Lewisham Local Health and Care Partners Strategic Board – Part I
Date: Thursday 27 November 2025, 14.00-16.05hrs (includes 5-minute break)
Venue: MS Teams (meeting to be held in public)
Chair: Neil Goulbourne, Chief Strategy and Transformation Officer & Deputy CEO

AGENDA

No	Item	Paper	Presenter	Action	Timing
1.	**Welcome, declarations of interest, apologies for absence & Minutes of the previous LCP meeting held on 25 September (for approval) & Action Log**	Verbal/ Encs 1 & 2	Chair	To Note/For Approval	14.00-14.05 5 mins
2.	**Any questions from members of the public**	Appendix A	Chair	For Noting	14.05-14.10 5 mins
3.	**PEL (Place Executive Lead) Report**	Enc 3	Ceri Jacob	For Noting	14.10-14.15 5 mins
	Delivery *(3)				
4.	**Lewisham Neighbourhood II & Central 24/7 Community Mental Health Centre**	Enc 4	Lesa Barlett	For Discussion	14.15-14.30 15 mins
5.	**Joint Forward Plan against NHS 10 Year Plan and Planning Guidance Update**	Enc 5	Charles Malcolm-Smith	For Discussion	14.30-14.45 15 mins
6.	**Damp and Mold Project**	Verbal	Dr Catherine Mbema	For Discussion	14.45-14.55 10 mins
7.	**Hypertension update**	Enc 6	Jonathan McInerny	For Discussion	14.55-15:05 10 mins
8.	**Main Grants Programme 2026-29**	Enc 7	James Lee	For Discussion	15.05-15.15 10 mins
	Break – 5 mins				
	Governance & Performance				
9.	**LCP performance data report – Oct 2025:**	Enc 8	Ceri Jacob	For Discussion	15.20-15.30 10 mins

	Focus on Physical Health Checks for those with Severe Mental Illness (SMI)				
10.	**Risk Register**	Enc 9	Ceri Jacob	For Discussion	15.30-15.40 10 mins
11.	**Annual Adults Safeguarding report**	Enc 10	Fiona Mitchell	For Noting	15.40-15.50 10 mins
12.	**Finance update**	Enc 11	Michael Cunningham	For Discussion	15.50-16:00 10 mins
	Place Based Leadership				
13.	**Any Other Business**		All		16.00-16.05 5 mins
CLOSE					
14.	**Date of next meeting (to be held in public): Thursday 22 January 2026 at 14.00hrs via Teams**				
	Papers for information				
15.	**Minutes/Updates from:** • **Primary Care Group Chairs Report** • **People's Partnership Action plan** • **LIQ&A action and decisions log – September & November 2025** • **Lewisham Medicines Optimisation and Prescribing (LMOP) Group Chair's report** • **Drug and Alcohol panel related deaths 10-year review**	Enc 12			

*** To address inequalities throughout Lewisham's health and care system and tackle the impact of disadvantage and discrimination on health and care outcomes.**

Lewisham Local Care Partners Strategic Board

Minutes of the meeting held in public on 25 September 2025 at 14.00 hrs.

via MS Teams

Present:

Ceri Jacob (CJ) (Chair)	Place Executive Lead (PEL) Lewisham, SEL ICB
Neil Goulbourne (NG)	Chief Strategy and Transformation Officer & Deputy CEO, LGT
Vanessa Smith (VS)	Chief Nurse, SLaM
Fiona Derbyshire (FD)	CEO, Citizens Advice Lewisham, Voluntary Sector Representative
Dr Helen Tattersfield (HT)	GP Primary Care representative
Dr Simon Parton (SP)	GP Primary Care representative (LMC)
Anne Hooper (AH)	Community representative Lewisham
Michael Kerin (MK)	Healthwatch representative
Dr Catherine Mbema (CMb)	Director of Public Health, Lewisham Council

In attendance:

Cordelia Hughes (CH) (Mins)	Borough Business Support Lead, SEL ICB
Lizzie Howe (LH)	Corporate Governance Lead, SEL ICB
Dan Rattigan (DRt)	Associate Director – Strategy, LGT
Kenny Gregory (KG)	Director, Adult Integrated Commissioning, SEL ICS
Laura Jenner (LJ)	Director of System Development, SEL ICB
Charles Malcolm-Smith (CMS)	Associate Director of System Development, SEL ICB

Michael Cunningham (MC)	Associate Director of Finance, SEL ICB
Margaret Mansfield (MM)	Designated Nurse Safeguarding Children and Young People
Chima Olugh (CO)	Neighbourhood Development Manager SEL ICS
Jack Upton (JU)	System Development Manager, SEL ICB
Jane Mandlik (JM)	Lewisham Save Our NHS (LewSON)

Apologies for absence: Denise Radley, Pinaki Ghoshal, Karen Sadler, Sabrina Dixon and Ashley O'Shaughnessy.

		Actioned by
1.	**Welcome, introductions, declarations of interest, apologies for absence & Minutes from the previous meeting held on 24 July 2025.** Ceri Jacob (CJ) (Chair) welcomed everyone to the meeting. The meeting was agreed as quorate. CJ advised attendees of the housekeeping rules and apologies for absence were noted as detailed above. Declaration of Interests (DOIs) – Updates in progress. Minutes of the Lewisham LCP Strategic Board meeting held on 24 July 2025 – these were agreed as a correct record. Action log – current actions due to be completed by October 2025. New actions included on the action log. Matters Arising - None.	
2.	**Questions from members of the public** There were no raised questions from members of the public.	
3.	**PEL (Place Executive Lead) report** CJ presented on the PEL report. She also expressed her thanks to Vanessa Smith for acting as co-chair to the LCP Board for the last 12	

	months and noted that Neil Goulbourne would assume the role from the next meeting, alongside Fiona Derbyshire. **The Lewisham LCP Board noted the PEL report.**	
4.	**Virtual Ward procurement decision** KG confirmed that the contract was being delivered in two parts: **Lot 1 – NHS at Home:** This service is designed to support patients with high needs requiring short-term hospital at home care. A soft launch began on 1st October 2025, with communications and public notices expected to be issued by the end of this week. The service will operate at reduced capacity during a two-month mobilisation phase, with full operational delivery targeted for January 2026. **Lot 2 – NHS Virtual Plus (Health Monitoring):** Lot 2 focuses on proactive digital monitoring for patients with long-term conditions. The procurement decision is currently subject to challenge and an evaluation panel has been convened. Subject to the outcome, a notice of award is expected by the 10th October, following a five-day standstill period. The service is aiming to go live between December 2025 and January 2026. This is dependent on the outcome of the procurement process. **The LCP Board noted the Virtual Ward procurement decision update.**	
5.	**Primary Care Network changes** CJ confirmed the item was for ratification. The original decision had to be made outside the usual board meeting schedule due to timing constraints. The decision was agreed via electronic agreement and communication was received from all members excluding those in direct conflict. Lewisham Place received a formal business case from ICO Health Group and Novum Health Partnership, proposing to voluntarily leave Sevenfields PCN and establish a new PCN. Sevenfields PCN leadership has been working closely with the Local Medical Committee (LMC) to manage the transition, including an interim plan to support the shift from one PCN to two. This paper provides assurance regarding:	

	• The formation and viability of the new PCN. • The impact on the remaining Sevenfields PCN. There is continued collaboration between both PCNs within the same neighbourhood, especially in relation to the Integrated Neighbourhood Teams (INT) programme. NG asked what the practical implications might be. CO confirmed that there was a mobilisation plan with both PCNs. The reason for this was due to ensuring any matters for discussion/consideration were ironed out before the 1st of October 2025 (for example, recruitment and funding). **The LCP Board approved the Primary Care Network changes.**	
6.	**Lewisham Integrated Neighbourhood Partnership and governance arrangements** LJ noted the Integrated Neighbourhood Steering Committee Terms of Reference and welcomed any feedback. The partnership has been designed to support the rollout of neighbourhood working and integrator functions, as outlined in the London Target Operating Model. Development is at an early stage and further guidance is expected. However, the partnership will meet monthly to progress these workstreams and refine the integrator role. NG mentioned the need to be agile in terms of delivery. There were discussions around arranging some workshops and seminars on the workstreams and next steps. Also, in terms of the Senior Responsible Officers meetings (SROs) it seems that names have been drawn from a relatively limited group of colleagues/partners and does not include all organisations. LJ agreed to pick this comment up offline and welcomed any further suggestions. MK spoke about user engagement and queried if this would carry through via the new system. MK also stated it would be useful for Healthwatch and other VCSEs to be involved, especially in the longer term. AH echoed MK comments but added that further conversation needs to take place regarding the role of Healthwatch and the Lewisham People's Partnership. LJ provided reassurance and stated that a strong	

	resident voice should be picked up through workstreams and co-design work by programme managers. CJ agreed and reminded members that the terms of reference are for the integrated partnership, which is a provider organisation as well. HT commented on the absence of primary care leadership in any of the work streams. LJ said that primary care is embedded throughout this work and will be discussed this the Senior Responsible Officers (SRO) meeting in October 2025. **The Board approved the Lewisham Integrated Neighbourhood Partnership and governance arrangements.**	
7.	**Engagement on developing Trust Strategy 26/31** DRt reported that since 2018, the Trust had made significant progress, including an improved CQC rating and the beginning of a digital transformation. This included launching a patient portal and planning to procure a new electronic patient record system. The Trust was also aiming to be a more engaged partner in Lewisham, acknowledging ongoing challenges in improving services, patient experience, and system-wide collaboration. Integrated Neighbourhood Teams (INTs) are a key focus, with efforts to strengthen prevention and patient empowerment. Feedback from a recent Lewisham People's Partnership survey highlighted concerns around emergency care pathways, digital transformation, long hospital stays, and delays in A&E. There was also a recognised need to redesign outpatient care to be more efficient and community-focused, while ensuring digital inclusivity and better support for patients and carers. CJ thanked DRt and NG for the presentation. HT asked if the survey could be shared and mentioned the procurement of IT and some of the issues GPs faced. HT also stated that any consultation needs to be implemented beforehand. SP noted the challenges around digital integration, particularly the push towards the NHS App and potential risks with this. SP also commented on the outpatient referral model which was considered outdated and advocated for a collaborative redesign of the pathway. NG added that a future workshop or seminar would be useful around neighbourhood programme and next steps. **Action:** CH to add to forward planner. NG	**CH**

	added that there is a push towards NHS App which is a national requirement and that alignment will happen in due course. MK emphasised the importance of addressing operational issues particularly between hospitals within the strategy. Neighbourhood development should be embedded within existing systems and MK reiterated the need for carers to be more prominently represented in the strategy. Also, while digital solutions offer many benefits, they are not a great solution for people who cannot access them due to digital exclusion. KG commented that it would be good to see something around voluntary sector engagements and even broader than that, co-production and co-delivery. DRt added that a cultural development piece of work was required and acknowledged the challenges with more work to be done. CJ noted the improved CQC rating but felt the strategy did not have health inequalities and Birmingham and Lewisham African & Caribbean Health Inequalities Review (BLACHIR) recommendations coming through. NG agreed and added that the strategy would be completed soon and suggested a follow up of the strategy at a future seminar. **Action:** CH to add to forward planner. CMb asked that Health and Wellbeing Board members and politicians were included. **The Board noted the Engagement on developing Trust Strategy following the excising strategy from 2026-2031.**	**CH**
8.	**Co-production** CMS discussed the current work following the seminar held in December 2024. Since the seminar CMS noted this had led to more involvement into collaboration with leads across the partnership, including the Lewisham People's Partnership, and highlighted the range of models and definitions to develop a of joint set of principles that partners have agreed on. However, it is important to note that there is a need for improved coordination between partners and next steps, which includes embedding the agreed principles into routine practice, clarifying responsibilities across organisations and reconvening with leads to plan how to take the work forward, collectively. AH mentioned that the co-production slide deck was discussed at the September Lewisham People's Partnership. There was strong support	

	for co-production, but the main challenge was translating them into practical action. Also, the importance of consistent remuneration for community participants, as seen in the INT lived experience work. MK echoed AH comments and support for the principles outlined but stressed the need for continuous feedback loops. CJ said that partnership working would be required to embed the agreed principles, especially considering the ICB's reduced capacity. Partners need to consider how the principles could be reflected in their own work going forward and picked up through relevant workstreams. This may also need to be discussed at the SRO meetings. CJ thanked CMS and CH for the comprehensive presentation. **The Board noted the Co-production update.**	
CJ advised there would be a 5-minute break. The meeting resumed at 15:20 hrs		
9.	**LCP performance data report** CJ noted that while some targets were being met, others remain challenging. Of particular concern was the low completion rate of physical health checks for people with serious mental illness. The completion figure was currently 55%, which was well below the 75% target and a decline from last year's 60.7%. The work is overseen by the All-Age Mental Health Alliance and supported by a dedicated working group focused on improving GP engagement and data sharing with SLAM. An update on performance should be provided at the next meeting. There are ongoing efforts to improve immunisation uptake. This includes the development of a local vaccine chatbot, a refreshed immunisation strategy and targeted community engagement especially through faith leaders and warm spaces. CHC assessments have shown improvement, others continue to require focused attention and collaborative action. LJ asked for Board members to help push it forward with flu leaflets which will be circulated to members. FD stated Citizens Advice, Lewisham have been commissioned to do some work promoting the flu vaccine through their advice, so this is an opportunity for collaboration.	

	NG explained that Lewisham and Greenwich NHS Trust (LGT) had a particularly low flu vaccination rate last year, partly due to how the data was recorded (although uptake was still low - around 32%). In response, the Trust is taking significant steps this year, including training a significant number of staff as peer vaccinators plus other initiatives. VS noted that under the national oversight framework, SLaM's flu vaccination target is expected to increase by 5%. **The Board noted the LCP performance data report update.**	
10.	**Risk Register** CJ provided an update on the risk register. While the financial position remains stable, it was noted persistent pressures in prescribing and Continuing Health Care (CHC) remain. There are also concerns around ADHD assessments and low vaccination uptake, particularly for flu. However, plans are being developed to improve vaccination rates and progress had been noted in autism spectrum disorder (ASD) health assessments. CJ reiterated that risks are actively monitored and discussed regularly at Senior Management Team (SMT) meetings. **The LCP Board noted the risk register update.**	
11.	**Annual Safeguarding report** MM gave a presentation on the statutory Safeguarding Children and Young People annual report for April 2024 to March 2025. Despite improvements, local challenges remain, including high levels of child poverty, low educational attainment and a significant number of children at risk of harm. While the number of children on child protection plans has decreased by 10%, there had been a rise in children in need, prompting continued oversight and early intervention efforts. Lewisham is a pilot site for the Families First for Children programme, which aims to improve support through innovative and multi-agency approaches for children of Black heritage of all age groups. Over the past year, three child safeguarding practice reviews were commissioned, with a fourth approved. These addressed serious issues such as suicide and abuse.	

	Key achievements include strengthened partnership working, new safeguarding protocols, and progress on the National Referral Mechanism for identifying children at risk of modern slavery. Priorities for the coming year included completing reviews, promoting the ICON programme (supporting new parents with crying babies) and continuing to embed digital tools and early support models to safeguard children and young people effectively. AH asked about the impact of the 25% running cost cut on safeguarding in Lewisham and queried if there was understanding as to why Lewisham accounted for 46% of child death notifications across the three boroughs. CJ reiterated that whilst the consultation was currently paused, statutory duties would still be met when the new structures are implemented. MM added there were various reasons ranging from housing overcrowding to parental mental health and alcohol and cold sleeping. CJ thanked MM for the comprehensive presentation. **The LCP Board noted the annual safeguarding report update.**	
12.	**Finance update** MC gave a finance update for M4 for financial year 2025/26. **ICB Lewisham** Lewisham reported a YTD and FOT breakeven position, Lewisham's savings target of 5% noted (which equates to £8.9m, is on all budget lines in Lewisham and across the ICB). MC advised it had been fully achieved YTD and forecast to fully deliver for the year. CHC continued to show an increased overspend compared to budget but is in a stable position. To note that while CHC funding in 2025/26 was lower in real terms due to price and activity pressures, performance is better than last year's exit run rate. **ICB** The ICB is showing a YTD break-even position at M4 and a forecast outturn break even for the year. Cost pressures include CHC, mental health and prescribing with key drivers in mental health due to the cost of ADHD assessments in the independent sector. Prescribing pressures in Lewisham are due to freestyle libre sensors, endocrine products and stoma appliances. **Wider ICS**	

	The wider ICS is showing a break-even position forecast outturn at M4 with a YTD deficit position of £23.7m, which is £0.6m adverse to plan. There is £75m of system support compared to the £100m from last year. Key pressures across the ICS are unplanned inflation of £2.8m, industrial action £1.0m, offset by improvements in the efficiency programme delivery and improved activity capturing. **Lewisham Council** The Local Authority Adult Social Care & Health position shows a £2.5m underspend – this is in reality a balanced position as there is a requirement to deliver additional savings in year. There are significant risks around the rising cost of care packages that continue to threaten this position. The risk has now come to fruition but that can be picked up in subsequent reporting. MK asked about community health services which appears to be significantly underspent and a forecast variance of something like 15% of budget; why was a priority area having a 5% savings. MC explained that the ICB must meet a 5% efficiency target across all budget lines, The position on the community budget reflects the cumulative effect of prior year efficiency savings across all budget lines but which are held against community. **The LCP Board noted the finance update.**	
13.	**Any Other Business** CJ noted that a late question had been submitted during the meeting. A formal response would be sent (and appended to the next meetings Minutes). The meeting concluded with thanks to Vanessa Smith (VS) for her contributions as chair. CJ asked members to note the additional papers for information and thanked everyone for their contributions to the meeting.	
14.	**Date of next meeting.** Thursday 22 January 2026 at 14:00hrs (Teams).	
15.	**Minutes of previous meetings/updates** The LCP Board noted the documents attached for information.	

Lewisham LCP Strategic Board Action Log

Date of meeting & agenda item:	Action:	For:	Update:
1. Engagement on developing Trust Strategy (Item 7) 25/09/25	1)At a future workshop or seminar, it would be useful to have a session around the **neighbourhood programme and next steps**. CH to add to forward planner. 2)Also, following the finalised **LGT Trust Strategy 26/31**, it would be useful to hold a session on this at a future LHCP seminar.	**NG/CH**	Follow up - LGT Trust Strategy 26/31 – scheduled for February 2026 seminar.
2. PEL report (item 3) 27/03/25	**SEL Frameworks for LTC and Frailty** agreed to bring a detailed paper to a future LCP Strategic Board meeting or seminar. CH to add to forward planner.	**CH**	Included on forward planner for February seminar in 2026.
3. SMI Physical Health Checks (item 9) 25/09/25)	KG/EM to provide an update on SMI Physical Health Checks – on the work, progress and impact. Oversight of performance (via All Age MH Alliance) and how they are keeping track of this.	**KG/EM**	This agenda item will be discussed at November 2025 meeting.
Briefing - Community Diagnostic Centre (item 8)	**Community Diagnostic Centres** -Are we able to track where people are coming from. Agreed NG will provide a report on tracking activity at a future LCPSB meeting. CH to add to forward planner.	**NG/CH**	Closed – Included on forward planner for August 2025.

22/05/2025			
PEL report (item 3) 27/03/25	**Planning Work is continuing to finalise plans for 2025/26.** A summary of these can be provided at a future meeting. CH to add to forward planner.	**CH**	Closed - Included on forward planner for August 2025.
AOB (item 10) 27/03/25	MK asked about the **One Care Lewisham Practice Marvels Lane Estates Business Case** (Primary Care Chairs report) and that it was sold to a private investor who now charges rent to the NHS – why was there no provision for offsetting it against the sell price. **Action:** DRt to will take this question to the appropriate contact at LGT for response.	**DRt/NG**	Closed – a response was sent to MK on 26.06.
Community Development Projects and Funding – SDIP (item 5) 27/03/25	**Autism posts** that were appointed are only taking new referrals; therefore, what is happening with the backlog. LJ said there is a meeting with service leads which LJ and KG attend and will ask this question and feedback offline. **Action:** LJ to feedback on Autism posts.	**LJ**	LJ confirmed this can be closed on 10/06/25 as the service continues to be commissioned to a provider until the staff have been recruited.
PEL Report (item 3) 30/01/25	**Waldron Centre Soft Launch** LJ to provide a report on activity from the Waldron especially in relation to Black community. CH to add to forward planner.	**LJ/CH**	Deferred to LCP Strategic Board in July 2025. Closed
PEL Report (item 3) 30/01/25	**SEL Overarching Neighbourhood Development Framework** to include at a future LCPSB seminar session. CH to include on forward planner.	**CH**	On the agenda – Thursday 27th March 2025. Closed

PEL Report (item 3) 30/01/25	NG to provide a briefing on **Community Diagnostic Centres** at a future LCPSB public meeting. CH to add to forward planner.	**NG/CH**	On the agenda – Thursday 22nd May 2025. Closed.
Report SEND Inspection 21/11/24	PG to circulate SEND inspection link to members of the Board.	**PG**	Completed 30/01/25. Closed.
Intermediate Care Bed 21/11/24	Intermediate care bed strategy to be added to the forward planner.	**CH**	Completed 21/11/24. Closed.
LCP Assurance Report 21/11/24	JSNA summaries to be circulated to LCP Board members around vaccinations for a deep dive around data and recommendations. Also, Older Peoples and flu vaccinations stats particularly around Black African and Black Caribbean populations; to be included as an agenda item for a future LCP Strategic Board, with emphasis on how we are doing in relation to the BLACHIR recommendations.CH to add to the forward planner.	**CMb** **CMb/CH**	Completed 21/11/24. Add to a future LCP Board meeting. Closed.
PSR 21/11/24	BG to invite KG to present on the PSR/changes to procurement at a LBVN Network so they are aware of this.	**BG**	Closed.
Risk Register 19/09/24	**Primary Care Access** - SP commented on primary care access and that access work has been quite significant in the last year. CJ and LJ would meet and discuss further.	**CJ/LJ**	Closed

Finance update 19/09/24	**Prescribing.** SP noted for prescribing this had been historical and would require a cultural change. OTC (over the counter) medications for example were a challenging area, Pharmacy First Scheme etc. This needed promotion to patients. CJ said she would pick this up with AOS and Erfan Kidia (meds optimisation team). CJ noted **AF/Hypertension** work and work on obesity and diabetes prevention. LJ/CMb and CJ would consider the best way forward.	**CJ/EK/AOS** **LJ/CJ/CMb**	Closed
Lewisham Intermediate Care Bed Extension 19/09/24	**Lewisham Intermediate Care Bed Extension** BG commented on the taking time to involve people and queried if any black-led VCSE had been included at all. BG also noted BLACHIR and community work. There is scope and opportunity to involve people with this. KG stated this was more for physical health rather than mental health. KG agreed to produce a summary for BG and would talk to colleagues about the right people to contribute to the development.	**KG**	Closed - as being discussed on 21/11/24
Improving Flu Uptake 19/09/24	**Workforce vaccination.** SP noted there had been a delay last year in practices vaccinating their own staff. LJ agreed to look into workforce vaccination and take it as an action with AOS.	**LJ/AOS**	Closed
4&5 Health inequalities 19/09/24	**Learning & Impact/Health Inequalities Funding** Evaluating the impact - evaluation of the work would be invaluable and would include qualitative		Closed.

	feedback. CMb agreed to bring this item back to the LCP Board in the new year. CH to add to forward planner. BG said it would be helpful to see the questions being asked. CMb agreed to take this request back to the evaluation partner and would also pick this up offline with BG.	**CMb/CH**	
Welcome and previous actions. 19/09/24 **Reopened 19/09/25**	**REOPENED** **Provider Selection Regime**. *Terms of reference for existing groups will be amended. Paper coming to SMT and will bring to LCP Board for noting in November.*	**KG/CJ**	Closed.
Community Integration – Fuller report. 25/07/24	**Community Integration – Fuller report** The team is reviewing data to understand what is driving this type 3 increase. LJ suggested that it would be useful to come back to this meeting in the future with an update.	**CH**	To add to forward planner. Closed.
PEL (Place Executive Lead) report. 30/05/2024	**Waldron** - *BG commented on contracts for organisations to deliver services access to space issue and booking rooms. Reception area and pop ups will be in the large ground floor space. Can space for black led VCSE organisations be accommodated. Also, space for 1:1's as well. CJ advised space is available for free for VCSE groups, CMS to take away the suggestion with LJ.*	**CMS/LJ**	Closed.

South East London Integrated Care System

NHS South East London

Lived Experience Member, SE London MSK Programme Board
SENT BY EMAIL

Thursday 13th October 2025

Dear [redacted]

My sincere apologies for the delay in responding to you regarding your question submitted for our Local Care Partnership Strategic Board meeting held on Thursday 25th September, via our Lewisham Question's inbox.

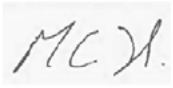
You had asked about the new governance arrangements following agenda item 6 of the Local Care Partnership Strategic Board (LCPSB) held on 25th September, and if the Integrated Neighbourhood Committee (INC) meetings will be closed to the public and patients, whether there would be a public write up of each monthly session and decisions. The Committee has not yet formally met and decisions on publication of papers will be confirmed at the first meeting. It is anticipated that progress update reports will be shared with the LCP Strategic Board on a regular basis.

You had also asked about the agenda item 7 in relation to the Trust Vision and if Lewisham and Greenwich NHS Trust (LGT) could provide a specific example of where 'challenging colleagues, even if uncomfortable' has produced a tangible improvement in medical provision? In response, Lewisham and Greenwich NHS Trust launched our new Trust Vision and Values in 2023. This was produced through engagement with our colleagues, patients and partners, and was included in our presentation to the LCP as this will continue to inform our work as we develop our new Trust Strategy.

Through that engagement, we opted for these comparative statements, as opposed to single words, because they are more engaging, provide a better framework by which to make decisions, and combine strategy with action. This includes "being accountable over staying comfortable". Underneath this, each of our teams can choose to either adopt our Trust behaviours or personalise them according to their focus and ways of working and discuss implementation of the Vision and Values at a local level. This helps to ensure that we are all working towards realising our vision of being exceptional.

I do hope this has answered your question. If you would like to discuss this matter further, please do not hesitate to contact me. In the meantime, our next Local Care Partnership Strategic Board public meeting is taking place on Thursday 27th November 2025, 14:00 and you are welcome to attend and hear about the latest developments in Lewisham.

Yours sincerely,



Ceri Jacob
Place Executive Lead
Lewisham ICB

Lewisham Local Care Partners Strategic Board
Cover Sheet

Item 3
Enclosure 3

Title:	**PEL Report**
Meeting Date:	**27 November 2025**
Author:	Ceri Jacob
Executive Lead:	Ceri Jacob

Purpose of paper:	**To provide a general update to the Lewisham Care Partnership Strategic Board**	Update / Information	**x**
		Discussion	
		Decision	

Summary of main points:

This report provides a brief summary of areas of interest to the LCPSB which are not covered within the main agenda.

NHS changes

At the previous meeting it was noted that the consultation was paused pending national agreement on support for redundancy costs. Earlier this month the ICB received confirmation that partial funding would be provided where voluntary redundancy (VR) schemes and/or consultations could commence early enough in this financial year. In light of this, the ICB is planning to launch a VR scheme in early December. This scheme will be run blind of consultation structures. The ICB is anticipating launching its consultation in Q4 of this financial year.

It is important that London as a whole and the ICBs individually within London are able to achieve the £19/head operating cost target. Whilst SEL ICB has achieved this target, work has been ongoing across London to ensure all ICBs can achieve this. SEL ICB has been working with colleagues across London, including SWL to support this requirement.

National strategic commissioning framework

Early in November NHSE published the new Strategic Commissioning Framework. It can be found at NHS England » Strategic commissioning framework. The document defines strategic commissioning as "*a continuous evidence-based process to plan, purchase, monitor and evaluate services over the longer term and with this improve population health, reduce health inequalities and improve equitable access to consistently high-quality healthcare*".

	Importantly, the framework recognises the importance of working in partnership with Councils, providers and local communities which aligns with the approach traditionally taken in Lewisham and SEL more broadly. There is also a focus on working together to address health inequalities. This document will underpin ICB development as it implements the NHS 10-year plan. **Neighbourhood based care** Work continues across the Lewisham LCP partnership to implement neighbourhood ways of working and the Integrated Neighbourhood Teams (INTs) which are integral to this way of working. The INTs are recruited to and have been trained to utilise digital tools to help identify the populations and individuals who will most benefit from support through an INT approach. The Integrated Neighbourhood Committee, which is a committee of the Integrator partnership, meets formally for the first time today.			
Potential Conflicts of Interest	All ICB staff are potentially impacted.			
Any impact on BLACHIR recommendations	No			
Relevant to the following Boroughs	**Bexley**		**Bromley**	
	Greenwich		**Lambeth**	
	Lewisham	✓	**Southwark**	
	Equality Impact	In relation to the ICB Change Programme, this will be carried out once for SEL and will look at the impacts on a function by function basis and overall. An EIA has been carried out in relation to the Lewisham neighbourhood programme.		
	Financial Impact	The ICB must achieve a 35% reduction in it's running costs.		
Other Engagement	Public Engagement	Public engagement has taken place to support the neighbourhood programme including working with people with lived experience.		
	Other Committee Discussion/ Engagement	Not applicable to this paper.		
Recommendation:	The Board is asked to note this update.			

Lewisham Local Care Partners Strategic Board
Cover Sheet

Item 4
Enclosure 4

Title:	**Lewisham Neighbourhood 2 Central 24/7 Community Mental Health Centre**
Meeting Date:	**27th November 2025**
Author:	Lesa Bartlett, Deputy Director, Lewisham N2C Mental Health Centre, South London and Maudsley Foundation Trust
Executive Leads:	Professor Derek Tracy, Chief Medical Officer and Kate Lillywhite, Chief Strategy Officer, South London and Maudsley Foundation Trust

Purpose of paper:	The purpose of this document is to provide an overview of Lewisham Neighbourhood 2 Central 24/7 Community Mental Health Centre including the VCSE Cooperative. The Board should acknowledge the progress achieved, assess the risks and provide constructive feedback to help improve implementation of the model.	Update / Information	**X**
		Discussion	**X**
		Decision	
Summary of main points:	• The programme team continue to work with the local neighbourhood team to implement a new way of delivering mental health services from a temporary location at 1 Southbrook Road with doors opening to a new centre in Spring 2026. • This model is co-produced with service users, carers and community representatives, and include the provision of services and support from a range of partners including NHS, primary care, local authorities, and the community and voluntary sector. • The new facility for the Lewisham Neighbourhood 2 Central 24/7 Community Mental Health Centre will be 1 Heather Close in Hither Green. • The 'pilot phase' is scheduled to be completed by March 2027; the 'N2C team' (including CMHT, PCMHT and the VCSE) will move into the refurbished 1 Heather Close site in May 2026.		
Potential Conflicts of Interest	**N/A**		

Any impact on BLACHIR recommendations	The Lewisham Neighbourhood 2 Central 24/7 Community Mental Health Centre will: • Continue collaborating with Independent Advisory group co-chairs, service users, and carers to develop care models. • Embed cultural competency and Anti-racism training in the service model for a person-centred approach that delivers the PCREF principles. • Strengthen feedback from service users and carers on their cultural needs through adaptations to PEDIC and DIALOG. • Work with VCSE partners, especially Lot 3, to build trust and community connections. • Improve data collection on ethnicity. • Include psychoeducation to boost health literacy and empower decision making. • Develop a membership-based service model to facilitate early interventions and access to care.			
Relevant to the following Boroughs	**Bexley**		**Bromley**	
	Greenwich		**Lambeth**	
	Lewisham	✓	**Southwark**	
	Equality Impact	The main benefits of the new community pilot are: • Improved continuity of care to ensures that patients receive consistent support from familiar healthcare providers and are able to build and foster meaningful relationship with healthcare providers. • A neighbourhood team that addresses Social Determinants of Mental Health so that staff are equipped to address social drivers of mental health needs and interact with other agencies to minimise referrals. • Amore cohesive team and less fragmentation (i..e. a comprehensive neighbourhood service, rather than multiple fragmented teams) • Sufficient Resources and Support for Staff to ensure they have sufficient capacity, lower caseloads, and a dedicated facility. • Increased Productivity and More Time for Patient Care: Use AI, digital tools, and other methods to increase productivity and reduce administrative tasks • Enhanced Personalisation: Care Based on People's Needs and Agendas: Ensure care is centred around people's needs and agendas, involving families, carers, and networks.	

		• Stronger Partnerships with Voluntary and Community Sectors: Collaborate with local VCS organisations to create a culturally relevant and inclusive care offer. • New approach to risk assessment focussed on risk formulation with safety planning based on modifiable risk factors. Move away from risk prediction, tools, scores to bring a safer service • Reduction in people escalating to point of crisis needing to end up in A&E or hospital • Reduced need for coercive practice • A more financially viable model of mental healthcare
	Financial Impact	N/A
Other Engagement	Public Engagement	N/A
	Other Committee Discussion/ Engagement	A Comms and Engagement Plan was signed off; there continues to be delivery against the implementation plan.
Recommendation	The Board should acknowledge the progress achieved, assess the risks and provide constructive feedback to help improve implementation of the model.	

NHS
South London and Maudsley
NHS Foundation Trust

Lewisham N2C Community 24/7 Mental Health Centre Model

What is the community model and why is it different?

- **Relationships at the heart:**
  Central to our approach is relationships as the first line intervention. We aim to build a trusting relationship between the person, their family and network and the care team.

- **A new, improved offer:**
  The model differs from a standard Community Mental Health Team (CMHT) offer, in that it will offer:

❑ Extended opening hours, and an extended support offer inc. various crisis functions and a day service, with the aim of operating as a **membership model** – see below, similar to Mosaic Clubhouse.
Enhanced collaboration with local voluntary, community and social enterprise (VCSE) partners.
Co-location with the primary care mental health team and some elements of the VCSE.
Access to 'community' beds.

- **Introducing a Membership Model:**
  A core principle is of this approach is providing ongoing support and resources, in recognition that mental health management is often a long-term process. This helps to build a strong community where individuals can connect, share experiences, and find mutual support. It also aims to integrate work and work-related activities as a key component of recovery, promoting skills development and meaningful engagement.

- **Rooted in community feedback and evidence based:**
  The proposed changes have been developed based on engagement feedback from service users, carers and communities, the existing evidence base, clinical and operational input and learning from the Trust's approach to community transformation to date.

- **How the pilot project is being funded:**

❑ Secured from NHS England for 2 years (£2.5m per year: total of £5m)
❑ Funding agreed in principle by the Maudsley Charity to enable the capital works (c. £2.53m) and fund pilot evaluation from King's Health Partners (£425k).
❑ South London and Maudsley NHS Trust (SLaM) is investing £600k per year for 3 years (total £1.8m) into a new Voluntary Community Social Enterprise (VCSE) Collaborative, in addition to an investment from NHS South East London Integrated Care Board (SEL ICB) of £200k per year for 3 years).

- **Long term commitment:**

  Although this is a pilot we are committed to a new way of doing things for the long term and if successful, hope to replicate the approach across the rest of Lewisham, and potentially beyond.

Key objectives for our new model

Using the new model we want to:

- **Take charge, build rapport,** maintain relationships and provide continuity of care, including through crises.
- **Actively involve families and networks**, focussing care around their agenda, and supporting carers as the most important resource for mental health care for service users.
- **Encourage individuals to be active citizens,** and enable them to achieve their aspirations rather than being defined by risks.
- **Incorporate lived experience at all levels** and work to inspire hope and improve team skills and culture, from peer support in Multi-Disciplinary Teams, to governance.
- **Have an open door philosophy** enabling easy access, reducing time spent in referral meetings and making time to meet with people instead. Offering a walk-in facility for the neighbourhood, with referrals accepted from all partners and crucially easy re-entry to service, facilitated by the relational ethos.
- **Address the social drivers of mental health** such as housing, employment, finance, substance use, leisure, race, culture, social inclusion, physical health, and share funding and decision making power with community organisations.
- **Enhance core mental health clinical, pharmacological, and psychological interventions**, ensuring purposeful care over 'check-ins' and assessments.

What is different for our patients and carers today?

N2C CMHT co-located to Community Mental Health Team co-located to 1 Southbrook Road.

- Working alongside PCMHT in the N2C local area

Extended hours Monday to Friday 08.00 - 20.00 and Saturday – Sunday 09.00 - 17.00

Mini MDT's being rolled out across the N2C caseload

DIALOG, Advance Choice Document, Anticipatory Management Plans and Crisis Plans embedded into care planning

Daily crisis slots are available (10am and 2pm)

Access to 24/7 Mountsfield Recovery House Guest Beds as an alternative to an inpatient admission

Home Treatment Teams and VCSE Recovery House providers embedded into N2C zoning meetings to improve access to Mountsfield Recovery House.

Day Programme Taster sessions completed in September and learning will inform the new model.

Increased number of carer and family information recorded on the patient record (on-going)

Co-produced Care stream model agreed

Co-produced PCMHT Intake and Triage integration agreed – One Team

Assertive Outreach care stream – live

- Team have a caseload and link with INT

Low Intensity Team Care Stream – signed off and due to go live

Psychosis, Personality Disorder and Trauma, Mood and Anxiety – in development

Staff development sessions provide a safe space for the N2C team

VCSE Collaborative organisations commissioned and engaged in service delivery

- Referral process in development

N2C staff team has increased to include; doctor, pharmacist, psychologists, MH Practitioners, Social workers, dual diagnosis etc.

Learning from the 24/7 Community Mental Health Centre is being shared with;

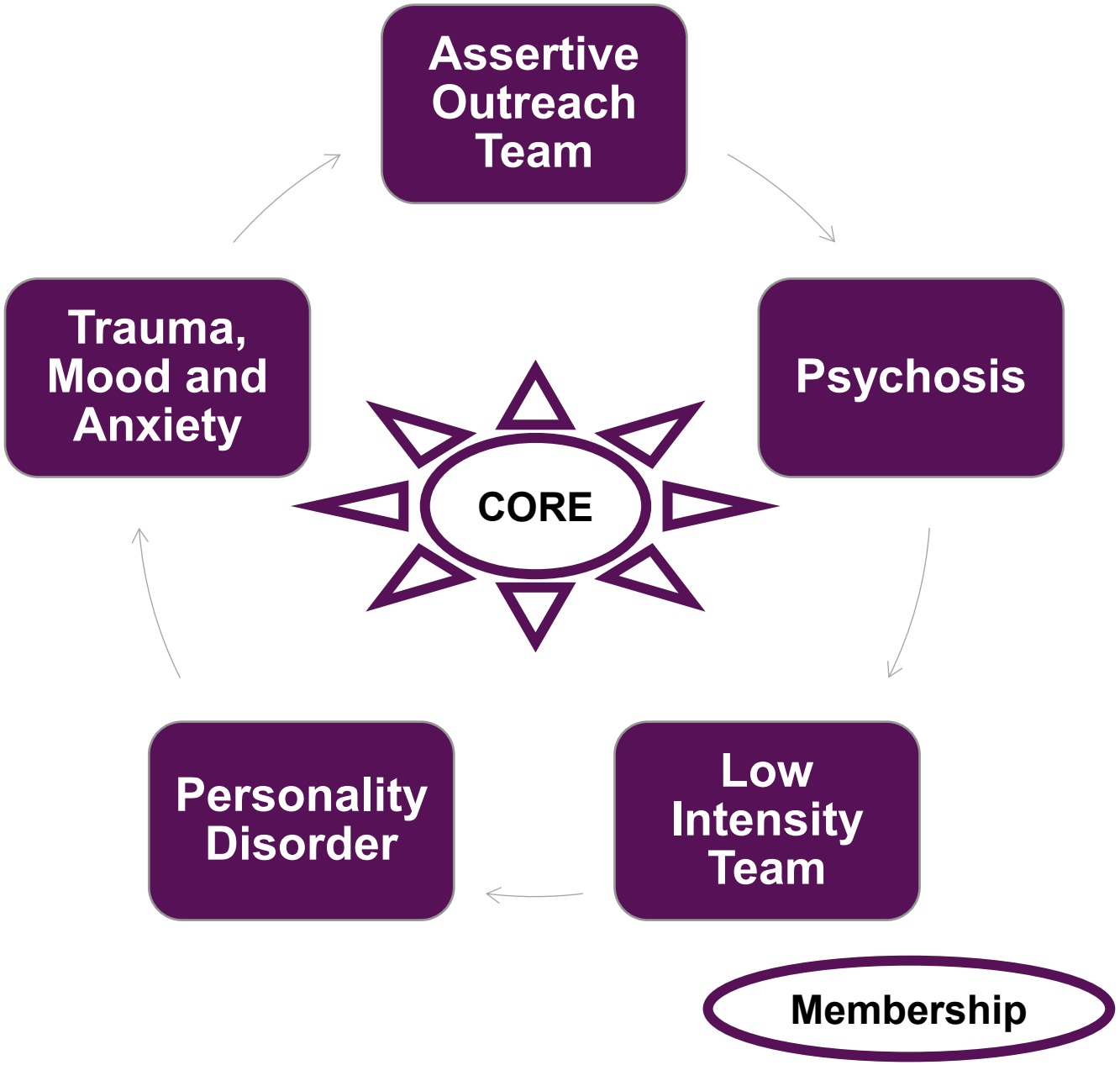
- Lewisham Directorate and other SLaM boroughs

Anti Racism Training delivered to all N2C staff

Cultural Competency and cultural humility to be embedded in the care model

- Questions inc. Mini MDT's, PEDIC

Care Stream Service Model



- Flexible ‘care streams’, built around a group of staff with specific interest/experience.
- Focus on delivering a ‘suite’ of interventions based on gold standards of care: NICE/SLaM.
- Staff work flexibly across teams and some professionals work across all (e.g. pharmacy, medics, Occupational Therapy).
- Move to Assertive Outreach approach (AOT) or Low Intensity Team (LIT); the cohorts which are likely to see more movement are framed as ‘more support’ or ‘graduating’.
- N.B. ‘Care streams’ do not hold a gatekeeping function; if someone is accepted to the CMHT they are allocated to one of these teams based on ‘best fit’—there is no wrong door.
- N.B. ‘Care streams’ (and a stated suite of interventions) might still be feasible without a team dedicated to delivery, but may pose challenges with fidelity (most especially, PD).

Delivery against the principles (1)

Core principles	Delivery in Lewisham N2 Community Mental Health Centre
1) **Trusting relationships** Everyone feels safe and cared for by the people providing support. People are supported to have ongoing/longer term relationships with staff who work hard to get to know them, what matters to them and earn their trust.	• Quality assurance that DIALOG is embedded in care planning via community matron audit through TENDABLE • Staff training on the implementation of PCREF principles and co-working with VCSE partners enabling culturally appropriate care. • Co-produced Staff Induction Pack reflecting new ways of working and for all staff to support new ways of working. • Implementation of Advanced Choice Document
2) **Continuity of care** People are not passed from one team or service to another. The same people support you whether you are at home, in crisis or need to stay in a bed.	• Rollout of Mini MDT's for N2C; all care plans are reviewed to ensure all service users have active interventions • Daily crisis slots available for all N2C patients • Use of local guest beds • HTT / Guest bed VCSE staff attending zoning meetings
3) **Neighbourhood-based** People can get the help and support they need close to where they live and in their own community	• Heather Close Mental Health Centre located locally to the population from Brockley, Blackheath, Catford, Central Lewisham, Crofton Park, Hither Green, Ladywell and Lee. • Interim estate TBC in September located locally for the population. • VCSE commissioned and are in premobilisation phase to support the service model.
4) **Open access** People can get help when they need it, where they need it, there is no criteria or referrals needed. It is easy to get a bed when you need it, and easy to leave when want to.	• Access to 24/7 Mounstfield Recovery House Beds to manage crisis with support from HTT. • Day Programme Taster sessions at Orchard Gardens completed and learning will inform the new model. • Membership model to enable rapid access for all.
5) **Close to primary care and system partners, collaborating with VCSE** There will be good links between your mental health care with your GP and other organisations or charities that provide support. They will work together.	• VCSE collaborative model funded by SLAM (£800K) to support an integrated local service model that is culturally appropriate and local. • Alignment with the wider SLaM and Lewisham Community Care Development Programme to deliver a One Team and One Centre Approach • One centre approach with PCMHT / CMHT

Delivery against the principles (2)

Core principles	Delivery in Lewisham N2C
6) Co-produced with community and people with lived experience People and families who use the services will be part of designing them and delivering them.	• Staff, service users, carers and co-chairs from the Lewisham Independent Advisory Group have helped design the service model and the Heather Close site. • Service user and co-chair of the Lewisham Independent Advisory Group have received training and are on the moderation panel to select a contractor for Heather Close building works. • Fortnightly staff development meetings with SLaM Partners to engage staff on the Lewisham N2C programme and clinical model. • Service users and carers form core group for workstreams to develop our model.
7) Services actively promote belonging and citizenship for all People who use services are seen as a whole person, just as important as anyone else in their community and are valued for who they are. Their human rights are upheld and protected, and they will be supported to do what matters to them.	• VCSE collaborative model funded by SLAM (£800K) to support an integrated local service model that is culturally appropriate. • Mini MDT's commenced in April for all patients, the embedded PDSA approach enabled the process to be refined; documentation used includes diagnosis, formulation and longer-term care planning (involving Dialog +/ACDs/AMPs/Crisis plans). Mini MDT's will support the wider caseload review of the CMHT. • VCSE posts funded by the 24/7 Community Mental Health Team.
8) Promoting freedom autonomy and choice People are in control of their own care and make choices about what they do and do not want	• Day Programme Taster sessions at Orchard Gardens completed and learning will inform the new model. • BME Forum allocated £10k to share patient experience and stories • Implementation of Advanced Choice Document

Delivery against the principles (3)

Core principles	Delivery in Lewisham N2C
9) **Do no harm** The services provided are aware that many people will have experienced difficult things in their lives and will ensure they cause no further harm	• Advanced Choice Document (ACD) / Anticipatory Management Plans (AMP) have been rolled out with teaching from the ACD team who will be embedded in the team. PCMHT work stream lead to support identification of eligible patients for ACD. • Proactive use of Mountsfield Recovery House including Mountsfield House staff are engaged in AMBER zoning meetings • Mountsfield house & HTT link worker as alternatives to A&E/ admissions is live. • Assertive Outreach Team interventions identified and aligned to the Community Care Development Programme. Care stream went live in mid - October 2025. On-going discussions Together for Wellbeing (Lot 3 provider) on embedding support for the Assertive Outreach cohort.
10) **All means all** These services are for everyone. Nobody is excluded. We will work hard to respect and respond to the reasonable adjustments people need	• VCSE collaborative model funded by SLAM (£800K) to support an integrated local service model that is culturally appropriate.

Collaborative working with the VCSE across Lewisham (1)

Lot 1: SE London MIND (Primary Care and Community Care Mental Health)

- This service will be a partnership of organisations that will support people with their mental health and wellbeing.
- The expectation is that a partnership of organisations will come together to deliver the entirety of the following interventions/initiatives:

❑Advocacy
❑Carers
❑Creative Activities
❑Employment and Vocational Support
❑Housing Support
❑Leisure Activities
❑Peer support
❑Social Groups
❑Social Inclusion
❑Welfare and Benefits Advice
❑Wellbeing Activities

Lot 2: Together for Wellbeing (Assertive Outreach)

- The service will provide an assertive outreach offer for people who are reluctant to engage in services, or who disengaged from services.
- The team will work closely with SLaM clinical teams and will use their electronic patient records.
- This service will provide holistic, engaging and trauma informed care and will work closely with SLaM clinical teams and will use their electronic patient records.
- They will work with a number of local teams including, but not limited to, the purpose of this service is to:

❑Reduce the need for people to access acute and crisis services
❑Reduce the need for detention under the Mental Health Act
❑Reduce the number of supported housing placement breakdowns
❑Work with those who have disengaged from clinical services to work with them to re-engage with clinical teams, if appropriate
❑The person supported who may be socially excluded including those with a:
❑History of relapsing and being detained under the Mental Health Act
❑Isolated
❑Dual Diagnosis
❑Physical Health Issues
❑Community Treatment Order and/or a history of being detained under Section 2 or 3 of Mental Health Act
❑Disengaged from mental health services.

Lot 3: Various local organisation (Culturally Appropriate and Faith Support for our black communities)

- This service will be a partnership of organisations that will support people with their mental health and wellbeing. The expectation is that a partnership of organisations will come together to deliver interventions that proactively engage with culturally diverse and faith communities to support them in their mental health.
- This service will be expected to deliver a range of initiatives and interventions including:

❑Community Development – to begin to build trust and co-design what initiatives and interventions will support improvements
❑To provide interventions and initiatives that support their health and wellbeing that has been identified by using DIALOG as an evidence-based outcome measure.
❑Evidence based non-eurocentric therapeutic interventions – 1:1 and group work
❑To build trust to prepare them to access statutory organisations.
❑Interventions may include, but not limited to:
❑Support for different cultural communities in Lewisham, that are also age appropriate, to build trust and access mental health and wellbeing initiatives.
❑Short-term individual therapeutic support tailored to the individual need
❑Group interventions to address racial trauma through group therapies.
❑Support young black men to build trust and access mental health and wellbeing initiatives
❑Provide advocacy that meets the cultural needs of the individual to help them effectively advocate for the care and treatment they need. The advocates will address the specific challenges racially minoritised people face and challenge racism and discrimination.
❑Creative activities
❑Leisure activities
❑Peer Support
❑Social groups
❑Social Inclusion
❑Wellbeing activities

Collaborative working with the VCSE across Lewisham (2)

Lot 3: Various local organisation) Culturally Appropriate and Faith Support for our black communities
• **Autism Voice** – Wellbeing support groups, wellbeing activities, advocacy and interpretation for neurodivergent service users and carers. • **Bold Vision** Feed the Hill - 'Shared Plates, Stronger Minds' project including weekly communal cooking and holistic peer support. • **Enable** (Lewisham Healthy Walks) – Walking Group featuring post-walk mental health workshops, activities and peer-support. • **Genesis Impact** – 'REACH: Address the MESS' a holistic programme for young Black men, combining faith-driven reflection and practical wellbeing tools rooted in African proverbs. • **Holistic Well Women** – Holistic mental health and wellbeing programme featuring expressive arts and movement, therapeutic art, peer support, nature-based wellbeing interventions and a safe space for Black men. • **Latin Hub & Dominicanos en** Accion- Wellness Days project delivering Access to Health advocacy, Latin dance and women's-only belly dance activities. • **Lite-Waves** – 'Re-Connect Tyn 'Men that Hurt'' a programme for young black men including intensive support, 1-to1 drop-in, community events and advocacy. • **Mabadiliko** – Emotional Support Groups (ESGs) for Black African and Caribbean communities, with specialist neurodivergent sessions and enhanced individual support. • **Red Ribbon Living Well** – Creative workshops (sewing, crocheting, textile earrings), peer support, mental health discussion workshops, community champions advocacy and outreach work for black and ethnic minority communities. • **Rock-I** – Christian-led Church-based project offering social clubs, hot meals, creative and digital skills activities and counselling services. • **Saving Souls Hub** – Christian-led holistic mental health projects including foodbank, women's self-defence and men, women and youth football with supplementary mental health forums. • **Therapy 4 Healing** – 1-to-1 therapeutic support and group support sessions for Black and culturally diverse communities. • **Youths in Mind** – Peer support and faith-sensitive mental health workshops for Muslim women and young people.

