South East London Integrated Care System

Bexley Wellbeing Partnership

Bexley Wellbeing Partnership Committee meeting held in public

Thursday 25th September 2025, 14:00 – 16:00

Venue: Council Chambers, Ground Floor, Civic Offices, Bexleyheath DA6 7AT

Agenda

No.	Item	Encl.	Presenter	Time
Opening Business and Introductions				
1.	Introductions and apologies		Chair	14:00
2.	Declarations of Interest	Encl. A	Chair	14:03
3.	Notes from 24th July 2025 and matters arising	Encl. B	Chair	14:04
Decision				
4.	Developing Our Neighbourhood Health Service: • Bexley Care Plus Memorandum of Understanding	Encl. C	Diana Braithwaite/ Yolanda Dennehy	14:06
5.	Bexley Local Health & Care System Winter Resilience Plan	Encl. D	Alison Rogers/Kallie Heyburn	14:21
To Note				
6.	Parks & Open Spaces	Encl. E	Katie Clare	14:35
Assurance				
7.	Better Care Fund: Quarter 1 Return 2025/26	Encl. F	Steven Burgess	14:50
8.	Primary Care Business – Quarter 3 Report	Encl. G	Graham Tanner	15:00
9.	Finance Report – Month 4	Encl. H	Asad Ahmad	15:15
10.	Risk Register	Encl. I	Rianna Palanisamy	15:20
Public Forum				
11.	*Public Questions*			15:25
Let's Talk				
12.	Dementia		Chair	15:27
Closing Business				
13.	Any other business		Chair	15:57
For Information				

14.	Glossary	Encl. J	
15.	Date of the next meeting: Thursday 27th November 2025, Council Chambers, Civic Centre.		

ITEM: 2

ENCLOSURE: A

Declaration of Interests: Update and signature list

Name of the meeting: Bexley Wellbeing Partnership Committee **Date:18.09.2025**

Name	Position Held	Declaration of Interest	State the change or 'No Change'	Sign
Dr Sid Deshmukh*	Chair- Bexley Wellbeing Partnership	1. Senior Partner Sidcup Medical Centre PMS Contract - Financial Interest Materiality 50% 2. Shareholder of GP Federation 3. Shareholder Frogmed Limited (Dormant company) 4. Chair - Frognal Primary Care Network GP Lead 5. Wife (Dr Sonia Khanna-Deshmukh) is Frognal PCN Clinical Director 6. Non-financial personal interest in Inspire, Father-in-law Mr Vinod Khanna is Chief Executive. Community Trust; a) Wheelchair service; b) Joint Equipment Store; c) Personal Health Budgets; d) Information and service support for people with physical and sensory impairment. 7. Chairman, Bexley Health Neighbourhood Care CIC 8. Clinical Lead, Frognal Local Care Network 9. Clinical Lead, Primary/Secondary Care Interface 10. GP Partner, Station Road Surgery, Sidcup		
Diana Braithwaite*	Place Executive Lead (Bexley), NHS South East London Integrated Care Board	Nothing to declare.		
Dr Nicole Klynman*	Director of Public Health London Borough of Bexley Council	1. Salaried GP at Leyton Healthcare		
Yolanda Dennehy*	Director of Adult Social Care, London Borough of Bexley Council	Nothing to declare.		

Raj Matharu*	LPC Representative	1. Chief Officer of Bexley, Bromley & Greenwich Local Pharmaceutical Committee 2. Chief Officer of Lambeth, Southwark & Lewisham Local Pharmaceutical Committee 3. Chair of Community Pharmacy London 4. Board Member of Pharma BBG LLP 5. Superintendent Pharmacist of MAPEX Pharmacy Consultancy Limited. 6. Wife is lead pharmacy technician for the Oxleas Bromley medicines optimisation service (indirect interest)		
Keith Wood	Lay Member, Primary Care (Bexley)	Nothing to declare.		
Jennifer Bostock*	Independent Member (Bexley)	1. Independent Advisor and Tutor, Kings Health Partners (financial interest) 2. Patient Public involvement Co-Lead, DHSC/NIHR 3. Independent advisor and Lay Reviewer, UNIS 4. Lay co-applicant/collaborator on an NIHR funded project 5. Independent Reviewer, RCS Invited Review Mechanism 6. Lay co-applicant, HS2		
Dr Pandu Balaji*	Clinical Lead – Frognal Primary Care Network	GP partner, Woodlands Surgery (financial interest)		
Dr Miran Patel*	Clinical Lead – APL Primary Care Network	1. GP Partner, The Albion Surgery (financial interest) 2. Clinical director, APL PCN (financial interest)		
Dr Nisha Nair*	Clinical Lead – Clocktower Primary Care Network	1. GP Partner, Bexley Group Practice (financial interest) 2. Clinical director, Clocktower PCN (financial interest)		
Dr Surjit Kailey*	Clinical Lead – North Bexley Primary Care Network	1. GP Partner, Northumberland Health Medical Centre (financial interest) 2. Co-director of BHNC (financial interest) 3. Co-clinical director, North Bexley PCN (financial interest) 4. Co-medical Director Grabadoc (financial interest)		
Abi Mogridge (n)	Chief Operating Officer, Bexley Health Neighbourhood Care CIC	Nothing to declare.		

Jattinder Rai (n)	CEO, Bexley Voluntary Service Council (BVSC)	Nothing to declare.		
Rikki Garcia (n)	Chair, Healthwatch Bexley	Nothing to declare.		
Kate Heaps (n)	CEO Greenwich and Bexley Community Hospice	1. CEO of Greenwich & Bexley Community Hospice – financial interest 2. Chair of Share Community - a voluntary sector provider operating in SE/SW London with spot purchasing arrangements with LB Lambeth – non-financial professional interest		
Andrew Hardman	Chief Commercial Officer, Bromley Healthcare	Nothing to declare.		
Stephen Kitchman	Director of Services for Children and Young People, London Borough of Bexley Council	Nothing to declare.		
Sarah Burchell	Director Adult Health Services, Bexley Care	Nothing to declare.		
Iain Dimond*	Chief Operating Officer, Oxleas NHS Foundation Trust	Nothing to declare.		
Dr Sushantra Bhadra	Clinical Director, North Bexley Primary Care Network (deputising for Dr Kailey)	1. GP Partner, Riverside Surgery – financial interest 2. Member of the Londonwide LMC – financial interest 3. Clinical Director, North Bexley PCN – financial interest		
Deborah Travers	Associate Director of Adult Social Care (deputising for Deputy Director of Adult Social Care)	Nothing to declare.		
Dr Sonia Khanna	Clinical Director, Frognal PCN (deputising for Dr Pandu Balaji)	1. GP Partner, Sidcup Medical Centre – financial interest 2. Practice is member of Bexley Health Neighbourhood Care – financial interest 3. Joint Clinical Director, Frognal PCN – financial interest 4. Husband, Dr Sid Deshmukh, is Frognal PCN chair, BHNC Director, Clinical lead – Urgent Care, Senior Partner at Sidcup Medical Centre, shareholder of Frogmed Ltd (dormant company) and Chair of Bexley Wellbeing Partnership – indirect interest 5. CYP and Families Clinical Lead – Bexley – non-financial professional interest		

		6. Father, Mr Vinod Khanna, is Chief Executive Officer of Inspire Community Trust – non-financial personal interest. 7. Member of Bexley LMC – non-financial professional interest. 8. GP Appraiser for south east London – non-financial personal interest.		
Dr Adefolake Davies	Clinical Director – Clocktower Primary Care Network	1. Clinical Director, Clocktower PCN – Financial Interest 2. Shareholder, Bexley Health Neighbourhood Care – Financial Interest 3. Shareholder, Bexley Health LTD – Financial Interest 4. GP Principal, Dr Davies and Partner – Financial Interest		
Ellie Thomas	Associate Director, Planning and Partnerships, Dartford & Gravesham NHS Trust	Nothing to declare.		
Spencer Prosser	Chief Finance Officer, Lewisham and Greenwich NHS Trust	###		

***voting member.**

members who have not made the annual declaration for 2024/25 will be requested to make a verbal declaration within the meeting.

Agenda Item: 3
Enclosure: B

Bexley Wellbeing Partnership, Meeting in Public

Minutes of the meeting held on Thursday, 24th July 2025, 14:00 hrs to 16:00 hrs

Venue: Council Chamber, Ground Floor, Civic Offices, Bexleyheath DA6 7AT
(and via Microsoft Teams)

Voting Members

Name	Title and organisation
1. Jennifer Bostock (JB)	Chair & Independent Member
2. Dr Nicole Klynman (NK)	Director of Public Health, London Borough of Bexley (LBB)
3. Yolanda Dennehy (YD)	Director of Adult Social Care & Health, London Borough of Bexley (LBB)
4. Diana Braithwaite (DB)	Place Executive Lead (Bexley), NHS South East London Integrated Care Board (NHS SEL ICB)
5. Iain Dimond (ID)	Chief Operating Officer (COO), Oxleas NHS Foundation Trust
6. Bhaval Patel (BP)	South East London, Local Pharmaceutical Committee (LPC)
7. Dr Pandhu Balaji (PB)	Frognal Primary Care Network
8. Dr Nisha Nair (NN) (via MS Teams)	Clocktower Primary Care Network
9. Dr Surjit Kailey (SK) (via MS Teams)	North Bexley Primary Care Network

In attendance

Keith Wood (KW) (via MS Teams)	Lay Member for Primary Care (Bexley), NHS SEL ICB
Kate Heaps (KH)	Chief Executive Officer (CEO), Greenwich & Bexley Community Hospice
Jattinder Rai (JR)	Chief Executive Officer (CEO), Bexley Voluntary Service Council (BVSC)
Spencer Prosser (SP) (via MS Teams)	Chief Financial Officer (CFO), Lewisham & Greenwich NHS Trust
Andrew Hardman (AH)	Chief Commercial Officer, Bromley Healthcare
Dr Clive Anggiansah (CA)	Clinical & Care Professional Lead (CCPL)– Community Based Care, Bexley
Alison Rogers (AR)	Director of Integrated Commissioning (Bexley), NHS SEL ICB/LBB
Asad Ahmad (AsA)	Associate Director of Finance (Bexley), NHS SEL ICB
Katie Clare (KC)	Public Health Consultant, London Borough of Bexley
Steven Burgess (StB)	Policy and Strategy Officer, London Borough of Bexley
Sarah Birch (SBi)	Head of Community Based Care (Bexley), NHS SEL ICB
Aysha Awan (AyA)	Head of Communications and Engagement (Bexley), NHS SEL ICB
Patrick Gray (PG)	Community Voice Manager (Bexley), NHS SEL ICB (

Ifende Uzoka (IU)	Communications and Engagement Assistant, NHS SEL ICB
Nick Snow (NS)#	Bexley Voluntary Service Council (BVSC)
Matthew Couper (MC)	Borough Engagement Officer Culture and Creative Industries Unit, Greater London Authority (
Rianna Palanisamy (RP) *(Presenter)*	Partnership Business Manager (Bexley), NHS SEL ICB

Apologies

- Dr Sid Deshmukh (SD), Chair, Bexley Wellbeing Partnership Committee, NHS SEL ICB
- Raj Matharu (RM), Chief Executive Officer (CEO), South East London, Local Pharmaceutical Committee (LPC)
- Abi Mogridge (AM), Chief Executive Officer (CEO), Bexley Health Neighbourhood Care CIC (GP Federation)
- Sarah Burchell (SBu), Service Director Adult Community Physical Health Services, Oxleas NHS Foundation Trust
- Stephen Kitchman (StK), Director of Children's Services, London Borough of Bexley
- Dr Miran Patel (MiP), APL Primary Care Network
- Graham Tanner (GT), Associate Director, Primary & Community Care (Bexley), NHS SEL ICB

Minutes prepared by: Nazima Bashir (NB)	Corporate Business Manager (Bexley), NHS SEL ICB

		Actioned by
1-2	**Welcome, apologies and declarations of interest** The Chair, Jennifer Bostock (JB) opened the meeting and welcomed all present. Apologies were noted and the meeting was confirmed as quorate. There were no new declarations of interest other than those recorded on the Register of Interests.	**JB**
3.	**Draft minutes of the public meeting held on 22nd May 2025** Bexley Wellbeing Partnership agreed that the draft minutes of the public meeting held on 22nd May 2025 were a true and accurate record of that meeting and approved them on that basis **Matters Arising** Nil.	**JB**
4.	**Better Care Fund** (i) 2025/26 Plan – Section 75 Schedule Update (ii) Q4 2024/25 End of Year Report (to note) **Steven Burgess (StB), Policy and Strategy Officer, London Borough of Bexley** explained the purpose of the paper: updating schedules and appendices to the Section 75 agreement between London Borough of Bexley (LBB) and NHS South East London ICB. • Linked it to the Better Care Fund (BCF) plan: draft plan endorsed 27 March 2025, final submitted 31 March 2025, NHS England approval 30 May 2025. • Highlighted measurable targets: emergency admissions, discharge delays, care home admissions. Strengthened narrative on end-of-life care and seasonal health risks. • Gave financial overview: total pooled fund £91.1m (£55.7m NHS, £35.5m council); 2025/26 expenditure adjusted to £91.4m with £261k carry forward. • Explained governance requirements: update Section 75 by 30 September 2025, sign change authorisation form, equality commitments, NHS contribution release. • Discussed risks (non-delivery, workforce pressures, winter demand) and mitigations (capacity planning, performance monitoring, system coordination). • Clarified “exit strategies” allow partners to reallocate resources or disinvest from schemes if priorities change. • Recommended committee endorsement of the proposal to update Section 75 schedules. • Noted Item 4c (BCF end-of-year return) for committee information. **Questions/Comments:** The Chair asked if this was mainly a bureaucratic exercise; StB confirmed it was about keeping long-standing agreements up to date. Asked for an example of an exit strategy; StB explained it allows flexibility to adjust schemes and resources.	**ID**

	Clarified “exit strategy” is not dramatic - entirely about managing changes. *At this point, the Chair invited the group to comment or ask any questions.* No questions raised. **The Bexley Wellbeing Partnership Committee:** (i) **Endorsed** the proposal to update the Section 75 agreement schedules. (ii) BCF end-of-year return was **noted**.	
5.	**Developing Our Neighbourhood Health Service (to note)** The Chair, introduced the item and handed over to DB. Commented later that the item showcases partnership working, balancing competing and complementary interests, and emphasised the importance of local priorities within the national 10-year plan. Confirmed the committee’s role was to note the update rather than make a decision. **Diana Braithwaite (DB), Place Executive Lead (Bexley), NHS SEL ICB,** provided an update on the development of neighbourhood health services in Bexley. • Recalled prior work: Roadmap for Integrated Neighbourhood Teams, presented to the Health & Wellbeing Board and the SEL INT Framework approved by the partnership in March. • Announced that as of last week, the SEL Integrated Care Board approved four boroughs (including Bexley) “integrators” – groups of local health and care providers coordinating integrated neighbourhood teams. • Clarified that the Bexley ‘integrator’ proposal had been approved by the partnership at the March committee; the paper is for noting, not endorsement. • Highlighted priorities for Bexley: long-term conditions, frailty and aging well, integrated child health models. Yolanda Dennehy explained governance: the memorandum of understanding (MoU) has gone through all organisations involved; all have agreed or endorsed. • Oxleas NHS Foundation Trust has already signed off. • Emphasised that the voluntary sector and other stakeholders are integral to neighbourhood teams, even if not co-signatories of the MoU. • Reassured that the voluntary sector will have a voice in shaping integrated neighbourhood teams. *At this point, the Chair invited the group to comment or ask any questions.* **Questions/comments:** KW asked about the role of the voluntary sector in the integrators/neighbourhood teams. YD reassured him that the voluntary sector is actively considered and will have input, though participation is voluntary. **The Bexley Wellbeing Partnership Committee:** **(i) Noted** the progress of the report.	**DB**

6.	**Finance Report – Month 2** **Asad Ahmad (AsA), Associate Director of Finance (Bexley), NHS SEL ICB** confirmed that the statutory audit of Month 12 (previous year) concluded with no changes to Bexley Place or ICB numbers. Reported Month 2 (May 2025) for 25/26: Bexley Place: annual allocation £161.7m, YTD £26.7m; £26k underspend year to date (YTD), forecast break-even. Key risks: prescribing (data two months in arrears), mental health: attention deficit hyperactivity disorder/ autism spectrum disorder (ADHD/ASD assessments), corporate budget underspends due to vacancies. Efficiency target £7.8m expected to be delivered in full. ICB: annual allocation £5.7bn, YTD £1bn; reporting break-even. Main pressures: mental health, continuing care (£0.8m overspend in some boroughs), offset by community and corporate underspends. ICS: plan to break even, including £75m deficit support; YTD adverse £6.9m due to efficiency programme slippages, however forecast break-even. Opened the floor for questions and clarification. DB emphasised that figures are early in the year (Quarter 1) and while risks exist (prescribing, continuing care), the current position is reasonably positive. Thanked teams for careful budget management in Bexley. Clarified that historic issues (e.g., prescribing) are being addressed via budget uplifts and efficiency schemes without reducing services. Explained boroughs, including Greenwich, have mitigation and recovery plans to address potential overspends to achieve break-even. *At this point, the Chair invited the group to comment or ask any questions.* **Questions/comments:** The Chair asked clarification questions: Confirmed “efficiency target” means required savings. Questioned how prescribing issues are being managed given historic pressures; AsA explained budget adjustments and efficiency plans. Queried Greenwich’s apparent high overspend at Month 2 and confidence in forecast break even; AsA/DB explained early-year reporting, mitigation plans, and statutory break-even requirement. Noted challenge for public understanding of early overspend vs. break-even forecasts and importance of context for transparency. Public members online acknowledged explanation; no further questions raised. **The Bexley Wellbeing Partnership Committee:** (i) **Reviewed** the Month 2 (May 2025) financial position for Bexley Place.	

	(ii) **Noted** the NHS South East London ICB and NHS South East London ICS financial position as at Month 2 (May 2025).	
7.	**Primary Care Quarterly Business Report (Quarter 1 2025/26)** **Sarah Birch (SBi), Head of Community Based Care (Bexley), NHS SEL ICB p**resented the Quarterly Primary Care Delivery Group (PCDG) Business Report on behalf of Graham Tanner. Explained that the report updates the Bexley Wellbeing Partnership on PCDG, which is a delegated sub-committee responsible for all primary care contractual matters (core GP contracts, enhanced contracts, locally commissioned services). Summarised key activities from April, May, and June 2025: • April: Updates on GP contract changes 25/26, digital systems, risk register; Part 2 PCDG discussed contract variations (Lyndhurst Medical Centre and Bursted Wood Surgery) and Sidcup Medical Centre merger plan. • May: Approval of late/respective claims policy, review of capacity and access improvement payment, GP premium proposal 26/27, delegated finance budget report. • June: Retrospective evaluation of all four primary care networks (PCNs)' DES performance, PCN estates review, workforce development hub survey, NHS England GP dashboard performance summary. • Emphasised report provides a high-level overview and invited questions. The Chair acknowledged report and indicated no questions. Checked if anyone else had questions or comments. DB clarified this report is for assurance only; no duplication of work occurs. Explained delegation from her role to the subcommittee, surfacing key items publicly for transparency. Noted KW chairs the subcommittee along with CA. **The Bexley Wellbeing Partnership Committee:** (i) **Reviewed** the report and highlighted any items for further clarification and/or future reporting to the Committee.	
8.	**Local Care Partnership Performance Report** **Alison Rogers (AR), Director of Integrated Commissioning (Bexley), NHS SEL ICB/LBB** presented the report highlighting areas where targets were not achieved: • Mental health (SMI health checks) • Continuing healthcare (CHC) assessments completed within 28 days • Childhood immunisations • Cancer screenings • Hypertension checks • Flu vaccinations Explained challenges and actions: • SMI health checks impacted by Synnovis cyberattack last year, however Bexley performs well compared to other areas.	

	• CHC assessments now back on track; strong performance in out-of-hospital assessments. • Other targets (cancer, hypertension) require raising awareness among harder-to-reach groups; community champions are helping. Opened the floor for questions and clarification. **Questions/Comments:** The Chair asked why the SMI health checks appeared disproportionately affected by the Synnovis cyberattack. Clarified public perception concerns: highlighted issues may seem like delivery problems rather than patient behaviour. Acknowledged that the trajectory for SMI health checks is improving. CA explained that SMI patients require personalised care, making engagement and completing health checks more complex. Noted challenges are individual patient choices rather than systemic failure. DB clarified that targets are specific to this group; general population not monitored in the same way. Confirmed the cyberattack caused backlogs, prioritisation focused on urgent/emergency cases. SMI patients will not be disadvantaged; GP practices are catching up. KH asked about opportunities to increase personal health budgets and whether experience from One Bexley could help improve CHC assessment capacity. AR responded that opportunities to build on integrated working and future-proofing 10-year plan delivery would be considered, however noted 28-day CHC target relates specifically to eligibility assessments. ID Added that: • The cyberattack likely contributed to delays. • The trajectory for SMI health checks is improving. • Engagement with patients is critical, as completion of checks depends on participation. • Data reconciliation between primary and secondary care can create lags in reporting. **The Bexley Wellbeing Partnership Committee:** (i) **Reviewed** the report and the mitigations/actions highlighted in Appendix 1 for each of the metrics RAG rated as red based on the latest reporting period.	
9.	**Risk Register** **Rianna Palanisamy (RP), Partnership Business Manager (Bexley), NHS South East London Integrated Care Board presented** the updated Bexley risk register for 2025/26, noting that the paper is provided for assurance.	**RP**

	Noted there are 12 open high-rated risks after mitigation, consistent with previous meetings. Key risk areas include: • Primary care insecure lease arrangements. • Failure to deliver Special Educational Needs and Disabilities (SEND) inspection actions. • Risk of overspend (linked to finance report). • Better Care Fund (BCF) Support Programme recommendations not being fulfilled. • Inability to fully integrate system partners to meet joint forward plan goals. • Not meeting targets for flu vaccinations, SMI health checks, and hypertension. • Risks are reviewed monthly at the Senior Management Team (SMT) meeting and at the wider ICB risk forum, where boroughs compare and discuss new risks. Opened the floor for questions. **Questions/Comments:** The Chair asked specifically about the vaccination risk: is it a delivery issue or a patient uptake issue? DB explained the main challenge is patient uptake, particularly among clinically extremely vulnerable under-65s. Bexley generally performs well for care home residents and other cohorts. Multiple strategies planned to increase vaccination uptake: communications, pop-ups, clinical conversations, and community engagement. Clarified the issue is "vaccination fatigue" rather than insufficient staff or vaccines. The Chair appreciated the explanation, highlighting the importance of distinguishing between delivery issues and patient uptake. Noted the role of community champions in encouraging vaccine uptake. No further questions raised. **The Bexley Wellbeing Partnership Committee:** **(i)** **Noted** the report is for information and assurance to the Bexley Wellbeing Partnership Committee setting out the risks and associated mitigations.	
10.	***Public Questions*** *No questions had been received at this time.*	**PQs**
11.	**Creative Health** **Overview** **Patrick Gray (PG), Community Voice Manager for Bexley Wellbeing Partnership**, introduced the session on Creative Health, building on	**PG**

previous discussions about sport and wellbeing. This session focused on the impact of arts, music, and cultural engagement on physical, mental, and social health.

Key Points from PG.

Creative Health Definition: Broad, encompassing performing arts, crafts, literature, gardening, cooking, and more. It also includes creative approaches to problem-solving within health and community systems.

Benefits:

- Preventative tool for health and wellbeing.
- Supports management of long-term conditions.
- Aids recovery from illness.
- Reduces mental health challenges such as depression and anxiety.

Evidence: Dance therapy can reduce blood pressure; gardening improves musculoskeletal health; arts engagement supports mental wellbeing.

Local Activity:

- Over 50 partners involved in a May 2025 session to map creative health opportunities in Bexley.
- Challenges identified: gaps in social prescribing pathways, limited cultural anchors in Bexley.
- Highlighted local assets: Rose Bruford College, Bird College, Hall Place and Gardens, Red House, Crossness Pumping Station, Lesnes Abbey Woods and Erith Pride.

Matthew Couper – Borough Engagement Officer Culture and Creative Industries Unit, Greater London Authority (GLA)

London-Wide Perspective: Aims for London to be a Creative Health City.

Key Pillars: Capacity building, system change, advocacy.

Programmes: Dementia-friendly venues charter, mapping creative health provision, supporting open referral pathways, fostering borough-level creative health initiatives.

Impact Statistics:

- 2.9 million Londoners engaged in creative health activities through hospitals.
- Creative health linked to reduced depression, fall risk, and postnatal depression symptoms.

Bexley-Specific Projects
Bexley Buddies, Nick Snow (NS), Bexley Voluntary Service Council (BVSC)

Key Points from NS.

Pilot: Launched with Bursted Wood Surgery to reduce GP pressure and social isolation.
Activities: Educational sessions, knitting club, walks, digital skills, scam awareness, CPR workshops.
Outcomes:

	• 140 visits from 50 individuals in first two months. • Weekly participation: 23 patients on average. • Early feedback: increased social connection, improved confidence, reduced loneliness. • **Next Steps:** Scale across 10 GP surgeries in Clocktower PCN and 7 in North Bexley; focus on patients with multiple long-term conditions or non-clinical needs.	
	Music in Hospices **Key Points from Kate Heaps & Joe.** **Project:** Music and creative arts in palliative care at Greenwich & Bexley Community Hospice. **Activities:** Trauma-informed musicians perform monthly sessions for inpatients and families. **Outcomes:** • Emotional uplift (85%), reduced agitation (75%), family bonding. • Improved patient engagement, reduced need for pain medication. • Socio-civic impact: engaging families, international participation via remote connections. **Future Potential:** Supports "death literacy," improving understanding of dying, bereavement, and care quality.	
	Key Themes • **Creative Health as a Broad Intervention:** Participation does not require skill; it includes consuming culture, social connection and informal creative activities. • **Reducing Pressure on Healthcare:** Non-medical interventions (Bexley Buddies, music in hospices) prevent unnecessary GP visits and reduce reliance on medication. • **Community and Social Impact:** Programmes foster inclusion, connection and wellbeing, supporting mental and physical health. • **Scaling and Sustainability:** Efforts to expand programmes borough-wide and ensure ongoing funding, including GLA support for creative health leads.	
	Questions & Discussion Highlights • **GP awareness:** Not yet fully embedded; scaling up expected to raise visibility. • **Funding:** Supported through GLA and borough contributions; sustainability beyond the financial year is being explored. • **Impact evidence:** Strong anecdotal and early quantitative evidence; potential for broader academic support and research to strengthen commissioning cases. • **Inclusivity and diversity:** Emphasised non-traditional cultural spaces (e.g., sober raves, drum and bass) and broad access across ages and communities.	
12.	**Any other business**	

	Nil	
13.	**Glossary** These glossary terms were noted.	**JB**
14.	**Date of the next meeting** Thursday 25th September 2025, Council Chambers, Bexley Civic Centre.	**JB**

South East London
Integrated Care System

Bexley Wellbeing Partnership Committee

Thursday 25th September 2025

Item: 4

Enclosure: C

Title:	**Developing our Neighbourhood Health Service**
Author:	Diana Braithwaite, Place Executive Lead (Bexley), NHS South East London Integrated Care System
Executive Lead:	Diana Braithwaite, Place Executive Lead (Bexley), NHS South East London Integrated Care System Yolanda Dennehy, Director of Adult Social Care & Health, London Borough of Bexley

Purpose of paper:	**The purpose of this report is to provide the Bexley Wellbeing Partnership Committee with the opportunity to *endorse* the Memorandum of Understanding, between the London Borough of Bexley, Oxleas NHS Foundation Trust, the Bexley Health & Neighbourhood Care CiC and the four Primary Care Networks, who have formed Bexley Care *Plus* the local place 'integrator'.**	Update / Information	
		Discussion	
		Decision	***X***

Summary of main points:

Context

London Target Operating Model

The London Target Operating Model published in May 2025, and the NHS Long Term Plan are closely aligned – the model is essentially London's way of translating the national priorities into a practical framework for delivery across the capital. The London Target Operating Model provides a blueprint for how services should be designed and integrated at neighbourhood, place, and system levels, focusing on population health and reducing health inequalities.

In the context of the London Target Operating Model and wider NHS reforms, the '*integrator*' is a key function designed to make integration across health and care partners work in practice*.*

The *integrator* is an existing, credible local organisation chosen by the Place Partnership to host and enable the core functions that make Integrated Neighbourhood Teams (INTs) work.

- Its role is to **coordinate the essentials**, such as data sharing, workforce planning, governance, technology, and population health approaches, so services join up around people's needs.
- It acts as a **connector and problem-solver** across organisations: supporting teams that are struggling, scaling good practice, and embedding the voice of communities.

- **It does not hold additional decision-making authority;** instead, it enables delivery by aligning and supporting partners, rather than controlling them.
- Most importantly, the integrator ensures responsibility for population outcomes by bringing together NHS, local government, voluntary and community partners into a coherent model of care.

Fit for the Future: 10 Year Health Plan for England

The NHS 10-year plan sets out a vision for transforming healthcare delivery in England, with a strong emphasis on community-based, preventative, and integrated care. The plan highlights the development of Neighbourhood Health Services, designed to bring care closer to where people live. The aim is to:

- Integrate primary care, community services, mental health, and social care along with wider system partners.
- Provide proactive, personalised support for people with complex or long-term conditions.
- Work on a population health approach, focusing on prevention and early intervention.
- Operate typically at a scale of 30,000-50,000 people (aligned with Primary Care Networks).

South East London

Since the publication of the national Neighbourhood Health Service guidelines in early 2025, all six Places within South East London (SEL) have advanced their efforts to develop and implement Neighbourhood services. Building upon the Fuller Report (2022) and the approval of the SEL Integrated Neighbourhood Teams Framework by the NHS South East London Integrated Care Board on 29th January 2025 and the Bexley Wellbeing Partnership Committee on 27th March 2025 progress has been made across four key areas:

- The design and implementation of Integrated Neighbourhood Teams for three initial priority populations
- The development of the broader programme of work required to implement and sustain Neighbourhood services
- The identification of integrator arrangements in each place and approaches to driving maturity of these arrangements as a key enabler to the delivery of neighbourhood services
- The development of a forward-look and long-term outcomes framework for neighbourhoods

Bexley

Bexley is developing Integrated Neighbourhoods to deliver better, more integrated and proactive care to residents, while also addressing pressures within the health and care system. The movement towards Integrated Neighbourhood Teams is a continuation of a journey that Bexley has already been on, while also responding to wider regional and national priorities.

Bexley already delivers integrated neighbourhood care within three Local Care Networks (Clocktower, Frognal and North Bexley), through a partnership called Bexley Care between the London Borough of Bexley and

	Oxleas NHS Foundation Trust. Bexley Care provides services delivered by multi-disciplinary integrated teams between community and adult social care in the three neighbourhoods. The Bexley Wellbeing Partnership had already started to formulate the next phase of Integrated Neighbourhoods, including understanding the existing foundations which can be built on. Using Bexley Care as the foundation and integration more formally with Primary Care Networks and the local GP Federation to form the *integrator*. The Bexley Health & Wellbeing Board on 19th December 2024 endorsed the *Bexley Roadmap for Integrated Neighbourhoods Teams* and the Bexley Wellbeing Partnership on 27th March 2025 approved the local health and care systems approach for an *integrator*; Bexley Care *Plus* and agreement between the London Borough of Bexley, Oxleas NHS Foundation Trust, Bexley Health Neighbourhood Care CIC (GP Federation) and Primary Care Networks. On 16th July 2025 the NHS South East London Integrated Care Board approved Bexley's *integrator* (Bexley Care *Plus*) in line with the assurance process, which was submitted and endorsed by the Bexley Wellbeing Partnership Committee on 24th July 2025. A Memorandum of Understanding has been developed and formally agreed by the respective partners and sets out the intent to work together to form the partnership, Bexley Care *Plus.* It Includes high level arrangements such as governance, ways of working and the scope of work. The Bexley Care *Plus* Memorandum of Understanding is located at Appendix 1.	
Potential Conflicts of Interest	This report is for information only. There are no conflicts of interest.	
Other Engagement	Equality Impact	None at this point. However, Equality Impact Assessments have been conducted on burgeoning models for multiple long-term conditions and integrated child health.
	Financial Impact	This report is for information only. There are no financial impacts.
	Public Engagement	The Bexley Wellbeing Partnership has run several stakeholder workshops including resident engagement and will continue to engage with residents during the detailed development and implementation of integrated neighbourhood teams and models.
	Other Committee Discussion/ Engagement	London Borough of Bexley. Bexley Health Neighbourhood Care CiC Governing Body. Primary Care Network Governing Bodies; APL, Clocktower, Frognal and North Bexley. Bexley Wellbeing Partnership Committee, Thursday 27th March 2025.

		NHS South East London Integrated Care Board, Wednesday 16th July 2025. Health & Wellbeing Board, Thursday 11th September 2025.
Recommendation:	The Bexley Wellbeing Partnership Committee is invited to ***endorse*** the Bexley Care *Plus* Memorandum of Understanding as the foundation underpinning the arrangement between the London Borough of Bexley, Oxleas NHS Foundation Trust and Bexley Health Neighbourhood Care CIC and the 4 Primary Care Networks – the local health and care system's *integrator* to deliver integrated neighbourhood teams.	

Appendix 1: Bexley Care Plus – Memorandum of Understanding

MEMORANDUM OF UNDERSTANDING (MoU)

Integrated Neighbourhood Teams Bexley Care Plus

May 2025

BEXLEY CARE+
We're here for you

BEXLEY CARE +
We're here for you

Memorandum of Understanding for the Bexley Care Plus collaborative between:

1. London Borough of Bexley Council
2. Oxleas NHS Foundation Trust
3. Bexley Health Neighbourhood Care CIC (GP Federation)
4. NHS South East London Integrated Care Board (Bexley)
5. APL Primary Care Network
6. Clocktower Primary Care Network
7. Frognal Primary Care Network
8. North Bexley Primary Care Network

Contents

1. Introduction

This Memorandum of Understanding (MoU) sets out the shared vision, principles, and commitments of Bexley Care (London Borough of Bexley and Oxleas NHS Foundation Trust) and other partner organisations in Bexley (including GPs and the SE London ICB) to formalise the Integrator form and function as a key enabler of Integrated Neighbourhood Teams (INTs) on the current footprint of the three geographical Bexley Local Care Networks (LCNs). The MoU is intended to enable this partnership to start working together over the next year to define how they will support neighbourhood health and care, with the intention that the next step is a more formal partnership agreement in which these details are defined.

The Integrator Function in Bexley will act as a strategic partnership, understanding the local population's needs and facilitating collaboration across health, social care, and community sectors to deliver person-centred, equitable, and proactive care at a neighbourhood level.

This MoU builds on the commitments and principles outlined in the Bexley Local Care Partnership MoU (2017). Development of the Integrator form and associated functions represents the next phase in Bexley's journey towards integrated care, addressing the challenges identified in the LCN agreement and leveraging its successes to deliver a Neighbourhood Health Service.

The formation of the Neighbourhood Health Service has been the direction of travel both locally and nationally for a number of years, including as described in the Fuller Stocktake (2022) which sets out steps for integrating primary care as well as being anticipated in the forthcoming NHS 10 Year Plan. A draft Model Integrated Care Board (ICB) Blueprint has been developed by NHS England in collaboration with a group of ICB leaders from across the country and proposes the functions which a slimmed down ICB is expected to deliver in the future, including understanding the local population, developing a long-term population health strategy, delivering this through resource allocation and evaluating impact. There is an implication in this that some of the existing ICB functions would be provided by the integrator in the future. It should be noted that as well as SE London ICB facing a reduction in both resources and responsibilities, the other partners in the health and care sector are similarly facing times of financial stress and therefore careful consideration of the financial impact on all organisations is required as we move from MoU to partnership agreement.

This MoU is not a legally binding document but represents a shared commitment to work collaboratively in the best interests of the Bexley population. It will serve as the foundation for developing governance, operational frameworks, and shared delivery and accountability for the integrator functions, with an initial focus on improving frailty care, long-term conditions and integrated child health, all of which will be legally formalised through a Partnership Agreement which will be developed over the coming year.

2. What we're trying to achieve?

2.1 Shared Vision for Neighbourhood Health

The partner organisations are committed to improving the health and wellbeing of Bexley residents by:

- Making decisions on how we deliver services for the good of the population
- Care localised on a place, rather than centred on the organisations providing it
- Creative and flexible solutions which focus on promoting and maintaining independence and preventing crisis
- Integrated, person centred response across agencies with reduced number of handoffs between teams and services – timely, coherent and streamlined access to support and a return to independence
- People tell a story only once
- One shared care plan for service users
- Easy access to primary care and same day urgent care as well as specialist support and planned care when needed
- A step on the journey to wider integration
- Offer teams without walls
- Foster a culture of collaboration in line with the values set out in this document

2.2 London's approach to INTs

To support the development of INTs, London Region has developed a Target Operating Model (TOM) which articulates, in ten modules, the key functions which will need to be delivered to enable a neighbourhood health service and its constituent INTs in London.

This MoU is a commitment from all Partners to develop the governance, operational frameworks, shared delivery and accountability for the integrator form and associated functions, as outlined in the TOM, with an initial focus on improving frailty care, all of which will be legally formalised through a Partnership Agreement developed over the coming year.

The detail behind how **Bexley Care Plus** (the working title for this partnership) will deliver the key TOM functions will be developed as part of the Partnership Agreement, using the principles of joint working outlined in this MoU.

