental health	27	14%
Multiple long-term conditions **and** Frailty **and** CYP with complex needs	4	2%

Appendix B: Survey Graphs

Figure 14 - Survey Question 9: How often do the following make it hard to get the care you need?

Responses from CYP cohort

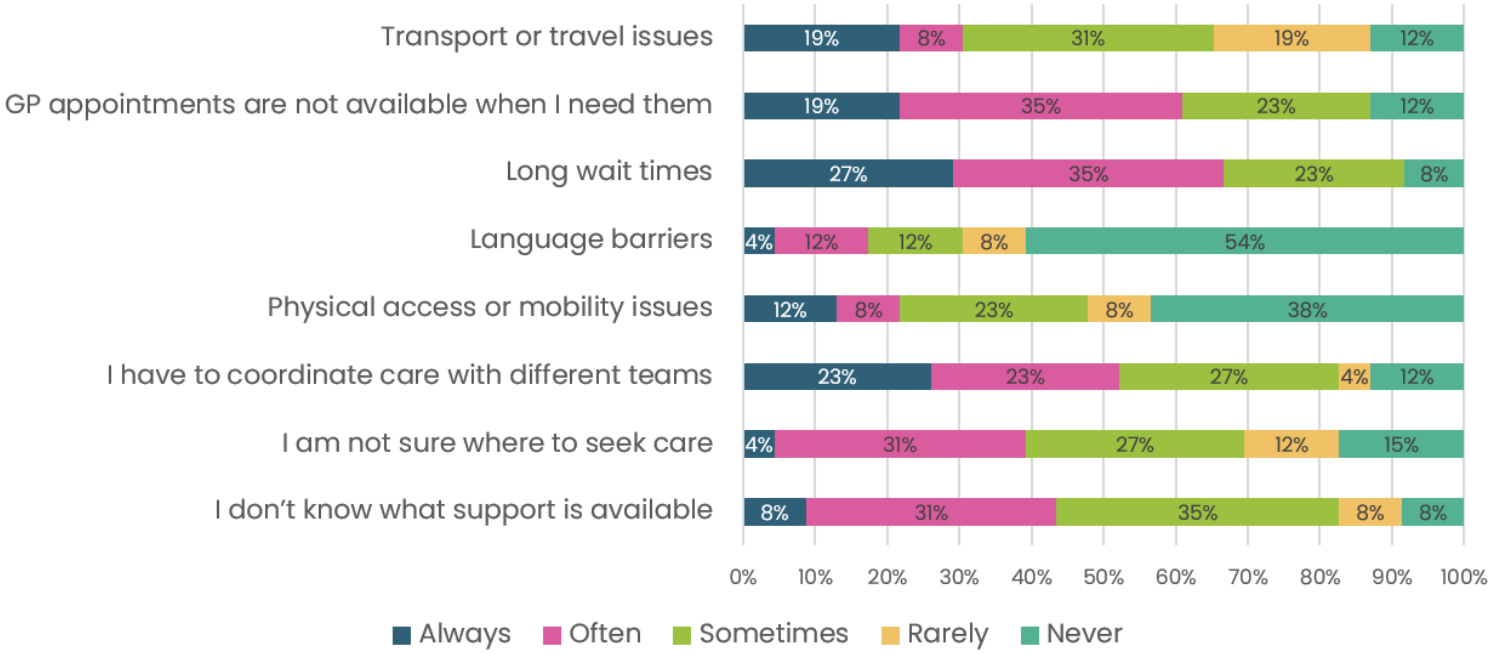


Figure 15 - Survey Question 9: How often do the following make it hard to get the care you need?

