

**Bexley Wellbeing Partnership Committee  
meeting held in public**

Thursday 24<sup>th</sup> July 2025, 14:00 – 16:00

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

**Agenda**

No.	Item	Encl.	Presenter	Time
<b>Opening Business and Introductions</b>				
1.	Introductions and apologies		Chair	14:00
2.	Declarations of Interest	Encl. A	Chair	14:03
3.	Notes from 22 <sup>nd</sup> May 2025 and matters arising	Encl. B	Chair	14:04
<b>Decision</b>				
4.	Better Care Fund <ul style="list-style-type: none"> <li>2025/26 Plan – Section 75 Schedule Update</li> <li>Q4 2024/25 End of Year Report (to note)</li> </ul>	Encl. C	Steven Burgess	14:05
5.	Developing Our Neighbourhood Health Service (to note)	Encl. D	Diana Braithwaite	14:25
<b>Assurance</b>				
6.	Finance Report – Month 2	Encl. E	Asad Ahmad	14:35
7.	Primary Care Quarterly Business Report (Q1 2025/26)	Encl. F	Sarah Birch	14:45
8.	Local Care Partnership Performance Report	Encl. G	Alison Rogers	15:00
9.	Risk Register	Encl. H	Rianna Palanisamy	15:15
<b>Public Forum</b>				
10.	<i>Public Questions</i>			15:25
<b>Let's Talk</b>				
11.	Creative Health		Chair	15:27
<b>Closing Business</b>				
12.	Any other business		Chair	15:57
<b>For Information</b>				
13.	Glossary	Encl. I		
14.	Date of the next meeting: Thursday 25 <sup>th</sup> September 2025, Council Chambers, Civic Centre.			

ITEM: 2

ENCLOSURE: A

**Declaration of Interests: Update and signature list**

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

**Date:15.07.2025**

Name	Position Held	Declaration of Interest	State the change or 'No Change'	Sign
Dr Sid Deshmukh*	Chair- Bexley Wellbeing Partnership	<ol style="list-style-type: none"> <li>1. Senior Partner Sidcup Medical Centre PMS Contract - Financial Interest Materiality 50%</li> <li>2. Shareholder of GP Federation</li> <li>3. Shareholder Frogmed Limited (Dormant company)</li> <li>4. Chair - Frognal Primary Care Network GP Lead</li> <li>5. Wife (Dr Sonia Khanna-Deshmukh) is Frognal PCN Clinical Director</li> <li>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.</li> <li>7. Chairman, Bexley Health Neighbourhood Care CIC</li> <li>8. Clinical Lead, Frognal Local Care Network</li> <li>9. Clinical Lead, Primary/Secondary Care Interface</li> <li>10. GP Partner, Station Road Surgery, Sidcup</li> </ol>		
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	<ol style="list-style-type: none"> <li>1. Chief Officer of Bexley, Bromley &amp; Greenwich Local Pharmaceutical Committee</li> <li>2. Chief Officer of Lambeth, Southwark &amp; Lewisham Local Pharmaceutical Committee</li> <li>3. Chair of Community Pharmacy London</li> <li>4. Board Member of Pharma BBG LLP</li> <li>5. Superintendent Pharmacist of MAPEX Pharmacy Consultancy Limited.</li> <li>6. Wife is lead pharmacy technician for the Oxleas Bromley medicines optimisation service (indirect interest)</li> </ol>		
Keith Wood	Lay Member, Primary Care (Bexley)	Nothing to declare.		
Jennifer Bostock*	Independent Member (Bexley)	<ol style="list-style-type: none"> <li>1. Independent Advisor and Tutor, Kings Health Partners (financial interest)</li> <li>2. Patient Public involvement Co-Lead, DHSC/NIHR</li> <li>3. Independent advisor and Lay Reviewer, UNIS</li> <li>4. Lay co-applicant/collaborator on an NIHR funded project</li> <li>5. Independent Reviewer, RCS Invited Review Mechanism</li> <li>6. Lay co-applicant, HS2</li> </ol>		
Dr Pandu Balaji*	Clinical Lead – Frognal Primary Care Network	GP partner, Woodlands Surgery (financial interest)		
Dr Miran Patel*	Clinical Lead – APL Primary Care Network	<ol style="list-style-type: none"> <li>1. GP Partner, The Albion Surgery (financial interest)</li> <li>2. Clinical director, APL PCN (financial interest)</li> </ol>		
Dr Nisha Nair*	Clinical Lead – Clocktower Primary Care Network	<ol style="list-style-type: none"> <li>1. GP Partner, Bexley Group Practice (financial interest)</li> <li>2. Clinical director, Clocktower PCN (financial interest)</li> </ol>		
Dr Surjit Kailey*	Clinical Lead – North Bexley Primary Care Network	<ol style="list-style-type: none"> <li>1. GP Partner, Northumberland Health Medical Centre (financial interest)</li> <li>2. Co-director of BHNC (financial interest)</li> <li>3. Co-clinical director, North Bexley PCN (financial interest)</li> <li>4. Co-medical Director Grabadoc (financial interest)</li> </ol>		
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	<ol style="list-style-type: none"> <li>1. CEO of Greenwich &amp; Bexley Community Hospice – financial interest</li> <li>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</li> </ol>		
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)	<ol style="list-style-type: none"> <li>1. GP Partner, Riverside Surgery – financial interest</li> <li>2. Member of the Londonwide LMC – financial interest</li> <li>3. Clinical Director, North Bexley PCN – financial interest</li> </ol>		
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)	<ol style="list-style-type: none"> <li>1. GP Partner, Sidcup Medical Centre – financial interest</li> <li>2. Practice is member of Bexley Health Neighbourhood Care – financial interest</li> <li>3. Joint Clinical Director, Frognal PCN – financial interest</li> <li>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</li> <li>5. CYP and Families Clinical Lead – Bexley – non-financial professional interest</li> </ol>		

		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, 22<sup>nd</sup> May 2025, 14:00 hrs to 16:00 hrs

Venue: Welling United Football Club, Park View Road, Welling DA16 1SY  
(and via Microsoft Teams)

**Voting Members**

<b>Name</b>	<b>Title and organisation</b>
1. Dr Sid Deshmukh (SD)	Chair, Bexley Wellbeing Partnership Committee, NHS SEL ICB (Bexley)
2. Jennifer Bostock (JB)	Vice Chair & Independent Member
3. Dr Nicole Klynman (NK)	Director of Public Health, London Borough of Bexley
4. Yolanda Dennehy (YD)	Director of Adult Social Care & Health, London Borough of Bexley (LBB)
5. Diana Braithwaite (DB)	Place Executive Lead (Bexley), NHS South East London Integrated Care Board (NHS SEL ICB)
6. Sarah Burchell (SBu) (via MS Teams)	Service Director Adult Community Physical Health Services, Oxleas NHS Foundation Trust
7. Raj Matharu (RM) (via MS Teams)	Chief Officer, Local Pharmaceutical Committee
8. Dr Pandhu Balaji (PB) (via MS Teams)	Froggnal Primary Care Network
9. Dr Nisha Nair (NN) (via MS Teams)	Clocktower Primary Care Network
10. Dr Mehal Patel (MeP) (via MS Teams)	APL Primary Care Network
11. Dr Adefolake Davies (AD)	Clocktower 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
Kate Heaps (KH)	Neighbourhood Care CIC (GP Federation)
Spencer Prosser (SP) (via MS Teams)	Chief Executive Officer, Greenwich & Bexley Community Hospice
Andrew Hardman (AH)	Chief Financial Officer, Lewisham & Greenwich NHS Trust
Dr Clive Anggiansah (CA)	Chief Commercial Officer, Bromley Healthcare
Asad Ahmad (AsA)	Clinical & Care Professional Lead – Community Based Care
Tracey Jenkins (TJ) (via MS Teams)	Associate Director of Finance, NHS SEL ICB (Bexley) (Non-Voting)
Georgina Fekete (GF) (via MS Teams)	Director of Strategic Transformation and Partnerships, DGT
Graham Tanner (GT)	Non-Executive Director (NED), NHS SEL ICB
Kallie Heyburn (KH) (via MS Teams)	Associate Director, Primary & Community Care (Bexley), NHS SEL ICB
Sarah Birch (SBI)	Bexley Wellbeing Partnership Programme Director, NHS SEL ICB
Aysha Awan (AyA)	Head of Community Based Care, (Bexley) NHS SEL ICB
Patrick Gray (PG)	Head of Communications and Engagement, (Bexley) NHS SEL ICB
Rianna Palanisamy (RP) ( <i>Presenter</i> )	Community Voice Manager, NHS SEL ICB (Bexley)
Nazima Bashir (NB) (via MS Teams)	Partnership Business Manager (Bexley) NHS SEL ICB
(Minutes)	Corporate Business Manager, (Bexley) NHS SEL ICB

## Apologies

- Jattinder Rai (JR), Chief Executive Officer (CEO), Bexley Voluntary Service Council
- Alison Rogers (AR), Director of Integrated Commissioning (Bexley), NHS SEL ICB/LBB
- Stephen Kitchman (StK), Director of Children's Services
- Iain Dimond (ID), Chief Operating Officer, Oxleas NHS Foundation Trust
- Dr Miran Patel (MiP), APL Primary Care Network
- Steven Burgess (StB), Policy and Strategy Officer, London Borough of Bexley

		Actioned by
1-2	<p><b>Welcome, apologies and declarations of interest</b></p> <p>The Chair, Dr Sid Deshmukh (SD) opened the meeting and welcomed all present.</p> <p>Apologies were noted and the meeting was confirmed as quorate.</p> <p>There were no new declarations of interest other than those recorded on the Register of Interests.</p> <p>It was noted that SD will hand over chairing of the meeting to JB (Vice-Chair) for agenda item 6: Lyndhurst Medical Centre - Contract Variation, due to a conflict of interest for all Primary Care Network Clinical Directors (PCN CDs) and the Chair as voting members of Bexley Wellbeing Partnership Committee.</p> <p>Consequently, there are several mitigations, which will be enacted to support the committee in its deliberations:</p> <ul style="list-style-type: none"> <li>(i) The Vice Chair and Independent Member of the committee will take over the Chair for this item.</li> <li>(ii) PCN CDs will not be permitted to vote on the item.</li> </ul>	SD
3.	<p><b>Draft minutes of the public meeting held on 27<sup>th</sup> March 2025</b></p> <p>Bexley Wellbeing Partnership agreed that the draft minutes of the public meeting held on 27<sup>th</sup> March 2025 were a true and accurate record of that meeting and approved them on that basis</p> <p><b>Matters Arising</b></p> <p>Nil.</p>	SD
4.	<p><b>Bexley Community Champions Vision and Strategy</b></p> <p><b>Aysha Awan (AyA), Head of Communications and Engagement, NHS SEL ICB</b> (Bexley) talked the group through the Bexley Community Champions Vision &amp; Strategy, explaining how the Community Champions Programme, originally launched in 2020 during the pandemic, has evolved from supporting vulnerable residents to becoming a vital link between health services and underserved communities.</p> <p>The strategy was shaped through input from Community Champions and partner organisations to ensure the programme remains sustainable and continues to make a meaningful impact. It sets out a clear framework that includes training and development opportunities, promotes diversity and recognition, ensures safeguarding and defines structured roles such as core champions, who share key information within their communities and embedded champions, who take on more active roles in specific projects, such as supporting cancer awareness campaigns (e.g., breast screening, prostate checks) or contributing to health related events based on their</p>	AyA

interests and expertise. Future aims include retention, recruitment, and upskilling of champions to address health inequalities and promote community wellbeing.

Community Champions are currently supporting the Bexley London Borough Council with the launch of Bexley 2050. Patrick Gray (PG) has collaborated closely with Bexley Voluntary Service Council (BVSC) to build the supporting infrastructure.

AyA thanked PG for his instrumental role in expanding and strengthening the Community Champions Programme, highlighting his close collaboration with partners and ongoing commitment to its development.

*At this point, SD (Chair) invited the group to comment or ask any questions.*

**Questions/comments:**

KH (Kate Heaps) praised the vision and strategy, particularly appreciating its flexibility. KH suggested that future training for Community Champions should not only reflect what champions request but also align with strategic goals such as helping neighbours recognise early signs of frailty and encouraging early intervention and support. KH mentioned “compassionate neighbours” training as an example and encouraged expanding focus areas beyond cancer.

KH also raised the question of whether the minimum age of 18 is adequate, noting the high interest among younger volunteers, such as those completing the Duke of Edinburgh Award. KH shared her experience of volunteering at a hospice at age 16, which influenced her career path and led to her becoming Chief Executive Officer (CEO) of a hospice. She proposed encouraging youth involvement in similar roles and linking these opportunities to health and care careers through initiatives like the Health and Care Jobs Hub.

Yolanda Dennehy (YD) responded that involving younger champions is a valuable idea and may be explored in the future. However, she noted that the current focus remains on adult volunteers due to safeguarding requirements and additional infrastructure needed to safely include younger people.

Jennifer Bostock (JB) thanked the team for the impressive strategy and raised two main concerns: (1) expressed worry about the programme’s reliance on non-recurrent funding and questioned whether this puts the work at risk, asking what could be done to address this and (2) Also asked about measuring impact, emphasising its importance for funding. JB also noted that impact could be seen on individuals, the community, and future health and care volunteers, and asked whether there are tools or support available to help measure this.

YD acknowledged the funding concern, confirming that non-recurrent funding poses a risk especially for critical coordination roles. However, she emphasised that there is strong support from both the London Borough of Bexley and the NHS SEL ICB, and the current review aims to explore sustainable options. While a definitive solution is not yet in place, JB expressed confidence in partners’ commitment to continuing the programme.

PG agreed that measuring impact is complex, especially in terms of quantifying it. He explained that they are actively collecting qualitative data through stories and case studies from champions and working on ways to



	<p>capture quantitative impact more effectively especially around signposting activity. He said this will be a major focus for the coming year, with champions feeding back more structured data on what they do and the outcomes it leads to.</p> <p>RM asked about funding flexibility within the Community Champions Programme.</p> <p>PG explained that there is a flexible or “floating” budget available to respond to emerging needs. While much of the Community Champions training is provided at no cost by partners, funds can be allocated if a specific financial need arises. This flexible model has proven effective so far.</p> <p>Another attendee asked about the screening process for Community Champions.</p> <p>PG responded that the screening process has evolved since 2020. Now, a more structured process is in place: new applicants provide more detailed information and are contacted by a programme coordinator to verify their identity, understand their motivations, and build a personal connection. This helps ensure safety and alignment with programme goals.</p> <p><b>The Bexley Wellbeing Partnership Committee:</b></p> <p>(i) <b>Endorsed</b> the Community Champions Vision &amp; Strategy.</p>	
5.	<p><b>SEL Ageing Well Frailty Framework</b></p> <p><b>Kallie Heyburn (KH), Bexley Wellbeing Partnership Programme Director, NHS SEL ICB</b> updated the group on the development and adoption of the South East London (SEL) Ageing Well Framework.</p> <p>KH explained that the framework was co-produced between January and March 2025 with input from a broad range of stakeholders, including staff from all six SEL boroughs, system partners and residents. The framework forms part of the broader strategy to implement the Neighbourhood Health Service and focuses particularly on the integrated neighbourhood teams for priority population groups such as older adults and those living with frailty.</p> <p>She outlined the framework’s core principles, which include:</p> <ul style="list-style-type: none"> <li>• A shift towards early identification, prevention and holistic, age-friendly support.</li> <li>• Promoting independence, self-help and enhanced quality of life.</li> <li>• Addressing broader determinants of health such as housing, transport and the need to destigmatise ageing, ensuring older people feel heard, respected and valued.</li> </ul> <p>The framework enables boroughs to self-assess and enhance local plans, encouraging a consistent yet flexible approach to neighbourhood services that aligns with best practices while respecting local contexts.</p> <p>In Bexley, work is already underway to design a borough-wide, end-to-end integrated frailty model, aligned with the framework’s aims. KH noted that:</p> <ul style="list-style-type: none"> <li>• Objectives include supporting independent living and early intervention, tailored to local population needs.</li> <li>• Actions taken so far reflect the Bexley voice in how the framework is being interpreted and implemented locally.</li> </ul>	KH

	<p><i>At this point, SD (Chair) invited the group to comment or ask any questions.</i></p> <p>JB queried how and when the impact of the framework would be assessed, particularly regarding reducing downstream demand and cost.</p> <p>KH responded that the impact would be determined by a wide range of stakeholder informed outcomes and indicators will be used to monitor and evaluate progress.</p> <ul style="list-style-type: none"> <li>• The approach will combine quantitative system metrics with qualitative feedback and indicators will be refined during implementation to ensure they remain relevant and impactful.</li> <li>• In the first instance, a pilot would be mobilised for a 6-month period in the Frognal Local Care Network.</li> </ul> <p>JB responded with a further point, expressing concern that the six-month timeframe for initial review might be too short, potentially undermining the validity of the pilot outcomes.</p> <p>Diana Braithwaite (DB) reinforced the importance of the framework, noting that:</p> <ul style="list-style-type: none"> <li>• It aligns with the SEL Frailty Framework a key priority in the Forward Integrated Plan and Joint Local Health &amp; Wellbeing Strategy.</li> <li>• In Bexley, the Public Health team has clearly outlined the borough's significant challenges for frail and older people – Bexley has the second largest population of over 65s in SEL and some of the highest frailty rates.</li> <li>• The framework provides a foundation to shape the interventions needed in Bexley, including potential reductions in acute activity and improvements across services.</li> </ul> <p>While specific interventions are still under development, impact can be assessed once these are in place, leveraging the strong data foundation already provided by Public Health.</p> <p>JB responded by clarifying that her earlier question stemmed from recognising the importance of the topic. JB concluded by raising with the team whether the six-month timeframe for the Frognal LCN pilot was final or could be reconsidered, expressing concern that such an early review could jeopardise the perceived success of the pilot due to limited evidence of impact. She suggested that the team reflect on this point.</p> <p>KH thanked KH for her leadership, praising the model's development for genuinely listening to participants and making visible, tangible changes throughout the process. KH expressed confidence that this collaborative approach would produce a stronger, more inclusive model that everyone can support.</p> <p><b>The Bexley Wellbeing Partnership Committee:</b></p> <p>(i) <b>Endorsed</b> the SEL Ageing Well Framework and <b>noted</b> the alignment with Bexley's approach to developing an integrated model of care for frailty.</p>	
	<p><i>At this point SD (Chair) extended a warm welcome to Georgina Fekete (GF), Non-Executive Director (NED), NHS SEL ICB.</i></p>	

6.

### Lyndhurst Medical Centre – Contract Variation

GT/SBi

At this point Dr Sid Deshmukh handed over chairing of the meeting to Jennifer Bostock (Vice-Chair) for Agenda Item 6 due to the conflict of interest. Jennifer Bostock (JB) explained that while those affected would remain in the meeting, the decision discussed could directly impact them.

JB (Vice-Chair) introduced the agenda item, noting it involves a contract variation to incorporate Burstwood Wood Surgery into Lyndhurst Medical Centre. Whilst the term "merger" was referenced in the supporting paper, it was clarified by Sarah Birch that this is a **contract variation** in line with NHS England Guidelines.

JB confirmed this understanding and handed over to Graham Tanner to present further details.

**Graham Tanner (GT) Associate Director, Primary & Community Care (Bexley), NHS SEL ICB** updated the committee on the background and context of the Burstwood Wood Surgery contract, alongside his colleague Sarah Birch (SB).

GT explained the types of GP contracts currently in place, highlighting the differences between GMS (General Medical Services), PMS (Personal Medical Services), and APMS (Alternative Provider Medical Services) contracts. He noted that GMS and PMS contracts are held in perpetuity by GP partners, while APMS contracts are more flexible, typically time-limited, and often held by limited companies.

GT provided a brief history of Burstwood Wood Surgery, explaining that it was originally a GP partnership until the late 2000s, when a retirement and the sad passing away of a GP led to caretaker arrangements. The APMS contract was first awarded in 2012 to Clocktower Healthcare Initiative and repurchased in 2018 to Bexley Health Neighbourhood Care, subcontracting to Clocktower. The current contract follows a 5 + 5 + 5-year cycle, with the first five-year term expiring in December 2024.

The committee had previously approved a 16-month extension until March 2026 to allow for further consideration of longer-term options.

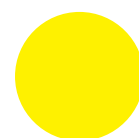
GT emphasised the wider move away from APMS contracts due to their lack of long-term security and investment incentives for GP partners, contrasting them with the more stable PMS and GMS contracts. He described the recommendation to allow the APMS contract for Burstwood Wood Surgery to end on 31 March 2026, with a contract modification to Lyndhurst Medical Centre, effectively making Burstwood Wood Surgery an additional branch of Lyndhurst Medical Centre. GT explained that the merger would combine the patient lists of Burstwood Wood Surgery and Lyndhurst Medical Practice, subject to patient choice. All patients would retain the right to choose their practice, with support available for anyone wishing to register elsewhere.

GT clarified this was not a merger contract but a contract variation. GT then invited SB to talk the group through the rationale and next steps.

