

Lewisham Local Health and Care Partners Strategic Board – Part I

Date: Thursday 24 September 2026, 14.00-16.00hrs (includes 5-minute break)

Venue: MS Teams (meeting to be held in public)

Chair: Dr Helen Tattersfield, Chair of the Primary Care Group

AGENDA

No	Item	Paper	Presenter	Action	Timing
1.	Welcome, declarations of interest, apologies for absence & Minutes of the previous LCP meeting held on 23 July 2026 (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
	Delivery *(3)				
3.	Update on SEND reform plans and experts at hand model	Enc 3	Simon Whitlock	For Discussion	14.10-14.30 20 mins
	Break – 5 mins				
	Governance & Performance				
4.	LCP performance data report – Hypertension Deep Dive	Enc 4	Jonathan McInerney	For Discussion	14.35-15.50 15 mins
5.	Annual Safeguarding Adults Report Lewisham April 2025 to March 2026	Enc 5	Fiona Mitchell	For Discussion	14.50-15.10 15 mins
6.	New Governance arrangements	Enc 6	Laura Jenner / Charles Malcolm-Smith	For Discussion	15.10-15:25 15 mins
7.	Systems Intentions	Enc 7	Kenny Gregory	For Discussion	15:25-15:40 15 mins
8.	Finance update	Enc 8	Chris Dance	For Discussion	15:40-15:55 15 mins

	Place Based Leadership				
9.	Any Other Business		All		15.55-16.00 5 mins
CLOSE					
10.	Date of next meeting (to be held in public): Thursday 26 November 2026 at 14.00hrs via Teams				
	Papers for information				
11.	Minutes/Updates from: • Integrated Neighbourhood Committee (INC) • Lewisham Neighborhood Programme Board (formerly known as PEG) Action • Primary Care Group Chairs Report • Lewisham Medicines Optimisation and Prescribing (LMOP) Group Chair's report	Enc 9			

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

Lewisham Local Care Partners Strategic Board

Minutes of the meeting held in public on 23 July 2026 at 14.00 hrs

via MS Teams

Present:

Neil Goulbourne (Chair)	Chief Strategy and Transformation Officer & Deputy CEO
Ceri Jacob (CJ)	Lewisham Place Executive Lead, SEL ICB
Michael Kerin (MK)	Healthwatch representative Lewisham
Anne Hooper (AH)	Community representative Lewisham
Denise Radley (DR)	Director of Adults Social Care and Health, Lewisham Council
Dr Catherine Mbema (CMb)	Director of Public Health, Lewisham Council

In attendance:

Lauren Woolhead (LW) (Mins)	PA/ Business Support Lead, SEL ICB
Kenny Gregory (KG)	Director of Adult Integrated Commissioning, SEL ICB
Tim Bradley (TB)	Lived Experience/Member of the public
Matthew Agbogbe (MA)	Associate Chief Nurse, SLaM
Charles Malcolm-Smith (CM-S)	Associate Director of System Development, SEL ICB
Jack Upton (JU)	System Development Manager, SEL ICB
Ann Guindi (AG)	CCPL Lead – Children and Young People
Laura Jenner (LJ)	Director of System Development, SEL ICB
Nigoki Swabina (NS)	Assistant Public Health Strategist, Lewisham Council
Chris Dance (CD)	Associate Director of Finance, SEL ICB
Sara Rahman (SR)	Executive Director for Children and Young People, Lewisham Council
Fiona Kirkman (FK)	System Development Lead, Lewisham Council

Apologies for absence: Vanessa Smith

Actioned by

1.	Welcome, introductions, declarations of interest, apologies for absence & Minutes from the previous meeting held on 23 July 2026. Neil Goulbourne (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. The minutes of the previous meeting were agreed as an accurate record. <u>Declaration of Interests (DOIs)</u> – In progress. <u>Minutes of the Lewisham LCP Strategic Board meeting held on 28 March 2026</u> – these were agreed as a correct record with the following amendments: • Adding Ann Gundi, CYP Clinical Lead to the attendance list. • Adding the action - <i>Ensure transparency and governance commitments remain tracked through future reporting arrangements</i> <u>Action log</u> – The Board reviewed the action log: all actions were confirmed as completed and could be closed. With the addition of adding the action “<i>Ensure transparency and governance commitments remain tracked through future reporting arrangements</i>” <u>Matters Arising</u> – None.	
2.	Questions from members of the public The Chair invited questions from members of the public. No questions were raised during the meeting.	
3.	PEL (Place Executive Lead) report CJ presented the Place Executive Lead report: CJ highlighted ongoing progress in relation to the NHS Change Programme, noting progress against the required 35% organisational cost reduction programme, including the completion of consultation and appeals processes. CJ advised that recruitment to the new organisational structure is scheduled to commence in August 2026, with appointments expected to be substantially completed by October 2026. CJ noted that transition arrangements and staff support processes are currently being developed to facilitate implementation of the new	

	organisational structure. CJ further advised that formal approval of the business case will be sought through the appropriate NHS England governance processes prior to implementation. The Lewisham LCP Board noted the PEL report.	
4.	Health Inequalities Budget LJ presented an overview of the Health Inequalities Budget, highlighting that the budget, which has been protected at just under £800,000, has supported a range of initiatives aimed at reducing health inequalities. LJ noted that this has included successful programmes such as the Health Inequalities Programme and Pharmacy First, with evidence demonstrating improved health outcomes and a reduction in GP appointments. Several programmes will conclude naturally by April 2027, creating approximately £300,000 capacity for future investment priorities. CMB presented data demonstrating persistent health inequalities across Lewisham, with a disproportionate impact on Black communities. CMB highlighted that future programme planning should prioritise cardiovascular disease, diabetes, childhood obesity, and vaccination uptake, with a continued focus on reducing health inequalities and improving outcomes for underserved populations. AG raised significant concerns regarding declining childhood vaccination uptake across Lewisham. AG suggested exploring alternative vaccination delivery models, including home-based vaccination opportunities, and highlighted the importance of maximising vaccination uptake through existing touchpoints such as health visiting services and emergency departments. AG emphasised the need for innovative approaches to improve access, increase uptake, and reduce inequalities in immunisation coverage. SR highlighted ongoing concerns regarding vaccination uptake following recent outbreaks of vaccine-preventable disease. SR supported the prioritisation of initiatives to improve vaccination uptake and emphasised the importance of targeted interventions to increase coverage, reduce inequalities, and protect vulnerable populations. CMB confirmed that improving vaccination uptake should be a key priority within future programme development. CMB emphasised that building trust and confidence within communities remains critical to improving engagement and uptake and highlighted the importance of continuing to use qualitative insight and community-led intelligence to inform programme design and delivery.	

	LJ suggested the development of a broader prevention programme that would bring together a number of existing initiatives within a more integrated framework. LJ noted that a coordinated approach could support greater alignment of resources and activity, strengthen delivery of preventative interventions, and maximise the impact of programmes aimed at reducing health inequalities and improving population health outcomes. Actions: 1. Undertake review of existing health inequalities programmes and develop future investment proposals 2. Consider vaccination uptake as a priority area within future health inequalities initiatives 3. Explore broader prevention programme approach across system partners The LCP Board approved continuation of the Health Inequalities Programme and supported development of future priorities.	LJ / CMb PH / ICB Team LJ
5.	Neighbourhood Prevention Hubs FK provided an update on the development of the Lewisham Neighbourhood Prevention Hub model, which is being funded through Strategic Investment Funding (SIF). FK provided an update on the proposed Neighbourhood Prevention Hub model, which will adopt a two-pronged approach comprising proactive identification and engagement of residents with preventative health needs alongside a walk-in access offer. FK advised that the model is intended to deliver a more integrated approach by bringing together health, social care, housing, financial inclusion, and community services, while aligning with the Council's <i>No Wrong Front Door</i> programme. FK further advised that initial implementation of the Neighbourhood Prevention Hub model will focus on the South and East neighbourhoods. Early development activity will be centred on Downham Health and Leisure Centre as the South neighbourhood hub and the Glass Mill area as the proposed East/Central hub location and will be supported through £600,000 of Strategic Investment Funding. FK noted that extensive stakeholder engagement had been undertaken to inform the development of the Neighbourhood Prevention Hub model,	

	including workshops and community engagement events involving a range of partners and stakeholders. FK further outlined plans for co-design sessions with residents and service users to ensure that the hub model is shaped by local needs, experiences, and preferences, and supports the delivery of accessible and person-centred services. TB sought clarification regarding the relationship between the proposed Prevention Hubs, Neighbourhood Care Services, and other existing hub models operating across Lewisham. TB emphasised the need for clear public-facing communications and consistent terminology to support understanding amongst residents and stakeholders. TB further highlighted the importance of adopting a consistent approach to the naming and description of services to avoid confusion and support effective engagement. FK acknowledged that the existence of multiple hub models across Lewisham had the potential to create confusion for residents and stakeholders. FK confirmed that work is underway to improve communication and public understanding of the various models and their respective roles. It was noted that existing digital mapping resources and local service directories will be reviewed to support clearer navigation of services. FK further emphasised the need for strengthened communications and engagement planning to ensure consistent messaging and improve awareness of available support and services. The LCP Board supported continued development of the Prevention Hub programme	
6.	Organisational Development work CMS presented the agenda item and summarised recent and upcoming OD development sessions, noting the involvement of SROs, senior managers, and the commissioning of Kaleidoscope to support ongoing work. LJ emphasised that cultural and behavioural change would be critical to the successful delivery of neighbourhood integration. LJ highlighted the importance of developing collaborative ways of working across organisations and sectors and noted the support being provided through Kaleidoscope to help facilitate system leadership development, organisational development, and the cultural change required to support integrated neighbourhood working. CJ highlighted the importance of distributed leadership, shared accountability, and multi-agency leadership in delivering neighbourhood	

	priorities. CJ emphasised the need for greater involvement of Voluntary, Community and Social Enterprise (VCSE) partners, social care, and children's services to ensure a truly integrated approach to neighbourhood development and service delivery. MK highlighted the importance of developing a distinct neighbourhood culture, rather than simply combining existing organisational cultures. MK emphasised the need to ensure that meaningful public and community engagement is embedded within the organisational development (OD) programme and advocated for stronger co-production approaches to support the design, development, and delivery of neighbourhood services. The LCP Board supported continued OD activity supported.	
7.	ICB Transition CJ and LJ presented an update on the proposed transfer of neighbourhood development functions from the South East London Integrated Care Board (ICB) to the Lewisham Integrated Partnership, hosted by Lewisham and Greenwich NHS Trust. The update outlined the rationale for the proposed arrangements, associated governance and accountability structures, and the intended approach to supporting neighbourhood development and transformation through the Integrated Partnership. It was explained that Lewisham is the first borough within South East London to transfer its neighbourhood development team and associated budget into an Integrated Partnership arrangement hosted by Lewisham and Greenwich NHS Trust. CJ and LJ outlined the proposed transition arrangements, including the contracting framework, governance arrangements, and staff consultation process, and advised that completion of the transfer is targeted for April 2027. MK and AH raised questions regarding the future role and function of the Board, the need to maintain transparency as governance arrangements evolve, and how public engagement, stakeholder involvement, and reporting mechanisms would be sustained within future structures. Members emphasised the importance of ensuring clear communication, accountability, and continued opportunities for public and community participation as neighbourhood governance arrangements develop. NG emphasised the importance of maintaining a system-wide identity for the neighbourhood development team following its transition into the Integrated Partnership hosted by Lewisham and Greenwich NHS Trust. NG suggested that consideration be given to developing a new name and	

	branding to reflect the team's partnership role and cross-organisational remit. CJ proposed that the Integrated Neighbourhood Committee (INC) consider undertaking elements of its business in public and providing regular reports to the Board to support ongoing accountability, transparency, and public engagement throughout and following the transition to the new arrangements. Actions: 1. Consider future public reporting arrangements from the Integrated Neighbourhood Committee 2. Progress staff consultation and governance approvals associated with transfer arrangements The LCP Board noted ICB Transition	CJ/LJ LJ
8.	LCP performance data report – May 2026 CJ presented the Lewisham Health and Care Partnership (LCP) performance report for May and highlighted year-on-year improvements across a number of key indicators. This included an increase in Severe Mental Illness (SMI) health check completion rates from 54% to 61.8%, improved access to GP appointments, enhanced management of hypertension, and increased uptake of breast cancer screening. CJ noted that these improvements reflected the positive impact of ongoing partnership working and targeted interventions across the system. CJ identified hypertension, particularly amongst Black populations, as a key area for future focus. CJ advised that further analysis of available data and existing interventions would be undertaken to better understand underlying causes and inform targeted improvement activity, with progress to be reviewed at future meetings. CJ and KG advised that performance against Continuing Healthcare (CHC) assessment targets is closely linked to available workforce capacity. It was noted that fluctuations in performance can arise from changes in staffing levels, staff availability, and the capacity of social work teams to support assessment processes. CJ and KG emphasised the importance of maintaining sufficient workforce capacity to support timely assessment, decision-making, and service delivery.	

