

Lewisham Local Health and Care Partners Strategic Board – Part I

Date: Thursday 22 January 2026, 14.00-16.00hrs (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 27 November 2025 (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			N/a	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 *(4)				
4.	2026/27 Lewisham LCP System Intentions	Enc 4	Laura Jenner	For Approval	14.15-14.25 10 mins
5.	Five Year Strategic Commissioning Plan: Lewisham Template	Enc 5	Charles Malcolm-Smith	For Approval	14.25-14:35 10 mins
6.	Options Appraisal and recommendations for a Direct Award of Contract to Kooth	Enc 6	Patrick Nwachukwu/ Sayha Sam	For Approval	14.35-14.50 15 mins
7.	Lewisham GP Access Improvement - updated plan	Enc 7	Ashley O Shaughnessy	For Discussion	14.50-15:00 10 mins
8.	Planned Care – update on Outpatients Transformation Elective Improvement plan	Enc 8	Tom Hastings/ Natasha Crawford	For Discussion	15.00-15.10 10 mins
	Break – 5 mins				
	Governance & Performance				

9.	LCP performance data report – December 2025	Enc 9	Ceri Jacob	For Discussion	15.15-15.25 10 mins
10.	Risk Register	Enc 10	Ceri Jacob	For Discussion	15.25-15.35 10 mins
11.	Annual Adults Safeguarding report	Enc 11	Fiona Mitchell	For Noting	15.35-15.45 10 mins
12.	Finance update	Enc 12	Michael Cunningham	For Discussion	15.45-15:55 10 mins
Place Based Leadership					
13.	Any Other Business		All		15.55-16.00 5 mins
CLOSE					
14.	Date of next meeting (to be held in public): Thursday 26 March 2026 at 14.00hrs via Teams				
Papers for information					
15.	Minutes/Updates from: <ul style="list-style-type: none"> • Primary Care Group Chairs Report • People’s Partnership Action plan • Lewisham Medicines Optimisation and Prescribing (LMOP) Group Chair’s report 	Enc 13			

* To maximise our roles as Anchor Organisations, be compassionate employers and build a happier, healthier workforce.

Lewisham Local Care Partners Strategic Board

Minutes of the meeting held in public on 27 November 2025 at 14.00 hrs.

via MS Teams

Present:

Neil Goulbourne (NG) (Chair)	Chief Strategy and Transformation Officer & Deputy CEO, LGT
Ceri Jacob (CJ)	Place Executive Lead Lewisham, SEL ICB
Karen Sadler (KS)	CEO, One Health Lewisham
Dr Helen Tattersfield (HT)	GP Primary Care representative
Sabina Dixon (SD)	VCSE representative, SIRG
Anne Hooper (AH)	Community representative Lewisham
Michael Kerin (MK)	Healthwatch representative Lewisham
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
Kenny Gregory (KG)	Director, Adult Integrated Commissioning, 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 ICB
Kerry Lonergan (KL)	Acting Director, Public Health, Lewisham Council

Lesa Bartlett (LB)	Deputy Service Director Lewisham 24/7 Community Centre, SLaM
James Lee (JL)	Director of Community Services, Lewisham Council
Helen Marsh (HM)	Head of Communications and Engagement, SEL ICB
Adeniyi Aderinto (AA)	Interim Service Director, SLaM
Mauro Campus (MC)	Director of Workforce at One Health Lewisham
Abdu Mohiddin (AM)	Consultant, Public Health, Lewisham Council
Jonathan McInerney (JMc)	Head of Long Term Conditions and Cancer, SEL ICB
Denis Onyango (DO)	Programmes Director, Africa Advocacy Foundation
Urika Tse (UT)	Trainee GP, Public Health
Tim Bradley (TB)	Lived Experience/Member of the public

Apologies for absence: Denise Radley, Pinaki Ghoshal, Dr Simon Parton, Fiona Derbyshire, Vanessa Smith, Laura Jenner, Fiona Mitchell

Actioned by

1.	<p>Welcome, introductions, declarations of interest, apologies for absence & Minutes from the previous meeting held on 25 September 2025</p> <p>Neil Goulbourne (NG) (Chair) welcomed everyone to the meeting. The meeting was agreed as quorate. NG advised attendees of the housekeeping rules and apologies for absence were noted as detailed above.</p> <p><u>Declaration of Interests (DOIs)</u> – Updates in progress.</p> <p><u>Minutes of the Lewisham LCP Strategic Board meeting held on 25 September 2025</u> – these were agreed as a correct record.</p> <p><u>Action log</u> – Items either on today’s agenda or scheduled for future meetings; no additional points raised.</p> <p><u>Matters Arising</u> – None.</p>	
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2.	<p>Questions from members of the public</p> <p>No questions were received for this meeting. However, a written response to a previous public question was noted and included in the papers.</p>	
3.	<p>PEL (Place Executive Lead) report</p> <p><u>NHS changes</u> CJ reported that the national agreement on redundancy funding had been received and that preparatory steps have been completed including regional sign-off and trade union consultation on a voluntary redundancy (VR) scheme. The VR scheme will launch on 1st December 2025 and formal consultation on proposed structures planned for early March 2026, with a second voluntary round alongside consultation and a subsequent compulsory process as required.</p> <p>Work continues at London level to achieve the £19 per head running cost requirement, with South East London ICB exploring joint functions with South West London ICB to enhance savings and resilience.</p> <p><u>National Strategic Commissioning Framework</u> is now published and has strong emphasis on health inequalities and partnership working with councils, providers and communities. This document will underpin ICB development, as it implements the NHS 10-year plan.</p> <p><u>Neighbourhood-based care</u>: The first formal Integrated Neighbourhood Committee (INC) will be convening today; the partnership includes primary care, VCSE, Council, LGT, and SLAM with LGT hosting the integrator.</p> <p>MK asked about INC and public engagement, and how the public will both engage with, hear about and influence. CJ confirmed that the INC is in the process of developing a clear public engagement approach, including reporting back to this LCP Board and Lewisham population.</p> <p>The Lewisham LCP Board noted the PEL report.</p>	
4.	<p>Lewisham Neighbourhood II & Central 24/7 Community Mental Health Centre</p> <p>LB reported on the Lewisham Neighbourhood II & Central 24/7 Community Mental Health Centre, with the team currently operating</p>	

	<p>from 1 Southbrook Road but will relocate to Heather Close in May 2026 following refurbishment funded by the Maudsley Charity.</p> <p>The new membership model was co-produced with service users, carers and community representatives and the pilot runs until March 2027, with evaluations by the local team, King’s College London and NHS England. Key initiatives include cultural competency and anti-racism training, improved feedback measures and integration with VCSE partners.</p> <p>The membership model was inspired by Mosaic Clubhouse and ensures continuity of care, with 188 lifelong members able to re-access support at any time. In addition, the service operates extended hours and has recruited 20 additional staff funded by NHS England. Recovery house beds are increasing from 1 to 3 by March 2026. Early data shows reduced A&E attendances by people supported by the service.</p> <p>The next step is to develop co-production principles and embed mental health into Integrated Neighbourhood Teams (INT) and Multi-Disciplinary Teams (MDT) to strengthen neighbourhood integration.</p> <p>NG thanked LB for a comprehensive presentation.</p> <p>KG asked how an evaluation can be based on less than a year of service delivery. There is a need to discuss this with NHSE to ensure the site operates for at least a full year before assessment, so that there is a more accurate understanding of its effectiveness. LB reported that the evaluation began in March this year and focused on increased recruitment and introducing mini-MDTs with new ways of working. So, significant progress has already been made.</p> <p>AH asked whether it would be useful to apply core co-production principles such as defining who is involved, capturing evidence, tracking its impact on decisions and creating a feedback loop to help monitor and influence. LB agreed and would come back to a future meeting with an update. Action: CH to add to forward planner.</p> <p>CJ asked if there had been any thought on how this could be embedded into the wider neighbourhood approach. LB said that the team is now working closely with the INT team and have influenced the ‘Getting to Know You’ form to include mental health questions and support.</p>	<p>CH</p>
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	<p>Additionally, an Advanced Clinical Practitioner (ACP) and non-medical prescriber will join the mini-MDTs to keep mental health on the agenda. This is part of the pilot, and the learning will be spread across all Lewisham neighbourhoods.</p> <p>The LCP Board noted the Lewisham Neighbourhood II & Central 24/7 Community Mental Health Centre update.</p>	
5.	<p>Joint Forward Plan against NHS 10 Year Plan and Planning Guidance Update</p> <p>CMS reported on progress with the Lewisham Joint Forward Plan and key priority areas which are aligned with the NHS 10-year plan. However, there are some areas that require further development such as digital and workforce.</p> <p>In addition, the planning framework is underway at London/provider level and at Place where Lewisham is contributing narrative to the 5-year commissioning plan on local needs outcomes, priorities with links to the 10-year plan and delivery for example, GP access, INTs, urgent care, planned care, children & young people. The template has been shared with the ICB and local authority leads for review through the Integrated Neighbourhoods Committee (INC).</p> <p>NG thanked CMS for his presentation and asked if other Places in South East London are coming to similar conclusions. CMS confirmed.</p> <p>CJ asked how the hypertension and atrial fibrillation programmes, along with anchor organisation work, could be better embedded locally and across neighbourhoods. CMS stated that shared activity has been through the workforce group and Connect to Work who have linked in individually and collectively at the South East London level.</p> <p>The LCP Board noted the Joint Forward Plan against NHS 10 Year Plan and Planning Guidance update.</p>	
6.	<p>Damp and Mould Project</p> <p>CMb was joined by GP trainee UT, who has been working on the damp and mould project, which is aligned with the recently published health and well-being strategy that runs to 2030.</p>	

	<p>Within housing, a key action is improving collaboration between housing providers and health and care services to address damp and mould risks, especially for vulnerable residents.</p> <p>A project is underway to develop a damp and mould pathway with the aim of creating a shared understanding to prioritise repairs for those most at risk. A workshop was held, and next steps will include refining the pathway and considering new legislation (Awaab’s Law) introduced after a child’s death linked to damp and mould. UT said that Awaab’s Law now requires landlords to act quickly on health hazards, including damp and mould hence the need for the pathway.</p> <p>Action: CMb agreed to write an update on the damp and mould activities including key contacts from Lewisham and Greenwich Trust (LGT) and primary care who have been involved and circulate board members.</p> <p>The LCP Board noted the Damp and Mould Project update.</p>	CMb
7.	<p>Hypertension update</p> <p>JMc reported on Lewisham’s hypertension programme, agreed by the board in March last year. It has three components:</p> <ol style="list-style-type: none"> 1. Commissioning a voluntary sector organisation to raise awareness and deliver community blood pressure checks. 2. Running neighbourhood training sessions (one has already taken place). 3. Introducing a primary care incentive scheme to improve hypertension control in patients. <p>Africa Advocacy Foundation was commissioned in January 2025 to deliver a two-year programme, including two project coordinators who will recruit hypertension champions and lead outreach work. In addition, the “Stop it, Check it, Treat it” campaign and a website.</p> <p>DO said that there are many people who have undiagnosed high blood pressure, which is why the programme focuses on community awareness, blood pressure checks, and initiatives like “Know Your Numbers” week. The aim is twofold: identify undiagnosed cases and improve control for those already diagnosed. The primary care incentive scheme supports practices and PCNs to help patients maintain appropriate blood pressure levels.</p>	

	<p>HT added that education sessions and targeted outreach (e.g., texting people using available data) are effective for engagement, but behaviour change is harder to sustain.</p> <p>NG thanked JMc and DO for a comprehensive presentation and would be keen to know the numbers when they become available.</p> <p>The LCP Board noted Hypertension update.</p>	
<p>8.</p>	<p>Main Grants Funding</p> <p>JL reported on the Better Care Fund which currently stands at £2.45m but will reduce to around £2.1m as the programme is re-let following a detailed review. The Main Grants Programme has shifted towards a commissioning model rather than supporting the voluntary sector which created a disconnect with the wider sector and misalignment with health and social care’s neighbourhood approach.</p> <p>However, the new Neighbourhood Grants model is linked to the integrated neighbourhood team, focusing on local needs and community engagement, alongside borough-wide grants for communities of interest such as Black-led organisations, arts, culture, and sports. The emphasis is on capacity building and enabling the voluntary sector to lead service development.</p> <p>Transition grants will support currently funded organisations during the shift to the new model. Applications have now closed and initial assessments are completed; and a meeting with the Mayor and Chief Executive Officer will take place to confirm recommendations. A Cabinet report will follow in January 2026, after which implementation will begin with neighbourhood teams and partners.</p> <p>NG thanked JL for a comprehensive presentation.</p> <p>NG asked if we know what is happening in other boroughs across South East London and London. JL confirmed that for the voluntary sector, most local authorities in London no longer have a stand-alone grants programme and that the Lewisham approach has moved towards direct commissioning and the new neighbourhood model.</p> <p>NG asked about there being less availability of funding for the voluntary sector and the impact that this would have on service delivery. Who</p>	

	<p>should they contact about this. Action: JL agreed to provide contact details.</p> <p>CJ asked how the impact of the neighbourhood-linked capacity building and VCSE funding changes will be measured, both in the interim and over the next three years.</p> <p>Also, how can health partners feed into that monitoring. JL reported that the programme will not use rigid KPIs but will co-produce performance measures at neighbourhood level with providers, local teams and GPs.</p> <p>JL summarised that plan is to inform current grant recipients before Christmas about the likely changes, giving them 3 months' notice before any changes take effect. However, the formal decision will only be made by the Mayor and Cabinet in January. With the new grant starting on the 1st of April 2026.</p> <p>The Board noted the Main Grants Funding.</p>	<p>JL</p>
<p>NG advised there would be a 5-minute break. The meeting resumed at 15:25 hrs</p>		
<p>9.</p>	<p>LCP performance data report – Oct 2025: Focus on Physical Health Checks for those with Severe Mental Illness (SMI)</p> <p>CJ reported on the national targets delivered locally with implications for health inequalities (e.g., immunisations, hypertension control, GP access, CHC, physical health checks for SMI). Latest report shared plus last year's summary for comparison. Many targets remain static despite efforts, which is concerning. However, some positive progress was noted:</p> <ul style="list-style-type: none"> • CHC targets now all achieved (last year 2 of 3 missed). • GP Access: Appointments per 1,000 population have increased, but % seen within two weeks has fallen - likely due to workload and rising demand. • Children's vaccines: Slight decline overall except MMR1 (reason unclear). Lewisham performs better for baby immunisations than SE London/London, but preschool booster uptake is still well below herd immunity targets. <p>CJ stated that physical health checks for people with Serious Mental Illness, still remain a major challenge. KG confirmed that the target for</p>	

	<p>SMI health checks is 75%, up from last year's target. Current performance:</p> <ul style="list-style-type: none"> • ICS average: ~60% • Lewisham: ~50% (second lowest) but improved compared to last year. <p>Target consists of 6 separate checks and Lewisham has the second-highest number of checks overall, but many patients are missing one or two elements. The challenge is that there are no local contractual levers currently; QOF incentivisation does not cover all elements, contributing to drop-off. However, the future plan is to reintroduce SMI health checks into the PMS premium (locally commissioned services) next year to strengthen contractual levers.</p> <p>Action: Agreed to bring a performance update on Flu and Childhood Immunisation uptake to a March 2026 meeting. CH to add to action log.</p> <p>The Board noted LCP performance data report – Oct 2025: Focus on Physical Health Checks for those with Severe Mental Illness (SMI)</p>	CH
10.	<p>Risk Register</p> <p>CJ reported that most areas remain unchanged; Primary care access is stable, a key change is children and young people neurodevelopmental diagnostic pathways as there are very long waits, especially for ADHD assessments for both children and adults. Demand is rising nationally and locally, partly due to increased awareness and private provider access under patient choice. This creates financial overspend and risks as patients move outside NHS pathways, making continuity harder to achieve and maintain.</p> <p>Work is underway across SE London and includes:</p> <ul style="list-style-type: none"> • Improve NHS access and manage patient flow. • Introduce single point of access to direct patients to correct assessment (ASD, ADHD, or alternative) and reduce unnecessary appointments. <p>A full update will be provided at a future meeting. Action: CH to schedule on the forward plan.</p> <p>The LCP Board noted the risk register update.</p>	CH

11.	<p>Annual Adult Safeguarding report</p> <p>This item is deferred to the January 2026 meeting.</p>	
12.	<p>Finance update</p> <p>MC gave a finance update for M6 for financial year 2025/26.</p> <p>ICB Lewisham Lewisham reported a YTD break-even position and a forecast outturn of break-even. Key drivers of spend are Continuing Health Care (CHC), mental health and prescribing. CHC overspend is improving from a £4m overspend last year to £1.5m forecast for this financial year, noting this is still a big overspend. Mental health overspend of £2m is driven by ADHD assessments in the independent sector and a new triage service which started in November. Prescribing overspend forecast at £2.9m (based on early data) and the efficiency target of £8.9m is fully identified and on track to be delivered.</p> <p>ICB Overall, the ICB delegated budget is forecasting a break-even outturn position, noting that risks remain.</p> <p>Wider ICS At M6 the financial plan is a break-even position, with non-recurrent deficit support funding of £75m. That is a reduction from last year of about £100m. At M6 the ICS is reporting a YTD deficit of £22.9m, that is £0.4m ahead of plan or favourable to plan. For each of the individual organisations, all are forecasting a break-even year end position in line with the ICS Financial plan that was submitted on the 30th April 2025. Key drivers include inflation (£3.7m), efficiency slippage (£5.5m), industrial action (£2m), offset by provider mitigations.</p> <p>Lewisham Council At M6 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.</p> <p>MK asked if there is a clear plan to use the community health services underspend productively, particularly to support neighbourhood development priorities. MC confirmed that the funding for integrated neighbourhood teams is fully committed, with both recurrent and non-recurrent allocations in place, so there is no underspend in that area.</p>	

	<p>The £5.8m underspend shown against community health services is not unallocated money; it reflects accumulated savings from previous years across various budgets, which are accounted for under the community line. We are forecasting to spend the committed funds in full.</p> <p>NG thanked MC for the presentation and suggested renaming the title for that budget line, as it potentially gives the impression that the money is being taken out of there.</p> <p>The LCP Board noted the finance update.</p>	
13.	<p>Any Other Business</p> <p>No items raised. NG asked members to note the additional papers for information and thanked everyone for their contributions to the meeting.</p>	
14.	<p>Date of next meeting</p> <p>Thursday 22 January 2026 at 14:00hrs (Teams).</p>	
15.	<p>Minutes of previous meetings/updates</p> <p>The LCP Board noted the documents attached for information.</p>	

Lewisham LCP Strategic Board Action Log

Date of meeting & agenda item:	Action:	For:	Update:
1. Damp and Mould project (item 6) 27/11/25	CMB agreed to write an update on the damp and mould activities including key contacts from LGT and primary care who have been involved and circulate board members.	CMB	
2. Main Grants Funding (Item 8) 27/11/25	Due to there being less availability of funding for the voluntary sector and the impact that this would have on service delivery - who should they contact about this. JL agreed to provide contact details.	JL	
LCP Assurance (performance) Report (Item 9) 27/11/25	It was agreed to bring a performance update on Flu and Childhood Immunisation uptake to the March 2026 meeting. CH to add to action log.	CH	Closed – CH added to forward planner
Lewisham Neighbourhood II & Central 24/7 Community Mental Health Centre (Item 4)	LB agreed to develop some core co-production principles such as defining who is involved, capturing evidence, tracking its impact on decisions and creating a feedback loop to help monitor and influence, and would come back to a	CH	Closed - CH added to forward planner

(27/11/25)	future meeting with an update. CH to add to forward planner.		
Risk Register (Item 9) 27/11/25	Work underway in SE London include *Improve NHS access and manage patient flow. *Introduce single point of access to direct patients to correct assessment (ASD, ADHD, or alternative) and reduce unnecessary appointments. Agreed to provide a full update at a future meeting. CH to add for forward planner	CH	Closed – CH added to forward planner.

Lewisham Local Care Partners Strategic Board Cover Sheet

**Item 3
Enclosure 3**

Title:	PEL Report
Meeting Date:	22 January 2026
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:	<p>This report provides a brief summary of areas of interest to the LCPSB which are not covered within the main agenda.</p> <p><u>NHS changes</u> The ICB launched a voluntary redundancy (VR) process in December. The VR application process concluded on 14 January when applicants received confirmation of whether their application had been accepted or not. Across SEL 84 applications were received. Work is now underway to finalise agreement letters with affected staff.</p> <p>As noted in the last PEL report, it is important that London as a whole and the ICBs individually within London are able to achieve the £19/head operating cost target and meet the requirements of the ICB blueprint and 10-year plan in a resilient manner. To support this, SEL ICB and SWL ICB boards took a decision at the December meetings to formally cluster. The ICBs will remain as two separate statutory bodies with separate Boards however, there will be a single Chair, Chief Executive and executive team. The staff consultation is expected to commence in early March.</p> <p><u>HSJ Award: Reducing Health Inequalities</u> Lewisham’s work to tackle health inequalities has received national recognition at the 2025 HSJ Awards. North Lewisham Primary Care Network (PCN) and Red Ribbon Living Well were named winners of the Primary and Community Care Innovation of the Year award for their initiative, Health Equity Partnership: A Symbiotic Approach to Tackling Health Inequalities.</p>
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	<p>This year-long, co-designed programme brought together NHS and voluntary sector partners to tackle health inequalities in one of Lewisham’s most deprived communities. Key elements of the work included:</p> <ul style="list-style-type: none"> • Recruitment and training of Health Equity and Wellbeing Champions to identify and support residents at greatest risk of poor health outcomes. • Nine community health hubs delivering NHS health checks, specialist screening and outreach services directly within the neighbourhood. • Targeted HIV stigma training and resources, developed with local partners, to improve access and care experience in primary care settings <p>The work of the team is continuing into 2026/27 and the approach has been rolled out across Lewisham neighbourhoods.</p>		
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	<p>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.</p> <p>An EIA has been carried out in relation to the Lewisham neighbourhood programme.</p>	
	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:	2026/27 Lewisham LCP System Intentions
Meeting Date:	22 nd January 2026
Author:	Laura Jenner
Executive Lead:	Ceri Jacob

Purpose of paper:	To outline the proposed Lewisham LCP System Intentions for 2026/27.	Update / Information	
		Discussion	
		Decision	Yes
Summary of main points:	<p>The slides provide</p> <ul style="list-style-type: none"> • an update on the proposed new LCP System Intentions for 2026/27. • A short summary of the completed system intentions from 2025/26, and some proposed system intentions for this year which did not make the final list. <p>Members are asked to approve the System Intentions for 2026/27.</p> <p>Following approval, some system intentions, where appropriate, will have set delivery targets agreed. The targets will be based upon NHS Planning Guidance and provider's commitments to delivery against this guidance. Delivery against the targets will be reviewed throughout 2026/27.</p>		
Potential Conflicts of Interest	N/A		
Any impact on BLACHIR recommendations	<p>This aligns with BLACHIR Opportunity for:</p> <p>#35- Hypertension-Raise awareness of High Blood Pressure and how to control it in Neighbourhoods and in areas of high deprivation, especially amongst the Black African and Afro-Caribbean communities.</p> <p>#28- Piloting Community Health Worker (CHW) model Employing local community health workers to provide proactive, household-level support and reduce health inequalities</p> <p>#20- Developing the VCSE partnership withing the INT model- ensure VCS partners have a clearly defined, influential role within Integrated Neighbourhood Teams by being one of the partners within the integrator</p>		

	arrangements, and by provided support services through the new main grant contracts for each neighbourhood.		
Intention	Bexley		Bromley
	Greenwich		Lambeth
	Lewisham	✓	Southwark
Equality Impact	The following system intentions specifically commit to tackling health inequalities based on deprivation, ethnicity and/or other Core20PLUS factors: #1 -Enhance / Expand CYP health provisions within Family Hubs #18 -Reduce inequalities in mental health by co-developing and testing culturally and age-appropriate early intervention services with community and voluntary, community and social enterprise sector (VCSE)partners #22 - Continue to improve Primary Care Access-		
	Financial Impact	N/A – these are targets for performance/achievement across system partners for the coming financial year, agreed with representatives from Lewisham health & care providers, with no funding attached.	
Public Engagement	Lewisham Peoples Partnership (12th Nov'25) – feedback via meeting and emails. Changes have been incorporated into the final System Intentions.		
Other Engagement	Other Committee Discussion/ Engagement	System Intentions Workshop (02Oct'25): System leaders across Lewisham met to review the 2025/26 system intentions (SI) and outline priorities for 2026/27. Lewisham SMT (28Oct'25 & 11Nov'25): shared with Lewisham SMT for review. Peoples Partnership (12Nov'25): 2026/27 system intentions were shared and reviewed. Comments were reviewed and incorporated to reflect feedback.	
Recommendation:	Members of the LCP Strategic Board approve these proposed System Intentions for 2026/27.		

Lewisham System Intentions

2026/27 - PRIORITIES

8th January 2026

V3.3



SUMMARY

On 2nd October 2025, system leaders across Lewisham met to review the 2025/26 system intentions (SI) and outline their priorities for 2026/27.

In line with the wider SEL priorities and the Lewisham Health and Wellbeing strategy (2025-2030)*, areas of focus are on

- Children and Young People (CYP) and neurodiversity
- Ageing Well
- Mental Health (Adults)
- INT/ Primary Care / Neighbourhood
- Prevention
- Urgent Care and Outpatients
- LTC and Planned Care

All System Intentions (SI) will have clear objectives outlining actions required alongside clearly defined performance metrics to be achieved.

What are System Intentions?

System Intentions set out **shared priorities and objectives for Lewisham's health and care system for 2026/27.**

System Intentions provide the direction of travel for improving health outcomes and sustainability, ensuring resources are used effectively to deliver the greatest impact. We use our System Intentions to help make funding allocations across the system:

- **Align existing services** with SEL and Lewisham Health & Wellbeing priorities.
- **Focus on prevention, integration, equity**, across all age groups.
- **Drive optimal performance** by embedding best practice and improving care standards.
- **Support collaboration** between partners to deliver joined-up, person-centered care.

Priority Summary

Tier 1 – Immediate High Impact (Next 12 Months)

Key Intentions

- Reduce Hospital Admissions & Length of Stay (UCR + Virtual Wards, ToCH)
- Frailty Model & PAWS redesign
- Mental Health Crisis Offer & Community Transformation
- Integrated Neighbourhood Teams (INT) Mobilisation
- VCS integration into Neighbourhoods
- Hypertension Control & MSK Digital Support

Rationale

- Direct impact on hospital flow, statutory compliance, proven ROI, and winter resilience.
- Builds on existing models ready for scale.

Priority Summary

Tier 2 – Medium-Term Priorities (12–24 Months)

Key Intentions

- Neurodiversity Pathway Transformation (ASD/ADHD, EHCNA)
- Respiratory Diagnostics (FeNO rollout)
- Neighbourhood Hubs Development
- Community Health Worker Model Pilot
- Women's Health Hub (Gynae Pathway Redesign)

Rationale

- Addresses high-risk gaps and inequalities.
- Requires pathway redesign and workforce planning.

Priority Summary

Tier 3 – Longer-Term / Dependent on Investment

Key Intentions

- Assistive Technology Integration
- Digital Enablement for Urgent Care
- Osteoporosis Pathway Expansion
- Sleep Service Development
- Pharmacy Integration within INT Model

Rationale

- Strategic enablers and new service models requiring significant investment or digital infrastructure readiness.

Lewisham's & SEL Priorities

	Lewisham Place Priorities				
	Addressing inequalities throughout Lewisham health and care system	Building stronger, healthier families & providing families with integrated, high-quality, whole-family support services	Strengthening the integration of primary and community-based care	Maximising our roles as Anchor Organisations, being compassionate employers and building a happier, healthier workforce	Achieving financial sustainability
SEL ICB Priorities					
Prevention & Wellbeing	Green	Grey	Grey	Green	Green
Ensuring a good start in life	Green	Green	Grey	Green	Green
CYP Mental Health	Grey	Green	Grey	Grey	Green
Adult Mental Health	Grey	Grey	Green	Grey	Green
Primary Care & people with long-term conditions	Grey	Grey	Green	Grey	Green

Governance

The following governance framework is proposed

- Lewisham SMT (11th Nov '25) – **Feedback**
- Lewisham Peoples Partnership (12th Nov'25) – **Engagement**
- Lewisham SMT (Dec 25) - **Approval**
- Lewisham Care Partnership (LCP) Board (Jan26)- **Approval**

System Intentions Dashboard

26/27

Children and Young People (CYP) Prevention and Neighbourhood Health

1. Enhance / Expand CYP health provisions within Family Hubs

Building our preventative approach to improving the health of children, young people and families via the Family Hubs model, using Hubs as the basis for the developing Neighbourhood Health approaches. This includes embedding childhood Immunisations, Obesity and Oral Health provision within Family Hubs and Youth Centres.

2. Implement a CYP Integrated Neighbourhood Team / Multi-Disciplinary Team Model

Developing Integrated Neighbourhood Teams/Multi-Disciplinary Teams for CYP. This aligns with the new Best Start in Life Local Plan and the NHS 10-year Plan, which both aim for closer integration of health, education and care services in the early years.

3. Implement the Local Child Health Team (LCHT) Model

Engaging with system partners on implementation of pilot for Local Child Health Team (LCHT) in primary care.

4. Develop neighbourhood-based and preventative Speech and Language Therapy offer

Develop model of SLT based in Family Hubs, building on the existing drop-in offer available from health centres, and embedding learning from the existing pilot with Early Years Settings. This aligns with the Best Start in Life Local Plan priorities in relation to improving Early Language and Home Learning

Children and Young People (CYP) Prevention and Neighbourhood Health

Priority		Actions	KPI / Delivery target
1	<p>Enhance / Expand CYP health provisions within Family Hubs</p> <p>Building our preventative approach to improving the health of children, young people and families via the Family Hubs model, using Hubs as the basis for the developing Neighbourhood Health approaches. This includes embedding childhood Immunisations, Obesity and Oral Health provision within Family Hubs and Youth Centres.</p>	<ul style="list-style-type: none"> Expand the capacity of healthy lifestyles programmes for 0–5-year-olds, based within Family Hubs. Commission a new healthy lifestyles programme for adolescents aged 13-18, based within Youth Centres. Commence delivery of childhood vaccination outreach clinics from Family Hub sites Review current provision of Oral Health Packs via Family Hubs and consider options for expanding 	<p>Decrease in the % of children that are overweight or obese at reception age and Year 6 (as measured by NCMP)</p> <p>KPI for childhood immunisations to be added</p> <p>KPI for oral health to be added</p>
2	<p>Implement a CYP Integrated Neighbourhood Team / Multi-Disciplinary Team Model</p> <p>Developing Integrated Neighbourhood Teams/Multi-Disciplinary Teams for CYP. This aligns with the new Best Start in Life Local Plan and the NHS 10-year Plan, which both aim for closer integration of health, education and care services in the early years.</p>	<p>Commence engagement & co-design with INT model with CYP Early Help & Prevention; Family Help & Care, LGT Community Services and Primary Care to agree a CYP INT/MDT model of work.</p>	<p>Agreed model for CYP integrated neighbourhood teams.</p> <p>Initial pilots of INT & MDTs.</p>

Children and Young People (CYP) Prevention and Neighbourhood Health

Priority		Actions	KPI / Delivery target
3	<p>Implement the Local Child Health Team Model</p> <p>Engaging with system partners on implementation of LCHT. Implement pilot for LCHT in primary care.</p>	<ul style="list-style-type: none"> Commence engagement sessions with primary care to gain traction for a pilot in primary care and identify a pilot PCN/GP for LCHT. Participate in INT engagement sessions to agree how to incorporate LCHTs in INT model. 	<ul style="list-style-type: none"> 1-2 initial implementation sites identified in Primary Care to host LCHT Advice & information sessions undertaken with primary care. GP Champion identified to support primary care.
4	<p>Develop neighbourhood-based and preventative Speech and Language Therapy offer</p> <p>Develop model of SLT based in Family Hubs, building on the existing drop-in offer available from health centres, and embedding learning from the existing pilot with Early Years Settings. This aligns with the Best Start in Life Local Plan priorities in relation to improving Early Language and Home Learning.</p>	<ul style="list-style-type: none"> Pilot of SLT sessions in Family Hubs. Evaluate current SLT pilot within Early Years Settings in March 2026 and make decision on future implementation. 	<p>Increased access to SLT sessions in Family Hubs</p>

Children and Young People (CYP) Community Health

5. Hospital at Home

Increase Remote Monitoring bed capacity within the H@H team to improve hospital discharges and admittance prevention.

6. Improve the assessment of, and response to, the emotional wellbeing needs of Children Looked After (CLA) and Care Leavers

Review how the current Lewisham and Greenwich Trust (LGT) Children looked After (CLA) Health Service assesses and responds to the emotional wellbeing needs of children and then develop a proposal for expansion. This includes building on and embedding the role of the Specialist Care Leaver Nurse.

7. Audit the effectiveness of Community Health services supporting expansion of Special Schools

Undertake needs analysis of the Community Health Services to identify capacity necessary to effectively meet the increasing the SEND (Special and Educations Needs and Disabilities) population and consequent expansion of special schools' places.

Children and Young People (CYP) Community Health

Priority		Actions	KPI / Delivery target
5	<p>Hospital at Home (H@H)</p> <p>Increase Remote Monitoring bed capacity within the H@H team to improve hospital discharges and admittance prevention.</p>	<ul style="list-style-type: none"> Review the options for increasing the remote monitored bed capacity for the H@H team. Develop a business case to increase the number of remote monitored beds with LGT Community Nursing. 	LGT: Confirm # increase in early discharges from UHL Paediatrics.
6	<p>Improve the assessment of, and response to, the emotional wellbeing needs of Children Looked After and Care Leavers</p> <p>Review how the current LGT CLA Health Service assesses and responds to the emotional wellbeing needs of children and then develop a proposal for expansion. This includes building on and embedding the role of the Specialist Care Leaver Nurse.</p>	<ul style="list-style-type: none"> Review how the current LGT CLA Health Service assesses and responds to the emotional wellbeing needs of children Evaluate and develop business case for continuation of the Specialist Care Leaver Nurse in preparation for expiry of funding in June 2026 Work with the Corporate Parenting Service, LGT and SLaM to develop a proposal for expanding the emotional wellbeing provision 	By Q1 2026/27 - Review how the current LGT CLA Health Service assesses and responds to the emotional wellbeing needs of children
7	<p>Audit the effectiveness of Community Health services supporting expansion of Special Schools</p> <p>Undertake needs analysis of the Community Health Services to identify capacity necessary to effectively meet the increasing the SEND population and consequent expansion of special schools' places.</p>	<ul style="list-style-type: none"> Model the current capacity of Community Health Services against the increase demand for SEN & SEND school places in Lewisham Schools. Engage with the Education team in the Council to identify future increases in school places and factor those into the proposed Community Services Model. Develop a business case to increase the capacity in Community Nursing, Therapies and Community Paediatrics to meet the needs of the SEND school population. 	LGT: Confirm KPI for Special School support

Children and Young People (CYP) Neurodiversity

8. EHCNA Pathway Transformation

- Review of Community Paediatric contributions to Education, Health and Care Needs Assessment (EHCNA), including capacity assessment and options for assessments undertaken by allied health professionals.
- Review SLT capacity in the EHCNA pathway to reduce waiting times for EHCP assessment; and improve access and reduce waiting times for SLT specialist services.