**Sarah Birch (SB), Head of Community Based Care, (Bexley) NHS SEL ICB** explained that the change supports the emerging integrated neighbourhood team model, providing long-term certainty necessary for investment in estates and workforce development. She outlined the key benefits:

	<ul style="list-style-type: none"> <li>• For patients: access to a wider range of clinical professionals, improved continuity of care, greater appointment access, and personalised care.</li> <li>• For staff: greater job security and development opportunities.</li> <li>• For the NHS SEL ICB: enhanced population health outcomes, stronger primary care, and slight financial savings.</li> </ul> <p>SBi noted a 10-month mobilisation period up to March 2026 to manage legal, HR, and patient engagement activities, including communications to all patients to inform them of the change and support their choices.</p> <p>MeP, highlighted that moving from APMS to PMS allows proper integration into the partnership model with greater longevity and investment certainty. He mentioned both practices (Burstwood Wood Surgery and Lyndhurst Medical Centre) are already part of the same Primary Care Network (APL PCN), minimising operational disruption and staff training is underway for cross-site work. He thanked the NHS SEL ICB for their support.</p> <p>Dr Clive Anggiansah (CA), reported active patient engagement through Patient Participation Groups and social media, receiving positive feedback. Engagement has included face-to-face and online consultations, focusing on maintaining quality service and collaboration with local partners.</p> <p>JB acknowledged the comprehensive presentation and opened the floor for questions. No questions or concerns were raised.</p> <p><b>The Bexley Wellbeing Partnership Committee:</b></p> <p>(i) <b>Approved</b> the variation to the Burstwood Wood Surgery APMS contract to end on 31<sup>st</sup> March 2026 and to modify Lyndhurst Medical Centre's contract accordingly.</p> <p><i>At this point DB confirmed that Sarah Burchell (SBu) from Oxleas NHS Foundation Trust, although not present, had confirmed in advance that Trust have no objections.</i></p>	
7.	<p><b>Primary Care Quarterly Business Report Q4 2024/25</b></p> <p><b>Graham Tanner (GT), Associate Director Primary and Community Based Care (Bexley), NHS South East London Integrated Care Board,</b> provided a brief update on the quarterly primary care business report, explaining that the paper is primarily for assurance and is presented to the committee once every quarter.</p> <p>GT reminded the committee that the Primary Care Delivery Group (PCDG) is a formal subgroup responsible for managing much of the work related to GP contracts and the broader primary care agenda. The group endorses items for approval by Diana Braithwaite (DB), Place Executive Lead (Bexley) and escalates decisions requiring wider oversight such as significant contract changes to the committee. Recent examples include the Burstwood Wood Surgery APMS contract variation (considered in today's meeting) and the Sidcup Medical Centre/Station Road Practice merger (discussed previously).</p> <p>GT noted that the report outlines items discussed and recommended in both Part 1 and Part 2 meetings of the PCDG, mainly for transparency. BWP Committee members may ask questions or request further discussion on specific items in future meetings. He then invited questions on the Q4 report, covering January to March 2025.</p> <p>At this point, SD (Chair) invited the group to comment or ask any questions.</p>	GT

	<p>None were raised.</p> <p>DB clarified the report from the Primary Care Delivery Sub-committee meeting is intended to provide assurance and allow members to flag any issues for deeper exploration. DB reiterated that the report reflects her delegated responsibilities as the Place Executive Lead and that the PCDG operates under this committee. DB invited members to raise concerns for further discussion if needed.</p> <p>The Bexley Wellbeing Partnership Committee:</p> <p>(i) <b>Noted</b> the report and the opportunity to highlight any items for further clarification and/or future reporting to the Committee.</p>	
8.	<p><b>Risk Register 2025/26</b></p> <p><b>Rianna Palanisamy (RP), Partnership Business Manager, NHS South East London Integrated Care Board (Bexley)</b> presented the updated Bexley risk register for 2025/26, noting that the paper is provided for assurance.</p> <p>RP reported that there are currently 12 open risks specifically related to Bexley borough activities. Key risk themes include:</p> <ul style="list-style-type: none"> <li>• Failure to deliver actions from the Special Educational Needs and Disabilities (SEND) inspection</li> <li>• Potential overspend against borough-delegated budgets, risking breach of the 2025/26 financial control total</li> <li>• Unmet recommendations from the Better Care Fund support programme</li> <li>• Insecure lease arrangements in primary care</li> <li>• Inability to fully integrate system partners to meet Joint Forward Plan goals</li> <li>• Underperformance against targets for flu vaccinations, Serious Mental Illness (SMI) health checks, and hypertension</li> </ul> <p>Among the 12 risks, x2 are rated 15 or above, with one categorised as extremely high and the remaining 11 as high. RP highlighted that the risks have been reviewed for the new financial year through multiple workshops with the Senior Management Team (SMT). Where risks apply across multiple boroughs, they are escalated to the NHS SEL ICB corporate risk register.</p> <p>At this point RP and SD (Chair) invited the group for any questions or comments. No questions were raised.</p> <p>DB added that this is the 2025/26 register and acknowledged the ongoing challenge of defining what constitutes a true risk versus an expected issue. She emphasised that mitigation plans are in place and are reviewed regularly by the Senior Management Team and Executive Partnership. Where risk scores meet thresholds (e.g. a score of 12), they are escalated to the SEL ICB Board Assurance Framework. DB also noted that some risks are aligned with broader corporate objectives, such as delivering improvements in flu vaccination, hypertension, and SMI checks. Progress in these areas will be reported in the coming months.</p> <p>The Bexley Wellbeing Partnership Committee</p>	RP



	<p>(i) <b>Noted</b> the report is for information and assurance to the Bexley Wellbeing Partnership Committee setting out the risks and associated mitigations.</p>	
9.	<p><b>Finance Report – Month 12</b></p> <p><b>Asad Ahmad (AsA), Associate Director of Finance (Bexley), NHS South East London Integrated Care Board</b>, highlighted to the group that the figures in the finance report – month 12 remain subject to final confirmation, pending completion of the annual statutory external audit.</p> <p>AsA talked the group through the highlights of the Finance Report – Month 12 (Year-End Position 2024/25). Full details are included in the papers shared with all members.</p> <p>At this point, SD (Chair) invited the group to comment or ask any questions.</p> <p>JB queried the causes of the underspend.</p> <p>AsA explained it was mainly due to lower than expected Continuing Healthcare (CHC) activity and staff vacancies</p> <p>DB further explained that CHC spending varies significantly depending on individual patient needs, which can cause budgets to fluctuate. DB added that vacancies earlier in the year also contributed to underspend. Any local underspend is reinvested within the overall SEL financial position to support wider system priorities.</p> <p>DB also highlighted the ongoing work by teams to manage budgets carefully and ensure financial control is maintained</p> <p>JB (Vice-Chair) noted that from a public perspective, hearing about an underspend can be confusing given wider funding concerns. She suggested that future reports provide clearer context to help explain this to the public</p> <p>DB agreed and committed to incorporating this feedback</p> <p>SuK raised a point regarding the £100 million deficit and non-recurrent support</p> <p>AsA confirmed that the SEL ICS started the year with a planned £100 million deficit, primarily due to the position at King's College Hospital. NHS England provided £100 million in non-recurrent support, which enabled the ICS to deliver a break-even position.</p> <p>No further questions or comments were raised.</p> <p><b>The Bexley Wellbeing Partnership:</b></p> <p>(i) <b>Noted</b> the month 12 (March 2025) financial position for Bexley Place.</p> <p>(ii) <b>Noted</b> the NHS South East London ICB and NHS South East London ICS financial position at month 12 (March 2025).</p>	AsA
10.	<p><b>Public Questions</b></p> <p>(i) DB confirmed that a commissioning question about dietetic services was raised online and will be formally answered and shared publicly.</p> <p>(ii) Positive feedback was received regarding support from the Dancing Youth Trust for the Community Champion Programme which DB responded to and plans for the Trust to get in touch with PG.</p>	PQs



	<p>(iii) A few questions were asked about the role, impact and testing related to community champions. DB stated that these will be addressed as part of ongoing communications for the programme.</p> <p>(iv) Eva Bohr (EB) raised a question from a mental health charity, asking if there is a database of activities that community champions are involved in particularly those related to mental health to explore potential partnerships. PG confirmed that there is an evolving list (not yet published online) and offered to follow up directly with EB and explore opportunities for collaboration.</p> <p><i>No further questions had been received at this time.</i></p>	
11.	<p><b>Lets Talk</b></p> <p><b>‘The Power of Sport’</b></p> <p><b>Patrick Gray (PG), Community Voice Manager, NHS SEL ICB (Bexley)</b> opened the session by framing sport as a critical tool not just for physical fitness but also for mental health, social wellbeing, and community identity. The discussion explored how sport can reach underserved groups especially working aged men and how clubs can act as health outreach hubs. Multiple speakers presented their work and experiences in linking sport and wellbeing across Bexley.</p> <p><b>Patrick Gray (Lead Presenter)</b></p> <ul style="list-style-type: none"> <li>• Emphasised the importance of lower league/local clubs as community anchors.</li> <li>• Shared multiple local sport initiatives: <ul style="list-style-type: none"> <li>○ Tennis investment: £315k from LTA to improve Bexley courts.</li> <li>○ Walking sports: Inclusive walking football, rugby, and cricket.</li> <li>○ Kabaddi &amp; basketball: As examples of cultural and youth engagement.</li> <li>○ Table tennis: Especially among older men at Bexley Veterans Club.</li> </ul> </li> <li>• Pilot project at Welling United offering on-site health checks, mental health support, and referrals.</li> <li>• Public health initiative: JSNA mapping for borough-wide sports and wellbeing resources.</li> <li>• Highlighted "Head in the Game" a sport + mental health therapy programme.</li> </ul> <p><b>Paul Barnes (PB) (Sport &amp; Active Life Engagement Manager, University of Greenwich)</b></p> <ul style="list-style-type: none"> <li>• Shared personal and professional insights. He has a 25-year background in professional football, including 10 years at Chelsea and involvement in UEFA projects</li> <li>• PB highlighted clubs should rethink their focus: instead of concentrating solely on matchday and football results, they should leverage their stadiums and spaces to engage with the community throughout the week.</li> <li>• PB advocated using the power of sport and football stadia to tackle health inequalities, citing his experience on a UEFA project and real-life examples like health checks tied to free match tickets.</li> <li>• PB initiated and supported "Talk Club", a monthly mental health support session, especially targeting working-class men aged 30-60, who often receive little support outside matchday.</li> <li>• Progress has been positive - regular attendance is growing, and participants are starting to support each other emotionally.</li> </ul>	PG

- PB stressed collaboration over rivalry between clubs. Football grounds can be community hubs, offering space for events, support groups, and partnerships.
- 45 people signed up for free match tickets in exchange for a health check - a practical demonstration of using football to boost health engagement.
- PB suggested incentivising local community champions and their families with things like free match tickets and university gym memberships, helping to empower and reward those making a difference.
- University of Greenwich will sponsor the stadium next season, and it will be renamed the University of Greenwich Community Stadium, reflecting their commitment to community engagement and partnership with the club

**Ashley Reynolds (AR) (Oxleas NHS Foundation Trust – Community Mental Health Occupational Therapist)**

- Described how occupational therapy uses meaningful activity (like sport) for recovery.
- Highlighted success of mental health football sessions with Erith Town and Peabody's support.
- Strategy: Train service users to become peer coaches; introduce lifetime membership allowing continued participation post-discharge.
- Addressed barriers like anxiety and exclusion from mainstream sports environments.

**Warren Dunkley (Oxleas NHS FT, Occupational Therapist)**

- Developed non-contact boxing therapy over eight years, now a registered charity.
- Secured NHS site at Goldie Leigh for a new mental health boxing gym (opening June 2025).
- Services to be extended across Bromley, Bexley, and Greenwich.
- Plans for future referral partnerships with GPs, schools, charities.

**Derek Vaughn (Bexley Walking Football)**

- Founding member; grew club to 85+ members, including women's and competitive teams.
- Described walking football as inclusive and life enhancing, especially for older adults.
- Shared national achievements and health benefits.
- Advocated for expanding walking football access (e.g., Parkinson's friendly sessions).
- Emphasised fun, fitness, and friendship as core principles.

**Questions/Comments**

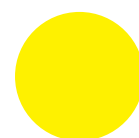
KH shared that at the Hospice, they have occasionally held a summer sports day in the past and suggested challenging the group to consider forming individual teams for a sports day on Boston Heath later in the summer.

JB shared how inspired and moved she felt by the discussion, especially around the sense of camaraderie and shared emotion that sport can create. JB related it to her experience at a music concert, where despite not knowing others, the shared passion created a strong sense of connection much like in sport.

DB thanked all the speakers for their insightful and engaging contributions, highlighting how the presentations helped deepen understanding of what's happening across the borough. DB emphasised the importance of using



	these insights to build stronger connections with other community groups and networks. SD (Chair) thanked everyone too and brought the agenda item to a close.	
<b>12.</b>	<b>Any other business</b> RM acknowledged and expressed appreciation for the hard work delivered by AyA and PG. There was no further business, and the chair brought the meeting to a close.	<b>SD</b>
<b>13.</b>	<b>Glossary</b> These glossary terms were noted.	<b>SD</b>
<b>14.</b>	<b>Date of the next meeting</b> Thursday 24 <sup>th</sup> July 2025, Council Chambers, Bexley Civic Centre.	<b>SD</b>



**Bexley Wellbeing Partnership Committee**

**Thursday 24<sup>th</sup> July 2025**

**Item: 4**

**Enclosure: C**

<b>Title:</b>	<b>Better Care Fund 2025-26</b>
<b>Author/Lead:</b>	Alison Rogers, Director of Integrated Commissioning, NHS South East London Integrated Care System/London Borough of Bexley Steven Burgess, Policy and Strategy Officer, London Borough of Bexley
<b>Executive Sponsor:</b>	Diana Braithwaite, Place Executive Lead (Bexley), NHS South East London Integrated Care Board Yolanda Dennehy, Director of Adult Social Care and Health, London Borough of Bexley

<b>Purpose of paper:</b>	<b>To consider on behalf of the ICB and endorse the proposal to update the schedules and appendices to the Section 75 Agreement between the London Borough of Bexley (LBB) and NHS South East London Integrated Care Board (ICB).</b>	<b>Update / Information</b>	
		<b>Discussion</b>	
		<b>Decision</b>	<b>X</b>
<b>Summary of main points:</b>	<ul style="list-style-type: none"> <li>The Bexley Wellbeing Partnership Committee reviewed and endorsed the draft BCF Plan on 27<sup>th</sup> March 2025, authorising the Place Executive Lead and Director of Adult Social Care and Health to finalise the plan.</li> <li>The final plan included measurable targets for key indicators such as emergency admissions (65+), discharge delays and new care home admissions.</li> <li>In response to feedback, the narrative was strengthened to include end-of-life care, highlighting the use of Universal Care Plans, Advance Care Planning, and the role of the Palliative Care Virtual Ward. The plan also considered seasonal health risks.</li> <li>The plan clarified that there was no uplift in the 2025-26 Disabled Facilities Grant allocation, following the additional funding received in 2024-25. Bexley received a £0.445m in-year uplift to the Disabled Facilities Grant in January 2025. £0.184m was spent in 2024-25 with the remaining £0.261m carried forward into 2025-26.</li> <li>The plan included capacity and demand estimates for discharge and community pathways, noting risks such as staffing pressures and demand growth, along with proposed mitigations.</li> <li>The plan was submitted to the national BCF Team on 31<sup>st</sup> March 2025. Regional assurers asked for a further breakdown of some of our larger schemes but officers explained that these reflected historic pooled funding arrangements and could not be disaggregated. This was accepted for 2025/26 with a request for greater clarity in future plans.</li> <li>The plan was formally approved by NHS England on 30<sup>th</sup> May 2025.</li> </ul>		

	<ul style="list-style-type: none"><li>• The next step is to update the schedules to the Section 75 Agreement between the London Borough of Bexley and NHS South East London ICB by 30<sup>th</sup> September 2025.</li><li>• The Change Authorisation Form (<b>Appendix A</b>) confirms the pooled fund arrangements and requires signatures from both the council and ICB authorised officers. The signed documents will be stored with the original Section 75 Agreement.</li><li>• NHS England’s approval (<b>Appendix B</b>) enables release of the NHS minimum contribution, subject to continuing to meet the national BCF conditions. These include delivering the approved plan; compliance with funding requirements, such as maintaining the NHS minimum contribution to adult social care; adhering to monitoring and reporting requirements; and ensuring funds are pooled under the Section 75 Agreement by 30<sup>th</sup> September 2025.</li></ul>	
Potential Conflicts of Interest	There are no conflicts of interest as a consequence of this report.	
Other Engagement	Equality Impact	The Section 75 Agreement between London Borough of Bexley and NHS South East London ICB includes a section on Equalities that commits the Council and ICB to comply with the public sector equality duty when they carry out their functions or services. The contracts and the services commissioned under the Section 75 Agreement are monitored to ensure that equalities duties are met.
	Financial Impact	The total value of services within the scope of the BCF Pooled Fund in 2025-26 is approximately £91.199m of which the ICB funds around £55.698m and the Council funds around £35.501m. In addition, the underspend of £0.261m from the additional Disabled Facilities Grant in 2024-25 will be carried forward into 2025-26, resulting in planned expenditure of £91.460m.
	Public Engagement	We consulted on the original proposals to enter into the Section 75 Agreement in 2020/21, which included the arrangements for the Bexley BCF Pooled Fund.
	Other Committee Discussion/ Engagement	Local partners and stakeholders were involved in the development of the BCF Plan 2025/26.  The draft BCF Plan 2025/26 was signed off by the Bexley Health & Wellbeing Board on 20 <sup>th</sup> March 2025. The Chairman of the Bexley Health and Wellbeing Board, along with the Chief Executives of the Council and ICB, the Council’s Section 151 Officer and the ICB’s Chief Finance Officer were responsible for the final sign-off of the BCF planning documents. This was achieved by 31 <sup>st</sup> March 2025.

		Officers at London Borough of Bexley will follow the council's process regarding the Section 75.
<b>Recommendation:</b>	<p>The Bexley Wellbeing Partnership Committee is recommended to:</p> <p>(i) Consider on behalf of the ICB and endorse the proposal to update the schedules and appendices to the Section 75 Agreement between the London Borough of Bexley and NHS South East London Integrated Care Board.</p>	

**Appendix A** - Change Authorisation Form (Seq Ref No. 004)

**Appendix B** - BCF Approval Letter Bexley

NHS England  
Wellington House  
133-155 Waterloo Road  
London  
SE1 8UG

30 May 2025

To: Cllr Baroness Teresa O'Neill Obe,  
Chair, Bexley Health and Wellbeing  
Board  
Andrew Bland, Integrated Care Board  
Chief Executive or Representative(s)  
Paul Thorogood, Chief Executive,  
London Borough of Bexley

cc. Jane Sproat, Andre Lotz, Nicole  
Valenzuela-Sotomayor

Dear Colleagues,

**Better Care Fund 2025-26 – approval for 25-26 plans and permission to spend NHS minimum contribution**

Thank you for submitting your Better Care Fund (“**BCF**”) plan and for the collaborative work among local partners to develop the plan.

As you will be aware, the BCF is a joint programme operated by the Department of Health and Social Care (“**DHSC**”), Ministry of Housing, Communities and Local Government (“**MHCLG**”) and NHS England. As outlined in the [BCF Planning Requirements](#), NHS England is responsible for final approval of the use of the NHS minimum contribution, following a collaborative regional review process which includes input from social care representatives. This letter details the outcome of that process.

I am pleased to let you know that following the review process, your plan has been classified as ‘**approved**’.

## BCF conditions for financial year 2025-26

The BCF funding from NHS England for the financial year 2025-26 can now be formally released, subject to continuing to meet the national conditions set out in the [BCF Policy Framework for 2025-26](#) and further detailed in the [BCF Planning Requirements for 2025-26](#) including:

- Delivery of your approved plan, including progress against BCF goals and wider objectives of the BCF,
- BCF funding is used in compliance with grant and funding conditions, including maintaining the NHS minimum contribution to adult social care,
- Compliance with monitoring, oversight and support processes, working with regional and national BCF teams, including submission of jointly agreed quarterly reports to the national BCF team and regional Better Care Manager(s) (“**BCM**”) in line with the BCF reporting cycle and compliance with escalation processes,
- The transfer of BCF funding from NHS England into one or more section 75 pooled funds.

Separately, the conditions relating to the use of the Local Authority Better Care Grant and Disabled Facilities Grant (“**DFG**”), that form that local government contribution to the Better Care Fund, are set out in Section 31 Grant Determinations ([Local Authority Better Care Grant Determination 2025 to 2026 - GOV.UK](#), the Grant Determination Letter for the DFG 2025/26 will be published in due course). This makes clear the purpose and use of this local authority funding and directly relates to the [BCF Policy Framework](#) and [BCF Planning Requirements](#) (see section on the legal framework below).

### Legal framework

As set out in the [BCF Planning Requirements for 2025-26](#), the BCF is operated by the Department of Health and Social Care, the Ministry for Housing, Communities and Local Government and NHS England.

NHS England makes BCF funding available to ICBs under section 223GA of the 2006 Act. Grants to local government (Local Authority Better Care Grant and Disabled Facilities Grant) will be paid to local government under section 31 of the Local Government Act 2003, with a condition that they are pooled into local BCF plans.

The escalation process set out in the Planning Requirements explains how action may be taken if the ICB or local authority do not comply with conditions. This includes the escalation process if, following enhanced support and oversight, a HWB area does not meet a national condition or there is a material risk that they will not do so.

### Next steps

Now that your plan has been approved the NHS minimum contribution may now be spent, subject to compliance with the conditions set out above. Section 75 agreements must be in place across all HWB areas by 30 September 2025.

Ongoing support and oversight regarding the spending of BCF funding will continue to be led by your local BCM(s).

There will be an opportunity for HWB areas to review local goals set out in their approved HWB plan where improvements in data accuracy mean that they might benefit from revision. This will be communicated to local areas as part of the information on the BCF Quarter 1 reporting process. Any changes in local goals will need to be approved by your BCM(s).

It is expected that HWB areas will continue to work in partnership with ICB colleagues to ensure alignment to 2025-26 delivery plans, particularly urgent and emergency care winter planning.

Thank you for your work and best wishes with your implementation and ongoing delivery of the BCF.

Yours sincerely,

A handwritten signature in black ink, appearing to be 'Ben Jupp', written on a white background.

**Ben Jupp**

Director of Intermediate Care and Rehabilitation  
Interim Senior Responsible Officer, Better Care Fund  
NHS England

## CHANGE AUTHORISATION FORM

### CHANGE AUTHORISATION FORM

**SEQUENTIAL REFERENCE NUMBER:** 004

**TITLE:** Section 75 Agreement, NHS South East London ICB and London Borough of Bexley

**NUMBER OF PAGES ATTACHED:**

WHEREAS the NHS South East London Integrated Care Board (formerly NHS South East London Clinical Commissioning Group) and the Authority:

- A entered into an agreement (the “**Original Agreement**”) dated 26 January 2022 relating to:
- integrated commissioning arrangements between the ICB (formerly the South East London CCG) and the Authority.
  - services supported by the Bexley Better Care Fund; and
- B wish to add, amend, remove or replace an Individual Schedule to the Original Agreement

IT IS AGREED as follows

1. With effect from 1 April 2025, the Original Agreement (as the same may from time to time have been amended prior to the date of this Change Authorisation Form) shall be amended as set out below:
  - Replace ‘Schedule 3 – Services’ with an updated schedule comprising the schemes in the BCF Pooled Fund 2025/26 in line with the approved Bexley BCF Planning Template 2025/26.
  - Replace ‘Schedule 4 – Contributions’ with an updated schedule comprising the BCF Pooled Fund 2025/26.
  - Note that Bexley received an in-year uplift in the DFG allocation of £0.445m in January 2025. The Council spent £0.184m of the additional grant in 2024-25. As the DFG is a rolling programme, the underspend of £0.261m from the additional DFG in 2024-25 will be carried forward into 2025-26.
  - Update the Adult Mental Health Services Pooled and Non-Pooled Funds to reflect the change in year from 2024/25 in the previous schedule to 2025/26 in this schedule.
2. Save as herein amended all other terms and conditions of the Original Agreement shall remain in full force and effect.