	Actions: 1. Schedule hypertension performance deep dive for future Board meeting. The LCP Board noted the LCP performance update and agreed that uncontrolled hypertension represents a significant local challenge, particularly within Black communities, and requested a future deep dive.	LW
9.	Risk Register CJ presented an update on the Lewisham Health and Care Partnership risk register and noted that the majority of risks remained unchanged since the previous reporting period. CJ advised that the risk relating to vaccine-preventable diseases had increased and would require continued monitoring and mitigation. It was further noted that future Board meetings will incorporate more detailed scrutiny of specific risks, associated controls, and mitigating actions to strengthen oversight and assurance. CJ advised that responsibility for management of the risk register has transferred to Jack Upton, System Development Manager who will oversee the ongoing development, monitoring, and reporting of risks. DR queried whether risks associated with the Integrated Care Board (ICB) restructuring programme and planned workforce reductions had been adequately reflected within the risk register. In response, CJ confirmed that these risks are being managed through the South East London and ICB Board Assurance Frameworks. CJ advised that the principal risks relate to organisational change, workforce capacity, and transition arrangements, and are subject to ongoing oversight through the relevant governance structures. The LCP Board noted risk register	
10.	Finance update ICB Lewisham CD presented the finance update and reported that both the South East London Integrated Care Board (ICB) and Lewisham Place are forecasting a balanced financial position for the reporting period. CD advised that regular reviews of savings plans, expenditure, and cost management	

	arrangements continue to be undertaken to support delivery of the financial plan and maintain financial sustainability. Wider CD highlighted a significant emerging financial and operational risk relating to the increasing volume of referrals to independent sector providers for Attention Deficit Hyperactivity Disorder (ADHD) and Autism Spectrum Disorder (ASD) assessments and services. CD advised that activity management plans and enhanced triage arrangements have been introduced to support demand management, ensure appropriate use of resources, and mitigate the impact on system capacity and expenditure. Lewisham Council Lewisham Council's financial position is included in the report for noting. The LCP Board noted the finance update	
11.	Any Other Business AG informed members of the launch of a new South East London website for parents and carers, providing clinically assured advice, information, and signposting to services for children and young people. AG advised that the resource is intended to support improved access to information, promote self-management where appropriate, and help families navigate local health and care services more effectively. NG asked members to note the additional papers for information and thanked everyone for their contributions to the meeting.	
12.	Date of next meeting Thursday 24 September 2026 at 14:00hrs (Teams).	
13.	Minutes of previous meetings/updates The LCP Board noted the documents attached for information.	

Lewisham LCP Strategic Board Action Log

Date of meeting & agenda item:	Action:	For:	Update:
1. Action Log (Item 1) 23/07/26	*Missing from 28/05/26 meeting notes* Ensure transparency and governance commitments remain tracked through future reporting arrangements	LW	CLOSED – Action has been added onto the 23/07/26 meeting notes
2. Action Log (Item 1) 23/07/26	*Missing from 28/05/26 meeting notes* Ann Gundi, CYP Clinical Lead to the attendance list.	LW	CLOSED 28 th May meeting notes have been updated and added into combined papers
3. Health Inequalities Budget (Item 4) 23/07/26	Undertake review of existing health inequalities programmes and develop future investment proposals	LJ / CMb	
4. Health Inequalities Budget (Item 4) 23/07/26	Consider vaccination uptake as a priority area within future health inequalities initiatives	PH / ICB Team	
5. Health Inequalities Budget (Item 4) 23/07/26	Explore broader prevention programme approach across system partners	LJ	
6. ICB Transition (Item 7) 23/07/26	Consider future public reporting arrangements from the Integrated Neighbourhood Committee	CJ/LJ	

7. ICB Transition (Item 7) 23/07/26	Progress staff consultation and governance approvals associated with transfer arrangements	LJ	
8. LCP performance data report – May 2026 (Item 8) 23/07/26)	Schedule hypertension performance deep dive for future Board meeting.	LW	CLOSED – on the agenda (24/09/26)

Lewisham Local Care Partners Strategic Board

Minutes of the meeting held in public on 28 May 2026 at 14.00 hrs

via MS Teams

Present:

Dr Helen Tattersfield (HT) (Chair)	Chair, Primary Care Leadership Forum, Lewisham
Ceri Jacob (CJ)	Lewisham Place Executive Lead, SEL ICB
Sabina Dixon (SD)	VCSE representative, SIRG
Michael Kerin (MK)	Healthwatch representative Lewisham
Denise Radley (DR)	Director of Adults Social Care and Health, Lewisham Council
Dr Catherine Mbema (CMb)	Director of Public Health, Lewisham Council
Dr Simon Parton (SP)	Chair, Local Medical Council
Anne Hooper (AH)	Community representative Lewisham
Karen Sadler (KS)	CEO, One Health Lewisham
Vanessa Smith (VS)	Chief Nurse, SLaM

In attendance:

Cordelia Hughes (CH) (Mins)	Borough Business Support Lead, SEL ICB
Jack Howell	Virtual Wards Delivery Manager, SEL ICB
Dr Esther Appleby (EA)	CCPL, Older Adults, SEL ICB
Jonathan McInerny (JMc)	Head of Long-Term Conditions and Cancer, SEL ICB
Kenny Gregory (KG)	Director of Adult Integrated Commissioning, SEL ICB
Beckie Burn (BB)	Associate Director, Improvement and Transformation. LGT
Fiona Mitchell (FM)	Designated Safeguarding Lead, SELICB

Dr Aaminah Verity (AV)	Lewisham Salaried GP and Health Equity Fellows
Ashley O' Shaughnessy (AOS)	Associate Director of Primary Care Development
Riaz Jethro (RJ)	GP Lead, Primary Care, Lewisham
Hillna Fontaine (HF)	SIRG
Afghan Khan (AK)	Secure Co UK (member of the public)
Ann Guindi (AG)	CCPL Lead – Children and Young People

Apologies for absence: Neil Goulbourne, Sara Rahman, Laura Jenner

Actioned by

1.	Welcome, introductions, declarations of interest, apologies for absence & Minutes from the previous meeting held on 28 May 2026. Dr Helen Tattersfield (Chair) welcomed everyone to the meeting. The meeting was agreed as quorate. HT advised attendees of the housekeeping rules and apologies for absence were noted as detailed above. The minutes of the previous meeting were agreed as an accurate record. <u>Declaration of Interests (DOIs)</u> – In progress. <u>Minutes of the Lewisham LCP Strategic Board meeting held on 28 March 2026</u> – these were agreed as a correct record. <u>Action log</u> – The Board reviewed the action log: the action regarding neighbourhood alignment remained open pending further work, while other actions were either completed or reflected within items on the today's agenda <u>Matters Arising</u> – None.	
2.	Questions from members of the public The Chair invited questions from members of the public. No questions were raised during the meeting.	
3.	PEL (Place Executive Lead) report	

	CJ presented the Place Executive Lead report: <u>NHS Changes</u> CJ highlighted ongoing progress in relation to the NHS Change Programme, noting that the organisation was moving into the next phase of workforce transition, including role matching and recruitment. It was acknowledged that this continued to be a challenging period for staff and that significant organisational development activity would be required to support the transition, including workforce development, cultural alignment and new ways of working across the system. <u>Neighbourhood Health Centres</u> An update was provided on the development of neighbourhood health centres, with proposals submitted to NHS England. It was noted that Lewisham would take a networked approach, making best use of existing estate and community assets rather than relying solely on single-site developments. <u>National Neighbourhood Framework</u> The National Neighbourhood Framework has now been published. While it is NHS focused, Lewisham will continue to take a broader, community-wide approach. Overall, Lewisham is in a strong position, with much already in place or underway, although further work remains. MK asked whether sufficient attention was being given to organisational development and workforce integration alongside capital investment. In response, it was confirmed that estates are only one enabler of effective delivery and that workforce and digital capability are equally important. The Board also noted the agreed system priorities for 2026/27, including neighbourhood health delivery, strategic commissioning development and a continued focus on addressing inequalities. The Lewisham LCP Board noted the PEL report.	
4.	Strategic Investment Fund (SIF) JH presented an overview of the Strategic Investment Fund, outlining its purpose in supporting delivery of neighbourhood health priorities aligned to South East London strategic commissioning objectives.	

	Lewisham has ring fenced strategic investment funding totalling £1.6m in 2026/27 (part-year), rising to £2.14m recurrent from 2027/28. Funding is aligned to neighbourhood health priorities and SEL strategic commissioning objectives. Proposed Allocation Total programme allocation c. £2.14m across six workstreams, including prevention, frailty, MLTC, CYP, and integrator development. A 25% in-year reduction (Q1 pressure) impacts delivery funding across all workstreams. The Board noted the allocation for Lewisham for 2026/27 and the focus on prevention, long-term conditions, frailty, children and young people, and system development. AG queried the extent to which prevention funding would support children and young people (CYP). JH acknowledged that the current proposals were still in development and had been primarily adult-focused to date, with further design work required to ensure that CYP priorities are appropriately reflected. BB emphasised the importance of clear governance arrangements, including transparent reporting, decision-making and the ability to track outcomes associated with the investment. CJ highlighted the need for proposals to be underpinned by robust data and suggested that areas such as chronic pain could represent an opportunity for targeted investment to address inequalities. It was also noted that the funding provides an opportunity to support pump-priming of initiatives alongside recurrent investment. MK raised a number of concerns regarding governance and accountability, including the clarity of reporting arrangements, the role of public transparency, and the involvement of Healthwatch and wider community voices. CJ confirmed that governance arrangements are evolving in line with wider system changes, that the LCP Board provides a public forum for transparency, and that further proposals would be brought back to future meetings and seminars. SD also emphasised the importance of meaningful community and VCSE engagement, including involvement of strategic VCSE leads. It	
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	was confirmed that engagement is embedded within programme design, with further stakeholder and community sessions planned. Actions: 1. AG to provide further details on children and young people prevention priorities to share with JH. 2. Leads to respond to VCSE / BLACHIR recommendations and strengthen engagement arrangements provided by SD. The LCP Board noted Strategic Investment Fund	AG All
5.	LCP performance update – April 2026 and Focus on Cancer screening EA and JMc presented an update on cancer screening programmes, including bowel, breast and cervical screening, as well as the rollout of the lung cancer screening programme. Key highlights include Lewisham has made strong progress in breast cancer screening, Bowel cancer screening performance is stable but below ambition and Cervical screening remains the most significant challenge. The Board noted improvements in breast screening uptake, including a reduction in inequalities, alongside ongoing challenges in cervical screening performance, particularly among younger cohorts. The lung cancer screening programme was highlighted as a significant development, with evidence of early detection and positive outcomes, particularly within more deprived populations. SP sought clarification regarding referral pathways for patients with abnormalities identified through lung screening. EA confirmed that pathways are nationally defined and locally adapted, with clear protocols in place for primary care and direct referral arrangements for urgent cases through secondary care multidisciplinary teams. CJ highlighted the positive impact of screening programmes in reducing inequalities and proposed that further work be undertaken outside of the meeting to explore scaling HPV self-sampling through community and VCSE partnerships. FM asked whether screening targets applied to under 25s. It was confirmed that this cohort is not eligible for either breast or cervical screening based on national evidence-based criteria.	

	The LCP Board noted the LCP performance update – April 2026 and Focus on Cancer screening	
6.	Risk Register CJ presented the risk register and noted that there were no new risks and that risks relating to financial efficiencies and the population health platform had been closed following progress against actions. The only risk that had deteriorated related to preventable diseases, linked to vaccination uptake and herd immunity. The LCP Board noted risk register	
7.	Q4 Adults Safeguarding report FM presented the Q4 safeguarding update and highlighted a continued increase in safeguarding concerns within Lewisham, reflecting both rising demand and increased awareness and reporting. The 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. The Board noted the extensive programme of training and workforce development, including a focus on violence against women and girls, domestic abuse, and complex safeguarding issues. HT asked why Lewisham experiences comparatively high levels of domestic abuse and violence. FM reported that this is multifactorial and linked to wider social determinants including poverty, housing conditions, overcrowding, access to education and employment, and substance misuse. It was acknowledged that these issues are complex and require a system-wide response. The LCP Board noted the Q4 Adults Safeguarding report	

8.	Finance Update CJ presented a finance update for Month 11 Year End financial position. ICB Lewisham The ICB had achieved a small surplus against a planned breakeven position. Wider ICS The wider ICS also reported a surplus position, supported in part by national funding. It was noted that significant financial pressures remain within local authority services, particularly adult social care and children and young people's services, reflecting increasing demand and complexity. Lewisham Council Lewisham Council's financial position is included in the report for noting. CJ stated to Board members that Michael Cunningham, Associate Director of Finance has now left as part of the ICB Change Programme. The LCP Board noted the finance update	
9.	Any Other Business No other items were raised. HT asked members to note the additional papers for information and thanked everyone for their contributions to the meeting.	
10.	Date of next meeting Thursday 23 July 2026 at 14:00hrs (Teams).	
11.	Minutes of previous meetings/updates The LCP Board noted the documents attached for information.	