9. Develop combined Autism and ADHD assessment pathway

Review assessment pathways for ADHD and Autism Spectrum Disorder (ASD) to identify options for combined assessments or initial triage in a Neurodevelopmental Hub.

10. Autism Assessment Pathway Transformation

Development and testing of integrated initial assessment pathways, prioritising Autism Spectrum Disorder (ASD) assessments.

Development of CNS and AHP support of assessment pathway.

11. Deliver improvements in physical health checks for LDA population including;

- Investigations pathway for those with LD&A such as phlebotomy and scans
- LEDER (Learning from lives and deaths programme) – those with learning disabilities and autism die younger
- GDD (Global Development Delay) LD transformation programme as part of the SEND improvement outcomes.

12. All-Age Autism Service update & procurement .

- Develop a more comprehensive needs-led advice, support offer for those with neurodevelopmental conditions including T1 / T2.

TRANSFERRED FROM 2025/26

CYP & Neurodiversity

SI Priority		Actions	KPI / Delivery target
8	<p>EHCNA Pathway Transformation</p> <p>Review of Community Paediatric contributions to EHCNA, including capacity assessment and options for assessments undertaken by allied health professionals.</p> <p>Review SLT capacity in the EHCNA pathway to reduce waiting times for EHCP assessment; and improve access and reduce waiting times for SLT specialist services.</p>	<ul style="list-style-type: none"> Needs analysis of SLT & CMPS support necessary to support EHCNA demand. New EHCNA pathway Engagement with AHP to support assessments. 	<ul style="list-style-type: none"> 95% EHCNA completed to statutory timescale of 6 weeks. Increase in assessments referred to AHP.
9	<p>Develop combined Autism and ADHD assessment pathway</p> <p>Review assessment pathways for ADHD and ASD to identify options for combined assessments or initial triage in a Neurodevelopmental Hub.</p>	<ul style="list-style-type: none"> Engagement with SLAM, LGT & CVSO to develop and agree a combined pathway and initial triage for ADHD and ASD assessments. Develop a business case to implement a ND assessment hub. 	<ul style="list-style-type: none"> Single point of access & triage for ND assessments
10	<p>Autism Assessment Pathway Transformation</p> <p>Development and testing of integrated initial assessment pathways, prioritising ASD assessments.</p> <p>Development of CNS and AHP support of assessment pathway.</p>	<ul style="list-style-type: none"> Recruitment of the CNS roles to support the new assessment pathway. Continued testing of the pathway with internal teams and external partners to confirm improvement to waiting times. Ongoing contract in place to assess CYP waiting the longest for assessments. 	<ul style="list-style-type: none"> Completion of ASD assessments within 6-8 weeks

CYP & Neurodiversity

SI Priority		Actions	KPI / Delivery target
11	<p>Deliver improvements in physical health checks for LDA population including;</p> <ul style="list-style-type: none"> • Investigations pathway for those with LD&A such as phlebotomy and scans • LEDER – those with learning disabilities and autism die younger • GDD LD transformation programme as part of the SEND improvement outcomes. 	<ul style="list-style-type: none"> • To improve the number of health checks undertaken in the LD population in primary care. • Develop options for increased range of LDA assessments available in health services. • Improve identification of LD & A across health, social care and education partners. 	To be determined
12	<p>All-Age Autism Service update & procurement</p> <p>Develop a more comprehensive needs-led advice, support offer for those with neurodevelopmental conditions including T1 / T2.</p>	<ul style="list-style-type: none"> • Draft new service specification for the All-Age Autism Service in response to the service evaluation; with a focus on developing co-designed, needs led Tier 1 support in the community. • Procure the service in Q2 26-27. 	<ul style="list-style-type: none"> • Improve the uptake of the needs led support within the autistic community. • Increase the numbers of adults engaging with the service. • Improve the engagement for pre-diagnostic information and advice for families awaiting an assessment.

Ageing Well

13. Reduce Hospital Admissions

Create a multi-neighbourhood urgent care model that seamlessly integrates Urgent Community Response (UCR), Virtual Wards, and home-based intermediate care. This model will ensure the right clinical capacity—nurses, ACPs, and HCAs—to keep patients safely at home, meet population demand, and work in full partnership with ambulance services, acute care, and Integrated Neighbourhood Teams (INTs) to reduce avoidable hospital admissions

14. To develop and implement a Lewisham Frailty Model

aligned with the South East London (SEL) Frailty Framework, incorporating a strong focus on prevention, holistic care, and integrated support. The model will be co-produced with residents, carers, and community partners to ensure it reflects local needs and priorities and is community-focused on its design and delivery. This approach will promote early identification, independence, and wellbeing through coordinated, person-centered, and equitable care across the system.

15. To develop and expand the PAWS service

as a core component of the new frailty model, ensuring it is mainstreamed and its reach extended across the system. The service has demonstrated high-quality outcomes and strong patient feedback, despite operating at a small scale and with an insecure funding stream. Building on this success, the intention is to secure sustainable funding, scale up delivery to include younger frail patients, and strengthen links with Integrated Neighbourhood Teams (INTs). This will enable a proactive, population health-driven approach to frailty, supporting early intervention and improved patient outcomes across the continuum of care.

16. Reduce length of stay (Pathway 3)

- Embed and continue to develop Transfer of Care Hub (ToCH)
- Need increase funding for pathway 3 to match to urgent therapies and pathways
- To approach the reduction of P3 patients in line with ASC

Priority		Actions	KPI / Delivery target
13	Reducing Hospital Admissions.	Embed UCR integration with Virtual Wards, expand clinical capacity, and deliver a multi-neighbourhood urgent care model that keeps patients at home and reduces avoidable hospital admissions	<ul style="list-style-type: none"> 1% of population per year to utilise 2-hour response (300 contacts per month) with rising expectation to 1.7% (540 contacts per month) within 12 months. Increase from 70% to 80% 2-hour response time for referrals
14	To develop and implement a Lewisham Frailty Model	Service mapping has been completed	<ul style="list-style-type: none"> new service model developed by May 2026
15	PAWs Mainstream and expand service delivery	<p>The service primarily aims for patients:</p> <ul style="list-style-type: none"> Proactive assessment of those living with frailty, providing individualised action plans to ensure an integrated multiagency approach to improve quality of life and support healthy ageing. Ensure coordinated care using the tools of CGA (Comprehensive Geriatric Assessment) and UCP (Universal Care Plan) to work with patients to ensure autonomy and patient preference. Avoid unnecessary hospital admissions for frail patients, who have significant risk associated with hospital stays (including delirium, falls, deconditioning and sarcopenia). Non-academic references have claimed that elderly patients in hospital beds can lose muscle mass rapidly, effectively aging 10 years in just 10 days. Academic references also support this, with work by Morris et al. (2022) published in the 'Age and Ageing Journal' reporting on the effect of 10 days of bed rest on multiple functional parameters in healthy older adults. It found that 10 days of bed rest resulted in a substantial loss of lower extremity strength, power, and aerobic capacity. <p>The overall aim of the PAWS Service is to reduce and/or reverse the associated risks of frailty.</p>	<ul style="list-style-type: none"> Deliver >650 CGAs by Sept 2026 Track monthly progress to meet target for proactive frailty assessments. Achieve 85% ACP completion target Patients to be offered the chance to have advance care planning conversations and a Universal Care Plan created. Code Rockwood Frailty Score for 90% of patients. Ensure consistent frailty scoring in electronic records. Maintain >25% FFT response rate Collect and review patient feedback regularly

Priority		Actions	KPI / Delivery target
16	<p>Reducing Length of stay for pathway 3</p> <ul style="list-style-type: none"> • Embed and continue to develop Transfer of Care Hub (ToCH) • Service is getting established and proactively getting patients home in time. • Need increase funding for 1 & 3 to match to urgent therapies and pathways <p>Inc ASC element</p>	<p>Fully embed the Transfer of Care Hub (ToCH) across Lewisham and Greenwich NHS Trust, ensuring >90% of medically fit patients are discharged within 24 hours of being ready, with >85% receiving timely therapy input and appropriate streaming to Pathway 3, supported by increased workforce capacity and aligned funding.</p>	<p>To support the continued development of the Transfer of Care Hub (ToCH), we will embed a proactive discharge model that ensures timely, safe transitions from hospital to home or community settings.</p> <p>Transfer of Care Hub (ToCH) can be positioned as the central coordination point for:</p> <ul style="list-style-type: none"> • Discharge planning across acute, community, and social care • Real-time tracking of patients on Pathway 3 • Escalation and prioritisation for urgent therapy input <ul style="list-style-type: none"> • Embed and continue to develop Transfer of Care Hub (ToCH) • Need increase funding for pathway 3 to match to urgent therapies and pathways • To approach the reduction of P3 patients in line with ASC

Mental Health Alliance

17. Test and develop a neighbourhood based 24/7 mental health Centre

- 24/7 mental health Centre at Heather Close is fully operational, operating increased hours, evaluation of impact underway, with spread and scale of learning.

18. Develop and transform primary and community mental health offer

1. Develop the CYP prevention and early help emotional wellbeing offer
 - Expansion of GP Youth Clinics (13–25yrs) to provide a borough-wide offer in 2026/27
 - Expansion of Mental Health Support Teams (MHSTs) in school to reach target 100% by 2029/30
 - SLAM Adult Mental Health (AMH) neighbourhood MH redesign and INT link up
2. SLAM neighbourhood mental health centres operational, with right sized team sizes to demand based on modelling featuring: access to a range of culturally relevant offers and assertive outreach, improved primary care interface, and increased crisis slots daily.
3. Trialing of linking mental health provision with INT model - specifically starting with N2 for working age adults MH and dementia integration into frailty INTs to test how mental health input improves outcomes like reduced hospital admissions and improved continuity of care

19. Develop voluntary sector offers with an intention to address inequalities and provide culturally relevant early intervention and prevention

Reduce inequalities in mental health by co-developing and testing culturally and age-appropriate early intervention services with community and voluntary, community and social enterprise sector (VCSE) partners, residents, service users and carers using data insights and pilot programmes to improve access, experience, and outcomes.

Priority		Actions	KPI / Delivery target
17	Test and develop neighborhood Mental Health model	<ol style="list-style-type: none"> 1. Heather Close to operate and ensure effective utilisation of a 24/7 mental health offer with increased crisis slots across 7 days that prevents ED presentations 2. SLAM to deliver a day programme of holistic interventions to N2C. 	Reduction in crisis presentations for those in the N2 footprint for those known to SLAM
18	Develop and transform primary and community Mental Health offer	<ol style="list-style-type: none"> 1. Develop the CYP prevention and early help emotional wellbeing offer <ul style="list-style-type: none"> • Expansion of GP Youth Clinics (13–25-year-olds) to provide a borough-wide offer in 2026/27 • Expansion of Mental Health Support Teams (MHSTs) in school to reach target 100% by 2029/30 2A. Removal of SLAM specialist community team structures and LBL social work provision to be delivered in new configuration by Q2 26 2B. Use of DIALOG as an intervention with offering of suite of interventions including with VCSE partners by Q2 26 3. Staff from N2 pilot model provides shared care planning for individuals with overlapping physical and mental health needs in agreed number of MDMs per month. 	<p>1A. Expansion of the GP Youth Clinic service to cover the whole borough by the end of 2026/27.</p> <p>1B. Increase the MHST coverage from the 2025/26 baseline during 2026/27 to meet the target of 100% school coverage by end of 2029/30</p> <p>2. 10% reduction in patients known to SLAM presenting at ED in crisis</p> <p>3. MH ACP attends X [figure to be agreed through sprint] number of MDMs to support joint care planning.</p>

Mental Health Alliance

Priority		Actions	KPI / Delivery target
19	Develop VCS offer with intention to address inequalities and provide culturally relevant care	<p>Undertake engagement and coproduction with residents, service users and carers to shape culturally relevant voluntary sector mental health offers.</p> <p>Complete and promote the “Should I Really Be Here?” 12-week programme as a core early intervention offer tailored to young people (16–25) from diverse cultural backgrounds in Lewisham.</p> <ul style="list-style-type: none"> • Explore funding opportunities to employ the YP involved in the SIRBH project ‘champions’ to deliver the programme linking into to MHSTs/GP Youth Clinics/LBL Youth Offer • Mapping & data analysis of Lewisham mental health voluntary sector provision with report summarising findings to inform future strategic commissioning. • Implementation of the VCSE Co-operative, Lot 3 – Culturally Relevant Services with a focus on serving Lewisham’s Black Community (13 Grassroots Lewisham-based VCSE providers) 	Increase number of YP supported by culturally relevant coproduced model of support

20. Mobilise infrastructure resources with system partners

Integrator partners to lead on the infrastructure support required to deliver the INT models of care. This includes aligned Organisational Development (OD) support, estates planning, IT interoperability, and consistent collaboration capacity

21. Developing the VCSE partnership withing the INT model

Ensure VCS partners have a clearly defined, influential role within Integrated Neighbourhood Teams by being one of the partners within the integrator arrangements, and by provided support services through the new main grant contracts for each n'hood

22. Ongoing learning from performance and data

Develop and embed a data driven joint performance framework for each INT programme of work (Frailty, LTC, Complex Children)

23. Access

Ensure practices are delivering the 2025/26 GP contract (including recent 1 October changes) and the 2026/27 GP contract from April, including improving and providing good access whether by phone, online or walk in throughout core hours. This includes all patients knowing on the day how their request will be managed, and increasing the number of people who can see their preferred healthcare professional

INT/ Primary Care / Neighbourhood

24. Evaluate the new LTC/INT teams

Continue to develop the Integrated Neighbourhood Team (INT) model of care with a focus on supporting patients with long-term conditions (LTCs). Ensure staff are fully embedded within the multidisciplinary team. Continue to build on the model to include wider services and strengthen partnerships across community health and Adult Social Care to deliver holistic, person-centred care. Use the evaluation framework – evaluate the model at 6 months

25. SDUC and Primary Care Access Plan

To reduce Type 3 attendances across the system by improving access to same-day GP appointments, strengthening communication around the Pharmacy First service within Emergency Departments (ED), and enhancing direct access to frailty services within the Urgent Community Response (UCR) team

26. Sustainable co-production approach

Integrator partners to ensure there is a consistent and agreed approach to co-production across all programmes and services. This includes embedding co-production principles and practices within governance structures,

27. To work collaboratively with Community Pharmacy to integrate their role within the Integrated Neighbourhood model of care,

strengthening alignment across primary and community services. This will include enhancing the delivery of the Pharmacy First service and improving support for Long-Term Condition (LTC) management. By embedding community pharmacy within the INT framework, the system aims to improve access to timely advice and treatment, reduce pressure on general practice, and deliver more proactive, person-centred care closer to home.

INT/ Primary Care / Neighbourhood

Priority		Actions	KPI / Delivery target
20	<p>Mobilise resources with system partners</p> <p>to deliver the infrastructure and support needed for the Lewisham Health & Care System to fully embrace Integrated Neighbourhood Teams (INTs). This includes aligned OD support, estates planning, IT interoperability, and consistent collaboration capacity</p>	<ul style="list-style-type: none"> Strengthen OD & Capacity for Partnership Working Specific: Develop a shared OD programme to build collaboration skills and clarity of roles within INTs across partner organisations. Achievable: Use existing LGT and council OD teams + neighbourhood leadership champions. Relevant: Improves culture, shared accountability, and population-health focus. Time-bound: Programme designed by Jan 2026, roll-out starts Apr 2026. 	<ul style="list-style-type: none"> Measurable: Train 80% of INT staff in joint-working practices by Q3 2026.
21	<p>Bringing in partners across VCSE</p> <p>Ensure VCS partners have a clearly defined, influential role within Integrated Neighbourhood Teams by co-developing referral pathways, participating in joint decision-making meetings</p>	<ul style="list-style-type: none"> Commissioning specific VCS role to work within the N'hood team. Undertake asset mapping in each neighbourhoods to identify the range of Voluntary and Community Sector (VCS) organisations and resources available, supported by two dedicated workers in every neighbourhood who are leading this work. Lewisham Local will act as the lead Voluntary and Community Sector (VCS) representative at partnership meetings, with the VCS establishing a dedicated forum to promote information sharing, coordination, and collaboration across the sector 6 VCS groups have been recruited to work with 6 GPs within in each N'hood developing targeted interventions such as cardiovascular health checks, tailored weight management, and culturally competent mental health services. Building workforce capability through training and a health equity toolbox. 	<ul style="list-style-type: none"> By July 2026, establish structured collaboration with VCS partners within each neighbourhood by creating a shared engagement plan and mapping VCS services linked to neighbourhood priorities. Fully imbed the new VCS INT workers within in N'hood team

INT/ Primary Care / Neighbourhood

Priority		Actions	KPI / Delivery target
22	<p>Ongoing learning from performance and data</p> <p>Develop and embed a data driven joint performance framework for each INT programme of work (Frailty, LTC, Complex Children)</p>	<ul style="list-style-type: none"> • Develop a Test & Learn framework for INTs, focusing on key areas of the pathway for evaluation. • Initial scoping document produced and shared with colleagues for comment. CESEL and LGT have shared their improvement frameworks which is being used to develop the approach. • Weekly Communities of Practice sessions have been established for Integrated Neighbourhood Team staff involved in the ‘Lifestyle’ medicines optimisation service, as part of the Integrated Team approach. A feedback mechanism has been introduced to enable new staff to share what is working well and identify areas for improvement, supporting a continuous ‘test and learn’ cycle 	<ul style="list-style-type: none"> • Develop a Test & Learn framework for INTs, focusing on key areas of the pathway for evaluation. • Review the results June 2026
23	<p>Access</p> <p>Ensure practices are delivering the 2025/26 GP contract (including recent 1 October changes) and the 2026/27 GP contract from April, including improving and providing good access whether by phone, online or walk in throughout core hours. This includes all patients knowing on the day how their request will be managed, and increasing the number of people who can see their preferred healthcare professional</p>	<ul style="list-style-type: none"> • 100% of practices compliant with contractual Online Consultation (OC) requirement • Same day appointments for all clinically urgent patients (face to face, phone or online – 90% (as per the “Medium Term Planning Framework delivering change together 2026/27 to 2028/29”) 	<ul style="list-style-type: none"> • SEL dashboards available re OC requirement • Baseline to be determined for Same day appointments for all clinically urgent patients

INT/ Primary Care / Neighbourhood

Priority		Actions	KPI / Delivery target
24	<p>Evaluate the new LTC/INT teams</p> <p>Continue to develop the Integrated Neighbourhood Team (INT) model of care with a focus on supporting patients with long-term conditions (LTCs). Ensure staff are fully embedded within the multidisciplinary team. Continue to build on the model to include wider services and strengthen partnerships across community health and Adult Social Care to deliver holistic, person-centred care.</p>	Evaluate the model at 6 months using the evaluation framework	Completed evaluation
25	<p>SDUC and Primary Care Access Plan</p> <p>To reduce Type 3 attendances across the system by improving access to same-day GP appointments, strengthening communication around the Pharmacy First service within Emergency Departments (ED), and enhancing direct access to frailty services within the Urgent Community Response (UCR) team</p>	<ol style="list-style-type: none"> 1. Identify and review data sets available including national, SEL and Lewisham place data sources (Q3 25/26) across Primary care and SDUC services (Nov'25) 2. Draft plan- gain engagement with primary care and wider stakeholders (Nov'25) including quick wins/ med & long-term actions including but not limited to - ED Front door / redirection, - 111 avoidable calls , GP Enhanced Access service, Mental Health - Pharmacy first, SDUC services (UCR /VW/ Frailty chair) 3. Access/ review & analyse data sources to identify outliers (Dec'25) 4. Approve plan (Jan'26) 5. Draft action plan with identified outlier practices and mobilise (Q4 25/26) 	<ul style="list-style-type: none"> • approved SDUC and Primary Care plan • Identified outlier practices with agreed action plans and mobilized • Data refresh (Q1 /2 26/27) • Improved SDUC access

INT/ Primary Care / Neighbourhood

Priority		Actions	KPI / Delivery target
26	<p>Sustainable co-production (HET Model) with partners across place on an ongoing basis / Support co-design on an on-going basis / embed governance approach.</p>	<ul style="list-style-type: none"> A strong co-design approach will be embedded, ensuring that people with lived experience are actively involved in shaping the design, delivery, and evaluation of each Integrated Neighbourhood Team (INT)funding for VCS partners to co-produce services. Budget to fund expenses for people with lived experiences to take part in the co-design work. Lewisham has developed a co-design approach which was successfully implement for the LTC-INT work. this will be used to continue the improvement and for the next phase of the work. 	Lived experience co-design approach for INT model of care May 2026
27	<p>To work collaboratively with Community Pharmacy to integrate their role within the Integrated Neighbourhood model of care,</p>	<p>Framework delivering change together 2026/27 to 2028/29”, there needs to be a specific focus on community pharmacy including:</p> <ul style="list-style-type: none"> embed pharmacy-first approaches, ensuring that local commissioning discussions utilise available pharmacy capacity to support primary care pressures introduce prescribing-based services into community pharmacies during 2026/27 expand access to emergency contraception through community pharmacies maximise use of the Discharge Medicines Service to reduce medicines harm and reduce readmissions make HPV vaccination available at pharmacies for women and young people who missed out on vaccination at school ensure all community pharmacies have fully enabled the capability for patients to track their prescription status using the NHS App ensure all primary care services enable patients to request and manage their medicines online 	N/A

Prevention

28. Develop Neighbourhood hubs by July 2026

By July 2026, agree the four neighbourhood hub locations and define the prevention, services and teams that will operate from each site, creating accessible 'one-stop-shop' models for residents.

This will include establishing formal links and shared pathways between community hubs and children's hubs, with implementation plans developed for each hub to support seamless family and adult services."

29. Piloting Community Health Worker (CHW) model

within one or two neighbourhoods. Employing local community health workers to provide proactive, household-level support and reduce health inequalities.

30. increase flu vaccination uptake among people aged 65 and over

with a particular focus on areas of historically low uptake.

Engaging trusted community partners and working with primary care

31. Increase the use of assistive technology

To improve the utilisation and integration of assistive technology to enable people to live independently, safely, and confidently in their own homes for as long as possible. Review current provision and business model with the aim of improving provision and building the capability across health and social care

Prevention

Priority	Actions	KPI / Delivery target
<p>28 Develop Neighbourhood hubs by Jul'26. agree the four neighbourhood hub locations and define the multidisciplinary services and teams that will operate from each site, creating accessible 'one-stop-shop' models for residents. This will include establishing formal links and shared pathways between community hubs and children's hubs, with implementation plans developed for each hub to support seamless family and adult services."</p>	<ul style="list-style-type: none"> A strong co-design approach will be embedded, ensuring that people with lived experience are actively involved in shaping the design, delivery, and evaluation of each Integrated Neighbourhood Team (INT) funding for VCS partners to co-produce services Budget to fund expenses for people with lived experiences to take part in the co-design work. Lewisham has developed a co-design approach which was successfully implement for the LTC- INT work. this will be used to continue the improvement and for the next phase of the work. 	<p>Lived experience co-design approach for INT model of care May 2026</p>
<p>29 Piloting Community Health Worker (CHW) model within one or two neighbourhoods. Employing local community health workers to provide proactive, household-level support and reduce health inequalities. services to be co-design and set-up by January</p>	<ul style="list-style-type: none"> Implementation to take place. 	<p>To be determined</p>
<p>30 Increase flu vaccination uptake among people aged 65 and over with a particular focus on areas of historically low uptake. Engaging trusted community partners and working with primary care</p>	<ul style="list-style-type: none"> Increase of community outreach within low uptake groups Implementation of Communications and Engagement Plan. 	<p>SEL Target = 61% uptake NHS target = 75% uptake</p>
<p>31 Increase the use of assistive technology To improve the utilisation and integration of assistive technology to enable people to live independently, safely, and confidently in their own homes for as long as possible. Review current provision and business model with the aim of improving provision and building the capability across health and social care</p>	<ul style="list-style-type: none"> Review access to assisted technology for residents in Lewisham, with the aim of increasing opportunity and accessibility for people to stay safe and well within their own home. 	<p>To be determined</p>

Urgent Care and Outpatients

32. Gynaecology Pathway Redesign

To work collaboratively across the system to review and redesign the current gynaecology (Gynae) pathway, ensuring it delivers timely, person-centered, and equitable care. This will include the development and implementation of a Women's Health Hub model that improves access, coordination, and continuity of care across primary, community, and secondary services. The aim is to streamline pathways, reduce waiting times, and enhance outcomes for women through a more integrated and holistic approach

33. Digital Enablement

Enable accessible, streamlined digital care pathways by delivering a single digital front door for urgent care, aligned with the ICC Hub, to improve resident access and support integrated, digitally enabled services

34. Interface between Primary Care and Secondary Care

To integrated, efficient, and patient-centred model of care. Reduce avoidable outpatient appointments by ensuring that patients are assessed, managed, and supported in the most appropriate setting, with seamless transitions between services. This could be through joint MDT, expand use of advice and guidance, triage hubs, and pre-referral decision-support

35. Transition the successful Acute Sickle Cell Unit (ASCU) Pilot into a sustainable, ongoing service

that delivers high-quality, timely, and person-centred care for people living with sickle cell disease

Urgent Care and Outpatients

Priority	Actions	KPI / Delivery target
<p>32 Gynaecology Pathway Redesign To work collaboratively across the system to review and redesign the current gynaecology (Gynae) pathway, ensuring it delivers timely, person-centred, and equitable care. This will include the development and implementation of a Women’s Health Hub model that improves access, coordination, and continuity of care across primary, community, and secondary services. The aim is to streamline pathways, reduce waiting times, and enhance outcomes for women through a more integrated and holistic approach</p>	<p>Establish a Lewisham all partners group to outline required actions for implantation</p>	<p>To be determined</p>
<p>33 Digital Enablement Enable accessible, streamlined digital care pathways by delivering a single digital front door for urgent care, aligned with the ICC Hub, to improve resident access and support integrated, digitally enabled services</p>	<p>By March 2027, implement a digitally enabled, interoperable referral and care coordination pathway for urgent care and outpatient services in Lewisham, co-designed with patients and providers, aligned with ICC hub and front door services to improve access, reduce delays, and enhance patient involvement in care decisions."</p>	<p><u>Patient empowerment</u>: NHS App usage uptake, Patient experience (NICE QS15). <u>Referral Improvement</u>: NHSE outpatient transformation standards, Align with GIRFT objectives <u>Interoperability</u>: local digital maturity assessment, integration of community data with acute EPR. <u>End to end experience</u>: Urgent pathways RTT standard.</p>
<p>34 Opportunity for building bridges and supporting general practice to support LTC. Streaming of visits required in an acute / community setting, vulnerable patients given multiple appointments across several specialties – how are they linked up so patients do not have to attend multiple appointments.</p>	<p>"By March 2027, co-design and implement a neighbourhood-based, digitally enabled care coordination model for patients with multiple LTCs in Lewisham, enabling integrated streaming across specialties and reducing unnecessary appointments by 30% through one-stop clinics and virtual MDTs</p>	<p>A neighbourhood-based care coordination model for patients with multiple LTCs, cutting appointment overload by 30% through one-stop clinics and virtual MDTs. At least 80% of high-need patients will be managed via Integrated Neighbourhood Teams, with 90% of clinicians using shared digital care plans. All neighbourhoods will run monthly MDTs, and 85% of patients will report more joined-up care. This aligns with the NHS Long Term Plan, Core20PLUS5, NICE QS15 on patient experience, and NHS England’s outpatient transformation and digital interoperability standards.</p>
<p>35 Transition the successful Acute Sickle Cell Unit (ASCU) Pilot into a sustainable, ongoing service that delivers high-quality, timely, and person-centred care for people living with sickle cell disease</p>	<ul style="list-style-type: none"> • Await confirmation from NHS England re recurrent funding available, scheduled for mid-end Jan’26 (current funding until 31Oct’26) • Mobilise model into Business as Usual (BAU). • Draft Business Case for recurrent funding for ICB/LGT if NHSE funding is not secured. 	<p>NHS England KPI for time to analgesia is 30mins Current delivery 8 mins and 100% compliance with <30 minutes to analgesia</p>

LTC & Planned Care

36. Hypertension

Continue to improve the trajectory of Hypertension Control across all age groups in Lewisham through primary care interventions and greater use of communities' pharmacies BP and ABPM services.

Raise awareness of High Blood Pressure and how to control it in Neighbourhoods and in areas of high deprivation, especially amongst the Black African and Afro-Caribbean communities.

37. MSK – Waiting well app / Get U better app (MSK)

A Musculoskeletal (MSK) app is a digital tool (usually mobile/web) designed to help people manage musculoskeletal issues — pain, injury, chronic conditions in muscles, bones, joints. Run a pilot in a subset of Lewisham population to test adoption, clinical workflows, and engagement.

38. Improve uptake of diabetic foot checks

To assess if diabetic foot checks are being completed in line with best practice national guidance, to identify what percentage of patients are living in each risk category and encourage they are being reviewed as per best practice guidance (rather than QOF only), with an overall aim to prevent unnecessary foot ulceration, amputation or death

TRANSFERRED FROM 2025/26

39. Respiratory

Roll out FeNo (fractional exhaled nitric oxide) Machines across primary care and community to improve diagnostics and monitoring for both adults and children.

40. Respiratory - Sleep Service

Scoping the need for a Lewisham sleep service Sleep service to manage obesity patients, poorly controlled diets.

41. Osteoporosis Pathway

Scoping the need to expand the current pathway / establish a community-based osteoporosis service across primary and secondary care.

LTC & Planned Care

Priority		Actions	KPI / Delivery target
36	<p>Hypertension</p> <p>Continue to improve the trajectory of Hypertension Control across all age group</p> <p><i>TRANSFERRED FROM 2025/26</i></p>	<ul style="list-style-type: none"> Continue to improve low rates of hypertension control through proactive primary care support, patient focus training sessions at neighbourhood level and campaign and awareness raising by VCSE. Use NICE's 80% target as benchmark. Africa Advocacy Foundation leading 2 year programme of campaign and awareness-raising work, Neighbourhood Training Sessions have been held in N4, N1 and N2 in 25/26. Primary Care Incentive scheme being implemented - all PCNs signed up and significant progress has been made in meeting NICE target 	NICE 80% Target
37	<p>MSK – Waiting well app / Get U better app (MSK)</p> <p><i>TRANSFERRED FROM 2025/26</i></p>	<p>GetUBetter is one of five digital health technologies recommended by NICE Early Value Assessment.</p> <p>The app will support patient self-manage and help relieve pressure on healthcare resources.</p> <p>5/6 boroughs in SE London have access to a waiting well App, Lewisham is the only borough not to have one.</p> <p>Benefits include:</p> <ul style="list-style-type: none"> Reduces pressure on services: Up to 33% fewer physio appointments, 13% fewer GP follow-ups, and 50% fewer prescriptions. Delivers significant savings: Estimated £1.7M annual direct cost savings for Lewisham Borough across MSK conditions. Improves access and equity: Available 24/7 via app or web, co-designed to reduce digital exclusion and support CORE20PLUS5 priorities. Enhances patient experience: 86% would recommend to others; 100% felt it supported recovery Rapid deployment: Full ICS rollout in 3–4 months, integrated with local pathways and EMIS/TPP-ready. Proven Return On Investment : >4:1 return on investment, NICE-approved, and NHS Innovation Accelerator backed. 	<ul style="list-style-type: none"> Reduce MSK wait lists. Currently within target but aspiring for further reductions and improved access. Supporting patients to self manage to relieve pressure overall.

LTC & Planned Care

Priority		Actions	KPI / Delivery target
38	<p>Improve uptake of diabetic foot checks</p> <p><i>TRANSFERRED FROM 2025/26</i></p>	<ul style="list-style-type: none"> The aim is to undertake a manual audit of a sample of both primary (GP) and community (LGT) electronic patient care records of those living with diabetes who have undergone a foot check within the 23/24 period to identify what the recorded foot risk status is (low, moderate, high or active) and audit if they are being monitored as per best practice clinical guidance (NICE) or only as annual foot check as per the eight care process QOF target. (indicative timescale tbc) 	<p>NICE Guidance recommends annual diabetic foot checks for low-risk individuals.</p> <p>More frequent checks are required every 3-6 months for moderate risk individuals and every 1-2 months for high-risk individuals.</p>
39	<p>Respiratory</p> <p>Roll out FeNo Machines across primary care and community to improve diagnostics and monitoring for both adults and children.</p>	<ul style="list-style-type: none"> Identify funding: Committed funding required to purchase FeNo machines for primary care will change asthma in borough. It would be more effective at practice level but at an increased cost / PCN to be considered as alternative. Funding to include funding for nurse training <p>Service can be used for:</p> <ul style="list-style-type: none"> children (5+) and adults. Having better diagnostics at community/primary care level will have an impact on secondary care and wider council i.e. housing etc. diagnostics and monitoring, assist in determining either non compliancy, potential housing issues i.e. damp etc 	<ul style="list-style-type: none"> Purchase approximately 51 FeNo Machines across Primary Care, PCN's, Family Hubs and School Nurses. Source cost and supplier of machines. Develop high level training (Trust or FeNO supplier) and roll out. Start collecting data (tbc how this will be coded, look at current ED / Emergency Admission data)
40	<p>Respiratory - Sleep Service</p> <p>Scoping the need for a Lewisham sleep service Sleep service to manage obesity patients, poorly controlled diets</p>	<ul style="list-style-type: none"> Business case to be written for recurrent funding of a Sleep Service at Lewisham, evidencing the benefits associated. 	<p>To be determined</p>

LTC & Planned Care

Priority	Actions	KPI / Delivery target
<p>41</p> <p>Osteoporosis Pathway</p> <p>Scope the need to expand the current pathway / establish a community-based osteoporosis service across primary and secondary care.</p>	<p>Establish a community-based osteoporosis service integrated with primary and secondary care that will</p> <ul style="list-style-type: none"> - Improve early identification and management of high-risk patients. - Provide access to advanced treatments (e.g., Denosumab) currently unavailable locally. - Reduce fracture incidence and associated hospital admissions. <p>Proposed Model:</p> <ul style="list-style-type: none"> - Multidisciplinary team: Geriatricians, CNS, pharmacists, and primary care clinicians. - Service components: DEXA scanning, FRAX risk assessment, pharmacological management, infusion clinics, lifestyle - Digital integration: Use Cerner Population Health and EPIC letters for communication and monitoring. <p>Options and financial modelling already undertaken with proposed quick wins and long term plans.</p> <p><u>Quick wins:</u> Admin resource PAWS & UCR – skilling up to reduce referrals – (How can this be achieved?)</p> <p><u>Long term:</u> A community-based Fracture Liaison Service (FLS) utilising effective skill mix would mitigate the issues through efficient early detection & intervention</p>	<p>ROI Calculation Projected reduction of 50 fracture admissions annually at £5,000 per admission = £250,000 savings/year. Year 1 investment: £250,000. ROI achieved within first year through avoided admissions.</p> <p>https://lordslibrary.parliament.uk/fracture-liaison-services-towards-100-coverage-in-england/#heading-3</p>

Unpaid carers

42. Support identification of unpaid carers across health and care settings and increase access to support services

Embed protocols for carer identification across health and care settings, but specifically embed the roll out of a standard operating procedure for carer identification and onward referrals for hospital admission planning and hospital discharge across LGT and South London and Maudsley NHS Foundation Trust, and embedding models of carer identification and onward support into Integrated Neighbourhood Teams

43. Improve carer wellbeing support and inclusion across health and care services

Test and develop new models of health and wellbeing support for unpaid carers with a view to reducing health inequalities.