Signed for and on behalf of NHS South East London ICB (the ICB)

By the ICB's Authorised Officer:

Name: Diana Braithwaite

Job title: Place Executive Lead (Bexley), NHS South East London ICB

Date:

Signed for and on behalf of London Borough of Bexley (the Authority)

By the Authority's Authorised Officer:

Name: Yolanda Dennehy

Job title: Director, Adult Social Care and Health, London Borough of Bexley

Date:

## CHANGE REQUEST FORM

<b>CHANGE REQUEST FORM</b>	
<b>Sequential Reference Number:</b>	<b>004</b>
<b>About Your Change Request</b>	
<b>Name of Service, Scheme or Schedule:</b>	Schedules 3 and 4 of the section 75 Agreement between the London Borough of Bexley and NHS South East London ICB
<b>Reason for proposed change:</b>	Replace
<b>Description of proposed change:</b> <ul style="list-style-type: none"> <li>Replace 'Schedule 3 – Services' with an updated schedule.</li> <li>Replace 'Schedule 4 – Contributions' with an updated schedule.</li> </ul>	
<b>Do you have any accompanying documents?</b>	<b>Yes</b>
<b>If 'Yes', please list the documents here:</b>	<ul style="list-style-type: none"> <li>New 'Schedule 3 – Services'</li> <li>New 'Schedule 4 – Contributions'</li> </ul>
<b>Date request made:</b>	24/07/2025
<b>Date that you wish the change to come into effect:</b>	01/04/2025
<b>Impact Assessment</b>	
<b>Implications, if any, of the proposed change:</b> <ul style="list-style-type: none"> <li>Financial implications</li> <li>Legal implications</li> <li>Equality impact</li> <li>Other impacts (e.g., health and wellbeing of the Borough, HR, Data Privacy, etc.)</li> <li>Mobilisation and/or delivery of plans</li> <li>Exit strategy</li> </ul>	<p><b>Financial:</b> The total value of services within the scope of the BCF Pooled Fund in 2025-26 is approximately £91.199m of which the NHS South East London ICB funds around £55.698m and the Council funds around £35.501m.</p> <p><b>Legal:</b> The statutory and financial basis of the BCF is described in the BCF Policy Framework and the BCF Planning Requirements. The BCF Pooled Fund is governed by a section 75 Agreement between the London Borough of Bexley and NHS South East London ICB. The schedules to the Agreement need to be updated by 30 September 2025.</p> <p><b>Equalities:</b> The section 75 agreement between London Borough of Bexley and NHS South East London ICB includes a section on Equalities that commits the Authority and ICB to comply with the public sector equality duty when they carry out their functions or services. The contracts and the services commissioned under the section 75 agreement are monitored to ensure that equalities duties are met.</p> <p><b>Health and Wellbeing of the Borough:</b> The schemes and services in the Pooled and Non-Pooled Funds of the section 75 agreement are expected to have a positive impact on the health and wellbeing of the Borough.</p> <p><b>Human Resources:</b> Workforce planning across the health and care system is essential. Tackling local workforce shortages, staff retention, professional development and training are all critical components. Our plans highlight the importance of a more integrated workforce and stronger collaboration between NHS staff, the Council, partners and care providers. Successful delivery also depends on having</p>

	<p>key community-based roles that support shifting care away from hospitals.</p> <p><b>Mobilisation and/or delivery of plans:</b> We received confirmation of BCF plan approval on 30 May 2025. The plans and funding allocations in 2025/26 cover a period which is already in progress.</p> <p><b>Exit Strategy:</b> The Parties will develop and agree an appropriate exit strategy for schemes should this be needed, in accordance with Schedule 8 (Exit Strategy) of the section 75 Agreement.</p>		
<b>Key risks and mitigations:</b>	<p>The main risk is that BCF schemes are not delivered as planned and/or metric ambitions are not achieved. We have set out clear plans to help ensure that activities are delivered in line with our commitments in 2025/26. The Integrated Commissioning Team jointly manage the contracts for services to support the realisation of the outcomes and benefits.</p> <p>Other risks include sustained pressure on acute hospitals and discharge processes and the potential for winter pressures to extend beyond the period for which funding is allocated.</p> <p>To mitigate these risks, Capacity and Demand Planning has been and will continue to be used to understand expected demand and available capacity.</p> <p>System-wide discussions will help ensure that funding is aligned with actual demand. Regular performance monitoring is in place with responsive actions taken as necessary to address any emerging issues.</p>		
Financial Information 2024/25			
Name of Service, Scheme or Schedule:	Schedules 3 and 4		
Name of Pooled or Non-Pooled Fund affected:	Better Care Fund		
Income and Expenditure 2024/25:	Income (£m)	Expenditure (£m)	Difference (£m)
Annual budget:	86.537	86.276	-0.261
ICB contribution:	51.036	51.036	0
Authority contribution	35.501	35.240	-0.261
Financial year:	2024/25	2024/25	2024/25
Financial Information 2025/26			
Name of Service, Scheme or Schedule:	Schedules 3 and 4		
Name of Pooled or Non-Pooled Fund affected:	Better Care Fund		
Income and Expenditure 2025/26:	Planned Income (£m)	Planned Expenditure (£m)	Difference (£m)
Annual budget:	91.199	91.460	+0.261
ICB contribution:	55.698	55.698	£0
Authority contribution	35.501	35.762	+0.261

<b>Financial year:</b>	2025/26	2025/26	2025/26
<b>Your Details</b>			
<b>Your Name:</b>	Steven Burgess		
<b>Job title:</b>	Policy and Strategy Officer		
<b>Organisation:</b>	London Borough of Bexley		
<b>Pooled Fund Manager Recommendation</b>			
<b>Recommendation:</b> (i) Update schedules 3 and 4 of the section 75 Agreement between the London Borough of Bexley and NHS South East London Integrated Care Board.			

**Bexley Wellbeing Partnership Committee**

**Thursday 24<sup>th</sup> July 2025**

**Item: 4**

**Enclosure: C**

<b>Title:</b>	<b>Better Care Fund End of Year Return 2024-25</b>
<b>Author/Lead:</b>	Alison Rogers, Director of Integrated Commissioning, NHS South East London Integrated Care System/London Borough of Bexley Steven Burgess, Policy and Strategy Officer, London Borough of Bexley
<b>Executive Sponsor:</b>	Diana Braithwaite, Place Executive Lead (Bexley), NHS South East London Integrated Care System Yolanda Dennehy, Director of Adult Social Care and Health, London Borough of Bexley

<b>Purpose of paper:</b>	<b>To report on the Better Care Fund (BCF) End of Year Return 2024-25</b>	<b>Update / Information</b>	<b>X</b>
		<b>Discussion</b>	
		<b>Decision</b>	
<b>Summary of main points:</b>	<p><b>Better Car Fund – Metrics, Expenditure &amp; Outputs:</b></p> <ul style="list-style-type: none"> <li>This report presents the Better Care Fund (BCF) End of Year Return 2024-25 and is being provided to the Bexley Wellbeing Partnership for information.</li> <li>All BCF national conditions and requirements were met during the year. The BCF return includes information about the four BCF metrics (based on the data available at the time of preparation of the return): <ul style="list-style-type: none"> <li>Avoidable Admissions for 2024-25 were 7.2% higher than the previous year. The variance is largely attributable to seasonal pressures and the continued prevalence of chronic conditions such as COPD and Heart Failure. Bexley delivered preventative measures and community interventions, including resident campaigns and improved access to primary care services, increasing access and use to digital platforms (e.g. NHS App) and increase use of Pharmacy First. Several interventions and initiatives have been in place in the 3 Local Care Networks, funded by the Health Inequalities Fund as reported to the Committee on 27<sup>th</sup> March 2025, which have supported residents to stay well at home e.g. the Frognal Function Fitness Programme for older residents delivered by Age UK. In addition to the annual winter programme supported by the local health and care system.</li> <li>Discharge to normal place of residence: 93.5% of hospital discharges were to a person's usual residence in Quarter 4, meeting our 93.5% target. Most people were able to return home following hospital discharge.</li> <li>Falls: Falls-related hospital admissions in Bexley for residents aged 65+ rose to 896 in 2024–25, up from the previous two years but still</li> </ul> </li> </ul>		

below 2021–22 levels. A drop in Quarter 1 suggests early interventions had some effect, though this was not sustained. Bexley's rates remain higher than some neighbouring areas, reinforcing the need for continued focus on falls prevention, physiotherapy and frailty support. The Bexley Wellbeing Partnership is developing the Bexley Ageing Well/Frailty end-to-end pathway aligned with the South East London Ageing Well Framework, with a successful workshop with local health and care system and residents on 04.06.2025.

- Care Home Admissions (65+): Provisional figures for 2024-25 show that 205 older people were admitted to care homes, compared to an annual target of no more than 250 admissions. Most admissions typically followed hospital discharge or community referrals, often when it was no longer safe to support individuals at home. This reduction reflects effective care planning, strengths-based assessments and successful use of community-based alternatives to long-term residential care.
- Super March 2025 highlighted the value of integrated working, early intervention and shared accountability for improving patient flow and outcomes. In response, strengthened collaboration between Oxleas NHS Foundation Trust and Lewisham & Greenwich NHS Trust and with wider health and care ecosystem – through regular senior meetings and consultant engagement is supporting shared risk management and service development. The insights gained from Super March are now being embedded into BCF delivery and wider system planning with a clear focus on sustainability, prevention and person-centred care. To support this, a series of actions are underway, including assertively promoting a Home First approach in the acute setting, redesigning in-reach and care navigator roles, and enhancing discharge processes. Structured multidisciplinary huddles are being formalised, and efforts are ongoing to improve data access and streamline referrals. In addition, co-designed frailty pathways are being developed to enable earlier and safer discharges.
- The Better Care Fund Support Programme in Bexley and Greenwich, undertaken in Quarter 4 2024-25, focused on three key areas: Discharge and Flow, Demand and Capacity, and Leadership. It helped local health and care partners to identify the changes needed to improve hospital discharge, manage system demand and strengthen leadership. The findings and recommendations were shared with senior leaders in spring 2025 and a joint plan developed for implementation. Key developments proposed include implementation of a Transfer of Care Hub based on best practice guidance, better use of shared data to support decision-making, strengthening relationships across hospital, community and social care through organisational development, and a leadership model that encourages collaboration and shared accountability. This work is aligned with the Urgent and Emergency Care Improvement Plan and aims to deliver a more joined-up and responsive care system for local people.
- We have also reported on outputs and expenditure against schemes in the BCF Plan. On the whole, this shows good progress and is generally in line with our plan.

#### **Capacity & Demand Update:**

- The return gives an update on the Capacity and Demand Plan and shows how much hospital discharge and community activity we have delivered,

	<p>compared to our original demand projections. This reflects short term and intermediate care activity delivered through social care.</p> <ul style="list-style-type: none"> <li>• Bexley's Quarter 4 data showed continued high demand for hospital discharge and community care, particularly for reablement and interim beds. Despite temporary winter funding boosting capacity, pressures remain, especially on physiotherapy services. Daily discharge coordination meetings improved flow. Housing delays and early stroke discharges are adding complexity to community caseloads.</li> <li>• To manage excess demand, Bexley is prioritising admission avoidance through services like Urgent Community Response and virtual wards. Enhanced dementia and delirium pathways are also being explored.</li> <li>• Key support needs for 2025–26 include early consideration of winter planning resources and making the case for sustainable funding for reablement and physiotherapy services. Housing continues to be a key factor in delayed hospital discharges with statutory eligibility criteria limiting the ability of Housing Services to support all individuals. Joint work is ongoing to improve move-on from Wolsley House, supported by Spire Housing. The BCF plan includes using the Disabled Facilities Grant (DFG) to aid timely discharges.</li> </ul>	
<b>Potential Conflicts of Interest</b>	There are no conflicts of interest as a consequence of this report.	
<b>Other Engagement</b>	Equality Impact	Our BCF Plan sets out local priorities for addressing health inequalities and equality for people with protected characteristics, and how BCF-funded services are being delivered to address these. The contracts and the services commissioned under the section 75 agreement are monitored to ensure that equalities duties are met.
	Financial Impact	The total value of Bexley's BCF Pooled Fund in 2024-25 was approximately £86.537m with £51.036m contributed by the ICB and £35.501m by the Council. Expenditure totalled £86.275m (99.7% of the fund), leaving a small underspend of £0.261m, mainly from the Disabled Facilities Grant. An in-year DFG uplift of £0.445m was received in January 2025 of which £0.184m was spent. The remaining £0.261m has been carried forward into 2025-26.
	Public Engagement	We consulted on the original proposals to enter into the section 75 agreement in 2020-21, which included the arrangements for the Bexley BCF Pooled Fund.
	Other Committee Discussion/Engagement	The return was signed off at the Bexley Health and Wellbeing Board on 17 June 2025.
<b>Recommendation:</b>	(i) Reported for information.	

## Appendix A – Bexley BCF End of Year Return 2024-25

## Better Care Fund 2024-25 EOY 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:	Alison Rogers / Steven Burgess
E-mail:	<a href="mailto:alison.rogers@selondonics.nhs.uk">alison.rogers@selondonics.nhs.uk</a> / <a href="mailto:steven.burgess@bexley.gov.uk">steven.burgess@bexley.gov.uk</a>
Contact number:	020 8176 5365 / 0203 045 5242
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	No
If no, please indicate when the report is expected to be signed off:	Tue 17/06/2025

<< Please enter using the format,  
DD/MM/YYYY

#### Checklist

Complete:

Yes
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](mailto: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
5.1 C&D Guidance & Assumptions	Yes
5.2 C&D Actual Activity	Yes
6. Income actual	Yes
7b. Expenditure	Yes
8. Year End Feedback	Yes

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

Expenditure Underspent or Overspent

[<< Link to the Guidance sheet](#)

^^ Link back to top



## Better Care Fund 2024-25 EOY Reporting Template

### 3. National Conditions

Selected Health and Wellbeing Board:

Bexley

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

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) Jointly agreed plan	Yes	
2) Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer	Yes	
3) Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time	Yes	
4) Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services	Yes	

Better Care Fund 2024-25 EOY Reporting Template

4. Metrics

Selected Health and Wellbeing Board:

Bexley

National data may be unavailable at the time of reporting. As such, please utilise data that may only be available system-wide and other local intelligence.

Metric	Definition	For information - Your planned performance as reported in 2024-25 planning				For information - actual performance for Q3  (For Q4 data, please refer to data pack on BCX)	Assessment of whether ambitions have been met	Challenges and any Support Needs  <i>Please:</i> - describe any challenges faced in meeting the planned target, and please highlight any support that may facilitate or ease the achievements of metric plans - ensure that if you have selected data not available to assess progress that this is addressed in this section of your plan	Achievements - including where BCF funding is supporting improvements.  <i>Please describe any achievements, impact observed or lessons learnt when considering improvements being pursued for the respective metrics</i>	Variance from plan  <i>Please ensure that this section is completed where you have indicated that this metric is not on track to meet target outlining the reason for variance from plan</i>	Mitigation for recovery  <i>Please ensure that this section is completed where a) Data is not available to assess progress b) Not on track to meet target with actions to recovery position against plan</i>
		Q1	Q2	Q3	Q4						
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework Indicator 2.3i)	187.7	183.7	209.0	198.6	174.5	Target not met	<p>Bexley has experienced a rise in unplanned Ambulatory Care Sensitive Conditions (ACSC) admissions in 2024–25. The total number of avoidable admissions increased from 1,934 in 2023–24 to 2,073 admissions in 2024–25, representing a 7.2% rise. It is important to note that this figure may be subject to change as further updates are made to the ICB's Unplanned ACSC Admissions Report. The upward trend suggests a growing demand on urgent care services for conditions that are, in many cases, preventable with timely and effective community-based care.</p> <p>Seasonal pressures remain a significant challenge with admissions typically peaking in the winter months, notably December and January. This trend was most pronounced in 2024–25, where December saw a notable spike in admissions compared to previous years. These surges are often linked to exacerbations of chronic conditions during colder weather, underscoring the need for winter planning and early intervention. Continued support is needed to strengthen local capacity in primary and community care, particularly in managing long-term conditions and supporting people during high-risk periods.</p>	<p>We have an emphasis on prevention, self-care and timely treatment with support from local pharmacies and primary care. Over the winter period, coordinated plans focussed on preventing Emergency Department visits, avoiding unnecessary admissions and improving patient flow and discharge processes. A borough-wide communications campaign promoted alternative services such as Enhanced Access to primary care, Pharmacy First and the NHS App, alongside national winter health messages. These efforts aimed to empower residents to make informed choices about their care and reduce pressure on urgent and emergency services.</p> <p>During Super March in early 2025, we collaborated with key partners at Queen Elizabeth Hospital to avoid admissions from the Emergency Department. We provided community support for clinical decision-making, targeting cases that could be treated in the community (e.g., blocked catheters, falls, end-of-life care, frailty, and high-intensity users). This has helped to strengthen relationships between acute and community teams.</p> <p>Our BCF plan will continue to support initiatives to reduce avoidable admissions, including via community-based care pathways and other targeted interventions. This should enable more efficient use of resources and contribute to improved outcomes.</p>	<p>The latest figure of 2.073 unplanned ACSC admissions for 2024–25 represents a 7.2% increase compared to the previous year. The variance is largely attributable to seasonal pressures and the continued prevalence of chronic conditions such as COPD and Heart Failure.</p>	<p>We will continue to prioritise early intervention and proactive care planning with a strong focus on community-based services, long-term condition management and encouraging self-care. Building on the success of previous communications campaigns, we will continue to promote alternatives to hospital-based care. Integration of services across health and social care, supported by BCF funding, will be key to reducing avoidable admissions and improving outcomes. We will ensure that data is regularly reviewed and used to inform the delivery of our plans.</p> <p>Key to this work are the multiple long-term conditions and ageing well/frailty workstreams. These aim to prevent avoidable admissions, particularly for people living with three or more long-term conditions, including COPD. Through our integrated neighbourhood teams, at-risk individuals will be identified early by GPs and offered joined-up support before a crisis occurs. Once engaged, people will receive a 30 to 60-minute consultation with the most appropriate professional to review medication, set personal goals and connect with local support. This will be followed by up to twelve weeks of health and wellbeing coaching to build self-management skills, navigate services and connect with peer support networks. Success will be measured through improvements in resident activation, satisfaction and health outcomes, alongside system gains such as fewer A&amp;E visits, reduced non-elective admissions, lower polypharmacy costs and higher workforce satisfaction.</p>
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	93.1%	94.2%	94.0%	93.5%	93.73%	Target met	<p>Our performance was slightly below target in Quarters 2 and 3. In the latter part of the year, we saw a higher level of activity than originally anticipated but have still managed to maintain our performance at over 93%.</p>	<p>The vast majority of people go home once they have been discharged from hospital. Our performance in Bexley shows that over 93% of hospital discharges are to a person's usual place of residence. The data for Quarter 4 shows that our performance is currently 93.5%, which meets our target of 93.5%.</p>	Not applicable.	Not applicable.
Falls	Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.				1,838.7	446.5	Target not met	<p>Fluctuations in quarterly figures highlight the ongoing vulnerability of this age group. Our falls-related admission figures also remain higher than those in some neighbouring South East London boroughs.</p> <p>The Year End Impact Summary (Tab 8) highlights the importance of strengthening integrated neighbourhood teams and our ambition to develop seamless, end-to-end pathways through close coordination across primary care, community services, social care and the voluntary sector. Continued support is needed, particularly for those living with frailty, through community-based programmes, including falls prevention, access to physiotherapy and equipment.</p>	<p>BCF funding has contributed to initiatives that can reduce the risk of recurrent falls. The overall number of people aged 65 years and over who were admitted to hospital due to falls in 2024-25 (896) was higher than in 2023-24 (850) and 2022-23 (874) but lower than in 2021-22 (1043). There have been some achievements in reducing admissions, notably in Quarter 1 2024-25, which recorded the lowest figure across the four-year period since 2021-22. This suggests that targeted interventions are yielding positive outcomes.</p>	<p>There have been variances from expected performance, particularly in Quarters 2 and 3 of 2024-25. The increase in admissions during these quarters deviates from the downward trend observed in previous years. This suggests that, whilst the strategic direction is sound, we need to be more consistent in achieving reductions in emergency admissions due to falls in people aged 65 and over across all quarters.</p> <p>Comparative data also shows that Bexley's figures remain higher than some other South East London boroughs. This reinforces the need to understand local demographic factors and to explore opportunities for shared learning and system-wide improvement.</p>	<p>Bexley has already commenced work on designing a borough-wide ageing well/frailty end-to-end integrated model of care. This aligns with the South East London Ageing Well Framework, which was co-developed with input from Bexley staff and stakeholders. The Framework outlines a shift toward prevention, early identification and age-friendly care that promotes independence and quality of life.</p> <p>Delivering on this requires sustained effort and coordination, given the complexity of aligning primary care, community services, social care, and the voluntary sector. Ensuring that these services work together seamlessly, while maintaining a holistic and person-centred approach, will be critical to achieving long-term reductions in falls and improving outcomes for older residents.</p>
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)				577	not applicable	Target met	<p>New admissions to care homes arise from both hospital discharges and community referrals. For hospital discharges, staff support ward teams and board rounds to ensure individuals are placed on the most appropriate pathway. Permanent care home placements are typically considered when all other options have been exhausted and it is no longer safe to support the individual at home. This includes those initially discharged into interim beds who, following further recovery and assessment outside the hospital, move into permanent care. Other common reasons for admission include carer breakdown, where family or unpaid carers can no longer provide support, and self-funders who become eligible for local authority support due to depleted funds.</p>	<p>Strengths-based assessments are used to support individuals to remain at home wherever possible. Provisional data for 2024–25 indicates that 205 older people had their long-term care needs met through admission to residential or nursing care homes. This represents a reduction compared to the previous year and below our planned target of having no more than 250 new care home admissions during 2024–25.</p>	Not applicable.	Not applicable.

## Better Care Fund 2024-25 EOY Reporting Template

### 5. Capacity & Demand

Selected Health and Wellbeing Board:

Bexley

#### 5.1 Assumptions

##### 1. How have your estimates for capacity and demand changed since the last reporting period? Please describe how you are building on your learning across the year where any changes were needed.

During 2024-25, we used winter planning funds to expand bed capacity and have strengthened collaboration with acute trusts and community services to streamline discharge processes. The additional funding from the ICB that supported the additional bed capacity was only available over the winter period and has now come to an end, but we have not seen a reduction in demand for interim beds.

Since the previous reporting period, our estimates for both capacity and demand have shifted. We have seen a notable increase in demand, particularly in reablement referrals. This has placed considerable pressure on our physiotherapy services, where waiting times have increased. Contrary to expectations, there has been no seasonal dip in demand during April and May, suggesting a potential shift towards a new baseline of higher activity.

We have adapted by implementing daily discharge coordination meetings following the Super March initiative, which is helping to improve responsiveness and flow. These mitigations reflect our commitment to continuous learning and responsive service planning.

Our 2025-26 BCF plan builds on this by prioritising integrated neighbourhood care and admission avoidance, aligning with our strategic shift from hospital to home and from sickness to prevention. The plan also reflects our commitment to proactive care through use of virtual wards, enhanced reablement and anticipatory care models.

##### 2. Do you have any capacity concerns for 25-26? Please consider both your community capacity and hospital discharge capacity.

We anticipate several capacity challenges in 2025-26. Community, reablement and rehabilitation services are under significant strain due to increased referrals and a shared commitment to supporting people through the Home First programme. While physiotherapy capacity remains limited, existing resources have been temporarily redeployed to help manage demand. Under the Bexley Care partnership we are reviewing existing pathways and staffing capacity to explore the potential options for addressing the increasing demand.

The financial resources within the BCF are allocated to existing schemes and services and the uplift in funding sources in 2025-26 is insufficient to meet the increased demand in our system. Sustainable funding and workforce development are critical issues and the future resourcing and workforce implications of increased demand will need to be carefully considered. Our plans include the development of a business case to shift some funding from long-term home care to reablement with the aim of expanding reablement capacity and improving outcomes. We hope the steps we are taking will at least help to alleviate some of the capacity and demand pressures in the short term.

On the hospital discharge side, the additional beds funded through winter planning in 2024-25 were fully utilised but with the cessation of this funding, we are now facing a waiting list for interim beds. Spot purchasing is being used as a short-term solution. Housing-related issues also continue to impact flow with some people staying in our interim beds at Marlborough Court for longer than anticipated. Our BCF plan estimated a projected shortfall of interim placements in the coming year during peak periods, which we aim to address through system-wide coordination and winter planning in 2025-26.

Meadow View continues to deliver strong outcomes for patients. Our intermediate care services, including Meadow View, are sometimes receiving patients who are too frail for the intensity of rehabilitation provided on a bedded unit. Weekly coordination meetings between hospital and community therapists are helping to manage these referrals more effectively. We will continue to monitor and manage our pathways and referral processes to ensure they are aligned with people's rehabilitation needs, optimising interim placements and improving outcomes across the board.

Furthermore, early discharges from the stroke unit at Darent Valley Hospital means that we are seeing an increase in the complexity and volume of people being managed in the community, particularly from those requiring neurorehabilitation.

##### 3. Where actual demand exceeds capacity, what is your approach to ensuring that people are supported to avoid admission or to enable discharge? Please describe how this improves on your approach for the last reporting period.

Admission avoidance is a key focus with initiatives such as the Urgent Community Response (UCR) service and the London Ambulance Service/UCR car achieving high response rates and reducing unnecessary hospital conveyances. To avoid unnecessary admissions, we are working closely with Oxleas NHS Foundation Trust on initiatives such as intravenous therapy pathways to enable earlier intervention in the community. We are also focussing on frequent attenders and developing step-up care models. Our virtual wards, including those for frailty and palliative care, support both step-up and step-down care, helping to manage patients in the community.

For discharge enablement, the Super March initiative has led to the introduction of daily coordination meetings between discharge leads and community teams, which has improved flow and reduced delays.

During the winter period 2024-25, we increased bed capacity through ICB funding and strategically placed patients in lower-cost beds to maximise efficiency. Although this funding has now ended, we are exploring more sustainable models. We are also exploring the potential to develop enhanced dementia and delirium pathways to support complex patients in the community.

##### 4. Do you have any specific support needs to raise? Please consider any priorities for planning readiness for 25/26.

We have identified several specific support needs for 2025-26. Foremost among these is the need for sustainable funding to respond to the increased demand on reablement and physiotherapy services. Early consideration of winter planning resources is also essential and will need to involve a review of capacity and demand ahead of winter, drawing on the learning from 2024-25.

We will need to monitor the impact of recent changes in stroke pathways on adult social care and community health services, particularly in light of increased early discharges from the hyper-acute stroke unit at Darent Valley Hospital (e.g., community neurorehabilitation capacity, higher levels of care need, demand for district nursing, demand for equipment, etc).