Overarching challenges for the Lewisham N2C Community Mental Health Centre

Challenge	Mitigation plan
Implementation of the programme • Shifting the dynamic between the programme lead/team and the N2C neighbourhood team – such that they are clearly supported to lead and drive the work. • Care model will cover large amount of clinical and care processes and may take time to implement. • Care model may seek to challenge some historic ways of working, on top of existing level of change fatigue across the organisation.	• Focused implementation against the milestone plan. • Robust communication and engagement plan focussed on hearts and minds of staff that results in a positive shift in culture, embracing new and effective ways of working. • Clear communication processes with staff teams to manage concerns associated with the consultations and implementation of the new model. • Continue to liaise with the Lewisham Directorate to ensure that the Pilot timeframe for delivery is clear to all.
Communication • Gaps in Communication and engagement with key stakeholders across all system partners	• Comms and Engagement strategy signed off and being implemented. This includes comprehensive stakeholder engagement with regular and transparent communication to all system partners. • On-going coproduction with Service users, carers (inc. SUCAG), local community representatives and staff so they are kept informed and involved in decision-making processes. • Continued engagement with the wider community groups, neighbours, and other relevant stakeholders.
Recruitment • Recruiting high calibre candidates with the right skills to the new posts within the agreed timelines.	• Robust recruitment planning, recruitment and attraction campaign & streamlined recruitment processes.
Building woks delays • Delays to the refurbishment timeline for Heather Close.	• Robust programme plan with oversight by the Trust and Lewisham N2C Programme.

Lewisham Local Care Partners Strategic Board
Cover Sheet

Item 5
Enclosure 5

Title:	**Joint Forward Plan and Planning Guidance Update**
Meeting Date:	**27th November 2025**
Author:	Charles Malcolm-Smith, Associate Director for System Development (Lewisham),
Executive Lead:	Ceri Jacob, Place Executive Lead (Lewisham)

Purpose of paper:	To provide the board with an update on progress with delivery of the Lewisham Health & Care Partnership (LHCP) priorities and the requirements for future plans at place.	Update / Information	*x*
		Discussion	
		Decision	

Summary of main points:	The LHCP has identified four priority areas that were included in the JFP for 2025-26: • To strengthen the integration of primary and community-based care • To build stronger, healthier families and provide families with integrated, high quality, whole family support services. • To address inequalities throughout Lewisham's health and care system and tackle the impact of disadvantage and discrimination on health and care outcomes • To maximise our roles as 'anchor organisations', be compassionate employers and build a happier, healthier workforce Significant progress has been made in the delivery plans across the four areas. Since the JFP was agreed the national '10 Year Health Plan for England' has been published, and there is good alignment between with the JFP priorities and plans. Subsequent national guidance including the Medium Term Planning Framework and Strategic Commissioning Framework will inform development planning at both place and south east London levels.
Potential Conflicts of Interest	None identified
Any impact on BLACHIR recommendations	Addressing inequalities is a specific priority within the Lewisham place plans and is supported by actions including investing in local VCSE groups to work with local communities and focus on wider determinants of health.

	Bexley		**Bromley**	

Relevant to the following Boroughs	**Greenwich**		**Lambeth**	
	Lewisham	✓	**Southwark**	
	Equality Impact	Initiatives and actions are identified that support population health and reduce inequalities, and include targeted interventions such as the GP youth clinics, investment in VCSE groups to work with local populations to improve access and screening rates.		
	Financial Impact	Financial sustainability is one of two priorities for the JFP for south east London included financial sustainability as a priority and the impact on system sustainability was identified for each priority area.		
Other Engagement	Public Engagement	Lewisham's approach to engagement has been outlined in the place JFP including through the People's Partnership, family hubs and GP youth clinics, mental health community engagement sessions, and working with community groups.		
	Other Committee Discussion/ Engagement	LCP Strategic Board 27th March 2025		
Recommendation:	The board is asked to note the delivery progress against the four Lewisham JFP priority areas, alignment with the '10 Year Health Plan for England' and updates on planning guidance and frameworks.			

Lewisham Health and Care Partners Strategic Board

Joint Forward Plan and Planning Guidance Update

1. Introduction

The purpose of this paper is to provide the board with an update on progress with delivery of the Lewisham Health & Care Partnership (LHCP) priorities and the requirements for future plans at place. It will cover:

- Summary action and delivery progress for the Lewisham Joint Forward Plan 2025-26
- Comparison: 10 Year Plan and Lewisham JFP
- NHS Planning Frameworks update

2. Lewisham Joint Forward Plan 2025-26

The board endorsed the SEL ICB Joint Forward Plan for 2025-26 that outlined strategic priorities for health and care services across South East London, including specific initiatives for Lewisham. The table below summarises delivery progress across the four priority areas:

- To strengthen the integration of primary and community-based care
- To build stronger, healthier families and provide families with integrated, high quality, whole family support services.
- To address inequalities throughout Lewisham's health and care system and tackle the impact of disadvantage and discrimination on health and care outcomes
- To maximise our roles as 'anchor organisations', be compassionate employers and build a happier, healthier workforce

Summary Actions for 2025-26	Delivery Progress
1. **To strengthen the integration of primary and community-based care** Through our Integrated Neighbourhood Network Programme, building on existing work across the partnership to improve the delivery and integration of community-based care at a neighbourhood level and will establish the model, infrastructure and framework required to deliver integrated neighbourhood working across health and social care, while ensuring there is alignment with family hubs and	• Established INT across 4 Neighbourhoods/7 PCNs footprint, proactive health & wellbeing support to patients with multiple long-term conditions, initially on Cardiovascular Disease. • Proactive MDM introduced in June 2025 • INT Outcome Framework including Performance Reporting, continue to facilitate population health management (PHM) sharing and effective use of data

programmes for children and young people:
 	
• Establish the new Integrated Neighbourhood Model and Teams (INTs): targeted proactive support and identification of preventative needs for people with 3+ LTC.
• Improve Multi-disciplinary Meetings for most complex patient cohort working and management of discharges of significantly complex patients
• Developing new Community Hubs, building on the model established in the Waldron Centre
• Continuing primary care access improvement plans
• Admission Avoidance: averting crisis attendances at Emergency Department, developing Urgent Community Response, Assistive Tech pilot to reduce fallers in the community/care homes
• Discharge/ 'home first': Virtual Ward and reducing the barriers to discharges direct into care homes
• 111 re-procurement and delivery of a same day urgent care shadow running from autumn 2025
• Primary, community and secondary care working jointly to improve referral pathways
• Proactive Ageing Well Service to identify frail people who will benefit from a geriatric assessment
• For mental health, implementing the VCS co-operative project, the 24/7 Community Model in Neighbourhood 2, and developing alternative opportunities for early intervention and support
	and real-time information across organisations, enabling holistic care for residents. INT Dashboard in Healtheintent built and ready to use.
	• Primary Care Access: all practices now using cloud based telephony and accessible online, public communications campaign launched
	  • Month on month increase in NHS APP registrations
	  • Good engagement with the London Improvement Grant (LIG) and Utilisation and Modernisation Fund (UMF) to create additional clinical space
	• Primary / secondary interface group fully operational
	• The Proactive Ageing Well Service (PAWS) fully operational since June 2025 to deliver targeted support for frail individuals aged 65+, with a focus on improving quality of life and reducing avoidable hospital admissions Service
	  • 5 Comprehensive Geriatric Assessments (CGAs) completed per week, equating to 25–27 per month; 226 patients identified for CGA referral
	  • Most patients accept Universal Care Plans
	• For mental health, implementing Community Model in Neighbourhood 2

2. **To build stronger, healthier families and provide families with integrated, high quality, whole family support services.**	• Working with young people and other key stakeholders to develop a borough-wide GP Youth Clinic offer for 13–25-year-olds with the

Establishing the integrated model for family hubs across Lewisham and to identify the integrated pathways that can be delivered through family hubs: • Review of the GP Youth Clinic model and integration with wider adolescent health services, with the longer-term aim of creating an integrated Adolescent Health and Wellbeing offer. • Establishing key elements of the Start for Life Perinatal and Infant Mental Health programme as a core offer in Lewisham. • Bringing wider Children and Young People (CYP) community health services and primary care into the Family Hub model to replicate the Adult Integrated Neighbourhood model.	addition of integrated targeted youth work. Borough-wide offer expected to be in place early 2026-27 replacing the current two pilot PCN models. • 0-2 Start for Life Perinatal and Infant Mental Health Programme now confirmed as core offer within Lewisham CAMHS and progress being made to develop an offer for 3–5-year-olds to address this gap and align with other SEL boroughs. • CYP Integrated Neighbourhood Health model – Partnership plans are progressing to develop more health services within the Family Hub offer; work progressing to develop Local Child Health Team pilot within one PCN, alongside plans to coproduce an Integrated Neighbourhood Health offer in 2026-27 supporting the shift to prevention and community.
3. **To address inequalities throughout Lewisham's health and care system and tackle the impact of disadvantage and discrimination on health and care outcomes** Reducing the inequalities experienced by those who are most disadvantaged in Lewisham, reducing the gap in poor health between the best and the worst off through dedicated programmes and by ensuring a health inequalities approach is incorporated into everything that we do, building on the progress achieved in the 2022-24 Health Inequalities & Health Equity Programme: • Actions focusing on specific wider determinants areas in line with new Health and Wellbeing Strategy – poverty, housing and education e.g. testing poverty proofing approaches for 2-3 key clinical pathways in Lewisham.	• Including housing support as a key element of the prevention element of integrated neighbourhood health teams • Commissioning VCSE groups (e.g. AAF) to work with health and social care services • 6 health equity fellows appointed to support inequality work in the borough, working with VCSE groups co-producing community-based projects • Pilot trial of Community Health and Wellbeing Workers x 4 across one Lewisham neighbourhood

• Through work across neighbourhood areas piloting debt/benefits advice based in health and social care settings i.e. in selected GP practices within target PCNs. • Working closely and investing in local VCSE groups to bridge gaps between statutory services and communities, for instance to improve cancer screening rates • Working with partners to identify opportunities to intervene earlier and prevent ill health, better recording of risk factors and management of CVD related LTCs in primary care • Tackling risk factors of preventable causes of death and ill health such as smoking and rolling out new services to improve management of hypertension and atrial fibrillation	
4. To maximise our roles as 'anchor organisations' as employers: • Community workforce and integrated neighbourhood teams • To look at entry level roles – strong preference for the AHP type of support worker role with also a suggestion about health and well-being coaches • Areas for consideration: development pathway through rotations, employment and transfer between organisations; access to apprenticeships • Co-ordinated and joint recruitment initiatives: shared calendar of recruitment events to co-ordinate planning; establishing links between recruitment teams and council's "Lewisham Works" team for joint advertising of roles and joint recruitment events	• Recruitment and onboarding of new clinical and support roles in INTs including caseworkers, health and wellbeing coaches, community link workers and clinical pharmacist prescribers; employment and integrated management arrangements across PCNs and LGT • • The organisational development plan for INTs includes joint training for frontline staff and managers, for example to develop understanding of problem-solving and improvement methodologies and how to collaborate for change

• Joint training and OD approach to improve joint working and making every contact count	

3. Comparison: 10 Year Plan and Lewisham JFP

'Fit for the Future: The 10 Year Health Plan for England' was published in July 2025. It sets out a long-term strategy to make the NHS more preventive, community-based and digitally enabled. In particular it focuses on three major shifts: moving care closer to home, harnessing technology to improve access and efficiency, and prioritising prevention to reduce health inequalities and extend healthy life expectancy, as well as other key requirements such as workforce, innovation, and productivity and finance.

A comparison between Lewisham's current plans and priorities in the JFP shows that overall, Lewisham is well positioned on community-based care, inequalities and prevention, though with some areas for further plan in workforce planning, digital transformation, and embedding new models care.

From Hospital to Community		
National Plan	**Lewisham JFP**	**Alignment**
• Shift care from hospitals to neighbourhoods. • Establish Neighbourhood Health Centres. • Expand virtual wards and same-day emergency care. • Prioritise integrated, multidisciplinary teams.	• Integrated Neighbourhood Teams (INTs). • Development of community hubs and Family Hubs. • Admission avoidance, home-first discharge, and community-based mental health.	Lewisham is already implementing many of the national plan's ambitions at place level.
From Analogue to Digital		
National Plan	**Lewisham JFP**	**Alignment**
• NHS App as a "digital front door". • Single Patient Record. • AI scribes, digital triage, and remote monitoring. • Digital inclusion and patient empowerment.	• Data sharing, digital systems, and population health management. • Plans to expand digital wellbeing offers and remote monitoring. • Recognition of digital as a key enabler for integrated care.	Further develop of digital offer

From Sickness to Prevention		
National Plan	**Lewisham JFP**	**Alignment**
• Focus on prevention, early intervention, and tackling health inequalities. • Obesity, smoking, mental health, and genomics as key areas. • Integration of health with housing, employment, and education.	• Focus on health inequalities, especially for Black and Mixed heritage communities. • Start for Life, youth clinics, and mental health literacy projects. • Debt and benefits advice in health settings. • Use of VCSE partnerships to reach underserved groups.	Lewisham is already delivering many of the prevention and inequality-focused interventions the national plan calls for.
Workforce: Fit for the Future		
National Plan	**Lewisham JFP**	**Alignment**
• Modernise training, expand apprenticeships, reduce reliance on international recruitment. • Emphasis on anchor institutions, local employment, and flexible working.	• The JFP identifies the anchor institution role and outlines ambitions for entry-level roles, joint recruitment, and apprenticeships. • Detailed workforce plans are not yet in place. • There is recognition of the need for a coordinated approach to workforce development.	Identified as a priority, but further delivery plans to be developed.

4. NHS Planning Frameworks

Implementation of the 10 Year Plan is being supported by the publication of further guidance, including the Medium Term Planning Framework and Strategic Commissioning Framework.

The planning timetable set out in the Medium Term Planning Framework requires first submission of plans before Christmas that will include 3-year numerical plans covering workforce, finance and performance trajectories. Final plans will be expected in early February, including refreshed numerical plans and a 5-year narrative plan. The Place

contribution to these plans is being finalised, but it is likely that this will include an update of key areas previously covered in our JFP, recognising the requirement for a Neighbourhood Delivery Plan and the 'three shifts' of the 10 Year Plan.

The Strategic Commissioning Framework focuses specifically on the role of ICBs in commissioning NHS services, updating the commissioning cycle and setting out the important enablers for long-term, strategic, population-based commissioning. This framework also highlights the role of place-based partnerships in identifying and responding to local needs.

Further guidance is expected including a model neighbourhood framework and a National Neighbourhood Health Planning Framework.

5. Summary

The LHCP has identified four priority areas that were included in the JFP for 2025-26. Significant progress has been made in the delivery plans across the four areas. Since the JFP was agreed the national '10 Year Health Plan for England' has been published, and there is good alignment between with the JFP priorities and plans. Subsequent national guidance including the Medium Term Planning Framework and Strategic Commissioning Framework will inform development planning at both place and south east London levels.

Charles Malcolm-Smith
Associate Director for System Development

Lewisham Local Care Partners Strategic Board
Cover Sheet

Item 7
Enclosure 6

Title:	Update on Hypertension Programme in Lewisham
Meeting Date:	27th November 2025
Author:	Jonathan McInerny, Head of Long Term Conditions and Cancer (Lewisham)
Executive Lead:	Laura Jenner, Director of System Development (Lewisham)

Purpose of paper:	The purpose of this paper is to provide an update on the Hypertension programme in Lewisham.	Update / Information	✓
		Discussion	
		Decision	

Summary of main points:

The attached presentation outlines the background and current position in regard to development and implementation of the 2-year Hypertension Programme in Lewisham.

In March 2024, Lewisham Local Care Partners Strategic Board approved the Business Case for Improving Hypertension Management in Lewisham.

Key parts of the BC include:

- VCSE specialist engagement advice and delivery service
- Neighbourhood training for primary care non-clinical teams and community
- Primary care incentive scheme for practices to improve the overall rate of controlled hypertension for their diagnosed hypertensive patients.

VCSE service

An ITT procurement was carried out from October 24 to January 25, and the 2-year contract was awarded to Africa Advocacy Foundation. The service formally began in April 25 with the appointment of 2 part time co-ordinators to deliver the work.

Called “Let’s Talk Blood Pressure”, the service aims to raise awareness of hypertension across the local population, particularly in the more deprived parts of Lewisham and with the Black African and Caribbean communities.

A website About | Let's Talk Blood Pressure has been established and printed material published to promote their work. In addition, 14 Hypertension champions have been recruited from the local community. A calendar of public engagement sessions has been put in place around the borough focusing on the Core20 and

black African and Caribbean communities. Full evaluation of the programme will be carried out with King's College London.

Hypertension Training Sessions

A series of training sessions at the neighbourhood level have been scheduled in 25/26 that are aimed at patients with hypertension and primary care staff working in the field. The first event was held on October 22 at Forest Hill Pool in Neighbourhood 4 and another two half day events in N1 and N2 are planned for January 21st at Wavelengths Leisure Centre in Deptford and March 11th at Glass Mill Leisure Centre in Lewisham.

Planning and holding the training sessions has been a result of collaboration between various partners including the Health Equity Team, Clinical Effectiveness South East London (CESEL), the INT Health and Wellbeing Coaches, GLL Leisure services, Africa Advocacy Foundation (AAF), the Training Hub, the Lewisham Medicines Optimisation Team and a local community pharmacist.

Publicity of the October 22nnd event was promoted on the ICB's website, social media accounts and through local practices and pharmacies. A text message was also sent to hypertensive patients by the local PCNs a week before the event. The October 22 session was well attended with over 50 participants and very positive feedback. 5 stalls were held in the open area that were hosted by local PCN/practices, pharmacists, AAF and GLL.

Primary Care Incentive Scheme

£120k per annum budget over 2 years has been allocated to incentivising primary care to improve hypertensive control. All 6 PCNs have signed up to the MOU. A separate MOU will be signed shortly with Ravensbourne PCN to retrospectively take affect from 1st October 2025.

Under the MOU, PCNs were encouraged to agree a Hypertension lead and agree an action plan for meeting the NICE target of 80% of people with diagnosed hypertension treated to the NICE blood pressure targets. The MOU also included a condition that payment will only be made if the gap between the highest and lowest performing practices is less than 20%.

Some of the actions agreed by the PCNs include: appointment of a clinical pharmacist to lead the project, dedicating one day per week specifically to treating patients with severe hypertension (particularly those who haven't been seen for more than 18 months), creating individualised treatment plans for patients with severely uncontrolled blood pressure, targeted management of patients with severe hypertension through medication reviews, prescribing, and regular follow-up care, sending SMS texts to patients with links to do their BP test on machines in reception or reply with current blood pressure should they have a home BP machine, and holding regular drop-in clinics to detect Hypertension and other conditions such as AF.

50% of funds were initially released to PCN while the remaining 50% of funds will be allocated based on how far PCNs have met 70% of the NICE Target in the first year. We are currently finalising with the Population Health Team how well the PCNs have performed in the first year of the scheme and will release the moneys shortly. Preliminary results suggest that there has been an improvement over the

	last year but some PCNs may not be meeting the target. Latest data at the borough level in South East London can be found in the attached slides.			
Potential Conflicts of Interest	None			
Any impact on BLACHIR recommendations	This programme seeks to build on the areas for action from the BLACHIR report within the resident engagement and community approaches workstream. We have consulted with key partners and organisations and have adjusted our programme to reflect these discussions.			
Relevant to the following Boroughs	**Bexley**		**Bromley**	
	Greenwich		**Lambeth**	
	Lewisham	✓	**Southwark**	
	Equality Impact	The aim of this programme to improve the diagnosis and self-management of hypertension within the borough, particularly from the Core20Plus5[1] and the black African and Caribbean communities.		
	Financial Impact	The total budget for the programme is £372,000 over a period of 2 years (£186,000 per annum).		
Other Engagement	Public Engagement	A co-design workshop with the local VCSE sector was held on September 10th 2024 to develop the service specification and KPIs for the new service. Further public engagement with local stakeholders will be carried out in 2025 and 2026.		
	Other Committee Discussion/ Engagement	The Hypertension Business Case was approved by the Lewisham Local Care Partners Strategic Board on March 14th 2024. The Hypertension Programme has also been discussed at • SMT • Lewisham CVD Operational Group		
Recommendation:	The Board is asked to note significant progress has been made to implement the Hypertension Programme in Lewisham, but further work will need to be done to ensure its core aims are delivered in the future.			

[1] Core20Plus5 is a national approach to reduce health inequalities for 20% most deprived part of the population that focuses on 5 clinical areas: asthma, diabetes, epilepsy, oral and mental health

South East London Integrated Care System

NHS South East London

Lewisham Hypertension Control Programme Update

Jonathan McInerny
Head of LTC and Cancer

Business Case

- Improving Hypertension Management in Lewisham Business Case was approved by the Lewisham Local Partners Strategic Board in March 24
- Key parts of the BC include:
  - **VCSE** specialist engagement advice and delivery service
  - **Neighbourhood training for primary care non-clinical teams and community**
  - **Primary care incentive scheme** for practices to improve the overall rate of controlled hypertension for their diagnosed hypertensive patients.

Hypertension VCSE service

- Awarding of contract to Africa Advocacy Foundation in January
- Service began in April, with employment of 2 Project Co-ordinators
- Monthly Working Group meetings in place to steer the programme
- Working group includes Comms, CESEL, HEF, MOT colleagues
- Soft launch in June with articles in SEL ICB website, ICS newsletter
- Name of service is called ‘Let’s Talk Blood Pressure’ with strapline – ‘Spot it, Check it, Treat it’
- Letters to be sent out GP practices and pharmacies about the service

Hypertension VCSE service

- Website established for the new service: About | Let's Talk Blood Pressure
- Printed material published for the service:
- https://drive.google.com/drive/folders/1mE40ErB0r_-B0-fPBfpEYrcPdTD5uiZ7?usp=sharing
- 14 Hypertension champions have been recruited in addition to a pool of 36 they already have
- Training on Hypertension Awareness and BP testing has been provided to the champions
- 40 BP Test kits purchased
- Calendar of public engagement sessions inaugurated around the borough focusing on the Core20 and black African and Caribbean communities.

Evaluation

- King's College London are leading evaluation of the service
- Questionnaires for patients with QR code have been created
- These will include demographic info plus 5 lifestyle questions
- Clinicians will also be surveyed
- Work on Qualtracks data collection portal to be completed
- However, AAF have already started collecting the KPI data.
- Quarterly results will be shared with Working Group
- Annual report for the first year will be completed by March 26

Neighbourhood Training Sessions

- Neighbourhood 3 Workshop held in April 24 in collaboration with colleagues from CESEL and Health Equity Fellows
- Neighbourhood Training sessions are being held on 22nd October, 21st January and 11th March
- Neighbourhood 4 will be held first with N1 and N2 afterwards depending on venue availability
- Steering group set up with CESEL, HEF, MOT, AAF and ICB colleagues
- Audience will be local community and non-clinical primary care staff
- Venues will be local leisure centres

Agenda for Training Sessions

- Intro and context setting by Dr Aaminah Verity
- Hypertension – a silent killer it's everyone's business – interactive session led by CESEL
- Intro to 'Let's Talk Blood Pressure' programme and interactive session on how to take Blood Pressure tests - AAF
- Hypertension medications – MOT and Local Pharmacy
- Health Equity Fellow team programme in Lewisham with focus on each Neighbourhood – local HEF and VCSE service
- PCN Lifestyle Coaches deliver nutritional advice and Leisure Centres' staff on physical exercise programmes

Neighbourhood Training Session on Oct 22nd

- Held in Forest Hill Pool – Studio 2
- Half day event with wide range of interactive speeches
- Items on Nutrition/Exercise/BP Testing/Medicines with Q&A
- > 50 participants attended - mostly patients with high BP
- Very positive feedback from everyone
- Many request more of these type of events in future
- 5 stalls hosted by local PCN/practice/pharmacy/VCSE

Primary Care Incentive Scheme

- £120k p.a budget over 2 years for incentivising primary care to improve hypertensive control
- All 6 PCNs have now signed up to the MOU
- Meetings held with every PCN in Nov/Dec 24
- All PCN Action Plans have been submitted and agreed
- 50% of funds have been released to PCN for first year
- Remaining 50% of funds will be allocated based on how far PCNs have met the NICE Target in first year

South East London Integrated Care System

NHS South East London

Hypertension Control Data Analysis

- Pop Health team have been collecting and analysing data
- 38,115+ diagnosed hypertension patients across our PCN network, focusing on achievement against the NICE 80% control target
- Trend analysis over the last year has shown some improved trajectories
- Pop Health Data also cover gap between top and lowest performing practices in each PCN (20% cap)

Management of Hypertension to NICE guidance – latest data

Patients with hypertension treated to NICE guidance to 80% by March 2025 is a national objective. Performance is reported against straight line trajectories for each LCP to achieve the 80% target by March 2026.

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

.

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

Hypertensive Control Performance

- There has been some progress in Lewisham in meeting NICE target over the year
- Pop Health team is providing detailed breakdown of this data by PCNs
- With the final data report, we will meet with each PCN Clinical Director to discuss progress
- Payment for final 50% will be allocated in the autumn based on performance

Lewisham Local Care Partners Strategic Board
Cover Sheet

Item 8
Enclosure 7

Title:	**Main Grants Programme 2026-29**
Meeting Date:	**27th November 2025**
Author:	James Lee/Sakthi Suriyaprakasam
Executive Lead:	Steve Evison, Executive Director of Place

Purpose of paper:	To provide an update on the Main Grants Programme and approach to funding for the next round	Update / Information	√
		Discussion	
		Decision	
Summary of main points:	Context of the Programme Learning from the last round and key considerations for the next Consultation undertaken with the VCS Programme Priorities Timeline		
Potential Conflicts of Interest	N/a		
Any impact on BLACHIR recommendations	Yes, the programme has specific support to build the capacity of Black-led organisations in Lewisham		

Relevant to the following Boroughs	**Bexley**		**Bromley**	
	Greenwich		**Lambeth**	
	Lewisham	✓	**Southwark**	

	Equality Impact	A full EIA will be provided in January 2026 alongside the M&C report
	Financial Impact	The Main Grants Budget has a significant contribution from the Better Care Fund
Other Engagement	Public Engagement	Yes through VCS consultation undertaken March-May 2025
	Other Committee Discussion/ Engagement	

Recommendation:	The Board is to recommend: 1. Context of the Programme 2. Learning from the last round and key considerations for the next 3. Consultation undertaken with the VCS 4. Programme Priorities **5.** Timeline

Lewisham Main Grants

2026-2029 Programme

Background

- Main Grants Programme let in April 2022 for a 3-year cycle – extended to 4 due to NCIL (2022-26)
- Cut to the programme of £800k from previous cycle – funding pot £2,459,308 inc. NHS funding of £623,000 (Better Care Fund)
- Covid recovery key to criteria with consultation - summer 2021
- From 1 April 2025 - reduction of £130k of Partnership Grant
- From 1 April 2026 - A further reduction of £217k agreed as part of savings proposals effective from April 1, 2026.
- This reduces the overall programme value to £2,112,308 including the BCF element - 30% real terms reduction (14% cash) in funding since 2022.
- Consultation on new round ran from 31st March – 25th May

Key considerations for the next round - learning from this round

- Cost of living and financial hardship have an ongoing impact on residents
- Increasing demand for advice and support that is more complex
- Ongoing need for preventative services on health and well-being that support residents to remain well and be engaged in their communities, and reduces the need for more intensive Adult Social Care and Health services
- The Community Fundraiser programme shows the value of capacity building and support to bring in external income
- Ongoing need for support of Black-led organisations to develop and thrive but work to date proves the benefit of supporting specific communities/types of services directly

Key considerations for the next round - learning from this round

- A disconnect between the ‘funded’ VCS and the wide variety of activity that happens at a local level through organisations such as Churches or less formal voluntary groups

- Arts and Culture funding needs to be more closely aligned to the wider programme and Cultural Strategy action plan

- Need for capacity building and advocacy for provision both geographically (i.e. in areas with limited provision overall) or for certain groups (i.e. people or groups of people who needs are not met well locally)

Key considerations for the next round

- Move to a place-based model:
  - Development of Family Hubs
  - Integrated Care System Neighbourhoods
  - Economic Development Town Centre focus
  - Healthy Neighbourhoods and Sustainable Streets
  - Focused activity such as the Catford Forum
  - Neighbourhood Community Infrastructure Levy (NCIL) funding
  - Adult Community Mental Health pilot
- VCS needs to be more aligned to Integrated Neighbourhood Model
- Some areas have better infrastructure & capacity than others
- In the context of decreasing council funds, diminishing frontline services vs. investment in capacity building
- With ending of the Assemblies Programme, what capacity is needed in local areas for communities to lead?

Consultation Option1: Maintaining Current Priorities

- Continuing funding is proposed for successful programs, albeit at reduced levels, to maintain service impacts
- Services would deliver against the current 2022-2026 main grant criteria
- Continue to fund those infrastructure programmes that we have assessed as meeting an ongoing need. This option therefore includes:
  - Social Prescribing
  - Community Fundraisers
  - Voice and Representation of the VCS
  - Digital Inclusion support
  - Black-led Infrastructure Programme
  - Grants to support Health and well-being
  - Arts and culture grants with a closer alignment to the cultural strategy

Consultation Option 2: Place-based and Infrastructure Funding Model

- Moving to a focus on integration with neighbourhood teams, locality-based infrastructure and coordination including local capacity building.
- Recognising the limitations of Council resources, this model aims to build local capacity for front line services for a long-term service impact
- To support a stronger and more integrated VCS
- To seek to align our VCS more closely to the place-based approach, and specifically the four Integrated Neighbourhood Teams (INTs)

Key themes from the consultation

- Strong support for neighbourhood-focused delivery and borough-wide infrastructure
- Emphasis on supporting equalities groups, digital inclusion, and arts and sports organisations
- Recognition of the need for transitional support for current grant holders

Outcomes of the consultation

Introduction of a place-based neighbourhood model with £900,000 per annum allocated across four areas.

Borough-wide infrastructure grants targeting specific communities and themes.

Transition Grants to support existing frontline services

Commissioning of Advice Services

- Advice services will be commissioned rather than grant funded
- This change ensures better integration with other Council services and clearer service specifications
- £600,000 will be allocated from the overall Main Grants budget to fund commissioned advice services
- Advice service will be part of a broader council-wide Financial Resilience Strategy

Neighbourhood Grants

Lewisham Main Grants 2026-2029

How will they work?

Key Expectations of Neighbourhood Grants

In each neighbourhood we will seek to fund one organisation or a formal partnership with one lead applicant, delivering on a package of Neighbourhood-focused services to:

- Providing a service front-door to help residents find the services they need in the community
- Identifying unmet needs in your local area and working directly with communities and local organisations to develop services
- Fundraising support including direct bid writing for priority services in your neighbourhood
- Capacity building for local organisations and groups
- Dispersing funds within the neighbourhood
- Keyworking with Integrated Neighbourhood Teams to support vulnerable residents to link in to health to the wider VCS

Borough-wide Grants

Lewisham Main Grants 2026-2029

Purpose of Borough-wide grants

To work closely with Council and health partners to ensure alignment with corporate and health priorities

To provide voice and representation for communities and VCS services and organisations

To influence the strategic direction of the Council's work

In the case of Arts and Culture, to support Lewisham's Cultural Strategy

What infrastructure support will be delivered at a borough-wide level?

Infrastructure and Capacity Building for:

- Black-led organisations
- Arts and Culture
- Digital Inclusion support
- Sports

And for the following Equalities-based areas

- Adults with Learning Disabilities
- Sanctuary Seekers
- LGBTQ+ residents

Transition Grants

Lewisham Main Grants 2026-2029

Purpose of Transition Grants and Eligibility Criteria

Purpose:	Eligibilty:
• Support front-line organisations during the transition to a new funding model • Help build resilience and adapt to infrastructure-focused funding • Recognition that the sector needs a bridging period	• Must be funded by Lewisham Main Grant from April 2022 to March 2026. • Must not be successful in applying for a new Main Grant. • Must submit a separate application for the transitional grant

Timeline

Stage	Approximate timescale
Main Grants consultation	31st March – 25th May2025 (8 weeks)
Post-consultation report to Safer Stronger Communities Select Committee	4th June 2025
Post-consultation report to M&C	9th July 2025
Main Grants applications launch	14th July
Applications close	6th October (12 weeks)
Assessments	October – Nov
Internal engagement	December
Recommendations to M&C	21st January 2026
Grants begin	1st April 2026

Lewisham Local Care Partners Strategic Board
Cover Sheet

Item 9
Enclosure 8

Title:	Lewisham LCP Performance Report
Meeting Date:	27th November 2025
Author:	Ceri Jacob and Ellen McGale
Executive Lead:	Ceri Jacob, Lewisham Place Executive Lead

Purpose of paper:	To provide a general update to the Lewisham Care Partnership Strategic Board on how the LCP is performing against national targets that are primarily delivered at Place. To provide information on work to address performance against the physical health checks for people with Serious Mental Ill Health (SMI)	Update / Information	*x*
		Discussion	
		Decision	
Summary of main points:	Lewisham LCP is responsible for improving performance against a range of national targets. These all have implications for addressing health inequalities in our population. Performance against the targets is variable with some proving particularly challenging to improve. The full performance report for October 2025 and the summary report for October 2024 are attached as Appendix 1. For many targets, performance is very similar to the same time last year. There are some exceptions: • CHC – now achieving all targets compared to last year where two of the three were missed • Breast cancer screening is up 3% • GP access – appointments per 1000 population has increased from 287 to 298 however, the percentage of people seen within two weeks has reduced from 88% to 85%. • Children's vaccines are all marginally down with the exception of MMR 1. Further detail on performance against the target for physical health checks for people with SMI (which remains challenging) and work to improve performance is included as appendix 2.		
Potential Conflicts of Interest	None noted		

Any impact on BLACHIR recommendations	This work will impact on Opportunities for Action: • 20.Support initiatives to improve uptake of vaccinations in older Black African and Black Caribbean people, focusing on areas of higher deprivation • 30.Work with faith settings to understand and utilise the positive role faith plays in healthier behaviour decision making. • 35.Ensure prevention services are fair, appropriate and consider the needs of Black African and Black Caribbean populations, and there is proactive work to address issues with health literacy.			
Relevant to the following Boroughs	**Bexley**		**Bromley**	
	Greenwich		**Lambeth**	
	Lewisham	✓	**Southwark**	
	Equality Impact	No applicable to this report, noting that all performance targets will impact on health inequalities.		
	Financial Impact	Nil in relation to this report.		
Other Engagement	Public Engagement	Nil in relation to this report.		
	Other Committee Discussion/ Engagement	Lewisham LCP Senior Management Team (SMT).		
Recommendation:	The LCP Strategic Board is asked to: • Note and comment on this report • Identify a target to review in more detail at the next meeting			

South East London Integrated Care System

NHS South East London

Lewisham Local Care Partnership
LCP performance data report

October 2025

Contents

Overview of report

Summary:

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

Contents and structure of report:

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

Structure

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

Definitions:

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

South East London Integrated Care System

Lewisham performance overview

NHS South East London

Standard	Trend since last period	Period covered in report	Comparator	Benchmark	Current performance
Dementia diagnosis rate	↔	Sep-25	National standard	67%	70%
IAPT discharge	↑	Aug-25	Operating plan	377	390
IAPT reliable improvement	↑	Aug-25	Operating plan	67%	66%
IAPT reliable recovery	↔	Aug-25	National standard	48%	45%
SMI Healthchecks	↓	Q1	Local trajectory	55%	51%
PHBs	↑	Q2 - 25/26	LTP indicative trajectory	450	201
NHS CHC assessments in acute	↓	Q2 - 25/26	National standard	0%	0
CHC - Percentage assessments completed in 28 days	↓	Q2 - 25/26	National standard	80%	85%
CHC - Incomplete referrals over 12 weeks	↔	Q2 - 25/26	National standard	0	0
Children receiving MMR1 at 24 months	↓	Q1 - 25/26	PH efficiency standard	90%	82%
Children receiving MMR1 at 5 years	↓	Q1 - 25/26	PH efficiency standard	90%	88%
Children receiving MMR2 at 5 years	↓	Q1 - 25/26	PH efficiency standard	90%	76%
Children receiving DTaP/IPV/Hib % at 12 months	↓	Q1 - 25/26	PH efficiency standard	90%	88%
Children receiving DTaP/IPV/Hib % at 24 months	↓	Q1 - 25/26	PH efficiency standard	90%	88%
Children receiving pre-school booster (DTaPIPV%) % at 5 years	↓	Q1 - 25/26	PH efficiency standard	90%	68%
Children receiving DTaP/IPV/Hib % at 5 years	↓	Q1 - 25/26	PH efficiency standard	90%	88%
LD and Autism - Annual health checks	↑	Aug-25	Local trajectory	412	631
Bowel Cancer Coverage (60-74)	↓	Mar-25	Corporate Objective	65%	64%
Cervical Cancer Coverage (25-64 combined)	↓	Jun-24	Corporate Objective	68%	67%
Breast Cancer Coverage (50-70)	↑	Mar-25	Corporate Objective	61%	60%
Percentage of patients with hypertension treated to NICE guidance	↓	Q1 - 25/26	Corporate Objective	72%	62%
Flu vaccination rate over 65s	↑	Feb-25	Corporate Objective	61.0%	54.2%
Flu vaccination rate under 65s at risk	↑	Feb-25	Corporate Objective	34.3%	29.3%
Flu vaccination rate – children aged 2 and 3	↑	Feb-25	-	-	39.2%
Appointments seen within two weeks	↓	Aug-25	-	-	85%
Appointments in general practice and primary care networks	↓	Aug-25	Operating plan	-	98273
Appointments per 1,000 population	↓	Aug-25	-	-	298

South East London Integrated Care System

NHS South East London

Performance data

Dementia Diagnosis Rate

SEL context and description of performance

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

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

Talking Therapies

SEL context and description of performance

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

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

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

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

SMI Physical Health Checks

SEL context and description of performance

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

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

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

Personal Health Budgets

SEL context and description of performance

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

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

NHS Continuing Health Care

SEL context and description of performance

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

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

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

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

Childhood immunisations (1 of 2)

Description of metric and SEL context

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

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

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

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

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

Childhood immunisations (2 of 2)

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

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

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

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

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

Learning disabilities and autism – annual health checks

SEL context and description of performance

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

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

Cancer screening

SEL context and description of performance

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

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

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

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

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

Management of hypertension to NICE guidance

SEL context and description of performance

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

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

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

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

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

Adult flu immunisation (1 of 2)

SEL context and description of performance

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

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

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

Adult flu immunisation (2 of 2)

Published February Performance

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

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

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

Primary care access

SEL context and description of performance

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

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

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

South East London Integrated Care System

NHS South East London

Lewisham Local Care Partnership
LCP performance data report – summary page only

October 2024

South East London Integrated Care System

Lewisham performance overview

NHS South East London

Standard	Trend since last period	Period covered in report	Comparator	Benchmark	Current performance
Dementia diagnosis rate	↓	Sep-24	National standard	67%	69%
IAPT discharge	↓	Aug-24	Operating plan	355	370
IAPT reliable improvement	↓	Aug-24	Operating plan	67%	65%
IAPT reliable recovery	↓	Aug-24	National standard	48%	44%
SMI Healthchecks	↓	Q1	Local trajectory	64%	48%
PHBs	↓	Q1 - 24/25	Local trajectory	289	104
NHS CHC assessments in acute	↓	Q2 - 24/25	National standard	0%	1
CHC - Percentage assessments completed in 28 days	↓	Q2	Local trajectory	70%	37%
CHC - Incomplete referrals over 12 weeks	↔	Q1 - 24/25	Local trajectory	0	0
Children receiving MMR1 at 24 months	↓	Q1 - 24/25	Efficiency standard	90%	85%
Children receiving MMR1 at 5 years	↓	Q1 - 24/25	Efficiency standard	90%	85%
Children receiving MMR2 at 5 years	↓	Q1 - 24/25	Efficiency standard	90%	78%
Children receiving DTaP/IPV/Hib % at 12 months	↓	Q1 - 24/25	Efficiency standard	90%	87%
Children receiving DTaP/IPV/Hib % at 24 months	↓	Q1 - 24/25	Efficiency standard	90%	87%
Children receiving pre-school booster (DTaPIPV%) % at 5 years	↓	Q1 - 24/25	Efficiency standard	90%	73%
Children receiving DTaP/IPV/Hib % at 5 years	↓	Q1 - 24/25	Efficiency standard	90%	86%
LD and Autism - Annual health checks	↑	Aug-24	Local trajectory	403	520
Bowel Cancer Coverage (60-74)	↑	Feb-24	Corporate Objective	67%	63%
Cervical Cancer Coverage (25-64 combined)	↑	Apr-24	Corporate Objective	68%	68%
Breast Cancer Coverage (50-70)	↑	Feb-24	Corporate Objective	57%	57%
Percentage of patients with hypertension treated to NICE guidance	↓	Sep-24	Corporate Objective	64%	61%
Flu vaccination rate over 65s	-	-	-	-	-
Flu vaccination rate under 65s at risk	-	-	-	-	-
Flu vaccination rate – children aged 2 and 3	-	-	-	-	-
Appointments seen within two weeks	↑	Aug-24	Corporate Objective	90%	88%
Appointments in general practice and primary care networks	↓	Aug-24			102462
Appointments per 1,000 population	↓	Aug-24			287

South East London Integrated Care System

NHS South East London

Lewisham Local Care Partnership
Physical health checks and SMI update

November 2025

Recap: SMI Physical Health Checks

SEL context and description of performance

- The south east London ICB board has set Improving the uptake of physical health checks for people with SMI as a corporate objective.
- There was a significant increase in the number of AHCs undertaken for people with an SMI during 2023/24 and the SEL operating planning trajectory was achieved at the end of 2023/24. 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.
- The proposed 2025/26 SEL corporate objectives ambition for SMI health checks is 75%. This aligns with NHSE expectations and the final year target of the Long Term Plan. Performance is reported below against an indicative trajectory to support in year tracking towards the target by Q4.
- Where annual health checks are being completed, quality can vary as can onward referral to other physical health services.

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

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

Progress in delivery

Performance update:

While Lewisham is not meeting the current trajectory for completion of physical health checks for people with SMI, there has been progress made. Notably:

- Compared to this time last year, performance is up several percentage points, despite financial incentives being removed (Table 1)
- While the health checks over time appears to see Lewisham's delivery drop, this is normal for the first quarter as checks are cumulative throughout the year, and the bar exceeds the red line which is Lewisham's local trajectory for reaching the target of 70%.
- Furthermore, 6 months ago, Lewisham had the lowest delivery across SEL boroughs but has overtaken delivery in Greenwich and nearing delivery in Bromley.
- Additionally, across most health checks, Lewisham has completed the second highest number of checks indicating it may be that compared to other boroughs there are a high number of people with only one or two checks missing.

Table 1: Comparative performance of same time over two years

	Q1 24/25	Q1 25/26
% of SMI physical health checks	48%	51%

Figure 1: Lewisham SMI health check performance over time

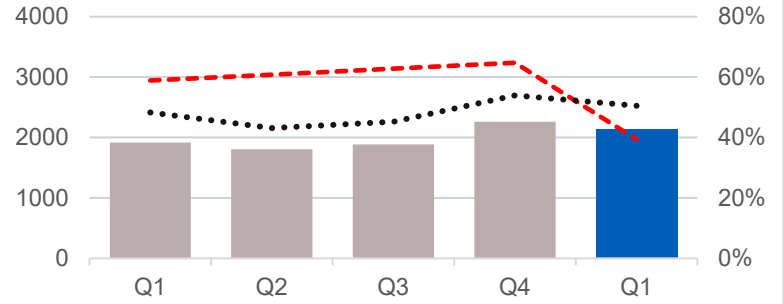
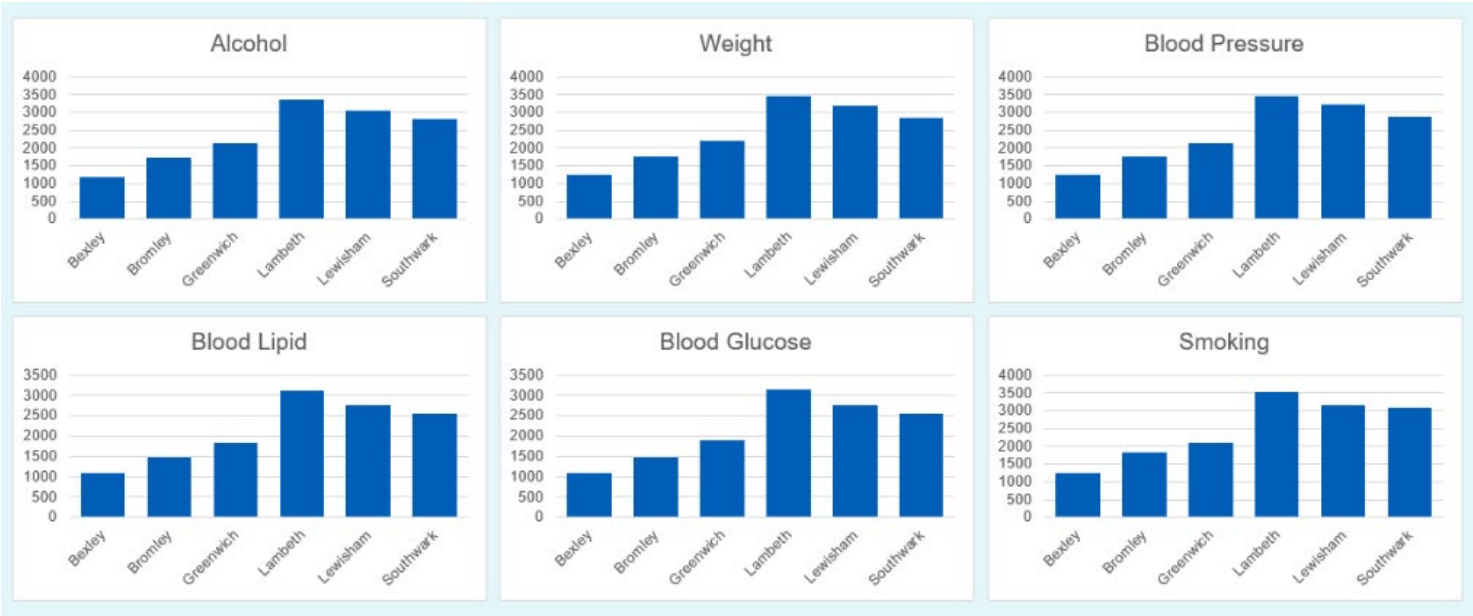


Figure 2: Delivery of elements of physical health checks across SEL boroughs



Activity update

Key actions taken forward:

- Physical health checks and SMI working group reconvened. Governance and oversight is via the All Age Mental Health Alliance where delivery progress is included in the monthly assurance and outcomes framework.
- Practices delivering <40% of physical health checks asked to submit improvement plans and follow ups on delivery.
- Performance data shared with practices on a quarterly basis.
- Data from South London and Maudsley NHS Foundation Trust pulled and aim to input into primary care dataset – it is estimated 1/3 of the SMI register is on the SLAM caseload and 65% of those on the caseload have received all elements of their physical health check.
- Communications materials developed for primary care for GP Extra Net and patient facing comms under development for sharing with primary care.

Table 1: Practice level data on physical health check performance

Q1 25/26 % All six MH physical health checks in L12M	Q2 25/26 % All six MH physical health checks in L12M	Change between quarters
70.0%	54.5%	-15.5%
67.2%	53.1%	-14.1%
69.1%	58.9%	-10.2%
64.3%	55.6%	-8.7%
67.8%	60.0%	-7.8%
45.0%	37.9%	-7.1%
31.9%	28.1%	-3.8%
55.0%	52.4%	-2.6%
50.1%	48.0%	-2.2%
45.9%	44.0%	-1.9%
43.8%	41.9%	-1.9%
49.7%	49.7%	0.0%
62.5%	62.6%	0.1%
39.4%	39.6%	0.2%
48.0%	48.3%	0.3%
52.9%	53.5%	0.6%
44.8%	46.2%	1.5%
60.4%	63.0%	2.6%
58.9%	62.8%	3.9%
57.0%	61.4%	4.4%
48.0%	52.7%	4.7%
52.8%	58.4%	5.5%
55.0%	60.9%	5.9%
25.9%	39.7%	13.8%
38.0%	53.0%	15.0%
27.2%	43.9%	16.7%
51.1%	**49.1%**	-1.9%

Next steps

Further actions over the next quarter:

- Continue physical health checks and SMI working group.
- Provide individual trajectories for each of the practices. 42% of practices experienced a drop in delivery over the last quarter – primary care commissioning lead following up with practices with >10% declines to understand drivers of decline and ensure improvement plans are in place.
- Data from South London and Maudsley NHS Foundation Trust to be shared.
    - Once data entry has been completed, analysis to be undertaken to understand those who have had no physical health checks at all so additional targeted engagement can commence.
    - South London and Maudsley NHS Foundation Trust physical health checks team to begin roll out of training to primary care on how to engage patients with SMI who may be difficult to engage.
- Patient facing comms to be finalised for sharing with primary care and voluntary sector partners for wider dissemination.