Responses from Frailty cohort

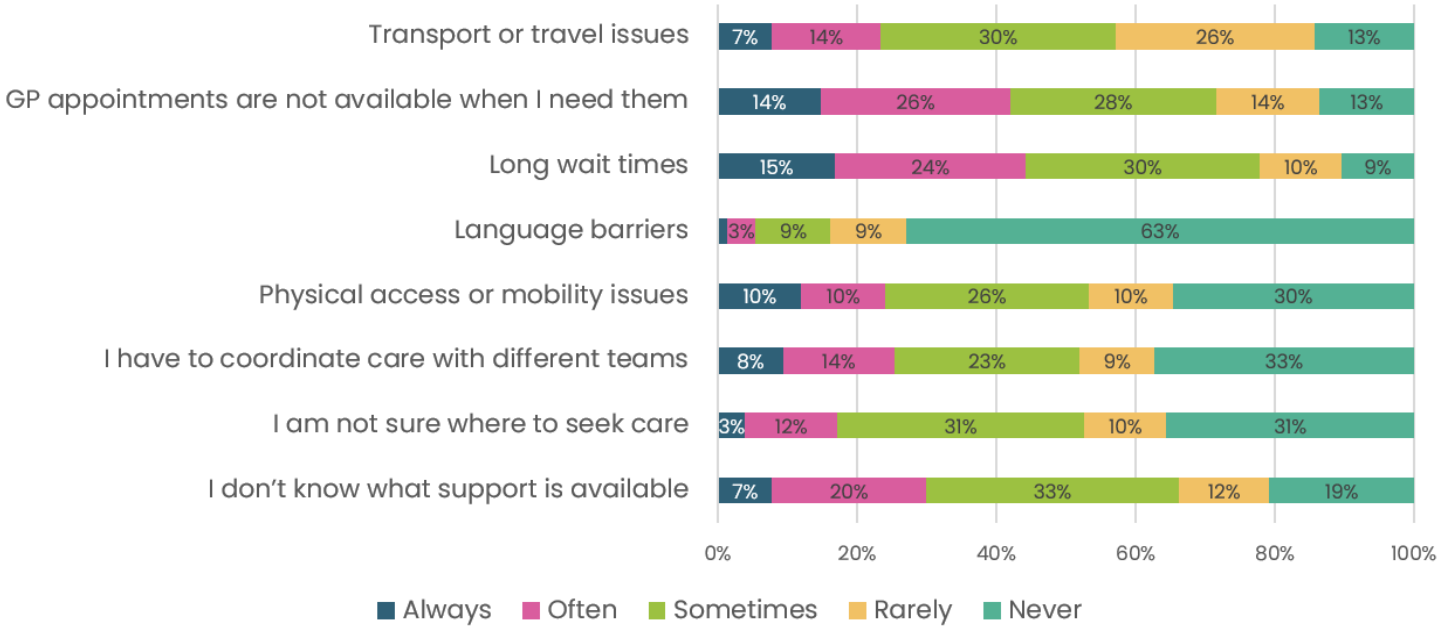


Figure 16 - Survey Question 9: How often do the following make it hard to get the care you need?