Housing remains a critical issue in relation to discharge delays. While we will continue to engage with housing services, it is important to acknowledge that their responsibilities are governed by the Housing Act and are limited to individuals who meet specific statutory eligibility criteria. People do not always meet the criteria, which limits the ability of housing services to provide support. We have set up regular meetings with our housing colleagues to strengthen collaboration. This includes joint work to support timely move-on from Wolsley House, which provides temporary accommodation for individuals recovering from illness or accident, while awaiting home adaptations or re-housing. The accommodation is managed by Spire Housing, whose contract with the Council has been amended to enable greater involvement in helping residents with housing applications and related matters. Additionally, our BCF plan includes the use of the Disabled Facilities Grant to support timely and safe discharges.

We are also exploring new care models for people with complex cognitive needs, including enhanced dementia and delirium pathways.

# Better Care Fund 2024-25 EOY Reporting Template

## 5. Capacity & Demand

Selected Health and Wellbeing Board:

Bexley

Actual activity - Hospital Discharge		Prepopulated demand from 2024-25 plan			Actual activity (not including spot purchased capacity)			Actual activity through <u>only</u> spot purchasing (doesn't apply to time to service)		
Service Area	Metric	Jan-25	Feb-25	Mar-25	Jan-25	Feb-25	Mar-25	Jan-25	Feb-25	Mar-25
Reablement & Rehabilitation at home (pathway 1)	Monthly activity. Number of new clients	178	180	180	177	146	166	63	50	54
Reablement & Rehabilitation at home (pathway 1)	Actual average time from referral to commencement of service (days). All packages (planned and spot purchased)	2.4	2.4	2.4	1	1	1			
Short term domiciliary care (pathway 1)	Monthly activity. Number of new clients	44	33	30	19	22	19	4	2	3
Short term domiciliary care (pathway 1)	Actual average time from referral to commencement of service (days) All packages (planned and spot purchased)	1	1	1	0	0	0			
Reablement & Rehabilitation in a bedded setting (pathway 2)	Monthly activity. Number of new clients	40	35	28	32	30	44	0	0	0
Reablement & Rehabilitation in a bedded setting (pathway 2)	Actual average time from referral to commencement of service (days) All packages (planned and spot purchased)	3	3	3	15	11	14			
Other short term bedded care (pathway 2)	Monthly activity. Number of new clients.	0	0	0	0	0	1	0	1	3
Other short term bedded care (pathway 2)	Actual average time from referral to commencement of service (days) All packages (planned and spot purchased)	0	0	0	0	14	8			
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Monthly activity. Number of new clients	4	10	7	3	0	0	5	6	6
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Actual average time from referral to commencement of service (days) All packages (planned and spot purchased)	15	15	15	27	15	9			

Actual activity - Community		Prepopulated demand from 2024-25 plan			Actual activity:		
Service Area	Metric	Jan-25	Feb-25	Mar-25	Jan-25	Feb-25	Mar-25
Social support (including VCS)	Monthly activity. Number of new clients.	0	0	0	0	0	0
Urgent Community Response	Monthly activity. Number of new clients.	136	136	136	177	146	155
Reablement & Rehabilitation at home	Monthly activity. Number of new clients.	88	88	91	106	72	114
Reablement & Rehabilitation in a bedded setting	Monthly activity. Number of new clients.	1	1	1	0	0	0
Other short-term social care	Monthly activity. Number of new clients.	23	23	23	39	41	36

## Better Care Fund 2024-25 EOY Reporting Template

### 6. Income actual

Selected Health and Wellbeing Board:

Bexley

	2024-25			
Source of Funding	Planned Income	Actual income	Carried from previous year (23-24)	Actual total income (Column D + E)
DFG	£3,234,050	£3,679,055	£0	£3,679,055
Minimum NHS Contribution	£20,603,595	£20,603,595		£20,603,595
iBCF	£6,616,137	£6,616,137		£6,616,137
Additional LA Contribution	£23,660,000	£23,660,000		£23,660,000
Additional NHS Contribution	£28,409,175	£28,409,175		£28,409,175
Local Authority Discharge Funding	£1,545,953	£1,545,953		£1,545,953
ICB Discharge Funding	£2,022,604	£2,022,604		£2,022,604
<b>Total</b>	<b>£86,091,514</b>			<b>£86,536,519</b>

See next sheet for Scheme Type (and Sub Type) descriptions

7b. Expenditure

Selected Health and Wellbeing Board: 

Bexley

Running Balances	2024-25					If underspent, please provide reasons
	Income	Expenditure to date	Percentage spent	Balance		
DFG	£3,679,055	£3,417,560	92.89%	£261,495	Underspent!	We are fully spent against our original DFG allocation. We received an extra £0.445m
Minimum NHS Contribution	£20,603,595	£20,603,595	100.00%	£0		
iBCF	£6,616,137	£6,616,137	100.00%	£0		
Additional LA Contribution	£23,660,000	£23,660,000	100.00%	£0		
Additional NHS Contribution	£28,409,175	£28,409,175	100.00%	£0		
Local Authority Discharge Funding	£1,545,953	£1,545,953	100.00%	£0		
ICB Discharge Funding	£2,022,604	£2,022,604	100.00%	£0	Underspent!	
Total	£86,536,519	£86,275,024	99.70%	£261,495		See comments above.

**Required Spend**  
This is in relation to National Conditions 2 and 3 only. It does NOT make up the total Minimum ICB Contribution (on row 33 above).

	2024-25		
	Minimum Required Spend	Expenditure to date	Balance
NHS Commissioned Out of Hospital spend from the minimum ICB allocation	£5,854,957	£12,821,346	£0
Adult Social Care services spend from the minimum ICB allocations	£8,334,432	£10,297,768	£0

Checklist	Column complete:	Yes	Yes
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Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Planned Outputs for 2024-25	Outputs delivered to date (Number or NA if no plan)	Units	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	Previously entered Expenditure for 2024-25 (£)	Actual Spend (£)	Discontinue (if scheme is no longer being carried out in 24-25, i.e. no money has been spent and will be spent)	Comments
1	Care Act - Carers	This scheme contributes towards the provision of a range of direct support to	Carers Services	Carer advice and support related to Care Act duties		620	583	Beneficiaries	Social Care	0	LA			Charity / Voluntary Sector	Minimum NHS Contribution	£ 463,000	£463,000		This is based on the number of carers receiving direct support (a Direct Payment and/or Information Advice and Guidance)
2	Preventative & Early Intervention Services (ICB)	ICB contribution to the joint commissioning of a range of prevention and early	Prevention / Early Intervention	Other	PEI Funding to Third Sector Organisations	0	NA		Social Care	0	NHS			Charity / Voluntary Sector	Minimum NHS Contribution	£ 396,123	£396,123		
3	Prevention & Early Intervention Services (LBB)	LB Bexley contribution to the joint commissioning of a range of prevention and early	Prevention / Early Intervention	Other	PEI Funding to Third Sector Organisations		NA		Social Care	0	LA			Charity / Voluntary Sector	Additional LA Contribution	£ 403,000	£403,000		
4	Prevention	Funding from the iBCF to develop our capacity within the Borough to prevent or	Prevention / Early Intervention	Other	Develop the capacity of the independent and		NA		Social Care	0	LA			Charity / Voluntary Sector	iBCF	£ 200,000	£200,000		
5	Social Prescribing	Social Prescribing in Practices to help people find support for many non-medical issues,	Prevention / Early Intervention	Social Prescribing			NA		Social Care	0	LA			Charity / Voluntary Sector	iBCF	£ 50,000	£50,000		
6	Social Prescribing	Social Prescribing in Practices to help people find support for many non-medical issues,	Prevention / Early Intervention	Social Prescribing			NA		Primary Care	0	NHS			Charity / Voluntary Sector	Minimum NHS Contribution	£ 151,500	£150,000		
7	Health Inequalities (ICS Funded Projects)	Health Inequalities Funding has been allocated to the Bexley Wellbeing Partnership	Prevention / Early Intervention	Other	Health Inequalities		NA		Other	0	NHS			Local Authority	Additional NHS Contribution	£ 536,000	£536,000		
8	Integrated Community Equipment Service	ICB contribution to the Integrated Community Equipment Service, which provides a range of high quality, responsive, cost effective equipment to people with health and social care needs, who live in Bexley	Assistive Technologies and Equipment	Community based equipment		360	297	Number of beneficiaries	Community Health	0	NHS			Charity / Voluntary Sector	Minimum NHS Contribution	£ 283,200	£283,200		2571 adults have benefitted from community-based equipment in the period 2024-25. This scheme has contributed 11.5% of total costs. This scheme's share of the outputs is 297 adults, who have benefitted from community-based equipment.
9	Integrated Community Equipment Service	LB Bexley contribution to the Integrated Community Equipment Service, which provides a range of high quality, responsive, cost effective equipment to people with health and social	Assistive Technologies and Equipment	Community based equipment		829	682	Number of beneficiaries	Social Care	0	LA			Charity / Voluntary Sector	Additional LA Contribution	£ 651,000	£651,000		2571 adults have benefitted from community-based equipment in the period 2024-25. This scheme has contributed 26.5% of total costs. This scheme's share of the outputs is 682 adults, who have benefitted from community-based equipment.

10	Community Equipment	Provides the Bexley Emergency Link Line (BELL) alarm monitoring service.	Assistive Technologies and Equipment	Assistive technologies including telecare		500	498	Number of beneficiaries	Social Care	0	LA			Private Sector	Minimum NHS Contribution	£ 163,000	£163,000		This is a contribution towards the costs of the Bexley Emergency Link Line. The outputs are based on £163,000 divided by an estimated cost of £6.30 per week for a Monitoring and Response Service per person with a pendent alarm. £6.30 per week x 52 weeks = £327.60 per person. £163,000 / £327.60 = 498.
11	Assistive Technologies	LB Bexley employs an Assistive Technology Coordinator.	Workforce recruitment and retention			1	1	WTE's gained	Social Care	0	LA			Local Authority	Minimum NHS Contribution	£ 60,000	£60,000		
12	Equipment	A pressure relieving equipment service that responds to local need and ensures that residents living with physical impairments are receiving the equipment that they need.	Assistive Technologies and Equipment	Community based equipment		670	655	Number of beneficiaries	Social Care	0	NHS			Local Authority	Minimum NHS Contribution	£ 199,520	£199,520		1869 adults have benefitted from pressure relieving equipment in 2024-25. This scheme has contributed 35.1% of total costs. This scheme's share of the outputs is 655 adults, whom have benefitted from pressure relieving equipment.
13	Wheelchair Service	We assess for, purchase and provide wheelchairs and associated mobility equipment in line with NHS criteria to meet the postural and independent mobility needs of the population	Assistive Technologies and Equipment	Community based equipment		750	695	Number of beneficiaries	Community Health	0	NHS			Charity / Voluntary Sector	Minimum NHS Contribution	£ 671,880	£671,880		The Wheelchair Service has 2399 wheelchair users of which 2122 are adults and 277 are children. In terms of those seen in 2024-25, the number of adults given a wheelchair was 601 and the number of children given a wheelchair is 94.
14	Housing Adaptations	The Disabled Facilities Grant allocation supports the delivery of major home adaptations for disabled people to enable them to live independently in their own homes for longer. LB Bexley provides a full support service to clients assisting with proofs, form filling.	DFG Related Schemes	Adaptations, including statutory DFG grants		200	211	Number of adaptations funded/people supported	Social Care	0	LA			Private Sector	DFG	£ 3,000,000	£3,044,497		We've supported elderly and vulnerable adults and children to remain independent in their own homes completing 211 major mandatory DFG adaptations. There are also currently 161 active, ongoing major adaptation cases. We have used some of the additional DFG allocation from January 2025 onwards.
16	Integrated Crisis and Rapid Response	Integrated crisis and rapid response to situations where an individual requires an	Urgent Community Response				NA		Social Care	0	LA			Private Sector	Minimum NHS Contribution	£ 736,000	£736,000		
17	Early Supported Hospital Discharge	Provision of personal care packages to facilitate early supported hospital discharge.	High Impact Change Model for Managing Transfer of Care	Early Discharge Planning			NA		Social Care	0	LA			Private Sector	Minimum NHS Contribution	£ 2,285,000	£2,285,000		
18	D2A	Discharge to Assess has streamlined the care pathway and ensures patients do not	High Impact Change Model for Managing Transfer of Care	Home First/Discharge to Assess - process support/core costs			NA		Social Care	0	NHS			Local Authority	Minimum NHS Contribution	£ 690,000	£690,000		
19	D2A	Discharge to Assess has streamlined the care pathway and ensures patients do not	High Impact Change Model for Managing Transfer of Care	Home First/Discharge to Assess - process support/core costs			NA		Social Care	0	LA			Local Authority	iBCF	£ 700,000	£700,000		
20	Discharge Fund (LA contribution)	Discharge Fund	Home Care or Domiciliary Care	Short term domiciliary care (without reablement input)		43	36	Hours of care (Unless short-term in which case it is packages)	Social Care	0	LA			Local Authority	Local Authority Discharge Funding	£ 74,825	£74,825		36 packages of care attributable to this scheme based on an actual average cost of £2079 per package of care.
21	Discharge Fund (LA contribution)	Discharge Fund	Home-based intermediate care services	Reablement at home (to support discharge)		450	448	Packages	Social Care	0	LA			Local Authority	Local Authority Discharge Funding	£ 465,482	£465,482		448 packages of care attributable to this scheme based on an actual average cost of £1,039 per package of care.
22	Discharge Fund (LA contribution)	Discharge Fund	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-term services supporting recovery)	Bed-based intermediate care with reablement (to support discharge)		28	26	Number of placements	Social Care	0	LA			Local Authority	Local Authority Discharge Funding	£ 337,908	£337,908		We have a block contract of 15 interim beds of which 8 are funded from the Discharge Fund. Across the block contract as a whole, we have supported 114 placements in 2024-25. The Discharge Fund (LA & ICB contribution) accounts for 53.3% (60 placements) of which 26 placements have been funded from the local authority contribution and 34 have been funded from the ICB contribution.
23	Discharge Fund (LA contribution)	Discharge Fund	Residential Placements	Short term residential care (without rehabilitation or reablement input)		19	39	Number of beds	Social Care	0	LA			Local Authority	Local Authority Discharge Funding	£ 303,251	£303,251		
24	Discharge Fund (LA contribution)	Discharge Fund	Workforce recruitment and retention			7	7	WTE's gained	Social Care	0	LA			Local Authority	Local Authority Discharge	£ 271,624	£271,624		

25	Discharge Fund (LA contribution)	Discharge Fund	Assistive Technologies and Equipment	Community based equipment		92	111	Number of beneficiaries	Social Care	0	LA				Local Authority	Local Authority Discharge Funding	£ 79,192	£79,192		2571 adults have benefitted from community-based equipment in the period 2024-25. This scheme has contributed 4.3% of total costs. This scheme's share of the outputs is 111 adults, who have benefitted from community-based equipment.
26	Discharge Fund (ICB contribution)	Discharge Fund	Home Care or Domiciliary Care	Short term domiciliary care (without reablement input)		56	47	Hours of care (Unless short-term in which case it is packages)	Social Care	0	NHS				Local Authority	ICB Discharge Funding	£ 97,895	£97,895		47 packages of care attributable to this scheme based on an actual average cost of £2079 per package of care.
27	Discharge Fund (ICB contribution)	Discharge Fund	Home-based intermediate care services	Reablement at home (to support discharge)		589	586	Packages	Social Care	0	NHS				Local Authority	ICB Discharge Funding	£ 609,001	£609,001		586 packages of care attributable to this scheme based on an actual average cost of £1,039 per package of care.
28	Discharge Fund (ICB contribution)	Discharge Fund	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-term services supporting recovery)	Bed-based intermediate care with reablement (to support discharge)		36	34	Number of placements	Social Care	0	NHS				Local Authority	ICB Discharge Funding	£ 442,092	£442,092		We have a block contract of 15 interim beds of which 8 are funded from the Discharge Fund. Across the block contract as a whole, we have supported 114 placements in 2024-25. The Discharge Fund (LA & ICB contribution) accounts for 53.3% (60 placements) of which 26 placements have been funded from the local authority contribution and 34 have been funded from the ICB contribution.
29	Discharge Fund (ICB contribution)	Discharge Fund	Residential Placements	Short term residential care (without rehabilitation or reablement input)		21	50	Number of beds	Social Care	0	NHS				Local Authority	ICB Discharge Funding	£ 396,749	£396,749		
30	Discharge Fund (ICB contribution)	Discharge Fund	Workforce recruitment and retention			6	6	WTE's gained	Social Care	0	NHS				Local Authority	ICB Discharge Funding	£ 355,373	£355,373		
31	Discharge Fund (ICB contribution)	Discharge Fund	Assistive Technologies and Equipment	Community based equipment		99	145	Number of beneficiaries	Social Care	0	NHS				Local Authority	ICB Discharge Funding	£ 103,608	£103,608		2571 adults have benefitted from community-based equipment in the period 2024-25. This scheme has contributed 5.6% of total costs. This scheme's share of the outputs is 145 adults, who have benefitted from community-based equipment.
34	Care Homes - Local Enhanced Services	Continues to provide existing enhanced services to Care Homes. This ensures care	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as			NA		Primary Care	0	NHS				Private Sector	Minimum NHS Contribution	£ 247,875	£235,000		
35	Care Homes Trusted Assessors	This supports delivery of the trusted assessor model with the care home sector through	High Impact Change Model for Managing Transfer of Care	Trusted Assessment			NA		Social Care	0	LA				Local Authority	iBCF	£ 100,000	£100,000		
36	Plaster of Paris	Joint funding arrangements for Plaster of Paris cases to help get people out of	Home Care or Domiciliary Care	Domiciliary care packages	2460	2308	Hours of care (Unless short-term in which case it is packages)	Community Health	0	NHS					Private Sector	Minimum NHS Contribution	£ 50,512	£51,114		Based on an average hourly cost of £22.14 per POP hour, this scheme has delivered 2308 POP hours.
37	Integrated Care LBB	Investment in integrated care, which provides Integrated rapid response,	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as			NA		Social Care	0	NHS				Local Authority	Minimum NHS Contribution	£ 758,000	£758,000		
38	Winter Care Packages	Additional homecare hours that enable our integrated teams to provide responsive	Home Care or Domiciliary Care	Domiciliary care packages	43486	41915	Hours of care (Unless short-term in which case it is packages)	Social Care	0	LA					Local Authority	iBCF	£ 928,000	£928,000		Based on an average hourly cost of £22.14 per hour, this scheme has delivered 41915 hours.
39	Care Act	Contribution to help off-set increase in home care provision since Care Act 2014	Care Act Implementation Related Duties	Other	Home Care or Domiciliary Care		NA		Social Care	0	LA				Local Authority	Minimum NHS Contribution	£ 545,000	£545,000		
40	Other preventative - Reablement	Contribution towards reablement packages of care. This maintains current reablement capacity to help	Home-based intermediate care services	Reablement at home (to prevent admission to hospital or residential care)	294	292	Packages	Social Care	0	LA					Charity / Voluntary Sector	Minimum NHS Contribution	£ 304,000	£304,000		292 packages of care attributable to this scheme based on an actual average cost of £1,039 per package of care.
41	Reablement funding to Oxleas	Part of Older People Integrated Care Contract. This maintains current reablement	Home-based intermediate care services	Joint reablement and rehabilitation service (to prevent admission to	0	NA	Packages	Community Health	0	NHS					NHS Community Provider	Minimum NHS Contribution	£ 105,000	£105,000		
42	Reablement funding to LB Bexley	Staffing and reablement care packages. This maintains current reablement capacity to help people regain their independence and reduce the need for ongoing care.	Home-based intermediate care services	Joint reablement and rehabilitation service (to prevent admission to hospital or residential care)	346	344	Packages	Social Care	0	LA					Local Authority	Minimum NHS Contribution	£ 716,000	£716,000		Funding split 50:50 between reablement Packages of Care and contribution to staffing costs. Outputs based on £1,039 average cost of a reablement package of care (£358,000/£1,039 per POC = 344 POCs).
43	Reablement additional contribution to	Additional contribution towards reablement care costs. This maintains current	Home-based intermediate care services	Reablement at home (to support discharge)		117	116	Packages	Social Care	0	LA				Private Sector	Minimum NHS Contribution	£ 121,000	£121,000		116 packages of care attributable to this scheme based on an actual average cost of £1,039 per package of care.