This will include co-developing a new advice and wellbeing provision offering therapeutic support and peer support, and identifying opportunities for Neighbourhood delivery models, including integrating carer health checks and wellbeing conversations into existing long-term conditions and developing models for frailty. Additionally ensuring carer involvement in future Care Home Commissioning to consider provision of planned/emergency respite beds for carers to utilise

Unpaid carers

Priority		Actions	KPI / Delivery target
42	Improve Identification and Involvement of Unpaid Carers	<ul style="list-style-type: none"> • Embed carer identification and coding standards (e.g., SNOMED CT) in primary care. • Implement carer involvement protocols in hospital discharge planning, aligned with the Triangle of Care and NHS Hospital Discharge Guidance. • Deliver professional training on carer engagement and communication, co-produced with carers, across GP practices, mental health teams, and integrated neighbourhood teams. 	<ul style="list-style-type: none"> • Increase the proportion of carers correctly coded in primary care records by March 2027. • Increase number of referrals from hospital settings/discharge planning. • Monthly training to primary care & other settings • Monitor carer identification rates and involvement metrics quarterly, disaggregated by protected characteristics to address inequalities.
43	Improve carer wellbeing support and inclusion across health and care services	<ul style="list-style-type: none"> • Develop an updated carer wellbeing offers, likely including counselling and peer support groups, through VCSE partnerships. Develop culturally relevant support pathways and communication materials to improve engagement with underrepresented communities. • Deliver increased carer health checks and reviews . • Involve carers in codesign of commissioning developments for Care Homes. 	Increase number of unpaid carers accessing wellbeing services by 30%, with equity of access demonstrated across protected characteristics

Lewisham 25/26 System Intentions

PROGRESS REPORT 2nd October 2025

Yvonne Davies, CBC development Manager, South East London ICS (Lewisham)

Laura Jenner, Director of System Development, South East London ICS (Lewisham) & Lewisham Council

Lewisham's & SEL Priorities

	Lewisham Place Priorities				
	Addressing inequalities throughout Lewisham health and care system	Building stronger, healthier families & providing families with integrated, high-quality, whole-family support services	Strengthening the integration of primary and community-based care	Maximising our roles as Anchor Organisations, being compassionate employers and building a happier, healthier workforce	Achieving financial sustainability
SEL ICB Priorities					
Prevention & Wellbeing	Green	Grey	Grey	Green	Green
Ensuring a good start in life	Grey	Green	Grey	Green	Green
CYP Mental Health	Grey	Green	Grey	Grey	Green
Adult Mental Health	Grey	Grey	Green	Grey	Green
Primary Care & people with long-term conditions	Grey	Grey	Green	Grey	Green

Lewisham Health and Wellbeing Strategy (2025-2030) is currently being finalised. Its four strategic priority areas (**address the impact of poverty; address the impact of housing; embed prevention for CYP within education; and progress borough-wide prevention programmes – focus on cancer and CVD**) have strong links to the SEL-wide and Lewisham place priorities outlined above.

System Intentions for 25/26

Neighbourhood Programme

1. Embedding holistic care in the community for Long-Term Conditions and the Core20 population through the Neighbourhood Programme. This involves using population health data to identify cohorts and working with system partners to develop the models of care, building on the commitment from provider CEOs across Lewisham to prioritise the Neighbourhood Programme and reduce Health Inequalities. By September 2025, have tested and learnt from the new INT model of care in each neighbourhood.

2. Establish a co-design group to influence strategic change and co-design services to meet the needs of the population within each Neighbourhood.

3. Implement the new PCN health inequalities programme and health equity fellows, with a focus on CVD and supporting the Neighbourhood model.

4. Monitor the joint (INT) Performance Framework. Create population data packs and service mapping for each neighbourhood. Data packs will be for CVD, frailty, and complex care.

5. Establish a new programme to strengthen local grassroots organisations through customised infrastructure support, enabling them to better serve Lewisham's communities

Priority	Update	Status
<p>1</p> <p>Embedding holistic care in the community for Long-Term Conditions and the Core20 population.</p>	<p>We intend to use the data available to us, applying a PHM approach to segment and identify our population with one or more LTCs, and stratify by Core20. It is important to note that Core20 represents the most deprived population but does not include the 'PLUS' groups of ethnicity or vulnerabilities. This provides us with a focused priority group of patients across any LTC.</p> <p>We are already applying this approach to a sub-segment of four CVD LTCs, stratifying by those who are undiagnosed or sub-optimally managed, as they represent the group most in need of targeted intervention. Within this group, we are further prioritising patients with a high predictive risk of hospital admission score. Our intention is to apply this same stratification approach to subsequent LTCs, starting with a group of respiratory conditions, frailty and then expanding further over time to other LTCs</p>	<p>A</p>
<p>2</p> <p>Establish a co-design group</p>	<p>As part of the development of the INT model of care, codesign has been a central principle. We delivered a codesign programme, working with sixteen People with Lived Experience (PWLE) with a range of LTCs, Learning Disabilities, Mental Health Illness, those from underserved communities and a range of ages to co-produce elements of the model, in the hope of improving engagement and uptake of this new model of care within those underserved communities. The focus of these codesign sessions was:</p> <ul style="list-style-type: none"> • - Patient Contact • - Holistic Needs Assessment • - Group Consultations • - Discharge Process <p>The codesign sessions have shaped the INT model, providing insights into people's lived experience and co-developing solutions that address local health care needs. A follow-up event was held, thanking people for their contribution and highlighting the changes made to the INT model of care as a result of their input.</p>	<p>G</p>

Progress Report

Neighbourhood Programme

Priority		Update	Status
3	Implement the new PCN health inequalities programme and health equity fellows	GP Health Equity Fellows and Community Based Organisations in place across all 6 PCNs and projects currently being finalised. Now need to move to monitoring progress and impact	G
4	Monitor the joint (INT) Performance Framework.	<ul style="list-style-type: none"> In reference to Priority 1 'embedding holistic care in the community for LTC and Core20+', we will begin monitoring the impact on the population within the four CVD conditions being managed by the INTs. A range of KPIs has been agreed and will be tracked by the PHM team. Population packs are currently available in the form of an INT case-finding dashboard, which enables INTs to select patients for care using filters that support prioritisation. <p>In addition, we plan to produce profiles at PCN and Neighbourhood level to highlight key trends and areas of concern with regards to specific health concerns and also health inequalities. This work will complement the population packs already produced for the Health Equity Fellows (HEFs), by identifying pockets of health inequality within PCNs.</p> <p>The HEFs are working to target the specific cohorts of the population at a hyper-local level that have been identified in the packs at being at risk of health inequalities. They are co-producing with these communities effective approaches to communication and care delivery aimed at reducing health inequalities.</p>	A
5	Establish a new programme	<p>An options paper is being developed for December 2025, proposing that the Lewisham VCSE Partnership becomes part of the Neighbourhood Board. The lead VCSE organisation or organisations which then sit at Board level will support the development of the wider VCSE sector in Lewisham.</p> <p>In 2026/7 we will be working with stakeholders to develop the Council's Main Grants Programme to enable neighbourhood working.</p>	A

LTC & Planned Care

6. Continue to improve low rates of hypertension control through proactive primary care support, patient activation and VCSE development. Use NICE's 80% target as benchmark.

7. Reduce the waiting list for Musculoskeletal (MSK) services using the RAS system.

8. Spread and scale up the Chronic Kidney Disease Multimorbidity Model of Care following successful pilot. Introducing INT in each neighbourhood to support people with CVD.

9. Continue work to reduce health inequalities in surgical waiting lists, supported by population health data.

10. Primary care and acute collaboration to pathway improve waiting times for ENT, Gynae, and MSK s – through introducing a RAS, self-referral into physio, and other measures.

11. Improve uptake of diabetic foot checks, in line with national standards.

12. Improve performance towards meeting the Faster Diagnosis Standard and 62 Day Standard for **cancer diagnosis and treatment.**

13. Continue with Atrial Fibrillation Detection scheme and aim to embed as part of regular public health checks by end of year.

Priority		Update (Sept'25)	STATUS
6	Continue to improve low rates of hypertension	<ul style="list-style-type: none"> Hypertension BC is being implemented with the commissioning of a VCSE Hypertension service with Africa Advocacy Foundation, neighbourhood-based training sessions aimed at hypertensive patients and primary care staff and the delivery of a primary care incentive scheme that encourages great engagement and support for hypertensive patients to meet the NICE target. Results so far have been promising but further work needs to be done to promote the important of BP testing and diagnosis. Requested performance info on delivery against NICE 80% Target 	R
7	Reduce the waiting list for Musculoskeletal (MSK) services	<ul style="list-style-type: none"> MSK SPOA service for Lewisham launched in June 2025, levelling up the Lewisham borough service in line with the other 5 boroughs who already had single point of access in place for MSK services. Appointed Ian Smith who is a consultant MSK Physiotherapist, operationally and clinically leading the MSK service with a team of 10 advance practice Physios now completing all the triage. Waits have reduced significant overall with the following waiting times at present <ul style="list-style-type: none"> Back 19 weeks Multi Joint 9 weeks Peripheral 6 weeks 	A
8	Spread and scale up the Chronic Kidney Disease Multimorbidity Model of Care	<ul style="list-style-type: none"> The CKD MMMC was successfully piloted in TLCP in 24/25. CKD prevalence in the PCN increased to 953 which is an increase of 2.20%. Benefits of the pilot include better communication between primary, secondary and community care, upskilled PC teams who understand CKD better, greater multi –disciplinary team working including , DSN and consultants as well as IAPT , and closer integration with mental health nurses. A workshop is being held in September to share learning from the pilot. 	G
9	reduce health inequalities in surgical waiting lists	<ul style="list-style-type: none"> We currently have a waiting list dashboard that uses integrated PHM data. The dashboard focuses on patients on the waiting list who we believe can be optimised for surgery, based on clinical markers that indicate they may not be suitable for surgery if no action is taken before their surgical date. We have incorporated Vital 5 filters as an additional way of targeting patients. Alongside this, other filters are also available—such as Core20PLUS, ethnicity, language, and mental health—to enable more targeted approaches for specific cohorts of people where health inequalities may apply. 	G

Priority		Update (Sept'25)	STATUS
10	Primary care and acute collaboration to improve waiting times	<ul style="list-style-type: none"> Good progress with reduction on ENT waiting times - through establishment of Community ENT provision and structural investments in LGT service. Single Point of Access (MSK) service established for Lewisham patients in 2025. Waits remain significant for gynecology pathway - 40+ weeks at UHL site. Triage services in place for all services. Requested performance info on ENT & MSK Propose to remain as an intention for 25/26 as we have much more to do on this - and cross working with primary care on 18/week access generally. Work with system on triage, specialist advice, diversion opportunities for planned care. 	A
11	Improve uptake of diabetic foot checks	<ul style="list-style-type: none"> GP practices are expected to provide annual foot checks for patients with diabetes. The INT team are include in the assessment however there needs to be a link to primary care The Foot Health Service provides foot assessments for current and ongoing patients who meet our access criteria, with all other routine checks delivered in primary care. There is also a piece of work underway with District Nursing to support foot assessments for housebound patients. The Diabetes Lead Podiatrist delivers education to primary care on consistent checks and referrals. A new "Diabetes and your feet" education video has been also developed and, while initially used within DESMOND training for newly diagnosed Type 2 Diabetic patients. Requested performance info on delivery in line with national standards Performance - Lewishams Amputation rate is above the London and national average 	R
12	Improve performance for Cancer diagnosis and treatment	<ul style="list-style-type: none"> Significant campaign work being done at regional level by SELCA on improving early diagnosis and screening rates. PMS contract in place with Lewisham practices to improve breast and bowel uptake. Macmillan funded programme led by Age UK to increase Cancer Awareness and Social Prescribing. Bowel and breast screening rates in Lewisham have improved with cervical rate static. More local campaign work will be carried out led by the ICB and PH teams. 	R
13	Atrial Fibrillation Detection scheme (CODI-HR)	<ul style="list-style-type: none"> Summary- Phase 3 rolled out with training to CPs. Work being undertaken to increase engagement of the service with enrolled CPs. A total of 23 pharmacies have onboarded, inclusion criteria include adults aged over 65 years old, no diagnosis of AF and not on anticoagulant therapy and must have access to a smartphone. 15 community pharmacies enrolled as of Phase 3 Performance - Current detection rate of 6.8% (national average 2.5%). Feedback from Community pharmacies enrolled on the service includes: <ul style="list-style-type: none"> Patients reluctant to engage past initial consultation, due to IT commitment <ul style="list-style-type: none"> Ask for app to be more automated, not requiring patient input for measurements Minimum age requirement reduces the cohort walking through the door. Most 60+ have their prescriptions delivered Actions have been proposed and agreed to take forward to support higher uptake from patient cohort. <ul style="list-style-type: none"> -Total registrations include 35 (included ones over summer period), but referrals are still quite low. - Further work on training, comms and targeting patients will be carried out. 	G

Older Adults

14. Older Adult's Transformation Programme to be relaunched as Ageing Well Programme. A Proactive Ageing Well Service, led by LGT, started in October 2024. It will target moderate to severely frail adults in Lewisham with an aim to prevent or delay further deterioration and decrease ED attendance and acute care admissions. The full team and service is operational by June 2025.

15. Implement enablement and recovery improvement plan to strengthen the enablement and therapy offer in Lewisham.

Priority	Update (Sept'25)	STATUS
<p>14 Older Adult's Transformation Programme to be relaunched as Ageing Well Programme (PAWs)</p>	<p>Staffing All Proactive Ageing Well Service (PAWS) posts are now successfully filled and operational across Lewisham. As of August 8th, the team has completed (135) Comprehensive Geriatric Assessments (CGAs). - 2 Band 7's started in April 2025 , 8a started October 24, Band 4 started February 2025. All staff are on Fixed Term Contracts. The 8a expires end of July 2026 and the other staff contracts expire in September 2026. - Band 7 Nurses are still in the developmental/learning phase and total of CGAs completed is slightly slower than expected. It is expected that the Band 7s should eventually be able to complete up to 27 CGA's each per month.</p> <p>Evaluation A six-month review have been conducted and shows a reduction in ED encounters, LAS call and UCR callouts. In October 2025 PAWS will work with population health to complete the impact analysis, expanding on the work Edge completed.</p> <p>Financial Scenarios: Three financial scenarios for the service have been worked through: 1. <u>Current Scenario:</u> Andrew explained that the current scenario involves seeing 10 patients per week, resulting in 520 patients annually. This scenario showed a cost benefit of over £1,000,000 annually, considering reductions in ED attendances, hospital admissions, and social care packages. 2. <u>Minimum Staffing Scenario:</u> The minimum staffing level scenario projected seeing 208 patients per year. This scenario was designed to continue the service at an absolute minimal level, ensuring basic operations and cost-effectiveness. 3. <u>Expanded Service Scenario:</u> The expanded service scenario proposed increasing staff to see more patients, which would result in greater cost savings. This scenario included adding an extra Ageing Well Practitioner, a Social Worker and a PA for the Geriatrician.</p> <p>The aim is to have the initial evaluation of PAWs completed by December 2025 to support the Business Case for future funding. This timeline is crucial to ensure the continuation of the service beyond the current funding period. The evaluation will be presented to both ICB and Trust colleagues to make a rounded decision on funding. The evaluation will need to consider whether the current model for PAWs is the correct one and take into account the SEL Frailty Framework as well as ongoing development of INTs and potential reconfigurations of Lewisham Community Services.</p> <p>Summary This 2024/25 SDIP initiative will need to be carried forward into 2025/26. Staff are in post until September 2026. Total funding allocated was £500,000 and this should be sufficient up until August 2026. All funding for this service in 2026 will be used on staffing, so a little extra – circa £30k may be needed to cover on-costs and AFC Salary increases.</p>	<p>A</p>

Priority	Update (Sept'25)	STATUS
<p>15</p> <p>Implement enablement and recovery improvement plan</p>	<p>1. Transfer of Care Hub (TOCH) Launch</p> <ul style="list-style-type: none"> • TOCH is being launched as a central coordination point for all hospital discharges, integrating health and social care teams. • The hub will streamline referrals, triage, and allocation to the most appropriate pathway, including enablement, therapy, and D2A (Discharge to Assess) and voluntary (take home and settle) services. • This approach is designed to reduce delays, improve patient flow, and ensure people receive the right support at the right time. <p>2. D2A Service Integration</p> <ul style="list-style-type: none"> • The D2A model is now embedded within TOCH, supporting people to leave hospital when medically fit and continue their assessment and recovery at home or in a community setting. • This enables more timely discharges, maximises independence, and reduces unnecessary long-term care placements. <p>3. Dashboard for Metrics and Monitoring</p> <p>A new dashboard is in development to track key metrics across health and social care, including:</p> <ul style="list-style-type: none"> • Number and timeliness of discharges • Enablement and therapy uptake • Patient outcomes and reablement success rates • Delayed transfers of care and reasons • Patient and carer feedback <p>The dashboard will support real-time monitoring, operational decision-making, and strategic oversight, ensuring transparency and accountability.</p> <p>4. Ongoing Improvements</p> <ul style="list-style-type: none"> • Continued focus on BCF metrics, workforce development, digital integration, and partnership working with Integrated Neighbourhood Teams and the voluntary sector. • Regular review of pathways and processes to ensure the enablement and therapy offer remains responsive and high quality. <p><u>ISSUES/NEXT STEPS</u></p> <ul style="list-style-type: none"> • The service is quite new but with more to do with more enablement work to be undertaken • needs to link connection between enablement and therapies 	<p>A</p>

Urgent Care

16. Home First improvements – focussing on developing an intermediate care strategy and recommissioning of intermediate care beds.

17. Admission Avoidance – complete demand and capacity assessment for therapy support across acute and community, to understand gaps and opportunities to better utilise resource.

Proactively identify people likely to be admitted into hospital and support through the new MDM team – with a renewed focus on prevention and admission avoidance.

18. Ensuring the capacity of the **NHS@Home service** is fully utilised, reviewing existing pathways to focus on reducing length of stay and building up the service to include more acute patients. Ensure digital clinical systems are compatible with LGT.

19. Reduce number of type three attendances at ED by introducing redirect pathway at UHL and proactively identifying and signposting patients towards appropriate services.

20. Redesign the model of same-day urgent care for Lewisham, including the service design for the Integrated Delivery Units (IDUs) for 111 procurement.

Priority		Update (Sept'25)	STATUS
16	Home First improvements	<p>Lewisham has completed the Intermediate Care Strategy 2025-2040. The Intermediate Care strategy sets out a direction of travel for intermediate care provision in Lewisham over the next 15 years using predicted population changes and user and staff feedback.</p> <p>The Strategy development ran alongside the re-procurement of Intermediate bedded care, allowing new vision to be included in spec. New contract began October 2025.</p> <p>Development of an integrated TOCH model with joint governance, covering the hospital discharge pathway. Mobilisation of service begun 1st September 2025. Care Home Liaison nurse recruited. FTC now extended to September 2026. Providers have provided positive feedback on the post easing communication and management of discharges.</p>	G
17	Admission Avoidance	<p>Using PHM data, we have applied a risk of admission score to the population, broken down by individual practice. This provides each practice with a list of the top 0.5% of patients most likely to be admitted, ranked in order. To make this list adaptive to each practice, there is functionality to filter patients further using a range of factors under five core headings. For example, under the demographics heading, a practice can filter by ethnicity, age band, gender, and other characteristics, enabling them to focus on specific groups within their top 0.5% that reflect their local priorities and population needs. This is a new approach that has been implemented in practices since the start of July.</p> <p>Coding has also been put in place to enable tracking of these patients and the impact of the MDMs on the care and outcomes of the patients they see.</p> <p>Capacity and Demand assessment to roll over.</p> <p>Urgent Care Response (UCR) - referrals have increased by 65% when comparing Aug'24 to Aug'25.</p>	A

Priority	Update (Sept'25)	STATUS
18 NHS@Home service	<p><u>Service Launch and Model (October 2025)</u></p> <ul style="list-style-type: none"> •The new Virtual Ward service goes live on 1st October with a split two-way model. •The NHS@Home (H@H) service is soft launching, with full mobilisation planned to increase capacity from 50 to 90 patients per month (tracking from January). •Lot 2 is currently being re-evaluated by a panel, with a launch aimed for 1st December. <p><u>Key Performance Indicators (KPIs)</u></p> <ul style="list-style-type: none"> •H@H service is tasked with maintaining an average length of stay (LOS) of 8 days. •All activity and outcomes will be tracked and reported via a new dashboard, supporting real-time monitoring and operational oversight. <p><u>Service Focus and Outcomes</u></p> <ul style="list-style-type: none"> •The service will initially target the respiratory cohort to reduce readmissions and improve digital patient outcomes. •There is a strong emphasis on ensuring the full utilisation of NHS@Home capacity. •Existing pathways are under review to focus on reducing LOS and expanding the service to include more acute patients. <p><u>Digital Integration</u></p> <ul style="list-style-type: none"> •Work is underway to ensure digital clinical systems are fully compatible with Lewisham and Greenwich Trust (LGT), supporting seamless information sharing and care coordination. <p><u>Next Steps</u></p> <ul style="list-style-type: none"> •Monitor and report on capacity, LOS, and patient outcomes from October, with enhanced tracking from January as capacity increases. •Finalise Lot 2 mobilisation and integrate additional patient cohorts as planned. •Continue to review and refine pathways to maximise impact and efficiency. <p><u>Summary:</u> Lewisham’s Virtual Ward is entering a new phase, with increased capacity, a focus on respiratory patients, and robust digital and operational infrastructure to support delivery and monitoring. The system’s intention is to ensure full utilisation of NHS@Home, reduce length of stay, and improve patient outcomes through integrated digital solutions.</p>	A
19 Reduce number of type three attendances	<p>SDUC programme outlined with short-, medium- and long-term plans.</p> <p>PHM approach undertaken to review Type 3 activity, identify demographics and highlight PCNs activity.</p> <p>Primary Care review undertaken on SDUC primary care access.</p>	A
20 Redesign the model of same-day urgent care for Lewisham	<p>SDUC programme outlined with short-, medium- and long-term plans.</p> <p>PHM approach undertaken to review Type 3 activity, identify demographics and highlight PCNs activity.</p> <p>Primary Care review undertaken on SDUC primary care access.</p> <p>111 Procurement on hold, SEL group reestablished</p>	A

Mental Health

21. Improve community crisis care pathways across all ages. Adults – deep dive to understand the needs of people who are not admitted after presenting at A&E. CYP – mapping the pathway to understand what services are currently available.

22. Continue to improve access to mental health services for young people (16-25) from Global Majority backgrounds through initiatives like the ‘Should I Really Be Here’ project – building trust with communities and using their experience to inform service developments and improvements.

23. Continue to deliver the SEL ‘core offer’ for children and adult community Mental Health services. (inc. SPOA, CMHS transformation, VCS procurement to support black communities, increased hours of MH care offered in primary care settings).

- In considering our intentions for 2025/26 we are mindful of pressures not just across the ICB and NHS providers but also within local government.
- We will need to work with local authorities to understand where legitimate health contributions are required to meet the needs of mental health clients where joint funding arrangements are expected to be implemented e.g., in relation to S117 clients.
- Clearly prioritisation and funding of these needs will need to be reflected in prioritisation of investment decisions within local care partnerships.

Priority		Update (Sept'25)	STATUS
21	Improve community crisis care pathways across all ages	<p>Working age adults: SLAM crisis offer being developed and expanded through N2 pilot. This includes 24/7 Mountfield recovery beds to manage crisis support from the Home Treatment Team. In addition, daily crisis slots being offered for all N2C patients.</p> <p>CYP: TBC</p>	R
22	Continue to improve access to mental health services for young people (16-25)	<p>SIRBH project delivered – social action group, coproduced an intervention of community champions to deliver psychoeducation through a trauma informed activities-based programme aimed at young men e.g. boxing, football, bike repair</p> <p>A lot of progress made but need evidence to demonstrate. Deep dive of data required</p>	A
23	Continue to deliver the SEL 'core offer' for children and adult community MH services	<p>Working Age Adults: SLAM undertaking complete working age adult redesign programme aligned to neighbourhoods core principles (trusting relationships, continuity of care, neighbourhood based, open access, close to primary care and system partners & collaborating with the VCSE, coproduced with community / people with lived experience, services actively promote belonging and citizenship for all, promoting autonomy and choice, do no harm, all means all).</p> <p>Demand and capacity modelling and analysis of need has been undertaken to support right-sizing of teams to the neighbourhoods and consultation underway to support redesign. VCS re-procurement completed but delayed.</p> <p>CYP: SEL planning and commissioning team leading core offer development work across LSL boroughs, but Lewisham contributing to engagement on. Piloting expansion of youth clinic borough wide.</p> <p>Procurement delayed but progressing core offer is available. There is a need to look at the single point of access (SPA), and what that model looks like and what's included.</p>	A

Changes to Existing System Intentions for 25/26

Neurodiversity

24. Continued delivery of the **All-Age Autism Strategy**. Focus on reducing waiting times for children's services and Primary Care and Trusts improving their digital flagging systems for learning disabilities & autism (reasonable adjustments, care passports etc...)

Carry out a data deep dive to understand the current high prevalence of undiagnosed autism amongst Lewisham residents.

Priority	Update (Sept'25)	STATUS
<p>24 Continued delivery of the All-Age Autism Strategy.</p>	<p>CYP UPDATE TBC</p> <p>ADULTS</p> <ul style="list-style-type: none"> SEND Improvement Plan and SDIP for improving waiting times for autism assessments on track, with changes to the current pathway expected to identify autism assessments early. Funding continues to target reductions for those with the longest waiting times. Flagging in patient record systems ongoing with LGT and primary care. The focus in Primary Care is ensuring transition of Global Development Delay (GDD) identification in patient's records to Learning Disability, as identified in the 2024 SEND inspection. <p>Autism is currently RAG rate as Green for delivery, however, needs to be reworked and neurodiversity and autism strategy need to be combined.</p>	<p>A</p>

Community Based Care (CBC)

25. Improve Primary Care access:

increasing number of people using NHS app, Pharmacy First uptake, and increasing uptake of NHS health checks, cancer screening and immunisations. Increase the number of Primary Care appointments in line with the rest of SEL and achieve reductions in 111 calls and type 3 ED attendances.

26. Continued implementation of Medicines

Optimisation Plan in 25/26, including PCN and sustainability focused initiatives.

27. Develop **Community Pharmacy, Optometry, and Dental Strategies** to maximise their impact on population health, access to care and prevention.

28. Improve joint working between **Primary and Secondary care**, with a focus on workforce as an enabler, to improve service delivery and improve interface between patient-clinician and clinician-clinician interactions.

29. Using **population health data** to understand demand and capacity within primary and community care, to identify changes needed to improve sustainability and increase capacity across the system.

Progress Report

Community Based Care (CBC)

Priority		Update (Sept'25)	STATUS
25	Improve Primary Care access	<ul style="list-style-type: none"> Work continues in this area with regular reporting through local groups including SMT, Primary Care Group, LCP Strategic Board, HCSC. Steady progress being made on NHS APP registrations but Lewisham still the lowest in SEL due to the impact of planned practice mergers Number of General Practice appointments still the lowest in SEL with more work needed to understand the implications of this – LSE Masters student report on the data has now been received and will inform this work. Anecdotal feedback remains that all contacts in General Practice are not being reflected in the data (i.e. online activity) and also that many practices are now providing 15 minute rather than 10-minute appointments so may be less in quantity but higher in quality with improved outcomes 	A
26	Continued implementation of Medicines Optimisation Plan	The Medicines Optimisation Plan 25/26 is planned for launched by the end of September 2025. The plan is currently going through governance across SEL Places. Webinars have been scheduled in early October, and implementation practice visits being scheduled.	G
27	Develop Community Pharmacy, Optometry, and Dental Strategies	Limited progress made due to lack of capacity. Still an important area of opportunity but need to be clear on resource to take forward	R
28	Improve joint working between Primary and Secondary care	Primary/Secondary care interface forum fully up and running with work programme in place. Good progress being made including Inappropriate request letter process; WhatsApp group; podcasts; joint Grand Round	G
29	Use population health data to understand demand and capacity within primary and community care	<p>Not progressed directly due to lack of capacity but broader SEL PC sustainability programme now in train to deliver the same outcomes. We intend to use PHM data to understand trends in activity among those who are, and those who are not, accessing primary care services in Lewisham. By analysing these patterns, we can begin to identify the underlying characteristics, themes, and behaviours within different segments of the population. This will help us to understand not only who is engaging with primary care, but also who is under-utilising or not accessing it at all, and why.</p> <p>This insight will enable us to explore a range of factors, such as demographics, geographical location, deprivation, long-term conditions, and wider determinants of health, which may be influencing patterns of access. In turn, this will support the development of targeted interventions to try and make care more inclusive, accessible, and responsive to local needs.</p> <p>By combining this analysis with the work of our INTs and HEFs we can try to make sure primary care is provided in the best way for our population</p>	A

System Intentions for 25/26

Governance & System Sustainability

30. Develop a System-Wide Performance dashboard

with agreed objectives and performance matrix. This will be supported by the system transformation programmes.

31. Implement adequate system wide forums for system planning.

Lewisham Health and Care Partnership has recently reviewed its overall governance to ensure there are adequate forums to allow for system planning. The introduction and improvement of several joint board and working groups has begun, to help develop and monitor the system transformation programme and develop our SDIP plan for 25/26. Community board is in place and the INT Partnership committee

Priority		Update (Sept'25)	STATUS
30	Develop a System-Wide Performance dashboard	<p>Lewisham Joint Forward Plan for 2025-26 outcomes agreed, regular LCP performance reporting to Strategic Board.</p> <p>Outline discussion of performance reporting; dashboard and supporting processes to be finalised.</p>	A
31	Implement adequate system wide forums for system planning	<p>Governance proposals being developed to supported establishment of Integator/Integrated Partnership arrangements.</p>	A

Children & Young People (CYP)

32. Support the development and delivery of the SEL '**core offer**' for children's **community Mental Health services**. Specific targets include developing a **Single Point of Access**, expanding the **GP-led Youth Clinic** into all 4 Neighbourhoods, and working with the **voluntary sector** to provide early help and prevention.

33. Support the **All-Age Autism Strategy** and improve the **CYP neurodiversity offer**, including by reducing waiting times for autism and ADHD assessments and developing 'waiting well' options.

34. Further integrate child, parental and perinatal mental health services, and community paediatric services, into **Family Hubs**.

35. Deliver the SEL '**core offers**' for children's **asthma** services and children's **continence** services.

36. Improve access to respiratory diagnostic and management services for CYP.

37. Improve completion times for **Health Assessments for EHC Plans**.

38. Scope the possibility of opening a '**Crisis House**' for CYP in mental health crises.

39. Review paediatric care pathways between community and acute services, to reduce outpatient waiting times and support GPs.