3. The Integrator

3.1 The need for an Integrator

The London TOM identified a need for an "integrator" to host integration "functions" required to enable primary, community, mental health, acute specialist, local authority, Voluntary, Community & Social Enterprise Sector (VCSE) and other partners to work together effectively at the neighbourhood level. It acts as a bridge, helping INTs to function cohesively while maintaining flexibility to respond to local needs and adapt as neighbourhoods transition from development to delivery.

The London TOM sets out the key ingredients for a successful integrator and broadly how it could operate. In line with the vision that the London TOM sets out, in Bexley the integrator will:

- **Be performed by Bexley Care Plus, a partnership, drawn from within the local system.** Recognising Bexley Place will be a key enabling layer for developing the Neighbourhood Health Service and the INTs which will sit at its core, supported by the SE London Integrated Care System, London Regional infrastructure and working in collaboration with other trusts outside of the SE London ICB.
- **Work as a partnership with local organisations** (including the 17 members of the Bexley Wellbeing Partnership and the Bexley Local Care Networks), to provide the range of required support, underpinned by clear organisational accountability to the Place Partnership, for ensuring the neighbourhood health service can function effectively, efficiently and sustainably in Bexley. This may include working with cross borough partners, for example in Greenwich, as well as voluntary and community sector partners.
- **Recognise its role cannot operate in isolation or replace individual responsibility, accountability and sovereignty** from partnering local organisations. Each must work together within its own remit but keeping in mind the greater good of the population with respect to the integrator role.
- **The Bexley Wellbeing Partnership will continue to provide the leadership and local accountability** for planning, delivering and evaluating improved population health and reduced inequalities, working with a wide range of partners in the borough and beyond.

3.2 Values

The values with which partners come together to form Bexley Care Plus build on the current values and successful ways of working which were established in Bexley with the formation of the Local Care Networks on three neighbourhood footprints including:

- **A New Level of Collaboration**
  Partners will work collaboratively to design shared solutions to address population needs, ensuring openness, trust, and accountability. This approach will end isolated commissioning, promote co-production of services around places and populations, and encourage productive conversations to resolve or mitigate negative impacts on partners.
- **Trust and Integrity**
  Partners recognise that seeking deeper collaboration at all levels, both within Bexley Care Plus, and also with wider partners who are crucial to delivering good quality care, requires all partners to act with integrity and trust in their dealings with each other.
- **Leadership Development**
  The transition to a Neighbourhood Health Service will require system leadership that overcomes organisational challenges and fosters collaboration. Leadership opportunities will extend to providers, partner organisations, patients, carers, and communities to co-produce health and care services.
- **Embedding Partnership Culture at all Levels**
  Collaboration will be embedded across all management and operational levels, empowering staff to work across boundaries and integrate services. Strong leadership and careful planning will be essential to ensure responsiveness to changing demands and external pressures.
- **Retaining Accountability and Sovereignty**
  Partner organisations will maintain their statutory obligations and decision-making powers while collaborating for the greater good. Collaboration will not compromise organisational sovereignty, and actions perceived as undermining partners must be properly communicated.
- **Redefining Relationships**
  …with the community and voluntary sector
  The voluntary and charity sectors will play a key role in self-care, managing long-term conditions, and providing specialist expertise, with greater opportunities for leadership in service design.

  …with Patients & service users
  Person-centered care will involve patients and carers in all levels of decision-making, empowering them to co-produce services and shape their care.

  …with people from all walks of life
  Local services will ensure equality of access for under-represented groups and celebrate Bexley's diverse communities, including those with language barriers, disabilities, or experiencing social and economic deprivation.

3.3 Integrator Functions

The key functions of Bexley Care Plus, in line with the London TOM, will be:

1. **Geography:** defining our neighbourhoods
2. **Workforce:** developing our teams
3. **Relationships and interfaces:** enabling joint working
4. **Participation:** working with communities
5. **Population Health Management:** addressing inequalities
6. **Information sharing:** building our shared view
7. **Access and technology:** making interaction easier
8. **Governance:** working together safely and efficiently
9. **Metrics:** evidencing success
10. **Resource allocation:** powering the change

The detail of how the partnership will deliver on each of these functions will be worked up over the next year and detailed in the partnership agreement.

The integrator will:

- Support operational coordination, bridging the gap across the current reality of fragmented pathways and services by addressing the practicalities of collaboration (e.g., building interfaces and relationships, supporting workforce planning, and business intelligence).
- Facilitate population health management (PHM) by promoting the sharing and effective use of data and real-time information across organisations, enabling holistic care for residents and improving population health outcomes.
- Address interface issues and share learning through coordinating discussions across Bexley (e.g., sharing resources and managing care transitions) and escalating issues affecting multiple neighbourhoods (LCNs) to ensure system-wide alignment.
- Drive equity in access and outcomes using PHM data and working closely with partners (including VCSE) to identify and address disparities in access and care delivery, supporting INTs to meet local needs and reduce inequalities.
- Lead the delivery of INTs, driving the test and learn approach ensuring that agreed local strategies and priorities for improving health and wellbeing are being translated into day-to-day delivery of services and care, and that the integrators are supporting the continuous improvement approach.
- Provide essential infrastructure supporting people, finance, governance and risk management for INTs in a way which is consistent and cost-effective so that neighbourhood delivery becomes business-as-usual, harnessing existing local assets and resources.
- Work with wider system partners, including, for example, acute trusts and the emerging Bexley and Greenwich UEC system working team.

These functions will not move to the integrator immediately, but a plan will be put in place for the integrator to take on these functions and for resources to be transferred in order to support the transition. Partners recognise that providing these functions will require investment and additional resources, including short term funding to support the transition. All providers are facing financial challenges, and these additional resources will need to come from the system.

4. Case for Change

London is at a pivotal moment. Despite decades of collaborative efforts across health and care sectors, the capital continues to face deepening inequalities, fragmented service delivery, and growing pressure on both workforce and infrastructure. The transition to a Neighbourhood Health Service offers an opportunity to address these challenges - but only if supported by a robust integrator function.

Currently, services are disjointed. Patients face inconsistent care, unclear navigation routes, and duplication of efforts. Professionals often work in silos, and resource deployment lacks strategic coordination. The London Neighbourhood Service Case for Change identifies that existing structures - PCNs, GP federations, local authorities — cannot address these systemic issues alone. Without a deliberate mechanism to bridge gaps, align priorities, and support integrated delivery, efforts will remain piecemeal and unsustainable.

The Integrator Function, as outlined in this MoU, responds directly to this need. It provides a local hub of support, not to command or override partners, but to enable place-based collaboration. It ensures consistency of the core offer across neighbourhoods, facilitates data and information sharing, supports multidisciplinary team development, and sustains frontline delivery through shared infrastructure and problem-solving capacity.

Critically, this function anchors delivery to the local context in Bexley while aligning with regional goals. It supports the spread and scaling of best practices and ensures that INTs can flex to meet population needs. As the Target Operating Model makes clear, this is not an optional extra - it is the operational backbone of the neighbourhood model.

Without an Integrator Function, transformation efforts risk fragmentation, inefficiency, and failure to deliver the outcomes Bexley residents need and expect. With it, we create the conditions for a sustainable, equitable, and truly neighbourhood-based health and care system.

For Bexley, the Bexley Wellbeing Partnership's Integrated Forward Plan reflects the Joint Local Health & Wellbeing Strategy, which sets the direction of travel for Bexley and system priorities along four points in residents life journeys, reflecting the biggest populations health and wellbeing needs. The vision aims for improvements in these areas achieved through a partnership approach between the Bexley Wellbeing Partnership, local communities and the SE London Integrated Care System. It sees Bexley's Local Care Networks, adopting a population health approach, drawing on the knowledge and insights of local integrated teams and service users to understand and address local needs. The vision set out can be delivered through the development of INTs and the integrator role.

5. Bexley Care

Bexley Care is a partnership between Oxleas NHS Foundation Trust and London Borough of Bexley which works within and provides overarching management for current models of neighbourhood working. Bexley Care is organised across three geographical footprints: the Local Care Networks (LCNs) in Frognal, Clocktower and North Bexley.

Bexley Care was established in 2017 and integrates adult physical and mental health services provided by Oxleas NHS Foundation Trust with adult social care in the London Borough of Bexley under a single management structure.

While it meets many of the requirements of an integrator role, it does not include full integration with Primary Care. Pre-pandemic, discussions began with Primary Care to explore how services could be delivered more effectively at both the local neighbourhood level (Local Care Networks) and the Borough level, in many ways anticipating the development of Integrated Neighbourhood Teams (INTs).

Bexley Care is underpinned by a Section 75 Agreement. A Section 75 agreement of the NHS Act 2006 is a formal partnership agreement between NHS bodies and local authorities, enabling them to collaborate on commissioning and funding health and social care services. It allows for joint commissioning, pooling resources, and potentially delegating functions between the two parties, facilitating integrated care. It specifically does not allow for the agreement to be extended to primary care organisations, such as GP practices or PCNs.

As well as the formal Section 75 Agreement, there is also a Partnership Agreement for Bexley Care which binds the two organisations together and sets out in detail how they work together, what services and resources are included and how changes will be made to this.

The intention set out in this MoU is to build on the current Bexley Care arrangement by extending it to include GPs in a more integrated way. While there is no provision to include GPs in the Section 75 Agreement, the intention is to create a Partnership Agreement which sets out how Bexley Care and GPs will work more closely together and the interaction between Bexley Care and Bexley Care Plus.

6. Bexley Neighbourhoods

The three geographical Local Care Networks (neighbourhood) footprints which Bexley Care provides services within (North Bexley, Frognal and Clocktower) will become the three neighbourhoods for neighbourhood working and INTs in Bexley. This allows us to build on existing infrastructure, ways of working and relationships developed through Bexley Care.

7. Collaboration Principles

The partner organisations agree to:

- Retain the right to say no, and retain organisational sovereignty and governance
- Provide leadership in the development of Bexley Care Plus
- Consider how they as partners will contribute to the objectives of the partnership, including staffing, use of fixed assets (estates), their time commitment
- Consider the impact of commissioning decisions on partners, including unintended consequences, and plan changes that benefit the Bexley population through consultation and collaboration
- Make commissioning decisions in the context of the whole system, not just the contracting party
- Ensure our actions contribute to the stability and sustainability of the whole health and care system, not just our own organisation
- Explore opportunities for integration, including joint commissioning, joint provision and joint investments
- Share risks, and share gains
- Where partner organisations straddle boundaries, agree an appropriate level of participation, risk share and gain share relative to the area of work and its appropriateness to that organisation
- Not make partners financially worse off as a result of participating in the partnership
- Give managers and staff in our organisations permission to collaborate with partners at all levels, and freedom to innovate and explore transformation
- Delegate responsibility for collaboration throughout management levels and across clinical boundaries
- Embed this culture of partnership with our Boards and throughout our organisations
- Accept things might change, and that external pressures may impact individual organisations, but commit to working in partnership to achieve our shared outcomes with openness and honesty
- Retain individual and organisational accountability in a collaborative structure
- Manage reputational risks together where appropriate

What we will not do:

- Make changes that do not carry the confidence of our clinicians or wider workforce
- Make changes that do not have the support of our respective governance structures, including governing bodies, boards of Trustees and elected Members.
- Work in a way that contradicts our values of partnership and collaboration in delivering person-centred care
- Make decisions or take courses of action that negatively impact each other unless we have to, and in those cases by considering available alternative options or potential mitigation.
- Make significant unilateral changes in commissioning, service design or in patient pathways without system wide discussion and consultation, even when the decision or responsibility ultimately rests with one party
- Take actions that lead to the transfer of risk between partner organisations without discussion and agreement on necessary mitigation
- Contribute to the material worsening of an individual partner's position, either care, quality or financial grounds.

8. How Services Will Look and Feel Different

The Integrator Function will enable services in Bexley to:

- **Be person-centred:** Care will be tailored to the needs and preferences of individuals, ensuring better planning, coordination, and transitions between services.
- **Be joined-up:** Partners will work collaboratively to share resources, align objectives, and deliver seamless care across sectors.
- **Address inequalities:** Services will be designed to reduce disparities in access and outcomes, ensuring equity for all residents.
- **Be proactive and preventative:** INTs will focus on early intervention and prevention, reducing the need for crisis-driven care.

For residents, this means:

- Ensuring the right access to the right care, from the right health and care professional at the right time.
- A more consistent and coordinated experience of care.
- Greater involvement in decisions about their care and support.

9. How we'll work differently

9.1 Governance, roles and responsibilities

The London Neighbourhood Health Service Target Operating Model (TOM) outlines a unified set of governance principles to guide INTs across all place-based partners and ICSs in a consistent manner, and which are endorsed by Bexley:

1. **Equity** – decision-making must focus on measurable outcomes to ensure consistency in care quality, with governance stress tests to evaluate agreed protocols that streamline decision-making during crises.
2. **Transparency** – public-facing dashboards will be created to track governance performance metrics and decision-making processes must be visible and accountable to the public.
3. **Adaptability** – governance structures need to ensure alignment with regional goals while still remaining flexible enough to respond to emerging challenges.
4. **Local Empowerment** – governance should allow neighbourhoods to make locally relevant decisions while staying aligned with broader regional goals.

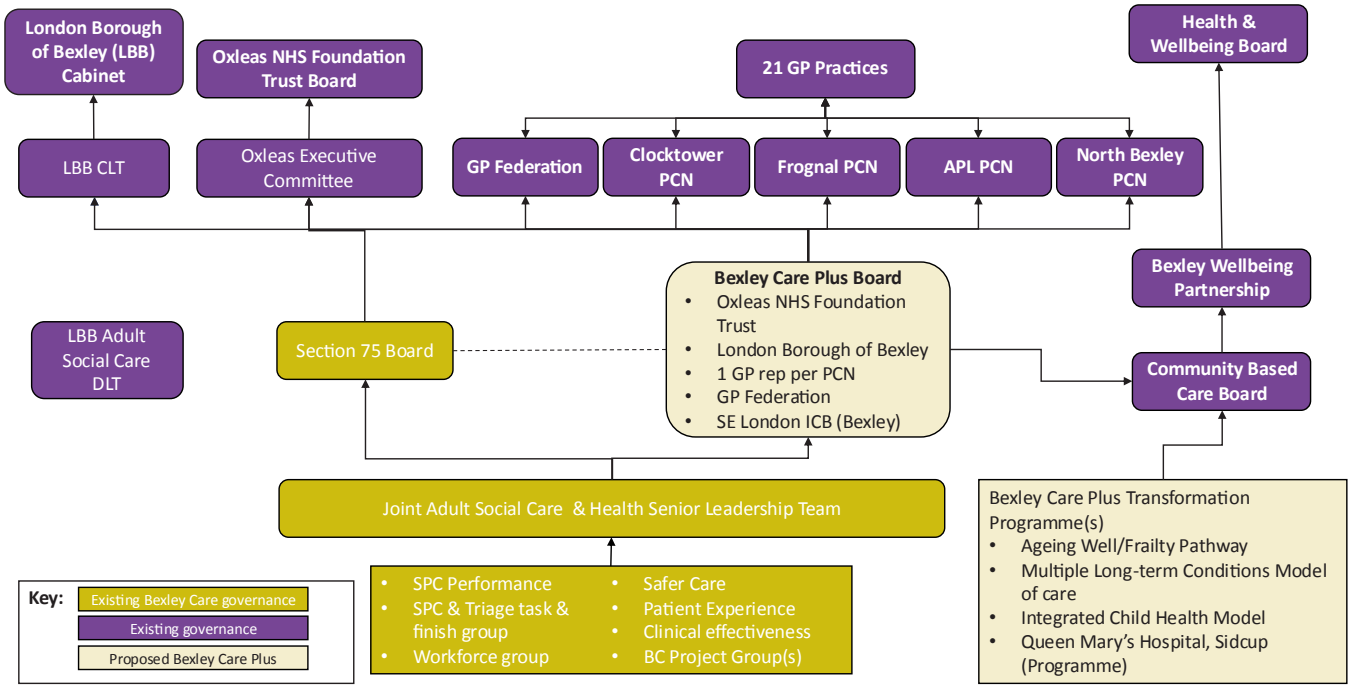
Partners in Bexley have chosen the form for the integrator as outlined in this MoU because it is:

- **Organisationally mature and able to operate at scale**
- **Part of the existing landscape**
- **Recognised as a partner and collaborator**
- **Credible and trusted**

The Integrator Function will operate within a tiered governance structure, ensuring alignment across neighbourhood, place, and system levels:

- Neighbourhood-Level Governance: Local panels (LCNs) with representation from residents, VCFSE organisations, and service providers.
- Place-Level Oversight: Bexley Care Plus, as a lead organisation hosting the Integrator Function, aligned to the current section 75 governance in Bexley Care and accountable to the Bexley Wellbeing Partnership and Bexley Health and Wellbeing Board.
- System-Level Alignment: Coordination with the SE London Integrated Care Board (ICB) and Integrated Care System (ICS).

Bexley Care Plus Schematic



Bexley Care Plus will act as single management structure, ensuring a unified approach to service delivery, resource allocation, and patient care. This structure establishes a single leadership team with representatives from each partner organisation, ensuring strategic alignment and coordinated decision-making where appropriate. All Partners will commit to developing a Bexley Care Plus structure that will optimise and build on current structures.

Bexley Care Plus will be governed by a Board with membership agreed as representatives from:

- Oxleas NHS Foundation Trust
- London Borough of Bexley
- 1x GP representative per Primary Care Network (North Bexley, Clocktower, Frognal and APL)
- GP Federation (Bexley Health Neighbourhood Care CIC)
- South East London Integrated Care Board

Representatives from the PCNs and the GP Federation need to be able to:

- Work together to make decisions on the LCN footprint (i.e. the neighbourhood footprint, rather than the PCN footprints)
- Gather the range of views from their constituent GP practices and represent these within the Partnership
- Feedback to their constituent GP practices on decisions and progress made within the Partnership, along with any actions that GP practices need to take as a result of this

This Board will provide assurances and report to Bexley Wellbeing Partnership and thus to NHS South East London ICB. The Bexley Care Plus Board will be aligned to the Bexley Care Section 75 Board – this will remain as its own distinct entity as it has a statutory purpose due to the Section 75 agreement which underpins the formation of Bexley Care. Likewise, the joint management structure of Bexley Care will remain and adapted to the new organisation.

The governance structures within each LCN will report into the Bexley Care Plus Board.

9.1 Decision-Making Processes

Members of the Bexley Care Plus Board will have delegated powers from each of their sovereign organisations, with those organisations reserving decision making powers in certain circumstances. The delegation scheme for Bexley Care Plus will be dependent on, and follow, the individual scheme of delegation for each of the partner organisations and therefore may differ on an organisation-by-organisation basis. Where the board needs to take decisions which are outside of the scheme of delegation, this will necessitate an organisation to take that decision back to its own governance arrangements in a timely way. The details of the types and values of decisions which each organisation's representative can make, without needing to revert to their own organisation, will be set out in more detail in the partnership agreement.

A principles-based approach will ensure the Bexley Care Plus governance structures remain flexible enough to respond to emerging challenges and opportunities while providing the stability needed for long-term planning and consistent care delivery. This would include introducing regular governance stress tests to evaluate their adaptability to new policies, population health changes, and technological advancements, and agreed protocols that streamline decision-making during crises, ensuring swift action without bypassing accountability structures.

Decision-making will take place in alignment with the Collaboration Commitments outlined in this MoU, with an aim to reach agreement by consensus.

9.3 Disputes and escalations

Firstly, all parties will endeavour to resolve any dispute informally, in the spirit of cooperation and partnership.

If this is not successful, the matter should be referred in writing to named senior resources in each of the partner organisations and failing that, mediation can be sought.

9.4 Risk Management

Bexley Care Plus will develop robust risk management protocols to oversee care transitions, mitigate clinical errors, and ensure patient safety across multi-organisation care delivery systems. Shared risk registers will span neighbourhood, borough, and ICS levels, allowing risks to be flagged, monitored, and addressed collaboratively; updated risk management training for boards and operational leaders will help equip them to anticipate and mitigate risks effectively within an integrated neighbourhood context.

Risk management will take place in alignment with the Collaboration Commitments outlined in this MoU. Further detail behind the risk management approach will be defined in the Partnership Agreement.

9.5 Meetings & Reporting

The Bexley Care Plus Board will:

- meet quarterly (or other agreed suitable frequency, for example more frequently initially while setting up the board)
- set the strategic direction for Bexley Care Plus, including ensuring it aligns to wider aims and goals
- be supported by a secretariat function (initially drawn from the ICB)
- consider and prepare performance reports for the Section 75 board, Bexley Wellbeing Partnership, HWB and sovereign organisations
- agree a programme of transformation and development work on an annual basis, in conjunction with the Community Care Board (CBC)

Board members should expect to commit approximately 1-2 days per quarter for attendance at the Board, review of papers and associated meetings.

In addition, an operational management group will be set up (or adapted from the current operational management group from Bexley Care), which will:

- be formed from operational managers in each of the organisations involved, drawing in others where required (e.g. from the VCSE or acute)
- consider and prepare performance reports for submission to the Bexley Care Plus board
- oversee the day-to-day coordination of neighbourhood working and Bexley Care Plus

The Terms of Reference will be developed for both meetings with participants ensuring that the governance arrangements are proportional and not duplicative with other forums as well as making sure that there is appropriate infrastructure in place to support the board.

9.6 Funding

A central principle for the set up of Bexley Care Plus is that the participating organisations are not made financially worse off as a result of it – this means that whatever funding arrangements for in-scope services the parties bring into the arrangement will remain (unless changed through some other mechanism, such as changes in government policy). National contracts will not be impacted by this local agreement.

It may be that additional funding is made available from central government or the NHS SE London ICB to support the set-up of neighbourhoods. How this funding is spent will be for the Partnership to agree, including how it is distributed to individual organisations within it and what expectations are set in terms of outcomes from this. It may be necessary for one organisation to take the lead on 'holding' this funding for the benefit of the Partnership and it will need to have the financial, governance and assurance infrastructure to do that.

9.7 Resources

Initially the workforce, estates, IT etc for Bexley Care Plus are expected to be drawn from the parties involved. Some resources will also be drawn from the ICB – e.g. expertise to support transformation programmes, business intelligence support etc. It should be noted that the ICB is in the process of headcount reduction and transformation itself, as set out in the Model Integrated Care Board – Blueprint 1.0, with its final form as yet undecided. Therefore, the detail of the amount and nature of support from the ICS will emerge over the coming months. Equally, all partners are similarly facing financial challenge which will affect what can realistically be contributed by each without further external investment.

10. How will we deliver our vision?

The three current transformation projects which will form Bexley's neighbourhood health service and Bexley Care Plus (Frailty, multiple LTCs and Integrated Child Health) will see pilots running over Q1 to Q3. These pilots will inform the content of the Partnership Agreement.

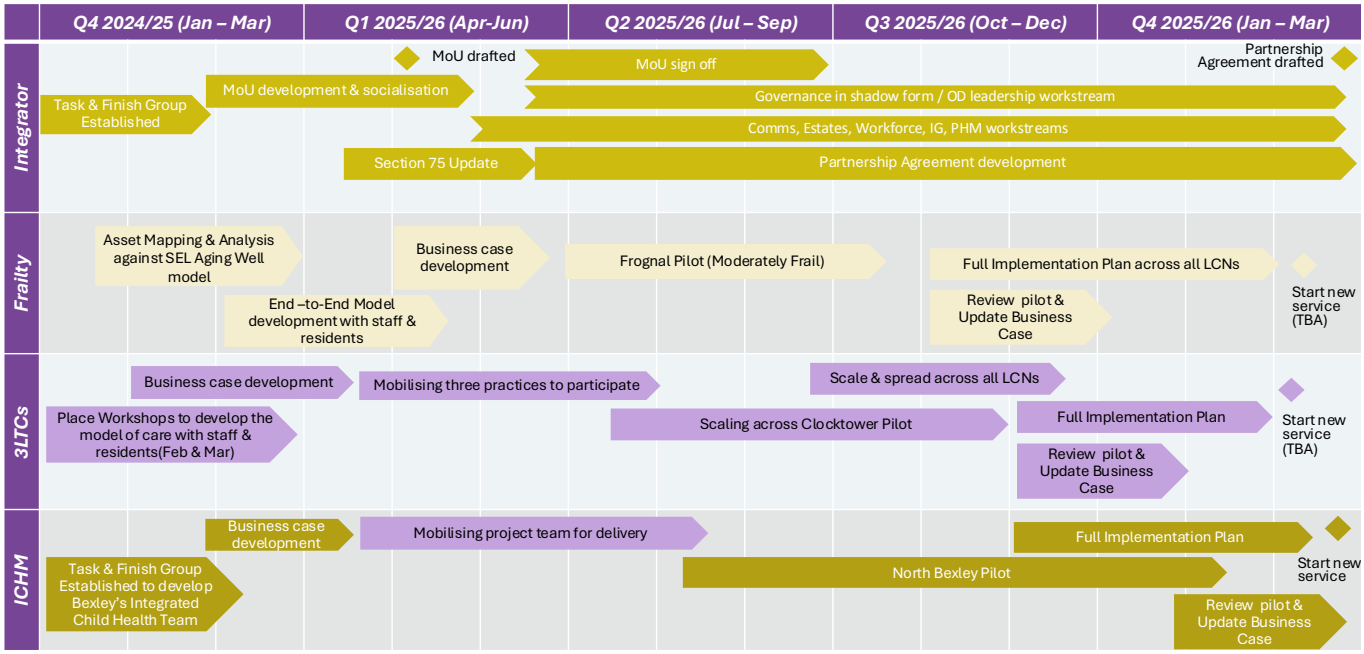
In addition, during this phase, we will set up the governance for Bexley Care Plus in shadow form, allowing for the development of effective ways of working and to provide an opportunity for those involved directly to develop the roles.

The partnership agreement will be developed over the coming year, with an ambition to sign off during 2026.

Commissioning Intentions for the emerging Bexley Care Plus will be set in January 2026, along with a further set of transformation projects, to be overseen by the CBC board.

The Bexley Roadmap for the development of Bexley Care Plus is set out in the timeline below.

Bexley Roadmap



Several of the schemes set out in the plan are already underway and partners signing up to this MoU are asked to continue to commit to support them. They include:

- **Bexley Ageing Well/Frailty Model** – Bexley has chosen to focus on frailty on a borough-wide footprint building on Bexley Care. The Ageing Well (Frailty) Model of Care will be developed with the recognition that Bexley Care Plus will act as an enabler. The outcomes for the work are outlined in Bexley's Integrated Forward Plan, and it is aligned with the SE London ICB Ageing Well/ frailty framework.
- **Long Term Conditions Model** – Bexley is developing a revised model of care for people with multiple long-term conditions based on an holistic approach and based in neighbourhoods.
- **Integrated Child Health Model** – NHS SEL ICB has developed and tested a triage model for integrated child health, based in neighbourhoods, with an agreed tariff for the involvement of acute clinicians.
- **Queen Mary's Hospital Site** – Bexley will be conducting an exercise to consider greater utilisation and integration of Queen Mary's Hospital site in Sidcup, including a potential role for the integrator and wider neighbourhood health in this.

10.1 Commitment for all Partners to the Partnership Agreement

Whilst this MoU will enable rapid action to support the delivery of the revised models of care outlined above, all partners are asked to commit to co-developing and signing up to a legally binding Partnership Agreement over the coming year.

11. Measuring Success

Developing an outcomes framework for Bexley Care Plus is complex and will progress as new ways of working are developed. Outcomes for Bexley Care Plus will to be framed by what it means for people and communities, not by what it means for services or budgets.

12. Signatories

The following organisations are partners in the development and implementation of the Integrator Function in Bexley and are signatories to this MoU:

Partner Organisation	Signatory	Signature
London Borough of Bexley Council		
Oxleas NHS Foundation Trust		
Bexley Health Neighbourhood Care GP Federation CIC		
NHS South East London Integrated Care Board (Bexley)		
APL Primary Care Network		
Clocktower Primary Care Network		
Frognal Primary Care Network		
North Bexley Primary Care Network		
GP Practice 1		
GP Practice 2		
GP Practice 3		
GP Practice 4		
GP Practice 5		
GP Practice 6		
GP Practice 7		

Partner Organisation	Signatory	Signature
GP Practice 8		
GP Practice 9		
GP Practice 10		
GP Practice 11		
GP Practice 12		
GP Practice 13		
GP Practice 14		
GP Practice 15		
GP Practice 16		
GP Practice 17		
GP Practice 18		
GP Practice 19		
GP Practice 20		
GP Practice 21		

13. Appendix

13.1 SEL Integrator Form & Function

While the integrator in Bexley builds on Bexley Care, it is also aligned with the principles established by SEL ICB and endorsed by the Bexley Wellbeing Partnership, which set out:

Principles – Integrator Form

- The integrator will be performed by one place-based organisation or partnership, drawn from within the system.
- Integrators may work with other local partners / as a partnership, to provide the range of required support, however it is important that there is clear line of organisational accountability (e.g., a single lead within the partnership) to the place partnership for ensuring the neighbourhood health service can function effectively, efficiently and sustainably across the place as a whole.
- This role cannot operate in isolation or replace individual responsibility and accountability from partnering local organisations.
- The integrator will be responsible for delivering the agreed-upon integrator functions as defined by SEL ICS and for establishing appropriate well-defined governance to assure their successful execution.

In SEL, we recognise that it does not matter who performs the role and there is no requirement for a certain type of integrator, as long as they can perform the functions of the integrator vehicle. This is particularly pertinent given the level of variation across SEL. However, the integrator is likely to be:

- **Organisationally mature and able to operate at scale:** To allow sufficient organisational resources, capacity and capabilities to be available across all associated neighbourhood teams, whilst drawing on the local knowledge and relationships. The integrator should be able to manage related budgets and provide required infrastructure, including around data sharing, workforce, estates and digital. They will need to have effective governance structures to be able to report on delivery and be operating at an organisational scale and maturity that will allow sufficient organisational resources, capacity and capabilities to be available across all associated neighbourhood teams; whilst drawing on the local knowledge, experience and relationships from local professionals and communities. They will also need to be able to offer additional support to maintain service continuity across neighbourhoods.
- **Part of the existing landscape:** The integrator should function operationally within the INT footprints and be able to align with the agreed neighbourhood footprints, to be able to provide operational support to all neighbourhoods. They should have the existing networks and relationships across Place that can be drawn upon and utilised to support the functional delivery of INTs.
- **Recognised as a partner and collaborator:** The integrator will work within system and place leadership structures, including with primary care, VCSEs and local government, and in partnership with all local partners to ensure that agreed local strategies and priorities for improving health and wellbeing are being translated into day-to-day delivery of services and care.
- **Credible and trusted:** The integrator and indeed wider INT model requires trust and confidence between residents, organisations and staff. The integrator needs to be sufficiently experienced to be credible and influential across the Place to deliver the integration functions and support the INTs to operate effectively.

Principles – Integrator Functions

The below outlines the ambitions expected from an integrator initially focused around the three priority areas (CYP, LTC, Frailty), a neighbourhood-level operational role operating across a Place. It is recognised functions will evolve over time as the role is refined and the system learns from what works in practice. So, at their inception, integrators may not provide all functions as Places are at different stages, but they should have the capability to deliver these in the future. Equally, Places may choose to have a wider scope (e.g., due to their governance set up) for some functions.

- **Lead the delivery of INTs, driving the test and learn approach and engagement with communities:** The integrator will work within system and place leadership structures, and in partnership with all local providers to ensure that agreed local strategies and priorities for improving health and wellbeing are translated into day-to-day delivery - initially focused on the three priority areas. Integrators will support the continuous improvement approach and co-design of services with local communities.
- **Support operational coordination** between local partners, bridging the gap across the current reality of fragmented pathways and services by addressing the practicalities of collaboration (e.g., building interfaces and relationships, supporting workforce planning, and business intelligence) and with an initial focus on the six components of neighbourhood health. Integrators will report to well-defined governance structures to ensure effective delivery of functions.
- **Facilitate population health management** (PHM) by promoting the sharing and effective use of data and real-time population health information across organisations, drawing down on regional and place infrastructure, to enable neighbourhoods to proactively and preventatively address health inequalities.
- **Address interface issues and share learning** escalating issues affecting multiple neighbourhoods to ensure system-wide alignment. Integrators will facilitate cross-borough collaboration, spread and scaling of successful practice, putting the "test and learn" approach into practice and increasing alignment to the most efficient and effective models of local care.
- **Drive equity in access and outcomes** across neighbourhoods using PHM data and working closely with local partners to identify and address disparities in access and care delivery, supporting neighbourhoods to meet local needs and reduce inequalities.
- **Support system sustainability and resilience** supporting to identify and strategically manage where there might be issues and risks to the neighbourhood health service, and provide options to support and maintain service continuity.
- **Provide essential infrastructure for neighbourhoods**, supporting people, finance, governance and risk management in a way which is consistent and cost-effective so that neighbourhood delivery becomes business-as-usual. This will include:
  - Enabling shared use of estates and joint workforce to enable co-location of services and public access where applicable, and shared resources.
  - Maintaining an up to date view of local assets, including the VCFSE sector, to ensure continual seamless delivery of Neighbourhood Health Services

BEXLEY CARE

We're here for you

Bexley Wellbeing Partnership Committee

Thursday 25th September 2025

Item: 5

Enclosure: D

Title:	**Bexley Local Health and Care System Winter Resilience Plan**
Author/Lead:	Kallie Heyburn, Bexley Wellbeing Partnership Programme Director, NHS South East London Integrated Care Board Alison Rogers, Director of Integrated Commissioning (Bexley), NHS South East London Integrated Care Board / London Borough of Bexley
Executive Sponsor:	Diana Braithwaite, Place Executive Lead (Bexley), NHS South East London Integrated Care System

Purpose of paper:	**The purpose of this report is to brief the Bexley Wellbeing Partnership Committee on the preparedness of the local health and social care system for the forthcoming winter, including the risks and challenges faced and the actions to mitigate them.**	**Update / Information**	
		Discussion	
		Decision	***X***
Summary of main points:	Winter remains a pressured period for health and social care services, with demand no longer easing in summer months. Acute hospitals continue to experience very high demand and complexity of need, which also impact community services, social care and the voluntary sector. Partners across Bexley have worked collaboratively throughout the year to maintain good patient flow and minimise delays, and this plan sets out how the system will remain resilient through the coming winter. Key challenges include demand exceeding funded and physical capacity in areas such as adult social care discharge support, district nursing, and acute hospital beds at the Queen Elizabeth Hospital. System actions are focused on strengthening urgent and emergency care, avoiding A&E attendances, preventing avoidable admission and maintaining patient flow. In recent years, additional funding streams for winter resilience initiatives have declined, however NHS South East London Integrated Care Board, Bexley, will be funding additional initiatives such as the ability to spot purchase additional beds for complex discharges and implementing a discharge enablement scheme to support discharge pathways during winter pressures. Primary and community care will continue to play a critical role, with a focus on GP access, Pharmacy First, and standing up our Acute Respiratory Infection Hub for children and adults. Our communication campaign will support vaccination uptake and promote alternatives to A&E, with targeted engagement to reach underserved communities, as well as promoting use of digital tools, such as the NHS App and Get U Better App, which will help residents access the right care quickly. Support for unpaid carers and the voluntary sector remains a priority, with the introduction, and planned extension, of Carers' Corners located in libraries. Bexley continues to embed the principles of 'Home First', maximising the use		

	of virtual wards and rapid response teams to treat residents at home where possible and reduce reliance on hospital care. Mental health services will also increase crisis support, including extended hours for the Crisis Café. Both the Queen Elizabeth and Darent Valley hospitals have strengthened their internal winter readiness through enhanced discharge planning and strengthened community partnerships. New clinical models in acute medicine and frailty care will be introduced in the Queen Elizabeth hospital in November 2025 which will improve flow, decision making and patient experience. Social care is continuing to increase reablement referrals ensuring that as many Bexley residents as possible can access reablement services to support their independence. End of life care provision has been strengthened through Palliative Care team at the Queen Elizabeth Hospital working closely with hospital staff to help improve the quality of care by supporting symptom management and difficult end of life conversations. A short-term project to enable early identification of palliative needs at the 'front door' and reduce avoidable hospital admissions is being explored. Together, these actions aim to maintain safe, high-quality care during peak demand, enabling hospital flow and supporting Bexley residents to access the right care, in the right place, at the right time.	
Potential Conflicts of Interest	There are no conflicts of interest as a consequence of this report	
Other Engagement	Equality Impact	The Equality Impact Assessment did not identify any adverse impact in relation to the winter plan.
	Financial Impact	The total value of additional winter initiatives is approximately £350,000 which will be funded by NHS South East London Integrated Care Board, Bexley for a period of 3 months.
	Public Engagement	The winter plan builds on existing Bexley services and residents were involved in the original development and implementation of these.
	Other Committee Discussion/ Engagement	Bexley's System Winter Resilience Plan has been developed in collaboration with system partners through the following means: • A face-to-face engagement event to consider lessons learnt from last year, to understand what worked well and what could be improved • Home First Operational Group • Bexley Urgent & Emergency Care Board • Bexley, Greenwich and Lewisham Urgent and Emergency Care Board.
Recommendation:	The Bexley Wellbeing Partnership Committee is asked to endorse the Local Health and Care System 2025/26 Winter Resilience Plan.	

