South East London Integrated Care System

lhcp Lewisham Health and Care Partnership

Lewisham Local Health and Care Partners Strategic Board – Part I
Date: Thursday 28 May 2026, 14.00-15.30hrs
Venue: MS Teams (meeting to be held in public)
Chair: Dr Helen Tattersfield, Chair Primary Care Leadership Forum

AGENDA

No	Item	Paper	Presenter	Action	Timing
1.	**Welcome, declarations of interest, apologies for absence & Minutes of the previous LCP meeting held on 26 March 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**			Appendix A	14.05-14.10 5 mins
3.	**PEL (Place Executive Lead) Report**	Enc 3	Ceri Jacob	For Noting	14.10-14.15 5 mins
	Delivery *(2)				
4.	**Strategic Investment Funding (SIF) update**	Enc 4	Jack Howell	For Discussion	14.15-14:35 20 mins
	Governance & Performance				
5.	**LCP Performance data report – April 2026: Focus on Cancer Screening**	Enc 5	Ceri Jacob/ Jonathan McInerny	For Discussion	14.35-14.55 20 mins
6.	**Risk Register**	Enc 6	Ceri Jacob	For Discussion	14.55-15.05 10 mins
7.	**Adult Safeguarding**	Enc 7	Fiona Mitchell	For Noting	15.05-15.15 10 mins
8.	**Finance update**	Enc 8	Ceri Jacob	For Discussion	15.15-15:25 10 mins
	Place Based Leadership				
9.	**Any Other Business**		All		15.25-15.30 5 mins

CLOSE					
10.	**Date of next meeting (to be held in public): Thursday 23 July 2026 at 14.00hrs via Teams**				
	Papers for information				
11.	**Minutes/Updates from:** • **Primary Care Group Chairs Report** • **Lewisham Medicines Optimisation and Prescribing (LMOP) Group Chair's report** • **Lewisham Neighbourhood Programme meeting action and decision log**	Enc 9			

*** To build stronger, healthier families and provide families with integrated, high quality, whole family support services**

South East London Integrated Care System

lhcp Lewisham Health and Care Partnership

Lewisham Local Care Partners Strategic Board

Minutes of the meeting held in public on 26 March 2026 at 14.00 hrs

via MS Teams

Present:

Ceri Jacob (CJ) (Chair)	Lewisham Place Executive Lead, SEL ICB
Dr Helen Tattersfield (HT)	Chair, Primary Care Leadership Forum
Sabina Dixon (SD)	VCSE representative, SIRG
Michael Kerin (MK)	Healthwatch representative Lewisham
Dr Catherine Mbema (CMb)	Director of Public Health, Lewisham Council
Dr Simon Parton (SP)	Chair, Local Medical Council
Sara Rahman (SR)	Director of Children and Young People, Lewisham Council
Karen Sadler (KS)	CEO, One Health Lewisham

In attendance:

Cordelia Hughes (CH) (Mins)	Borough Business Support Lead, SEL ICB
Laura Jenner (LJ)	Director of System Development, SEL ICB
Chima Olugh (CO)	Neighbourhood Development Manager, SEL ICB
Gulen Petty (GP)	CEO, Lewisham Local, VCSE
Mottie Omeymi (MO)	Managing Director, Joined Up Thinking, VCSE
Abbie Green (AG)	Director of Lewisham Services, Age UK
Michael Cunningham (MC)	Associate Director of Finance, SEL ICB
Beckie Burn (BB)	Associate Director, Improvement and Transformation

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Adeniyi Adrenti (AA)	Interim Service Director, SLaM
Dr Aaminah Verity (AV)	Lewisham Salaried GP and Health Equity Fellows
Ashley O' Shaughnessy (AOS)	Associate Director of Primary Care Development
Annette Fogarty (AF)	Associate Director of Quality and Patient Safety
Riaz Jethro (RJ)	GP Lead, Primary Care
Susan Rowe (SRo)	Member of the public

Apologies for absence: Neil Goulbourne, Denise Radley, Vanessa Smith, Anne Hooper, Fiona Derbyshire, Kenny Gregory

		Actioned by
1.	**Welcome, introductions, declarations of interest, apologies for absence & Minutes from the previous meeting held on 22 January 2026.** Ceri Jacob (CJ) (Chair) welcomed everyone to the meeting. The meeting was agreed as quorate. CJ advised attendees of the housekeeping rules and apologies for absence were noted as detailed above. Declaration of Interests (DOIs) – Updates in progress. Minutes of the Lewisham LCP Strategic Board meeting held on 22 January 2026 – these were agreed as a correct record. Action log – The Board reviewed the action log: Action 1 is partially closed. The remaining actions are to be closed. Matters Arising – None.	
2.	**Questions from members of the public** The Chair confirmed a question had been received in advance of the meeting. CH advised the Board of the question which was "What action is being taken so that those in the perimenopause demography have full awareness of the numerous symptoms and can get sufficient advice and support?" CH stated that a formal written response would be sent within 14 days and appended to the minutes of this meeting.	

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	No other questions were raised during the meeting.	
3.	**PEL (Place Executive Lead) report** CJ presented the Place Executive Lead report: **<u>NHS Changes</u>** The NHS ICB change programme is ongoing. Staff consultation and the second voluntary redundancy scheme launched on 5 March 2026. This aligned with South West London ICB to reflect the ICB cluster arrangement. The second scheme was necessary due to the first one being launched blind of the proposed future structures. The voluntary redundancy window will close on 2 April. The consultation itself closes on 20 April, with a management response due by mid-to-late May. After that, work will commence on role matching and filling the new structures. **<u>Sustainability Investment Fund</u>** The Sustainability Investment Fund has made funding available to support development in two areas at Place: • Development of neighbourhoods, including delivery of the SEL frameworks for frailty, multiple long-term conditions and Children and Young People. • Implementation of the SEL ICB Prevention Framework. There is also funding to support implementation of the South East London ICB Prevention Framework, which is highly relevant locally. As host of the Lewisham Integrated Partnership, Lewisham and Greenwich Trust will hold the funding on behalf of the system, with partners jointly agreeing how it is to be used. This will sit within SEL parameters and align with Local Health and Care Partnership and the Integrated Neighbourhood priorities. Final proposals will be presented to a future LCP Board meeting. **<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. CJ formally thanked Fiona Derbyshire for her year as co-chair and thanked Helen Tattersfield for taking on the co-chair role alongside Neil Goulbourne.	