Priority		Update (Sept'25)	STATUS
32	Support the development and delivery of the SEL 'core offer' for children's community Mental Health services	On track, focus has been on developing 'getting help' offer via the GP Youth Clinic and expanding it across the borough (expected end of 25/26) in advance of work to continue developing a SPA model for Lewisham. Community Link Officer appointed to support developing voluntary sector capacity.	A
33	Support the All-Age Autism Strategy and improve the CYP neurodiversity offer	SDIP funding secured, and transformation work underway to redesign the pathway to improve performance and patient experience. Funding currently being used for backlog clearance to reduce waiting times whilst recruitment takes places for specific SDIP funded posts. Supporting the review of the all-aged autism service	G
34	Further integrate child, parental and perinatal mental health services, and community paediatric services, into Family Hubs	Offer continues to develop alongside the expansion and roll out of Family Hubs in the borough. Confirmation of parent and perinatal mental health services funding in place to continue to develop the offer and ensure integration. New integrated Parent-Infant Relationship Service (PAIRS) established delivered by Health Visiting and CAMHS, with services provided from Family Hubs sites. Family Hubs staff delivering parent and infant mental health programmes in partnership with health services.	G
35	Deliver the SEL 'core offers' for children's asthma services and children's continence services.	Completed / in place	G

Priority		Update (Sept'25)	STATUS
36	Improve access to respiratory diagnostic and management services for CYP	<p>Respiratory Delivery Group working with the UHL respiratory team on implementation of a FeNO focused assessment pathway for CYP, with spirometry assessment available in hospital.</p> <p>Respiratory workshop planned and outcomes and recommendations to be documented for taking forward</p>	A
37	Improve completion times for Health Assessments for EHC Plans.	SDIP funding secured, and transformation work underway to redesign the pathway to improve performance and patient experience. Expected to be in place by end of 25/26	A
38	Scope the possibility of opening a 'Crisis House'	Delayed / capacity issues within SEL to progress	R
39	Review paediatric care pathways between community and acute services	<p>Funding for a LCHT pilot identified in SEL to support local implementation in Bexley, Greenwich and Lewisham while a LCHT tariff is developed to support the programme.</p> <p>Meetings taken place with LGT to progress a pilot with primary care.</p> <p>Dental Care to be included in future pathway discussions</p> <p>Consideration to be given to the Bromley Model (community clinic with consultant)</p>	A

Wider System Observation Summary

- **Children and Young People:** Multiple amber-rated intentions including EHC assessments, respiratory access, and crisis house development. One red-rated intention: Crisis House for CYP delayed due to capacity.
- **LTCs and Planned Care:** Concerns around diabetic foot checks, cancer diagnosis standards, and gynaecology waits.
- **Community Based Care:** Primary care access remains low in SEL. NHS App uptake low in borough, One red-rated intention: Pharmacy, Optometry, Dental Strategy stalled due to capacity. Stroke Rehab and diabetes services wait times.
- **Neurodiversity:** Red-rated concern around undiagnosed autism and digital flagging.
- **Mental Health:** CYP mapping, Community Crisis Pathways, Core Offer for MH Pathways and alignment with INT
- **Social Care and Enablement:** TOCH launched; dashboard in development to monitor discharges, therapy uptake, and outcomes, Wait times for packages and therapy input
- **Population Needs:** Behavioural tendencies for access. Ageing population, Growing population

Wider System Performance: Areas for Concern, Issues & Considerations

Deliverable	Performance Concern	Issue	Nice Guidance	Considerations	System Intention
Hypertension Control	Target: 80% control (NICE). Progress made, but further work needed to promote BP testing and diagnosis.	Not yet at 80% control.	<i>NICE NG136: Hypertension in adults – treat 80% by 2029</i>	Intensify outreach, VCSE engagement, and primary care incentives.	ID 6
MSK Waiting Times	Back: 19w, Multi-joint: 9w, Peripheral: 6w. Lewisham lacks MSK app (inequality vs. other SEL boroughs).	Inequity in digital support; long waits for back pain	<i>NICE QS149: MSK conditions: digital self-management pathways available and no patient waiting more than 18 weeks</i>	Review funding for app alignment; Consider expanding community assessment days.	ID 7
Gynaecology Waits	Gynae waits >40 weeks at UHL.	Excessive waits breach RTT/NICE standards.	NHS Standard: 18-Week RTT Standard	Prioritise pathway redesign, mutual aid, and triage.	ID 10
Diabetic Foot Checks	Not all patients receive annual checks; capacity issues for re-assessment within NICE timescales.	Non-compliance with annual check standard.	<i>NICE NG19: Diabetes (type 1 and 2) in children and young people</i>	Expand district nursing support, review capacity, digital reminders.	ID 11
Cancer Diagnosis	Progress on breast/bowel screening; cervical static. Faster Diagnosis Standard not fully met (28 days and 62 days).	Cervical screening uptake and 62-day standard.	<i>NICE QS12: Cancer services: FDS 75% within 28 days Treatment start within 62 days. 80% uptake of screening +70% Breast + 52% bowel</i>	Targeted campaigns, primary care engagement.	ID 12
Virtual Ward (NHS@Home)	LOS target: 8 days. Service expanding, but full digital integration and pathway review ongoing.	Risk: Digital integration, pathway expansion, and LOS monitoring.	<i>NICE NG21: Home care: delivering personal care and practical support to older people living in their own homes</i>	Prioritise IT compatibility, real-time dashboarding, and pathway review.	ID 18

Wider System Performance: Areas for Concern, Issues & Considerations

Deliverable	Performance Concern	Issue	Nice Guidance	Considerations	System Intention
Community Pharmacy, Optometry, Dental Strategies	Limited progress due to capacity.	Missed prevention and access opportunities.	NICE NG102: Community pharmacies	Resource allocation, prioritise strategy development.	ID 27, 46, 47
Neurodiversity (Autism/ADHD waits)	Waiting times for autism/ADHD assessments remain high; pathway redesign underway. 94 weeks.	Delays breach NICE timelines.	NICE NG87: ADHD, NICE Quality Standard (QS) 51 and clinical guideline (CG) 128Autism spectrum disorder in under 19s – 13 weeks (91 day)	Continue backlog clearance, recruit to SDIP posts, monitor impact.	ID 24, 33
Children’s Crisis House	Delayed due to capacity.	Gaps in crisis provision.	NICE NG134: Interventions for children and young people with mental health problems	Escalate for SEL support, explore interim alternatives.	ID 38
Population Health Data Use	Not progressed directly due to capacity.	Missed opportunity for targeted interventions.	NICE PHM best practice	Further review and ongoing conversations, prioritise PHM analytics and system.	ID 14, 29
Respiratory	Waits +168 patients awaiting spirometry, 4-6 month service wait times.	Delays breach NICE timelines and missed prevention opportunities	London spec for diagnostics: no more than six weeks from referral to test for a diagnostic test. Average 19 days.	Prioritise pathway, Outsource diagnostics infrastructure, and triage. Reduce wait times.	ID 1, 6,18
Primary Care Access	Lewisham has lowest GP appointment rates in SEL; NHS App uptake lowest.	Risk: Under-recording of activity, access inequity. Reduced access,	<i>NHS Long term plan – no defined metrics</i>	Data quality review, promote digital access, address practice merger impacts. Further understanding of EA	ID 25

Lewisham Local Care Partners Strategic Board Cover Sheet

**Item 5
Enclosure 5**

Title:	Five Year Strategic Commissioning Plan: Lewisham Template
Meeting Date:	22nd January 2026
Author:	Charles Malcolm-Smith, Associate Director for System Development (Lewisham),
Executive Lead:	Ceri Jacob, Place Executive Lead (Lewisham)

Purpose of paper:	The Board is asked to approve the Lewisham content areas for South East London Integrated Care Board's (SEL ICB) Five Year Strategic Commissioning Plan.	Update / Information	
		Discussion	
		Decision	x
Summary of main points:	<p>The attached template (Appendix 1) provides the draft Lewisham borough content to be included in the SEL ICB Five Year Strategic Commissioning Plan that will be finalised for submission in February.</p> <p>The template describes the LHCP ambition, a local population summary, and the priorities and outcome indicators of the Health & Wellbeing Strategy. It also includes the LHCP's four priority areas that were included in the Joint Forward Plans (JFP) for 2024-25 and 2025-26:</p> <ul style="list-style-type: none"> • 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 <p>The Population Health Improvement Plan section also includes summaries of how the priorities contribute to the NHS three shifts and to improved access to high quality and safe care, and for monitoring and sharing progress.</p> <p>The Neighbourhood Delivery Plan section contains outline actions for years 1,2 and 3-5 for seven areas:</p> <ul style="list-style-type: none"> • Develop neighbourhood footprints around natural communities • Ensure good access to high quality general practice 		

	<ul style="list-style-type: none"> • Continue to improve the primary-secondary interface and implement the recommendations of the Red Tape Challenge (RTC) and 'Bridging the Gap' • Establish Integrated Neighbourhood Teams (INT) focused on people with complex needs at higher risk of hospital admissions (people living with frailty, care home residents, housebound and people at end of life) • Agree a multi-neighbourhood urgent care plan which includes ensuring the teams supporting urgent community response, hospital at home and home-based intermediate care have the right capacity and work seamlessly in partnership with ambulances, acute care and are linked to INTs • Improving planned care in the community (linked to work to redesign outpatient care) • Improving care for children and young people as part of neighbourhood working <p>More detailed plans are expected to be required through specific guidance to be issued under the National Neighbourhood Health Planning Framework.</p>												
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.												
Relevant to the following Boroughs	<table border="1"> <tr> <td data-bbox="411 1061 818 1106">Bexley</td> <td data-bbox="826 1061 914 1106"></td> <td data-bbox="922 1061 1329 1106">Bromley</td> <td data-bbox="1337 1061 1522 1106"></td> </tr> <tr> <td data-bbox="411 1117 818 1162">Greenwich</td> <td data-bbox="826 1117 914 1162"></td> <td data-bbox="922 1117 1329 1162">Lambeth</td> <td data-bbox="1337 1117 1522 1162"></td> </tr> <tr> <td data-bbox="411 1173 818 1218">Lewisham</td> <td data-bbox="826 1173 914 1218">✓</td> <td data-bbox="922 1173 1329 1218">Southwark</td> <td data-bbox="1337 1173 1522 1218"></td> </tr> </table>	Bexley		Bromley		Greenwich		Lambeth		Lewisham	✓	Southwark	
Bexley		Bromley											
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, plans for VCSE groups to work with local populations to improve access to services.												
Financial Impact	Financial plans and projections are included at an SEL level within the ICB Five Year Strategic Commissioning Plan												
Other Engagement	<p>Public Engagement</p> <p>There has been no public engagement specifically on this draft template though JFP priorities and aspects of INT development and other plans have been shared with the People's Partnership. There will be opportunities for public engagement as the detailed plans for Neighbourhood Health are developed.</p>												
Other Committee Discussion/Engagement	JFP and planning updates LCP Strategic Board 27 th March and 27 th November 2025												
Recommendation:	The board is asked to approve the Lewisham content areas for South East London Integrated Care Board's (SEL ICB) Five Year Strategic Commissioning Plan.												

Five Year Strategic Commissioning Plan:- Template for Boroughs

Lewisham

Population Health Improvement Plan (1/3)

Lewisham



South East London

Ambition

Lewisham Health and Care Partnership aims to achieve a sustainable and accessible health and care system, to support people to maintain and improve their physical and mental wellbeing, to live independently and have access to high-quality care, when they need it. Our commitment is to make Community Based Care that is **proactive and preventative, accessible and co-ordinated**. <https://www.selondonics.org/in-your-area/lewisham/>

What do we know about our local population and residents?

Lewisham has pockets of significant deprivation, according to the Indices of Multiple Deprivation, it is the 63rd most-deprived local authority out of 317 in England, with 26% of our areas amongst the 20% most-deprived nationally, 70% of our population live in the most deprived 40%. The population of the borough is set to grow from 300,000 in 2025 to 309,646 by 2032. The 2021 Census recorded 19,957 unpaid carers in Lewisham, with 9,890 providing more than 20 hours of care per week and 5,133 providing over 50 hours of care per week.

Lewisham is ethnically diverse and the proportion of people from an ethnic minority community will increase from 49.5% in 2025 to 50.1% in 2032. There are significant disparities in health outcomes among different ethnic groups, the percentage of Black African and Black Caribbean people with Hypertension and diabetes is twice as high as for the white population in Lewisham.

The rate of premature deaths (before the age of 75) from conditions like heart disease, cancer, and respiratory diseases is higher in Lewisham compared to the London average and is especially pronounced in more deprived areas with alcohol-related more common and higher smoking rates contributing to a range of health problems, including cancer and respiratory diseases. Mental health issues, including depression and anxiety, are more prevalent among residents facing socioeconomic hardships; those with serious mental illness can also have reduced life expectancy of around 20 years. We have poor vaccination rates and cancer screening rates. There are high obesity rates recorded in reception and Year 6.

What outcomes are we looking to secure over the next five years?

The Lewisham Health & Wellbeing Strategy 2025-30 provides the strategic framework to support the health and wellbeing of our local population, particularly those who experience health inequalities. It identifies specific focused actions for each priority area and relevant outcome indicators that will be used to monitor progress and which also underpin the LHCP 5 year strategic plan and outcomes detailed in the following sections.

The priority areas for action within the strategy and how they will be measured include:

- Poverty and employment: percentage of the population with a physical or mental health condition in employment.
- Housing and care: adults with a learning disability living in stable and appropriate accommodation; emergency readmissions within 30 days of hospital discharge; number of days people remain in hospital after being medically ready for discharge.
- Education and prevention: population vaccination coverage (flu in primary school-aged children, HPV vaccine uptake in females and males); under-16 conception rate.
- Prevention: under-75 mortality from cardiovascular disease and cancer; breast, cervical and bowel cancer screening coverage; excess weight in children at reception and Year 6; smoking prevalence; potential years of life lost due to alcohol-related conditions; suicide rate per 100,000 population; proportion of older people remaining at home 91 days after discharge into reablement or rehabilitation services.

System impact: reducing demand for acute care through proactive, holistic support delivered by integrated neighbourhood teams across health, social care and the voluntary and community sector.

Population Health Improvement Plan (2/3)

Lewisham



South East London

Priority Area	What are we aiming to achieve?	Why does this matter?
To strengthen the integration of primary and community based care	<ul style="list-style-type: none"> Proactive, holistic, patient-centred care within a local neighborhood for people with long-term conditions, with personalised care planning. Reduce hospital admissions, cancers, heart attacks and strokes Integrated care for older people, focusing on proactive care, admission avoidance, discharge, and intermediate care Improved access to primary care and reduced community therapy waiting times. 	Local, integrated services are easier to navigate and improve outcomes through more holistic support that tackles health inequalities and wider social needs, particularly when built on trusted relationships with GPs and other clinicians and professionals. Designing integrated services around population health reduces duplication, supports system sustainability, and helps people manage long-term conditions, lowering demand for acute care.
To build stronger, healthier families and provide families with integrated, high quality, whole family support services.	<ul style="list-style-type: none"> Higher immunisation uptake and completion 2% reduction in excess weight among Reception and Year 6 children (2023/24–2025/26) CYP using local and digital wellbeing services as alternatives to CAMHS and specialist social care Delivery of Lewisham All-Age Carers Action Plan (2025–2028) outcomes 	Increasing access to community support such as immunisations, healthy weight services, and early help for emotional wellbeing and mental health can improve poor outcomes for children. Unpaid carers also face major health and wellbeing impacts, with many living with long-term conditions and high levels of loneliness.
To address inequalities throughout Lewisham's health and care system and tackle the impact of disadvantage and discrimination on health and care outcomes	<ul style="list-style-type: none"> Higher cancer screening rates by demographic Reduced smoking rates by demographic Better recording and management of LTC risk factors in primary care Longer, healthier life expectancy Community prevention initiatives targeting obesity, diet, and physical activity More people with SMI and LDA receiving health checks, follow-up support, and engaging in screening and stop-smoking programmes 	Life expectancy inequalities are widening in Lewisham. Leading causes of death are cancer, circulatory and respiratory disease, with under-75 Ischemic heart disease mortality higher than England. Around 26% of residents have a long-term condition, and 10% have multiple conditions. The Birmingham and Lewisham African & Caribbean Health Inequalities Review informs targeted action for Black African and Caribbean communities.
To maximise our roles as 'anchor organisations' as employers	<ul style="list-style-type: none"> Enhance local employment opportunities, make full utilisation for organisations of their apprenticeship levy, and help to overcome workforce challenges in specific areas with high vacancy rates such as community and AHPs 	There are opportunities to create more entry level roles and increasing employability for the community, resolving workforce challenges and contributes to wider local economic development. Working together on joint learning for frontline staff enhances partnership working.

Population Health Improvement Plan (3/3) Lewisham



South East London

How will these priorities contribute to the NHS three shifts?

Shift 1 – From Hospital to Community:

Lewisham's Integrated Neighbourhood Teams (INTs), Virtual Wards and UCR deliver coordinated, proactive care closer to home. Expansion of Same Day Emergency Care (SDEC) and pharmacy-led hypertension and AF pathways move long-term condition management into the community. Family Hubs, GP led Mental Health Hub for CYP, and "Ageing Well" services promote access and independence.

Shift 2 – From Analogue to Digital:

Shared Care Records, Population Health Management data and assistive technology pilots are creating the foundations of a digital-first system. Virtual Ward monitoring and digital inclusion programmes connect patients and professionals across sectors.

Shift 3 – From Sickness to Prevention:

Family Hubs and Start for Life support early years prevention, while hypertension detection, social prescribing, and community wellness tackle long-term conditions. The BLACHIR programme and housing/debt advice pilots address inequalities and social determinants, turning prevention into neighbourhood-level delivery.

How will our priorities improve access to high quality, safe care?

Our priorities improve access to safe, high-quality care by expanding neighbourhood services that provide timely support close to home. INTs, Same Day Emergency Care, Virtual Wards, and Urgent Community Response boost local capacity, reduce delays, and offer hospital alternatives. Family Hubs, youth GP clinics, and enhanced community mental health services improve access for children, young people, and underserved groups.

Safety is strengthened through proactive detection of hypertension, AF, and long-term conditions, plus targeted immunisation and screening. Shared care records and multi-agency data sharing improve continuity and decision-making.

Tackling inequalities via BLACHIR programmes, culturally competent support, co-located housing, debt, and benefits advice in neighbourhood hubs, and proactive case finding for LTC and moderate frailty further enhance both quality and safety. These priorities deliver timely, equitable, coordinated care, improving outcomes and reducing avoidable harm.

How will we monitor and share progress?

A set of outcomes have been identified and developed into a framework to measure the impact of the INT programme. To define our outcomes, a theory of change logic model was developed with the aim of clarifying the overarching aims of this programme; from these broader aims, specific & measurable outcomes were then defined. From this logic model, six key areas of focus for the outcomes framework were established: improved clinical outcomes, improved holistic wellbeing & patient experience, tackling socioeconomic 'wider determinants' (specifically unemployment), improved integration across system partners, including reduction in unplanned acute presentations, reduction in health inequalities, financial savings. Within these six categories, a list of specific, measurable outcomes was developed with input from clinical colleagues, system partner organisations, and population health data specialists. A high-level economic assessment estimated the prospective benefits of the MDM and INT programmes. For the MDM program, general ED attendances and admissions at UHL were estimated, as well as the number of re-ablement and home-based care packages. For the INT, general ED attendances and admissions at UHL were estimated in a similar manner, however, given the focus of the program on controlling specific CVD targets, separate estimates were also made on the number of STEMI heart attacks and strokes that could be prevented. The long-term value significantly exceeds the initial 5-year savings as many benefits continue to accrue throughout patients' lifetimes, particularly from prevented chronic conditions requiring lifetime management. A new leadership board will provide strategic oversight, while a dedicated Operational Meeting will manage day-to-day delivery, coordination, and performance of neighbourhood teams.

Neighbourhood Delivery Plan (1/4)



South East London

	Local Actions In Year 1	Local Actions In Year 2	Local Actions In Years 3 -5
Develop neighbourhood footprints around natural communities	<p>Well-established local neighbourhoods are in place and progress with established INTs for LTCs; further programme to strengthen partnership and integrated working, supported by organisational development. This includes primary care, voluntary and community sector, INTs, mental health, prevention, acute-to-community pathways, estates, digital, population health, and quality improvement.</p> <p>Establish community hubs in four neighbourhoods with co-located clinical and community space, alongside a Lewisham Carers Hub and neighbourhood support offer.</p>	<p>Further develop community hubs in four neighbourhoods to improve access to voluntary groups and local support such as benefits, employment, housing advice and family hub provision. This will require new approaches to using and sharing the estate across the partnership and will include establishing formal links and shared pathways between community hubs and children’s hubs, with plans developed for each hub to support seamless family and adult services.</p>	<p>Continuing development of community hubs and establishing secondary care services into these and other community spaces away from our hospital sites.</p> <p>Enhancing work on neighbourhood focused development with local authority main grants programme for the VCSE to support capacity building and key working with INTs to support vulnerable residents to link into health.</p>
Ensure good access to high quality general practice	<p>Continue delivering the Primary Care Access Plan by embedding Modern General Practice, increasing NHS App and Pharmacy First use, reducing practice variation, maximising PCN Enhanced Access, and clearly communicating this to the public.</p>	<p>Improve links with Community Dental and Ophthalmic services to support patients to be seen in the right setting, by the right person at the right time. Ongoing public communication and engagement to support patients to successfully navigate primary care.</p>	<p>Optimise access through a consistent and streamlined Modern General Practice offer across all practices, maximise NHS APP utilisation and use of increasing Community Pharmacy services.</p>
Continue to improve the primary-secondary care interface and implement the recommendations of the Red Tape Challenge (RTC) and ‘Bridging the Gap’	<p>Continue primary/secondary care interface plan via established group—covering inappropriate request letters, podcasts, joint grand rounds, WhatsApp group, and “walk in my shoes” exchanges. Begin developing interfaces with mental health, local authority, and VCSE.</p>	<p>Building on the learning from the primary/secondary care interface work and development with mental health, local authority and VCSE. Work across primary and secondary care to reduce gynaecology and cardiology outpatient appointments through joint working, training, and triage.</p>	<p>Mainstream an ongoing focus on interfaces between all providers and services to reduce bureaucracy and increase efficiencies</p>

Neighbourhood Delivery Plan (2/4)

Establish Integrated Neighbourhood Teams (INT) focused on people with complex needs at higher risk of hospital admissions (people living with frailty, care home residents, care home residents, housebound and people at end of life).

Local Actions In Year 1	Local Actions In Year 2	Local Actions In Years 3 -5
<ul style="list-style-type: none"> • GP-led MDT meeting use risk-ratification list to proactively identify top 0.5% of patients at risk of hospital admission. GPs, DNs, pharmacists, social prescribers, and other allied health professionals (including pilot of mental health professionals in N2) come together to review each flagged patient while maintaining continuity of care through GP. • Establish the Frailty INT team, including PAWS (Proactive Ageing Well Service), Falls Team, and Social Care. Integrate PAWS with Virtual Ward and Urgent Community Response, with clear referral pathways to NHS @ Home and NHS Virtual Plus, to prevent admissions and ED attendances and proactively manage at-risk residents. • Continue development of support people with multiple LTCs through the core INT for LTCs • Partner with Adult Social Care, Council, and VCSE to promote Lewisham as an Age-Friendly Borough • Map and integrate EOLC and urgent care pathways. • Improve timely identification of carers of all caring experiences and populations across health and care settings. 	<ul style="list-style-type: none"> • NHS Virtual Plus expansion: Extend proactive monitoring to high-risk cohorts beyond respiratory (COPD, CHF, frailty). • Integrate existing Virtual Ward services, fully embed pharmacy in INTs, and align with primary care for prevention and proactive outreach. • LTC and Frailty INTs: Develop clear, integrated pathways and SOPs that address co-existing mental health needs (e.g., dementia) and ensure carers are identified and involved. • Ensure that all complex patients known to the CHC Team, ASC, DN and/or living in Care Homes are included in scope for Primary Care MDMs. • The Universal Care Plan should be adopted across Lewisham with widespread training for all staff. • Re-launch the Lewisham Dementia Strategy and Care Pathway, including family carer support and enhanced services from diagnosis to end-of-life care. 	<ul style="list-style-type: none"> • Shared Care Planning Platform: Enable real-time updates across INT and virtual services. • Full Virtual Plus Model: INTs operate hybrid—physical and virtual—with predictive analytics. • AI-Enabled Risk Stratification: Identify patients at risk of deterioration for proactive outreach. • Neighbourhood Hubs: Combine clinical, social, and voluntary services in a digital-first model for LTCs, Frailty and EOLC. • Review the Primary Care Enhanced Health in Care Homes contract and recommend improvements. • Ensure that the Maximising Wellbeing at Home Contract (Domiciliary) Care is strengthened to enable these Teams to have strong links into the Frailty INT and are supported to manage complex patients by Community Nursing Teams.

Neighbourhood Delivery Plan (3/4)

	Local Actions In Year 1	Local Actions In Year 2	Local Actions In Years 3 -5
<p>Agree a multi-neighbourhood urgent care plan which includes ensuring the teams supporting urgent community response, hospital at home and home-based intermediate care have the right capacity and work seamlessly in partnership with ambulances, acute care and are linked to INTs</p>	<ul style="list-style-type: none"> Map capacity across UCR, VW (Adults & Paeds), intermediate care, MH crisis. Launch N2C 24-hour MH crisis pilot and embed referral pathways. Develop model of care for frailty INT Enhance UCR social worker role for rapid decisions and support; optimise TOCH for discharge planning. Pilot joint MDTs (frailty, paed, MH, social care). Digital readiness: shared care record access for all urgent care partners. Align with SEL wide digital front door to enhance accessibility Demand forecasting: utilise pop health and predictive analytics to understand demand 	<ul style="list-style-type: none"> Expand Virtual Plus (remote monitoring for adults & potentially paed). Create Neighbourhood Urgent Care Coordination Hub integrating established LAS ICC hub, 111, UCR, VW, MH, INTs and EoL Cross-training for urgent care, MH, paediatrics, and social care teams Launch Virtual MDTs for complex cases across pathways. Develop a joint workforce model with rapid access intermediate care pathways and escalation SOP and expand the enablement workforce and flexible bed capacity for urgent step-down during surges. 	<ul style="list-style-type: none"> Predictive analytics for urgent care demand 24/7 integrated urgent care model (health + social + MH). Outcome-based commissioning for urgent care and virtual pathways. Move intermediate care into outcomes-based contracts linked to urgent care KPIs. Continuous improvement via patient feedback and system-wide evaluation. Dynamic Capacity Planning: Use predictive analytics to flex intermediate care beds and workforce in real time.
<p>Improving planned care in the community (linked to work to redesign outpatient care)</p>	<p>Introduction of joint primary/ secondary care delivery through the INT approach. Reduce avoidable outpatient appointments by ensuring that patients are assessed, managed, and supported in the most appropriate setting, with seamless transitions between services through joint MDT/triage hubs, pre-referral decision-support for LTC clinics, and support General Practice to obtain specialist advice before referral and ensure necessary work-up and diagnostics are completed.</p>	<p>Collaborative work across the system to review and redesign the current gynaecology (Gynae) pathway, ensuring it delivers timely, person-centered, and equitable care. This will include the development and implementation of a Women's Health Hub model that improves access, coordination, and continuity of care across primary, community, and secondary services. The aim is to streamline pathways, reduce waiting times, and enhance outcomes for women through a more integrated and holistic approach.</p>	<ul style="list-style-type: none"> Commission integrated neighbourhood services with proven benefits. Expand LTC care via specialist hubs using population health data. Deploy digital tools to enhance care and empower patient self-management. Increase the outpatient's/ diagnosis services within our INT health and wellbeing hubs

Neighbourhood Delivery Plan (4/4)

Improving care for children and young people as part of neighbourhood working

Local Actions In Year 1
<ul style="list-style-type: none"> • Begin the implementation of the Local Child Health Team to support children and young people to be seen in the community. • Implement the LCHT model in at least one Primary Care Network to test and learn ahead of a full-scale rollout. • Continue to develop an integrated neighbourhood team approach, aligned with our neighbourhood Family Hub offer that will provide proactive care to children and families using a population health approach. • Expand GP Youth Clinic to cover the whole borough, which provides preventative adolescent support for mild to moderate mental health conditions.

Local Actions In Year 2
<ul style="list-style-type: none"> • Continue the implementation of the LCHT model across all Primary Care Networks with 100% uptake by the end of the year. • Implement the SEL framework for neighbourhood teams and incorporate the LCHT pathway. • Aim to have one of the four neighbourhood areas operating an CYP INT offer by the end of the year. • Explore how the GP Youth Clinics can be integrated into the CYP INT offer as it develops and embeds.

Local Actions In Years 3 -5
<ul style="list-style-type: none"> • Continue to roll out the CYP INT offer across the remaining neighbourhoods and review the model whilst identifying further opportunities to integrate community health provisions using a population health approach to identify opportunities.

Lewisham Local Care Partners Strategic Board Cover Sheet

**Item 6
Enclosure 6**

Title:	Options Appraisal and recommendation for a Direct Award of Contract to Kooth: Online Counselling for Children and Young People in South East London
Meeting Date:	22 January 2026
Author:	Patrick Nwachukwu, Commissioning Officer, Lewisham CYP Joint Commissioning
Executive Lead:	Ceri Jacob, Place Executive Lead (Lewisham)

Purpose of paper:	The purpose of this paper is to seek approval for a direct award to Kooth under the NHS Provider Selection Regime (PSR) for a further two-years. This approach is recommended to maintain continuity of care and avoid disruption of services. The service would be procured by Lewisham Integrated Care Board on behalf of the six South East London Integrated Care Boards.	Update / Information	
		Discussion	
		Decision	✓
Summary of main points:	<p>Kooth provides a digital mental health service for children and young people aged 10-25 across South-East London (SEL), covering Lambeth, Southwark, Bromley, Bexley, Greenwich, and Lewisham. Lewisham is the lead borough for the current SEL-wide contract, which expires on 31 March 2026.</p> <p>The service is well utilised and provides an effective evidenced-based prevention and early help emotional wellbeing digital offer for young people across SEL. The current service has been in place for four years and each Place has agreed to continue to provide a digital prevention and early help offer. Over the next two years, Place commissioning leads will work together on a review of digital support offers, seek the views of young people, and coproduce a long-term option for digital support across SEL.</p> <p>Financial Overview Current Contract Value: £1,105,000 (incl. VAT) – approx. £92,000 per borough annually. Proposed Direct Award Value: £1,135,000 (incl. VAT) – approx. £95,000 per borough annually.</p> <p>Performance & Impact Registrations: 4,003 unique users (1.2% of the eligible population). Logins: For 2024/25, the total logins were 30,710 averaging 4.6 logins per user. Clinical Outcomes: 89% report benefit from single sessions. 72% achieve progress on set goals.</p>		

	<p>Delivery: 9,129 hours of support over 18 months from 2024/25 to date (90% of target).</p> <p>Enhancements: Additional Engagement Officer and Qwell offer to improve uptake in lower-performing boroughs and older young people.</p> <p>Feedback Over 90% of users find Kooth helpful and would recommend it. Positive progress shown through goals-based outcomes. Uptake uneven across boroughs; targeted marketing and engagement strategies to continue.</p>		
Potential Conflicts of Interest	No conflict of interests noted.		
Any impact on BLACHIR recommendations	The Kooth service complements the BLACHIR recommendations by improving access to early mental health support for global majority groups, strengthening prevention, youth engagement, and contributing to ethnicity data to support system-wide action on inequalities.		
Relevant to the following Boroughs	Bexley		Bromley
	Greenwich		Lambeth
	Lewisham	✓	Southwark
	Equality Impact	The Direct Award to Kooth is likely to have a positive equality impact, supporting diverse CYP populations and reducing health inequalities.	
	Financial Impact	All SEL Places confirmed funding availability, including the current (2025/26) cost uplift factor of 2.83% (£30,000).	
Other Engagement	Public Engagement	Kooth provides ongoing public-facing engagement as part of routine service delivery, such as through school sessions, youth outreach, GP engagement, and digital awareness campaigns. User feedback indicates that over 90% of young people engaging with Kooth find the service helpful and would recommend it.	
	Other Committee Discussion/Engagement	Options developed with and agreed by SEL Place Leads Report presented to Lewisham SMT and SEL Planning and Delivery Group.	
Recommendation:	To approve a direct award of contract to Kooth for two-year at a total value of £1,135,000 (inc. VAT) to maintain continuity, digital choice and flexible mental health support option across SEL.		

Review of Existing Service and Options Appraisal
for a Direct Award of Contract to Kooth: Online
Counselling for Children and Young People in
South East London

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Sponsor:

Simon Whitlock
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Date: 06-11-2025

Version: 1.2 FINAL

Version	Date	Author / Amended by	Submitted to	Notes
1.1	29/10/25	Patrick Nwachukwu	Draft	n/a
1.2	04/11/2025	Patrick Nwachukwu	Head of Service	updated
1.2	06/11/2025	Simon Whitlock	Final version agreed	n/a

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1. Executive Summary

This report provides an overview of the current online counselling service for children and young people (CYP) provided by Kooth and its performance to date. The service is currently commissioned until 31 March 2026.

The purpose of this paper is to outline available procurement routes and to seek approval for a direct award to Kooth under the NHS Provider Selection Regime (PSR) for a further two-years. This approach is recommended to maintain continuity of care and avoid disruption of services. The service would be procured by Lewisham Integrated Care Board on behalf of the six South East London Integrated Care Board.

Kooth Online Counselling Service provides a clinically governed, evidence-based digital mental health and emotional wellbeing service for CYP aged 10–19 (and up to 25 for targeted cohorts). The service forms a key component of SEL’s early intervention and prevention offer, supporting access to psychological support outside of traditional service settings and operating hours.

2. Introduction / Overview

2.1 Background

Kooth provides a digital mental health and emotional wellbeing service for children and young people aged 10–19 (and up to 25 for targeted cohorts) across Lambeth, Southwark, Bromley, Bexley, Greenwich, and Lewisham. The service has been operational since April 2022 and following a successful initial term was extended in March 2024 for an additional two years.

The broad aim of the service is to deliver an early intervention, easy to access, online, in and out of hours counselling and support service to cohorts of young people within the target age range.

2.2 Summary of Key findings

Key Findings	
Contract arrangements	SEL wide contract across Lambeth, Southwark, Bromley, Bexley, Greenwich, and Lewisham. Lewisham is the lead for the Kooth contract which is due to expire on 31 March 2026.
Cost	Current Contract: £1,105,000 (including VAT) over the full-term equivalent to £92,000 per borough annually Proposed Direct Award: £1,135,000 (including VAT) over the full term equivalent to £95,000 per borough annually

<p>Performance & Activity</p>	<p>Over the past three years, Kooth has provided an accessible digital mental health service across South East London, with 3,799 registrations and 28,165 logins in the last year alone. Engagement remains strong, with 74% of logins occurring out of hours and 90% of users finding Kooth helpful. The platform serves a diverse user base - 65% aged 10–18, 68% female, and 41% from ethnic minority backgrounds. The most common presenting issues are anxiety, suicidal ideation, and self-harm. Therapeutic outcomes are positive, with 89% reporting benefit from single sessions and 72% achieving progress on set goals. Kooth delivered 1,689 hours of support in Q1 (83% of target) and contributed to 8% of SEL ICB’s MHSDS access. Recent investment in Engagement Officers and the Qwell offer aims to boost uptake, particularly in lower-performing boroughs and among older young people.</p>
<p>User & Staff feedback</p>	<p>Kooth has been well received, with most users (over 90%) finding the service helpful and recommending it, and strong progress shown through goals-based outcomes. However, uptake remains uneven across boroughs. Further marketing and tailored strategies are in place to reach underrepresented groups. Engagement is growing since the resourcing of an additional Engagement Officer.</p>

<p>Issues and Risks</p>	<p>The main issues identified relate to variable engagement, equity of access and the broader challenge of quality assurance for digital mental health interventions. While Kooth user outcomes consistently remain positive, participation across boroughs is uneven and dependent on ongoing local promotion and targeted outreach to underrepresented groups and professionals. More broadly, there is currently no consistent quality assurance framework for evaluating digital tools within the mental health sector, and the market is evolving rapidly. It will therefore be important to dedicate time to a structured evaluation of digital provision to inform future commissioning and ensure clinical safety, efficacy, and value for money. Termination or delay in re-procurement would create an immediate gap in provision, increasing pressure on statutory and voluntary sector services, and potentially widening inequalities for groups who rely on digital or out-of-hours access. Mitigations include strengthened performance monitoring, targeted engagement strategies in lower-performing boroughs, and early planning for future re-commissioning to reduce dependency risk.</p>
<p>Next Steps</p>	<p>Following discussion and agreement with SEL Borough Commissioners, the preferred approach is to proceed with a direct award to Kooth. Subject to agreement, the next steps will include initiating the direct award process in accordance with the Provider Selection Regime.</p>

3. Service Overview

3.1 Contract arrangements

The current contract is held by Kooth Digital Health Ltd for South East London Integrated Care Board (ICB), with Lewisham Place acting as the coordinating commissioner. The contract was initially awarded following a competitive procurement exercise and commenced on 1 April 2022 for a two-year period.

In March 2024, the built-in extension clause was exercised, extending the contract for a further two years to 31 March 2026. There are currently no further extension clauses available beyond March 2026, and the contract will therefore require re-procurement or a new award to ensure service continuity.

Following discussions with the six SEL Borough Commissioning leads, there was collective agreement for maintaining the current arrangement with Kooth with all Places confirming funding was in place.

3.2 Funding Arrangements

The current contract value is for £922,166 (excluding VAT) over a 24-month period split across the 6 boroughs within the SEL ICB.

Proposal for 24-month Direct Award

The proposed contract value for 24 months from 01 April 2026 to 31 March 2028 is based on the original contract with 2.83% uplift. The proposed annual cost over two year is therefore **£948,263** (excluding VAT) which equates to **£79,021.94** per borough annually.

