South East London Integrated Care System

Bexley Wellbeing Partnership

Bexley Wellbeing Partnership Committee meeting held in public

Thursday 27th November 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 25th September 2025 and matters arising	Encl. B	Chair	14:04
Discussion				
4.	Health & Care Reforms: Neighbourhood Health Plan Development	Encl. C	Diana Braithwaite/ Kallie Heyburn	14:10
Assurance				
5.	Joint Forward Integrated Plan 2025/26: Progress Report	Encl. D	Kallie Heyburn	14:25
6.	Better Care Fund: Quarter 2 2025/26 NHS England Return	Encl. E	Steven Burgess	14:40
7.	Local Care Partnership Assurance Report	Encl. F	Graham Tanner	14:50
8.	Finance Report: Month 6	Encl. G	Asad Ahmad	15:05
9.	Risk Register	Encl. H	Rianna Palanisamy	15:20
Public Forum				
10.	*Public Questions*			15:25
Let's Talk				
11.	Diabetes		Chair	15:27
Closing Business				
12.	Any other business		Chair	15:57
For Information				
13.	Glossary	Encl. I		
14.	Date of the next meeting: Thursday 22nd January 2026, 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, 25th September 2025, 14:00hrs to 16:00hrs

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

(and via Microsoft Teams)

Voting Members

Name	Title and organisation
1. Diana Braithwaite (DB)	Strategic Director, Integrated Health & Care/Place Executive Lead (Bexley), NHS South East London Integrated Care Board (NHS SEL ICB)
2. Jennifer Bostock (JB) (Via MS Teams)	Independent Member, NHS SEL ICB
3. Dr Nicole Klynman (NK)	Director of Public Health, London Borough of Bexley (LBB)
4. Jim Beale (JB)	Deputy Director of Adult Social Care & Health, London Borough of Bexley (LBB)
5. Sarah Burchell (SBu)	Service Director, Adult Community Physical Health Services, Oxleas NHS Foundation Trust
6. Raj Matharu (RM) (Via MS Teams)	Chief Executive Officer (CEO), South East London, Local Pharmaceutical Committee (LPC)
7. Dr Folake Davies (FD)	Clocktower Primary Care Network
8. Dr Sushanta Bhadra (Via MS Teams)	North Bexley Primary Care Network
9. Dr Sonia Khanna (via MS Teams)	Frognal Primary Care Network

In attendance

Keith Wood (KW) (via MS Teams)	Lay Member for Primary Care (Bexley), NHS SEL ICB
Abi Mogridge (AM)	Chief Executive Officer (CEO), Bexley Health Neighbourhood Care CIC (GP Federation)
Kate Heaps (KH) (Via MS Teams)	Chief Executive Officer (CEO), Greenwich & Bexley Community Hospice
Jattinder Rai (JR)	Chief Executive Officer (CEO), Bexley Voluntary Service Council
Andrew Hardman (AH)	Chief Commercial Officer, Bromley Healthcare
Dr Clive Anggiansah (CA)	Clinical & Care Professional Lead, Community Based Care, Bexley, NHS SEL ICB
Tracey Jenkins (TJ)	Director of Strategic Transformations and Partnerships, Dartford & Gravesham NHS Trust
Graham Tanner (GT)	Associate Director, Primary & Community Care (Bexley), NHS SEL ICB
Asad Ahmad (AsA)	Associate Director of Finance (Bexley), NHS SEL ICB
Emma Willing (EW)	Associate Director Community Mental Health, Oxleas NHS Foundation Trust
Kallie Heyburn (KH)	Bexley Wellbeing Partnership Programme Director, 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
Andrew Sayers (AS)	Service Manager, Alzheimer's Society
Vikki Wilkinson (VW)	CEO, Bexley Carer's Support
Ifende Uzoka (IU)	Communications and Engagement Assistant, NHS SEL ICB
Patrick Gray (PG)	Community Voice Manager (Bexley), NHS SEL ICB
Aysha Awan (AyA)	Head of Communications and Engagement (Bexley), NHS SEL ICB
Laura Williams (LW)	Head of Commissioning for Older People, London Borough of Bexley
Rianna Palanisamy (RP) *(Presenter)*	Partnership Business Manager (Bexley), NHS SEL ICB

Apologies

- Dr Sid Deshmukh (SD), Chair, Bexley Wellbeing Partnership Committee, NHS SEL ICB
- Alison Rogers (AR), Director of Integrated Commissioning (Bexley)
- Iain Dimond (ID), Chief Operating Officer, Oxleas NHS Foundation Trust
- Stephen Kitchman (StK), Director of Children's Services, London Borough of Bexley
- Dr Surjit Kailey (SK), North Bexley Primary Care Network
- Yolanda Dennehy (YD), Director of Adult Social Care & Health, London Borough of Bexley
- Dr Miran Patel (MiP), APL Primary Care Network
- Dr Mehal Patel (MeP), APL Primary Care Network

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

		Actioned by
1-2	**Welcome, apologies and declarations of interest** **Diana Braithwaite (DB), Strategic Director, Integrated Health & Care/ Place Executive Lead (Bexley), NHS South East London Integrated Care Borad (ICB)** agreed to chair the meeting as the Vice-Chair was on MS Teams. DB 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.	**DB**
3.	**Draft minutes of the public meeting held on 24th July 2025** Bexley Wellbeing Partnership agreed that the draft minutes of the public meeting held on 24th July 2025 were a true and accurate record of that meeting and approved them on that basis **Matters Arising** Nil.	**DB**
4.	**Developing Our Neighbourhood Health Service:** • Bexley Care Plus Memorandum of Understanding **Diana Braithwaite (DB), Place Executive Lead (Bexley), NHS South East London Integrated Care Borad (ICB)** talked the group through the salient points of the item, confirming that the Memorandum of Understanding (MOU) between the London Borough of Bexley (LBB), Oxleas NHS Foundation Trust, Bexley Health Neighbourhood Care CIC (GP Federation) and the four Primary Care Networks (PCNs) had been developed and agreed through all relevant governance processes. • Explained that the MOU formalises collaboration under Bexley Care Plus, the local *integrator*, supporting integrated neighbourhood teams in North Bexley, Clocktower and Frognal. • Emphasised that the arrangement builds on existing joint working and ensures primary care is a full and equal partner in neighbourhood delivery. • Noted that Bexley's proposal was approved by the NHS South East London ICB in July 2025, alongside other SEL boroughs. Confirmed that the document was presented for formal endorsement by the BWP Committee. <u>Questions/Comments:</u> • RM requested clarity on terminology, noting that "primary care" is often used to mean general practice and asked how equitable engagement will be ensured for other primary care providers (e.g. community pharmacy) and the voluntary sector. • DB acknowledged the terminology point and confirmed that in this context "primary care" largely refers to general practice, nonetheless other providers are not excluded. Reassured members that the MOU commits to including the voluntary sector and emphasised this as a starting point for continued system wide collaboration.	**DB**

	• RM expressed concern that community pharmacies might disengage from the process if not actively involved, posing a risk for the local system. • DB agreed and highlighted recent collaboration during "Know Your Numbers Week", where local community pharmacies carried out health checks for over 250 residents during the week 8th - 14th September 2025. • Welcomed RMs continued support in ensuring pharmacy engagement. RM confirmed he was happy to endorse the proposal before leaving for another meeting. • JB asked for an explanation of the "integrator" role and whether it would make integration more effective and measurable. • DB explained that the integrator is a coordination and alignment mechanism, not a new organisation. Outlined that integrated teams involving GPs, Adult Social Care, Oxleas NHS FT and the voluntary sector will "wrap care" around individuals particularly those with multiple long-term conditions. Confirmed that outcomes will be tracked (e.g. reductions in hospital admissions, improved wellbeing). • JB welcomed the explanation and noted the importance of reporting on integration outcomes. Confirmed she was happy to endorse the proposal. • KH (Kate) asked whether the new Bexley Care Plus Board would replace this BWP Committee and noted the schematic did not clearly show the relationship between the two bodies. • DB clarified that Local Care Partnerships (LCPs) will remain, with Bexley Care Plus acting as a provider collaboration at neighbourhood level. Confirmed that it is the Integrated Care Partnership (ICP) which sits above the ICB that will be stood down under the new NHS operating model. **The Bexley Wellbeing Partnership Committee:** **(i)** **Endorsed** 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 Bexley Primary Care Networks – the local health and care system's *integrator* to deliver integrated neighbourhood teams.	
5.	**Bexley Local Health & Care System Winter Resilience Plan** **Diana Braithwaite (DB), Place Executive Lead (Bexley), NHS South East London Integrated Care Board** introduced the item, noting that the Winter Resilience Plan is produced annually to ensure the local health and care system is fully prepared for the winter period. • Emphasised the importance of system wide collaboration across acute trusts, primary care, adult social care and voluntary sector partners to keep residents safe and maintain system flow. • Confirmed the plan sets out actions with Queen Elizabeth Hospital (QEH), Darent Valley Hospital (DVH) and community and social care partners, alongside measures to support carers and GP practices. • Highlighted the inclusion of a comprehensive communications and engagement plan, coordinated by Patrick Gray and Aysha Awan, promoting winter wellbeing and vaccination uptake.	**DB/KH**

- Noted a key focus on flu and COVID-19 vaccination programmes, particularly targeting clinically vulnerable residents under 65 where uptake has been lower.

Invited KH (Kallie) to present the main elements of the plan.

Kallie Heyburn (KH), Bexley Wellbeing Partnership Programme Director, NHS South East London Integrated Care Board provided an overview of the plan's key priorities and assurance processes:

Confirmed this year's emphasis from NHS England is on community-based care and alternatives to hospital admission, including:

- Urgent Community Response teams and virtual wards (step-up and step-down).
- Support for patient flow and timely discharge from acute settings. Noted that no additional national funding has been provided this year; the plan therefore builds on existing resources and focuses on dynamic scaling during winter surges.

Outlined key components of the communications strategy:

- Targeted vaccination events and pop-ups for underserved communities.
- Promotion of NHS 111, Pharmacy First, the NHS App and the Get You Better app.
- Distribution of the Winter Wellbeing Bexley booklet to around 100,000 residents.

Highlighted several new acute initiatives at QEH to improve patient flow and decision making:

- Acute Assessment Unit – rapid triage and senior decision making.
- Acute Medical Unit – early discharge planning and short-stay patient care.
- Acute Frailty Unit and Frailty Same Day Emergency Care Centre.

Confirmed that urgent treatment centres (UTCs) will be promoted as an alternative to Accident & Emergency (A&E), with a new provider at Queen Mary's and Erith sites from next month to increase capacity.

Outlined Adult Social Care components:

- Expansion of Home First and step-up/step-down services.
- Spot purchase of six additional beds for complex cases, building on successful pilots from 2024/25.
- Continuation of the Discharge Enablement Scheme at QEH, which saved approximately 500 bed days last year.

Explained that the plan underwent a national assurance process, including completion of Equality Impact, Quality Impact and Key Lines of Enquiry (KLOE) assessments covering governance, prevention, capacity and leadership.

The plan was reviewed and endorsed by (1) Bexley Urgent and Emergency Care Board, (2) Bexley, Greenwich and Lewisham Urgent and Emergency Care Board and (3) South East London ICB, following internal assurance checks.

	Confirmed the purpose of presenting the plan to this BWP Committee was to seek formal endorsement. The Chair (DB) thanked KH for the comprehensive overview and invited questions or comments from members. No questions were raised in the room or online. • Confirmed that updates and lessons learned would be brought back to the BWP Committee during the winter period. • Advised that the plan would also be presented to the Bexley Adult Social Care and Health Overview and Scrutiny Committee on 8 October 2025 for further review by elected members. **The Bexley Wellbeing Partnership Committee:** **(i)** **Endorsed** the Local Health and Care System 2025/26 Winter Resilience Plan.	
6.	**Parks & Open Spaces** **Katie Clare (KC), Consultant in Public Health, London Borough of Bexley**, presented findings from the Public Health and Parks & Leisure project on improving the use of Bexley's parks and open spaces to support residents' health and wellbeing. • The research combined an evidence review, resident survey (Nov–Dec 2024, 379 responses) and stakeholder engagement. • Results showed parks are most used for exercise and relaxation, with 77% of respondents satisfied with local parks and 90% reporting easy access to green space. • Barriers included lack of facilities, lack of time and safety concerns. • Inequalities were identified, with women, people in more deprived areas and those with disabilities more likely to report safety or access issues. • KC summarised the themed recommendations, grouped as quick wins, longer-term actions and aspirational initiatives. • A new multi-agency working group will now consider next steps and potential funding opportunities to take forward the recommendations. <u>Questions/Comments</u>**:** • The Chair (DB) thanked KC, noting the paper was for information and highlighting the importance of aligning this work with other system initiatives. • KH (Kate) emphasised the need to consider parks on borough boundaries (e.g. Bostall Heath & Woods: *Park and garden in London*) frequently used by Bexley residents and to coordinate across Council departments to support voluntary and community use of parks. She also suggested connecting with the Creative Health agenda. • KC confirmed discussions on Creative Health had begun and that cross borough collaboration would be factored into future work. • JB welcomed the project, suggesting alignment with Healthy Weight and Water Sports programmes and exploration of new government community funding streams. • KC confirmed the Healthy Weight work is already linked and agreed to follow up on other suggested connections.	**KC**

	The Bexley Wellbeing Partnership Committee: **(i) Note**d the report and **provided** comments.	
7.	**Better Care Fund: Quarter 1 Return 2025/26** **Steven Burgess (StB), Policy and Strategy Officer, London Borough of Bexley** talked the group through the salient points of the item explaining that the Better Care Fund (BCF) Quarter 1 Return 2025/26 was presented for information. • Confirmed the Quarter 1 return was submitted to the BCF National Team on 14 August 2025, confirming compliance with all national conditions, including the requirement to update the Section 75 agreement schedules between the Bexley Council and the SEL ICB. • Reported that no changes were proposed to the BCF metric ambitions. • Outlined the financial position, showing Quarter 1 expenditure at 25% of the total planned budget, reflecting stable delivery across established schemes. • Summarised early performance trends: emergency admissions (65+), discharge delays and admissions of older people to care homes – all broadly in line with plan, though subject to monthly variation requiring continued monitoring. • Noted that some data gaps at submission had since been resolved, with an amended return submitted updating the overall assessment to "on track to meet goal." • Highlighted that a range of supporting and local metrics continue to inform system-wide planning, particularly in preparation for winter pressures. • Confirmed work was underway on the Quarter 2 return, due in October 2025. <u>Questions/Comments:</u> The Chair (DB) thanked StB and noted the report was for assurance only, intended to provide transparency around BCF delivery and impact, given the scale of the pooled investment. Asked whether there were any concerns arising at the end of Quarter 1. • StB confirmed no significant concerns at this stage; partnerships remain engaged through the Home First Operations Group and Home First Partnership, maintaining alignment between the Better Care Fund and wider system plans. • Emphasised the importance of continued focus on winter resilience alignment and tracking changing performance metrics. Highlighted discharge delays and "discharge ready date" measures as newer metrics showing some variability, warranting ongoing attention. • Referred to the appendix providing detailed national and local metrics, updated from 2024/25 to Quarter 1 2025/26, supporting system visibility and feeding into the Urgent and Emergency Care Board. • SBu agreed that the Home First Operational Group was critical for oversight, particularly in maintaining flow through virtual wards, ensuring capacity is used effectively and monitoring data on falls and care home admissions to prevent unnecessary hospital attendances. • Kate Heaps (KH) informed the group that NHS England is exploring the introduction of new metrics relating to End of Life Care (EOLC), which may be incorporated into future BCF returns.	**StB**

	• Noted that maintaining flat trends in hospital admissions and discharges remains a positive outcome, given an ageing population and rising death rates and suggested viewing data within that context. Offered to discuss likely future developments in EOLC metrics offline. • DB thanked KH and asked StB to follow up outside the meeting. **The Bexley Wellbeing Partnership Committee:** (i) **Noted** the report for information and assurance.	
8.	**Primary Care Business – Quarter 3 Report** **Graham Tanner, Associate Director Primary and Community Based Care, South East London Integrated Care Board** presented the Quarter 3 update from the Primary Care Subgroup, which meets monthly to oversee primary care contracts, finance and operational issues. The subgroup acts under delegated authority from the Committee via the Place Executive Lead, with key items escalated for information or decision as required. The report summarised business transacted at Primary Care Delivery Group (PCDG) Part 1 meetings in July, (August: no Part 1 meeting due to annual leave) and September 2025. Key updates included: • Station Road Surgery and Sidcup Medical Centre merger: formally taking effect 1 October 2025 following previous deferrals. All patient records will migrate that weekend, with full ICT and communication plans in place. • GP contract changes (effective 1 October 2025): • All practices must have online consultation systems available for medical and administrative enquiries during core hours (8:00–18:30). Bexley practices are fully compliant. • Introduction of “You and Your GP”, a new national charter setting out mutual expectations between patients and practices and offering an accessible feedback route short of a formal complaint. Practices are required to host the information prominently on their websites. Members were encouraged to review the paper and raise any items for future discussion or “call-in” as appropriate. The Chair (DB) requested an update on GP appointment access and performance. • GT reported that practices continue to progress on the Modern General Practice model, ensuring all patient enquiries receive a same-day response (via phone, online, or face-to-face). • Bexley offers more GP appointments per head of population than any other South East London borough. • Cloud-based telephony has been fully implemented, improving patient experience with queue and call-back functions. • All-day online consultations are helping to ease early-morning call pressure. • Some variation in access remains across practices, with targeted support ongoing. • Early feedback indicates improved access, though the new “You and Your GP” initiative will help identify remaining issues.	**GT**

	No questions or comments were raised online or in person. **The Bexley Wellbeing Partnership Committee:** (i) **Noted** the report and **acknowledged** the opportunity to highlight any items for further clarification and/or future reporting to the Committee.	
9.	**Finance Report – Month 4** **Asad Ahmad (AsA), Associate Director of Finance (Bexley), NHS South East London Integrated Care Board**, talked the group through the Bexley Place financial position at Month 4, highlighting a £160k year-to-date underspend with a forecast breakeven, key variances in prescribing, continuing care, mental health services and delegated primary care and confirmed the delivery of the £7.75m annual efficiency plan. He also outlined the ICB and ICS positions, noting overall breakeven forecasts despite a £23.7m Year to date (YTD) deficit for the ICS. <u>Questions/Comments</u>: • GT asked whether mitigation around the ADHD (attention deficit hyperactivity disorder) overspend should note the new Referral Management Centre (RMC) launching in November 2025, to be delivered by Oxleas NHS Foundation Trust. • EW confirmed this, explaining the new South East London-wide triage service will centralise ADHD referrals, including those exercising the Right to Choose. The service will ensure patients are informed about waiting times, verify the quality of private assessments and improve consistency and safety. It will also support GPs by simplifying referral pathways. • DB welcomed the update, noting this would help address waiting list pressures and ensure residents do not fall between NHS and private pathways, particularly for children where coordination with schools is key. • DB then asked if there were any wider financial risks for the remainder of the year. • AsA confirmed the main risks remain prescribing and continuing healthcare (CHC), given their volatility. Both are being closely monitored. • KW commended the team for maintaining strong financial discipline and noted this was one of the few occasions Bexley had reported an underspend at this stage in the year. He highlighted that much of the £54m YTD expenditure shown in the report is already committed, leaving limited flexibility but reflecting sound management. • JB raised questions regarding the ADHD referral language and financial implications of promoting the Right to Choose route. She emphasised the importance of neutrality in diagnostic terminology (“requesting an assessment” rather than “requesting a diagnosis”) and ensuring equity between ADHD and other clinical conditions. • EW acknowledged the point, agreeing that terminology should reflect neutrality and confirming that the right to choose applies across all NHS conditions, though pressures in ADHD have made this pathway more visible. She reiterated that quality assurance and patient safety remain central to the new model. • JB noted her comments were aimed at maintaining consistency and public confidence across services.	**AsA**