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	The Lewisham LCP Board noted the PEL report.	
4.	**Terms of Reference for the Lewisham Primary Care Group** The paper sets out the updated Terms of Reference for the Lewisham Primary Care Group and is presented for approval. The Terms of Reference were last approved by the Board in May 2025 but were reviewed again following a decision to include community pharmacy representation, which was previously absent. The Primary Care Group is a sub-group of the LCP Board, overseeing delegated primary care functions including general practice and to a lesser extent, community pharmacy. It meets monthly and reports to the Board every other month via the Chair's report. Its role includes oversight, scrutiny, decision-making and assurance in relation to primary care commissioning, contracts, performance, funding, access, and practice changes such as mergers or closures. However, the purpose of this change is to strengthen multidisciplinary input by ensuring community pharmacy is represented in planning and decision-making. This is the only proposed amendment to the Terms of Reference at this time. It should be noted that there is a potential conflict of interest, as Dr Helen Tattersfield is a member of the Primary Care Group. Any potential conflicts of interest would be managed in line with SEL ICB policies ensuring the appropriate governance. MK emphasised that any service change should reflect the views and experiences of Lewisham residents, service users and member practices and asked if the Primary Care Group currently assures this in a systematic (rather than ad-hoc) way, particularly given the challenges with effective Patient Participation Group (PPG) arrangements. CJ confirmed that under the current operating model, engagement for this group currently focuses on contractual service changes, such as practice openings or closures. Following the ICB Change Programme, contracting is expected to be held more centrally, with local teams focusing more on primary care development and transformation. However, CJ acknowledged the organisation was still in the middle of consultation, so this was subject to change. CO also concluded that the group engages through the People's Partnership and Healthwatch. Any contractual changes required	

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	evidence of patient and public engagement as part of business cases. This is how assurance is given so that service changes reflect public and patient views. **The LCP Board approved the Terms of Reference of the Lewisham Primary Care Group.**	
5.	**Grounded Report: Community-Led Reflections and Solutions to Systemic Health Inequalities** SD reported on the Grounded Report, commissioned to assess delivery of the Birmingham and Lewisham African & Caribbean Health Inequalities Review (BLACHIR) recommendations and to understand how system changes are being experienced by communities. This report is seeking approval. The report was based on longitudinal, community-led engagement with over 270 Black, African and Caribbean residents in Lewisham between 2023 and 2025. It found that while strategic intent is strong, change is not yet being consistently experienced by communities, highlighting a gap between ambition and delivery. The report set out four priority areas for action: delivering services through trusted community settings; sustained investment in health literacy and prevention; increasing Black leadership and decision-making power; and embedding continuous, community-led engagement. These are supported by phased recommendations and key system enablers, including improved race-based data, anti-racism accountability and sustainable funding for community organisations. Overall, the report concludes that inequalities remain structural and persistent and that the key challenge was now delivery, pace and accountability. CMb thanked SD and SIRGE for the report, which importantly modelled one of its own recommendations by creating a continuous feedback loop rather than a one-off review. There is a clear opportunity to move towards more rapid, real-time community feedback, supported through a sustainable, ongoing forum that enables continuous dialogue rather than retrospective insight. If appropriately resourced, such a forum could feed into multiple strategic programmes, including children and young people, neighbourhood working and public health.	

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	It was noted that the Health and Wellbeing Board recently discussed refreshing the health inequalities strategy, using insights from the Grounded Report, alongside work already underway across the ICB and Council. A refreshed approach would be brought back to the Health and Wellbeing Board later in the year, allowing time to shape a more delivery-focused and accountable programme. CJ asked all to endorse the priority areas for action, support the integration of recommendations into the local health and care planning and commit to strengthening community led approaches and accountability. **The LCP Board approved the Grounded Report: Community-Led Reflections and Solutions to Systemic Health Inequalities**	
6.	**ICB/VCS Infrastructure Support Impact Summary** MO provided an update on the Lewisham Black and Voluntary Network (LBVN) - a network of Black-led grassroots organisations supporting communities experiencing health, social and economic inequalities. While members deliver vital services, many face challenges around infrastructure, governance capacity and access to funding. ICB funding over 18 months has enabled LBVN to partner with Lewisham Local to deliver targeted capacity-building support, including micro-grants for member organisations and tailored support on governance, leadership, fundraising readiness and digital capability. The funding has also strengthened LBVN's own infrastructure, including additional fundraising capacity. The investment had improved sustainability and enhanced the contribution of LBVN and its members to neighbourhood working, prevention and health equity priorities. Continued funding would enable this work to be sustained and expanded. AV asked whether the report would highlight the number of organisations involved in cycle one of the Health Equity Team (HET) programme and track their progression into cycle two, noting this as a key outcome in strengthening Health Equity Fellows and VCSE engagement. MO agreed this would be included in the final report. **The LCP Board noted the ICB/VCS Infrastructure Support Impact Summary update.**	

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7.	**Lewisham VCS Neighbourhood Contract** AG presented the Lewisham VCS Neighbourhood Contract. This outlined the shift to a neighbourhood-based model with increased investment in the north and south of the borough, including a small transition grant to support existing frontline services. The model focuses on infrastructure and capacity-building, strengthening small and grassroots organisations and community networks, alongside social prescribing to connect residents to local support. Delivery learning will inform future service development and partnership working. The partnership is led by Age UK Lewisham & Southwark and Lewisham Local (including Community Connections), with delivery partners including the Irish Centre, St Luke's, The Bear Church and Ignition Brewery. Lewisham Local will lead on capacity-building, small grants and fundraising support, while Community Connections will provide integrated neighbourhood key workers, front-door access and community spaces alongside the existing borough-wide offer. The neighbourhood key worker role provides short-term (up to 12 weeks) support beyond signposting, helping individuals overcome practical barriers and access to health, social and community support. Overall, the approach aims to create a more integrated and collaborative local system across the voluntary sector, health and the council. The approach aims to create a more integrated and collaborative ecosystem across the voluntary sector, health and the council. HT added that the key issue is that people are using the term "neighbourhood" differently. System partners need to come together to agree what is actually meant by neighbourhoods and how organisational approaches align. There is a need to better link up teams and develop a shared, consistent view of neighbourhood working, particularly as this is happening across areas like mental health. CMb added that it would be helpful to think about how this work connects with other areas, particularly public health services such as weight management and smoking cessation and it would be helpful to consider how health equity teams link into those hubs, to ensure alignment and avoid duplication.	

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	BB said in relation to the key worker roles: it would be helpful to think about how they link into the organisational development work, which is underway across the wider INT workforce, so that when they are in post, they feel fully part of the wider integrated neighbourhood model. **Action:** LJ to revisit what "neighbourhoods" actually means in terms of alignment/boundaries and work with the partners, council and primary care colleagues on this. **The LCP Board noted the Lewisham VCS Neighbourhood Contract update.**	**LJ**
8.	**LCP Assurance report – Focus on Flu vaccinations** CJ reported that challenges remain in achieving physical health checks for people with serious mental illness. Initial discussions have taken place with SLaM regarding data-sharing and the potential impact of health checks on long-term outcomes. However, this remains an area of concern. While children's vaccination targets have not yet been met, performance is comparable with other boroughs, reflecting significant effort from teams, however further improvement required. Cervical screening continues to be an area of underperformance. CMb said that flu vaccination uptake in Lewisham remains below London and England averages for over-65s and under-65s are also at risk. This is a continued decline since the pandemic. However, performance is stronger for early years and pregnant women, where Lewisham performs better than London or national averages. Data shows lower uptake among some ethnic groups, including Black African and Black Caribbean communities, consistent with patterns across South East London. In response, extensive outreach has been undertaken to improve access, including vaccination delivery in community venues, shopping centres and through local partners, alongside wide-scale communications activity. Targeted engagement was commissioned with voluntary and community sector organisations, including a Black-led organisation and Citizens Advice, to gather insight. Feedback highlighted barriers around trust, safety concerns and access. Personalised engagement is more effective than generic messaging and grassroots organisations were identified as well-placed to support trust-building and engagement.	