Item: 5
Enclosure: D(i)

BEXLEY WELLBEING PARTNERSHIP WINTER PREPAREDNESS AND RESILIENCE PLANNING 2024/25

1. INTRODUCTION

1.1 Winter is always a very challenging time for the health and social care system, but over more recent years there has been less evidence of reduced demand over the summer with acute hospitals continuing to experience very high demand, acuity of need and associated knock-on effect on community health and social services. Staff across all partner organisations have continued to work tirelessly together throughout the year and Bexley has managed to minimise delays and maintain good flow through the acute system at all hospital sites.

2. KEY CHALLENGES

2.1 The system faces several key challenges moving into winter, with partners continuing to work closely together to those mitigate challenges by connecting services and adjusting delivery plans where appropriate to meet expected spikes in demand. There are a number of key challenges facing the local health and care system as winter approaches:

A. *Demand outstrips funded (and physical) capacity in several critical areas*:

- Funding to Adult Social Care to support discharge flow is limited and at risk of demand outstripping funding. This could lead to hospital discharge delays, impacting hospital flow and outcomes. Every effort will be made to extend the longevity of funding and escalate the need for additional funding for the local system. Officers will continue to monitor and take mitigating actions required to avoid any unauthorised overspend on these budgets.
- Demand for District Nursing services continues to be pressured and any further increases in activity over winter will be challenging for the service both in terms of workforce sustainability and financial balance.
- Emergency Department and bed capacity at Queen Elizabeth Hospital(QEH) is insufficient to support the growing local population and contributes to challenges in patient flow and attainment of national performance targets

B. Local allocations for winter are predominantly non-recurrent, which limits the ability to embed workforce and sustain change.

C. Workforce remains a challenge across many areas, particularly around specialist community nursing.

D. Following a review of the Urgent Community Response Car service pilot, and a further internal review by London Ambulance Service, provision will be discontinued from early October 2025

2.2 <u>Key System Actions Summary</u>

A. Continue to build on our Urgent & Emergency Care Recovery Plan for 2025/26 and the learning gleaned from in-year events such as ‘Super March’ and our Better Care Fund programme, all of which have been developed and delivered in collaboration with local health and care system partners. To support additional pressures during the winter period, funding has been allocated for a discharge enablement scheme and spot purchased beds to support patient flow, reduce length of stay and free up acute capacity. The District Nursing service review completed this year highlighted a number of actions which are currently being take forward via a task and finish group comprising of key stakeholders. Headlines include an immediate assessment to compare records and registers of housebound individuals to ensure consistency of

categorisation and a review of a small number of patients (126) who have been identified as high-volume users.

B. Development of a collaborative winter plan for Bexley that builds on lessons learnt from last year, is dynamic and able to flex and scale in response to winter surges to ensure the best quality care for our patients and residents during this period.

C. Continued prioritisation and management of risk to ensure activity is managed in the right place at the right time as well as an approach to joined up recruitment/ sharing of workforce/rotational roles to mitigate workforce risks. A deep dive into the role of Care Homes and Virtual Wards in relation to flow through the acute system and understand key pressure points in order to determine any actions needed will be undertaken by the end of this year.

D. Continued deployment of the local Rapid Response team providing urgent integrated health and social care for older people and adults with complex health needs in their own home who urgently need care, getting fast access to a range of health and social care professionals within two hours.

3. PREVENTION & PRIMARY CARE

Primary Care

3.1 Early intervention and prevention are important approaches ahead of and during winter to enabling residents to live life well and access the right care, at the right time in the right place.

3.2 Following the development and implementation of *Access Improvement Plans* by the four Bexley PCNs in 2024/25, the 2025/26 PCN Network DES continues to fund practices to further embed a range of measures in line with national requirements for 'modern general practice' these include ensuring digital telephony data is routinely used to support capacity/demand service planning, a consistent approach to care navigation and triage so there is parity between online, face to face and telephone access, online consultation (OC) available for patients to make administrative and clinical requests at least during core hours and effective promotion of the NHS App.

3.3 Pharmacy First, a service to support and manage seven common conditions, along with an oral contraception and blood pressure services has become further established and provides patients with access to same-day health advice and support without having to first go through their GP practice.

3.4 The nationally mandated *Enhanced Access* to primary care ensures access to the full range of primary care services during 18:30 – 20:00, Monday to Friday and 09:00 – 17:00 on Saturdays, in addition to some early morning appointments.

3.5 All care homes in Bexley receive primary care input and have a named clinical lead to help ensure continuity of care. The GP Federation are also commissioned to provide an escalation pathway in the event of a significant flu outbreak within a care home.

3.6 Work established in 2024/25 to improve the primary and secondary care interface with GPs from Bexley and Greenwich and Lewisham & Greenwich NHS Trust has expanded to include representation from Oxleas NHS Foundation Trust and the programme continues to improve ways of working to reduce burden and delays in the system.

3.7 Bexley's Virtual Clinical Assessment Service will continue to operate over the winter period. The service provides out-of-hours GP telephone support and advice on Saturdays, Sundays, and Bank Holidays, accessible to NHS 111 call handlers with bookable appointments via GP Connect. A roster will be agreed to provide appropriate cover across the Christmas and New Year period.

3.8 Recognising the likelihood of a surge in need for Acute Respiratory Infection support, NHS South East London Integrated Care Board, Bexley will be funding a seasonal Acute Respiratory Hub for children and adults, which will be provided by the GP Federation from early December 2024 to the end of February 2025. As in previous years, this will provide additional 'same day – urgent' access for children and adults with acute respiratory infection (ARI) type presentations. The service will operate during core GP Hours (Mon-Fri 08:00-18:30) and will be hosted within a Bexley GP Practice, staffed by a GP, and Advanced Nurse Practitioner (ANP). Referrals will be accepted from Bexley GP Practices or via NHS 111 referral for any Bexley patient presenting with ARI symptoms triaged as requiring a "same day" face to face assessment by a GP.

3.9 You and Your GP (YYGP) is a new charter for general practice and describes what practices and patients can expect of each other. Patients are encouraged to be on time, be prepared and avoid wasted appointments by cancelling early. Practices can support patients in a range of ways such as making reasonable adjustments. It also describes how patients (or their representatives) can give feedback or raise concerns. Information gathered from YYGP concerns and feedback will provide useful system intelligence. This will be considered and used as part of ICBs' routine processes to understand general practice performance, supporting overall quality improvement and development of practices and PCNs.

Urgent Treatment Centres

3.10 From 1st October 2025, Lewisham & Greenwich NHS Trust working in partnership with our GP Federation, Bexley Health Neighbourhood Care CIC will take on the management of the two Urgent Treatment Centres at Erith & District Hospital, Erith and Queen Mary's Hospital, Sidcup.

3.11 The partnership will enable and support delivery of integrated same day urgent care for residents in Bexley. An enhanced service model will connect and coordinate services across the local health and care system to ensure residents receive the right care, in the right place, at the right time. The service model will integrate:

- The two Urgent Treatment Centres
- Out-of-hours GP home visiting (via NHS 111)
- Urgent Community Response and mental health services
- Primary Care (general practice)
- Acute trusts (hospital services)
- Social Prescribing
- Pharmacy First
- London Ambulance Service (via 999 and 111)

3.12 Lewisham & Greenwich NHS Trust and Bexley Health Neighbourhood Care CIC – working closely with the outgoing provider have adopted a structured programme management approach to ensure the safe transfer and transformation of the current services.

3.13 The existing Urgent Treatment Centre at the Queen Elizabeth Hospital will continue to provide urgent care 24 hours a day, 7 days a week. Plans are in place to increase capacity at the UTC 'front door' along with additional streaming space. This will enable the UTC to stream patients faster and achieve the 95% 15-minute streaming target . Improved redirection will also ensure patients get to the right place at the right time.

Winter Communications Campaign

3.14 The local communications and engagement team will support and promote delivery of the NHS South East London Integrated Care Board and national has key messages in relation to optimising access to healthcare during winter, self-care/self-referral options and wider primary care services. As with previous years Bexley will amplify national

winter messaging around vaccinations, *Get Winter Well* and *Using the Right Service* – localising messaging for a Bexley audience.

3.15 The wider focus for the vaccination campaign will be on targeting residents who traditionally do not come forward for vaccinations, and underserved communities.

3.16 The focus for NHS South East London Integrated Care Board campaign over winter are *Vaccinations*: flu, COVID-19, RSV vaccinations, pertussis, childhood immunisations; *Winter Health*: keeping warm and winter support from local authorities and *Using NHS Services*: Pharmacy First, Urgent Care, Get U Better App and the NHS App.

3.17 To compliment the national programme, the local communications and engagement team initially launched the *Better Access Bexley* campaign in August 2024, with 14 strategically placed JCDecaux boards across the borough promoting the NHS App. Due to successful take up of the NHS App, the communications and engagement team will launch additional comms promoting the Get U Better App this September. The *Better Access Bexley* campaign is designed to communicate ways in which Bexley residents can better access primary care services. The campaign also highlights other primary care services that residents can use to reduce pressures on A&E and core GP services. Additional services promoted following the NHS App included Enhanced Access to primary care (evenings and Saturdays) and Pharmacy First. This winter the campaign will focus on promoting the role of GP teams and once again promoting Pharmacy First.

3.18 A series of engagement events are scheduled heading into winter period which will entail working with local community groups and settings to facilitate pop-up clinics. These include Welling United FC and liaising with Bexleyheath Broadway Shopping Centre to look at facilitating clinics on site, targeting our underserved communities.

3.19 The annual Bexley Wellbeing Partnership *Winter Wellbeing in Bexley* Booklet will again be included in the London Borough of Bexley Magazine, which is distributed to 100,000 residents. The booklet will highlight national winter campaigns (COVID-19, Flu vaccinations, register with a GP) and signpost residents to appropriate services with the *Use the Right Service* message and feature the *Better Access Bexley* campaign.

4. VOLUNTARY SECTOR AND SUPPORT FOR UNPAID CARERS

4.1 The role of unpaid carers continues to be recognised in Bexley and the Carers Partnership works to listen to the voices of carers and ensure that people have access to practical and emotional support. Winter can exacerbate the challenges faced by carers including loneliness and isolation. It can also be overwhelming when a loved one is discharged from hospital with higher levels of need. Additional support for discharge for patients and their carers is available from the Social Prescribing Service provided by Bexley Voluntary Service Council.

4.2 Working with carers to understand their lived experience, Bexley has created a resource hub providing up-to-date information about support available for unpaid carers locally. The first ‘Carers’ Corner’ opened in June 2025 in the Thamesmead Library located in the Nest Community Centre, with the aim of replicating the model in every library across the borough by 2026. The spaces will offer a rotating selection of resources, with information updated every three months to reflect key topics, ranging from welfare benefits to respite services.

4.3 A south east London wide initiative, funded through the Accelerating Reform Fund, is being developed to support unpaid carers with admission and discharge. The aim of the project is to develop and implement a carer and practitioner co-produced Standard Operating Procedure (SOP) to connect carers to advice and support that best enable and sustain their caring roles and to avoid patient readmission and/or referral to social services.

5. COMMUNITY, ADULTS AND MENTAL HEALTH

5.1 Health and care partners continue to work together to embed the *Home First* principles, which emphasise that the patient's own home is the best place for recovery, advocating for discharge to assess (D2A) and coordinated community support rather than prolonged hospital stays or first-time care home placements.

5.2 The Emergency Department Care Navigators continue to ensure that Bexley residents who attend Queen Elizabeth Hospital are signposted to appropriate alternative support in the community. Working alongside Patient Flow Managers, this role offers in reach support by actively identifying patients in the emergency department, or on the wards, who could be managed by or discharged to community services.

5.3 *Virtual Wards* have continued to be maximised this year providing step-up and step-down care. There are 57 *Virtual Ward* beds open; covering adult and children's intravenous therapies, physiotherapy, Chronic Obstructive Pulmonary Disease (COPD), provided locally by Oxleas NHS Foundation Trust) frailty and Complex Case provided jointly by Oxleas and the London Borough of Bexley and end of life care provided locally by the Greenwich & Bexley Community Hospice. From August 2024 to July 2025, there have been 2313 Oxleas NHS Foundation Trust admissions and 597 young people admission to the *Virtual Wards*, with a mean occupancy of 75%.

5.4 The local frailty model comprises of an integrated multidisciplinary complex case team who meet weekly with all care homes to prevent residents deteriorating and needing an A&E attendance. This includes reablement providers offering broader wrap around support. Where deterioration is evidenced, the provision of care is picked up by the *Complex Case Virtual Ward* which operates Monday – Friday, 9:00am – 5:00pm. However, close working with the with main frailty *Virtual Ward* provides the opportunity to discuss patients after 5:00pm, or at the weekend, providing continued support to admission avoidance. The Rapid Response Team continues to provide rapid health and social care intervention to Bexley residents in crisis to prevent hospital admissions and help them remain at home.

5.5 To support people with long term conditions, Bexley has moved to a more holistic, person centred approach through initiatives integrating primary care, community services, adult social care, VCSE and secondary care to provide personalised proactive care. The model takes a targeted approach focusing on people with Chronic Kidney Disease with a further initiative focusing on people with three or more long-term conditions, including cardiovascular disease (CVD) and who have Chronic Obstructive Pulmonary Disease (COPD).

5.6 There will be a continued effort to support local people requiring specialist mental health support in a community setting. Demand for community and inpatient services has experienced a year-on-year increase and the resilience of local mental health services continues to be underpinned by early identification and support for patients.

5.7 NHS 111 'Press 2 for mental health' service enables patients experiencing a crisis to speak to a mental health professional without delay, with promotion via the *Better Access Bexley* campaign. The Mental Health Crisis Cafe operates between 6pm -10pm and evidence shows that this service prevents and A&E attendance. A proposal to increase the opening hours over the winter period is in development.

5.8 A multi-disciplinary community based mental health hub has increased capacity to see people within four weeks avoiding the deterioration which leads to ED attendance. Work is now underway with partners to explore opportunities to increase capacity in crisis services, for example Home Treatment and Assessment & Admission Avoidance Teams.

5.9 Working with care home staff in groups and on an individual basis, mental health clinical experts have provided support through training and clinical observations, reinforcing the psychosocial model of care.

5.10 As part of the on-going bed recovery programme there is improved patient flow and a reduced length of hospital stay which is supporting residents to be admitted closer to home in locally commissioned beds. Ensuring availability of these beds will reduce the length of time people are waiting in the emergency department for admission.

6. ACUTE TRUST EMERGENCY AND INPATIENT FLOW

Queen Elizabeth Hospital

6.1 Queen Elizabeth Hospital (QEH), Lewisham & Greenwich NHS Trust have continued with the programme of opportunities identified in the Urgent and Emergency Recovery Plan for 2024/25 as well as building on lessons learnt through the Super March exercise undertaken earlier this year. A further system wide event with a specific focus on winter readiness and preparation for the Acute Medical Unit launch is scheduled to take place in October. Partners are due to hold a pre-event session on 9th September to share divisional impact assessments on patient flow and discharge, agree SMART targets and priorities for October, provide space to test ideas, explore innovations, and commit improvement actions.

6.2 Whilst the Recovery Plan aims to support appropriate admissions and expedite safe discharges, the specific deliverables for 2025/26 have been aligned to the requirements set out in the NHSE Urgent and Emergency Care Plan 2025/26 which require a whole system approach focusing on:

- Enhanced community based urgent care
- Optimising A&E flow
- Same Day Emergency Care
- Improving internal flow
- Safe and timely discharge

6.3 Following internal approval, QEH will be launching a new clinical model for acute medicine and frailty services in November 2025. The new model is built around four specialised units to improve patient flow, decision-making and patient experience in the following services:

- **Acute Assessment Unit** offering rapid triage, senior decision-making and diagnostics
- **Acute Medical Unit** focusing on early discharge planning and short-stay inpatient care
- **Frailty Same Day Emergency Care** offering same-day service for frail patients based on admission avoidance
- **Acute Frailty Unit** with short-stay inpatient care tailored to frail patients with complex needs

Benefits of these new models include closer alignment with primary and community care, clear pathways with stronger internal handovers and supports staff development and new roles to enhance 7-day multidisciplinary care.

6.4 In addition, funding will be made available for a discharge enablement scheme to support discharge pathways during the winter period. The initiative, which was successfully piloted last year aims to save c500 bed days for Bexley through deployment of additional brokers and social workers. Further initiatives regarding additional community investment to support A&E avoidance are currently being explored.

Darent Valley Hospital

6.5 The continuation of an Unscheduled Care Navigation Hub to support reduction in ambulance conveyance through increased diversion to alternative pathways. Continue to explore opportunities to maximise use of both local Urgent Treatment Centres (acute co-located and community) against updated national standards

6.6 The British Red Cross are continuing to support with Pathway 0 discharges embedded early this year and ahead of winter. The Community Transfer of Care Hub is well established to support with complex discharges, including repatriations and people returning home with care. Darent Valley Hospital are working the Integrated Care Board on localisation of GP out-of-hours activity.

6.7 Working with acute and community to optimise utilisation of current Virtual Wards capacity and increasing community capacity.

6.8 Darent Valley Hospital has already increased capacity in their Same Day Emergency Centre which is providing support to Bexley residents.

6.9 There is an opportunity to support winter pressures via Dartford and Gravesham NHS Trust local community investment programme, which will focus on admission avoidance and optimum discharge.

6.10 Winter schemes will be stood up in December 2025 to support the local system alongside implementing any additional 'super-surge' and 'extraordinary' escalation bed capacity that could become available.

7. DISCHARGE – SOCIAL CARE AND INTERMEDIATE CARE

7.1 In Bexley, the *Home First* partnership arrangements monitor discharge, flow and intermediate care, focusing on keeping people as independent as possible and continue to maximise on the good outcomes being achieved. This includes:

- Improved lengths of stay in step down beds during the previous winter period which has been successful in moving people back to their own homes and avoiding long term care home admissions.
- Purchasing additional equipment to be readily available in stores for discharge.
- Use of the Disabled Facilities Grant to provide home adaptations that help disabled people to live independently in their own homes for longer. This includes discretionary assistance (e.g., hospital discharge grants) provided under the Council's Housing Assistance Policy to support timely hospital discharge and reduce wider demand on hospital and care services.
- Ongoing dedicated support to patient flow by reconfiguring staff roles and responsibilities. This includes the deployment of two discharge matrons in the Queen Elizabeth Hospital who support with internal complex discharge discussions, enabling internal escalation and discussion with wider health and care representatives via a single point of contact, facilitating earlier discharges into the community.
- Continued provision of weekend on-call support enabling packages of care to be in place over the weekend period.

7.2 For the period April - July 2025, there were 607 reablement starts. Performance against the Adult Social Care Outcomes Framework (ASCOF) indicators has remained broadly consistent with previous years. We are on track to increase reablement referrals during 2025-26, ensuring that as many Bexley residents as possible are able to access reablement services to support their independence and recovery.

7.3 In addition, a number of initiatives are underway to increase referrals from Mental Health Services, Preparing for Adulthood and Front Door services. These actions will strengthen pathways into reablement and expand access for residents who can benefit most from this short-term support.

7.4 However, the lack of continued additional investment at a time of increased costs and rising demand has added to the challenges felt by an already pressured service. Careful management of the funding available is in place to ensure support remains over the winter period. Additional mitigation includes working with hospital discharge coordinators to identify patients requiring an assessment earlier in the pathway and formalising weekend on-call arrangements. Guides were also provided to care homes on how to assess potential deterioration in people in receipt of reablement, with escalation to the Rapid Response team to prevent readmission where possible. For those individuals receiving continued care and support via the *Virtual Ward* the team utilise technology for virtual monitoring to enhance the service being offered. Maintaining the use of *Doccla* is in place along with point of care testing enabling medical testing to take place closer to the patient.

7.5 Due to the level of demand far outstripping funded capacity, assessments for the enhanced care pathway and complex discharges now take place on the wards ensuring the quicker collation and sharing of information to care providers. This more managed and structured approach means continuity and stability for hospital social work teams. To support winter pressures NHS South East London Integrated Care Board, Bexley has again provided funding for an additional six spot purchased beds on a short-term occupancy basis. This will reduce length of stay and free up acute bed capacity during the winter period.

7.6 Improved flow in Meadowview is overseen by the Service Manager in liaison with Adult Social Care managers and the Discharge and Patient Flow Manager with an improved average length of stay of 19 days; on average 2 days less compared to this time last year. Occupancy is currently around 76% ensuring that there is capacity for Bexley residents who will benefit from bed-based rehabilitation. Oxleas NHS Foundation Trust provide in-reach support, working with Queen Elizabeth Hospital therapy colleagues to actively case find and identify potential patients who could transfer their care to Meadow view.

8. END OF LIFE CARE

8.1 The Greenwich and Bexley Community Hospice and adult community health services in Bexley as part of the Home First Partnership ensures that people who need end of life care can be cared for and are enabled to die in their place of preference avoiding an unnecessary hospital admittance This includes the provision of training in care homes to enable the proactive management of people with life limiting illnesses.

8.2 The Palliative Care team at the Queen Elizabeth Hospital works closely with hospital staff to help improve the quality of care by supporting symptom management and difficult end of life conversations. A short-term project to enable early identification of palliative needs at the ‘front door’ and reduce avoidable hospital admissions and invasive interventions by identifying patient who may benefit from comfort-focused care, rather than ED treatment, is currently being explored.

8.3 The Community Hospice Virtual Ward model continues to deliver intensive, multidisciplinary palliative care to patients with complex needs in their own homes, aiming to prevent unnecessary hospital or hospice admissions. Operating Monday to Friday, 9:00am–5:00pm, the model integrates closely with primary care, district nursing, and social care teams, with weekly virtual ward rounds involving Oxleas End of Life Care facilitators. The ward provides short-term, intensive interventions for symptom control, psychosocial support, and end-of-life care, with input from a broad multidisciplinary team including occupational therapy, psychology, chaplaincy, and social work. The service has supported over 180 patients in its first year, with 83% remaining at home throughout their admission.

8.4 Funding has been made available from NHS South East London Integrated Care Board to enable an assessment of the quality of published Universal Care Plans (UCPs) to identify areas of improvement and help guide preparation for planned expansion of UCP functions so that the benefit to Bexley residents is maximised.

9. INTERMEDIATE CARE CAPACITY AND DEMAND PLAN

9.1 On 31 March 2025, the Council and NHS South East London Integrated Care Board submitted Bexley's Better Care Fund (BCF) plan for 2025/26 to the national BCF Team. The plan was formally approved by NHS England on 30 May 2025. The submission included a narrative plan, a completed planning template, and an Intermediate Care Capacity and Demand Plan. Together, these documents formed the full BCF submission for the Bexley Health and Wellbeing Board area.

9.2 BCF-funded activity continues to support a whole-system approach to hospital discharge and community support with a focus on short-term interventions that promote independence and reduce reliance on long-term care. The 2025/26 Intermediate Care Capacity and Demand Plan reflects learning from 2024/25 with capacity shaped by actual demand trends and service performance. Reablement and rehabilitation services have been prioritised and spot purchasing arrangements are in place to provide additional flexibility where required. However, some areas - particularly interim bedded care - are expected to come under additional pressure during the autumn and winter period. These pressures are being factored into system-level discussions with further action dependent on available capacity and funding.

9.3 Our Home First arrangements also enable coordinated responses to emerging pressures, inform commissioning and operational decision-making, and support alignment with broader system planning to help ensure resilience during periods of peak demand.

10. GOVERNANCE & MONITORING

10.1 Assurance and monitoring of winter plans is via local Home First arrangements, by the Bexley Urgent and Emergency Care Board, Bexley, Greenwich and Lewisham Emergency Care Board and by NHS South East London Integrated Care Board Urgent & Emergency governance.

10.2 Nationally the key metrics of winter performance remain the same as last year:

- *Minimum of 78% of patients who attend A&E are admitted, transferred or discharged within 4 hours*
- *Reduce ambulance wait times for Category 2 incidents from 35 to 30 minutes*

10.3 Whilst these measures are not reflective of the effort or contribution of the whole system in ensuring resilience during the winter period, the system's winter plans are carefully considered to drive performance towards these targets and other key system targets.

10.4 The effectiveness of local interventions are captured in a Bexley, Greenwich and Lewisham dashboard which enables reporting for the entire Lewisham & Greenwich NHS Trust.

10.5 Quarterly reporting of Bexley's BCF plan commenced from Quarter 1 in 2025/26 onwards and covers progress in implementing the BCF plan, progress against metrics and ongoing compliance with the requirements and conditions of the fund. The BCF metrics are being used, alongside other relevant metrics, to help inform the system's understanding of performance in 2025/26, including a focus on winter resilience within the context of wider plans.

11. RISKS AND MITIGATION MEASURES

Risk	Mitigation
Workforce challenges in relation to health and social care staffing to support required interventions	Joined up recruitment/ sharing of workforce/rotational roles. Work more closely with voluntary sector. Recruit substantive roles at risk where appropriate in line with current financial challenges.
Demand outstrips funded and physical capacity within adult social care placing pressure on the ability to continue with current levels of discharge support due to financial constraints	Plan in place to distribute resources to stretch as far as possible into the winter period. Continue to engage at a London and National level regarding finding solutions, together with South East London Integrated Care System opportunities for funding.
Community Health services unable to meet existing demand, specifically increasing pressure on District Nursing Services	Continued review to prioritise need and manage risk. Continue to engage at a London and National level regarding finding solutions, together with South East London Integrated Care System opportunities for funding. Ensuring that activity is managed in the right place at the right time across primary, community and secondary care. A comprehensive review of the District Nursing service has identified a number of key actions to mitigate pressure points which are currently being taken forward.
System-wide lack of capacity to respond to peaks in demand	Continue to work in partnership to support the whole system to flex together during significant peaks in demand. Continue to engage at a regional and national level re. finding solutions, together with NHS South East London Integrated Care System for funding opportunities.
Emergency Department and bed capacity at Queen Elizabeth Hospital (QEH) is insufficient to support the growing local population; limited physical space / options to reconfigure space to respond to peaks in demand at Queen Elizabeth Hospital and to expand community services	Constant review of opportunities to reduce demand, decompress Emergency Departments, optimise use of space. Exploration of all elements of NHS / healthcare space including general practice and social care. Extra capacity identified through the allocation of additional beds.
Unknown influenza variant and impact this could have on people; seasonal outbreak may affect the workforce across the system and place additional pressure on emergency services.	*Better Access Bexley* Communications Plan includes active promotion of flu and Covid vaccinations. The National Booking System to open for participating sites to post COVID-19 and 'flu appointments in September. National 'Flu walk-in finder' to be made available from October. Bexley will commence 'flu vaccinations for pregnant women and children from 1st September 2025, followed by all other adults from 1st October 2025 and run

	through to 31st March 2026. COVID vaccinations will commence on 1st October 2025 to 31st January 2026. A series of engagement events and vaccinations pop-ups are scheduled across Bexley from October onwards.

Bexley Wellbeing Partnership Committee

Thursday 25th September 2025

Item: 6

Enclosure: E

Title:	**Improving People's Lives Using Parks and Green Spaces**
Author/Lead:	Kaite Clare, Public Health Consultant, London Borough of Bexley
Executive Sponsor:	Nicole Klynman, Director of Public Health, London Borough of Bexley

Purpose of paper:	**In August 2024, London Borough of Bexley (LBB) Public Health in partnership with Leisure, Parks and Open Spaces were requested to investigate the current use of parks in Bexley and to explore cost-effective options for using our parks to improve public health, wellbeing and health inequities. This report shares the findings of this investigation and is presented here for information and discussion.**	**Update / Information**	
		Discussion	***X***
		Decision	
Summary of main points:	The project addressed three key research questions: 1. Who uses parks and green spaces in Bexley, why and how? 2. What are the assets and challenges in relation to parks and green spaces in Bexley? 3. How can we use parks and green spaces to improve public health, wellbeing and inequities in Bexley? To answer these questions, a three-pronged approach was taken, including a review of existing national and local evidence, direct engagement with residents via a survey and discussions with key stakeholders across the system. The survey had 379 responses plus 6 EasyRead responses. The findings highlight how Bexley's parks and green spaces are highly valued by residents, particularly for their opportunities for physical activity and mental health benefits. Parks and open spaces in Bexley are most often used for exercise, e.g. walking (79%) and rest and relaxation (74%) with barriers to more frequent use being a lack of facilities (30.9%), a lack of time (27.7%)		

	and safety concerns (24.3%). The findings showed significant inequalities in usage and satisfaction of parks and green spaces in Bexley across various demographic factors, including deprivation, gender and disability. The survey findings complement the results of the 2018-2020 Bexley Green Infrastructure Study, which revealed variation in the availability and quality of parks and green spaces across the borough. For example, whilst the north of the borough has a large quantity of green space, it has a relatively low proportion of parks and gardens. There tend to be less visits to the green spaces in the north of the borough. Research tells us that access to parks and green spaces has positive health benefits for communities, especially for those most at risk of ill-health. The findings suggest there is a significant opportunity to use Bexley's parks and green spaces to improve the health and wellbeing of residents and address inequities and recommendations have been developed in partnership with stakeholders. The recommendations are underpinned by a focus on partnership work and activation of local assets and span five priority areas: Understanding local needs and assets, activating Bexley's green spaces through local partnerships, opportunities to improve infrastructure, promote Bexley's parks and green spaces to residents, and embed parks and green spaces as health assets and encourage council-wide collaboration. The five priority areas are further broken down into suggested actions. The suggested actions are intended to be an options menu for potential future work, and as such are categorised as quick wins, long-term investments, and aspirational, and are intended to inform the development on an action plan. With a long-term commitment and alignment to relevant strategies and frameworks, the potential of Bexley's parks and green spaces can be unlocked to create a healthier, more inclusive Bexley.	
Potential Conflicts of Interest	There are no conflicts of interest as a consequence of this report.	
Other Engagement	Equality Impact	See report.
	Financial Impact	Nil until action plan agreed.
	Public Engagement	Resident survey.

	Other Committee Discussion/ Engagement	This report has been presented at a wide variety of fora including to the BWP Executive and LBB Corporate Leadership Team.
Recommendation:	The Bexley Wellbeing Partnership Committee is recommended to: (i) Note the report and provide comments	

IMPROVING PEOPLE'S LIVES USING PARKS AND GREEN SPACES

EXECUTIVE SUMMARY

Beginning in August 2024, London Borough of Bexley Public Health in partnership with Leisure, Parks and Open Spaces Team undertook a project to better understand the current use of parks in Bexley and to explore cost-effective options for using our parks to improve public health, wellbeing and reduce health inequalities. The project addressed three key research questions:

1. Who uses parks and green spaces in Bexley, why and how?
2. What are the assets and challenges in relation to parks and green spaces in Bexley?
3. How can we use parks and green spaces to improve public health, wellbeing and inequities in Bexley?

A comprehensive approach was taken to answer these questions, encompassing a review of existing national and local evidence, direct engagement with residents via a survey, and discussions with key stakeholders.

The survey received 379 responses, plus 6 EasyRead responses. Older age groups, females, those from White ethnic backgrounds, from less deprived areas and the south of the borough were over-represented. The findings highlight how Bexley's parks and green spaces are highly valued by residents, particularly for their opportunities for physical activity and mental health benefits. Parks and open spaces in Bexley are most often used for exercise (79% of respondents) and rest and relaxation (74%). The main barriers to more frequent are a lack of facilities (30.9%), a lack of time (27.7%), and safety concerns (24.3%). The findings showed significant inequalities in usage and satisfaction of parks and green spaces in Bexley across various demographic factors, including deprivation, gender and disability.

The survey findings complement the results of the 2018-2020 Bexley Green Infrastructure Study, which revealed variation in the availability and quality of parks and green spaces across the borough. For example, whilst the north of the borough has a large quantity of green space, it has a relatively low proportion of parks and gardens. There tend to be less visits to the green spaces in the north of the borough, suggesting that parks in Bexley are not being utilised to their full potential.

National research shows that use of parks is lower amongst older people, females, disabled people, ethnic minority backgrounds, and people living in more deprived areas. These demographic groups are also more likely to suffer adverse physical and mental health outcomes. Research also tells us that access to parks and green spaces has positive health benefits for communities, especially for these priority groups.

The findings suggest there is a significant opportunity to use Bexley's parks and green spaces to improve the health and wellbeing of residents and address inequities and recommendations have been developed in partnership with stakeholders. The recommendations are underpinned by a focus on partnership work and activation of local assets and span five priority areas: Understanding local needs and assets, activate Bexley's green spaces through local partnerships, opportunities to improve infrastructure, promote Bexley's parks and green spaces to residents, and embed parks and green spaces as health assets and encourage council-wide collaboration. The five priority areas are further broken down into suggested actions. The suggested actions are intended to be an options menu for potential future work, and as such are categorised as quick wins, long-term investments, and aspirational, and are intended to inform the development on an action plan. With a long-term commitment and alignment to relevant strategies and frameworks, the potential of Bexley's parks and green spaces can be unlocked to create a healthier, more inclusive Bexley.

Contents

1. BACKGROUND

Bexley is a green borough, with over 100 unique parks and green spaces.[1] The public health benefits of parks and green spaces are increasingly well understood, and include positive impacts on physical health, mental health and social wellbeing. Public

health benefits are realised through several mechanisms, including the opportunities for physical activity, social engagement and connection with nature. Furthermore, parks and green spaces can have wider, indirect public health benefits through their environmental and economic impacts.[2]

These benefits allow parks and green spaces to address key public health challenges, including those faced by Bexley. This includes overweight and obesity, with 66.2% of adults overweight or obese in Bexley as well as 37.5% of year 6 children, higher than the regional average, as well as mental health challenges, with over 10,000 referrals to secondary mental health services per year as well as significant inequality challenges, with a gap of 6.4 years in life expectancy between the most and least deprived areas of Bexley.[3] In particular, parks and green spaces can offer substantial benefits to communities who suffer disproportionately adverse health outcomes.[2]

In view of the potential benefits, there is an opportunity to use parks and green spaces in Bexley to improve public health, wellbeing and inequities. However, to achieve this, there is a need to understand what assets can be built upon and what barriers need to be addressed, as well as what evidence suggests will be most effective in improving public health.

A comprehensive review of Bexley's green infrastructure was completed between 2018 and 2020, however there is a limited up-to-date local understanding, particularly in light of changed attitudes towards and use of parks and green space use following the COVID pandemic.[4]

To address this gap, in August 2024, London Borough of Bexley Public Health Team in partnership with Leisure, Parks and Open Spaces Team commenced a project to understand the current use of parks in Bexley and exploring cost-effective options for using our parks to improve public health, wellbeing and reduce health inequalities. In particular, the project sought to understand three key questions:

1. Who uses parks and green spaces in Bexley, why and how?
2. What are the assets and challenges in relation to parks and green spaces in Bexley?
3. How can we use parks and green spaces to improve public health, wellbeing and inequities in Bexley?

The scope was limited to parks and green space, defined as any publicly accessible vegetated land, in the London Borough of Bexley.

2. METHODS

This project was overseen by a reference group consisting of senior leadership from Leisure, Parks and Open Spaces, Public Health, and Policy Teams. Delivery of the project was led by a working group composed of Elliot Clissold, Public Health Registrar, Samira Hashi and Fahim Samad, management trainees.

To comprehensively address our project objectives, a three-stream approach was taken:

- Review of existing evidence
- Direct resident engagement
- Stakeholder discussions

3. FINDINGS

These findings combine all our approaches to address the three key research questions.

Survey respondents

The survey had 379 responses (331 AskBexley, 48 pilot) plus 6 EasyRead responses. 88% (334) of respondents lived in Bexley, with the remaining 12% (45) working, studying or visiting the borough to use parks and green spaces. This compares to a total Bexley population of 246,472 as of 2021 and approximately 6 million visits to Bexley's parks every year ('Parks, Leisure and Open Spaces').

When those living in Bexley were asked for their most frequently used park or green space, there were over 44 different parks and green spaces offered. Of the 93% of respondents who answered this question, the most frequently used parks and green spaces were Danson Park (34%) Footscray Meadows (10.9%), Hall Place and Gardens (10.6%), Lesnes Abbey Woods (7.1%) and Martens Grove (2.9%).

The majority (38.7%) of respondents were from the Clocktower Local Care Network (LCN) area (there are three LCNs in Bexley- Clocktower, North Bexley and Frognal).

Compared to the Bexley population, the survey is under-representative of North Bexley (28.8% vs 39.9%) and over-representative of Clocktower (38.7% vs 32.4%) and Frognal (32.5% vs 27.7%).

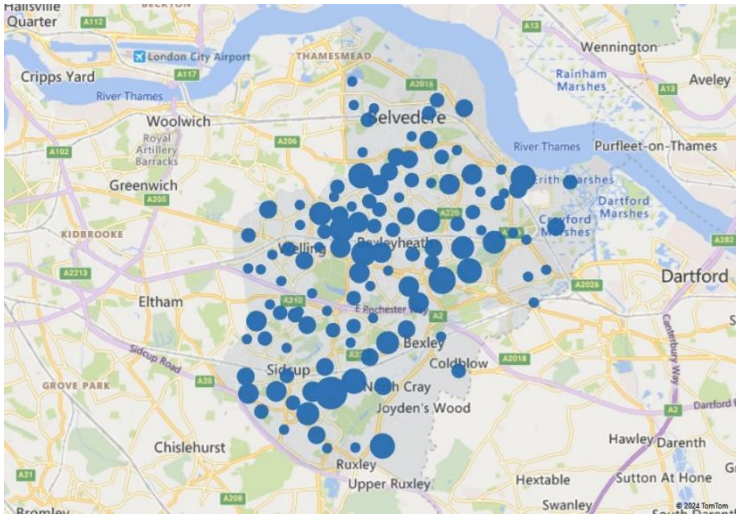


Figure 8. Density bubble map representing respondent postcodes (larger bubble represents more responses)

As seen in Figure 9, the majority of respondents were from less deprived areas. Compared to the Bexley population (Figure 10), the survey was slightly under-representative of more deprived areas (5% of respondents were from Index of Multiple Deprivation (IMD) decile 1 vs 6.2% in Bexley) and slightly over-representative of less deprived areas (10.6% decile 10 vs 8.9%).