Lewisham Local Care Partners Strategic Board Cover Sheet

**Item 3
Enclosure 3**

Title:	SEND Reform Plans & Experts at Hand
Meeting Date:	24 September 2026
Author:	Paul Creech
Executive Lead:	Ceri Jacob

Purpose of paper:	Provide an update on the SEND reforms and implementation of Experts at Hand	Update / Information	x
		Discussion	
		Decision	
Summary of main points:	Summary of proposed SEND reforms and implication for the ICB for the provision of Experts at Hand, teams of speech and language therapists and educational psychologist who enable teachers to support pupils with SEND in mainstream schools.		
Potential Conflicts of Interest	None		
Any impact on BLACHIR recommendations	No		
Relevant to the following Boroughs	Bexley		Bromley
	Greenwich		Lambeth
	Lewisham	✓	Southwark
	Equality Impact	Vulnerable young people	
	Financial Impact	Unknown until reforms completed	
Other Engagement	Public Engagement	Part of SEND reform plans	
	Other Committee Discussion/ Engagement	FQC SLT SEND Strategy Board	

Recommendation:

Lewisham Local Care Partners Strategic Board Cover Sheet

Item 4 Enclosure 4

Title:	Lewisham Hypertension Programme 2026/27
Meeting Date:	24 September 2026
Author:	Jonathan McInerny Head of LTC and Cancer
Executive Lead:	Laura Jenner

Purpose of paper:	To provide a deep dive into delivery and learning from the Lewisham Hypertension Programme, including the latest VCSE outreach update, and to support Strategic Board discussion. No decision is requested at this meeting.	Update / Information	
		Discussion	X
		Decision	
Summary of main points:	The Lewisham Hypertension Programme was approved in March 2024 to improve control of diagnosed hypertension, starting from a baseline of approximately 55%. The programme has three core components: a Primary Care incentive scheme, borough-wide patient engagement events, and a VCSE-led outreach model delivered by the Africa Advocacy Foundation (AAF). Year 1 delivery has successfully established a borough-wide delivery infrastructure: - All seven PCNs have participated in the Primary Care incentive scheme - Patient events have increased in scale and attendance over time - VCSE outreach has successfully engaged different communities The attached slides provide a deeper review of progress and learning across the three work areas, including the latest summer 2026 update from the VCSE-led outreach programme. Despite this work however, overall borough performance remains below the regional average and more needs to be done to meet national targets and reduce persistent health inequalities between different demographic groups and GP practices/PCNs in Lewisham. The core learning from Year 1 highlights the need to strengthen targeting, improve coordination, and move towards a more sustainable model. This paper and the accompanying slides identify themes and possible future options for discussion as the current programme approaches the end of its funded period. The outcomes from the SEL ICB restructure, with reduced workforce capacity, mean that we will need to reconsider how this work will be carried out in the future including through the alignment with broader programmes such as the Service Improvement Funding (SIF).		

Potential Conflicts of Interest	None identified.			
Any impact on BLACHIR recommendations	This service seeks to build on the areas for action from the BLACHIR report within the resident engagement and community approaches workstream. We have consulted with key partners and organisations and have adjusted our programme to reflect these discussions.			
Relevant to the following Boroughs	Bexley		Bromley	
	Greenwich		Lambeth	
	Lewisham	✓	Southwark	
IMPACT	Equality Impact	The programme supports reducing health inequalities and improves access for demographic populations that have underused services in the past. The core aim of this service to improve the diagnosis and self-management of hypertension within the borough, particularly from the Core20Plus5 ¹ and the black African and Caribbean communities.		
	Financial Impact	The overall budget for the Hypertension programme is £186,000 per annum over 2 years. £120k p.a. is allocated to the Primary Care Incentive Scheme and £50k p.a. to the VCSE, with the remainder covering the Hypertension patients’ events and miscellaneous costs. The budget for this programme expires in April 2027.		
Other Engagement	Public Engagement	There was significant public engagement when the new services were launched last year through our website, social media accounts and extranet. Patients with lived experience, members of the CVD Operational Group have overseen and supported the work.		
	Other Committee Discussion/Engagement	The Hypertension Business Case was approved by the Lewisham Local Care Partners Strategic Board on March 14 th 2024. Local Care Partners Strategic Board, SMT and the Lewisham CVD Operational Group have received regular update reports on progress made by the Hypertension programme.		
Recommendation:	The Strategic Board is asked to note progress and use the deep dive to discuss the key learning, remaining challenges and possible priorities for the future. No decision or approval is requested at this meeting.			

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

Lewisham Hypertension Control Programme

Deep dive and discussion -
September 2026

Jonathan McInerney
Head of LTC and Cancer

Hypertension (HTN) Programme

South East London

- Business case approved by Lewisham Local Partners Strategic Board in March 2024
- Purpose today: a deep dive into delivery, learning and remaining challenges
- No decision is requested; the aim is to support discussion
- Three programme components:
 - Neighbourhood events for primary care non-clinical teams and communities
 - VCSE specialist engagement and delivery
 - Primary care incentive scheme to improve control of diagnosed hypertension

Hypertension Events

- The 3 hypertension patients events in October 2025, January and March 2026 combined community engagement, clinical education, and population health improvement, with a strong focus on health inequalities and underserved communities.
- They brought together partners including PCNs, community organisations (e.g. Africa Advocacy Foundation), CESEL, and local services.

Programme Event Contributors

- Dr Aaminah Verity (GP, Health Equity Lead)
- CESEL team (clinical leads, facilitators, analysts)
- Africa Advocacy Foundation (programme delivery & champions)
- Community pharmacists and pharmacy teams
- Health and wellbeing coaches
- Lewisham PCN teams and partners
- Community champions and residents

Key message at the HTN events

- Hypertension described as a “silent killer” with limited symptoms
- Major risks identified:
 - Stroke, heart attack, kidney disease, dementia
- Key prevention messages:
 - Lifestyle changes (diet, exercise, smoking, alcohol)
 - Regular BP monitoring
 - Long-term medication adherence where needed
- Call to action for:
- Early detection
- Self-management
- Ongoing support through primary care and community services

Community Engagement & Events

- Events consistently rated very good or good
- Key strengths:
 - Clear and informative presentations
 - Practical advice on lifestyle and medication
 - Interactive elements (BP checks, Q&A sessions)
 - Strong partnership presence (pharmacy, PCNs, services)
- Feedback highlights:
 - Desire for more events
 - High value of practical, culturally relevant advice
 - Positive response to community-based approach

Demographics of Attendees (Sample – from March event)

Over 100 attended

Location:

- Majority from SE13 (Lewisham) and SE4
- Smaller representation from nearby areas (SE6, SE8, SE15, SE26)

Age - Predominantly 55–74 age group

Gender - Majority female

Ethnicity

- Diverse mix with strong representation from:
 - Black / Black British / Caribbean / African
 - Asian / Asian British
 - White backgrounds

Disability - Most reported no disability, with some noting physical or mental health conditions

Suggestions for Future Events

Across all three events, participants and organisers highlighted:

- Deliver more frequent sessions / expand topics (e.g. other LTCs)
Provide follow-up materials or resources
- Use larger, better-equipped venues
- Continue interactive elements and community engagement approach Improve:
 - Registration processes
 - Dietary needs capture
 - Event communication

VCSE commission - Let's Talk Blood Pressure service led by Africa Advocacy Foundation (AAF)

- AAF commissioned to deliver 2 year programme following full procurement
- King's College London partner organisation providing evaluation support
- Community-led model combining:
 - Outreach events
 - Education workshops
 - Blood pressure screening
 - Referral into primary care
- Focus on CORE20PLUS5 populations and reducing inequalities.
- Emphasis on co-production with communities and culturally tailored engagement.

Year 1 Delivery Achievements

- Year 1 evaluation report submitted April 2026
- Programme infrastructure established: coordinator and champions, training and data collection
- Year 1 activity reported:
 - 31 community testing events; 1,820 people engaged
 - 497 blood pressure checks; 2,629 leaflets distributed
- Summer 2026 VCSE update:
 - 142 people tested across reported outreach activity
 - 29 elevated readings; 647 leaflets distributed; 510 people engaged
 - Referral letters, digital/paper tools and community resource packs remain key enablers

Community Champions Model

- 34 community champions trained through structured programme
- Training included:
 - Clinical BP measurement
 - Communication and outreach skills
 - Cultural competence
- Champions delivered outreach in:
 - Libraries, markets, barbershops, social settings
- Impact:
 - Improved awareness and early detection
 - Direct engagement with underserved groups

Health Inequalities Focus

- Strong evidence of inequality:
 - Higher risk in deprived populations
 - Disproportionate impact on Black African and Caribbean communities
- Barriers identified:
 - Medical mistrust
 - Cultural gaps in advice (diet, beliefs)
 - Access to services
- Programme response:
 - Community-led model
 - Culturally tailored messaging
 - Use of trusted local champions

Data Insights and Learning

- Data collected through digital and paper systems
- Year 1 learning:
 - Engagement mainly with Black communities aged 40-60
 - Most participants were GP-registered; some were not on medication
 - 16.5% recorded elevated BP after repeated measures
- Summer 2026 update:
 - 142 people tested and 29 elevated readings reported
 - Community feedback highlighted trust, prevention, follow-up and consent
 - Ongoing challenge: improve completeness, accuracy and consistency of recording

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.

Metric	Mar-26 (Local data reporting)*						
	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Percentage of patients with hypertension treated to NICE guidance	78%	76%	73%	73%	70%	74%	74%
Trajectory	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%
Trend since last report	↑	↑	↑	↑	↑	↑	↑

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

Metric	Q3-25/26 (using published CVD prevent reporting)**						
	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Percentage of patients with hypertension treated to NICE guidance	72.7%	70.0%	67.1%	67.3%	64.7%	68.6%	68.5%
Trajectory	77.7%	78.1%	78.0%	78.0%	77.3%	77.9%	77.8%

*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 PCN level is used to calculate overall borough level performance

Next Steps (1)

- Grow delivery capacity and sustainability - train and support more champions while recognising volunteers' competing work and study pressures.
- Strengthen prevention and follow-up - improve links with PCNs and pharmacies, and clarify escalation and consent processes following community testing.
- Refresh community resources - include clearer culturally relevant advice on healthier eating, cholesterol, heart health, alcohol reduction and the risks of not checking blood pressure.

Next Steps (2)

- Improve data quality and evaluation - refine questions, strengthen training and improve completeness and consistency.
- Target outreach in trusted settings - build on libraries, leisure centres, churches, community spaces, markets, barbershops and salons.
- Refine communications - build on approximately 7,800 combined views/impressions reported across X, Facebook and Instagram over three months, while recognising these are not unique audience figures.
- Use the learning to inform discussion about future priorities and sustainability.

Primary Care Incentive Programme

- Strong links with PCNs and GP practices:
 - Referral pathways established
 - GP communication via letters and shared systems
- Collaboration with:
 - Health Equity Fellows
 - Community pharmacies (BP checks, ABPM)
- Ongoing challenge:
 - Coordination between community outreach and primary care pathways

Purpose of the Scheme

- The Primary Care Incentive Scheme was established to:
 - Improve blood pressure control across Lewisham, addressing historically low performance
 - Reduce variation between PCNs and practices
 - Support a population health approach, focusing on proactive, data-led management
 - Tackle health inequalities, particularly for underserved and high-risk groups
- At a system level, the scheme aligns with the Population Health Framework to:
 - Improve outcomes
 - Reduce avoidable morbidity (stroke, heart disease, kidney disease)
 - Drive measurable improvement through targeted investment

What the Scheme is Trying to Achieve

- The scheme combines financial incentives with delivery requirements to drive improvement - core objectives:
 - Increase controlled hypertension rates toward 70–80%
 - Reduce variation between practices to <20% within PCNs
 - Promote consistent, proactive hypertension management
- Funding is allocated to PCNs based on population size
- Payments are split into:
 - 50% for delivery (plan submission and activity)
 - 50% for impact (improvement in BP control rates)
- Additional incentives linked to:
 - Achieving $\geq 70\%$ control
 - Improving control rates from baseline

Expected Delivery Approach

- PCNs are expected to:
 - Identify and target patients with uncontrolled BP
 - Improve access to monitoring and reviews
 - Use data and QI methods to drive improvement
 - Deliver community engagement and prevention activity
 - Work collaboratively across practices

How Successful the Scheme Has Been (Year 1 Position)

- Borough-wide BP control currently around 70%
- This represents progress but remains below the 80% national ambition
- Variation Across PCNs
- Stronger performers:
 - Lewisham Care Partnership (~75%)
 - Sevenfields (~76%)
- Lower-performing areas:
 - Modality (~67%)
 - Ravensbourne (~67%)

Impact of Incentives

- Majority of PCNs are:
 - Close to or meeting the 70% threshold
 - Therefore unlocking incentive payments
- Some PCNs achieving full payment thresholds, demonstrating:
 - Strong delivery models
 - Effective administrative and clinical processes
- The scheme has driven improvement in overall control rates
- However, variation between PCNs remains significant

What Has Worked Well

- Across the scheme and wider programme:
- Clear financial incentives have driven engagement
- Data visibility and benchmarking have increased focus on performance
- Better outcomes achieved in PCNs with:
 - Strong admin support
 - Proactive patient recall systems
 - Structured reviews
- Alignment with community programme has:
 - Increased detection
 - Improved awareness
 - Supported prevention

Key Challenges

- Persistent variation between practices and PCNs
- Workforce and capacity pressures limiting delivery
- Need for:
 - Better data quality and consistency
 - Stronger follow-up and recall systems
- Engagement gaps in:
 - Younger populations
 - Underserved communities
- Some patients:
 - Not on medication
 - Poor adherence
 - Limited understanding of BP risk

Next Steps (Year 2 Focus)

1. Drive Further Improvement in Control Rates
 - Focus on moving from ~70% → closer to 80% target
 - Target patients:
 - Uncontrolled
 - Not recently reviewed
 - Not on treatment
2. Reduce Variation Across PCNs
 - Increased focus on:
 - Low-performing practices
 - Sharing best practice from high-performing PCNs
 - Strengthen:
 - Clinical leadership
 - Use of benchmarking data

Discussion: Future Options for HTN Programme

VCSE specialist engagement and delivery

Discussion: wider CVD-focused VCSE model across hypertension, CKD, AF and diabetes, or other sustainable arrangements after the current contract ends.