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	SP noted that incremental changes to improve flu uptake in primary care have not been achieved, with uptake continuing to decline over the past five years despite significant effort. This is not a criticism of the work undertaken, but indicates that a more fundamental, system-wide approach may be needed. One that addresses low trust, vaccine anxiety and misinformation and better targets priority groups. While this may not impact the next campaign, it should inform future planning and support a more collaborative, non-competitive approach across primary care, pharmacy and partners. CMb added that while VCS engagement has begun this year, there may be scope to go further by moving beyond a standalone flu campaign towards a year-round, community-led wellness approach, with flu vaccination as part of a broader offer focused on mental health and wellbeing. **Action:** Agreed that relevant leads to continue work with SLaM on physical health checks for people with SMI and bring proposals back to a future meeting. CH to note on forward planner. **The Board noted LCP Assurance report – Focus on Flu vaccinations**	**CH**
9.	**Risk Register** CJ advised the risk register is now in its final month and has not materially changed. A full refresh will be presented next month**.** **The Board noted Risk Register**	
10.	**Q3 Quality Summary** AF presented highlights from the Q3 Quality report, with papers taken as read. Progress was noted on Quality Impact Assessments (QIA), with one assessment remaining open relating to infection prevention and control and safeguarding. A revised quality impact assessment policy has been introduced, including an initial screening tool and shorter documentation to streamline the process. Support will be provided to progress closure of the outstanding assessment. Three patient safety incident investigations were commissioned this quarter, with one closed. System-wide improvement work is underway	

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	on never events, particularly regarding retained foreign objects. In addition, a maternity-led quality improvement programme, training materials and an animation are nearing completion. One provider would pilot a simplified World Health Organisation (WHO) surgical checklist to reduce complexity and improve engagement, with learning to be reported back. Analysis of quality alerts identified key themes of transfer of care, appointment referrals and access issues. Providers have been asked to review rejected referrals to identify learning, which will be shared with primary care. Learning from Deaths, medication safety remains a focus. A task and finish group was addressing time-critical medications and learning from a dispensing error has been escalated regionally due to national variation in practice. Medical examiner processes are well embedded, with ongoing work to address administrative delays. An update was provided on paediatric audiology improvement work across South East London, including recall and tracking processes, with appropriate governance actions in place for identified harms. Positive and negative patient experience feedback continues to inform system improvement work. The Patient Safety Incident Response Framework (PSIRF) pilot in general practice has concluded, with learning being embedded into business-as-usual arrangements and Care Quality Commission (CQC) preparedness, supported by shared policies and tools. A public health deep dive on termination of pregnancy highlighted higher rates among Black Caribbean women. This has been identified as a potential health inequality requiring further consideration. **The LCP Board noted the Q3 Quality Summary update.**	
11.	**Finance Update** MC gave a finance update for Month 10 for financial year 2025/26. **ICB Lewisham** Lewisham delegated Place budget reported a break-even position YTD and on a forecast outturn basis at month 10. MC stated the LCP had achieved the 5% efficiency target for 2025/26 with significant improvement achieved in Continuing Health Care (CHC). There continues to be an issue with ADHD costs within mental	

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	health, although there are some signs of improvement. The rate of increase regarding that appeared to have slowed slightly at month 11. **ICB** The ICB reported a break-even position and on a forecast outturn break-even against plan and also against the revenue resource limit. **Wider ICS** The ICS reported a YTD deficit of £16.2m at month 10 which is a £2.9m improvement from month 9. Although that sounded a significant number, all organisations at month 10 are forecasting a break-even position at year-end. This is in line with the ICS financial plan submitted in April 2026. **Lewisham Council** Lewisham Council's financial position is included in the report for noting. **The LCP Board noted the finance update**	
12.	**Any Other Business** No other items were raised. CJ asked members to note the additional papers for information and thanked everyone for their contributions to the meeting.	
13.	**Date of next meeting** Thursday 28 May 2026 at 14:00hrs (Teams).	
14.	**Minutes of previous meetings/updates** The LCP Board noted the documents attached for information.	

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Lewisham LCP Strategic Board Action Log

Date of meeting & agenda item:	Action:	For:	Update:
1. Lewisham VCS Neighbourhood Contract (Item 7) 26/03/2026	LJ to revisit what "neighbourhoods" actually means in terms of alignment/boundaries and work with the partners, Council and primary care colleagues around this.	**LJ**	
2. LCP Assurance report – Focus on Flu vaccinations (Item 8) 26/03/26	Agreed that relevant leads to continue work with SLaM on physical health checks for people with SMI and bring proposals back to a future meeting. CH to note on forward planner.	**CH**	Added to forward planner – July 2026
3.System Intentions 2026/27 (item 2) 22/01/26	Identify and assign the appropriate person to provide a response to SD regarding EHCP assessments and school engagement.	**LJ**	
Lewisham GP Access Improvement – Updated Plan (item 7) 22/01/26	AOS to return to a future meeting with comparative data and organise a seminar if needed to explore the findings in more depth. CH to add to forward planner.	**AOS/CH**	Close

LCP Assurance Performance data report – December 2025 (item 9) 22/01/26	It was agreed to bring a deep-dive report on vaccination uptake, including targeted interventions and any learnings from breast cancer screening campaigns to the next public meeting. CH to add to the forward planner.	**CMb/CH**	Close

South East London Integrated Care System

NHS South East London

Sent by email: [redacted]

8 April 2026

Dear [redacted]

Thank you for your email received on 25 March 2026, to the Lewisham Health and Care Partnership Strategic Board members, in relation to your question,
What action is being taken so that those in the perimenopause demography have full awareness of the numerous symptoms and can get sufficient advice and support? Report from Kings fund stated that minority women have less support and poorer outcomes.

The current Women and Girls Health Hubs (WGHH) in Greenwich, is only for Greenwich and Bexley residents; however, we are evaluating the impact of both this and the Lambeth hub to inform our approach to scaling the hubs across South East London.

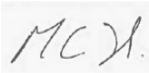
We do have two smaller proof of concept pilots in Lewisham specifically on women's and girls' health inequalities. One is more focused on contraception including Long-Acting Reversible Contraception (LARC), however, the other has a broader range of services including peri/menopause and is run by Lewisham and Greenwich NHS Trust (LGT) at the Waldron Health Centre. It aims to address health inequalities and has an offer that is targeted to underserved populations with a specific focus on Black women.

In parallel, we have been running a series of education sessions across South East London for healthcare professionals working across a range of women's and girls' health areas, including menopause and peri-menopause. The focus of these sessions is on upskilling staff in these areas and tackling health inequalities.

We have developed fact-sheets for Voluntary, Community, and Social Enterprise (VCSE) partners, community ambassadors and residents, which we are in the process of having translated into key languages spoken across South East London. These can then be used in both clinical and non-clinical settings and through our outreach activities in each borough.

I hope this information is helpful.

Yours Sincerely,



Ceri Jacob
Place Executive Lead (Lewisham)

South East London Integrated Care System

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Lewisham Local Care Partners Strategic Board

Cover Sheet

Item 3
Enclosure 3

Title:	**PEL Report**
Meeting Date:	**28 May 2026**
Author:	Ceri Jacob
Executive Lead:	Ceri Jacob

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

Summary of main points:

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

NHS changes
At the time of writing, the ICB is expecting to publish the ICB Change Programme management response, in alignment with SWL ICB. Following publication of the final structures, work will commence on matching posts, slotting in and ringfenced interviews. The expectation is that the majority of posts will have been filled by the end of September.

A total of 93 staff members have been approved for voluntary redundancy. C140 redundancies are required to achieve the £19/head running cost target.