	• DB thanked JB for the observation and agreed that the language and balance of communication will be important to avoid perceptions of inequality while ensuring safe, coordinated access for all residents. She welcomed the system-wide collaboration with Oxleas NHS FT across all six South East London boroughs. No further questions were raised **The Bexley Wellbeing Partnership Committee:** (i) **Noted** the month 4 financial position for Bexley Place. (ii) **Noted** the NHS South East London ICB and NHS South East London ICS financial position as at month 4.	
10.	**Risk Register** **Rianna Palanisamy, Partnership Business Manager, NHS South East London Integrated Care Board** provided an overview of the Bexley Risk Register, noting 13 open risks: 12 high and 1 low covering financial targets, capacity pressures, insecure practice leases, Special educational needs and disabilities (SEND) inspection actions, health check and vaccination targets, Better Care Fund (BCF) recommendations and system integration challenges. She explained that risks are reviewed monthly by senior management team (SMT), with scoring and actions updated accordingly. The Chair (DB) confirmed the risk register is reviewed bi-monthly at the BWP committee, escalated where necessary and coordinated across the six SEL boroughs for assurance. **The Bexley Wellbeing Partnership Committee:** (i) **Noted** the report for information and assurance to the Bexley Wellbeing Partnership Committee setting out the risks and associated mitigations.	**RP**
11.	***Public Questions*** *No questions had been received at this time.*	**PQs**
12.	**Dementia** The session focused on dementia support and awareness in Bexley. • PG and AS introduced the importance of supporting people living with dementia and their carers, highlighting local prevalence, stigma and the rising need for care. • Jackie Berry (JB) and Cathy Littlejohns (CL) outlined services including home visits, advice on independence, financial support and local support groups for both people with dementia and carers, such as Carer Information and Support Programme (CrISP) and Dementia Voice. • Jo shared a personal story illustrating the impact of these services. Vicky emphasised the challenges carers face, including isolation, high care hours and financial strain, stressing the need for early identification and support. • EW and LW described clinical and community-based support, including diagnosis, cognitive therapy, social prescribing, reablement and integration across NHS, adult social care and voluntary services, highlighting a person-centred, strength-based approach.	**PG**

	• AS noted, initiatives to train students in dementia awareness and provide immersive dementia experience sessions. DB, JB and others discussed raising awareness, reaching hidden carers, early diagnosis, and community engagement, including using touchpoints like hair/nail salons, schools and cultural events to reduce stigma and improve access. NK confirmed that the outreach programme, originally using barbershops to engage men, has now expanded to nail bars to include women, ensuring wider community engagement and awareness. She also offered to provide contacts for those initiatives. The Chair (DB) thanked all the speakers and participants for their insights and contributions, noting the valuable updates and discussions and formally closed the meeting.	
12.	**Any other business** Nil	
13.	**Glossary** These glossary terms were noted.	**DB**
14.	**Date of the next meeting** Thursday 27th November 2025, Council Chambers, Bexley Civic Centre.	**DB**

Bexley Wellbeing Partnership Committee

Thursday 27th November 2025

Item: 4

Enclosure: C

Title:	**Health & Care Reforms: Neighbourhood Health Plan Development**
Author:	Kallie Heyburn, Programme Director, NHS South East London Integrated Care Board Diana Braithwaite, Strategic Director, Integrated Health & Care/Place Executive Lead (Bexley), NHS South East London Integrated Care Board
Executive Lead/s:	Diana Braithwaite, Strategic Director, Integrated Health & Care/Place Executive Lead (Bexley), NHS South East London Integrated Care Board Yolanda Dennehy, Director of Adult Social Care & Health, London Brough of Bexley

Purpose of paper:	The purpose of this report is to make the Bexley Wellbeing Partnership Committee aware of the national guidance received to date, which emphasises the strengthening the role and responsibilities of Health & Wellbeing Boards – further consideration is needed locally on how best to enable and support this development with the partnership. The report also sets out the Bexley Wellbeing Partnerships approach to addressing these new requirements and the development of the 2026/27 Neighbourhood Plan.	Update / Information	
		Discussion	***X***
		Decision	***X***
Summary of main points:	The 2025 NHS 10-Year Health Plan sets out a major shift toward prevention, neighbourhood-based care, and a streamlined NHS structure focused on strategic commissioning through Integrated Care Boards (ICBs). To translate this national vision into meaningful local action, Health & Wellbeing Boards (HWBs) will play a central role. As statutory local partnership bodies, HWBs lead neighbourhood health planning, oversee the Better Care Fund, and ensure that ICB strategies reflect local needs identified through Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies. By bringing together local authorities, public health, social care, the NHS, and community partners, HWBs provide essential place-based leadership, helping to integrate services, address health inequalities, and ensure that national reforms deliver real benefits for local communities. This report outlines Bexley's development of its 2026/27 Neighbourhood Health Plan, building on existing Integrated Neighbourhood Team (INT) pilots and aligning with national requirements set out in the NHS 10-Year Plan and Medium-Term Planning Framework. It describes the shift toward prevention, digital innovation, and community-based care, and sets out the collaborative approach being taken with local partners to agree priorities and deliverables. Current workstreams –		

	Integrated Child Health, Multiple Long-Term Conditions, and Ageing Well/Frailty, are being piloted and scaled, forming the foundation of a future neighbourhood health model focused on proactive, personalised care. The plan development process includes ongoing alignment exercises, system-wide engagement workshops, governance through local partnerships, and a timetable for drafting, evaluating pilots, co-producing with communities, and finalising the operational delivery plan by early 2026.	
Potential Conflicts of Interest	There are no conflicts of interest.	
Other Engagement	Equality Impact	The approach to developing the neighbourhood plan addresses inequalities and ensures that those most affected by poor health outcomes receive proportionate support by focusing on at-risk and rising-risk groups. This approach strengthens equity by aligning resources with need.
	Financial Impact	There are no financial impacts.
	Public Engagement	Engagement undertaken during the development of the draft models of care has informed the approach, and further engagement will be built into the next phase as the plan moves towards implementation.
	Other Committee Discussion/ Engagement	The emerging plan requirements and priorities were presented to the Bexley Wellbeing Partnership Executive Leadership. The plan is being developed through three working group sessions with the local health and care system.
Recommendation:	The Bexley Wellbeing Partnership is recommended to: (i) To note the proposed governance review across the Bexley Health & Wellbeing Board and Bexley Wellbeing Partnership Committee for implementation in 2026/27. (ii) To endorse the approach and timelines for reviewing and health strategies and plans in the immediate term (during 2025/26), including developing the Local Neighbourhood Plan as aligned to the Joint Health & Wellbeing Strategy.	

The 2025 NHS 10-Year Health Plan: A Vision for Local Health Transformation

1. Context

1.1 In 2025, the UK Government and NHS leadership introduced a new **10-Year Health Plan**, marking a significant reform of the NHS's structure, governance, and service delivery. This strategy represents more than just incremental improvements — it is a pivotal moment of system-wide rebalancing, focusing on three core "shifts":

(1) from hospital-based care to community and neighbourhood services

(2) from treating illness to preventing it, and

(3) from analogue to digital systems.

1.2 At its heart, the plan calls for a leaner NHS bureaucracy, clearer lines of accountability, and a renewed commitment to population health. It redefines the role of Integrated Care Boards (ICBs**)** to act primarily as strategic commissioners of care, rather than being deeply involved in operational delivery.

1.3 In parallel, this vision places **neighbourhood health services** at the centre of care delivery. New neighbourhood teams, led by local partners, are expected to provide care closer to where people live — integrating diagnostics, rehabilitation, social support, and health promotion. These reforms depend heavily on local leadership, planning, and collaboration — and this is where Health and Wellbeing Boards (HWBs) come in.

2. Health and Wellbeing Boards: Guardians of Local Strategy

2.1 Health and Wellbeing Boards, established under the Health and Social Care Act 2012, are statutory bodies in each local authority area composed of representatives from the local authority, public health, NHS, social care, and (where appropriate) Healthwatch. Traditionally, their responsibilities have included producing a **Joint Strategic Needs Assessment (JSNA)** and developing a **Joint Health and Wellbeing Strategy (JHWS)** to guide local priorities.

2.2 HWBs do *not* themselves commission health services, nor do they directly control NHS funds. Instead, they provide a crucial governance and accountability mechanism, particularly for **pooled budgets** like the Better Care Fund (BCF). Their role in cross-sector collaboration, democratic legitimacy, and strategic oversight makes them a key partner — in translating the national ambitions of the 10-Year Plan into local action. Key roles for HWBs in the 10-Year Plan**:**

Leading Neighbourhood Health Planning

2.3 One of the central reforms in the 10-Year Plan is the requirement for neighbourhood health plans, drawn up at the single or upper-tier local authority level. Under the new model, HWBs will lead the development of neighbourhood plans, ensuring that public health priorities, social care, and Better Care Fund services are all incorporated.

2.4 These neighbourhood plans are not isolated: ICBs will aggregate them to form a **population health improvement plan** for their entire footprint. That plan will guide how ICBs allocate funding, commission services, and measure outcomes. In this way, HWBs act as strategic conveners and brokers, ensuring that the lived experience and needs of communities' shape commissioning decisions.

Better Care Fund Governance and Planning

2.5 The Better Care Fund (BCF) remains a critical financial lever for integrated health and social care, especially in delivering prevention, reducing hospital admissions, and supporting people to live independently. In the planning cycle, HWBs are explicitly required to develop and agree BCF plans with ICBs and local authorities.

2.6 The 2025 BCF guidance emphasises two overarching objectives: **supporting prevention** and **shifting care from hospital to home**. As such, HWBs will not simply rubber-stamp funding; they must assess local capacity, set priorities, and integrate BCF-funded developments with broader social care and public health services.

Strategic Commissioning Alignment

2.7 HWBs are more formally integrated into the strategic planning processes of ICBs than before. Current guidance indicates that, ICBs must involve HWBs in their **five-year joint forward plans**, consulting them on how well these plans reflect the JHWS. ICBs are required to provide HWBs with a draft plan, solicit feedback, and include a formal HWB statement on how the JHWS has been taken into account.

3. Place-Based Integration and Accountability

3.1 As ICBs begin to refocus on strategic commissioning, HWBs become even more critical as local conveners of health, social care, and public health stakeholders. Their existing mandate for local strategy, combined with the new neighbourhood-level governance role, positions them as **key place-based leaders**. This provides HWBs with opportunities for *Greater Strategic Influence, Strong, Local Accountability, Better Integration and Prevention Focus*.

3.2 The success of the 10-Year Health Plan—and specifically the neighbourhood health model—depends heavily on **place-based leadership** and **strategic collaboration**. HWBs, as statutory bodies grounded in local government and cross-sector partnership, could become key architects of a more integrated, preventive, and locally responsive health system.

3.3 The 2025 NHS 10-Year Health Plan represents a transformative moment for the health and care system in England. Its ambition to shift care to the community, emphasise prevention, and streamline NHS governance is bold — and its success hinges on local partnerships and place-based leadership.

3.4 The **Bexley Health & Wellbeing Board and the Bexley Wellbeing Partnership** are central to this vision. As convenors of neighbourhood planning, overseers of the Better Care Fund, and strategic partners in ICB planning, they hold a critical role in translating national ambitions into local reality. If HWBs can leverage their statutory position, local legitimacy, and cross-sector relationships, they will be instrumental in delivering a more joined-up, equitable, and sustainable NHS.

3.5 Success will require not just organisational change, but cultural and relational transformation – a shift in how health, social care, and local government work **together**, anchored in communities and accountable to them.

3.6 Bexley partners represented on the Bexley Health & Wellbeing Board (HWB) and the Bexley Wellbeing Partnership (BWP) will initiate a governance review to jointly design a more effective and streamlined model. This review will aim to build on the strong alignment already established between the HWB and BWP, ensuring a clear shared purpose and more efficient use of resources particularly in responding to forthcoming national requirements such as the development of a Neighbourhood Plan. It will also support more agile, place-based working to deliver the Joint Health & Wellbeing Strategy and the Neighbourhood Plan. In addition, the review will rationalise and simplify existing planning and decision-making structures while maintaining transparency, all statutory and organisational accountabilities.

3.7 A further objective is to strengthen collective ownership of governance arrangements, planning processes, and decision-making. All proposals will be developed in line with emerging national planning guidance, the anticipated reforms associated with the national 10-Year Plan for Health, the ongoing development of Neighbourhood Health, and wider changes to the roles and resources of South East London Integrated Care Board.

4. 2026/27 Neighbourhood Health Plan Development

4.1 The refreshed Bexley Integrated Joint Forward Plan for 2025/26 marked the third year of our three year planning cycle and reflects Bexley's local response to the national drive to deliver a neighbourhood health service, strengthening integration at neighbourhood level through the development of Integrated Neighbourhood Teams (INTs).

4.2 Building on this ambition, NHS England's 2026/27 planning round asks Integrated Care Systems (ICS) to respond with emerging priorities as outlined in the NHS 10-Year Plan. This next iteration requires the development of neighbourhood plans, demonstrating progress in shifting care from hospital to community, embedding digital innovation, and prioritising prevention over treatment. For Bexley, this represents a transition from piloting our INT initiatives to delivery and scale, ensuring our neighbourhood model is fully aligned with national priorities for sustainability, prevention, and improved patient experience.

4.3 The recently published 'Medium Term Planning Framework – Delivering Change Together 2026/27 to 2028/29' further reinforces this direction. Strongly aligned to the NHS 10-Year Plan, it sets out the national priorities and expectations for local systems over the next three years, emphasising locally led transformation, tackling health inequalities, and strengthening community and neighbourhood-based care.

4.4 As outlined in the draft planning guidance issued in August 2025, three key outputs are expected from ICSs as part of 2026/27 planning:

- **Five year strategic commissioning plan**: Integrated Care Board integrated plan that covers service plans, workforce, finance, quality improvement and digital.
- Two local neighbourhood plans:
    - Part A: **Population health improvement** plan for neighbourhoods incorporating social care, public health and Better Care Fund.
    - Part B: **Neighbourhood delivery plan** which feeds into and aligns with the system population health improvement plan, new models of care and investment programmes set out in the Integrated Care Board five-year strategic commissioning plan.

4.5 Specific detailed neighbourhood planning guidance is yet to be published, and the initial neighbourhood plan submission date of December 2025 is now likely to be March 2026. However, places are required to contribute high-level neighbourhood plans to the Integrated Care Board strategic plan which are required by early December for submission to NHS England by mid-January 2026.

5. Our Approach to Developing the Neighbourhood Plan

5.1 Although national guidance detailing the specific ask of neighbourhood delivery in 2026/27 is still pending, the NHS 10-year plan and Medium-Term Planning Framework signal the expected focus at place level.

5.2 As a starting point, background work comprising of an initial read across of the Joint local Health and Wellbeing Strategy and Joint Forward Plan with the requirements set out in NHS 10-year plan has been completed to identify potential gaps and opportunities. In addition, work to align current and planned workstreams to the emerging neighbourhood priorities has commenced. The aim of this exercise is to establish joint agreement on Bexley's baseline position and collectively build out our 2026/27 plan deliverables based on the outputs of this work.

5.3 The Bexley Wellbeing Partnership remains committed to co-development of the Neighbourhood Plan, working with the local health and care system, and a series of working group meetings have been scheduled during November with representation from each of the respective partner organisations. These sessions are structured to allow detailed discussions and input to establish an agreed

understanding on Bexley's population needs, to set priorities and to determine the activities and actions required to deliver against these priorities next year and beyond.

5.4 In line with the submission date set out above, the first draft high-level plan is expected at the beginning of December 2025, with submission to the Bexley Wellbeing Partnership Committee and the Health & Wellbeing Board in early 2026.

6. Alignment of Current Workstreams

6.1 The Joint Health & Wellbeing Strategy and Joint Forward Plan review against the 10-Year plan, and a subsequent review with the Medium-Term Planning Framework, highlighted areas of strong alignment as well as areas of partial or minimal alignment. Specifically, Bexley's existing plans support the national shift of 'treatment to prevention' and from 'hospital to community'. The area least aligned is the shift from 'analogue to digital'.

6.2 The review only takes account of the narrative captured in the existing strategy and plan, rather than the entirety of the work being delivered in Bexley. As a result, some of the gaps identified relate more to the lack of articulation in local documents as opposed to the actions or activities not taking place. This will be addressed as the Neighbourhood Plan develops. However, there is recognition that some gaps do remain which will be considered in future iterations of the neighbourhood delivery plan.

6.3 One of the emerging requirements for neighbourhoods is to develop a neighbourhood health model, providing community health services via integrated neighbourhood teams (INTs), specifically focusing on people with complex needs at higher risk of hospital admissions.

6.4 Bexley local have and care system has already commenced the roll out of INTs, making the shift from disease-specific focus to a more holistic, person centred approach through initiatives targeted at children and young people, adults with long-term conditions and those living with frailty, integrating primary care, community services, adult social care, voluntary, charity (VCSE), and secondary care to provide personalised proactive care.

Integrated Child Health Team

6.5 Developing an integrated child health offer forms part of the wider programme of work underway across South East London and aligns to one of the four priorities identified in the Bexley Health & Wellbeing Strategy and Joint Forward Plan.

6.6 The model for Bexley aims to replicate the successes seen in similar models implemented in neighbouring boroughs by providing easier access to general paediatric care delivered in the community and fewer appointments and hand-offs by offering multi-disciplinary support.

6.7 Starting as a pilot to test assumptions and need, the Integrated Child Health Team comprises of a GP, community paediatric nurse and paediatric consultant working within each neighbourhood to jointly triage general paediatric referrals, deliver locally based paediatric clinics, and support wider multi-disciplinary working. An enhanced element of this model comprising of social care, social prescribing, mental health and other disciplines will be developed based on an evaluation of the pilot and will open to referrals from multiple sources including primary care, schools, youth justice service, Voluntary, Community and Social Enterprise and local authority services. The purpose of the model is to ensure children and young people are seen in the right setting and to streamline access to the most appropriate service where necessary.

6.8 Population and public health data in relation to use of health services highlights that the North Bexley neighbourhood has the highest proportion of children and young people in the borough, the lowest rate of GP appointments and highest rate of paediatric referrals. Based on this data and evidenced need the pilot model will commence initially in North Bexley in November 2025, rapidly scaling to Clocktower and Frognal neighbourhoods with full implementation by February 2026.