Primary care incentive scheme

Discussion: whether to continue the PCN incentive approach, potentially using SIF, alongside targeted support for lower-performing practices.

Additional themes for discussion

- Targeted CESEL support for lower-performing practices, building on the approach already used with seven practices.
- A wider communications and engagement campaign to raise the profile of blood pressure testing through local press, advertising and social media, potentially with Lambeth and Southwark.
- These are discussion themes only; no commissioning decision is requested today.

Following the discussion

- Capture Strategic Board feedback from the deep dive
- Refine priorities and future delivery options
- Confirm the available recurring and non-recurring funding position
- Undertake further work on delivery, procurement and governance implications
- Bring back a separate business case for formal decision if required

South East London Integrated Care Board Annual Safeguarding Adults Report Lewisham April 2025 to March 2026

The SEL ICB Lewisham Annual Safeguarding Adults Report for April 2025 to March 2026 highlights a safeguarding system responding to increasing complexity and demand across the borough with strong evidence of multi-agency partnership working, workforce development and emerging governance improvements.

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.

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.

The key themes emerging from the reporting period include domestic abuse and violence against women and girls, self-neglect, statutory review learning, safeguarding in care settings, health inequalities, public health approaches to violence, homelessness and cross-borough information sharing. Collectively, these themes underline the need to strengthen health and local authority interfaces and support coordinated, person-centred safeguarding responses.

Domestic Abuse and Violence Against Women and Girls (VAWG)

This is the strongest emerging theme throughout most of this year which demonstrates significant system-wide activity. Domestic abuse remains a significant and escalating safeguarding priority in Lewisham, with the borough recording the third highest increase in domestic abuse-related violence in London. The impact on children, families and homelessness demonstrates the wider system implications of abuse. Participation in the DRIVE strategic group supports a coordinated perpetrator-focused response, while ongoing Domestic Homicide Reviews provide opportunities to strengthen learning, assurance and preventative practice.

Key areas include:

- Increasing incidence of VAWG-related offences in Lewisham.
- High numbers of MARAC referrals.

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- Disproportionate impact on Black communities and younger adults.
- Domestic abuse as a contributor to homelessness.
- Development of the Strategic Practice and Learning Forum for Domestic Abuse and Adult Safeguarding.
- Extensive workforce training on domestic abuse, harmful practices and culturally competent interventions.

Learning

Strengthening the health system response to domestic abuse and safeguarding adults experiencing complex forms of violence and coercion.

Prevention Through Training, Professional Curiosity and Workforce Development

The safeguarding training programme reflects a strong preventative focus, supporting the workforce to identify and respond to complex and emerging safeguarding risks. Training aligned with national standards included harmful practices, violence against women and girls, female genital mutilation, domestic abuse, autism services, modern slavery and human trafficking. Increased training hours and attendance demonstrate growing engagement and strengthened safeguarding capability across the system. A strong commitment to workforce development through training aligned with safeguarding competencies, supervision and targeted learning for primary care, commissioned providers and wider safeguarding partners is demonstrated.

Key topics included:

- Self-neglect and hoarding.
- Domestic abuse.
- Harmful practices.
- Faith-based abuse.
- Migrant women and safeguarding.
- Advice and guidance clinics for primary care.

Learning

Building safeguarding capability and resilience across the health workforce through targeted learning and reflective practice and supervision.

Learning From Statutory Reviews and System Assurance

Safeguarding Adults Reviews continue to provide important system learning, particularly in relation to escalation, supervisory oversight, multi-agency decision-making and legal duties. Recent learning highlighted delays in Mental Health Act warrant execution, the importance of timely escalation and the need to strengthen understanding of legal rights under the Human

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Rights Act and Equality Act. Wider system pressures, including mental health bed availability, reinforce the need for clear multi-agency protocols and escalation routes.

Our reports for this year highlight continued involvement in:

- Domestic Homicide Reviews (DHRs).
- Safeguarding Adults Reviews (SAR's)
- LeDeR governance and local Steering group
- Multi-agency learning forums.

Significant activity took place around reviews and implementation of recommendations from statutory reviews.

Learning

Embedding learning from reviews to improve safeguarding practice and prevent future harm.

Self-Neglect, Hoarding and Complex Risk Management

Self-neglect continues to feature as a key area of concern in Lewisham Safeguarding Adult Reviews. We highlight the importance of multi-agency mechanisms for identifying, escalating and managing complex adult safeguarding risk. The Self-Neglect High-Risk Panel provides a key forum for adults experiencing self-neglect, hoarding, non-engagement, homelessness, substance misuse, mental ill health and other intersecting vulnerabilities. However, learning also indicates the need to strengthen referral pathways, particularly from health and primary care, into this forum and to ensure safeguarding concerns are not closed prematurely where significant risk remains.

Evidence of concerns includes

- Self-Neglect High Risk Panel activity.
- Multi-agency management of high-risk adults.
- Focused training provision.
- Cases involving multiple vulnerabilities, homelessness, mental ill health, substance misuse and domestic abuse.

Learning

Managing complex safeguarding risk through collaborative, person-centred approaches.

Addressing Health Inequalities and Inclusion

Safeguarding for Lewisham this year demonstrate the intersection between safeguarding and inequalities:

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- Impact of domestic abuse on Black and ethnically diverse communities.
- Vulnerabilities among asylum seekers and refugees. The need for complex case management and multi-agency system working.
- Migrant women experiencing abuse.
- Work relating to autism services.
- LeDeR governance and learning disability assurance

Learning

Reducing safeguarding inequalities by improving access to support for vulnerable populations.

Safeguarding Vulnerable Adults in Care Settings

Care home safeguarding remains a significant assurance function.

Key issues:

- Volume of safeguarding referrals.
- Pressure ulcer concerns.
- Falls and repeated falls.
- Organisational abuse and whistleblowing.
- Provider quality concerns.
- CQC engagement and monitoring

Provider quality assurance remains a key safeguarding function, particularly in relation to care homes, nursing and residential settings, and temporary accommodation for vulnerable populations.

Reporting during the year identify recurring concerns relating to neglect, pressure ulcers, unexplained injuries, falls, organisational abuse, whistleblowing and financial or physical abuse. Governance arrangements, include escalation to commissioners and local authorities, and review through pressure ulcer panels and falls data support a more systematic approach to identifying patterns and improving preventative safeguarding practice.

Learning

- Quality assurance and safeguarding oversight across adult care providers.

A recurring theme is the need for a more robust interface between health and local authority safeguarding processes. The reports identify risks where Section 42 enquiries under the Care Act 2014 may not fully reflect health information, clinical risk or the outcome of health investigations. Strengthened governance is required to ensure health input is considered as part of safeguarding enquiry decision-making, that outcomes are fed back to the local authority Safeguarding Adults Manager, and that statutory oversight remains clear and accountable.

Multi-Agency Partnership and System Leadership

Work this year repeatedly evidences partnership working with:

- Lewisham Safeguarding Adults Board.
- Community Safety Partnership.
- Athena Refuge.
- Housing.
- Adult Social Care.
- Home Office and asylum accommodation providers.
- Primary Care.
- Voluntary sector organisations.
- LeDeR governance.
- Providers both commissioned and non commissioned.

The reports demonstrate the value of strong system leadership through the Lewisham Safeguarding Adults Board, Lewisham Safeguarding Children Partnership, ICB governance routes, local authority safeguarding, housing, community safety, primary care, providers and voluntary sector partners. Statutory reviews, after-action reviews, audit findings and multi-agency forums continue to provide a framework for identifying learning, monitoring progress and strengthening accountability across the safeguarding system.

Learning

Strengthening system leadership through effective multi-agency safeguarding partnerships

Safeguarding and Public Health Approaches to Violence

A notable emerging theme is the use of health intelligence to address violence.

Work included:

- Serious Violence Duty.
- Emergency Department assault data.
- Sexual violence data sharing.
- Violence hotspot analysis.
- Collaboration with Red thread and youth violence services

We continue to support the public health approach to reducing violence in Lewisham as 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.

Learning

The need to use health intelligence and public health approaches to prevent violence and safeguard communities.

Safeguarding, Homelessness and Cross-Borough Information Sharing

The Pentland House arrangements commissioned by out of borough arrangements identified the safeguarding risks that can arise when homeless families and vulnerable adults are placed across borough boundaries at scale. The learning points to the need for stronger strategic oversight, earlier notification to receiving boroughs, clearer communication routes and more consistent information sharing between housing, health, children's services, adult safeguarding and wider partner agencies.

Key themes identified the need for

- Earlier notification when significant numbers of families or vulnerable individuals are being relocated into another borough.
- Clearer communication routes between placing and receiving boroughs, including named contacts and escalation pathways.
- Improved information sharing to support timely identification of safeguarding, health, housing and children's service's needs.
- Strengthened understanding of consent, privacy and lawful information sharing where safeguarding concerns are present.
- Better preparation by receiving boroughs to ensure local services can assess risk, coordinate support and respond to emerging demand.

Learning

Cross-borough housing placements require proactive, multi-agency planning and timely information sharing so that safeguarding risks are identified early and families or adults at risk receive coordinated, person-centred support.

Learning Disability, LeDeR and Reducing Inequalities

LeDeR governance and learning disability assurance are reflected as important areas of safeguarding learning. Engagement with primary care through LeDeR case studies supports dissemination of learning and improved recognition of the needs of people with a learning disability and autistic people. The addition and monitoring of Oliver McGowan training further strengthened assurance that the workforce is developing the knowledge and skills required to respond to inequalities and improve outcomes for people with learning disabilities and autism.

The Local Steering group is progressing review of Terms of Reference in order that governance arrangements are met.

Primary Care

The named GP continues to support general practices with safeguarding cases and queries, arranging training and supporting practices in preparing reports for domestic homicide reviews and complex case management and supporting the SAR process.

Overall Annual Report Learning

Overall, the highlighted reports show a safeguarding system responding to increasing complexity and demand, with strong evidence of partnership working, professional development and emerging governance improvements. The key areas for continued focus are strengthening health and local authority interfaces, improving information sharing across organisational and borough boundaries, embedding learning from statutory reviews, enhancing primary care engagement, and ensuring that adults at risk are identified early and supported through coordinated, person-centred safeguarding responses.

We ask that the LCP take this report as evidence and is assured that the Lewisham ICB has fulfilled statutory duty for this period for safeguarding adults.

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

Lewisham Local Care Partners Strategic Board Cover Sheet

**Item 6
Enclosure 6**

Title:	Partnership Governance Arrangements
Meeting Date:	24 September 2026
Author:	Charles Malcolm-Smith, Associate Director for System Development Laura Jenner, Director of System Development
Executive Lead:	Darren Summers, Lewisham Place Executive Lead

Purpose of paper:	This report sets out proposed changes to the governance arrangements for the Lewisham Health and Care Partnership (LHCP). These changes are needed to support the national NHS reforms set out in the Integrated Care Board (ICB) Blueprint and the development of a new Neighbourhood Health and Care Service in Lewisham. The proposals aim to ensure that local organisations can work together more effectively to improve health and care services for residents, with decisions being made at the most appropriate level and closer to local communities. The Board is asked to agree the overall proposals for the new governance arrangements.	Update / Information	
		Discussion	
		Decision	x
Summary of main points:	This paper proposes an approach that secures good governance that meets regulations and delegation agreements now, ensures a partnership approach, removes duplication and is flexible enough to accommodate future changes in contracting and commissioning. This includes the disestablishment of the LHCP Board, with it's functions assumed by the Lewisham Health and Wellbeing Board (HWBB), Lewisham Joint Commissioning Group and the Integrated Neighbourhood Committee. The functions cover place-based leadership and development, planning, monitoring and management of delivery, governance and managing the place budget. See Table 1 and Appendix 1.		

Potential Conflicts of Interest	None identified			
Any impact on BLACHIR recommendations	The Neighbourhood Health and Care service programme is expected to impact positively on health inequalities.			
Relevant to the following Boroughs	Bexley		Bromley	
	Greenwich		Lambeth	
	Lewisham	x	Southwark	
	Equality Impact	There are no equalities implications in relation to the proposed governance changes.		
	Financial Impact	There are no financial implications to the proposed governance changes.		
Other Engagement	Public Engagement	None to date on the proposed governance changes. A revised public engagement model is integral to the governance structures and shown in Appendix 1.		
	Other Committee Discussion/ Engagement	Lewisham Health & Wellbeing Board – 14 September 2026 SEL ICB Senior Management Team – 17 September 2026		
Recommendation:	The Board is asked to agree the overall proposals for the new governance arrangements.			

Lewisham Partnership Governance Structures

Change Proposals September 2026

1. Introduction

For a number of years, organisations in Lewisham have worked together to make shared decisions about local health and care services. These decisions relate to responsibilities that have been delegated by the South East London Integrated Care Board (SEL ICB) to Lewisham.

The delegated responsibilities sit with the Place Executive Lead (PEL), who works with local partners through agreed governance arrangements to make decisions and oversee delivery on behalf of Lewisham.

Following publication of the 10-year Plan NHS plan, the ICB blueprint and related documents, partners in the Lewisham Health and Care Partnership (LHCP) have reviewed how services are planned and delivered and agreed to implement a Neighbourhood Health and Care Service, working with partners across the local system including SEL ICB.