Lewisham Local Care Partners Strategic Board
Cover Sheet

Item 10
Enclosure 9

Title:	**Lewisham Risk Register**
Meeting Date:	**Thursday 27 November 2025**
Author:	Cordelia Hughes
Executive Lead:	Ceri Jacob Place Executive Lead, Lewisham

Purpose of paper:	The purpose of the paper is to provide an update to the Lewisham Health and Care Partnership Strategic Board regarding the Lewisham Risk Register.	Update / Information	✓
		Discussion	✓
		Decision	

Summary of main points:

1.Current Status, Direction of Risk and current Risk Appetite Levels

Risk Type	Risk Description	Direction of Risk	*Risk Appetite Levels
Financial	**592. Achievement of Recurrent Financial Balance 2025/26.** Lewisham borough anticipates achieving financial balance in 2025/26 but has identified numerous risks that have potential to jeopardise a balanced financial position, the material one being an ability to fund mental health investment driven by the demand for and costs of ADHD assessments carried out in the independent sector. In addition, there are business as usual risks relating to activity pressures within continuing care and prescribing.	⟷	Open (10-12)
Financial	**593. Achievement of Efficiency Savings 2025/26.** Lewisham borough has a mandated efficiency savings target of £8.975m (5% on all budget lines). A material element £4.228m is dependent on delivery of efficiency programmes to manage activity within continuing care and prescribing. The programme is on track to deliver in full at month 6. However, given the nature of these activity driven costs, there remains a reduced residual risk of under achievement of the efficiency programme.	⟷	Open (10-12)
Financial	**496. Prescribing Budget Overspend**. Risk that the prescribing budget 2024/25 may overspend.	⟷	Open (10-12)
Strategic	**528. Access to Primary Care** There is a risk that patients may experience an inequality (and inequity) in access to primary care services.	⟷	Cautious (7–9)
Strategic	**529. Increase in vaccine** preventable diseases due to not reaching herd immunity coverage across the population. ***Childhood Immunisations***	⟷	Cautious (7–9)
Strategic	**561. Increase in vaccine** preventable diseases due to not reaching herd immunity coverage across the population. ***Seasonal Vaccinations***	⟷	Cautious (7–9)

Strategic	**334. Delivery of mental health transformation in Lewisham is compromised by scale, pace, and financial constraints.** There is a risk that the scale and pace of mental health transformation currently underway in Lewisham will impact the ability to deliver intended improvements in access, experience and outcomes, while also containing costs.	⟺	Open (10-12)
Financial	**506. The CHC outturn for adults** will not deliver in line with budget. Growth in the number of LD complex transition cases at a high cost appears to have stabilised but this is still a risk due to high long term care costs associated with these cases. Alongside this is the pressure caused by costs and workforce capacity.	⟺	Open (10-12)
Strategic	**644. CYP neurodevelopmental diagnostic pathways (Autism and ADHD).** There is a risk that children and young people experience excessively prolonged waiting times for autism and ADHD diagnostic assessments. This is due to sustained increases in demand, historical backlogs, and limited diagnostic workforce capacity.	↓	Open (10-12)
Operational	**611. INT Digital** The Neighbourhood model may not operate optimally if there are issues with IT infrastructure and data interoperability	⟺	Eager (13-15)
Data and Information Management	**612. System Platform.** Funding for the population health management (PHM) platform is due to end in March 2026. The contract itself continues until March 2027, but a strategic decision is needed on whether to end early, extend temporarily, or continue through to contract end.	⟺	Open (10-12)

Key - Direction of Risk ***refer to risk appetite statement 24/25 for level descriptions.**

↓ Risk has become worse.

⟺ Risk has stayed the same.

↑ Risk is improving.

2.Process

Risks are discussed monthly with risk owners and reported at the now quarterly Risk Forum chaired by the Chief of Staff. Key areas for discussion relate to themes around workforce, nationally and regionally identified risks, potential risks, funding and delivery of service. In addition, what mitigations have been implemented in the interim.

3. Risk Appetite Statement and Levels

The ICB's stated appetite for risk provides a framework within which decisions can be made in a way that balances risks and rewards, costs and benefits. The ICB risk appetite framework is designed to allow NHS SEL ICB to tolerate more risk in some areas than others as it seeks to deliver its responsibilities and achieve the ambitious aims for the local health and care system. Risk appetite is not about the extent to which the ICB will seek to make changes or maintain the status quo. It is about the extent to which the organisation is willing to take risks in the process of securing the change we know is needed. ***Appendix 1 – Risk Appetite Statement***.

4.Local Care Partnership Risks - Comparative Review

A comparative risk review takes place quarterly to ensure a proactive review across all 6 risk registers and their respective scores. The aim is to identify potential risks that should be considered for inclusion in LCP risk registers, comparable analysis of risks with suggestive similarities and/or contrasts. A new comparative review is attached, please refer to ***Appendix 2 – LCP Risks Comparative Review*** **– October 2025.**

5.New/Closed Risks/Matrix Scores

	There is a total of **11 risks** on the Lewisham risk register. From September 2025, 2 risks (359 & 360) were amalgamated into risk 644, 1 risk (610) has now been closed as risk no longer applicable. Risk 593 has had the residual risk score reduced – see below and 594 has moved to the issue log. **New, closed or reduced risks are detailed below:** **New risks** **644** - CYP neurodevelopmental diagnostic pathways (Autism and ADHD). **Closed risks** **359, 360** - have been amalgamated into risk **644** and risk **610** re INT Estate is no longer considered a risk. **594 -** Shortage of commissioned nursing capacity in the CLA Health Team Funding received and some posts have been recruited to. This risk has moved to the Lewisham issues log and will be managed via this process. **Matrix Scores** **593 – Achievement of Efficiency Savings 2025/26.** Residual score reduced to *3x2=6*. The programme is on track to deliver in full at month 6. However, given the nature of these activity driven costs, there remains a reduced residual risk of under achievement of the efficiency programme. There is an issue log which monitor previous risks considered BAU and/or in development. Service areas have their own local risks to monitor. **6.Key Themes:** The key themes from the risk register relate to finance, budgetary and statutory impacts, workforce limitations, and quality of care around delivery of services.				
Potential Conflicts of Interest	**N/a**				
Any impact on BLACHIR recommendations	BLACHIR has coproduced recommendations for the Black African and Black Caribbean communities with the aim of reducing health inequalities. Under the risk-related main headings: finance/budgetary impact, workforce limitations and quality of care around delivery of services. If the residual risk score increased (high-level red risks), mitigations not met and funding/budgetary constraints escalate; limitations on health improvements/health inequalities as per the BLACHIR recommendations would be impacted.				
Relevant to the following Boroughs	**Bexley**			**Bromley**	
	Greenwich			**Lambeth**	
	Lewisham	✓		**Southwark**	
	Equality Impact	Yes			
	Financial Impact	Yes			
Other Engagement	Public Engagement	Public Engagement, where required, takes place as part of the mitigating actions set out in the Risk Register.			
	Other Committee Discussion/ Engagement	Not in relation to this paper but some actions may require engagement and will be picked up via individual teams and initiatives. Risks are allocated each month for a deep			

		dive at a weekly Senior Management Team and is a standardised agenda item at the Lewisham Health & Care Partners Strategic Board. Regular monthly meeting regarding all risks with the Place Executive Lead.
Recommendation:	The Lewisham Health & Care Partners Strategic Board are asked to note the upcoming changes to the risk process across SEL. The ICB Board will be taking more of an interest in the risk process as mentioned above for corporate and borough risks going forward and have asked for all high-level red risks to be reviewed at the Planning and Finance Committee along with the BAF. At local level risk owners with risks that are high-level (red) will meet with the Place Executive Lead and Borough Business Support Lead with their delivery plan to conduct a deep dive into risks and mitigations.	

	Ref	Risk Type	Risk Title	Risk	Inherent Risk (L x I)	Residual Risk (L x I)	Target Risk (L x I)	Risk Appetite Level	Direction of travel	Risk sponsor	Risk owner	Ongoing controls	Assurances	Impact of ongoing controls	Control gaps
Finance															
1	592	Financial	**Achievement of Recurrent Financial Balance 2025/26**	Lewisham borough anticipates achieving financial balance in 2025/26 but has identified numerous risks that have potential to jeopardise a balanced financial position, the material one being an ability to fund mental health investment driven by the demand for and costs of ADHD assessments carried out in the independent sector. In addition there are business as usual risks relating to activity pressures within continuing care and prescribing.	3x3=9	3x3=9	3x2=6	Open (10–12)	↔	Ceri Jacob	Michael Cunningham	1. A careful and detailed budget setting process has been conducted to identify target savings. 2. Sound budgetary control will continue to be applied to ensure expenditure trends are monitored and any deviations from budget are identified at an early stage. 3. The ICB's Planning and Finance Committee receives monthly reports showing the status of savings schemes against target. 4. The Lewisham borough SMT review and discuss savings identification and delivery on a regular basis. 5. Review at LCP meetings with members on a bi-monthly basis. 6.System approach is being followed with LCP partners to align savings opportunities. 7. The ICB is implementing an ADHD referrals triage system from November 2025.	1.Monthly budget meetings. 2.Monthly financial closedown process. 3.Monthly financial reports for ICS and external reporting. 4.Review financial position at CHC Recovery meeting. 5.Lewisham Senior Management Team Review.	1.The impacts of controls will be assessed in the new financial year however risk will remain the same but will be reviewed. 2.Regular borough financial focus group meetings with CFO and Director of Planning.	There are no currently identified control gaps.
2	593	Financial	**Achievement of Efficiency Savings 2025/26**	Lewisham borough has a mandated efficiency savings target of £8.975m (5% on all budget lines). A material element £4.228m is dependent on delivery of efficiency programmes to manage activity within continuing care and prescribing. The programme is on track to deliver in full at month 6. However, given the nature of these activity driven costs, there remains a reduced residual risk of under achievement of the efficiency programme.	3x3=9	3x2=6	3x2=6	Open (10–12)	↔	Ceri Jacob	Michael Cunningham	1. A careful and detailed budget setting process has been conducted to identify target savings. 2. Sound budgetary control will continue to be applied to ensure expenditure trends are monitored and any deviations from budget are identified at an early stage. 3. The ICB's Planning and Finance Committee receives monthly reports showing the status of savings schemes against target. 4. The Lewisham borough SMT review and discuss savings identification and delivery on a regular basis. 5. Review at LCP meetings with members on a bi-monthly basis. 6. System approach is being followed with LCP partners to align savings opportunities.	1.Monthly budget meetings. 2.Monthly financial closedown process. 3.Monthly financial reports for ICS and external reporting. 4.Review financial position at CHC Recovery meeting. 5.Lewisham Senior Management Team Review.	1.The impacts of controls will be assessed during the financial year. 2. Regular borough financial focus group meetings with CFO and Director of Planning.	There are no currently identified control gaps.
Medicines Optimisation															
3	496	Financial	**Prescribing Budget Overspend**	There is a risk that the prescribing budget 2025/26 may overspend due to: 1. Medicine supplies and cost increases -NCSO/price concessions and Category M. 2. Reduced capacity to implement in year QIPP schemes by borough medicines optimisation teams following NHS reform. 3. Entry of new drugs to the SEL formulary inc. those with NICE Technology Appraisal recommendations with increased cost pressure to prescribing budget. 4. Increased patient demand for prescriptions including self-care items, LTC. 5. Prescribing budget although uplifted for 25/26 a gap remains with regards to forecast outturn and budget. 6. Priority shifts towards qualitative outcomes such as patient safety issues in Meds Management and supporting prevention hospital avoidance or discharge. 7. Shift in prescribing from acute to community setting which places a pressure on primary care prescribing.	3x4=12	3x4=12	3x3=9	Open (10–12)	↔	Laura Jenner	Erfan Kidia	1. Monthly monitoring of spend (ePACT and PrescQIPP), and also Cat M and NCSO spend. 2. Monthly meetings with finance colleagues reviewing PPA budgets to date. 3. 2-weekly Place finance meetings. 4. Monthly savings meeting with SMT at Place to review prescribing spend and development mitigations. 5. Borough QIPP plans, and incentive schemes developed, with following ongoing: - QIPP and Incentive scheme monitoring dashboards - Practice level budget deep dives with RAG and action plans - Face to face practice visits with targeted spend analysis and feedback. - Forum meetings providing information on QIPP status and recommending actions to optimise prescribing (i.e. Practice Managers forum)	1.Any actions with regard to the prescribing budget are completed by Erfan Kidia, to dates agreed with the Place Executive, Associate Director of Finance.	1. Cost and budget pressure.	No gaps in control identified.
Primary Care / Community Based Care															
4	528	Strategic	**Access to Primary Care Services**	There is a risk that patients may experience an inequality (and inequity) in access to primary care services. The inequality in access may be caused by: 1.Patients not understanding the various routes to access primary care services and the appropriate alternatives that are available 2.GP Practices operating different access and triage models 3.Digital exclusion 4.Workforce challenges 5.Increasing demand It could lead to: Poor patient outcomes A decline of continuity of patient care Avoidable activity including A&E attendances and NHS 111 calls	4x4=16	3x3=9	4x2=8	Cautious (7 – 9)	↔	Ceri Jacob	Ashley O'Shaughnessy	The current controls in place are: Several priorities for 25/26: 1. All practices have now received the full Transformation and Transition funding based on evidence submitted and self-declaration of transition to the Modern General Practice Access model. The ICB will continue to fully embed Cloud Based Telephony and Online Consultation tools and develop and share good practice in respect of their utilisation. 2. A public communications and engagement campaign to raise awareness with the public about how best to access primary care and other options e.g. Pharmacy First via community pharmacy, self-management resources, self-referral pathways, NHS APP. The Primary Care Access Campaign is due to go live before the end of August 2025. It includes information on the NHS App, Access & Triage, Pharmacy First and the wider GP Practice teams. 3. Continue to review themes emerging from the SLF practice visits and develop and implement action plans to take forward. 4. Some of our larger practices are taking part in the Practice Level Support Group Based Learning Sessions which is designed to implement modern general practice and to assist practices to improve their efficiency, productivity and overall patient experience with a particular focus on patient access. 5. Build on the progress made with local discussions to take forward improvements in the primary / secondary care interface and expand this work to wider system interfaces i.e. mental health, local authority. 6. Consider opportunities to work with dental and community optometry providers/services to support improved access across all primary care services. 7. Continue support for GP practice estates developments planned through the London Improvement Grant and the NHSE Primary Care Utilisation Fund, to increase clinical space for appointments. 8. Continue support for PCNs to maximise use of the increased flexibility within ARRS budgets.	1.Assurances going forward are outlined in the controls section. Furthermore: Primary care access is reviewed on a monthly basis at the Primary Care Group and discussions with the Primary Care Leaders at PCLF, PM forum and PLTs about the models of access and delivery.	Highlight of progress made in 25/26:- In the months April to June 2025, Lewisham GP Practices delivered 337,000 appointments. Ongoing work programme with all practices to review and refine their websites to make them easier to navigate for patients including ensuring they are up to date, consistent and cover all key areas. Good progress has been made across all practices in Lewisham in implementing the MGP model. All practices now using Cloud Based Telephony systems with features such as a queue position and call back functionality as well as real time data monitoring to support evidence-based service decisions. All practices have an Online consultation system available for patients to use to submit requests. Quarterly reporting in place for PCN Enhanced Access delivery with all PCNs meeting their contracted required number of additional hours. In 2024/25, approximately 20,244 hours were delivered offering a total of 60,497 appointments: 73% of these appointments were face to face 36% of these appointments were with a nurse 48% of these appointments were with a GP 26% of these appointments were by telephone 17% average DNA rate across Lewisham. 17 practices have undertaken the Support Level Framework programme delivered by the SEL Primary Care Workforce Academy who have been commissioned to lead this work. The programme will continue into 25/26 with the aim of all practices participating. Some selected practices have now started the 2025/26 Practice Level Support. All PCNs utilised their total ARRS budgets for 24/25. Good progress is being made on the interface with Primary Care and Secondary Care including the sharing of clear contact points, creation of a dedicated WhatsApp group and the implementation of a formal letter to highlight and redirect inappropriate requests that are sent to General Practice from the local acute provider. In	A robust and accurate access dashboard which triangulates and reflects data and intelligence from a range of sources across the system.
5	561	Strategic	**Increase in vaccine preventable diseases due to not reaching herd immunity coverage across the population - Seasonal Vaccinations**	There is a risk that Lewisham may see an increase in vaccine preventable diseases due to not reaching herd immunity coverage across the population. Low vaccine uptake may occur when: 1.Misinformation and lack of knowledge and education about vaccinations and organisms responsible for diseases is widely circulated and reinforced. 2.Cultural beliefs may inform decisions. 3.There is negative lived experience. 4.There is a lack of trust with professionals and wider establishment. 5.There are concerns around safety. 6.Patients find it difficult to access vaccines. It could lead to: 1.Severe and harmful disease outbreaks. 2.Increased pressure on Primary Care. 3.Increased A&E attendances and emergency admissions. 4. Poor patient outcomes, including disability and mortality.	3x4=12	3x4=12	3x3=9	Cautious (7 – 9)	↔	Ashley O'Shaughnessy	Mervlyn Clarke	The current controls in place are: 1. All practices administer vaccinations and where clinically appropriate and operationally feasible, make co-administration of seasonal vaccinations the default model. 2. Practices have robust patient call and recall systems in place. 3.Lewisham has a dedicated flu and immunisations coordinator who supports general practice. 4.The ICB works with the local authority (Public Health) to take responsibility for planning outreach services that meet the needs of underserved populations and address wider health inequalities. 5.There is vaccination delivery in convenient local places, with targeted outreach to support uptake in underserved populations. 6.A universal, core offer in a consistent location/setting to increase efficiency and capitalise on public understanding of 'where to go' for vaccinations. 7.Vulnerable populations, such as asylum seekers, refugees, and rough sleepers, are opportunistically offered vaccinations in different settings to ensure they are given the best chance of protection. 8.Oversight through the Lewisham Immunisation Partnership Group with focussed task and finish sub-groups convened to support specific programmes. 9. Collaborative working with Population Health team to target smaller cohorts for flu vaccinations. 10. The Lewisham Immunisations Strategy is currently being refreshed, led by Public Health. A review is scheduled for the next quarter in August, in preparation for the Autumn/Winter campaign. 11. Commission VCS to have flu/winter wellness engagement with their communities. 12.Provision of Jitsuvax training to family hubs and VCS. 13.Launch of a new vaccination chatbot/helpline to respond to patient queries. 14.Working collaboratively with Southwark, Health Bus to be situated at Millwall on match days which will include vaccinations. 15. Commission one service (District Nurses) to provide housebound vaccinations.	1.Appropriate governance in place which includes a stakeholder group and a working group. Lewisham representation at SEL immunisation and Vaccination board. Continued Joint working between primary care and public health.	1.Future increased numbers in seasonal Imms reported. 2.Reduction in severe and harmful disease outbreaks. 3.Help relieve some of the pressure on Primary Care. 4.Future decrease in A&E attendances and emergency admissions. 5.Help improve patient outcomes, including disability and mortality.	1.There is vaccine hesitancy, fatigue and reluctance following covid 19 pandemic. Need a comprehensive LHCP approach to build vaccine confidence in groups who may not take up the offer of vaccination. 2.LHCP approach to "making every contact count" especially through the offer of actual vaccination to eligible patients at every opportunity.
6	529	Strategic	**Increase in vaccine preventable diseases due to not reaching herd immunity coverage across the population - Childhood Immunisation Programme**	There is a risk that Lewisham may see an increase in vaccine preventable diseases due to not reaching herd immunity coverage across the population. Low vaccine uptake may occur when: 1.Misinformation and lack of knowledge and education about vaccinations and organisms responsible for diseases is widely circulated and reinforced. 2.Cultural beliefs may inform decisions. 3.There is negative lived experience. 4.There is a lack of trust with professionals and wider establishment. 5.There are concerns around safety. 6.Patients find it difficult to access vaccines. It could lead to: 1.Severe and harmful disease outbreaks. 2.Increased pressure on Primary Care. 3.Increased A&E attendances and emergency admissions. 4. Poor patient outcomes, including disability and mortality.	3x4=12	3x3=9	3x2=6	Cautious (7 – 9)	↔	Ashley O'Shaughnessy	Mervlyn Clarke	The current controls in place are: 1. Practices have robust patient call and recall systems in place. 2. A national failsafe should ensure that unvaccinated individuals are flagged with registered practices. 3.Lewisham has a dedicated flu and immunisations coordinator who supports general practice. Currently working with practices with lowest uptake. 4.The ICB works with the local authority (Public Health) to take responsibility for planning outreach services that meet the needs of underserved populations and address wider health inequalities. 5.There is vaccination delivery in convenient local places, with targeted outreach to support uptake in underserved populations. 6.A universal, core offer in a consistent location/setting to increase efficiency and capitalise on public understanding of 'where to go' and at 'what age' for vaccinations. 7.Vulnerable populations, such as asylum seekers, refugees, and rough sleepers, are opportunistically offered vaccinations in different settings to ensure they are given the best chance of protection. 8.Oversight through the Lewisham Immunisation Partnership Group with focussed task and finish sub-groups convened to support specific programmes i.e. MMR/polio. 9. A new system-wide childhood immunisation strategy has been co-produced with system partners including patients and resident. The new strategy is an outcome based strategy and the outcomes are people and community focused. It is a plan for how relevant groups and stakeholders will deliver against the principles and priorities set out in the Lewisham Health and Wellbeing Strategy and is aligned to the SEL Immunisation Board Strategy. 10. Support and engagement from the African Advocacy Group effective May 2025. 11. Jitsuvax training roll out to family hubs and soon engagement with nursery managers. 12. Childhood vaccination programme is changing from July 2025 which will raise awareness to populations.	1.Appropriate governance in place which includes a stakeholder group and a working group. Lewisham representation at SEL immunisation and Vaccination board. Continued Joint working between primary care and public health.	1.Increased numbers in childhood Imms reported. 2.Reduction in severe and harmful disease outbreaks. 3.Help relieve some of the pressure on Primary Care. 4.Decreased A&E attendances and emergency admissions. 5.Help improve patient outcomes, including disability and mortality.	1.There is also a clear lack of knowledge of the importance and effectiveness of vaccinations amongst young parents. 2.Need a comprehensive LHCP approach to build vaccine confidence in groups who may not take up the offer of vaccination. 3.LHCP approach to "making every contact count" especially through the offer of actual vaccination to eligible patients at every opportunity. 4.Limited influence over commissioning of vaccination programmes including routine childhood immunisations and school age vaccinations. These are commissioned regionally by NHSE&I. 5.Following a review of the immunisations survey that was shared with all practices, we are now taking steps to act on the suggestions received.
Commissioning															
7	334	Strategic	**Delivery of mental health transformation in Lewisham is compromised by scale, pace, and financial constraints**	There is a risk that the scale and pace of mental health transformation currently underway in Lewisham will impact the ability to deliver intended improvements in access, experience and outcomes, while also containing costs. Multiple concurrent priorities (24/7 neighbourhood pilot, community mental health redesign, INT integration, complex care recovery programme, VCSE sector remodelling) combined with financial pressures may lead to failure to realise benefits of transformation programmes or cost containment.	4x4=16	3x4=12	2x3=6	Open (10–12)	↔	Kenny Gregory	Ellen McGale	1. Mental Health Alliance governance reviewed to restructure working groups to focus on oversight of delivery of the key transformation priorities 2. Updated Alliance assurance framework to monitor delivery - quality and outcomes across all key areas 2. Regular updates on the community transformation programme and N2 24/7 mental health centre progress through the Alliance and regular local delivery groups, involving public, to support with programme prioritisation.	Alliance assurance framework - scrutiny of IQ&P reports Alliance working group on community transformation and crisis care SLaM Stocktake of CMHS through Quality Centre to understand impact of CMHS transformation.	Newly developed Alliance assurance and oversight framework providing ability for Alliance to keep on track of system wide delivery	1. Limited ability to measure early impact of transformation (e.g., flow improvements, patient experience) due to delays in implementing new EPR and incomplete baseline data 2. Loss of clinical lead for mental health and no identified GP primary care lead to support with primary care interface - lack of dedicated clinical leadership across the programme impacting overall delivery of programme objectives and interface with the ICB
8	506	Financial	**The CHC outturn for Adults will not deliver in line with budget**	Pressure in adult spend is being driven by a number of variables: Activity and Acuity The number of complex transition cases at high cost appears to have decreased during 2024/25, but this is still a risk due to high long term care costs associated with these cases. CHC continues to see an increase in patient acuity in the 24/25 year particularly in terms of PoC at home for patients requiring tracheotomy care and other health related tasks needing specialist care worker input. There has been an increase in Home Care Packages in 2024/25. The numbers that required tracheotomy care increased by 3. Numbers of newly eligible for CHC appear to have decreased in 2024/2025 for all Care Categories. Uplifts Alongside this is the pressure caused generally by costs of existing packages being driven up by inflation and increases in both NLW and LLW and the hourly rate for homecare included within the MWAH framework. There was a 5.1% increase in the AQP rate (2025/26). New rate is £1,247 per week. 1.5% uplift has been offered to Fairlie Group. Local Authority are recommending 5% uplift for Direct Payment rate. SEL ICB have been alerted to the Stoke Judgement and may need to change their approach to Uplift Offers to social care providers. Recovery Work We have made good progress in decreasing the number of delayed reviews, especially during the second half of 2024/25. However, opportunities for savings are still being delayed whilst we await Social Care input to the DST. Workforce Staff vacancies and sickness in the CHC Team which were impacting on timely reviews and completion of Decision Support Tools have largely been addressed by the use of agency staff and overtime. However, many of these solutions are short term and likely to be impacted by the ongoing MCR/ICB Change process.	5x4=20	4x3=12	3x3=9	Open (10–12)	↔	Kenny Gregory	Corinne Moocarme	1. Interim Nurse Assessor concentrating on high-cost packages to deliver savings. Prioritisation of reviews of long-term fast track packages. 2. Attendance at quarterly Transition panels to support better understanding of demand and potential cost, supports improvement of <18 assessment in line with the Framework, increases possibility of deflecting unnecessarily high costs/ SEND decisions. 3.Quarterly review of joint funding funded packages to divert risk. 4.Cost avoidance of the increase in the existing ICB contract with Fairlie/ Highfield Consideration through identification of more cost-effective packages with other providers (e.g. RHND and PoCs at home. 5. Monthly budget review meetings. 6. Weekly review of CHC eligibility decisions and related cost of packages. 7. Monthly review of neuro specialist patients to manage associated trim point costs and escalating earlier where there are blockages to discharge not in the control of the ICB.	1.Prioritising review of all new LD packages transferring from LBL to look for savings opportunities. 2. Prioritise outstanding reviews and ensure that annual reviews revert to BAU for CHC Nurse Assessors. 3.Participating in wider SEL ICB CHC savings programme.	1.Pressure from other CHC priorities (particularly appeals/ LRMs/ IRPs) continue to take significant management time and attention. 2.Allocation of Social Worker by LBL may still delay timely completion of DST.	1.Potential patient safety issues through the reduction in packages – all reductions are reviewed in dialogue with both patient and service provider. 2. Reputation of the ICB with Council/other partners – LBL regularly updated on progress against assessment, though there are several long term outstanding disputes. 3. Increase in complaints because of reduction in packages, or decision to remove CHC eligibility. 4. Assessing nurse to be clear about the rationale for the reduction in package or no longer eligible and this explanation to be put in writing at time decrease/change from CHC eligible is being enacted.
Children and Young People															
9	644	Strategic	**CYP neurodevelopmental diagnostic pathways (Autism and ADHD)**	There is a risk that children and young people experience excessively prolonged waiting times for autism and ADHD diagnostic assessments. This is due to sustained increases in demand, historical backlogs, and limited diagnostic workforce capacity. The delays adversely affect children and families, increase reliance on private providers through 'Right to Choose', and create financial pressures for the ICB arising from non-contracted activity. Prolonged waits also undermine public confidence and impact delivery of national and local improvement commitments for children and young people's mental health and neurodevelopmental services.	4x4=16	4x3=12	3x3=9	Open (10-12)	↔	Simon Whitlock	Paul Creech	**ICB and system level controls** 1.SEL-wide neurodevelopmental improvement programme established under the CYP MH and Wellbeing Partnership Board to oversee ASD and ADHD diagnostic pathways, waiting times, and consistency of the core offer across SEL boroughs / places. 2.New integrated diagnostic pathway from April 2025 enabling movement between ADHD and Autism assessments, reducing duplication and re-referral delays. 3. capacity investment including non-recurrent and recurrent funding to providers to expand assessment capacity, weekend clinics, and workforce recruitment initiatives. 4.Waiting well and early support offers publicised through local offers and all-age autism services to provide information, advice and support before diagnosis 5.SEND Improvement Board oversight with joint leadership from local authorities and Directors of Children's Services to drive delivery of local improvement plans and monitor performance trajectories.	Oversight through the SEND Improvement Board, Place SEND Partnerships, and the SEL CYP MH and Wellbeing Partnership Board. Monthly contract and performance meetings with key providers. Regular reporting through ICB performance and finance structures on diagnostic activity, spend and trajectories. Periodic deep dives and review sessions through SEL CYPMH Delivery Group and borough governance.		Workforce capacity across community paediatrics and specialist diagnostic teams remains below demand. Limited ability to influence activity and quality within private 'Right to Choose' pathways. Data completeness and standardisation across providers and places not yet consistent. Funding for additional diagnostic capacity remains non-recurrent and therefore unsustainable without future investment commitments.
Enablers															
10	611	Operational	**INT Digital**	The Neighbourhood model may not operate optimally if there are issues with IT infrastructure and data interoperability. It is caused by: •Reliance on data sharing using digital systems for coordinating care and between multiple service providers It could lead to: •Duplication and lack of truly integrated approach	4x3=12	4x3=12	4x2=8	Eager (13-15)	↔	Charles Malcolm-Smith	Laura Jenner	1. System Development Manager has developed digital pathway for INT service, reviewed by INT programme team and shared with ICB and LGT digital leads to ensure understanding of digital requirements. 2. Regular meetings with ICB digital leads and completed INT digital needs assessment. 3. Demonstrations and discussions on potential platforms to integrate systems including Blinx PACO, Patienteer and Accurx.	1.Continuing development of digital requirements with partner IT/Digital Teams and IG Leads; potential to procure digital platform to help integrate patient data from multiple providers. 2.Current as-is INT digital pathway allows for existing data-sharing process, so service can still operate without integrated data platform if solution is not sourced prior to September 2025.	1.Lack of clarity of optimal solution. 2.Lack of identified funding to procure optimal digital solution.	1.Quality of service will be affected if data cannot be shared between service providers.
11	612	Data and Information Management	**Population Health Platform – Funding and Contract Position**	Funding for the population health management (PHM) platform is due to end in March 2026. It is unlikely that current local arrangements can sustain the platform beyond this date. The contract itself continues until March 2027, but a strategic decision is needed on whether to end early, extend temporarily, or continue through to contract end. Without continued access to the platform or a suitable alternative, there is a risk to delivery of key PHM functions, including cohort identification, care planning, and system-wide intelligence. This may affect multi-disciplinary working, proactive care models, and broader transformation objectives. A decision is required between three options: •End March 2026 – Serve notice by Sept 2025 •Extend beyond March 2026 – Temporary continuation •Continue to March 2027 – Full contract term If the contract is ended early, we will need to pause/archive existing work or migrate data and functionality to another environment. The decision depends on platform requirements and transition planning.	4x3=12	3x3=9	4x2=8	Cautious (7 – 9)	↔	Rachael Smith	Laura Jenner	1. We are setting out the data and platform requirements for PHM, the timelines and the decommissioning plans. 2. We will set out the initial view of our requirements, indicative timelines, and a draft decommissioning plan. 3. We are engaging with the SEL PHM team to explore and gather options for meeting our requirements through alternative solutions and to understand the gaps. E.g. LDS, SEL BI Team July to end of September.	1. This period will be used to assess the available options, consider the implications, and ultimately decide whether to give notice on the contract by the end of September 2025.	1. There is a lack of information available across London and SEL on what the options are for meeting our requirements	The quality of case finding to support MDMs, INTs, PAW, and other delivery arms will be significantly compromised if we are unable to continue or replicate the work currently being undertaken to generate and maintain cohort lists.

1	**CAMHS waiting times**	There is a risk of CYP in Lewisham not receiving the mental health support they need within the expected timeframes of the service. This has been caused by continued increased demand. This impacts on the ICB's ability to ensure waiting times are met and could affect the ICB's reputation.	*Medium Impact Issue*	*Medium*	Eager (13-15)	Open	10/09/2024	Paul Creech/ John Dunning	Moved from Risk Register to Issue Log at the request of Ceri Jacob.
2	**GDPR: A number of staff in an Older People's Care Home are not compliant with GDPR regulations as using personal NHS Mail addresses.**	Recent cessation of IT assistance for the last few Care Homes in 'setting up' NHS email addresses in x 3 Older People's Care Homes in Lewisham. Risk impact : Could lead to a risk of breaching of GDPR guidelines. Breach of confidentiality Reduce confidence in exchange of residents' personal data, alongside consideration of recent cyber-attacks.	*Medium Impact Issue*	*Medium*	Cautious (7 - 9)	Open	14/10/2024	Shirley Spencer / Fiona Mitchell	Moved from Risk Register to Issue Log at the request of Shirley Spencer. Developments in progress
3	**Initial Health Assessments not completed for Children Looked After (CLA) within the 20 working days.**	Initial Health Assessment (IHA) – By law, Children Looked After require an IHA to be undertaken by a medical professional within 20 working days of the child entering care. The Lewisham CLA Health Team is able to see all CLA within 20 working days of notification. To give context, in 2023, 50% of IHA were completed outside the timescale (with a monthly range of 0-90%). Children not seen for their IHA may not have their health needs addressed in a timely manner and their carers are not enabled to promote their health appropriately.	*Medium Impact Issue*	*Medium*	Open (10-12)	Open	30/05/2025	Margaret Mansfield	Improvements in place, so agreed to move to issues log as a BAU.
4	**Shortage of commissioned nursing capacity in the CLA Health Team**	Risk related to Lewisham Children Looked After (CLA) Health Team commissioned by SEL ICB (provided by Lewisham and Greenwich NHS Trust) The risk relates to a shortage of commissioned nursing capacity in the CLA Health Team. With 1.8 FTE nursing staff, Lewisham's CLA Health Team has the lowest staffing levels in London, at 2.5 FTE fewer than the London average based on CLA population size. The Team is below average capacity for all of the four staff groups (Band 8a Named Nurse, Band 7 Specialist Nurse, Band 6 Nurse, and Admin staff), but most significantly for Band 7 Specialist Nursing. In addition, the team is operating with a nursing workforce significantly below that of the recommendations of the RCN and RCPCH Intercollegiate Guidance. The Impact is: 1. Statutory health assessments will not be completed within timescale, resulting in failure to comply with statutory responsibility. 2. Timely completion and distribution of health reports and care plans could be delayed. 3.Attendance at strategy meetings where health is a core agency is restricted which means that the most vulnerable CYP being discussed will not have a health advocate to contribute to action plans which often require health input. 4. Ability to reduce the breach list is limited which means the vulnerable CLA remain on the list with limited capacity to offer further appts. 5. Delivery of other key elements of the CLA service is restricted such as training and development and drop-in/consultation sessions which means that early intervention and health promotion opportunities are missed. The consequences of this are that the health needs of CLA may not be met. That access for CLA to other services may be delayed and/or compromised. There is a potential for staff burnout, ill health. May increase number of complaints and reputational damage to the ICB/Trust.	*Medium Impact Issue*	*Medium*	Eager (13-15)	Open	11/11/2025	Emily Sewell	Improvements in place, so agreed to move to issues log as a BAU.

Key

Inherent risk	is current risk level given the existing set of controls rather than the hypothetical notion of an absence of any controls.
Residual risk	would then be whatever risk level remain after additional controls are applied.
Target risk	the desired optimal level of risk.
What is a risk	Risk is the likelihood and consequences of a potential negative outcome. Risk involves uncertainty about the effects/implications of an activity often focusing on undesirable consequences.

Key - Direction of Risk

Risk has become worse.

Risk has stayed the same

Risk is improving

Risk Scoring Matrix

			Likelihood				
			1	2	3	4	5
			Rare	Unlikely	Possible	Likely	Almost certain
Severity	5	Catastrophic	5	10	15	20	25
	4	Major	4	8	12	16	20
	3	Moderate	3	6	9	12	15
	2	Minor	2	4	6	8	10
	1	Negligible	1	2	3	4	5

showing direction of travel. Green arrow up (improving risk), yellow arrow sideways (risk has stayed the same) and red arrow down (risk has become worse).

Likelihood Matrix

Likelihood (Probability) Score	1	2	3	4	5
Descriptor	Rare	Unlikely	Possible	Likely	Almost certain
Frequency How often might it/does it happen	This will probably never happen/recur	Do not expect it to happen/recur but it is possible it may do so	Might happen or recur occasionally	Will probably happen/recur but it is not a persisting issue	Will undoubtedly happen/recur, possibly frequently
Frequency Time-frame	Not expected to occur for years	Expected to occur at least annually	Expected to occur at least monthly	Expected to occur at least weekly	Expected to occur at least daily
Frequency Will it happen or not?	<0.1%	0.1 to 1%	1 to 10%	10 to 50%	>50%

Severity Matrix

Severity (Impact) Score	1	2	3	4	5
Descriptor	Negligible	Minor	Moderate	Major	Catastrophic
Impact on the safety of patients, staff or public (physical / psychological harm)	Minimal injury requiring no/minimal intervention or treatment. No time off work	Minor injury or illness, requiring minor intervention Requiring time off work for >3 days Increase in length of hospital stay by 1-3 days	Moderate injury requiring professional intervention Requiring time off work for 4-14 days Increase in length of hospital stay by 4-15 days RIDDOR/agency reportable incident An event which impacts on a small number of patients	Major injury leading to long-term incapacity/disability Requiring time off work for >14 days Increase in length of hospital stay by >15 days Mismanagement of patient care with long-term effects	Incident leading to death Multiple permanent injuries or irreversible health effects An event which impacts on a large number of patients
Adverse publicity/ reputation	Rumours Potential for public concern	Local media coverage – short-term reduction in public confidence Elements of public expectation not being met	Local media coverage – long-term reduction in public confidence	National media coverage with <3 days service well below reasonable public expectation	National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions in the House) Total loss of public confidence
Business objectives/ projects	Insignificant cost increase/ schedule slippage	<5 per cent over project budget Schedule slippage	5–10 per cent over project budget Schedule slippage	Non-compliance with national 10–25 per cent over project budget Schedule slippage Key objectives not met	Incident leading >25 per cent over project budget Schedule slippage Key objectives not met

South East London Integrated Care System

NHS South East London

NHS SEL ICB
Risk Appetite Statement 2023/24

SEL ICB Risk Appetite Statement 2023/24

The statement

1. *Risk management is about finding the right balance between risks and opportunities in order that the Integrated Care Board – as a key partner in the South East London Integrated Care System – might act in the best interests of patients, residents, and our staff.*

2. *The ICB's stated appetite for risk provides a framework within which decisions can be made in a way that balances risks and rewards; costs and benefits.*

3. *The ICB risk appetite framework is designed to allow NHS SEL ICB to tolerate more risk in some areas than others as it seeks to deliver its responsibilities and achieve the ambitious aims for the local health and care system. Risk appetite is not about the extent to which the ICB will seek to make change or maintain the status quo. It is about the extent to which the organisation is willing to take risks in the process of securing the change we know is needed.*

4. *This risk statement is issued by the ICB and relates to the risk management processes in place to support the organisation's Board to manage risks faced by the organisation. However, as an integral part of the SEL Integrated Care System – working to shared operational and strategic objectives – a significant proportion of ICB risks will also affect ICS partner organisations, and vice versa. The ICB's risk approach aims to respect individual institutional responsibilities and processes, whilst seeking a better coordinated response to risks that exist across the partnership. This approach is a particular priority given that risks exist at provider interfaces and as part of patients' interactions across system partners.*

5. *The ICB has a dual role. It functions as a highly regulated organisation with responsibilities for ensuring statutory compliance, overseeing provision and ensuring financial sustainability. It additionally functions as an engine of change, with responsibilities to promote joined-up care, innovation, and to deliver improved population health outcomes.*

6. *To achieve our ambitious objectives for the health and care system in south east London, the ICB, as a leading voice in the wider ICS partnership, will need to be an increasingly innovative and change-driven organisation. The ICB has consequently adopted an **OPEN** or **EAGER** appetite in most areas of risk. However, the ICB will in pursuit of its wider objectives, operate with a **CAUTIOUS** posture to risks relating to the quality and safety of clinical care and to data and information management*

7. *Where a risk related to the ICB's activities is recorded with a residual risk score in excess of the defined risk tolerance level for the stated category of risk, that risk will be escalated within the SEL governance structure and ultimately be included in the Board Assurance Framework (BAF) for consideration by the ICB Board.*

South East London Integrated Care System

NHS South East London

ICB risk appetite level descriptions by type of risk

Proposed risk appetite levels by risk category (1 of 3)

Risk appetite level description (and residual risk score)					
Risk Category	**Averse (1 – 3)**	**Minimal (4 – 6)**	**Cautious (7 – 9)**	**Open (10 – 12)**	**Eager (13 – 15)**
Financial	Avoidance of any financial impact or loss is the key objective.	Only prepared to accept the possibility of very limited financial impact if essential to delivery.	Seek safe delivery options with little residual financial loss only if it could yield upside opportunities	Prepared to invest for benefit and to minimise the possibility of financial loss by managing the risks to tolerable levels.	Prepared to invest for best possible benefit and accept possibility of financial loss (controls must be in place).
Clinical, Quality and Safety	Prioritise minimising the likelihood of negative outcomes or harm to patients. Strong focus on securing compliance with existing protocols, processes and care standards for the current range of treatments.	Prioritise patient safety and seeks to minimise the likelihood of patient harm. Is focussed on securing compliance with existing protocols, but is open to taking some calculated risks on new treatments / approaches where projected benefits to patients are very likely to outweigh new risks.	Is led by the evidence base and research, but in addition to a commitment to prioritising patient safety, is open to taking calculated risks on new treatments / approaches where projected benefits to patients are likely to outweigh new risks.	Strong willingness to support and enable the adoption of new treatments / processes / procedures in order to achieve better outcomes for patients where this is supported by research / evidence. Willing to take on some uncertainty on the basis of learning from doing.	Prioritises the adoption of cutting edge treatments / processes / procedures in order to achieve better outcomes for patients where this is supported by research / evidence. Willing to take on reasonable but significant uncertainty on the basis of learning from doing.
Operations	Defensive approach to operational delivery – aim to maintain/protect current operational activities. A focus on tight management controls and oversight with limited devolved authority.	Largely follow existing ways-of-working, with decision-making authority largely held by senior management team.	Will seek to develop working practices but with decision-making authority generally held by senior management. Use of leading indicators to support change processes.	Willingness for continuous improvement of operational processes and procedures. Responsibility for non-critical decisions may be devolved.	Desire to “break the mould” and challenge current working practices. High levels of devolved authority – management by trust / use of lagging indicators rather than close control.

Selected ICB risk appetite level

Proposed risk appetite levels by risk category (2 of 3)

Risk appetite level description (and residual risk score)					
Risk Category	**Averse (1 – 3)**	**Minimal (4 – 6)**	**Cautious (7 – 9)**	**Open (10 – 12)**	**Eager (13 – 15)**
Governance	Avoid actions with associated risk. No decisions are taken outside of processes and oversight / monitoring arrangements. Organisational controls minimise risk with significant levels of resource focussed on detection and prevention.	Willing to consider low risk actions which support delivery of priorities and objectives. Processes, and oversight / monitoring arrangements enable limited risk taking. Organisational controls maximised through robust controls and sanctions.	Willing to consider actions where benefits outweigh risks. Processes, and oversight / monitoring arrangements enable cautious risk taking.	Receptive to taking difficult decisions when benefits outweigh risks. Processes and oversight / monitoring arrangements enable considered risk taking.	Ready to take difficult decisions when benefits outweigh risks. Processes, and oversight / monitoring arrangements support informed risk taking.
Strategic	Guiding principles or rules in place that largely maintain the status quo and seek to limit risk in organisational actions and the pursuit of priorities. Organisational strategy is rarely refreshed.	Guiding principles or rules in place that typically minimise risk in organisational actions and the pursuit of priorities..	Guiding principles or rules in place that allow considered risk taking in organisational actions and the pursuit of priorities.	Guiding principles or rules in place that are receptive to considered risk taking in organisational actions and the pursuit of priorities.	Guiding principles or rules in place that welcome considered risk taking in organisational actions and the pursuit of priorities. Organisational strategy is reviewed and refreshed dynamically.

Selected ICB risk appetite level

Proposed risk appetite levels by risk category (3 of 3)

Risk appetite level description (and residual risk score)					
Risk Category	**Averse (1 – 3)**	**Minimal (4 – 6)**	**Cautious (7 – 9)**	**Open (10 – 12)**	**Eager (13 – 15)**
Data and Information Management	Lock down data & information. Access tightly controlled, high levels of monitoring.	Minimise level of risk due to potential damage from disclosure.	Accept need for operational effectiveness with risk mitigated through careful management limiting distribution.	Accept need for operational effectiveness in distribution and information sharing.	Level of controls minimised with data and information openly shared.
Workforce	Priority to maintain close management control and oversight. Limited devolved authority. Limited flexibility in relation to working practices. Development investment in standard practices only.	Decision making authority held by senior management. Development investment generally in standard practices.	Seek safe and standard people policy. Decision making authority generally held by senior management.	Prepared to invest in our people to create innovative mix of skills environment. Responsibility for non-critical decisions may be devolved.	Innovation pursued desire to “break the mould” and do things differently. High levels of devolved authority and a strong willingness for workforce to act with autonomy to improve its impact.
Reputational	Zero appetite for any decisions with high chance of repercussion for organisations’ reputation.	Appetite for risk taking limited to those events where there is no chance of any significant repercussion for the organisation.	Appetite for risk taking limited to those events where there is little chance of any significant repercussion for the organisation	Appetite to take decisions with potential to expose organisation to additional scrutiny, but only where appropriate steps are taken to minimise exposure.	Appetit to take decisions which are likely to bring additional Governmental / organisational scrutiny only where potential benefits outweigh risks.

Selected ICB risk appetite level

South East London Integrated Care System

NHS South East London

Summary of SEL LCP risks

Prepared for the place executive leads (PELs)

October 2025

Purpose

1. The ICB risk and assurance team have a role to support LCP SMTs with identifying potential risks that should be considered for inclusion in LCP risk registers. Possible areas of risk might be identified following the emergence of risks on related programmes of work, near misses / incidents, nationally and regionally identified risks, reviewing risks recorded by other organisations, pro-active horizon scanning of likely areas of risk not recorded, looking at risks identified in other reports (e.g. performance, quality, PMO reports), looking at the wider applicability of risks have been recorded by other parts of the organisation. The role of the risk and assurance team is to work with LCP governance leads and SMTs to assess the applicability of these risks to their boroughs.

2. LCP risks are scheduled for PEL review on a quarterly basis. This pack provides an updated set of LCP risks, as of **17 October 2025.**

3. LCP risks on slides 5 - 11 have been assigned* to one of two categories as below:

    - **Primarily ICB risks** – those that have the potential to impact on the legal and statutory obligations of the ICB and / or primarily relate mainly to the operational running of the organisation. Controls for these risks are primarily within the ICB's scope to be able to resolve. The risk summaries have been highlighted in **green**.

    - **Primarily system risks** – those that relate to the successful delivery of the aims and objectives of the ICS as are defined in the ICB's strategic, operational, financial plans, corporate objectives and which impact on and are impacted by multiple partners in the integrated care system. Controls for these risks require a contribution from both the ICB and other ICS system partners to be able to resolve. The risk summaries have been highlighted in **blue**.

***important note:** this categorisation is indicative and PELs should highlight any areas of risk which they think belong in the alternative category.