3.3 Service Model

Kooth is a digital mental health and emotional wellbeing service for children and young people aged 10–25 across Lewisham, Lambeth, Southwark, Bromley, Bexley, and Greenwich. It provides early intervention support through an online platform that is free, anonymous, and accessible 24/7.

Kooth provides a digital, 24/7 platform offering early intervention and therapeutic support to CYP aged 10–25. The service model includes:

- Online platform accessible 365 days year
- Anonymous text-based counselling available 7 days a week, Mon–Fri 12:00 – 22:00, Sat–Sun 18:00–22:00

Services include:

- 1:1 counselling sessions with qualified practitioners.
- Drop-in chats and booked sessions.
- Moderated peer-to-peer forums and group chats.
- Self-help resources, goal-setting tools, and journals.
- Kooth magazine for user-generated content.

No referral required; waiting list, self-registration model

3.4 Service User Feedback

Service users reported a positive experience with Kooth. Over 90% of users described the platform as helpful and said they would recommend it to others. Outcomes were similarly encouraging, with strong progress recorded through Goals-Based Outcomes, showing an average improvement of six points and high rates of goal achievement across both structured and ongoing support pathways.

Engagement with the service has also grown, reflected in a marked increase in registrations and logins in recent quarters.

Content and campaigns such as *Your Move* and *The Pretender* film support more targeted engagement raising awareness and encouraging further engagement with the platform. Users value the accessibility and variety of support options available

including live chat, forums, articles and personal journals, which allowed young people to choose the type of support that best suited their needs.

4. Service Performance

Over the last three years Kooth has delivered an accessible digital mental health service across South East London. The following performance highlights are drawn from the most recent quarterly report (Q1 2025/26) and aggregated data from the past 12 months:

Platform Engagement:

- Registrations: 3,799 total registrations over the past four quarters, with Q1 2025/26 showing increase (1,104 registrations, up from 695 in Q4).
- Logins: 28,165 total logins over the past year, with Q1 2025/26 reaching a peak of 7,912 logins.
- Logins per Service User: Averaged 5.3 in Q1, maintaining a steady engagement rate across quarters.
- Chats Delivered: 1,821 chats over the past year, with 411 in Q1.
- Messages Sent: 18,933 messages over the past year, with 4,892 in Q1.
- 90% of users in the last 12 months found Kooth to be a useful source of support

Demographics & Accessibility

- Age Distribution: 65% of users aged 10–18, with 40% aged 13–16.
- Gender: 68% female, 25% male, 2% non-binary, 6% other.
- Ethnicity: 41% White, 23% Asian or Asian British, 18% Black or Black British, 11% Mixed, 8% Other.
- Out-of-Hours Access: 74% of logins occurred outside standard office hours, demonstrating Kooth's value as a flexible support option.

Presenting Issues

- Most common issues included:
- Anxiety/Stress: 48%
- Suicidal Ideation: 47%
- Self-Harm: 21%
- Family Relationships: 23%
- Sadness: 21%

Therapeutic Outcomes

- SWAN-OM (Single Session Outcomes): 89% of users reported positive outcomes.
- Goal-Based Outcomes (GBO): 72% of users with paired goals achieved meaningful progress.

End-of-Session Feedback:

- 94% would recommend counselling to a friend.
- 91% felt heard, understood, and respected.
- POCEM (Experience Measure): 91% of users rated content as helpful

Delivery Hours

- Commissioned Hours: 2,034 hours for Q1.
- Delivered Hours: 1,689 hours (83% delivery rate).

MHSDS access

- In the last 12months, Kooth contributed to 8% of SEL ICB's total MHSDS access measure
- The current 12 month rolling average for MHSDS access is 1,742 (under 18 only),

5. Risks and Impact (*if service was to cease*)

Risks and impact of service cessation are outlined in the table below:

Risk	Impact
Disruption to early intervention	Loss of key early intervention and digital counselling service for children and young people (CYP) across the six SEL boroughs. This would create a gap in accessible, anonymous, and out-of-hours support, particularly for those unwilling or unable to access face-to-face services.
Increased pressure on services	Demand would likely shift to already stretched CAMHS, school counselling, and voluntary sector services, increasing waiting times and potentially leading to escalation of needs. Kooth has been shown to be an effective offer for CYP waiting for more specialist treatment and supports 'waiting well' initiatives. Service cessation could result in more children and young people presenting in crisis or requiring higher-cost interventions.
Loss of continuity	Disruption to established referral pathways and ongoing care
Negative impact on outcomes	Kooth is used by a diverse range of children and young people, including those from marginalised groups who may face barriers to traditional services. Its loss could

	widen health inequalities and reduce access for vulnerable groups.
Operational/financial risks	There is a risk of service gaps and loss of economies of scale if boroughs commission their own solutions individually

6. Options Analysis

	Pros	Cons
Option 1 - Do Nothing	<ul style="list-style-type: none"> - No procurement required and a financial saving from the budget currently allocated to this service 	<ul style="list-style-type: none"> - This is not recommended. It would result in the current contract expiring at the end of March 2026, leading to the cessation of the service and potential issues and risks as highlighted in Section 5 – mainly increased pressure on specialist services and loss of digital offer for CYP
Option 2: Recommission the current provider (Kooth) via a two-year Direct Award under PSR	<ul style="list-style-type: none"> - Continuity of care and established provider with strong links to partners across all six boroughs - Strong performance and positive user feedback - Supports MHSDS access targets - It also allows sufficient time to plan commissioning activities for future procurement plans - Opportunity to transfer over to Kooth's updated product 'Soluna' at same cost 	<ul style="list-style-type: none"> - Requires robust justification for Direct Award - Limited opportunity to test market or innovate
Option 3: Go out to competitive tender for a new provider	<ul style="list-style-type: none"> - Opportunity to test the market and explore innovation - Ensures transparency and compliance with procurement regulations - May yield cost or quality improvements 	<ul style="list-style-type: none"> - High administrative burden and longer timelines - As the contract expires 31st March 2026, this option is not recommended. Insufficient time for procurement and commissioning activities poses a high risk of service

		<p>disruption, limited provider interest, inadequate due diligence, loss of continuity, and increased resource and reputational risks</p> <ul style="list-style-type: none"> - The six boroughs have committed to reviewing digital offers and coproducing solutions with young people to ensure they are fit for purpose. This option would not allow sufficient time to do this work.
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7. Proposed procurement options

7.1 Contract Extension (Invoke Extension Clause)

The current SEL ICS contract with Kooth includes an extension clause, allowing for a further 24 months of delivery (to March 2026), subject to agreement by all six boroughs and the provider. This option has already been invoked under the current contract arrangement. The contract expires March 2026, and no further extension are permitted.

7.2 Direct Award (Provider Selection Regime – PSR)

Under the NHS Provider Selection Regime (PSR), a direct award can be made to Kooth if the provider is meeting current contract requirements and the service specification is not changing significantly.

This route is justified where continuity, proven performance, and lack of viable alternatives are demonstrated, and is compliant with NHS procurement regulations. This route offers lower administrative burden and significantly lower unit cost (£58.27/hr) based on Kooth’s two-year quotation under a direct award.

7.3 Framework Call-Off

Kooth is listed on major procurement frameworks such as G-Cloud and NHS SBS. SEL ICS could use a framework to run a mini-competition or make a direct call-off, which can be faster than a full open procurement and ensures compliance with procurement rules. This would also enable individual borough to call off for a more bespoke service level. However, this would be more resource intensive and higher unit cost (£65.33/hr for 600+ hours) under a framework call off.

7.4 Full Competitive Procurement

SEL ICS could go out to the market with a new procurement exercise, inviting bids from Kooth and other digital mental health providers. This option allows for market testing and potential innovation, but the contract deadline of March 2026 presents a higher risk of service disruption including the reasons outlined under section 6 (option 3).

7.5 Contract Lapse/Expiry

This option allows the current Kooth contract to expire in March 2026 without renewal or replacement, with funding reallocated or boroughs commissioning their own solutions individually. This option is not recommended due to the risk of service gaps and loss of economies of scale.

8. Recommendations

The preferred option is to recommission the current provider, Kooth Digital Health Ltd, via a Direct Award under the Provider Selection Regime (Option 2 under section 6).

Kooth has consistently delivered an accessible, and well-utilised digital mental health service across all six South East London boroughs. The provider has established strong local relationships, robust reporting and governance, and contributed significantly to the SEL ICB's Mental Health Services Data Set (MHSDS) access targets. Discontinuing the service at this stage would result in disruption to continuity of care for children and young people. It would also risk increasing pressure on already stretched specialist services.

The costs, risks, and time associated with procuring and embedding a new provider are considerable. A full competitive tender or service redesign would require significant system capacity, which is currently constrained due to ongoing national ICB reconfigurations and local transformation priorities. Similarly, bringing the service in-house is not currently feasible due to the lack of digital infrastructure and workforce capacity required to deliver a comparable offer.

Given the rapidly evolving digital landscape and the need for stability during a period of wider system change, a Direct Award to Kooth is recommended as a pragmatic solution.

Lewisham Local Care Partners Strategic Board Cover Sheet

**Item 7
Enclosure 7**

Title:	Primary Care Access Plan
Meeting Date:	22 nd January 2026
Author:	Ashley O'Shaughnessy, Associate Director of Primary Care and Community Based Care (Lewisham)
Executive Lead:	Ceri Jacob, Place Executive Lead (Lewisham)

Purpose of paper:	The purpose of this paper is to provide an update on delivery of the Lewisham Primary Care Access Plan and also to specifically focus on plans for Same Day Urgent Care (SDUC) as part of this	Update / Information	
		Discussion	X
		Decision	
Summary of main points:	<p>NHSE published the Delivery plan for recovering access to primary care in May 2023</p> <p>Primary Care access is also a key component of the local Five year forward view delivery plan for Primary Care in Lewisham (2023-2028)</p> <p>The Lewisham Primary Care Access Plan was presented to the Lewisham Local Care Partners Strategic Board in March 2025.</p> <p>The plan is structured in line with headings of the national Delivery plan for recovering access to primary care, namely:</p> <ul style="list-style-type: none"> • Empower patients • Implement 'Modern General Practice Access' • Build capacity • Cut bureaucracy <p>This report provides an update on progress against the plan which is regularly tracked through the Lewisham Primary Care Group.</p> <p>An update on the specific plans for Same Day Urgent Care (SDUC) are also presented.</p>		

Potential Conflicts of Interest	None identified		
Any impact on BLACHIR recommendations	No specific impacts identified		
Relevant to the following Boroughs	Bexley		Bromley
	Greenwich		Lambeth
	Lewisham	✓	Southwark
	Equality Impact	Delivery of the plan should support a reduction in health inequalities with patients having equal access whether they contact their practice face to face, via the phone or online.	
	Financial Impact	Financial considerations include a mixture of national and local contracts, incentives and programmes	
Other Engagement	Public Engagement	There has been extensive engagement with the Lewisham Peoples Partnership and one of the key elements of the plan is a comprehensive public communications and engagement campaign	
	Other Committee Discussion/ Engagement	<ul style="list-style-type: none"> ▪ Lewisham Primary Care Group ▪ Lewisham People's Partnership ▪ Lewisham Place Executive Group ▪ LCP Board Seminar ▪ Lewisham Primary Care Leadership Forum ▪ Lewisham Healthier Communities Select Committee ▪ Lewisham Senior Management Team 	
Recommendation:	The Lewisham Local Care Partnership Strategic Board is asked to note the update on delivery against the Lewisham Primary Care Access Plan and in particular the plans for Same Day Urgent Care (SDUC) as part of this		

Lewisham Primary Care Access Plan

UPDATE

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

Version 1.0

Lewisham LCP Board

22nd January 2026

Introduction



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 underway to support improved access and this high level summary plan seeks to consolidate these activities into one place

The plan is structured in line with headings of the national Delivery plan for recovering access to primary care

An update on the plan is given including performance metrics where applicable and available

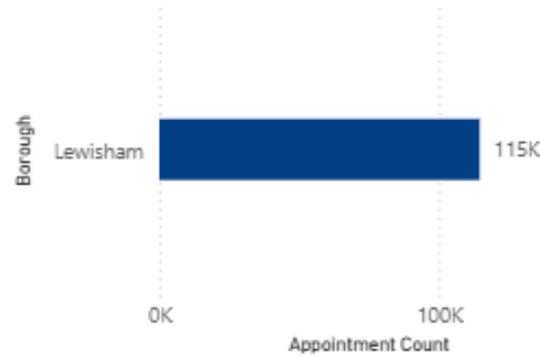
The latest high level appointment data has also been included to help provide context

GP APPOINTMENT DATA

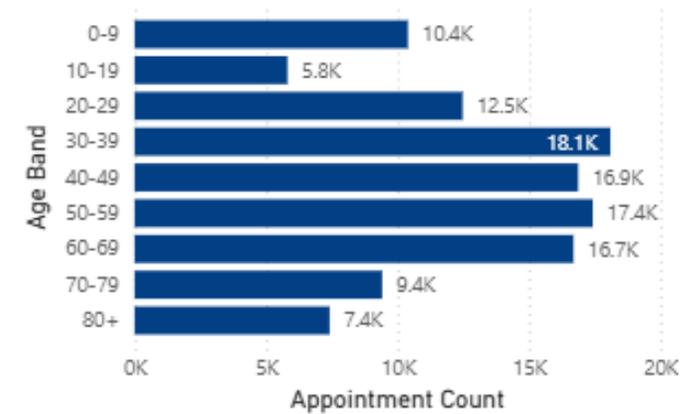
- In the month of November 2025, Lewisham GP Practices delivered **114,626** appointments
- **77.28%** of these appointments were face to face
- A further breakdown of appointments by population demographics is given below

Borough	Population	Appointment Count
Lewisham	358,190	114,626
Total		114,626

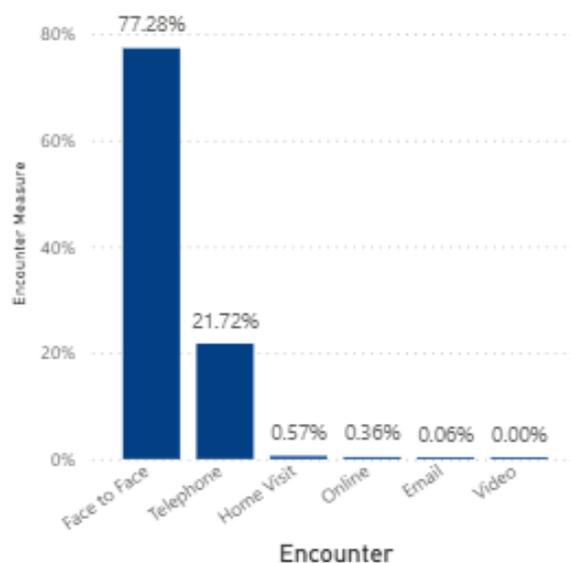
Appointment Count by Borough



Appointment Count by Age Band

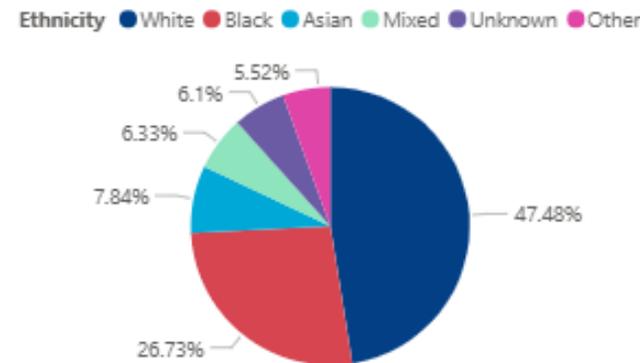


Appointment Count by Encounter



Age	Female	Male
0-9	48.61%	51.39%
10-19	57.15%	42.85%
20-29	70.21%	29.79%
30-39	68.47%	31.53%
40-49	65.67%	34.33%
50-59	59.40%	40.60%
60-69	54.80%	45.20%
70-79	54.49%	45.51%
80+	62.38%	37.62%
Total	60.96%	39.04%

Appointment Count by Ethnicity



Ethnicity	Female	Male
Asian	56.67%	43.33%
Black	63.34%	36.66%
Mixed	61.86%	38.14%
Other	62.07%	37.93%
Unknown	57.33%	42.67%
White	60.54%	39.46%
Total	60.96%	39.04%

Empower patients

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 certain 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 October 2025) is 58.3% - there has been a 6% improvement over the last 12 months. Unfortunately, due to technical limitations, we have lost several thousand registrations as part of planned practice mergers which will all 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.

Do more with the NHS App!

- 🔗 Order repeat prescriptions
- 📅 Book appointments
- 👁️ View your records
- And much more...

NHS App



SEL Registered patients 13+ benchmarked against London and National



58.3%

Total NHS App Registrations 13+	GP Registered Patients
180,645	309,793

65%
SEL Target

Empower patients



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

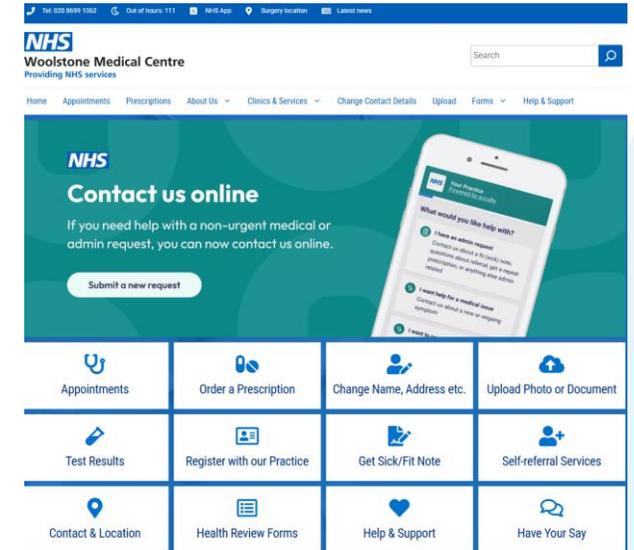
We have an ongoing work programme with all practices to review and refine their websites to make them easier to navigate for patients including ensuring they are up to date, consistent and cover all key areas.

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-meecs.com/patient-information-meecs/>
- Talking therapies - <https://lewishamtalkingtherapies.nhs.uk/refer-yourself/>
- Stop smoking - <https://www.smokefreelewisham.co.uk/>



Empower patients

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'

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

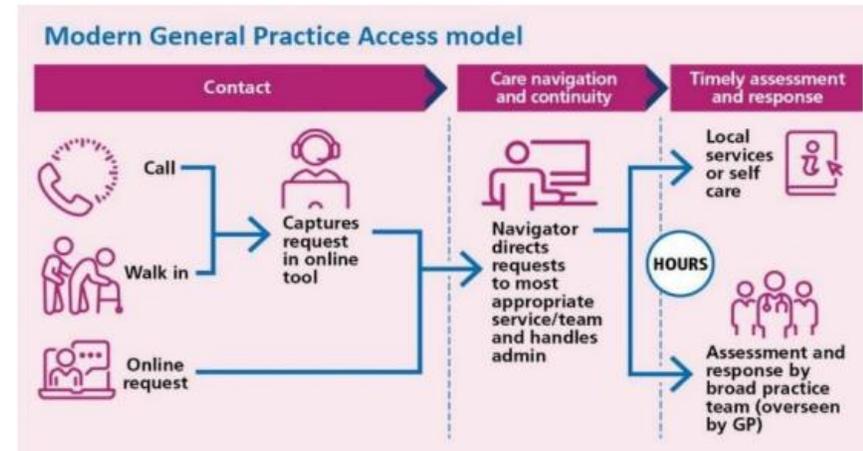
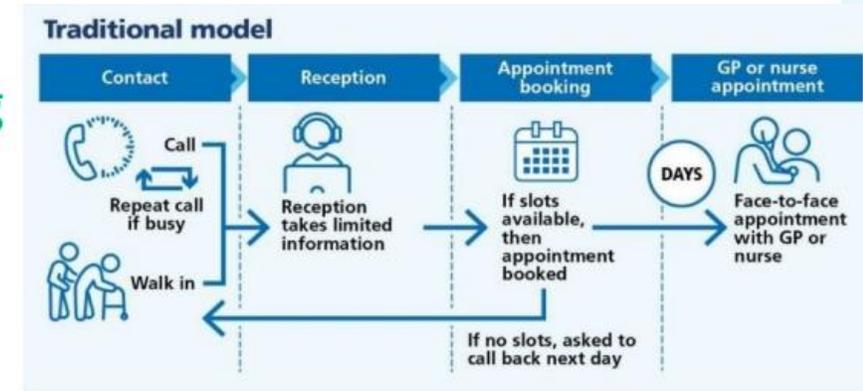
Good progress has been made across all practices in Lewisham in implementing the MGP model:

- 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 – based on the available data, all practices are compliant with the October 2025 contractual requirement to have this access option available during core opening hours
- 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

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

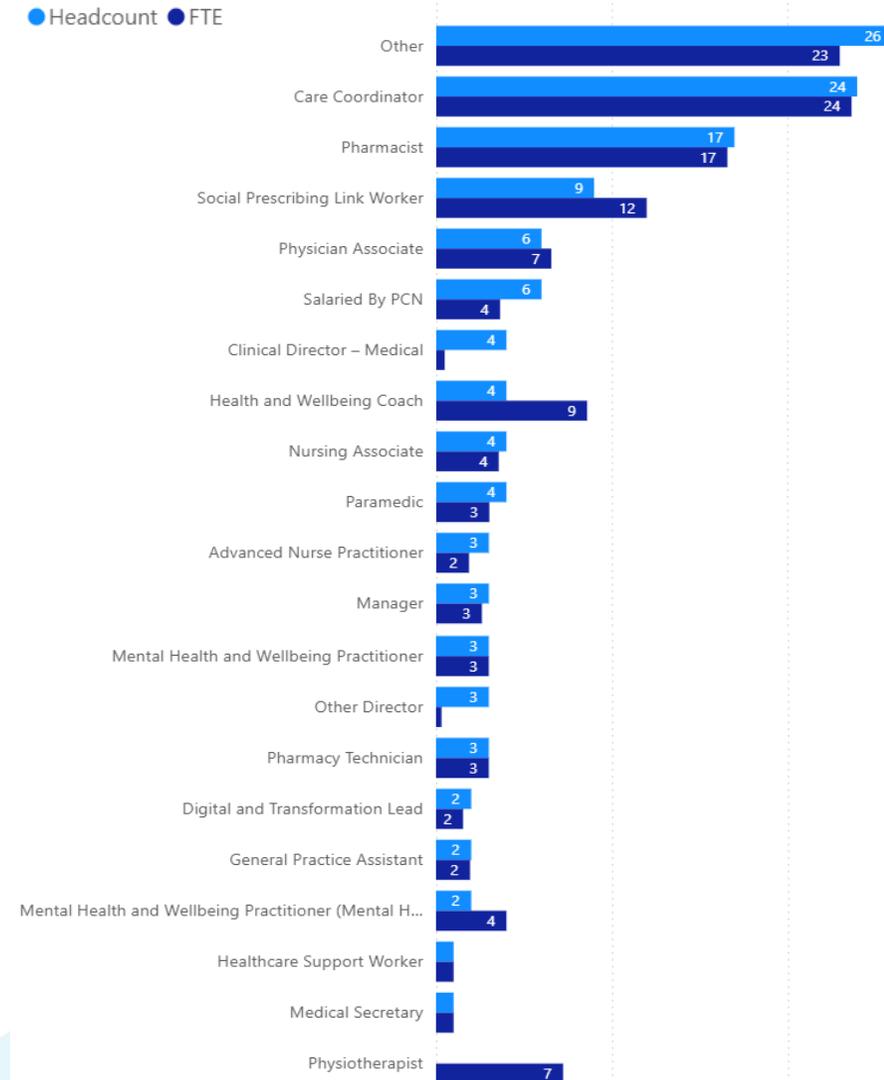
Additional Roles Reimbursement Scheme (ARRS)

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

Headcount and FTE by Job Role



Build capacity

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.

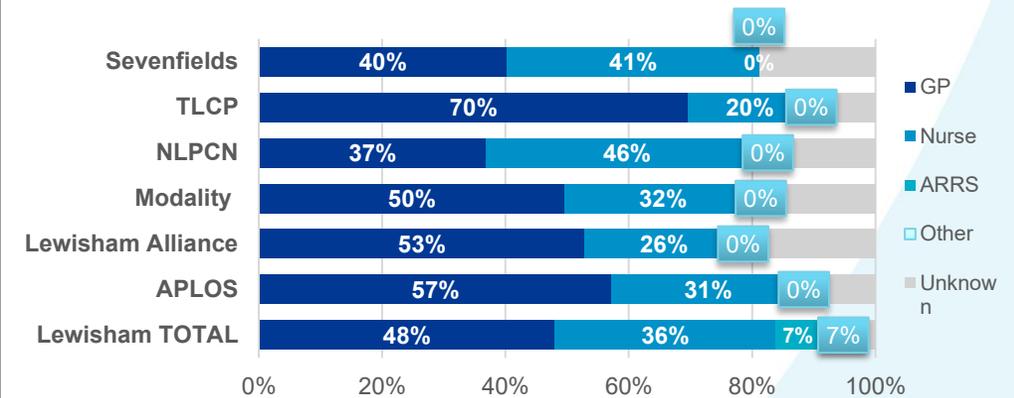
In addition, PCNs are required to provide “**Enhanced Access**” through additional appointments on weekday evenings (6.30pm-8pm) and on Saturdays (9am-5pm).

In 2024/25:

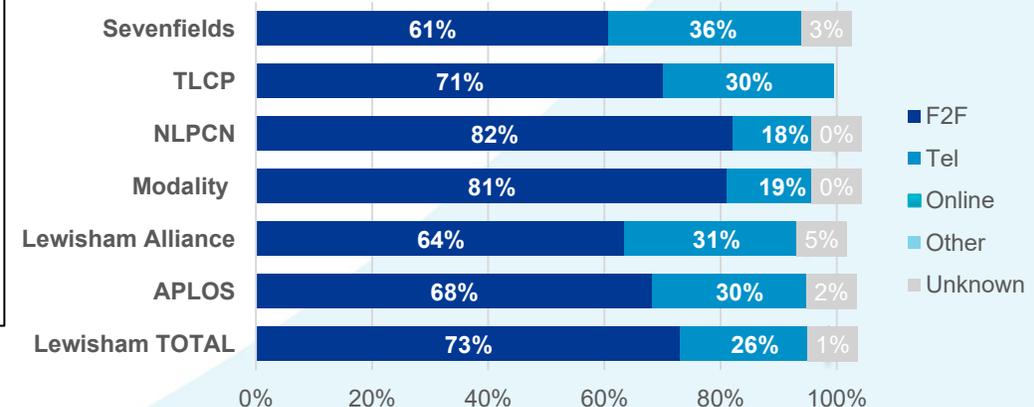
- Approximately 20,244 hours were delivered offering a total of 60,497 appointments
- 48% of these appointments were with a GP
- 36% of these appointments were with a nurse
- 73% of these appointments were face to face
- 26% of these appointments were by telephone
- 17% average DNA rate across Lewisham.

There is variation across the PCNs in how they configure their Enhanced Access appointments particularly in regard to the mix between same day and pre-booked appointments.

% of appointments by clinician type by PCN



% of appointments by Appointment type by PCN



Build capacity

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. Practices have part funded some of the works as well as managing the actual building projects.

Over the last 12 months 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 digitising patient records, the 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

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
- Walk in my shoes' programme with primary care staff visiting the hospital and visa versa



Lewisham Primary Care 'Better Access Lewisham' campaign update

JANUARY 2026

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.

The campaign covers the following core areas:

1. NHS App

2. Access & Triage

3. Pharmacy First

4. GP Teams

Campaign visuals



Campaign visuals

Your GP practice may offer a face-to-face, phone, or video appointment. Appointments may be offered on the day for urgent requests or within two weeks for more routine requirements.

NHS
South East London

We're here to help you reach the right care

Shirley, Reception Administrator
New Cross Health Centre

Arinola, Phlebotomist
New Cross Health Centre

Luca, Pharmacist
New Cross Health Centre

lhcp Lewisham
Health and Care Partnership

NHS
South East London

Our team are experts in helping you reach the right care, at the right time

Samia, Reception Administrator
New Cross Health Centre

Katie, Nursing Associate
New Cross Health Centre

Sharif, Practice Manager
New Cross Health Centre

Campaign visuals

NHS
South East London

We can offer you a range of different appointments
These may include telephone, online and face-to-face appointments with your GP team

Katie, Nursing Associate
New Cross Health Centre

Taj, CP
New Cross Health Centre

Daniel, Reception Administrator
New Cross Health Centre

NHS
South East London

Early morning, evening and Saturday appointments are available at your GP practice or at an NHS service nearby - including for your vaccinations, health checks and screenings.

We're here for you evenings & Saturdays

Zoe, Lead Administrator
New Cross Health Centre

Nureen, Prescription Clerk
New Cross Health Centre

Mizan, Practice Supervisor
New Cross Health Centre

lhcp Lewisham
Health and Care Partnership

South East London Integrated Care System

Our residents In your area Get involved Who we are Jobs & careers News & events

Home > In your area > Lewisham Health and Care Partnership > A guide to accessing NHS services in Lewisham



A guide to accessing NHS services in Lewisham



We are working to support Lewisham residents to access the right care at the right time, and our practice teams have been trained to help you reach the right service.

Whether you pop in, call or make a request online, they'll ask you to share a brief overview of your query so they can understand how to best direct you. They may suggest booking an appointment with a

lhcp Lewisham
Health and Care Partnership

NHS
South East London

Access to primary care services in Lewisham

We are working to support Lewisham residents to access the right care at the right time. Our GP practice teams have been trained to help you reach the right service.

Whether you pop in, call or make a request online, they'll ask you to share a brief overview of your query so they can understand how to best direct you. They may suggest booking an appointment with a doctor, another member of the practice team or direct you to

You may be offered a face-to-face on the type of query, availability. Appointments are now offered First-con

lhcp Lewisham
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South East London

Meet your Lewisham primary care team

Luca, Pharmacist in a Lewisham GP Practice

Arinola, Phlebotomist in a Lewisham GP Practice

Elena, Health and Wellbeing Coach in a Lewisham Primary Care Network

lhcp Lewisham
Health and Care Partnership

NHS
South East London



Scan the QR code or visit [www.seLondonics.org/lewisham-access](#) to learn more about healthcare services available in Lewisham.

"I start your care by asking key questions to direct you to the appropriate health professional."

Shanice, Reception Administrator

"I oversee your general health, offering diagnoses, treatments, and referrals to ensure comprehensive medical care."

Michael, GP

"I care for you throughout your life, from family planning and immunisations to blood samples and chronic conditions."

Grace, Practice Nurse



Scan the QR code or visit www.seLondonics.org/lewisham-access to learn more about healthcare services available in Lewisham.

Why the Reception teams in Lewisham GPs may ask about your appointment



Extended hours now available in Lewisham GPs



How GP reception administration teams support you, how to contact your practice and how the NHS App makes things easier



CONTENT CREATION

- 30 real people who work in Lewisham were filmed and photographed to capture content
- 80 visuals were created to communicate our messages in bitesize form
- 50 video clips were generated to explain access routes into primary care in an easily digestible way

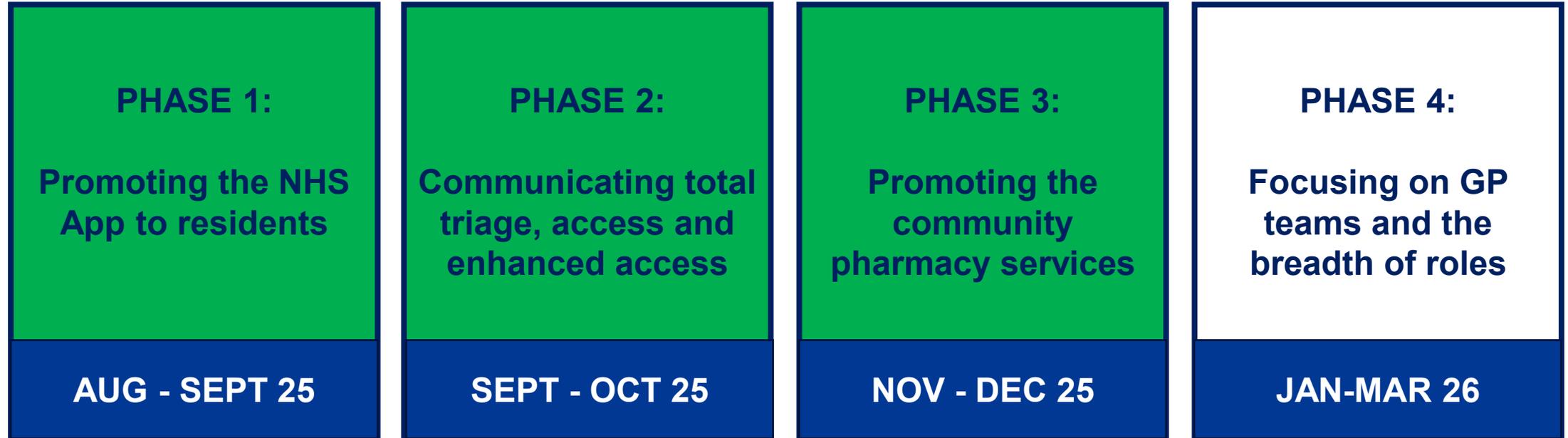
CAMPAIGN VISIBILITY

- 2x adverts in Lewisham Life Magazine
- 4 weeks of outdoor advertising screens with JC Decaux
- 11,000 leaflets distributed across the borough
- 2-week paid social media advertising campaign on Facebook & Instagram

EFFECTIVENESS

- Positive feedback on visuals: simple, effective, easy to understand
- 279 visits to access web page
- Socials: 26,600 users reached, 240,000 impressions & 1,500 link clicks

Key Messages & Timeline



We are now starting Phase 4 of the campaign which focuses on the breadth of roles within a practice team. It will build on the role of the reception team and highlight nurses, social prescribers, health and wellbeing coaches and others. It will also cover self referral, communicating the services available and how to refer into them.