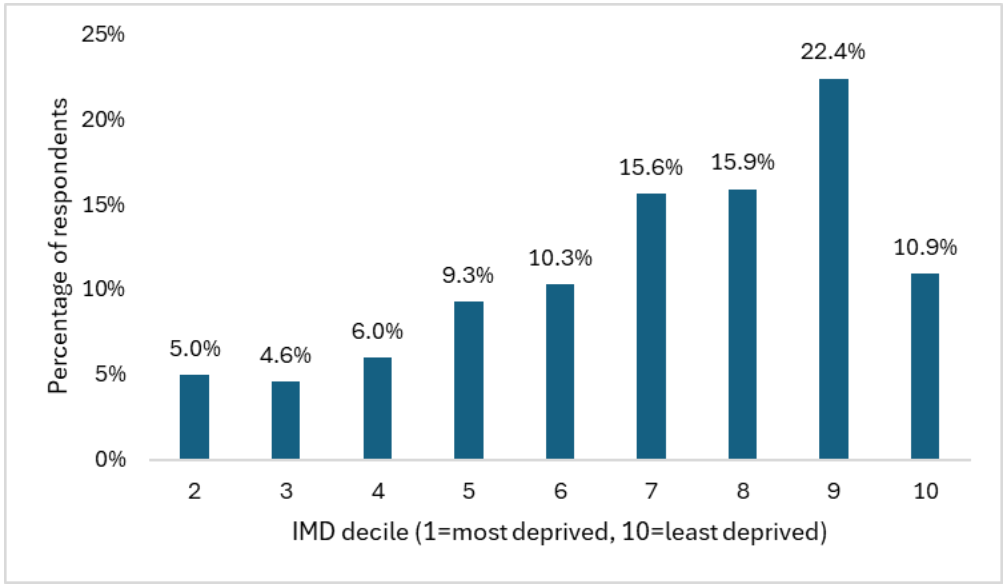


Figure 9. Deprivation by IMD of respondent Lower Super Output Area (LSOAs) by decile

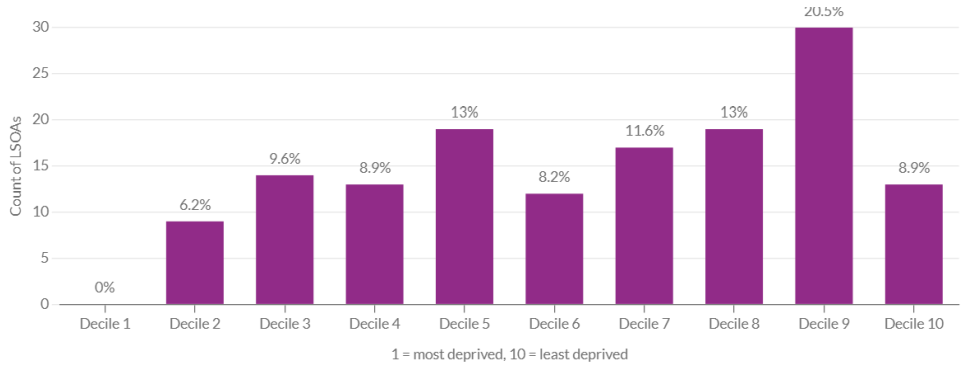


Figure 10. Deprivation by IMD of Bexley residents LSOA by decile 2019 (7) (Source: MHCLG)

The deprivation and area profiles can be considered consistent, in view of higher levels of deprivation found in the north of the borough.

Survey respondents were more likely to be of older age and female compared to the Bexley population as a whole.[6]

Parks and green spaces have particular benefits for younger people given the impact across the life course.[7] When asking if respondents were pregnant or cared for anyone under the age of 18, of the 75% of respondents who answered the question, 31.5% where either pregnant or cared for someone under the age of 18.

Of the 92.3% of respondents who shared their demographic details, the majority of respondents were from White (82.6%) ethnic backgrounds. Compared to the Bexley population (Figure 4), the survey was therefore over-representative of people from White ethnic backgrounds (82.6% vs 71.9% in Bexley) and under-representative of people of Asian (7.7% vs 9.9%), Black (6.6% vs 12.2%), Mixed (2.3% vs 3.5%) and Other (0.9% vs 2.5%) ethnic backgrounds. Despite this, the survey was more representative than the previous GIS, where 94% of respondents were from White ethnic backgrounds and only 6% of respondents were from non-White ethnic backgrounds.

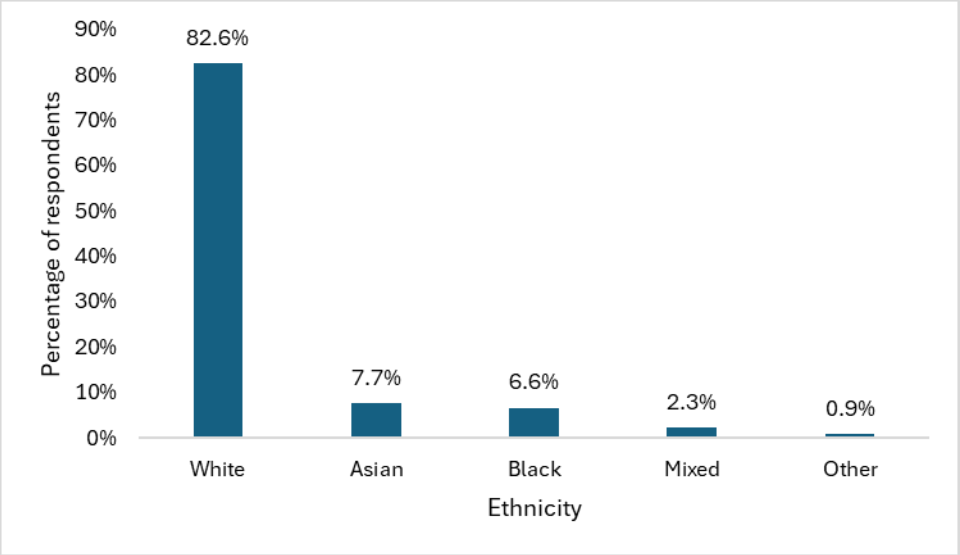


Figure 4. Ethnicity of respondents

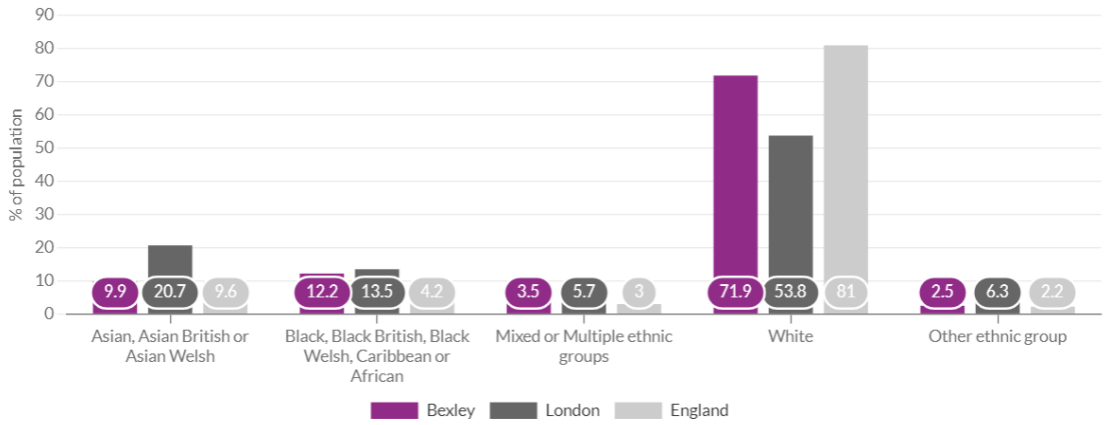


Figure 5. Ethnicity of Bexley population (7) (Source: Census 2021)

Of the 77% of respondents who answered the question, 17.4% of respondents had a form of disability affecting their day-to-day life. This compares to 15.4% of the Bexley population and 8.5% in the GIS survey. Of the 49 respondents who shared their type of disability, the most common disabilities were neurodiversity (18.7%) and physical impairment (18.7%), followed by chronic illness (17.3%) and mental health condition (16.0%).

Who is not using parks and green spaces?

Although analysis of our respondents suggests they differ demographically from the general population, we can draw on available evidence to identify less well represented groups who may be less frequent users of parks and green spaces. This

is important because, amongst high-income countries, it is suggested that the UK has particularly high non-usage of parks and green spaces at 25% of the population and this group will miss out on the potential health benefits.[8] Specifically recent studies in England suggest that less frequent park users are likely to be female, older, in poor health, disabled, of lower socioeconomic status, from an ethnic minority , or live in relatively deprived areas with less neighbourhood greenspace.[9] This is important as these are also groups who are more likely to face adverse health outcomes.[10]

Importance of parks and green spaces to residents

The survey showed that parks and green spaces were highly important to respondents. 89.2% of respondents said parks and green spaces were highly important for their mental health and wellbeing and 88.1% said that parks and green spaces were important to them for the leisure, sport and recreation opportunities they provide. 81% said that parks and green spaces are highly important for nature and wildlife, and (79.4%) as part of the landscape / to look at.

Reasons for use

As seen in Figure 19, the most common reasons for using parks and green spaces were exercise e.g. walking/running/cycling (79%) and rest and relaxation (74%). Respondents also used parks and green spaces for wildlife (51%), as well as for social opportunities including meeting friends (52%) and children/family outings (50%). There were many other reasons for using parks and green spaces, including using the play area (35%) and attending events (35%), as well as informal (19.5%) and formal (9%) sport.

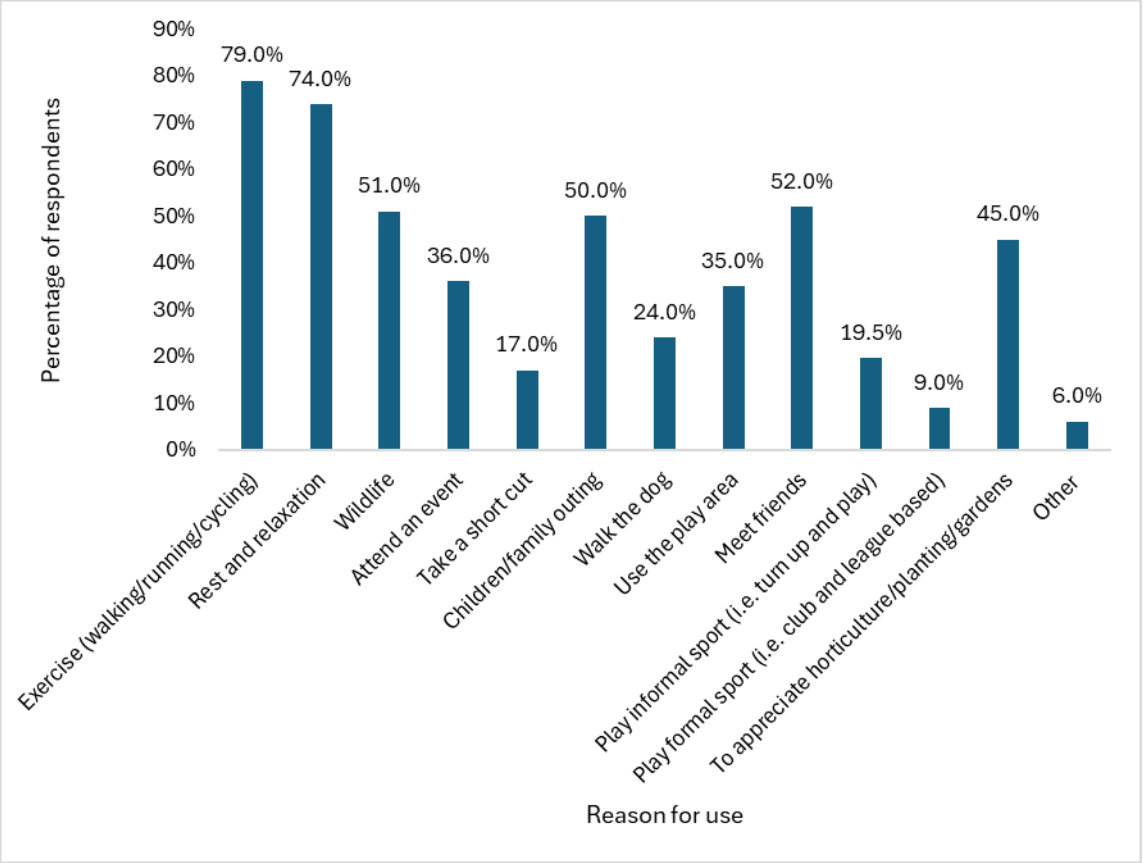


Figure 19. 'Why do you visit Bexley's parks and green spaces?'

Compared to national figures from the 2024 People and Nature survey[11] Bexley respondents were more likely to use parks and green spaces for exercise and mental health and to connect to nature / wildlife. However, this may reflect a bias in the survey sample.

Frequency of use

As seen in Figure 21, the most common frequency of park and green space use for respondents was 2-3 times per week (30.6%), with 32.5% of survey respondents using parks more often than this and 18.8% using them once a fortnight or less.

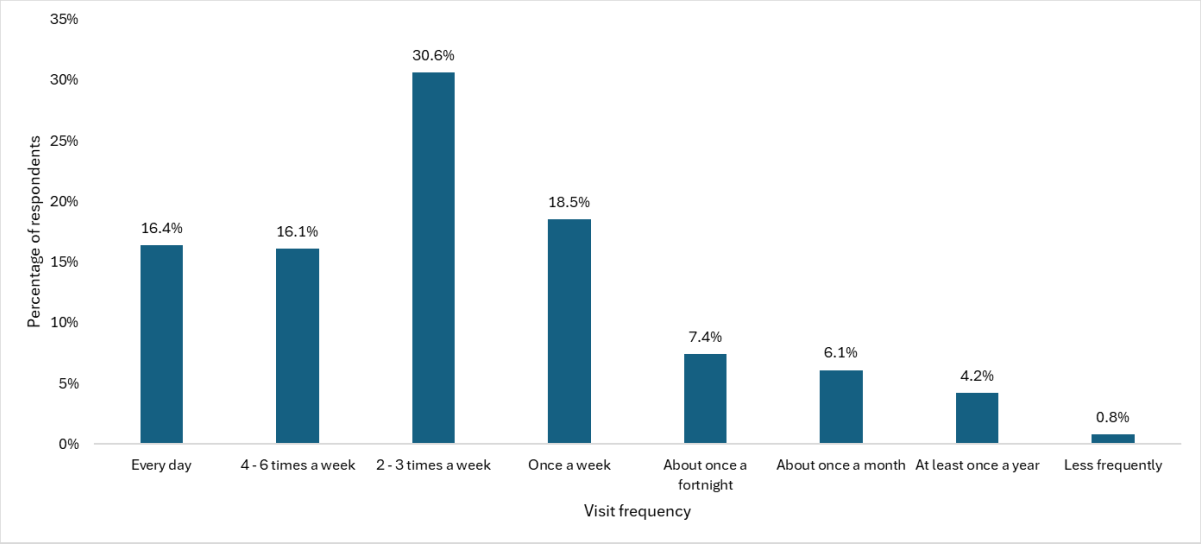


Figure 21. 'On average, how often do you use parks and green spaces in Bexley?'

Compared to national figures (Figure 22),[11] survey respondents were more likely to visit parks and green spaces at least once per week (81.6% vs. 70%). However, daily use was similar (16.4% for respondents vs. 16% nationally). Together, this suggests that respondents were more frequent users of parks and green spaces compared to the general population.

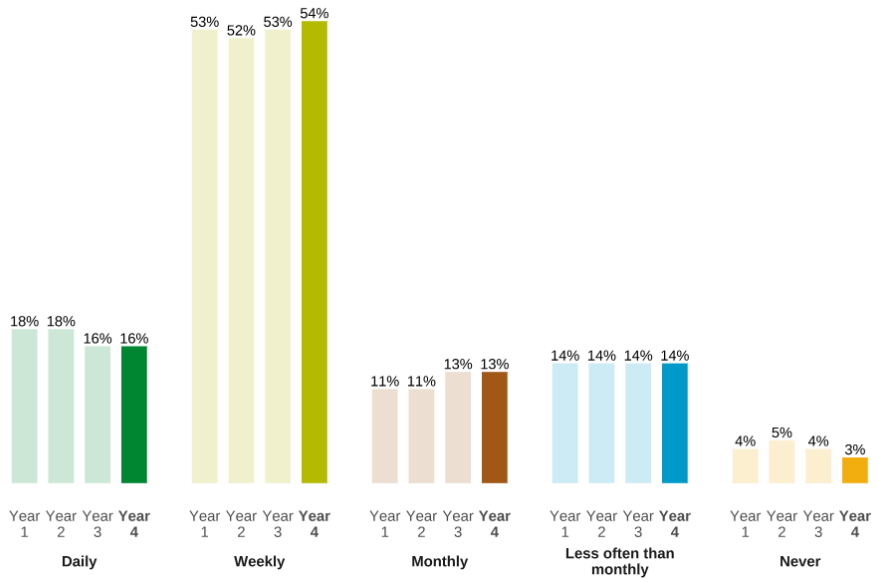


Figure 22. National visit frequency to parks and green spaces (Source: People and Nature Survey[11])

Compared to the previous GIS (Table 2), survey respondents were more likely to use parks and green space once a fortnight or less (16.4% current survey vs 18.3% in

GIS), and less likely to use parks and green spaces every day (16.4% current survey vs 27.24% in GIS).

In view of the low response rate for younger age groups in our survey, a review of the Bexley Schools and Students Health Education Unit (SHEU) survey was undertaken. As seen in Figures 23 and 24, the SHEU survey showed that in the previous 4 weeks over 70% of young people visited parks and green spaces. Notably, in year 5, females were more likely to visit a park or open space (76%) compared to males (74%), but by year 10 males (73%) were more likely to visit than females (71%). Females were less likely to use outdoor courts and pitches (41% female vs. 61% male in year 5, and 37% female vs. 63% male in year 10). Younger age groups were also more likely to use playgrounds (72% year 5 vs. 41% year 10). [12]

	Year 5		
	Boy	Girl	All
Parks or open spaces	74%	78%	76%
Playgrounds	71%	73%	72%
Outdoor courts and pitches	61%	41%	50%

Figure 23. 'Which of these have you been to in your free time outside of school in the last 4 weeks?' (year 5, % responding yes) (Source: SHEU)

	Year 10		
	Male	Female	All
Parks or open spaces	73%	71%	72%
Playgrounds	42%	39%	41%
Outdoor courts and pitches	63%	37%	48%

Figure 24. 'Which of these have you been to in your free time outside of school in the last 4 weeks?' (year 10, % responding yes) (Source: SHEU)

Duration of use

The most common duration of use of parks and green spaces by respondents was 1 to 2 hours (47.5%) followed by 30 minutes to 1 hour (36.3%). 4.7% of respondents would usually spend less than 30 minutes in the park or green space.

Satisfaction with parks and green spaces

As seen in Figure 26, the majority (76.5%) of respondents were fairly or very satisfied with parks and green spaces in Bexley. Importantly, stakeholder discussions identified variation in access to quality green space across the borough. These results compare to 86.62% in the GIS 2019 survey. However, rather than necessarily an improvement in satisfaction since the 2019 survey, this is likely affected by differences in the type of respondents.

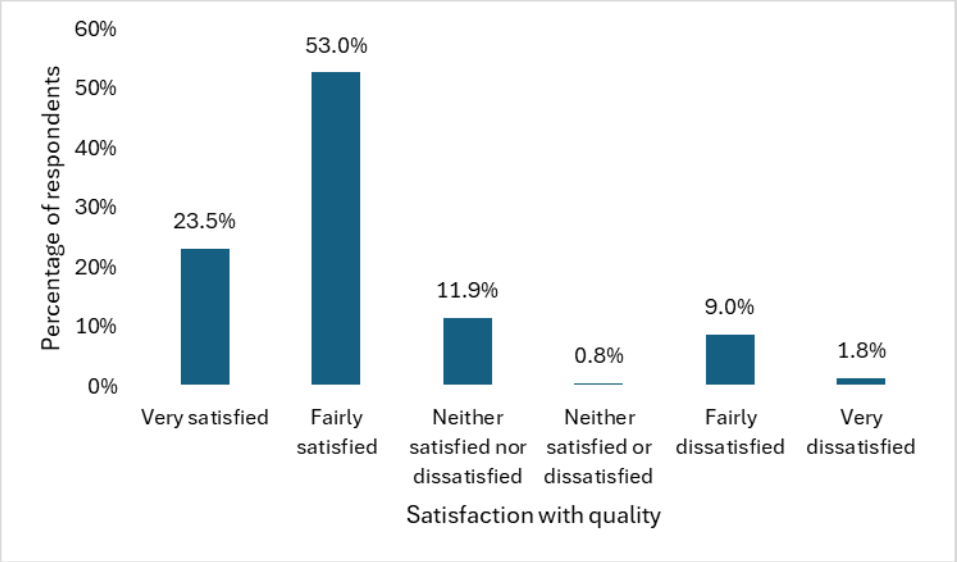


Figure 26. 'Overall, how satisfied are you with the quality of parks and green spaces in Bexley?'

Reasons for lack of use

As seen in Figure 27, respondents' most common reasons for not using parks and green spaces more frequently were a lack of facilities (30.9%), a lack of time (27.7%), safety concerns (24.3%) and not feeling they were well kept enough (22.9%).

In the 7.5% respondents who had 'other' reasons for not using parks and green spaces, key themes were worry about uncontrolled dogs, dog waste and a lack of people to visit with. This was also corroborated by in-person conversations held with Age UK members. Some respondents also noted a lack of cycling paths.

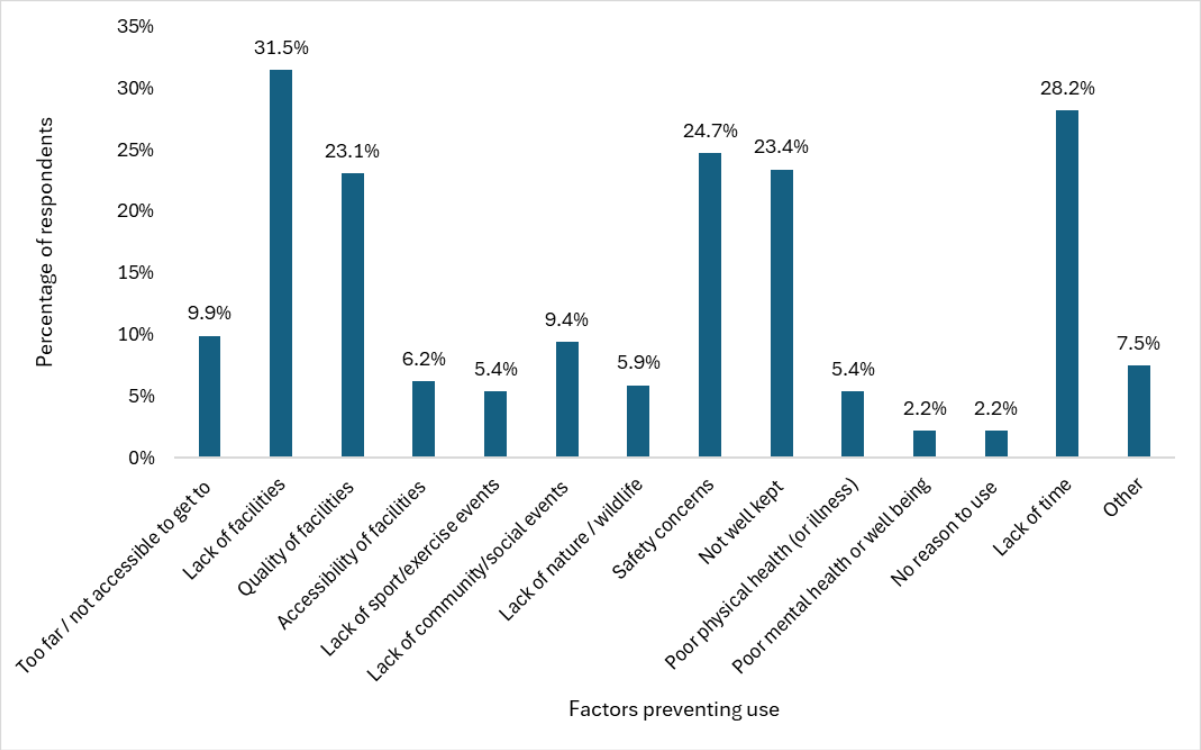


Figure 27. 'What factors, if any, prevent you from using parks and green spaces more often?' (multiple answers)

Of the 117 respondents who stated lack of facilities as an issue, the most common reason was related to a lack of basic facilities such as bins and toilets (43.8%), followed by refreshment facilities e.g. cafes (21.9%), sport/exercise facilities (11.2%), meeting/rest facilities (9.4%) and play facilities (8.6%).

Of the 86 respondents who said quality of facilities was an issue, the most common issues were related to quality of basic facilities (36.9%), refreshment facilities (14.2%), play facilities (11.6%) and sport/exercise facilities (9.4 %).

Of the 23 respondents who said accessibility of facilities is an issue, the most common reason was related to accessibility of basic facilities such as bins and toilets (Figure 29) followed by refreshment facilities e.g. cafes, meeting/rest facilities (Figure 29), sport/exercise facilities (Figure 29) and play facilities (Figure 29).

Of the 37 respondents who stated parks and green spaces were too far / not accessible, the most common issues were access to park via public transport (36.8%), walking (26.3%) and cycling (17.1%). 7.9% also had issues with disabled access e.g. via wheelchair / mobility scooter. Other (11.8%) access issues related to needing to drive due to the distance, and parking issues.

The GIS explored specific changes that residents said would improve their feelings of safety (Figure 32):

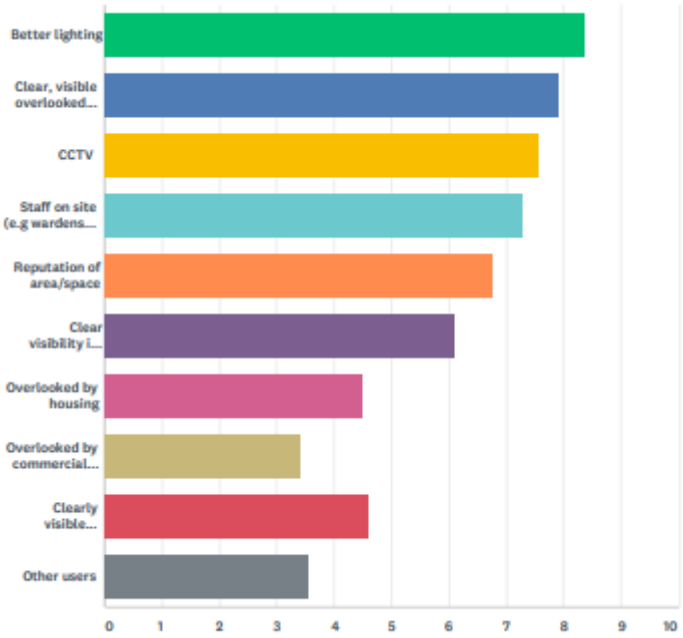


Figure 32. 'If you listed safety concerns in the previous question, please indicate whether any of the following would make you feel safer. Please rank your top five choices (1 = least important; 5 = most important).' (n=317) (Source: GIS [5])

Feeling welcome and included

The majority (75.3%) of respondents feel welcome and included in Bexley's parks and green spaces. 5.8% disagreed or strongly disagreed. Of the 22 respondents who disagreed or strongly disagreed, the most common reasons for not feeling welcome and included were the facilities available (34.1%) followed by other users (19.5%) and accessibility of facilities (14.6%).

Access to parks and green spaces

As seen in Figure 35, for those who live in Bexley, 92.1% of respondents agreed or strongly agreed that they live in easy access of a park or green space, compared to only 66% nationally. [11]

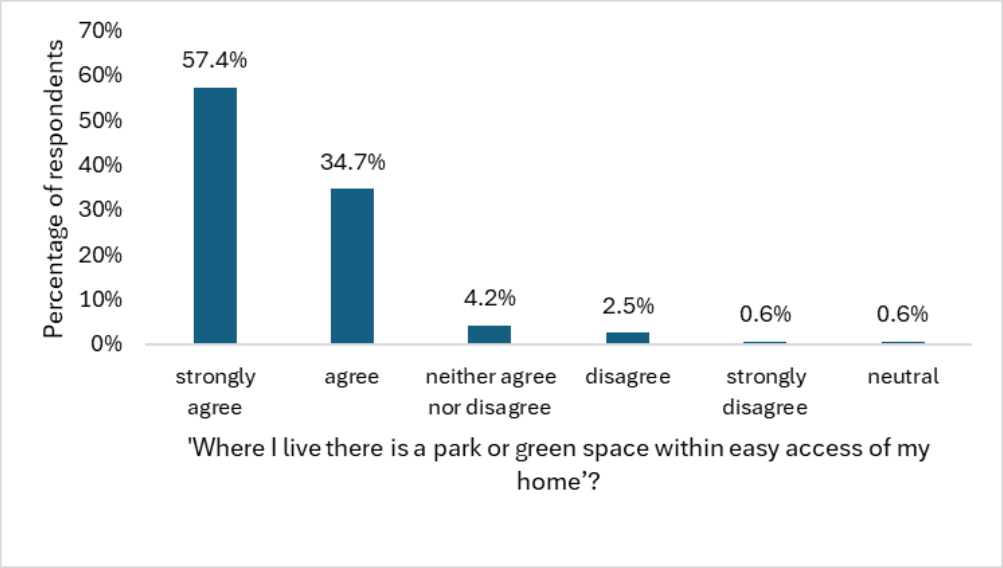


Figure 35. 'Where I live there is a park or green space within easy access of my home?'

As seen in Figure 36, 26.4% of respondents could reach their most frequented park or green space within 5 minutes, 74.2% in less than 15 minutes and 93.7% in less than 30 minutes. This compares to the 2019 GIS survey which showed that 29% can reach their local park or green space in under 5 minutes, 60% in less than 10 minutes and 83% in less than 15 minutes. This is similar to national figures which suggest that 70% of adults can walk to their nearest local green space within 15 minutes. [11]

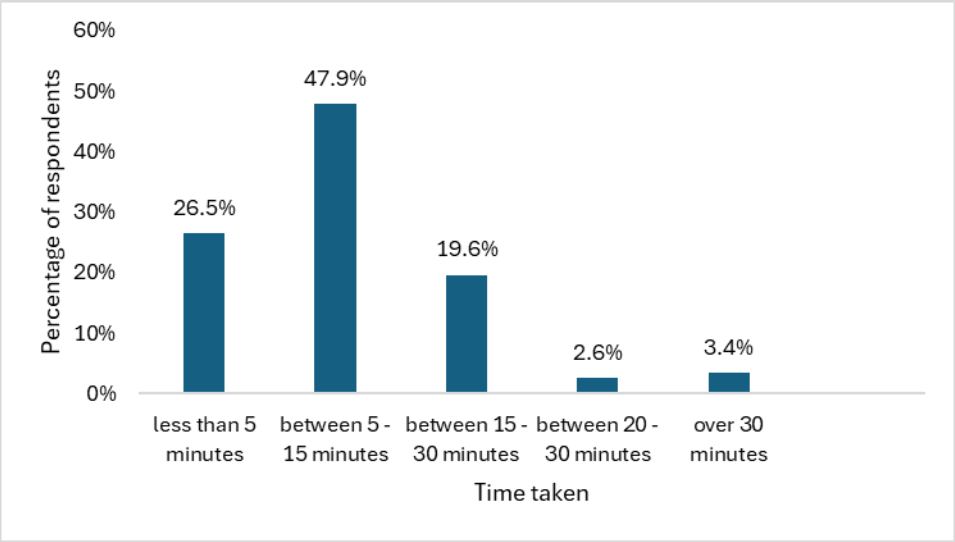


Figure 36. 'How long does it take you to travel to the park/ green space you visit the most?'

The majority of respondents travelled to their most frequented park or green space on foot / by walking (62.3%) followed by vehicle (25.1%), then public transport (6.6%) and cycling (4.2%). This is similar to national figures which suggest that 66% of people used active travel in their most recent visit to a green and natural space (i.e. they went on foot, by bike, or by mobility aid), while over a third (34%) used passive travel (i.e. they went by car, van, motorbike or by public transport).[11]

The GIS survey showed that travel time was most favourable to those in the most southern and northern parts of the borough, with more central and urbanised parts of the borough having less favourable access. This is mapped to available open space to show visual correlations between open space and travel time in Figure 38.

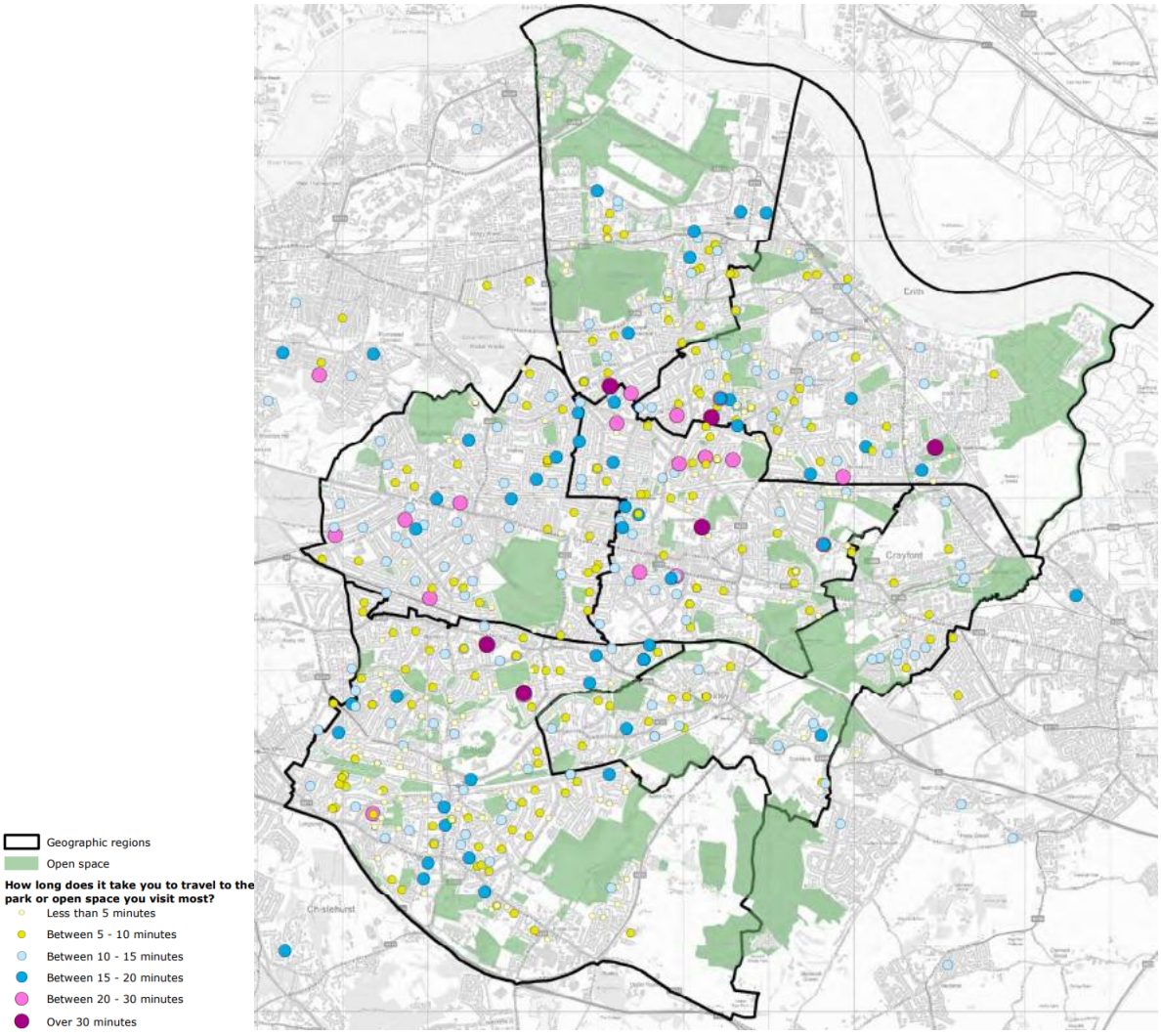


Figure 38. Travel time to open space (Source: GIS [13])

Applying open space quantity standards that the GIS suggests to Bexley (4.2 hectares per 1000 people), Table 5 shows areas which had particular surpluses and shortfalls of publicly accessible open space in 2016, and projections based on population growth to 2036. This shows that the most well provided areas are Belvedere, Crayford and Old Bexley and Sidcup. The least well provided areas are Welling, Bexleyheath and Erith. In total, it is expected that the provision of publicly accessible open space will fall below standards suggested by GIS by 2036 in Bexley.

Bexley has a highly varied typology of parks and green spaces, such as parks of various sizes, gardens, natural and semi-natural green spaces etc. This typology varies across the borough. For example, Belvedere has a relatively high amount of publicly accessible open space (259.6 hectares), but a low proportion (41.5 hectares) of parks and gardens. Conversely, Bexleyheath has a lower amount of total open space (100 hectares) but this is primarily parks and gardens (69.8 hectares).