Responses from MLTCs cohort

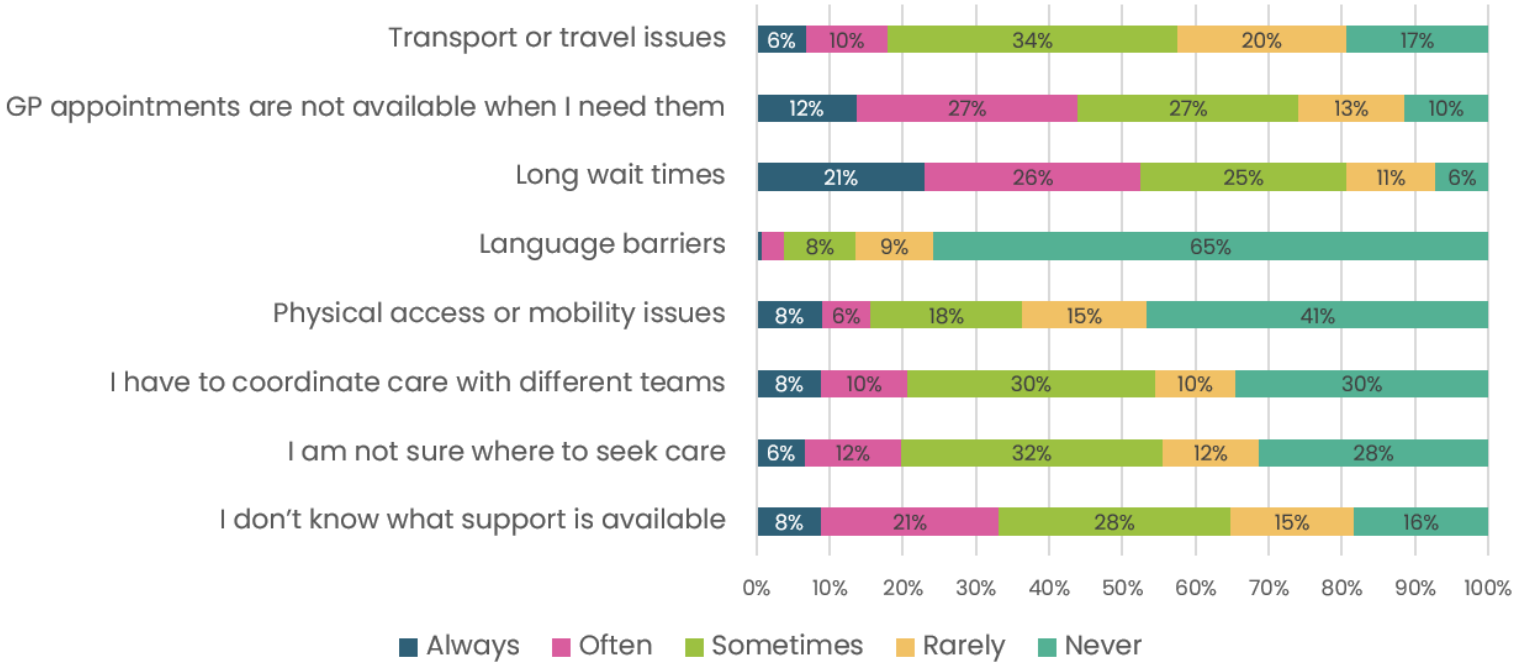


Figure 17 - Survey Question 9: How often do the following make it hard to get the care you need?

Responses from SMH cohort

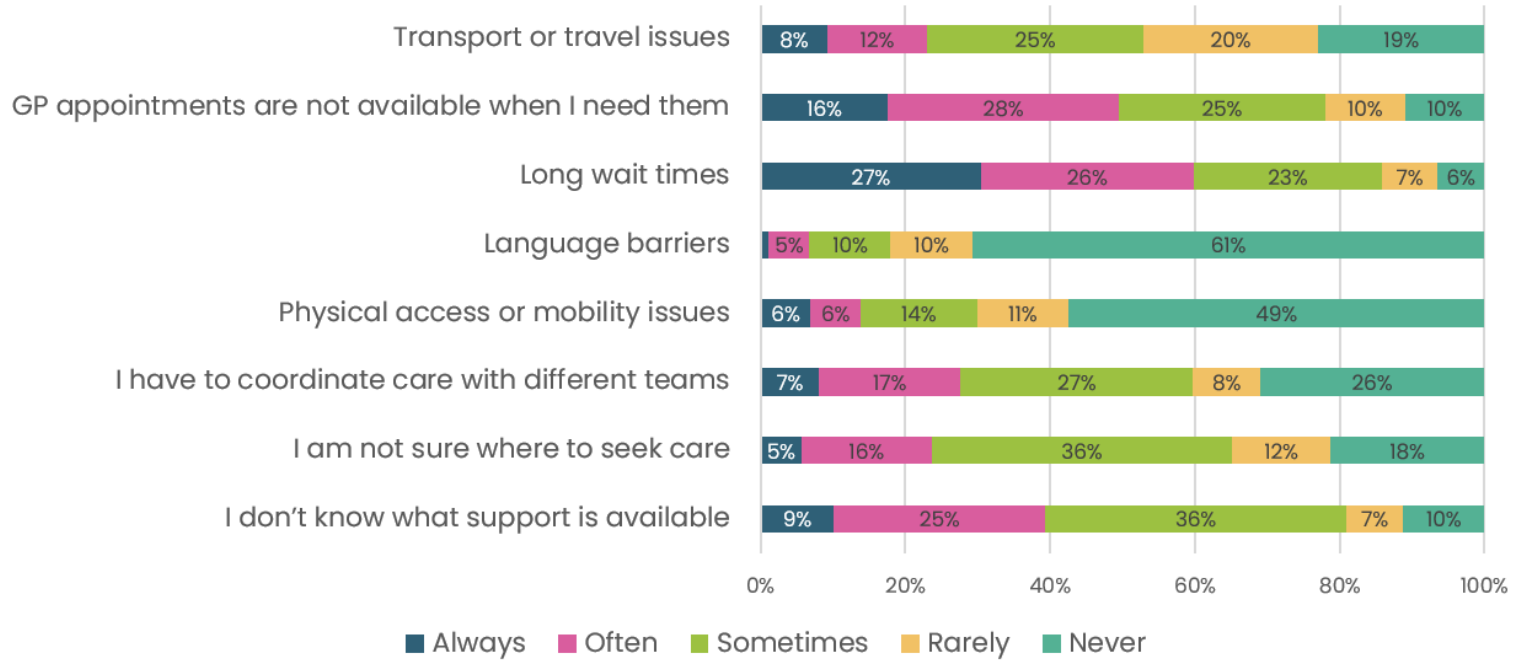


Figure 18 - Survey Question 10: Are there services or supports that you need but cannot find or access?