44	Reablement additional contribution to	Additional contribution towards staff costs. This maintains current reablement	Workforce recruitment and retention				NA	WTE's gained	Social Care	0	LA			Local Authority	Minimum NHS Contribution	£ 50,000	£50,000		
45	Additional ASC packages of care	This enables the home care market to accommodate the increased volume of care	Home Care or Domiciliary Care	Domiciliary care packages		134255	129403	Hours of care (Unless short-term in which case it is packages)	Social Care	0	LA			Local Authority	IBCF	£ 2,865,000	£2,865,000		Based on an average hourly cost of £22.14 per hour, this scheme has delivered 129,403 hours.
46	Additional contribution to care package costs	This enables the home care market to accommodate the increased volume of care	Home Care or Domiciliary Care	Domiciliary care packages		14270	13754	Hours of care (Unless short-term in which case it is packages)	Social Care	0	LA			Local Authority	IBCF	£ 304,516	£304,516		Based on an average hourly cost of £22.14 per hour, this scheme has delivered 13754 hours.
47	Maintaining eligibility criteria	Personal care packages (contribution) plus inflation	Home Care or Domiciliary Care	Domiciliary care packages		37237	35891	Hours of care (Unless short-term in which case it is packages)	Social Care	0	LA			Local Authority	Minimum NHS Contribution	£ 794,638	£794,638		Based on an average hourly cost of £22.14 per hour, this scheme has delivered 35891 hours.
48	Develop Social Care Market	This pays for an uplift in provider fees and helps to address associated cost	Home Care or Domiciliary Care	Domiciliary care packages		46860	45167	Hours of care (Unless short-term in which case it is packages)	Social Care	0	LA			Local Authority	IBCF	£ 1,000,000	£1,000,000		Based on an average hourly cost of £22.14 per hour, this scheme has delivered 45167 hours.
49	Additional ASC Packages of Care funded from	This pays for an uplift in provider fees and helps to address associated cost	Home Care or Domiciliary Care	Domiciliary care packages		39468	38041	Hours of care (Unless short-term in which case it is packages)	Social Care	0	LA			Local Authority	Minimum NHS Contribution	£ 842,247	£842,247		Based on an average hourly cost of £22.14 per hour, this scheme has delivered 38041 hours.
50	Oxleas Community Contract	• Integrated practice based Adult Community Nursing Services to provide care for	Community Based Schemes	Other	Oxleas Community Contract	0	NA		Community Health	0	NHS			NHS Community Provider	Additional NHS Contribution	£ 24,273,819	£24,260,046		
51	Oxleas Community Contract	This is part of Oxleas contract and subject to block financial regime at present. NHS	Community Based Schemes	Other	Oxleas Community Contract	0	NA		Community Health	0	NHS			NHS Community Provider	Minimum NHS Contribution	£ 8,293,181	£8,306,954		
52	Pulmonary rehabilitation	Pulmonary rehabilitation is a nationally recognised treatment programme, which	Personalised Care at Home	Physical health/wellbeing			NA		Community Health	0	NHS			Private Sector	Additional NHS Contribution	£ 204,894	£206,000		
53	Community Dietetics - Bromley	A community-based nutrition and dietetic service to prevent avoidable infections	Personalised Care at Home	Physical health/wellbeing			NA		Community Health	0	NHS			Charity / Voluntary Sector	Additional NHS Contribution	£ 508,185	£502,000		
54	Learning Disabilities - cost per case	Packages of care for people with a learning disability entitled to S117 aftercare	Personalised Budgeting and Commissioning				NA		Mental Health	0	NHS			NHS	Additional NHS Contribution	£ 1,294,315	£1,424,000		
55	LB Bexley - Learning Disabilities	This is the ICB's contribution to providing personalised services for Bexley people	Personalised Budgeting and Commissioning				NA		Social Care	0	NHS			Local Authority	Minimum NHS Contribution	£ 418,876	£418,876		
56	LB Bexley - Further Learning Disabilities	This funding provides personalised services to Bexley people with a Learning	Personalised Budgeting and Commissioning				NA		Social Care	0	LA			Local Authority	Additional LA Contribution	£ 22,606,000	£22,606,000		
57	Learning Disability Modernisation	Alternatives to day care, such as the day opportunities provided by Charlton Athletic	Personalised Budgeting and Commissioning				NA		Social Care	0	LA			Private Sector	IBCF	£ 44,000	£44,000		
58	Personalisation	Enhancement to support personalisation	Personalised Budgeting and Commissioning				NA		Social Care	0	NHS			Local Authority	Minimum NHS Contribution	£ 53,000	£53,000		
59	Greenwich and Bexley Hospice	The Hospice provides care and support in people's own homes, care homes, Queen	Community Based Schemes	Other	Hospice Services		NA		Other	0	NHS			Charity / Voluntary Sector	Additional NHS Contribution	£ 1,481,129	£1,481,129		
60	End of Life Care	The aim is to enable adult community health services in Bexley to provide high quality	Personalised Care at Home	Other	End of Life Care		NA		Community Health	0	NHS			NHS Community Provider	Minimum NHS Contribution	£ 246,000	£246,000		
61	Home Care Commissioning	Commissioning capacity to manage the 'Care at Home' procurement,	Enablers for Integration	Integrated models of provision			NA		Social Care	0	LA			Local Authority	IBCF	£ 40,000	£40,000		
62	Winter Resilience	Delivers additional capacity in the system over the winter period. This is a fixed budget	Enablers for Integration	Other	Supports winter resilience and provides		NA		Other	0	NHS			NHS	Additional NHS Contribution	£ 110,833	£0		
63	Additional staff costs	Staff in integrated commissioning. Also, additional costs of	Enablers for Integration	Joint commissioning infrastructure			NA		Social Care	0	LA			Local Authority	IBCF	£ 325,000	£325,000		
64	Flexible Fund	A contingency fund to be used for meeting any unforeseen costs or	Enablers for Integration	Other	Cost and demand pressures		NA		Social Care	0	LA			Local Authority	IBCF	£ 59,621	£59,621		
15	Housing Adaptations	This scheme will offer assistance at the Council's discretion including discretionary grants and loans, and discretionary assistance to speed up hospital discharges and reduce wider demand on hospital and care services.	DFG Related Schemes	Discretionary use of DFG	0	96	303	Number of adaptations funded/people supported	Social Care	0	LA	0		Private Sector	DFG	£ 234,050	£373,063		We've completed 155 discretionary adaptation grants and provided 148 grants to help facilitate speedy hospital discharge. We have also used some of the additional DFG allocation from January 2025 onwards.
32	Discharge Fund (ICB Contribution)	Discharge Fund - ICB contribution towards housing coordination	High Impact Change Model for Managing Transfer of Care	Housing and related services	0	0	NA		Social Care	0	NHS	0		Local Authority	ICB Discharge Funding	£ 17,886	£17,886		
33	Discharge Fund (LA Contribution)	Discharge Fund - Local Authority contribution towards housing coordination	High Impact Change Model for Managing Transfer of Care	Housing and related services	0	0	NA		Social Care	0	LA	0		Local Authority	Local Authority Discharge	£ 13,671	£13,671		
65	Additional Home Care Hours	Contribution towards the cost of home care provision	Home Care or Domiciliary Care	Domiciliary care packages	0	32913	31723	Hours of care (Unless short-term in which case it is packages)	Social Care	0	LA	0		Local Authority	Minimum NHS Contribution	£ 702,364	£702,364		Based on an average hourly cost of £22.14 per hour, this scheme has delivered 31723 hours.
66	Additional Staff Costs	Contribution towards the costs of personnel in the NHS SEL ICB (Bexley) Team that	Enablers for Integration	Joint commissioning infrastructure	0	0	2.33		Other	0	NHS	0		NHS	Minimum NHS Contribution	£ 256,679	£256,679		2.33 WTE.

**Better Care Fund 2024-25 EOY Reporting Template**

**8. Year End Impact Summary**

Selected Health and Wellbeing Board:

Bexley

Confirmation of Statements		
Question statements	Confirmation	If the answer is "No" please provide an explanation:
Overall delivery of BCF has improved joint working between health and social care	Yes	
Our BCF schemes were implemented as planned in 2024-25	No	<p>The majority of schemes were implemented as planned. Schemes supporting carers, assistive technologies, domiciliary care and reablement services performed well. The number of beneficiaries or hours of care delivered closely reflect the planned figures, indicating effective service delivery and resource allocation. Financially, actual expenditure for most schemes was consistent with the planned budgets, demonstrating that these initiatives were well-managed. No schemes were discontinued during the year. Where minor deviations occurred, they were generally within acceptable thresholds and attributable to operational factors.</p> <p>Disabled Facilities Grant: We are fully spent against our original DFG allocation. We received an extra £0.445m DFG allocation in January 2025 and, despite the limited timescales, have allocated some of the additional grant in 2024-25. As the DFG is a rolling programme, the £0.261m underspend from the additional DFG in 2024-25 will be carried forward into 2025-26. We've supported elderly and vulnerable adults and children to remain independent in their own homes completing 211 major mandatory DFG adaptations, 155 discretionary adaptation grants and provided 148 grants to help facilitate speedy hospital discharge. There are also currently 161 active, ongoing major adaptation cases. In addition, the Council have funded 1307 minor adaptations (not from the DFG). The hospital discharge grants have been a real positive in avoiding delays and our acute trusts are more aware that this assistance is available from the DFG. The speed of non-complex referrals to the Grants Team has had a knock-on effect, resulting in a small waiting list for building surveyors, but our trainee surveyors have started to help alleviate these pressures.</p> <p>In summary, the BCF schemes for 2024-25 were successfully implemented with strong alignment between planned and actual outcomes. This reflects positively on integrated commissioning, our partners and providers, highlighting effective planning, coordination and delivery of the BCF programme in Bexley.</p>
The delivery of our BCF plan 2024-25 has had a positive impact on the integration of health and social care in our locality.	Yes	

Highlight success and challenges within reference to the most relevant enablers from SCIE logic model:

Logic model for integrated care - SCIE	
Success and Challenges	Narrative
2 key successes observed towards driving the enablers for integration	<p>We have strong governance and leadership through the Bexley Health and Wellbeing Board and the Bexley Wellbeing Partnership. These bodies have provided strategic oversight and accountability, ensuring that integration efforts are aligned with local health and care priorities. The formal section 75 agreement between the Council and the ICB has facilitated collaborative decision-making and resource allocation, supporting the successful implementation of schemes and initiatives to improve health and social care outcomes.</p> <p>We have focussed on empowering people to have choice and control through an asset-based approach, shared decision-making and co-production. Prevention and early intervention initiatives have been delivered to mitigate demand pressures and to reduce reliance on statutory social care. Initiatives like Community Connect, the borough's social prescribing scheme, have connected residents with community activities and support services, promoting self-management and independence. The involvement of people, who use adult social care and health services, and carers in care planning and decision-making processes has helped to ensure that care and support is tailored to individual needs and preferences. The OneBexley partnership is a good example of our efforts to empower people and improve their lives. Trusted partners complete Care Act assessments and reviews on behalf of the Council for people with readily understood care and support needs and their carers. The Pathways Alliance contract was procured in October 2024 and runs for an initial term of five years with the option to extend by a further two years to 2031.</p> <p>Our integrated approach to commissioning in Bexley has supported the coordination and delivery of services across the borough. We have worked hard throughout the year to support the sustainability of the provider market and to improve and maintain the quality of care through strategic commissioning, market shaping and investment in local services. Funding for home care, reablement and intermediate care from the BCF Pooled Fund has helped to meet demand. We have continued to take a strategic, outcomes-based approach to the BCF in Bexley. The combined funding from the NHS and the Council has supported the implementation of schemes and services to address both health and social care needs. This alignment of resources remains crucial in driving the integration of services and improving care delivery.</p> <p>Our Joint Forward Plan for Bexley sets out a clear and shared ambition to improve health and wellbeing outcomes and tackle inequalities by strengthening our integrated neighbourhood teams. A specific focus on supporting people living with frailty saw continuation and progression of the population health management approach adopted at the latter end of 2024, enabling the identification of evidence-based priorities. This has laid strong foundations for co-designing and co-producing a new integrated model of care, specifically targeting communities that are often marginalised and experience poorer health outcomes. As Bexley has already commenced work in relation to designing a borough wide ageing well/frailty end-to-end integrated model of care, local staff played a key role in shaping the South East London Ageing Well Framework, developed collaboratively between January and March 2025. Engagement events brought together stakeholders and staff from all six boroughs, alongside system partners and residents. The Ageing Well Framework describes a shift toward early identification, prevention and age-friendly, holistic care delivered closer to home leading to increased self-help, prolonged independence and better quality of life. The actions taken to date within Bexley align with the proposed next steps outlined in the Framework and current planned actions will ensure a systematic approach is adopted to support successful implementation.</p>
2 key challenges observed towards driving the enablers for integration	<p>Attracting and retaining skilled professionals in the health and social care sectors is difficult, particularly in the face of increasing demand and workload pressures.</p> <p>Maintaining a sustainable provider market remains challenging due to financial constraints and increasing demand for services. Providers face pressures related to funding, staffing and capacity, which can sometimes impact the quality and availability of care.</p> <p>Developing truly seamless, end-to-end pathways requires close coordination across primary care, community services, social care and the voluntary sector. Aligning these services in practice, whilst ensuring consideration to delivering a broader holistic approach to care, has proven to be complex and resource intensive.</p> <p>Balancing the needs of different services and distribution of resources has required careful planning and oversight. We have worked across our system to align priorities and objectives. We will continue to collaborate to address our key challenges and to ensure that the BCF programme in Bexley continues to deliver on its objectives.</p>

## Bexley Wellbeing Partnership Committee

Thursday 23<sup>rd</sup> July 2025

Item: 5

Enclosure: D

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

<b>Purpose of paper:</b>	<b>The purpose of this report is to provide an update to the Bexley Wellbeing Partnership Committee on the development of the Bexley 'Integrator'.</b>	Update / Information	<b>X</b>
		Discussion	
		Decision	
<b>Summary of main points:</b>	<p><i>National Drivers</i></p> <p>The Fuller Report of 2022 and national planning guidance has made clear the expectation that all Integrated Care Boards will put in place a neighbourhood-based care model, including the use of Integrated Neighbourhood Teams (INTs).</p> <p>At the heart of the NHS 10 Year Plan is the establishment of a neighbourhood health service – expansion of burgeoning integrated, multi-professional teams working in local communities and often co-located. This will help deliver a model of care that is preventative and better supports those most in need, including those with long-term conditions.</p> <p><i>Bexley</i></p> <p>Bexley is developing Integrated Neighbourhoods to deliver better, more integrated and proactive care to residents, while also addressing pressures within the health and care system. The movement towards Integrated Neighbourhoods is a continuation of a journey that Bexley has already been on, while also responding to wider regional and national priorities.</p> <p>Bexley already delivers integrated neighbourhood care within three Local Care Networks (Clocktower, Frogna and North Bexley), through a partnership called Bexley Care between the London Borough of Bexley and Oxleas NHS Foundation Trust. Bexley Care provides services delivered by multi-disciplinary integrated teams between community and adult social care in the three neighbourhoods.</p> <p><i>Assurance</i></p> <p>The Bexley Wellbeing Partnership has already started to formulate the next phase of Integrated Neighbourhoods, including understanding the existing foundations which can be built on. Using Bexley Care as the foundation and</p>		

	<p>integration more formally with Primary Care Networks and the GP Federation to form the 'Integrator'.</p> <p>The Bexley Health &amp; Wellbeing Board on 19<sup>th</sup> December 2024 endorsed the Bexley Roadmap for Integrated Neighbourhoods and the Bexley Wellbeing Partnership on 27<sup>th</sup> March 2024 approved the local health and care systems approach for an 'Integrator'.</p> <p>On Wednesday 16<sup>th</sup> July 2025 the NHS South East London Integrated Care Board approved Bexley's 'integrator' in line with the assurance process, which is located at Appendix 5 D(ii).</p>	
<b>Potential Conflicts of Interest</b>	This report is for information only. There are no conflicts of interest.	
<b>Other Engagement</b>	Equality Impact	None at this point. However, Equality Impact Assessments have been conducted on burgeoning models for multiple long-term conditions and integrated child health.
	Financial Impact	This report is for information only. There are no financial impacts.
	Public Engagement	The Bexley Wellbeing Partnership has run several stakeholder workshops including resident engagement and will continue to engage with residents during the detailed development and implementation of integrated neighbourhood teams and models.
	Other Committee Discussion/Engagement	<p>Health &amp; Wellbeing Board, Thursday 19<sup>th</sup> December 2024.</p> <p>Bexley Wellbeing Partnership Committee, Thursday 27<sup>th</sup> March 2025.</p> <p>NHS South East London Integrated Care Board, Wednesday 16<sup>th</sup> July 2025.</p>
<b>Recommendation:</b>	The Bexley Wellbeing Partnership is recommended to note the progress.	

**Appendix D(i):** NHS South East London Integrated Care Board Place Integrator Assurance Process – Key Lines of Enquiry

## NHS South East London Integrated Care Board Place Integrator Assurance Process – Key Lines of Enquiry (KLoE)

**Borough: BEXLEY**

**Integrator Form & Function: Bexley Care *Plus***

**Date: Monday 23<sup>rd</sup> June 2025**

### 1. Context

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

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

### 2. Which statutory bodies and partners are included within the integrator arrangement being proposed? If the arrangement is a partnership arrangement, which organisation would be acting as the lead organisation (as set out within the principles related to form).

The integrator, **Bexley Care *Plus***, will be a partnership, underpinned by a formal partnership agreement between:

- London Borough of Bexley;
- Oxleas NHS Foundation Trust;
- The four Primary Care Networks (APL, Clocktower, Frognaal and North Bexley) that deliver care on the Bexley neighbourhood geographical footprints; and
- The local GP Federation, Bexley Health Neighbourhood Care CIC.

These partners build on existing arrangements in Bexley including:

- **Bexley Care** – a partnership between Oxleas NHS Foundation Trust and the London Borough of Bexley which works within and provides overarching management for current models of neighbourhood working in the three established geographical neighbourhoods; Clocktower, Frognal and North Bexley. Bexley Care was established in 2017 and integrates adult physical and mental health services provided by Oxleas NHS Foundation Trust with adult social care in the London Borough of Bexley under a single management structure.
- **Local Care Networks (LCNs)** – in 2017 Bexley also set out commitments and principles in the Bexley Local Care Partnership Memorandum of Understanding, which formed a partnership with a range of statutory and voluntary partners to deliver care on three footprints (Frognal, North Bexley and Clocktower). These three footprints will form the three neighbourhood geographies for the Integrator to work within and support.

The partners involved in **Bexley Care Plus** are in the process of approving a Memorandum of Understanding which sets out their commitment to work together over the coming months to formally constitute the Bexley Care *Plus* partnership and form the integrator, which is due for final endorsement by the Bexley Wellbeing Partnership in July 2025.

For ‘integrators’ and within this arrangement, there is a **requirement** for the inclusion of a lead NHS organisation which is:

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

Oxleas NHS Foundation Trust has the size, scale, maturity and local footprint to enable it to act as the lead NHS organisation within the partnership. The partnership agreement will set out in more detail the responsibilities and accountabilities of Oxleas NHS Foundation Trust, the London Borough of Bexley, the GP Federation and the 4 Primary Care Networks.

### 3. What shared decision-making structures are planned to be put in place to support the integrator arrangements, and how is parity of voice being considered to enable effective neighbourhood working?

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

- **Neighbourhood-Level Governance:** Local panels (the Local Care Networks), which have representation from residents, VCSE organisations, and service and social housing providers.
- **Place-Level Oversight:** Bexley Care *Plus*, as the partnership hosting the Integrator Function, aligned to the current Section 75 governance underpinning Bexley Care and accountable to the Bexley Wellbeing Partnership and Bexley Health & Wellbeing Board.
- **System-Level Alignment:** Coordination with the South East London Integrated Care Board (ICB) and Integrated Care System (ICS).

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



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

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

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

The governance structures within each Local Care Network (neighbourhood) will report into the Bexley Care *Plus* Board.

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

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

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

**4. How will the integrator arrangement ensure that sufficient resources are secured and in place to deliver the integrator function either through the lead organisation, or via a broader partnership approach? It is recognised that the function will grow over time.**

The Memorandum of Understanding sets out some principles which partners have agreed, including sharing of resources.

Initially the workforce, estates, IT etc for Bexley Care *Plus* are expected to be drawn from the parties involved. Some resources will also be drawn from the SEL ICB – e.g. expertise to support transformation programmes, business intelligence support etc. It is not envisaged that the integrator picks up all potential functions immediately, but a plan will be put in place for the integrator to take on functions and for resources to be transferred from SEL ICB in order to support the transition. Partners recognise that providing these functions will

require investment and additional resources, including short term funding to support the transition. All providers are facing financial challenges, and these additional resources will need to come from the system.

The London Borough of Bexley currently jointly funds with Bexley, SEL ICB the Neighbourhoods Delivery Team. In addition, it is attended that Oxleas NHS Foundation Trust will also provide resources to support neighbourhood leadership.

## 5. What will be the first priorities for the integrator arrangements to support effective neighbourhood working, considering the South East London focus on delivery of integrated neighbourhood teams for our three priority populations?

The three current transformation projects which will form the basis of Bexley's neighbourhood health service and Bexley Care *Plus* (**Ageing Well/Frailty, multiple LTCs and Integrated Child Health**) will see pilots running over Q1 to Q3 2025/26. These pilots will inform the content of the Partnership Agreement. To date partners have developed high level end to end models of care, with input and co-production with local residents and drawing on the local assets in each neighbourhood. Building on the approach taken in developing the **Erith Hospital Vision**, Bexley will be conducting an exercise to consider greater utilisation and integration of **Queen Mary's Hospital site** in Sidcup, including a potential role for the integrator and wider neighbourhood health.

A further priority will be for the partnership to review the **NHS 10 Year Plan**, once it is published, to determine the requirements for the integrator and more broadly for Bexley and to integrate any actions into the plan for the development of Bexley Care *Plus*.

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

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

Commissioning Intentions for the emerging Bexley Care *Plus* will be set in January 2026, along with a further set of transformation programmes, to be overseen by the Bexley Wellbeing Partnership, providing assurances to the NHS South East London Integrated Care Board.

### **Bexley Care *Plus* – Signatories**

**Yolanda Dennehy, Director of Adult Social Care & Health, London Borough of Bexley**

**Iain Dimond, Chief Operating Officer, Oxleas NHS Foundation Trust**

**Abi Mogridge, Chief Executive, Bexley Health & Neighbourhood Care CIC (GP Federation)**

**Dr Clive Anggiansah, Community & Primary Care, Clinical Care Professional Lead, NHS SEL ICB**

**Dr James Stokes, Chair, APL Primary Care Network**

**Dr William Cotter, Chair, Clocktower Primary Care Network**

**Dr Sid Deshmukh, Chair, Frognaal Primary Care Network**

**Dr Huw Williams, Chair, North Bexley Primary Care Network**



**Bexley Wellbeing Partnership Committee**

**Thursday 24<sup>th</sup> July 2025**

**Item: 6**

**Enclosure: E**

<b>Title:</b>	<b>2025/26 Finance Report – Month 2</b>
<b>Author/Lead:</b>	Asad Ahmad, Associate Director of Finance (Bexley), NHS South East London Integrated Care Board
<b>Executive Sponsor:</b>	Diana Braithwaite, Place Executive Lead (Bexley), NHS South East London Integrated Care Board David Maloney, Director of Corporate Finance, NHS South East London Integrated Care Board

<b>Purpose of paper:</b>	<b>This paper is to provide an update on the financial position of Bexley (Place) as well as the overall financial position of the ICB and the ICS as at month 2 (May 2025) 2025/26.</b>	<b>Update / Information</b>	<b>X</b>
		<b>Discussion</b>	<b>X</b>
		<b>Decision</b>	

<b>Summary of main points:</b>	<b>Bexley Place Financial Position</b>						
		<b>Year to date Budget</b>	<b>Year to date Actual</b>	<b>Year to date Variance</b>	<b>Annual Budget</b>	<b>Forecast Outturn</b>	<b>Forecast Variance</b>
		<b>£'000s</b>	<b>£'000s</b>	<b>£'000s</b>	<b>£'000s</b>	<b>£'000s</b>	<b>£'000s</b>
	Acute Services	838	838	0	5,026	5,026	0
	Community Health Services	4,235	4,235	0	25,410	25,410	0
	Mental Health Services	1,775	1,786	(11)	10,633	10,633	0
	Continuing Care Services	4,452	4,452	0	26,709	26,709	0
	Prescribing	6,288	6,288	0	39,134	39,134	0
	Other Primary Care Services	250	250	0	1,500	1,500	0
	Other Programme Services	204	204	0	1,225	1,225	0
	Delegated Primary Care Services	8,179	8,179	0	49,075	49,075	0
	Corporate Budgets	491	454	37	2,947	2,947	0
	<b>Total</b>	<b>26,712</b>	<b>26,686</b>	<b>26</b>	<b>161,658</b>	<b>161,658</b>	<b>0</b>
	<ul style="list-style-type: none"> <li><b>At Month 2 (May 2025) Bexley place is reporting an underspend of £26k year to date and a forecast breakeven position at year end.</b></li> <li>Prescribing reports a breakeven position for year to date and year end forecast. Prescribing data is provided two months in arrears, therefore the year to date position includes an estimate for this period.</li> <li>Mental Health Services is reporting an overspend of £11k year to date and forecast breakeven position. The year to date overspend relates to increased costs relating to ADHD and ASD services.</li> <li>Corporate budgets are reporting a £37k underspend year to date due to existing vacancies.</li> <li>All other budgets are reporting a year to date and forecast breakeven position.</li> </ul>						

- Bexley place has an annual efficiency plan of £7,750k, which is forecasted to deliver in full by year end.

#### South East London ICB Summary

- This report sets out the month 2 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 2 is **£5,692,667k**. In month, the ICB has received an additional **£51,058k** of allocations. These are as detailed on the following slide.
- As at month 2, the ICB is reporting a year to date (YTD) **break-even** position. Within this reporting, the ICB has delivered **£8.7m of savings** compared to the plan value of £9.4m.
- Due to the usual time lag, the ICB has not yet received any 2526 prescribing data - a break-even position is being reported against these budgets. We have received the final prescribing position for 2425, which was in line with the estimate made in the year-end accounts. Therefore, this will have no adverse impact upon 2526.
- The **continuing care** financial position is **£756k overspent** at month 2. The boroughs which are most impacted with overspends are Lewisham, Greenwich and Bromley which is a continuation of the trend from last year. Southwark has a small underspend, and Lambeth and Bexley are reporting break-even positions.
- The YTD position for **Mental Health** services is an overall **overspend of £1,093k**. The pressures on cost per case services are differential across boroughs with Bromley, Greenwich, Lambeth and Southwark being the most impacted. ADHD and ASD assessments are a pressure in all boroughs and the activity and costs have increased significantly in the early part of this financial year.
- The ICB is continuing to incur pay costs for the remaining displaced staff following the original MCR process. All associated costs are charged to the balance sheet provision which was set up for this purpose. Some staff will be leaving the ICB in June, which will still leave a small number of impacted staff who remain at the ICB.
- Three places are reporting overspends YTD at month 2 – **Bromley (£198k), Greenwich £329k, and Lambeth £78k**. However, a break-even position is forecast for all places. More detail regarding the individual place financial positions is provided later in this report.
- In reporting this month 2 position, the ICB has delivered the following financial duties:
  - Minor overspend (**£26k YTD**) against its management costs allocation, with the monthly cost of displaced staff being charged against the provision. The forecast outturn position on running costs is break-even.
  - Delivering all targets under the **Better Practice Payments code**;
  - Subject to the usual annual review, delivered its commitments under the **Mental Health Investment Standard**; and
  - Delivered the **month-end cash position**, well within the target cash balance.