People with Multiple Long-Term Conditions

6.9 South East London has identified that supporting residents with multiple long-term conditions as a priority area will support addressing inequalities in population health. The Bexley model focuses on people with three or more long-term conditions, including cardiovascular disease (CVD), Chronic Obstructive Pulmonary Disease (COPD) and one or more other long-term condition.

6.10 Of the 257,217 residents registered with a GP practice in Bexley, approximately 10% (26,049 adults over the age of 18) have three or more long term conditions. The model focuses on the rising risk cohort to improve outcomes for residents and provides the opportunity to shift resources.

6.11 The pilot was launched in the Clocktower neighbourhood at the end of May 2025. The model is led and delivered by integrated neighbourhood teams from the local GP Federation and the four Primary Care Networks working with the Bexley Voluntary Service Council (BVSC). In-depth face-to-face holistic reviews are conducted by the most appropriate professional for shared decision making and care planning, with embedded referral pathways to social prescribing and other specialist services if necessary.

6.12 An evaluation of the pilot is underway and will include completion of a workforce and patient experience surveys to understand impact and identify any areas for improvement. Early results from the pilot indicate excellent holistic appointment uptake from patients, increased engagement with Health & Wellbeing Coaches with staff welcoming the opportunity to take a biopsychosocial approach to consultations.

6.13 The focus now is on developing the pathway for complex case management and plans are in place to scale the model across the borough with North Bexley scheduled to go live by the end of December 2025 and Frognal in early 2026.

Ageing Well/Frailty

6.14 The focus on supporting people to age well and ensuring the timely provision of proactive and reactive care for people with frailty aligns to one of the four priorities for Bexley as well as aligning to the wider programme of work underway across South East London.

6.15 The outputs of the demand work and population profile of Bexley was shared with the Bexley Wellbeing Partnership Committee at the beginning of the year, and the South East London Ageing Well Framework was endorsed in May 2025 by the Committee.

6.16 A system wide engagement event held in June resulted in a draft end to end model of care for Bexley and a proposed pilot focusing on people identified as being moderately frail. The pilot initiative comprises of an ageing well community hub which will offer a programme of physical health, social and emotional wellbeing and creative health activities to support improved mobility, confidence building and maintaining independence. For people with additional vulnerabilities, complexities or are rising risk, an integrated neighbourhood team will be established bringing together various health and social care professionals as well as voluntary sector organisations. This integrated approach will help manage moderately frail people to reduce hospital admissions, and support individuals to maintain their independence via a comprehensive holistic assessment and personalised care plan.

6.17 The pilot will initially commence in the Frognal neighbourhood as data shows that emergency hospital admissions related to falls are disproportionately higher there when compared with other neighbourhoods. The programme is expected to start in early January 2026.

7. Next Steps

7.1 To progress from initial alignment and pilot delivery to a comprehensive neighbourhood plan for 2026/27, the following key next steps are proposed:

i) Consolidate and Finalise Neighbourhood Priorities

- Complete system-wide engagement sessions in November to confirm Bexley's neighbourhood priorities, based on population health needs, existing workstreams, and the NHS 10-Year Plan.

ii) Draft and Refine the High-Level Neighbourhood Plan

- Develop the first draft high-level neighbourhood plan by early December 2025 to feed into the Integrated Care Board five-year strategic plan.
- Establish a rapid internal review and sign-off process aligned to existing governance to ensure timely submission to the Integrated Care Board in line with NHS England timelines.

iii) Evaluation and Learning from Pilots

- Complete evaluation of the Multiple Long-Term Conditions, and pilot by January 2026 capturing learning, outcomes, and workforce feedback. Evaluation timeline for the Integrated Child Health Team and Ageing Well/Frailty models to be determined.
- Use these evaluations to inform the borough-wide scale-up and improvement plans and future commissioning priorities.

v) Co-Production and Community Engagement

- Continue co-design with residents, VCSE partners, and patient representatives to ensure that plans reflect community priorities and reduce inequalities.
- Establish a mechanism for ongoing feedback and continuous improvement.

vi) Delivery and Implementation Planning

- Translate the high-level plan into an operational delivery plan by March 2026, with detailed milestones, metrics, and responsible leads.
- Ensure alignment with the Medium-Term Planning Framework for 2026/27 – 2028/29.

Bexley Wellbeing Partnership Committee

Thursday 27th November 2025

Item: 5

Enclosure: D

Title:	Integrated Joint Forward Plan 2025/26: Progress Report
Author/Lead:	Kallie Heyburn, Bexley Wellbeing Partnership Programme Director, NHS South East London Integrated Care Board
Executive Sponsor:	Diana Braithwaite, Strategic Director, Integrated Health & Care/Place Executive Lead, NHS South East London Integrated Care Board Dr Nicole Klynman, Director of Public Health, London Borough of Bexley

Purpose of paper:	The purpose of this paper is to provide the Bexley Wellbeing Partnership Committee with a 6-month progress update on delivering the Bexley Wellbeing Partnership Integrated Joint Forward Plan. This paper captures key successes from April to September 2025, highlights any challenges and captures key learning that can be applied for the remainder of this year.	**Update / Information**	**X**
		Discussion	
		Decision	

Summary of main points:

The Bexley Wellbeing Integrated Joint Forward Plan was published in 2023, reflecting the needs of the local population with a focus on reducing inequalities in access, experience and outcomes.

This plan is refreshed annually, with 2025/26 marking year three of our 3-year plan. Developed in partnership, the refreshed plan for this year reflects Bexley's response to the national drive to deliver a neighbourhood health service, working in a more integrated way at neighbourhood level through developing integrated neighbourhood teams.

The refresh provided an opportunity to reflect Bexley's desire to make the plan more concise and accessible for our population and stakeholders. Rather than covering every aspect of Bexley's programme of work, it highlights the key initiatives that drive progress toward the Integrated Care Board's overarching goals of improving population health and reducing health inequalities as well as ensuring sustainable health provision now and as demand continues to grow. However, the agreed priority areas previously agreed by Bexley partners remain the same:

1. **Supporting Children & Young People Throughout Life**
2. **Ageing Well – Supporting Older People Living with Frailty**
3. **Supporting People living with Mental Health Challenges**
4. **Supporting People to maintain a Healthy Weight**

A 6-month review on progress of delivery against the plan, as well as wider programme initiatives, is required to highlight our most significant successes to date, understand any associated challenges and capture key learning that can be applied for the remainder of the year.

<table>
<tr><td></td><td colspan="2">The partnership has made considerable progress across the programme areas and has commenced developing holistic, person-centred services delivering integrated, personalised and proactive models of care initially focusing on:
Multiple long-conditions
Integrated child health
Ageing Well/Frailty
Whilst some challenges in relation to timeliness of information governance processes, the ability to share and link data across partners and workforce and capacity pressures remain, mitigating actions are being explored and will be taken forward over the remainder of this year.</td></tr>
<tr><td>Potential Conflicts of Interest</td><td colspan="2">None directly relating to this report.</td></tr>
<tr><td rowspan="4">Other Engagement</td><td>Equality Impact</td><td>None directly relating to this report.</td></tr>
<tr><td>Financial Impact</td><td>None directly relating to this report.</td></tr>
<tr><td>Public Engagement</td><td>None directly relating to this report.</td></tr>
<tr><td>Other Committee Discussion/ Engagement</td><td>Bexley’s Integrated Joint Forward Plan 2025/26 progress report has been developed in collaboration with system partners and programme leads.
In line with our governance processes, this report has been discussed and endorsed by the Bexley Wellbeing Partnership Executive Leadership.</td></tr>
<tr><td>Recommendation:</td><td colspan="2">The Bexley Wellbeing Partnership Committee is recommended to:
(i) Review the progress made on delivering the Bexley Wellbeing Partnership Integrated Forward Plan.</td></tr>
</table>

Joint Forward Integrated Plan 2025/26 Progress Report

Supporting Children and Young People Throughout Life

Key Successes in Delivery

- Engagement with primary care, Oxleas NHS children's community service leads, and Lewisham and Greenwich NHS Trust paediatricians resulted in a codesigned integrated child health model.
- Our Bexley CAMHS team has restructured to the iTHRIVE model with all referrals being screened using the iTHRIVE framework, rather than by speciality, which has streamlined access particularly for children with neurodiversity with the most recent data showing that 87% of people received treatment within 18 weeks.
- Expanded pre-and post-diagnostic neurodiversity workshops which are now available through Bexley voice.
- Successfully launched our Family Hub on 1st April which provides a dedicated space for early support and community-led services. The one-stop shop for families offers a range of resources and support in a single location providing early intervention with the aim of reducing the need for statutory social work intervention.
- We relaunched our Infant Feeding Steering Group and completed mapping current provision and support. Our phase two step is to identify and address service gaps.
- We were selected as a pilot area for a whole-school approach to mental health and plan to initiate work with two schools to enhance pupil wellbeing.
- On 1st April, we launched our recommissioned Substance Misuse Service which has a new focus on school-based prevention.
- We delivered a Schools Health Education Unit (SHEU) survey with the insights now shaping local health and wellbeing strategies.
- We completed an under-5s vaccination review to establish barriers and enablers which has resulted in a targeted action plan to improve uptake and reduce inequalities.
- Our phase 4 Mental Health Support Team (MHST) roll out in schools achieved over 50% uptake.

Key Challenges to Delivery

- Ongoing work to secure paediatrician input to the development and delivery of the integrated child health model affected timelines for implementation.
- Progress on data sharing agreements was slowed by the need for greater clarity and consistency in information governance processes.

Learning and Implications for Future Delivery Plans

- Increase the frequency and structure of Joint Forward Plan reviews through the partnership meetings will help to maintain oversight of programme delivery, clarify roles and responsibilities, and ensure clear ownership of next steps.
- Maximising use of the Joint Health & Wellbeing Strategy as a strategic framework will support not only in setting priorities but to drive accountability and delivery of agreed actions across the system.

Ageing Well – Supporting Older People Living with Frailty

Key Successes in Delivery

- Our application for Bexley to be a member of the Age Friendly Communities Network was approved by the Centre for Ageing Better Board.
- In partnership with Age UK, we launched our 'Stronger Together' programme which saw people reporting an overall improvement in their balance, flexibility, agility and strength.
- Our engagement events brought together system wide partners and stakeholders, including residents, to codesign an ageing well/frailty end-to-end model of care as well as develop a pilot model to be implemented in the Frognal Local Care Network later in the year.
- We further developed Bexley's Integrated Neighbourhood Teams by implementing a holistic model of care in the Clocktower Local Care Network focusing on people with multiple long-term conditions. Plans are in place to scale the model across the borough.
- New public web pages, an expanded access-to-medications service, and the launch of the Bexley Universal Care Plan quality review project have improved visibility, coordination, and timely access to specialist support.
- We have upskilled professionals and increased confidence in delivering high-quality palliative care through new online and in-person training initiatives, including the Palliative Care Emergencies module, Nurse Development Programme, and targeted awareness campaigns.
- We have commenced a deep dive into care home data to understand ambulance use and ED attendances, informing the signposting or development of alternative community and primary care pathways

Key Challenges to Delivery

- Competing priorities and operational pressures meant that maintaining consistent commitment from stakeholders was difficult which affected continuity and momentum in developing new ways of working.
- Multiple unconnected datasets impact accessing, aligning, and analysing information efficiently, limiting the ability to share insights and coordinate activity across partners.
- Universal Care Plan system interoperability and data collection challenges across the wider system hindered the ability to progress planned initiatives at pace.

Learning and Implications for Future Delivery Plans

- There is considerable focus and effort on redesigning our model of care for our frail population across the partnership, However, we recognise the need to ensure that the development of future initiatives will require identifying dedicated time or resource to enable consistent participation which will help maintain momentum and ownership throughout delivery
- Strengthening data-sharing arrangements will be essential to enable more effective collaboration, insight, and evidence-based decision-making across partners as well as being able to fully evaluate outputs and outcomes, ensuring the benefits meet both organisational and individual needs.

Supporting People Living with Mental Health Challenges

Key Successes in Delivery

- The Oxleas NHS Foundation Trust bed recovery programme has continued to work in partnership with the local authority, NHS SEL ICB and community rehabilitation providers to reduce inpatient lengths of stay and the number of out of area placements which has seen a 55% decrease.
- Changes to standard operating procedures, new care offers and a waiting list cleansing exercise in relation to the Mental Health Hub has resulted in a reduction in waiting times and an overall 35% reduction in the number of people on the caseload from the beginning of April to the end of September, improving the service for staff and clients.
- Mind in Bexley (Mind) and Oxleas commenced delivery of a bespoke Community Wellbeing Programme at the Slade Green Community Centre which saw c15 people participate.
- The Combating Drugs partnership led the developing joint working protocol between Mind and Oxleas, and Pier Road to improve the interface and services for people with substance misuse and mental health needs
- We commissioned Papyrus to deliver suicide prevention support across 15 schools — initiating Suicide Safer Policy sessions and training to strengthen staff and student wellbeing, with early sessions already underway and strong engagement from schools.
- Successfully delivered a series of mental health and wellbeing communication initiatives which included suicide prevention campaigns and training promotion, Samaritans Open Day, Mental Health Awareness Week, Loneliness Week, and the launch of the Head in the Game program.

Key Challenges to Delivery

- Sustained demand for urgent and crisis support via A&E Mental Health Liaison, with a slight rise in people presenting with no previous contact with mental health providers, placed additional pressure on services. Whilst this mirrors national trends, Oxleas are exploring the data further to determine whether individuals are truly unknown to services.
- Rising demand and case complexity in community mental health services are presenting a risk to increased and prolonged hospital admissions.
- Sustained demand and complexity across all mental health services continue to exceed planning assumptions, placing pressure on resources and service delivery.
- Recruitment and retention challenges, coupled with financial constraints and in-year cost improvement initiatives, are impacting waiting times, service structures and overall resilience.

Learning and Implications for Future Delivery Plans

- An ongoing review of care pathways and team structures across mental health partners has highlighted the importance of aligning workforce capacity and skills with changing patterns of demand. Future delivery will focus on flexible workforce models and redesigned pathways to optimise resources whilst maintaining high-quality, person-centred care.
- Experience from initiatives such as the Slade Green integrated model reinforces that closer collaboration improves access, coordination, and outcomes. Going forward, this approach will be strengthened to optimise resources and enhance the resident experience.

Supporting People to Maintain a Healthy Weight

Key Successes in Delivery

- We launched new weight management services in May and July providing support to adults with learning disabilities and children aged 5-11 years.
- The Tier 2 adult weight management programme commenced a year-1 evaluation and is assessing outcomes and engagement across digital and face-to-face delivery.
- Commenced partnership working between Public Health and SEL ICB, Bexley Clinical Care Professional Lead with the aim of increasing primary care obesity-related referrals, focusing on under-represented patient groups. Over 50% of the Primary Care Enhanced Service budget has been utilised on referral activity.
- We trained 25 frontline staff at Erith Family Hub raising awareness of weight management services, oral health and mental wellbeing support, and to confidently discuss sensitive topics with service users.
- Activation of 12 outdoor gym and green space sites promoting physical activity in areas of high need saw over 200 residents participating in sessions.
- Head in the Game and Age UK Bexley have supported over 200 residents by delivering physical activities for mental health wellbeing and suicide prevention with a range of under-represented people across the borough. Two new long-term programmes were also launched in September.
- Work commenced with the Public Health and Environmental Health teams to reactivate the Healthier Catering Commitment (HCC) scheme, with staff undergoing training to assess food enterprises that wish to apply for the HCC scheme.

Key Challenges to Delivery

- Impending ICB reorganisation, changing timeframes for completion and resulting changes to governance have introduced uncertainty in relation to the Tier 3 &4 service commissioning, management and reviews as well as complementary services for the management and prevention of diabetes.
- Feedback from referrers indicates a need for clearer guidance and communication around referral pathways to ensure individuals are directed to the most appropriate weight management support.
- The start of the children's weight management service (ages 5–11) was delayed due to the time required to finalise information governance and data sharing agreements.

Learning and Implications for Future Delivery Plans

- Findings from upcoming service reviews and evaluations of Tier 2 weight management provision (scheduled for the second half of 2025/26) will inform future commissioning decisions. This process will also identify gaps in current provision, helping to shape priorities and strengthen the design of future delivery models.
- A review of the existing GP Premium has highlighted that modification to the healthy weight/obesity indicator is needed to support a commissioning strategy that's more focused on improving patient health outcomes. Future designs for healthy weight/obesity initiatives from April 2026 onwards propose prioritising a data-driven, outcomes-focused approach, optimising the use of multi-disciplinary teams and fostering greater collaboration across neighbourhoods.

Local Care Networks delivering preventative services and improving population health

Key Successes in Delivery

- Our appointment of a GP Lead to the North Bexley Local Care Network (Neighbourhood) brought about much needed additional leadership capacity which has helped to build engagement and connections with the GP practices in this part of the borough.
- The Local Care Networks (LCN) form the bedrock for delivering our neighbourhood health services through integrated neighbourhood teams, providing a regular forum for continued local community engagement.
- The 'Reducing Health Inequalities Programme', in partnership with Public Health, has gained traction with all six projects now progressed into their second year of delivery, operating in each respective LCN. These include Functional Fitness MOTs in Frognal, a strengthened youth and children's offer in Clocktower and the cancer awareness and Slade Green community projects in North Bexley. Monitoring and evaluation of all projects is ongoing.
- Asset mapping was completed for the whole borough progressing the work that started in North Bexley last year. This remains an iterative process to ensure this information is kept up to date and relevant.
- We developed and introduced BEXLEYnet, a new intranet site, to improve communications with all staff in Bexley practices. There is dedicated space allocated to Local Care Networks focusing on the development of INTs and the health inequalities project.

Key Challenges to Delivery

- Sustained service demands and operational pressures constrained providers abilities to fully engage in partnership-building and relationship development activities essential for collaborative progress.

Learning and Implications for Future Delivery Plans

- Continued expansion and diversification of Local Care Network membership is essential to ensure services are shaped by, and are responsive to, the full range of community needs, particularly those less understood by statutory providers.
- As Bexley Care *Plus* evolves, maintaining parity of voice and collaborative decision-making at neighbourhood level will be critical.
- Future planning will need to align with the requirements set out in the NHS 10-Year Plan, however they will need to balance ambition with inclusivity, ensuring that large-scale digital, workforce, and prevention initiatives are implemented in ways that avoid widening inequalities, build on the impact of existing health inequality projects, and deliver long-term value for communities.

Bexley Wellbeing Partnership Committee

Thursday 27th November 2025

Item: 6

Enclosure: E

Title:	**Better Care Fund Quarter 2 Return 2025-26**
Author/Lead:	Alison Rogers, Director of Integrated Commissioning, and Gita Prasad, Interim 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, Strategic Director, Integrated Health & Care/Place Executive Lead (Bexley), NHS South East London Integrated Care Board 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 2 Return 2025–26**	**Update / Information**	***X***
		Discussion	
		Decision	

Summary of main points:

Introduction:

- This report presents the BCF Quarter 2 Return 2025 - 26 and is provided to the Bexley Wellbeing Partnership Committee for information and assurance. The return has been submitted to the BCF National Team. All national conditions have been met.
- Quarter 2 performance reflects continued progress in promoting independence, timely discharge and reduced reliance on long-term care. Areas such as discharge complexity require ongoing system focus.

