Sir Richard Douglas, CB
Chair, South East London Integrated Care Board

NHS England
London Region
10 South Colonnade
London
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28 July 2025

BY EMAIL

Dear Sir Richard

2024/25 South East London Integrated Care Board annual assessment

NHS England is required to conduct a performance assessment of each Integrated Care Board (ICB) with respect to each financial year. This assessment is in line with the Section 14Z59 of the NHS Act 2006 (hereafter referred to as *"the Act"*), as amended by the Health and Care Act 2022.

In making the assessment we have considered evidence from your annual report and accounts, and available data; as well as feedback from stakeholders, alongside the discussions that we have had with you and your colleagues throughout the year.
This letter sets out the 2024/25 assessment (see Annex A) of the ICB's performance against the objectives set by NHS England and the Secretary of State for Health and Social Care, the statutory duties (as defined in the Act) and its wider role within your Integrated Care System (ICS) across the 2024/25 financial year.

We have structured the assessment to consider your role in providing leadership and good governance within your system as well as how you have contributed to each of the four fundamental purposes of an ICS. For each section of the assessment, we have summarised those areas in which we believe your ICB is displaying good or outstanding practice and could act as a peer or an exemplar to others. We have also included any areas in which we feel further progress is required and any support or assistance being supplied by NHS England to facilitate improvement.

This has been a challenging year in many respects and in making the assessment of your performance we have sought to fairly balance the evaluation of how successfully you have delivered against the complex operating landscape in which we are working.

We are keen to continue to see progress towards a maturing system of integrated care structured around placing health and care decisions as close as possible to those people impacted by them.

I ask that you share the assessment with your leadership team and consider publishing this alongside your annual report at a public meeting. NHS England will also publish a summary of the outcomes of all ICB performance assessments in line with our statutory obligation.

I would like to take this opportunity to thank you and your team for all your work over this financial year in what remain challenging times for the health and care sector. My team and I look forward to continuing to work with the ICB in the year ahead.

Please let me know if there is anything in this letter that you would like to follow up on.

Yours sincerely

Dame Caroline Clarke DBE
Regional Director – NHS England London Region

Copy:
Andrew Bland, Chief Executive, South East London Integrated Care Board

Annex A

SYSTEM LEADERSHIP AND MANAGEMENT

The NHS South East London ("SEL") Integrated Care Board ("the ICB") has demonstrated a strategic and collaborative approach to system leadership, with a clear focus on improving outcomes and reducing inequalities. The ICB's strategies and plans are rooted in robust population health management, targeting resources towards areas of greatest need. Five strategic priorities—prevention and wellbeing, early years, children's and adults' mental health, and long-term conditions—were identified through engagement with local people, authorities, and care partnerships, ensuring alignment with local needs and national priorities. The ICB's operational and financial plans explicitly prioritise reducing health inequalities, with systematic use of data (e.g., Core20PLUS5 dashboards) to identify and address gaps in access and outcomes.

We note the work that the ICB has taken forward to create and sustain a range of effective partnerships. The ICB has embedded a "system of systems" model, fostering collaboration across NHS organisations, local authorities, VCSE sector, and patient and community groups, operating at system, borough and neighbourhood levels as appropriate.

There is good engagement with Local Health and Wellbeing Boards in the system. Feedback we have received from HWB partners identifies a common theme of strong, place-based partnership working between the ICB, local authorities, NHS, and the voluntary sector to implement Joint Local Health & Wellbeing Strategies (JLHWS). There is a shared focus on prevention, personalised care, and addressing wider determinants of health. Regular assurance reporting, data sharing, population health management and ICB targeted funding to address health inequalities are seen as key enablers. The HWBs value the ICB's commitment and would all welcome continued partnership working to seek further improvements in shared data, joint planning and co-production, and self-assessment tools to strengthen collaboration and impact, and deliver consistent approaches across boroughs.

The ICB has evidenced a robust approach to governance with a clear Board structure, regular public meetings, and an effective committee and sub-committee set-up (including Audit & Risk, Quality & Safeguarding and Integrated Performance committees) supporting robust oversight. The ICB maintains a comprehensive risk management framework with regular internal audits, and transparent reporting, ensuring accountability and continuous improvement across all statutory duties and organisational objectives. The ICB has also led the development of system-wide risk management and sustainability governance, supporting collective action on shared challenges.

The ICB has embedded quality and safety oversight within its governance model. This operates through the ICB Quality & Safeguarding Committee. There are a number of quality groups across SEL that feed into quality & safety oversight improvements. The System Quality Group supports system learning by bringing together partners to share intelligence and information on quality and patient safety issues, to identify quality improvement priorities, and to identify joint action needed.