	<b><u>South East London ICS Summary</u></b> <ul style="list-style-type: none"> <li>At month 2, SEL ICS is reporting a YTD deficit of (£21.1m), <b>£6.9m adverse</b> to plan. The main driver is <b>the slippage in efficiency programmes (£6.6m)</b>. All organisations, except for Oxleas and the ICB, are reporting off-plan at month 2.</li> <li>The month 2 slippage in efficiency is expected to recover, with each organisation forecasting that it will deliver its efficiency plan in full.</li> <li><b>At month 2, the ICS system forecast remains at a break-even financial position.</b></li> </ul>	
<b>Potential Conflicts of Interest</b>	There are no conflicts of interest as a consequence of this report.	
<b>Other Engagement</b>	Equality Impact	None, all Bexley residents have the same levels of access to healthcare.
	Financial Impact	There is no known risk 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 & Delivery Group, locally, it has been discussed at Bexley Senior Management Team and the Local Care Partnership Executive.
<b>Recommendation:</b>	The Bexley Wellbeing Partnership Committee is recommended to: <ul style="list-style-type: none"> <li>(i) Review the Month 2 (May 2025) financial position for Bexley Place.</li> <li>(ii) Note the NHS South East London ICB and NHS South East London ICS financial position as at Month 2 (May 2025).</li> </ul>	

# Bexley Wellbeing Partnership Committee Finance Report

Month 2 – 2025/26

Thursday 24<sup>th</sup> July 2025

V1.0

## 2025/26 Month 2 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	838	838	0	5,026	5,026	0
Community Health Services	4,235	4,235	0	25,410	25,410	0
Mental Health Services	1,775	1,786	(11)	10,633	10,633	0
Continuing Care Services	4,452	4,452	0	26,709	26,709	0
Prescribing	6,288	6,288	0	39,134	39,134	0
Other Primary Care Services	250	250	0	1,500	1,500	0
Other Programme Services	204	204	0	1,225	1,225	0
Delegated Primary Care Services	8,179	8,179	0	49,075	49,075	0
Corporate Budgets	491	454	37	2,947	2,947	0
<b>Total</b>	<b>26,712</b>	<b>26,686</b>	<b>26</b>	<b>161,658</b>	<b>161,658</b>	<b>0</b>

- At Month 2 (May 2025) Bexley place is reporting an underspend of £26k year to date and a forecast breakeven position at year end.
- Prescribing reports a breakeven position for year to date and year end forecast. Prescribing data is provided two months in arrears, therefore the year-to-date position includes an estimate for this period.
- Mental Health Services is reporting an overspend of £11k year to date and forecast breakeven position. The year to date overspend relates to increased costs relating to ADHD and ASD services.
- Corporate budgets are reporting a £37k underspend year to date due to existing vacancies.
- All other budgets are reporting a year to date and forecast breakeven position.
- Bexley place has an annual efficiency plan of £7,750k, which is forecasted to deliver in full by year end.

# Appendix A

## SEL ICB Abridged Finance Report

### Month 2 2025/26

- 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 2, 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 circa 93% of its YTD savings requirement.
- **All boroughs are reporting that they will deliver a minimum of financial balance at the year-end.**
- The ICB is showing a YTD overspend of **£26k** against the running cost budget. However, this is expected to be break-even at the year end.
- All other financial duties have been delivered for the year to month 2 period.

## Key Indicator Performance

	Year to Date		Forecast		
	Target	Actual	Target	Actual	
	£'000s	£'000s	£'000s	£'000s	
Expenditure not to exceed income	956,635	956,635	5,692,667	5,692,667	
Operating Under Resource Revenue Limit	956,635	956,635	5,692,667	5,692,667	
Not to exceed Running Cost Allowance	5,088	5,114	30,528	30,528	
Month End Cash Position (expected to be below target)	5,688	2,164			
Operating under Capital Resource Limit	n/a	n/a	n/a	n/a	
95% of NHS creditor payments within 30 days	95.0%	100.0%			
95% of non-NHS creditor payments within 30 days	95.0%	95.4%			
Mental Health Investment Standard (Annual)			534,854	544,483	

- This report sets out the month 2 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 2 is **£5,692,667k**. In month, the ICB has received an additional **£51,058k** of allocations. These are as detailed on the following slide.
- As at month 2, the ICB is reporting a year to date (YTD) **break-even** position. Within this reporting, the ICB has delivered **£8.7m of savings** compared to the plan value of £9.4m.
- Due to the usual time lag, the ICB has not yet received any 2526 prescribing data - a break-even position is being reported against these budgets. We have received the final prescribing position for 2425, which was in line with the estimate made in the year-end accounts. Therefore, this will have no adverse impact upon 2526.
- The **continuing care** financial position is **£756k overspent** at month 2. The boroughs which are most impacted with overspends are Lewisham, Greenwich and Bromley which is a continuation of the trend from last year. Southwark has a small underspend, and Lambeth and Bexley are reporting break-even positions.
- The YTD position for **Mental Health** services is an overall **overspend** of **£1,093k**. The pressures on cost per case services are differential across boroughs with Bromley, Greenwich, Lambeth and Southwark being the most impacted. ADHD and ASD assessments are a pressure in all boroughs and the activity and costs have increased significantly in the early part of this financial year.
- The ICB is continuing to incur pay costs for the remaining displaced staff following the original MCR process. All associated costs are charged to the balance sheet provision which was set up for this purpose. Some staff will be leaving the ICB in June, which will still leave a small number of impacted staff who remain at the ICB.
- Three places are reporting overspends YTD at month 2 – **Bromley (£198k), Greenwich £329k, and Lambeth £78k**. However, a break-even position is forecast for all places. More detail regarding the individual place financial positions is provided later in this report.
- In reporting this month 2 position, the ICB has delivered the following financial duties:
  - Minor overspend (**£26k YTD**) against its management costs allocation, with the monthly cost of displaced staff being charged against the provision. The forecast outturn position on running costs is break-even.
  - Delivering all targets under the **Better Practice Payments code**;
  - Subject to the usual annual review, delivered its commitments under the **Mental Health Investment Standard**; and
  - Delivered the **month-end cash position**, well within the target cash balance.
- As at month 2 the ICB is reporting a **forecast break-even position** against its financial plan. More detail on the wider ICS financial position is set out the equivalent ICS Finance Report.



# Budget Overview

	M02 YTD							
	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCG
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
<b>Year to Date Budget</b>								
Acute Services	838	1,353	1,152	81	226	43	546,300	549,994
Community Health Services	4,235	15,767	6,731	4,978	5,677	6,295	46,670	90,354
Mental Health Services	1,775	2,438	1,459	3,956	1,329	1,777	106,654	119,387
Continuing Care Services	4,452	4,689	5,051	5,985	4,236	3,420	-	27,833
Prescribing	6,288	8,459	6,180	7,069	7,060	5,819	(72)	40,802
Other Primary Care Services	250	338	322	659	341	167	2,299	4,375
Other Programme Services	204	-	299	-	-	99	4,558	5,160
Programme Wide Projects	-	-	-	-	4	43	1,085	1,133
Delegated Primary Care Services	8,179	11,718	10,464	15,900	11,967	12,784	(338)	70,674
Delegated Primary Care Services DPO	-	-	-	-	-	-	36,729	36,729
Corporate Budgets - staff at Risk	-	-	-	-	-	-	-	-
Corporate Budgets	491	585	577	758	529	667	6,587	10,194
<b>Total Year to Date Budget</b>	<b>26,712</b>	<b>45,347</b>	<b>32,234</b>	<b>39,386</b>	<b>31,370</b>	<b>31,112</b>	<b>750,473</b>	<b>956,635</b>
	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCG
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
<b>Year to Date Actual</b>								
Acute Services	838	1,353	1,152	81	226	43	546,283	549,976
Community Health Services	4,235	15,767	6,731	4,978	5,081	6,108	46,671	89,571
Mental Health Services	1,786	2,627	1,815	4,048	1,452	2,054	106,698	120,480
Continuing Care Services	4,452	4,776	5,327	5,985	4,714	3,337	-	28,590
Prescribing	6,288	8,459	6,180	7,069	7,060	5,819	(72)	40,802
Other Primary Care Services	250	338	322	659	344	167	2,299	4,379
Other Programme Services	204	-	-	-	-	99	4,170	4,473
Programme Wide Projects	-	-	-	-	4	36	1,085	1,125
Delegated Primary Care Services	8,179	11,718	10,464	15,900	11,967	12,784	(338)	70,674
Delegated Primary Care Services DPO	-	-	-	-	-	-	36,729	36,729
Corporate Budgets - staff at Risk	-	-	-	-	-	-	-	-
Corporate Budgets	454	507	573	743	498	632	6,428	9,836
<b>Total Year to Date Actual</b>	<b>26,686</b>	<b>45,545</b>	<b>32,562</b>	<b>39,464</b>	<b>31,346</b>	<b>31,078</b>	<b>749,954</b>	<b>956,635</b>
	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCG
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
<b>Year to Date Variance</b>								
Acute Services	(0)	0	0	(0)	(0)	0	18	18
Community Health Services	(0)	0	0	0	597	187	(0)	783
Mental Health Services	(11)	(189)	(357)	(92)	(123)	(278)	(44)	(1,093)
Continuing Care Services	0	(86)	(275)	0	(477)	83	-	(756)
Prescribing	-	-	-	-	-	-	-	-
Other Primary Care Services	(0)	(0)	0	(0)	(4)	(0)	0	(4)
Other Programme Services	-	-	299	-	-	-	387	687
Programme Wide Projects	-	-	-	-	-	7	0	7
Delegated Primary Care Services	-	-	-	-	-	0	-	0
Delegated Primary Care Services DPO	-	-	-	-	-	-	(0)	(0)
Corporate Budgets - staff at Risk	-	-	-	-	-	-	-	-
Corporate Budgets	37	77	4	15	31	35	159	358
<b>Total Year to Date Variance</b>	<b>27</b>	<b>(198)</b>	<b>(329)</b>	<b>(78)</b>	<b>24</b>	<b>35</b>	<b>520</b>	<b>0</b>

- As at month 2, the ICB is reporting an overall year to date (YTD) **break-even** position, with emerging pressures in specific budgets.
- Due to the usual time lag, the ICB has not yet received any 25/26 prescribing data and so is reporting a break-even position against these budgets. For next month, the ICB will have the YTD information for April.
- We have received the final prescribing position for 2425, which was in line with the estimate made in the year-end accounts. Therefore, this will have no adverse impact upon 2526.
- The continuing care financial position is £756k overspent at month 2. The boroughs which are most impacted with overspends are Lewisham, Greenwich and Bromley which is a continuation of the trend from last year. Southwark has a small underspend and Lambeth and Bexley are reporting breakeven positions for these budgets.
- The YTD position for Mental Health services is an overall overspend of £1,093k. The pressures on cost per case services are differential across boroughs with Bromley, Greenwich, Lambeth and Southwark being the most impacted. ADHD and ASD assessments are a pressure in all boroughs and the activity and costs have increased significantly in the early part of this financial year.
- The ICB is continuing to incur pay costs for the remaining displaced staff following the original MCR process. All associated costs are charged to the balance sheet provision which was set up for this purpose. Some staff will be leaving the ICB in June, which will still leave a small number of impacted staff who remain at the ICB.
- Three places are reporting overspends YTD at month 2 – Bromley (£198k), Greenwich £329k, and Lambeth £78k. However, a break-even position is forecast for all places. More detail regarding the individual place financial positions is provided later in this report.

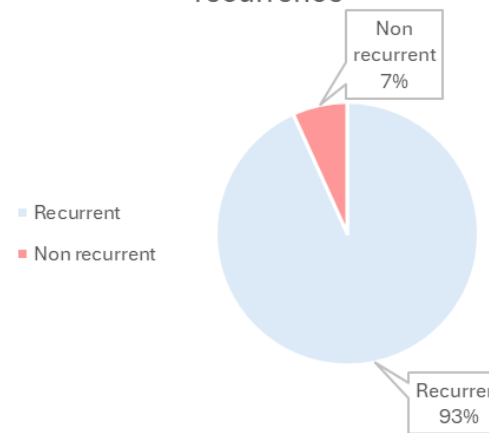
- As of Month 2, the CHC budget reflects an overall overspend of **£756k**. Cost pressures vary across boroughs: **Lewisham, Bromley, and Greenwich** are reporting overspends, while **Bexley and Lambeth** are break-even, and **Southwark** shows an **underspend of £83k**.
- **Lewisham** is the largest contributor to the overspend at **£477k**, primarily driven by high costs among palliative care clients. The reported figure includes **£176k** for anticipated provider price increases.
- **Bromley** is reporting an **£86k overspend**, largely due to a provision of **£131k** for potential future price increases agreed with providers.
- **Greenwich** has an overspend of **£275k**, mainly attributed to a **£179k** provision for provider price increases and costs associated with Funded Nursing Care (FNC) clients.
- To manage provider price uplifts, an **ICB panel** has been established to review all price increase requests exceeding **1.5%**, meeting weekly to ensure consistency across the ICB, and to contain cost escalation. All borough financial positions include a provision for a **4% inflationary uplift**.
- On savings delivery, all boroughs have identified and made progress against their CHC savings plans, with **one borough exceeding its target**. However, increasing levels of activity and the prevalence of high-cost patients continue to create ongoing financial pressures on the CHC budget.

# ICB Efficiency Schemes at as Month 2

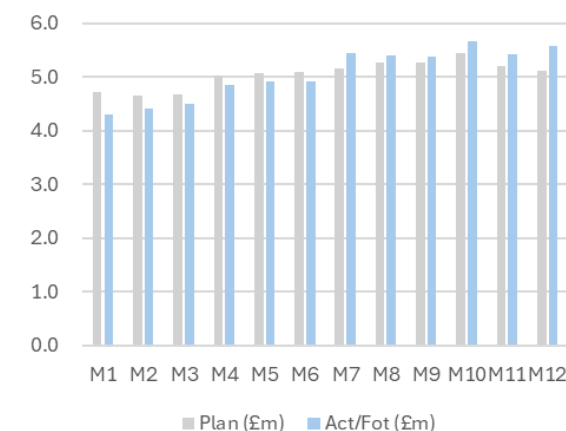
- The 6 places within the ICB have a total savings plan for 2025/26 of **£60.7m**. In common with the previous financial year, the key elements of the savings plans are in prescribing, continuing healthcare (CHC) and community services.
- The table to the right sets out the YTD and forecast status of the ICB's efficiency schemes as at month 2.
- As at month 2, overall, the ICB is reporting actual delivery of £8.7m slightly behind of plan (£9.4m).** At this stage in the financial year, it is too early for trends to emerge, but the annual forecast is to slightly exceed the efficiency plan (**by £0.1m**), although this will need ongoing close monitoring.
- The current risk rating of the efficiency plan is also reported. At this stage in the year, **£4.4m** of the forecast outturn of has been assessed by the places as **high risk**.
- Most of the savings (**93%**) are forecast to be delivered on a recurrent basis.

	M2 YTD			Forecast YE			Forecast - Risk		
	Plan	Actual	Variance	Plan	Forecast	Variance	Low	Medium	High
Providers	£m	£m	£m	£m	£m	£m	£m	£m	£m
Bexley	1.3	1.3	0.0	7.7	7.7	0.0	4.7	3.1	0.0
Bromley	2.2	2.2	0.0	13.1	13.1	0.0	8.6	3.9	0.6
Greenwich	1.6	1.6	0.0	9.4	9.4	0.0	6.8	1.6	1.1
Lambeth	1.7	1.2	(0.5)	12.6	12.6	0.0	1.0	9.1	2.4
Lewisham	1.5	1.4	(0.1)	9.0	9.1	0.1	3.0	6.0	0.0
Southwark	1.2	1.2	(0.0)	8.9	8.9	(0.0)	6.7	1.8	0.3
SEL ICB Total	9.4	8.7	(0.7)	60.7	60.8	0.1	30.8	25.5	4.4

Forecast efficiencies by recurrence



Monthly phasing of efficiencies



# Metrics Report

- The ICB receives a metrics report from NHS England every month which is compiled from information from our ledger and nationally collated by SBS. **This ranks all ICBs against a set of national key financial metrics.**
- The report below relates to April 2025 as the May report will not be received until the end of June which is too late for this reporting cycle.
- In terms of performance, **SE London ICB has achieved 1<sup>st</sup> in the country again this month which is very positive.** The metric scores below shows that we now have 1 score of the maximum 5, with one score at 4.41 and all other scores above 3.
- Each score shown on this dashboard has several metrics sitting behind it, which relate to good financial practice. The ICB is currently scoring especially well in two areas (maximum score of 5 and one of 4.41) which are a) Accounts Receivable, showing the work undertaken in this area to reduce and manage debt and b) GL and VAT where all balance sheet reconciliations are up to date with no dated reconciling items. The finance team are continuing to strive to improve the scores in the 3 other areas.
- Further work is ongoing to establish how further improvements can be made.

Organisation Name	NHS South East London ICB		
Organisation Code	QKK	Period	Apr-25
Region	London	Peer Rank	1 / 42 ICB

	Feb-25	Mar-25	Apr-25	3 month average
Overall Score (max 25)	19.61	19.93	19.52	19.69

	Feb-25	Mar-25	Apr-25	3 month average
Accounts Payable - NHS	3.89	3.63	3.42	3.65
Accounts Payable - Non NHS	2.78	3	3	2.93
Accounts Receivable	4.71	4.76	4.41	4.63
General Accounts	3.23	3.54	3.69	3.49
GL and VAT	5	5	5	5.00



**Appendix B**  
**SEL ICS Abridged Finance Report**  
**Month 2 2025/26**

## I&E Summary

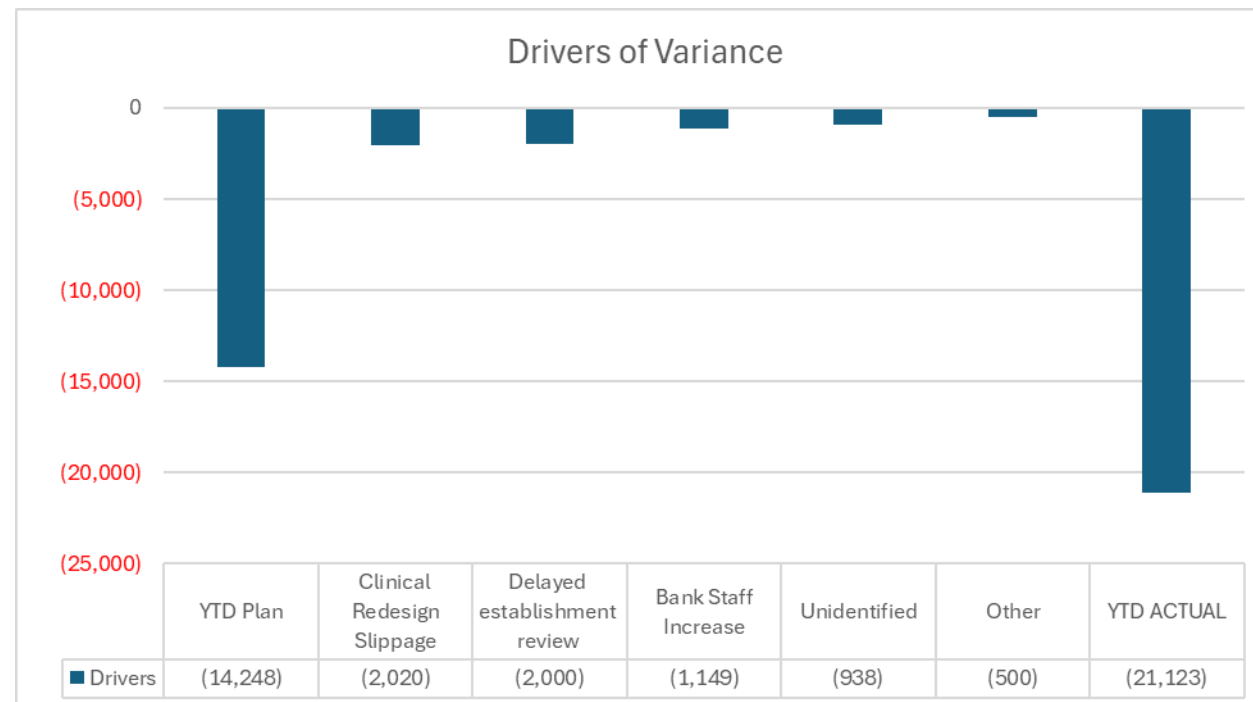
Organisation	Surplus/ (Deficit) - Adjusted Financial Position							
	Plan incl. DSF YTD	Actual YTD	Variance YTD	Variance YTD	Plan inc DSF FOT	Actual FOT	Variance FOT	Variance FOT
	£000	£000	£000	% of Income	£000	£000	£000	%
<b>GSTT</b>	(15,322)	(17,388)	(2,066)	(0.4%)	0	0	0	0.0%
<b>LGT</b>	514	(1,216)	(1,730)	(0.5%)	0	0	0	0.0%
<b>Kings</b>	0	(1,224)	(1,224)	(0.8%)	0	0	0	0.0%
<b>Oxleas</b>	(0)	(5)	(5)	(0.0%)	0	1	1	0.0%
<b>SLAM</b>	560	(1,290)	(1,850)	(1.6%)	0	0	0	0.0%
<b>Provider</b>	(14,248)	(21,123)	(6,875)	(0.6%)	0	1	1	0.0%
<b>SE London ICB</b>	(0)	0	0	0.0%	0	0	0	0.0%
<b>Total ICS</b>	<b>(14,248)</b>	<b>(21,123)</b>	<b>(6,875)</b>	<b>0.0%</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0.0%</b>

- At month 2, SEL ICS is reporting a YTD deficit of (£21.1m), **£6.9m adverse** to plan. The main driver is **the slippage in efficiency programmes (£6.6m)**. All organisations, except for Oxleas and the ICB, are reporting off-plan at month 2.
- The month 2 slippage in efficiency is expected to recover, with each organisation forecasting that it will deliver its efficiency plan in full.
- At month 2, the ICS system forecast remains at a break-even financial position.**

# Analysis of month 2 YTD position

At Month 2, SEL ICS is reporting a year-to-date deficit of (£21.1m), which is £6.9m adverse to plan. This is primarily driven by under-delivery against efficiency programmes of £6.6m detailed below:

- Delayed delivery of clinical service re-design schemes at SLaM of £2m.
- Slippage in establishment reviews and corporate services transformation schemes of £2m; KCH- £1.2m and LGT- £0.8m.
- Increase in bank staff activity against savings plan of £1.15m evenly split at both SLaM and LGT.
- £0.94m unidentified schemes at LGT.
- ICB (0.5m) due to slippage in the adult CHC schemes and primary care schemes which are expected to recover within the financial year.