In addition, quality varies across the borough (condition rated on Green Flag criteria which is based on eight key areas; a welcoming place, healthy, safe, and secure, well-maintained and clean, sustainability, conservation and heritage, community involvement, marketing, and management) and value (impact of open space, i.e. accessibility and benefits). This variation across the borough is shown in Figure 39.

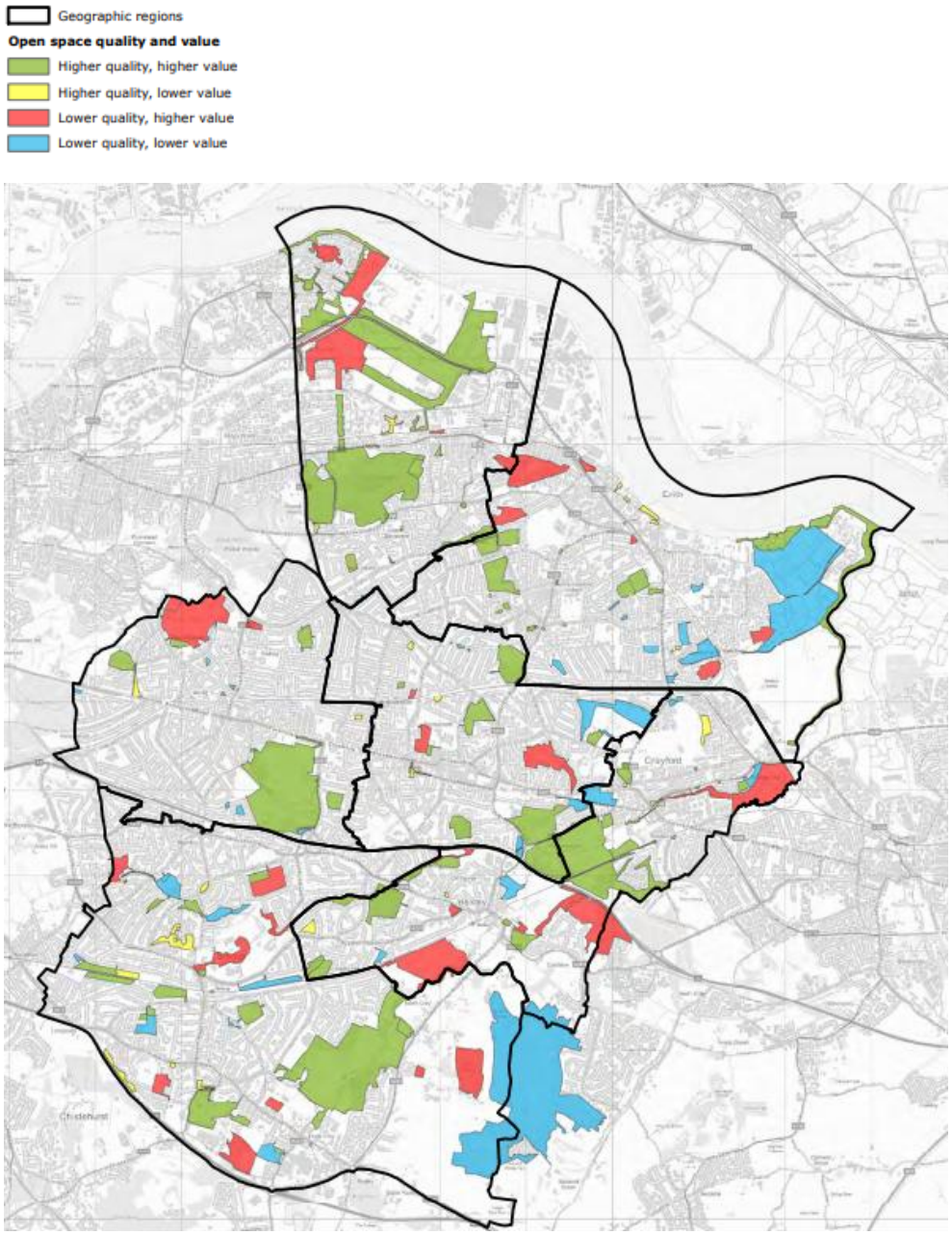


Figure 39. Open space quality and value scores (Source: GIS [13])

Play sites available to children varies widely across the borough. Compared to the minimum play provision standard of 10 square metres of play space per child (which is generally the standard nationally), there is a shortfall across the borough, particularly in the central and southern parts of the borough, as shown in Table 5. This is predicted to further decrease based on population projections.

Geographic Region	Population aged 0-15 (2016)	Population aged 0-15 (2036)	Area (m2)	Play per child (m2) 2016	Play per child (m2) 2036
Belvedere	9,099	9,889	22,773	2.5	2.3
Bexleyheath	6,062	7,469	6,087	1.0	0.8
Crayford and Old Bexley	5,151	5,921	7,485	1.5	1.3
Erith	11,059	12,847	14,994	1.4	1.2
Sidcup	10,501	10,718	14,054	1.3	1.3
Welling	8,689	8,990	18,466	2.1	2.1
Bexley	**50,561**	**55,834**	83,860	**1.7**	**1.5**

Table 5. Play site provision per child for Bexley (Source: GIS [13])

Inequalities in parks and green space experience

The survey analysis found significant inequalities in parks and green space use and satisfaction in Bexley. The inequalities identified align with national trends.

Frequency of use

We found that respondents who were male tended to use parks more frequently than females. For example, as shown in Figure 40, 17.1% of all male respondents used parks every day and 17.9% 4-6 times a week compared to 16.6% and 13.1% of female respondents. On the other hand, 5.5% of female respondents used parks between once a month and once a year, compared to 3.4% of males.

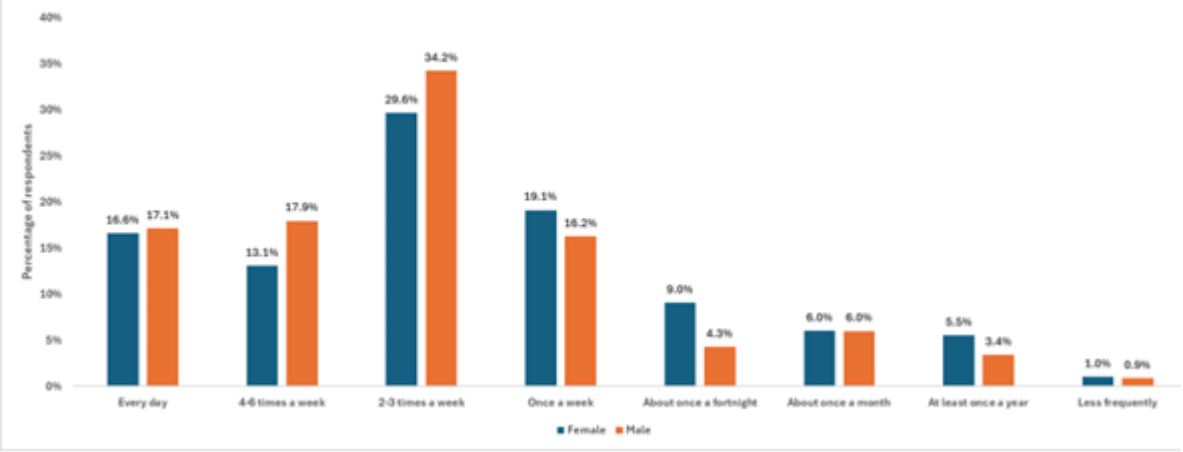


Figure 40. Frequency of use by sex

Figure 41 shows that respondents in the least deprived decile used parks and green spaces more frequently than those in the most deprived decile. For example, 12.1% of those in the least deprived decile used parks and green spaces every day compared to 6.7% of those in the most deprived decile. While 20% of those in the most deprived decile used parks and green spaces less than once a month compared to 0% in the least deprived decile.

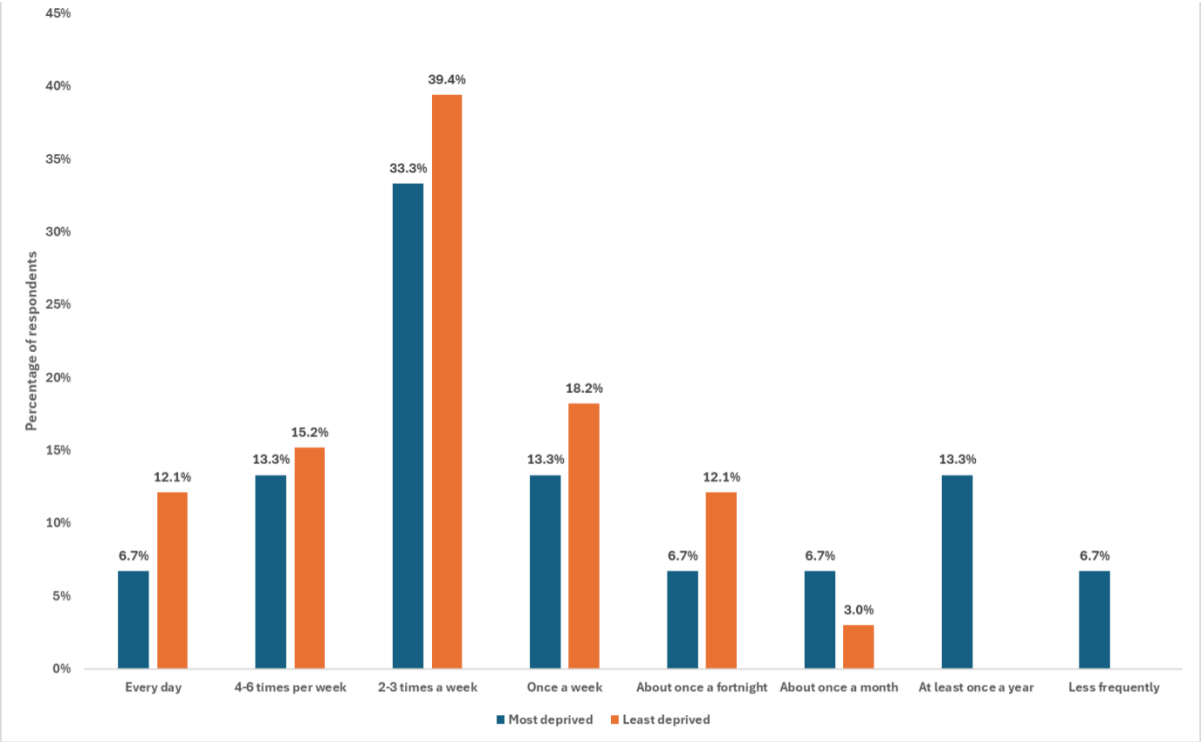


Figure 41. Frequency of use by deprivation

Satisfaction with Bexley's parks and green spaces

Our analysis shows that respondents who described themselves as disabled tended to be less satisfied with Bexley's parks and green spaces compared to non-disabled respondents. 10.2% of disabled respondents were very satisfied with Bexley's parks and green spaces compared to 24.9% of non-disabled respondents.

As shown in Figure 43 below, respondents in the least deprived deciles tended to be more satisfied with Bexley's parks and green spaces than those in the most deprived decile, with 18.2% of respondents in the least deprived decile being very satisfied with Bexley's parks and green spaces compared to 13.3% of respondents in the most deprived decile. 33.3% of respondents in the most deprived decile were fairly

dissatisfied with Bexley's parks and green spaces, compared to 9.1% of those in the least deprived decile.

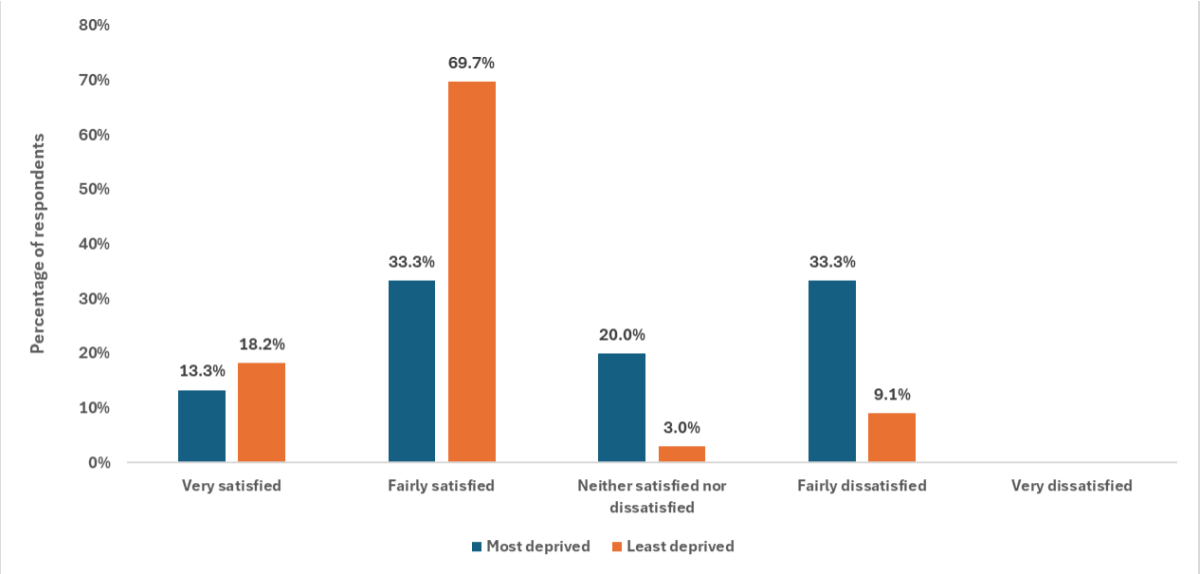


Figure 43. Satisfaction by deprivation

Safety concerns

Our analysis showed that safety concerns varied significantly by gender, disability, deprivation and area, as illustrated in the figures below. 25.1% of females stated they did not use parks and green spaces more frequently due to safety concerns compared to 20.5% of males. 46.5% of disabled respondents stated they did not use parks and green spaces more frequently due to safety concerns compared to 29% of non-disabled respondents. 26.7% of those in the most deprived decile said that they did not use parks and green spaces more frequently due to safety concerns, compared to 9.1% in the least deprived decile. Respondents from North Bexley were the most likely to have safety concerns of the three LCNs (34.5%).

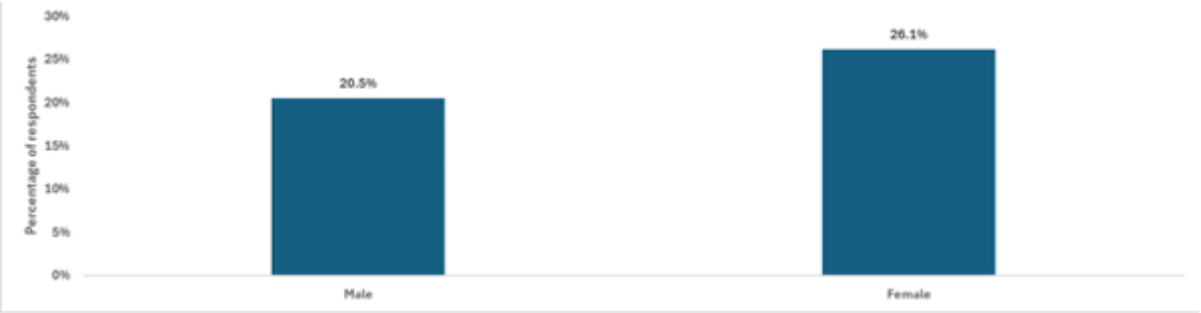


Figure 44. Safety concerns by gender

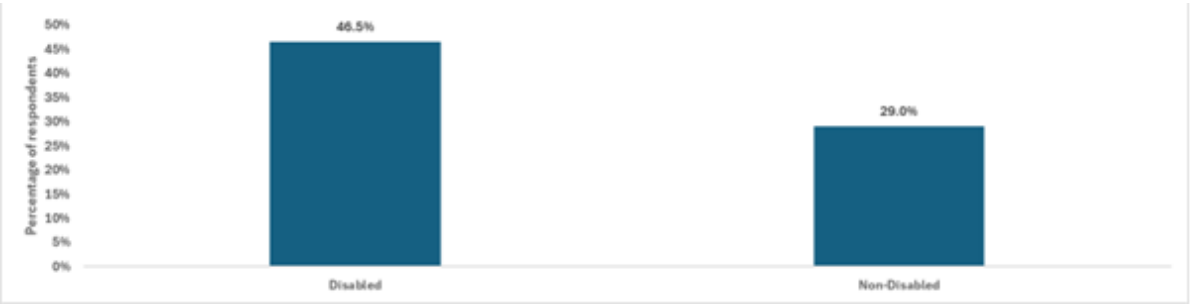


Figure 45. Safety concerns by disability

Figure 46. Safety concerns by deprivation

Lack of facilities

We found that 46.5% of disabled respondents did not use parks and green spaces more frequently due to a lack of facilities, compared to 39.4% of non-disabled respondents. 37.7% of female respondents did not use parks and green spaces more frequently due to a lack of facilities, compared to 15.4% of male respondents, and 33.3% of those in the most deprived decile compared to 27.3% in the least deprived decile. North Bexley was the area with the highest rate of respondents stating a lack of facilities (34.5%).

Accessibility of facilities

9.3% of disabled respondents stated they did not use parks and green spaces more often due to accessibility of facilities, compared to 4.7% of non-disabled respondents. In addition, 13.3% of those in the most deprived decile described accessibility of facilities as a barrier, compared to 5.9% of those in the least deprived decile.

How can we use parks and green spaces to improve public health, wellbeing and inequities?

Why are parks and green spaces important for health?

The physical and mental health benefits of parks and green spaces are now widely understood. Exposure to parks and green spaces has significant benefits for physical and mental health, ranging from reduced levels of obesity and improved cardiovascular outcomes to improvements in mood and cognition, as well as overall reduced mortality and morbidity with improved quality of life. Moreover, parks and green spaces are one of the few health interventions that can achieve all of this without any adverse effect.[14–18] Their benefits apply to all groups, but these benefits are likely to be particularly significant for people of lower socio-economic status, as well as those who suffer the most adverse health outcomes. These demographic characteristics overlap with the characteristics of those who use parks and green spaces less frequently, namely being older, female, in poor health, disabled, of lower socioeconomic status, of ethnic minority status and living in relatively deprived areas with less neighbourhood greenspace.[8,9,19,20] This makes parks and green spaces important assets for addressing health inequities.[21]

Parks and green spaces also offer direct and indirect economic benefits. Directly, they create employment, hosting economic activities (such as cafes or events) and encourage inward investment, which work themselves to improve health through impacts on income generation for the community.[22] There are also more indirect economic benefits of parks and green spaces on health. For example, the Greater London Authority, National Trust and Heritage Lottery Fund commissioned the Natural Capital Account for London in 2017 found that public green spaces saved £370 million per year in England through better mental wellbeing alone.[23] In addition, parks and

green spaces are estimated to save the NHS around £111 million per year based on a reduction in the number of visits to the GP alone.[24]

How do parks and green spaces improve public health, wellbeing and inequities?

Our understanding of the mechanisms through which parks and green spaces impact health is more limited but growing. Studies suggest the key mechanism through which parks and green space improve health is through the associated increase in physical activity. However, increased social cohesion and stress reduction related to connection with nature also seem to be important, as well as more indirect effects such as improved air quality.[25–27]

Research has proposed three biopsychosocial ways in which parks and green spaces improve health:

- Reducing harm (e.g. reducing exposure to air pollution, noise and heat)
- Restoring capacities (e.g. stress reduction)
- Building capacities (e.g. encouraging physical activity and facilitating social cohesion).'[26]

There are likely also less well studied, more complex and unclear mechanisms leading to improved health related to parks and green space, and these are likely to be context specific. [27]

What interventions improve the public health benefits of parks and green spaces?

Although evidence for specific interventions is limited, studies suggest that focussed actions to improve usage of parks and green spaces can improve public health outcomes. Evidence-based areas of focus include:

1) Increasing the use of existing parks / green space through a dual approach:

   1.1 Increasing opportunities to use parks / green spaces – physical, social (supply)

   1.2 Increased motivation to use parks / green spaces (social promotion)

2) Improving the quality (ecological, condition) of the park / green space (specific to local need)
3) Improving the activity performed in the park / green space (physical activity, social activity, environmental activity).

   3.1 Opportunities to activity – physical, social (e.g. companionship)

   3.2 Motivation to activity (e.g. awareness)

4) Considering opportunities for new, inclusive and equitable green infrastructure.[28]

Actions should be underpinned by a focus on priority groups. Evidence suggests that a multi-disciplinary, partnership approach is most effective. Given that evidence for specific interventions depends on context-specific factors (e.g. area, target group etc), local interventions should be co-designed with local people to understand and address local need. There should also be a long-term commitment to the approach, an understanding of its benefits, and embedding of commitments within relevant strategies and frameworks beyond health. Robust monitoring and evaluation is also important.[19, 26–28]

How do we implement this in Bexley?

To use parks and green spaces to improve public health, wellbeing and inequities in Bexley, the above evidence as to what works should be applied in combination with an understanding of local need (both from a public health and green infrastructure perspective) and awareness of local and context-specific assets and barriers.

The GLA has produced localised maps to highlight areas of greatest need for publicly accessible open space to support such work, bringing together various indicators such as level of health deprivation, access to open space, air quality and urban heat island risk. Figure 54 shows, higher need areas as seen, there are particularly high areas of need such as in the west of the borough, as well as pockets of need across many other parts.

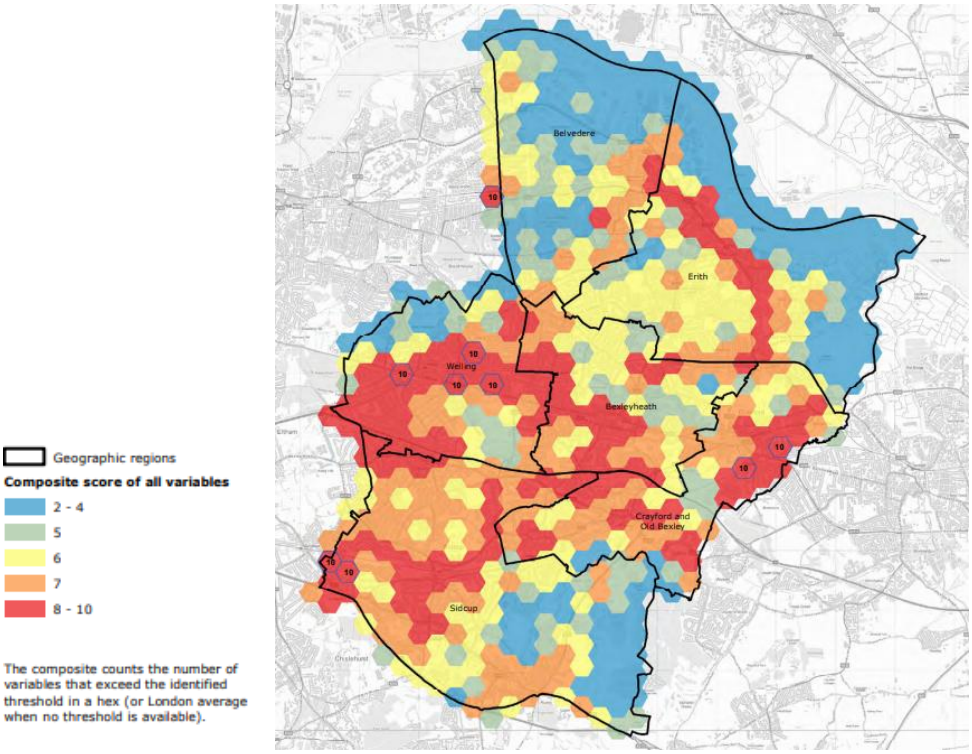


Figure 54. Quality of green infrastructure in Bexley (5,6 source: GLA) (higher score / darker shade indicates worse quality / higher need)

Figure 55 shows Health and Disability deprivation (Index of Multiple Deprivation 2019). The darker shades of red indicate higher deprivation, which can be seen in the northeast of the borough.

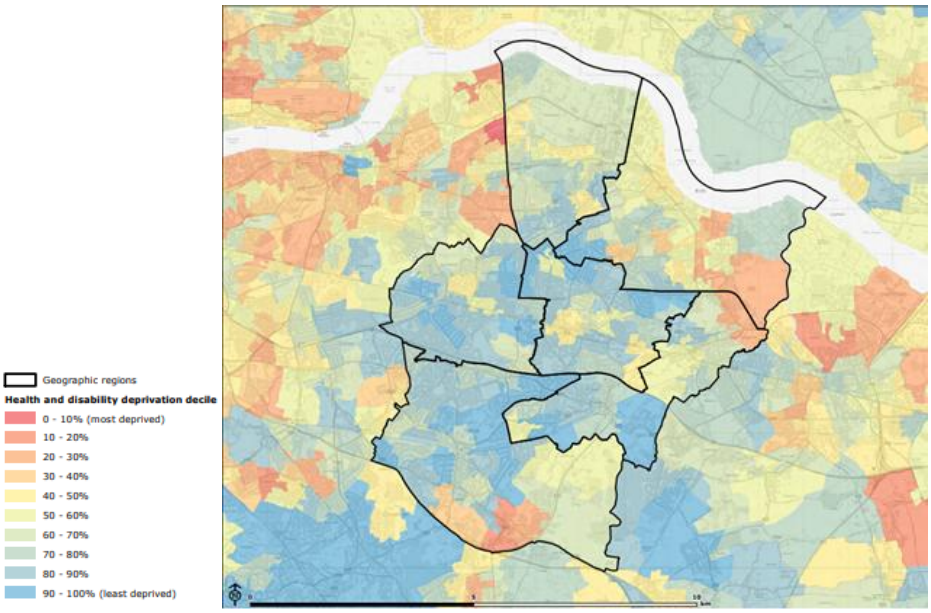


Figure 55. Health and Disability deprivation (Index of Multiple Deprivation 2019) (Source: GIS [1])

Bringing these together, the GIS study identified opportunities for infrastructure improvement in Bexley (Figure 42):

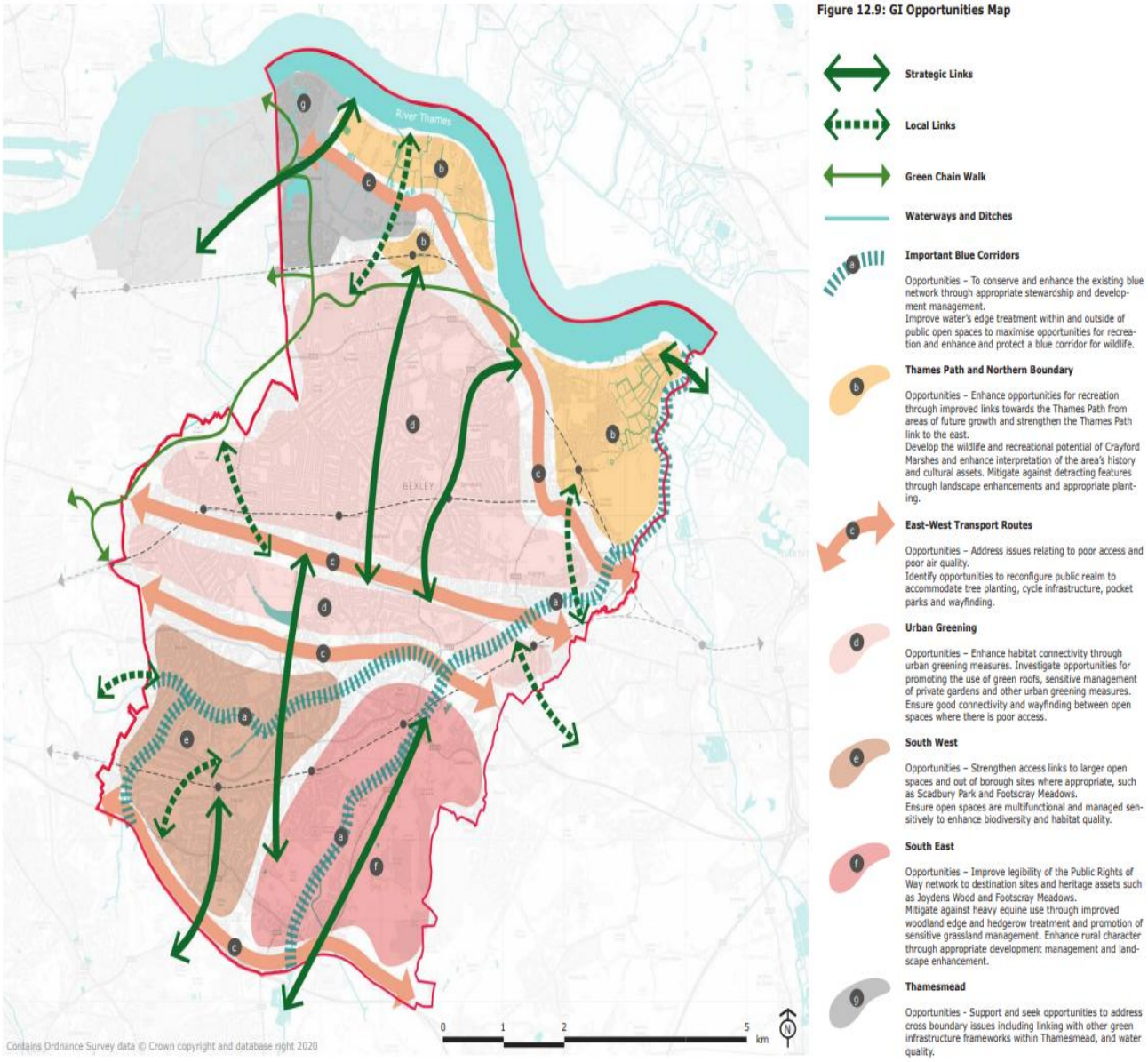


Figure 56. Identified opportunity areas for green space improvement (Source: GIS [5])

There is mixed evidence as to whether improving facilities or addressing safety concerns increases the use of parks and open spaces or physical activity. Any solutions need to be locally designed and evaluated.

Bexley has a number of existing assets, for example as outlined by the Bexley Public Health team's mapping of physical activity opportunities in the borough.[6] Future work

should build on these assets, and also draw on examples of good practice, as set out in Appendix 1.

In addition, future work should take into consideration the emerging green infrastructure and health policy landscape (overview in Appendix 2).

4. RECOMMENDATIONS

The recommendations below suggest ways to capitalise on Bexley's parks and green spaces to improve public health and wellbeing and to reduce inequities. They were developed in partnership with stakeholders from across the Council, and draw on the findings of the survey, evidence review and stakeholder interviews.

Five priority areas have been identified, underpinned by a focus on partnership work and activation of local assets. The five priority areas are further broken down into suggested actions. These actions are presented alongside their potential impact, potential resource implication, and pros and cons. The suggested actions are intended to be an options menu for potential future work, and as such are categorised as:

- Quick wins (moderate-high impact, low financial implications, and low-moderate human resource implications)
- Long-term investments (moderate-high impact and moderate financial or high human resource implications)
- Aspirational (moderate-high impact but high financial implications. These actions are included as they could form the basis for bids for external funding, should such opportunities become available)

1) Understanding local needs and assets

Action	Rationale	Category	Presumed Impact	Potential Human Resource Implications	Potential Financial Implications	Pros	Cons
Develop a more local understanding of green infrastructure and health needs in order to develop locally specific recommendations. This could include conducting community surveys and focus groups to explore barriers to park use in specific areas of interest, participation in the Good Parks for London assessment, and use of the Greenspace Information for Greater London CIC (GiGL) data.	Data-driven insights help identify areas with poor green space access and communities with higher health risks, and local insights can inform locally specific recommendations. Policy Drivers: GIS Study, 2050 vision, Healthy Weight Strategic Partnership Action Plan	Quick wins	**High Impact** - Better understanding of underserved areas, better targeting of interventions	Moderate - high	Moderate	- Improved targeting of green infrastructure efforts -Better resource allocation - Alignment with regional strategies -Aligned with Healthy Weight Strategic Partnership action plan	-Community engagement exercises can be labour intensive -Commitment to taking forward recommendations required -Changing needs mean findings become defunct

Develop an interactive map of green spaces and their accessibility or leverage additional data such as from GiGL.	Mapping supports better resource allocation and infrastructure planning. Policy Driver: GIS Study	Long-term investment	**Moderate Impact –** increased awareness of opportunities, better targeting of interventions, identification of gaps	Moderate - high	Moderate	-Improved targeting of green infrastructure efforts - Better resource allocation -Increased awareness of opportunities	- Requires ongoing data updates - only impactful if used effectively

2) Activate Bexley's green spaces through local partnerships

Action	Rationale	Category	Presumed Impact	Potential Human Resource Implications	Potential Financial Implications	Pros	Cons
Develop park-based activities with community groups.	Community-led initiatives improve engagement, mental well-being, and social cohesion.	Long-term investment	**Moderate - High** – Co-produced activities more likely to be effective	Moderate-high	Low- high	- Community-led initiatives can improve engagement and may be more tailored to local needs - Increased health participation - Strengthened community networks	- Resource implications and risks vary depending on method of development, for example co-produced activities are effective but resource intensive and risk loss of trust if engagement is not followed through. - Unpredictable British weather makes it daunting for

							groups to commit to outdoors based activities
Develop park-based activities with local businesses.	Local businesses may be willing to sponsor activities or hold events in parks and green spaces, with potential co-benefits for workplace health. Policy Driver: Bexley Plan 2022-2026	Quick wins	**Moderate** – Impact will depend on quality of partnerships built	Moderate	Low - Moderate	-Financial support from businesses - Expanded reach through corporate engagement -May provide a benefit to businesses by increasing their community profile -Potential to also benefit	- Businesses could be reluctant to join initiative - needs to be appropriately incentivised -Caution needs to be given to which businesses we would be willing to work with

						workplace health	
Enhance green social prescribing in partnership with GPs and social prescribers.	Green social prescribing reduces NHS burden by promoting preventative health measures. Policy Drivers: ASC Vision, Health & Wellbeing Strategy	Quick wins	**Moderate - High** – Targets those most at need and may reduce inequalities	Moderate	Variable- depends if contributing to funding for social prescribing	- Reduces strain on NHS services - Encourages long-term behaviour change - Strengthens collaboration between health and environmental sectors -Targets those most at need	- Depends on BVSC's interest and capacity to expand the social prescribing offer

						-Potential to reduce inequalities	

3) Opportunities to improve infrastructure

Action	Rationale	Category	Presumed Impact	Potential Human Resource Implications	Potential Financial Implications	Pros	Cons
Improve transport links, particular for active travel. This could be focussed on areas of highest need and leverage school travel plans, and could be integrated with School Superzones.	Better transport links improve access to green spaces, encouraging more usage. Increased active travel confers health and climate benefits. More green public transport has climate and air-quality benefits with knock-on health benefits. Policy Drivers: GIS Study and Bexley 2050 Vision, Bexley Local Plan, Health & Wellbeing Strategy	Aspirational	**High Impact** – Increased accessibility, encouraging more active travel and park use.	High	High	- Improved connectivity -Increased access to parks -Health benefits from active travel -Improved air quality and associated health benefits -Reduction of carbon emissions and resulting protection of health -Underserved areas could be targeted for improvement	- Investment in transport infrastructure can be costly and time-consuming

Develop strategic greening plans	Green corridors improve air quality, biodiversity, and active travel. Policy Drivers: Climate change and Bexley AQAP	Aspirational	**High Impact** – Creates a structured approach to green space expansion and sustainability.	High	High	-Supports climate resilience and biodiversity - Aligns green space expansion with regional and national policies -Health co-benefits	- Coordination and resource allocation challenges
Seek funding for infrastructure improvements	Securing funding ensures long-term green space development and maintenance. Lack of or low-quality facilities was a major reason for lack of use according to survey results. Policy Drivers: GIS Study, Bexley 2050 Vision, transformation	Aspirational	**High Impact if successful** – Enables other initiatives, ensuring long-term sustainability.	Moderate	Low	- Potential to leverage new funding streams, such as private or government grants	- Requires sustained efforts to secure and manage funds effectively -Time may be spent bidding for funds without success

4) Promote Bexley's parks and green spaces to all residents

Action	Rationale	Category	Presumed Impact	Potential Human Resource Implications	Potential Financial Implications	Pros	Cons
Launch digital and community campaigns to raise awareness about parks.	Awareness campaigns increase usage, particularly among groups with low engagement. Improved signage ensures parks are easy to navigate, fostering a sense of safety and inclusion. Policy Drivers: Bexley 2050	(Quick wins)	**Low – Moderate Impact -** May increase usage, though requires monitoring to ascertain if successful and results may not be maintained	Medium	Low	-Increases awareness and encourages more residents to visit parks -Enhances community engagement and inclusivity through targeted outreach -Potential for creative ways of increasing awareness such as the Bexley Green Points scheme	-Administrative burden -May not reach those who underuse parks most or who have the highest need -Unlikely to drive lasting change without concurrent interventions

Use signage, social media, and local partnerships to promote lesser-known parks	Better Signage would help priority groups feel safer Policy Drivers: Bexley 2050 Vision and any Comms Strategies	Quick wins	**Moderate Impact -** After liaising with various teams, it is the consensus that this is needed	Moderate	Low-moderate	-Easier park access and easier navigation	-Initial cost and maintenance -Potential for vandalism
Targeted outreach in low-use areas	Would improve priority group usership as they would feel connected to any outreach. Policy Drivers: Bexley 2050 vision, GIS and ASC vision	Quick wins	**Moderate impact –** Improved communication of park activities amenities, encouraging more visitors	Moderate	Low	-Help meet needs of underserved groups	-May not have impact -Results may not be sustained

5) Embed parks and green spaces as a health asset and encourage council-wide collaboration

Action	Rationale	Category	Presumed Impact	Potential Human Resource Implications	Potential Financial Implications	Pros	Cons
Integrate parks into health and development strategies. This should include exploring opportunities to embed the use of parks into the work of the Local Care Networks.	Integration into wider health and planning frameworks will ensure best use is made of our assets. Policy Drivers: Health & Wellbeing Strategy, and school superzones	Quick wins	**Moderate - high Impact**: Better health outcomes tied to green space use	Low	Low	- Wider exposure to park activities - Improved health engagement	- Success will depend on the effectiveness of individual strategy action plans and how effectively they are implemented -Opportunities may not always exist

Recognise parks as health assets.	Builds health into key decisions to maximise benefits from our parks and open spaces and supporting long-term cost-savings on health and social care. Supports climate resilience and sustainable urban development. Policy Drivers: Health & Wellbeing Strategy, and school superzones	Quick wins	**Moderate - high Impact**: Long-term benefits for physical and mental health through strategic health planning	Low	Variable	-Promotes active lifestyles and mental well-being - Supports long-term public health strategies	- Success will depend on the effectiveness of individual strategy action plans and how effectively they are implemented -Opportunities may come with human/financial resource implications
Key Performance Indicators (KPIs) for relevant parks contracts that could contribute to health benefits, for example to support local employment and volunteering, engagement with	Leveraging contracts to increase the use of parks and to realise health benefits through environmental improvements and the local economy.	Quick wins	**Moderate - high Impact**: Opportunities that could benefit health are built into contracts	Low	Low	- Improvements are built into contracts -Wide range of potential KPIs that could have	-Need not to make the contract more expensive else additional costs will be incurred

local stakeholders and interest groups to motivate use of parks, and inclusion of environmental initiatives.	Policy Drivers: Bexley local plan and climate change action plan					additional benefits	-Only possible for future contracts
Strengthen collaboration with planning and housing teams to improve green space access.	Cross-sector collaboration ensures parks are embedded in urban planning, increasing long-term sustainability. Aligning strategies maximises public benefit. Cross-sector collaboration ensures parks are embedded in urban planning, increasing long-term sustainability.	Quick wins	**High Impact**: Improved green space access in new developments.	Moderate	Low	-Reduces siloed working -Builds on existing work e.g. Design Guide and Bexley's policy on Health Impact Assessments	-Capacity across service sectors

Monitoring Impact

Any actions taken should be evaluated impact.