There is a significant programme of work underway to develop and implement the neighbourhood health and care service in Lewisham and to secure enabling functions. A key element of these changes is the governance that will underpin how planning, commissioning and delivery of services are carried out collectively across the partnership.

This paper proposes an approach that secures good governance that meets regulations and delegation agreements now, ensures a partnership approach, removes duplication and is flexible enough to accommodate future changes in contracting and commissioning. This includes the disestablishment of the LHCP Board, with its functions assumed by the Lewisham Health and Wellbeing Board (HWBB), Lewisham Joint Commissioning Group and the Integrated Neighbourhood Committee.

2. Background

The ICB blueprint describes how ICBs will become strategic commissioners, planning and commissioning through a population health approach, with a reducing focus on their role as system conveners.

The NHS 10-year plan set out three shifts: From analogue to digital, from treatment to prevention and from hospital to community.

The development of a Neighbourhood Health (and Care) Service is integral to delivery of the three shifts and in particular, the shifts from treatment to prevention and hospital to community.

At a London level, the NHS and Local Authorities agreed a Target Operating Model (TOM) for Neighbourhood Health Services and the development of Neighbourhood Integrators whose role it

would be to convene the local provider system and to deliver a neighbourhood health and care system, including Integrated Neighbourhood Teams (INTs).

In Lewisham, the Integrator is a partnership between the Council, Lewisham and Greenwich NHS Trust (LGT), South London and Maudsley NHS Foundation Trust (SLaM), Primary Care and the VCSE. LGT act as the host for the Integrator partnership, providing enabling functions and holding any relevant contracts.

As part of implementing the ICB blueprint and to ensure the Integrator partnership has sufficient capacity and capability to fulfil its convening role, the ICB’s Lewisham Neighbourhood Development Team (including primary care development) will transfer to LGT in April 2027 to continue working on behalf of the partnership.

The changes outlined above and in national documents represent a fundamental change in how services in Lewisham will work together to meet the needs of our local population and as such, governance arrangements need to change to reflect this. The following section sets out the proposed changes.

3. Revised Governance Proposals

Appendix 1 sets out the proposed governance structure. The approach taken endeavours to protect the ability of local partners to strategically plan together and to collectively oversee delivery whilst at the same time, recognising that commissioners and providers will also need to enact some of their functions separately for example, to manage conflicts of interest.

The proposals also reduce duplication in meetings and reflect the fact that Local Care Partnership (LCP) Boards will cease to be sub-committees of the ICB Board from October 2026 as part of wider ICB governance changes.

The proposal is to dis-establish the Lewisham LCP Board and to allocate its current functions into the new governance structures set out in appendix 1. This is summarised in table 1 below.

Key functions of the LHCP Board	Destination: HWBB	Destination: Joint Commissioning Group	Destination: Integrated Neighbourhood Committee
Place-based leadership and development: responsibility for the overall leadership and development of the Local Health and Care Partnership to ensure it can operate effectively and with maturity, work as a collective and	Securing a collective, collaborative and effective partnership approach to health and care and the wider determinants.		Convening the local system (health, care and wider determinants) to secure delivery of agreed strategic and operational plans and expected financial and quality outcomes. meaningful local community and resident engagement, will be managed via the Engagement hub

Key functions of the LHCP Board	Destination: HWBB	Destination: Joint Commissioning Group	Destination: Integrated Neighbourhood Committee
collaborative partnership. The development and relationship building activities and meaningful local community and resident engagement.			that will report into the Integrated Neighbourhood Committee
Planning 1: Responsibility for ensuring an effective place contribution to ICP/B wide strategic and operational planning processes. Ensuring that the Local Health and Care Partnership develops and secures a place based strategic and operational plan to secure agreed outcomes and which is aligned with the Health and Wellbeing strategic plan and underpinned by the Joint Strategic Needs Assessment (JSNA) and a Section 75 agreement as required. Planning 2: Ensuring delivery of place-based services to meet the needs of the local population, with a specific focus on community-based care and integration across primary care, community services and social care.	Final approval at a Lewisham level of strategic and operational plans (including N'hood plan) and ensuring HWBS and JSNAs are fully embedded. Nb: Some plans will also require SEL ICB approvals, as is the case now.	Translation of strategic plans into commissioning plans through for example, annual system intentions. This will ensure alignment between strategic planning and commissioning decisions.	Delivery of agreed strategic plans and commissioned services and achievement of agreed outcomes.

Key functions of the LHCP Board	Destination: HWBB	Destination: Joint Commissioning Group	Destination: Integrated Neighbourhood Committee
Monitoring and management of delivery: Responsible for ensuring robust but proportionate mechanisms are in place to support the effective monitoring of delivery, performance and outcomes against plans, evaluation and learning and the identification and implementation of remedial action and risk management where this is required. This should include robust expenditure and action tracking, ensure reporting into the ICS or ICB as required, and ensure local or system discussions are held proactively and transparently to agree actions and secure improvement where necessary.	Oversight and assurance of delivery of expected population outcomes	Day to day oversight of a commissioned service for example a Multi-Neighbourhood Health contract and a delegated function (N'Hood Delivery Team) Setting and agreeing KPIs and outcome measures with the Lewisham Integrator Partnership. Regular meetings with providers and the Integrator partnership to maintain good working relationships and to secure delivery of anticipated outcomes/KPIs. Reporting into the ICB Strategic Commissioning Committee and Council governance structures as appropriate.	Delivery oversight

Key functions of the LHCP Board	Destination: HWBB	Destination: Joint Commissioning Group	Destination: Integrated Neighbourhood Committee
Governance: Responsible for ensuring good governance is demonstrably secured within and across the Local Care Partnership's functions and activities as part of a systematic accountable organisation that adheres to the ICB's statutory responsibilities and adheres to high standards of public service, accountability and probity (aligned to ICB governance and other requirements). Responsibility for ensuring the LCP complies with all legal requirements, that risks are proactively identified, escalated and managed.		Through the role of the Place Executive Lead and the commissioning process.	
Managing the place delegated budget, taking action to meet agreed performance, quality and health outcomes.		Through the role of the Place Executive Lead and the commissioning process.	

4. Public Engagement

A revised public engagement model forms an integral part of the proposed governance arrangements and is included in Appendix 1. The model was developed with engagement leads following a seminar held in July.

The model includes a proposed Engagement Hub, bringing together system engagement leads, Lewisham Healthwatch, VCSE representatives, and community and lay representatives. The Hub will act as a key link between neighbourhood and community groups, local system leadership, and the INC, helping to ensure effective communication and engagement across all levels of the system.

The engagement model is based on three core principles: coordinating engagement activity to maximise impact; sharing learning across the system; and ensuring communities receive feedback on how their input has influenced priorities, prevention initiatives, and service delivery decisions.

The terms of reference and operating arrangements for the Engagement Hub are currently being developed.

Additional opportunities for public involvement within the governance framework are also being considered, including holding INC meetings in public on a quarterly basis and broadening participation in the regular seminar programme through a wider membership arrangement.

Lewisham Partnership Governance Structure

Lewisham Local Health and Care Partnership Board

24 September 2026

Introduction

The aim of this pack is to outline the revised governance model supports the ICB's move towards strategic commissioning while strengthening local partnership working, neighbourhood delivery, and community co-production to improve outcomes for Lewisham residents

Governance Changes

- **Transition of the Lewisham Health and Care Partnership Board** -The current Lewisham Health and Care Partnership Board will be phased out over time as partnership governance evolves.
- **Strategic planning and oversight through the Health and Wellbeing Board** -Strategic system oversight for Lewisham health and care priorities will increasingly feed into the **Lewisham Health and Wellbeing Board**, strengthening alignment with borough-wide population health, inequalities, and prevention priorities.
- **Introduction of a new Joint Commissioning Group** - A new **Joint Commissioning Group** will be established to provide focused oversight of Section 75 arrangements, joint commissioning priorities, and relevant contracts.
- The Joint Commissioning Group will report into the **Adult Community Services Departmental Management Team and the CYP Departmental Management Team**, with onward reporting to the **South East London Strategic Commissioning Committee**.
- **Neighborhood Delivery** will be driven through the **Integrated Neighborhood Committee (INC)** and **INT Programme Board**. These groups will oversee neighborhood transformation, service integration, performance, delivery of neighborhood priorities, and implementation of the Lewisham Integrated Neighbourhood model. This group will also have responsibility for System Intention planning and an overall commissioner / provider planning meeting.
- **Community Engagement and Co-Production** A new **Engagement Hub** will be established to strengthen resident, community and stakeholder involvement in neighborhood development. The Hub will: Coordinate neighborhood engagement activity Support co-production with residents and communities Provide a consistent route for community feedback and insight Strengthen collaboration with VCS partners and community organisations Ensure community voices inform strategic decision-making and neighbourhood delivery
- The **PEL** continues to hold delegated authority and accountability from SEL ICB Board for community-based services and budgets and is accountable to the ICB CEO

Future Governance

Strategic Planning/Oversight

Lewisham Health and Wellbeing Board

Terms of reference (TOR) to be reviewed to incorporate the development of the N'hood plans

SEL ICB

ICB CEO

Place Executive Lead (PEL)

Delegation of and accountability for SEL ICB community services (including CHC) commissioning and budgets is with the Place Executive Lead (PEL)

Budgetary allocation continues to be subject to existing governance arrangements in each organisation and is not delegated to the HWB

Commissioning and contracting

SEL ICB

ICB Strategic Commissioning Committee (PEL attends)

Council EMT

Council ASC and CYP Directorate Management Team (DMT)
Taken as and when required

***Joint Commissioning Group**

- Commissioner-only meeting, covering Section 75 and required governance.
- Contracts/ budget signoff that have been delegated.
- Reports on NHD delegation will be submitted to the Group as well as the INC

Lewisham Neighbourhood Programme Board

Formerly Place Executive Group (PEG)

- Responsible for the joint planning and oversight of delivery of Lewisham's strategic intentions, plans and priorities and provides "leadership, direction and oversight of Lewisham Neighbourhood Programmes"
- This group will also have responsibility for System Intention planning and an overall commissioner / provider planning meeting

The Neighbourhood Programme will engage with residents:

"Residents will help shape the Neighbourhood Programme through the Engagement Hub, with progress reported through the public Health and Wellbeing Board and other public partnership boards to ensure transparency and accountability."

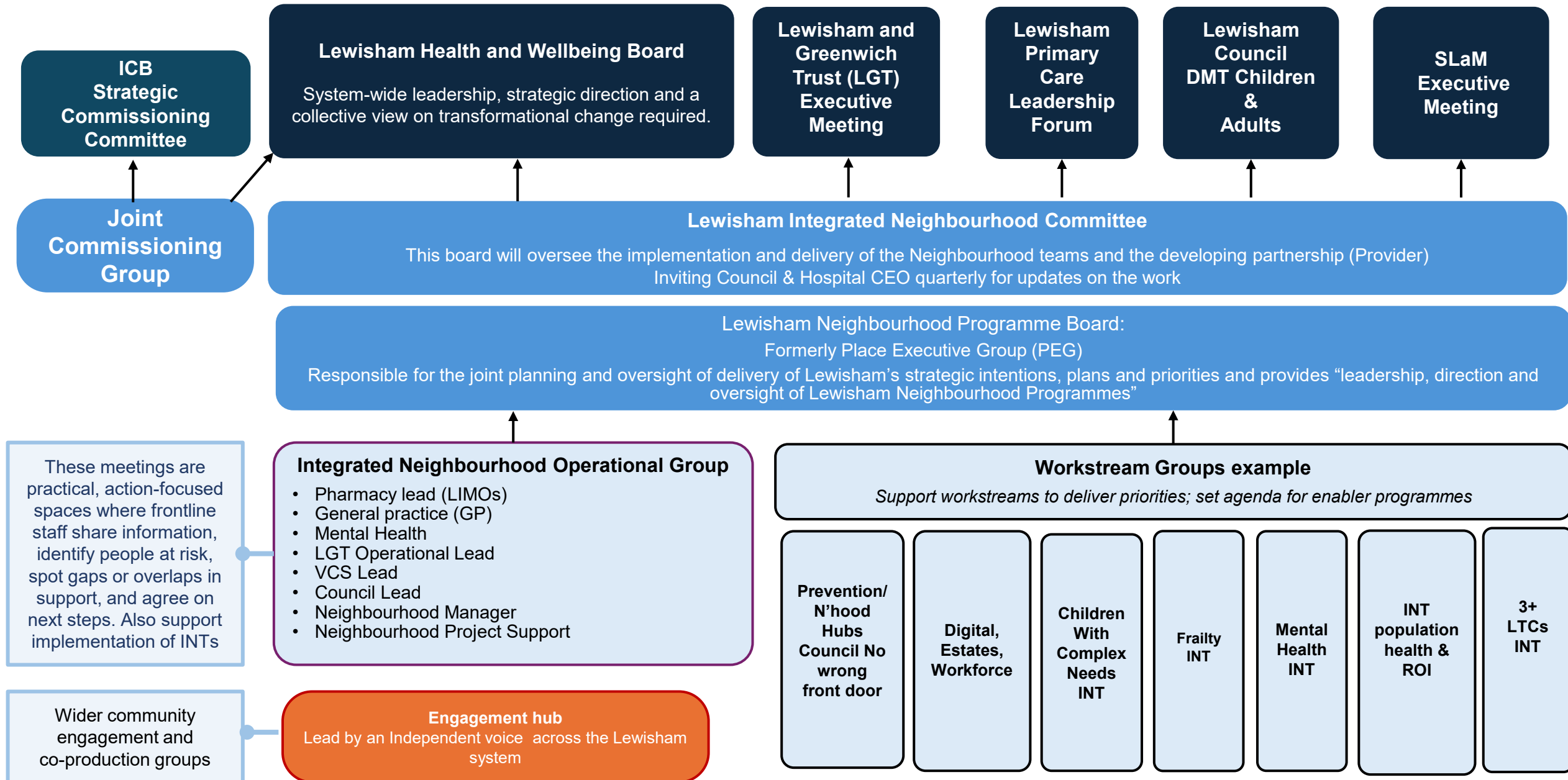
Delivery

Integrated Neighbourhood Committee (INC)

- Newly established and led by partners within the Lewisham partnership.
- Key executives holding oversight of all partnership functions as they pertain to a Neighbourhood Health and Care Service

A Joint working group will be established for the first 6 months following transfer to ensure the governance process is embedded/ updated as required.