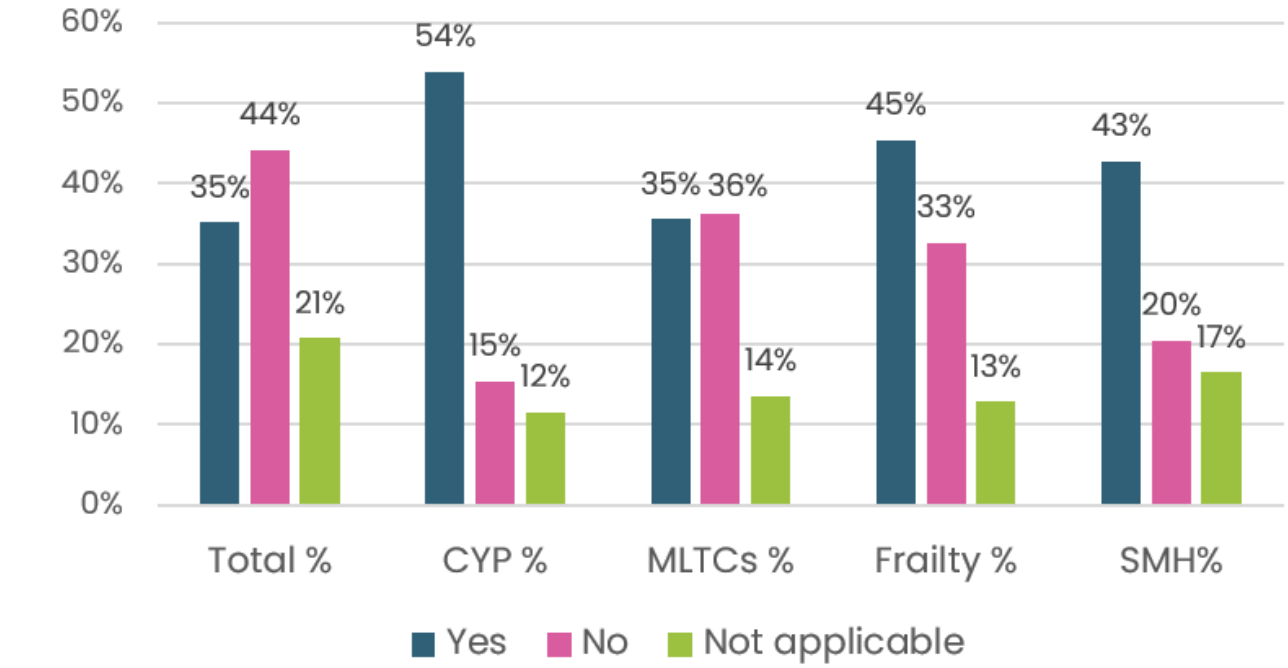
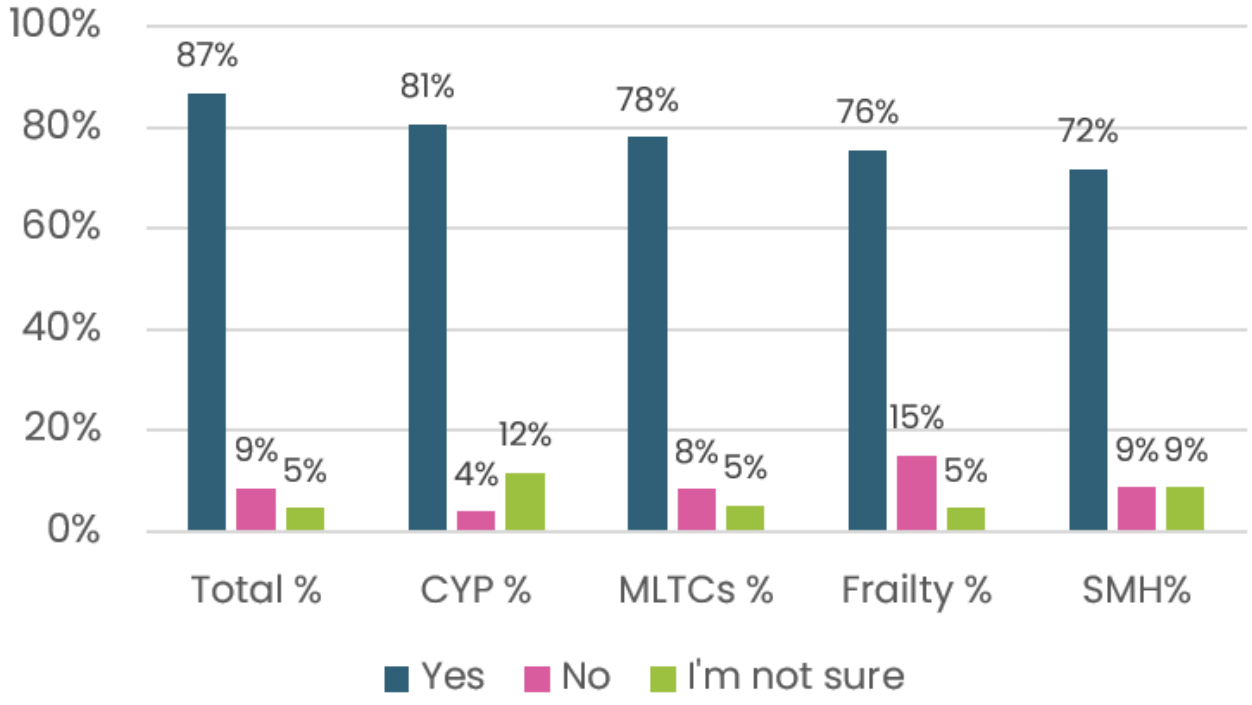