The ICB has undertaken a programme of After-Action Review training, and this has been implemented as part of the quality & improvement framework. For example, the ICB has undertaken several cross-system reviews relating to mental health urgency & emergency care pathways across SEL and this work has fed into the SEL UEC Programme Board.

The ICB secures clinical input into decision-making in a number of ways. As well as senior executive clinical membership on the Board, the Clinical and Care Professional Committee, which includes medical directors, chief nurses, primary care, public health, and allied health professionals, provides clinical leadership, reviews service proposals, and ensures clinical perspectives are embedded in operational and strategic planning. Clinicians also participate in multi-disciplinary groups and are represented on key governance committees, influencing service design and quality improvement.

We note that the ICB has in place a broad range of methods for engaging and involving citizens and communities. These include one-to-one discussions, focus groups, working through community and voluntary sector partners to reach seldom heard and health inclusion groups, and several digital and remote methods. There is a very clear structure in place which ensures that working with people and communities is embedded throughout the ICB and supports local populations' inclusion in helping to shape decisions around service provision. The ICB evidenced some impressive work over the past year to involve women and girls in the development of women's and girls' health hubs across the system, as well as work to involve people in NHS111 redesign conversations. Good work was also done to support national Change NHS engagement.

We have noted a number of positive examples demonstrating the ICB's commitment to improving patient choice, involvement and experience. Expanded community-based alternatives to hospital care enable patients to be seen in the right place, first time. Patient-initiated follow-up, co-produced care pathways with local communities, and personalised care plans - such as in frailty and mental health services – help tailor support to individual needs. The Local Maternity and Neonatal System (LMNS) is working with community organisations and women and birthing people, with a focus on under-represented communities, to explore effectively combating inequities as part of the LMNS Equality and Equity action plan.

IMPROVING POPULATION HEALTH AND HEALTHCARE

We are disappointed that the access and performance delivery across a number of key service priorities was significantly challenged and failed to meet targets for the year. This will require particular focus in the coming year in order to deliver against the targets and trajectories agreed as part of the planning guidance process.

The ICB missed the urgent and emergency care 4-hour target, achieving 75.7% against the 78% minimum.

Cancer performance was mixed, with performance against the 62-day standard target of 70% falling short at 61.9%; however, it is encouraging that the 28-day Faster Diagnosis Standard performance of 78.6% exceeded its target at 77% (and is already making significant progress towards meeting the 80% ambition by March 2026).

Elective care showed improvement in 18-week performance to 61.2% but missed the target to eliminate all 65-week waits by September 2024, with the ICB finishing the year with 366 waiters in this category. We are encouraged, however, that total elective activity increased by 14.1% (although outpatient activity remained relatively static) finishing 4.8% above plan; and the elective PTL of the ICB's providers decreased by 14.4%, finishing 9.9% below plan.

We were disappointed that diagnostics performance was significantly below target, with 32.8% of patients waiting over 6 weeks against a target of 5%, although it is encouraging the diagnostics PTL decreased by 7.5%.

We welcome the significant investments to improve patient access to general practice, focusing on the "8am rush" and service pressures, included rolling out digital telephony, online consultations, messaging, appointment booking, and demand/capacity tools, in line

with the NHS Delivery Plan for primary care access. Despite the Synnovis cyber-attack in summer 2024 the ICB increased the number of general practice appointments. Patient satisfaction improved but remains below the national average, requiring ongoing attention.

In maternity and perinatal care, the Perinatal Pelvic Health Service is now operational, and the ICB's five-year Equity and Equality Action Plan is actively monitored. Innovative services, such as multilingual online antenatal classes, are being piloted to support personalised care. All trusts now offer 7-day bereavement services, and participation in the national perinatal cultural and leadership programme is nearly complete. Saving Babies' Lives Care Bundle version three implementation is progressing, with full Maternity Incentive Scheme safety action compliance achieved. The ICB is supporting the phased adoption of the Maternity Early Warning Scheme and Newborn Early Warning Track and Trigger 2 tools in partnership with the Health Innovation Network. Quality surveillance remains strong, with improved Maternity and Neonatal Voices Partnerships commissioning and trust-level dashboards for ongoing oversight.

A three-year plan for the Mental Health, Learning Disability and Autism quality transformation programme was developed and published. We are pleased that the ICB met its target for reducing reliance on inpatient care, especially for children and young people, and excelled in delivering annual health checks for people with learning disabilities. We noted continued delivery of LeDeR reviews and investment in reducing autism waiting times for both adults and children, with some innovative practice.