**Bexley Wellbeing Partnership Committee**

**Thursday 23<sup>rd</sup> July 2025**

**Item: 7**

**Enclosure: F**

<b>Title:</b>	<b>Primary Care Delivery Group Business Update Report – Q1 2025/26</b>
<b>Author/Lead:</b>	Graham Tanner, Associate Director Primary & Community Based Care, NHS South East London Integrated Care Board
<b>Executive Sponsor:</b>	Diana Braithwaite, Place Executive Lead, NHS South East London Integrated Care Board

<b>Purpose of paper:</b>	<p>The Bexley Primary Care Delivery Group (PCDG) is established as a sub-group of the Bexley Wellbeing Partnership (BWP) Committee.</p> <p>Under adopted Terms of Reference, the PCDG has two main functions that support the Bexley Wellbeing Partnership Committee in enacting the delegated function of Primary Care services:</p> <ul style="list-style-type: none"> <li>(i) Supporting the Bexley Wellbeing Partnership Committee by considering all contractual matters relating to Primary Medical Service, (PMS), General Medical Service (GMS) and Alternative Primary Medical Service (APMS) contracts, together with the Primary Care Network (PCN) Network Direct Enhanced Service Contract, local premiums/incentives, locally commissioned services and contracts (delivered through Primary Care), out of hours GP services, Primary Care estate issues, Primary Care business continuity and contingency planning and all financial/budgetary issues relating to Primary Care.</li> <li>(ii) Supporting the delivery of the vision for integrated primary care as defined by the Next steps for integrated Primary Care, (Fuller Report).</li> </ul> <p>In line with the proposal endorsed by the BWP Committee at its meeting on 25<sup>th</sup> May 2023, the business of PCDG will be reported quarterly to the Committee, highlighting any decisions taken by the Place Executive Lead in line with their delegated authority within the ICB and/or endorsements or recommendations requiring</p>	<b>Update / Information</b>	<b>X</b>
		<b>Discussion</b>	
		<b>Decision</b>	



	formal consideration and approval by the Committee			
Summary of main points:	<p>The enclosed paper details all items of business discussed and transacted by the Primary Care Delivery Group during Q4 2024/25 at its meetings held on:</p> <ul style="list-style-type: none"><li>• 2<sup>nd</sup> April 2025</li><li>• 7<sup>th</sup> May 2025</li><li>• 10<sup>th</sup> June 2025</li></ul> <p>All the above meetings were Quorate in line with the adopted Terms of Reference.</p> <p>All decisions noted were approved by the Place Executive Lead in line with their delegated authority.</p>			
Potential Conflicts of Interest	This report is for information only.			
Other Engagement	Equality Impact	None directly relating to this report.		
	Financial Impact	All items with financial implications are discussed and agreed in conjunction with the Associate Director of Finance.		
	Public Engagement	None directly relating to this report.		
	Other Committee Discussion/ Engagement	This report highlights business transacted by the Primary Care Delivery Group, in consultation with the Local Medical Committee and Local Pharmaceutical Committee where applicable.		
Recommendation:	The Bexley Wellbeing Partnership Committee is recommended to review the report and to highlight any items for further clarification and/or future reporting to the Committee.			

## Primary Care Delivery Group Business Summary

Q1 2025/26

Date of Meeting	Part 1 or 2	Title and purpose of the paper	Recommendation(s)	Decision/Assurance
2 <sup>nd</sup> April 2025	Part 1	<b>25/26 GP Contract – Key Highlights and Considerations</b> - to provide a high level overview of the changes within the 25/26 GP contract and any implications or considerations, relevant to the Bexley system.	Primary Care Delivery Group was asked to note the report and considerations relevant to wider system plans and priorities for 2025/26	Item for discussion and assurance only.
	Part1	<b>Digital Update - Bexley-</b> to provide an update in relation to key digital systems and tools within the Primary Care environment.	Primary Care Delivery Group was asked to note the report and update.	Item for discussion and assurance only.
	Part 1	Primary Care Risk Register - presented as a regular standing item at Primary Care Delivery Group to track and monitor any identified risks which have the potential to negatively impact the delivery of universal and good-quality Primary Care within Bexley in the short, medium and long term. The scope reflects delegated commissioning and contracting functions.	The Primary Care Delivery Group was asked to: (i) Note the recorded risks and mitigations and agree scores. (ii) Discuss whether recorded risks should remain as a substantive risk within the Register and/or whether they have been fully mitigated and can be removed. (iii) Recommend any other risks for inclusion and consideration within the Risk Register. (iv) Agree any risks for inclusion on the wider SEL ICB Risk Register via the Datix system	Risk Register and recommendations approved by Place Executive Lead in line with delegated authority, including:  Removal of:  <b>PC05</b> – Collective Action and <b>PC06</b> List Growth Cost Pressure

Date of Meeting	Part 1 or 2	Title and purpose of the paper	Recommendation(s)	Decision/Assurance
	Part 2	<b>Lyndhurst Medical Centre Contract Variation to effect a merger with Bursted Wood Surgery APMS</b> - to seek Primary Care Delivery Group's endorsement to vary the contract of Lyndhurst Medical Centre to effect a merger with Bursted Woods Surgery from 1st April 2026, prior to final consideration and determination by the Bexley Wellbeing Partnership.	<p>The Primary Care Delivery Group was asked to endorse a contract variation to Lyndhurst Medical Centre with effect from 1st April 2026 that will include:</p> <ul style="list-style-type: none"> <li>• The addition of the Bursted Woods surgery site as a location for the delivery of the contract (to remain open 8-6.30pm Monday to Friday)</li> <li>• The expansion of the Lyndhurst practice boundary to include the Bursted Woods catchment (see appendix 2)</li> <li>• Allowing for the commissioner to safely assign patients to the Lyndhurst PMS contract (subject always to patient choice)</li> </ul> <p>Primary Care Delivery Group is also asked to approve costs associated with the merger of IT systems, estimated to be between £7,000 and £10,000.</p>	Recommendation endorsed for approval by the BWP Committee at its meeting in public on 22 May 2025.
	Part 2	<b>Sidcup Medical Centre – Proposed Contractual Improvement Plan for the Merged PMS contract</b> - to propose a contractual improvement plan which was agreed by the Bexley Wellbeing Partnership Committee as a condition of approval for the merger between Sidcup Medical Centre (G83066) and Station Road Surgery (G83047).	Primary Care Delivery Group was requested to review and consider the Quality Improvement Plan for the merged Sidcup Medical Centre practice as set out in Appendix 1 and propose any further additions or amendments. Subject to any further additions or amendments, Primary Care Delivery Group was recommended to approve the proposed Quality Improvement Plan for sharing with the Partners of Sidcup	Recommendations approved by Place Executive Lead in line with delegated authority.

Date of Meeting	Part 1 or 2	Title and purpose of the paper	Recommendation(s)	Decision/Assurance
			Medical Centre and Station Road Surgery, prior to formal inclusion within the Contract Variation for Sidcup Medical Centre.	
1 <sup>st</sup> May 2025	Part 1	<b>SEL ICB Late/Retrospective Practice Claims – Process</b> - to inform Primary Care Delivery Group about the SEL London ICB policy for managing late or retrospective claims (Appendix 1). The policy will apply to GP practice claims related to the GP contract, practice entitlements, NHSE, and locally commissioned services and incentive schemes.	The Primary Care Delivery Group was recommended to: i. Endorse the SEL ICB Managing Late/Retrospective Claims – Policy and ii. Endorse the implementation from 01 July 2025 subject to LMC feedback.	Recommendations approved by Place Executive Lead in line with delegated authority.
	Part 1	<b>Lyndhurst Medical Centre Contract Variation to add Burstled Wood Surgery</b> - to seek endorsement to vary the contract of Lyndhurst Medical Centre to add Burstled Wood Surgery as a second (branch) site and transfer the patient list.	The Primary Care Delivery Group was asked to endorse this proposal and recommend to the Bexley Wellbeing partnership that they approve a contract variation to Lyndhurst Medical Centre with effect from 1st April 2026 that will include: <ul style="list-style-type: none"> <li>The addition of the Burstled Wood surgery site as a location for the delivery of the contract (to remain open 8-6.30pm Monday to Friday)</li> <li>The expansion of the Lyndhurst practice boundary to include the Burstled Wood catchment</li> <li>Allowing for the commissioner to safely assign patients to the Lyndhurst PMS contract (subject always to patient choice)</li> </ul>	Recommendations endorsed for final approval by the Bexley Wellbeing Partnership Committee at its meeting in public on 22 May 2025.

Date of Meeting	Part 1 or 2	Title and purpose of the paper	Recommendation(s)	Decision/Assurance
	Part 1	<b>24/25 Capacity and Access Improvement Payment – Final Evaluation</b> - to provide Primary Care Delivery Group with an evaluation of the 24/25 Capacity and Improvement Payment submissions received from the four Bexley PCNs and a recommendation with respect to achievement and payment.	In consideration of the submitted evidence and due diligence and validation by the ICB as responsible commissioner against supporting datasets and published criteria, the recommendation is that: Payment is made against all 3 domains for: <ul style="list-style-type: none"> <li>• APL PCN</li> <li>• Clocktower PCN</li> <li>• North Bexley PCN</li> </ul> Payment is made against 2 out of the 3 domains for: <ul style="list-style-type: none"> <li>• Frognal PCN</li> </ul>	Recommendations approved by Place Executive Lead in line with delegated authority.
	Part 1	<b>GP Premium Proposal for 2026-27 Onwards</b> - to initiate an early conversation with the Primary Care Delivery Group on the development of the new GP Premium, which is planned to be commissioned from 1 April 2026, potentially for a further 3 years but subject to wider ICB and ICS reforms.	Primary Care Delivery Group members were asked to: <p>Share preliminary thoughts on what the GP Premium could look like from April 2026 onwards.</p> <p>Share initial reflections on the existing GP Premium, commissioned from July 2023 to March 2026.</p> <p>Consider and propose nominations for GP Premium redesign task and finish group.</p>	Item for discussion and assurance only.
	Part 1	<b>Primary care Delegated Budget - Month 12 - 24_25 Finance Summary</b> to update Primary Care Delivery Group with regard to the delegated borough-based budgets for Primary Care at Month 12 (24/25) and the 25/26 budgeted position.	Primary Care Delivery Group was requested to note the report.	Item for discussion and assurance only.
	Part 2	<b>Station Road Surgery (G83047) and Sidcup Medical Centre (G83066) merger – update</b> to update Primary Care Delivery Group (Part 2) on progress with	It was recommended to Primary Care Delivery Group that the 1st July merger date was no longer viable. 1st	Recommendations approved by Place Executive Lead in line with delegated authority.

Date of Meeting	Part 1 or 2	Title and purpose of the paper	Recommendation(s)	Decision/Assurance
		the various pre-requisites to the merger proceeding, agreed by the Bexley Wellbeing Partnership Committee on 8th January 2025. In so doing, to highlight the evident practical barriers to progressing with the merger on 1st July 2025 and to propose an alternative date of 1st October 2025.	October 2025 (start of Quarter 3) was recommended as an alternative	
10 <sup>th</sup> June 2025	Part 1	<b>2024/25 Primary Care Network Direct Enhanced Service (DES) Assurance</b> - to provide Primary Care Delivery Group with a retrospective overview and evaluation of delivery against the 24/25 PCN Network DES specification by the 4 Bexley PCNs.	Primary Care Delivery Group was asked to note the report and enclosures and endorse the additional Key Lines of Enquiry (KLOE) as set out.  Also, to request an update from PCN Clinical Directors at the October PCDG meeting, responding to the KLOE and evidencing any remedial steps taken to ensure full delivery in line with the specification.	Recommendations approved by Place Executive Lead in line with delegated authority.
	Part 1	<b>2025 PCN Estate Review</b> - to provide Primary Care Delivery Group with an update on the 2025 PCN Estate Review for Bexley.	The Primary Care Delivery Group was asked to note the report and Borough Estates Strategy refresh and provide comment and feedback.	Item for discussion and assurance only.
	Part 1	<b>SEL Workforce Development Hub - Workforce Survey</b> - to update Primary Care Delivery Group regarding a recent survey undertaken by the SEL Workforce Development Hub.	Primary Care Delivery Group was asked to note the survey report and provide any further comment and insights on its findings.	Item for discussion and assurance only.
	Part 1	<b>Commissioning and Transformation Support Programme: GP Dashboard</b> - to appraise Primary Care Delivery Group of the new national 'General Practice Dashboard', providing a simple at-a-glance oversight of GP practice level performance variation. It has been	Primary Care Delivery Group was asked to note the report and brief site demo provided.	Item for discussion and assurance only.

Date of Meeting	Part 1 or 2	Title and purpose of the paper	Recommendation(s)	Decision/Assurance
		introduced as part of NHS England's Commissioning and Transformation Support (CATS) programme and links to 25/26 NHSE 'Priorities and Operational Planning Guidance'		
	<b>Part 2</b>	<b>NO MEETING</b>	<b>NO MEETING</b>	<b>NO MEETING</b>

**Bexley Wellbeing Partnership Committee**

**Thursday 23<sup>rd</sup> July 2025**

**Item: 8**

**Enclosure: G**

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

<b>Purpose of paper:</b>	<p><b>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.</b></p> <p><b>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.</b></p> <p><b>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.</b></p>	<b>Update / Information</b>	<b>X</b>
		<b>Discussion</b>	
		<b>Decision</b>	
<b>Summary of main points:</b>	<p>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:</p> <ul style="list-style-type: none"> <li>• Areas of performance delegated by the ICB board to LCPs</li> <li>• Metrics aligned to the six ICB corporate objectives that fall within delegated responsibilities for LCPs.</li> <li>• Metrics requested for inclusion by LCP teams</li> </ul> <p>The latest available report (June 2025) presents a balanced overall position for Bexley but with some areas requiring additional focus over the remainder of the year to ensure trajectories are achieved..</p> <p>Performance is below the required trajectory for:</p> <p><b>Mental Health (Q4 24/25 data)</b></p> <ul style="list-style-type: none"> <li>• SMI Healthchecks (Local trajectory <b>70%</b> / Current Performance <b>63%</b>)</li> </ul>		





	<p><b>Continuing Healthcare (Q4 24/25 data)</b></p> <ul style="list-style-type: none"> <li>CHC Percentage assessments completed within 28 days (<i>Local trajectory 80% / Current Performance 74%</i>)</li> </ul> <p><b>Childhood Immunisations (Q2 24/25 data)</b></p> <ul style="list-style-type: none"> <li>Children Receiving MMR1 at 24 months (<i>PH efficiency standard 90% / Current Performance 85%</i>)</li> <li>Children Receiving MMR1 at 5 years (<i>PH efficiency standard 90% / Current Performance 86%</i>)</li> <li>Children Receiving MMR2 at 5 years (<i>PH efficiency standard 90% / Current Performance 75%</i>)</li> <li>Children receiving DTaP/IPV/Hib % at 12 months (<i>PH efficiency standard 90% / Current Performance 89%</i>)</li> <li>Children receiving DTaP/IPV/Hib % at 24 months (<i>PH efficiency standard 90% / Current Performance 89%</i>)</li> <li>Children receiving pre-school booster (DTaPIPv%) % at 5 years (<i>PH efficiency standard 90% / Current Performance 73%</i>)</li> <li>Children receiving DTaP/IPV/Hib % at 5 years (<i>PH efficiency standard 90% / Current Performance 86%</i>)</li> </ul> <p><b>Cancer (Jun 24 data)</b></p> <ul style="list-style-type: none"> <li>Cervical Cancer Coverage (25-64 combined) (<i>Corporate objective 72% / Current Performance 71.9%</i>)</li> </ul> <p><b>Hypertension (Q3 24/25 data)</b></p> <ul style="list-style-type: none"> <li>Patients with hypertension recorded as being treated in line with NICE Guidance (<i>Corporate objective 68% / Current Performance 63%</i>)</li> </ul> <p><b>Flu vaccination (Feb 25 data)</b></p> <ul style="list-style-type: none"> <li>Flu vaccination rate over 65s (<i>Corporate objective 75% / Current Performance 70%</i>)</li> <li>Flu vaccination rate under 65s at risk (<i>Corporate objective 42% / Current Performance 35.8%</i>)</li> </ul> <p><b>Appendix 1</b> provides a short narrative on each of these metrics, including any mitigating factors and/or plans to address shortfalls or deficits within the next reporting period.</p>	
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 is 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.
<b>Recommendation:</b>	<p>The Bexley Wellbeing Partnership is recommended to:</p> <p>(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.</p>	

## 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
<b>SMI Physical Healthchecks</b>	Q4 24/25	70%	63%	↑	<p>There was a significant increase in the number of AHCs undertaken for people with an SMI over the last 12 months and the SEL operating planning trajectory was achieved at the end of 2023/24.</p> <p>All LCPs significantly improved their position and delivered health checks to over 60% of their registers. Indicative trajectories, aligning with the SEL operational plan, were met by 3 out of 6 LCPs.</p> <p>As part of the operational planning process, a trajectory to achieve 70% uptake by the end of 2024/25 has been agreed for south east London.</p>	<p>Bexley's final Q4 position was the third best of the 6 SEL boroughs. In common with the other 5 boroughs, there was a marked in-year decrease from the 2023/24 year end position and performance remains below target and trajectory. The final Q4 position, however, is a marked improvement on Q3 and there is an upward trajectory in performance.</p> <p>Unfortunately, the Synnovis cyber-attack incident had a marked impact on performance due to the inability to process routine blood tests for several months, hence the requirement for recovery plans.</p> <p>Significant efforts were made through the Bexley Mental Health Board, which includes members from GP practices, to set in place improvement actions, enhance data sharing and to achieve an improved position for the end of Q4.</p>

Performance Metric	Reporting Period	Expected Standard / Trajectory	Latest Performance Position	Trend Since Last Report	SEL context and description of performance	Mitigations and Improvement Actions
						SMI health checks are also incentivised through the GP Premium and the 2024/25 Quality and Outcomes Framework (QOF).
<b>Continuing Healthcare (CHC) - Percentage assessments completed in 28 days</b>	Q4 24/25	80%	74%	↔	<p>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. This includes:</p> <p><i>Complete assessments of eligibility within 28 days from the date of referral in &gt;80% cases.</i></p> <p>Recovery trajectories for the 28-day metrics have been agreed with NHSE.</p> <p>All targets were achieved at the end of 2024/25.</p>	<p>The main barrier to achieving this target continues to be the allocation of Social Workers to participate in the completion of CHC assessments (Decision Support Tool - DST's).</p> <p>LBB Adult Social Care has previously taken steps to address issues around allocation of Social Workers with a clear route of escalation should issues arise.</p>
<b>Childhood Immunisations, including:</b> Children Receiving MMR1 at 24 months Children Receiving MMR1 at 5 years	Q2 – 24/25	90%  90%	85%  86%	  	<p>The 25/26 operational guidance states that it remains critical that ICSSs 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.</p> <p>The performance indicators have an efficiency standard of 90% and an</p>	<p>The Q2 Imms data in the pack had not been updated because Q3 data for a majority of London boroughs (all of SEL) had been excluded due to <i>data quality issues</i>.</p> <p>Q4 data has recently become available and only includes children registered with a GP.</p>

Performance Metric	Reporting Period	Expected Standard / Trajectory	Latest Performance Position	Trend Since Last Report	SEL context and description of performance	Mitigations and Improvement Actions
Children Receiving MMR2 at 5 years		90%	75%	↓	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 ratings in the 2024/25 LCP performance below. This was a change in approach compared to previous year (which used the national average as comparator)	The Annual report for 24/25 is yet to be published but will provide a more reliable picture of uptake
Children receiving DTaP/IPV/Hib % at 12 months		90%	89%	↓		<b>Q4 2024/25</b>
Children receiving DTaP/IPV/Hib % at 24 months		90%	89%	↓		<b>Coverage at 12 months DTaP/IPV/Hib/HepB (%)</b>
Children receiving pre-school booster (DTaPIPv) % at 5 years		90%	73%	↓		Bexley 94.9% (ahead of all other SEL boroughs including Bromley)
Children receiving DTaP/IPV/Hib % at 5 years		90%	86%	↓		<b>Coverage at 24 months MMR1 (%)</b>
						Bexley 85.8% (3 <sup>rd</sup> in SEL, behind Bromley 87% & Lewisham 87%)
						<b>Coverage at 5 years MMR1 (%)</b>
						Bexley 90.4% - 2 <sup>nd</sup> in SEL behind Bromley 91.6%
						<b>Coverage at 5 years MMR2</b>
						Bexley 77.4% - 3 <sup>rd</sup> in SEL , Bromley 82.5% Lewisham 80.1%
						Practices and local authority early years & education colleagues have been given the opportunity to order vaccine leaflets and timeline cards in

Performance Metric	Reporting Period	Expected Standard / Trajectory	Latest Performance Position	Trend Since Last Report	SEL context and description of performance	Mitigations and Improvement Actions
						<p>multiple community languages to share with patients and support conversations.</p> <p>Public Health has led a piece of work to better understand barriers to childhood immunisation uptake. The findings will be used to inform the Bexley approach moving forward and identify any areas where additional support is needed</p>
<b>Cervical Cancer Coverage (25-64 combined)</b>	Jun 24	72.%	71.5%	↓	<p>Cervical cancer screening is currently below the nationally defined optimal level of screening of 80%.</p> <p>Bexley is the second highest performing borough in SEL and is just marginally below the expected standard trajectory.</p> <p>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</p>	<p>Raising awareness with the general public regarding the importance of cervical screening, through community engagement events.</p> <p>North Bexley is raising awareness through outreach work with local community groups.</p> <p>Cancer data packs sent quarterly to Practices so they can track their performance against their peers and the borough target.</p>

Performance Metric	Reporting Period	Expected Standard / Trajectory	Latest Performance Position	Trend Since Last Report	SEL context and description of performance	Mitigations and Improvement Actions
					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.	
<b>Breast Cancer Coverage (50-70 combined)</b>	Jul 24	70.8%	70.2%	↑	<p>Breast cancer screening for SEL as a whole is currently below the nationally defined optimal level of screening of 70-80%.</p> <p>Bexley is the second highest performing borough in SEL and is just marginally below the expected standard trajectory.</p> <p>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</p>	<p>Recognising practice level variation and the need for more effective call and recall, particularly for patients with a learning disability or serious mental illness, some additional GP Premium funding has been reallocated to both breast and bowel screening in 2025/26.</p> <p>North Bexley is raising awareness through outreach work with local community groups.</p>

Performance Metric	Reporting Period	Expected Standard / Trajectory	Latest Performance Position	Trend Since Last Report	SEL context and description of performance	Mitigations and Improvement Actions
<b>Management of hypertension treated to NICE Guidance</b>	May 25	67.0%	72.3%	↑	<p>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.</p> <p>Bexley has made a significant improvement, as can be seen in the data.</p> <p>2025/26 performance will be reported against straight line trajectories for each LCP to achieve the 85% target by March 2026.</p> <p>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.</p> <p>Hypertension is predominantly managed in general practice and there is wide variation in achievement across practices, not always explained by demography.</p>	<p>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.</p> <p>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.</p> <p>Quarterly data packs sent to Practices with their achievement, benchmarked against other Bexley Practices and SEL.</p> <p>The ICB has made an incentive investment to the Practices in 25/26 (in addition to the GP Premium) to ensure that as many practices as possible meet or exceed 85% of eligible patients treated to NICE guidance standards.</p>
<b>Adult Flu Vaccination (over 65s)</b>	Feb 25	70%	75%	↑	The south east London ICB board set improving adult flu vaccination rates as a corporate objective. The ambition	Whilst trajectory is close to target, a national issue has been identified whereby duplicate



Performance Metric	Reporting Period	Expected Standard / Trajectory	Latest Performance Position	Trend Since Last Report	SEL context and description of performance	Mitigations and Improvement Actions
Adult Flu Vaccination (over 65s)	Feb 25	42%	35.8%	↑	<p>for 2023/24 was to improve the vaccination rate of people aged over 65 to 73.7%.</p> <p>Performance in 2023/24 (year 1) was significantly below ambition for both metrics and represented a decrease in performance from the previous year.</p> <p>2024/25 year end targets and trajectories were proposed by borough teams.</p> <p>The 2024/25 flu season saw high levels of flu with associated hospital admission rates higher than the two previous years.</p>	<p>records submitted by external sources e.g. community pharmacy, hospitals and maternity services mean that vaccinations are currently omitted from practice records.</p> <p>This issue is being worked through and remedied with the expectation that the final 24/25 seasonal position will be improved.</p> <p>Key 25/26 actions will include:</p> <ul style="list-style-type: none"> <li>• Operational Vaccination Oversight Group Meetings to re-convene in August 2026 to support programme delivery</li> <li>• Borough tailored comms &amp; engagement to support national campaigns such as 'why we get vaccinated'</li> <li>• Focused engagement with community groups representing underserved communities</li> </ul>

Performance Metric	Reporting Period	Expected Standard / Trajectory	Latest Performance Position	Trend Since Last Report	SEL context and description of performance	Mitigations and Improvement Actions
						<ul style="list-style-type: none"> <li>• Work with Community Champions to share key messaging</li> <li>• Bexley Winter Wellbeing Messaging in the Bexley magazine - pull out and keep booklet</li> <li>• Encourage practices to maximise the potential for flu &amp; COVID-19 co-administration, where feasible and inline with patient choice</li> <li>• Support focused thinking on how to encourage uptake amongst cohorts with historically low uptake (such as Immuno Suppressed, asthma &amp; diabetes where their disease is well-managed)</li> </ul>

# Bexley Local Care Partnership LCP performance data report

June 2025

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## 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 provided 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](#).