Figure 19 - Survey Question 12: Do you have the devices you need to use online services?



Appendix C: Recommendations for roles to be included in INTs

Community workshop and focus group participants offered specific examples of the type of support/roles they would find beneficial to be incorporated into INTs.

Health

- Care coordinators who monitor a list of people within practices with high blood pressure
- Chiropodists
- Community nurses
- Community paediatricians
- Dementia Services
- Dentists
- Evelina – currently designing an integrated model of care to address the non-medical needs of children with complex needs
- GPs at the centre
- Health Specialists
- Mental health professionals - quick appointment to talk through issues. Living with LTC does wear you down and impact your mental health
- Nurses
- Nutritionists
- Occupational Therapy services
- Opticians
- Patient Participation Groups at GPs
- Pharmacists
- Physiotherapy
- Social Prescribing Link Workers
- Someone who knows about pain and can give injections. Now, only the consultant is authorised to give injections, as they have to be

highly qualified. Can other people be qualified in the community to do that?

Social Care/Other Council Departments

- Administrative support
- Age Friendly Lambeth
- Benefits and housing advice, through collaboration with organisations like Citizens Advice and Age UK
- Citizens advice for financial support, as often financial concerns are predominant and top of mind. Once those are addressed, then people have the capacity to think about their health and for this to become a priority.
- Councils need to be involved, but there's a risk that they will signpost everyone to INTs without taking action.
- Domiciliary carers
- DWP – encouraging people to go to work, when it's appropriate.
- End-of-life planning
- Health and Wellbeing Bus
- Housing – including housing associations, supported housing providers, tenants' organisations, and estates.
- Information about LGBTQ-friendly care homes
- Safeguarding
- Social Workers
- Socialisation therapist
- Special Education Needs Coordinators (SENCOs)
- Support with form filling, e.g. the Brixton Form Project.
- Transport services, e.g. Dial-a-Ride or a mode for people to get to neighbourhood services.

Voluntary Sector

- AGE UK – benefits service; frailty project
- Art4Space
- Black Prince Trust – teach people how to fall safely (Frailty)
- Oasis Children's Centre

- Voluntary and Community Sector/Third Sector Social Workers – the Third sector is well trusted in the community; they are a knowledgeable base to have on the ground.
- Whippersnappers – offer invaluable support but are very oversubscribed.

Other

- Communications – reaching gatekeepers and cascading information and awareness through them
- Community connectors to support people and build trust
- Community organisations and parents' groups are very strong in Lambeth
- Creche workers/Family workers, early years support
- Education/schools - schools as "Community Hubs" and parents' networks as "multipliers".
- Faith groups
- Family carers
- Parents

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