Consideration could be given to repeating the survey in 2-3 years to evaluate whether impact has been felt across the borough.

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Appendix 1. Resources for good practice for using parks and green spaces to improve health

Level	Example of good practice	Focus
National	- Improving Access to Parks and Green Spaces [29] - Young Green and Well [7] - Make Space for Girls [30] - Future Parks Health Guide [31] - Trust for Public Land Report [14]	-Equitable access across priority groups with a focus on age and gender -Improving parks for health
Regional	- Parks for London 2024 [32] - Camden Parks for Health / UCL Health Framework [22,33]	Strategic suggestions for using parks in London for health
Local	- Green Infrastructure Study (see Appendix for examples of high-quality parks per typology) [1,5,13] - Bexley Physical Activity and Mental Health Mapping [6] [6] - Lesnes Woodlands Lodge: A community hub for conservation and visitor engagement [34] - Friends of Parks Initiatives (e.g., Hall Place)	Localised assets in terms of infrastructure and activity

Appendix 2. Emerging green infrastructure and public health policy

National	- National Trust Nature Towns and Cities [35] – fund for urban green space capacity - Natural England Green Infrastructure Framework [35] – guidance for creating green infrastructure
Regional	- Good Parks Framework / Parks for London [32] - ongoing evaluation of London borough parks on measures of quality and value - London Green Infrastructure Framework - a proposed London-focussed tool for urban planning, climate resilience and equitable access to green spaces.
Local	- Bexley Local Plan, 2050 Vision, Bexley Health and Wellbeing Strategy, Climate Plan, Playing Pitches Strategy / Football Facilities Plan, Healthy Weight Strategy

Bexley Wellbeing Partnership Committee

Thursday 25th September 2025

Item: 7

Enclosure: F

Title:	**BCF Quarter 1 Return 2025–26**
Author/Lead:	Alison Rogers, Director of Integrated Commissioning, NHS South East London Integrated Care System / London Borough of Bexley Steven Burgess, Policy and Strategy Officer, London Borough of Bexley
Executive Sponsor:	Diana Braithwaite, Place Executive Lead (Bexley), HS South East London Integrated Care System Yolanda Dennehy, Director of Adult Social Care and Health, London Borough of Bexley

Purpose of paper:	**To report on the Better Care Fund (BCF) Quarter 1 Return 2025–26**	**Update / Information**	***X***
		Discussion	
		Decision	

Summary of main points:

Introduction:

- This report presents the BCF Quarter 1 Return 2025–26 and is provided to the Bexley Wellbeing Partnership Committee for information.
- The return was submitted to the BCF National Team on 14 August 2025.
- At the time of submission, some of the data required to assess progress against the BCF metrics was not yet available. We have since updated the position using the latest available data, as set out in **Appendix B**.
- All national conditions have been met, including the updating of the schedules to the Section 75 agreement.

Performance Against Core BCF Metrics:

- **Emergency Admissions (65+):** Between April and June 2025, actual admissions totalled 2,577, which is close to the planned figure of 2,557. April and June were slightly below target, while May was slightly above. This suggests that the system is performing broadly in line with plan.
- **Discharge Delays:** Our progress is assessed as being on track. Bexley continues to perform well on discharge timeliness with 91.4% of patients discharged on their Discharge Ready Date (DRD) in April, 91.1% in May and 90.9% in June, exceeding targets. However, the average number of days from DRD to discharge (excluding 0-day delays) rose to 7.95 days in June, above the target of 7.1 days. There is some variation in discharge duration, which requires ongoing monitoring and attention.
- **Care Home Admissions (65+):** Provisional data shows 37 new admissions between April and June 2025, equating to a rate of 88.6 per

	100,000, below the planned Q1 rate of 143.7. The annual target is 220 admissions (527.0 per 100,000). This metric is assessed as on track. **Supporting and Local Metrics:** • **Avoidable admissions:** Provisional data for 2025/26 shows that there have been 289 avoidable admissions so far, but we will need to await a further refresh of the NHS SEL Unplanned Ambulatory Care Sensitive Conditions Admissions Report to get a full picture of the Q1 position. • **Falls-related Admissions (65+):** In April 2025, Bexley recorded 131.74 admissions per 100,000, below the London average but above the national average. Falls prevention remains a priority. • **Discharge to Usual Place of Residence:** Over 94% of hospital discharges in April and May were to a person's usual residence. • **Inpatient Length of Stay:** The proportion of patients staying 14+ days rose from 13.2% in April to 14% in May, while 21+ day stays increased slightly from 8% to 8.1%, reflecting pressure on bed capacity. • **Outcomes following reablement:** In Q1, 65.9% of new service users required no further or only lower-level support following short-term intervention. Additionally, 83.4% of people with ongoing support needs had a reduction in care following reablement. **Financial Overview:** • The total value of Bexley's BCF Pooled Fund in 2025–26 is £91.460m, comprising £55.698m from the ICB and £35.763m from the Council. • Q1 Year-to-Date expenditure totalled £22.653m (25% of the total fund), reflecting stable delivery across long-standing schemes. • A carry-forward of £0.261m from the 2024–25 Disabled Facilities Grant has been added to the 2025–26 allocation.	
Potential Conflicts of Interest	There are no conflicts of interest as a consequence of this report.	
Other Engagement	Equality Impact	Bexley's BCF Plan sets out local priorities for addressing health inequalities and equality for people with protected characteristics. Services commissioned under the Section 75 agreement are monitored to ensure equalities duties are met.
	Financial Impact	The BCF Pooled Fund is being delivered in line with planned expenditure. The Q1 financial position is stable with no significant variances reported.
	Public Engagement	Public consultation on the Section 75 agreement was undertaken in 2020–21, including arrangements for the BCF Pooled Fund.
	Other Committee Discussion/ Engagement	The Q1 return was considered at the Bexley Health and Wellbeing Board for sign-off on 11 September 2025.
Recommendation:	This report is for information and assurance to the Bexley Wellbeing Partnership Committee.	

Appendix A – Bexley BCF Quarter 1 Return 2025–26
Appendix B – Updated BCF Metrics

Better Care Fund 2025-26 Q1 Reporting Template

2. Cover

Version 1.0

Please Note:

- The BCF quarterly reports are categorised as 'Management Information' and data from them will be published in an aggregated form on the NHSE website. This will include any narrative section. Also a reminder that as is usually the case with public body information, all BCF information collected here is subject to Freedom of Information requests.

- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the BCE) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.

- All information will be supplied to BCF partners to inform policy development.

- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

			Checklist: Complete:
Health and Wellbeing Board:	Bexley		Yes
Completed by:	Alison Rogers / Steven Burgess		Yes
E-mail:	alison.rogers@selondonics.nhs.uk / steven.burgess@bexley.gov.uk		Yes
Contact number:	020 8176 5365 / 020 3045 5242		Yes
Has this report been signed off by (or on behalf of) the HWB Chair at the time of submission? (Please provide name of HWB Chair)	No		Yes
If no, please indicate when the report is expected to be signed off:	Thu 11/09/2025	<< Please enter using the format, DD/MM/YYYY	Yes

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'.

Please see the Checklist on each sheet for further details on incomplete fields

	Complete:
2. Cover	Yes
3. National Conditions	Yes
4. Metrics	No
5. Expenditure	Yes

For further guidance on requirements please refer back to guidance sheet - tab 1.

<< Link to the Guidance sheet

^^ Link back to top

Better Care Fund 2025-26 Q1 Reporting Template

3. National Conditions

Selected Health and Wellbeing Board: Bexley

		Checklist Complete:
Has the section 75 agreement for your BCF plan been finalised and signed off?	Yes	Yes
If it has not been signed off, please provide the date section 75 agreement expected to be signed off		Yes
If a section 75 agreement has not been agreed please outline outstanding actions in agreeing this.		Yes

Confirmation of Nation Conditions			
National Condition	**Confirmation**	**If the answer is "No" please provide an explanation as to why the condition was not met in the quarter and mitigating actions underway to support compliance with the condition:**	
1) Plans to be jointly agreed	Yes		Yes
2) Implementing the objectives of the BCF	Yes		Yes
3) Complying with grant and funding conditions, including maintaining the NHS minimum contribution to adult social care (ASC)	Yes		Yes
4) Complying with oversight and support processes	Yes		Yes

Better Care Fund 2025-26 Q1 Reporting Template

4. Metrics for 2025-26

Selected Health and Wellbeing Board: Bexley

For metrics time series and more details: BCF dashboard link

For metrics handbook and reporting schedule: BCF 25/26 Metrics Handbook

4.1 Emergency admissions

Actuals + Original Plan		Apr 24 Actual	May 24 Actual	Jun 24 Actual	Jul 24 Actual	Aug 24 Actual	Sep 24 Actual	Oct 24 Actual	Nov 24 Actual	Dec 24 Actual	Jan 25 Actual	Feb 25 Actual	Mar 25 Actual
Emergency admissions to hospital for people aged 65+ per 100,000 population	Rate	1,724.6	1,784.5	1,700.6	1,784.5	1,796.5	1,712.6	1,916.2	1,700.6	1,928.2	1,712.6	1,616.8	1,808.4
	Number of Admissions 65+	720	745	710	745	750	715	800	710	805	715	675	755
	Population of 65+*	41,749.0	41,749.0	41,749.0	41,749.0	41,749.0	41,749.0	41,749.0	41,749.0	41,749.0	41,749.0	41,749.0	41,749.0
		Apr 25 Plan	May 25 Plan	Jun 25 Plan	Jul 25 Plan	Aug 25 Plan	Sep 25 Plan	Oct 25 Plan	Nov 25 Plan	Dec 25 Plan	Jan 26 Plan	Feb 26 Plan	Mar 26 Plan
	Rate	1,983.3	2,048.0	2,093.5	2,117.4	2,230.0	2,110.2	2,220.4	1,918.6	2,045.6	2,045.6	1,913.8	1,849.1
	Number of Admissions 65+	828	855	874	884	931	881	927	801	854	854	799	772
	Population of 65+	41,749.0	41,749.0	41,749.0	41,749.0	41,749.0	41,749.0	41,749.0	41,749.0	41,749.0	41,749.0	41,749.0	41,749.0

Do you want to update your Emergency Admission metric plan?	No

Please set out how the ambition has been reached, including analysis of historic data, impact of planned efforts and how the target aligns for locally agreed plans such as Acute trusts and social care. ↓

Updated Plan	Apr 25 Plan	May 25 Plan	Jun 25 Plan	Jul 25 Plan	Aug 25 Plan	Sep 25 Plan	Oct 25 Plan	Nov 25 Plan	Dec 25 Plan	Jan 26 Plan	Feb 26 Plan	Mar 26 Plan	What is the rationale behind the change in plan?
Rate	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
Number of Admissions 65+													
Population of 65+	41,749.0	41,749.0	41,749.0	41,749.0	41,749.0	41,749.0	41,749.0	41,749.0	41,749.0	41,749.0	41,749.0	41,749.0	

Assessment of whether goal has been met:	On track to meet goal
If a goal has not been met please provide a short explanation, including noting any key mitigating actions.	At this stage, the goal has been partially met. Bexley's actual emergency admission rates for people aged 65+ were very close to the planned targets with April and June slightly below and May slightly above the planned rate. Continued monitoring is essential. Key mitigating actions include (i) prioritising falls prevention, frailty support and virtual ward services and (ii) continued alignment with the Urgent and Emergency Care Plan and Home First initiatives.
You can also use this box to provide a very brief explanation of overall progress if you wish.	Early indications suggest that the system is performing close to plan and the strategic direction remains appropriate.

Did you use local data to assess against this headline metric?	Yes
If yes, which local data sources are being used?	Yes. We are using SUS data to support the monitoring of activity in-year. The rationale for this is that SUS data is readily available within the ICB. We have used the latest available Emergency Admissions data on the ICB's Unplanned Care Dashboard, filtered by age band (65 years and older). We have calculated the rate per 100,000 population using the ONS Mid-Year Estimate for 2023 (41,749). We do not recognise the data for Bexley in the BCF national dashboard for this metric.

4.2 Discharge Delays

Actuals	Apr 24 Actual	May 24 Actual	Jun 24 Actual	Jul 24 Actual	Aug 24 Actual	Sep 24 Actual	Oct 24 Actual	Nov 24 Actual	Dec 24 Actual	Jan 25 Actual	Feb 25 Actual	Mar 25 Actual
Average length of discharge delay for all acute adult patients (this calculates the % of patients discharged after their DRD, multiplied by the average number of days)	n/a	n/a	n/a	n/a	n/a	0.94	0.56	0.99	0.60	0.48	0.79	0.63
Proportion of adult patients discharged from acute hospitals on their discharge ready date	n/a	n/a	n/a	n/a	n/a	85.1%	90.8%	90.1%	91.1%	90.7%	89.4%	89.4%
For those adult patients not discharged on DRD, average number of days from DRD to discharge	n/a	n/a	n/a	n/a	n/a	6.30	6.13	9.91	6.77	5.15	7.39	5.97
Original Plan	Apr 25 Plan	May 25 Plan	Jun 25 Plan	Jul 25 Plan	Aug 25 Plan	Sep 25 Plan	Oct 25 Plan	Nov 25 Plan	Dec 25 Plan	Jan 26 Plan	Feb 26 Plan	Mar 26 Plan
Average length of discharge delay for all acute adult patients	0.81	0.81	0.78	0.78	0.78	0.74	0.74	0.74	0.78	0.78	0.78	0.81
Proportion of adult patients discharged from acute hospitals on their discharge ready date	87.0%	87.0%	89.0%	89.0%	89.0%	90.0%	90.0%	90.0%	89.0%	89.0%	89.0%	87.0%
For those adult patients not discharged on DRD, average number of days from DRD to discharge	6.25	6.25	7.10	7.10	7.10	7.40	7.40	7.40	7.10	7.10	7.10	6.25

Do you want to update your Discharge Delay metric plan?	No

Please set out how the ambition has been reached, including analysis of historic data, impact of planned

efforts and how the target aligns for locally agreed plans such as Acute trusts and social care. ↓

Updated Plan	Apr 25 Plan	May 25 Plan	Jun 25 Plan	Jul 25 Plan	Aug 25 Plan	Sep 25 Plan	Oct 25 Plan	Nov 25 Plan	Dec 25 Plan	Jan 26 Plan	Feb 26 Plan	Mar 26 Plan	What is the rationale behind the change in plan?
Average length of discharge delay for all acute adult patients	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
Proportion of adult patients discharged from acute hospitals on their discharge ready date													
For those adult patients not discharged on DRD, average number of days from DRD to discharge													

Assessment of whether goal has been met:	On track to meet goal
If a goal has not been met please provide a short explanation, including noting any key mitigating actions.	Bexley is currently showing a small variance in relation to the average number of days from discharge ready date (DRD) to discharge for patients not discharged on their DRD. It's possible that a small number of complex discharges may be impacting on performance. To address this, mitigating actions include a continued focus on early discharge planning and targeted work to review long-stay patients.
You can also use this box to provide a very brief explanation of overall progress if you wish.	Bexley is demonstrating early progress against its discharge-related targets for 2025/26. Performance to date shows that the borough is on track in key areas, particularly in minimising overall discharge delays and ensuring a high proportion of patients are discharged on their DRD.

Did you use local data to assess against this headline metric?	No
If yes, which local data sources are being used?	

4.3 Residential Admissions

Actuals + Original Plan		2023-24 Full Year Actual	2024-25 Full Year CLD Actual	2025-26 Plan Q1 (April 25-June 25)	2025-26 Plan Q2 (July 25-Sept 25)	2025-26 Plan Q3 (Oct 25-Dec 25)	2025-26 Plan Q4 (Jan 26-Mar 26)
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Rate	601.2	464.7	143.7	119.8	143.7	119.8
	Number of admissions	251.0	194.0	60.0	50.0	60.0	50.0
	Population of 65+*	41749.0	41749.0	41749.0	41749.0	41749.0	41749.0

Do you want to update your Residential Admissions metric plan?	No

Please enter plan number of admissions within the specific quarter

Please set out how the ambition has been reached, including analysis of historic data, impact of planned efforts and how the target aligns for locally agreed plans such as Acute trusts and social care. ↓

Updated Plan		2025-26 Plan Q1 (April 25-June 25)	2025-26 Plan Q2 (July 25-Sept 25)	2025-26 Plan Q3 (Oct 25-Dec 25)	2025-26 Plan Q4 (Jan 26-Mar 26)	What is the rationale behind the change in plan?
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Rate	0.0	0.0	0.0	0.0	
	Number of admissions					
	Population of 65+*	41749.0	41749.0	41749.0	41749.0	

Assessment of whether goal has been met:	On track to meet goal
If a goal has not been met please provide a short explanation, including noting any key mitigating actions.	Our current assessment, based on the provisional data available, is that we have met our goal in Quarter 1. We have had a lower number of new care home admissions for people aged 65 and over than planned, showing reduced reliance on new long-term care home placements, funded by the local authority.
You can also use this box to provide a very brief explanation of overall progress if you wish.	Provisional data for Quarter 1 shows that only 37 older people have had their long-term support needs met by admissions to residential and nursing care homes by the local authority. This equates to a rate of 88.6 per 100,000 population, compared to our original plan of 143.7 per 100,000 population. We continue to prioritise effective preventative services, reablement and community-based alternatives that help older adults remain at home for longer.

Did you use local data to assess against this headline metric?	Yes
If yes, which local data sources are being used?	We used data from the Council's Adult Social Care IT System. This data is reported locally via our Adult Social Care and Health Management Information Pack and nationally via the Client Level Dataset.

Better Care Fund 2025-26 Q1 Reporting Template

5. Income & Expenditure

Selected Health and Wellbeing Board: Bexley

	2025-26			
Source of Funding	Planned Income	Updated Total Plan Income for 25-26	Q1 Year-to-Date Actual Expenditure	**Checklist** Complete:
DFG	£3,679,055	£3,940,550	£773,583	Yes
Minimum NHS Contribution	£22,953,335	£22,953,335		Yes
Local Authority Better Care Grant	£8,162,090	£8,162,090		Yes
Additional LA Contribution	£23,660,000	£23,660,000		Yes
Additional NHS Contribution	£32,744,434	£32,744,434		Yes
Total	**£91,198,914**	**£91,460,409**		

	Original	Updated	% variance	
Planned Expenditure	**£91,198,914**	£91,460,409	**0%**	Yes

		% of Planned Income	
Q1 Year-to-Date Actual Expenditure	£22,653,548	**25%**	Yes

If Q1 Year-to-Date Actual Expenditure is exactly 25% of planned income, please provide some context around how accurate this figure is or whether there are limitations.	Q1 Year-to-Date expenditure is an accurate reflection of financial performance within Bexley's Better Care Fund for 2025/26. This is largely due to the stable nature of the BCF plan, which is predominantly made up of long-standing, well-established schemes with agreed budgets and predictable expenditure patterns. The modest uplift in the NHS minimum contribution has limited the scope for introducing new schemes, further reinforcing this stability. As a result, the quarterly profile of actual expenditure closely mirrors the planned spend and the Q1 expenditure aligns with expectations. This is supported by the section 75 agreement, which sets out clear arrangements for monthly invoicing and payments, ensuring a consistent financial flow throughout the year. We have carried forward some of the Disabled Facilities Grant funding from 2024/25 (£0.261m). As the DFG operates as a rolling programme, the timing of expenditure will be influenced by lead-in times and delivery progress of grant-funded projects. This may introduce some variation in the quarterly profile of DFG spend.	Yes
If planned expenditure by activity has changed since the original plan, please confirm that this has been agreed by local partners. If that change in activity expenditure is greater than 5% of total BCF expenditure, please use this box to provide a brief summary of the change.	The planned expenditure by activity for 2025/26 has changed since the original BCF plan. This change has been agreed through an amendment to the schedules of the section 75 agreement between the Council and ICB. It relates to the carry forward of DFG funding totalling £0.261m from 2024/25 into 2025/26, increasing the DFG allocation from £3.679m to £3.940m. This results in a corresponding increase in total planned income for 2025/26 from £91.199m to £91.460m.	Yes

Item: 7

Enclosure: F(ii)

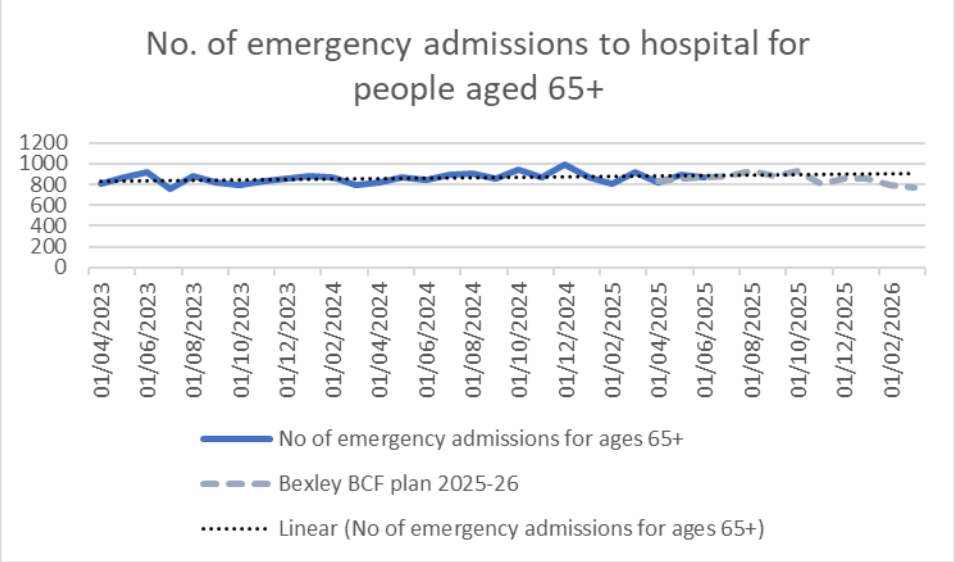
Update on BCF Performance – Quarter 1 2025/26

1. Introduction

This report provides a summary of Bexley's performance against the Better Care Fund (BCF) metrics in 2024/25. It also draws on the latest data to assess progress in Quarter 1 2025/26.

2. Emergency Admissions 65+

In 2024/25, Bexley recorded 10,589 emergency admissions for people aged 65+, which is a 4.9% increase from the previous year. The 2025/26 target of 10,260 emergency admissions for people aged 65+ represents an ambition to achieve a 3.1% reduction. Early performance in Quarter 1 was 2,577 admissions (+0.8%), which is very close to the planned figure of 2,557 admissions, with April and June slightly below target and May slightly above.



Source: NHS SEL ICB Unplanned Care Dashboard

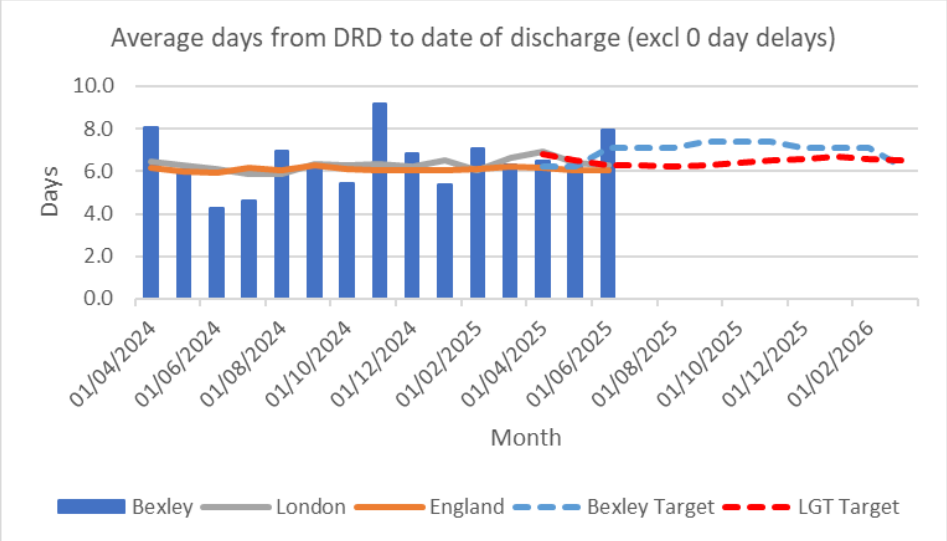
The plan for 2025/26 was informed by relevant data and aligns with South East London system assumptions. Monthly targets reflect seasonal trends with higher activity expected in summer and winter months. There is also a focus on seasonal preparedness and community-based interventions to help mitigate further increases.

3. Discharge Metrics

Bexley achieved 88%–92% same-day discharges over the 14-month period from April 2024 to May 2025, peaking at 91.7% in January 2025. Most delays were short (1–3 days), though a small number of long delays contributed to bed occupancy. The targets for 2025/26 are as follows:

- An average of 6.96 days from Discharge Ready Date (DRD) to discharge for those adult patients not discharged on DRD with monthly targets ranging from 6.25 days through to 7.4 days.
- Average Length of Discharge Delay for all acute adult patients of 0.78 days with monthly targets ranging from 0.74 to 0.81 days.
- An average of 88.8% of adult patients discharged on their Discharge Ready Date (DRD) with monthly targets ranging from 87% through to 90%.

3.1 Average Days from DRD to Discharge (Excluding 0-Day Delays)



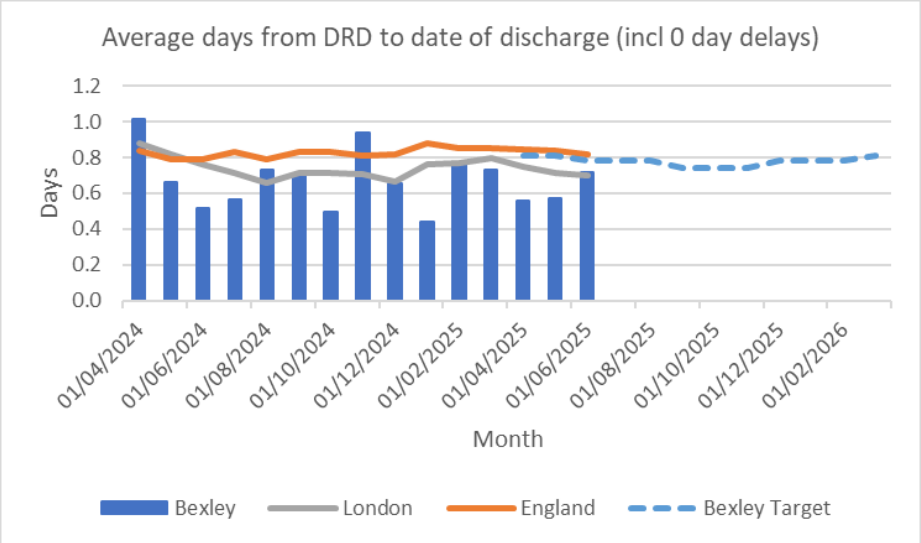
Source: NHS England, Timeliness of Acute Hospital Discharges completed within the month

Bexley has shown fluctuating performance with a notable spike in Nov 2024 (9.2 days). The 2025/26 targets (ranging from 6.25–7.4 days) are realistic, sitting just above recent averages and allowing for seasonal variation. In some months, Bexley's performance has been higher than the London and England averages, indicating that there may be some room for improvement.

The average delay for patients not discharged on their DRD is slightly higher than target and the position will continue to be monitored in future quarters.

Metric (Lower is better)	Apr-25 Actual	Apr-25 Target	May-25 Actual	May-25 Target	Jun-25 Actual	Jun-25 Target
Average days from DRD to date of discharge (excl 0 day delays)	6.48 days	6.25 days	6.42 days	6.25 days	7.95 days	7.1 days

3.2 Average Days including 0-Day Delays



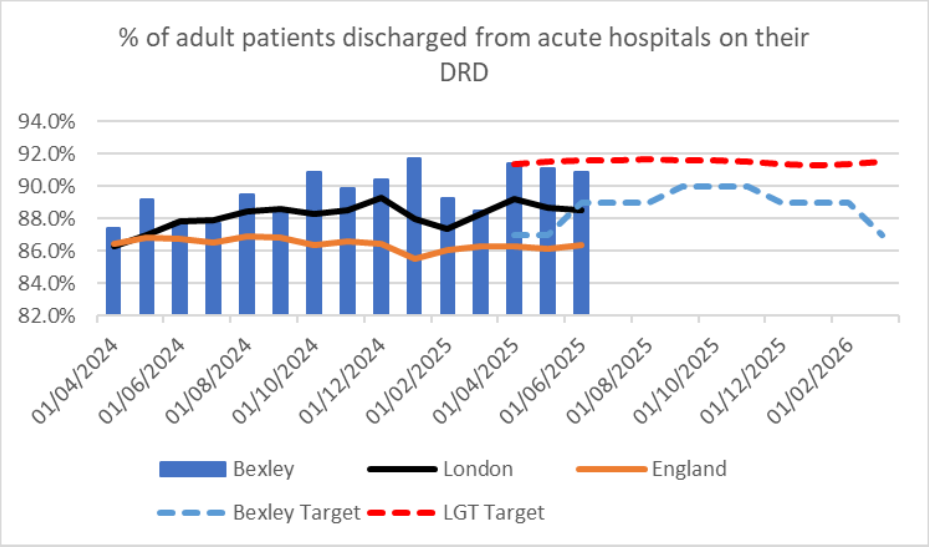
Source: NHS England, Timeliness of Acute Hospital Discharges completed within the month

Bexley's performance on discharge timeliness has been either close to or better than London and England averages. The target range (0.74–0.81 days) remains appropriate.

Metric (Lower is better)	Apr-25 Actual	Apr-25 Target	May-25 Actual	May-25 Target	June-25 Actual	June-25 Target
Average days from Discharge Ready Date to date of discharge (incl 0 day delays)	0.56 days	0.81 days	0.57 days	0.81 days	0.72 days	0.78 days

3.3 Percentage Discharged on Discharge Ready Date

Bexley's performance has tended to be above national and regional averages, peaking at 91.7% in January 2025. The target range (87–90%) is appropriately set.



Source: NHS England, Timeliness of Acute Hospital Discharges completed within the month

April–June 2025 performance exceeded expectations, but the targets remain suitable, given the likelihood of monthly variation across the remainder of the year.

Metric (Higher is better)	Apr-25 Actual	Apr-25 Target	May-25 Actual	May-25 Target	June-25 Actual	June-25 Target
% Discharged on DRD	91.4%	87.0%	91.1%	87.0%	90.9%	89.0%

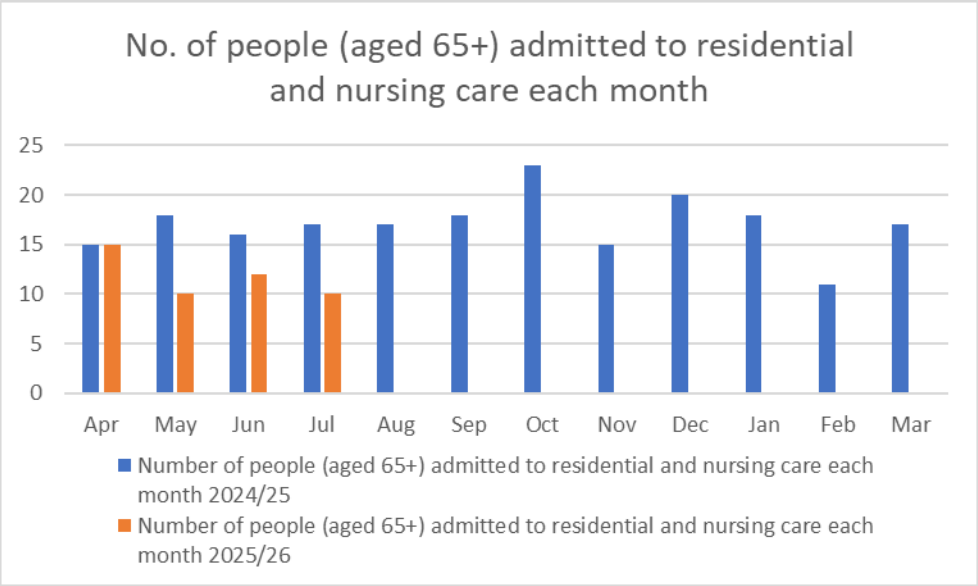
4. Care Home Admissions (65+)

In 2024/25, Bexley provisionally recorded 205 new admissions to residential and nursing care for people aged 65 and over, which was below the target of 250 in that year. This represents a rate of 491.0 per 100,000 population, down from a rate of 601.2 in 2023/24.

Please note that the final 2024/25 figures may be subject to revision due to changes in methodology following the introduction of the ASC Client Level Data Return. The rate per 100,000 will also need to be updated to reflect the ONS Mid-Year Estimate for 2024.

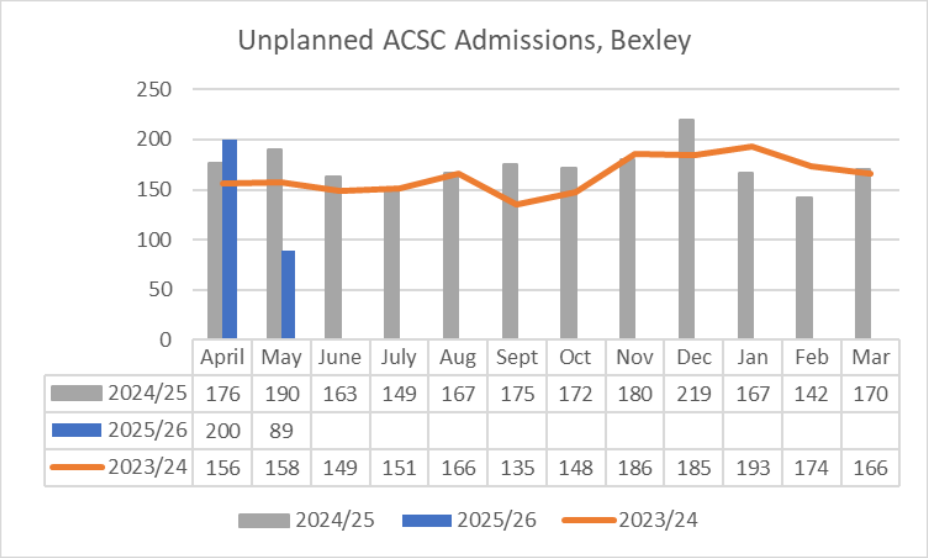
The target for 2025/26 is 220 admissions (527.0 per 100,000), which has sought to take account of the potential for demographic pressures and service demand. Provisional data for April to June 2025 shows 37 new care home admissions for people aged 65 and over. This equates to a rate of 88.6 per 100,000, which is

below the planned rate of 143.7 per 100,000 for Quarter 1 of 2025/26. Based on this early data, we are currently on track to meet the annual target.