Contents

LCP risks summary as of 17 October 2025

Bexley

Extreme	High	Moderate	Low	Total
0	13	0	1	14

Bromley

Extreme	High	Moderate	Low	Total
(1) 1	10	0	0	11

Greenwich

Extreme	High	Moderate	Low	Total
(1) 1	16	0	0	17

Lambeth

Extreme	High	Moderate	Low	Total
(1) 1	6	2	0	9

Lewisham

Extreme	High	Moderate	Low	Total
(1) 1	15	0	0	16

Southwark

Extreme	High	Moderate	Low	Total
(1) 1	11	0	0	12

(1) *Risk to be shown on ICB BAF*

South East London Integrated Care System

Finance related risks

NHS South East London

Risk summary	Residual Risk Score					
	Bex	Bro	Gre	Lam	Lew	Sou
Achievement of financial balance in the borough	9	12	12 ↓	9	9	9
Identify and achieve efficiency savings within the borough	6 ↓				9	12
Overspend against the prescribing budget	12	12	12		12	Inc. as part of overall financial balance risk
Overspend against the borough's delegated CHC budget	9 ↓	12	Inc as part of overall financial balance risk		12	
Unbudgeted costs due to transfer of high-cost LD clients / MH placements		12	Inc as part of overall financial balance risk	9	Inc as part of overall financial balance risk	12
Delegated Primary Care productivity & efficiency requirement				9	Inc as part of overall financial balance risk	
Financial risk (legal challenge / poor performance) relating to the community equipment services provider		9 ↓				
Performance / poor delivery risk associated with community equipment services provider			9 ○	9 ○		9
HealtheIntent (HI) Platform and Funding Position			9 ↓		9 ↓	

Key:

- To be shown on ICB BAF
- ○ Newly added risk since last update
- ↑ Score increased
- ↓ Score decreased
- Primarily ICB risk
- Primarily System risk

LCP performance related risks

Risk summary	Residual Risk Score					
	Bex	Bro	Gre	Lam	Lew	Sou
Dementia diagnosis			8			
IAPT		10				
SMI Physical health checks	12	12	9		12	
Childhood immunisations	12		9	12	9	9
Flu vaccination rates	12	12	8 ↓	9	12	
Learning disability and autism annual health checks			9			
Hypertension treatment to NICE guidance	12		12			
Primary care access			9		9 ↓	
Cancer screening targets			9 ↑			

Key:

- *To be shown on ICB BAF*
- *Newly added risk since last update*
- *Score increased*
- *Score decreased*
- *Primarily ICB risk*
- *Primarily System risk*

Joint Forward Plan related risks

Risk summary	Residual Risk Score					
	Bex	Bro	Gre	Lam	Lew	Sou
Delivery of Joint Forward Plan commitments	8				12	
The Neighbourhood model may not operate optimally if there are issues with IT infrastructure and data interoperability					12	
Procurement and contract management system failings impact on governance standards						9 ○
INTs not delivered as planned						9 ○

Key:

- ● *To be shown on ICB BAF*
- ○ *Newly added risk since last update*
- ↑ *Score increased*
- ↓ *Score decreased*
- *Primarily ICB risk*
- *Primarily System risk*

Service transformation / improvement related risks

Risk summary	Residual Risk Score					
	Bex	Bro	Gre	Lam	Lew	Sou
Delivery of community-based MH programmes / CAMHs waiting times not achieved				6		9
Patient flow and discharge improvements not made	9		12			9 ○
Risk to delivery of MH LTP trajectories					Inc. as part of JFP delivery risk	
Virtual wards will not be developed / optimised			9			
Risk to development of iThrive and preventative system approach to children's MH and wellbeing			12			

Key:

- ● *To be shown on ICB BAF*
- ○ *Newly added risk since last update*
- ↑ *Score increased*
- ↓ *Score decreased*
- *Primarily ICB risk*
- *Primarily System risk*

Other performance related risks

Risk summary	Residual Risk Score					
	Bex	Bro	Gre	Lam	Lew	Sou
CYP diagnostic waiting times for autism and ADHD targets not being met	12 ○	16 ●	16 ●	16 ●	16 ●	16 ●
Expected SEND standards	9					9 ○

Key:

- ● *To be shown on ICB BAF*
- ○ *Newly added risk since last update*
- ↑ *Score increased*
- ↓ *Score decreased*
- *Primarily ICB risk*
- *Primarily System risk*

Workforce related risks affecting targets

Risk summary	Residual Risk Score					
	Bex	Bro	Gre	Lam	Lew	Sou
Limited capacity in CHC team		12 ↑				
Recruitment challenges within safeguarding teams	3			6		
Recruitment and capacity affecting statutory timescales for completion of EHCP health assessments					12	
Recruitment and capacity affecting statutory timescales for completion of ASD health assessments					9	
Shortage of commissioned nursing capacity in CLA health team					9 ↓	
Impact of ICB change programme on delivery priorities						9 ○

Key:

- *To be shown on ICB BAF*
- *Newly added risk since last update*
- *Score increased*
- *Score decreased*
- *Primarily ICB risk*
- *Primarily System risk*

Estates related risks

Risk summary	Residual Risk Score					
	Bex	Bro	Gre	Lam	Lew	Sou
Primary care premises lost / insecure lease agreements / other estates issues	12	12	12			
One or more Integrated Neighbourhood Teams (INTs) will not have a base to work from at service go-live.					9	

Key:

To be shown on ICB BAF

Newly added risk since last update

Score increased

Score decreased

Primarily ICB risk

Primarily System risk

Newly added risks by LCPs since last update (1 of 2)

The table below and next slide show risks that have been newly added to LCP registers since the last update in July 2025. These areas are for consideration by PELs with their SMTs, for addition to their LCP risk register.

New Risk Area	LCP	Current score	Notes
1. Performance / poor delivery risk associated with community equipment services provider	Greenwich Lambeth	9 9	• Bromley reduced the current score in October 2025 to 9 and de-escalated off the BAF. • Southwark have recently reopened this risk in as the new provider takes over the existing service and beds.
2. Procurement and contract management system failings impact on governance standards	Southwark	9	• Relates to PSR discussion
3. INTs not delivered as planned	Southwark	9	• Relates to INT discussion from meeting with PELs in August 2025. • Lewisham have 2 risks recorded relating to INTS: 1. One or more Integrated Neighbourhood Teams (INTs) will not have a base to work from at service go-live; 2. The Neighbourhood model may not operate optimally if there are issues with IT infrastructure and data interoperability.
4. Market failure in social care provision impacts on whole system flow and quality of care.	Southwark	9	• Bexley and Greenwich have risks recorded against patient discharge and flow.

Newly added risks by LCPs since last update (2 of 2)

New Risk Area	LCP	Current score	Notes
5. ICB not meeting expected standards for SEND	Southwark	9	• Bexley have a risk recorded against this.
6. Impact of ICB change programme	Southwark	9	• There are four risks recorded against the SEL change programme on the SEL register. All four risks are on the BAF.
7. CYP diagnostic waiting times for autism and ADHD targets not being met	Bexley	12	• Scores have been increased to 16 for Bromley, Greenwich, Lambeth, Lewisham and Southwark, and escalated onto the BAF. • New risk in Bexley has been added, and score remains at 12.

Lewisham Local Care Partners Strategic Board
Cover Sheet

Item 11
Enclosure 10

Title:	ANNUAL REPORT for SAFEGUARDING ADULTS SOUTHEAST LONDON ICB LEWISHAM PLACE
Meeting Date:	27th November 2025
Author:	Fiona Mitchell
Executive Lead:	Ceri Jacob, Lewisham Place Executive Lead

Purpose of paper:	SEL ICB is an NHS body with a range of statutory duties, including safeguarding children, Children Looked After (CLA) and adults at risk, and is required to provide an annual report to provide evaluation and assurance of services commissioned to safeguard children and adults. This report focuses on Safeguarding Adults only. A separate Annual Report for Children and Young People and CLA will be generated. The report sets out how the ICB has delivered its statutory adult safeguarding responsibilities, in partnership with other safeguarding accountable organisations and NHS providers in Lewisham and southeast London more broadly. It also sets out how Lewisham has responded particularly to statutory requirements locally.	Update / Information	*x*
		Discussion	
		Decision	
Summary of main points:	Governance and Accountability arrangements Safeguarding Supervision Asylum and Initial Accommodation Centres Safeguarding Training Primary Care and Safeguarding Care Homes Older People Serious Violence Duty including Domestic Abuse Violence Against Women and Girls and learning from statutory reviews Learning form Adults Deaths and statutory review Modern Slavery LeDeR Learning from the lives and deaths of people with a learning disability and autistic people Priorities		
Potential Conflicts of Interest			

Any impact on BLACHIR recommendations	Safeguarding Adult Reviews and Domestic Homicide Reviews evidence that there are both social, economic and environmental reasons that determine significant inequalities in health outcomes amongst Black African and Black Caribbean communities, both locally and nationally. For this purpose, the aim of the work in Lewisham is to reduce the disparity and safeguard all groups of individuals both children and adults at risk by improving health outcomes and quality of life by learning and by embedding recommendations from such reviews.			
Relevant to the following Boroughs	**Bexley**		**Bromley**	
	Greenwich		**Lambeth**	
	Lewisham	✓	**Southwark**	
	Equality Impact			
	Financial Impact			
Other Engagement	Public Engagement			
	Other Committee Discussion/ Engagement	Lewisham LSAB date tbc		
Recommendation:	The Local Care Partnership Strategic Board is requested to receive and accept the safeguarding adults report for information and assurance that effective safeguarding systems and processes are in place for Lewisham adult safeguarding			

South East London
Integrated Care System

ANNUAL REPORT for SAFEGUARDING ADULTS SOUTHEAST LONDON ICB LEWISHAM PLACE April 2024 – March 2025

Purpose

- To provide assurance and evaluation of statutory adult safeguarding responsibilities delivered by SEL ICB Lewisham place in partnership with local agencies.

Key Points

- **Safeguarding Priority:** Commitment to protecting adults and children at risk under a ‘Think Family’ approach.
- **Collaborative Partnership:** Active role in**:**
- Lewisham Safeguarding Adults Board (LSAB)
- Children Partnership (LSCP)
- Community Safety Partnership.
- **Leadership & Assurance:** Designated professional and executive lead ensure statutory duties are met across health organisation.
- **Integrated Approach**: Joint working strengthens safeguarding systems and promotes accountability across Lewisham.

Care Act 2014

Principles

- Empowerment
- Protection
- Prevention
- Proportionality
- Partnership

Local Context

Lewisham population 300,600 diverse population (48.35 ethnic minority) high deprivation (within 20% most deprived nationally).

Health inequalities persist, especially among Black African and Black Caribbean communities.

Achievements

Training: 94 hours delivered; 271 staff trained in topics including FGM, MARAC Multi Agency Risk Assessment Conference for Domestic Abuse (Principles and process), LeDeR Learning from Deaths and those individuals with Learning Disability including Autism, and Domestic Abuse (Dynamics and use of professional curiosity).

Audit: GP Safeguarding Policy compliance in accordance with best practice, Domestic Abuse Policy; recommendations implemented.

Achievements

Care Homes:166 safeguarding concerns raised; pressure ulcer and falls monitoring; targeted training delivered.

Community Safety: Supported the Local Authority Lewisham in Serious Violence Duty; support in developing ISTV dashboard and health input. Strategy development in reducing serious violence in Lewisham.

Modern Slavery: Awareness and training delivered to care homes and primary care.

Supervision: Contract lead for safeguarding supervision across the system for Designated professionals including GPs.

Achievements

Complex Case Management: Professional advice and support multi agency working

Domestic Abuse: IGVA project; 240 clinicians trained in Dynamics of domestic abuse

Work within Initial Accomodation Centre for Asylum seekers: Assurance visit for safeguarding, Lived experience and complex case management and multi agency partnership work. Work with the Home Office.

Multi agency work in Domestic Homicide Reviews: Support in IMR generation and quality assurance; development of learning and monitoring of recommendations and Panel membership

Achievements

- **Multi agency work in Safeguarding Adult Reviews**: Support in IMR generation and quality assurance; development of learning and monitoring of recommendations and Panel membership. (Completion of Integrated Data Dashboard and Safeguarding Case Review Tracker with all relevant data for Domestic Homicide Reviews and Safeguarding Adult Reviews in Lewisham).
- **Continued Safeguarding Assurance**: Provider organisations; commissioned and non commissioned in monitoring evidence for safeguarding in a collaborative learning approach.

Achievements

Governance: System working support to central team and governance processes for safeguarding; attendance at SEL Safeguarding Adults and CYP Network Meeting, peer to peer meetings; attendance at subgroups and relevant provider safeguarding meeting for assurance for safeguarding.

Conclusions

- **Demonstration of Strong Partnership Working**: collaboration across the system.
- **Commitment to Statutory Duties**: commitment to principles of the Care Act.
- **Focus on Vulnerable Groups**; targeted approach.
- **Capacity Building**; significant investment in training and supervision.
- **Continuous Improvement**; ongoing audit, data dash boards and multi agency reviews and accountability.
- **Future Direction**: maintain an integrated approach, enhance community engagement and leverage technology for early intervention.

Priorities

- To note the full range of statutory safeguarding duties and relevant legislation for ICBs and NHS and Providers which are detailed within Section 3 of the NHS Safeguarding Accountability and Assurance Framework 2024 (SAAF) and the ICB statutory safeguarding protocols.
- Focus on:• Working Together 2023 • Child Protection Information System • Child Death Reviews • Domestic Homicide Reviews • Domestic Abuse Duty* • Prevent Duty* • Serious Violence Duty* • Female Genital Mutilation* • Modern Slavery & Human Trafficking.

ANNUAL REPORT for SAFEGUARDING ADULTS SOUTHEAST LONDON ICB LEWISHAM PLACE

April 2024 – March 2025

Author:

Fiona Mitchell Nurse Consultant Nurse Adult Safeguarding Designate NHS South East London ICB Lewisham

Alice Wu Named GP Safeguarding Adults and Children Lewisham

Shirley Spencer Safeguarding Adults Nurse Advisor Older People Care Homes Lewisham

Approving Director:

Ceri Jacob Lewisham Place Executive Lead

1. Introduction

This Annual Report for adults covers the period from April 2024 - March 2025 and provides a summary of the Safeguarding Adult progress and accomplishments for South East London Integrated Care Board (ICB) Lewisham place.

The SEL ICB Lewisham is committed to Safeguarding Children and Adults at risk, and Safeguarding is a priority. SEL ICB Lewisham are key partners in the Lewisham Local Safeguarding Children Partnership (LSCP), the Lewisham Safeguarding Adults Board (LSAB) and the Community Safety Partnership Board. The Lewisham Place Executive Lead, Designated Doctor, Designated Nurses, Named GPs, and Safeguarding Nurse Advisor have all been influential in the work of the LSCP, LSAB, and the Community Safety Partnership Board working together to deliver a joint approach to safeguarding whilst assuring health organisations and the ICB are meeting statutory duty to safeguard children, young people and adults at risk in a 'Think Family' model.

We would like to thank all members of the Adult Safeguarding team Lewisham for their contributions in this period. We would also like to thank the Children's Safeguarding team for their ongoing support including other boroughs of the ICB and Providers for contributions to a system wide family approach to safeguarding. Executive Lead Lewisham to support vulnerable people at risk.

2. Purpose of Report

SEL ICB is an NHS body with a range of statutory duties, including safeguarding children, Children Looked After (CLA) and adults at risk, and is required to provide an annual report to provide evaluation and assurance of services commissioned to safeguard children and adults.

This report focuses on Safeguarding Adults only. A separate Annual Report for Children and Young People and CLA will be generated.

The report sets out how the ICB has delivered its statutory adult safeguarding responsibilities, in partnership with other safeguarding accountable organisations and NHS providers in Lewisham and southeast London more broadly. It also sets out how Lewisham has responded particularly to statutory requirements locally.

3. The Local Picture

Lewisham currently has a population of 300,600. It is the 14th largest borough in London by population size and the 6th largest in Inner London. In the next five years our population is likely to rise to over 310,000 and to over 320,000 by 2032. 52.5% of the population are female; 23.5% are 0-19 years of age; 9.5% are aged 65 or over; 67% are 20-64 years of age.

The population of very young children aged 0 – 4 is larger in Lewisham than in England. We have a significantly younger population compared with national averages, with more people aged between 25 and 44. There is a smaller population of those aged 65+. However, it is thought our population growth won't be evenly spread across the ages and we will see an increase in the older population and a slight decrease in the younger population and working age population. Almost half (48.3%) of our population are from an ethnic minority community. Between 2011 and 2031 it has been projected that the size of the population of children and young people 0-19 in ethnic minorities will grow much faster than the rate of children from white ethnic groups.

Lewisham is the 63rd most deprived Local Authority in England and within the 20% most deprived Local Authorities in the country. Bellingham, Downham, Rushey Green and New Cross are the most deprived local wards in the borough. Safeguarding Adult Reviews and Domestic Homicide Reviews evidence that there are social, economic and environmental reasons that determine significant inequalities in health outcomes amongst Black African and Black Caribbean communities, both locally and nationally. For this purpose, the aim of the work in Lewisham is to reduce the disparity and safeguard all groups of individuals both children and adults at risk by improving health outcomes and quality of life by learning and by embedding recommendations from such reviews About BLACHIR | Birmingham and Lewisham African and Caribbean Health Inequalities Review (BLACHIR) | Birmingham City Council

4. Safeguarding Responsibility and Obligations

The Care Act 2014

The six principles under the Care Act 2014 define obligation and responsibility in safeguarding.

- **Empowerment –** You know best about the care and support you need; your views, wishes, feelings and beliefs should always be considered. To ensure that this is implemented in the right way, professionals must discuss all the possible outcomes of the patient's decision, without enforcing their opinions too much. If the patient does not have the capacity to give consent, then their decisions can be made for them. Whether the patient has capacity depends on a few factors that are specified in the Mental Capacity Act 2005.
- **Protection –** Professionals should always work to protect you and other people from abuse and neglect. The Act clearly states how people can raise concerns about the safety or wellbeing of someone who has care needs. If a person is at risk of abuse or neglect, authorities must act immediately. An effective response must be in place to protect the person in need.
- **Prevention –** The main aim of professionals should be on the person's wellbeing, on reducing the need for care and support, and on reducing the likelihood that the person will need care and support in the future. Local authorities have a legal duty to prevent, reduce and delay people's needs from worsening. The aim is to have responsive local authorities that can support people at an early stage, to prevent and reduce the likelihood of people ending up in crisis situations.
- **Proportionality –** Appropriateness and proportionality are concepts that must apply to all assessments and are not themselves forms of carers' or needs assessments. A proportionate assessment will be as extensive as required to establish the extent of a person's needs and any decisions made will always be person-centred and based on their individual circumstances.
- **Partnership –** Any decisions should be made with the person's involvement, and their wellbeing should be balanced with that of any involved family and friends. It also applies to multi-agency collaboration working in partnership to provide the appropriate care and support for the individual.
- **Accountability –** Professionals should ensure that any actions taken to support a person receiving care affect their rights and freedom as little as possible. The accountability principle also states that safeguarding is everybody's duty, and everyone in contact with a vulnerable person should be responsible for noting any risks and acting on any harm identified. Care Act 2014 (legislation.gov.uk)

These six principles underpin the work of professionals and others who work with adults. They apply to all sectors including health. Other legislation includes Safeguarding Vulnerable Groups Act 2006, Health and Social Care Act 2012, Mental Capacity Act 2005, Safeguarding Vulnerable Groups Act 2006, Equality Act 2010, Human Rights Act 1998, Data Protection Act 2018, Public Interest Disclosure Act 1998.

5. Safeguarding Supervision

Safeguarding supervision is necessary for the wellbeing and safety of its safeguarding workforce. Supervision uses the supervisory relationship to promote positive outcomes for children, adults, and families through creating a safe contained environment where the practitioner has capacity to think and reflect and learn.

Lewisham Place is the contract lead which is a three-year contract. Procurement will be required August 2026 as the contract will come to an end. All indicators reflect that the model of supervision provided for Adults, Children and Young People, LAC, Send and LeDeR is successful, and fit for purpose. Staff are surveyed quarterly on experience, and this is collated in the monitoring reports. The KPI's for this contract are:

- Monitoring Attendance – more than 75% at each session
- Monitoring Qualitative feedback
- Signed Supervision Contracts
- Monitoring of Themes

There are still gaps in the provision of safeguarding supervision across the system and further analysis will be required in 2025/26 as part of the ICB Safeguarding restructure. Known gaps are in the provision include CHC staff and safeguarding support officers and other clinical roles in the ICB. Monthly and quarterly contract monitoring meetings are held and reports generated by In-Trac the provider and scrutinised by the ICB.

6. Safeguarding Governance and Accountability Arrangements

The safeguarding governance arrangement for Lewisham is in line with the statutory duty to safeguard and promote the well-being of adults at risk. Safeguarding Assurance Monitoring: Safeguarding Adults is firmly rooted within the obligations of all provider organisations across health in Lewisham. It is the responsibility of every NHS funded organisation and each individual healthcare professional working in the NHS to ensure that the principles and duties of safeguarding adults are consistently and diligently applied.

The Lewisham Safeguarding Assurance monitoring duty is executed by the Designated professionals with the commissioned organisations. The Accountable Officer SEL ICB has the overall responsibility for safeguarding and promoting the welfare of adults at risk and to ensure this duty is discharged effectively. The Chief Nurse undertakes the Executive Director role for Safeguarding and has responsibility for the leadership of the SEL ICB Safeguarding Team. The Lewisham Place Executive Lead is responsible at Place and represents Lewisham at the Local Safeguarding Children Partnership Executive Board and the Local Safeguarding Adults Board alongside the Designated Nurse, Named GP and Safeguarding Nurse Advisor and the Community Safety Partnership. An Associate Director of Safeguarding role was introduced this year which provides overarching safeguarding support across the ICB. The Designated professionals undertook and supported the Lewisham Place Executive Lead to ensure services commissioned met the statutory duties to safeguard and promote the welfare of adults, as well as ensuring up to date professional expertise was effectively discharged across the local safeguarding arrangements and the ICB.

Governance arrangements for this reporting period included reporting into the SEL ICB monthly Safeguarding Designates meeting (peer to peer discussions) and the SEL ICB Safeguarding Adult and Child Network meetings. Additionally, a safeguarding group was developed in February 2025 by the ICB aimed at safeguarding practice and innovations across the health system and included provider colleagues.

Lewisham Place reports on an ICB Borough Adult Designate Exception Report: generated for NHSE quarterly and completes the Integrated Data Dashboard and Safeguarding Case Review Tracker with all relevant data for Domestic Homicide Reviews and Safeguarding Adult Reviews occurring in borough for NHSE. Lewisham were congratulated on the quality of data input by the SEL ICB NHSE Data Dashboard.

In Lewisham, a quarterly local Health Safeguarding Assurance Meeting (HSAM) is convened to seek assurance from primary care and provider organisation contracted services. The meeting is conducive to developing collaborative relationships with other safeguarding professionals across the system, developing good practice and providing professional challenge whilst in a safe environment. Reports are generated quarterly and fed back via group membership.

The Designate Nurse generates quarterly and monthly Safeguarding Adult reports and presents to the Senior Management Team Lewisham Place as part of the Lewisham Executive Team.

SEL ICB Lewisham participated in the Lewisham Safeguarding Adult Board SAPAT 2025 audit which is a strategic quality assurance tool used by statutory partners in Lewisham to assess the effectiveness of adult safeguarding practices. It supports the Lewisham Safeguarding Adults Board (LSAB) in identifying strengths, challenges, and future priorities across the partnership and governance methodology. Scoring Mechanism; Each agency was assessed using a qualitative scoring scale from 1 to 5 across three dimensions.

1. Achievements
2. Barriers
3. Priorities

South East London Integrated Care Board (ICB) Lewisham achieved 4 (Strong) 3 (Adequate) 4 (Strong) in these domains.

Lewisham contributed to the development and support of the strategic priorities from the SAPAT based on the SAPAT 2025 results, the LSAB strategic priorities for 2025–2026 include:

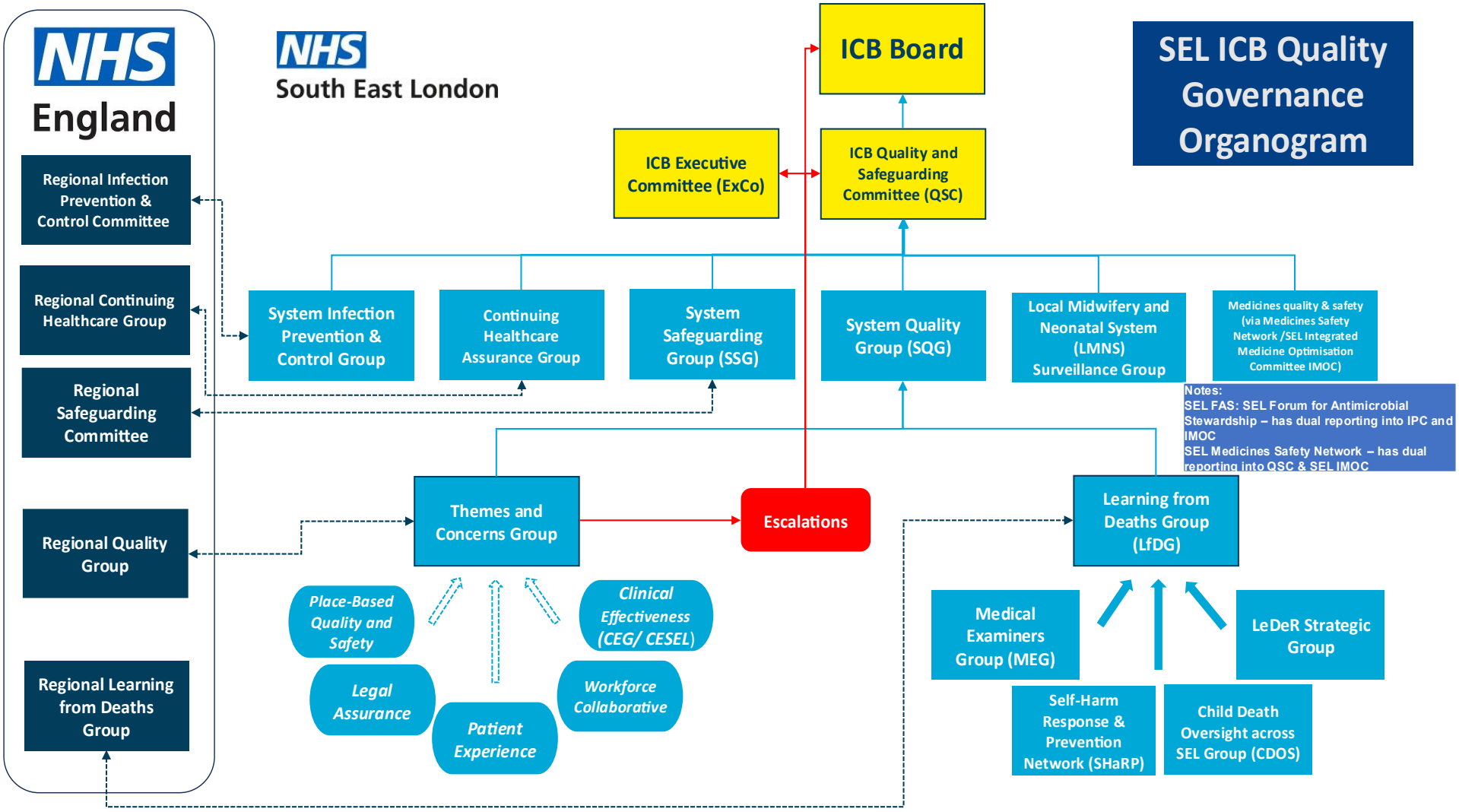
1. Implementing revised Pan-London procedures
2. Raising awareness and prevention
3. Embedding learning from SARs
4. Strengthening the Think Family approach
5. Improving responses to self-neglect and hoarding

6. Enhancing professional curiosity
7. Improving safeguarding performance monitoring

Southeast London ICB will continue to Focus on Think Family, domestic abuse prevention, and SAR learning. The revised London Multi-Agency Adult Safeguarding Policy, Practice Guidance and Procedures will be published 2026 and the SEL ICB will act in accordance with statutory duty for safeguarding.

Additionally, the Designate is a member of the LSAB Self-Neglect High Risk Panel The purpose of the Lewisham Self-Neglect High-Risk Panel (SN-HRP) provides a regular multi-agency problem solving forum to discuss the well-being of individuals who are at risk of significant harm due to self-neglect. Cases will be considered where the adult is aged 18 years old or over and where they are deemed to have capacity to make their own relevant decisions, but who are at risk of serious harm or death due to any of the following: Refusal or inability to engage with support services. Non-concordance with care and/or medication. Decisions that could be considered unwise and/or behaviours that may put them at risk of significant harm. Self-neglect and hoarding. The presence of multiple (two or more) risk factors including: mental illness, substance misuse, homelessness, domestic abuse, and possible criminal activity (not exhaustive). 'Frequent Flyers' with acute services. annex_2_self-neglect_high_risk_panel_risk_assessment___action_plan_february_2025.dotx

SEL ICB Quality Governance supports safeguarding as a system working alongside NHS England regionally described in the SEL ICB Quality Governance Organogram below.


NHS England
NHS South East London
SEL ICB Quality Governance Organogram
ICB Board
ICB Executive Committee (ExCo)
ICB Quality and Safeguarding Committee (QSC)
Regional Infection Prevention & Control Committee
Regional Continuing Healthcare Group
Regional Safeguarding Committee
Regional Quality Group
Regional Learning from Deaths Group
System Infection Prevention & Control Group
Continuing Healthcare Assurance Group
System Safeguarding Group (SSG)
System Quality Group (SQG)
Local Midwifery and Neonatal System (LMNS) Surveillance Group
Medicines quality & safety (via Medicines Safety Network /SEL Integrated Medicine Optimisation Committee IMOC)
Notes:
SEL FAS: SEL Forum for Antimicrobial Stewardship – has dual reporting into IPC and IMOC
SEL Medicines Safety Network – has dual reporting into QSC & SEL IMOC
Themes and Concerns Group
Escalations
Learning from Deaths Group (LfDG)
Place-Based Quality and Safety
Clinical Effectiveness (CEG/ CESEL)
Legal Assurance
Workforce Collaborative
Patient Experience
Medical Examiners Group (MEG)
LeDeR Strategic Group
Self-Harm Response & Prevention Network (SHaRP)
Child Death Oversight across SEL Group (CDOS)

7. Safeguarding Achievements

Asylum and Initial Accommodation Centre's

The ICB commissions enhanced primary care provision for Asylum seekers in Initial Accommodation (IAC) in Lewisham and conducts multi-agency meetings for vulnerable adults and children to identify and mitigate and risks, taking a partnership approach to interventions. Attendance at these meetings included Education, LA Housing, Safeguarding LA and ICB Adult and Child, Action for Refugees Lewisham (AFRIL), Migrant Help, Primary Care, Specialist Health Visiting, Sanctuary, Southwark Law Society, Clearsprings Ready Homes (the provider of initial accommodation in Lewisham), and the Home Office. Lewisham ICB facilitates and chairs this meeting with the Borough of Sanctuary programme lead. The ICB safeguarding team, AFRIL and Sanctuary recently conducted a second annual safeguarding assurance visit with findings and recommendations fed back to the Home Office and Clearsprings Ready Homes (CRH). This was following an initial visit in November 2023.

Staycity Apartments is accommodation commissioned by Clearsprings Ready Homes as an Initial Assessment Centre (IAC) for Asylum Seekers.

A follow up visit noted progress in several areas including, to the reception areas/ entrance, accessibility of the site manager, installation of a lift residents' concerns are responded to, and information residents require is readily available. This illustrates positive partnership working.

Notwithstanding, it is important to highlight that significant gaps remain, and assurance could not be gained in all aspects of safeguarding adults and children from training to referrals to Gateway or MASH. Several actions have been identified for further work with the provider to address these issues as a priority. This also includes emergency response preparedness by hotel staff in IAC for vulnerable individuals and families residing in such locations.

Partners will continue to collaborate with all stakeholders, and a further visit is recommended in 1 - 2 years. A lived experience group will be conducted with residents 2025/26.

Work on going and already achieved through partnership working includes

- Movement of vulnerable families with complex needs into other more suitable locations
- Effective engagement with the providers on safeguarding matters

- Escalation of safeguarding to Home Office and impacts of other factors on families which are vulnerable
- Professional challenge, raising professional curiosity amongst agencies and networking
- Escalation to PAN London groups on concerns raised for safeguarding
- Escalation to Safeguarding Boards for safeguarding on concerns
- Escalation of risk to ICB and others
- Shared resources
- Training delivered to hotel staff: Lewisham adult and children safeguarding by Safeguarding Boards, Athena training offer on domestic abuse.
- Work with the providers to secure incident trend data.
- Positive working relationships between hotel staff and our commissioned VCS partners, resulting in a smoother move on process for newly recognised refugees
- Improvement in fire safety for disabled residents (evacuchair installed as a direct result of the safeguarding visit

Safeguarding Training

Training was conducted according to the Adult Safeguarding: Roles and Competencies for Health Care Staff | Publications | Royal College of Nursing

Level 3 Adult and Child Safeguarding training was delivered periodically as required. Training was offered to members of the Health Safeguarding Assurance Group, CHC Team Lewisham, clinicians in primary care and other professionals across the ICS including Lewisham place ICB workforce. The following subject areas were delivered by a range of guest speakers and facilitated by the Lewisham place adult and child safeguarding team. A total of 10 hours was delivered of training by subject experts during this period 1 July 2024 to March 2025 Subject areas were:

- Female Genital Mutilation provided by an external provider, *Forward.*
- LeDeR provided by the SEL ICB LeDeR team learning from reviews.
- MARAC provided by the Lewisham Programme Lead for Violence against Women and Girls, Lewisham.
- Protected Learning Time event delivered training to 390 primary care clinicians.

Advice and Guidance Clinics for clinicians' lunchtime sessions took place in May July, October and December 2024.

The above training is in addition to the Dynamic of Abuse training delivered monthly by Athena Refuge to which primary care is invited to attend and others across Lewisham safeguarding network, including commissioned and non-commissioned providers and the Home Office.

The Consultant Nurse Designate monitors compliance across the system and workforce data. However further work is required to create a whole system approach to safeguarding training. Designated Doctor has achieved level 4 safeguarding training and Designated Nurse has achieved Level 5 in adult safeguarding. The safeguarding team are compliant with level 1,2,3 mandatory safeguarding training, PREVENT and Oliver McGowan training on Learning Disability and Autism - elearning for healthcare (e-lfh.org.uk).

By the end of Quarter 3 271 individuals had attended training facilitated by the ICB Lewisham place with 94 hours of training recorded for staff.

The SEL ICB has further developed a Safeguarding Competency Strategy outlined and Safeguarding Competency Strategy. Lewisham place is committed to supporting this developmental work achieving compliance.

SEL ICB Lewisham will progress a programme of training for safeguarding in 2025/26 on a range of subjects according to professional developmental requirements in Lewisham. So, far events have been planned to raise professional curiosity including Domestic Abuse in different cultures and focus on harmful practices delivered by the Harmful Practice Programme.

Primary Care and Safeguarding

The safeguarding team continued to provide support to practices who have queries in relation to complex safeguarding cases and procedures related to safeguarding, particularly the Named GP.

An audit of general practice safeguarding procedures took place. A sample of 10 practices was selected at random in 24/25 , and their procedures were audited against a set of 36 criteria. A report 'Audit of General Practice Adult Safeguarding Procedures' was submitted to the LSAB and peers

for review. Following on from the review, a further audit took place safeguarding procedures in 5 practices who had not submitted their procedures for the initial audit.

In addition , an audit of practice Domestic Abuse procedures for a sample of 11 practices, including practices which have been asked to submit chronologies and independent management reviews to domestic abuse panels, has been completed. A draft report has been prepared.

The named GP undertook work in relation to a project to co-locate an IGVA at 3 practices in Lewisham (see section on Community Safety Partnerships below) including one in Bellingham with the Designated Nurse. The proposal included additional case load to be held by the IGVA, direct support for domestic abuse victims on site and advice for professionals in GP practice. The co-location did not ultimately take place due to issues raised by SEL ICB information governance around GDPR. Subsequently, action was taken to address the data protection issues.

Care Homes Older People

The Safeguarding Nurse Advisor (SFNA) role Lewisham is to provide support and advice for Care Homes for Older people in Lewisham, and this is completed through joint working with Local Borough Lewisham (LBL) Multi Agency Safeguarding HUB and Safeguarding team and other professionals.

Lewisham Older People's Care Homes raised a total of 166 Safeguarding referrals from April 2024 to March 2025 with 55 of these referrals related to allegation of types of abuse (excluding pressure damage).

The SFNA worked collaboratively with Lewisham Borough Safeguarding team in undertaking 8 Older People's Care Home investigations, which have a related clinical aspect and undertaking 'follow up' visits to ensure recommendations are incorporated into 'everyday' practice.

The SFNA also supported the Integrated Commissioning Team on the provider concerns process.

The SFNA Chairs the Community Pressure Ulcer Panel and works in conjunction with LBL MASH HUB, UHL Tissue Viability Nurses and Podiatrist to investigate all notifiable Care Home Acquired Pressure damage.

From March 2024 April 2025 a total of 111 Safeguarding referral were received by the Community Pressure Ulcer panel, of which, 23 were alleged Care Home Acquired Pressure damage. Seven cases progressed to a Delegated Section 42 Investigation, where recommendations and subsequent 'follow up visits 'were carried out, to ensure changes were embedded in everyday practice.

Throughout 2024 to 2025 the SFNA has worked in collaboration with UHL Community Falls Team and SEL ICB Infection control Nurses, to deliver training for Older People's Care Home staff.

Monitoring and Analysis of Falls

The SFNA collects of monthly Falls data from the Older People's Care Homes, and the data is sent each month to the Community Falls team, who add this information to their database and use this information to focus training to Care Homes with most need.

Annual reports are completed for both Pressure Ulcers and Falls events and are submitted to the Lewisham Safeguarding Adult Board and the ICB Lewisham Older Adults Care Home Oversight Group

Training and Presentations

Training topics for Care Homes are identified through Safeguarding Investigation outcomes and recommendations, however training was extended over the 2024 to 2025 period to include training to cover new topics e.g. Falls, IPC, Catheter Management & Hydration.

Serious Violence Duty

The SEL ICB Lewisham continues to support the public health approach to reducing violence in Lewisham and is an active partner of the Community Safety Partnership Board. Priorities include focus on reducing child exploitation, exclusion and disproportionality, domestic abuse, and violence against women and girls, encouraging community engagement, mentoring and creating safe spaces making Lewisham a trauma informed borough. Placing equal focus on victims and perpetrators to help support and bring about positive change. In the borough, Bellingham followed closely by Lewisham Central and Deptford have some of the highest crime rates within serious crime definition including Rushey Green. Lewisham Central is the

worst for overall crime. Lewisham rank 3rd out of 32 boroughs in London for domestic abuse, 5th for possession of weapons and 7th for trafficking of drugs in 2024/25 according to metropolitan police data.

ICBs are required to lead and assure local input to and delivery of serious violence prevention strategies. The identified lead will be expected to:

- Facilitate sharing of relevant health data to inform the problem profile/ SNA •
- Support development /implementation of a strategy to prevent serious violence.
- Facilitate appropriate commissioning (and co-commissioning) within the local health system to prevent, treat and manage serious violence as set out in the strategy
- NHS England will have an assurance role in holding ICBs to account via Safeguarding Commissioning Assurance Toolkit

Information Sharing to Tackle Violence (ISTV)

Information Sharing to Tackle Violence (ISTV) a national programme, which collates and analyses data emanating from Emergency Departments in relation to serious violence will be shared. The NHS SEL ICB Business Intelligence team has developed a comprehensive data dashboard in relation to serious violence, based on ECDS and In-Patient data. The dashboard will provide detailed health-based information around serious violence, which will be of use to practitioners, commissioners, and strategic leads (for example at Community Safety Partnerships). Health data is incredibly useful towards building a picture of risks and incidence around serious violence in our communities. The dashboard complements and builds upon the ISTV data outputs already compiled by the NHSE London Violence Reduction Unit and will go live in 2025. Providers submit data to support dashboard.

Domestic Abuse Violence Against Women and Girls

Rates and common types of violence vary across borough. The patterns and hotspots do not always match our perceptions of where violence occurs. We know that violence and exploitation are often not reported. This means that our local crime data only gives part of the picture of serious violence in our borough. Different groups are disproportionately affected by different types of violence. For example, women and people 25 and over are more likely to be victims/survivors of domestic abuse while men and people under 25 are more likely to be victims/survivors of other types of serious violence.

In 2025 Bellingham followed closely by Lewisham Central and Deptford have some of the highest crime rates within serious crime definition including Rushey Green. Lewisham Central is the worst for overall crime. Lewisham rank 3rd out of 32 boroughs in London for domestic abuse, 5th for possession of weapons and 7th for trafficking of drugs in 2024/25 according to Metropolitan Police data.

In response to high rates of domestic abuse in Lewisham the Southeast London ICB Lewisham place LCP co commissioned an Independent Gender Based Violence Advocate with the Athena service to work alongside and increase referrals into Athena and MARAC Lewisham for clinicians in primary care. The Athena service, run by Refuge Lewisham, provides confidential, non-judgmental support to those living in the London borough of Lewisham who are experiencing gender-based violence. The IGVA supported education, referral pathways and provided advice to individual clinicians as well as supporting an individual case load. The Dynamics of Abuse training was delivered monthly virtually. There were barriers to achieving the co-location aspect of the IGVA service. The ICB did however succeed in offering monthly Dynamics of Domestic abuse to all primary care front line clinicians as well as extending the training offer to all those SEL ICS staff.

Only parts of the project were delivered due to GDPR and a short funding period. The SEL ICB will focus and direct training on those wards in the borough with high levels of domestic abuse such as Bellingham, Deptford and central Lewisham. The table below shows the number of people who received Dynamics in Domestic abuse training in quarters 1 to 4 from the Athena IGVA employed as part of the IGVA project described under the section on Community Safety partnerships.

Quarter	year	number of attendees	hours of training delivered
1	2024-25	67	134
2	2024-25	61	101.5
3	2024-25	92	140
4	2024-25	20	38
	TOTAL	240	413.5

The ICB continues to support MARAC in identifying registered GP practices for high-risk victims and confirming accuracy of information with local authority MARAC. Relevant minutes are forwarded with relevant actions and prompts for request for further information and protection planning for primary care and out of borough practices requested by MARAC by the Safeguarding Support Officer Lewisham. All Practices and the ICB have signed the relevant MARAC Information Sharing Protocols including any out of borough practices and information shared. Themes and trends have been delivered by LA VAWG lead during level 3 adult safeguarding training. Lewisham MARAC process flow has been shared as good practice across the ICB. There is a London wide DPIA which can be found in the public domain- Camden Council. PAN London Group will undertake the necessary review. Equally SEL ICB DPIA for MARAC completed in this period.

Data Sharing Agreements (DSAs) | Open Data Portal (camden.gov.uk)

Domestic Homicide Reviews (Domestic Abuse Related Deaths DARD)

A Domestic Homicide Review is a coordinated response to death caused by domestic violence. The aim of DHR is to understand the circumstances which led to the murder and for public bodies to improve how they respond to victims of domestic abuse [2]. The Domestic Abuse Act 2021 defines the framework required to conduct support and the responsibilities of organisations to protect vulnerable individuals, families and children from domestic abuse. Reviews of deaths attributable to domestic abuse are now referred to in 2024 as Domestic Abuse Related Death Reviews rather than Domestic Homicide Reviews . This means that a Domestic Homicide Review can be commissioned whenever there is a death that has, or appears to have, resulted from domestic abuse. The name change recognises that as well as physical abuse, domestic abuse includes controlling or coercive behaviour and emotional and economic abuse. It's thought that the name changes better reflect the different types of deaths that are examined, for example, suicides. In May 2024, the name change became law through the Part 1 Section 19 of the Victims and Prisoners Act 2024

Domestic Homicide Reviews often lead to recommendations for targeted training for GP practices. GP appointments often provide a crucial opportunity for survivors to access support in a safe and confidential setting.

The chronologies and independent management reviews for DHR's formerly known as DARD's were supported by the Named Adult Safeguarding GP and signed off by the relevant practices. Partners are supported with the recommendations that come from reviews. Common themes include intimate partner violence, women as victims and males as perpetrators with coercion and control as key elements against a backdrop of female vulnerability and fragility such as cognitive impairment, learning disability and co coercion and control demonstrated by the perpetrator. Victims are often coping with other stressors such as parenting and lone parenting. At the time of this report in relation to general practice, themes arising from these reviews are:

- The need for Increased professional curiosity regarding patients presenting with medical complaints or unexplained symptoms which could be related to domestic abuse. Dynamics of domestic abuse training has been offered to all Lewisham practices and includes training in professional curiosity.
- The need for increased awareness by practice of vulnerable patients in the population. Practices have been advised of vulnerability alert protocol, which is available on EMIS, the primary care consultation system. This protocol sets an alert which acts as a flag to clinicians to

code a patient as vulnerable. The alert will appear for patients who have a code on their records which indicates a possible vulnerability e.g. learning difficulties.

- The need for GP practices to ensure that they have a separate Domestic Abuse Policy to their safeguarding policy updated with guidance in relation to identifying signs of domestic abuse and referral pathways. An audit of domestic abuse policies has been conducted by the named safeguarding adults lead GP for Lewisham.
- The need for early recognition that complex cases require multidisciplinary case management in accordance with SEL ICB Complex case pathway.

Link for published DHRs for further information for Lewisham

Lewisham Council - Domestic homicide reviews- Reviewing a death because of domestic violence

The safeguarding team has consulted with SEL ICB information governance who are of the opinion that a Data Processing Interagency agreement is needed in relation to information requested by the ICB from Lewisham medical records which is used to complete the chronologies and Independent Management Reviews provided to the DARDR panels. This will be progressed 2026. Published review in this period; SAFER LEWISHAM PARTNERSHIP DOMESTIC HOMICIDE REVIEW EXECUTIVE SUMMARY Report into the death of Miss RH June 2020 Lewisham Council - Domestic homicide reviews- Reviewing a death because of domestic violence . There are currently 9 open DHR's at the time of reporting; 3 of which a Chair is being sought before starting the process of review.

Learning from Adult Deaths Learning from Safeguarding Adult Reviews (SAR's)

Under the 2014 Care Act, Safeguarding Adults Boards (SABs) are responsible for Safeguarding Adults Reviews (SARs). The purpose of SARs is described in the statutory guidance as to 'promote effective learning and improvement action to prevent future deaths or serious harm occurring again'. The aim is that lessons can be learned from the case and for those lessons to be applied to future cases to prevent similar harm re-occurring. The SEL ICB Lewisham are statutory members of the Lewisham Safeguarding Adult Board and attend all case review group meetings and support the learning and recommendations from Reviews.

Lewisham Safeguarding Adults Board - Lewisham Safeguarding Adults Board > Safeguarding Adult Reviews (safeguardinglewisham.org.uk)

Published SAR's Lewisham during this period.

© LSAB Safeguarding Adults Review Maureen

LSAB 7 Minute Briefing - Maureen

There was a history of agencies failing to engage Maureen; she declined offers of care and support and only appeared to participate in assessments when ordered or requested by the Court, although there was considerable multi-agency activity during the last year of her life. Having been reported as a missing person the police attended the property and found Maureen deceased in her home; she appeared to have been dead for some time.

Key Learning

In cases where there is the 'challenge of engagement', this may mean there are limited opportunities for formal Mental Capacity Act assessments to be conducted.

Cases of self-neglect benefit from a longitudinal approach, in which risks are reviewed (e.g. using the headings outlined in the London Multi-Agency Adult Safeguarding Policy & Procedures Page 51

The statutory Safeguarding Enquiry and planning processes enable greater involvement and information sharing between a wider range of agencies. It is important to challenge assumptions that there is little point pursuing Care Act Assessments where standard service offers may not be suitable and/or accepted by the person. There should be a focus on broadening assessment into wellbeing outcomes, and safeguarding risks – in line with Section 11 and Section 42 of the Care Act 2014. When an assessment or help is refused, in line with Articles 2&3 of the Human Rights Act 1998 consideration needs to be given as to whether to request the High Court invoke its inherent jurisdiction for those who do have mental capacity to make relevant decisions but are vulnerable and at risk from the actions (or

sometimes inactions) of other people. For further information refer to the LSAB Multi Agency Self-Neglect Policy, Practice Guidance and Procedures. www.safeguardinglewisham.org.uk/lsab Adult Safeguarding Information and Resources

© Lewisham Safeguarding Adults Board SAR Maria

LSAB 7 Minute Briefing - Maria

Maria had multiple physical health needs, some of which were related to her use of alcohol, her lifestyle, and from assaults or injuries from those who she associated with, some linked to reported Domestic Abuse. Other conditions were unrelated to her lifestyle and may have been inherited. There were several Safeguarding Concerns reported by housing teams to the local authority. The concerns expressed in those referrals included

- Maria's mental health needs
- Leaving her home to sleep on the street
- Substance misuse / alcohol dependence

The Police also raised their concerns with Adult Social Care who contacted Maria to offer support, but this was declined. A referral to the Multi-Agency Risk Assessment Conference (MARAC) was also made; and an Independent Domestic Violence Advocate (IDVA) was appointed but was unable to engage Maria resulting in closure of the case. At the end of the timeframe, Maria was taken to the hospital by ambulance with a head injury. Maria was initially admitted for management of withdrawal from alcohol and observations. Concerns were raised by her family that Maria was a victim of Domestic Abuse by her partner. Maria could not recall how the head injury had been caused but it became clear that it had happened the previous day and had continued to bleed. Maria's partner was refused access to Maria following consultation with other agencies. Maria's physical health deteriorated, and she died seven days after admission

Key Learning

Good Trauma Informed Care will support victims to engage with services. All organisations need to have a strong understanding of the impact of trauma if they are to offer evidence-based services and protection.

Consideration of health conditions that impact the mind and brain are the first step in recognition that Mental Capacity Act assessment and legal powers may be required

Full needs assessment can support effective housing solutions; use of Section 11 Care Act 2014 is helpful where assessment is refused.

Safeguarding pathways provide a good response to Safeguarding Concerns being raised. Raising Safeguarding Concerns is not the end of the process for the referrer.

Complex issues require a thorough multi-agency response, over and above the standard Section 42 Care Act 2014 enquiry where a person cannot consent to support and where executive functioning is an issue.

www.safeguardinglewisham.org.uk/lsab Adult Safeguarding Information and Resources

Modern Slavery

South East London ICB Lewisham Designate and Named Adult Safeguarding GP is a member of the LSAB: MSHT (Modern Slavery & Human Trafficking) Network and London Executive and the London Modern Slavery Leads (LMSL) and executive group London.

Concerns are reported via the Lewisham Gateway LSAB Lewisham Safeguarding Adults

Board - Lewisham Safeguarding Adults Board > How to report your concerns (safeguardinglewisham.org.uk)

One of the most concerning factors impacting on the health system impacting care is modern day slavery and increased prevalence in care homes nationally. Amid a social care crisis, and an increasingly ageing population, Britain has had a shortage of skilled workers in the sector. To address the shortage in staff, following recommendations from the Migration Advisory Committee, the Home Office added care workers to the labour shortage list - meaning care workers from abroad were prioritised over economic migrants working in other industries. This has led to a large increase in foreign workers from non-EU countries (approximately 90% of care workers currently come from non-EU countries providing ample opportunity for exploitation. It is also common for modern slavery victims to not be provided with proper employment contracts, to not receive a fair wage, or to have a lack of control over their finances. They may display signs of being controlled or coerced and appear frightened or anxious in their behaviour.

Following submission of concerns via the LSAB, the impact and modern-day slavery on Care Homes was discussed at the Care Home Forum Lewisham and a member of the Human Trafficking Organisation facilitated training supported by the Safeguarding Nurse Advisor Lewisham.

Additionally, a Modern Slavery session was delivered by Dr Júlia Tomás, Human Trafficking Policy and Research Manager, the Passage during protected learning time in this period for primary care clinicians.

LeDeR (learning from the lives and deaths of people with a learning disability and autistic people).

South East London ICB Lewisham Designate Nurse and Named GP Adult Safeguarding Lewisham alongside other members of the team including children and young people support the delivery of the LeDer programme in Lewisham. This is normally monitored through the Lewisham LeDeR Steering Group with outcomes and learning lessons reported to the Lewisham Learning Disability & Autism Heath Stakeholder group.