Performance against core BCF metrics:

- Emergency Admissions (65+): July recorded 938 admissions (above plan of 884), while August saw 904 admissions (below plan of 931) and September saw 857 admissions (below plan of 881). Overall, performance remains broadly in line with plan.
- Discharge Delays: Same-day discharge performance remains strong, exceeding 90% in July and August against a target of 89–90%. The average number of days from Discharge Ready Date to discharge (excluding 0-day delays) increased from 7.10 days in July to 8.44 days in August, above the target of 7.10 days. This may reflect complexity in some cases and requires continued focus on discharge planning.
- Care Home Admissions (65+): Provisional data shows 91 admissions YTD, equating to 218 per 100,000 population, compared to a planned rate of 263.5. This indicates reduced reliance on long-term care placements and success in promoting community-based alternatives.

Supporting and local metrics:

- Unplanned hospitalisation for chronic ambulatory care sensitive conditions: Provisional data suggests there were 824 avoidable admissions between April and August 2025, indicating potential improvement compared to 2024/25 (-1.1%).
- Falls-related admissions (65+): Provisional data indicates some progress has been made in reducing emergency hospital admissions due to falls among people aged 65+. The total number of falls-related admissions for this age group (418 year to date) is currently lower than the same period the year before (442). However, Bexley has the second highest number of falls-related admissions among this age group in South East London, indicating a continued need for targeted prevention efforts.
- Discharge to Usual Place of Residence: Over 94% of discharges in Quarter 2 were to a person's usual place of residence.
- Inpatient Length of Stay: In the first half of 2025/26, the proportion of patients staying 14+ days remained broadly stable with a slight improvement from 14.0% in Q1 to 13.5% in Quarter 2. Similarly, 21+ day stays fell from 8.4% to 7.4% over the same period.
- Outcomes following short-term support: In Quarter 2 2025/26, provisional data shows that 67% of new service users required no further support or only lower-level support following short-term intervention. In addition, 81% of people who have ongoing support needs had an evidenced reduction in care on completion of reablement episodes in the quarter.

System learning and improvement actions

Partners have responded to operational challenges with collaborative solutions to improve resilience, reduce delays and enhance people's experience of health and care services:

- **Winter planning:** Early engagement and alignment with ICB and NHS England requirements led to preparation of a robust winter plan, including additional beds and staffing to help manage peak demand.
- **Discharge complexity:** Weekly reviews and deep dives have supported discharge of patients with stays of 21 days or more. Rising complexity in care packages has also prompted targeted action during October's "Flowtober" initiative with in-reach support and case reviews improving discharge planning.
- **Reablement:** Allocation times extended during the summer, in some cases from one to two weeks. Two additional therapists have been deployed. Despite increased complexity and a dip in independence levels, reablement continues to deliver strong results in reducing long-term care needs.
- **Dementia:** Joint working with mental health professionals and a specialist dementia nurse aims to support behavioural management and enable more informed care home placements for patients with complex needs.
- **Neuro-rehabilitation:** The ICB's Neuro Navigator is involved in weekly reviews to identify alternative care pathways and reduce reliance on specialist neuro-rehab beds. The Oxleas Community Neuro Team has also been working closely with the stroke team at Darent Valley Hospital, providing weekly touch points with the opportunity to in-reach for complex patients.

	• **Mental Health engagement:** Low engagement in hospital-based therapy has impacted discharge readiness. In response, earlier MDT involvement and targeted ward-based work is being introduced to improve participation and outcomes. • **Service transformation:** Launch of Acute Medical Unit at Queen Elizabeth Hospital in November and the ToCC Hub in December, alongside rollout of the Optica platform, are expected to enhance same-day discharge and system-wide coordination.	
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 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. Q2 Year-to-Date expenditure totals £46.031m (50% of the total fund), reflecting stable delivery across long-standing schemes.
	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 Q2 return will be considered at the Bexley Health and Wellbeing Board for sign-off on 4 December 2025.
Recommendation:	This report is for information and assurance to the Bexley Wellbeing Partnership Committee.	

Appendix A – Bexley BCF Quarter 2 Return 2025-26
Appendix B – Updated BCF Metrics.

Better Care Fund 2025-26 Q2 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.

Health and Wellbeing Board:	Bexley	
Completed by:	Steven Burgess	
E-mail:	steven.burgess@bexley.gov.uk	
Contact number:	020 3045 5242	
Has this report been signed off by (or on behalf of) the HWB Chair at the time of submission?	No	
If no, please indicate when the report is expected to be signed off:	Thu 04/12/2025	<< Please enter using the format, DD/MM/YYYY

Checklist

Complete:
Yes
Yes
Yes
Yes
Yes
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'.

Complete

	Complete:
2. Cover	Yes
3. National Conditions	Yes
4. Metrics	Yes
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 Q2 Reporting Template

3. National Conditions

Selected Health and Wellbeing Board: Bexley

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	
2) Implementing the objectives of the BCF	Yes	
3) Complying with grant and funding conditions, including maintaining the NHS minimum contribution to adult social care (ASC) and Section 75 in place	Yes	
4) Complying with oversight and support processes	Yes	

Better Care Fund 2025-26 Q2 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

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
Emergency admissions to hospital for people aged 65+ per 100,000 population	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

Assessment of whether goal has been met in Q2:	Data not available
If a goal has not been met please provide a short explanation, including noting any key mitigating actions.	
You can also use this box to provide a very brief explanation of overall progress if you wish.	So far, emergency admissions for people aged 65+ in Q2 (July–August actuals) are broadly in line with BCF targets. July saw slightly higher admissions than planned (938 emergency admissions in July 2025 compared to a BCF plan of 884). August saw slightly lower admissions than planned (908 in August 2025 compared to a BCF plan of 931). Variance is within expected seasonal range. September 2025 data is not yet available to enable a full assessment of whether we remain on track. We have a continued focus on admission avoidance and timely discharge from hospital through our Home First arrangements, working with system partners and providers across health and social care. Our health and social care teams are continuing to work together to support people to achieve the best outcomes possible, including via our virtual wards, intermediate care services, interim-bedded care and care at home.

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).

4.2 Discharge Delays

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 (this calculates the % of patients discharged after their DRD, multiplied by the average number of days)	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

Assessment of whether goal has been met in Q2:	Data not available
If a goal has not been met please provide a short explanation, including noting any key mitigating actions.	
You can also use this box to provide a very brief explanation of overall progress if you wish.	July and August performance shows strong results (above 90%) for the proportion of adult patients discharged from acute hospitals on their Discharge Ready Date (DRD). Average delay including 0-day delays is broadly on track. For those adult patients not discharged on their DRD, the average number of days from DRD to discharge (excl. 0 day delays) was 7.10 days in July and 8.44 days in August 2025, compared to our plan of 7.10 days. September data is not yet available so a full Q2 assessment cannot be made. Mitigating actions: (i) Continued focus on early discharge planning; (ii) Regular review of long-stay patients with system partners to reduce length of stay and expedite discharge from hospital.

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

Assessment of whether goal has been met in Q2:	On track to meet goal
If a goal has not been met please provide a short explanation, including noting any key mitigating actions.	
You can also use this box to provide a very brief explanation of overall progress if you wish.	Our current assessment, based on the provisional data available, is that we are on track to meet our goal. So far this year, 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. Provisional data for Quarter 2 YTD shows that only 91 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 218.0 per 100,000 population, compared to our original plan of 263.5 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 Q2 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	DFG Q2 Year-to-Date Actual Expenditure
DFG	£3,679,055	£3,940,550	£2,271,138
Minimum NHS Contribution	£22,953,335	£22,953,335	
Local Authority Better Care Grant	£8,162,090	£8,162,090	
Additional LA Contribution	£23,660,000	£23,660,000	
Additional NHS Contribution	£32,744,434	£32,744,434	
Total	**£91,198,914**	**£91,460,409**	

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

		% of Planned Income
Q2 Year-to-Date Actual Expenditure	£46,031,068	**50%**

If Q2 year to date actual expenditure is exactly 50% of planned expenditure, please confirm this is accurate or if there are limitations with tracking expenditure.	Q2 Year-to-Date expenditure accurately reflects financial performance within Bexley's 2025/26 Better Care Fund due to the stability of long-established schemes with agreed budgets and predictable spend. Actual expenditure closely matches planned profiles, supported by monthly invoicing and payment arrangements. Additionally, £0.261m of Disabled Facilities Grant funding has been carried forward from 2024/25. Through the DFG, the Council continues to provide mandatory grants to help disabled people to live more independently and safely at home, as well as discretionary housing assistance, which contributes to easing demand on housing, health and care services. As of Q2 2025/26, a total of 132 DFG-funded adaptations have been completed with mandatory spend of £1.404m and discretionary spend of £0.402m. In addition, 81 hospital discharge cases have been supported from the DFG allocation (£0.015m). Overall spend so far totals £2.271m, comprising £1.821m on works in the first six months and a £0.450m staffing allocation for the full year. The time taken to complete all preparation work on a DFG application following referral through to point of approval has improved over the last six months. This has been achieved by reassigning resource and making use of our Trainee Building Surveyor to focus on non-complex adaptations.

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.

Appendix B

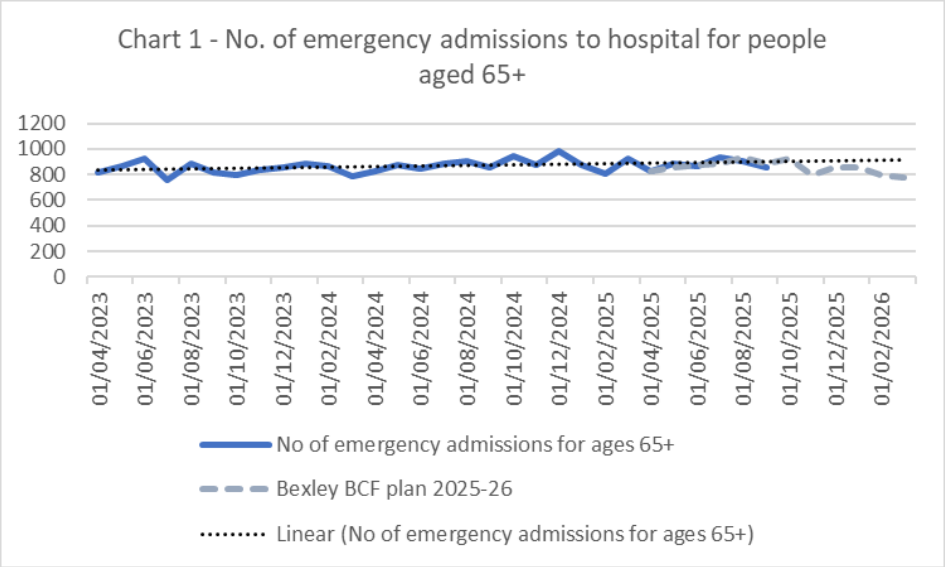
Update on Better Care Fund Performance – Quarter 2 2025/26

1. Introduction

This report provides a summary of Bexley's performance against the Better Care Fund (BCF) metrics. It draws on the latest data to assess progress in Quarter 2 2025/26.

2. Emergency Admissions 65+

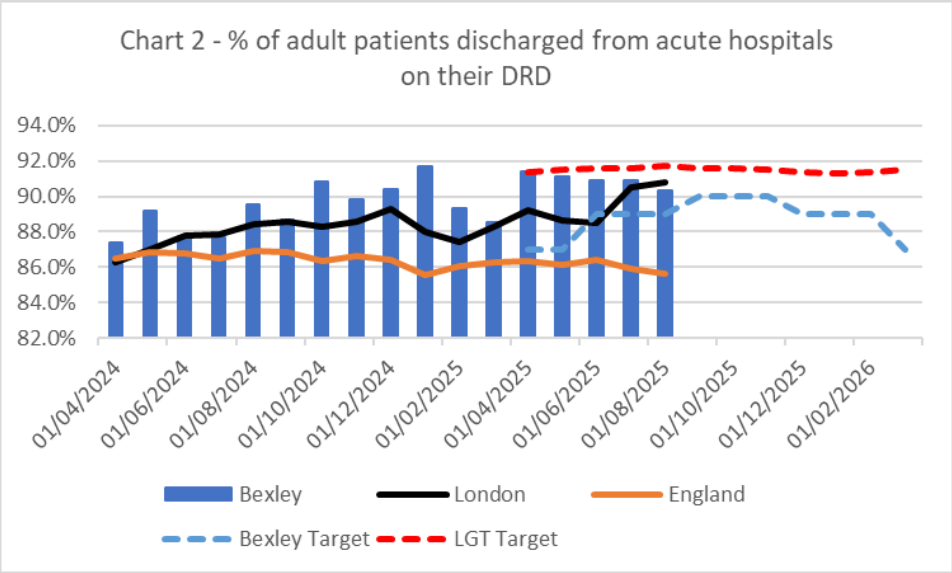
Emergency admissions for older people remain broadly in line with plan. July recorded 938 admissions (above plan of 884), while August saw 904 admissions (below plan of 931) and September saw 857 admissions (below plan of 881). There is a continued focus on admission avoidance through frailty support, virtual wards and Home First pathways.



Source: NHS SEL ICB Unplanned Care Dashboard

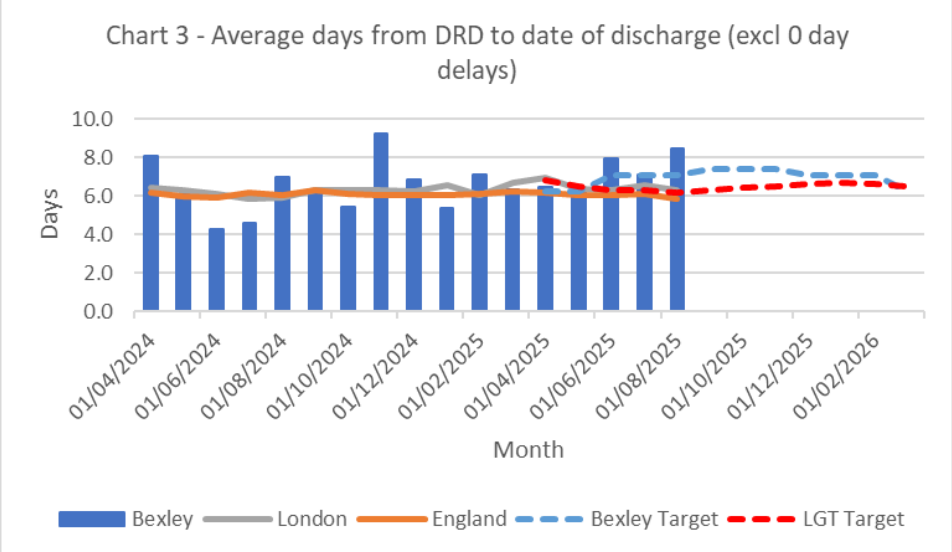
3. Discharge Metrics

Performance on same-day discharge exceeded 90% in July and August 2025. This reflects effective collaboration between hospital, social care and community teams.



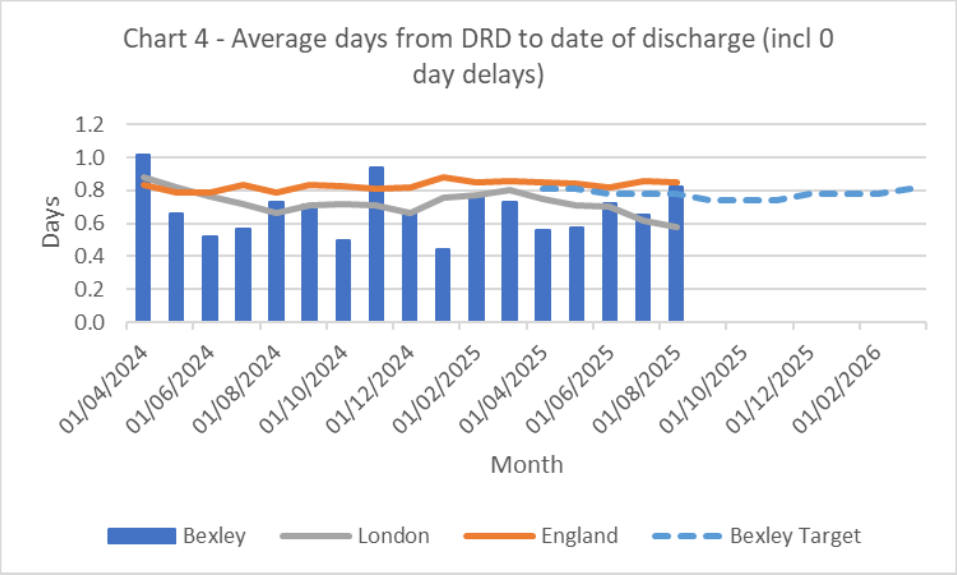
Source: NHS England, Timeliness of Acute Hospital Discharges completed within the month

The average number of days from Discharge Ready Date to discharge (excluding 0-day delays) increased from 7.10 days in July to 8.44 days in August, above the target of 7.10 days. This may reflect complexity in some cases and highlights the need for ongoing review of long-stay patients and early discharge planning.



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

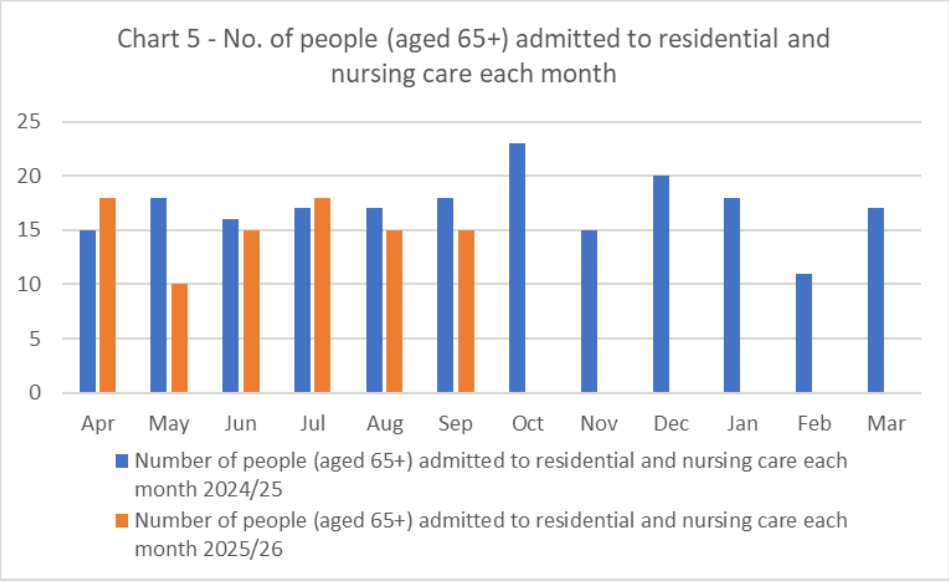
Average delay for all patients, including those discharged on the same day, ranged from 0.56 in April 2025 to 0.82 days in August 2025, remaining close to or within the target range of 0.74 to 0.81 days.