We welcome the significant expansion in mental health care access with a 115% increase in transformed community mental health services. While targets for children and young people's and perinatal mental health were not fully met, both saw notable increases. 60% of patients with severe mental illness received annual health checks, and reliable improvement and recovery targets for Talking Therapies were achieved. The ICB used Mental Health Urgent and Emergency Care capital funding to improve patient flow and experience in emergency departments and is planning further investment to reduce inappropriate Out of Area Placements.

Operational delivery of the framework for Children and Young People's Continuing Care (CYPCC) varies across boroughs. We welcome that the ICB is reviewing and aligning governance and decision-making to improve outcomes and ensure appropriate funding allocation. A risk dashboard has been developed and is being showcased nationally. The ICB is working with a Pan-London group to review best practice for young people under CYPCC and the Chronically Sick and Disabled Persons Act and contributed to guidance for supporting children with complex needs in education settings. SEL borough teams have consistently improved delivery against NHS Continuing Healthcare quality standards, achieving performance of 86% against the 80% target for the 28-day standard and meeting the Q4 target of zero long waits.

We will want to work with the ICB to understand how effectively improvements in a number of areas have been delivered, including CYP Mental Health, the Patch Children's Community Nursing, and evolution of the neighbourhood teams and data dashboards; and to understand the ICB's plans for progress against other areas relating to other Long Term Plan and specialised service programmes such as the CYP Checklist as part of UEC improvement and improvements in asthma, epilepsy and diabetes care for children.

We welcome changes in governance for Special Educational Needs and Disabilities (SEND) to align with the Learning Disability and Autism (LDA) programme, including establishing a SEL SEND network and implementing a SEND workplan. The ICB is in the early stages of delivering priority actions to provide more assurance regarding SEND statutory duties.

There are robust organisational and system leadership and governance arrangements for safeguarding, with an executive lead and Associate Director for Safeguarding. Place-level leadership and subject matter expertise support delivery of statutory safeguarding duties, and the ICB is meeting all Safeguarding Accountability and Assurance Framework requirements. There is strong evidence of local partnership arrangements across the system.

TACKLING UNEQUAL OUTCOMES, ACCESS AND EXPERIENCE

We recognise the strong core of business intelligence SEL has about its population and the inequalities they face. We note the disparities you have uncovered in Elective Recovery between male and female patients and their modes of appointment and welcome your efforts to address that unwarranted variation in this area of system pressure.

We also welcome the further development of ICB capability to understand the issues faced by children and young people, which should enable you to take a more strategic and preventative approach to addressing ill health by starting interventions as early as possible.

We value the ongoing commitment to embedding the Core20Plus5 Framework for adults and CYP across local care partnerships and the five clinical care pathways, with stronger system oversight and reporting. We particularly note the drive to improve the rate of vaccination uptake for both Covid and Flu. We understand that improving these rates to remove inequalities will take time, but we believe the approach of community engagement, listening to their wider concerns, and being open and honest with patients over an extended time is the right way to build trust and ultimately to address the disparities in access, experience and outcomes.

We appreciate the ICB's championing of the Vital 5 approach and also welcome the inclusion of mental health in the Vital 5, and your commitment to levelling up investment in mental health services across the system.

Preventative programmes have been accelerated through a system-wide approach to population health management, embedding evidence-based prevention into planning and delivery. We note that the ICB has prioritised vaccination uptake, early intervention in mental health, and community-based care, with targeted outreach to deprived and minority communities. Data-driven dashboards (e.g., Core20PLUS5) and partnerships with local authorities and the VCSE sector have enabled tailored interventions, helping to address inequalities and improve access for those most at risk.

Following the impact of COVID-19, the ICB has prioritised improving access to general practice – for example by expanding digital telephony, online consultations, and appointment booking. Community-based care has also been strengthened, including virtual wards and urgent community response. In restoring services, we welcome the continuing focused on reducing health inequalities and note a number of positive initiatives including piloting multilingual antenatal classes and co-producing care pathways with local communities to ensure services were accessible and inclusive for all groups.

ENHANCING PRODUCTIVITY AND VALUE FOR MONEY

The SEL Integrated Care System ("ICS") reported a £0.5m surplus against its breakeven plan in 2024/25, which included deficit support funding of £100m. The ICB reported a breakeven position and a £33.7m deficit at Kings College Hospital was offset by surpluses at the ICB's four other providers. The ICB's total allocation was £4.9bn.

The ICS in total delivered £247.2m (92%) of the £270.0m planned efficiencies, with the ICB delivering £29.5m (£4.0m more than its £25.5m plan) and the providers delivering £217.7m (89%) of their £244.5m plan. 33% of the total system efficiencies were achieved non-recurrently. The system continues to face a significant underlying financial challenge, reporting an exit underlying deficit of £349m for 2024/25.