During this period, the Lewisham LeDeR Steering Group was not held due to capacity. This posed a risk in the reduced engagement in the National LeDer programme.

ICB Lewisham provided limited representation at Focus and Strategic group meetings. It is intended that in October/ November 2025 that the Steering group will re convene with an opportunity to review Terms of Reference and priorities. The intention is to focus on common themes from reviews which the Local Borough of Lewisham and SEL ICB will seek to address and report into the health subgroup. The SEL ICB facilitate two teaching sessions for Lewisham safeguarding network and primary care in the period 2024/25 facilitated by the LeDeR team SEL ICB on findings and recommendation from reviews.

Priorities

The priorities for the team for 25/26 will be

- To support any future new Model SEL ICB priorities and good practice for statutory Safeguarding.
- To support functions so they become more efficient in 2025/26.

To note the full range of statutory safeguarding duties and relevant legislation for ICBs and NHS and Providers are detailed within Section 3 of the NHS Safeguarding Accountability and Assurance Framework 2024 (SAAF) and the ICB statutory safeguarding protocols listed below

- Working Together 2023
- Child Protection Information System
- Child Death Reviews
- Domestic Homicide Reviews*
- Domestic Abuse Duty*
- Prevent Duty*
- Serious Violence Duty*
- Female Genital Mutilation*
- Modern Slavery & Human Trafficking

The SAAF and protocols outline the roles and responsibilities of individuals across NHS-funded care and commissioning organisations. These documents set out how safeguarding partnerships operate at both executive, strategic and operational levels, describe the legal context for safeguarding responsibilities and reinforce that safeguarding is a shared a collective duty across all parts of the NHS and wider system. NHS England » Safeguarding children, young people and adults at risk in the NHS and will frame objectives for the coming period.

- To Chair the Think Family development group focusing with partners on achievable audit and workshops to influence culture within organisations so Think Family is a golden thread through all professional practice from Board to floor.
- To re-audit practice adult safeguarding procedures particularly Domestic Abuse Policy.
- To work towards developing a DPIA for DARDRs.
- To identify training needs
- To continue a range of business-as-usual workstreams including but not limited to, support to GP practices with complex safeguarding cases and surveillance of pressure care.

Conclusion

The Local Care Partnership Strategic Board is requested to receive and accept the safeguarding adults report for information and assurance that effective safeguarding systems and processes are in place for Lewisham adult safeguarding.

References

1 Data provided by Violence Against Women and Girls (VAWG) Programme Manager, from MPS Dashboard

1 Domestic Homicide Review Information Leaflet for Family Members. (n.d.). Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/601398/Leaflet_for_Family_English.pdf#:~:text=What%20are%20Domestic%20Homicide%20Reviews%3F%20Domestic% 20Homicide%20Reviews.

Lewisham Local Care Partners Strategic Board
Cover Sheet

Item 12
Enclosure 11

Title:	**Month 6 Finance Report 2025/26**
Meeting Date:	**27th November 2025**
Author:	Michael Cunningham
Executive Lead:	Ceri Jacob, Place Executive Lead (Lewisham)

Purpose of paper:	The purpose of the paper is to update the Lewisham Health & Care Partners Strategic Board on the ICB - Lewisham Place financial position at month 6 2025/26. A month 6 position is also included for the wider ICB/ICS and Lewisham Council.	Update / Information	✓
		Discussion	✓
		Decision	

Summary of main points:

Month 6 2025/26 – SEL ICB – Lewisham Place

At month 6, the borough is reporting breakeven in line with plan. There are material overspends for Mental Health Services, Continuing Care and Prescribing offset by underspends (against budget) mainly in Community. At month 6 the forecast outturn for the year overall is breakeven.

Further details of the financial position are included in this report.

Month 6 2025/26 – Lewisham Council

At month 6 Adult Social Care is forecasting an adverse variance to budget of £1.0m. Children and Young People is forecasting an adverse variance to budget of £2.3m. Further details are included in this report.

Month 6 2025/26 – SEL ICB

The ICB is reporting a break-even position at month 6 in line with plan. The forecast outturn is also breakeven.

Further details of the ICB position are shown within Appendix A to this report.

Month 6 2025/26 – SEL ICS

The ICS financial plan is to deliver a breakeven position. This is after receipt of non-recurrent deficit support funding of £75m. At month 6 the ICS is reporting a

	YTD deficit of £22.9m, £0.4m favourable to plan. This is a deterioration on month 5 of £0.2m. The forecast outturn is breakeven in line with the ICS financial plan. Further details of the ICS position are shown at Appendix B to this report.			
Potential Conflicts of Interest	Not applicable			
Any impact on BLACHIR recommendations	Not applicable			
Relevant to the following Boroughs	**Bexley**		**Bromley**	
	Greenwich		**Lambeth**	
	Lewisham	✓	**Southwark**	
	Equality Impact	Not applicable		
	Financial Impact	The paper sets out the financial position at month 6 2025/26.		
Other Engagement	Public Engagement	Not applicable		
	Other Committee Discussion/ Engagement	The ICB Finance Report Appendix A is a standing item at the ICB Planning and Finance Committee.		
Recommendation:	The Lewisham Health & Care Partners Strategic Board is asked to **note** the month 6 financial position for 2025/26.			

NHS
South East London

Lewisham LCP Finance Report

Month 6 – 2025/26

ICB – Lewisham Delegated Budget – Month 6 2025-26

NHS South East London

Overall Position

	Year to date Budget £'000s	Year to date Actual £'000s	Year to date Variance £'000s	Annual Budget £'000s	Forecast Outturn £'000s	Forecast Variance £'000s
Acute Services	752	790	(38)	1,503	1,580	(77)
Community Health Services	17,302	14,500	2,802	34,604	28,759	5,846
Mental Health Services	4,016	4,991	(975)	7,964	9,800	(1,836)
Continuing Care Services	12,709	13,475	(766)	25,418	26,901	(1,483)
Prescribing	21,889	23,293	(1,403)	43,920	46,789	(2,869)
Prescribing Reserves	0	(236)	236	0	(420)	420
Other Primary Care Services	1,026	1,026	0	2,053	2,053	(0)
Other Programme Services	13	13	0	26	26	0
Delegated Primary Care Services	36,318	36,207	110	72,635	72,415	221
Corporate Budgets	1,663	1,627	35	3,325	3,325	0
Total	**95,687**	**95,686**	**1**	**191,448**	**191,227**	**221**
Delegated Primary Care - not available balances across ICB						**(221)**
Total FOT						**0**

- At month 6, the borough is reporting breakeven year to date (YTD) and on a forecast outturn (FOT) basis. Mental health, continuing care services (CHC) and prescribing all show material overspends with a smaller overspend on acute services. These are offset by a favourable position in community services reflecting cumulative savings achieved. The forecast expenditure for community services in 2025/26 is currently c.£1m or 3.8% higher than actual expenditure for 2024/25.
- CHC shows a material overspend YTD of £766k and FOT overspend of £1,483k (Month 5 £1,749k) . The run rate on CHC has improved on the closing position from 2024/25, reflecting actions taken through the Lewisham recovery meetings which continue to be held twice monthly.
- The mental health position is driven mainly by costs incurred with independent providers for ADHD which are reflecting a significant increase in demand for these services impacting all places across SEL. The forecast outturn on these costs shows an overspend of £2,062k. The ICB is implementing a referrals triage system from November. It is hoped this system will start to slow down the growth in these costs. The pressure is currently being mitigated from other budget lines within the delegated budget.
- Prescribing activity data to month 4 is available. This is reflected in the month 6 position. The key cost drivers include appliances e.g. freestyle libre sensors, endocrine products and stoma appliances. The borough is continuing to identify further mitigations above the 5% efficiency target to try to reduce these costs closer to budget.
- Delegated primary care is forecast to underspend by £221k. However, since the ICB receives funding for delegated primary care as a ring- fenced allocation, the underspend cannot be utilised to offset other pressures. Therefore, this has been adjusted out of the position to ensure the ICB overall breaks even on delegated primary care.
- The borough 5% efficiency target is £8,975k, is fully identified and at this stage forecast to deliver in full, with an over achievement at month 6.

Month 6 2025-26 – Lewisham Council

NHS South East London

Overall Position M6 2025/26

2025/26 Efficiencies	Year-to-date Month 6 2025/26				Full-Year Forecast 2025/26		
	Plan	Actual	Variance		Plan	Forecast	Variance
	£m	£m	£m		£m	£m	£m
Adult Care Services	1.9	1.9	0.0		3.7	3.7	0.0
Children and Young People	0.2	0.2	0.0		0.3	0.3	0.0
Total	**2.0**	**2.0**	**0.0**		**4.0**	**4.0**	**0.0**

2025/26 LBL Managed Budgets	Year-to-date Month 6 2025/26				Full-Year Forecast 2025/26		
	Budget	Actual	Variance		Budget	Forecast	Variance
	£m	£m	£m		£m	£m	£m
Adult Care Services	46.4	46.9	(0.5)		92.7	93.7	(1.0)
Children and Young People	56.7	57.8	(1.2)		113.3	115.6	(2.3)
Total	**103.0**	**104.7**	**(1.7)**		**206.0**	**209.3**	**(3.3)**

Adult Social Care & Commissioning: We have seen a £2.4m growth in the packages and placements commitment since Period 4. There was also a legacy pressure where packages increased between 2024/25 Period 8 (the basis on which the 2025/26 budget was set) and out-turn. Work is ongoing to find mitigations to the legacy pressure from 2024/25 however; they are still causing a financial pressure on the placement budgets. Since period 4 the expected claw backs on direct payments has reduced by £1m causing an additional pressure on the budget. The service is working to manage in year inflation awards and 2025/26 demand within the funding made available as part of the budget setting process as well as delivering 2025/26 savings and early delivery of 2026/27 savings.

Children and Young People: the reported position at Period 6 of £2.3m overspend is a worsening of the position by £2.4m since Period 4. There are forecast variances within Family Help and Care (£2.4m overspend) and Education Services (£0.1m underspend):

- Family Help and Care: An overspend position is reported at Period 6. Since Period 4 further work was undertaken to cleanse and maintain the data integrity within the Controcc system to enable the commitment report to be valid and usable as the basis of the Placements forecast, which has led to the change in forecast as the anticipated saving related to cost avoidance is not achievable. The Directorate has also seen an increased number accessing the service under Section17. The service will need to manage the in year demand to maintain the current position reported.
- Education Services: An underspend of £0.1m is reported at Period 6, unchanged from Period 4. This is early delivery of 2026/27 savings and the balanced position on the rest of the service is reflective of the £3.9m additional funding added to the transport budget as part of budget setting to address the budget shortfall in 2024/25 and current year growth.

NHS
South East London

Appendix A

SEL ICB Finance Report

Month 6 2025/26

Note Regarding Month 7 Financial Reporting – Post ISFE2 Implementation

NHS South East London

- A new national financial ledger system (ISFE2) was implemented across all ICBs and NHSE on 1st October 2025.
- Finance teams had no access to the new ledger before 1st October, nor was there any access to a test environment.
- Month 6 balances will not be transferred over to the new ledger until the middle of October, and these will then need to be disaggregated and reallocated to the correct new codes for reporting purposes.
- The consequence of this is that the ability of the ICB to produce detailed financial reporting certainly at Month 7, and potentially in Month 8, will be limited. This will impact on the content of financial reports presented at ICB committees and groups.
- This is a national issue and NHS England have amended ICB financial reporting requirements with many items within the current monthly financial return not being required in Month 7. NHS England will also review the reporting requirements for Month 8.
- Budget holders in both ICB place and central functions have already been communicated with to flag this.
- Our priority will be report at an ICB level (and thereby maintaining financial control), with as much granular detail at a service level as is possible.

Contents

NHS South East London

1. Key Financial Indicators

NHS South East London

- The below table sets out the ICB's performance against its main financial duties on both a year to date (YTD) and forecast basis.
- As at month 6, the ICB is reporting a year to date (YTD) and forecast out-turn (FOT) **break-even position** against its revenue resource limit (RRL) and financial plan. Within this reporting, the ICB has delivered **£29,600k** of savings YTD compared to the plan value of £28,800k.
- **All boroughs are reporting that they will deliver a minimum of financial balance at the year-end after the "equalisation" (implementation of the risk-share) of the delegated primary care budgets and for 2 boroughs non-recurrent support in respect of the new ICES contracts.**
- The ICB is showing a YTD underspend of **£1,146k** and forecast out-turn position of break-even against the **running cost allowance.**
- All other financial duties have been delivered for the year to month 6 period.

Key Indicator Performance

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

2. Executive Summary

NHS South East London

- This report sets out the month 6 financial position of the ICB. The financial reporting is based upon the final plan submission. This included a **planned break-even position** for the ICB.
- The ICB's financial allocation as at month 6 is **£5,793,786k**. In month, the ICB has received an additional **£21,961k** of allocations. These are as detailed on the following slide. **As at month 6, the ICB is reporting a year to date (YTD) break-even position.**
- Due to the routine time lag, the ICB has received four months of 2526 prescribing data. After the usual accrual for two months of estimated prescribing expenditure, the ICB is reporting a **£2,251k overspend YTD across PPA and non PPA** budgets. The overspend continues to be variable across the Places.
- The continuing care financial position is **£89k underspent** at month 6, which is an improvement on last month. The boroughs which are most impacted with overspends are Lewisham, Bromley and Greenwich which is a continuation of the trend from last year. Lambeth, Southwark and Bexley are all reporting underspends this month.
- The YTD position for **Mental Health services** is an overall **overspend of £3,913k** which is a deterioration on last month. This is generated by pressures on cost per case services with all boroughs impacted. **ADHD and ASD assessments** are also a significant financial pressure, with both activity and costs increased significantly in this financial year. The new referral centre arrangements for these assessments is due to go live at the beginning of November.
- Places are also being impacted by the current contractual difficulties in the **community home equipment contract**, led by the London consortium. A full year cost pressure of **circa £1,500k** has been included in financial positions. Contractual changes were implemented from August.
- The ICB is continuing to incur pay costs for the remaining displaced staff following the original MCR process. All associated costs are charged to the balance sheet provision which was set up for this purpose. Some staff left the ICB in June, which leaves a small number of impacted staff who remain at the ICB.
- Two places are reporting overspends YTD at month 6 – **Greenwich (£309k)** and **Lambeth (£251k),** with a break-even position being forecast by all. Places have been tasked to identify additional mitigations to offset financial risks, to ensure delivery of their financial plans. Detail regarding the individual place financial positions is provided later in this report.
- In reporting this month 6 position, the ICB has delivered the following financial duties:
    - Underspend of **£1,146k YTD** against its management costs allocation, with the monthly cost of displaced staff being charged against the provision.
    - Delivering all targets under the **Better Practice Payments code**;
    - Subject to the usual annual review, delivered its commitments under the **Mental Health Investment Standard**; and
    - Delivered the **month-end cash position**, well within the target cash balance.
- As at month 6 the ICB is reporting an overall **forecast break-even position** against its financial plan. More detail on the wider ICS financial position is set out the equivalent ICS Finance Report.

3. Revenue Resource Limit (RRL)

NHS South East London

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL ICB
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
ICB Start Budget	**161,660**	**273,947**	**194,703**	**237,803**	**189,711**	**187,894**	**4,395,891**	**5,641,609**
M2 internal adjustments	-	-	-	-	47		(47)	-
M2 Allocations	-	-	-	-	-	-	51,058	**51,058**
M2 Budget	**161,660**	**273,947**	**194,703**	**237,803**	**189,758**	**187,894**	**4,446,902**	**5,692,667**
M3 Internal Adjustments	261	396	300	599	136	149	(1,840)	**0**
M3 Allocations	-						26,788	**26,788**
M3 Budget	**161,921**	**274,343**	**195,003**	**238,402**	**189,894**	**188,043**	**4,471,850**	**5,719,455**
M4 Internal Adjustments	478	668	628	857	678	705	(4,013)	**(0)**
M4 Allocations	112	131					47,083	**47,326**
M4 Budget	**162,510**	**275,142**	**195,631**	**239,259**	**190,571**	**188,748**	**4,514,920**	**5,766,781**
M5 Internal Adjustments	72	114	51	111	93	124	(565)	**(0)**
M5 Allocations							5,044	**5,044**
M5 Budget	**162,582**	**275,257**	**195,682**	**239,371**	**190,664**	**188,871**	**4,519,399**	**5,771,825**
M6 Internal Adjustments								
Neighbourhood Funding	**502**	**553**	**584**	**645**	**613**	**609**	(3,506)	-
Delegated Primary Care	**111**	**154**	**145**	**198**	**157**	**162**	(928)	-
Various minor adjustments	**(10)**	**104**	**(28)**	**42**	**13**	**79**	(200)	-
M6 Allocations								
Pre-referral Advice and Guidance GP Enhanced Service							280	**280**
Cancer 62 day recovery funding							600	**600**
Cancer 62 day performance improvement initiatives							134	**134**
Integrated Neighbourhood Teams programme							500	**500**
Sickle Cell Disease and Thalassaemia Education Workstream							385	**385**
Frontline Digitisation 25/26 Q1 - Year 3							171	**171**
Cyber Risk Reduction Funding							182	**182**
Additional Allocation Dental Primary & Community Uplift (DDRB)							948	**948**
Q3 Deficit Support Funding							18,750	**18,750**
Various Minor Allocations							11	**11**
M6 Budget	**163,184**	**276,068**	**196,383**	**240,255**	**191,448**	**189,722**	**4,536,726**	**5,793,786**

- The table sets out the Revenue Resource Limit (RRL) at month 6.
- The start allocation of **£5,641,609k** is consistent with the Operating Plan submissions.
- During month 6, **£4,634k** of internal adjustments were actioned in relation to Neighbourhood Funding, Delegated Primary Care, and other smaller adjustments.
- In month, the ICB has received an additional **£21,961k** of allocations, giving a total allocation of **£5,793,786k** at month 6**.** Included as part of the additional allocations was the **Q3 Deficit Support Funding of £18,750k.**
- Other additional allocations received in month 6 included a Dental, Primary and Community Uplift of **£948k,** Cancer 62 Day funding adjustments totalling **£734k**, Integrated Neighbourhood Teams funding of **£500k**, funding adjustment for Sickle cell Education of **£385k,** Advice and Guidance funding of **£280k,** Cyber Risk Reduction funding **£182k,** Frontline Digitisation funding **£171k,** and other minor adjustments totalling **£11k.**
- Further allocations both recurrent and non-recurrent will be received as per normal throughout the year each month.

4. Budget Overview

NHS South East London

	M06 YTD							
	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCG
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Year to Date Budget								
Acute Services	2,598	4,120	3,523	323	752	120	1,655,688	**1,667,123**
Community Health Services	12,924	47,666	20,456	15,232	17,302	19,162	141,961	**274,702**
Mental Health Services	5,449	7,462	4,470	12,112	4,016	5,361	322,606	**361,476**
Continuing Care Services	13,355	14,068	15,153	17,955	12,709	10,259	-	**83,499**
Prescribing	19,503	26,235	19,164	21,927	21,889	18,045	1,129	**127,893**
Other Primary Care Services	750	1,014	965	1,994	1,026	473	9,379	**15,602**
Other Programme Services	613	-	897	-	-	436	9,200	**11,147**
Programme Wide Projects	-	-	-	-	13	129	4,084	**4,226**
Delegated Primary Care Services	24,832	35,566	31,777	48,227	36,318	38,784	(1,014)	**214,492**
Delegated Primary Care Services DPO	-	13	-	-	-	-	116,487	**116,500**
Corporate Budgets - staff at Risk	-	-	-	-	-	-	-	**-**
Corporate Budgets	1,514	1,817	1,761	2,333	1,663	2,070	20,412	**31,570**
Total Year to Date Budget	**81,538**	**137,960**	**98,167**	**120,104**	**95,687**	**94,840**	**2,279,933**	**2,908,229**

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCG
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Year to Date Actual								
Acute Services	2,569	3,936	3,532	323	790	130	1,656,001	**1,667,281**
Community Health Services	12,959	47,329	20,302	15,110	14,500	18,148	141,748	**270,095**
Mental Health Services	5,543	8,043	5,547	12,869	4,991	6,306	322,090	**365,389**
Continuing Care Services	12,996	14,519	15,323	17,333	13,475	9,765	-	**83,410**
Prescribing	19,789	25,968	19,925	22,215	23,056	19,085	105	**130,144**
Other Primary Care Services	750	964	812	1,815	1,026	463	9,533	**15,364**
Other Programme Services	613	-	-	-	(0)	-	12,665	**13,278**
Programme Wide Projects	-	-	(800)	-	13	107	3,933	**3,254**
Delegated Primary Care Services	24,748	35,091	32,044	48,406	36,207	38,805	(690)	**214,610**
Delegated Primary Care Services DPO	-	13	-	-	-	-	115,852	**115,865**
Corporate Budgets - staff at Risk	-	-	-	-	-	-	-	**-**
Corporate Budgets	1,377	1,633	1,791	2,284	1,627	1,961	18,867	**29,541**
Total Year to Date Actual	**81,344**	**137,494**	**98,475**	**120,356**	**95,686**	**94,769**	**2,280,104**	**2,908,229**

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCG
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Year to Date Variance								
Acute Services	29	184	(10)	0	(38)	(9)	(313)	**(158)**
Community Health Services	(35)	337	154	123	2,802	1,014	213	**4,607**
Mental Health Services	(94)	(582)	(1,077)	(757)	(975)	(945)	516	**(3,913)**
Continuing Care Services	359	(450)	(169)	622	(766)	494	-	**89**
Prescribing	(286)	267	(761)	(289)	(1,167)	(1,040)	1,024	**(2,251)**
Other Primary Care Services	(0)	50	153	179	0	11	(154)	**239**
Other Programme Services	(0)	-	897	-	0	436	(3,465)	**(2,131)**
Programme Wide Projects	-	-	800	-	-	22	150	**973**
Delegated Primary Care Services	84	476	(266)	(179)	110	(20)	(323)	**(118)**
Delegated Primary Care Services DPO	-	-	-	-	-	-	635	**635**
Corporate Budgets - staff at Risk	-	-	-	-	-	-	-	**-**
Corporate Budgets	137	184	(30)	49	35	109	1,544	**2,029**
Total Year to Date Variance	**194**	**466**	**(309)**	**(251)**	**1**	**71**	**(172)**	**0**

- As at month 6, the ICB is reporting a YTD **break-even position**, albeit with **pressures in specific budgets.** Key areas of financial pressure are in **mental health services and prescribing.**
- Due to the routine time lag, the ICB has received four months of 2526 prescribing data. After the usual accrual for two months of estimated prescribing expenditure, the ICB is reporting a **£2,251k overspend YTD** across PPA and non PPA budgets. The overspend continues to be variable across the Places.
- The CHC financial position is **£89k underspent** at month 6, which is an improvement on last month's reported numbers. The boroughs which are most impacted are Lewisham, Bromley and Greenwich which is a continuation of the trend from last year. The overall improvement in the position is due to increased underspends in other boroughs, especially Lambeth.
- The YTD position for Mental Health services is an overall **overspend of £3,913k** which is a deterioration on last month. This is generated by pressures on **cost per case services** with all boroughs impacted. **ADHD and ASD assessments** are also a significant financial pressure, with both activity and costs increased significantly in this financial year. The new referral centre arrangements for these assessments is due to go live at the beginning of November.
- The ICB is continuing to incur pay costs for the remaining displaced staff following the original MCR process. All associated costs are charged to the balance sheet provision which was set up for this purpose. Some staff left the ICB in June, which still leaves a small number of impacted staff who remain at the ICB.
- Two places are reporting **overspends** YTD at month 6 – **Greenwich (£309k) and Lambeth (£251k)**, with a **break-even position** being **forecast** by all. Places have been tasked to identify additional mitigations to offset financial risks, to ensure delivery of their financial plans. More detail regarding the individual place financial positions is provided later in this report.

5. Prescribing

- The table below presents the month 6 PPA Prescribing position and shows a YTD overspend of **£2,815k** and FOT overspend of **£5,427k**. The YTD position is calculated on 4 months of actual PPA data and 2 months of accruals which are estimated based upon a rolling average of data from previous months, multiplied by the number of dispensing days.
- The non-PPA prescribing budgets are underspent by **£564k YTD** – generating an overall prescribing position of an overspend of **£2,251k YTD** at month 6.

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

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

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

- Key areas of current pressures in the prescribing budget include endocrine systems, appliances and respiratory – reflecting the ICB's investment in the management of long-term conditions.
- The table to the left compares April to July prescribing data for 2024/25 and 2025/26. The headlines are that the trend in expenditure in the ICB is higher than nationally (**an increase of 3.0%**) but lower than the London average (**an increase of 3.7%**). This is driven primarily by a lower increase in the number of items **(2.9%)** – compared to an **increase of 4.0%** across London ICBs.

6. Dental, Optometry and Community Pharmacy

NHS South East London

- In April 2023, ophthalmic, community pharmacy and dental services were delegated to ICBs from NHS England. The table below sets out the financial position of these budgets on both a month 6 YTD and forecast basis.

Service	YTD Budget £'000s	YTD Actual £'000s	YTD Variance - (over)/under £'000s	Annual Budget £'000s	Forecast £'000s	FOT Variance - (over)/under £'000s
Delegated Primary Dental	55,243	55,243	0	110,486	110,486	0
Delegated Community Dental	4,345	4,345	0	8,691	8,691	0
Delegated Secondary Dental	27,191	27,191	(0)	54,383	54,383	(0)
Total Dental	**86,780**	**86,780**	**(0)**	**173,560**	**173,560**	**(0)**
Dental Ring Fence	86,757	86,757	0	173,515	173,515	0
Dental Non Ring Fence	23	23	(0)	45	45	(0)
Total Dental	**86,780**	**86,780**	**(0)**	**173,560**	**173,560**	**(0)**
Delegated Ophthalmic	8,815	9,134	(319)	17,630	18,269	(638)
Delegated Pharmacy	20,533	19,579	954	41,737	39,821	1,916
Delegated Property Costs	371	371	0	742	742	0
Total Delegated DOPs	**116,500**	**115,865**	**635**	**233,669**	**232,392**	**1,277**

a) Delegated Dental

- The ICB has reported a break-even position for the year-to-date and the full year. **The dental ringfence of £173,515k is expected to be delivered in 25/26**. As per last year, the monthly accrual is based on the dental report downloaded from the national e-Den system. The delegated property costs relate to where the primary care dentists are working either in NHS PS or CHP sites, and rent is charged.

b) Delegated Ophthalmic

- ICB has reported an **adverse £319k** variance for the **year-to-date** and **£638k** for the **full year.** The majority of the spend relates to Optician Sight Tests and Vouchers submitted by high street opticians within the SEL geography regardless of where the patient resides – claims are based upon location of provider not client/patient. The claims are as per a national framework arrangement, under which the ICB has a requirement to pay.

c) Delegated Community Pharmacy

- ICB has reported a **favourable £954k** variance for the **year-to-date** and **£1,916k** the **full year.** Information is generally received 2 months in arrears with an accrual then based upon the months average using the number of Prescribing days. Pharmacy First will be fully funded by non-recurrent allocations from NHS England which are received in arrears.

7. NHS Continuing Healthcare

NHS South East London

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

8. Provider Position

NHS South East London

Overview:

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

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

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

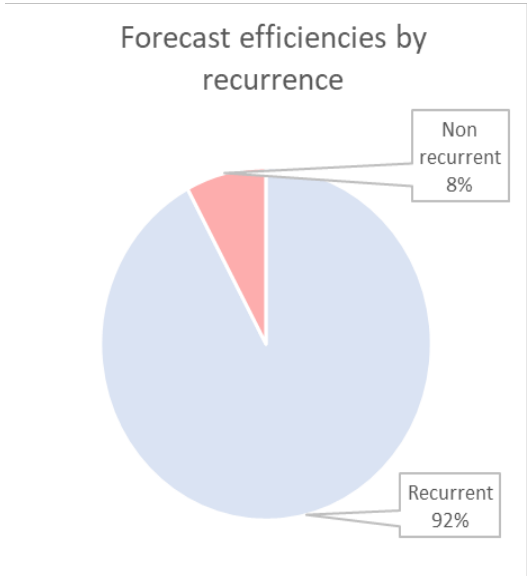
- In month, the ICB position is showing a break-even position on these NHS services, and a break-even position has also been reflected as the forecast year-end position.

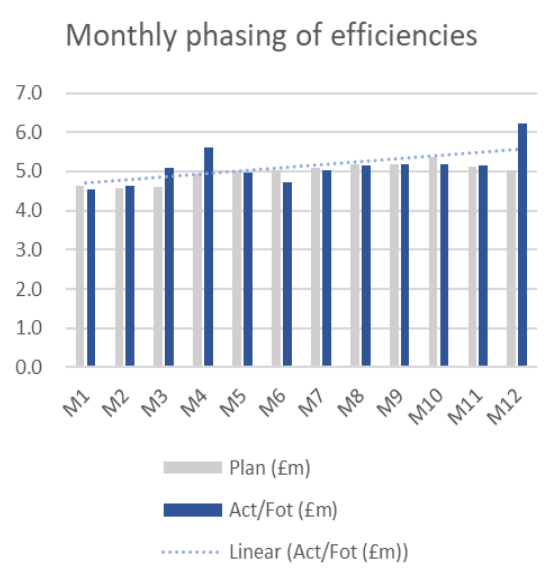
9. ICB Efficiency Schemes at as Month 6

South East London

	Year-to-Date			Forecast			Forecast (Risk)			Forecast (Recurrance)		Forecast (cash releasing)		Forecast
	Plan	Actual	Variance	Plan	Forecast	Variance	Low	Medium	High	Recurrent	Non-recurrent	Cash Releasing	Non-cash Releasing	FYE
Providers	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Bexley	3.8	3.9	0.1	7.7	7.8	0.1	5.9	2.0	0.0	7.8	0.0	4.7	3.1	7.8
Bromley	6.5	6.4	(0.1)	13.1	13.1	0.0	8.6	3.9	0.6	11.6	1.5	12.5	0.6	11.6
Greenwich	4.2	4.7	0.5	8.4	9.4	1.0	7.2	1.2	1.0	7.4	2.0	2.3	7.2	7.4
Lambeth	5.9	5.6	(0.3)	12.6	12.6	0.0	0.9	9.3	2.4	11.5	1.1	4.7	7.8	11.5
Lewisham	4.5	5.0	0.6	9.0	9.7	0.7	3.0	6.7	0.0	9.7	0.0	9.7	0.0	9.7
Southwark	3.8	3.9	0.0	8.9	8.9	0.0	7.5	1.2	0.2	8.7	0.2	8.6	0.3	8.7
SEL ICB Total	**28.8**	**29.6**	**0.8**	**59.7**	**61.5**	**1.8**	**33.1**	**24.2**	**4.2**	**56.7**	**4.8**	**42.5**	**19.0**	**56.7**

- The 6 places within the ICB have a total savings plan for 2025/26 of **£59,700k.** In common with the previous financial year, the key elements of the savings plans are in Primary Care, Continuing Healthcare and Community Healthcare.
- The table above sets out the YTD and forecast status of the ICB's efficiency scheme as at month 6.
- **As at month 6 YTD, the ICB is reporting actual delivery of £29,600k which is slightly ahead of plan (£800k).** At this stage in the financial year, the annual forecast is to deliver efficiencies of **£61,500k** which would exceed the plan by **£1,800k.**
- The current risk rating of the efficiency plan is also reported. At this stage in the year, **£4,200k (circa 7%)** of the forecast outturn has been assessed by the places as **high risk.**
- Most of the savings **(£56,700k or 92%)** are forecast to be delivered on a recurrent basis, thus supporting the ICB's underlying financial position.





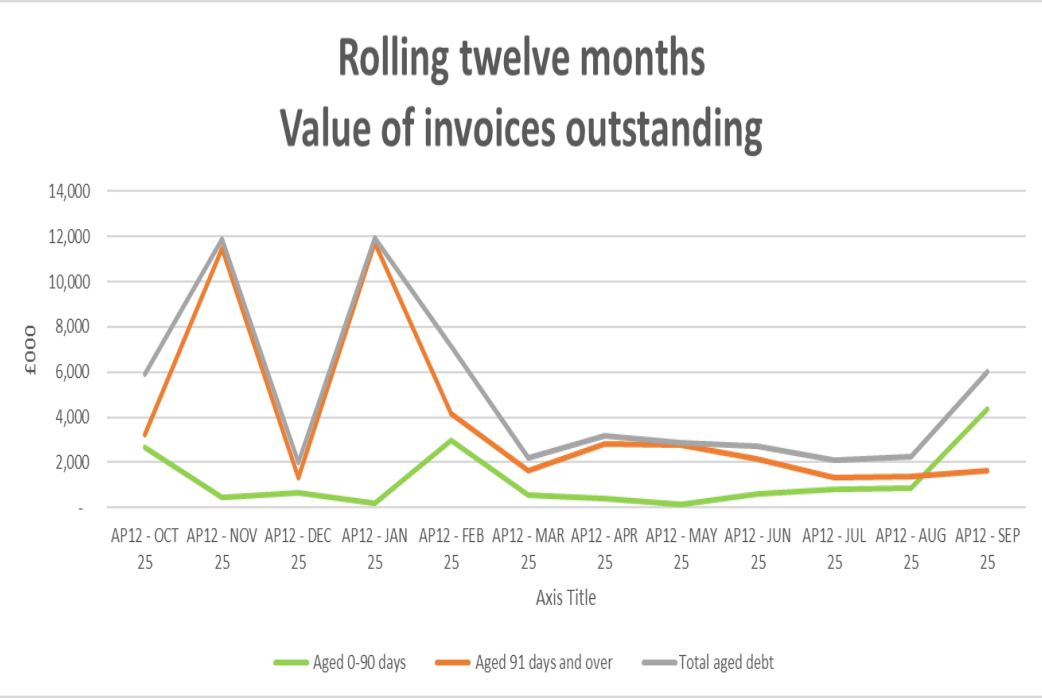
10. Corporate Costs – Programme and Running Costs

NHS South East London

	Annual Budget	Year to Date		
		Budget	Actual	Variance
Boroughs	£	£	£	£
Bexley	2,772,967	1,386,483	1,249,232	137,250
Bromley	3,468,012	1,734,005	1,549,988	184,017
Greenwich	3,240,287	1,620,143	1,650,577	(30,434)
Lambeth	4,311,268	2,155,634	2,106,718	48,916
Lewisham	3,109,162	1,554,580	1,519,212	35,367
Southwark	3,896,175	1,948,087	1,838,970	109,118
Subtotal	20,797,871	10,398,932	9,914,697	484,235
Central				
CESEL	483,829	241,915	211,211	30,704
Chief of Staff	3,376,578	1,688,288	1,610,170	78,119
Comms & Engagement	1,755,377	877,688	812,379	65,309
Digital	1,751,562	875,781	713,468	162,314
Digital - IM&T	3,362,066	1,681,034	1,640,734	40,300
Estates	698,304	349,152	455,716	(106,564)
Executive Team/GB	2,617,896	1,308,948	1,161,812	147,136
Finance	2,940,949	1,470,474	1,313,749	156,725
General Reserves	-	-	-	-
London ICS Network	-	-	-	-
Medical Director - CCPL	1,651,050	825,525	753,735	71,790
Medical Director - ICS	288,359	144,180	107,661	36,519
Medicines Optimisation	4,723,418	2,361,709	2,015,275	346,435
Planning & Commissioning	8,929,703	4,323,852	3,849,214	474,637
Quality & Nursing	2,058,615	1,029,308	962,388	66,920
SEL Other	-	-	(49,872)	49,872
South East London	-	-	110,736	(110,736)
Subtotal	34,637,705	17,177,854	15,668,375	1,509,479
Grand Total	55,435,576	27,576,786	25,583,072	1,993,714

- The table shows the YTD month 6 position on programme and running cost corporate budgets.
- **Overall, the ICB is reporting an YTD underspend on its corporate costs of circa £1,994k. This is largely a result of vacant posts.** Recruitment to vacant posts is being considered on a case-by-case basis. Overall, the estates budget is in balance with offsetting pay and non-pay over and underspends.
- As highlighted in earlier slides, the ICB is **underspending £1,146k YTD** against its management (running) costs allocation of £30,746k. However, a year end break-even position is being forecast as it is anticipated that any year-end underspend may need to contribute to redundancy costs arising from the latest management cost review.
- The ICB is continuing to incur the pay costs for staff at risk from the original MCR process, but these costs are not included in the table opposite as the costs are being charged to the provision made for the final pay costs and redundancy costs for this group of staff.
- The process of issuing notices to at risk staff has largely been completed with most of redundancy payments now having been made. Some staff left the ICB in June, which leaves just a small number of people who remain but have been displaced through this process.
- Work is ongoing to comply with latest request to restructure the ICB as per the NHSE blueprint document. We await further updates from the national NHSE team.

11. Debtors Position



Customer Group	Aged 0-30 days £000	Aged 1-30 days £000	Aged 31-60 days £000	Aged 61-90 days £000	Aged 91-120 days £000	Aged 121+ days £000	Total £000
NHS	1,009	3,178	141	31	0	0	4,359
Non-NHS	1,268	176	175	15	0	2	1,636
Unallocated	0	0	0	0	0	0	0
Total	**2,277**	**3,354**	**316**	**46**	**0**	**2**	**5,995**

- The ICB has an overall debt position of **£5,995k** at month 6. This is circa **£4,256k higher** when compared to last month and is a result of the planned raising of invoices for quarter 2 activities, and GP IT capital. Overall, the age profile of debtors has **improved** from last month with very little **(£2k)** over 90 days.
- **The largest debtor values are with partner organisations and the ICB does not envisage any risk associated with settlement of these items.**
- The ICB has implemented a BAU approach to debt management, focusing on ensuring recovery of its larger debts, and in minimising debts over 3 months old. Regular meetings with SBS are assisting in the collection of debt, with a focus on debt over 90 days.
- The top 10 aged debtors are provided in the table below:

Number	Supplier Name	Total Value £000	Aged 0-90 days Value £000	Aged 91 days and over Value £000
1	NHS ENGLAND	3,225	3,225	-
2	NHS NORTH EAST LONDON	900	900	-
3	CHIESI LTD	493	493	-
4	BEXLEY LONDON BOROUGH	385	385	-
5	LEWISHAM LONDON BOROUGH COUNCIL	236	236	-
6	URBAN HEALTH	178	178	-
7	NHS SOUTH WEST LONDON	100	100	-
8	LAMBETH LONDON BOROUGH COUNCIL	88	88	-
9	GUY'S AND ST THOMAS' NHS FOUNDATION TRUST	79	79	-
10	CHANGE GROW LIVE	71	71	-

12. Cash Position

NHS South East London

- The Maximum Cash Drawdown (MCD) as at month 6 was **£5,792,952k**. The MCD available as at month 6, after accounting for payments made on behalf of the ICB by the NHS Business Authority (largely relating to prescribing, community pharmacy and primary care dental expenditure) was **£2,881,562k**.
- As at month 6 the ICB had drawn-down 50.3% of the available cash compared to the budget cash figure of 50.0%. In month 6, the ICB did not need to request a supplementary cash drawdown, nor has it in October. A supplementary cash drawdown was requested for April 2025, to clear old year creditors.
- The cash key performance indicator (KPI) has been achieved in all months so far this year, showing continued successful management of the cash position by the ICB's Finance team. The actual cash balance at the end of Month 6 was **£577k**, well within the target set by NHSE **(£5,750k). The ICB expects to utilise its cash limit in full by the year end.**
- ICBs are expected to pay 95% of all creditors within 30 days of the receipt of invoices. To date the ICB has met the BPPC targets each month, and it is expected that these targets will be met in full both each month and cumulatively at the end of the financial year.

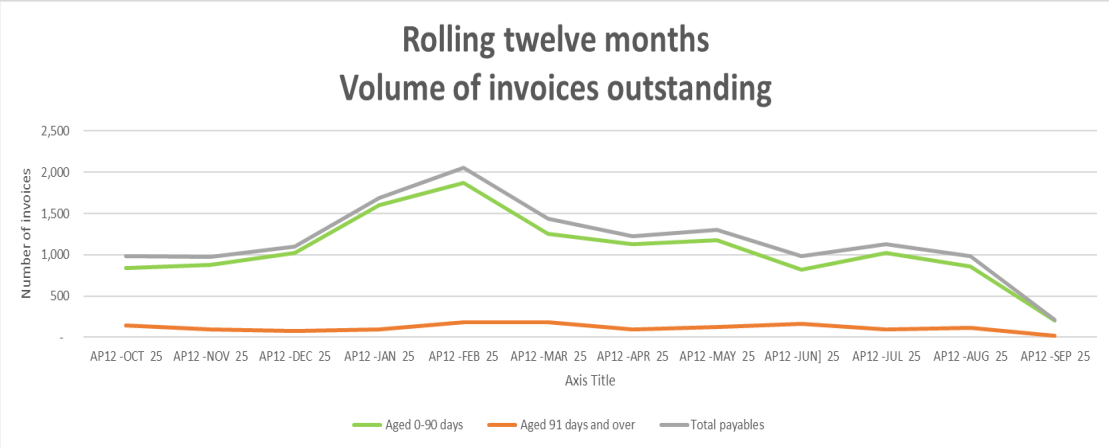
ICB Annual Cash Drawdown Requirement	2025/26 AP6 - SEP 25	2025/26 AP5 - AUG 25	2025/26 Month on month movement
	£000s	£000s	£000s
ICB ACDR	5,792,952	5,770,991	21,961
Capital allocation	0	0	0
Less:			
Cash drawn down	(2,713,000)	(2,253,000)	(460,000)
Dental	(49,117)	(40,867)	(8,250)
HOT	(1,246)	(1,014)	(232)
Prescription Pricing Authority	(148,027)	(122,673)	(25,354)
Pay Award charges			0
PCSE POD charges adjustments			0
Pension Uplift			0
Remaining Cash limit	**2,881,562**	**3,353,438**	**(471,875)**

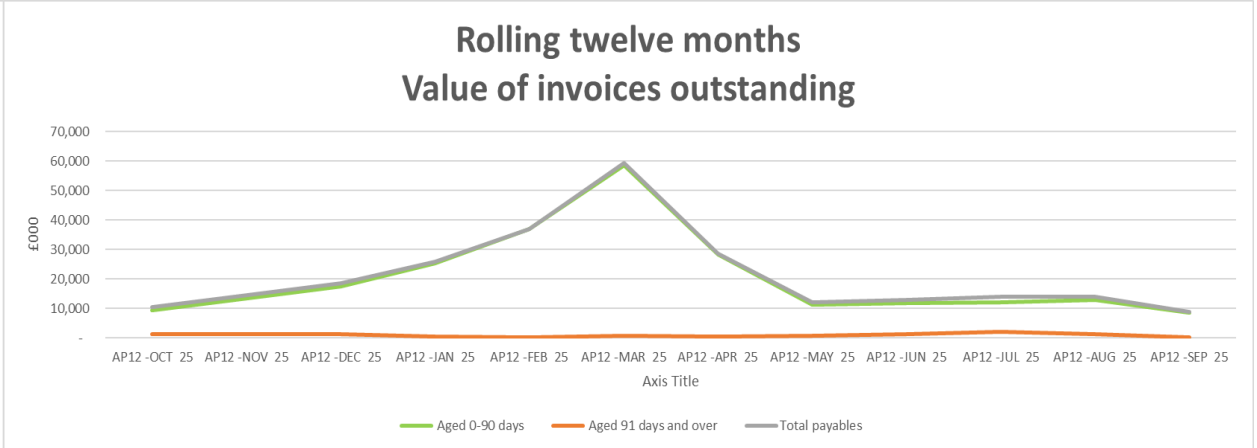
Cash Drawdown	Monthly Main Draw down £000s	Supplementary Draw down £000s	Cumulative Draw down £000s	Proportion of ICB ACDR cummulative %	KPI - 1.25% or less of main drawdown £000s	Month end bank balance £000s	Percentage of cash balance to main draw
Apr-25	435,000	20,000	455,000	8.70%	5,438	50	0.01%
May-25	455,000	0	910,000	17.10%	5,688	2,164	0.48%
Jun-25	440,000	0	1,350,000	25.70%	5,500	2,178	0.49%
Jul-25	445,000	0	1,795,000	33.39%	5,563	1,665	0.37%
Aug-25	458,000	0	2,253,000	41.90%	5,725	1,317	0.29%
Sep-25	460,000	0	2,713,000	50.30%	5,750	577	0.13%
Oct-25	435,000		3,148,000		5,438		
Nov-25							
Dec-25							
Jan-26							
Feb-26							
Mar-26							
	3,128,000	20,000					

13. Aged Creditors

- The new ledger (ISFE2) was implemented on 1st October 2025. Prior to the go-live, all ICBs were tasked with reducing the volume of outstanding creditor invoices. Our target as set by NHSE was to have no more than 344 non-PO invoice outstanding. At the end of September as the graph below shows, the ICB had circa 200 outstanding invoices which is a major achievement. The table below shows that there are **£235k** of invoices outstanding which are **over 90 days**, most of which are non-NHS. **This represents a decrease of £865k from last month.** These items will be reviewed as a matter of urgency as we continue our focus on clearing old invoices in the new ledger. The overall value of creditors **(£8,778k)** has **decreased by £5,226k** from last month. This is largely a result of the work (as described above) by budget holders and the finance team to clear as many invoices as possible before the implementation of ISFE2. The Finance team continues to actively support budget holders to resolve queries with suppliers as they move into the new ledger.
- As part of routine monthly reporting, high value invoices are being reviewed on a regular basis to establish if they can be settled quickly, and budget holders are being reminded on a constant basis to review their workflows.

Customer Group	Aged 0-30 days £000	Aged 31-60 days £000	Aged 61-90 days £000	Aged 91-120 days £000	Aged 121-180 days £000	Aged 181+ days £000	Total £000
NHS	1,238	802	0	15	115	8	2,178
Non-NHS	5,634	317	552	7	70	20	6,600
Total	**6,872**	**1,119**	**552**	**22**	**185**	**28**	**8,778**





14. Metrics Report

NHS South East London

- 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 August 2025 as the September report will not be received until the end of October which is too late for this reporting cycle.
- In terms of performance, **SE London ICB has maintained its position as 1st in the country again this month which is very positive.** The metric scores below show that we have one score of 5.0, and three others above 3.0, with only non-NHS payables slightly below. Our overall score is **18.60**, above the 3-month average.
- 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 the GL and VAT area where all balance sheet reconciliations are up to date with no dated reconciling items. The other two areas (scores of 4.12 and 3.54) where the ICB scores well are Accounts Receivable, showing the work undertaken in this area to reduce and manage debt and General Accounts which looks at metrics such as cash, journals and other accounting areas. The finance team are continuing to strive to improve the scores in the 2 other areas which relate to Accounts Payable.
- Further work is ongoing to establish how further improvements can be made.

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

	Jun-25	Jul-25	Aug-25	3 month average
Overall Score (max 25)	18.10	18.80	18.60	18.50

	Jun-25	Jul-25	Aug-25	3 month average
Accounts Payable - NHS	3.63	3.16	3.11	3.30
Accounts Payable - Non NHS	2.56	3.28	2.83	2.89
Accounts Receivable	4.29	3.82	4.12	4.08
General Accounts	3.62	3.54	3.54	3.57
GL and VAT	4	5	5	4.67

15. Mental Health Investment Standard (MHIS) – 2025/26

South East London

Mental Health Investment Standard (excluding LD and Dementia) and delegated Specialised Commissioning Mental Health Investment Standard:		2_1Achieve01	2_1PLAN%01	2_1AuditedPY	2_1TARGET01	2_1ACT02	2_1VAR%01	2_1VAR02	2_1Achieve02
	Expected Sign	MHIS Achieved per plans submitted 09/05/2025 Desc 31/03/2026 Year Ending TEXT	2025/26 allocation growth Plan 31/03/2026 Year Ending %	2024/25 Outturn Actual 31/03/2025 Year Ending £'000	Target MHIS spend 2025/26 Target 31/03/2026 Year Ending £'000	FOT 2025/26 Forecast 31/03/2026 Year Ending £'000	Excess/Shortfall in 2025/26 MHIS Delivery % Actual 31/03/2026 Year Ending %	Excess/Shortfall in 2025/26 MHIS Delivery Actual 31/03/2026 Year Ending £'000	MHIS Achieved in 2025/26? Desc 31/03/2026 Year Ending TEXT
MHIS Achievement	+/-	Yes	4.93%	471,495	537,494	549,700	2.27%	12,206	Yes

Summary

- SEL ICB is required to deliver the Mental Health Investment Standard (MHIS) by increasing spend over 2024/25 outturn by a **minimum of the growth uplift of 4.93%, a target of £537,494k. These figures were updated in month 4 to allow for the current year pay awards.** This spend is subject to the usual annual independent review.

- There are two changes in the MHIS target for 2025/26:
  - the MHIS target now includes £42,754k of Service Development Funding (SDF) transferred into the ICB baseline.
  - there is now a separate MHIS target for Delegated Specialised Commissioning of £89,325k where responsibility has been transferred to the ICB from NHSE for services delivered through contracts managed by the South London Partnership (the Mental Health Provider Collaborative).

- MHIS excludes:
  - spending on Learning Disabilities and Autism (LDA) and Dementia (Non MHIS eligible).
  - out of scope areas include ADHD and the physical health elements of continuing healthcare/S117 placements.
  - spend on SDF and other non-recurrent allocations, noting that the majority of SDF funding has been transferred into the ICB baseline.

- The 2025/26 planned spend exceeds the MHIS target as result of funding to support financial recovery and further investment in areas formerly funded through SDF and forming part of ICB core allocations.

- As at Month 5 we are forecasting MHIS delivery of **£549,700k**, exceeding the target by **£12,206k (2.27%).** This is consistent with the planned over-delivery as described above. This is summarised in the above table.

15. Mental Health Investment Standard (MHIS) – 2025/26

NHS South East London

Risks and Mitigations

- We continue to see growth in mental health cost per case spend, in terms of client numbers, cost and complexity, for example on S117 placements. Mitigating actions include ensuring that timely client reviews are undertaken, reviewing and strengthening joint funding panel arrangements and developing new services and pathways. For Lambeth, Southwark and Lewisham (LSL) clients in particular, work is being undertaken collaboratively with SLaM and SLP to review the complex care client cohort.