Areas for focus going forward

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	Continuing to engage and communicate 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. All system partners are asked to help share the 'Better Access Lewisham' campaign materials to support this
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 neighbourhood 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

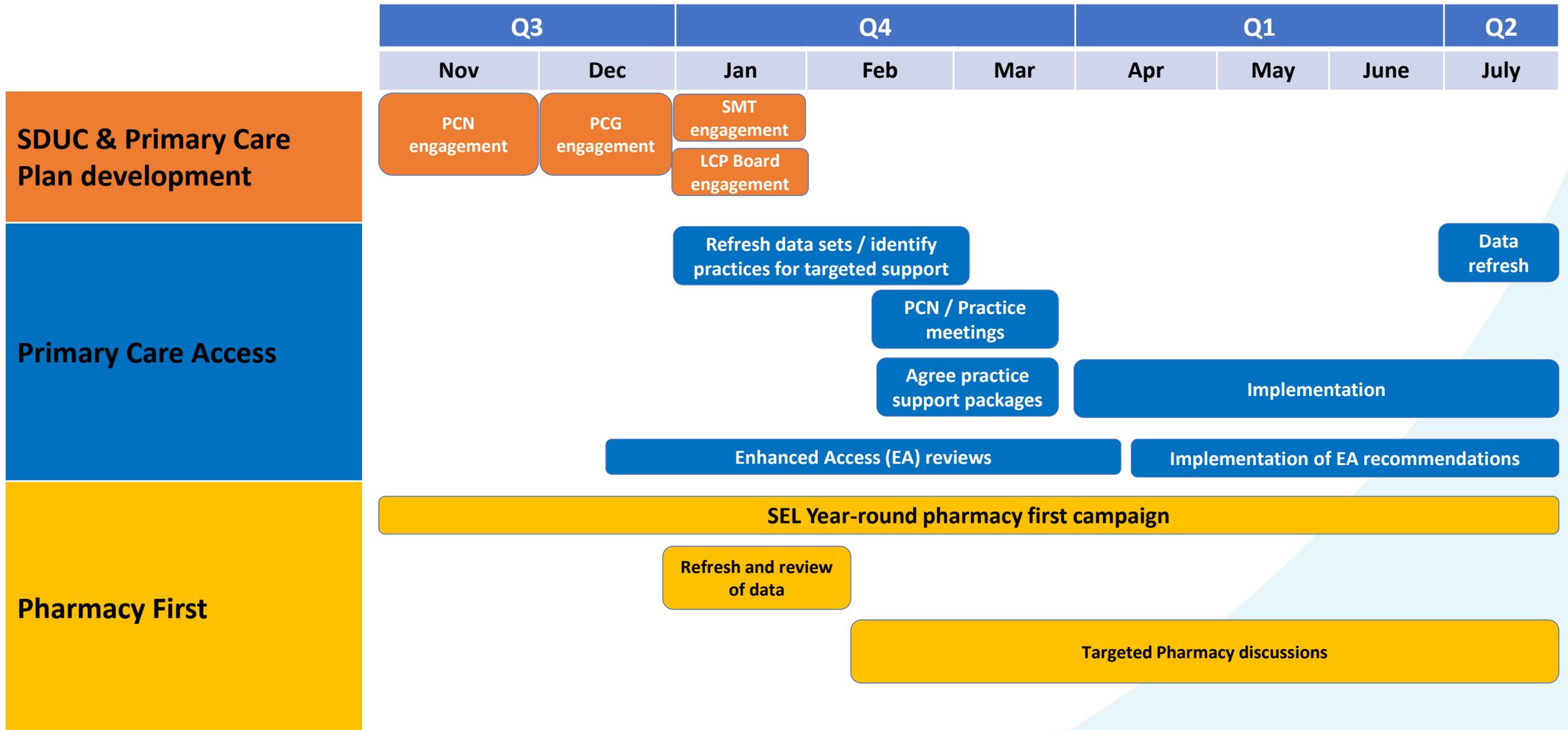
Same Day Urgent Care (SDUC) & Primary Care Plan

Summary

Focus areas and timelines (1)



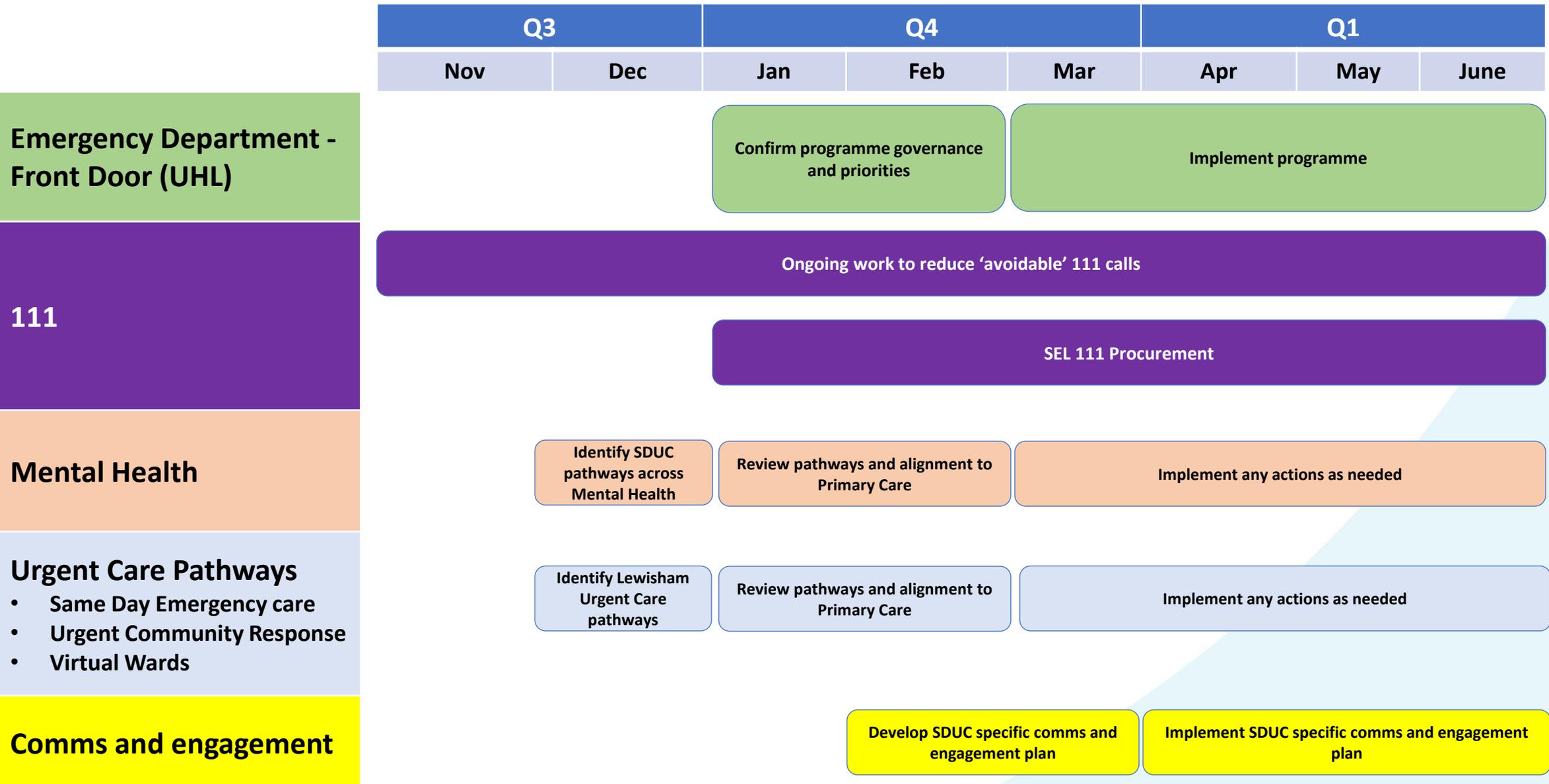
South East London



Focus areas and timelines (2)



South East London



Lewisham Local Care Partners Strategic Board Cover Sheet

**Item 8
Enclosure 8**

Title:	LGT Elective Improvement update
Meeting Date:	22 nd January 2026
Author:	Natasha Crawford
Executive Lead:	Miranda Jenkins

Purpose of paper:	Update on elective improvement at Lewisham and Greenwich NHS Trust and Primary – Secondary care interface arrangements	Update / Information	X
		Discussion	
		Decision	
Summary of main points:	<ul style="list-style-type: none"> - LGT continues to make significant progress on reducing long waits, reducing from ~70,000 to 55,000 in the last six months - LGT expects to meet its 25/26 operational plan with 62% of patients receiving treatment within 18-weeks - Reducing wait to first OP appointment remains a priority in 2026, to enable delivery of NHS Constitutional Standards - The vast majority of our clinical services now have Specialist Advice established, with a significant increase in the number of requests received in last 12 months. We continue to divert fewer referrals than other London acute providers - Digital adoption, through the Patient Portal, has delivered a number of benefits for both patients and the Trust – reducing DNA and improving optimising internal processes - In late 2025, SEL ICB established a Lewisham Interface Forum, bringing together LGT and Primary Care colleagues. A number of priorities have been jointly agreed and will be taken forward throughout 2026, building on progress to date 		
Potential Conflicts of Interest	None		
Any impact on BLACHIR recommendations	N/A		
	Bexley		Bromley

Relevant to the following Boroughs	Greenwich		Lambeth	
	Lewisham	✓	Southwark	
	Equality Impact	N/A		
	Financial Impact	N/A		
Other Engagement	Public Engagement	N/A		
	Other Committee Discussion/ Engagement	N/A		
Recommendation:	Paper for information only.			

Lewisham LCP Strategic Board

22nd January 2026

NHS 10-year plan: Outpatients

The NHS 10-Year Plan provides quite a radical vision for Outpatients – but we are awaiting further planning guidance to understand how we are expected to begin to work towards this throughout 2025/26 onwards

3 strategic shifts

Hospital to Community



“End hospital outpatients as we know it by 2035”

- By 2035, 2/3 of outpatient appointments will be replaced by digital means
- Neighbourhood health service
- Routine follow-ups replaced by patient-initiated, remote, or local care

Analogue to Digital



- NHS App to support direct booking, test referrals, advice, and tracking
- Shared access to a Single Patient Record for GPs, hospitals, and neighbourhood teams.
- Introduction of remote monitoring, AI-based deterioration alerts, and patient-initiated follow-up as the new standard.

Treatment to Prevention



- Outpatients will play a proactive role in prevention
- Wearables and home monitoring offered to patients with LTCs
- Expansion of self-management tools via the NHS App (My Health, My Medicines)
- Genomic screening to identify future risk and personalise outpatient pathways

Underpinned by 5 key enablers

New Operating Model



- NHS providers evolve into Integrated Health Organisations (IHOs) holding budgets and delivering both primary and outpatient care
- Outpatients embedded in neighbourhood-level service delivery

Transparency of care



- Patient outcomes and experience tied to provider performance and funding (e.g. patient power payments)
- Patient access to their records and care plan enables shared decision-making in outpatient settings

Workforce



- Shift in clinical time away from low-value outpatient follow-ups
- Workforce reform supports advanced roles, digital triage, and remote team-based care models

Innovation & tech



- Use of AI for triage and decision support, especially in long-term condition management
- Use of AI for admin processes (e.g. validation)
- Remote monitoring, automated scheduling, and wearables

Finance & productivity



- Traditional block payments for outpatient care will be replaced with value-based payments (based on patient outcomes & experience)

Restoration of constitutional standards

- By 2028/29, the NHS is required to return to 92% of patients treated within 18 weeks – a level the system has not achieved for many years
- Emergency care must recover despite record demand: 85% of patients through urgent and emergency care are expected to be seen within 4 hours by 2028/29
- Improved access for cancer diagnosis and treatment – 85% of patients are expected to have treatment within 62/days of referral by 2028/29

The 'left shift'

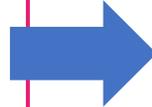
- Expected reductions in admissions, movement of more care into the community and development of neighbourhood approach

Transformation at LGT

Progress so far & emerging priorities for our Elective Improvement Programme

24/25 Outpatient Transformation Programme successes

- ✓ Patient Portal implementation, successfully digitising appointment letters & notifications
- ✓ Partial Booking for ENT
- ✓ DNA Improvement
- ✓ Patient Experience & Engagement
- ✓ Expansion of PIFU utilisation & reporting
- ✓ Waiting List Validation
- ✓ Pump prime funding for Specialist Advice



- ✓ DNA reduction
- ✓ PTL reduction
- ✓ Waiting times
- ✓ Improving validation metrics

Lewisham Surgical Centre
(Dec 25)

Artificial Intelligence (AI) Adoption of AI tools to enable operational and clinical efficiencies:

- RTT Validation
- Integrating diagnostics into PTL
- Pathway validation
- Population Health Management
- Clinical coding
- Waiting list management
- Clinical triage

2024/25

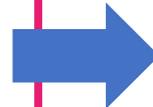
2025/26

2026/27

25/26 Elective Improvement Programme (new structure)

Emerging new priorities in line with GIRFT and Further Faster:

- Clinic template standardisation to address unwarranted variation
- Specialist advice expansion: A&G top quartile – target
- PIFU 5% – target
- Standardising waiting times cross-site
- Digital transformation



- 62% of patients treated within 18 weeks by March 2026
- Increase PIFU rates
- Pre- and post- referral advice performance

LGT 2026-31 Strategy

Urology Investigations Unit
(summer 26)

New Trust EPR

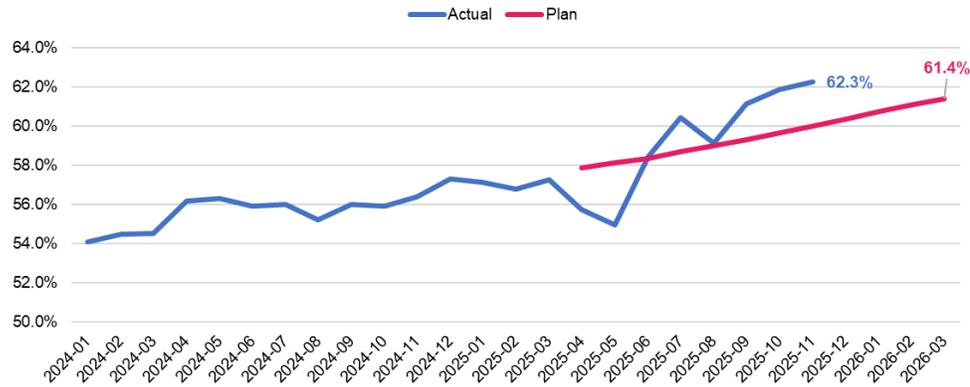
Procurement of a new trust-wide Electronic Patient Record has huge potential for efficiency:

- Safer, faster clinical decisions
- Streamlined, paperless workflows
- Improved data and insights
- Faster outpatient triage and booking
- Improved RTT tracking
- Supports virtual and remote clinics
- Enhanced communication with GPs

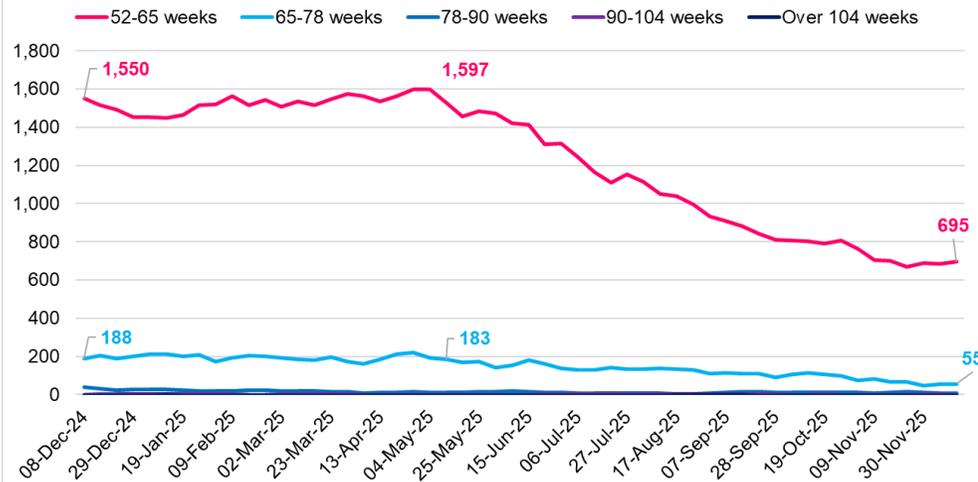
Making progress – routine care

Significant improvements on reducing long waits

LGT - RTT Waiting List % Under 18 Weeks



UHL - RTT Waiting List - Long Waiting Cohorts



- We continue made **significant progress** on reducing long waits – we are one of the most improved Trusts across London for reduction in our waiting list and total number of long waits
- Our overall **waiting list has reduced** from approximately 70,000 to 55,000 in the last six months
- The number of patients waiting over 52 weeks for treatment has **more than halved** from 2600 in Jan-25 to around 1200 in Dec-25
- We are expecting to **meet our operational plan for 2025/26** with 62% of patients receiving treatment within 18/weeks
- Our improvement work is focused around **reducing waits to first Outpatient appointment**

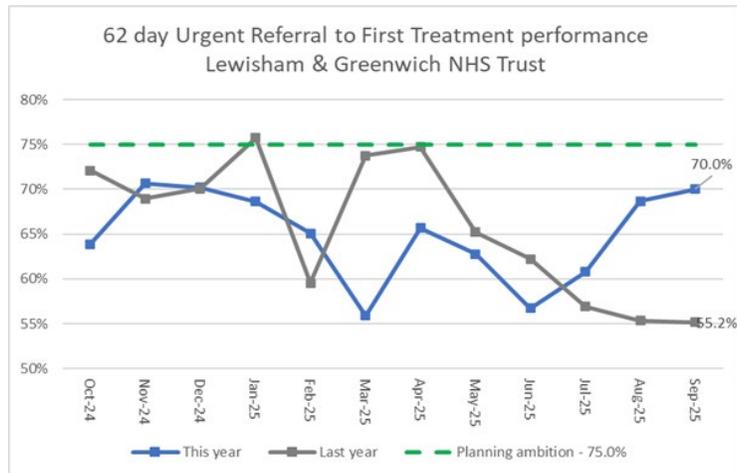
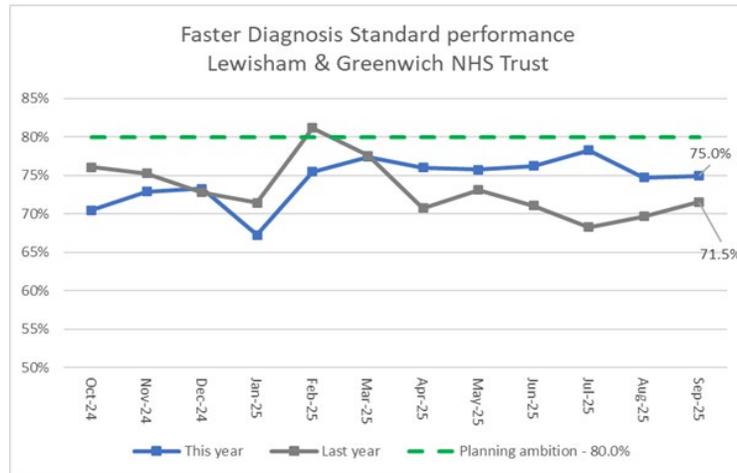
Making progress – routine care

Service at University Hospital Lewisham	Dec 25
Cardiology	46
Clinical Haematology	12
Colorectal Surgery	31
Dermatology	24
Diabetic Medicine	13
Elderly Medicine	12
Endocrinology	15
ENT	26
Gastroenterology	38
General Surgery	27
Gynaecology	41
Neurology	32
Pain Management	36
Respiratory Medicine	21
Rheumatology	11
Trauma & Orthopaedics	18

- Our overall 'wait to first appointment' from referral is **reducing**
- We are making **good progress in some areas** – including general/colorectal surgery, ENT and Trauma and Orthopaedics – supported by new investments and working differently
- We are working more to a '**one queue**' approach – offering patients choice at the earliest available site across LGT and community locations
- To sustainably deliver full assessment, diagnostics, treatment/discharge within 18 weeks (against the 92% standard) we are **continuing to focus on this in 2026**

Making progress – cancer care

Good improvements on cancer diagnosis; more to do on time to treatment



- We are making **good progress** on diagnosing or ruling out cancer for our patients and consistently above access last year
- We have more work to do on **treating our patients diagnosed with cancer within 62 days of referral**; currently between 65-70% of our patients are treated within 62 days against a standard of 75%.
- We have a **recovery plan with South East London partners** recognising a significant proportion of our patients are on shared pathways for diagnostics and treatment.
- We have invested over **£1 million into our oncology services** in 2025/26 strengthening our clinical leadership and offer.
- We continue to work with partners and our cancer alliance on **development and expansion of screening programmes** – including bowel, cervical, breast and lung

Specialist advice: summary



What does the data show?

- ✓ The vast majority of our clinical services now have A&G and RAS established
- ✓ We are **receiving** and **responding** to more requests than ever before
- We are **diverting fewer** referrals through Specialist Advice compared to other London acute providers
- We are **sending fewer** Advice & Guidance requests **back with advice** compared to our peers



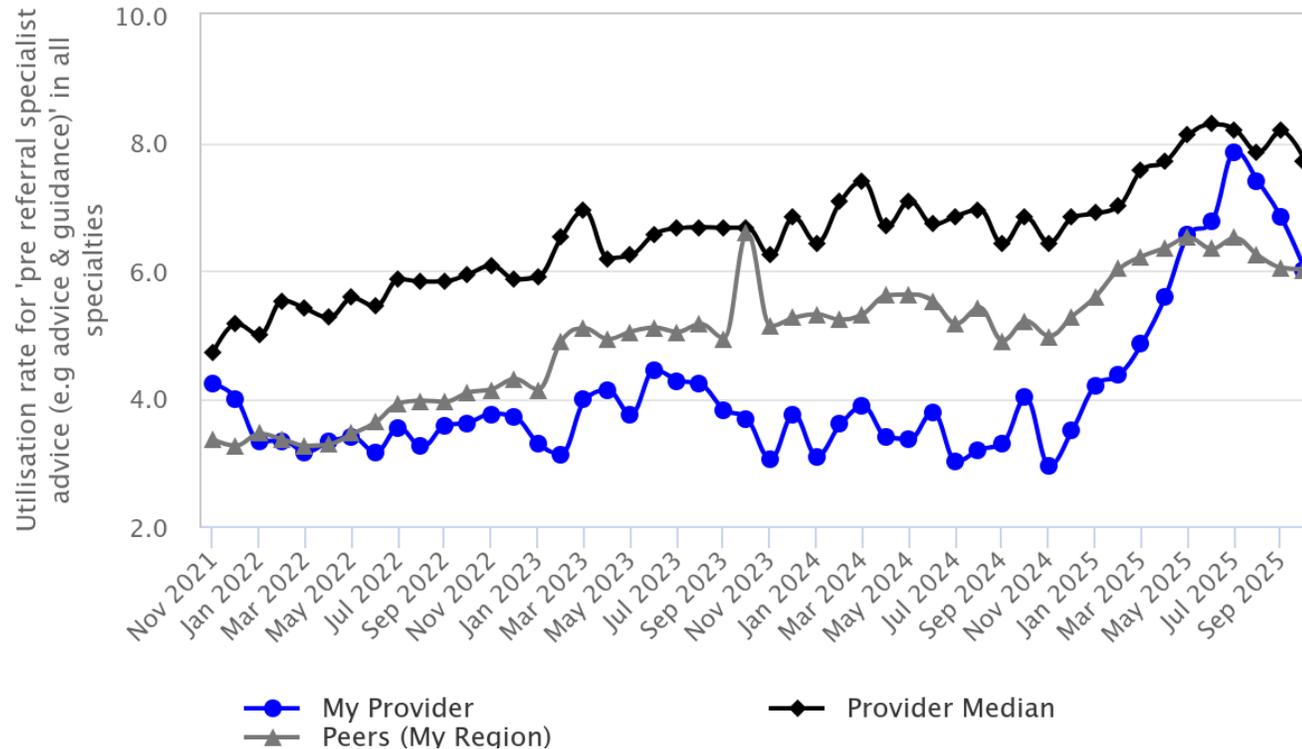
What do we need to do?

- In line with the national shift from **hospital to the community in the 10-Year Plan**, A&G has an increasingly important role in managing demand and reducing waiting times for patients
- At LGT, within our **new Elective Improvement Programme**, increasing the utilisation, quality, and effectiveness of all Specialist Advice is a priority

Specialist Advice: A&G

We saw a significant increase throughout 2025 in A&G requests received, though this has reduced since June – mirroring utilisation rates across London more broadly

Utilisation rate for 'pre referral specialist advice (e.g advice & guidance)' in all specialties

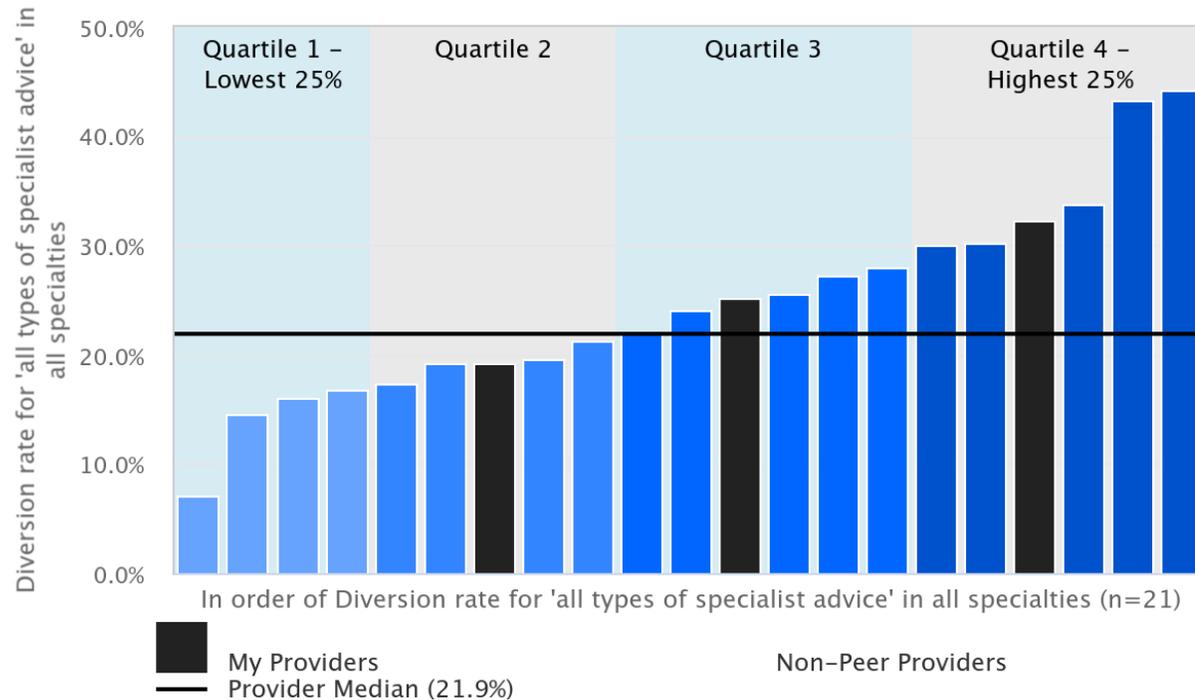


All services

Specialist Advice: diversion rate

London providers

Diversion rate for 'all types of specialist advice' in all specialties, National Distribution



Our diversion rate for all types of Specialist Advice is **lower** than other SEL and London providers

This is particularly the case for pre-referral specialist advice (such as A&G)

We are working to improve our overall specialist advice offer – including reach, timeliness and quality

All services

We are making progress on reducing our DNA rates, delivered through digital adoption (patient portal) and operational process review



Lewisham and Greenwich
NHS Trust

May 2025: 12.0%

December 2026: 11.0%



Digital adoption brings a number of benefits for both the patient and the Trust

- **Digital appointment letters** easily accessible to patients via SMS and NHS app – ~60% of our patients read their letters electronically
- Patients can **view letters in the NHS App** and download information into online calendars
- **Appointment notifications** at the point of booking – patients are now notified same day of booking
- A series of **appointment reminders** have been introduced for our Outpatient pathways at 28/14/7/3 days prior
- LGT patients can now **request to reschedule their appointment using the NHS app** for a number of services which our OP Call Centre team then actions remotely, enabling smarter allocation of Call Centre resource for patients who still need to call in – ~17% reduction in abandoned calls and number of calls to Call Centre has halved since July-24
- **Digital assessments integration with the NHS app** – LGT was the first Trust in England to enable patients to complete digital assessments within the NHS app – e.g. LGT patients are screened by clinicians within Dietetics for the most suitable clinical pathway reducing inefficiencies, increasing clinical utilisation and maximising time patient spends with the Clinician
- Work underway to further **expand the use of Patient Portal** with digital appointment letters for Radiology and Theatre appointments – scheduled later this month

Our partnership and interface arrangements

In late 2025, SEL ICB established a Lewisham Interface Forum that meets monthly connecting LGT with Primary Care colleagues



Agreed priorities:

1. Improve Advice & Guidance quality and utilisation
2. Develop consistent communication channels between LGT and Primary Care
3. Joint educational and training opportunities to enable greater collaboration
4. Address service-specific issues at the Interface



Progress so far:

- ✓ Established new **process for feedback/learning**
- ✓ **Appointed GP Lead for Integration at LGT**
- ✓ **LGT regular senior attendance at Primary Care Leadership Forum**
- ✓ New Interface **podcasts** to improve shared understanding and collaboration
- ✓ LGT feeding updates and key information into new **SELnet**
- ✓ More regular comms & updates at Primary Care forums
- ✓ 'Walk in my shoes' programme (site/practice visits)
- ✓ New **WhatsApp group** with LGT leads and GPs set up and in use – learning about 'pebbles in our shoes' and what we can do to progress them
- ✓ Utilisation of **grand rounds** to lead engagement events for LGT and Primary Care colleagues
- ✓ Resolving **ad-hoc operational and pathway issues** at the Interface through the Forum



Lewisham and Greenwich
NHS Trust

Thank You



Lewisham Local Care Partners Strategic Board Cover Sheet

**Item 9
Enclosure 9**

Title:	Lewisham LCP Performance Report
Meeting Date:	22 January 2026
Author:	Ceri Jacob
Executive Lead:	Ceri Jacob

Purpose of paper:	To update the Lewisham LCP Board on progress against performance targets to be delivered at Place.	Update / Information	x
		Discussion	
		Decision	

Summary of main points:	<p>There are a range of national targets and SEL ICB Corporate Objectives that are delivered at a Place level. The attached report sets out Lewisham performance, benchmarked against other SEL ICB Places.</p> <p>Many of the targets remain challenged over a long time period, despite significant work at a local and SEL wide level. These include for example, immunisations and screening targets. Whilst these have improved over time and benchmark well against other SEL boroughs, the national target has still not been achieved.</p> <p>Notable improvements from last year include CHC assessment timelines and location and SMI healthchecks, although SMI healthchecks have not yet reached the national target.</p>
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Potential Conflicts of Interest	None
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Any impact on BLACHIR recommendations	<p>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.</p>
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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	Not applicable to this report	
Other Engagement	Public Engagement	Not applicable to this report	
	Other Committee Discussion/ Engagement	Lewisham LCP SMT	
Recommendation:	To note Lewisham LCP's achievement against national targets and SEL ICB Corporate Objectives.		

Lewisham Local Care Partnership LCP performance data report

December 2025

Introduction and summary

Overview of report

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Performance overview

[PAGE 4](#)

Reported metrics

Dementia

[PAGE 6](#)

IAPT

[PAGE 7](#)

SMI physical health checks

[PAGE 8](#)

Personal health budgets

[PAGE 9](#)

NHS Continuing health care

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Childhood immunisations

[PAGE 11](#)

Learning disability and autism

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Cancer screening

[PAGE 14](#)

Hypertension

[PAGE 15](#)

Flu vaccination rate

[PAGE 16](#)

Primary care access

[PAGE 18](#)

Summary:

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

Contents and structure of report:

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

Structure

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

Definitions:

- Definitions and further information about how the metrics in this report are calculated can be found [here](#).

Lewisham performance overview

Standard	Trend since last period	Period covered in report	Comparator	Benchmark	Current performance
Dementia diagnosis rate	↔	Nov-25	National standard	67%	69%
IAPT discharge	↓	Oct-25	Operating plan	377	440
IAPT reliable improvement	↑	Oct-25	Operating plan	67%	72%
IAPT reliable recovery	↑	Oct-25	National standard	48%	49%
SMI Healthchecks*	↑	Q2	Local trajectory	55%	52%
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	↑	Q2 - 25/26	PH efficiency standard	90%	84%
Children receiving MMR1 at 5 years	↑	Q2 - 25/26	PH efficiency standard	90%	89%
Children receiving MMR2 at 5 years	↓	Q2 - 25/26	PH efficiency standard	90%	74%
Children receiving DTaP/IPV/Hib % at 12 months	↓	Q2 - 25/26	PH efficiency standard	90%	88%
Children receiving DTaP/IPV/Hib % at 24 months	↑	Q2 - 25/26	PH efficiency standard	90%	89%
Children receiving pre-school booster (DTaPIPv%) % at 5 years	↑	Q2 - 25/26	PH efficiency standard	90%	70%
Children receiving DTaP/IPV/Hib % at 5 years	↑	Q2 - 25/26	PH efficiency standard	90%	89%
LD and Autism - Annual health checks*	↑	Oct-25	Local trajectory	667	887
Bowel Cancer Coverage (60-74)	↓	Apr-25	Corporate Objective	65%	64%
Cervical Cancer Coverage (25-64 combined)	↓	Jun-24	Corporate Objective	68%	67%
Breast Cancer Coverage (50-70)	↑	Apr-25	Corporate Objective	60%	60%
Percentage of patients with hypertension treated to NICE guidance	↓	Q1 - 25/26	Corporate Objective	72%	62%
Flu vaccination rate over 65s	↑	Nov-25	Corporate Objective	56%	49%
Flu vaccination rate under 65s at risk	↑	Nov-25	Corporate Objective	31%	27%
Flu vaccination rate – children aged 2 and 3	↑	Nov-25	-	-	39%
Appointments seen within two weeks*	↑	Oct-25	-	-	87%
Appointments in general practice and primary care networks*	↑	Oct-25	Operating plan	-	134308
Appointments per 1,000 population*	↑	Oct-25	-	-	407

*Reported Lewisham performance for SMI health checks, LD health checks and GP practice appointments includes data covering the south east London Special Allocation Service GP practice. This practice is associated with Lewisham but serves patients who have been removed from practice lists across south east London.

Performance data

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. November 2025 performance was 70.9%.
- There is, though, variation between boroughs. Greenwich has not achieved the target during the previous 24 months.

		November 25						
Metric	Target	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Dementia diagnosis rate*	66.7%	71.6%	72.4%	63.6%	75.3%	69.4%	70.9%	70.9%
Trend since last report	-	↑	↑	↔	↔	↑	↓	↑

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.
- SEL Talking Therapy performance for the number of people completing a course of treatment exceeded trajectory for the second month in the financial year in November. The target for improvement was met, and the reliable recovery target was narrowly missed with reported performance of 47% vs. 48% target.

		Oct-25						
Metric		Bexley - MIND	BHC	Greenwich (Oxleas)	Lambeth (SLaM)	Lewisham (SLaM)	Southwark (SLaM)	SEL
Talking Therapies discharge metric		180	220	305	565	440	370	2045
Trajectory		176	248	295	533	377	360	2035
Trend since last reporting period		↑	↑	↑	↓	↓	↔	↓

		Oct-25						
Metric	Target	Bexley - MIND	BHC	Greenwich (Oxleas)	Lambeth (SLaM)	Lewisham (SLaM)	Southwark (SLaM)	SEL
TT reliable recovery	48%	52.0%	51.0%	48.0%	44.0%	49.0%	43.0%	47.0%
Trend since last report	-	↑	↑	↓	↓	↑	↑	↑

		Oct-25						
Metric	Target	Bexley - MIND	BHC	Greenwich (Oxleas)	Lambeth (SLaM)	Lewisham (SLaM)	Southwark (SLaM)	SEL
TT reliable improvement	67%	76.0%	65.0%	69.0%	66.0%	72.0%	63.0%	68.0%
Trend since last report	-	↑	↑	↔	↑	↑	↓	↑

SEL context and description of performance

- The south east London ICB board has set Improving the uptake of physical health checks for people with SMI as a corporate objective.
- There was a significant increase in the number of AHCs undertaken for people with an SMI during 2023/24 and the SEL operating planning trajectory was achieved at the end of 2023/24. 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.