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

4. Care Home Admissions (65+)

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 September 2025 shows 91 new care home admissions for people aged 65 and over. This equates to a rate of 218.0 per 100,000, which is below the planned rate of 263.5. per 100,000 for the first six months of 2025/26. Based on this data, we are currently on track to meet the annual target.

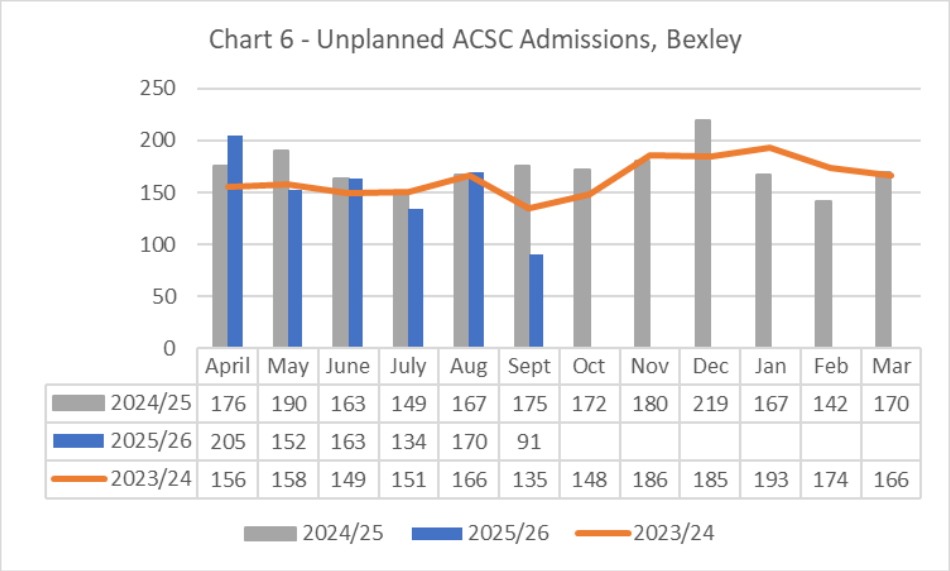


Source: ASCH - Management Information Pack

System-wide coordination remains a priority and Bexley's Home First approach is supporting recovery in familiar settings. Stable use of interim care beds and reduced permanent care home placements align with our strategic aim to promote independence and reduce reliance on long-term residential care.

5. Unplanned hospital admissions for chronic ambulatory care sensitive conditions

Provisional data suggests there were 824 avoidable admissions between April and August 2025, indicating potential improvement compared to 2024/25 (-1.1%). We will need to await a further refresh of the NHS SEL Unplanned ACSC Admissions Report to get a full picture of the Quarter 2 position.

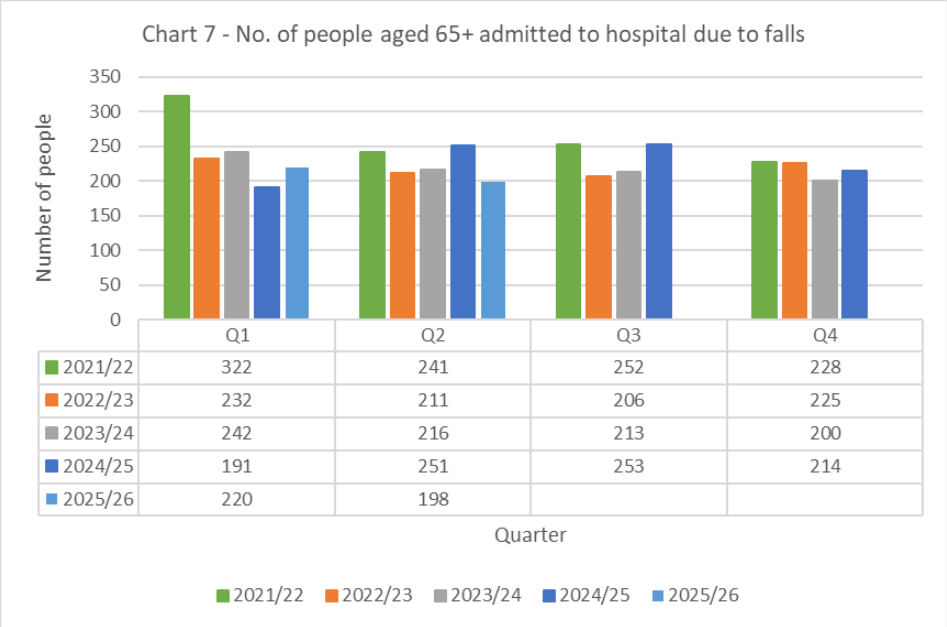


	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
2024/25	176	190	163	149	167	175	172	180	219	167	142	170
2025/26	205	152	163	134	170	91						
2023/24	156	158	149	151	166	135	148	186	185	193	174	166

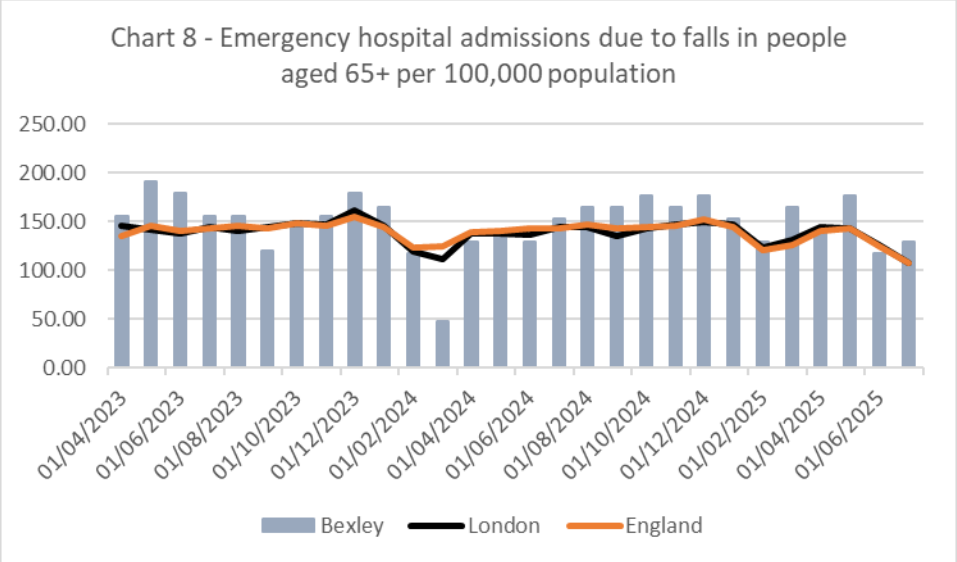
Source: NHS SEL ICB Unplanned ACSC Admissions Report

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

Provisional data indicates some progress has been made in reducing emergency hospital admissions due to falls among people aged 65+. The rate per 100,000 fell below London and England averages in June 2025 and the total number of falls-related admissions for this age group (418 year to date) is currently lower than the same period the year before (442). However, when compared to other boroughs in South East London, Bexley has the second highest number of patients admitted due to falls, highlighting an ongoing need to prioritise prevention initiatives.



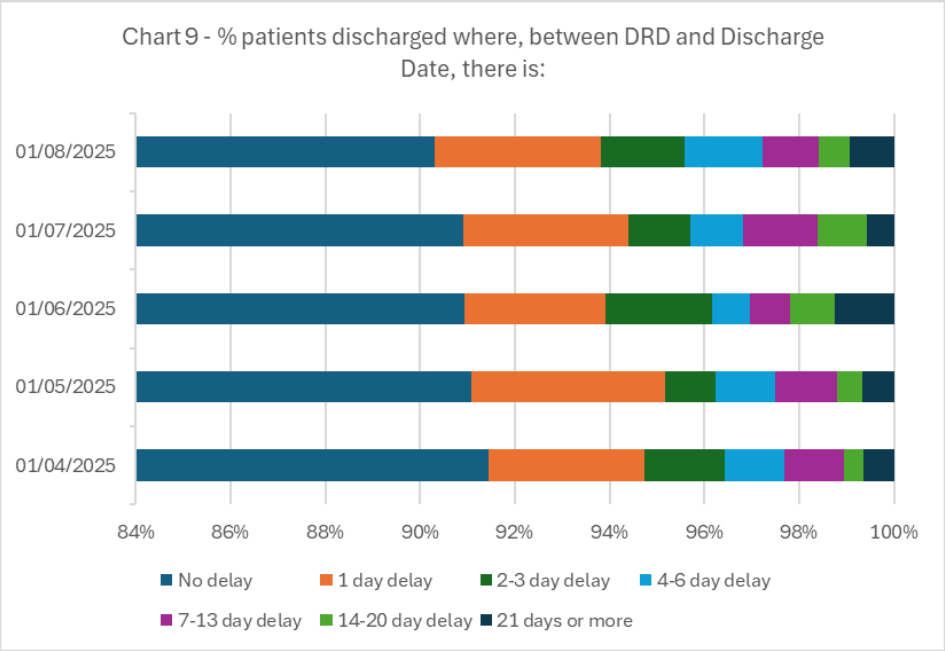
Source: NHS SEL ICB Better Care Fund Baseline Dashboard



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

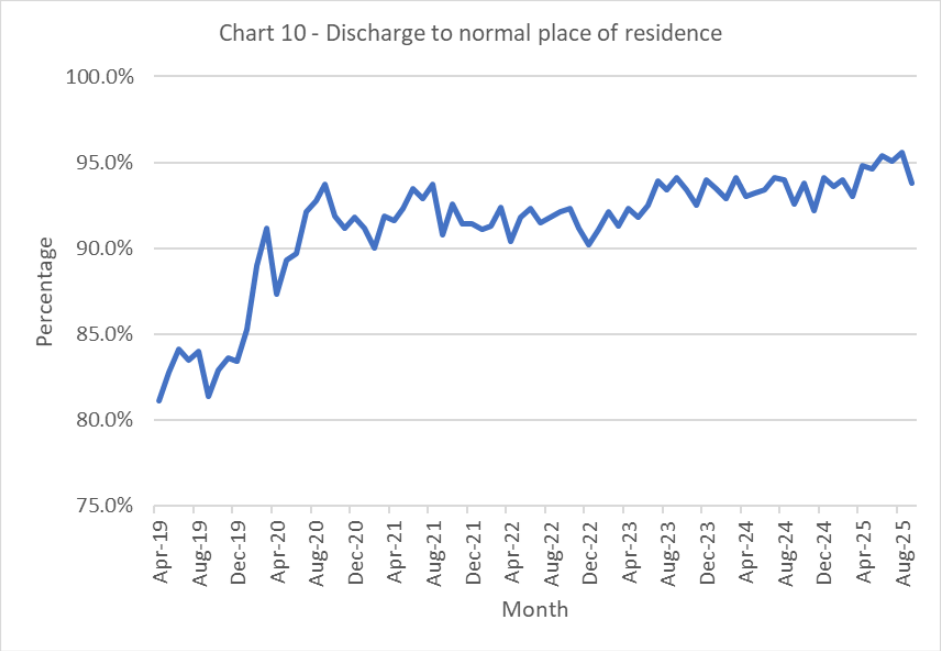
The majority of Bexley patients who were not discharged on their Discharge Ready Date were subsequently discharged within one day. Delays of 2–3 days and 4–6 days were also relatively common with some variation from month to month. Delays of 21 days or more affected a small proportion of patients, but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

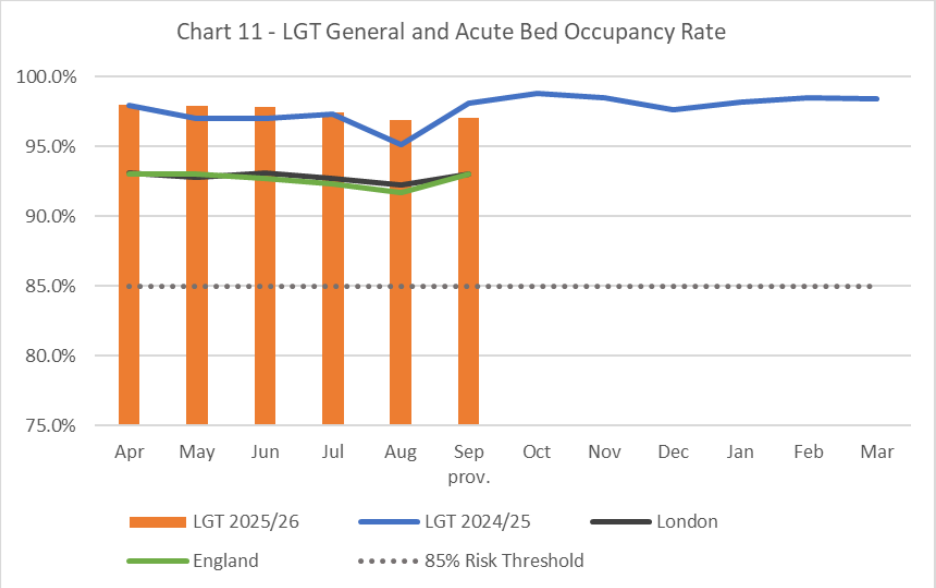
This indicator measures the percentage of discharges to a person's normal place of residence. There is evidence that recovery and independence for people who have been admitted to hospital are improved if they are discharged to their own home. Our performance in Bexley in the first 6 months of 2025/26 shows that over 94% of hospital discharges were to a person's usual place of residence.

9. Inpatient Length of Stay

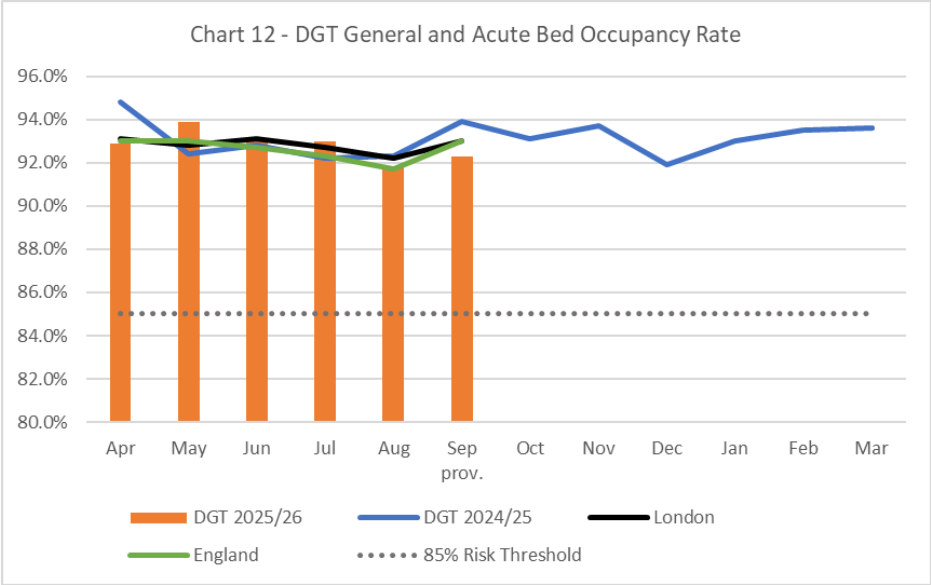
In the first half of 2025/26, the proportion of patients staying 14+ days remained broadly stable, with a slight improvement from 14.0% in Quarter 1 to 13.5% in Quarter 2. Similarly, 21+ day stays fell from 8.4% to 7.4% over the same period. These trends suggest incremental progress in managing discharge pathways and reducing delays for patients with complex needs. Continued progress will depend on maintaining momentum in discharge coordination and addressing barriers to timely transitions of care.

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 has 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

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 Quarter 2 2025/26, provisional data shows that 67% (181/270) of new service users required no further support or only lower-level support following short-term intervention. In addition, 81% (286/353) of people who have ongoing support needs had an evidenced reduction in care on completion of reablement episodes in the quarter.

Bexley Wellbeing Partnership Committee

Thursday 27th November 2025

Item: 7

Enclosure: F

Title:	**Local Care Partnership Supplementary Performance Data Report**
Author:	Graham Tanner, Associate Director, Primary and Community Based Care (Bexley), NHS South East London Integrated Care Board
Executive Lead:	Diana Braithwaite, Strategic Director, Integrated Health & Care/Place Executive Lead (Bexley), NHS South East London Integrated Care Board

Purpose of paper:	**This report is produced by the NHS SEL ICB assurance team and is intended to be used by Local Care Partnerships as part of their local assurance processes.** **The latest position against key areas of local performance is presented, highlighting achievement against national targets, agreed trajectories and other comparators. An overview of performance and wider SEL context is provided to support interpretation of the data.** **This report is intended to be used by the Bexley Wellbeing Partnership to identify areas where performance is not in line with expectations and where members/teams may be required to provide additional explanation and assurances that issues are being addressed either locally or as part of a wider system approach.**	Update / Information	*X*
		Discussion	
		Decision	
Summary of main points:	The report covers a range of metrics where LCPs either have a direct delegated responsibility for delivery or play a key role in wider SEL systems. It covers the following areas: • Areas of performance delegated by the ICB board to LCPs • Metrics aligned to the six ICB corporate objectives that fall within delegated responsibilities for LCPs. • Metrics requested for inclusion by LCP teams The latest available report (October 2025) presents a balanced overall position for Bexley but with some areas of strong performance and others requiring additional focus over the remainder of the year to ensure trajectories are achieved. Based on the latest available data Bexley is performing **at or above the required trajectory** on mental health (Dementia diagnosis, Talking Therapies and SMI Healthchecks), Continuing Health Care (CHC), LD and Autism Annual Health Checks and Bowel Cancer screening		

	Performance is **below the required trajectory** for: **Childhood Immunisations (Q2 24/25 data)** • Children Receiving MMR1 at 24 months *(PH efficiency standard **90%** / Current Performance **81%**)* • Children Receiving MMR1 at 5 years *(*Children Receiving MMR2 at 5 years *(PH efficiency standard **90%** / Current Performance **73%**)* • Children receiving DTaP/IPV/Hib % at 12 months *(PH efficiency standard **90%** / Current Performance **89%**)* • Children receiving pre-school booster (DTaPIPV%) % at 5 years *(PH efficiency standard **90%** / Current Performance **68%**)* **Cancer (*Jun 24 data)** • Cervical Cancer Coverage (25-64 combined) *(Corporate objective **72.1%** / Current Performance **71.5%**)* **Hypertension (Q1 25/26 data) *** • Patients with hypertension recorded as being treated in line with NICE Guidance *(Corporate trajectory **73%** / Current Performance **66.4%**)* **** Sep-25 (Local Reporting Data shows Bexley at 71% against a Corporate Trajectory of 75.4%. This is the best performance of the 6 SEL boroughs and reflective of additional investment and focus within Primary Care in recent months.*** **Flu vaccination (Feb 25 data)** • Flu vaccination rate over 65s *(Corporate objective **75%** / End of Season Performance **70%**)* • Flu vaccination rate under 65s at risk *(Corporate objective **42%** / End of Season Performance **35.8%**)* **** 2025/26 vaccinations for flu commenced on 1st October 2025 and therefore reliable data on this year's performance trajectory is not yet available.*** **Appendix 1** provides a short narrative on each of the metrics, including any mitigating factors and/or plans to address shortfalls or deficits within the next reporting period.	
Potential Conflicts of Interest	This report is for information only. There are no conflicts of interest.	
Other Engagement	Equality Impact	The stated mission of the South East London ICS is to help people in South East London to live the healthiest possible lives. The Bexley Wellbeing Partnership (BWP) supports this through helping people to stay healthy and well, providing effective treatment when people become ill, caring for people throughout their lives, taking targeted action to reduce health inequalities, and supporting resilient, happy communities as well as the workforce that serves them.