Lewisham neighbourhood implementation and delivery governance



Lewisham Local Care Partners Strategic Board Cover Sheet

Item 7
Enclosure 7

Title:	2026/27 Lewisham LCP System Intentions – Progress Update
Meeting Date:	24th September 2026
Author:	Lorraine Smedmor, Integrated Commissioning Manager, SEL ICB (Lewisham)
Executive Lead:	Kenny Gregory, Director of Adult Integrated Commissioning, SEL ICB (Lewisham)

Purpose of paper:	To provide an update on the progress against the 2026/27 System Intentions and outline process being undertaken with system colleagues to identify 2027/28 priorities.	Update / Information	✓
		Discussion	
		Decision	
Summary of main points:	The slides provide an update on the 2026/27 LCP Commissioning Intentions and a RAG rating against the delivery of each priority this financial year. A took place on 17th September where the “tier 1” 2026/27 System Intentions were reviewed in detail to determine; • Whether the System Intention has been / will be completed • The likelihood of the System Intention being taken forward in 2027/28 • Closure of priorities which have been completed or no longer applicable. • Consideration of initial new priorities for 2027/28 against system priorities and upcoming publication of NHS Planning Guidance. Members are asked to note the progress to date and approve the process to review the 2027/28 priorities at a future Neighbourhood Programme Board.		
Potential Conflicts of Interest	N/A		
Any impact on BLACHIR recommendations	This aligns with BLACHIR Opportunity for: #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.		

Relevant to the following Boroughs	#28- Piloting Community Health Worker (CHW) model Employing local community health workers to provide proactive, household-level support and reduce health inequalities		
	#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 arrangements, and by provided support services through the new main grant contracts for each neighbourhood.		
	Bexley		Bromley
	Greenwich		Lambeth
	Lewisham	✓	Southwark
Other Engagement	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 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. Lewisham SMT	
Recommendation:	Members of the LCP Strategic Board note the updates against the System Intentions for 2026/27.		

Lewisham 2026/27 System Intentions

PROGRESS REPORT

Lorraine Smedmor, Integrated Commissioning Manager, South East London ICS (Lewisham)
Kenny Gregory, Director of Adult Integrated Commissioning, South East London ICS (Lewisham) & Lewisham Council

Lewisham's & SEL Priorities

	Lewisham Place Priorities					Lewisham Health & Wellbeing Strategy 2025-2030 Priorities			
SEL ICB Priorities	Addressing inequalities	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	Achieving financial sustainability	Addressing impact of poverty on health and wellbeing	Addressing the impact of housing on health and wellbeing	Embedding prevention for Children & Young People in educational settings.	Taking action to progress key prevention programmes within the Borough, with a focus on embedding cancer and cardiovascular disease prevention
Prevention & Wellbeing									
Ensuring a good start in life									
CYP Mental Health									
Adult Mental Health									
Primary Care & people with long-term conditions									

Lewisham 2026/27 System Priorities

In line with the wider SEL priorities and the Lewisham Health and Wellbeing strategy (2025-2030), the agreed areas of focus for the Lewisham 2026/27 System Intentions were;

- 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
- Unpaid Carers

Lewisham 2026/27 System Priorities

There are a total of 43 priorities across each area of focus, which were set out into the following priority order:

Tier 1 – Immediate High Impact (Next 12 Months)

29 Priorities

Key Intentions

- Neurodiversity Pathway Transformation (ASD/ADHD, EHCNA)
- 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.

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

10 Priorities

Key Intentions

- Respiratory Diagnostics (FeNO rollout)
- Neighbourhood Hubs Development
- Community Health Worker Model Pilot
- Women's Health Hub (Gynae Pathway Redesign)
- Combined Autism and ADHD assessment pathway

Rationale

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

Tier 3 – Longer-Term / Dependent on Investment

4 Priorities

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.

Priority Updates

On 17th September 2026, system partners across Lewisham reviewed the highest-priority system intentions, agreed indicative RAG ratings and considered whether each item should be completed, moved into business as usual, reframed or carried forward.

The table below shows the initial priority RAG Rating on the left and the RAG rating against the progress made on the right (please note only the red priority areas were reviewed):

Children & Young People Prevention & Neighbourhood Health			Mental Health Alliance			Urgent Care & Outpatients		
1	Enhance / Expand <u>CYP</u> health provisions within Family Hubs		17	Test and develop a neighbourhood based 24/7 mental health centre		32	Gynaecology Pathway Redesign	
2	Implement a <u>CYP</u> Integrated Neighbourhood Team / Multi-Disciplinary Team Model		18	Develop the <u>CYP</u> prevention and early help emotional wellbeing offer		33	Digital Enablement	
3	Implement the Local Child Health Team Model		19	Develop VCS offer with intention to address inequalities and provide culturally relevant care		34	Opportunity for building bridges and supporting general practice to support <u>LTC</u>	
4	Develop neighbourhood-based and preventative Speech and Language Therapy offer		INT / Primary Care / Neighbourhoods			35	Transition the successful Acute Sickle Cell Unit (<u>ASCU</u>) Pilot into a sustainable, ongoing service	
5	Hospital at Home		20	Mobilise resources with system partners		<u>LTC & Planned Care</u>		
6	Improve the assessment of, and response to, the emotional wellbeing needs of Children Looked After and Care Leavers		21	Developing the <u>VCSE</u> partnership with the INT Model		36	Hypertension	
7	Audit the effectiveness of <u>Community</u> Health services supporting expansion of Special Schools		22	Ongoing learning from performance and data		37	<u>MSK</u> – Waiting well app / Get U better app (<u>MSK</u>)	
8	<u>EHCNA</u> Pathway Transformation		23	Access		38	Improve uptake of diabetic foot checks	
9	Develop combined Autism and ADHD assessment pathway		24	Evaluate the new <u>LTC</u> /INT teams		39	Respiratory	
10	Autism Assessment Pathway Transformation		25	<u>SDUC</u> and Primary Care Access Plan		40	Respiratory - Sleep Service	
11	Deliver improvements in physical health checks and identification for <u>LDA</u> population		26	Sustainable co-production (HET Model)		41	<u>Osteoporosis</u> Pathway	
12	All-Age Autism Service update & procurement		27	To work collaboratively with Community Pharmacy to integrate their role within the Integrated <u>Neighbourhood</u> model of care,		Unpaid Carers		
Ageing Well			Prevention			42	Improve Identification and Involvement of Unpaid Carers	
13	Reduced Hospital Admissions		28	Develop Neighbourhood hubs by July 2026		43	Improve carer wellbeing support and inclusion across health and care services	
14	To develop and implement a Lewisham Frailty Model		29	Piloting Community Health Worker (CHW) model				
15	To develop and expand the PAWS service		30	Increase flu vaccination uptake among people aged 65 and over				
16	Reducing Length of stay for pathway 3		31	Increase the use of assistive technology				

Tier 1 – Immediate High Impact (12 months)

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

Tier 3 – Longer Term

Summary of Mid-Year Review

- Several areas are progressing well or moving into business as usual, including Hospital at Home, PAWS integration, respiratory diagnostics, and elements of the urgent care and neighbourhood LTC models.
- Several priority areas require continuation into 2027/28, with objectives refined to reflect changing demand and system priorities. These include CYP pathways, speech and language services, Education, Health and Care Plans (EHCPs), autism waiting times, frailty INT discharge and length of stay, mental health transformation, VCSE neighbourhood working, and the redesign of the primary care front door.
- Key new or emerging priorities include diabetes prevention, cardiovascular prevention, employment support, community outreach, MSK pathway integration, complex home support, and system enablers such as workforce, digital and estates.
- Immediate follow-up is to consolidate proposed new and reframed intentions, present them through governance, and develop clearer action plans for high-priority areas.

Next Steps

- Develop clearer action plans for the highest-priority areas, particularly CYP capacity and waits, discharge flow, primary care front-door redesign, frailty, mental health neighbourhood integration and VCSE sustainability.
- Assign leads to draft or reframe intentions on diabetes, cardiovascular prevention, MSK, gynaecology, outreach, carers, mental health and complex care at home.
- Use programme evidence, costings, outcome data and inequalities information to prioritise the proposed intentions and distinguish immediate, medium-term and three-year ambitions.
- Aim to have the 2027/28 system intentions substantially agreed by January–February, ahead of formal sign-off by April.

Lewisham Local Care Partners Strategic Board Cover Sheet

**Item 8
Enclosure 8**

Title:	Month 04 Finance Report 2026/27		
Meeting Date:	24th September 2026		
Author:	Chris Dance		
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 financial outturn position at month 4 2026/27.	Update / Information	✓
		Discussion	
		Decision	
Summary of main points:	Month 04 2026/27 – SEL ICB At month 05, the borough reported a breakeven position against the year to date & annual (forecast) plan. Across all boroughs, there are pressures reported for Mental Health Services, offset by favourable variances (against budget) within Community services where delivery of cumulative efficiencies across the borough are reported. Further details of the financial position are included in this report.		
Potential Conflicts of Interest	Not applicable		
Any impact on BLACHIR recommendations	Not applicable		
Relevant to the following Boroughs	Bexley		Bromley
	Greenwich		Lambeth
	Lewisham	✓	Southwark
	Equality Impact	Not applicable	
	Financial Impact	The paper sets out the financial position at month 04 2026/27.	

Other Engagement	Public Engagement	Not applicable
	Other Committee Discussion/ Engagement	The ICB Finance Report 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 4 reported financial position for 2026/27.	

Integrated Neighbourhood Committee (INC)

Minutes of the meeting held in on 23 July at 16.00 hrs

via MS Teams

Present:

Neil Goulbourne	Neil Goulbourne, Chief Strategy and Transformation Officer & Deputy CEO, LGT (Chair)
Denise Radley (DR)	Executive Director Adult Social Care & Health, LBL
Laura Jenner (LJ)	Director of System Development, SEL ICB
Ceri Jacob (CJ)	Place Executive Lead (PEL) Lewisham, SEL ICB
Kate Lillywhite (KL)	Director of Strategy & Transformation, SLaM NHS Foundation Trust

In attendance:

Sara Rahman (SR)	Executive Director for Children and Young People
Charles Malcolm-Smith (CM-S)	Associate Director of System Development, SEL ICB
Fiona Kirkman (FK)	System Development Lead, LBL & SEL ICB
Lewis Batkin (LB)	Principal Population Health Analyst, LGT
Walinase Chunda (WC)	Population Health Analyst, LGT
Jonathan McInerny (JMc)	Head of Long Term Conditions and Cancer, SEL ICB
Jack Upton (JU)	System Development Manager, SEL ICB
Ada Nwokoro (AN)	Neighbourhoods Delivery Manager, LGT
Lauren Woolhead (LW)	PA / Business Support Officer, SEL ICB

Apologies for absence:

Gülen Petty

Actioned by

1.	Welcome, introductions, declarations of interest, apologies for absence & Minutes from the previous meeting held on 25th June 2026.	
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	Neil Goulbourne (NG) (Chair) welcomed everyone to the Integrated Neighbourhood Committee (INC) meeting. The meeting was agreed as quorate. NG advised attendees of the housekeeping rules, apologies for absence were noted as detailed above and highlighted enclosure four, the highlight reports are for information. <u>Declaration of Interests</u> (DOIs) A general reminder was issued to the committee members to ensure declarations of interest are completed, and no new declarations of interest were raised. <u>Minutes of the Integrated Neighbourhood Committee (INC) meeting held on 25th June</u> – were agreed as a correct record. <u>Matters Arising</u> - None. <u>Action log</u> - items updated accordingly.	
2.	Long Term Conditions Update Fiona Kirkman, Lewis Batkin and Walinase Chunda presented a detailed update on the INT Long-Term Conditions Integrated Neighbourhood Team Programme following approximately 12 months of delivery. FK highlighted that the Long-Term Conditions Integrated Neighbourhood Team (INT) Programme has been operational since November 2025 and has supported more than 700 residents through the pathway. FK reported that positive patient feedback continues to be received and advised that a comprehensive evaluation of outcomes, engagement, and programme activity is currently underway. LB and WC resented analysis of Did Not Attend (DNA) rates within the Long-Term Conditions Integrated Neighbourhood Team (INT) cohort. It was reported that the DNA rate was approximately 10%, consistent with the overall Lewisham and Greenwich NHS Trust DNA rate. LB and WC also provided demographic and geographical analysis of the cohort, highlighting higher DNA rates among specific population groups and outlining recommendations to improve engagement, attendance, and service accessibility. WC presented performance data against two key performance indicators (KPIs). It was reported that 4% of patients had been newly coded with a long-term condition, with Chronic Kidney Disease (CKD) representing the most frequently identified diagnosis. WC also reported that 53% of patients had achieved the target blood pressure level and 14% had achieved the target low-density lipoprotein (LDL) cholesterol	

	level, with higher achievement rates observed amongst patients who had been discharged from the pathway. It was noted that plans are in place to undertake further analysis of reductions in blood pressure and to expand outcome monitoring to additional conditions and indicators, including obstructive sleep apnoea (OSA), urinary albumin-to-creatinine ratio (UACR), and HbA1c. The Committee also noted plans to incorporate GP activity data from Snowflake to enhance reporting and evaluation, alongside improvements to the tracking of follow-up activity and patient progression through the pathway. LJ highlighted that the programme is one of the most advanced of its kind across South East London. LJ noted that the integration of hospital-employed pharmacists within Primary Care had delivered significant benefits and positive outcomes. However, LJ emphasised that further work was required to strengthen integration with wider social support services, including housing support and Voluntary, Community and Social Enterprise (VCSE) provision. NG and CJ sought assurance regarding the programme's progress against expected outcomes and queried whether benchmarking comparisons with other South East London boroughs could be incorporated into future reporting. In response, LB advised that comparable programmes in Greenwich and Bexley remain at an early stage of development and that the Lewisham programme has been providing advisory support to both boroughs. FK committed to developing a return on investment (ROI) analysis and advised that a high-level summary would be provided in August, with a more detailed evaluation report targeted for October. Actions: • Fiona Kirkman / Population Health Team to: • Provide a high-level progress report at a future INC Meeting comparing current delivery against original business case assumptions. • Continue development of return-on-investment analysis for presentation in autumn 2026. The Integrated Neighbourhood Committee noted Long Term Conditions Update	FK/PHT
3.	VCSE INT Engagement Laura Jenner highlighted that the purpose of the paper was to seek the Integrated Neighbourhood Committee approval for the proposed VCSE representation funding arrangements and to provide an update on work	

	underway to strengthen VCSE engagement in neighbourhood development. LJ explained that funding of over £20,000 had been allocated to Lewisham Local to support the establishment of a forum for Voluntary and Community Sector (VCS) organisations. LJ advised that Gulen Petty was attending as the VCS representative and that funding had been distributed to key partner organisations, including Age UK, Lewisham Local, and the Lewisham Voluntary and Business Network (LVBN), to support engagement and representation activities. LJ highlighted the importance of increasing the transparency of Integrated Neighbourhood Committee discussions, ensuring that VCSE representatives are appropriately informed of decisions and developments, and exploring opportunities for the publication and wider dissemination of committee outputs. DR supported the proposal but noted that the funding allocations were relatively modest and emphasised the need to ensure equitable investment across the Voluntary, Community and Social Enterprise (VCSE) sector. DR further highlighted the importance of supporting meaningful participation and representation across a broad range of VCSE organisations. NG requested a broader review of VCSE involvement within neighbourhood arrangements to ensure long-term sustainability, meaningful engagement, and appropriate influence in neighbourhood development and decision-making. In response, LJ confirmed that broader work to strengthen VCSE involvement was already underway and advised that a more comprehensive proposal would be brought back to the Committee for consideration in the autumn. Actions: • Laura Jenner to develop autumn VCSE engagement and funding proposal The Integrated Neighbourhood Committee approved the proposed VCSE funding arrangements.	LJ
4.	Approach to use of and management of finances in a Neighbourhood Health and Care environment Ceri Jacob presented a discussion paper to initiate consideration of a collaborative, population-based financial model for Lewisham, aligned with the NHS 10-Year Plan, the neighbourhood health agenda, and the emerging Integrated Partnership arrangements. CJ outlined the strategic rationale for adopting a more coordinated approach to	

	financial planning and resource allocation across health and care partners. CJ outlined a long-term ambition to develop a “Lewisham Pound” approach, aligning health and care investment more closely to population need and supporting greater collaboration across partner organisations. This would include exploring opportunities to pool resources where appropriate, strengthen population-based financial planning, and shift investment towards prevention, early intervention, and neighbourhood-based service delivery. LJ referenced similar approaches emerging in other systems, including Kent and Medway, and highlighted opportunities for Lewisham to explore pooled funding arrangements linked to frailty, reablement, and preventative services. LJ noted that such approaches could support more integrated planning, resource allocation, and delivery across health and care partners. RJ sought clarification on the extent to which Lewisham could develop and implement local approaches independently of wider South East London structures. In response, CJ advised that there is significant flexibility for Lewisham to progress local initiatives and noted that Lewisham is increasingly recognised across South East London as a leading site for neighbourhood development. CJ further highlighted the opportunity for Lewisham to test and develop innovative approaches locally, with the potential for learning to inform wider system development. SR supported the proposed approach and highlighted opportunities to apply similar principles to services for children and young people, including Special Educational Needs and Disabilities (SEND) pathways and transition arrangements between children's and adult services. SR noted the potential for a population-based approach to support earlier intervention, prevention, and improved outcomes for children and young people with complex needs. KLw sought assurance that mental health investment and provider funding would be included within future discussions regarding the development of a population-based financial model. In response, CJ confirmed that mental health providers were intended to be fully included within the proposed approach and that mental health investment would form part of future considerations as the model develops. NG expressed support for the overall direction of travel and suggested that initial work should focus on the frailty cohort. NG proposed undertaking detailed financial modelling, mapping current expenditure across the system, and exploring opportunities for the development of	
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	future pooled budgets to support more integrated and population-based approaches to care. DR noted the differences between health and social care frameworks used to define frailty and highlighted the challenges associated with aligning datasets across organisations. DR emphasised the need to develop a shared understanding and approach to support integrated planning, population analysis, and future financial modelling. Actions: Laura Jenner to map out and analyse current spending on the frailty cohort, including comparison with other areas and identification of opportunities, as part of the design work for a pooled budget approach. The Integrated Neighbourhood Committee supported further exploration of a ‘Lewisham Pound’ approach to population-based financial planning and resource allocation across health and care partners. The Committee agreed that frailty would be an appropriate initial population cohort for further analysis and development of the proposed model.	LJ
5.	Next Steps INT – Clinical Leadership and Quality Assurance LJ presented the agenda item to discuss future quality assurance, clinical governance, and integrated oversight arrangements following the closure of the ICB-led Integrated Quality Committee. LJ explained that the existing quality governance arrangements are being stood down as a result of changes within the Integrated Care Board . LJ highlighted the need to ensure that robust quality assurance, clinical governance, and clinical risk management arrangements are in place to support the safe and effective delivery of integrated neighbourhood services as they continue to develop. It was highlighted that work is at an early stage to organise a seminar involving quality and clinical governance leads, including Louise Crosby, Chief Nurse, to consider future quality assurance and clinical governance arrangements. The proposed seminar will seek to define appropriate oversight mechanisms, support the management of clinical risk within integrated neighbourhood services, and address interdependencies with social care and partner organisations. KLw raised questions regarding Care Quality Commission (CQC) regulation, accountability, and provider liability within integrated service models, seeking clarification on how responsibility and oversight would be managed across organisational boundaries.	

Item 11
Enclosure 9

	In response, CJ acknowledged the complexity of the issue and highlighted the need to develop robust local governance solutions to ensure appropriate accountability, quality assurance, and clinical oversight arrangements. LJ further advised that discussions were ongoing with the CQC regarding the adaptation of its assessment framework to better reflect and support integrated ways of working across organisations. Actions: • Laura Jenner to develop and organise Integrated Quality and Clinical Governance Seminar • Laura Jenner to engage Adult Social Care Quality Assurance colleagues in governance review The Integrated Neighbourhood Committee agreed in principle that: • INC minutes should be shared with the Lewisham Health and Care Partnership. • Further work should continue on public engagement and communications arrangements. • A future paper on engagement and transparency will be brought back for discussion.	
6.	Any Other Business NG closed the meeting with no additional business raised by participants	
7.	Date of next meeting. Thursday 24 September 2026 at 14:00hrs (Teams).	

Key:	Action progressing as planned	Minor delay or dependency requiring monitoring	Closed: Action completed and evidenced	Delayed/Significant Risk
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Ref	Meeting Date	Item	Action / Decision	Owner	Current Status	Update / Next Steps	Due Date
LNPB-007	06/07/2026	Frailty INT	Frailty Pilot: Update on winter plan for the pilot	Jack Howel	In progress	06/07/26: Incorporate end of life and winter plan in the frailty pilot plan.	Oct-26
LNPB-009	06/07/2026	Complex CYP	Liaise with population health team for data to facilitate identification of priority cohorts	Stacey Jarrett & Rachael Smith	In progress		Oct-26
PEG	02/02/2026	Communication & Visibility	Add neighbourhood programme visibility actions to forward planner (communications)	Ada Nwokoro	In Progress	14/09/26: Deferred to october meeting 06/07/26: Draft Communications Plan to be presented at next meeting Alignment with communications plan in development	Oct-26
PEG	02/02/2026	Programme Planning	Develop 6–12-month forward programme plan	Ada Nwokoro	In Progress	14/09/26: Deferred to october meeting Draft programme roadmap being prepared for Board review	Oct-26
PEG	02/02/2026	OD Provider for Neighbourhoods	Share final specification for OD programme	Charles Malcolm-Smith	Closed	Final specification circulated via email dated 03/02/2026	08/02/2026
PEG	02/02/2026	Frailty Programme	Continue discussions regarding governance arrangements	Deeta Henry-Smith / Rochelle Scott	Closed	06/07/26: Closed from the tracker – now monitored through the Programme Board rolling agenda. Governance proposals to return to Board for review	06/04/2026
PEG	02/02/2026	Programme Membership	Update Board membership to include additional programme representatives	Ada Nwokoro Lauren Woolhead	Closed	06/07/26: Closed. Membership reviewed by Programme Board Chair. Final list will be shared by next meeting.	06/04/2026
LNPB-004	11/05/2026	INT – Frailty	Develop programme scope, milestones, and implementation timeline	Jack Howell	Closed	06/07/26: Closed from the tracker – now monitored through the Programme Board rolling agenda. Initial timeline in development for presentation to Board	Jun-26
LNPB-005	11/05/2026	INT – LTC	Include performance targets within reporting dashboard	Fiona Kirkman	Closed	06/07/26: Closed from the tracker – now monitored through the Programme Board rolling agenda. KPI measures being aligned with programme reporting framework	Jun-26
LNPB-001	11/05/2026	Change of PEG	Transforming the PEG to Neighbourhoods Programme Board	Beckie Burn / Laura Jenner	Closed	Agreed	
LNPB-002	11/05/2026	Neighbourhoods Programme	Consider use of the Work Well Programme to support employees within neighbourhood	Charles Malcolm-Smith	Closed	06/07/26: Close - Presented	Jun-26
LNPB-003	11/05/2026	INT Workstreams	Clarify responsibilities and expectations for operational, clinical and programme leadership roles across workstreams	Beckie Burn / Laura Jenner	Closed	06/07/26: On the agenda 11/05/26: Draft role expectations being developed for review at next meeting	Jun-26
PEG	02/02/2026	UEC Improvement Programme	Share presentation slides and continue engagement discussions with Primary Care representatives	Rochelle Scott Ashley O'Shaughnessy Laura Jenner	Ongoing	06/07/26: Close from tracker. The UEC work is feeding into the Frailty workstream and may also contribute to the Left Shift workstream. Discussions progressing outside formal LNPB meetings	Jun-26
LNPB-006	06/07/2026	Workstreams Structure	MH: Add Lesa Bartlett as Operational lead Enablers - (Digital, Estates and Community Hub): Review to ensure right people are involved from system partners. Partnership Development (Creating One Voice for Primary Care): Mauro Campus as Operational lead and Waqas as Clinical lead. Add OHL (Waqas to provide names).	Ada Nwokoro	Completed	Update N'hoods workstream structure	Aug-26

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Item 11
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Title:	Primary Care Group Chairs Report
Meeting Date:	24 September 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 at the Primary Care Group.	Update / Information	
		Discussion	
		Decision	
Summary of main points:	The following items were discussed at the August 2026 Primary Care Group meeting: 1. Quarter 1 2026/27 Local GP Contract Dashboard The quarter 1 dashboard highlight areas of the local GP contract where practices are performing well and areas that require improvement. The ICB has a robust performance management framework in place to address under performance. 2. Addressing Inequalities in Primary Care Flexible Funding: Lewisham Investment Proposal South East London Integrated Care Board's agreed additional funding of £4m from the Strategic Investment Fund allocation to address inequalities in flexible funding in Primary Care. This will be £2m part year effect this year for schemes commencing in October 2026 and finishing at the end of March 2027. For Lewisham this represents an additional £481,099 investment in general practice for the 6 month period between October 2026 and March 2027. The Primary Care Group was asked to endorse Lewisham's proposed use of the additional flexible funding in general practice across three priority areas: Pre-diabetes prevention, Universal Care Plans and Frailty.		

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	The Lewisham Senior Management team approved the Lewisham Investment Proposal.		
Recommendation:	The Lewisham Local Care Partners Strategic Board is asked to note the report.			

1. Quarter 1 2026/27 Local GP Contract Dashboard

The Primary Care Group received an update on practice performance against the PMS Premium Contract. Performance remains strong across a number of established service specifications, with practices demonstrating positive delivery in Multidisciplinary Team Working, bowel and breast screening follow-up, and End of Life Care.