	Q2 - 25/26						
Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
SMI Healthchecks	52%	51%	48%	55%	52%	56%	53%
Indicative trajectory	55%	55%	55%	55%	55%	55%	55%
Trend since last report	↓	↓	↓	↓	↑	↑	↓

***NOTE:** The above figures have been calculated based on published LCP performance for Q2: [Physical Health Checks for People with Severe Mental Illness - NHS England Digital](#).

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

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		↔	↓	↔	↔	↔	↔	↓

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.

		Q2 - 25/26								
Metric	Efficiency standard	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL	London	England
Children receiving MMR1 at 24 months	90%	83.5%	87.4%	82.7%	77.6%	83.6%	81.3%	81.0%	79.5%	88.1%
Trend since last reporting period	-	↑	↑	↓	↔	↑	↔	↓	↓	↓
		Q2 - 25/26								
Metric	Efficiency standard	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL	London	England
Children receiving MMR1 at 5 years	90%	88.1%	90.6%	85.4%	85.0%	89.1%	83.5%	84.7%	84.5%	92.0%
Trend since last reporting period	-	↓	↑	↓	↑	↑	↓	↓	↑	↔
		Q2 - 25/26								
Metric	Efficiency standard	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL	London	England
Children receiving MMR2 at 5 years	90%	70.9%	80.8%	69.9%	73.5%	74.0%	72.0%	71.2%	69.0%	83.5%
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)

		Q2 - 25/26								
Metric	Efficiency standard	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL	London	England
Children receiving DTaP/IPV/Hib % at 12 months	90%	85.8%	87.2%	85.9%	86.2%	87.6%	85.8%	85.8%	84.7%	90.4%
Trend since last report	-	↓	↓	↓	↓	↓	↓	↓	↓	↓

		Q2 - 25/26								
Metric	Efficiency standard	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL	London	England
Children receiving DTaP/IPV/Hib % at 24 months	90%	92.0%	91.5%	89.1%	86.1%	88.9%	89.5%	88.2%	86.9%	92.3%
Trend since last report	-	↑	↔	↓	↑	↑	↑	↓	↔	↔

		Q2 - 25/26								
Metric	Efficiency standard	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL	London	England
Children receiving pre-school booster (DTaPIPv%) % at 5 years	90%	66.0%	74.6%	66.2%	67.2%	70.0%	61.0%	64.9%	66.3%	81.8%
Trend since last report	-	↓	↑	↓	↑	↑	↓	↑	↑	↑

		Q2 - 25/26								
Metric	Efficiency standard	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL	London	England
Children receiving DTaP/IPV/Hib % at 5 years	90%	88.3%	91.4%	87.6%	87.4%	89.4%	84.4%	86.5%	86.6%	92.7%
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

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 October 2025 trajectory.
- Where annual health checks are being completed, quality can vary as can onward referral to other physical health services.

	Oct-25						
Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
LD and Autism - Annual health checks	520	541	717	701	887	718	4084
Trajectory	412	425	566	580	667	442	3094

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.

Apr-25							
Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Bowel Cancer Coverage (60-74)	74.5%	76.4%	65.5%	61.8%	64.1%	63.3%	67.9%
Trajectory	74.6%	76.6%	66.4%	62.9%	65.1%	63.7%	68.6%
Trend since last reporting period	↑	↑	↓	↓	↓	↑	↔

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

Apr-25							
Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Breast Cancer Coverage (50-70)	72.2%	72.6%	60.0%	59.1%	60.2%	60.7%	64.2%
Trajectory	71.2%	72.2%	59.8%	57.8%	59.6%	60.7%	63.6%
Trend since last reporting period	↑	↑	↑	↑	↑	↑	↑

SEL context and description of performance

- The south east London ICB board has set improving the percentage of patients with hypertension treated to NICE guidance as a corporate objective.
- The 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.

	Nov-25 (Local data reporting)*						
Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Percentage of patients with hypertension treated to NICE guidance	73%	70%	67%	67%	63%	68%	68%
Trajectory	76.9%	77.4%	77.3%	77.3%	76.4%	77.2%	77.1%
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

SEL context and description of performance

- The south east London ICB board has set improving adult flu vaccination rates as a corporate objective.
- Performance in 2023/24 and 2024/25 was below the ambitions agreed at the start of each year for both cohorts.
- In order to ensure that 25/26 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.
- Borough teams have planned their targets based on improving last year's performance as published at [Seasonal influenza vaccine uptake in GP patients: winter season 2024 to 2025 - GOV.UK](#). They may require revision should historic data be revised.
- The below table provides targets set at borough level for 2025/26.
- The following slide will be used to show uptake vs an indicative trajectory based on delivery in previous years.
- **Important note:** Due to a possible anomaly in the published borough level data, only the SEL level uptake is currently shown.

Year end targets for 2025/26 proposed by borough teams:

	65+ cohort vaccination target for 2025/26 season	<65 at risk cohort vaccination target for 2025/26 season
Bexley	75.0%	42.0%
Bromley	75.0%	41.0%
Greenwich	64.5%	36.9%
Lambeth	60.0%	32.5%
Lewisham	61.0%	34.3%
Southwark	62.6%	34.2%
SEL	67.5%	36.3%

November 2025 Performance

Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Over 65s vaccinated	64.3%	69.1%	57.7%	49.1%	49.0%	50.5%	58.2%
Local October trajectory	70.4%	70.7%	59.9%	54.9%	55.8%	57.4%	62.6%

Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Under 65s at risk vaccinated	32.5%	35.9%	32.2%	27.2%	27.3%	28.2%	30.2%
Local October trajectory	37.3%	36.5%	32.6%	28.2%	30.5%	29.2%	31.8%

Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Children aged 2 and 3 vaccinated	34.5%	45.0%	35.7%	35.3%	39.1%	36.8%	38.0%

***Important note:** Figures for borough level uptake reflect aggregate practice level data and should be treated as provisional.

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 938,712 in October against the operating plan of 805,992.

Metric	Planning trajectory	Oct-25						
		Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Appointments seen within 2 weeks	-	90.4%	85.6%	92.8%	91.0%	87.4%	87.1%	89.1%

Metric	Planning trajectory	Oct-25						
		Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Appointments in general practice and primary care networks	805992	133560	179535	148350	204228	134308	138731	938712
Appointments per 1,000 population	-	529	499	448	463	407	383	452

Lewisham Local Care Partners Strategic Board Cover Sheet

**Item 10
Enclosure 10**

Title:	Lewisham Risk Register			
Meeting Date:	Thursday 22 January 2026			
Author:	Cordelia Hughes, Borough Business Support Lead			
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. Adults and CYP neurodevelopmental diagnostic pathways (Autism and ADHD). There is a risk that residents 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 adults, 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 mental health and neurodevelopmental services.		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

	<p>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.</p> <p>5.New/Closed Risks/Matrix Scores There is a total of 11 risks on the Lewisham risk register. At present, there is no change to date.</p> <p>New, closed or reduced risks are detailed below:</p> <p><u>New risks</u> 0</p> <p><u>Closed risks</u> 0</p> <p><u>Matrix Scores</u> 644 – Adults and CYP neurodevelopmental diagnostic pathways (Autism and ADHD). Residual score at 4x4=16 and Target 4x3=12.</p> <p>There is an issue log which monitor previous risks considered BAU and/or in development. Service areas have their own local risks to monitor.</p> <p>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.</p>		
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 R)	Residual Risk (L x R)	Target Risk (L x R)	Risk Appetite Level	Risk Owner	Risk Owner	Ongoing controls	Assurances	Impact of ongoing controls	Control gaps
Finance													
1	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 cost savings of ADHD assessments carried out in the independent sector. In addition there are business to use retail relating to activity pressure within continuing care and prescribing.	3x3-H	3x3-H	3x2-H	Open (10-12)	Carl Jacob	Michael Cunningham	1. A careful and detailed budget setting process has been conducted to identify target savings. 2. Source budgetary control will continue to be applied to ensure expenditure levels are monitored and any deviations from budget identified at an early stage. 3. The CIB's Planning and Finance Committee receives monthly reports showing the status of savings schemes against target. 4. Monthly financial reports for CIB and external reporting. 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 CIB is implementing an ADHD referrals stage system from November 2025.	1. Monthly budget meetings. 2. Monthly financial disbursement process. 3. Monthly financial reports for CIB and external reporting. 4. Review financial position at CIB meeting. 5. Leisham 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 thorough financial focus group meetings with CFO and Director of Planning.	There are no currently identified control gaps.
2	Financial	Achievement of Efficiency Savings 2025/26	Lewisham borough has a mandated efficiency savings target of 10.75% (8% on all budget lines). A material element (4.22%) 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-H	3x2-H	3x2-H	Open (10-12)	Carl Jacob	Michael Cunningham	1. A careful and detailed budget setting process has been conducted to identify target savings. 2. Source budgetary control will continue to be applied to ensure expenditure levels are monitored and any deviations from budget identified at an early stage. 3. The CIB's Planning and Finance Committee receives monthly reports showing the status of savings schemes against target. 4. Monthly financial reports for CIB and external reporting. 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 disbursement process. 3. Monthly financial reports for CIB and external reporting. 4. Review financial position at CIB meeting. 5. Leisham Senior Management Team Review.	1. The impacts of controls will be assessed during the financial year. 2. Regular thorough financial focus group meetings with CFO and Director of Planning.	There are no currently identified control gaps.
Medicines Optimisation													
3	Financial	Prescribing Budget Oversight	There is a risk that the prescribing budget 2025/26 may be overspent due to: 1. Medicine supplies and cost increases- NCS/OSCE concessions and Category M. 2. Reduced capacity to implement in year QPP schemes by borough medicines optimisation teams following NHS reform. 3. Entry of new drugs to the SEL formulary i.e. 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 allocated for 2026 a gap remains with regards to forecast out and budget. 6. Priority with limited available resources such as patient safety issues in Meds Management and supporting prevention hospital avoidance or discharge. 7. Shift in prescribing from acute to community settings which places a pressure on primary care prescribing.	3x4-H	3x4-H	3x3-H	Open (10-12)	Laura Jenner	Erfan Kida	1. Monthly monitoring of spend (ePAD and PrescripPS), and also Cat M and NCSO spend. 2. Monthly meetings with finance colleagues reviewing PPA budgets to date. 3. Weekly Place Finance meetings. 4. Monthly savings meeting with SMT at Place to review prescribing spend and development mitigations. 5. Biweekly QPP, and incentive schemes developed, with following ongoing: - QPP and incentive scheme monitoring dashboards. - Practice level budget spend drive with RAC and action plans. - Face to face practice visits with targeted spend analysis and feedback. - Forum meetings providing information on QPP 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 Kida, in 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	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. GPs Practices operating different access or triage models. 3. Digital exclusion. 4. Workforce challenges. 5. Increasing demand. i.e. could lead to: 1. Poor patient outcomes. 2. A decline in continuity of patient care. 3. Avoidable activity including A&E attendances and NHS 111 calls.	3x4-H	3x3-H	4x2-H	Critical (7-9)	Carl Jacob	Andy O'Donoghue	1. All practices have reviewed the Full Transformation and Transition funding based on evidence submitted and self-declaration of transition to the Modern General Practice Access model. The CIB will continue to fully embed Cloud Based Telephony and Online Consultation tools and develop and share good practice in respect of their adoption. 2. A public consultation and engagement campaign will be undertaken 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. Collaborative working with Population Health team to target smaller cohorts for teleconsultations. 5. Overight through the Lewisham Immunisation Partnership Group with focused task and fresh sub-groups covered to support specific programmes. 6. Support and engagement from the African Advocacy Group effective May 2025. 7. Continue support for GP practice estates development through the London Improvement Grant and the NHS Primary Care Utilisation Fund, to increase clinical capacity. 8. Continue support for PCN in the expansion of the increased flexibility within ARRS budgets.	1. Assurances going forward are outlined in the controls section. Partnership: Primary care access is reviewed on a monthly basis at the Primary Care Group and discussions with the Primary Care Leads at PCU, PM forum and PLTs about the models of access and delivery.	Quarterly reporting in place for PCN Enhanced Access delivery with all PCNs meeting their contracted required number of additional hours. In 2024/25, approximately 25,244 hours were delivered offering a total of 40,497 appointments. 73% of these appointments were face to face 30% of these appointments were with a nurse 48% of these appointments were with a GP 17% average DNA rate across Lewisham.	1. Inadequate accurate source dashboard which triangulates and reflects data and intelligence from a range of sources across the system.
5	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. i.e. 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-H	3x4-H	3x3-H	Critical (7-9)	Andy O'Donoghue	Melvin 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 immunisation coordinator who supports general practice. 4. The CIB 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 a vaccination delivery in convenient local places, with targeted outreach to support uptake in underserved populations. 6. A universal cover offer is considered for reaching to increase efficiency and capture a 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. Overight through the Lewisham Immunisation Partnership Group with focused task and fresh sub-groups covered to support specific programmes. 9. A universal cover offer is considered for reaching to increase efficiency and capture a public understanding of 'where to go' for vaccinations. 10. The Lewisham Immunisation 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 VCB to have flu/winter/western engagement with their communities. 12. Review of 'allowance training to family hubs and VCBs'. 13. Launch of a new vaccination chatbot/website to respond to patient queries. 14. Working collaboratively with Southwark, Health Brix to be situated at Millard on match days which will include vaccinations. 15. Commission one service (General Nurses) to provide household vaccinations. 16. Childhood vaccination programme is changing from July 2025 which will raise awareness to population.	1. Appropriate delivery in place which includes a stakeholder group and a working group. Lewisham representation on SEL Immunisation and Vaccination board. Continued Joint working between primary care and public health.	1. Future increased numbers in seasonal flu/RSV 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. 2. Need a comprehensive LHCQ approach to build vaccine confidence in groups who may not take up the offer of vaccination. 3. LHCQ approach to 'making every contact count' especially through the offer of actual vaccination to eligible patients at every opportunity.
6	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. i.e. 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-H	3x3-H	3x2-H	Critical (7-9)	Andy O'Donoghue	Melvin Clarke	The current controls in place are: 1. Practices have robust patient call and recall systems in place. 2. A national fabricator should ensure that unvaccinated individuals are flagged with registered practices. 3. Lewisham has a dedicated flu and immunisation coordinator who supports general practice. Currently working with practices with lowest uptake. 4. The CIB 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 a vaccination delivery in convenient local places, with targeted outreach to support uptake in underserved populations. 6. A universal cover offer is considered for reaching to increase efficiency and capture a 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. Overight through the Lewisham Immunisation Partnership Group with focused task and fresh sub-groups covered to support specific programmes (i.e. MMR/Polio). 9. A new system-wide childhood immunisation strategy has been co-developed with system partners including patients and residents. 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. Allowance training roll out to family hubs and soon engagement with visitors managers. 12. Childhood vaccination programme is changing from July 2025 which will raise awareness to population.	1. Appropriate delivery in place which includes a stakeholder group and a working group. Lewisham representation on SEL Immunisation and Vaccination board. Continued Joint working between primary care and public health.	1. Increased numbers in childhood flu/RSV 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 LHCQ approach to build vaccine confidence in groups who may not take up the offer of vaccination. 3. LHCQ approach to 'making every contact count' especially through the offer of actual vaccination to eligible patients at every opportunity. 4. Limited reliance over commissioning of vaccination programmes including routine childhood immunisation and school age vaccinations. These are commissioned regularly by HSEAM. 5. Following a review of the immunisation survey that was shared with all practices, we are now taking steps to act on the suggestions received.
Commissioning													
7	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 improve in demand, historical backlog, and limited diagnostic workforce capacity. The delays adversely affect children and adults, increase reliance on private providers through 'Right to Choose', and create financial pressures for the ICB arising from non-contracted activity. Prolonged delays also undermine public confidence and impact delivery of national and local improvement commitments for mental health and neurodevelopmental services.	3x4-H	3x4-H	2x3-H	Open (10-12)	Melvin Clarke	Elaine McGee	1. Mental Health Alliance governance reviewed to restructure working groups to focus on oversight of delivery of the key transformation priorities. 2. Alliance assurance framework to monitor delivery quality and outcomes across all key areas. 3. Regular update 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 programme transformation.	Alliance assurance framework - scrutiny of Q&P reports. Alliance working group on community transformation and crisis care. SLM/ 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 on 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 changing baseline data. 2. Loss of clinical lead for mental health and 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	Financial	The CHC output for Adults will not deliver in line with budget	Pressure to add spend is being driven by a number of variables: Activity and Ability The number of complex transition cases at high cost appears to have decreased during 2024/25, but this is still a risk to high long term care costs associated with these cases. CHC continues to see an increase in patient activity in the 2025 year particularly in terms of PICU at home for patients requiring technology care and other health related needs requiring specialist care worker input. There has been an increase in Home Care Packages in 2024/25. The numbers that require technology care increased by 3. Numbers of newly eligible for CHC appear to have decreased in 2024/2025 for all Care Categories. Lifts Although this is the pressure caused generally by costs of existing packages being driven up by inflation and increases in both NLU and LNU and the hourly rate for homecare included within the MVAH framework. There is a 5.1% increase in the ACP rate (2025/26). New rate is £1,247 per week. A 5% uplift has been offered to Fairlie Group. Local authority are recommending 5% uplift for Direct Payment rate. SEL ICB have been asked to the SOW. Judgment and may need to change their approach to Lifts 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 absence 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 MRC/ICE Change process.	3x4-H	4x3-H	3x3-H	Open (10-12)	Melvin Clarke	Corina Moore	1. Health Name Assessor concentrating on high-cost packages to deliver savings. Prioritisation of reviews of long-term fast track packages. 2. Attendance to quarterly Transition panels to support better understanding of demand and patient cost, supports improvement of 'in assessment' in line with the Framework. 3. Consideration of possibility of deferring unnecessary high cost SEND decisions. 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 (i.e. Rethink and Procare) at home. 5. Monthly budget review meetings. 6. Weekly review of CHC eligible decisions and related cost of packages. 7. Monthly review of newly specialist patients to manage associated front 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 LEL 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 around LNU/ RPs) continue to take significant management time and attention. 2. Allocation of Social Worker by LEL, may still delay final 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. Rebuilding of the ICB with Consultant/therapist partners - LEL regularly updates 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 route 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 of discharge from CHC eligibility is being enacted.
Children and Young People													
9	Strategic	Neurodevelopmental diagnostic pathways (Autism and ADHD - Adults and CYP)	There is a risk that residents experience unnecessary 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 adults, increase reliance on private providers through 'Right to Choose', and create financial pressures for the ICB arising from non-contracted activity. Prolonged delays also undermine public confidence and impact delivery of national and local improvement commitments for mental health and neurodevelopmental services.	3x4-H	4x4-H	4x2-H	Open (10-12)	Paul Conroy	Simon Whittaker	1. SEL-wide neurodevelopmental improvement programme established under the CYP MH and Wellbeing Partnership Board to address ASD and ADHD diagnostic pathways, waiting times, and consistency of the care 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. Targeted capacity investment including non-recurrent and recurrent funding to providers to expand assessment capacity, weekend clinics, and workforce recruitment initiatives. 4. Making well and early support offers publicised through local offers and all-age autism services to provide information, advice and support before diagnosis. 5. Place Executive Group meetings have oversight via SDP with joint leadership from local authorities and Directors of Children's Services to drive delivery of local improvement plans and monitor performance trajectories. 6. Opportunity to job arrangements with other boroughs.	Overight through the Place Executive Board via SDP with Partnerships, and the SEL CYP MH and Wellbeing Partnership Board. Monthly contact 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 CYP MH Delivery Group and borough governance.	1. Workforce capacity across community paediatric and specialist diagnostic teams remains below demand. 2. Limited ability to influence activity and quality within private 'Right to Choose' pathways. 3. Data completeness and standardisation across providers and places not yet consistent. 4. Funding for additional diagnostic capacity remains non-recurrent and therefore unsustainable without future investment commitments.	1. Increased and incomplete SEL BI reporting across places. However, this is not applicable via CYP Joint Commissioning due to local monitoring. 2. ADHA Limited independent verification of data accuracy and trajectory modelling.
Enablers													
10	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 i.e. could lead to: - Duplication and lack of truly integrated approach.	4x2-H	4x2-H	4x2-H	Edge (13-16)	Laura Jenner	Christine Maloney-Smith	1. System Development Manager has developed digital pathway for NT 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. Demonstration and discussions on potential platforms to integrate systems including BVA PACO, Patienter and Accura.	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 and INT digital pathways allow 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	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 viable alternative, there is a risk to delivery of key PHM functions, including cohort identification, care planning, and systemwide intelligence. This may affect multi-disciplinary working, proactive care models, and broader transformation objectives. A decision is required between three options: - End March 2027 - Serve notice by Sept 2025 - Extend beyond March 2027 - 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 timing.	4x2-H	3x3-H	4x2-H	Critical (7-9)	Richard Smith	Laura Jenner	1. We are setting out the data and platform requirements for PHM, the timescale, and the decommissioning plan. 2. We will set out the initial view of our requirements, including timescale, 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. L.DS, SEL BI Team July 2025 end of September 2025.	1. The panel 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 about the options are for meeting our requirements.	The quality of case finding to support NEDA, NTA, PAVI, and other delivery arms will be significantly compromised if we are unable to continue or replace 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.	<i>Medium Impact Issue</i>	<i>Medium</i>	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	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.	<i>Medium Impact Issue</i>	<i>Medium</i>	Open (10-12)	Open	30/05/2025	Margaret Mansfield	Improvements in place, so agreed to move to issues log as a BAU.
3	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.	<i>Medium Impact Issue</i>	<i>Medium</i>	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

NHS 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.*

ICB risk appetite level descriptions by type of risk

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

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

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

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.

Slide 4: high-level summary of the risks included on the LCP registers

Slide 5: summary of the risks which relate to finance.

Slide 6: summary of risks relating to LCP performance indicators

Slide 7: summary of risks relating to the LCP Joint Forward Plans

Slide 8: summary of service transformation / improvement related risks

Slide 9: summary of other performance related risks

Slide 10: summary of risks relating to workforce capacity within various teams.

Slide 11: summary of risks relating to estates

Slides 12 - 13: Newly added risk areas by LCPs since last update.

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

Risk summary	Residual Risk Score					
	Bex	Bro	Gre	Lam	Leu	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	
HealthIntent (HI) Platform and Funding Position			9 ↓		9 ↓	

Key:

● To be shown on ICB BAF

↑ Score increased

□ Primarily ICB risk

○ Newly added risk since last update

↓ Score decreased

□ Primarily System risk

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

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
-  Score increased
-  Primarily ICB risk
-  Newly added risk since last update
-  Score decreased
-  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

 Score increased

 Primarily ICB risk

 Newly added risk since last update

 Score decreased

 Primarily System risk

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

Risk summary	Residual Risk Score					
	Bex	Bro	Gre	Lam	Leu	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

↑ Score increased

□ Primarily ICB risk

○ Newly added risk since last update

↓ Score decreased

□ Primarily System risk

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



Score increased



Primarily ICB risk

Newly added risk since last update



Score decreased



Primarily System risk

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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Relates to PSR discussion
3. INTs not delivered as planned	Southwark	9	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Bexley and Greenwich have risks recorded against patient discharge and flow.

New Risk Area	LCP	Current score	Notes
5. ICB not meeting expected standards for SEND	Southwark	9	<ul style="list-style-type: none"> Bexley have a risk recorded against this.
6. Impact of ICB change programme	Southwark	9	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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 11

Title:	ANNUAL REPORT for SAFEGUARDING ADULTS SOUTHEAST LONDON ICB LEWISHAM PLACE
Meeting Date:	22 January 2026
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:	<p>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</p>		
Potential Conflicts of Interest	None in relation to this report.		

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	Differences in demographics, including gender and ethnicity are reflected in this report and monitored across Lewisham.	
	Financial Impact	Not applicable to this report.	
Other Engagement	Public Engagement	Not applicable to this report.	
	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		

**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; re-audit planned.

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 Accommodation 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

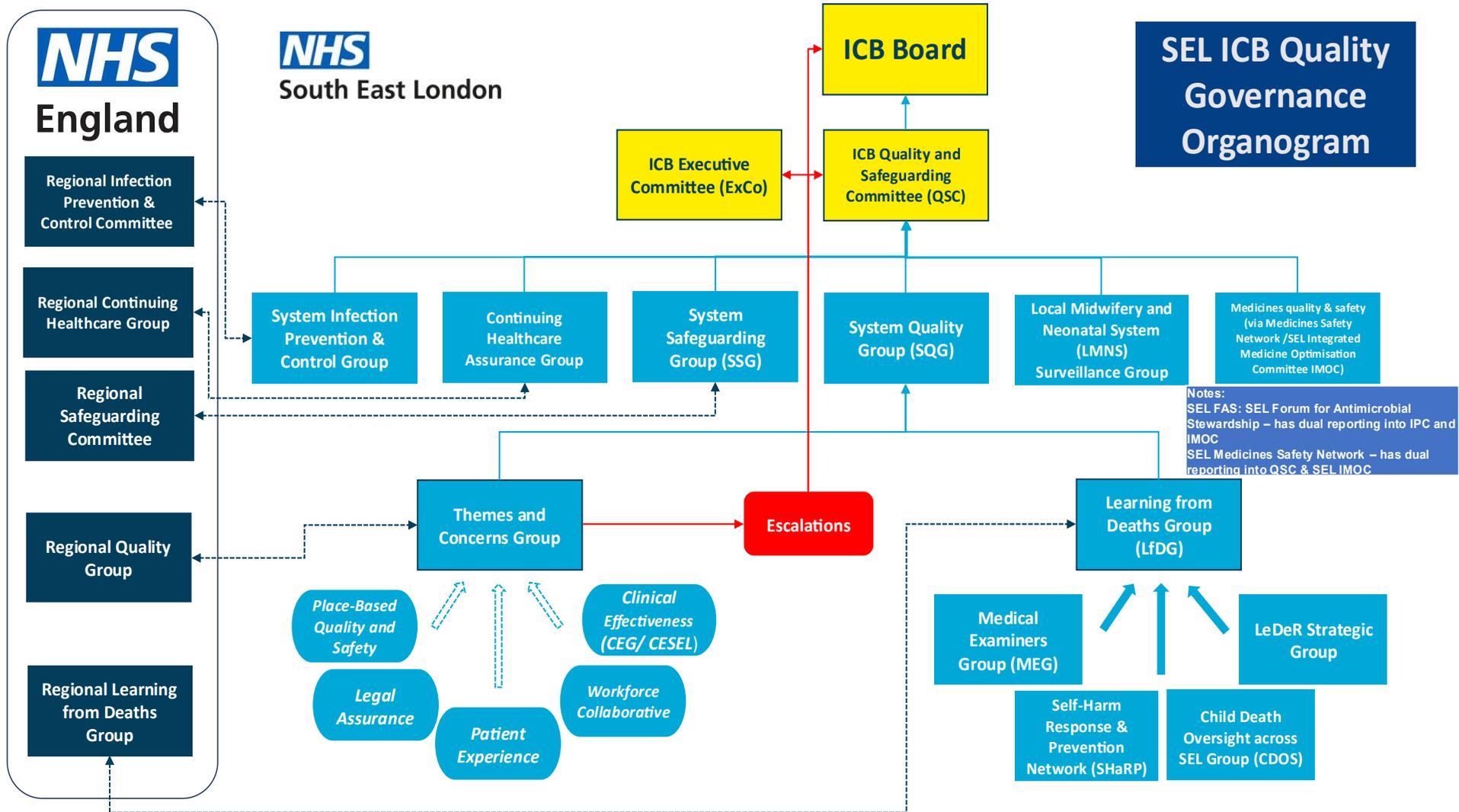
6. Enhancing professional curiosity

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.



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 \(e-lfh.org.uk\)](https://www.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](http://www.safeguardinglewisham.org.uk/lsab%20Adult%20Safeguarding%20Information%20and%20Resources)

[© 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 Health 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 12**

Title:	Month 8 Finance Report 2025/26
Meeting Date:	Thursday 22nd January 2026
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 8 2025/26. A month 8 position is also included for the wider ICB/ICS and Lewisham Council.	Update / Information	✓
		Discussion	✓
		Decision	
Summary of main points:	<p>Month 8 2025/26 – SEL ICB – Lewisham Place</p> <p>At month 8, the borough is reporting breakeven in line with plan. There are material overspends for Mental Health Services, Continuing Care and Prescribing offset by favourable variances (against budget) mainly in Community where delivery of cumulative efficiencies across the borough are reported. At month 8 the forecast outturn for the year overall is breakeven.</p> <p>Further details of the financial position are included in this report.</p> <p>Month 8 2025/26 – Lewisham Council</p> <p>At month 8 Adult Social Care is forecasting an adverse variance to budget of £2.5m. Children and Young People is forecasting an adverse variance to budget of £3.7m. Further details are included in this report.</p> <p>Month 8 2025/26 – SEL ICB</p> <p>As at month 8, 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.</p> <p>Further details of the ICB position are shown within Appendix A to this report.</p>		

Month 8 2025/26 – SEL ICS	<p>At month 8, SEL ICS is reporting a YTD deficit of (£25.8m), £2.4m behind plan. This represents an overall £0.3m deterioration compared to month 7. At month 8, the ICS system forecast remains at a break-even financial position. Further details of the ICS position are shown at Appendix B to this report.</p>		
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 8 2025/26.	
	Public Engagement	Not applicable	
Other Engagement	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 8 financial position for 2025/26.		

Lewisham LCP Finance Report

Month 8 – 2025/26

Appendix 5 - Lewisham

Overall Position



South East London

	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	588	605	(17)	882	908	(26)
Community Health Services	18,720	19,043	(323)	28,081	28,128	(47)
Community Health Services - (cumulative efficiencies) **	4,825	933	3,892	7,237	2,557	4,680
Mental Health Services	5,335	6,598	(1,263)	7,969	8,906	(937)
Continuing Care Services	16,945	18,077	(1,131)	25,418	27,090	(1,672)
Prescribing	29,375	31,336	(1,961)	43,920	46,789	(2,869)
Prescribing Reserves	0	(430)	430	0	(593)	593
Other Primary Care Services	1,369	1,203	165	2,053	1,805	248
Other Programme Services	17	17	0	26	26	0
Delegated Primary Care Services	48,424	48,228	195	72,635	72,342	293
Corporate Budgets	2,217	2,204	13	3,325	3,295	30
Total	127,814	127,815	(0)	191,546	191,253	293

Delegated Primary Care - not available balances across ICB

Total FOT

(293)
(0)

** - place cumulative efficiencies reported within community

- At month 8, 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 overspends are offset by a favourable position in community services. As referenced at previous meetings, the position includes mandated cumulative efficiencies generated within Lewisham place and reported within the community budget line. For transparency, these efficiencies have been shown as a separate line in the table. Excluding these, the community budget is forecast to spend broadly consistent with agreed in year plans showing a small forecast adverse variance of £47k.
- CHC shows a material overspend YTD of £1,131k and FOT overspend of £1,672k. The run rate on CHC has improved on the closing position from 2024/25, reflecting actions taken through the Lewisham recovery meetings which are now held 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 £2,119k. The ICB has implemented a referrals triage system which commenced in 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 6 is available. This is reflected in the month 8 YTD position. The key cost drivers include appliances e.g. freestyle libre sensors, endocrine products and stoma appliances. The borough has identified further mitigations of £806k above the 5% efficiency target and these are being delivered to try to reduce these costs closer to budget.
- Delegated primary care is forecast to underspend by £293k. 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 is forecast to over-achieve for the year reflecting the CHC position referenced above.

Overall Position M8 2025/26

2025/26 Efficiencies	Year-to-date Month 8 2025/26			Full-Year Forecast 2025/26		
	Plan	Forecast	Variance	Plan	Forecast	Variance
	£m	£m	£m	£m	£m	£m
Adult Care Services	2.5	2.5	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	2.7	2.7	0.0	4.0	4.0	0.0

Adult Social Care & Commissioning: We have seen a £1.0m growth in the packages and placements commitment since Period 6. The total increase in packages and placements commitment between Period 2 and Period 8 this year is £6.46m, which already exceeds the total increase between Period 2 and Period 12 in 2024/25 (£5.34m). This pressure on statutory Adult Social Care services provided under the Care Act 2014 is being seen across London boroughs and nationwide.

2025/26 LBL Managed Budgets	Year-to-date Month 8 2025/26			Full-Year Forecast 2025/26		
	Budget	Forecast	Variance	Budget	Forecast	Variance
	£m	£m	£m	£m	£m	£m
Adult Care Services	61.8	63.5	(1.7)	92.7	95.2	(2.5)
Children and Young People	75.5	78.0	(2.5)	113.3	117.0	(3.7)
Total	137.3	141.5	(4.1)	206.0	212.2	(6.2)

Children and Young People: the reported position at Period 8 of £3.7m overspend which is a worsening of the position by £1.4m since Period 6. There are forecast variances within Family Help and Care (£4.1m overspend) and Education Services (£0.4m underspend):

- Family Help and Care: A overspend position is reported at Period 8. Since Period 6 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. There has also been a net growth of 11 children entering the service this financial year, but also within the younger age group which is more costly, than care leavers who are leaving the service. The Directorate has also seen an increased number accessing the service under Section17. The service all also negotiating with providers to ensure that packages are rightsized to reflect the care required. This is leading to anticipated cost reduction in future months.
- Education Services: An underspend of £0.4m is reported at Period 8, an increased underspend of £0.3m from Period 6. 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.

Appendix A

SEL ICB Finance Report

Month 8 2025/26

- 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 8 financial reporting has been undertaken at a Place level and shared with ADoFs and PELs, following a review of the month 7 reporting where no major issues were found. The year-to-date balances are recorded on the ledger, but the forecast outturn figures are still not being transacted on the ledger as the national module is still not working as expected. This is understood to be the case for month 9 as well as the national NHSE team are still working to find a solution.
- NHS England have amended ICB financial reporting requirements with many items within the current monthly financial return not being required in Month 8, although the reporting requirements have increased from month 7 with elements such as MHIS being required this month. The forecast outturn is still needed to be manually adjusted in the IFR for month 8, at an aggregate level.
- At month 9, there will be the requirement to complete a set of draft accounts, and we have been advised that NHS England and SBS are working on the templates to ensure a smooth delivery and these are expected to be available in the next few days.