A comprehensive organisational development (OD) and transition plan will be developed to support the transition to a clustered strategic commissioning focused organisation.

Neighbourhood Health Centres
NHS England has issued guidance on the vision
for Neighbourhood Health Centres and has released a template to be populated by Place / Neighbourhood partnerships, with the support of ICBs and regions. The immediate planning requirement is to develop a local plan and pipeline for NHCs, for submission to NHS England by 28 May 2026.

The guidance recognises that neighbourhood health is more a way of working than just a building. However, without suitable estate, many areas will not be able to deliver integrated teams and co-located services in convenient and accessible settings. At this stage, the pipeline is expected to be broad and to include schemes

	ranging from refurbishments that are ready to commence, through to early-stage project plans for buildings still to be developed. NHCs may include stand alone buildings or a network of buildings to deliver core and core + expectations. In Lewisham, the return is being based on work carried out across the partnership earlier in the year. Final recommendations and information from the London wide work currently underway will be shared at the next LCP public board. **SEL ICB Planning Priorities** ICBs were required to submit their planning priorities for 2026/27 to NHS England on the 15 May. In headline terms, priorities include development of strategic commissioning approaches, changes to financial flows across the system working closely with partners and full coverage of a neighbourhood health (and care) service. These priorities build on work already underway and encompass areas such as access to services, inequalities and new contracting models. Further detail on work to deliver these priorities will be shared in future meetings.
Potential Conflicts of Interest	All ICB staff are potentially impacted.
Any impact on BLACHIR recommendations	No

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

	Equality Impact	In relation to the ICB Change Programme, this will be carried out once for SEL and will look at the impacts on a function by function basis and overall.
	Financial Impact	The ICB must achieve a 35% reduction in it's running costs.
Other Engagement	Public Engagement	Public engagement takes place through the programmes mentioned here.
	Other Committee Discussion/ Engagement	Not applicable to this paper.
Recommendation:	The Board is asked to note this update.	

South East London Integrated Care System

lhcp Lewisham Health and Care Partnership

Lewisham Local Care Partners Strategic Board – Part II
Cover Sheet

Item 4
Enclosure 4

Title:	**Strategic Investment Fund – SIF Update**
Meeting Date:	**28.05.2026**
Author:	Jack Howell
Executive Lead:	Ceri Jacob, Place Executive Lead (Lewisham)

Purpose of paper:	To provide an update on the Strategic Investment Fund (SIF) allocation for Lewisham. To seek discussion and collective agreement on proposed investment priorities, governance, and next steps ahead of submission to SEL ICB (Draft submitted 22nd May 26).	Update / Information	***X***
		Discussion	**X**
		Decision	

Summary of main points:

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.

Strategic Priorities

- Investment focused on:
  - Prevention (Core20Plus5 and cardiovascular risk management)
  - Integrated Neighbourhood Teams (Frailty, Multiple Long-Term Conditions, Children & Young People)
  - Integrator development and infrastructure

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.

Governance & Delivery

	• Funding hosted by Lewisham and Greenwich NHS Trust (Integrator), with oversight via Lewisham partnership governance
	• Decisions will be partnership-led, with strong financial controls, transparency, and evidence-based investment principles
	
	Additional System Funding (Context)
	• Separate SEL-level funding streams for:
	  ○ Mental health neighbourhood integration (£3.5m SEL)
	  ○ Primary care levelling up (£4m SEL full-year)
	
	Timeline
	• Submission to SEL ICB: **22 May 2026 (DRAFT submitted)**
	• Place approval via governance: **May 2026**
	• Mobilisation from **June 2026 onwards**

Potential Conflicts of Interest	None declared
Any impact on BLACHIR recommendations	**N/A**

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

	Equality Impact	Investment supports reduction in health inequalities, targeting Core20Plus populations and at-risk groups through prevention and neighbourhood-based models.
	Financial Impact	Total £1.6m SIF funding in 2026/27 (part-year) for Lewisham Recurrent baseline expected to increase to £2.14m from 2027/28, subject to planning and assurance. 25% in-year reduction applied in Q1 to support acute pressures, reducing available funding across workstreams
Other Engagement	Public Engagement	Public and community engagement will be embedded within the design and delivery of SIF-funded neighbourhood models, particularly across prevention, frailty, and long-term condition pathways. Proposals explicitly reference delivery through neighbourhood-based approaches and VCSE

		partners, enabling engagement with residents in local settings and ensuring services are shaped around community need Engagement activity will include: • Co-design with residents and VCSE organisations to inform prevention models (e.g. proactive case finding, wraparound support) Use of community-based roles (e.g. wellbeing coaches, navigators) to support ongoing feedback and lived experience insight within frailty and INT models Targeted engagement with Core20Plus populations and at-risk groups, aligning to the prevention funding stream A portion of funding is allocated to support resident engagement through the VCSE sector, ensuring that engagement is structured, resourced, and continuous rather than one-off consultation activity. Engagement outputs will be used to: • Inform final service design and prioritisation of investment • Shape neighbourhood delivery models during mobilisation • Provide ongoing feedback loops into partnership governance (INT partnership / LCP Board) *(governance link partially inferred but consistent with slides)*
	Other Committee Discussion/ Engagement	**Other Committee / Engagement** • INT / PEG Development Group (May 2026) • Primary Care Leadership (May 2026) • Lewisham Integrated Neighbourhood Committee – final approval route
Recommendation:	The Board is asked to: • Note the SIF funding allocation and strategic priorities • Review and comment on proposed investment approach and governance • Support progression to final submission to SEL ICB	

South East London Integrated Care System

Integrated Neighbourhoods Programme – Funding Allocation

Laura Jenner – Director of System Development

South East London Integrated Care System

Contents

1. Overview of SIF

2. Proposed timeline and governance for developing SIF proposals

3. Agreeing approach for each SIF workstream, including key activities for next fortnight to create the first iteration of the proposals

South East London Integrated Care System

Overview of the SIF

- Ring-fenced funding to secure systematic investment aligned to SEL strategic commissioning objectives and ensure that each place is meeting the core requirements for neighbourhood health
- Neighbourhood Care Board documents to support the planning include submission template
- Funding going to integrator hosts on behalf of the partnership – expectation is that use of funding is codesigned and spent across the system
- Proposals need to be submitted to SEL ICB by 22nd May as one return per integrator function
- Need Place agreement prior to ICB submission.
- There are two pots of funding which are still awaiting guidance and will have a later submission date

CORE REQUIREMENTS FOR INTEGRATORS AND NEIGHBOURHOOD HEALTH AND CARE IN 2026/27

CONTENTS TABLE

Section	Content
1. Purpose	Outlines purpose of the document
2. The Integrator Function	Expected progress towards maturity in 26/27
3. Neighbourhood Health and Care Core Model	Sets out a summary of the core Neighbourhood Health Model, and the core characteristics and requirements of all Integrated Neighbourhood Teams
4. INT Requirements – Frailty and End of Life	Core functional requirements of the INT and any specific risk stratification requirements (or other requirements i.e. training)
5. INT Requirements – Multiple Long-Term Conditions	Core functional requirements of the INT and any specific risk stratification requirements (or other requirements i.e. training)
6. INT Requirements – Children and Young People	Core functional requirements of the INT and any specific risk stratification requirements (or other requirements i.e. training)
7. Population coverage of INTs within 2026/27	Sets out the minimum expected population coverage of INTs across SEL in 2026/27
8. Digital and Data	Requirements of integrators in relation to digital and data in 26/27
9. Prevention	Minimum requirements aligned to the Prevention element of the Strategic Investment Fund
10. Developing and agreeing investment and delivery plans	Sets out the investment available, the process for developing and agreeing investment and delivery plans and timelines
11. Other SIF investment support neighbourhood care in 26/27	Information on other SIF investment to support neighbourhoods – expanding INT working, mental health integration, levelling up primary care capacity,