The system under-spent its £306.7m capital allocation by £7.5m. The underspend contributed towards offsetting over-spends in other London systems.

The ICB met the requirements of the Mental health Investment Standard, reporting a spend of £471.5m against a target of £469.8m (this equates to an increase in spend of 7.24% above 2023/24).

The system's provider workforce at the year-end was 4.7% above the level planned and 0.2% higher than 12 months previous, having planned a reduction of 3.7%. The providers underspent the agency ceiling of £111.4m by £24.3m (21.8%).

The system's acute provider implied productivity was reported to be 7.3% improved on 2023/24 (with cost weighted activity growth of 9.0% against an inflation adjusted cost increase of 1.6%), the best improvement of the five London systems. However, by the same measure the implied productivity is still 10.5% below 2019/20.

We welcome how the ICB has led and engaged in a range of research partnerships and collaborations to drive innovation and improvement across the system. Positive examples have included work with King's College London (KCL) on initiatives like Lambeth DataNet, supporting research, evaluation, and population health intelligence and work with the Health Innovation Network and Digital Health London to deliver innovation days and develop frameworks for safe AI use in health and care. The ICB has also actively participated in national and pan-London groups, such as the London Climate Resilience Task and Finish group, contributing to research and guidance on topics like climate adaptation, digital transformation, and health inequalities.

The ICB has developed a new digital, data, and system intelligence strategy, which underpins its approach to delivering high-quality care through digital innovation. Key achievements include supporting over 9,000 users and 7,500 devices across primary care, promoting the use of the NHS App and reducing digital exclusion. The ICB has prioritised digital solutions for connected care, such as transitioning to a single ordering system for GP pathology, expanding access to the London Care Record for social care and community pharmacy, and simplifying information for GP practices.

HELPING THE NHS SUPPORT BROADER SOCIAL AND ECONOMIC DEVELOPMENT

We welcome how the ICB has operated as an anchor institution in South East London by leveraging its influence and resources to benefit local communities. It has prioritised local recruitment and workforce development, supported inclusive employment through staff networks, and invested in digital skills. The ICB has worked with local authorities, voluntary sector, and academic partners to address health inequalities, promote sustainability (e.g., through its Green Plan), and support economic and social development.

The ICB has led procurement and commissioning strategies that support the local economy and social value by commissioning grassroots organisations for health promotion, embedding social value in service design, and collaborating with local authorities and the voluntary sector to ensure contracts benefit local communities and promote inclusive employment opportunities.

The ICB's workforce strategy includes commitments to fair pay, inclusive recruitment, and supporting staff development. The Health and Care Jobs Hub, led by the ICB, is a

collaborative initiative designed to connect local people with employment and training opportunities in health and care across south east London. It has generated value by supporting inclusive recruitment, offering career advice, and helping residents access roles in the NHS and care sector. The hub strengthens the local workforce, promotes social mobility, and addresses workforce shortages by making health and care careers more accessible to diverse communities.

The ICB supports local economic development through its commissioning and procurement strategies, workforce policies, and partnership initiatives. It prioritises local suppliers and collaborates with local authorities to maximise the social value of its spending, which contribute to local employment and skills growth. The ICB also works with the VCSE sector to build capacity and resilience in local communities, commissioning grassroots organisations to deliver targeted health interventions and engagement activities. These efforts help to stimulate local economies, create jobs, and ensure that economic benefits are shared across diverse communities.

We welcome the continuing progress work to support achievement of Greener NHS objectives by implementing the System Green Plan, which includes reducing carbon emissions from travel and estates, optimising resource use, and promoting sustainable models of care. We note a range of positive initiatives including collaborating with local partners to improve air quality, transitioning to digital solutions to reduce paper and travel, and decarbonising the supply chain. The ICB has developed a robust governance structure to maintain focus on delivery, reporting progress through the Greener SEL Oversight Committee and providing regular updates to the Board.

We welcome the priority the ICB has placed on diversity, equality, and inclusion (DEI). It publishes an annual Public Sector Equality Duty report and has established clear equality objectives, overseen by the Board and an Equalities sub-committee. The ICB monitors its performance using national frameworks such as the Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES), and Workforce Sexual Orientation Equality Standard (WSOES), and has made measurable progress in representation and inclusion. Staff networks for race, disability, LGBTQ+, and carers are well-supported and play an active role in shaping organisational culture. The ICB has worked to significantly reduce its organisational pay gap. We welcome the work that the ICB has undertaken with the SEL Voluntary, Community, and Social Enterprise Strategic Alliance to reduce barriers to NHS careers for underrepresented groups such as carers, migrants and neurodivergent individuals, as well other under-represented groups.