	Financial Impact	This report if for information only. There are no financial impacts.
	Public Engagement	The majority of the information provided in this report is publicly available via NHS Digital.
	Other Committee Discussion/ Engagement	This report and any required mitigations are discussed at the SEL ICB Board and Bexley Wellbeing Partnership Executive. It is being reported to the Bexley Wellbeing Partnership Committee for information.
Recommendation:	The Bexley Wellbeing Partnership is recommended to: (i) Review 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.	

Appendix 1 – Bexley Local Care Partnership - LCP performance exception report

Performance Metric	Reporting Period	Expected Standard / Trajectory	Latest Performance Position	Trend Since Last Report	SEL context and description of performance	Mitigations and Improvement Actions
Childhood Immunisations, including: Children Receiving MMR1 at 24 months Children Receiving MMR2 at 5 years Children receiving DTaP/IPV/Hib % at 12 months Children receiving pre-school booster (DTaPIPV) % at 5 years	Q1 – 25/26	90% 90% 90% 90%	81% 73% 89% 68%	↓ ↓ ↓ ↓	The 2025/26 operational guidance states that it remains critical that ICSs explicitly agree local ambitions and delivery plans for vaccination and services aimed at addressing the leading causes of morbidity in all age groups, including Children & Young People. The performance indicators have an efficiency standard of 90% and an optimal performance standard of 95% for childhood immunisations. Based on current performance for south east London (and London more widely), the 90% efficiency standard was used as the comparator for RAG rating. Quarterly cover data can include incomplete data and the 2024/25 Q1-3 data has since been republished.	Public Health has led a piece of work to better understand barriers to childhood immunisation uptake in Bexley. The findings have been collated and are being used to support the development of a proposal for a targeted piece of work to improve MMR uptake and strengthen staff confidence in talking to patients about the benefits of all vaccinations A bespoke Immunisation & Vaccination page has been developed for BexleyNet. Making Every Contact Count (MECC) continues to be the approach for all community & outreach events. Communications have been sent to practices following the to support the implementation of the new MMRV vaccine from 1st January 2026.

Performance Metric	Reporting Period	Expected Standard / Trajectory	Latest Performance Position	Trend Since Last Report	SEL context and description of performance	Mitigations and Improvement Actions
						Practices and local authority early years & education colleagues have been given the opportunity to order vaccine leaflets and timeline cards in multiple community languages to share with patients and support conversations.
Cervical Cancer Coverage (25-64 combined)	Jun 24	72.%	71.5%	↓	Cervical cancer screening is currently below the nationally defined optimal level of screening of 80%. Bexley is the second highest performing borough in SEL and is just marginally below the expected standard trajectory. Screening is directly commissioned by NHS England, and delivery is through regional teams. Changes to programme, workforce, capacity etc. require NHS England to action. Given this, we rely on a joint approach with other London ICBs on common issues within these areas and advocate for regional solutions such as addressing workforce and capacity challenges within programmes, improving processes and operational pressures, and coordinating potential mutual between screening providers. Local actions for SEL require focus on	Raising awareness with the public regarding the importance of cervical screening, through community engagement events. North Bexley Local Care Network (Neighbourhood) is raising awareness through outreach work, super community champions and with local community groups. Cancer data packs sent quarterly to Practices so they can track their performance against their peers and the borough target. Practices encouraged to pro-actively engage with patients, contacting them several times if they do not respond to their cervical screening invitation.

Performance Metric	Reporting Period	Expected Standard / Trajectory	Latest Performance Position	Trend Since Last Report	SEL context and description of performance	Mitigations and Improvement Actions
					improvements within the current programme structure/resource.	
Management of hypertension treated to NICE Guidance	Q1 – 25/26	66.4%	73%	↑	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. Bexley has made a significant improvement, as can be seen in the data. 2025/26 performance will be reported against straight line trajectories for each Local Care Partnership to achieve the 85% target by March 2026. There is a significant time lag (of approximately 4 months) in the publishing of national reporting (CVD PREVENT) of this metric. To support local monitoring of performance, the SEL LTC team have used the local data as the basis for trajectories up to March 2026. Hypertension is predominantly managed in general practice and there is wide variation in achievement across practices, not always explained by demography.	Working together with 'Clinical Excellence South East London' (CESEL) to ensure that the CVD investment funding is focused on supporting the improvement of the hypertension target. 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. Community Pharmacy are carrying out blood pressure checks and are able to deliver Ambulatory Blood Pressure Monitoring. Quarterly data packs sent to Practices with their achievement, benchmarked against other Bexley Practices and SEL. The ICB provided investment to Practices in 2025/26 (in addition to the GP Premium) to ensure that as many practices as possible meet or exceed 85%

Performance Metric	Reporting Period	Expected Standard / Trajectory	Latest Performance Position	Trend Since Last Report	SEL context and description of performance	Mitigations and Improvement Actions
						of eligible patients treated to NICE guidance standards. **Local data reporting (September 2025) shows Bexley as the best performing borough in SEL with 71% treated to NICE Guidance**.
Adult Flu Vaccination (over 65s)	Feb 25	70%	75%	↑	The south east London ICB board set improving adult flu vaccination rates as a corporate objective. The ambition for 2023/24 was to improve the vaccination rate of people aged over 65 to 73.7%. Performance in 2023/24 (year 1) was significantly below ambition for both metrics and represented a decrease in performance from the previous year. In order to ensure that 2024/25 ambitions were informed by place, their knowledge of and insights into their local population, their role in commissioning services and their strategic plans for delivery, each borough team set their own ambitions to improve uptake for the two main adult flu cohorts for the upcoming flu season. This approach to setting ambitions has also taken place ahead of the 2025/26 flu season.	The 2025/26 flu vaccination programme commenced on 1st October 2025 and therefore forecast trajectories are not available for this report. Key 2025/26 actions will include: • Operational Vaccination Oversight Group • Borough tailored comms & engagement to support national campaigns such as 'why we get vaccinated' • Focused engagement with community groups representing underserved communities • Work with Community Champions to share key messaging
Adult Flu Vaccination (over 65s)	Feb 25	42%	35.8%	↑		

Performance Metric	Reporting Period	Expected Standard / Trajectory	Latest Performance Position	Trend Since Last Report	SEL context and description of performance	Mitigations and Improvement Actions
					The 2024/25 flu season saw high levels of flu with associated hospital admission rates higher than the two previous years.	• Bexley Winter Wellbeing messaging in the Bexley magazine - pull out and keep booklet • Encourage practices to maximise the potential for flu & COIVD-19 co-administration, where feasible and in line with patient choice • Support focused thinking on how to encourage uptake amongst cohorts with historically low uptake (such as Immuno Suppressed, asthma & diabetes where their disease is well-managed)

South East London Integrated Care System

NHS South East London

Bexley Local Care Partnership
LCP performance data report

October 2025

Contents

Overview of report

Summary:

- This report is produced by the SEL ICB assurance team and is intended to be used by LCPs as part of their local assurance processes.
- The latest position against key areas of local performance is presented, highlighting achievement against national targets, agreed trajectories and other comparators. An overview of performance and wider SEL context is provide to support interpretation of the data.
- This report is intended to be used by the responsible LCP committee/sub-committee to identify areas where performance is not in line with expectations and where members/teams may be required to provide additional explanation and assurances that issues are being addressed either locally or as part of a wider system approach.

Contents and structure of report:

- The report covers a range of metrics where LCPs either have a direct delegated responsibility for delivery or play a key role in wider SEL systems. It covers the following areas:
    - Areas of performance delegated by the ICB board to LCPs.
    - Metrics aligned to the six ICB corporate objectives that fall within delegated responsibilities LCPs.
    - Metrics requested for inclusion by LCP teams.

Structure

- A dashboard summarising the latest position for the LCP across all metrics is included on page 4.
- This is followed by a series of more detailed tables showing performance across south east London with explanatory narrative.
- Metrics are RAG rated based on performance against national targets, agreed trajectories or national comparators (where included in the tables). Arrows showing whether performance has improved from the previous reporting period is also included.

Definitions:

- Definitions and further information about how the metrics in this report are calculated can be found here.

South East London Integrated Care System

Bexley performance overview

NHS South East London

Standard	Trend since last period	Period covered in report	Comparator	Benchmark	Current performance
Dementia diagnosis rate	↓	Sep-25	National standard	67%	72%
IAPT discharge	↓	Aug-25	Operating plan	176	180
IAPT reliable improvement	↓	Aug-25	Operating plan	67%	70%
IAPT reliable recovery	↑	Aug-25	National standard	48%	52%
SMI Healthchecks	↓	Q1	Local trajectory	55%	55%
PHBs	↑	Q2 - 25/26	LTP indicative trajectory	394	321
NHS CHC assessments in acute	↓	Q2 - 25/26	National standard	0%	0
CHC - Percentage assessments completed in 28 days	↑	Q2 - 25/26	National standard	80%	83%
CHC - Incomplete referrals over 12 weeks	↔	Q2 - 25/26	National standard	0	0
Children receiving MMR1 at 24 months	↓	Q1 - 25/26	PH efficiency standard	90%	81%
Children receiving MMR1 at 5 years	↓	Q1 - 25/26	PH efficiency standard	90%	90%
Children receiving MMR2 at 5 years	↓	Q1 - 25/26	PH efficiency standard	90%	73%
Children receiving DTaP/IPV/Hib % at 12 months	↓	Q1 - 25/26	PH efficiency standard	90%	89%
Children receiving DTaP/IPV/Hib % at 24 months	↓	Q1 - 25/26	PH efficiency standard	90%	90%
Children receiving pre-school booster (DTaPIPV%) % at 5 years	↓	Q1 - 25/26	PH efficiency standard	90%	68%
Children receiving DTaP/IPV/Hib % at 5 years	↓	Q1 - 25/26	PH efficiency standard	90%	90%
LD and Autism - Annual health checks	↑	Aug-25	Local trajectory	254	356
Bowel Cancer Coverage (60-74)	↓	Mar-25	Corporate Objective	74%	74%
Cervical Cancer Coverage (25-64 combined)	↓	Jun-24	Corporate Objective	72%	72%
Breast Cancer Coverage (50-70)	↑	Mar-25	Corporate Objective	72%	72%
Percentage of patients with hypertension treated to NICE guidance	↓	Q1 - 25/26	Corporate Objective	73%	66%
Flu vaccination rate over 65s	↑	Feb-25	Corporate Objective	75%	70.0%
Flu vaccination rate under 65s at risk	↑	Feb-25	Corporate Objective	42%	35.8%
Flu vaccination rate – children aged 2 and 3	↑	Feb-25	-	-	35.7%
Appointments seen within two weeks	↓	Aug-25	-	-	88%
Appointments in general practice and primary care networks	↓	Aug-25	Operating plan	-	97636
Appointments per 1,000 population	↓	Aug-25	-	-	372

South East London Integrated Care System

NHS South East London

Performance data

Dementia Diagnosis Rate

SEL context and description of performance

- The national dementia diagnosis rate target is 66.7%. Dementia diagnosis rate is defined as the diagnosis rate for people with dementia, expressed as a percentage of the estimated prevalence.
- South east London is achieving this target. September 2025 performance was 71.1%.
- There is, though, variation between boroughs. Greenwich has not achieved the target during the previous 24 months.

		September 25						
Metric	**Target**	**Bexley**	**Bromley**	**Greenwich**	**Lambeth**	**Lewisham**	**Southwark**	**SEL**
Dementia diagnosis rate*	**66.7%**	71.5%	72.1%	63.9%	76.0%	70.1%	71.3%	71.1%
Trend since last report	-	↓	↑	↑	↑	↔	↑	↑

Talking Therapies

SEL context and description of performance

- The NHS Talking Therapies metrics introduced in 2024/25 have continued into 2025/26. The targets are as follows:
  - Number of patients discharged having received at least 2 treatment appointments in the reporting period.
  - Reliable improvement rate for those completing a course of treatment.
  - Reliable recovery rate for those completing a course of treatment and meeting caseness.
- The target for the number of patients discharged following at least two treatments has not been met since April 2024. The reliable improvement and recovery targets were both met in August 2025.

	Aug-25						
Metric	Bexley - MIND	BHC	Greenwich (Oxleas)	Lambeth (SLaM)	Lewisham (SLaM)	Southwark (SLaM)	SEL
Talking Therapies discharge metric	180	150	215	570	390	300	1785
Trajectory	176	248	295	533	377	360	2035
Trend since last reporting period	↓	↓	↓	↓	↑	↓	↓

		Aug-25						
Metric	Target	Bexley - MIND	BHC	Greenwich (Oxleas)	Lambeth (SLaM)	Lewisham (SLaM)	Southwark (SLaM)	SEL
TT reliable recovery	48%	52.0%	50.0%	56.0%	49.0%	45.0%	44.0%	49.0%
Trend since last report	-	↑	↑	↑	↑	↔	↑	↑

		Aug-25						
Metric	Target	Bexley - MIND	BHC	Greenwich (Oxleas)	Lambeth (SLaM)	Lewisham (SLaM)	Southwark (SLaM)	SEL
TT reliable improvement	67%	70.0%	70.0%	69.0%	68.0%	66.0%	68.0%	68.0%
Trend since last report	-	↓	↑	↓	↑	↑	↑	↑

SMI Physical Health Checks

SEL context and description of performance

- The south east London ICB board has set Improving the uptake of physical health checks for people with SMI as a corporate objective.
- There was a significant increase in the number of AHCs undertaken for people with an SMI during 2023/24 and the SEL operating planning trajectory was achieved at the end of 2023/24. However, the proportion of people receiving an AHC during 2024/25 did not increase in line with the planned trajectory and the end of year target was not achieved.
- The proposed 2025/26 SEL corporate objectives ambition for SMI health checks is 75%. This aligns with NHSE expectations and the final year target of the Long Term Plan. Performance is reported below against an indicative trajectory to support in year tracking towards the target by Q4.
- Where annual health checks are being completed, quality can vary as can onward referral to other physical health services.

	Q1 - 25/26						
Metric	**Bexley**	**Bromley**	**Greenwich**	**Lambeth**	**Lewisham**	**Southwark**	**SEL**
SMI Healthchecks	**55.4%**	**51.1%**	**49.7%**	**57.0%**	**50.5%**	**56.0%**	**53.6%**
Indicative trajectory	55.0%	55.0%	55.0%	55.0%	55.0%	55.0%	55.0%
Trend since last report	↓	↓	↓	↓	↓	↓	↓

***NOTE:** The above figures have been calculated based on published LCP performance for Q1: Physical Health Checks for People with Severe Mental Illness - NHS England Digital.

Personal Health Budgets

SEL context and description of performance

- ICBs are required to submit the quarterly mandatory personal health budgets data submission which provides details of the number of children and adults with a personal health budget in place during the year.
- The NHS 10 year plan includes a commitment to at least double the number of people offered a Personal Health Budget by 2028 - 2029.
- Regional targets and trajectories for the number of people receiving a personal health budget for 2025/26 are not in place.
- Annual SEL and borough level targets were agreed as part of the Long Term Plan up to 2023/24. The south east London target was not achieved. Trajectories for the final year of this plan have been included in the table below to provide a comparison for current delivery but is not used as the basis for RAG rating performance.

	Q2 - 2025/26						
Metric	**Bexley**	**Bromley**	**Greenwich**	**Lambeth**	**Lewisham**	**Southwark**	**SEL**
PHBs	321	746	397	256	201	249	2172
Indicative LTP trajectory	394	563	488	544	450	431	2869

NHS Continuing Health Care

SEL context and description of performance

- There are a number of national standards which systems are required to achieve consistently. Where deviating from the standard, there is an expectation that performance will be addressed as a priority. Performance standards are as follows:
  - A national target was previously set to reduce the number of CHC assessments in an acute hospital setting to less than 15%. The aim, however, is that zero assessments should be completed in an acute setting and this is the benchmark that LCP and ICB teams are measured against.
  - Complete assessments of eligibility within 28 days from the date of referral in >80% cases.
  - Reduce the number of outstanding referrals exceeding 12 weeks to Zero
- All targets were achieved at the end of 2024/25.
- At the end of quarter 2 2025/26, all boroughs in SEL were achieving all standards.

		Q2 - 25/26						
Metric	Target	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
NHS CHC assessments in acute	0	0	0	0	0	0	0	0
Trend since last reporting period	-	↓	↔	↔	↓	↓	↔	↓

	Q2 - 25/26						
Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
CHC - Percentage assessments completed in 28 days	83%	86%	85%	84%	85%	81%	84%
Trajectory	80%	80%	80%	80%	80%	80%	80%
Trend since last reporting period	↑	↓	↓	↓	↓	↑	↓

	Q2 - 25/26						
Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
CHC - Incomplete referrals over 12 weeks	0	0	0	0	0	0	0
Trajectory	0	0	0	0	0	0	0
Trend since last reporting period	↔	↓	↔	↔	↔	↔	↓

Childhood immunisations (1 of 2)

Description of metric and SEL context

- Vaccination saves lives and protects people's health. It ranks second only to clean water as the most effective public health intervention to prevent disease. Through vaccination, diseases that were previously common are now rare, and millions of people each year are protected from severe illness and death. South East London and our 6 local care partnerships recognise this in the ICS Strategic Priorities and our Joint Forward Plan.
- South East London ICB has a Vaccination and Immunisation Strategy and has embedded within the six boroughs an approach to increase uptake by developing trust and confidence in the childhood immunisation programme with local communities.
- Since December 2023 there have been a number of reported cases of measles across the country resulting in a national and regional response. SEL boroughs and programme team are co-ordinating and aligning plans across the system in response to the concerns. A full report detailing the position and proposed actions was agreed at the ICB Executive Committee in February 2024. Actions included: SRO/director level attendance at London IMT meetings; production of regular sitrep feeding up to London IMT; A sub-group of the SEL board meets on a regular basis with borough leads, public health, communications and primary care leads to co-ordinate the local response and to support local plans. Each borough has produced a local action plan and are using their local place level vaccination groups to support delivery.
- Borough plans are also in place in response to the rise in numbers of whooping cough numbers and the imperative to focus on the full range of childhood immunisations including pertussis and flu.
- The 24/25 operational planning guidance identified the following as a key action for systems: maximise uptake of childhood vaccinations and flu vaccinations for CYP, achieving the national KPIs in the Section 7a public health functions agreement, including reducing inequalities. The 25/26 operational planning guidance states that it remains critical that ICSs explicitly agree local ambitions and delivery plans for vaccination and services aimed at addressing the leading causes of morbidity in all age groups, including CYP.
- The performance indicators have an efficiency standard of 90% and an optimal performance standard of 95% for childhood immunisations. Based on current performance for south east London (and London more widely), the 90% efficiency standard is used as the comparator for RAG ratings.