- Learning disability placements costs continue to grow in some boroughs, with an increase in the complexity of some care packages being seen. Mitigating actions include reviewing LD cost per case activity across health and social care to understand care package costs, planning for future patient discharges to agree funding approaches, developing new services to prevent admissions and seeking to implement risk share agreements.

- ADHD is outside the MHIS definition and is therefore excluded from this reported position. There is, however, significant and increasing independent sector spend on both ADHD and ASD services, with expenditure exceeding £4.5m across a growing number of independent sector providers for Right to Choose referrals.

  The following actions are being taken:
  - increasing local provider capacity to reduce waiting times.
  - working with local providers across adult and CYP ADHD services to review and transform care pathways to create sustainable services.
  - undertaking an accreditation process to ensure the quality and VFM of independent sector providers.
  - working to agree contracts with high value independent sector providers to attempt to mitigate financial risk and ensure quality.

SEL ICB Finance Report

Updates from Boroughs

Month 6

Appendix 1 – Bexley

NHS South East London

Overall Position

	Year to date Budget	Year to date Actual	Year to date Variance	Annual Budget	Forecast Outturn	Forecast Variance
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Acute Services	2,598	2,569	29	5,196	5,139	57
Community Health Services	12,924	12,959	(35)	25,848	25,894	(46)
Mental Health Services	5,449	5,543	(94)	10,879	11,133	(254)
Continuing Care Services	13,355	12,996	359	26,709	26,048	661
Prescribing	19,503	19,789	(286)	39,134	39,758	(624)
Other Primary Care Services	750	750	0	1,500	1,500	0
Other Programme Services	613	613	0	1,225	1,019	206
Delegated Primary Care Services	24,832	24,748	84	49,664	49,495	169
Corporate Budgets	1,514	1,377	137	3,029	3,029	0
Total	**81,538**	**81,344**	**194**	**163,184**	**163,015**	**169**
Equalisation of ring fenced Primary Care	0	0	0	0	169	(169)
Revised Total	**81,538**	**81,344**	**194**	**163,184**	**163,184**	**0**

- As at Month 6 (September 2025) Bexley place is reporting an underspend of £194k year to date and a forecast breakeven position at year end.
- Prescribing is reporting an overspend of £286k year to date and £624k full year forecast. Prescribing data is provided two months in arrears; therefore, the financial position includes an estimate for this period. The main drivers for the current position are increased costs relating to endocrine (especially diabetes), flash glucose monitoring and appliances such as catheters. Work is ongoing by the medicines management team to deliver efficiencies to improve the financial position, including anticipated savings from the reduced cost of the drug Dapagliflozin coming off patent.
- Continuing Care is reporting an underspend of £359k year to date and £661k full year forecast. Continuing Care has seen a reduction in costs over several months and this is due to the number of care packages reducing as well as savings achieved following Continuing Care reviews conducted by the team. Continuing Care is a high-risk budget as any new high-cost placement can have a material impact on the financial position.
- Mental Health Services is reporting an overspend of £94k year to date and £254k full year forecast. The position includes a material overspend on the right to choose ADHD and ASD assessments conducted by private providers. This activity has been increasing significantly overtime and creating a cost pressure which is impacting all boroughs in the ICB.
- Delegated Primary Care is reporting an underspend of £84k year to date and £169k full year forecast. However, as delegated primary care is a ring-fenced allocation across the ICB, the underspend cannot be utilised at individual places and has been equalised to reflect a breakeven forecast position.
- Corporate budgets are reporting a £137k underspend year to date due to existing vacancies. A decision was taken centrally in the ICB that all places should reflect a forecast breakeven position on corporate budgets as it is anticipated that any year end underspend will need to contribute to redundancy costs arising from the latest management cost review.
- Other Programme services budget is reporting a forecast full year underspend of £206k. This is following the release of some uncommitted budgets to mitigate the cost pressures being seen in the overall Bexley place budgets, so that a breakeven financial position can be achieved.
- Bexley place has an annual efficiency plan of £7,750k which is forecasted to deliver in full by year end.

Appendix 2 – Bromley

NHS South East London

Overall Position

	Year to date Budget £'000s	Year to date Actual £'000s	Year to date Variance £'000s	ICB Budget £'000s	Forecast Outturn £'000s	Forecast Variance £'000s
Acute Services	4,120	3,936	184	8,240	7,872	368
Community Health Services	47,666	47,329	337	95,331	94,778	553
Mental Health Services	7,462	8,043	(582)	14,898	15,796	(898)
Continuing Care Services	14,068	14,519	(450)	28,137	29,037	(900)
Prescribing	26,235	25,968	267	52,642	52,105	537
Other Primary Care Services	1,014	964	50	2,029	1,929	100
Delegated Primary Care Services	35,566	35,091	476	71,132	70,181	951
Corporate Budgets	1,817	1,633	184	3,634	3,634	(0)
Total	**137,948**	**137,482**	**466**	**276,043**	**275,332**	**711**
Delegated Primary Care - not available balances across ICB						(951)
Non recurrent ICES support						240
Total FOT						**0**

- The borough is reporting an underspend of £466k at month 6 and is forecasting a breakeven position at year end.
- The Acute Services position is forecasting a £368k underspend due the release of un-committed budget and savings expected from non-Bromley UTC contracts.
- The Community budget is forecasting a £553k underspend. This position includes the release of un-committed budgets and non-recurrent savings. The position also includes forecast overspends in audiology and integrated community equipment services.
- The Mental Health budget is forecasting an £898k overspend due to pressures on diagnostic assessments and cost per case budgets. The former is forecasting a £700k overspend due to the exponential year on year growth in expenditure.
- The Continuing Healthcare budget is £450k overspent year to date and the forecast is £900k overspent. This is due to a continuation of the increase in adult CHC and FNC client numbers in recent years due to additional capacity within the borough. The national FNC increase was 7.7% this year which is also contributing to the overspend.
- The Prescribing budget is forecasting an £537k underspend. This is an estimated position based upon four months of PPA data. Based upon previous years trends it is likely that the overspend will reduce in the latter part of the year, though every effort will be made to maintain it.
- The Delegated Primary Care Services forecast underspend of £951k will be reviewed each month and be adjusted for quarterly list size changes. Variances in this area are not available to boroughs as this is currently a ringfenced allocation that is managed across the ICB.
- The 2025/26 borough savings requirement is £13,130k. At month 6 the borough is reporting an under delivery of £85k against plan but this is expected to improve, and the year end forecast is breakeven.

Appendix 3 – Greenwich

NHS South East London

Overall Position

Description	Annual Budget £'000s	Year to date Budget £'000s	Year to date Actual £'000s	Year to date Variance £'000s	Forecast Outturn £'000s	Forecast Variance £'000s
Acute Services	7,045	3,523	3,532	(10)	7,064	(19)
Community Health Services	40,911	20,456	20,302	154	40,666	245
Mental Health Services	8,865	4,470	5,547	(1,077)	11,047	(2,182)
Continuing Care Services	30,307	15,153	15,323	(169)	30,543	(236)
Prescribing	38,454	19,164	19,925	(761)	40,087	(1,634)
Other Primary Care Services	1,929	965	812	153	1,623	306
Other Programme Services	1,795	897	0	897	0	1,795
Programme Wide Projects	0	0	(800)	800	(1,600)	1,600
Delegated Primary Care Services	63,555	31,777	32,044	(266)	64,087	(532)
Corporate Budgets	3,522	1,761	1,791	(30)	3,522	0
Total	**196,383**	**98,167**	**98,475**	**(309)**	**197,040**	**(657)**

Delegated Primary Care - not available balances across ICB	**532**
Non recurrent ICES support	**125**
Total Forecast Variance to Control Total	**(0)**

- The overall Greenwich financial position is £309k adverse to the year-to-date plan, with a forecast breakeven position to the control total (£657k) position.
- The Prescribing position is reporting £761k adverse year to date and is attributable to price inflationary pressures. There is a prospective mitigation with the drug Dapagliflozin coming off-patent noting the Supreme court findings on the AstraZeneca validity of patent in conjunction with targeted deep dives on identified Practices through local financial recovery board meetings.
- Mental Health is £1077k overspent to date and is attributable to additional joint funded (S117) clients alongside continuing pressure through the 'right to choose' patient pathway for ASD/ADHD assessments. Mitigations are being explored through repatriation of placements to other boroughs (incl. non-SEL) alongside assessment capacity discussions with Oxleas
- The £897k favourable variance on programme services (neighbourhood investment) reflects no spend incurred to date and is in mitigation for pressures elsewhere. The opportunity cost in balancing in-year pressures is the prospective on MTFS delivery noting this is predicated on OOH activity shift through neighbourhood investment
- Delegated Primary Care is reported £266k overspent to date, attributable to core contractual payments informed by registered GP list size.
- Community services is £154k favourable to plan and reflects the delivery of planned savings in line with plan and in support of the overall financial position.

Appendix 4 – Lambeth

NHS South East London

Overall Position

Service Area	Year to date Budget £'000s	Year to date Actual £'000s	Year to date Variance £'000s	Annual Budget £'000s	Forecast Outturn £'000s	Forecast Variance £'000s
Acute Services	323	323	0	645	645	0
Community Health Services	15,232	15,110	123	30,465	30,465	(0)
Mental Health Services	12,112	12,869	(757)	24,128	25,173	(1,045)
Continuing Care Services	17,955	17,333	622	35,911	34,644	1,267
Prescribing	21,927	22,215	(289)	43,998	44,577	(579)
Other Primary Care Services	1,994	1,815	179	3,989	3,631	358
Delegated Primary Care Services	48,227	48,406	(179)	96,454	96,812	(358)
Corporate Budgets	2,333	2,284	49	4,666	4,666	0
Total	120,104	120,356	(251)	240,255	240,613	(358)
Equalisation of Ring Fence Delegated Primary Care						358
Revised Full Year Forecast Variance						**0**

- The borough is reporting an overall **£251k year to date overspend position** and a forecast breakeven position at Month 06 (September 2025) after the "equalisation" of the ring fenced delegated primary care budgets. The reported forecast position includes **£1,045k overspend on Mental Health Services** and **£579k overspend on Prescribing** offset by underspend on Continuing Health Care (CHC) Services and Primary Care Services.

- The key risks within the 2025-26 Lambeth's finance position are **exponential growth in referrals to independent sector providers for ADHD & ASD assessments, Mental Health Cost Per Case and Integrated Community Equipment Contract Provider contract**. Further risks remain associated with demand driven budgets (Mental Health and Learning Disability Services, Audiology, Interpreting Service, Cardiovascular Diagnostic Service, Prescribing and Continuing Health Care Services).

- Mental Health budget year to date and forecast overspend is mainly driven by increased ADHD and ASD assessments under the Right to Choose process (**the forecast expenditure at M06 for this specific budget is £2.2m overspend**), Mental Health and Learning Disabilities (LD) placement expenditure, and mitigated by constraining investments. Borough Commissioners leading on efficiency and productivity schemes including right sizing projects with providers to enable service users to live more independently through either stepping down restrictive levels of care or moving to more independent settings.

- Delegated Primary Care Services is reporting a forecasted breakeven position after the "equalisation" of the ring fenced delegated primary care budgets at month 6, noting previous year (2024-25) overspend position was driven by locum reimbursements, retainer scheme and list size growth.

- The Continuing Healthcare budget is **forecasting £1,267k underspend** as the CHC team continues to deliver on reviewing high-cost packages and out of area placements. Work is ongoing to establish better value costs. The number of active CHC and FNC clients at M06 is 552.

- Prescribing actual data is available two months in arrears and the borough is **reporting a £579k forecast overspend** position against in year budget at month 6 based on four months actual data.

- The borough 2025-26 minimum (5%) efficiency and productivity target is £11.3m and has a savings plan of £12.6m. In addition to the embedded efficiency (£5.6m) as part of the budget setting process, the borough has saving plans for Continuing Healthcare (£1.9m), Prescribing (£1.1m) and Mental Health Services Learning Disability Services (1.2m). The borough efficiency and productivity target is forecast to deliver in full.

Appendix 5 - Lewisham

NHS South East London

Overall Position

	Year to date Budget £'000s	Year to date Actual £'000s	Year to date Variance £'000s	Annual Budget £'000s	Forecast Outturn £'000s	Forecast Variance £'000s
Acute Services	752	790	(38)	1,503	1,580	(77)
Community Health Services	17,302	14,500	2,802	34,604	28,759	5,846
Mental Health Services	4,016	4,991	(975)	7,964	9,800	(1,836)
Continuing Care Services	12,709	13,475	(766)	25,418	26,901	(1,483)
Prescribing	21,889	23,293	(1,403)	43,920	46,789	(2,869)
Prescribing Reserves	0	(236)	236	0	(420)	420
Other Primary Care Services	1,026	1,026	0	2,053	2,053	(0)
Other Programme Services	13	13	0	26	26	0
Delegated Primary Care Services	36,318	36,207	110	72,635	72,415	221
Corporate Budgets	1,663	1,627	35	3,325	3,325	0
Total	**95,687**	**95,686**	**1**	**191,448**	**191,227**	**221**
Delegated Primary Care - not available balances across ICB						**(221)**
Total FOT						**0**

- At month 6, the borough is reporting breakeven year to date (YTD) and on a forecast outturn (FOT) basis. Mental health, continuing care services (CHC) and prescribing all show material overspends with a smaller overspend on acute services. These are offset by a favourable position in community services reflecting cumulative savings achieved.

- CHC shows a material overspend YTD of £766k and FOT overspend of £1,483k (Month 5 £1,749k) . The run rate on CHC has improved on the closing position from 2024/25, reflecting actions taken through the Lewisham recovery meetings which continue to be held twice monthly.

- The mental health position is driven mainly by costs incurred with independent providers for ADHD which are reflecting a significant increase in demand for these services impacting all places across SEL. The forecast outturn on these costs shows an overspend of £2,062k. The ICB is implementing a referrals triage system from November. It is hoped this system will start to slow down the growth in these costs. The pressure is currently being mitigated from other budget lines within the delegated budget.

- Prescribing activity data to month 4 is available. This is reflected in the month 6 position. The key cost drivers include appliances e.g. freestyle libre sensors, endocrine products and stoma appliances. The borough is continuing to identify further mitigations above the 5% efficiency target to try to reduce these costs closer to budget.

- Delegated primary care is forecast to underspend by £221k. However, since the ICB receives funding for delegated primary care as a ring- fenced allocation, the underspend cannot be utilised to offset other pressures. Therefore, this has been adjusted out of the position to ensure the ICB overall breaks even on delegated primary care.

- The borough 5% efficiency target is £8,975k, is fully identified and at this stage forecast to deliver in full, with a small over achievement at month 6.

Appendix 6 – Southwark

NHS South East London

Overall Position

	Year to Date Budget £'000s	Year to Date Actual £'000s	Year to Date Variance £'000s	Annual Budget £'000s	Forecast Outturn £'000s	Forecast Variance £'000s
Acute Services	120	130	(9)	241	260	(19)
Community Health Services	19,162	18,148	1,014	38,324	35,257	3,067
Mental Health Services	5,361	6,306	(945)	10,645	13,284	(2,638)
Continuing Care Services	10,259	9,765	494	20,517	19,733	784
Prescribing	18,045	19,085	(1,040)	36,208	38,295	(2,087)
Other Primary Care Services	473	463	11	947	926	21
Other Programme Services	436	-	436	872	-	872
Programme Wide Projects	129	107	22	259	259	-
Delegated Primary Care Services	38,784	38,805	(20)	77,569	77,609	(40)
Corporate Budgets	2,070	1,961	109	4,140	4,140	-
Total	**94,840**	**94,769**	**71**	**189,722**	**189,763**	**(41)**
Delegated Primary Care - not available balances across ICB						**41**
Total Forecast						**(0)**

- The borough is reporting an underspend of £71k and forecast breakeven position, as at the end of September. Key areas of risk continue to be mental health, prescribing and Community Equipment Service Contract within our community services budgets. Underspends in continuing healthcare, corporate budgets, other programme and other community services absorbing some of overspends.

- The boroughs most significant risk continues to be in Mental Health and Prescribing. For Mental Health we are reporting a year to date overspend of £945k and a forecast overspend of £2.6m.This is a deterioration from previous month. This is driven mainly by overspends in two areas:

- Right to Choose adult ADHD/Autism pathways. Our forecast overspend in mental health of £2.6m includes an overspend of £2.4m on Right to Choose adult ADHD/ASD. The latest data shows that the position on Right to Choose ADHD/ASD has deteriorated even further. This level of increased spend represents a financial risk for 25/26 and 26/27. Work is being done across SEL Boroughs to agree actions to control activity and spend in this area, but this is not likely to have any impact this year. This pressure is being mitigated from other budget lines particularly community services.

- Placements costs for Learning disability continues to be a cost pressures. Increase in placements and additional enhanced support results in significant costs. Savings plans in mental health are phased to deliver mainly over the last six months, but these are rated as high risk. Some savings are being delivered . A structured process of placement reviews with support from clinical leads has been implemented as part of our savings plans for 2025/26.

- Prescribing actual data is provided two months in arrears and the borough is reporting a forecast overspend of £2.1m as at month 6. This is a deterioration from previous month and the activity in prescribing has increased by 15% between June and July. Prescribing continues to be impacted by increase in expenditure relating to long term conditions drug prescribing, case finding and active health programmes identifying patients eligible for treatment in each borough. There are also some national price increases due to shortages for some specific drugs.

- Community Health Services – The borough is facing a significant financial risk in its community equipment service contract due to provider failure and the need of the Local Authority to enter an emergency contract with a new provider. The contract with NRS healthcare has been terminated. Exit costs of NRS Healthcare contract are estimated to be £260k. Estimates of cost increase of new contract suggests the new contract will cost approximately 25% more than previous contract with NRS Healthcare. The financial impact of these costs has been included in our month 6 position.

- Underspends in continuing care budgets are absorbing some of the overspends. Although Continuing Health care is showing an underspend this is likely to be reduced over the next few months as the Local Authority is seeking additional funding from Health which will also have a significant impact on costs for funded nursing care.

- Borough has an efficiency target of 5% which on applicable budgets amounts to £8.8m. As at month 6 (September) we are reporting a small under achievement, and our forecast savings is expected to be in line with Plan. To mitigate the cost pressures in Southwark, reserves, and uncommitted budgets have been released and growth in community services has been restricted to manage the overall position.

NHS
South East London

Appendix B

SEL ICS Financial Highlights

Month 6 2025/26

South East London Integrated Care System

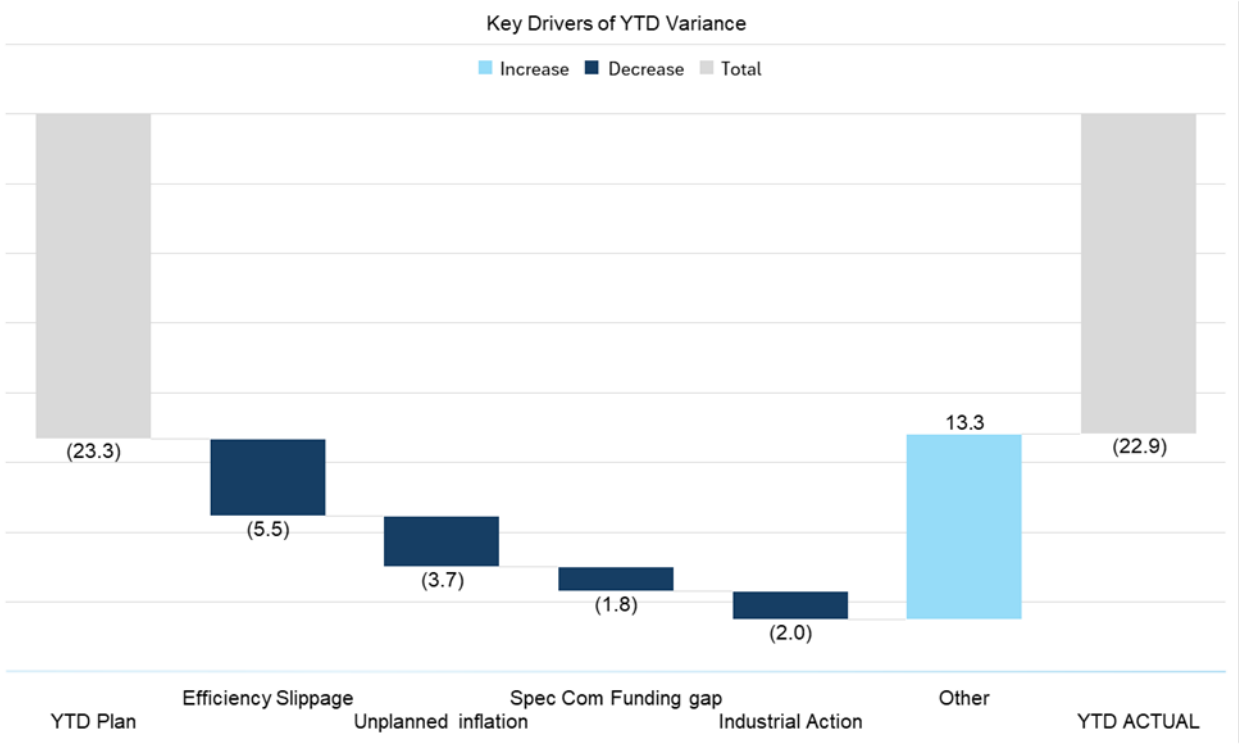
NHS South East London

Executive Summary

- This appendix sets out the month 6 financial position of the ICS.
- The ICS financial plan is to deliver a break-even position. This is after the receipt of non-recurrent deficit support funding of £75.0m. The Q1, Q2 and Q3 allocations (£18.75m each quarter) have been received.
- At month 6, the ICS is reporting a YTD deficit of (£22.9m), £0.4m ahead of plan; a deterioration of £0.2m compared to M5.
- As at month 6, each of the individual organisations is forecasting a breakeven year-end position – this is in line with the overall ICS financial plan submitted on 30 April.
- The following slide shows a bridge from YTD plan to actual.

Analysis of month 6 YTD Position

- At Month 6, SEL ICS is reporting a year-to-date deficit of (£22.9m), which is £0.4m favourable to plan. This is a deterioration of £0.2m compared to M5. The key drivers of the position are as follows:
  - Unplanned inflation– £3.7m
  - Efficiency slippage - £5.5m
  - Industrial Action - £2.0m
  - Spec Comm - £1.8m
- These pressures are offset by mitigations of £13.3m across the providers.



Lewisham Local Care Partners Strategic Board
Cover Sheet

Item 15
Enclosure 12

Title:	**Primary Care Group Chairs Report**
Meeting Date:	**27 November 2025**
Author:	Chima Olugh, Neighbourhood Development Manager
Executive Lead:	Ceri Jacob, Place Executive Lead

Purpose of paper:	The purpose of this report is to provide the Lewisham Local Care Partnership with an update on key primary care priorities discussed the Primary Care Group.	Update / Information	*X*
		Discussion	
		Decision	

Summary of main points:

The following items were discussed at the September and October 2025 Primary Care Group meetings:

1. **Access:**
   - Lewisham Primary Care Access
2. **Contractual:**
   - Key Contract Requirements for GP Practices 2025/26
3. **Quality:**
   - SEL 2025/26 Medicines Optimisation Plan
4. **Community Pharmacy**

Potential Conflicts of Interest	There are no conflicts of Interest as the paper is solely for information purposes.			
Any impact on BLACHIR recommendations	**NA**			
Relevant to the following Boroughs	**Bexley**		**Bromley**	
	Greenwich		**Lambeth**	
	Lewisham	✓	**Southwark**	

	Equality Impact	NA
	Financial Impact	NA
Other Engagement	Public Engagement	NA
	Other Committee Discussion/ Engagement	None
Recommendation:	The Lewisham Local Care Partners Strategic Board is asked to note the report.	

Access

1) Lewisham Primary Care Access

The Primary Care Group received an update on access in the borough.
The update was based on a paper presented at the September Healthier Communities Select Committee.

The update was structured in line with headings of the national 2024/25 'Delivery plan for recovering access to primary care' which are:

a) Empower patients
b) Implement 'Moden General Practice '
c) Build capacity
d) Cut bureaucracy

Additionally, high level appointment data has been included in the update to provide context.
A summary of the 'Better Access Lewisham' communications campaign strategy was also given.

The detailed update is provided in appendix 1.

Contractual

2) Key Contract Requirements for GP Practices (2025/26)

New contractual changes came into effect from 1 October 2025. They include the following:

a) Digital Access & Online Consultation Tools

From 1 October 2025, all GP practices will be required to keep their online consultation tool open for the full duration of core hours (8:00 am – 6:30 pm Monday to Friday) for non-urgent appointment requests, medication queries and administrative requests.

Most Lewisham practices are compliant and there is ongoing work with those that are not.

The requirement is subject to appropriate safeguards so that urgent clinical requests are not handled inappropriately via the online route.

b) Patient Charter & Transparency

Practices must publish a Patient Charter on their website, setting out how patients can access care, what to expect (response times, modes of access) and how to use the digital channels.

c) Interoperability, Data Sharing & Other Digital Requirements

Practices must enable specific functionality via GP Connect that allows:

i. Read-only access to a patient's GP record by other NHS-commissioned providers (and private providers with explicit patient consent).

ii. Community pharmacy professionals to send consultation summaries into the GP practice workflows.

Quality

3) South East London Medicine Optimisation Plan 2025-26

The Group received a recommendation for the approval of the 2025/26 South East London (SEL) Medicines Optimisation Plan (MOP). This is a single consistent MOP for all practices across SEL.

Prescribing schemes across SEL have evolved over time with indicators expanded to include quality improvement and delivery of patient outcomes as well as reducing costs.

The development and implementation of a single MOP across SEL ensures strategic alignment, work efficiencies, and improved patient care while reducing variation.

The 2025/26 MOP is a start to setting a whole system medicines optimisation strategy by agreeing SEL priorities and consistent measurements on achievement to be delivered locally.

Currently there is variation between the different SEL borough schemes.

The 2025/26 SEL MOP will consist of 3 sections:

a) Section A: RPS Toolkit Implementation
b) Section B: Prescribing Indicators
c) Section C: Quality Indicators

The MOP which had already been approved by the other 5 SEL boroughs was approved by the Group.

Community Pharmacy

4) Community Pharmacy

There is significant variation across the borough and Primary Care Networks (PCNs) in referrals into the Pharmacy First (PF) scheme, leading to inconsistent utilisation and unequal access for patients.

A more standardised and coordinated approach is required to ensure that general practice and community pharmacy work seamlessly together in delivering PF, blood pressure checks, ambulatory BP monitoring and other services provided by community pharmacy.

It was agreed PCNs that demonstrate strong engagement with PF should be contacted to identify methods used, while PCNs with low activity will require targeted support and reinforcement of the Lewisham primary care access campaign.

The Group was asked to support collaboration between general practice and community pharmacies in order to strengthen and embed robust referral pathways.

The Group was also encouraged to contribute to the development of the Modern Community Pharmacy model and to formally acknowledge the financial and operational risks associated with community pharmacy.

The Group proposed an amendment to the Primary Care Group Terms of Reference to include community pharmacy as a regular standing member, which should ensure sustained engagement and system alignment.

NHS
South East London

Lewisham Primary Care Access Programme update - 25/26

Ashley O'Shaughnessy, Associate Director CBC and Primary Care (Lewisham)

Version 1.0 - FINAL

Lewisham Healthier Communities Select Committee

4th September 2025

INTRODUCTION

NHS South East London

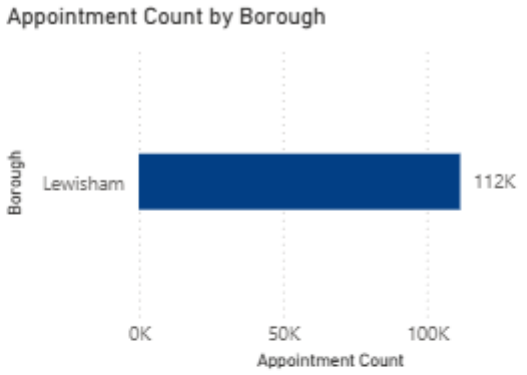
- NHSE published the Delivery plan for recovering access to primary care in May 2023
- Primary Care access is also a key component of the local Five year forward view delivery plan for Primary Care in Lewisham (2023-2028)
- Much work is already underway to support improved access and this programme update seeks to summarise progress made to date and areas for further focus
- The update is structured in line with headings of the national 'Delivery plan for recovering access to primary care' which are:
    - Empower patients
    - Implement 'Moden General Practice '
    - Build capacity
    - Cut bureaucracy
- High level appointment data has been included to provide context
- A summary of the 'Better Access Lewisham' communications campaign strategy is also given

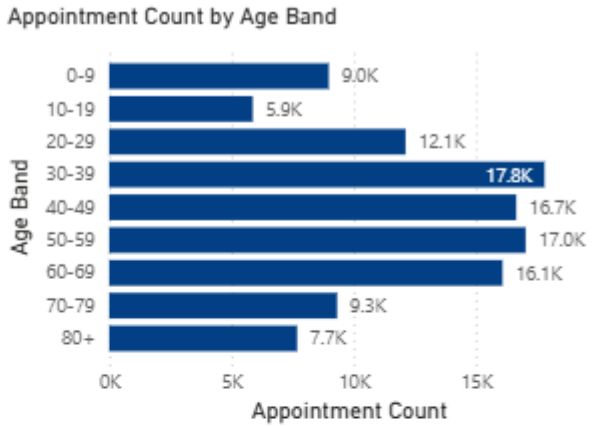
GP APPOINTMENT DATA

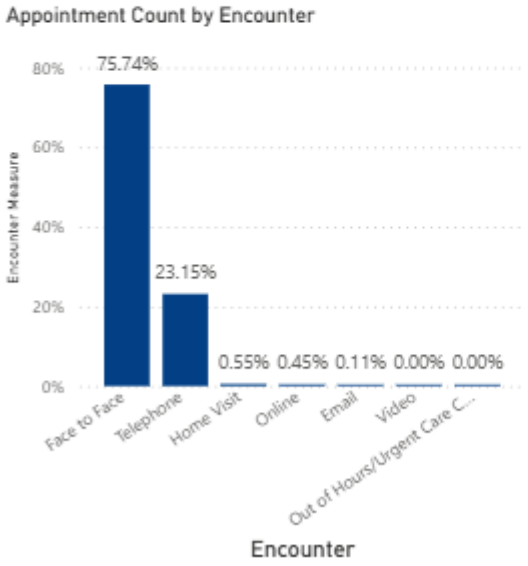
NHS South East London

- In the month of June 2025, Lewisham GP Practices delivered **111,636** appointments
- **75.74%** of these appointments were face to face
- A further breakdown of appointments by population demographics is given below

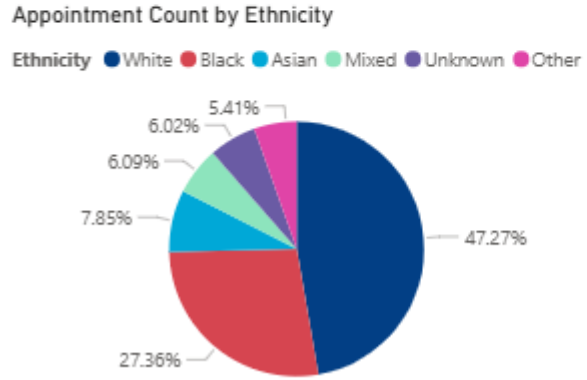
Borough	Population	Appointment Count
Lewisham	358,887	111,636
Total		**111,636**







Age	Female	Male
0-9	47.39%	52.61%
10-19	56.66%	43.34%
20-29	70.18%	29.82%
30-39	69.35%	30.65%
40-49	66.05%	33.95%
50-59	59.40%	40.60%
60-69	56.61%	43.39%
70-79	56.10%	43.90%
80+	61.64%	38.36%
Total	**61.52%**	**38.48%**



Ethnicity	Female	Male
Asian	57.17%	42.83%
Black	63.40%	36.60%
Mixed	63.21%	36.79%
Other	62.90%	37.10%
Unknown	57.76%	42.24%
White	61.25%	38.75%
Total	**61.52%**	**38.48%**

Data Source: Primary Care data (Discovery Data Service)

Empower patients

NHS South East London

Empower patients to manage their own health including using the NHS App, self-referral pathways and through more services offered from community pharmacy.

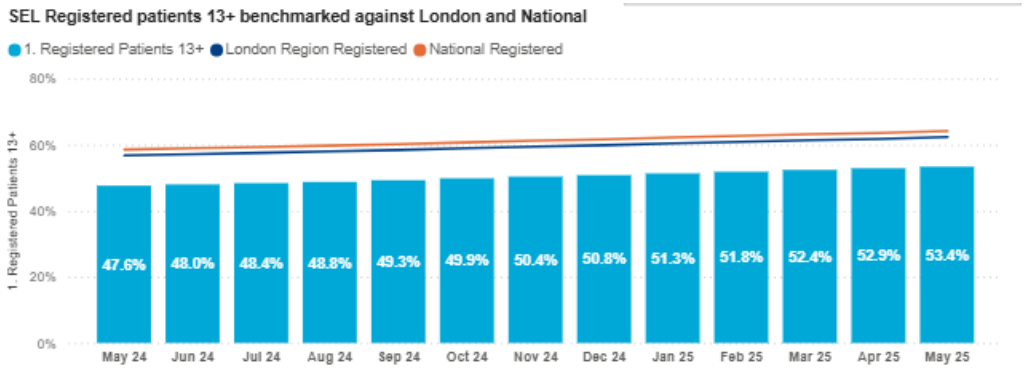
NHS APP

The NHS App gives patients a simple and secure way to access a range of NHS services. Through the APP patients can:

- order repeat prescriptions and nominate a pharmacy where they would like to collect them
- book and manage appointments
- view their GP health record to see information like allergies and medicines

Current uptake of the NHS APP in Lewisham (based on the latest data from May 2025) is 53.5%. Unfortunately we have lost several thousand registrations as part of planned practice mergers due to technical limitations which will need to be reactivated.

A bespoke action plan for Lewisham is being implemented to increase registrations including community outreach sessions, translation of promotional materials and targeted work with practices with low uptake.



Current Month : May 25

53.4%

Total NHS App Registrations	GP Registered Patients 13+
165,155	309,475

65%

SEL Target

Empower patients

NHS South East London

Empower patients to manage their own health including using the NHS App, self-referral pathways and through more services offered from community pharmacy.

Practice websites

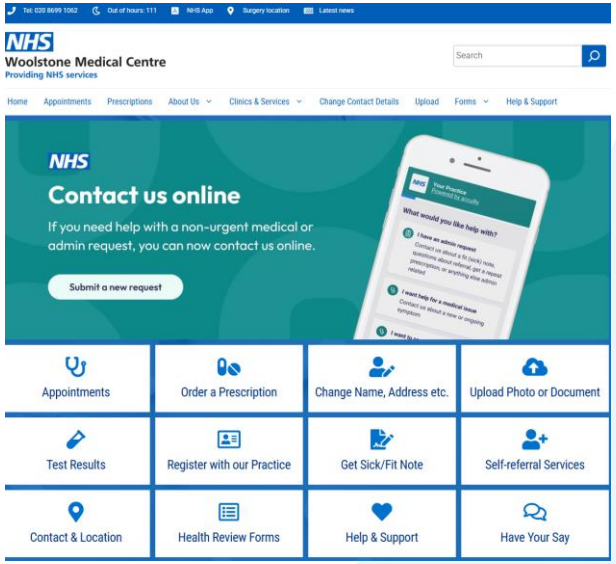
We have an ongoing work programme with all practices to review and refine their websites to make them easier to navigate for patients including ensuring they are up to date, consistent and cover all key areas.

Self-referral pathways

There are an increasing number of services that patients can access directly without the need for a GP referral and therefore the need to contact the practice.

For Lewisham patients these include:

- Audiology - https://www.selondonics.org/our-residents/your-health/local-nhs-services/self-assessment-audiology/providers/
- Podiatry - https://www.lewishamandgreenwich.nhs.uk/foot-health/
- Minor Eye Care Services (MECS) - https://sel-mecs.com/patient-information-mecs/
- Talking therapies - https://lewishamtalkingtherapies.nhs.uk/refer-yourself/
- Stop smoking - https://www.smokefreelewisham.co.uk/



Empower patients

NHS South East London

Empower patients to manage their own health including using the NHS App, self-referral pathways and through more services offered from community pharmacy.

Community Pharmacy

Pharmacists can offer advice on a range of illnesses, such as coughs, colds, sore throats, ear infections and aches and pains.

They can also give advice about medicines. This includes how to use medicines and any worries about side effects.

Pharmacists can suggest treatments that do not need a prescription for a range of conditions.

Most pharmacies can also offer prescription medicine for some conditions, without patients needing to see a GP or make an appointment. This is called **Pharmacy First.**

Most pharmacies also offer the contraceptive pill for free without a prescription as well as offering free blood pressure checks.

In Lewisham between February 2024 and May 2025:

- 34,461 patients were seen under Pharmacy First
- 21,607 patients had their blood pressure checked
- 3184 patients had 24-hour blood pressure monitoring
- 3605 patients accessed contraceptive services

Implement 'Modern General Practice Access'

NHS South East London

Implement Modern General Practice Access to tackle the 8am rush, provide rapid assessment and response, and avoid asking patients to ring back another day to book an appointment.

Modern General Practice (MGP) Access

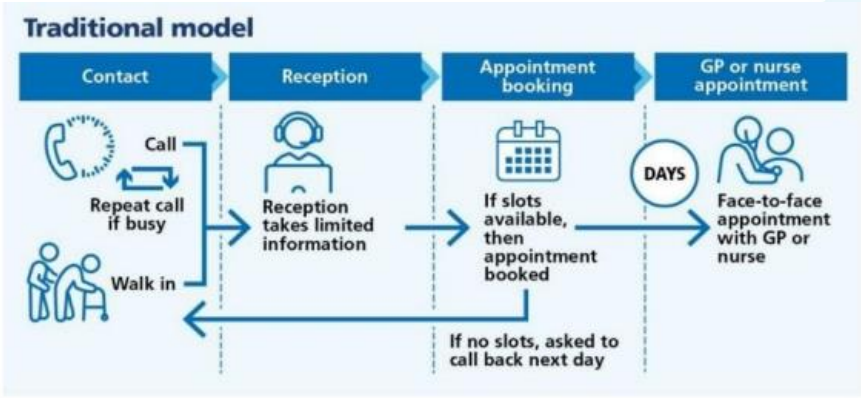
The Modern General Practice Model aims to meet the needs of both patients and staff and make the best use of services through several components:

- optimising contact channels
- structured information gathering
- using one care navigation (and workflow) process across all access channels
- better allocating existing capacity to need
- building capability in general practice teams

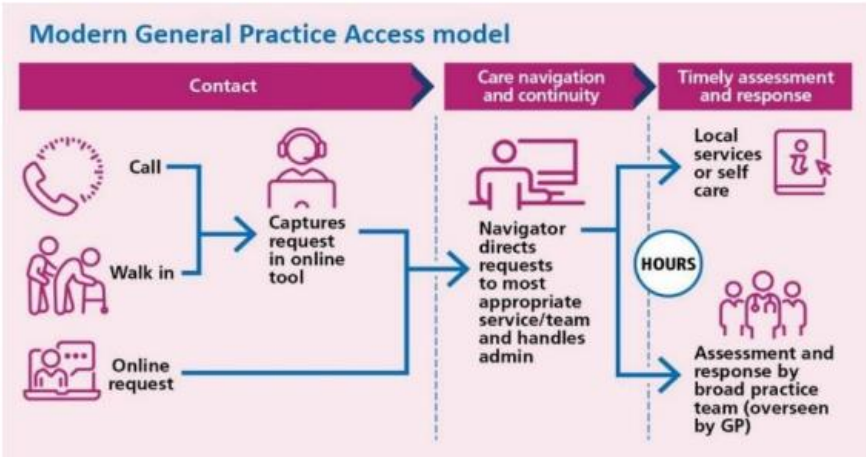
Good progress has been made across all practices in Lewisham in implementing the MGP model:

- all practices are now using Cloud Based Telephony (CBT) systems with features such as a queue position and call back functionality as well as real time data monitoring to support evidence-based service decisions
- all practices have an Online consultation system available for patients to use to submit requests
- Practices are taking advantage of both local and national offers of support to further embed the MGP model

Transitioning from this....



to this....



Build capacity

NHS South East London

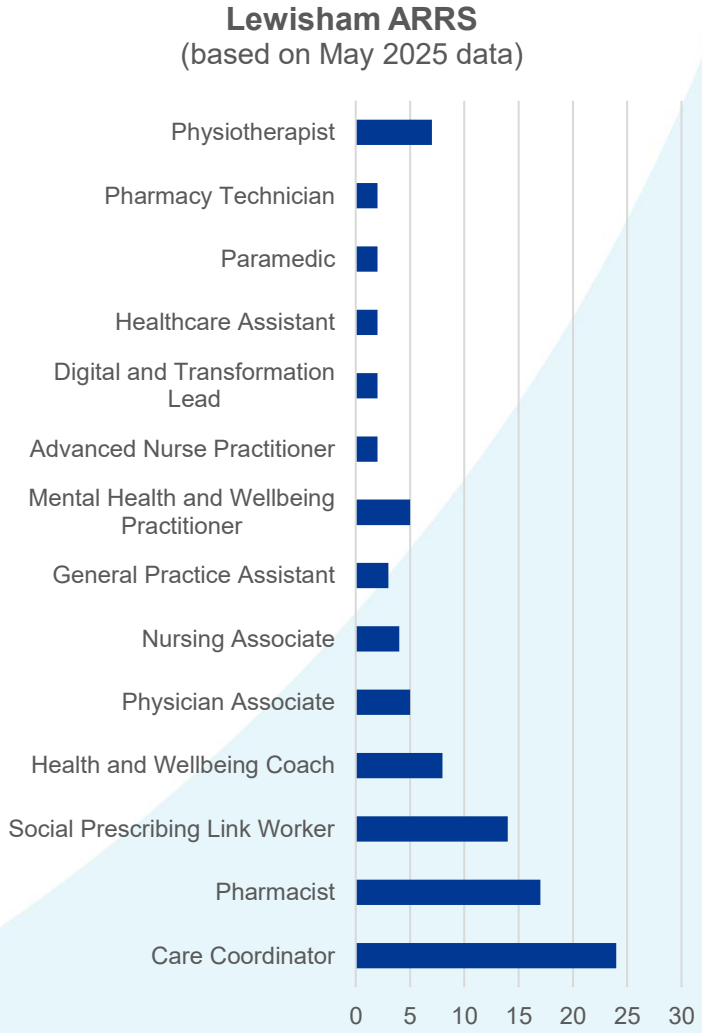
Build capacity to deliver more appointments from more staff than ever before and add flexibility to the types of staff recruited and how they are deployed

Additional Roles Reimbursement Scheme (ARRS)

The Additional Roles Reimbursement Scheme was introduced in England in 2019. Through the scheme, primary care networks (PCNs - *grouping of practices*) can claim reimbursement for the salaries (and some on costs) of roles within the multidisciplinary team, selected to meet the needs of the local population. In expanding general practice capacity, the scheme improves access for patients, supports the delivery of new services and widens the range of offers available in primary care.

Some of the new roles include:

- First contact physiotherapists - Assessing, diagnosing, treating and managing musculoskeletal (MSK) problems
- Clinical pharmacists - conducting structured medication reviews, independent prescribing/deprescribing and providing medication advice
- Social prescribing link workers - connecting people to non-medical community-based activities, groups and services that meet practical, social and emotional needs
- Health and wellbeing coaches – using coaching skills to support people to make conscious and informed health choices, change behaviours and encourage proactive management and prevention of illness
- Care coordinators - providing co-ordination and navigation through the health and care systems and facilitating joint working across organisations and MDTs
- Mental health and wellbeing practitioners – joint appointments with SLAM supporting patients with complex mental health need



Build capacity

NHS South East London

Build capacity to deliver more appointments from more staff than ever before and add flexibility to the types of staff recruited and how they are deployed

Enhanced Access

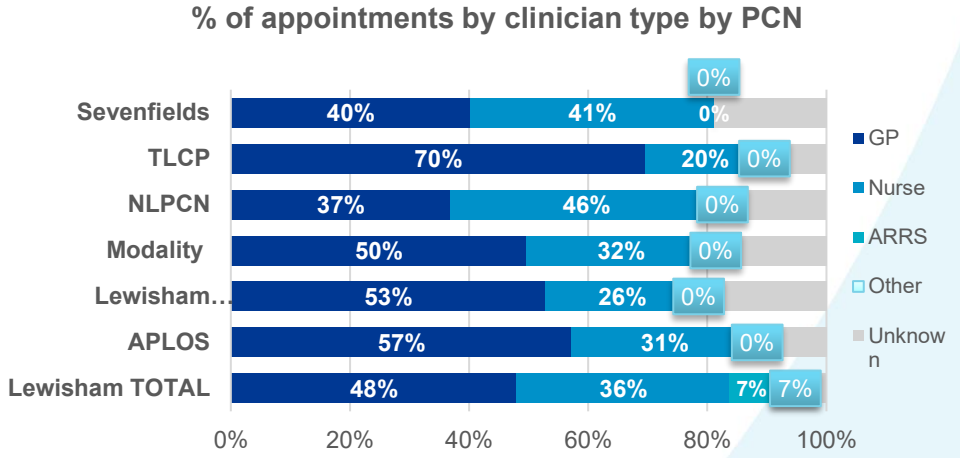
GP Practices are contractually required to open Monday – Friday between 8am and 6.30pm.

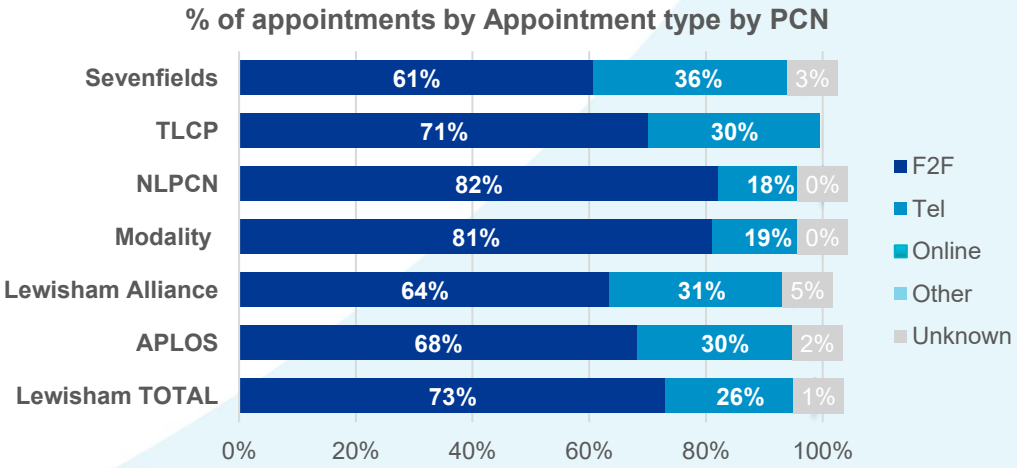
In addition, PCNs are required to provide "***Enhanced Access***" through additional appointments on weekday evenings (6.30pm-8pm) and on Saturdays (9am-5pm).

In 2024/25:

- Approximately 20,244 hours were delivered offering a total of 60,497 appointments
- 48% of these appointments were with a GP
- 36% of these appointments were with a nurse
- 73% of these appointments were face to face
- 26% of these appointments were by telephone
- 17% average DNA rate across Lewisham.

There is variation across the PCNs in how they configure their Enhanced Access appointments.





Build capacity

NHS South East London

Build capacity to deliver more appointments from more staff than ever before and add flexibility to the types of staff recruited and how they are deployed

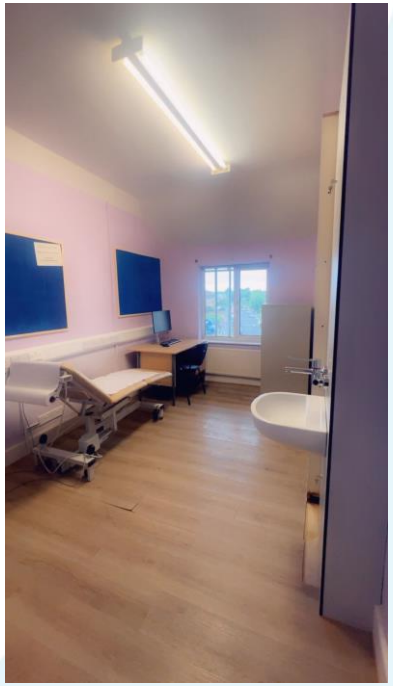
Estates improvements

Funding has been secured to support improvements in primary care estates to provide increased capacity for face to face clinical appointments.

During 24/25 this has included:

- Oakview Family Practice – 2 additional consulting rooms
- Parkview Surgery – 3 additional consulting rooms
- Wells Park Practice – 2 additional consulting rooms
- Woodlands Health Centre – 1 additional consulting room

We have also supported innovative models to maximise existing space and improve the patient experience including centralisation of back office functions at the Penrose Health practices (Kingfisher Medical Centre, Deptford Surgery, Lewisham Medical Centre, Nightingale Surgery) into a purpose use estate and the opening of the refurbished community space at the ground floor in the Waldron Health Centre.



Cut bureaucracy

NHS South East London

Cut bureaucracy and reduce the workload across the interface between primary and secondary care, and the burden of medical evidence requests so practices have more time to meet the clinical needs of their patients.

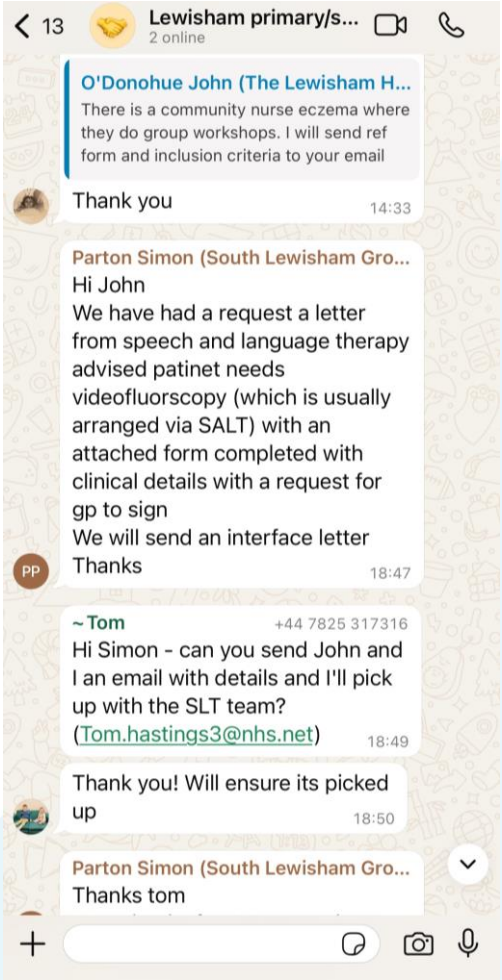
Primary / Secondary care interface

A Primary / Secondary care interface group has been set up in Lewisham between GP practices and Lewisham and Greenwich NHS Trust.