Performance variation was observed in the newer service specifications, particularly physical health checks for patients with serious mental illness and the implementation of Fractional Exhaled Nitric Oxide (FeNO) testing in primary care.

These areas will remain a focus for targeted improvement support and ongoing performance monitoring.

In line with the PMS Premium Contract and Performance Management Framework, practices that do not achieve the upper performance thresholds for any service specification at the six-month review point will receive formal correspondence from the ICB to understand the reasons contributing to underperformance and to agree any necessary improvement actions.

The Lewisham Local Medical Committee will continue to provide advice and support to practices requiring additional guidance.

See appendix A for the quarter 1 2026/27 Local GP Contract Dashboard.

2. Addressing Inequalities in Primary Care Flexible Funding: Lewisham Investment Proposal

a) Introduction

The Group received a paper which set out the allocation of additional Strategic Investment Fund (SIF) funding to support greater equity in primary care funding across South East London.

The South East London Integrated Care Board has agreed an additional £4 million investment, with a £2 million part-year impact from October 2026 to March 2027.

For Lewisham, this equates to an additional £481,099 investment in general practice over the six-month period.

The funding is intended to reduce unwarranted variation in primary care funding between boroughs, support more consistent service provision, and enable targeted investment to address population health needs and inequalities.

Further investment is expected in 2027/28 and 2028/29 and plans for its use will be developed in due course.

b) How the funding will be used

A Strategic Commissioning Framework has been developed to allocate the funding and secure proposals that support identified core requirements across general practice and neighbourhoods. The proposals will

- Be a transitional approach over 3-5 year.
- Focus on General Practice in year 1 with implementation required by October 2026.
- Be required to be implemented by 1st October in year 1 with a focus on achieving consistency of service across the boroughs.
- Consider year 2 as a continuation of year 1 but will include a review of other funding into primary care (Local Incentive Schemes/Local Enhanced Service etc), and a review of fairer funding formulas for additional investment.

- Look to include Community Pharmacy in year 2 followed by wider primary care in year 3.

c) SEL approach for 2026/27

It was agreed that the four boroughs with the lowest levels of flexible funding, namely Bexley, Bromley, Greenwich and Lewisham, will receive the additional investment to move towards a more SEL consistent level of £12.68 per weighted patient and closer to the levels of funding in Lambeth and Southwark.

Lewisham's allocation will increase by £2.82 per weighted patient, from £9.86 to £12.68, representing an additional £481,099 investment in general practice for the 6 month period between October 2026 and March 2027.

The investment supports the wider neighbourhood health ambition by enabling more consistent primary care offers, reducing unwarranted variation, and strengthening proactive and personalised care for local residents.

The table below outlines the current funding and proposed allocation for 2026/27.

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark
April 2026 List Size	241858	336127	318532	429429	341205	352962
Current premium £pwp	£9.15	£10.53	£8.09	£13.84	£9.86	£17.75
Current value of Premium Services	£2,212,998	£3,539,418	£2,576,921	£5,943,295	£3,364,282	£6,265,069
Proposed £pwp	£12.68	£12.68	£12.68	£13.84	£12.68	£17.75
Additional £pwp	£3.53	£2.15	£4.59	£0.00	£2.82	£0.00
Additional investment (through SIF) – full year effect	£853,758	£722,673	£1,462,060	£0	£962,198	£0
Additional investment (through SIF) – part year effect, 6 months	£426,879	£361,337	£731,030	£0	£481,099	£0
Revised value of Premium Services – full year effect	£3,066,756	£4,262,092	£4,038,981	£5,943,295	£4,326,481	£6,265,069
Revised value of Premium Services – part year effect, 6 months	£2,639,877	£3,900,755	£3,307,951	£5,943,295	£3,845,381	£6,265,069

A working group of clinicians, borough representatives, South East London central team and the Local Medical Committee was rapidly established to agree a set of principles for distribution of the funding and agree a list of areas to commission, using the available investment.

This was largely based on schemes already in place across SEL to support a move to consistency and also to support rapid implementation as specifications would already be in existence.

The recommended areas were:

1. Lipids
2. Pre Diabetes prevention
3. Universal Care Plans – increased coverage
4. Wound care – coding

5. Practice business planning
6. Frailty
7. Hypertension

d) Lewisham approach for 2026/27

For 2026/27, it was proposed that the following areas would be beneficial to take forward for the local population in Lewisham as they support the ICB ambition to take a preventative and proactive approach to improving patient outcomes and promoting earlier intervention.

Area	High level focus/outcomes	Rationale
Pre Diabetes prevention	Supporting referral to the National Diabetes Prevention Programme (NDPP)	In support of our work around prevention and in light of the high number of patients in Lewisham who historically have developed diabetes
Universal Care Plans (UCPs)	Development of UCPs for a wider cohort of patients (not just those at end of life)	As we continue to work in a more integrated way across services, UCPs for patients will become increasingly valuable, particularly for complex patients i.e. those with multiple LTCs. The existing PMS contract in Lewisham current only incentives UCPs for patients at the end of life
Frailty	Coding of patients against the Clinical Frailty Scale	Consistent coding of patients will support the frailty INT programme that is just commencing particularly in relation to population risk profiling and segmentation

e) Plan and Timetable

Agreement of funding and the approach to achieve consistency of service	25 June 2026
A review of current local schemes to be undertaken, to identify areas that can be replicated across boroughs that align wherever possible to Long Term Condition management, case finding and management, care planning and a consistent diagnostic offering.	17 July 2026
Four places receiving funding to identify which schemes they want to commission from the list of 7 that the group agrees and that supports consistency across South East London.	31 July 2026
Boroughs to develop schemes and take through local governance routes.	31 August 2026
Executive sign off on agreement of principles and funding.	31 August 2026
Local commissioning of schemes with General Practice.	1 October 2026

The Primary Care Group endorsed Lewisham's proposal to use of the additional flexible funding in general practice across the three priority areas: Pre-diabetes prevention, Universal Care Plans and Frailty.

				SS3 - Delivering REACTIVE & PROACTIVE Co-Ordinated Care: Risk Profiling & MDT Working				SS4 - Bowel Cancer			SS6 - Post Operative wound and suture removal
PRACTICE NAME	LIST SIZE All Registered Patients	RAW LIST SIZE - 18+ (2026)	WEIGHTED LIST SIZE (2026)	SS3 Target 0.5% of (pts over 18)	SS3 REACTIVE Case management started (Active Care Plans)	SS3 PROACTIVE Case management started (Active Care Plans)	SS3 % REACTIVE & PROACTIVE Care Plans	SS4 Verbal advice or letter sent within 1 MTH	SS4 Non-respond er BCSP	SS4 % Verbal advice or letter sent within 1MTH	SS6 - Wound & Suture removal activity
Amersham Vale Training Practice	16,005	13,979	16,007	70	151	4	1.11%	65	65	100.0%	56
Ashdown Medical Group	12,420	9,880	12,798	49	162	51	2.16%	52	52	100.0%	36
Clifton Rise Family Practice	4,224	3,553	4,343	18	50	12	1.75%	61	61	100.0%	21
Deptford Medical Centre	4,231	3,676	4,419	18	52	107	4.33%	17	17	100.0%	28
Deptford Surgery	11,324	9,862	11,794	49	97	14	1.13%	27	27	100.0%	62
Grove Medical Centre	12,932	11,381	13,191	57	248	8	2.25%	38	40	95.0%	42
ICO	9,774	7,925	9,971	40	57	38	1.20%	57	59	96.6%	18
Kingfisher Medical Centre	15,487	13,803	16,049	69	154	9	1.18%	50	51	98.0%	90
Lee Road Surgery	11,957	9,719	12,219	49	187	0	1.92%	47	47	100.0%	40
Lewisham Medical Centre	13,806	11,486	14,398	57	111	41	1.32%	72	72	100.0%	74
Modality Lewisham	34,436	27,732	34,860	139	205	70	0.99%	207	276	75.0%	192
New Cross Health Centre	9,299	7,896	9,662	39	161	34	2.47%	37	37	100.0%	34
Nightingale Surgery	7,657	5,626	7,344	28	52	14	1.17%	23	23	100.0%	72
Novum Health Partnership	20,442	15,962	20,673	80	170	12	1.14%	120	120	100.0%	76
Oakview Family Practice	6,450	4,763	6,430	24	29	7	0.76%	22	25	88.0%	19
One Care Lewisham	326	313	309	2	43	4	15.02%	0	0	0.0%	1
Parkview Surgery	10,738	8,032	10,131	40	128	8	1.69%	45	46	97.8%	21
Sydenham Green Group Practice	14,179	11,602	14,636	58	59	32	0.78%	59	73	80.8%	59
The Lewisham Care Partnership	51,702	41,828	52,115	209	259	2	0.62%	351	449	78.2%	144
The Queens Road Partnership	8,690	7,485	8,878	37	116	21	1.83%	66	66	100.0%	35
The Vale Medical Centre	17,580	13,718	17,447	69	109	0	0.79%	50	50	100.0%	34
Torridon Road Medical Practice	11,449	9,569	11,735	48	60	10	0.73%	79	79	100.0%	76
Triangle Group Practice	6,448	5,287	6,512	26	32	25	1.08%	36	37	97.3%	28
Vesta Road Surgery	6,654	5,372	6,699	27	44	22	1.23%	26	26	100.0%	25

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Title:	Lewisham Medicines Optimisation and Prescribing (LMOP) Chair's Report
Meeting Date:	24th September 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:	• Meningitis B vaccination programme delivered via community pharmacies • Expansion of the LIMOS service to other care settings • Levemir discontinuation – patients still require switching before September • Benedicts Law implementation • Decommissioning of Lewisham Dressing supply model • Pure Unity Health MSK PGDS approved • Borough Medicines committee to be disestablished		
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	Lewisham Healthwatch invited to meeting	

	Other Committee Discussion/ Engagement	N/A
Recommendation:		

**Committee meeting report presented to:
Lewisham Care Partnership Strategic Board on 24th September 2026**

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

Date of Meeting Reported: 28th July 2026

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

Main issues discussed

- Finance update
- Community pharmacy update:
 - The time-limited national Meningitis B vaccination programme is being delivered through community pharmacies and is available to all Year 13 students and individuals aged under 25 years entering higher or further education in a residential setting for the first time.
 - Approximately 1500 vaccinations had been administered across SEL shortly after the launch of the programme.
 - Opportunities were identified to increase awareness and uptake of the programme.
- PCN and Practice Pharmacy Update:
 - Need for improving engagement, networking and shared learning among practice pharmacists.
 - Proposal to establish a practice pharmacist networking at the next Lewisham Protected Learning Time (PLT) on the 16th of September.
- LIMOS & Care Home Service update:
 - Continued need to raise awareness of the Medicines Support Pathway.
 - Importance of accurate coding to support continuity of care, discharge planning and patient safety.
 - Expansion of the LIMOS service across Lewisham
- Medicines Quality and Safety Update:
 - Levimir discontinuation: approximately 200 patients remain to be switched before September deadline.
 - Significant administrative pressures continue to be experienced within the specialist diabetes services.
 - Difficulties remain in recalling some patients for switching.

- Launch of the Women's Health Hub at the Waldren Centre. The hub will be able to issue FP10 prescriptions for dispensing by community pharmacies.
- Inappropriate initiation of Continuous Glucose Monitoring (CGMs) sensors outside agreed criteria, with request originating from both secondary care and community care settings.
- Benedicts Law:
 - Multi-agency task and finish group established to implement.
 - Funding and procurement arrangements in development
 - Implementation will be monitored from September 2026, with full compliance required by January 2027
- The Lewisham Dressing supply model is due to be decommissioned from September 2026 with access to wound care products moving to FP10 prescribing route.
- Future of LMOP:
Following the ICB restructure and establishment of new governance arrangements, the September meeting will be the final LMOP meeting
- Responsibility for prescribing budget governance will transfer from boroughs to the SEL Chief Pharmacist, providing centralised oversight and governance across South East London.

Key achievements

- Proxy ordering was launched within an extra care setting.
- LIMOS services were expanded into mental health care homes and learning disability supported living settings.
- FP10 prescribing was established at the Women's Health Hub, supporting more prompt access to medicines.
- Significant progress was made in reducing the number of patients requiring a switch from Levemir.
- A multi-agency task and finish group was established to support compliance with Benedict's Law by the January 2027 deadline.
- Pure Unity Health MSK PGDs were approved for use in Lewisham.

Key challenges

- Variability in adherence to London-wide CGM eligibility criteria



- Approximately 200 patients still require switching from Levemir before its withdrawal from the market.
- Members noted that decommissioning the Lewisham Dressings Supply Model would have a significant impact on practices that have fully implemented and embedded the model within their prescribing processes.
- Difficulty disseminating the Medicines Optimisation Team's Dry Eye communication to local optometrists due to limited engagement from the Local Optical Committee.
- Repeated delays in receiving the final Multimorbidity evaluation report risk limiting learning, assurance and timely implementation of any recommendations from the project.

Key risks (include assurances received positive and negative)

- The prescribing budget governance and LMOP responsibilities are moving into SEL-wide structure with borough medicines committees being disestablished.
- Levemir- around 200 patients still needing switching before September deadline, with recall difficulties and pressure on diabetes service

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?

- The meeting helped address inequalities and fairness through discussion of Benedict's Law and the expansion of LIMOS services into mental health care homes and learning disability supported living settings. These discussions supported a focus on improving equitable access to medicines support for vulnerable groups and ensuring services are responsive to patients with additional needs.

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.