Source: ASCH - Management Information Pack

5. Unplanned hospital admissions for chronic ambulatory care sensitive conditions



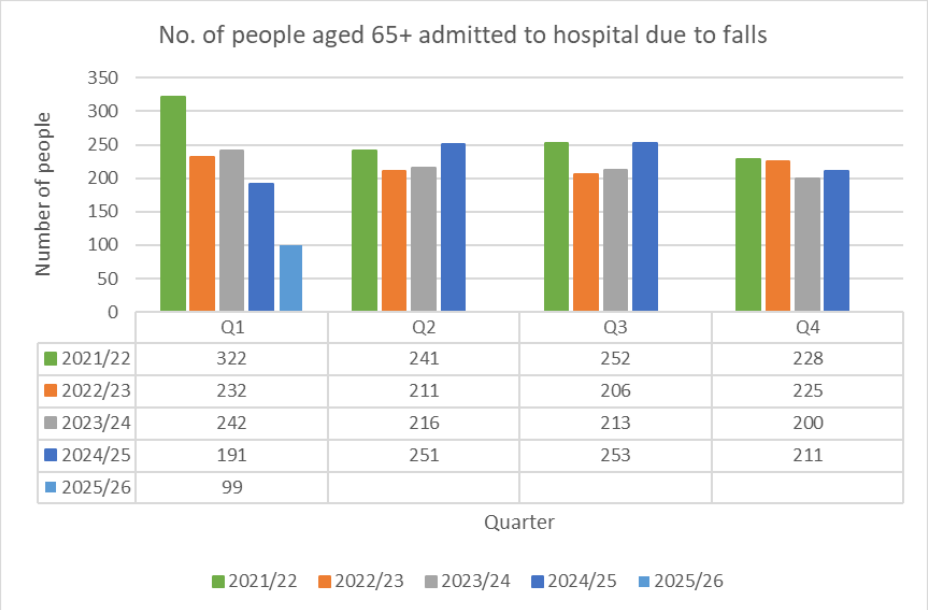
Source: NHS SEL ICB Unplanned ACSC Admissions Report

Unplanned hospital admissions for chronic ambulatory care sensitive conditions rose from 1,967 in 2023/24 to 2,070 in 2024/25 — a 5.2% increase in the last year. Bexley recorded 816.2 admissions per 100,000, which is the third lowest in South East London

Quarter 4 2024/25 saw a 10.1% reduction in avoidable admissions compared to Q4 2023/24, suggesting that targeted initiatives may have had a positive impact. These approaches can hopefully be replicated in 2025/26.

Provisional data for 2025/26 shows that there have been 289 avoidable admissions so far, but we will need to await a further refresh of the NHS SEL Unplanned ACSC Admissions Report to get a full picture of the Quarter 1 position.

6. Emergency hospital admissions due to falls in people over 65



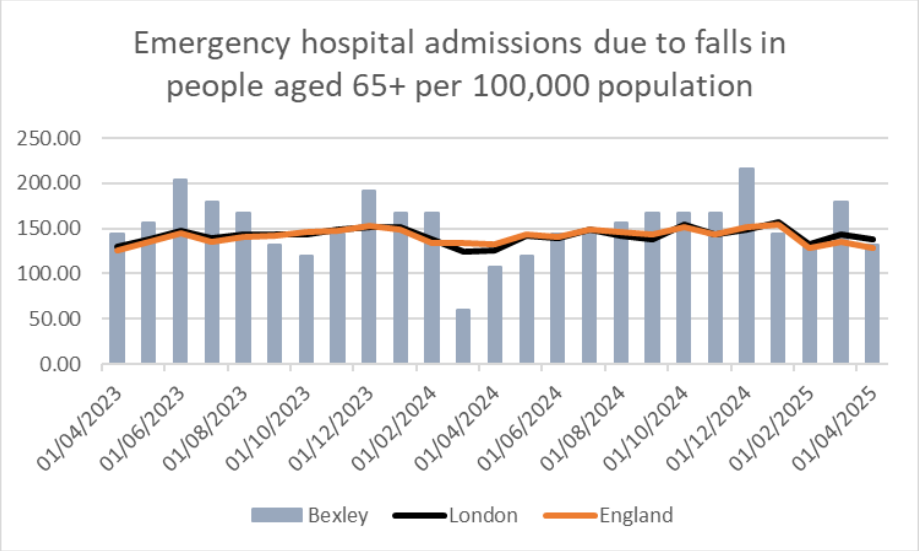
	Q1	Q2	Q3	Q4
2021/22	322	241	252	228
2022/23	232	211	206	225
2023/24	242	216	213	200
2024/25	191	251	253	211
2025/26	99			

Source: NHS SEL ICB Better Care Fund Baseline Dashboard

Data shows that 906 older people were admitted to hospital due to falls in 2024/25. This is 4% (+35) higher than the number for 2023/24 (871). Although some provisional data is available for Quarter 1 2025/26, the figures could still be subject to change.

In April 2025, Bexley recorded 131.74 emergency hospital admissions due to falls in people aged 65 and over per 100,000 population. This was slightly below the London average (138.02) but remained above the national average (128.03).

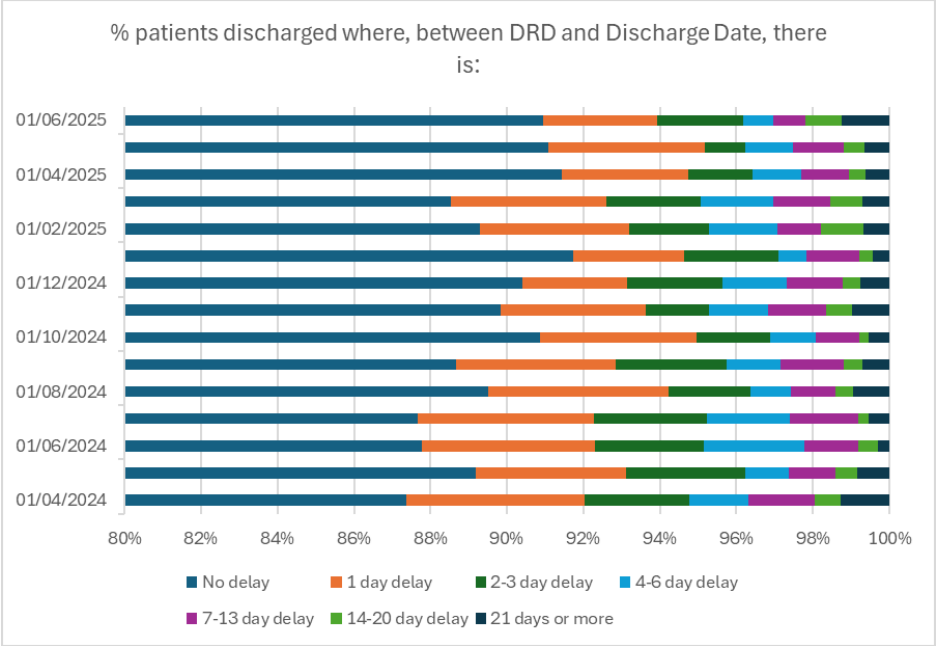
Over the course of 2024/25, Bexley's rates have fluctuated but generally stayed higher than the England average with a notable peak in December 2024 (215.57). While the most recent figures show some improvement, Bexley continues to experience higher fall-related admissions among older adults, indicating an ongoing need for targeted prevention efforts.



Source: DHSC Better Care Fund & Discharge Dashboard

7. Percentage of patients not discharged on their DRD and discharged within 1 day, 2-3 days, 4-6 days, 7-13 days, 14-20 days and 21 days or more

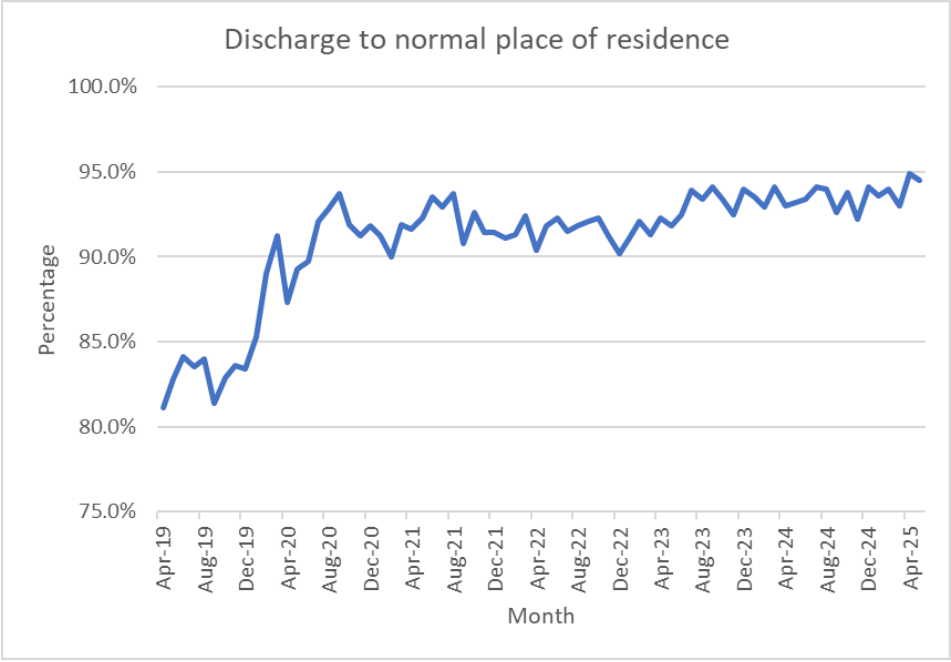
The majority of Bexley patients who were not discharged on their Discharge Ready Date were subsequently discharged within one day. Delays of 2–3 days and 4–6 days were also relatively common with some variation from month to month. Delays of 21 days or more affected a small proportion of patients, but this has operational significance due to the number of associated bed days.



Source: NHS England, Timeliness of Acute Hospital Discharges completed within the month

Bexley, therefore, continues to perform well in discharging patients promptly once they are clinically ready. However, the small number of longer delays highlights the importance of maintaining a focus on discharge planning and system-wide coordination to minimise extended stays.

8. Discharge to normal place of residence



Source: NHS SEL ICB Better Care Fund Baseline Dashboard

This indicator measures the percentage of discharges to a person's normal place of residence. There is evidence that recovery and independence for people who have been admitted to hospital are improved if they are discharged to their own home. Our performance in Bexley for April and May 2025 shows that over 94% of hospital discharges were to a person's usual place of residence.

9. Inpatient Length of Stay

In 2024/25, the proportion of patients staying 14+ days reached 15.5% in Quarter 3, falling to 14.7% in Quarter 4. The proportion staying 21+ days was 8.5% in Quarters 3 and 4.

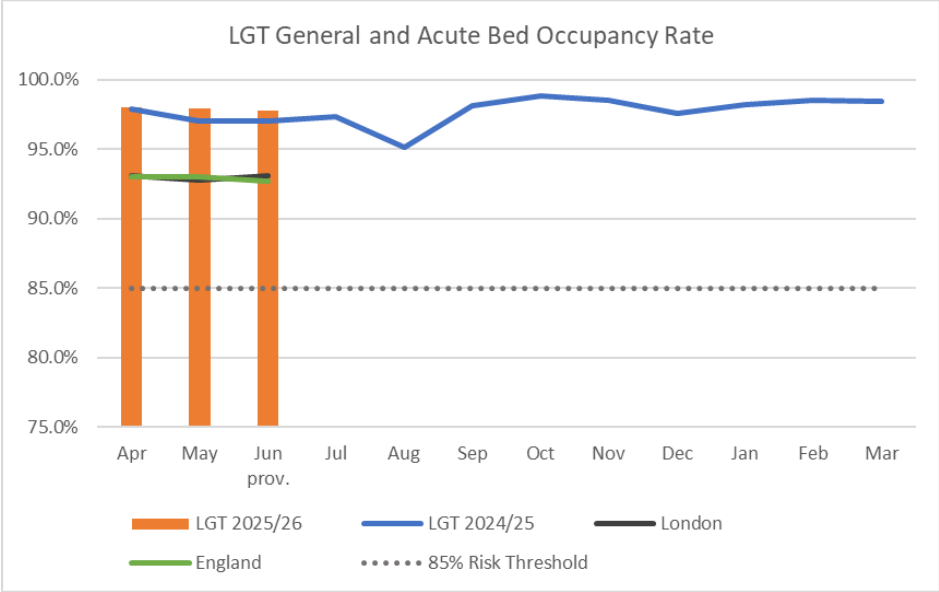
Most recently, the percentage of patients with a length of stay of 14+ days rose from 13.2% in April to 14% in May 2025, while 21+ day stays increased slightly from 8% to 8.1%.

Recent trends in length of stay suggest increasing pressure on bed capacity, particularly from patients with more complex or extended care needs. However, discharge readiness data indicates that once patients are clinically ready to leave hospital, the majority are discharged promptly.

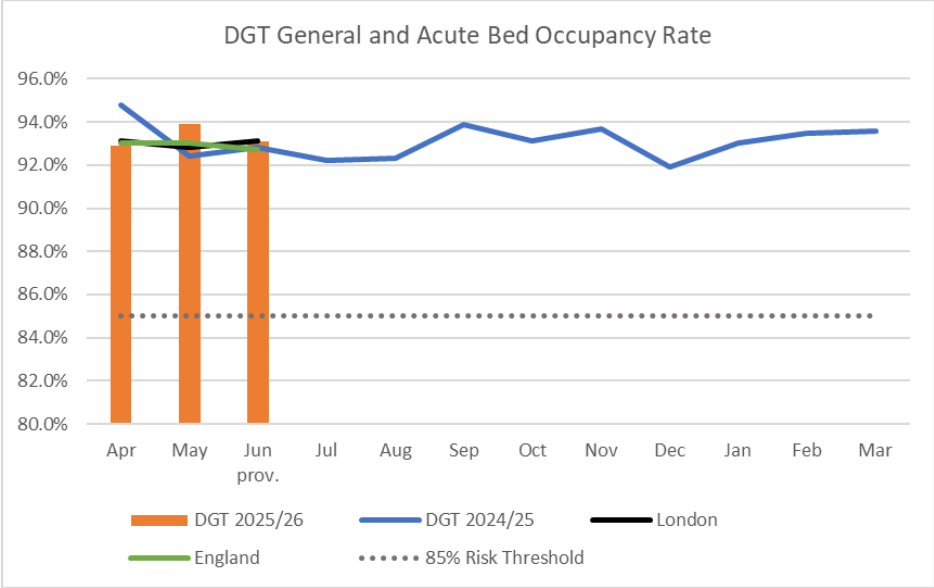
Differentiating between patients who are clinically ready for discharge and those who are not remains a key operational challenge. Effective management depends on timely clinical decisions, diagnostics, therapy input and discharge coordination.

10. General and acute bed occupancy

High levels of hospital occupancy can have an impact on patient flow. Average bed occupancy above 85% is generally considered to be the point beyond which safety and efficiency are at risk. Local variation in supply and demand have seen some trusts exceed 95% occupancy. The focus on discharge pathways should help people who no longer meet the criteria to reside to return home or to the most appropriate care setting. Monthly bed occupancy data for Lewisham and Greenwich Trust and Dartford and Gravesham Trust is shown below for 2025/26.

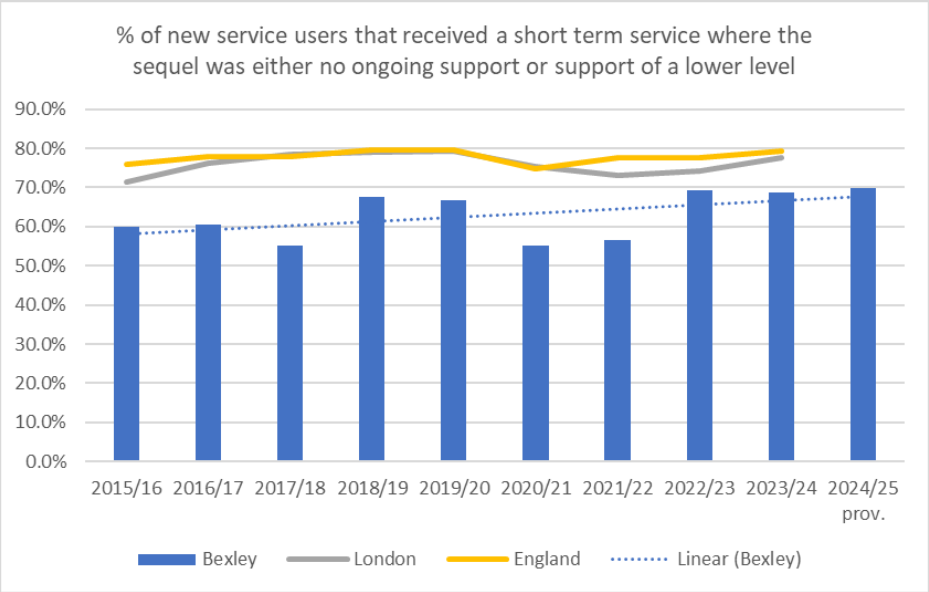


Source: Critical Care and General & Acute Beds – UEC Daily Situation Reports, NHS England



Source: Critical care and General & Acute Beds – UEC Daily Situation Reports, NHS England

11. Outcomes following short-term support to maximise independence



Sources: Measures from the Adult Social Care Outcomes Framework and ASCH MIP

Through our short-term services, such as reablement, we aim to delay dependency, support recovery and promote independence. There is evidence of good outcomes being achieved as a result of this short-term support. In 2024/25, 69.9% of new service users required no further support or only lower-level support following short-term intervention - an improvement on the previous year (68.7%). In Quarter 1 2025/26, 65.9% of new service users required no further support or only lower-level support following short-term intervention. These figures are provisional.

In addition, 83.2% of people who have ongoing support needs had an evidenced reduction in care on completion of reablement episodes in 2024/25. Provisional data for Quarter 1 2025/26 shows that this performance has been maintained at 83.4%. Overall, these indicators reflect steady progress in promoting independence and reducing long-term care needs.

Bexley Wellbeing Partnership Committee

Thursday 25th September 2025

Item: 8

Enclosure: G

Title:	**Primary Care Delivery Group Business Update Report – Q2 2025/26**
Author/Lead:	Graham Tanner, Associate Director Primary and Community Based Care, South East London Integrated Care Board
Executive Sponsor:	Diana Braithwaite, Place Executive Lead (Bexley), South East London Integrated Care System

Purpose of paper:	**The Bexley Primary Care Delivery Group (PCDG) is established as a sub-group of the Bexley Wellbeing Partnership Committee.** **Under adopted Terms of Reference, the PCDG has two main functions that support the Bexley Wellbeing Partnership Committee in enacting the delegated function of Primary Care services:** **(i) Supporting the Bexley Wellbeing Partnership Committee by considering all contractual matters relating to Primary Medical Service, (PMS), General Medical Service (GMS) and Alternative Primary Medical Service (APMS) contracts, together with the Primary Care Network (PCN) Network Direct Enhanced Service Contract, local premiums/incentives, locally commissioned services and contracts (delivered through Primary Care), out of shours GP services, Primary Care estate issues, Primary Care business continuity and contingency planning and all financial/budgetary issues relating to Primary Care.** **(ii) Supporting the delivery of the vision for integrated primary care as defined by the Next steps for integrated Primary Care, (Fuller Report).** **In line with the proposal endorsed by the BWP Committee at its meeting on 25th May 2023, the business of PCDG will be reported quarterly to the Committee, highlighting any decisions taken by the Place Executive Lead in line with their delegated authority within the ICB and/or endorsements or**	**Update / Information**	***X***
		Discussion	
		Decision	

	recommendations requiring formal consideration and approval by the Committee	
Summary of main points:	The enclosed paper details all items of business discussed and transacted by the Primary Care Delivery Group during Q4 2024/25 at its meetings held on: • 2nd July 2025 • 6th August 2025 • 3rd September 2025 All the above meetings were Quorate in line with the adopted Terms of Reference, with the exception of August which was cancelled with scheduled items deferred until the September meeting. All decisions noted were approved by the Place Executive Lead in line with their delegated authority.	
Potential Conflicts of Interest	This report is for information only.	
Other Engagement	Equality Impact	None directly relating to this report.
	Financial Impact	All items with financial implications are discussed and agreed in conjunction with the Associate Director of Finance.
	Public Engagement	None directly relating to this report.
	Other Committee Discussion/ Engagement	This report highlights business transacted by the Primary Care Delivery Group, in consultation with the Local Medical Committee and Local Pharmaceutical Committee where applicable.
Recommendation:	The Bexley Wellbeing Partnership Committee is requested to: (i) Note the report and (ii) To highlight any items for further clarification and/or future reporting to the Committee.	

Primary Care Delivery Group Business Update Summary

Q2 2025/26

Date of Meeting	Part 1 or 2	Title and purpose of the paper	Recommendation(s)	Decision/Assurance
2 July 2025	**Part 1**	**25/26 Capacity and Access Improvement Payment – Assessment and Declaration Process** (i) to agree the Assessment and Declaration process for the 25/26 Capacity and Access Improvement Payment, in line with the Network Contract DES 2025/26 Part B Guidance and (ii) to provide a brief verbal update on progress towards clarifying the preferred Risk Stratification tool available to practices across SEL and ICB expectations.	Primary Care Delivery Group was asked to note the report and agree the Assessment and Declaration process for the 25/26 Capacity and Access Improvement Payment, in line with the Network Contract DES 2025/26 Part B Guidance	Endorsed for approval by Place Executive Lead in line with delegation.
	Part1	**Transfer of SEL Special Allocation Scheme APMS Contract and ODS code to Lewisham** - approval to transfer the SEL Special Allocation Service (SAS) APMS contract and ODS code from Bromley to Lewisham to reflect current operational leadership and improve local accountability	Primary Care Delivery Group was asked to endorse the recommendation to transfer the SAS ODS code and contract ownership from Bromley to Lewisham, alongside the associated patient list and funding	Endorsed for approval by Place Executive Lead in line with delegation.
	Part 2	**Local Improvement Grant 25/26 Update** - to provide Primary Care Delivery Group with an update on the Bexley Local Improvement Grant	Primary Care Delivery Group was asked to note the report and endorse the recommendations	Endorsed for approval by Place Executive Lead in line with delegation.

Date of Meeting	Part 1 or 2	Title and purpose of the paper	Recommendation(s)	Decision/Assurance
		scheme EOI submissions and approvals for 2025/26.		
6 August 2025	**Part 1**	MEETING CANCELLED – ITEMS DEFERRED	MEETING CANCELLED – ITEMS DEFERRED	MEETING CANCELLED – ITEMS DEFERRED
	Part 2	**Crook Log Surgery Site Lease Renewal -** to provide Primary Care Delivery Group with an update on the current lease position for Crook Log Surgery (Sidcup Medical Centre) and to determine whether the ICB is supportive of the new proposed lease.	It was recommended that the approval of the new lease is subject to the practice and the landlord agreeing to carry out the necessary works required and that the ICB estates team should write to the landlord and tenant to set out the items to be addressed.	Endorsed for approval by Place Executive Lead in line with delegation.
	Part 2	**Station Road Surgery & Sidcup Medical Centre Merger Update –** to provide Primary Care Delivery Group with an update on the planned merger of Station Road Surgery and Sidcup Medical Centre, currently scheduled for 1st October 2025.	It was recommended that the Conditions and Pre-requisites of the merger agreed by the Bexley Wellbeing Partnership Committee in January 2025 be formally reiterated to the Partners of both practices by way of a letter and that a hard-stop date of close of business on the 15th August be stipulated for the provision of the required assurance.	Endorsed for approval by Place Executive Lead in line with delegation.
3rd September 2025	**Part 1**	**SEL ICB Medicines Optimisation Plan 2025/26** – to provide Primary Care Delivery Group with details of the proposed SEL ICB Medicines Optimisation Plan for 2025/26	Primary Care Delivery Group was recommended to endorse the proposed SEL ICB Medicines Optimisation Plan for 2025/26	Endorsed for approval by Place Executive Lead in line with delegation.
	Part 1	**System Development Funding 2025/26** - to provide an update on Bexley's position and intention for system development and IT funding to support primary care and associated services in 2025/26 in line with the guidance set out by NHS England.	Primary Care Delivery Group was recommended to endorse the enclosed ICB and Bexley specific plan for 2025/26 System Development Funding.	Endorsed for approval by Place Executive Lead in line with delegation.
	Part 1	**GP Premium 23-24 and 24-25: Review of Investment and Impact -** to provide the Primary Care Delivery Group with an update showing	Primary Care Delivery Group was asked to note this report detailing practices' achievement against the	Report for information and assurance only.

Date of Meeting	Part 1 or 2	Title and purpose of the paper	Recommendation(s)	Decision/Assurance
		practices' achievement in the GP Premium indicators in 23-24 and 24-25.	indicators in the Bexley GP Premium in 2023-24 and 2024-25	
	Part 1	**Local Improvement Grant (LIG) and Utilisation and Modernisation Fund (UMF) 25/26 Update -** to provide Primary Care Delivery Group with an update on Local Improvement Grant (LIG) delivery for 2025/26 and an update on Utilisation and Modernisation Funding (UMF).	Primary Care Delivery Group was asked to note the report.	Report for information and assurance only.
	Part 1	**Primary Care Risk Register -** This paper is presented as a regular standing item at Primary Care Delivery Group and is intended to track and monitor any identified risks which have the potential to negatively impact the delivery of universal and good-quality Primary Care within Bexley in the short, medium and long term. The scope will reflect delegated commissioning and contracting functions within the Integrated Care System (ICS).	The Primary Care Delivery Group was asked to: (i) Note the recorded risks and mitigations and agree scores. (ii) Discuss whether recorded risks should remain as a substantive risks within the Register and/or whether they have been fully mitigated and can be removed. (iii) Recommend any other risks for inclusion and consideration within the Risk Register. (iv) Agree any risks for inclusion on the wider SEL ICB Risk Register via the Datix system.	Endorsed for approval by Place Executive Lead in line with delegation.
	Part 2	**CQC Inspection Outcomes - Welling Medical Practice -** to update Primary Care Delivery Group on the outcome of a recent CQC inspections of Welling Medical Practice together with recommendations for follow up actions.	Following final report publication, it was recommended that: (i) the ICB write to the practice congratulating them on their inspection outcome. The Primary care team work with the Medicines Optimisation Team to put in place an Action Plan to provide further assurance on the identified shortcomings for Welling Medical	Endorsed for approval by Place Executive Lead in line with delegation.

Date of Meeting	Part 1 or 2	Title and purpose of the paper	Recommendation(s)	Decision/Assurance
			Practice. The outcomes of that to be reported to Primary Care Delivery Group in 3 to 6 months.	
	Part 2	**Station Road Surgery / Sidcup Medical Centre Merger Update –** to provide a verbal update on assurances requested from the Partners of the merging practices following the Part 2 meeting on 06/08/25.	Primary Care Delivery Group was asked to note the verbal update and final approvals to proceed with the merger on 01/10/25.	Report for information and assurance only.

Bexley Wellbeing Partnership Committee

Thursday 25th September 2025

Item: 9

Enclosure: H

Title:	**2025/26 Finance Report - Month 4**
Author/Lead:	Asad Ahmad, Associate Director of Finance (Bexley), NHS South East London Integrated Care Board
Executive Sponsor:	Diana Braithwaite, Place Executive Lead (Bexley), NHS South East London Integrated Care System David Maloney, Director of Corporate Finance, NHS South East London Integrated Care Board

Purpose of paper:	**To provide an update on the financial position of Bexley (Place) as well as the overall financial position of the ICB and the ICS as at month 4 (July 2025) 2025/26.**	**Update / Information**	***X***
		Discussion	***X***
		Decision	

Summary of main points:

Bexley place financial position

	Year to date Budget	Year to date Actual	Year to date Variance	Annual Budget	Forecast Outturn	Forecast Variance
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Acute Services	1,699	1,701	(3)	5,096	5,105	(9)
Community Health Services	8,489	8,486	3	25,468	25,459	9
Mental Health Services	3,633	3,635	(3)	10,879	10,879	0
Continuing Care Services	8,903	8,799	104	26,709	26,459	250
Prescribing	12,960	13,043	(83)	39,134	39,384	(250)
Other Primary Care Services	500	500	0	1,500	1,500	0
Other Programme Services	408	408	0	1,225	1,225	0
Delegated Primary Care Services	16,518	16,462	56	49,553	49,553	0
Corporate Budgets	982	896	86	2,947	2,947	0
Total	**54,091**	**53,931**	**160**	**162,511**	**162,511**	**0**

- **As at Month 4 (July 2025) Bexley place is reporting an underspend of £160k year to date and a forecast breakeven position at year end.**
- Prescribing is reporting an overspend of £83k year to date and £250k full year forecast. Prescribing data is provided two months in arrears; therefore, the financial position includes an estimate for this period. The main drivers for the current position are increased costs relating to endocrine (especially diabetes), flash glucose monitoring and appliances such as catheters. Work is ongoing by the Medicines management team to deliver efficiencies to improve the financial position.
- Continuing Care is reporting an underspend of £104k year to date and £250k full year forecast. Continuing Care has seen a reduction in costs over several months and this is due to the number of care packages reducing as well as savings achieved following Continuing Care reviews conducted by the team.

	Continuing Care is a high-risk budget as any new high-cost placement can have a material impact on the financial position. • Mental Health Services is reporting an overspend of £3k year to date and forecast breakeven position. The position includes a material overspend on the right to choose ADHD and ASD assessments. This activity has been increasing significantly overtime and creating a cost pressure which is impacting all boroughs in South East London. This overspend has been offset by underspends on some other budgets. • Delegated Primary Care is reporting an underspend of £56k year to date and a forecast breakeven position. • Corporate budgets are reporting an £86k underspend year to date due to existing vacancies. A decision was taken centrally in the ICB that all places should reflect a forecast breakeven position on corporate as it is anticipated that any year end underspend will need to contribute to redundancy costs arising from the latest management cost review. • Other budgets are broadly breakeven with small variances in Acute and Community services. • Bexley place has an annual efficiency plan of £7,750k which is forecasted to deliver in full by year end. **South East London ICB Summary** • The ICB's financial allocation as at month 4 is £5,766,781k. In month, the ICB has received an additional £47,326k of allocations. These are as detailed on the following slide. As at month 4, the ICB is reporting a year to date (YTD) break-even position. Within this reporting, the ICB has delivered £19,300k of savings YTD compared to the plan value of £18,700k. • Two places are reporting overspends YTD at month 4 – Greenwich (£803k) and Lambeth (£663k). A break-even position is forecast for all places. Places have recently met with the CFO and Deputy CEO to review financial positions. All places were tasked to identify additional mitigations to offset financial risks, to ensure delivery of their financial plans. • As at month 4 the ICB is reporting an overall forecast break-even position against its financial plan. **South East London ICS Summary** • As at month 4, SEL ICS is reporting a YTD deficit of (£23.7m), £0.6m adverse to plan, this is an improvement of £1.3m compared to M3. • At month 4, the ICS system forecast remains at a break-even financial position.
Potential Conflicts of Interest	There are no conflicts of interest as a consequence of this report.
Other Engagement	Equality Impact: None, all Bexley residents have the same levels of access to healthcare. Financial Impact: There are no known risks to these numbers as they have now been published. Public Engagement: The finance reports are reported to public borough-based board meetings and also the position is reported by SE London ICB at the public Governing Body Meetings.

	Other Committee Discussion/ Engagement	The finance reports are discussed at SE London level at the Planning and Delivery Group, locally, it has been discussed at Bexley SMT and the LCP Executive.
Recommendation:	The Bexley Wellbeing Partnership Committee is recommended to: (i) Note the month 4 financial position for Bexley Place. (ii) Note the NHS South East London ICB and NHS South East London ICS financial position as at month 4.	

South East London Integrated Care System

Bexley Wellbeing Partnership Committee

Finance Report

Month 4 (July) – 2025/26

Thursday 25th September 2025

Bexley Wellbeing Partnership

2025/26 Month 4 Bexley Place Financial Position

Overall Position

	Year to date Budget	Year to date Actual	Year to date Variance	Annual Budget	Forecast Outturn	Forecast Variance
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Acute Services	1,699	1,701	(3)	5,096	5,105	(9)
Community Health Services	8,489	8,486	3	25,468	25,459	9
Mental Health Services	3,633	3,635	(3)	10,879	10,879	0
Continuing Care Services	8,903	8,799	104	26,709	26,459	250
Prescribing	12,960	13,043	(83)	39,134	39,384	(250)
Other Primary Care Services	500	500	0	1,500	1,500	0
Other Programme Services	408	408	0	1,225	1,225	0
Delegated Primary Care Services	16,518	16,462	56	49,553	49,553	0
Corporate Budgets	982	896	86	2,947	2,947	0
Total	**54,091**	**53,931**	**160**	**162,511**	**162,511**	**0**

- As at Month 4 (July 2025) Bexley place is reporting an underspend of £160k year to date and a forecast breakeven position at year end.
- Prescribing is reporting an overspend of £83k year to date and £250k full year forecast. Prescribing data is provided two months in arrears; therefore, the financial position includes an estimate for this period. The main drivers for the current position are increased costs relating to endocrine (especially diabetes), flash glucose monitoring and appliances such as catheters. Work is ongoing by the Medicines management team to deliver efficiencies to improve the financial position.
- Continuing Care is reporting an underspend of £104k year to date and £250k full year forecast. Continuing Care has seen a reduction in costs over several months and this is due to the number of care packages reducing as well as savings achieved following Continuing Care reviews conducted by the team. Continuing Care is a high-risk budget as any new high-cost placement can have a material impact on the financial position.
- Mental Health Services is reporting an overspend of £3k year to date and forecast breakeven position. The position includes a material overspend on the right to choose ADHD and ASD assessments. This activity has been increasing significantly overtime and creating a cost pressure which is impacting all boroughs in South East London. This overspend has been offset by underspends on some other budgets.
- Delegated Primary Care is reporting an underspend of £56k year to date and a forecast breakeven position.
- Corporate budgets are reporting an £86k underspend year to date due to existing vacancies. A decision was taken centrally in the ICB that all places should reflect a forecast breakeven position on corporate as it is anticipated that any year end underspend will need to contribute to redundancy costs arising from the latest management cost review.
- Other budgets are broadly breakeven with small variances in Acute and Community services.
- Bexley place has an annual efficiency plan of £7,750k which is forecasted to deliver in full by year end.

South East London Integrated Care System

Appendix A

SEL ICB Abridged Finance Report

Month 4 2025/26

Bexley Wellbeing Partnership

Executive Summary

NHS South East London

- This report sets out the month 4 financial position of the ICB. The financial reporting is based upon the final plan submission. This included a **planned break-even position** for the ICB.
- The ICB's financial allocation as at month 4 is **£5,766,781k**. In month, the ICB has received an additional **£47,326k** of allocations. These are as detailed on the following slide. As at month 4, the ICB is reporting a year to date (YTD) **break-even** position. Within this reporting, the ICB has delivered **£19,300k of savings YTD** compared to the plan value of £18,700k.
- Due to the usual time lag, the ICB has received two months of 2526 prescribing data. This indicated a circa **£828k overspend YTD across PPA and non PPA** budgets, but its impact was very variable across the Places. This month actual Place positions have been reflected in the reporting.
- The continuing care financial position is **£713k overspent** at month 4, which is a deterioration on last month. The boroughs which are most impacted with overspends are Lewisham, Bromley and Greenwich which is a continuation of the trend from last year. Southwark and Bexley have small underspends, with Lambeth reporting a break-even position.
- The YTD position for **Mental Health services** is an overall **overspend** of **£3,213k**. The pressures on cost per case services are differential across boroughs with Bromley, Greenwich, Lambeth, Lewisham and Southwark being the most impacted. **ADHD and ASD assessments** are a significant pressure in all boroughs, with both activity and costs increased significantly in the early part of this financial year. Places will also be impacted by the current contractual difficulties in the **community home equipment contract**, led by the London consortium. The cost pressure is still to be quantified but will likely impact from August.
- The ICB is continuing to incur pay costs for the remaining displaced staff following the original MCR process. All associated costs are charged to the balance sheet provision which was set up for this purpose. Some staff left the ICB in June, which leaves a small number of impacted staff who remain at the ICB.
- Two places are reporting overspends YTD at month 4 – **Greenwich (£803k) and Lambeth (£663k)**. A break-even position is forecast for all places. Places have recently met with the CFO and Deputy CEO to review financial positions. All places were tasked to identify additional mitigations to offset financial risks, to ensure delivery of their financial plans. Detail regarding the individual place financial positions is provided later in this report.
- In reporting this month 4 position, the ICB has delivered the following financial duties:
    - Minor underspend of **£117k YTD** against its management costs allocation, with the monthly cost of displaced staff being charged against the provision. The forecast outturn position on running costs is break-even.
    - Delivering all targets under the **Better Practice Payments code**;
    - Subject to the usual annual review, delivered its commitments under the **Mental Health Investment Standard**; and
    - Delivered the **month-end cash position**, well within the target cash balance.
- As at month 4 the ICB is reporting an overall **forecast break-even position** against its financial plan. More detail on the wider ICS financial position is set out the equivalent ICS Finance Report.

Key Financial Indicators

NHS South East London

- The below table sets out the ICB's performance against its main financial duties on both a year to date (YTD) and forecast basis.
- As at month 4, the ICB is reporting a year to date (YTD) and forecast out-turn (FOT) **break-even position** against its revenue resource limit (RRL) and financial plan. Within this reporting, the ICB has delivered £19,300k of savings YTD compared to the plan value of £18,700k.
- **All boroughs are reporting that they will deliver a minimum of financial balance at the year-end after the "equalisation" (implementation of the risk-share) of the delegated primary care budgets.**
- The ICB is showing a YTD underspend of **£117k** against the running cost budget with a forecast out-turn position of breakeven against the running cost allowance.
- All other financial duties have been delivered for the year to month 4 period.