		Q1 - 25/26								
Metric	**Efficiency standard**	**Bexley**	**Bromley**	**Greenwich**	**Lambeth**	**Lewisham**	**Southwark**	**SEL**	**London**	**England**
Children receiving MMR1 at 24 months	90%	81.0%	86.7%	85.4%	77.6%	81.9%	81.3%	82.4%	80.0%	88.5%
Trend since last reporting period	-	↓	↓	↑	↓	↓	↑	↓	↓	↓

		Q1 - 25/26								
Metric	**Efficiency standard**	**Bexley**	**Bromley**	**Greenwich**	**Lambeth**	**Lewisham**	**Southwark**	**SEL**	**London**	**England**
Children receiving MMR1 at 5 years	90%	89.5%	88.7%	86.1%	83.9%	88.0%	87.3%	85.1%	84.4%	92.0%
Trend since last reporting period	-	↓	↓	↑	↓	↓	↓	↓	↓	↓

		Q1 - 25/26								
Metric	**Efficiency standard**	**Bexley**	**Bromley**	**Greenwich**	**Lambeth**	**Lewisham**	**Southwark**	**SEL**	**London**	**England**
Children receiving MMR2 at 5 years	90%	72.5%	78.8%	68.1%	71.9%	75.7%	75.0%	71.4%	68.2%	83.2%
Trend since last reporting period	-	↓	↓	↓	↓	↓	↓	↓	↓	↓

Important Note: SEL Borough level data for quarters 1 to 4 2024/25 included only children registered with a GP and did not include children not registered with a GP practice. See Quarterly vaccination coverage statistics for children aged up to 5 years in the UK (COVER programme): January to March 2025 - GOV.UK **for more details**

Childhood immunisations (2 of 2)

Metric	Efficiency standard	Q1 - 25/26								
		Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL	London	England
Children receiving DTaP/IPV/Hib % at 12 months	90%	88.5%	91.4%	87.7%	86.7%	88.1%	88.2%	87.3%	86.0%	91.1%
Trend since last report	-	↓	↑	↓	↓	↓	↑	↓	↓	↓

Metric	Efficiency standard	Q1 - 25/26								
		Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL	London	England
Children receiving DTaP/IPV/Hib % at 24 months	90%	89.8%	91.5%	92.1%	85.8%	87.5%	87.9%	89.0%	86.9%	92.3%
Trend since last report	-	↓	↓	↑	↓	↓	↑	↑	↓	↓

Metric	Efficiency standard	Q1 - 25/26								
		Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL	London	England
Children receiving pre-school booster (DTaPIPV%) % at 5 years	90%	67.5%	73.0%	66.4%	65.8%	68.2%	61.5%	64.8%	64.6%	81.3%
Trend since last report	-	↓	↓	↓	↓	↓	↓	↓	↓	↓

Metric	Efficiency standard	Q1 - 25/26								
		Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL	London	England
Children receiving DTaP/IPV/Hib % at 5 years	90%	89.6%	90.2%	88.2%	86.0%	88.4%	88.8%	87.0%	86.3%	92.8%
Trend since last report	-	↓	↓	↑	↓	↓	↓	↓	↓	↓

Important Note: SEL Borough level data for quarters 1 to 4 2024/25 included only children registered with a GP and did not include children not registered with a GP practice. See Quarterly vaccination coverage statistics for children aged up to 5 years in the UK (COVER programme): January to March 2025 - GOV.UK **for more details**

Learning disabilities and autism – annual health checks

SEL context and description of performance

- The south east London ICB board has set improving the uptake of physical healthchecks for people with LDA as a corporate objective and a south east London trajectory for 2025/26 was submitted as part of the operational planning process.
- SEL achieved the 2024/25 plan with 7,471 health checks delivered against a plan of 6,600. All LCPs achieved their individual targets.
- All LCPs are achieving their August 2025 trajectory.
- Where annual health checks are being completed, quality can vary as can onward referral to other physical health services.

	Aug-25						
Metric	**Bexley**	**Bromley**	**Greenwich**	**Lambeth**	**Lewisham**	**Southwark**	**SEL**
LD and Autism - Annual health checks	356	354	458	439	631	499	2737
Trajectory	254	263	349	358	412	273	1911

Cancer screening

SEL context and description of performance

- The south east London ICB board has set improving breast, bowel and cervical screening a corporate objective. At an SEL level, bowel cancer screening coverage is currently above the nationally defined optimal level of screening of 60% for south east London. Cervical cancer screening is currently below the nationally defined optimal level of screening of 80%. Breast cancer screening is currently below the nationally defined optimal level of screening of 70-80%.
- SEL set overall ambitions for improving breast, bowel and cervical screening a corporate objective. Indicative LCP level annual targets have also been shared via the six Place Executive Leads (PELs). These are based on a standard proportional reduction in the unscreened population at an LCP level for each cancer cohort. This means that there is an expectation that all LCPs will improve uptake but those with a lower baseline uptake would have a slightly larger stretch for the year. Thus, supporting a reduction in inequality between boroughs.
- Screening is directly commissioned by NHS England, and delivery is through regional teams. Changes to programme, workforce, capacity etc. require NHS England to action. Given this, we rely on a joint approach with other London ICBs on common issues within these areas and advocate for regional solutions such as addressing workforce and capacity challenges within programmes, improving processes and operational pressures, and coordinating potential mutual between screening providers. Local actions for SEL require focus on improvements within the current programme structure/resource.

	Mar-25						
Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Bowel Cancer Coverage (60-74)	74.5%	76.3%	65.5%	61.8%	64.2%	63.2%	67.9%
Trajectory	73.8%	76.2%	66.5%	63.7%	64.5%	63.6%	68.5%
Trend since last reporting period	↓	↑	↑	↓	↓	↓	↓

	Jun-24						
Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Cervical Cancer Coverage (25-64 combined)	71.5%	73.7%	66.0%	62.7%	67.4%	63.6%	66.9%
Trajectory	72.1%	74.4%	66.2%	63.3%	68.0%	64.4%	67.4%
Trend since last reporting period	↓	↓	↓	↓	↓	↓	↓

	Mar-25						
Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Breast Cancer Coverage (50-70)	71.9%	72.5%	59.6%	58.6%	59.8%	60.3%	63.8%
Trajectory	71.9%	74.8%	61.5%	59.7%	61.2%	59.6%	65.0%
Trend since last reporting period	↑	↑	↑	↑	↑	↑	↑

NOTE: Due to lag in national reporting, local data is shown. This uses the same data source.

Management of hypertension to NICE guidance

SEL context and description of performance

- The south east London ICB board has set improving the percentage of patients with hypertension treated to NICE guidance as a corporate objective.
- The 2024/25 priorities and operational planning guidance identified increasing the percentage of patients with hypertension treated to NICE guidance to 80% by March 2025 as a national objective. For 2024/25, this remained the primary aspirational goal for SEL. SEL are also pursuing a 'minimum achievement' target (which serves as the revised SEL ICB corporate objective) to achieve 80% over a 2 year time period (i.e. by end March 2026). This approach has been agreed by the Place Executive Leads (PELs)
- Performance is reported against straight line trajectories for each LCP to achieve the 80% target by March 2026.
- There is a significant time lag (of approximately 4 months) in the publishing of national reporting (CVD PREVENT) of this metric. To support local monitoring of performance, the SEL LTC team have used the local data as the basis for trajectories up to March 2026. However, please see caveat below regarding recent changes in local data.
- Hypertension is predominantly managed in general practice and there is wide variation in achievement across practices, not always explained by demography. People at risk may not have sufficient support to understand the importance of detecting and managing raised blood pressure.

	Sep-25 (Local data reporting)*						
Metric	**Bexley**	**Bromley**	**Greenwich**	**Lambeth**	**Lewisham**	**Southwark**	**SEL**
Percentage of patients with hypertension treated to NICE guidance	71.0%	69.0%	68.0%	66.0%	63.0%	67.0%	67.0%
Trajectory	75.4%	76.2%	76.0%	76.0%	74.5%	75.8%	75.7%
Trend since last report	↑	↓	↑	↓	↔	↔	↔

Note: Recent data migration has resulted in correction to historic data.

	Q1-25/26 (using published CVD prevent reporting)**						
Metric	**Bexley**	**Bromley**	**Greenwich**	**Lambeth**	**Lewisham**	**Southwark**	**SEL**
Percentage of patients with hypertension treated to NICE guidance	66.4%	68.3%	65.8%	65.1%	61.6%	65.3%	65.5%
Trajectory	73.0%	74.2%	74.0%	73.9%	71.8%	73.8%	73.5%

*Local data has been updated to include coding for self reporting of home monitoring. This affects current and historic data and has led to an increase in reported performance. Further work is taking place to confirm that local reporting is inline with the national data definitions.
**CVD prevent data published at LCP level is used to calculate overall borough level performance

Adult flu immunisation (1 of 2)

SEL context and description of performance

- The south east London ICB board set improving adult flu vaccination rates as a corporate objective. The ambitions for 2023/24 was as follows: improve the vaccination rate of people aged over 65 to 73.7%, improve the vaccination rate for people under 65 at risk to 46.0%.
- Performance in 2023/24 (year 1) was significantly below ambition for both metrics and represented a decrease in performance from the previous year.
- In order to ensure that 24/25 ambitions were informed by place, their knowledge of and insights into their local population, their role in commissioning services and their strategic plans for delivery, each borough team set their own ambitions to improve uptake for the two main adult flu cohorts for the upcoming flu season. This approach to setting ambitions has also taken place ahead of the 2025/26 flu season.
- The below table provides targets set at borough level in 2024/25
- The following slide provides the published February borough level performance vs trajectory

Year end targets for 2024/25 proposed by borough teams:

	65+ cohort vaccination target for 2024/25 season	<65 at risk cohort vaccination target for 2024/25 season
Bexley	75.0%	42.0%
Bromley	76.2%	46.5%
Greenwich	66.4%	36.9%
Lambeth	60.0%	32.9%
Lewisham	61.0%	34.3%
Southwark	61.5%	34.2%
SEL	68.1%	37.3%

Adult flu immunisation (2 of 2)

Published February Performance

Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Over 65s vaccinated	70.0%	73.2%	62.0%	54.6%	54.2%	55.8%	63.1%
Local February trajectory	75.0%	76.2%	66.4%	60.0%	61.0%	61.5	68.1%

Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Under 65s at risk vaccinated	35.8%	39.4%	35.4%	29.9%	29.3%	32.3%	33.3%
Local February trajectory	42.0%	46.5%	36.9%	32.9%	34.3%	34.2%	37.3%

Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Children aged 2 and 3 vaccinated	35.7%	49.2%	38.2%	37.2%	39.2%	37.5%	39.8%

Primary care access

SEL context and description of performance

- The 2025/26 Priorities and Operational Planning guidance states that ICBs are expected to continue to support general practice to enable patients to access appointments in a more timely way and improve patient experience.
- The following trajectories have been agreed at an SEL level as part of the annual planning process:
    - Planned number of general practice appointments.
- Appointments totalled 682,705 in August against the operating plan of 690,089. The operating plan trajectory has, however, been achieved in all previous months during 2025/26.

		Aug-25						
Metric	Planning trajectory	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Appointments seen within 2 weeks	-	88.3%	86.2%	91.4%	92.5%	84.8%	86.8%	88.6%

		Aug-25						
Metric	Planning trajectory	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Appointments in general practice and primary care networks	690,089	97636	124099	110217	148750	98273	103730	682,705
Appointments per 1,000 population	-	372	345	334	338	298	287	328

Bexley Wellbeing Partnership Committee

Thursday 27th November 2025

Item: 8

Enclosure: G

Title:	**2025/26 Finance Report: Month 6**
Author/Lead:	Asad Ahmad, Associate Director of Finance (Bexley), NHS South East London Integrated Care Board
Executive Sponsor:	Diana Braithwaite, Strategic Director, Integrated Health & Care/Place Executive Lead (Bexley), NHS South East London Integrated Care Board 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 Integrated care Board and the Integrated Care System as at month 6 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	2,598	2,569	29	5,196	5,139	57
Community Health Services	12,924	12,959	(35)	25,848	25,894	(46)
Mental Health Services	5,449	5,543	(94)	10,879	11,133	(254)
Continuing Care Services	13,355	12,996	359	26,709	26,048	661
Prescribing	19,503	19,789	(286)	39,134	39,758	(624)
Other Primary Care Services	750	750	0	1,500	1,500	0
Other Programme Services	613	613	0	1,225	1,019	206
Delegated Primary Care Services	24,832	24,748	84	49,664	49,664	0
Corporate Budgets	1,514	1,377	137	3,029	3,029	0
Total	**81,538**	**81,344**	**194**	**163,184**	**163,184**	**0**

As at Month 6 (September 2025) Bexley place is reporting an underspend of £194k year to date and a forecast breakeven position at year end.

South East London ICB Summary

- The ICB's financial allocation as at month 6 is £5,793,786k. As at month 6, the ICB is reporting a year to date (YTD) break-even position.
- Two places are reporting overspends YTD at month 6 – Greenwich (£309k) and Lambeth (£251k), with a break-even position being forecast by all. Places have been tasked to identify additional mitigations to offset financial risks, to ensure delivery of their financial plans.
- As at month 6 the ICB is reporting an overall forecast break-even position against its financial plan.

South East London ICS Summary

	• As at month 6 SEL ICS is reporting a YTD deficit of (£22.9m), £0.4m ahead of plan. This represents a £0.2m deterioration compared to month 5. • At month 6, 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 discuss with senior managers and the place Executive.
Recommendation:	The Bexley Wellbeing Partnership Committee is recommended to: (i) Review the month 6 financial position for Bexley Place. (ii) Review the NHS South East London ICB and NHS South East London ICS financial position as at month 6.	

South East London Integrated Care System

Bexley Wellbeing Partnership Committee

Finance Report

Month 6 (September) – 2025/26

Thursday 27th November 2025

Bexley Wellbeing Partnership

2025/26 Month 6 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	2,598	2,569	29	5,196	5,139	57
Community Health Services	12,924	12,959	(35)	25,848	25,894	(46)
Mental Health Services	5,449	5,543	(94)	10,879	11,133	(254)
Continuing Care Services	13,355	12,996	359	26,709	26,048	661
Prescribing	19,503	19,789	(286)	39,134	39,758	(624)
Other Primary Care Services	750	750	0	1,500	1,500	0
Other Programme Services	613	613	0	1,225	1,019	206
Delegated Primary Care Services	24,832	24,748	84	49,664	49,664	0
Corporate Budgets	1,514	1,377	137	3,029	3,029	0
Total	**81,538**	**81,344**	**194**	**163,184**	**163,184**	**0**

- As at Month 6 (September 2025) Bexley place is reporting an underspend of £194k year to date and a forecast breakeven position at year end.
- Prescribing is reporting an overspend of £286k year to date and £624k 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, including anticipated savings from the reduced cost of the drug Dapagliflozin coming off patent.
- Continuing Care is reporting an underspend of £359k year to date and £661k 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 £94k year to date and £254k full year forecast. The position includes a material overspend on the right to choose ADHD and ASD assessments conducted by private providers. This activity has been increasing significantly overtime and creating a cost pressure which is impacting all boroughs in South East London.
- Delegated Primary Care is reporting an underspend of £84k year to date and £169k full year forecast. However, as delegated primary care is a ring-fenced allocation across South East London ICB, the underspend cannot be utilised at individual places and has been equalised to reflect a breakeven forecast position.
- Corporate budgets are reporting a £137k 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 budgets as it is anticipated that any year end underspend will need to contribute to redundancy costs arising from the latest management cost review.
- Other Programme services budget is reporting a forecast full year underspend of £206k. This is following the release of some uncommitted budgets to mitigate the cost pressures being seen in the overall Bexley place budgets, so that a breakeven financial position can be achieved.
- 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 6 2025/26

Bexley Wellbeing Partnership

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 6, 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 **£29,600k** of savings YTD compared to the plan value of £28,800k.
- **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 and for 2 boroughs non-recurrent support in respect of the new ICES contracts.**
- The ICB is showing a YTD underspend of **£1,146k** and forecast out-turn position of break-even against the **running cost allowance.**
- All other financial duties have been delivered for the year to month 6 period.

Key Indicator Performance

	Year to Date		Forecast		
	Target	Actual	Target	Actual	
	£'000s	£'000s	£'000s	£'000s	
Expenditure not to exceed income	2,908,229	2,908,229	5,793,786	5,793,786	
Operating Under Resource Revenue Limit	2,908,229	2,908,229	5,793,786	5,793,786	
Not to exceed Running Cost Allowance	15,373	14,227	30,746	30,746	
Month End Cash Position (expected to be below target)	5,750	577			
Operating under Capital Resource Limit	n/a	n/a	n/a	n/a	
95% of NHS creditor payments within 30 days	95.0%	99.9%			
95% of non-NHS creditor payments within 30 days	95.0%	98.2%			
Mental Health Investment Standard (Annual)			537,494	549,700	

Bexley Wellbeing Partnership

Executive Summary

NHS South East London

- This report sets out the month 6 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 6 is **£5,793,786k**. In month, the ICB has received an additional **£21,961k** of allocations. These are as detailed on the following slide. **As at month 6, the ICB is reporting a year to date (YTD) break-even position.**
- Due to the routine time lag, the ICB has received four months of 2526 prescribing data. After the usual accrual for two months of estimated prescribing expenditure, the ICB is reporting a **£2,251k overspend YTD across PPA and non PPA** budgets. The overspend continues to be variable across the Places.
- The continuing care financial position is **£89k underspent** at month 6, which is an improvement 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. Lambeth, Southwark and Bexley are all reporting underspends this month.
- The YTD position for **Mental Health services** is an overall **overspend of £3,913k** which is a deterioration on last month. This is generated by pressures on cost per case services with all boroughs impacted. **ADHD and ASD assessments** are also a significant financial pressure, with both activity and costs increased significantly in this financial year. The new referral centre arrangements for these assessments is due to go live at the beginning of November.
- Places are also being impacted by the current contractual difficulties in the **community home equipment contract**, led by the London consortium. A full year cost pressure of **circa £1,500k** has been included in financial positions. Contractual changes were implemented 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 6 – **Greenwich (£309k)** and **Lambeth (£251k),** with a break-even position being forecast by all. Places have been 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 6 position, the ICB has delivered the following financial duties:
  - Underspend of **£1,146k YTD** against its management costs allocation, with the monthly cost of displaced staff being charged against the provision.
  - 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 6 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.