Submission template:

Microsoft Excel Worksheet

South East London Integrated Care System

SIF in Lewisham

- In 2026/27, Lewisham has £1.6m of SIF funding available in year, reflecting a 75% part year effect applied consistently across all SIF budgets. The full year recurrent value of this funding is, £2.14m expected from 2027/28, subject to annual planning and assurance.
- Funding supports neighbourhood prevention (Core20Plus and CVRM); Integrated Neighbourhood Teams for Frailty, Multiple Long-Term Conditions, and Children and Young People; and integrator development.
- There is additional SIF funding not allocated directly to Place, including system held mental health neighbourhood integration funding (£3.5m SEL wide) and levelling up primary care provision (£4m full year equivalent SEL wide, with £2m part year investment from October 2026).
- The position on 2025/26 SIF funding is confirmed, including £250k committed to INT development capacity to support mobilisation alongside 2026/27 delivery.
- Governance and hosting arrangements confirm that Lewisham and Greenwich NHS Foundation Trust acts as integrator host, with funds administered in line with its financial governance processes where required, while Lewisham Integrated Committee Partnership governance remains the primary decision making and approval route for priorities and investment decisions.

South East London Integrated Care System

Key Principles of Funding Management

Partnership-Led Decision Making	Transparency and Accountability	Governance via MOU	Equity and Financial Controls	Evidence-Driven Investment
• Decisions about funding are made collectively, ensuring shared ownership and equitable partner involvement.	• Funding allocations and reports are openly shared across partners to build trust and provide oversight.	• Decisions follow pre-approved processes outlined in a Memorandum of Understanding to ensure consistency.	• Resources are fairly allocated with strong financial controls to support partner sustainability and performance.	• Funding decisions rely on data and measurable outcomes to maximize impact for local communities.

A lead senior manager will be identified to work with finance colleagues and oversee the budget on behalf of the partnership, ensuring that all expenditure aligns with agreed priorities, complies with LGT hosting requirements, and is transparently reported back to the INT Partnership and LCP Board for collective assurance and decision-making.

South East London Integrated Care System

SIF in Lewisham

Funding stream	2025/26	2026/27 (in-year)	2027/28 (FYE)	Notes
Integrator Held				
Prevention (Core20+ & CVRM)	—	£600,000	£600,000	75% in-year in 26/27; full-year from 27/28
Neighbourhood care & integrator (Frailty, MLTC, CYP, Integrator dev.)	—	£1.045m	£1.045m	75% in-year in 26/27; full-year from 27/28
Total Place-allocated SIF	—	£250,000	£250,000	
Centrally Managed				
Primary care – levelling up (SEL)	—	£2.0m	£4.0m	Recurrent; part-year from Oct 2026; targeted deployment
Mental health neighbourhood integration (SEL)	—	£3.5m	£3.5m	System-held; led by MH Trusts; split by MH weighted population; place amounts TBC
Pushing boundaries	—	£1.5m	£1.5m?	System-held

South East London Integrated Care System

Overall SIF Timeline

- ✓ March 2026: SEL confirms SIF priorities and indicative funding envelopes
- ❑ April–May 2026: Place-based co-production through Lewisham governance
- ❑ **22 May 2026**: Submission to SEL Planning Directorate
- ❑ June 2026: SEL ICB review and sign-off
- ❑ From June 2026: Mobilisation and delivery

South East London Integrated Care System

Proposed plan timeline and governance

- As well as governance meetings, plans require explicit approval of all partners

Date	Meeting	Purpose
11th May	INT/ PEG Development Group	Integrator review first iteration
27th May	Primary Care leadership	Review plan
28th May	Lewisham Integrated Neighbourhood Committee	Place approve final submission
22 May: submit to SEL		

- Underpinned by weekly SIF working group – recommend that this is the proposed workstream leads, with detailed conversations taking place outside this process
- Are there any other governance processes or check in points that we need for the SIF process? Where does LGT finance sit in this process?

South East London Integrated Care System

Strategic Investment Fund – Lewisham Allocation

Over time, LGT – as Integrator – will become responsible for hosting this funding and agreeing governance for its distribution.
In Q1 26/27, 25% of the total SIF funding will be diverted to support the acute budget – leading to a 25% overall reduction for each workstream.

Funding Type (300k	Total Budget	Funding Area	Funding Amount	Programme lead	Funding after Q1 Reduction	Next steps
Integrator-Hosted Workstreams	£2,142,000	Prevention	£600,000	Catherine Mbema Fiona Kirkman	Approx. £450,000	Following the system prevention workshop – supporting N2 & N3 also including Belingham – hub and spoke (v5 health checks , lifestyle meds managements. Proactive case finding.(300K) And wraparound support from the VCS (160k) Service manager 70K. (70k community pharmacy support)
		Risk Factor Identification & Management	£498,000	Tom Hastings Rachael Smith	Approx. £373,500	Funding the pharmacy 5 INT – Targeted focus on identification of at-risk population and proactive management across CVRM, heart failure, lipid management, diabetes 8 care processes – with core offer developed through SEL LTC care pathway. We are covering this via the LTC team and prevention hubs. 4 8a and one 8b who is managing the full team and process .
		Frailty INT	£155,000	Jack Howell Andrew Cook	Approx. £116,250	Design work through frailty group – Building on the PAWS service. Support roles needed from the VCS, reablement, & primary care navigator consultant geriatrician . Piloting in one N-hood from September
		Multiple LTC INT	£390,000	Fiona Kirkman Ashely O'Shaughnessy	Approx. £292,500	Primary care for their work in the INT model. Paying towards total cost for the roles – £571,000. (care coordinator x6 and wellbeing coach x6 for each PNC)
		CYP INT Model	£249,000	Stacy Jarrett Simon Whitlock	Approx. £186,750	Support investment to secure the CYP INT model, aligned to the SEL CYP framework. Funding to pay for a programme 8a manager via LGT and clinical support for one year to design and implement the model
		Integrator Development	£250,000	Beckie Burn Laura Jenner	Approx. £187,500	Part time comms lead – potential opportunity to share with Greenwich 60k . £30k towards operation and clinical support for the frailty model and 100k for operational support given it has a lower allocation. £30k for resident engagement via the VCS. £30k towards finical modelling

South East London Integrated Care System

Appendix
For information

South East London Integrated Care System

SDIP Funding

- SDIP funding pot for 2026/27: **£1,119,000**
- This funding, which is recurrent, is included within the LGT contract with use agreed as part of the annual planning round. A panel of LGT senior leadership, commissioning colleagues and GP Clinical Lead for Integration held an SDIP panel in February-26 to review key priorities and make recommendations on funding allocations.
- This amount is a combination of funding for this year, plus re-allocation of pharmacy resources into the Neighbourhoods programme. Exact figures are being finalised following final costings.