Quick wins have been identified and already implemented to improve the interface and so release capacity in both Primary and Secondary care and a medium/long term plan is now being taken forward to continue this work.

Some examples of the outputs of this work include:

- Robust systems for the sharing of contact details between Primary / Secondary care colleagues to support improved communications
- A formal ”inappropriate request” process for GP practices to use where tasks are sent back from secondary care i.e. for onward referrals
- Creation of a “WhatsApp” group between Primary / Secondary care colleagues to quickly raise issues for resolution
- Podcasts with Primary / Secondary care colleagues to share learning and insight and help build relationships and trust
- A joint grand round where clinicians will come together to discuss case studies based around the patient journey and experience



Areas for focus going forward

NHS South East London

Focus areas	Considerations
NHS APP	Continued work to promote registrations and use of the NHS APP will be a key priority especially in light of the NHS 10 year plan which describes the proposed increasing functionality of the APP going forward
Digital inclusion	It is acknowledged that not all patients will be willing and able to utilise digital tools so support will need to be given to provide the skills and confidence to do so. There will also need to be alternative routes to access care so that no one is disadvantaged and inequalities are not exacerbated
Communications and Engagement	Engaging and communicating consistently with the public about how best to utilise Primary Care services is key especially in light of recent changes such as the NHS APP, Pharmacy First, the expanding primary care team and the Modern General Practice model. A 'Better Access Lewisham' campaign strategy has been developed to support this (*detail given in attached slides*)
Closer work with community pharmacy, dental, ophthalmic providers/services	As described, good progress has already been made with community pharmacy but opportunities to better connect with local community dental and ophthalmic providers/services should be explored to support coordination and improved access across all primary care services
Integrated neighbouhood teams (INTs) and multi-disciplinary meetings (MDMs)	Continued development of INTs and MDMs to take a more proactive approach to the management of more complex patients, streamlining both their access and also for all others
Interface	Building on the work already started focusing on the primary/secondary interface, we should explore the opportunities to expand this work to other system interfaces with primary care i.e. mental health, local authority, VCSE

South East London Integrated Care System

NHS South East London

Lewisham Primary Care

’Better Access Lewisham’ campaign strategy

Better Access Lewisham campaign strategy

Summary of Main Points

- The Better Access Lewisham campaign aims to educate and inform the public on the ways of working in general practice.
- It also aims to help people to better understand the services available , how to access them and manage expectations around triage.
- The campaign will cover the following core areas:

  - ✓NHS App
  - ✓Access & Triage
  - ✓Pharmacy First
  - ✓GP Practice Teams

Campaign focus and objectives

The campaign aims to educate and inform the public on the new ways of working in general practice, helping people to better understand the services, how to access them and manage expectations around triage.

Campaign objectives include:

- To explain the ‘total triage’ model and how it guides the appointment offered - could be face to face, telephone or online
- To relaunch existing services to Lewisham residents that they may have been unaware of and to better communicate the support on offer.
- To introduce new services to Lewisham residents, all the while informing them that they can now better access primary care across the board – GP and pharmacy services.
- To build confidence amongst the public of the services on offer, clearly explaining the support and how each service works.
- To increase patients’ trust in first point of contact (GP/other primary and healthcare providers) which will help alleviate pressure on emergency and other urgent care services.

The campaign will cover the following core areas:

1. NHS App

2. Access & Triage

3. Pharmacy First

4. GP Teams

Message house

Overarching message:
People in Lewisham can choose from a range of NHS services, providing appropriate care, when you need it.

- Lewisham GP surgeries offer a range of appointments based on clinical need
- Lewisham GP teams are made up of a range of expert health professionals
- Your local pharmacy team can help with medicines and minor health concerns
- You can access a range of services through the NHS App

Building on the work in Bexley

This campaign has been tried and tested in Bexley across 2024/25. The ‘Better Access Bexley’ initiative is showing positive results with residents feeling better informed, using the NHS App more frequently and making increased use of the Pharmacy First service.

South East London Integrated Care System

Key Messages & Timeline

NHS South East London

PHASE 1:	PHASE 2:	PHASE 3:	PHASE 4:
Promoting the NHS App to residents	Communicating total triage, access and enhanced access	Promoting the community pharmacy services	Focusing on GP teams and the breadth of roles
JUNE-JULY 25	AUG-SEPT 25	OCT-DEC 25	JAN-MAR 26

NHS App - Key Messages

1. The NHS App is a simple and secure way to access a range of NHS services on your smartphone or tablet. Your NHS is at your fingertips. Find out more at www.nhs.uk/nhsapp

2. Millions of people are using the NHS App to manage their health the easy way, from ordering a repeat prescription to checking their records. Start using the App today. Find out more at www.nhs.uk/nhsapp

3. Join the millions using the NHS App by downloading it on your smartphone or tablet via the Google play or Apple App store. Your NHS is at your fingertips

Channels & Content:

- **We will use existing national campaign content, modifying copy for Lewisham.**
- **We will utilise external and internal advertising to maximise uptake and impact.**

Access - Key Messages

1. Local GP practices are working differently, the ‘total triage’ model allows us to allocate appointments based in clinical need. The appointments offered - could be face to face, telephone or online.

2. As well as phoning us or visiting to arrange an appointment, you can now use an online form on the practice website to get in touch. One of our team of doctors, nurses or other healthcare professionals will respond with the help you need. Speak to our reception team for more information.

3. We are working together to offer patients a range of appointments in Lewisham – that means you will be able to see a GP, nurse or other health professional at a time which is most convenient for you.

Channels & Content:

- **We will create printed materials, social media assets, digital screens (GP waiting rooms), posters, website banners (GP websites)**

- **Use the national messaging but localised with Lewisham staff**

Pharmacy First - Key Messages

1. Going to your local pharmacy offers an easy and convenient way to get clinical advice on minor health concerns - you don't need an appointment, and you can be seen in a private consultation room.

2. Available on the high-street, community pharmacy teams have the right clinical training to give people the health advice they need, with no appointment necessary and private consultations available. Community pharmacists will signpost patients to other local services where necessary.

3. Don't wait for minor health concerns to get worse – think pharmacy first and get seen by your local pharmacy team. For more information, visit nhs.uk/thinkpharmacyfirst

Channels & Content:

- **We will create social media assets and copy, content for digital screens, printed materials**
- **Use national campaign content but with Lewisham pharmacies**

GP Teams - Key Messages

1. Your general practice's reception team is specially trained in ‘triage’ they use the information you provide to help identify which health professional or service is best placed to help, so it is important to give them as much information as possible.

2. General practice teams are made up of a range of health professionals who work at your practice and in the wider community to help you get the right care when you need it.

3. The practice team can help you get the right care. They can help you by:

    - Getting you an appointment with the right healthcare professional as quickly as possible.
    - Identifying services you can access with a GP referral.
    - Making appointments for new kinds of care or services you may not be aware of.

Channels & Content:

- **We will create videos, social media assets and copy, posters, leaflets, digital screens**

- **Use national campaign content but with Lewisham staff**

Campaign visibility

LHCP & ICB channels:

- Lewisham ICB webpage
- LHCP socials – X, Facebook, Instagram
- Paid-for social targeting Lewisham residents
- GP screens across the borough
- Digital screens in other NHS spaces (LGT etc)
- Printed materials – posters and leaflets

Partner channels:

- Lewisham Council social media and web pages
- Lewisham Council Newsletter
- Lewisham Life Magazine
- JC Decaux across the borough (tbc)
- Local libraries and community spaces
- Community champions network

Lewisham Local Care Partners Strategic Board
Cover Sheet

Item 15
Enclosure 12

Title:	**Lewisham Medicines Optimisation and Prescribing (LMOP) Chair's Report**
Meeting Date:	**27 November 2025**
Author:	Dr Taj Singhrao & Helen Magnusen Baker
Executive Lead:	Ceri Jacob, Place Executive Lead (Lewisham)

Purpose of paper:	To provide the Board with an update on key activities of LMOP	Update / Information	*x*
		Discussion	
		Decision	
Summary of main points:	Endorsement of LSL Sexual & Reproductive Health Patient Group Directions Review of Pharmacy First Plus Service Specifications and SLA Endorsement of Cytisine Patient Group Direction Approval of pathway for warfarin to DOAC swich in the community Approval of Vitamin K PGD		
Potential Conflicts of Interest	**None**		
Any impact on BLACHIR recommendations	**None**		

Relevant to the following Boroughs	**Bexley**		**Bromley**	
	Greenwich		**Lambeth**	
	Lewisham	✓	**Southwark**	

	Equality Impact	N/A
	Financial Impact	N/A
Other Engagement	Public Engagement	

	Other Committee Discussion/ Engagement	
Recommendation:		

Committee meeting report presented to:
Lewisham Care Partnership Strategic Board on 27th November 2025

Report from the Chair of Lewisham Medicines Optimisation and Prescribing Group (LMOP)

Date of Meeting Reported: 23rd September 2025

Authors: Dr Taj Singhrao, GP and Chair LMOP
Helen Magnusen Baker, Lead Pharmacist, Medicines Optimisation Team

Main issues discussed

- Finance Update
- Update on Lewisham Monitored Dosage System (MDS) and Medicines Support Assessment Tool (MSAT) review
- Process for reviewing quality and medicines safety by Medicines Optimisation Team
- Endorsement of PGDs to be used by Turning Point across Lambeth Southwark and Lewisham
- Review Service Level Agreement, Service Specification and Formulary of the Lewisham Pharmacy First Plus service
- Endorsement of SEL Medicines Optimisation Plan 2025
- Endorsement of Cytisine PGD for use in Lewisham
- Lidocaine Plasters update
- ABPM consultation required by community pharmacies to qualify for Pharmacy First fixed monthly payment under proposed 'bundling' requirements

Key achievements

- Medicines Optimisation QIPP dashboard at month 3 showed a 125% achievement of target savings.
- The MSAT tool completion rate for the MDS service was 75%, indicating that most patients receiving MDS have undergone a structured assessment. These assessments

have identified a clear need for support with medicines adherence, justifying the use of a compliance aid.

- LIMOS has successfully recruited three of the four clinical pharmacists needed to support the Integrated Neighbourhood Teams.

- Ten PGDS to support the supply/administration of medicines in outreach clinics operated by Turning Point in Lambeth Southwark and Lewisham, were endorsed subject to minor amendments.

- The pathway to enable warfarin to DOAC switch in the community and the PGD for the administration of Vitamin K by healthcare professionals employed by Bromley GP Alliance were approved.

Key challenges addressed

- The prescribing budget YTD at month 5 was overspent by £1.15million.

- Revision to the Pharmacy First Plus specification, SLA and formulary to align the service to similar schemes in Lambeth, Southwark and Greenwich will need to undergo further amendments.

Key risks (include assurances received positive and negative)

- The group discussed the risks and benefits associated with the proposed changes to the local Pharmacy First Plus scheme, in the context of reconciling scheme differences across SEL. The proposal included the exclusion of patients under 16 years of age whose parents do not qualify for the scheme. This group would ordinarily receive free NHS prescriptions. The group expressed that such changes could lead to increased GP workload, as families may seek GP appointments to access free prescriptions that would otherwise have been available through the scheme.

How did the meeting promote quality and safety?

- Medicines safety is a standing item on the agenda with discussions routinely covering: MHRA alerts, medicines shortages, updates from community and hospital pharmacy, and quality alerts. These discussions provide assurance that quality and safety remain central to decision making and practice. Oversight and improvements are further supported through the South East London Integrated Medicines Optimisation Committee (IMOC) and the Medicines and Pathway Review Group (MPRG).

How did the meeting help address inequalities and fairness?

- In reviewing the MDS and MSAT Tool, Pharmacy First Plus scheme and PGDs for outreach groups, inequalities and fairness were discussed.

How did the meeting promote and draw on public engagement?

- Lewisham Healthwatch were invited to the meeting, however, there was no representation at the meeting.

Lewisham Local Care Partners Strategic Board
Cover Sheet

Item 15
Enclosure 12

Title:	**Lewisham People's Partnership Action Plan 2025/26 - Update**
Meeting Date:	**27th November 2025**
Author:	Anne Hooper
Executive Lead:	Ceri Jacob, Place Executive Lead (Lewisham)

Purpose of paper:	• To provide an update on the Lewisham People's Partnership Action Plan for 2025/26 • Notes from the Lewisham People's Partnership meeting held on 10th September 2025	Update / Information	*x*
		Discussion	
		Decision	

Summary of main points:	The focus for the Lewisham People's Partnership Action Plan for 2025/26 is to: • Support Lewisham's communications and engagement plans/campaigns focusing om access to services, integrated neighbourhood teams and prevention • Support engagement delivery and effectiveness through widening participation and improved co-ordination • Support improvements in engagement outcomes and influence • Support shifting the balance of power from within the system towards people and communities This report provides an update on the work undertaken to achieve the priorities outlined in the action plan. Also included in this report is a copy of the notes from the Lewisham People's Partnership meeting held on 10th September 2025. The main agenda items for this meeting were: • Lewisham and Greenwich NHS Hospital Trust strategy development • Lewisham Co-Production – a partnership approach • Lewisham Adult Social Care, Housing and Health Working Protocol
Potential Conflicts of Interest	

Any impact on BLACHIR recommendations	**BLACHIR Opportunities for Action 34** Ensure the engagement of Black African and Black Caribbean communities is meaningful and valued. This should include direct engagement and collaboration with representative organisations that is done in a way which is respectful, transparent and accessible, and considers and values participants' time and commitments.			
Relevant to the following Boroughs	**Bexley**		**Bromley**	
	Greenwich		**Lambeth**	
	Lewisham	✓	**Southwark**	
	Equality Impact			
	Financial Impact			
Other Engagement	Public Engagement			
	Other Committee Discussion/ Engagement			
Recommendation:	This paper is for information.			

LEWISHAM PEOPLE'S PARTNERSHIP – ACTION PLAN FOR 2025/26
UPDATE FOR LEWISHAM LOCAL HEALTH AND CARE PARTNERS STRATEGIC BOARD – NOVEMBER 2025

The Lewisham People's Partnership has two key objectives:

- support people and communities to exercise power, build trust, enable participation and work together to achieve more with what we have
- ensure that the lived experiences and needs of Lewisham's many and diverse people and communities drive local partnership decision making and that we have the evidence to show this

The focus for the Lewisham's People's Partnership 2025/26 Action Plan is to:

- support Lewisham's communications and engagement plans/campaigns focusing on access to services, integrated neighbourhood teams and prevention
- support engagement delivery and effectiveness through widening participation and improved co-ordination
- support improvements in engagement outcomes and influence
- support shifting the balance of power from within the system towards people and communities

ACTION PLAN

What	How	Who/when	Update – November 25	Expected outcomes
Access to services	Provide a continuous forum for engagement on: • Lewisham's Primary Care comms campaign • Lewisham's plans to improve access to primary care	LPP Chair/Comms & Engagement Team - ongoing	• Campaign plans/materials reviewed at May, September and November 25 LPP meetings - focusing on NHS App, Access and triage, community pharmacy services and GP team roles • Meeting responses recorded on We Said - We Did/Are Doing template	Feedback/responses/influence recorded Ensure continuity of engagement and longer term, more meaningful conversations

	• Pharmacy First comms campaign		• Feedback/evidence of influence on decisions to be recorded	
What	**How**	**Who/when**	**Update – November 25**	**Expected outcomes**
Integrated Neighbourhood Teams	Promote and support the co-production of neighbourhood programme service design and development: • Update from members of the INT Lived Experience group • Final presentation from the Lived Experience Group Support the development of neighbourhood engagement and comms hubs aligned to INT programme Link Neighbourhood Programme engagement activity into Lewisham People's Partnership engagement activity e.g., through LPP outreach activity Involve local people and community groups in conversations about health prevention and barriers to health equity	INT Lived Experience Group Mar 25 May 25 Comms & Engagement Team - ongoing INT Leadership Team - ongoing LPP Chair/Comms & Engagement Team – ongoing	• Final presentation from INT Live Experience Group May 25 • Responses from the INT Lived Experience project have been recorded on We Said – We Did/Are Doing report • Report circulated to LPP database • Second draft of proposal for an Integrated Approach to Engaging with People and Communities in Lewisham completed – October 25 • See above • See above	Feedback/responses/influence recorded Ensure continuity of engagement and longer term, more meaningful conversations
Prevention	Provide a forum for engagement on: • Lewisham's Immunisation and Vaccination strategy re-fresh	Dr. Deborah Jenkins Mar – Nov 25	• Strategy refresh presented at Mar 25 LPP meeting • Responses from the meeting recorded on We Said – We Did/Are Doing template	Feedback/responses/influence recorded Ensure continuity of engagement and longer term,

			• Feedback from Public Health on the influence the responses have had on decision making – Feb 26	more meaningful conversations
What	**How**	**Who/when**	**Update – November 25**	**Expected outcomes**
Prevention (cont.)	• Lewisham's hypertension pilot	Africa Advocacy Foundation May25	• Presented at May 25 LPP meeting • Responses from meeting recorded and circulated • AAF invited to return to LPP in 2026 to provide update on the pilot	
Widen LPP engagement participation	Take LPP into communities: • Agree and implement a more proactive outreach approach to community representative groups, community support groups, VCSE and grass roots organisations delivering engagement focused on Lewisham's priorities • Agree and implement a LPP outreach plan with Patient Participation Groups, Lewisham Carers Forum, Lewisham Healthwatch and Citizen's UK	LPP Chair/Comms & Engagement Team – 2025/26 LPP Chair/Comms & Engagement Team – 2025/26	• Included in the second draft of proposal for an Integrated Approach to Engaging with People and Communities in Lewisham completed – October 25 • See above	Providing more opportunities for people and communities to participate Recognising the value of local people and communities in facilitating dialogue Continuing to build relationships and trust
	• Pilot engagement feedback framework – primary care access, INT co-production, immunisations refresh	Comms & Engagement Team – Jun-Dec25	• We Said – We Did/Are Doing pilot template implemented • First draft of feedback framework completed	Lessons learnt from pilot

	• Lessons learnt report and next steps in wider implementation of framework across LHCP	LPP Chair/Comms & Engagement Team – Jan 26		Outcomes framework implemented
What	**How**	**Who/when**	**Update – November 25**	**Expected outcomes**
Shifting the balance	Discussion within LHCP to find out if there is a desire – and a clearer way – to demonstrate a willingness to shift the balance of power between people, communities and the system Building on the outcomes of the Board seminar discussion, support the development and implementation of the co-production framework Hold open forums to find out what is important to people and communities to focus on	Place Executive Group - ongoing LPP meetings	• Support provided to the development and implementation co-production framework • Lewisham Co-Production – A Partnership Approach reviewed at LPP meeting Sep 25 - Responses from the meeting recorded on We Said – We Did/Are Doing template • LPP agendas include Open Forum session – issues raised are recorded and taken back to LHCP for action/views	Meaningful co-production with better outcomes Continuing to build trust and partnership with people and communities People and communities contributing to decisions that influence all determinants of health
Model ICB Blueprint	• Review Model ICB core functions and activities with regard to engagement and communications with people and communities alongside the PPL Final Project Findings and Recommendations	LPP Chair/Comms & Engagement Team/Place Executive Group – ongoing	• Review of Model ICB core functions/activities and PPL Final Project and Recommendations completed - included second draft of proposal for an Integrated Approach to Engaging with People and Communities in Lewisham completed – October 25	Identify relevant findings and recommendations from the PPL Project to support transition of engagement and comms activities into the reformed ICB structure

LEWISHAM PEOPLE'S PARTNERSHIP

Discussions and actions from the meeting held on 10th September 2025

AGENDA

Time	Activity
10.00am – 10.05am	Arrivals
10.05am – 10.15am	What voices do we have at this meeting?
10.15am – 10.45am	Lewisham and Greenwich NHS Hospital Trust Strategy Development
10.45am – 11.05am	Lewisham Co-Production – a partnership approach
11.05am – 11.10am	Break
11.10am – 11.30am	Lewisham Adult Social Care, Housing and Health Working Protocol
11.30am – 11.50am	Open Forum
11.55am – 12 noon	Any other business and dates for 2025/26 Lewisham People's Partnership meetings

Voices at the meeting:

Present at the Civic Centre, Catford

Anne Hooper – Chair of Lewisham People's Partnership
Helen Marsh – SEL ICB Head of Communications and Engagement (Lewisham and Bromley)
Rachel Ellis - Table Talk in Lewisham
Michael Kerin - Healthwatch, Lewisham.
Sophy Jeremy – SEL ICB Communication and Engagement Assistant (Lewisham and Bromley)
Teresa Rodriguez – SEL ICB Communication and Engagement Manager (Lewisham and Bromley)
Caroline Denne - Unpaid carer & Advisory committee for Healthwatch Lewisham
Anthony Atherton - Lewisham Pensioners Forum & Lewisham Church's Care
Neil Goulbourn - Chief Strategy Officer, Lewisham and Greenwich NHS Trust
Dan Rattigan - Associate Director Strategy, Lewisham and Greenwich NHS Trust
Fiona Kirkman - System Development Lead for NHS SE London ICS (Lewisham)
Sarah Amandes - South East London Community Energy (SELCE)

Online – MS Teams

Shaniqua Pinnock – SEL ICB Communications and Engagement Admin Assistant
Symone Myers – Equality, Diversity and Inclusion Lead at South London and Maudsley NHS Trust (Lewisham and Addictions Directorate)
Alex Camies – Lewisham resident and PPG Chair
Jean Goodison – Carer and Volunteer Lewisham Pensioners Forum (LPF)
Busara Drezgic - Community Engagement - Programme Manager at St. Christopher's Hospice

Agenda Item 1 – Lewisham and Greenwich NHS Hospital Trust Strategy Development

Background:

Neil Goulbourne, Chief Strategy Officer and Dan Rattigan, Associate Director, Strategy from Lewisham and Greenwich NHS Hospital Trust provided an update on the process for developing the new Trust Strategy 2026-2031. The Trust acknowledges it is vital that the strategy is informed by the views of people and communities in Lewisham is seeking input from a broad range of stakeholders including patients, staff, voluntary sector groups, and residents. and would like to hear at this early stage on priorities.

Dan explained:

- The Trust delivers services across two main hospital sites—University Hospital Lewisham and Queen Elizabeth Hospital in Woolwich—as well as 12 community sites in Lewisham, with a focus on expanding care closer to home.
- As a major local employer, the Trust is also prioritising staff development and employment opportunities.
- The trust wants to build on progress made during the 2020-2025 strategy on their six priorities: quality, patient, people, partnerships, inequalities and funding. Reflecting on the previous strategy, several achievements were highlighted including infrastructure improvements such as a new treatment centre and surgical centre at Lewisham, the creation of a well-being garden, and service innovations like the patient portal and acute sickle cell unit.
- Community care has been enhanced through the urgent response team, and cultural changes have been driven by the establishment of a co-production board, increased community engagement, and the launch of the "Compassion and Care" programme aimed at improving patient experience.
- The Trust will continue to focus on their six strategic priorities based on the **Trust ambition – to be exceptional in our care**. Neil acknowledged the many achievements of the Trust and improvements in the last years, but recognised there are still some challenges – funding, staff recruitment. The Trust wants to focus now on improving its community approach. Tom added this is an opportunity to think differently on how we work with our partners and communities. Want to hear what's more important for you.
- The following questions with attendees:
    - What works and doesn't work in terms of your experience with us currently?
    - Views on big issues the Strategy needs to tackle/consider? Any big delivery concerns or developments?
    - Are there other groups we should be engaging with?

Discussion points:

The group welcomed the introduction with improvements and plans and shared the following suggestions to consider for the Strategy:

Operational

- Improve issues with integration between hospital sites (e.g. incompatible systems, poor telephone connectivity).
- Priority should be given to resolving basic operational misalignments before implementing broader strategic changes.
- Example lack of continuity: Lewisham Hospital parking group – strong initial engagement but lacked sustained follow-up.
- Need for consistent delivery and ongoing engagement to maintain trust and momentum.
- Consider NHS 10 Year Plan and three aims
    - Prevention
    - Moving to community – how you ensure is properly integrated and at the heart of what you do
    - Analog to digital – how you ensure people are supported in the process to ensure no one falls through.
- Strategy needs to concentrate digital / getting online / MyChart
- Use of UCPs – universal care plans – personal discharge plans and budgets.

Communication and engagement

- Essential to start with a clear Communications and Engagement Plan – Healthwatch is happy to support. Reference patients and carers. See patients as real people and use a holistic approach.
- Communication needs greater sense of urgency to support patients.
- Concerns about patients' understanding of the care journey from referral to treatment to discharge. From personal experience, the process was unclear and not properly explained.
- Questions on who is responsible for guiding patients through the system and highlighted the digital divide, noting that platforms like MyChart are inaccessible for some
- Stressed that clear communication and involvement of GPs are crucial, as they traditionally played a key role in explaining referrals.
- Use more opportunities to include carers in processes such a discharge toolkit or anaesthetics information.
- Co-production often feels like it's driven from the top (board level), while genuine care and respect for patients seem to stem from the dedication and goodwill of frontline staff, rather than being a direct result of formal initiatives.

Personal experiences
Positive – A member shared her positive connection with UHL. '*After 40y in the borough, the hospital is part of the family and the community. Although there are challenges, things are starting to get better, with good engagement sessions such the Dementia Café held monthly. Staff are committed and supportive, it's a coordinated response and Community Nurses from SLaM offer continuity.'*

Negative – A member shared a recent formal complaint in the radiology department. Due to uncoordinated booking and workflow, the patient experienced delay, uncomfortable waiting conditions and concern over safety for other patients. The Trust team thanked the member for sharing and raising the complaint and offered to look further into the problem in the radiology department.

The Trust team confirmed they are considering the NHS 10 Year Plan in the strategy, including developing neighbourhoods and prevention. In communication and coproduction, they are aware of some good projects but need to improve consistency across the system. There is a limited capacity to improve things and must work together to prioritise them.

Actions:
- **LGT NHS Trust will visit Lewisham People's Partnership later in the development of the Strategy to show progress**

Agenda Item 2 – Lewisham Co-Production – a partnership approach

Background:
There have been a number of documents published recently focusing on the future priorities of the NHS, how health and care services are organised and delivered at a regional and local level and highlighting the need for involvement of and engagement with local people and communities – these include the NHS 10 Year Plan for Health, A Neighbourhood Health Service in London, and the Model Integrated Care Board Blueprint.
In response, Lewisham Health and Care Partners (LHCP) are developing an integrated partnership approach to co-production – an approach which is about bringing people (especially those with lived experience), communities, professionals and partner organisations together to design and deliver services collaboratively.

Anne Hooper shared the key principles outlined by LHCP on this approach:

- Ownership, understanding and support of co-production by all
- A culture of openness and honesty
- A commitment to jointly working with residents when developing or changing services or provision
- Clear communication in plain English
- A culture in which people are valued and respected

Anne asked attendees to share their impressions and comments on these principles:

- Are these the right principles?
- How do you see them being delivered – how and where do we start with co-production and co-design?
- Who needs to be involved? How to measure impact?
- Are there sustainable resources to support a partnership approach?
- What needs to be seen and done to demonstrate that a partnership approach with people and communities is meaningful and long lasting?

Discussion points:

Trust

- Co-production is not a one-off event but an ongoing process that begins with initial engagement and continues through to meaningful outcomes. A critical element of this process is feedback not only to those directly involved but also to the wider community. This transparency helps to build trust in the process and demonstrates that contributions are valued and acted upon.
- There remains a strong scepticism in many communities about the value of getting involved. People often question whether their voices are truly heard or if their input leads to any real change. Addressing this requires consistent communication, visible outcomes, and a commitment to closing the feedback loop.

Inclusion

- There is a growing and positive trend of involving people with lived experience in committees, working groups, and advisory councils. This ensures that when problems are discussed, those who have directly experienced them are present to offer valuable insight and

guidance. However, this inclusion must happen at an early stage. This principle should apply beyond the NHS, extending to social work, community work, and all public services. A committee or decision-making body is not truly representative or effective unless it includes voices of lived experience from the beginning.

- Clear communication in plain English is essential, but this must go further to include accessible formats and translation where needed.

Remuneration

- A key challenge in co-production is the imbalance between paid staff and unpaid community members. While professionals are compensated for their time, community participants are often expected to contribute voluntarily even though participation may require them to take time off work, arrange childcare, or overcome accessibility barriers.
- There needs to be a clear commitment to fair compensation or support for community members, recognising the value of their time and lived experience. This includes addressing practical barriers such as:
  - Childcare needs
  - Disability access
  - Language support, especially for those for whom English is not a first language

- Concerns about tax implications should not be used as a reason to avoid offering compensation. People should be supported to participate.

Good practice

One of the strengths of the current co-production efforts has been the genuine commitment of staff to listen, capture feedback, act on it, and report a continuous and transparent feedback loop. This approach helps build trust and shows that engagement is meaningful and impactful. A recent example is the 100-Day Challenge on day services, which focused on services for:

- Older people
- People living with dementia
- People with learning disabilities

This initiative involved extensive and repeated engagement, not limited to formal meetings. The team actively reached out to people in their own spaces, responding to suggestions and adapting their approach to meet people where they are.

Delivering on promises of openness and transparency:
While principles like openness, honesty, and transparency are often stated in strategic documents, the real challenge lies in how these values are delivered in practice. There is a strong call to move beyond platitudes and vague commitments people want to see clear systems, actions, and accountability.
The key questions are:

- What is the system's role in making these values real?
- What is the community's role, and how are they supported to contribute meaningfully?
- How do we ensure that engagement leads to change, rather than becoming another document that is approved but not acted upon?

There are already examples of good practice, such as the INT programme, but the challenge is to make this consistent and embedded across all areas. People need to know that:

- Their input is valued and acknowledged
- Their feedback is acted upon and responded to
- There are clear principles guiding how engagement is handled

The group agreed with the principles, but there is a need a clarity on the "how". Without that, there's a risk of repeating cycles of missed opportunities for genuine co-production.

Actions:

- **Anne to share Lewisham People's Partnership comments with LHCP to consider in their Co-Production approach**

Agenda Item 3 – Lewisham Adult Social Care, Housing and Health Working Protocol

Background

Fiona Kirkman, System Development Lead for NHS SE London ICS (Lewisham) talked about the Lewisham Adult Social Care and Housing and Health Working Protocol.

Over the past year, a joint Health and Housing Working Protocol has been developed and implemented across key partners including South London and Maudsley NHS Trust, Lewisham and Greenwich Hospital, and local council departments for Adult Social Care and Housing. Initially supported by a consultant from PPL, the work has since been carried forward by the partnership itself.

The protocol focuses on two main areas:

- Hospital discharge delays – addressing housing-related barriers that prevent timely discharge.
- Escalating housing needs in the community – such as urgent medical rehousing cases.

The overarching aim is to improve collaboration between professionals across services. This includes simplifying assessments and creating clearer processes to ensure more effective joint working. The protocol is designed to support better outcomes for individuals by enabling services to respond more cohesively to housing-related health needs.

Fiona shared:

- The work is based case studies, real examples, and housing issues have been highlighted.
- Training for Social Prescribers developed
- The protocol has created another workstream, the SE Housing Coalition.
- Task and Finish group formed to support implementation.
- In July 2025 presented at Health and Housing Network, a monthly cross-system meeting including Social Prescribing and Linkworkers – would like to invite patients.
- Protocol feedback – it is working. There are fewer escalations. Good feedback from staff, training very positive and working well. To be presented with SLaM Service Users group. Moving forward, they would like to get more residents voices.

Discussion points and suggestions by the group:

- Virtual wards offer opportunities, particularly in terms of prevention. The next iteration of the protocol should reflect the shift from reactive discharge planning to proactive support that prevents hospital admissions.
- **Carers**
    - The role and impact on unpaid carers who support individuals transitioning between hospital and community settings is important. Discharge planning should begin prior to admission.

- Carers feel excluded from care decisions, particularly in virtual ward scenarios. This should be considered in the guidance.

- **Housing**

  - A member explained that around 60% of patients referred to social prescribers also faced housing-related challenges. However, social prescribers often lack the authority or resources to address housing issues directly, which typically fall under local authority responsibilities.
  - The protocol could potentially support GPs in advocating for carers' housing rights, especially when they are aware of the family's health and social circumstances. A case example involving a carer whose housing rights are at risk due to his mother's dementia and her role as the primary tenant was shared.

- **Engagement with vulnerable groups:**
  - Those most in need of support under the protocol often belong to vulnerable or seldom-heard communities, which presents a challenge for effective engagement. Steering group members are encouraged to consider how neighbourhood strategies and local engagement work can ensure these issues are central to discussions, not peripheral.
  - The voluntary sector is a key partner in both representing unheard groups and addressing practical barriers to discharge. There is a need to identify and involve the right organisations—recognising that those who represent and those who provide support may differ.

- The protocol will continue to benefit from:
  - Social prescribers across the system.
  - Stronger collaboration between social prescribers and social workers.
  - More integrated care planning involving medical professionals, social workers, patients, and carers

Actions:

- **Future visit to LPP to update on the progress of the Protocol, particularly in relation to its impact on vulnerable communities**
- **Summarise carers case studies anonymously to inform wider work on carer involvement and housing support**

Agenda Item 4 – Open Forum

The group shared updates and items to be considered for future meetings:

Update on Primary Care Campaign:

The team has reviewed and adapted the material using the Bexley campaign, which was praised for its visual clarity and simplicity.
The revised campaign now features:

- Real people working in primary care across Lewisham, making the materials more relatable and authentic
- Simplified messaging that is easier to understand and more engaging
- A visual-first approach that reflects community preferences

This process highlights the importance of testing and listening ensuring that communication is not only informative but also accessible and inclusive.

The campaign has a focus on:

- addressing misunderstandings about access options - Many patients feel they are being pushed into using only one method (e.g. online), when in fact, multiple access routes are available, and personal choice should be respected. However, if people aren't aware of their options, they can't ask for them.
- explaining the triage process without using the word triage, which can be confusing or off-putting. The campaign aims to clarify that:
    - The GP team includes trained professionals who help direct patients to the most appropriate care.
    - This process may involve questions at the point of contact, which can feel frustrating but are essential to prioritising care based on need.
    - Patients may be directed to a pharmacy, offered a future appointment, or given options such as telephone, online, or in-person consultations.
    - The option of choosing weekend appointments at your GP

The Access Campaign, launched in August and running for at least six months, is designed to gradually explain these changes using clear, accessible messaging. The campaign has 4 stages – NHS App, how do you access now and what routes are available, Pharmacy First and the range of different services and roles.
Leaflets and posters are being prepared as per request of LPP. Free screens from council are used to advertise across the borough. Feedback is welcomed; we can still adapt the messaging. We will be sharing assets with GP practices.

Feeback Points:

- The assets and focus of the campaign were well received
- It was advised to use generic visuals or rotate across multiple practices to ensure the campaign feels inclusive and representative of the wider area.
- Including names and job titles linked to a specific practice may unintentionally suggest that the service or message is only relevant there.

Warm Home Prescription Programme:

South East London Community Energy (SELCE) is currently promoting the Warm Home Prescription programme, which aims to reduce pressure on health services by supporting vulnerable residents with their energy costs during colder months. The scheme is open to individuals who are:

- Over 65
- Have children under 5
- Living with long-term health conditions worsened by the cold

Any professional or community member can refer someone to the programme. Eligible participants may receive up to £49 per month for five months to help with heating costs.

Actions:

- **Community and Engagement team to continue to update progress to LPP and share resources**
- **SELCE to share electronic information of Warm Home Prescription Programme**

AGENDA ITEM 5 – Any other business and dates for Lewisham People's Partnership meeting for 2025/26

Date	Time	Venue
12th November 2025	2.00pm to 4.00pm	Civic Suite, Catford
4th February 2025	10.00am to 12 noon	Civic Suite, Catford

Date of Meeting	Agenda Item	Presenter
4th August	Meeting Stood Down (Half Term)	
1st September	N2C Piolt Project Update	Lena Coupland
	Older Adults Transformation work	Debbie Joyce
	Risk (Community Dermatology Service - waiting times)	Ashley O'Shaughnessy
6th October	Planned Care - Update on Outpatinets transformation electieve improvement	Natasha Crawford / Tom H (BB to touch point for request)
	Lewisham Start for Life Perinatal Mental Health and Parent-Infant Relationship Programme: Evaluation and plan for future investment:	Sara / Simon (me to request)
	feedback from Self-referral for Physiotherapy Pilot	Helen Laing (me to check with Helen)
3rd November	Community Paediatrics Neurodevelopmental Pathway Clinical Transformation	Dorett Davis / Stacey Jarrett
	Inequalities	Catherine Mbema ?
	Enablers	Charles Malcolm-Smith

Place Executive Lead Action Tracker
Commenced - 6th October 2025

Date of Meeting	Agenda Item	Description	Responsible	Deadline	Update
06/10/2025	Highlight Reports: Virtual Ward LTC INT	**Virtual Ward** - Develop performance dashboard for next PEG meeting. **Long Term Conditions (LTC)** - Break down highlight reports by condition (Diabetes, CVD, Respiratory). **Integrated Neighbourhood Teams (INTs)** - Make amendments to metrics include disciplines attending MDMs. More granular data for LTCs and INTs.	Virtual Ward - Jack Howell LTC - Jonathan McInerny INTs - Fiona Kirkman	3th November 2025	
Date of Meeting	**Agenda Item**	**Description**	**Responsible**	**Deadline**	**Update**
01/09/2025	N2C Community Pilot Project Transformation work	AA/LC offline to review governance and meeting interfaces for NC2 pilot	AA/LC	6th October 2025	
Date of Meeting	**Agenda Item**	**Description**	**Responsible**	**Deadline**	**Update**
04/08/2025	No meeting				
Date of Meeting	**Agenda Item**	**Description**	**Responsible**	**Deadline**	**Update**
07/07/2025	INT virtual ward PAWS modelling	TH to touch point with Joanna Peck to ensure sighted on the bed modeling then for TH/LJ/JP to have a touch point meeting on JP return.	TH/LJ/JP	6th October 2025	TH confirmed modelling work is progressing and expected to be completed by end of October with view of sharing - check various Jacks had the meeting to discuss link between ICB/LGT - Share Modelling work and another programmes to reduce activity
		For the INT model to be presented at the LGT all staff webinar which links in with the 10 Year Health Plan for England and in particular the roles that LGT will be hosting and what that will mean.	LJ/FK	6th October 2025	06/10/2025 BB to update LJ 01/09/2025 LJ has requested
	Updates on each partner	KG to add onto the risk register in terms of accommodation for the Pilot Project and the Pop health Platform.	KG	6th October 2025	LW to pick with KG on KG return
Date of Meeting	**Agenda Item**	**Description**	**Responsible**	**Deadline**	**Update**
02/06/2025	No meeting				
Date of Meeting	**Agenda Item**	**Description**	**Responsible**	**Deadline**	**Update**
12/05/2025	N2C Community Pilot Project	AA/LC/FK/LJ offline to look at how to improve the interface between N'hood working. FK is leading on and the N2C Community Pilot and align the Governance.	AA/LC/FK/LJ	2nd June	7/7 - LJ has reached out in in terms of having a meeting around N'hood 2 and SLaM Team are looking at extending their boundaries to ensure they align better with the n'hood working. LW/LJ to chase
06/01/2025	No meeting				
Date of Meeting	**Agenda Item**	**Description**	**Responsible**	**Deadline**	**Update**
07/10/2024 - In Person	(Agenda item 2) Highlight Reports	LJ o touchpoint with AL/JH/JMc to touch base in terms of how Respiratory would fit into PEG	LJ/AL/JH/JMc	12th May 2025	meeting being arranged with service area and ICB on the clinical arrangements - Check with LJ

Date of Meeting	Description	Responsible	Deadline	Update	Completed Date
06/10/2025	Planned Care - Update on Outpatients Transformation Elective Improvement				06/10/2025
07/04/2025	AOB - Risk Register - agreed for Risk 1- ED Front Door to be closed following update from JC and confirming seeing great results since the UTC opened. Agreed to change wording for ED Front Door risk. Ongoing estates work for 25/26	LW/JC	2nd June 2025	7/7 TH to look through and confirm offline	06/10/2025
07/10/2024 - In	(Agenda item 2) Highlight Reports - Helen Laing agreed to come back to a future meeting to feedback from Self-referral for Physiotherapy Pilot	LW/HL	12h May 2025	Agena item for 6th October Meeting	06/10/2025

Person	(Agenda item 2) Highlight Reports - Scott Pendleton to come back to a future meeting to share service plan in terms of which services and where they fit.	LW/SP	On going	BB to touch base with Scott Pendleton replacement	06/10/2025
Date of Meeting	**Description**	**Responsible**	**Deadline**	**Update**	**Completed Date**
01/09/2025	Risks and Escalation's Community Dermatology Service - waiting times - AOS & TH to check in on dermatology backlog and formally close risk at the next meeting	AOS/TH	6th October 2025		06/10/2025
Date of Meeting	**Description**	**Responsible**	**Deadline**	**Update**	**Completed Date**
07/07/2025	INT virtual ward PAWS modelling - Agreed to take slide deck presented by JH to the LGT community service board and the Lewisham Care Partnership Board (LCP) along with the read across plans.	JH/LJ	6th October 2025	LJ has emailed asking for an agenda item - CLOSED	01/08/2025
Date of Meeting	**Description**	**Responsible**	**Deadline**	**Update**	**Completed Date**

12/05/2025	Highlight Reports - Agreed to use June meeting to do a deep dive on Highlight Reports and look at the metrics and to agree on what we want and don't want and what we can do and cant do	ALL	2nd June	Agreed to pick up in autumn - closed	01/08/2025
	N2C Community Pilot Project - AA to confirm on numbers that is able to be supported through the model and potentially what geographical area they are covering	AA	1st September 2025	AA to confirm on numbers that is able to be supported through the model and potentially what geographical area they are covering	7/7 - remain open with view of getting an overarching update at Septembers meeting - CLOSED
Date of Meeting	**Description**	**Responsible**	**Deadline**	**Update**	**Completed Date**
	(Agenda item2 - Highlight Report) Older Adults Transformation	Agreed to move PAWS deep dive to July 2025 meeting / use 2nd June meeting as workshop for HRs including edge work	CM	2nd June 2025	Agreed to pick up in autumn - closed

07/04/2025	Update on each partner - Risk (Community Dermatology Service - waiting times)	AOS to provide an update in June Meeting following the new contract due to go live in May 2025. Agreed to change wording for ED Front Door risk.	LW/AOS	2nd June 2025	7/7 - agreed to bring to September - added onto fwd planner 12/5 - waiting times issue still persist and new provider are in the process of transferring patients over from OHL and part of that process they will do a waiting list validation exercise to check the patients that are on the waiting need to be. it will continue to be an issue rather then a risk. 7/4 AOS noted that following the procurement

					procurement process, contract has formally be awarded and due to go live on 1st May 2025 and in the process of patient transition- closed
Date of Meeting	**Description**	**Responsible**	**Deadline**	**Update**	**Completed Date**
02/12/2024	(Agenda item 3) Lewisham Start for Life Perinatal Mental Health and Parent-Infant Relationship Programme: Evaluation and plan for future investment:		SR / SMh & LB to pull together a business case on what the programme has been able to do and potential shortcomings.	?	Request Update
Date of Meeting	**Description**	**Responsible**	**Deadline**	**Update**	**Completed Date**
	Community Paediatrics Neurodevelopmental Pathway Clinical Transformation - Primary Care need to chase if going to have input ahead of event on 14th July - LJ to touch point with SEL Colleagues on the workshop / hub	LJ	1st September 2025		7/7/2025

07/07/2025	Community Paediatrics Neurodevelopmental Pathway Clinical Transformation - Agreed to come back in 6 months time - LW to add onto fwd planner	LW	1st September 2025		7/7/2025
	INT virtual ward PAWS modelling - LW to share the read across slide deck that was presented by LJ	LW	1st September 2025		7/7/2025

Date of Meeting	Description	Responsible	Deadline	Update	Completed Date
03/02/2025	(Agenda item 4 Highlight Report) MH Community Pilot Update	share very high level of the implementation plan which will set out key dates for when the service will go live and what the key interface will be	LB	12th May 2025	7/7/2025
07/10/2024 - In Person	(Agenda item 2) Highlight Reports	LJ o touchpoint with AL/JH/JMc to touch base in terms of how Respiratory would fit into PEG	LJ/AL/JH/JMc	12th May 2025	meeting being arranged with service area and ICB on the clinical arrangements

| Date of Meeting | Description | Responsible | Deadline | Update | Completed Date |

07/04/2025	(Agenda item2 Highlight Report) Older Adults Transformation - agreed action for offline to look around the mentoring/what's happening/what's been delivered/what's been tracked for the outcomes and where that's been reporting too to ensure its not been duplicating	agreed action for offline to look around the mentoring/what's happening/what's been delivered/what's been tracked for the outcomes and where that's been reporting too to ensure its not been duplicating	BB/LJ/CM/SA	12th May 2025	27/06/2025
	(Agenda item 5) SDIP transformation BC 2025/26 Update (Action from last meeting) - to bring back the allocations to the April meting	TH/LJ	12th May 2025	CLOSED - LJ confirmed schemes have been signed off with the view of confirming that the funding has been allocated to the correct places.	27/06/2025
	(Agenda item 4) Highlight Reports - Enablers - CMS to touch point AA to provide contact for SLaM procurement	LJ/CMS	12th May 2025		27/06/2025

03/03/2025	(Agenda item 2) Good News Stories- AOS to circulate the PCN videos which was presented at the Lewisham GP Awards once finalised with the PCN clinical directors and mangers in how best to share more Broadley		AOS/LW	12th May 2025	27/06/2025 - AOS to touch point with PCN Leads to work how and where to populate the videos
	(Agenda item 4 Highlight Report) Autism - LW to add agenda item onto forward planner for agenda item to come back to a future meeting	LW to add agenda item onto forward planner for agenda item to come back to a future meeting	LW	12th May 2025	27/06/2025
		SR agreed to come to a future meeting to give an update in terms of CYP & Adults.	LW/SR	On going	27/06/2025
Date of Meeting	**Description**	**Responsible**	**Deadline**	**Update**	**Completed Date**
	(Agenda item 1) Welcome, apologies for absence & minutes/actions of 3rd February 2025 & declarations of interest.	(Agenda item 1) Welcome, apologies for absence & minutes/actions of 3rd February 2025 & declarations of interest.		NO attendance from LGT / No council operational	07/04/2025

	for SDUC / ED Redirect element AL to circulate slides			7th April 2025	07/04/2025
	Outcomes measures for agenda item needed to be added onto highlight report	KG/AA		7th April 2025	07/04/2025
03/03/2025	BB to check with NG in how information is bringing shared with LGT	BB		7th April 2025	07/04/2025
	CM to touch point with Pop Health Team around CGAs high referrals into social care and track that against what they have been referred into and the outcome.	CM/RS	7th April 2025	Meeting scheduled with the Pop Heath Team to confirm which data will be collected going forward in a way of an evolution with the PAWS Service	07/04/2025
	TH to come back to March meeting to provide an update	TH	7th April 2025		07/04/2025

Date of Meeting	Description	Responsible	Deadline	Update	Completed Date
03/02/2025 - Online	(Agenda Item 6) Risk Register	AOS to touch point with TH and JC around updating the Dermatology Risk	AOS/TH/JC	3rd March 2025	03/03/2025

| Date of Meeting | Description | Responsible | Deadline | Update | Completed Date |

02/12/2024 - Online	UEC / UEC front door building works: Amanda Lloyd & Jen Cassettari. AL highlighted that there will be a new post and going out for advert with the view that potentially the new post will provide support to the wider system	KG/LJ/AL to look at the JD for the new post	3rd February 2025		03/01/2023
	Was agreed for the Community Pilot project to come back to a future meeting	KG/AA to come back to provide an update	3rd February 2025		03/01/2023

04/11/2024 - Online	It was agreed for the two highlighted risks to be added onto the PEG risk register:- - Placement overspend has a financial risk, which has an impact on SLaM, Local Authority and ICB recognising that is doesn't have an impact on all partners but does have an impact on majority of our LCP age partners noting the MH Alliance Committee are in works to secure a plan to mitigate the risk. - ED risk potentially needs to be reviewed in terms of presentation and flow in which has an impact on ICB, Local Authority and the Acute sector recognising been an ongoing risk and with systems in place to	KG to come back to provide an update in terms of Placement overspend	3rd February 2025		03/01/2023

	mitigate the risks but will have a impact on those that are fit for discharge and wait times in ED.				
07/10/2024 - In Person	It was agreed for MH/Children Highlight Reports and to do a deep dive around Autism and ADHD		LW/Simon Whitlock and Dorett Davis	3rd February 2025	03/01/2023

Report for the Lewisham Safeguarding Adults Board	
Report Title	**Drug & Alcohol Drug Related Deaths in Lewisham (2014-2024)**
Contributors	**Kerry Lonergan – Senior Public Health Consultant** **Iain McDiarmid - Assistant Director - Adult Integrated Commissioning** **Danny Waites – Commissioning Manager – Addictions.**
Date	**October 2025**

1. PURPOSE OF REPORT

1.1. This report presents a review of drug and alcohol-related deaths in Lewisham between September 2014 and September 2024. It draws on data collected through the Drug and Alcohol Related Deaths (DARD) panel, which has met quarterly since its inception in 2014. The panel's work has focused on identifying trends from deaths of those known to treatment services, learning from individual cases, and recommending system-wide improvements to reduce preventable deaths.