Bexley Wellbeing Partnership

Budget Overview

NHS South East London

	M06 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	2,598	4,120	3,523	323	752	120	1,655,688	**1,667,123**
Community Health Services	12,924	47,666	20,456	15,232	17,302	19,162	141,961	**274,702**
Mental Health Services	5,449	7,462	4,470	12,112	4,016	5,361	322,606	**361,476**
Continuing Care Services	13,355	14,068	15,153	17,955	12,709	10,259	-	**83,499**
Prescribing	19,503	26,235	19,164	21,927	21,889	18,045	1,129	**127,893**
Other Primary Care Services	750	1,014	965	1,994	1,026	473	9,379	**15,602**
Other Programme Services	613	-	897	-	-	436	9,200	**11,147**
Programme Wide Projects	-	-	-	-	13	129	4,084	**4,226**
Delegated Primary Care Services	24,832	35,566	31,777	48,227	36,318	38,784	(1,014)	**214,492**
Delegated Primary Care Services DPO	-	13	-	-	-	-	116,487	**116,500**
Corporate Budgets - staff at Risk	-	-	-	-	-	-	-	-
Corporate Budgets	1,514	1,817	1,761	2,333	1,663	2,070	20,412	**31,570**
Total Year to Date Budget	**81,538**	**137,960**	**98,167**	**120,104**	**95,687**	**94,840**	**2,279,933**	**2,908,229**

	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	2,569	3,936	3,532	323	790	130	1,656,001	**1,667,281**
Community Health Services	12,959	47,329	20,302	15,110	14,500	18,148	141,748	**270,095**
Mental Health Services	5,543	8,043	5,547	12,869	4,991	6,306	322,090	**365,389**
Continuing Care Services	12,996	14,519	15,323	17,333	13,475	9,765	-	**83,410**
Prescribing	19,789	25,968	19,925	22,215	23,056	19,085	105	**130,144**
Other Primary Care Services	750	964	812	1,815	1,026	463	9,533	**15,364**
Other Programme Services	613	-	-	-	(0)	-	12,665	**13,278**
Programme Wide Projects	-	-	(800)	-	13	107	3,933	**3,254**
Delegated Primary Care Services	24,748	35,091	32,044	48,406	36,207	38,805	(690)	**214,610**
Delegated Primary Care Services DPO	-	13	-	-	-	-	115,852	**115,865**
Corporate Budgets - staff at Risk	-	-	-	-	-	-	-	-
Corporate Budgets	1,377	1,633	1,791	2,284	1,627	1,961	18,867	**29,541**
Total Year to Date Actual	**81,344**	**137,494**	**98,475**	**120,356**	**95,686**	**94,769**	**2,280,104**	**2,908,229**

	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	29	184	(10)	0	(38)	(9)	(313)	**(158)**
Community Health Services	(35)	337	154	123	2,802	1,014	213	**4,607**
Mental Health Services	(94)	(582)	(1,077)	(757)	(975)	(945)	516	**(3,913)**
Continuing Care Services	359	(450)	(169)	622	(766)	494	-	**89**
Prescribing	(286)	267	(761)	(289)	(1,167)	(1,040)	1,024	**(2,251)**
Other Primary Care Services	(0)	50	153	179	0	11	(154)	**239**
Other Programme Services	(0)	-	897	-	0	436	(3,465)	**(2,131)**
Programme Wide Projects	-	-	800	-	-	22	150	**973**
Delegated Primary Care Services	84	476	(266)	(179)	110	(20)	(323)	**(118)**
Delegated Primary Care Services DPO	-	-	-	-	-	-	635	**635**
Corporate Budgets - staff at Risk	-	-	-	-	-	-	-	-
Corporate Budgets	137	184	(30)	49	35	109	1,544	**2,029**
Total Year to Date Variance	**194**	**466**	**(309)**	**(251)**	**1**	**71**	**(172)**	**0**

- As at month 6, the ICB is reporting a YTD **break-even position**, albeit with **pressures in specific budgets.** Key areas of financial pressure are in **mental health services and prescribing.**
- Due to the routine time lag, the ICB has received four months of 2526 prescribing data. After the usual accrual for two months of estimated prescribing expenditure, the ICB is reporting a **£2,251k overspend YTD** across PPA and non PPA budgets. The overspend continues to be variable across the Places.
- The CHC financial position is **£89k underspent** at month 6, which is an improvement 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 overall improvement in the position is due to increased underspends in other boroughs, especially Lambeth.
- The YTD position for Mental Health services is an overall **overspend of £3,913k** which is a deterioration on last month. This is generated by pressures on **cost per case services** with all boroughs impacted. **ADHD and ASD assessments** are also a significant financial pressure, with both activity and costs increased significantly in this financial year. The new referral centre arrangements for these assessments is due to go live at the beginning of November.
- 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 6 – **Greenwich (£309k) and Lambeth (£251k)**, with a **break-even position** being **forecast** by all. Places have been tasked to identify additional mitigations to offset financial risks, to ensure delivery of their financial plans. 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 6 PPA Prescribing position and shows a YTD overspend of **£2,815k** and FOT overspend of **£5,427k**. The YTD position is calculated on 4 months of actual PPA data and 2 months of accruals which are estimated based upon a rolling average of data from previous months, multiplied by the number of dispensing days.
- The non-PPA prescribing budgets are underspent by **£564k YTD** – generating an overall prescribing position of an overspend of **£2,251k YTD** at month 6.

M06 Prescribing	Total PMD (Excluding Cat M & NCSO) £	Central Drugs £	Flu Income £	Q4 24/25 Flu (Benefit)/ Pressure £	Public Health Drug Recharge £	IPP Pharmacy First £	Total 25/26 PPA Spend £	M06 YTD Budget £	YTD Variance (over)/under £	Annual Budget £	Forecast Outturn £	FOT Variance (over)/under £
Bexley	19,229,703	634,580	(150,788)	(28,749)	(47,000)	0	19,637,746	19,351,889	(285,857)	38,831,403	39,404,997	(573,595)
Bromley	25,224,191	832,398	(206,111)	(3,940)	(29,372)	0	25,817,166	26,084,620	267,454	52,341,042	51,804,375	536,667
Greenwich	19,549,955	645,149	(65,916)	(86,423)	0	0	20,042,764	19,019,347	(1,023,417)	38,163,821	40,217,389	(2,053,568)
Lambeth	21,638,310	714,064	(76,669)	(60,319)	0	0	22,215,386	21,887,894	(327,492)	43,919,787	44,576,927	(657,139)
Lewisham	22,419,549	739,845	(65,001)	(49,435)	(225,000)	0	22,819,958	21,390,375	(1,429,583)	42,922,530	45,791,102	(2,868,572)
Southwark	18,523,156	611,264	(146,925)	(30,609)	0	0	18,956,887	17,916,673	(1,040,213)	35,951,219	38,038,489	(2,087,270)
South East London	0	0	0	0	0	110,034	110,034	1,134,269	1,024,235	2,776,000	500,000	2,276,000
Grand Total	**126,584,864**	**4,177,301**	**(711,410)**	**(259,476)**	**(301,372)**	**110,034**	**129,599,941**	**126,785,067**	**(2,814,875)**	**254,905,802**	**260,333,279**	**(5,427,477)**

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

	2024/25 April to July	2025/26 April to July	Change £	Change %
South East London ICB:				
Expenditure (£'000)	81,871	84,337	2,466	**3.0%**
Number of Items ('000)	8,871	9,126	255	**2.9%**
£/Item	9.23	9.24	0.01	**0.1%**
London ICBs:				
Expenditure (£'000)	416,288	431,520	15,232	**3.7%**
Number of Items ('000)	50,500	52,503	2,003	**4.0%**
£/Item	8.24	8.22	-0.02	**-0.3%**
All England ICBs:				
Expenditure (£'000)	3,393,779	3,458,843	65,064	**1.9%**
Number of Items ('000)	412,452	421,674	9,222	**2.2%**
£/Item	8.23	8.20	-0.03	**-0.3%**

- Key areas of current pressures in the prescribing budget include endocrine systems, appliances and respiratory – reflecting the ICB's investment in the management of long-term conditions.
- The table to the left compares April to July 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 3.0%**) but lower than the London average (**an increase of 3.7%**). This is driven primarily by a lower increase in the number of items **(2.9%)** – compared to an **increase of 4.0%** across London ICBs.

NHS Continuing Healthcare

NHS South East London

- As of Month 6, the Continuing Healthcare (CHC) budget reflects an overall **underspend of £89k**, although cost pressures continue to vary across boroughs. **Lewisham**, **Bromley**, and **Greenwich** are currently reporting overspends, while **Bexley**, **Lambeth**, and **Southwark** are underspending by **£359k**, **£622k**, and **£494k**, respectively.
- **Lewisham** remains the largest contributor to the overall overspend, reporting a variance YTD of **£766k above budget and a forecast outturn of £1,483k**. This is primarily driven by high costs associated with **palliative care clients** and includes a **£289k provision** for anticipated increases in provider prices. This position is a significant improvement on the overspend reported in the same period in the prior year 2024/25 (Month 6 YTD £2,635k and actual outturn £4,028k). The borough is continuing to hold twice monthly financial recovery meetings with the CHC team ensuring good progress on reviews and strengthening further financial controls and database integrity. Whilst the overspends remain high, the benefit of this work is reflected in over achievement of the 5% savings target. **Bromley** is reporting an **overspend of £450k**, mainly due to similar pressures in palliative care, alongside a **£62k provision** for upcoming provider price uplifts. **Greenwich** is overspent by **£169k**, largely reflecting increased activity in **Palliative Care** and **Funded Nursing Care (FNC)**, driven by a rise in client numbers.
- To support a consistent management of provider price uplifts, an ICB-wide panel has been established to review all requests exceeding 1.5%. Most providers have now agreed to the proposed uplift, with only a small number still to be finalised. As a result, the uplift panel, which initially met weekly, now convenes monthly. Most boroughs have maintained a 4.0% contingency to manage inflationary pressures where uplifts have not yet been formally agreed.
- In terms of **savings delivery**, all boroughs have identified and are actively progressing against their CHC savings plans. **Bexley,** and most materially **Lewisham** are forecasting to exceed their targets. The **forecast over delivery of £708k** in Lewisham reflects the focussed work outlined above and partially accounts for the improved position to budget in 2025/26 compared to the prior year. In contrast, **Greenwich** is reporting an **under-delivery of £250k**. Despite this progress on savings, rising activity levels and the growing number of **high-cost clients** continue to place upward pressure on the CHC budget.
- In summary, while the ICB's overall CHC financial position has improved, evidenced by the **overall surplus** reported this month and supported by **proactive financial management** and the **prudent release of reserves,** the ongoing **overspends in Lewisham, Greenwich, and Bromley** will require continued close monitoring and mitigating actions.

Provider Position

NHS South East London

Overview:

- This is the most material area of ICB spend and relates to contractual expenditure with NHS and Non-NHS acute, community and mental health providers, much of which is within block contracts.

- In year, the ICB is forecasting to spend circa **£4,310,694k** of its total allocation on NHS block contracts, with payments to our local providers as follows:

    - Guys and St Thomas **£1,102,377k**
    - Kings College Hospital **£1,175,941k**
    - Lewisham and Greenwich **£756,385k**
    - South London and the Maudsley **£369,064k**
    - Oxleas **£329,641k**

- In month, the ICB position is showing a break-even position on these NHS services, and a break-even position has also been reflected as the forecast year-end position.

South East London Integrated Care System

Appendix B

SEL ICS Abridged Finance Report

Month 6 2025/26

Bexley Wellbeing Partnership

ICS Financial Position – I & E Summary

- **As at month 6 SEL ICS is reporting a YTD deficit of (£22.9m), £0.4m ahead of plan. This represents a £0.2m deterioration compared to month 5.**
- **All organisations are reporting a slight surplus (£0.1m) or break-even position.**
- To achieve the reported position, a total of **£75.9m** of **non recurrent mitigations** have been included in the financial position YTD.
- **£51.7m of this was reflected in financial plans, with £24.2m being over and above planned levels.** This has been applied to mitigate the following:
  - £29.5m YTD increase in non pay expenditure including the effect of inflation and impact of the pay awards.
  - £25.4m unplanned shortfall on income; specialised commissioning, non-clinical income and other patient income.
  - £15.3m recurrent efficiency slippage across the providers.
  - £3.7m YTD increase in pathology costs at GSTT due to delayed expected price reductions. This pressure is expected to be non recurrent.
  - Industrial Action (IA) – £2.0m total impact: £1.0m at KCH, £0.65m at LGT, £0.35m at GSTT, and £0.03m at Oxleas.
- **At month 6, 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	(24.1)	0.0	(24.1)	(24.0)	0.1	0.0	0.0	0.0	0.0	0.0
Kings	(37.7)	37.5	(0.2)	(0.1)	0.1	(75.0)	75.0	0.0	0.0	0.0
LGT	0.0	0.0	0.0	0.1	0.1	0.0	0.0	0.0	0.0	0.0
Oxleas	0.0	0.0	0.0	0.1	0.1	0.0	0.0	0.0	0.0	0.0
SLAM	1.0	0.0	1.0	1.0	0.0	0.0	0.0	0.0	0.0	0.0
Provider Total	**(60.8)**	**37.5**	**(23.3)**	**(22.9)**	**0.4**	**(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	**(60.8)**	**37.5**	**(23.3)**	**(22.9)**	**0.4**	**(75.0)**	**75.0**	**0.0**	**0.0**	**0.0**

Non Recurrent Mitigations - YTD at Month 6 - £'M			
Organisation	**Planned**	**Actual**	**Variance/ Unplanned**
GSTT	11.5	35.2	23.7
KCH	-	2.90	2.90
LGT	17.1	17.1	0.0
Oxleas	12.3	15.4	3.1
SLaM	10.8	8.2	(2.6)
SEL Providers	**51.7**	**75.9**	**24.2**

Bexley Wellbeing Partnership Committee

Thursday 27th November 2025

Item: 9

Enclosure: H

Title:	**Place Risk Register**
Author/Lead:	Rianna Palanisamy, Partnership Business Manager, NHS South East London Integrated Care Board
Executive Sponsor:	Diana Braithwaite, Strategic Director, Integrated Health & Care/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 14 open risks specifically relating to borough activities. The risks principally arise due to the following issues: Waiting lists for diagnosis of Autism and Attention deficit hyperactivity disorder (ADHD), recruitment challenges within the 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 quarterly. 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 27th November 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 14 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 14 risks on the Place based risk register:
  - **Ten** risks are rated as “high risk” (amber) after mitigations are put in place
  - **Three** risks are rated as “moderate risk” (yellow) 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
- Concerns around Children and Young people in Bexley not being able to access the support they need due to long waits for diagnosis of autism and ADHD

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 November 2025

Risk ID	Risk Description	Initial Rating	Control Summary	Current Rating	Assurance in Place	Gaps in Assurance
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., The agents and the DV are still negotiating to get an agreement. The Estates Team have spoken with spoke with the agent w/c 22/09/25 to request they expedite a resolution.
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 5- Prescribing budget although uplifted for 25/26 a gap remains with regards to forecast outturn and budget, especially factoring new NICE TA's being approved for medicines which will be initiated or end up	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
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, Month 6 position is showing a healthy underspend. New risk rating at target level.	6	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
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, Significant work has been done by teams across LBB, SELICB and SEND Partners. The latest Stocktake letter from DFE (October 2025) suggests positive areas of improvements made and some ongoing areas to further improve. New risk rating of 6., Significant work has been done by teams across LBB, SELICB and SEND Partners. The latest Stocktake letter from DFE (October 2025) suggests positive areas of improvements made and some ongoing areas to further improve. New risk rating of 6.	6	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 June 2025 and the evidence to support those actions is increasing weekly through the roll out of the SEND hub and collation of survey and audit results, SEND Hub is now producing real time information on gaps in therapy services in schools, New draft therapies commissioning model produced for agreement by partnership, A stocktake meeting with NHSE & DfE took place on Wednesday 16 April 2025. The chair stated that it was a 'very positive' meeting and no specific actions arose from it, A stock stake meeting with NHSE and DfE took place on Tuesday 15 July. A small number of actions are likely to arise., The IAB approved TOR for collaborative commissioning arrangements for therapies on Wednesday 9 July 2025	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 operationalise new commissioning model, There is still work required to embed the new commissioning model which depends on the engagement of schools, There is a risk that changes will not sufficiently impact on families for survey outcomes to improve
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., Engagement and co-production - Seeking support from local stakeholders and community champions on how communities with lower uptake can be better served., Making Every Contact Count - Making immunisation everyone's business so a wide cohort of staff are equipped to have effective conversations with parents., In an effort to increase MMR (measles, mumps and rubella) vaccination rates, children and young people aged 5 to 19 can now catch up with missed vaccines at nine community pharmacies across south east London. This is part of a London wide push to make the vaccine more accessible to families. This includes Belvedere and Aspire Pharmacies., 24/25 Q4 data indicates some improvements e.g. Coverage at 12 months DTaP/IPV/Hib/HepB, Bexley is at 94.8% (ahead of all other SEL boroughs)	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.

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. Good coverage in Bexley for 25/26 season., Community Pharmacy is providing flu vaccination for 2-3-year-olds – new for 2025/26.	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)	
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)	
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 25/26 targeted at rapid improvement to reach mid / upper 60% by May/June 2025 and achievement of the SEL 80% target by the end of March 2026.	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 September 2025, the achievement figure for <80 years was 68.77% and for >80 years 80.83% which represents an improvement on 24/25 data.	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 (for both <80 and >80) as a national objective which will be challenging to achieve for most practices based on current levels of achievement.	
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	
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.	6	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	
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, TOC Hub Manager appointed and due to start in December 2025, TOCH SOP in development	Plans to deliver on recommendations are still forming, Integrated Toc Hub not yet fully implemented	
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, Robust process now in place across partner organisations to enable compliant data sharing, Work plan adjustments and back fill arrangements have been put in place to secure capacity to deliver integrated services	Limited real-time impact data especially in new models of care, Value based care contracting approach and framework to enable commissioning for outcomes	
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	
642	There is a risk that children and young people in Bexley will not be able to access the support they need due to long waits for diagnosis of autism and ADHD	12	SEL Commissioning leads on the ASD and ADHD diagnostic pathways are developing an Assessment Hub to support priority screening and support for patients referred for a diagnosis. Locally, Bexley has expanded access to pre-and post-diagnostic support for ADHD and autism to support CYP and families while they wait for a diagnosis and post diagnosis. Oxleas our provider has sub-contracted an independent provider Healios to increase capacity and support with increased demand for autism assessments.	12	This has been raised as a concern across the local partnership and work is underway to consider how we can collectively support CYP based on presenting need rather requiring a formal diagnosis. Pre-and -post diagnostic workshops are available and have been scheduled. Other than ADHD prescribing, CYP can access health services without a diagnosis and waiting times for most health services are within national targets. The pilot assessment hub is due to start in Q3 for 2025/26 and will support with expediting access to assessments for ADHD and autism and alleviate some of the demand on the core commissioned pathway. Oxleas has increased output for autism assessments and is working to streamline their processes to meet increased demand.	Demand is still outstripping capacity and data indicates demand has significantly increased in recent months. This is likely to impact CYP who would require ADHD medication the most as other treatment pathways can be referred to without a diagnosis. Staff sickness in community paediatrics may further compound capacity concerns and negatively impact waiting times further.	

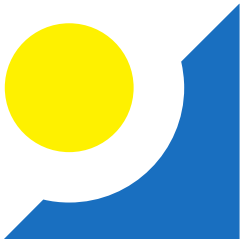
Agenda Item: 13
Enclosure: I

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