Funding Type	Total Funding (£)	Recommended Funding Area	Approx cost (£)	Notes	Final Allocation?
SDIP	£1,119,000	Neurodevelopmental pathway	~£700k	*Recurrent investment into neurodevelopment/ASD pathway – currently c. 1k patients >52 weeks. Funding of c. 50% total need from this pot.*	YES
		Urgent & Community Response increase	~100k	*To support UCR expansion in Lewisham and reduce number of rejected referrals*	YES
		Proactive Aging Well (PAWs) service	~£140k	*Fixed term investment until Mar-26 to extend members of PAWs team whilst frailty design work takes place*	YES
		Speech & Language Therapist CYP	~£80,000	*Additional CYP SLT funding to support improved access; not able to be funded in 25/26 but supported for 26/27*	YES
		District nursing uplift	~£200k	*To support safe staffing recommendations within district nursing team; key support for neighbourhoods 2 and 3*	YES

South East London Integrated Care System

Primary Care SDF

- In addition to the previously mentioned funding, it is intended that the following Integrator-led workstreams will be supplemented with funding from the Primary Care SDF to aid the continued development of primary care in Lewisham.
- For context, the total Primary Care SDF allocation for Lewisham for 26/27 is £675,000.

Funding Type	Total Funding (£)	Recommended Funding Area	Cost (£)	Notes
Primary Care SDF	£445,000	Clinical leadership	£95,000	Dedicated GP clinical time to support the development and provide supervision to neighbourhoods / INTs (ensuring coverage across all 4 neighbourhoods) and also to support interface discussions and the left shift agenda. Also funding for time bound GP input into pathway/service redesign discussions i.e mental health, CYP
		Integrator Development	£150,000	This funding will be used to continue the development of primary care as a key partner within the Integrator – including funding the GP integration lead role, clinical leadership development and ongoing organisational development support.
		Neighbourhood management leads (x4)	£200,000	This funding will support the operational delivery of the INT teams and wider neighbourhood work including stakeholder liaison (particularly practice level engagement) and facilitating joint working and integration between services/teams

South East London Integrated Care System

lhcp Lewisham Health and Care Partnership

Lewisham Local Care Partners Strategic Board

Cover Sheet

Item 5
Enclosure 5

Title:	**LCP Performance data report – May 2026: Focus on Cancer Screening**
Meeting Date:	28th May 2026
Author:	Jonathan McInerny, Head of Long Term Conditions and Cancer (Lewisham)
Executive Lead:	Laura Jenner, Director of System Development (Lewisham)

Purpose of paper:	To outline Lewisham's performance in local cancer screening targets including outcomes from the PMS Premium contract and trigger a discussion on how they can be improved further.	Update / Information	
		Discussion	✓
		Decision	

Summary of main points:

The attached presentation outlines the progress made by Lewisham practices in improving uptake across the breast, bowel and cervical cancer screening programmes, alongside the key actions taken locally and across South East London.

Breast Cancer Screening

Lewisham has made strong progress in breast cancer screening, with local data showing one of the most improved trajectories across south east London. Coverage has risen to around 60%, with continued month-on-month improvement, and forecasts indicate that Lewisham is on track to meet the 2025/26 breast screening ambition. This improvement reflects sustained system focus, including PMS-incentivised practice follow-up of non-responders (with most practices contacting over 80% of eligible patients), targeted SELCA-funded practice support. Importantly, progress has also contributed to reducing inequalities, particularly among underserved communities.

Bowel Cancer Screening

Bowel cancer screening performance is stable but below ambition. Lewisham's current coverage is approximately 64–65%, and local forecasting suggests the borough is unlikely to meet the 2025/26 target, reflecting a plateau following the earlier gains from the introduction of FIT testing. While practice-level follow-up of non-responders remains strong, further gains will require renewed focus, particularly as national thresholds and eligibility continue to change.

Cervical Cancer Screening

	Cervical screening remains the most significant challenge. Although official data is outdated, local data shows a gradual deterioration, mirroring national trends. Lewisham is unlikely to meet the 2025/26 cervical ambition, driven by acceptability issues, demographic factors, and the long screening interval. Participation in the HPV self-sampling pilot and planned workforce training (e.g. CRUK Talk Cancer) are important mitigations but will take time to impact outcomes. **Next Steps** Key next steps include sustaining breast screening momentum, re-energising bowel screening activity, scaling HPV self-sampling, addressing access barriers (notably breast unit location and SMS costs), and maintaining clinical leadership and primary care capacity to support delivery. Further work will carried out in future to promote screening across all areas by the community-based Cancer Champion activity delivered by Age UK L&S and through the work of IRMO with the Latin American community in Lewisham. We would welcome a discussion on how these targets could be improved further, particularly on how we can improve Bowel and Cervical cancer screening rates.
Potential Conflicts of Interest	None
Any impact on BLACHIR recommendations	Cancer screening aims to build on the areas for action from the BLACHIR report within the resident engagement and community approaches workstream. Targeted campaign work commissioned by SELCA has been aimed at the Black African and Afro-Caribbean community across South East London.

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

	Equality Impact	A core aim of the cancer screening programmes is to reduce inequalities, aligned to the Core20Plus5 approach. Targeted SELCA-commissioned campaigns and local community engagement work have focused on underserved populations, including Black African and Afro-Caribbean communities.
	Financial Impact	All cancer screening programmes are commissioned and funded by NHS so there is no immediate financial impact locally for the Lewisham Place team.
Other Engagement	Public Engagement	Public engagement with local patients and other key stakeholders has been carried out through the media, events, social media and the SEL ICB website.
	Other Committee Discussion/ Engagement	N/A

Recommendation:	The Board is asked to: • Note the significant progress made in breast cancer screening and associated reduction in inequalities • Note the risk of Lewisham not meeting bowel and cervical screening ambitions for 2025/26 • Discuss further actions required to accelerate improvement in bowel and cervical screening, including addressing access, acceptability and primary care capacity constraints

South East London Integrated Care System

NHS South East London

Lewisham Local Care Partnership
LCP performance data report

April 2026

South East London Integrated Care System

NHS South East London

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Overview of report

NHS South East London

Summary:

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

Contents and structure of report:

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

Structure

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

Definitions:

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

South East London Integrated Care System

Lewisham performance overview

NHS South East London

Standard	Trend since last period	Period covered in report	Comparator	Benchmark	Current performance
Dementia diagnosis rate	↑	Mar-26	National standard	67%	72%
IAPT discharge	↓	Feb-26	Operating plan	377	475
IAPT reliable improvement	↓	Feb-26	Operating plan	67%	69%
IAPT reliable recovery	↑	Feb-26	National standard	48%	45%
SMI Healthchecks*	↑	Q3	Local trajectory	62%	55%
PHBs	↑	Q4 - 25/26	LTP indicative trajectory	773	357
NHS CHC assessments in acute	↔	Q4 - 25/26	National standard	0%	0
CHC - Percentage assessments completed in 28 days	↓	Q4 - 25/26	National standard	80%	58%
CHC - Incomplete referrals over 12 weeks	↓	Q4 - 25/26	National standard	0	0
Children receiving MMR1 at 24 months	↑	Q3 - 25/26	PH efficiency standard	90%	85%
Children receiving MMR1 at 5 years	↓	Q3 - 25/26	PH efficiency standard	90%	86%
Children receiving MMR2 at 5 years	↓	Q3 - 25/26	PH efficiency standard	90%	72%
Children receiving DTaP/IPV/Hib % at 12 months	↑	Q3 - 25/26	PH efficiency standard	90%	90%
Children receiving DTaP/IPV/Hib % at 24 months	↓	Q3 - 25/26	PH efficiency standard	90%	88%
Children receiving pre-school booster (DTaPIPV%) % at 5 years	↓	Q3 - 25/26	PH efficiency standard	90%	66%
Children receiving DTaP/IPV/Hib % at 5 years	↓	Q3 - 25/26	PH efficiency standard	90%	89%
LD and Autism - Annual health checks*	↑	Feb-26	Local trajectory	1355	1482
Bowel Cancer Coverage (60-74)	↓	Apr-25	Corporate Objective	65%	64%
Cervical Cancer Coverage (25-64 combined)	↓	Jun-24	Corporate Objective	68%	67%
Breast Cancer Coverage (50-70)	↑	Apr-25	Corporate Objective	60%	60%
Percentage of patients with hypertension treated to NICE guidance	↑	Q3 - 25/26	Corporate Objective	77%	65%
Flu vaccination rate over 65s	↑	Feb-26	Corporate Objective	61%	54%
Flu vaccination rate under 65s at risk	↑	Feb-26	Corporate Objective	34%	31%
Flu vaccination rate – children aged 2 and 3	↑	Feb-26	-	-	42%
Appointments seen within two weeks*	↑	Feb-26	-	-	87%
Appointments in general practice and primary care networks*	↓	Feb-26	Operating plan	-	116055
Appointments per 1,000 population*	↓	Feb-26	-	-	326

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

South East London Integrated Care System

NHS South East London

Performance data

South East London Integrated Care System

Dementia Diagnosis Rate

NHS South East London

SEL context and description of performance

- The national dementia diagnosis rate target is 66.7%. Dementia diagnosis rate is defined as the diagnosis rate for people with dementia, expressed as a percentage of the estimated prevalence.
- South east London is achieving this target. March 2026 performance was 71.6%.
- There is, though, variation between boroughs. Greenwich has not achieved the target during the previous 24 months.

		Mar-26						
Metric	Target	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Dementia diagnosis rate*	66.7%	73.5%	73.1%	63.7%	73.2%	72.1%	70.8%	71.6%
Trend since last report	-	↑	↔	↔	↑	↑	↓	↑

South East London Integrated Care System

Talking Therapies

NHS South East London

SEL context and description of performance

- The NHS Talking Therapies metrics introduced in 2024/25 have continued into 2025/26. The targets are as follows:
  - Number of patients discharged having received at least 2 treatment appointments in the reporting period.
  - Reliable improvement rate for those completing a course of treatment.
  - Reliable recovery rate for those completing a course of treatment and meeting caseness.

	Feb-26						
Metric	Bexley - MIND	BHC	Greenwich (Oxleas)	Lambeth (SLaM)	Lewisham (SLaM)	Southwark (SLaM)	SEL
Talking Therapies discharge metric	135	195	295	500	475	375	1925
Trajectory	176	248	295	533	377	360	2035
Trend since last reporting period	↓	↓	↓	↓	↓	↔	↓

		Feb-26						
Metric	Target	Bexley - MIND	BHC	Greenwich (Oxleas)	Lambeth (SLaM)	Lewisham (SLaM)	Southwark (SLaM)	SEL
TT reliable recovery	48%	49.0%	51.0%	47.0%	48.0%	45.0%	42.0%	47.0%
Trend since last report	-	↑	↑	↔	↑	↑	↔	↑

		Feb-26						
Metric	Target	Bexley - MIND	BHC	Greenwich (Oxleas)	Lambeth (SLaM)	Lewisham (SLaM)	Southwark (SLaM)	SEL
TT reliable improvement	67%	75.0%	71.0%	66.0%	69.0%	69.0%	62.0%	68.0%
Trend since last report	-	↑	↑	↔	↑	↓	↓	↑

South East London Integrated Care System

SMI Physical Health Checks

NHS South East London

SEL context and description of performance

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

	Q3 - 2025/26						
Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
SMI Healthchecks	52.2%	54.3%	52.4%	58.7%	54.6%	59.6%	56.0%
Indicative trajectory	62.0%	62.0%	62.0%	62.0%	62.0%	62.0%	62.0%
Trend since last report	↑	↑	↑	↑	↑	↑	↑

***NOTE:** The above figures have been calculated based on published LCP performance for Q3: Physical Health Checks for People with Severe Mental Illness - NHS England Digital.

South East London Integrated Care System

Personal Health Budgets

NHS South East London

SEL context and description of performance

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

	Q4 - 2025/26						
Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Cumulative number of people with a personal health budget year to date	638	1307	685	436	357	403	3831
Indicative LTP trajectory	676	966	837	934	773	741	4926

South East London Integrated Care System

NHS Continuing Health Care

NHS South East London

SEL context and description of performance

- There are a number of national standards which systems are required to achieve consistently. Where deviating from the standard, there is an expectation that performance will be addressed as a priority. Performance standards are as follows:
  - A national target was previously set to reduce the number of CHC assessments in an acute hospital setting to less than 15%. The aim, however, is that zero assessments should be completed in an acute setting and this is the benchmark that LCP and ICB teams are measured against.
  - Complete assessments of eligibility within 28 days from the date of referral in >80% cases.
  - Reduce the number of outstanding referrals exceeding 12 weeks to Zero
- All targets were achieved at the end of 2024/25.
- At the end of quarter 4 2025/26, SEL was achieving these performance standards. There is, however, variation across boroughs in delivery of the 28 day standard..

		Q4 - 25/26						
Metric	Target	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
NHS CHC assessments in acute	0	0	0	0	0	0	0	0
Trend since last reporting period	-	↔	↔	↔	↔	↔	↔	↔

	Q4 - 25/26						
Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
CHC - Percentage assessments completed in 28 days	79%	86%	95%	100%	58%	77%	83%
Trajectory	80%	80%	80%	80%	80%	80%	80%
Trend since last reporting period	↓	↓	↑	↑	↓	↓	↑

	Q4 - 25/26						
Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
CHC - Incomplete referrals over 12 weeks	0	0	0	0	0	0	0
Trajectory	0	0	0	0	0	0	0
Trend since last reporting period	↔	↔	↔	↔	↓	↔	↓

South East London Integrated Care System

Childhood immunisations (1 of 2)

NHS South East London

Description of metric and SEL context

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

		Q3 - 25/26								
Metric	Efficiency standard	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL	London	England
Children receiving MMR1 at 24 months	90%	86.0%	89.7%	84.7%	80.1%	84.9%	82.1%	84.6%	79.7%	87.8%
Trend since last reporting period	-	↑	↑	↑	↑	↑	↑	↑	↑	↓

		Q3 - 25/26								
Metric	Efficiency standard	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL	London	England
Children receiving MMR1 at 5 years	90%	91.5%	91.4%	86.3%	85.4%	86.0%	83.9%	87.4%	85.3%	92.3%
Trend since last reporting period	-	↑	↑	↑	↑	↓	↑	↑	↑	↑

		Q3 - 25/26								
Metric	Efficiency standard	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL	London	England
Children receiving MMR2 at 5 years	90%	78.2%	80.7%	69.7%	73.0%	72.4%	69.3%	73.9%	70.0%	83.8%
Trend since last reporting period	-	↑	↓	↓	↓	↓	↓	↑	↑	↑