- 1. Key Financial Indicators**
- 2. Executive Summary**
- 3. Summary of Financial Performance at Month 8**

1. Key Financial Indicators

- 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 8, 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. There have not been any major movements in the run rate to report this month. Within this reporting, the ICB has delivered **£40,202k** of savings YTD compared to the plan value of £39,035k.
- **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 **£1,527k** and forecast out-turn position of an underspend of **£2,004k** against the **running cost allowance**.
- All other financial duties have been delivered for the year to month 8 period.

Key Indicator Performance	Year to Date		Forecast	
	Target	Actual	Target	Actual
	£'000s	£'000s	£'000s	£'000s
Expenditure not to exceed income	3,878,993	3,878,993	5,794,877	5,794,877
Operating Under Resource Revenue Limit	3,878,993	3,878,993	5,794,877	5,794,877
Not to exceed Running Cost Allowance	20,497	18,970	30,746	28,742
Month End Cash Position (expected to be below target)	5,600	2,958		
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%	98.6%		
Mental Health Investment Standard (Annual)			537,494	549,166

2. Executive Summary

- This slide summarizes the month 8 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 following slide sets out the month 8 financial performance for each budget line and place.
- The ICB's financial allocation as at month 8 is **£5,794,877k**. In month, the ICB has received an additional **£1,091k** of allocations. The additional allocations related to £500k for National Recovery Support, £499k for Wayfinder funding to support the PEP NHS App for Bromley and £92k for GIRFT for Community MSK. **As at month 8, the ICB is reporting a year to date (YTD) break-even position.**
- Due to the routine time lag, the ICB has received six months of 2526 prescribing data. After the usual accrual for two months of estimated prescribing expenditure, the ICB is reporting a **£2,195k overspend YTD across PPA and non PPA** budgets. The overspend continues to be variable across the Places.
- The continuing care financial position is **£267k underspent** at month 8, which is an improvement on last month. The boroughs which are most impacted with overspends are Lewisham, Bromley and Greenwich (to a much lesser degree) 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 £6,337k** 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 now live and started 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 8 – **Bromley (£232k)** and **Lambeth (£8k)**, 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.
- In reporting this month 8 position, the ICB has delivered the following financial duties:
 - Underspend of **£1,527k 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 8 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. Summary of Financial Performance at Month 8

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	PCD Team	South East London	Total SEL ICB
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Year to Date Variance									
Acute Services	54	255	(1)	0	(17)	(14)	(203)	-	73
Community Health Services	26	439	40	(0)	4,502	1,419	203	-	6,629
Mental Health Services	(168)	(752)	(1,333)	(1,258)	(1,263)	(1,499)	(0)	(64)	(6,337)
Continuing Care Services	447	(959)	(15)	1,422	(1,131)	501	-	-	267
Prescribing	(435)	453	(1,065)	(365)	(1,531)	(1,101)	-	1,849	(2,195)
Other Primary Care Services	(24)	133	110	197	165	20	-	(81)	520
Other Programme Services	(0)	-	1,197	-	-	581	0	(5,327)	(3,549)
Programme Wide Projects	(0)	-	1,067	-	(933)	6	-	199	338
Delegated Primary Care Services	168	684	(336)	(197)	195	(44)	-	(431)	40
Delegated Primary Care Services DPO	-	-	-	-	-	-	0	1,507	1,507
Corporate Budgets - staff at Risk	-	-	-	-	-	-	-	675	675
Corporate Budgets	181	199	133	(5)	13	191	-	1,320	2,032
Total Year to Date Variance	249	452	(203)	(205)	(0)	61	0	(353)	0
Equalisation of P/Care	(168)	(684)	334	197	-	44	-	277	-
Total Year to Date Variance	81	(232)	131	(8)	(0)	105	0	(76)	0

- As highlighted on the previous slide, the ICB reported an **overall break-even position at month 8**.
- Key areas of overspend were in mental health services (£6,337k) and prescribing (£2,195k) with offsetting underspends in community, primary care services and corporate budgets.
- Two places (Bromley and Lambeth) reported overspends year to date.
- A **break-even position is being forecasted at year-end**, both individually at a place level and in aggregate across the ICB.

Appendix B

SEL ICS Financial Highlights

Month 8 2025/26

Executive Summary

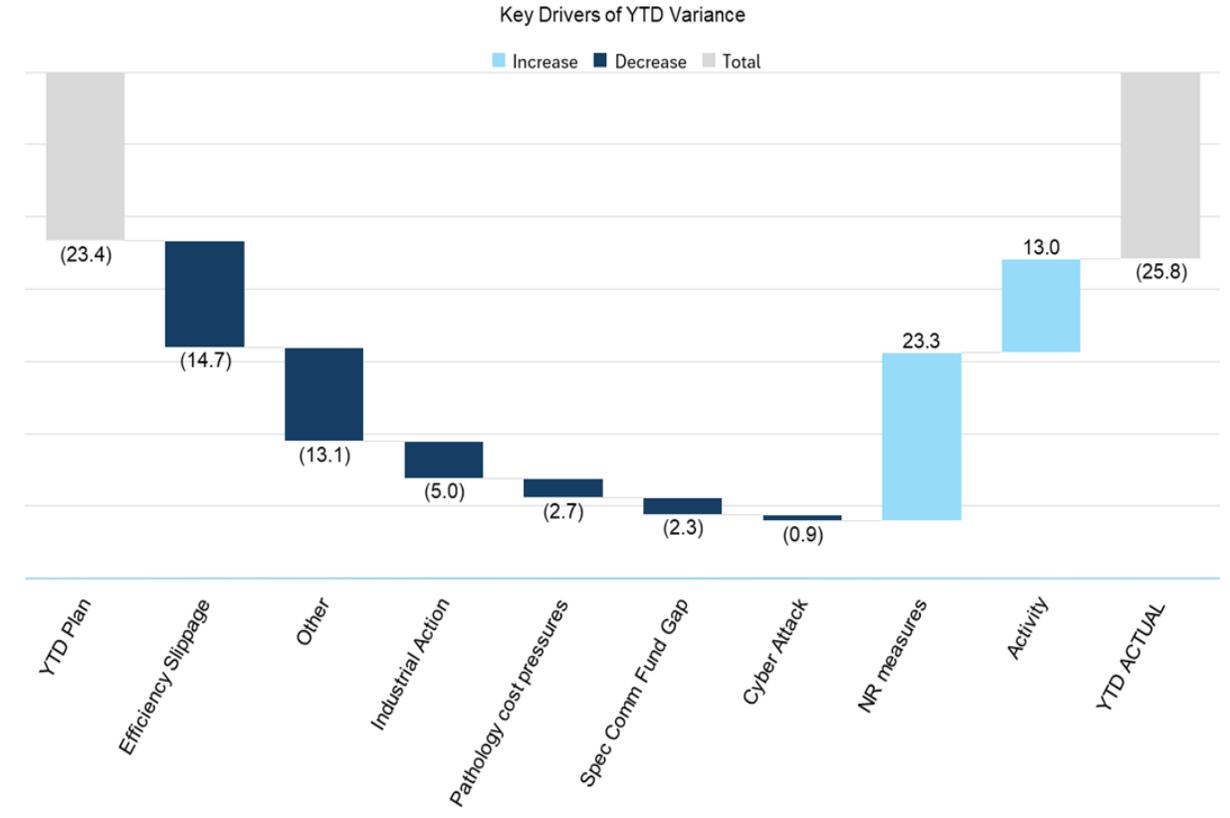
- This appendix sets out the month 8 financial position of the ICS.
- At month 8, SEL ICS is reporting a YTD deficit of (£25.8m), £2.4m behind plan. This represents an overall £0.3m deterioration compared to month 7.
- One organisation is off plan YTD at month 8, the others are at breakeven or surplus.
- At month 8, the ICS system forecast remains at a break-even financial position.
- The following slide shows a bridge from YTD plan to actual.

Analysis of ICS Month 8 YTD Position

At Month 8, SEL ICS is reporting a year-to-date deficit of (£25.8m), which is £2.4m adverse to plan. This is a deterioration of £0.3m compared to Month 7. The position is driven by the following:

- Net efficiency slippage across providers totalling £14.7m, comprising:
 - delays in planned private patient income schemes (£5.1m) and clinical transformation schemes (£3.3m).
 - £4.5m – timing difference of existing schemes compared to plan.
 - £2.0m – slippage against plan with gap being bridged.
 - Partially offset by £0.2m over-delivery.
- YTD impact of the previous 2 industrial actions is £5.0m;
- Pathology year-to-date pressures of £2.7m at due to delayed price reductions.
- Other cost pressures :
 - £2.3m – specialised commissioning funding gap
 - £0.9m – legal costs related to prior-year cyber attack
- £13.1m other impacts; £14.0m balance sheet flex timing offset by £0.9m non recurrent mitigations across providers.

The above were offset by £13.0m increased activity income;. There were non recurrent mitigations of £23.3m applied.



Lewisham Local Care Partners Strategic Board Cover Sheet

**Item 15
Enclosure 13**

Title:	Primary Care Group Chairs Report
Meeting Date:	22 January 2026
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	✓
		Discussion	
		Decision	
Summary of main points:	<p>The following items were discussed at the November and December 2025 Primary Care Group meetings:</p> <ol style="list-style-type: none"> 1. Contractual <ol style="list-style-type: none"> a) PMS Premium 2026/27 Commissioning Intentions b) SEL SAS Contract Uplift c) The Lewisham Care Partnership Care Quality Commission Inspection Report 2. Governance <ul style="list-style-type: none"> Updated Terms of Reference 		
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.	

Contractual

a) PMS Premium 2026/27 Commissioning Intentions

The PMS Premium is a locally commissioned service that supports GP practices to deliver services in addition to those required under the national General Medical Services (GMS) contract. The scheme is underpinned by a set of overarching principles to promote fairness, transparency, and alignment with local and system-wide commissioning priorities.

The total value of the PMS Premium is approximately £3.2 million, equating to £9.97 per weighted patient.

The Integrated Care Board (ICB) proposed a number of adjustments to the PMS Premium priority areas. The proposals reflect strong performance and consistently high-quality delivery, alongside the need to ensure continued alignment with both local priorities and wider South East London (SEL) system objectives.

The proposed changes include:

- The retirement of three existing priority areas, alongside the introduction of one new priority area;
- Alignment of two existing priority areas across SEL to ensure consistency of approach;
- Re-introduction of one previously utilised priority area.

All PMS Premium funding will continue to be invested within General Practice.

The Group approved the proposed PMS Premium 2026/27 commissioning intentions.

A detailed summary of the PMS Premium priority areas and the proposed changes is set out in Appendix A.

b) South East London Special Allocation Scheme Contract Uplift

The Group was asked to approve a proposal to uplift the South East London (SEL) Special Allocation Scheme (SAS) contract by 16.5%.

Lewisham is the lead commissioner for the SEL service.

The Lewisham GP Federation, One Health Lewisham (OHL), has delivered the SAS on behalf of South East London and North East London Clinical Commissioning Groups, now Integrated Care Boards, since 2019. The service provides trauma-informed, multidisciplinary care to patients removed from mainstream GP lists due to behavioural risks and is recognised as a highly specialised service with limited market interest.

OHL had advised that the cost of delivering the service had not kept pace with the current funding allocation. Annual delivery costs were reported at £252,000 against contract income of £216,217, resulting in a shortfall of £35,783 (16.5%).

Since 2021, the service had seen a 42% increase in its patient list, rising from 185 to 262 patients, which led to increased levels of patient contact and prescribing activity, alongside significant cost pressures across estates, staffing, security, consumables, and IT.

OHL has taken reasonable and proportionate steps to manage these pressures, including negotiating estates costs where possible, centralising back-office functions across services, introducing operational efficiencies such as rota optimisation and session rationalisation, and absorbing inflationary pressures through internal efficiencies.

No contractual uplift has been applied to date, in line with Clause 3.2 of the contract, which states that the APMS Core Services Price is not subject to uplift.

The proposal therefore sought an exceptional uplift on the grounds of financial sustainability and system risk. Without additional funding, the service risked becoming financially unsustainable, which could destabilise delivery and restrict access for a vulnerable patient cohort. Wider system risks included loss of specialist staff, displacement of patients to A&E or police services, and potential reputational and legal risks for primary care partners across all six South East London boroughs.

On that basis, the Group considered it reasonable and justifiable to approve the service costs from the start of the current contract extension (November 2024), as the existing funding model is not financially viable.

A paper will subsequently be taken to the Bexley, Bromley, Greenwich, Lambeth and Southwark Primary Care Groups (or their equivalents) to seek support for the proposed 16.5% uplift.

c) The Lewisham Care Partnership Care Quality Commission Inspection Report

The Group received an update on the quality of care delivered by The Lewisham Care Partnership (TLCP), a local GP practice, following a Care Quality Commission (CQC) inspection, which resulted in an overall rating of Requires Improvement.

The Group was asked to approve the recommendation that the ICB takes no formal contractual action against the practice.

An announced comprehensive CQC inspection of TLCP took place on 7 January 2025. As a result of concerns identified in relation to the management of medicines and the monitoring of long-term health conditions, the practice was issued with a warning notice effective from 4 March 2025.

The CQC report was subsequently published on 11 August 2025, with the practice rated Requires Improvement overall. The Safe and Responsive domains were also rated Requires Improvement.

In line with contractual processes, when a practice receives a warning notice or adverse CQC rating, the ICB is required to undertake its own contractual compliance assessment. Following publication of the report, the ICB formally requested an action plan from the practice. TLCP submitted an action plan detailing actions taken to address the identified concerns.

This was reviewed by subject matter experts.

Following receipt and review of all available information, subject matter experts provided assurance that the practice has effective arrangements in place and has demonstrated sufficient improvement in the areas of concern. On that basis, commissioners recommended that formal contractual action by the ICB is not required.

The Group also noted that TLCP was subsequently re-inspected by the CQC in October 2025 and has been rated Good overall.

Full details of the CQC inspection are available via the [published report](#).

Governance

Updated Terms of Reference

Some minor changes were made to the Primary Care Group Terms of Reference these included;
the addition of Community Pharmacy as core member.
the inclusion of a Primary Care Nurse Lead as a core member.

The updated Terms of Reference were endorsed by the Group and will be taken to the March 2026 Lewisham Health and Care Partnership Board for approval.

**Appendix A
2026/27 PMS Premium Commissioning Intentions**

Priority Area	Retain or Retire	Explanation/Rationale
1. End of Life Care	Retain	<p>End of Life Care remains a borough priority because it directly affects patient dignity, family wellbeing, and health system resilience.</p> <p>By continuing to focus on this area, the ICB ensures that residents receive compassionate, person-centred support at one of the most vulnerable stages of life.</p> <p>Practices required to carry out an annual self- assessment which the ICB will use to audit outcomes.</p>
2. Risk Profiling & MDMs	Retain	<p>The approach has recently been adapted to include a systematic proactive approach to case finding which should help embed planned discussions that identify and support patients before problems escalate.</p> <p>This approach aligns with the broader aims of integrated care: prevention, early intervention, and personalised support.</p>
3. Bowel Cancer Screening	Retain	<p>Early detection saves lives, and primary care is crucial to support improved uptake and address inequalities.</p> <p>Patients are more responsive to direct, personalised contact from their GP practice.</p> <p>Aligns with national cancer screening targets and ICB objectives on prevention and population health.</p>
4. Childhood Obesity	Retire	<p>This metric has been challenging to measure reliably, as BMI centiles are recorded when children attend the practice for their pre-school booster.</p> <p>Furthermore, it largely duplicates the existing public health National Child Measurement Programme which provides data to monitor the patterns and trends, and the prevalence, of underweight, healthy weight, overweight and obesity in children.</p>

5. Post-operative wound and suture removal	Retain	Adopt the South East London service specification There is ongoing work to develop and adopt a single South East London ICB specification. This will ensure consistent availability of basic wound care, suture removal, and dressings for patients across all SEL practices.
6. High Risk Drug Monitoring	Retain	Adopt the South East London service specification. There is ongoing work to develop and adopt a single South East London specification.
7. Referral Management	Retire	The introduction of electronic referral systems (e-RS), clinical pathway optimisation, and ICB-led referral governance has embedded referral oversight within core operational and contractual processes. Data on referral patterns is now routinely available through national and local dashboards, removing the need for separate local reporting. Practices have consistently, over the years, demonstrated mature referral practices, supported by ongoing access to advice and guidance, community diagnostic pathways, and specialist triage services. This service specification now has limited additional impact on referral quality or system efficiency. Furthermore, this specification overlaps with the national Advice and Guidance Directed Enhanced Service which incentivises practices to use A&G.
8. Patient Experience	Retain	This metric supports the commitment to continue to improve access and patient experience.
9. Alcohol Intervention	Retire	Following a review of performance against the service specification, it is proposed that the Alcohol Intervention service specification be retired from the PMS Premium. Over time, GP practices have fully integrated alcohol screening and brief intervention into routine care and demonstrated sustained improvements. As a result, it is proposed that the specification be retired to allow focus on other priorities.
10. Breast Cancer Screening	Retain	Practices are expected to identify and contact at least 80% of women who have not taken up their breast screening invitation within the quarter. Screening remains a LHCP priority and practices making good progress in this area.
11. Serious Mental Illness	New	New service specification

		<p>South east London ICS board has set Improving the uptake of physical health checks for people with SMI as a corporate objective.</p> <p>The proposed 2025/26 SEL corporate objectives ambition for SMI health checks is 75%. This aligns with NHS England expectations and the final year target of the Long Term Plan. As a priority area performance needs to improve.</p>
12. Fractional Exhaled Nitric Oxide (FeNO) testing	New	<p>Asthma is a high-impact condition in Lewisham, with significant health inequalities, avoidable harm, and system-wide cost pressures. Lewisham currently has limited FeNO capacity, delivered solely through the borough's Respiratory Service. This model is unsustainable, inefficient, and inadequate to meet current and future demand.</p> <p>The focus on this area will improve outcomes for people with suspected asthma through improved diagnostic speed and accuracy; and improve the outcomes for people with confirmed asthma through improved disease management.</p> <p>A business case for the FeNO pathway is being drafted.</p>

Lewisham Local Care Partners Strategic Board Cover Sheet

Item 15
Enclosure 13

Title:	Lewisham People’s Partnership Action Plan 2025/26 - Update
Meeting Date:	22nd January 2026
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	Update / Information	x
		Discussion	
		Decision	
Summary of main points:	<p>The focus for the Lewisham People’s Partnership Action Plan for 2025/26 is to:</p> <ul style="list-style-type: none"> 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 <p>This report provides an update on the work undertaken to achieve the priorities outlined in the action plan and includes the final proposal for an Integrated Approach to Engaging with People and Communities in Lewisham completed January 26.</p>		
Potential Conflicts of Interest	None noted		
Any impact on BLACHIR recommendations	<p>BLACHIR Opportunities for Action 34</p> <p>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.</p>		

Relevant to the following Boroughs	Bexley		Bromley	
	Greenwich		Lambeth	
	Lewisham	✓	Southwark	
	Equality Impact	Not applicable to this report		
	Financial Impact	Not applicable to this report		
Other Engagement	Public Engagement	The work of the People’s Committee is based on engagement with the public and VCSE sector. Engagement is therefore ongoing.		
	Other Committee Discussion/ Engagement	Not applicable		
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 – January 2026

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 – January 2026	Expected outcomes
Access to services	Provide a continuous forum for engagement on: <ul style="list-style-type: none"> • Lewisham’s Primary Care comms campaign • Lewisham’s plans to improve access to primary care • Pharmacy First comms campaign 	LPP Chair/Comms & Engagement Team - ongoing	<ul style="list-style-type: none"> • 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/evidence of influence on decisions to be recorded 	Feedback/responses/influence recorded Ensure continuity of engagement and longer term, more meaningful conversations

What	How	Who/when	Update – January 2026	Expected outcomes
Integrated Neighbourhood Teams	Promote and support the co-production of neighbourhood programme service design and development: <ul style="list-style-type: none"> Update from members of the INT Lived Experience group Final presentation from the Lived Experience Group 	INT Lived Experience Group Mar 25 May 25	<ul style="list-style-type: none"> 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 	Feedback/responses/influence recorded Ensure continuity of engagement and longer term, more meaningful conversations
	Support the development of neighbourhood engagement and comms hubs aligned to INT programme	Comms & Engagement Team - ongoing	<ul style="list-style-type: none"> Final proposal for an Integrated Approach to Engaging with People and Communities in Lewisham completed January 26 - copy attached 	
	Link Neighbourhood Programme engagement activity into Lewisham People’s Partnership engagement activity e.g., through LPP outreach activity	INT Leadership Team - ongoing	<ul style="list-style-type: none"> See above 	
	Involve local people and community groups in conversations about health prevention and barriers to health equity	LPP Chair/Comms & Engagement Team – ongoing	<ul style="list-style-type: none"> See above 	
Prevention	Provide a forum for engagement on: <ul style="list-style-type: none"> Lewisham’s Immunisation and Vaccination strategy re-fresh 	Dr. Deborah Jenkins Mar – Nov 25	<ul style="list-style-type: none"> Strategy refresh presented at Mar 25 LPP meeting Responses from the meeting recorded on We Said – We Did/Are Doing template Feedback from Public Health on the influence the responses have had on decision making – Nov25 	Feedback/responses/influence recorded Ensure continuity of engagement and longer term, more meaningful conversations

What	How	Who/when	Update – January 2026	Expected outcomes
Prevention (cont.)	<ul style="list-style-type: none"> Lewisham’s hypertension pilot 	Africa Advocacy Foundation May25	<ul style="list-style-type: none"> 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	<p>Take LPP into communities:</p> <ul style="list-style-type: none"> 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 	<p>LPP Chair/Comms & Engagement Team – 2025/26</p> <p>LPP Chair/Comms & Engagement Team – 2025/26</p>	<ul style="list-style-type: none"> Final proposal for an Integrated Approach to Engaging with People and Communities in Lewisham completed January 26 - copy attached See above 	<p>Providing more opportunities for people and communities to participate</p> <p>Recognising the value of local people and communities in facilitating dialogue</p> <p>Continuing to build relationships and trust</p>
	<ul style="list-style-type: none"> Pilot engagement feedback framework – primary care access, INT co-production, immunisations refresh 	Comms & Engagement Team – Jun-Dec25	<ul style="list-style-type: none"> We Said – We Did/Are Doing pilot template implemented First draft of feedback framework completed 	Lessons learnt from pilot
	<ul style="list-style-type: none"> 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 – January 2026	Expected outcomes
Shifting the balance	<p>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</p> <p>Building on the outcomes of the Board seminar discussion, support the development and implementation of the co-production framework</p> <p>Hold open forums to find out what is important to people and communities to focus on</p>	<p>Place Executive Group - ongoing</p> <p>LPP meetings</p>	<ul style="list-style-type: none"> 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 	<p>Meaningful co-production with better outcomes</p> <p>Continuing to build trust and partnership with people and communities</p> <p>People and communities contributing to decisions that influence all determinants of health</p>
Model ICB Blueprint	<ul style="list-style-type: none"> 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 	<p>LPP Chair/Comms & Engagement Team/Place Executive Group – ongoing</p>	<ul style="list-style-type: none"> Review of Model ICB core functions/activities and PPL Final Project and Recommendations completed - included in final proposal for an Integrated Approach to Engaging with People and Communities in Lewisham completed – January 26 	<p>Identify relevant findings and recommendations from the PPL Project to support transition of engagement and comms activities into the reformed ICB structure</p>

INTEGRATED PARTNERSHIP APPROACH TO ENGAGING WITH PEOPLE AND COMMUNITIES IN LEWISHAM – PROPOSAL JANUARY 2026

1. Context

Ensuring that the voice of people and communities is at the heart of the new way of neighbourhood working. To achieve this there needs to be an effective, meaningful and sustainable framework to deliver the community's voice and a better balance between people and system.

2. Key principles of an integrated partnership approach to engaging with people and communities

- **A joined up approach** that has **people and communities at the centre**
- **Widen participation** and **embedded into neighbourhood thinking**
- **Co-ordinated at place** with **independent oversight**
- **Strong support** and **capacity building for VCSE**

3. How to support delivery of an integrated partnership approach to engaging

Currently, Lewisham has two key partners that champion engaging with people and communities in Lewisham – **Lewisham Healthwatch** and **Lewisham People's Partnership**.

3.1 How could Lewisham Healthwatch support an integrated partnership approach to engaging with people and communities?

Lewisham Healthwatch has much experience in identifying people's views on services and needs, in representing these views as an independent voice to local organisations and partnerships, and working in local community and VCSE networks. The proposed changes in Healthwatch will require legislation, which it unlikely to be in place before Spring 2027 at the earliest. In consultation with the local authority commissioners of the Healthwatch service, there is an opportunity to draw on Healthwatch expertise and resources to support the development of public engagement and the role of the VCSE in the new system.

Regardless of the outcome of the changes for Healthwatch as an organisation, we believe the new system of engagement needs to include:

- An independent voice in the neighbourhood and partnership arrangements – to build community trust and to promote candour.
- An integrated approach to public engagement rather than individual providers and organisations doing their own thing is particularly necessary in a time of limited resources.
- Reaching Seldom-Heard Communities – drawing on Healthwatch links and supporting the VCSE to articulate their information and networks
- Localism and promoting the role of volunteers. Healthwatch, and other local initiatives such as the Community Champions, have been built on trusted relationships within communities, built through our workforce and our volunteers rooted in local groups and places. Encouraging this volunteer engagement will remain important in the new system.

3.2 How could Lewisham People's Partnership support an integrated partnership approach to engaging with people and communities?

The rationale for the formation of the Lewisham People's Partnership still holds true today – *“to support an integrated approach to enabling the lived experiences and needs of people and communities in Lewisham to influence decision making by Lewisham Health and Care Partners and to have the evidence to show this”*

In response to the focus on integrated neighbourhood working, and to support people and communities to be meaningful partners with an equality of voice in shared decision making, it is proposed that the way the Lewisham People's Partnership could best support these aims is to:

- move towards implementing a hub and spoke model (as outlined in the PPL Final Report):
 - the spokes being **Integrated Neighbourhood Engagement Groups**
 - supported by a **Lewisham People's Partnership Strategic Hub**

The four **Integrated Neighbourhood Engagement Groups** would prioritise borough health and healthcare issues - including prevention and public health – with a focus on the INT Programme e.g., Frailty, CVD, Diabetes, AF and hypertension and would be able to take advantage of being smaller scale, more agile, closer to people and communities and local VCSE groups.

Each of the four Integrated Neighbourhood Engagement Groups would have participants from:

- **Local people and communities** including community champions, neighbourhood VCSE, PPG reps, Healthwatch, carers, community representative groups, community support groups, and grass roots organisations
- The **Integrated Neighbourhood Team** including social prescribers/HEF/GP/neighbourhood link workers/neighbourhood co-ordinator/VCSE key worker/clinical prescriber/CCPL for community based care

The **Lewisham People’s Partnership Strategic Hub** would support both neighbourhood engagement activity through the four Integrated Neighbourhood Engagement Groups as well as Place based engagement through continuing to provide quarterly meetings open to all.

To support a more **consistent approach**, a **broader perspective** and a more **effective way of sharing activity, outcomes and intelligence**, it is proposed that the Lewisham People’s Partnership Strategic Hub would be supported by a **Lay Advisory Committee** which could include Lewisham Healthwatch, LBVN, Lewisham Unpaid Carers Group, Community Champions, Lewisham Local, INT and HEF representation.

3.3 Developmental process

To support achieving equality of voice and influence from people and communities – and to start the shift in the balance of power between people, communities and system – it is proposed to have an **additional workstream** in the **Lewisham INT Programme – Engaging with People and Communities** - and that the Chairs of both Lewisham Healthwatch and Lewisham People’s Partnership Strategic Hub be the co-programme leads for that workstream. The workstream should also be represented on the Lewisham Integrated Neighbourhood Committee.

This **additional Lewisham INT Programme workstream** would provide an effective link and meaningful independent oversight between Neighbourhood and Place, the LCP Board (in support of its strategic commission responsibilities) and the Lewisham Integrated Neighbourhood Provider Committee (in support of its role as the lead in local neighbourhood working).

INTEGRATED NEIGHBOURHOOD ENGAGEMENT – PLAN ON A PAGE

Lewisham Neighbourhoods	
<i>"To put power in patients' hands and equip patients, people and communities with more choice and voice in the system".</i>	
People and communities: individuals, Community Champions, community representative groups, community support groups, neighbourhood VCSE, Carers, Healthwatch, PPG reps, grass roots organisations	Integrated Neighbourhood Team: social prescribers, HEF, GPs, neighbourhood link workers, neighbourhood co-ordinator, VCSE key workers, clinical prescriber, CCPL for community based care
Benefits of this approach: <ul style="list-style-type: none"> • To have people and communities at the centre - enabling the lived experiences and needs of people and communities in Lewisham to influence decision making and to have the evidence to show this • Widen participation – provide more opportunities for people and communities to participate in engagement and co-design and a more effective, meaningful and sustainable framework to deliver the community's voice and a better balance of power between people and system • Working in partnership with communities, people with lived experience, place, borough and Trust comms and engagement staff, local VCSE and grass roots organisations to co-design neighbourhood health locally identifying barriers to participation and areas of work where engagement and co-design can make a meaningful impact • Addressing health inequalities by targeted engagement activity to people and communities in the population groups that the Lewisham INT programme is focusing on 	

Integrated Neighbourhood Engagement Groups			
Neighbourhood 1 Integrated Neighbourhood Engagement Group	Neighbourhood 2 Integrated Neighbourhood Engagement Group	Neighbourhood 3 Integrated Neighbourhood Engagement Group	Neighbourhood 4 Integrated Neighbourhood Engagement Group
How Integrated Neighbourhood Engagement Groups can support Lewisham's integrated partnership approach to engaging with people and communities about health and healthcare (including prevention and public Health): <ul style="list-style-type: none"> • A joined up approach - to design and deliver services collaboratively to ensure that services are shaped by those who use them, leading to more inclusive and sustainable outcomes • Embedded into neighbourhood thinking - based on equality of voice in shared decision making with the aim to improve health and reduce inequalities by working with communities locally • Strong support and capacity building for VCSE - the local VCSE organisations have a vital role to enable engagement, especially amongst seldom heard communities. This will require support to build the necessary capacity and for the VCSE to work more effectively together 			

Lewisham People's Partnership Strategic Hub
Open to all but with a Lay Advisory Group e.g., Healthwatch, LBVN, Lewisham Unpaid Carers Group, Community Champions, Lewisham Local, INT and HEF representation
How LPP Strategic Hub can support Lewisham's integrated partnership approach to engaging with people and communities about health and healthcare (including prevention and public Health): <ul style="list-style-type: none"> • Co-ordinated at place with independent oversight - supporting change, collaboration, leadership and a shift in the balance of power from system to people and communities • Supporting a more effective framework to co-ordinate engagement and co-design activity within and across all neighbourhoods, and to share feedback, intelligence outcomes and difference • Providing a framework to co-ordinate engagement activities at both neighbourhoods and place, to share outcomes and intelligence, and to provide effective independent oversight • Meaningful opportunities for VCSE and community representatives to have a voice within both neighbourhood and place engagement and co-production activities • Supporting achievement of integrator and partnership principles – building a more relational approach to engagement, improved co-ordination of that activity, shared learning across neighbourhoods and place, equality of voice and influence between people and communities and the place system • Framework to support LCP (in support of its strategic commission responsibilities) and the Integrated Neighbourhood Committee (in support of its role as the lead in local neighbourhood working)

LHCP INT Programme Workstream for Engagement

Integrated Provider Committee	LHCP Strategic Board
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Lewisham Local Care Partners Strategic Board Cover Sheet

**Item 15
Enclosure 13**

Title:	Lewisham Medicines Optimisation and Prescribing (LMOP) Chair's Report
Meeting Date:	22 January 2026
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:	<ul style="list-style-type: none"> - Endorsement of LSL Sexual & Reproductive Health Patient Group Directions - Approval of Lewisham Pharmacy First Plus Service Specifications, SLA and Formulary - Terms of reference revised and approved 		
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	Engagement takes place as part of development of some schemes but is not applicable to this update report.	
	Other Committee Discussion/ Engagement		

Recommendation:

To note this report.

**Committee meeting report presented to:
Lewisham Care Partnership Strategic Board on 22nd January 2026**

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

Date of Meeting Reported: 25th November 2025

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

Main issues discussed

Finance and QIPP update

- Community Pharmacy update:
 - National Emergency Hormonal Contraception service live from 29th October
 - GPs encouraged to refer via AccuRx
 - Inaugural community pharmacy - GP Summit was a success
 - Majority of pharmacies not meeting the threshold for Pharmacy First
- LIMOS & Care Home update:
 - Medicines wastage, particularly in older patients, was highlighted. Possibly caused by excess supplies of medicines due to inability of this group to use the NHS App to order medicines when required.
 - A proposal to update the LIMOS referral form to capture excess medicines stock details and to audit impact of the revised referral form, was suggested.
- Primary Care Update:
 - 2026/27 PMS Premium review underway and would continue to include high-risk drug monitoring. Proposal to harmonise the medicines optimisation element of the PMS specification across SEL is under discussion.
 - Lewisham is now the lead commissioner for the SEL Special Allocation Service.
- The Service Level Agreement, Service Specification and Formulary of the Lewisham Pharmacy First Plus service was reviewed and agreed
- Update on Discharge Medicines Service (DMS)
 - Referral numbers across SEL is increasing.
 - Lewisham community pharmacies engagement has improved through targeted visits.
- Group to explore suggestion to establish regular PCN/practice pharmacist forums.

Key achievements

- Medicines Optimisation QIPP dashboard at month 5 showed a 126% achievement of targeted savings.
- Lewisham Pharmacy First Plus Service Level Agreement, Service Specification and Formulary were approved.
- High acceptance rate (>70%) for DMS referrals from Lewisham and Greenwich Trust via PharmOutcome.
- Number of patients prescribed low- priority omega-3 products has reduced from 138 to 77
- Terms of reference for the group updated and approved
- Twelve PGDS to support the supply/administration of medicines in outreach clinics operated by Turning Point in Lambeth Southwark and Lewisham, were endorsed through Chair's action

Key challenges addressed

- The prescribing budget YTD at month 6 reports an overspend of approximately £1.5million.
- Revisions were made to the Pharmacy First Plus specification, SLA and formulary to align the service to similar schemes in Lambeth, Southwark and Greenwich. However the following exceptions were made:
 - Patients with NHS medical exemptions are to be included in the Lewisham scheme to prevent unnecessary GP visits for minor conditions on NHS prescriptions
 - Simple linctus for the management of cough was retained to support self-care and reduce antibiotic demand.
- Three patients continue to be prescribed co-proxamol (following advice from specialist) resulting in Lewisham been identified as an outlier in SEL and London

Key risks (include assurances received positive and negative)

- The prescribing budget overspend continues to present a significant risk, with an increasing number of practices moving from green to amber. The main cost pressures relate to specials, OTC items, and low-priority medicines. The Medicines Optimisation Team is preparing patient letters to support practice-led switches. These letters will be shared with the group for review and comment.



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 DMS, 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.