# Bexley performance overview

Standard	Trend since last period	Period covered in report	Comparator	Benchmark	Current performance
Dementia diagnosis rate	↓	May-25	National standard	67%	72%
IAPT discharge	↔	Apr-25	Operating plan		185
IAPT reliable improvement	↑	Apr-25	Operating plan	67%	69%
IAPT reliable recovery	↓	Apr-25	National standard	48%	48%
SMI Healthchecks	↑	Q4	Local trajectory	70%	63%
PHBs	↑	Q4 - 24/25	Local trajectory	676	1076
NHS CHC assessments in acute	↔	Q4 - 24/25	National standard	0%	0
CHC - Percentage assessments completed in 28 days	↔	Q4	Local trajectory	80%	74%
CHC - Incomplete referrals over 12 weeks	↔	Q4 - 24/25	Local trajectory	0	0
Children receiving MMR1 at 24 months	↓	Q2 - 24/25	PH efficiency standard	90%	85%
Children receiving MMR1 at 5 years	↓	Q2 - 24/25	PH efficiency standard	90%	86%
Children receiving MMR2 at 5 years	↓	Q2 - 24/25	PH efficiency standard	90%	75%
Children receiving DTaP/IPV/Hib % at 12 months	↓	Q2 - 24/25	PH efficiency standard	90%	89%
Children receiving DTaP/IPV/Hib % at 24 months	↓	Q2 - 24/25	PH efficiency standard	90%	89%
Children receiving pre-school booster (DTaPIPv%) % at 5 years	↓	Q2 - 24/25	PH efficiency standard	90%	73%
Children receiving DTaP/IPV/Hib % at 5 years	↓	Q2 - 24/25	PH efficiency standard	90%	86%
LD and Autism - Annual health checks	↓	Apr-25	Local trajectory	48	43
Bowel Cancer Coverage (60-74)	↔	Sep-24	Corporate Objective	73%	74%
Cervical Cancer Coverage (25-64 combined)	↓	Jun-24	Corporate Objective	72%	72%
Breast Cancer Coverage (50-70)	↑	Sep-24	Corporate Objective	71%	70%
Percentage of patients with hypertension treated to NICE guidance	-	Q3 - 24/25	Corporate Objective	68%	63%
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	↓	Apr-25	-	-	88%
Appointments in general practice and primary care networks	↓	Apr-25	Operating plan	-	105150
Appointments per 1,000 population	↓	Apr-25	-	-	409

# 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. May 2025 performance was 71.0%.
- There is, though, variation between boroughs. Greenwich has not achieved the target during the previous 24 months.

		May-25						
Metric	Target	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Dementia diagnosis rate*	66.7%	71.5%	74.0%	64.4%	75.3%	64.7%	72.2%	71.0%
Trend since last report	-	↓	↑	↑	↓	↑	↑	↑

\*Nationally reported borough-level dementia diagnosis rates are aggregated based on the postcode of individual GP practices mapped to UTLAs. This does not map exactly to NHS geographies. This means that a single Lambeth practice is included as part of the figures for Southwark, and practices that serve the wider ICB (e.g. SEL Special Allocation Practice) are allocated to an individual borough.



## 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 have been met in April 2025. Performance is variable across individual services.
- Note: Service level targets for the number of patients discharged having received at least 2 treatment appointments are currently being finalised.

Apr-25							
Metric	Bexley - MIND	BHC	Greenwich (Oxleas)	Lambeth (SLaM)	Lewisham (SLaM)	Southwark (SLaM)	SEL
Talking Therapies discharge metric	185	175	215	500	285	355	1690
Trajectory							2034
Trend since last reporting period	↔	↑	↓	↓	↓	↑	↓

		Apr-25						
Metric	Target	Bexley - MIND	BHC	Greenwich (Oxleas)	Lambeth (SLaM)	Lewisham (SLaM)	Southwark (SLaM)	SEL
TT reliable recovery	48%	48.0%	45.0%	47.0%	55.0%	47.0%	42.0%	48.0%
Trend since last report	-	↓	↓	↑	↑	↓	↓	↓

		Apr-25						
Metric	Target	Bexley - MIND	BHC	Greenwich (Oxleas)	Lambeth (SLaM)	Lewisham (SLaM)	Southwark (SLaM)	SEL
TT reliable improvement	67%	69.0%	64.0%	63.0%	75.0%	71.0%	66.0%	69.0%
Trend since last report	-	↑	↓	↓	↑	↔	↔	↑

**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. All LCPs significantly improved their position and delivered health checks to over 60% of their registers. Indicative trajectories, aligning with the SEL operational plan, were met by 3 out of 6 LCPs.
- As part of the operational planning process, a trajectory to achieve 70% uptake by the end of 2024/25 was agreed for south east London. This target was not achieved in 2024/25.
- Where annual health checks are being completed, quality can vary as can onward referral to other physical health services.

	Q4 - 24/25						
Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
SMI Healthchecks	63.4%	56.5%	57.4%	63.6%	53.9%	64.6%	59.9%
Trajectory	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%
Trend since last report	↑	↑	↑	↑	↑	↑	↑

**\*NOTE:** The above figures have been calculated based on published LCP performance for Q4: [Physical Health Checks for People with Severe Mental Illness - NHS England Digital](#).

## SEL context and description of performance

- As part of the Long Term Plan, annual borough level targets were submitted for the total number of PHBs to be delivered annually up to the end of 2023/24. The regional team extended the targets into 2024/25. For SEL the target was to achieve 4,926 by the end of Q4. This has not been achieved for south east London.
- The personal wheelchair budgets offer is in place across SEL and PHBs for mental health service users. This has been introduced through the South London Partnership.
- S117 PHBs have been a 'right to have' since December 2019, but this still needs implementing through SLAM and Oxleas.
- Preventative small PHBs have been introduced, linked to social prescribing in Lewisham for people with low level mental health needs, where an immediate solution or intervention isn't available. The intention is to expand the offer to all PCNs. This is primarily offered through Age UK currently.
- There is ongoing support to LCPs to implement the personalisation agenda and expand their PHB provision. A 'Community of Practice' has been developed to support the workforce to implement personalised care across the ICS. Issues relating to DPIA and data sharing agreements have been resolved.

	Q4 - 2024/25						
Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
PHBs	1076	1442	616	442	303	385	4283
Trajectory	676	966	837	934	773	741	4926
Trend since last report	↑	↑	↑	↑	↑	↑	↑

## 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.

		Q4 - 24/25						
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	-	↔	↔	↔	↔	↓	↔	↓

		Q4 - 24/25						
Metric		Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
CHC - Percentage assessments completed in 28 days		74%	97%	72%	83%	92%	64%	86%
Trajectory		80%	80%	80%	80%	80%	80%	80%
Trend since last reporting period		↔	↑	↓	↑	↑	↑	↑

		Q4 - 24/25						
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		↔	↔	↔	↔	↓	↔	↓

## 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 recently refreshed its 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 include: 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 identifies 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 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 in the 2024/25 LCP performance below. This is a change in approach compared to previous year (which used the national average as comparator)

		Q2* - 24/25								
Metric	Efficiency standard	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL	London	England
Children receiving MMR1 at 24 months	90%	84.8%	86.9%	84.9%	79.5%	84.8%	78.3%	83.2%	80.0%	88.8%
Trend since last reporting period	-	↓	↓	↓	↓	↓	↓	↓	↓	↓
		Q2* - 24/25								
Metric	Efficiency standard	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL	London	England
Children receiving MMR1 at 5 years	90%	86.1%	87.1%	82.7%	79.8%	83.3%	82.6%	83.6%	81.8%	91.2%
Trend since last reporting period	-	↓	↓	↓	↓	↓	↓	↓	↓	↓
		Q2* - 24/25								
Metric	Efficiency standard	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL	London	England
Children receiving MMR2 at 5 years	90%	74.5%	81.1%	72.4%	70.0%	76.8%	72.5%	74.7%	69.5%	83.4%
Trend since last reporting period	-	↓	↓	↓	↓	↓	↓	↓	↓	↓

\*Important note: Data now includes unregistered children; previous submissions only included children registered with a GP.

# Childhood immunisations (2 of 2)

		Q2* - 24/25								
Metric	Efficiency standard	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL	London	England
Children receiving DTaP/IPV/Hib % at 12 months	90%	88.8%	89.7%	87.4%	84.7%	86.7%	87.2%	87.3%	84.5%	90.7%
Trend since last report	-	↓	↓	↓	↓	↓	↑	↓	↓	↓

		Q2* - 24/25								
Metric	Efficiency standard	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL	London	England
Children receiving DTaP/IPV/Hib % at 24 months	90%	89.4%	91.5%	87.4%	85.8%	88.0%	84.8%	87.7%	85.9%	92.1%
Trend since last report	-	↓	↓	↓	↓	↑	↓	↓	↓	↓

		Q2* - 24/25								
Metric	Efficiency standard	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL	London	England
Children receiving pre-school booster (DTaPIPv%) % at 5 years	90%	73.0%	75.1%	68.6%	63.4%	69.2%	60.9%	68.5%	62.9%	80.8%
Trend since last report	-	↓	↓	↓	↓	↓	↓	↓	↓	↓

		Q2* - 24/25								
Metric	Efficiency standard	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL	London	England
Children receiving DTaP/IPV/Hib % at 5 years	90%	85.7%	90.0%	86.7%	83.6%	86.2%	85.6%	86.4%	84.8%	92.6%
Trend since last report	-	↓	↓	↓	↓	↑	↑	↓	↓	↓

\*Important Note: Data now includes unregistered children; previous submissions only included children registered with a GP.

## 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.
- SEL is currently below trajectory for April 2025 (month 1).
- Where annual health checks are being completed, quality can vary as can onward referral to other physical health services.

	Apr-25						
Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
LD and Autism - Annual health checks	43	34	58	62	32	68	297
Trajectory	48	50	67	68	79	52	364

## 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%.
- For 2023/24, SEL set overall ambitions for improving breast, bowel and cervical screening a corporate objective. Indicative LCP level targets were also developed for 2024/25 and 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. 2024/25 performance will be reported against these trajectories.
- This means that there is an expectation that all LCPs will improve uptake in 2024/25 but those with a lower current uptake will have a slightly larger stretch for the year. Thus, supporting a reduction in inequality between boroughs. LCP and ICB performance is now being reported against the 2024/25 trajectories.
- 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.

Sep-24							
Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Bowel Cancer Coverage (60-74)	73.9%	76.0%	65.4%	61.8%	64.0%	62.7%	67.7%
Trajectory	73.0%	75.5%	65.6%	62.6%	63.5%	62.6%	67.6%
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	↓	↓	↓	↓	↓	↓	↓

Sep-24							
Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Breast Cancer Coverage (50-70)	70.2%	71.2%	58.4%	56.4%	58.2%	59.3%	62.3%
Trajectory	70.8%	73.8%	59.9%	58.1%	59.6%	57.9%	63.5%
Trend since last reporting period	↑	↓	↑	↑	↑	↑	↑



## 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 board agreed a 'floor' level ambition of 69.7% as a minimum by March 2024 with the intention to achieve 77% (2023/24 operational plan target) as soon as possible.
- The SEL 'floor' level ambition for 2023/24 was achieved overall and by five of six LCPs individually. Significant improvement was achieved across all LCPs.
- 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 80% over a 2 year time period (i.e. by end March 2026). This approach has been agreed by the PELs.
- 2024/25 performance will be 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.

	May-25 (Local data reporting)*						
Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Percentage of patients with hypertension treated to NICE guidance	67.0%	69.0%	68.0%	67.0%	63.0%	68.0%	67.0%
Trajectory	72.3%	73.6%	73.4%	73.3%	70.9%	73.1%	72.8%
Trend since last report	↓	↓	↓	↓	↓	↓	↓

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

	Q3-24/25 (published CVD prevent reporting)						
Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Percentage of patients with hypertension treated to NICE guidance	63.0%	65.6%	66.5%	65.3%	62.1%	66.7%	64.9%
Trajectory	68.4%	70.4%	70.0%	69.9%	66.4%	69.6%	69.2%

\*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 planned to check that local reporting is inline with the national data definitions.

### 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 is also being taken ahead of the 2025/26 flu season.
- The below table provides targets set at borough level
- 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
<b>Bexley</b>	<b>75.0%</b>	<b>42.0%</b>
<b>Bromley</b>	<b>76.2%</b>	<b>46.5%</b>
<b>Greenwich</b>	<b>66.4%</b>	<b>36.9%</b>
<b>Lambeth</b>	<b>60.0%</b>	<b>32.9%</b>
<b>Lewisham</b>	<b>61.0%</b>	<b>34.3%</b>
<b>Southwark</b>	<b>61.5%</b>	<b>34.2%</b>
<b>SEL</b>	<b>68.1%</b>	<b>37.3%</b>

## 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%

## 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 741,850 in April against the operating plan of 636,239.

		Apr-25						
Metric	Planning trajectory	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Appointments seen within 2 weeks	-	88.3%	83.5%	91.4%	90.6%	80.4%	85.8%	86.9%

		Apr-25						
Metric	Planning trajectory	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Appointments in general practice and primary care networks	636239	105150	128577	114994	168137	110034	114958	741,850
Appointments per 1,000 population	-	409	357	349	372	307	318	350

**Bexley Wellbeing Partnership Committee**

**Thursday 24<sup>th</sup> July 2025**

**Item: 9**

**Enclosure: H**

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

<b>Purpose of paper:</b>	<b>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.</b>	<b>Update / Information</b>	<b>X</b>
		<b>Discussion</b>	
		<b>Decision</b>	
<b>Summary of main points:</b>	<p>The Bexley Place risk register is currently reporting 12 open risks specifically relating to borough activities. The risk register has been reviewed for the new financial year.</p> <p>The risks principally arise due to the following issues: 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.</p> <p>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.</p> <p>Further detail, mitigating actions, and gaps in control measures that require further work to address, are detailed in the attached report and appendix.</p>		
<b>Potential Conflicts of Interest</b>	There are no conflicts of interest.		
<b>Other Engagement</b>	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	<p>Risks as a whole are considered at the ICBs risk forum, which meets monthly.</p> <p>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.</p>
<b>Recommendation:</b>	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 24<sup>th</sup> July 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:

- 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.
- 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.
- 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.
- 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 12 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 12 risks on the Place based risk register:
  - **Twelve** risks are rated as “extreme risk” (red) 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
- GP Collective Action resulting in reduced primary care access and provision resulting in pressures on the acute sector.

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

16<sup>th</sup> July 2025



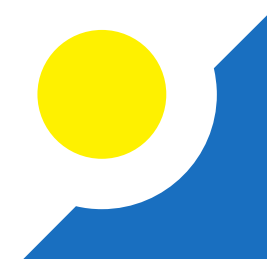
Risk ID	Risk Description	Initial Rating	Control Summary	Current Rating	Assurance in Place	Gaps in Assurance	Target Rating
503	A small number of practices within Bexley have insecure lease arrangements and/or unresolved issues with landlords that have the potential to lead to loss of premises within a relatively short time frame (< 6 months). There is the risk of a reactive and unplanned dispersal of those lists if appropriate premises cannot be secured and/or alternative arrangements (e.g. co-location or merger) cannot be agreed.	16	Regular liaison with the Lead Partner(s), ICB Estates Team and and LMC representative(s), Workshops and external consultancy input, facilitated through Practice Resilience funding.	12	Legal protections - Some legal protection afforded to the practices where the terms of the lease are being adhered to., Primary Care Delivery Group (Part2) Risk Register, clearly defines the risks for individual practices with plans in development to mitigate., Immediate risk associated with one practice has been resolved through purchase of the surgery premises by the Partner, enabling a new lease to be agreed.	Currently no identified/agreed estates solutions to mitigate current risks., Lack of clearly defined estates strategies at PCN/LCN level which makes it harder to assess the validity and implications of 'solutions' proposed by the affected practices, It is suspected that a number of Partnership Agreements including the property ownership and or lease agreements are not up-to-date and signed by all partners.	8
535	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	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 Esfandari, Monthly practice prescribing dashboard, Monthly QIPP tracker, SEL ICB Primary Care Medicines Value Group for discussion and dissemination of supportive information to help with QIPP delivery/budgetary stewardship, SEL rebate scheme ensures savings are still realised, Prescribing support software harmonisation for SEL in place	Control over national guidance and price changes	6
546	Risk that expenditure for continuing health care services will exceed the 25/26 set budget. The growth funding received is lower than Funded Nursing Care & Any Qualified Provider rates and non AQP providers are requesting even higher rates. Also, increase in home care providers rates is likely for providers on Bexley Council's domiciliary care framework	12	Robust recovery plan and regular robust monitoring in place , including delivery on efficiency targets	9	Budget monitoring and continuous review of efficiency plans. SEL process for approval of fee uplift requests. Robust 1:1 review process, Potential savings schemes amounting to £915k developed for internal CIP audit March 2025	Unable to control incoming high cost cases, Limited control of fee uplift requests from providers	6
550	There is a risk that system partners will fail to deliver on one or more of the areas for priority action from the SEND inspection and that required improvements are not made so that the local authority and ICB fail to meet their statutory duties and children and young people with Special Educational Needs and Disabilities do not receive the support they require.	9	The T&F has generated a project plan to address therapy gaps	9	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, 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.	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	4
582	There is a risk that inadequate immunisation coverage may increase the risk of outbreaks of vaccine-preventable diseases, especially measles and whooping cough.	12	The Borough Immunisation Coordinator works closely with practices to support improvement in uptake., Raising awareness on programme changes & signposting to associated supporting resources & toolkits	12	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	All key childhood 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, leading to further reduced coverage in the short term.	6
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		Evidence of post pandemic vaccination 'fatigue' within the target population.	6

Risk ID	Risk Description	Initial Rating	Control Summary	Current Rating	Assurance in Place	Gaps in Assurance	Target Rating
584	There is a risk that the continued shortfall in SMI health checks, relative to the SEL Operating Plan target, may worsen health inequalities and reduce quality of care for a high-need group.	12	Joined up working and approach through the borough Mental Health Board., Practices are incentivised within the Bexley GP Premium for delivery over and above the ICB's Operating Plan target.	12	Despite significant challenges resulting from the Synnovis cyber attack, Bexley GP practices have recovered to a 24/25 year end position of 63% which is ahead of the national target of 60%.	In the last 12 months 63% of people with SMI have had physical health check vs an SEL operating plan target of 70% (24/25)	6
585	There is a risk that poor hypertension management within primary care may increase cardiovascular risk and contribute to poorer health outcomes for residents and future avoidable demand on secondary and acute health care services.	15	'Clinical Excellence South East London' (CESEL) work with practices and PCNs to ensure that CVD investment funding is focused on supporting the improvement of the hypertension target., Increasing awareness with the general public through community outreach events concerning the importance of having blood pressure checked and controlled., The 2024/25 priorities and operational planning guidance identifies increasing the percentage of patients with hypertension treated to NICE guidance to 80% by March 2025 as a national objective. For 2024/25, this will remain the primary aspirational goal for SEL. SEL will also pursue a 'minimum achievement' target (which will serve as the revised SEL ICB corporate objective) to achieve 80% 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.	Current data shows 63% of patients with hypertension are treated to NICE guidance vs a 24/25 target of 70%.	9
586	There is a risk that Bexley place may over spend against its delegated budget in 2025/26. There are significant financial risks against several budget areas including Prescribing and Continuing Care. If this materialises, it will impact the ICB's ability to maintain its financial position within the ICB's revenue resource limit which is a statutory requirement.	12	Budgets will be monitored closely to manage cost pressures, new investment will be delayed and spend freeze policy implemented inline with ICB policy to ensure a balanced budget is delivered.	9	The strategic objective of the Place to deliver a balanced budget is well understood across all teams and stakeholders. Expenditure is closely monitored and recovery actions are put in place where necessary to mitigate the risk of over spend against the overall place allocation. This is also addressed at senior management team and executive meetings, providing the necessary assurance.	None	4
587	There is a risk that Bexley place will not be able to deliver in full the 2025/26 efficiency plan identified. Failure to deliver the efficiency plan may result in Bexley place over spending against its delegated budget for 2025/26. If this materialises, it will impact the ICB's ability to maintain its financial position within the ICB's revenue resource limit which is a statutory requirement.	9	Monthly monitoring of existing schemes is in place. Continuous collaboration with all efficiency scheme owners to ensure the readiness to replace any failing scheme with viable ones.	9	There is a clear understanding of the strategic objective of Bexley place to deliver its efficiency plan. The risks on this is well discussed at the senior management team/executive meetings. Recovery/mitigation actions will be put in place as necessary.	None	3
588	There is a risk that Bexley does not fulfil the recommendations of the Better Care Fund Support Programme received in March 2025 so that required improvements to patient flow and discharge are not made in the local acute system	9	SRO's drawn from key partner organisations, SRO from LGT leading creating leadership capacity and alignment with UEC improvement plan, SRO from Oxleas leading on hub implementation, SRO from LBB leading on agreement of system wide metrics and dashboard, SRO from RBG leading on OD programme and shared escalation system	9	Plan on a page agreed with system leaders, SRO's supported by project managers provided by partners, Engagement event to discuss review outputs planned, Respendent TOR reviewed and monitoring of all programmes commencing, SRO's taking ownership of progress and governance of each programme	Plans to deliver on recommendations are still forming	6
595	There is a risk that there is an inability to fully integrate and coordinate services across system partners in a timely way which may delay delivery of the integrated Joint Forward Plan goals in relation to prevention, early intervention and personalised care, which if it occurs, will lead to lack of improved outcomes, widen health inequalities, increase demand on acute services, and reduce intended impact on system sustainability.	12	South East London ICS framework supports joined-up planning and delivery, Commitment and engagement from executives across partner organisations, Focus on personalised, preventative care embedded in the local models, Targeted development for frailty, long-term condition management and Children and Young people, Development and implementation of programme and project plans, Supports data-driven identification and targeting of need., Reduces reliance on health and care services	8	Regular ICS (NBC Board, ICB Board) and Bexley Wellbeing Partnership governance oversight (Community Based Care Delivery Board, BWP Executive Leadership Group), Programme-specific review groups, Stakeholder engagement feedback loops for service design and delivery assurance, Performance monitoring against outcomes and impact metrics	Data interoperability and data sharing across organisations, Variable capacity and resourcing across providers, Dependencies on voluntary sector engagement and capacity, Public engagement and buy-in relating to preventative and self-care initiatives, Limited real-time impact data especially in new models of care	6

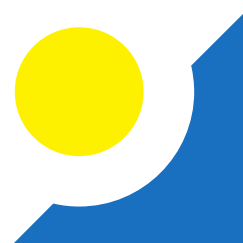
**Agenda Item: 13**  
**Enclosure: I**

## **Bexley Wellbeing Partnership Committee**

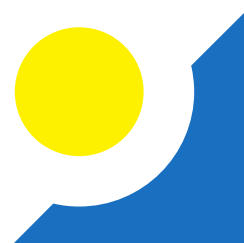
### **Glossary of NHS Terms**



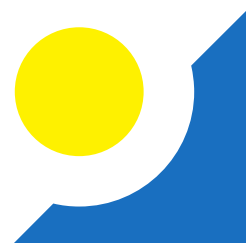
<b>A&amp;E</b>	Accident & Emergency
<b>AHC</b>	Annual health Checks
<b>AAU</b>	Acute Assessment Service
<b>ALO</b>	Average Length of Stay
<b>AO</b>	Accountable Officer
<b>APMS</b>	Alternative Provider Medical Services
<b>AQP</b>	Any Qualified Provider
<b>ARRS</b>	Additional Roles Reimbursement Scheme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



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



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



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