Key Indicator Performance

	Year to Date		Forecast		
	Target	Actual	Target	Actual	
	£'000s	£'000s	£'000s	£'000s	
Expenditure not to exceed income	1,934,298	1,934,298	5,766,781	5,766,781	
Operating Under Resource Revenue Limit	1,934,298	1,934,298	5,766,781	5,766,781	
Not to exceed Running Cost Allowance	10,334	10,217	31,001	31,001	
Month End Cash Position (expected to be below target)	5,563	1,665			
Operating under Capital Resource Limit	n/a	n/a	n/a	n/a	
95% of NHS creditor payments within 30 days	95.0%	100.0%			
95% of non-NHS creditor payments within 30 days	95.0%	97.4%			
Mental Health Investment Standard (Annual)			537,494	546,155	

Budget Overview

NHS South East London

	M04 YTD							
	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCG
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Year to Date Budget								
Acute Services	1,699	2,706	2,304	163	453	32	1,102,982	**1,110,339**
Community Health Services	8,489	31,611	13,499	9,993	11,380	12,619	94,641	**182,233**
Mental Health Services	3,633	4,974	2,980	8,075	2,677	3,574	213,792	**239,705**
Continuing Care Services	8,903	9,379	10,102	11,970	8,473	6,839	-	**55,666**
Prescribing	12,960	17,433	12,735	14,570	14,546	11,991	(144)	**84,089**
Other Primary Care Services	500	675	643	1,319	681	334	5,861	**10,013**
Other Programme Services	408	-	598	-	-	251	8,131	**9,389**
Programme Wide Projects	-	-	-	-	9	86	2,315	**2,410**
Delegated Primary Care Services	16,518	23,659	21,137	32,085	24,159	25,802	(460)	**142,901**
Delegated Primary Care Services DPO	-	-	-	-	-	-	76,991	**76,991**
Corporate Budgets - staff at Risk	-	-	-	-	-	-	-	**-**
Corporate Budgets	982	1,170	1,154	1,515	1,074	1,334	13,332	**20,561**
Total Year to Date Budget	**54,091**	**91,608**	**65,152**	**79,690**	**63,452**	**62,863**	**1,517,442**	**1,934,298**

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCG
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Year to Date Actual								
Acute Services	1,701	2,693	2,357	163	474	39	1,102,983	**1,110,409**
Community Health Services	8,486	31,506	13,446	9,993	9,642	12,168	94,715	**179,957**
Mental Health Services	3,635	5,623	3,711	8,660	3,225	4,272	213,792	**242,918**
Continuing Care Services	8,799	9,697	10,310	11,970	9,158	6,444	-	**56,379**
Prescribing	13,043	16,833	13,044	14,570	15,145	12,426	(144)	**84,917**
Other Primary Care Services	500	675	596	1,319	681	334	5,946	**10,051**
Other Programme Services	408	-	-	-	(0)	-	7,032	**7,440**
Programme Wide Projects	-	-	-	-	9	72	2,323	**2,403**
Delegated Primary Care Services	16,462	23,317	21,314	32,205	24,086	25,816	(244)	**142,954**
Delegated Primary Care Services DPO	-	-	-	-	-	-	76,991	**76,991**
Corporate Budgets - staff at Risk	-	-	-	-	-	-	-	**-**
Corporate Budgets	896	1,020	1,178	1,474	1,032	1,264	13,014	**19,877**
Total Year to Date Actual	**53,931**	**91,365**	**65,955**	**80,352**	**63,452**	**62,833**	**1,516,409**	**1,934,298**

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCG
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Year to Date Variance								
Acute Services	(3)	13	(53)	0	(21)	(7)	(0)	**(70)**
Community Health Services	3	105	54	(0)	1,738	451	(75)	**2,276**
Mental Health Services	(3)	(649)	(731)	(585)	(548)	(698)	(0)	**(3,213)**
Continuing Care Services	104	(318)	(208)	0	(686)	395	-	**(713)**
Prescribing	(83)	600	(309)	0	(600)	(435)	0	**(828)**
Other Primary Care Services	0	0	47	(0)	0	0	(85)	**(38)**
Other Programme Services	(0)	-	598	-	0	251	1,099	**1,949**
Programme Wide Projects	-	-	-	-	-	15	(8)	**7**
Delegated Primary Care Services	56	342	(177)	(119)	74	(13)	(215)	**(53)**
Delegated Primary Care Services DPO	-	-	-	-	-	-	(0)	**(0)**
Corporate Budgets - staff at Risk	-	-	-	-	-	-	-	**-**
Corporate Budgets	86	150	(24)	41	43	70	318	**684**
							144	
Total Year to Date Variance	**160**	**243**	**(803)**	**(663)**	**0**	**30**	**1,033**	**(0)**

- As at month 4, the ICB is reporting a YTD **break-even position**, albeit with **emerging pressures in specific budgets.** Key area of financial pressure are in **mental health services and prescribing.**
- Due to the usual time lag, the ICB has now received two months of 2526 prescribing data. This indicated a circa **£828k** overspend but is variable across the Places. This month the actual performance for each Place has been reflected in the reporting both for YTD and FOT.
- The CHC financial position is **£713k overspent** at month 4, a significant deterioration on last month's reported numbers. The boroughs which are most impacted are Lewisham, Bromley and Greenwich which is a continuation of the trend from last year. The Greenwich position has deteriorated from last month; the Bromley position has also deteriorated but the run rate for Lewisham has improved.
- The YTD position for Mental Health services is an overall **overspend of £3,213k.** The pressures on cost per case services are differential across boroughs with all (except Bexley) being significantly impacted. **ADHD and ASD assessments** are a significant pressure in all boroughs with activity and costs increasing significantly in the early part of this financial year.
- The ICB is continuing to incur pay costs for the remaining displaced staff following the original MCR process. All associated costs are charged to the balance sheet provision which was set up for this purpose. Some staff left the ICB in June, which still leaves a small number of impacted staff who remain at the ICB.
- Two places are reporting overspends YTD at month 4 – **Greenwich (£803k) and Lambeth (£663k).** However, a **year-end break-even position is forecast for all places** after adjusting for the impact of under/overspends on the delegated primary care budget – thereby managing this budget on a pan ICB basis.
- More detail regarding the individual place financial positions is provided later in this report.

Prescribing

NHS South East London

- The table below presents the month 4 PPA Prescribing Position showing a YTD overspend of **£1,023k** and FOT overspend of **£3,228k**. The YTD position is calculated on 2 months of actual PPA data and 2 months of accruals which are estimated based on a 6-month average of previous data and multiplied by the number of dispensing days.
- The non-PPA prescribing budgets underspend by **£195k** YTD – generating an overall prescribing position of an overspend of **£828k YTD** at month 4.

M04 Prescribing	Total PMD (Excluding Cat M & NCSO)	Central Drugs	Flu Income	Q4 24/25 Flu (Benefit)/Cost pressure	Public Health Drug Recharge	Total 24/25 PPA Spend	M04 YTD Budget	YTD Variance - (over)/under	YTD Adjustment	Revised YTD Variance - (over)/under
BEXLEY	12,613,607	416,249	(100,195)	(28,749)	(31,333)	12,869,579	12,858,718	(10,861)	0	(10,861)
BROMLEY	16,353,545	539,667	(136,955)	(3,940)	(19,581)	16,732,735	17,332,479	599,744	0	599,744
GREENWICH	12,862,876	424,475	(43,800)	(86,423)	0	13,157,128	12,637,855	(519,273)	0	(519,273)
LAMBETH	14,040,057	463,322	(50,945)	(60,319)	0	14,392,114	14,543,930	151,815	0	151,815
LEWISHAM	14,735,730	486,279	(43,192)	(49,435)	(106,853)	15,022,529	14,212,990	(809,539)	0	(809,539)
SOUTHWARK	12,070,255	398,318	(97,628)	(30,609)	0	12,340,337	11,905,158	(435,179)	0	(435,179)
SOUTH EAST LONDON	0	0	0	0	0	52,405	0	0	(52,405)	0
Grand Total	**82,676,070**	**2,728,310**	**(472,714)**	**(259,476)**	**(157,768)**	**84,566,828**	**83,491,129**	**(1,023,294)**	**(52,405)**	**(1,023,294)**

Prescribing
Comparison of April to May 2025 v April to May 2024

	2024/25 April to May	2025/26 April to May	Change £	Change %
South East London ICB:				
Expenditure (£'000)	40,608	41,191	583	**1.4%**
Number of Items ('000)	4,454	4,518	63	**1.4%**
£/Item	9.12	9.12	0.00	**0.0%**
London ICBs:				
Expenditure (£'000)	205,449	211,259	5,811	**2.8%**
Number of Items ('000)	25,276	25,990	713	**2.8%**
£/Item	8.13	8.13	0.00	**0.0%**
All England ICBs:				
Expenditure (£'000)	1,683,686	1,697,433	13,748	**0.8%**
Number of Items ('000)	207,532	208,925	1,393	**0.7%**
£/Item	8.11	8.12	0.01	**0.1%**

- The table to the left compares April to May prescribing data for 2024/25 and 2025/26. The headlines are that the trend in expenditure in the ICB is higher than nationally (**an increase of 1.4%**) and lower than the London average (**an increase of 2.8%**). This is driven primarily by a lower increase in the number of items **(1.4%)** – compared to an **increase of 2.8%** across London.

NHS Continuing Healthcare

NHS South East London

- As of Month 4, the CHC budget reflects an overall **overspend** of **£713k**. Cost pressures vary across boroughs: **Lewisham, Bromley, and Greenwich** are reporting overspends, while **Bexley and Southwark** are **underspent by £104k** and **£395k** respectively, with **Lambeth** reporting a break-even position.
- **Lewisham** is the largest contributor to the overspend at **£686k**, primarily driven by high costs among palliative care clients. The reported figure includes **£325k** for anticipated provider price increases.
- **Bromley** is reporting an **£318k overspend**, largely due to increases in FNC provision and palliative care; this also includes a provision of **£223k** for potential future price increases agreed with providers.
- **Greenwich** has an overspend of **£208k**, mainly attributed to an increase in the cost of children's CHC.
- To manage provider price uplifts, an **ICB panel** has been established to review all price increase requests exceeding **1.5%**, meeting weekly to ensure consistency across the ICB, and to contain cost escalation. All borough financial positions include a provision for a **4% inflationary uplift** where uplifts have not been specifically agreed.
- On savings delivery, all boroughs have identified and made progress against their CHC savings plans. **Greenwich** are reporting an **under delivery of £250k** and **Lewisham** are currently **exceeding** their target by **£419k**. However, increasing levels of activity and the prevalence of high-cost patients continue to create ongoing financial pressures on the CHC budget.

South East London Integrated Care System

Appendix B

SEL ICS Abridged Finance Report

Month 4 2025/26

Bexley Wellbeing Partnership

ICS Financial Position – I & E Summary

- This slide provides an overview of the financial position across the ICS and the individual organisations as of month 4, including both year-to-date and forecast. It is intended to support informed discussion around the collective financial outlook and progress towards the agreed control total. The slide also reflects the impact of deficit support funding received by the Integrated Care Board (ICB), offering insight into how this additional resource is helping to stabilise the system and support continued delivery of services.

- As at month 4, SEL ICS is reporting a YTD deficit of (£23.7m), **£0.6m adverse** to plan, this is an **improvement of £1.3m** compared to M3.
- GSTT reports a favourable position of £0.2m due to improved efficiency delivery. All other organisations except for Kings are reporting a breakeven position. The main driver within Kings is the cost of the industrial action.
- To achieve the reported position, a total of £8.5m risks were fully mitigated:
  - £5.4m YTD increase in pathology costs at GSTT due to delayed expected price reductions. This pressure is expected to be non recurrent.
  - £1.2m shortfall from unplanned specialised commissioning funding.

  These pressures were fully mitigated recurrently using inflationary reserves.
  - Industrial Action – £1.7m in total: £1.0m at KCH, £0.5m at GSTT, £148k at LGT, and £53k at Oxleas.
  - Pay Awards – Minimal reflected in the position (£80k at LGT and £90k at Oxleas).
- **At month 4, the ICS system forecast remains at a break-even financial position.**

Organisation	YTD					Forecast				
	Plan (pre Deficit Support Funding)	Plan Deficit Support Funding	Plan (incl. Deficit Support Funding)	Actual	Variance	Plan (pre Deficit Support Funding)	Plan Deficit Support Funding	Plan (incl. Deficit Support Funding)	Actual	Variance
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
GSTT	(23.3)	0.0	(23.3)	(23.1)	0.2	0.0	0.0	0.0	0.0	0.0
Kings	(25.7)	25.0	(0.7)	(1.5)	(0.8)	(75.0)	75.0	0.0	0.0	0.0
LGT	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Oxleas	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
SLAM	0.9	0.0	0.9	0.8	(0.0)	0.0	0.0	0.0	0.0	0.0
Provider Total	**(48.1)**	**25.0**	**(23.1)**	**(23.7)**	**(0.6)**	**(75.0)**	**75.0**	**0.0**	**0.0**	**0.0**
ICB	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
System Total	**(48.1)**	**25.0**	**(23.1)**	**(23.7)**	**(0.6)**	**(75.0)**	**75.0**	**0.0**	**0.0**	**0.0**

Bexley Wellbeing Partnership Committee

Thursday 25th September 2025

Item: 10

Enclosure: I

Title:	**Place Risk Register**
Author/Lead:	Rianna Palanisamy, Partnership Business Manager, NHS South East London Integrated Care Board
Executive Sponsor:	Diana Braithwaite, Place Executive Lead (Bexley), NHS South East London Integrated Care System

Purpose of paper:	**To update the committee on the current risks on the Bexley place risk register and actions to mitigate those risks in the context of the boroughs risk appetite.**	**Update / Information**	***X***
		Discussion	
		Decision	

Summary of main points:	The Bexley Place risk register is currently reporting 13 open risks specifically relating to borough activities. The risks principally arise due to the following issues: Vacancies within Safeguarding team, Primary care insecure lease arrangements, failure to deliver on the actions from the SEND inspection, the risk of overspend against aspects of the borough delegated budgets resulting in failure to deliver within the financial control total for 2025/26, the recommendations of the Better Care Fund support programme not being fulfilled, the inability to fully integrate system partners to meet the Joint Forward Plan goals and the targets not being met for flu vaccinations, SMI health checks and hypertension. The risks are reviewed monthly by the borough Senior Management Team. Where risks impact across several boroughs, they are also recorded on the NHS South East London Integrated Care Board (NHS SEL ICB) corporate risk register. The Senior Management Team also review the place comparative risks which assesses risks from each of the 6 SEL Boroughs. Further detail, mitigating actions, and gaps in control measures that require further work to address, are detailed in the attached report and appendix.	
Potential Conflicts of Interest	There are no conflicts of interest.	
Other Engagement	Equality Impact	None identified.
	Financial Impact	The finance risks reported concern financial risks which may impact the ICBs ability to meet its statutory duties.
	Public Engagement	These risks are highlighted in the regular report which is provided to the Bexley Wellbeing

		Partnership Committee at their meetings held in public.
	Other Committee Discussion/ Engagement	Risks as a whole are considered at the ICBs risk forum, which meets quartely. The Board reviews the Board Assurance Framework at each meeting and is provided with an update on actions taken by other committees in relation their specialty associated risks.
Recommendation:	This report is for information and assurance to the Bexley Wellbeing Partnership Committee setting out the risks and associated mitigations.	

Bexley Place Risks – Report to the Bexley Wellbeing Partnership Committee

Thursday 25th September 2025

1. Introduction

NHS South East London Integrated Care Board (NHS SEL ICB) manages its risk through a robust risk management framework, which is based on stratification of risk by reach and impact to identify:

- Risks to the achievement of corporate objectives which require Board intervention
- Risks which impact activity across multiple boroughs or directorates in south east London
- Place specific risks

The purpose of this report is to highlight to the Bexley Wellbeing Partnership Committee members the risks currently reported in the Bexley Place Risk Register.

2. Governance and risk management

Risk ownership is assigned to the most appropriate person within the relevant Bexley team at the time of raising the risk.

Risk review is a four-tier process comprising:

i. **Individual risk owner management** and review of the risk on a regular basis to ensure the risk register reflects the current status of the risk and any changes in circumstances are reflected in the score. This process includes a monthly scheduled review of all Bexley risks by the senior management team.

ii. The opportunity **to benchmark against risks held on risk registers for other boroughs** in south east London, and against risks held on the south east London risk register in a monthly risk forum, which comprises risk owners and risk process leads from across the ICB to discuss and challenge scoring of risks and the mitigations detailed.

iii. **Monthly review of the Bexley borough risk register** by members of the Bexley Wellbeing Partnership Committee, which holds a meeting held in public every other month, ensuring transparency of risks.

iv. **Regular review of the Board Assurance Framework** risks by the ICB Board at meetings held in public, together with **review of directorate risks** by Board committees.

Risk scores are calculated using a 5 x 5 scoring matrix which combines likelihood of occurrence by impact of occurrence. A summary of the potential grades for risks is shown in the table below:

Grade	Definition	Risk Score
Red	Extreme Risk	15-25
Amber	High Risk	8-12
Yellow	Moderate Risk	4-6
Green	Low Risk	1-3

Risks scoring 15 and above should therefore be given priority attention.

3. Bexley Place Risks

The Bexley Place risk register is reviewed on a monthly basis by the Senior Management Team, with a plan to further discuss on a one-to-one basis with the risk owner through a facilitated conversation led by the local governance and business support team.

The committee is asked to note the following:

- Of the 13 risks on the boroughs risk register, two are scored at 15 or above for their initial rating (i.e., the risk before any mitigation actions are put in place).
- Of the 13 risks on the Place based risk register:
  - **Twelve** risks are rated as “high risk” (amber) after mitigations are put in place
  - **One** risk is rated as “low risk” (green) after mitigations are put in place

The underlying cause of these risks is:

- Concerns around achieving financial targets/ funding available.
- Capacity issues, either to meet demand within the borough or within the wider system.
- Insecure lease arrangements with a small number of practices within Bexley.
- Failure to deliver on one or more of the areas for priority action from the SEND inspection
- Targets not being met for SMI Health Check, Flu Vaccinations and Hypertension management
- Failure to fulfil the recommendations of the Better Care Fund Support Programme received in March 2025
- Inability to fully integrate and coordinate services across system partners, delaying in delivery of the Joint Forward Plan Goals

For further details on the risks, please see the below Bexley risk register in full.

4. Proposed actions for the committee

In relation to the above, the committee is recommended to consider the following actions:

- Review the risk register and assure itself as a committee that this accurately and comprehensively reflects the risks the borough currently holds.
- Review the controls in place and assure itself that these are underway.
- Consider the gaps in control and gaps in assurance and how the Committee can support the risk owners to ensure they are addressed.

Rianna Palanisamy
Partnership Business Manager, Bexley
NHS South East London Integrated Care Board

25th September 2025

Risk ID	Risk Description	Initial Rating	Control Summary	Current Rating	Assurance in Place	Gaps in Assurance	Target Rating
503	A small number of practices within Bexley have insecure lease arrangements and/or unresolved issues with landlords that have the potential to lead to loss of premises within a relatively short time frame (< 6 months). There is the risk of a reactive and unplanned dispersal of those lists if appropriate premises cannot be secured and/or alternative arrangements (e.g. co-location or merger) cannot be agreed.	16	Regular liaison with the Lead Partner(s), ICB Estates Team and and LMC representative(s), Workshops and external consultancy input, facilitated through Practice Resilience funding.	12	Legal protections - Some legal protection afforded to the practices where the terms of the lease are being adhered to., Primary Care Delivery Group (Part2) Risk Register, clearly defines the risks for individual practices with plans in development to mitigate., Immediate risk associated with one practice has been resolved through purchase of the surgery premises by the Partner, enabling a new lease to be agreed.	Currently no identified/agreed estates solutions to mitigate current risks., Lack of clearly defined estates strategies at PCN/LCN level which makes it harder to assess the validity and implications of 'solutions' proposed by the affected practices, It is suspected that a number of Partnership Agreements including the property ownership and or lease agreements are not up-to-date and signed by all partners. These are reviewed at the point of renewal to provide this assurance.	8
535	There is a risk that the prescribing budget may overspend due to: 1- Medicines supplies and costs increase No Cheaper Stock Obtainable/price concessions and Category M 2- Reduced capacity in the team to implement in year Quality, Innovation, Productivity & Prevention schemes by borough medicines optimisation teams due to a reduction in whole time equivalents following the management cost reduction programme. This is expected to have an additional impact on delivery given the latest ask for another restructure of the organisation 3- Entry of new drugs with increased cost pressure to prescribing budget. 4- Increased patient demand for self care items to be prescribed rather than purchased as cost of living increases	12	Monthly monitoring of spend (ePACT and PrescQIPP), Review PPA budgets, Borough QIPP plans, and incentive schemes developed, SEL rebate schemes	12	Budget monitoring and continuous review of efficiency plans, Bexley Wellbeing Partnership ; Bexley Wellbeing Executive ; SEL ICB Board Assurance Framework. Actions regarding the prescribing budget are completed by Taher Esfandiari, Monthly practice prescribing dashboard, Monthly QIPP tracker, SEL ICB Primary Care Medicines Value Group for discussion and dissemination of supportive information to help with QIPP delivery/budgetary stewardship, SEL rebate scheme ensures savings are still realised, Prescribing support software harmonisation for SEL in place	Control over national guidance and price changes	6
546	Risk that expenditure for continuing health care services will exceed the 25/26 set budget. The growth funding received is lower than Funded Nursing Care & Any Qualified Provider rates and non AQP providers are requesting even higher rates. Also, increase in home care providers rates is likely for providers on Bexley Council's domiciliary care framework	12	Robust recovery plan and regular robust monitoring in place , including delivery on efficiency targets	9	Budget monitoring and continuous review of efficiency plans. SEL process for approval of fee uplift requests. Robust 1;1 review process, Potential savings schemes amounting to £915k developed for internal CIP audit March 2025	Unable to control incoming high cost cases, Limited control of fee uplift requests from providers	6
550	There is a risk that system partners will fail to deliver on one or more of the areas for priority action from the SEND inspection and that required improvements are not made so that the local authority and ICB fail to meet their statutory duties and children and young people with Special Educational Needs and Disabilities do not receive the support they require.	9	The T&F has generated a project plan to address therapy gaps	9	Progress report to Board, all Priority Action Plan actions Red Amber Green rated and updated monthly, SEND assurance now shared with Integrated Care Board Accountable Officer, Recent SEND PAP stocktake with NHS England and Dept for Education, Project manager in place and programme manager due to start in December, SEND transformation manager and project manager both started full time at beginning of December. Tracker to monitor delivery and impact of all PAP now populated and Board will review in December, Positive deep dive by DfE/NHSE with clear actions for continued improvement 22/01/25, SEND hub being rolled out- which will provide child level data and show where therapy gaps exist, SEND Board being assured that actions will be completed by the end of	Stocktake indicated concerns about pace, Potential cost pressures to implement new therapy model, current lack of child level data (until hub is fully rolled out) means still unable to pinpoint which children in which schools are not receiving therapy in line with Education Health & Care Plan, failure to recruit additional Occupational Therapy capacity at first attempt, Financial information to support development of therapies commissioning model is proving challenging to obtain, Early data from SEND hub shows therapy services gaps are bigger than previously thought and include SLT as well as OT, There is still work required to agree and	4
582	There is a risk that inadequate immunisation coverage may increase the risk of outbreaks of vaccine-preventable diseases, especially measles and whooping cough.	12	The Borough Immunisation Coordinator works closely with practices to support improvement in uptake., Raising awareness on programme changes & signposting to associated supporting resources & toolkits	12	Communications - To ensure parents can make informed decisions about vaccinations, systems need to provide clear and up-to-date information about vaccines, including any potential side-effects as well as information on the diseases vaccines protect against., Doing the basics well - Robust call & recall processes, a range of clinics & appointments, easy registration processes for new families/patients, timely follow-up of DNA's by suitably trained staff alongside the offer of another appointment., Learning and review - Regular review by GP practices (individually and collectively) of their data and processes to understand their progress with vaccine uptake and identify training gaps and areas for development.,	Some key vaccination indicators are below the 90% efficiency standard, e.g. MMR2 at 5 years is at 74.5%, and pre-school booster coverage is only 73%., Significant changes to the national routine vaccination schedule from July 2025 are likely to require time to fully embed, potentially leading to further reduced coverage in the short term.	6

Risk ID	Risk Description	Initial Rating	Control Summary	Current Rating	Assurance in Place	Gaps in Assurance	Target Rating
583	There is a risk that low rates of flu vaccination among under-65s at risk may increase acute demand during flu season, particularly for at-risk populations	12	Close working between the ICB and GP Practice/Community pharmacy to plan and promote vaccination campaigns., Use of a range of communication and media channels to promote vaccine eligibility and availability., Use of Making Every Contact Count (MECC) through scheduled outreach events promoting health and wellbeing.	12	Regular liaison with delivery partners through the bi-weekly Vaccination Oversight Group to identify and address trends and issues at an early stage., NHSE UEC winter plan references developing the "flu walk-in finder" so that, from October 2025, patients can easily look up when they can walk into a community pharmacy to get a vaccination, NHSE UEC winter plan references expanding the use of the National Booking Service for flu vaccination to make more appointments available, including keeping it open until the end of the flu campaign in March, Expanded comms campaign (including Better Access Bexley) form part of the plan to achieve projected increase., Community pharmacies are becoming increasingly ambitious on flu vaccinations so this will likely drive greater coverage.	Evidence of post pandemic vaccination 'fatigue' within the target population., There has been an issue with 24/25 flu data so we do not have a totally accurate picture for 24/25 but the projected plan is likely only a 1-2% increase on this year's performance in both cohorts (>65s and <65s clinically vulnerable)	6
584	There is a risk that the continued shortfall in SMI health checks, relative to the SEL Operating Plan target, may worsen health inequalities and reduce quality of care for a high-need group.	12	Joined up working and approach through the borough Mental Health Board., Practices are incentivised within the Bexley GP Premium for delivery over and above the ICB's Operating Plan target.	12	Despite significant challenges resulting from the Synnovis cyber attack, Bexley GP practices have recovered to a 24/25 year end position of 63% which is ahead of the national target of 60%.	In the last 12 months 63% of people with SMI have had physical health check vs an SEL operating plan target of 70% (24/25)	6
585	There is a risk that poor hypertension management within primary care may increase cardiovascular risk and contribute to poorer health outcomes for residents and future avoidable demand on secondary and acute health care services.	15	'Clinical Excellence South East London' (CESEL) work with practices and PCNs to ensure that CVD investment funding is focused on supporting the improvement of the hypertension target., Increasing awareness with the general public through community outreach events concerning the importance of having blood pressure checked and controlled., The 2024/25 priorities and operational planning guidance identifies increasing the percentage of patients with hypertension treated to NICE guidance to 80% by March 2025 as a national objective. For 2024/25, this will remain the primary aspirational goal for SEL. SEL will also pursue a 'minimum achievement' target (which will serve as the revised SEL ICB corporate objective) to achieve 85% over a 2 year time period (i.e. by end March 2026). This approach has been agreed by the PELs., Additional investment agreed by Primary Care Delivery Group in	12	Clear plans in place to recover position to target by 31 March 2026, including rapid improvement to reach mid / upper 60% by end of Q1 25/26 and 80% by end of March 2026., All practices to identify a dedicated team (champions) and Lead GP to take charge of hypertension management and set criteria/ priorities to recall relevant patients., A Care Coordinator will ensure appropriate patients are contacted, follow-ups arranged, missed appointments rescheduled, and continuous engagement through phone calls or digital platforms., Increasing awareness with the general public about the importance of having blood pressure checked and controlled - through community engagement events with blood pressure monitoring available., As at May 2025 Bexley had made a significant improvement, with 72.3% of patients treated in accordance with NICE Guidance (expected trajectory 67.0%)	The 2025/26 priorities and operational planning guidance identifies increasing the percentage of patients with hypertension treated to NICE guidance to 85% by March 2026 as a national objective which will be challenging to achieve for most practices.	9
586	There is a risk that Bexley place may over spend against its delegated budget in 2025/26. There are significant financial risks against several budget areas including Prescribing and Continuing Care. If this materialises, it will impact the ICB's ability to maintain its financial position within the ICB's revenue resource limit which is a statutory requirement.	12	Budgets will be monitored closely to manage cost pressures, new investment will be delayed and spend freeze policy implemented inline with ICB policy to ensure a balanced budget is delivered.	9	The strategic objective of the Place to deliver a balanced budget is well understood across all teams and stakeholders. Expenditure is closely monitored and recovery actions are put in place where necessary to mitigate the risk of over spend against the overall place allocation. This is also addressed at senior management team and executive meetings, providing the necessary assurance.	None	4
587	There is a risk that Bexley place will not be able to deliver in full the 2025/26 efficiency plan identified. Failure to deliver the efficiency plan may result in Bexley place over spending against its delegated budget for 2025/26. If this materialises, it will impact the ICB's ability to maintain its financial position within the ICB's revenue resource limit which is a statutory requirement.	9	Monthly monitoring of existing schemes is in place. Continuous collaboration with all efficiency scheme owners to ensure the readiness to replace any failing scheme with viable ones.	9	There is a clear understanding of the strategic objective of Bexley place to deliver its efficiency plan. The risks on this is well discussed at the senior management team/executive meetings. Recovery/mitigation actions will be put in place as necessary.	None	3
588	There is a risk that Bexley does not fulfil the recommendations of the Better Care Fund Support Programme received in March 2025 so that required improvements to patient flow and discharge are not made in the local acute system	9	SRO's drawn from key partner organisations, SRO from LGT leading creating leadership capacity and alignment with UEC improvement plan, SRO from Oxleas leading on hub implementation, SRO from LBB leading on agreement of system wide metrics and and dashboard, SRO from RBG leading on OD programme and shared escalation system	9	SRO's taking ownership of progress and governance of each programme, MOU for integrated TOC Hub now signed off by SRO, JD for Toc Hub manager agreed by partners and ready for advert	Plans to deliver on recommendations are still forming, Integrated Toc Hub not in place as yet	6
595	There is a risk that there is an inability to fully integrate and coordinate services across system partners in a timely way which may delay delivery of the integrated Joint Forward Plan goals in relation to prevention, early intervention and personalised care, which if it occurs, will lead to lack of improved outcomes, widen health inequalities, increase demand on acute services, and reduce intended impact on system sustainability.	12	South East London ICS framework supports joined-up planning and delivery, Commitment and engagement from executives across partner organisations, Focus on personalised, preventative care embedded in the local models, Targeted development for frailty, long-term condition management and Children and Young people, Development and implementation of programme and project plans, Supports data-driven identification and targeting of need., Reduces reliance on health and care services	8	Regular ICS (NBC Board, ICB Board) and Bexley Wellbeing Partnership governance oversight (Community Based Care Delivery Board, BWP Executive Leadership Group), Programme-specific review groups, Stakeholder engagement feedback loops for service design and delivery assurance, Performance monitoring against outcomes and impact metrics, Co-design and co-development has been effectively implemented through successful public engagement forums	Data interoperability and data sharing across organisations, Variable capacity and resourcing across providers, Dependencies on voluntary sector engagement and capacity, Limited real-time impact data especially in new models of care, Value based care contracting approach and framework to enable commissioning for outcomes	6
627	There is risk that with no designated safeguarding children doctor in post SEL ICB practitioners and providers will not be able to access the advice and support they may need to safeguard children This has been caused by the post becoming vacant This is a statutory post. If this post remains vacant there is a risk that the SEL ICB will non compliant with their statutory functions	3	As a statutory post agreement has been given by Chief Executive that post can be filled. Vacancy due to be advertised shortly. One designated safeguarding children doctor has made themselves available to provide advice and support. Several other designated doctors across the ICB SEL would also be available but on a limited basis	3	Designated Dr for Greenwich as agreed to cover. Named GP in Bexley providing support. If both are on leave at the same time support can be accessed by one of the other Designated Drs in SEL ICB or away at the same time support can be accessed by contacting one of the other Designated Drs in SEL ICB	None	3

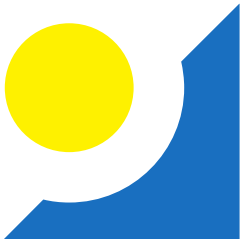
Agenda Item: 14
Enclosure: J

Bexley Wellbeing Partnership Committee

Glossary of NHS Terms

A&E	Accident & Emergency
AHC	Annual health Checks
AAU	Acute Assessment Service
ALO	Average Length of Stay
AO	Accountable Officer
APMS	Alternative Provider Medical Services
AQP	Any Qualified Provider
ARRS	Additional Roles Reimbursement Scheme
ASD	Autism Spectrum Disorder
BAME	Black, Asian & Minority Ethnic Group
BBB	Borough Based Board
BMI	Body Mass Index
CAMHS	Child and Adolescent Mental Health Services
CAN	Accountable Cancer Network
CAG	Clinical Advisory Group
CCG	Clinical Commissioning group
CEG	Clinical Executive Group
CEPN	Community Education Provider Networks
CHC	Continuing Healthcare
CHD	Coronary Heart Disease
CHYP	Children and Young People's Health Partnership
CIP	Cost Improvement Plan
CLDT	Community Learning Disability Team
CMC	Coordinate My Care
CoIN	Community of Interest Networks
CoM	Council of Members
COPD	Chronic Obstructive Pulmonary Disease
Covid-19	Coronavirus
CRG	Clinical Review Group
CRL	Capital Resource Limit
CQC	Care Quality Commission
CQIN	Commissioning for Quality and Innovation
CSC	Commissioning Strategy Committee
CSU	Commissioning Support Unit
CTR	Care Treatment Review
CSP	Commissioning Strategy Plan
CVD	Cardiovascular disease
CVS	Cardiovascular System
CWG	Clinical Working Group
CYP	Children and Young People
DBL	Diabetes Book & Learn
DES	Directed Enhanced Service
DH	Denmark Hill
DHSC	Department of Health and Social Care
DPA	Data Protection Act
DVH	Darent Valley Hospital

DSE	Diabetes Structured Education
EA	Equality Analysis
EAC	Engagement Assurance Committee
ECG	Electrocardiogram
ED	Emergency Department
EDS2	Equality Delivery System
EIP	Early Intervention in Psychosis
EoLC	End of Life Care
EPR	Electronic Patient Record
e-RS	e-Referral Service (formerly Choose & Book)
ESR	Electronic Staff Record
EWTD	European Working Time Directive
FFT	Friends and Family Test
FOI	Freedom of Information
FREDA	Fairness, Respect, Equality, Dignity and Autonomy
GB	Governing Body
GDPR	General Data Protection Regulation
GMS	General Medical Service
GP	General Practitioner
GPPS	GP Patient Survey
GPSIs	General Practitioner with Special Interest
GSF	Gold Standard Framework
GSTT	Guy's & St Thomas' NHS Trust
GUM	Genito-Urinary Medicine
HCA	Health Care Assistant
HCAI	Healthcare Acquired Infection
HEE	Health Education England
HEIA	Health and Equality Impact Assessment
HESL	Health Education England – South London region
HLP	Healthy London Partnership
HNA	Health Needs Assessment
HP	Health Promotion
HWBB	Health and Wellbeing Board
IAF	Improvement Assessment Framework
IAPT	Improving Access to Psychological Therapies
ICB	Integrated Care Board
ICS	Integrated Care System
ICU	Intensive Care Unit
IFRS	International Reporting Standards
IG	Information Governance
IS	Independent Sector
JSNA	Joint Needs Assessment
KCH	King's College Hospital Trust
KHP	Kings Healthcare Partnership
KPI	Key Performance Indicator
LA	Local Authority
LAS	London Ambulance Service



LCP	Local Care Provider
LD	Learning Disabilities
LES	Local Enhanced Service
LGT	Lewisham & Greenwich Trust
LHCP	Lewisham Health and Care Partnership
LIS	Local Incentive Scheme
LOS	Length of Stay
LMC	Local Medical Committee
LQS	London Quality Standards
LTC	Long Term Condition
LTP	Long Term Plan
MDT	Multi-Disciplinary Team
NAQ	National Audit Office
NDA	National Diabetes Audit
NHS	National Health Service
NHSLA	National Health Service Litigation Authority
MH	Mental Health
MIU	Minor Injuries Unit
NHSE	NHS England
NHSI	NHS Improvement
NICE	National Institute of Clinical Excellence
NICU	Neonatal Intensive Care Unit
OHSEL	Our Healthier South East London
OoH	Out of Hours
PALS	Patient Advice and Liaison Service
PBS	Positive Behaviour Support
PHB	Personal Health Budget
PPE	Personal Protective Equipment
PPI	Patient Participation Involvement
PPG	Patient Participation Group
PRU	Princess Royal university Hospital
PCNs	Primary Care Networks
PCSP	Personal Care & Social Planning
PHE	Public Health England
PMO	Programme Management Office
PTL	Patient Tracking list
QEH	Queen Elizabeth Hospital
QIPP	Quality, Innovation, Productivity and Prevention
QOF	Quality and Outcomes Framework
RTT	Referral to treatment
SEL	South East London
SELCA	South East London Cancer Alliance
SELCCG	South East London Clinical Commissioning Group
SELDOC	South East London doctors On Call
SLaM	South London and Maudsley Mental Health Foundation Trust
SLP	Speech Language Pathologist
SMI	Severe Mental Illness

SMT	Senior Management Team
SRO	Senior Responsible Officer
STPs	Sustainability and Transformation Plans
TCP	Transforming Care Partnerships
TCST	Transforming Cancer Services Team
THIN	The Health Improvement Network
TOR	Terms of Reference
UHL	University Hospital Lewisham
UCC/UTC	Urgent Care Centre of Urgent Treatment Centre
VCS	Voluntary and Community Sector/Organisations
WIC	Walk-in-Centre