DEFINITION OF A DRUG OR ALCOHOL RELATED DEATH OF KNOWN USERS OF COMMISSIONED SERVICES IN LEWISHAM

A drug or alcohol related death in Lewisham is defined as deaths of individuals known to services :

- Where the primary cause is poisoning, drug misuse, or drug dependence involving substances controlled under the Misuse of Drugs Act (1971).
- Of an individual with alcohol-related issues who was receiving treatment from a local substance misuse service or was under the care of a hospital, including those recently discharged from Accident & Emergency (A&E).
- Of a vulnerable adult or young person with drug or alcohol problems who was known to housing-related support services.
- Involving broader circumstances—such as volatile substance abuse or drug-related homicides—that require the involvement of multiple agencies, including the Police.

1.2. Key Findings

- 184 suspected drug and alcohol-related deaths were reported to the DARD panel during the review period due to poisoning and being known to services.
- The highest mortality rates were observed among individuals aged 50–69, with a notable concentration in the 45–54 age group, aligning with national trends.
- Substance use involving alcohol, heroin, and crack cocaine was prevalent, with many cases involving poly-substance use.
- Mental health conditions such as depression, anxiety, schizophrenia, and suicidal ideation were common among the deceased.
- Housing instability was a significant risk factor, with the majority of deaths occurring in supported housing, council properties, or temporary accommodation.
- Male deaths consistently outnumbered female deaths, though female cases often involved complex vulnerabilities.

- A substantial number of deaths were recorded as “Unknown” or “Not confirmed,” reflecting the lack of access to coroner reports and highlighting gaps in post-mortem data.

2. BACKGROUND

2.1. Drug and alcohol misuse remains a major contributor to premature mortality in the UK. Individuals who use drugs are up to ten times more likely to die suddenly or from chronic health conditions compared to those who do not. Since 2012, there has been a sustained increase in drug-related deaths, alongside a notable rise in alcohol-related fatalities, nationally.

2.2. Engagement in treatment is recognised as a protective factor. Therefore, the prevention of drug and alcohol-related deaths should be a fundamental objective of all local treatment systems.

2.3. In 2003, the Department of Health issued guidance on establishing local confidential inquiries into drug-related deaths. This was followed in 2011 by a good practice guide from the National Treatment Agency (now part of the Office for Health Improvement and Disparities), which emphasised the importance of learning from such deaths and proposed model review systems to strengthen local responses.

2.4. In alignment with these national frameworks, Lewisham finalised its local procedure for reporting drug and alcohol-related deaths in December 2014, following a comprehensive review. The procedure was subsequently updated in July 2015 to reflect NHS England’s Serious Incident Framework (Supporting Learning to Prevent Recurrence).

2.5. The Lewisham Drug and Alcohol Related Deaths (DARD) Panel is chaired by the Assistant Director of Adult Integrated Commissioning. Membership includes the Senior Consultant in Public Health (LBL), the Substance Misuse Commissioning Manager (LBL P&IT), the Contract Monitoring Officer (LBL P&IT), treatment service providers, and other relevant agencies such as South London and the Maudsley, Adult Social Care, lead nurse with special interests, the Metropolitan Police (as part of ADDER) and St Mungo’s. The panel has convened quarterly since December 2014. (See Appendix 1 for Terms of Reference.)

2.6. Access to accurate, timely, and easily retrievable data is essential for informing policy and practice adjustments aimed at reducing drug-related deaths. The review process includes notification of deaths within 24 hours; a 60-day report from the lead agency; quarterly DARD Panel meetings; and an action log tracking progress against identified learning points. The reporting protocol is detailed in Appendix 1.

2.7. The review process is primarily document-based, involving completed forms, inquest materials, case files, and internal reports. Direct interviews with staff are rare. Coordination is led by the Commissioning Manager for Addictions and the Contract Monitoring Officer, in consultation with the Senior Consultant in Public Health for Substance Misuse.

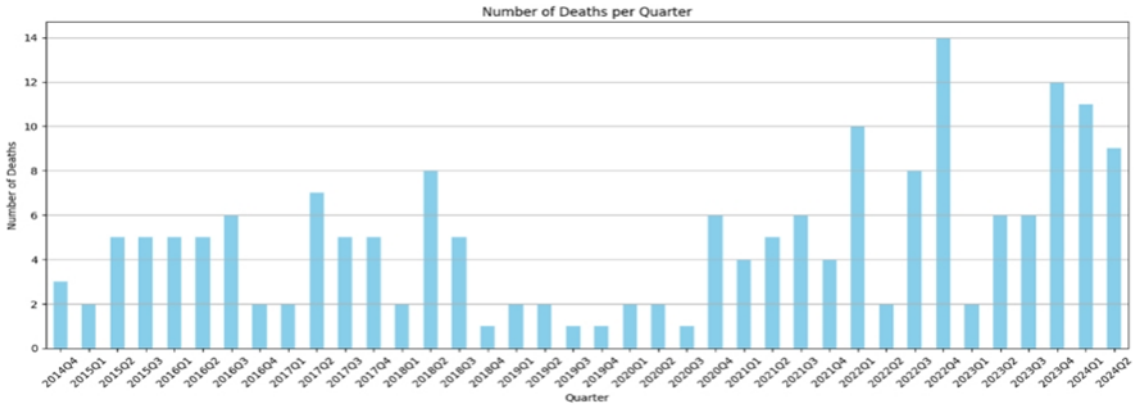
2.8. Efforts to engage the local coroner in identifying and providing further information on relevant deaths have proven challenging.

3. DRUGS & ALCOHOL RELATED DEATHS IN LEWISHAM REPORTED TO THE LEWISHAM DARD GROUP

3.1. The figures below are taken from analysis reports by the LBL Prevention and Inclusion and Public Heath teams on suspected drug and or alcohol related deaths of Lewisham residents in specialist treatment and supported accommodation in the reporting period September 2014 to September 2024. During this period there were a total of 184 suspected drugs and alcohol related deaths reported to the DARD panel. Those reviewed at DARD panel are resident in the borough or are known to treatment services.

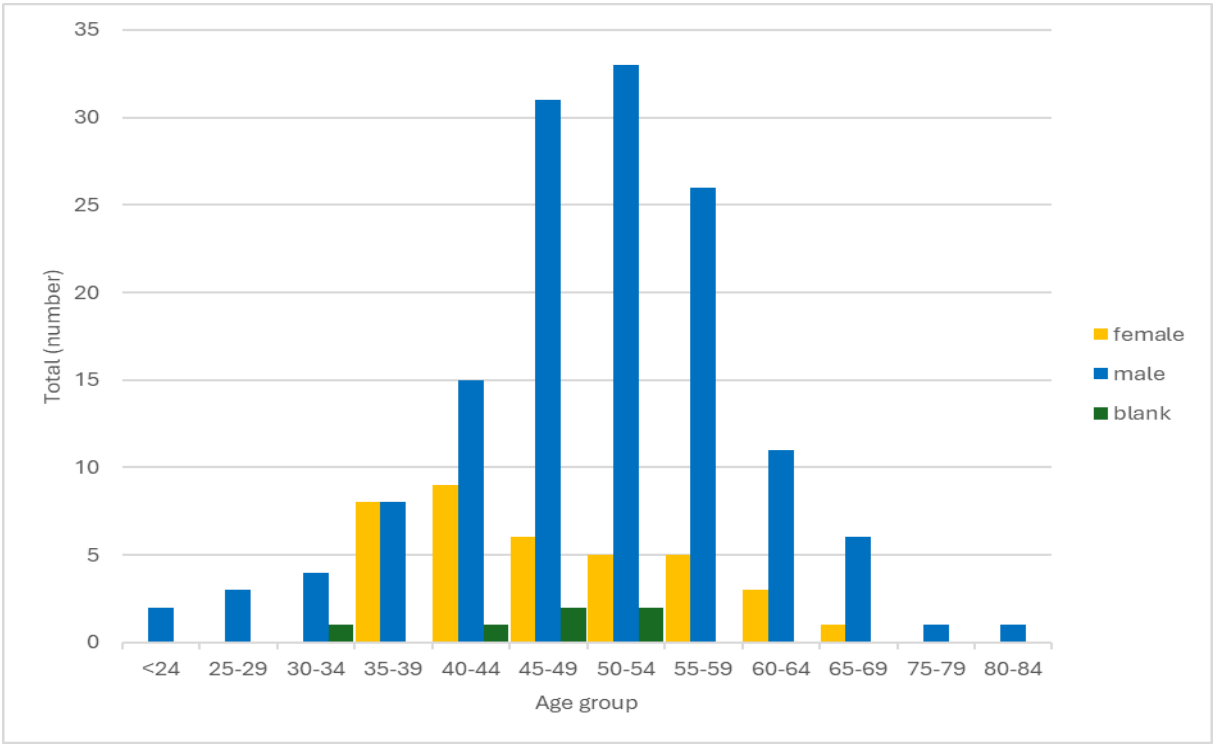
3.2. *Figure 1*~~Figure 1~~ illustrates the number of deaths per quarter from 2014 to 2024. These data show fluctuation throughout the decade, with a slight increase in the overall number of deaths more recently. Quarters 3 and 4 cover the winter period in England. In 2022 and 2023, these quarters saw higher numbers of deaths across the winter when compared to quarters 1 and 2, suggesting a possible link with weather and seasonality. The lower numbers recorded during 2019 and 2020 may reflect the impact of the COVID-19 pandemic.

Figure 1: The number of drug and alcohol related deaths in Lewisham reported to the DARD panel, per quarter from 2014 to 2024



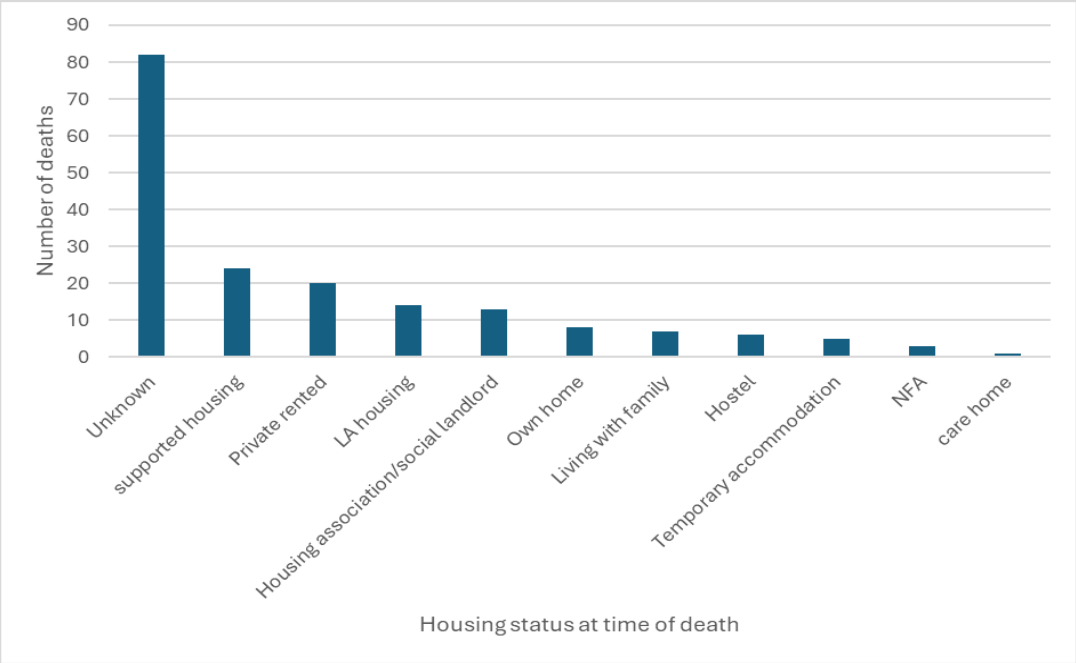
3.3. Figure 2~~Figure 2~~ shows the number of deaths across the decade by age range. Those age 45-64 account for the highest number of deaths overall suggesting underlying vulnerabilities that may be linked to chronic health conditions and a reflection of the local treatment population. Deaths in those under 39 years are lower suggesting reduced vulnerability and a requirement for age specific strategies in prevention and care, managing the health outcomes in the middle aged and older population groups. Deaths in females are much lower than deaths in males which again likely reflects the composition of the treatment population.

Figure 2: The number of drug and alcohol related deaths in Lewisham reported to the DARD panel from 2014 to 2024 by 5-year age range.



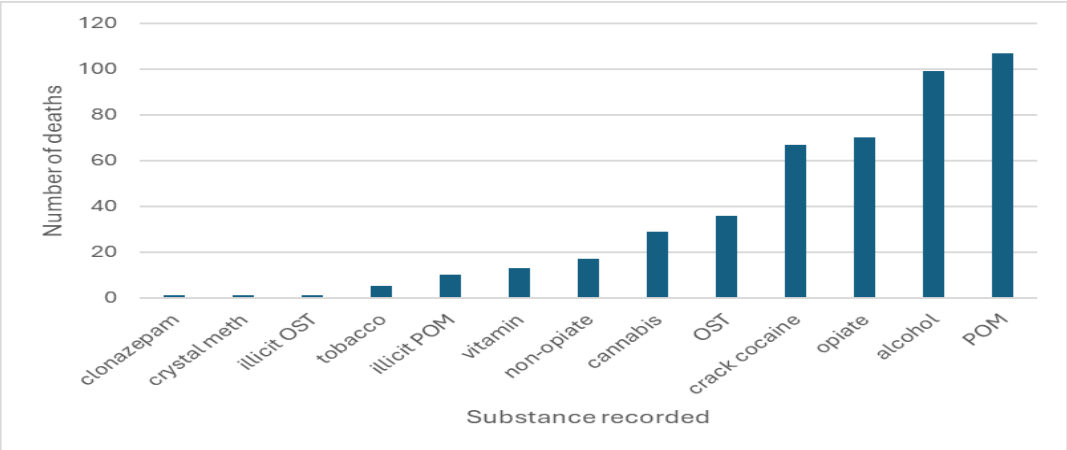
3.4. Figure 3~~Figure 3~~ shows the housing status of those reported to the DARD at the time of death. This includes categories such as privately rented, supported housing, local authority housing, hostels, and temporary accommodation. Nearly half of housing statuses were unknown in those who were reviewed by the DARD panel. This may be an indication of data collection over the last decade where housing status was not always well recorded. More recent years have seen regular and reliable data reporting and collecting across all criteria. Supported housing and private rented are the next two largest categories. Deaths in the temporary and unstable housing types, suggest vulnerability among individuals in precarious living conditions and protection from secure and stable housing.

Figure 3: The number of drug and alcohol related deaths in Lewisham reported to the DARD panel from 2014 to 2024 by housing type



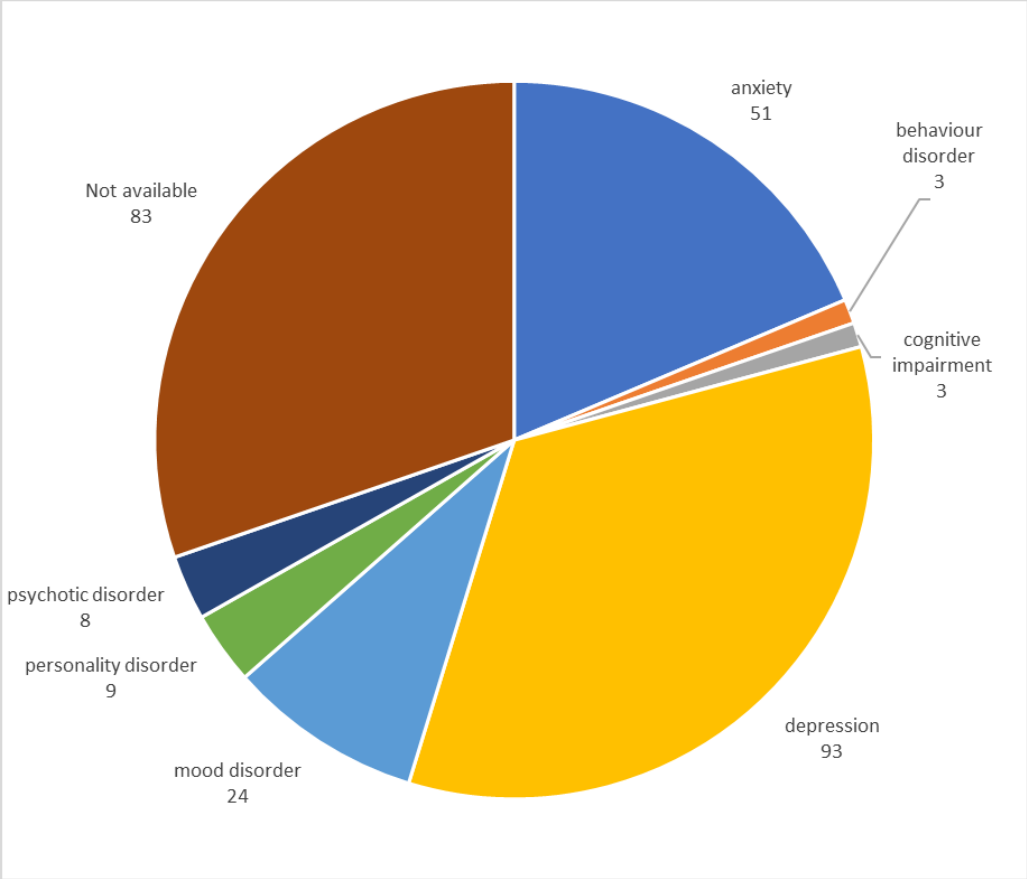
3.5. The next figure (Figure 4~~Figure 4~~ below) presents an overview of the substances used by those reviewed by the DARD panel. The bar chart shows that alcohol, heroin and crack cocaine are the most frequently reported substance. Additionally, nearly one in four were also on prescription medication, likely for long term conditions which may be related to substance use or ageing. Other substances such as cannabis, benzodiazepines, and cocaine are also cited.

Figure 4: proportion of substance use in deaths reported to the DARD between 2014 and 2024



3.6. Reported mental health conditions in those reviewed by the DARD panel are shown below (Figure 5~~Figure 5~~). Conditions such as anxiety and depression make up nearly three quarters of the mental health conditions over the last decade. Mood disorders make up a smaller proportion of the mental health conditions recorded. The high proportion of anxiety and depression suggests an ongoing need for long term mental health support for those in recovery from addiction.

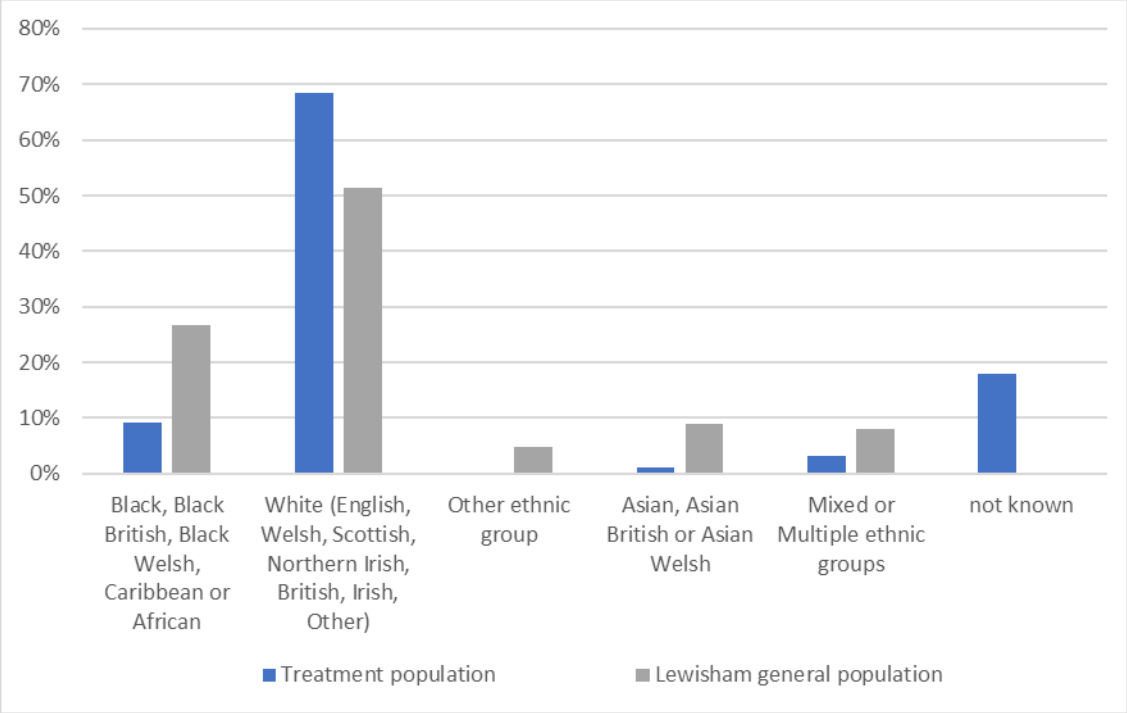
Figure 5: Recorded mental health conditions in deaths reviewed by Lewisham DARD panels between 2014 and 2024



3.7 Those with White ethnicity represent the highest proportion of deaths in DARD, representing the high prevalence of those from this ethnicity in our treatment population (see Figure 6~~Figure 6~~ below). Other ethnic groups show moderate representation, One in five entries are marked as "Not Known" which may reflect gaps in data collection or challenges in accurately recording ethnicity.

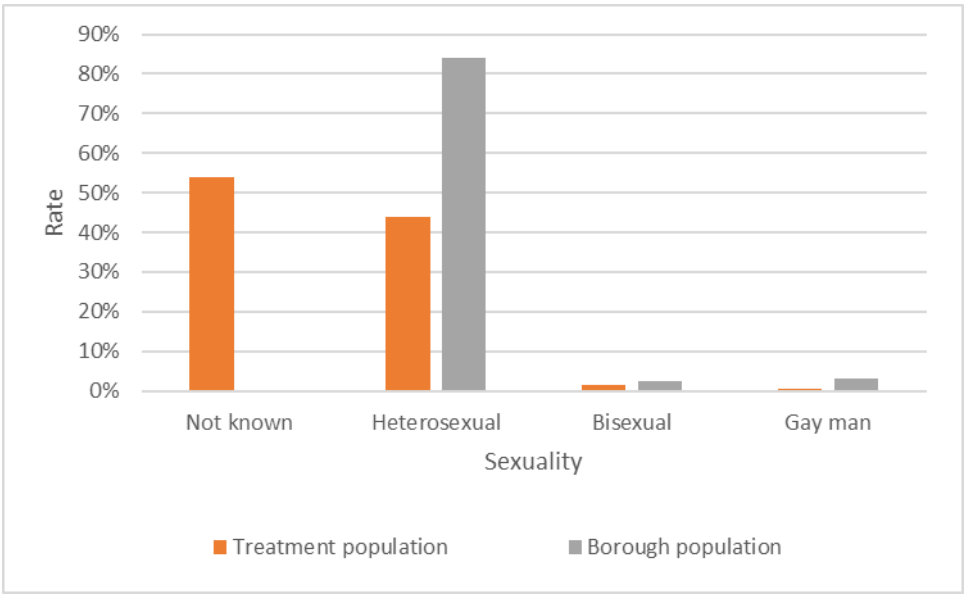
3.8 These data highlight the differences between the ethnicity of the treatment population compared to the Lewisham general population. In the borough general population, 51% of the population reports a white ethnicity (compared with 68% in the treatment population) and 26% are black, black British, black Welsh, Caribbean or African (compared with 9% of the treatment population). Asian and mixed ethnicities show similar disparities.

Figure 6: Recorded ethnicity in deaths reviewed by Lewisham DARD panels between 2014 and 2024



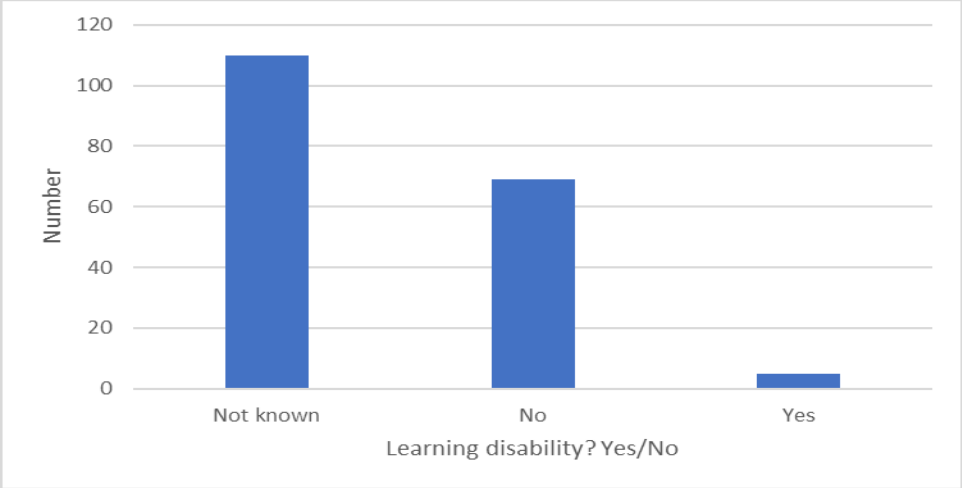
3.9 Figure 7~~Figure 7~~ presents a breakdown of deaths by recorded sexuality, revealing both demographic trends and potential gaps in data collection and a need for improved recording practices and sensitivity around sexuality disclosure. The "Not known" category accounts for the highest number of deaths, followed closely by "Heterosexual" individuals. These two groups dominate the dataset, with approximately 90 and 80 deaths, respectively. While the high number of deaths among heterosexual individuals may reflect broader population demographics, the small numbers of LGBTQ+ groups and high number of not knowns could mask specific vulnerabilities or service gaps.

Figure 7: Recorded sexuality in deaths reviewed by Lewisham DARD panels between 2014 and 2024



3.10 Figure 8 sets out the relationship between recorded learning disability status and the number of deaths within the dataset. Individuals with learning disabilities appear underrepresented in the mortality data, which may reflect either a genuinely smaller population or underreporting due to stigma, lack of diagnosis, or service disengagement.

Figure 8: Recorded deaths by learning disability reviewed by Lewisham DARD panels between 2014 and 2024

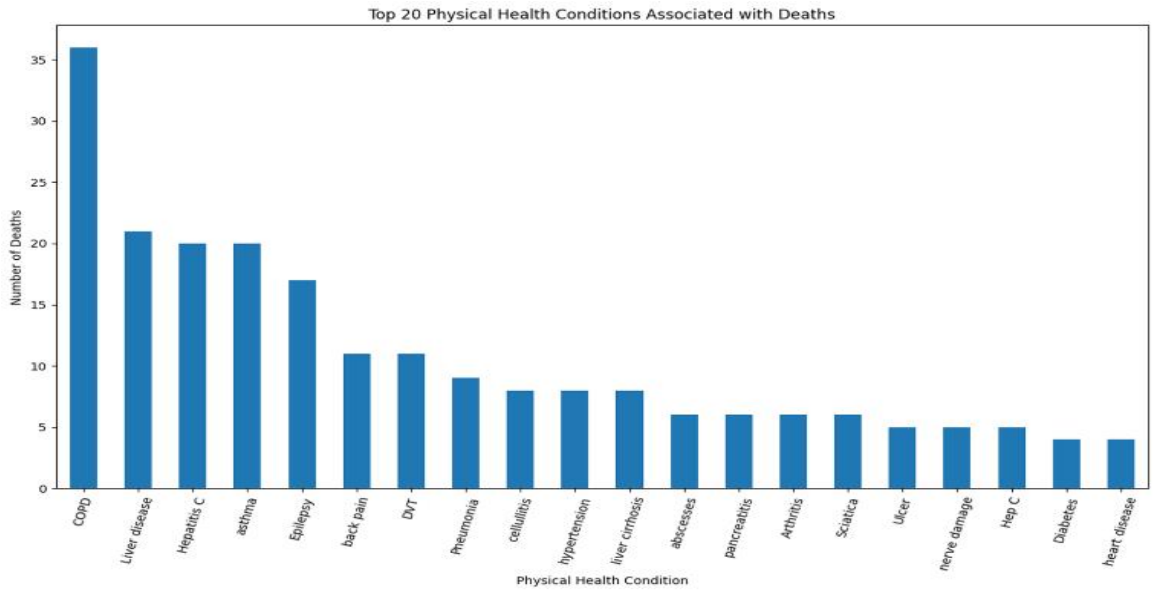


3.11 **Error! Reference source not found.**~~Figure 9~~ below presents the most frequently recorded physical health conditions among individuals who died while known to services. It highlights the chronic and acute health burdens faced by this population, living with complex multi-morbidity, involving overlapping physical, mental, and substance-related health issues.

3.12 COPD (Chronic Obstructive Pulmonary Disease) is the leading condition, associated with over 35 deaths. This reflects the long-term impact of respiratory illness, often linked to smoking and environmental factors. Liver disease and Hepatitis C follow closely, underscoring the prevalence of substance-related and infectious liver conditions. Many conditions listed are preventable or manageable with early intervention suggesting opportunities for improved screening, treatment access and continuity of care between services.

3.13 This is a main area of focus for the DARD panel members and is discussed further in section 6.5

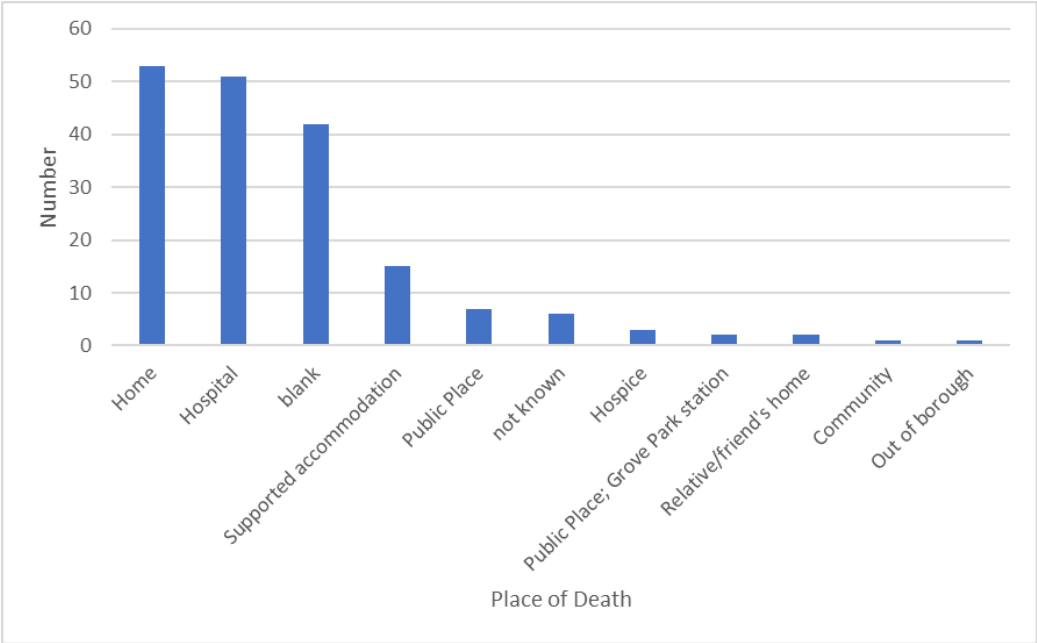
Figure 9: Physical health associated with deaths reviewed by Lewisham DARD panels between 2014 and 2024



3.14 This chart (Figure 10~~Figure 10~~ below) provides insight into the locations where individuals passed away, offering a lens into the circumstances surrounding end-of-life experiences for vulnerable populations. The highest number of deaths occurred at home, suggesting that many individuals died in private, potentially unsupported settings. This may reflect limited access to palliative care, reluctance to seek hospital treatment, or sudden health deterioration.

3.15 Hospitals account for a substantial portion of deaths. This indicates that many individuals were receiving medical care at the time of death, possibly due to chronic or acute health conditions and may reflect late-stage intervention, reinforcing the need for earlier engagement and preventative care. Deaths in supportive housing and public places highlight the diversity of living arrangements and the risks faced by individuals in transitional or unstable environments.

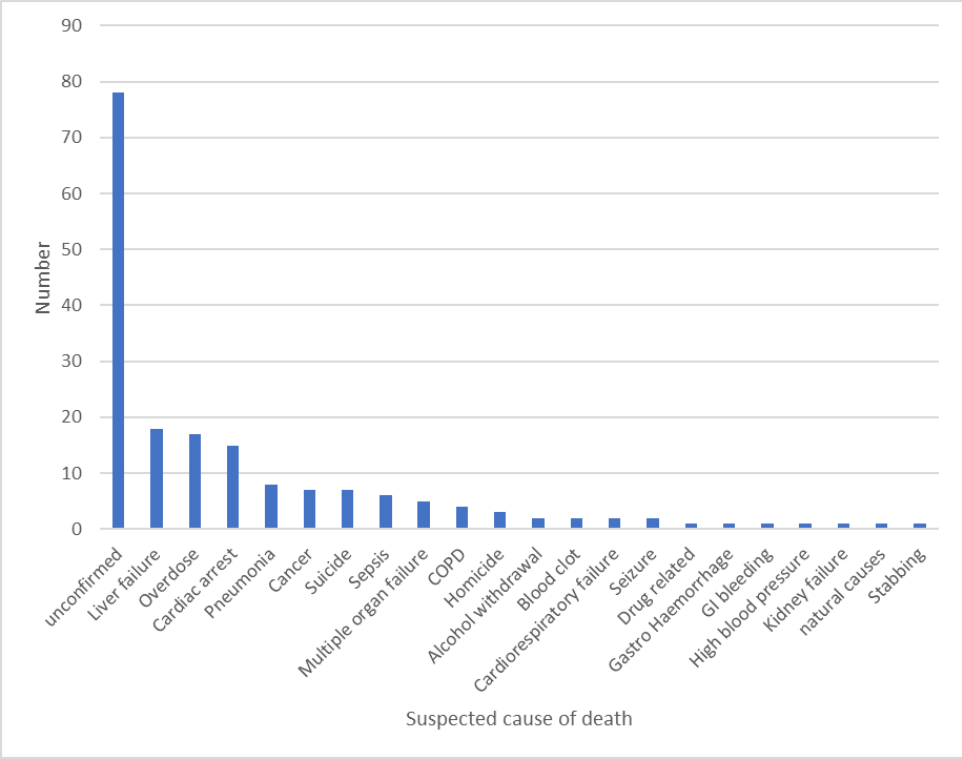
Figure 10: Place of death recorded on reports reviewed by Lewisham DARD panels between 2014 and 2024



3.16 Figure 11~~Figure 11~~ below presents the suspected causes of death among individuals known to services and reported to the DARD. The most prominent category is "unconfirmed", appearing multiple times and accounting for the highest number of deaths This reflects significant gaps in documentation, possibly due to pending coroner reports, lack of access to medical records, or deaths occurring outside clinical settings.

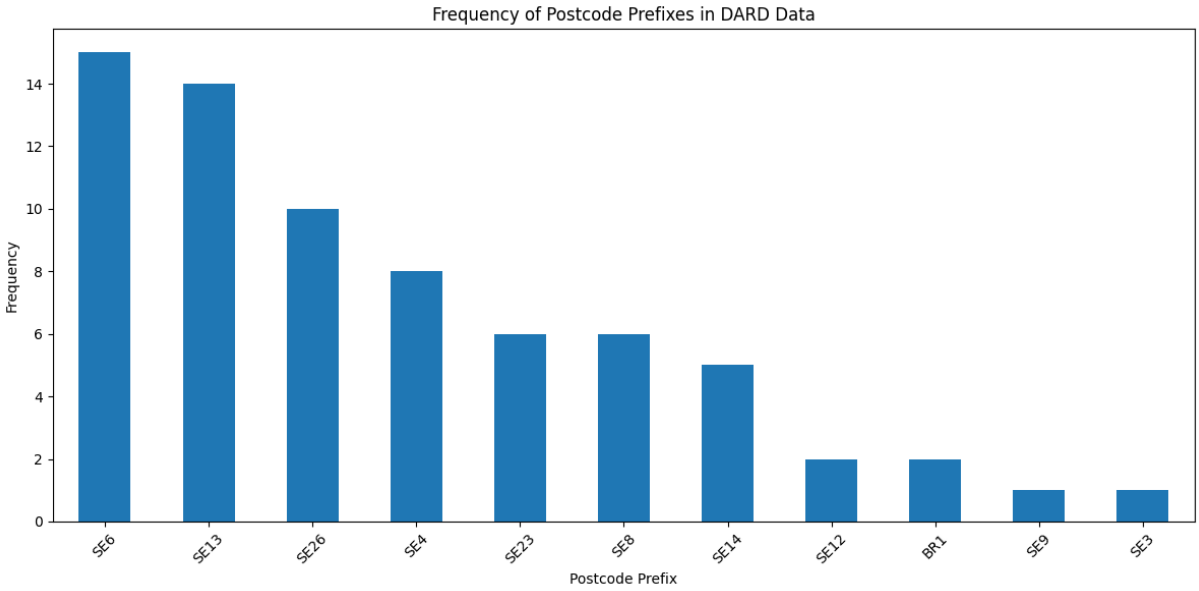
3.17 The presence of preventable and treatable conditions, such as liver failure, cardiac arrest, COPD and sepsis highlight missed opportunities for early intervention, especially in substance misuse and chronic disease management. Violent and accidental deaths point to broader social vulnerabilities, including mental health crises and unsafe environments.

Figure 11: Suspected causes of death recorded on reports reviewed by Lewisham DARD panels between 2014 and 2024



3.18 The chart below (Figure 12~~Figure 12~~) shows the frequency of deaths recorded in the DARD dataset by postcode prefix of residence for those who were reviewed by the DARD panel. SE6 is the most frequently occurring postcode prefix, with 14 recorded deaths. This area includes parts of Catford and surrounding neighbourhoods, and where many service users live. SE13 follows closely with 13 deaths, covering areas such as Lewisham and Hither Green. This may reflect both population density and the presence of supported housing or health services.

Figure 12: Postcode prefixes of living accommodation recorded on reports reviewed by Lewisham DARD panels between 2014 and 2024



4 UNDERSTANDING DRUGS AND ALCOHOL RELATED DEATHS

4.1 The factors contributing to drug and alcohol-related deaths in Lewisham are multiple and complex, shaped by a combination of individual vulnerabilities, service engagement, and systemic challenges.

4.2 The local mortality data from the DARD dataset provides valuable insight into patterns of substance-related deaths among residents, including those in treatment and those outside formal care pathways.

4.3 It is important to be aware that as the DARD Panel has not had access to coroner's information to date regarding cause of death the above information may provide a limited picture and is based primarily on information from the treatment provider.

4.4 The lack of access to coroner's reports limits the ability to draw definitive conclusions about the medical causes of death, particularly in cases involving poly-substance use, overdose, or co-morbid health conditions.

4.5 Despite the limitations, the data is useful for identifying risk clusters, such as age groups most affected, common substances involved, and housing types linked to higher mortality.

5 Preventing Drugs and Alcohol Related Deaths – Insights from DARD Data

5.1 The DARD dataset and visual analysis underscore the urgent need to strengthen prevention strategies for drug and alcohol-related deaths in Lewisham. While harm reduction and treatment interventions have helped stabilise mortality rates, the data suggests that without continued and expanded efforts, deaths may rise—particularly among ageing cohorts with complex health needs.

5.2 The DARD group's recommendations are strongly supported by DARD findings:

- Make drug treatment accessible and appealing, especially for those not currently reached.
- Optimise interventions rapidly for new entrants to treatment.

- Retain individuals in treatment for as long as they benefit.
- Strengthen governance and clinical competence in services.
- Facilitate learning exchange between services in contact with high-risk individuals.
- Promote effective risk management and post-overdose interventions.
- Ensure adequate dosing and supervision in opioid substitution therapy.
- Improve access to physical and mental health care, including stop smoking services.
- Support the provision of naloxone and use of naltrexone for relapse prevention.
- Build stronger links with coroners to improve cause-of-death data.
- Enhance information sharing between agencies to support continuity of care.

5.3 It is important to recognise that without the implementation over the past decade of evidence-based and effective drug harm reduction and treatment interventions that reduce deaths, death rates might have been even higher than they are. It is important to continue and escalate efforts from within the treatment system to mitigate the potential for a future rise and to galvanise efforts wider than treatment to impact on those vulnerable and most at risk, to bring rates down.

6 KEY THEMES EMERGING FROM THE INVESTIGATION OF DARDS IN LEWISHAM

6.1 The DARD dataset reveals recurring patterns and systemic gaps that align closely with the themes identified in the investigation. These themes highlight opportunities for improved coordination, clinical practice, and commissioning to reduce drug and alcohol-related deaths.

6.2 GP communication

- The raw data shows that many individuals had complex physical and mental health needs, including schizophrenia, depression, COPD, liver disease, and hepatitis C.
- Early GP involvement could have supported better risk identification, particularly for those with co-morbidities and histories of substance use.
- Encouraging GPs to treat substance misuse as core work is essential to ensure continuity of care and proactive management.

6.3 Joint reviews/care planning

- The dataset includes individuals who moved between housing types, treatment services, and mental health support, often without documented joint care plans.
- Promoting multi-agency reviews and shared learning is critical for managing high-risk cases and ensuring that care is not fragmented.
- Joint planning should be standard practice for individuals with overlapping needs across health, housing, and substance misuse.

6.4 Titration

- Several deaths involved individuals on opioid substitution therapy, with inconsistent documentation of dosing or supervision.
- Rapid optimisation of treatment and supervised consumption protocols are vital to reduce overdose risk, especially during transitions into or out of services.

6.5 Management of health conditions

- Chronic conditions such as liver disease, COPD, epilepsy, and diabetes were common among the deceased.
- Integration of substance misuse care into primary care remains underdeveloped, despite the central role GPs could play in managing long-term conditions.

- The data shows a high prevalence of individuals aged 40+, reinforcing the need for tailored services for older drug users.
- Community pharmacies could play a greater role in recovery through medication management and health promotion.
- Smoking-related illnesses were frequently recorded, yet access to Stop Smoking Services was not consistently documented.

6.6 High risk complex cases/safeguarding issues

- Many individuals had multiple vulnerabilities: substance use, mental illness, physical health conditions, unstable housing, and social isolation.
- Long-term treatment and whole-system approaches are essential to reduce mortality and improve wellbeing.
- The increasing number of dependent patients with co-morbidities in Lewisham calls for commissioning models that reflect addiction as a chronic disease.

6.7 Naloxone

- The dataset includes deaths among individuals recently released from prison or discharged from Tier 4 services, where naloxone provision could have been lifesaving.
- Continued rollout of naloxone to those on opiate substitution therapy and those entering or exiting treatment is a critical harm reduction strategy.

7 ACTIONS TO DATE

7.1 Since the establishment of the DARD panel in December 2014, Lewisham has made significant strides in improving systems, practices, and partnerships to reduce drug and alcohol-related deaths. These actions reflect a commitment to learning from each case and implementing changes that address systemic risks.

7.2 Some of the key achievements have been highlighted below:

7.2.1 Improvements in Specialist Treatment Services

- The treatment providers: Change, Grow, Live (CGL) Waythrough (WT), have implemented several key changes:
- A re-engagement protocol ensures that clients who disengage from treatment are proactively supported to return.
- Handover and reallocation processes have been reviewed to ensure continuity of care during staff transitions.
- Risk management and safeguarding procedures have been strengthened, aligning with the complexity of cases seen in the DARD dataset.
- Aftercare and discharge planning now begins earlier in the treatment journey, helping clients prepare for transitions out of residential rehab.
- These changes directly respond to patterns in the data, where premature discharge and lack of follow-up were contributing factors in several deaths.

7.2.2 Prescribing and Pharmacy Collaboration

- Work with community pharmacies has focused on preventing the diversion of high-risk medications such as pregabalin and gabapentin.
- Prescribing audits and updated guidance for GPs have improved the safety and appropriateness of medication management.
- This is particularly relevant given the number of deaths involving poly-substance use and prescription medications recorded in the DARD dataset.

7.2.3 Incident Reporting and Investigation

- The DARD investigation process has been aligned with SLAM's Serious Incident reporting, ensuring consistency and rigour in how deaths are reviewed.
- This alignment supports better learning and accountability across services.
- SEL Coroner

7.2.4 Housing and Treatment System Integration

- Strengthened links between treatment services and supported housing providers have improved coordination for individuals with unstable accommodation.
- Given the high number of deaths among residents in hostels, supported housing, and temporary accommodation, this integration is a vital step toward reducing risk.
- There has been work with pharmacies on preventing the diversion of prescribed drugs such as pregabalin and gabapentin. The prescribing practice for these drugs have also been audited and guidance has been distributed to GPs to ensure effective prescribing practice.

8. CHALLENGES

8.1 Despite significant progress in Lewisham's approach to investigating drug and alcohol-related deaths, a key challenge remains: the lack of engagement from the local Coroner.

8.2 Limited Access to Coroner Reports

- Unlike other local authorities where coroners may contribute to reviews or share findings, Lewisham's DARD panel has not received any coroner reports to date.
- This absence of coroner input has limited the depth and accuracy of investigations, particularly in confirming official causes of death and understanding the medical context of complex cases.
- The DARD dataset reflects this gap, with many entries marked as "Unknown," "Not confirmed," or "Place of death?"—highlighting the consequences of incomplete post-mortem data.

8.3 Repeated Attempts to Engage

- The panel has made multiple efforts to engage the local coroner, including formal letters and a dedicated meeting.
- Despite these efforts, the coroner has not agreed to share information, creating a barrier to comprehensive case reviews and cross-agency learning.

8.4 Summary

- Without coroner reports, the panel must rely heavily on treatment provider records, which may not include full medical histories or forensic findings.
- This limits the ability to identify preventable factors, such as missed health interventions, undiagnosed conditions, or toxicology results.
- Strengthening links with the coroner's office remains a critical priority to improve the quality and impact of future investigations.

9 PRIORITIES TO PREVENT AND REDUCE THE NUMBER OF DRUGS AND ALCOHOL RELATED DEATHS

9.1 The DARD dataset reveals clear patterns that support the following strategic priorities for reducing mortality among vulnerable populations in Lewisham.

9.2 Monitor Deaths Among Women

- Although the majority of deaths in the dataset are among men, a notable number of women—particularly those with complex needs and histories of trauma—appear in the data.

- Monitoring female deaths for common themes such as domestic abuse, mental health, and housing instability will help tailor gender-responsive interventions.

9.3 Monitor Deaths Among People Under 30

- While deaths are concentrated in the 45–54 age group, younger individuals (<30) are present in the dataset, often linked to overdose, suicide, or poly-substance use.
- Early intervention, youth outreach, and trauma-informed care are essential to prevent escalation.

9.4 Optimise Treatment Engagement

- Many individuals misusing alcohol are not in treatment at the time of death. The dataset shows alcohol as a primary or contributing factor in a significant number of cases.
- Targeted outreach and low-threshold services for alcohol users are needed to close this gap.

9.5 Re-engage the Disengaged.

- Several deaths occurred among individuals who had disengaged from services or were discharged prematurely.
- Home visits, assertive outreach, and learning from Blue Light initiatives can help reconnect high-risk individuals.

9.6 Continue Harm Reduction Programmes

- The dataset supports the continued prioritisation of:
- Naloxone distribution for opiate users
- Needle exchange schemes to reduce blood-borne virus transmission.
- BBV screening and hepatitis C treatment, especially given the high prevalence of liver disease and hepatitis C in the data.

9.7 Manage Elevated Risk Profiles

- Individuals who regularly overdose, drink excessively, live alone in temporary accommodation, or have compromised respiratory systems due to smoking are at elevated risk.
- The dataset shows frequent overlap between these factors, reinforcing the need for robust risk identification and management protocols.

9.8 Support Smoking Cessation

- Smoking-related illnesses such as COPD and lung cancer are common in the dataset.
- Brief interventions and strong referral pathways to Stop Smoking Services should be embedded in all treatment settings.

9.9 Develop Pathways for Older and Complex Cases

- A large proportion of deaths involve individuals aged 40+, many with multiple co-morbidities and long histories of substance use.
- Coordinated pathways involving adult social care, housing, and health services are essential to support this ageing cohort.

Appendix 1

Drug & Alcohol Related Death Review Panel
Terms of Reference

Aim:

To increase understanding of the factors contributing to drug and alcohol related deaths and reduce the risk of further drug related deaths occurring in the borough of Lewisham.

Purpose of the Panel:

Review all identified and notified drug related deaths in Lewisham.

Identify learning points from each case.

Make recommendations on actions to be taken to reduce the risk of further drug and alcohol related deaths.

Disseminate learning points and actions plans to partner and providers of treatment services across the borough.

Objectives/Key Tasks:

To inform relevant agencies of drug/alcohol related death and request information relating to substance misuse, criminal justice, treatment, health & social care. (Initial requests for information will be sent out under confidential cover to named individuals within partner agencies. From then on at every stage of the review, cases will be referred to by a unique reference number, no identifying information will be included in the review or subsequent reports.)

To review reports from agencies and discuss circumstances surrounding the death.

To prepare a summary report based on the information provided by agencies involved with the deceased and/or Coroner's office.

Make recommendations on actions to be taken to reduce the risk of further drug and alcohol related deaths.

To identify learning points (if any) from each case and make recommendations for actions to reduce the risk of further deaths.

To report learning points and recommendations to Lewisham DAAT Board.

To disseminate learning points and recommendations to their own organisations and partner agencies and treatment services across the borough.

Accountability:

The group will be accountable to the London Borough of Lewisham DAAT Board.

Membership:

Individual members representing organisations/services are expected to be fully representative of their organisation and should be at a decision making level or able to make sure any decisions made by the group can be fully implemented within their own organisation.

The panel will consist of members who are representatives of the following organisations:

Clinical Governance Lead

Substance Misuse Commissioning Manager (Prevention & Inclusion Team)

Public Health.

Supported Housing Representative.

Any other Professional/agency as required.

Meeting Arrangements:

The panel will mean once a year as a minimum. The panel will be given at least 28 days' notice of general meetings.

Extraordinary meetings may be called if the circumstance of the death raises serious governance issues or has the potential to impact negatively on London Borough of Lewisham.

Administration:

The Substance Misuse Commissioning Team will undertake all administration for the panel/

Minutes will be taken at each meeting and will be circulated to the membership for comment within 2 weeks of the meeting and agreed for accuracy.

The Substance Misuse Commissioning Manager will produce a brief report outlining the learning points for dissemination to interested parties such as the Clinical Governance reference group.

Changes to the Terms of Reference:

The Terms of reference will be reviewed annually.