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

South East London Integrated Care System

Childhood immunisations (2 of 2)

NHS South East London

Metric	Efficiency standard	Q3 - 25/26								
		Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL	London	England
Children receiving DTaP/IPV/Hib % at 12 months	90%	93.0%	93.4%	91.7%	88.6%	89.6%	89.1%	90.8%	85.9%	90.5%
Trend since last report	-	↑	↑	↑	↑	↑	↑	↑	↑	↑

Metric	Efficiency standard	Q3 - 25/26								
		Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL	London	England
Children receiving DTaP/IPV/Hib % at 24 months	90%	92.9%	92.6%	91.3%	88.1%	88.4%	88.5%	90.2%	87.4%	92.5%
Trend since last report	-	↑	↑	↑	↑	↓	↓	↑	↑	↑

Metric	Efficiency standard	Q3 - 25/26								
		Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL	London	England
Children receiving pre-school booster (DTaPIPV%) % at 5 years	90%	74.5%	72.2%	70.8%	67.2%	65.8%	60.7%	68.6%	65.7%	81.8%
Trend since last report	-	↑	↓	↑	↔	↓	↓	↑	↓	↔

Metric	Efficiency standard	Q3 - 25/26								
		Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL	London	England
Children receiving DTaP/IPV/Hib % at 5 years	90%	93.7%	92.4%	89.4%	87.0%	89.0%	86.3%	89.6%	87.4%	93.2%
Trend since last report	-	↑	↑	↑	↓	↓	↑	↑	↑	↑

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

South East London Integrated Care System

Learning disabilities and autism – annual health checks

NHS South East London

SEL context and description of performance

- The south east London ICB board has set improving the uptake of physical healthchecks for people with LDA as a corporate objective and a south east London trajectory for 2025/26 was submitted as part of the operational planning process.
- SEL achieved the 2024/25 plan with 7,471 health checks delivered against a plan of 6,600. All LCPs achieved their individual targets.
- All LCPs are achieving their January 2026 trajectory.
- Where annual health checks are being completed, quality can vary as can onward referral to other physical health services.

	Feb-26						
Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
LD and Autism - Annual health checks	933	1044	1344	1296	1482	1048	7147
Trajectory	835	863	1148	1176	1355	897	6279

South East London Integrated Care System

Cancer screening

NHS South East London

SEL context and description of performance

- The south east London ICB board has set improving breast, bowel and cervical screening a corporate objective. At an SEL level, bowel cancer screening coverage is currently below the revised nationally defined optimal level of screening of 76%. Cervical cancer screening is currently below the nationally defined optimal level of screening of 80%. Breast cancer screening is currently below the nationally defined optimal level of screening of 70-80%.
- SEL set overall ambitions for improving breast, bowel and cervical screening a corporate objective. Indicative LCP level annual targets have also been shared via the six Place Executive Leads (PELs). These are based on a standard proportional reduction in the unscreened population at an LCP level for each cancer cohort. This means that there is an expectation that all LCPs will improve uptake but those with a lower baseline uptake would have a slightly larger stretch for the year. Thus, supporting a reduction in inequality between boroughs.
- Screening is directly commissioned by NHS England, and delivery is through regional teams. Changes to programme, workforce, capacity etc. require NHS England to action. Given this, we rely on a joint approach with other London ICBs on common issues within these areas and advocate for regional solutions such as addressing workforce and capacity challenges within programmes, improving processes and operational pressures, and coordinating potential mutual between screening providers. Local actions for SEL require focus on improvements within the current programme structure/resource.

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

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

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

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

South East London Integrated Care System

Management of hypertension to NICE guidance

NHS South East London

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.

	Mar-26 (Local data reporting)*						
Metric	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.

	Q3-25/26 (using published CVD prevent reporting)**						
Metric	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

South East London Integrated Care System

Adult flu immunisation (1 of 2)

NHS South East London

SEL context and description of performance

- The south east London ICB board has set improving adult flu vaccination rates as a corporate objective.
- Performance in 2023/24 and 2024/25 was below the ambitions agreed at the start of each year for both cohorts.
- In order to ensure that 25/26 ambitions were informed by place, their knowledge of and insights into their local population, their role in commissioning services and their strategic plans for delivery, each borough team set their own ambitions to improve uptake for the two main adult flu cohorts for the upcoming flu season.
- Borough teams have planned their targets based on improving last year's performance as published at Seasonal influenza vaccine uptake in GP patients: winter season 2024 to 2025 - GOV.UK. They may require revision should historic data be revised.
- The below table provides targets set at borough level for 2025/26.
- The following slide shows uptake vs an indicative trajectory (based on delivery in previous years). Data is published at Seasonal influenza vaccine uptake in GP patients: monthly data, 2025 to 2026 - GOV.UK

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

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

South East London Integrated Care System

Adult flu immunisation (2 of 2)

NHS South East London

Published February 2026 Performance

Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Over 65s vaccinated	69.5%	73.0%	62.1%	53.8%	53.6%	55.2%	62.7%
Local October trajectory	75.0%	75.0%	64.5%	60.0%	61.0%	62.6%	67.5%

Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Under 65s at risk vaccinated	37.2%	40.4%	36.5%	31.5%	31.1%	34.1%	34.8%
Local October trajectory	42.0%	41.0%	36.9%	32.5%	34.3%	34.2%	36.3%

Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Children aged 2 and 3 vaccinated	37.3%	48.4%	38.0%	38.6%	42.1%	39.7%	40.9%

South East London Integrated Care System

Primary care access

NHS South East London

SEL context and description of performance

- The 2025/26 Priorities and Operational Planning guidance states that ICBs are expected to continue to support general practice to enable patients to access appointments in a more timely way and improve patient experience.
- The following trajectories have been agreed at an SEL level as part of the annual planning process:
  - Planned number of general practice appointments.
- Appointments totalled 771,865 in February against the operating plan of 705,532.

		Feb-26						
Metric	Planning trajectory	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Appointments seen within 2 weeks	-	90.2%	89.5%	93.2%	92.0%	86.5%	92.0%	90.7%

		Feb-26						
Metric	Planning trajectory	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Appointments in general practice and primary care networks	705532	105987	145897	121327	168777	116055	113822	771865
Appointments per 1,000 population	-	403	407	368	387	326	331	370

South East London Integrated Care System

NHS South East London

Lewisham Local Care Partnership **performance data report – focus on Cancer Screening**

May 2026

South East London Integrated Care System

NHS South East London

Cancer Screening Programmes overview

- Bowel screening is offered every 2 years to everyone aged 50 to 74 (inclusive)
  - The Dashboard tracks screenings in the last 2.5 years.
  - Faecal Immunochemical Test is the method now used.
- Breast screening is offered every 3 years to female patients aged 50 to 70
  - Coverage is assessed using the 53-71 age group as women may first be called at any time between their 50th and 53rd birthdays.
  - Mammography is the radiological method used
- Cervical Screening is available to women and people with a cervix aged 25 to 64 in England.
  - The first invitation is sent to eligible people at the age of 24.5 years.
  - People aged 25 to 64 receive invitations every 5 years.
  - The first test is a PCR for HPV virus
  - If this is positive cytology is performed
  - If no abnormal cells found then recall in 12 time.
  - Abnormal cells result in automatic referral for colposcopy

South East London Integrated Care System

Overview of performance

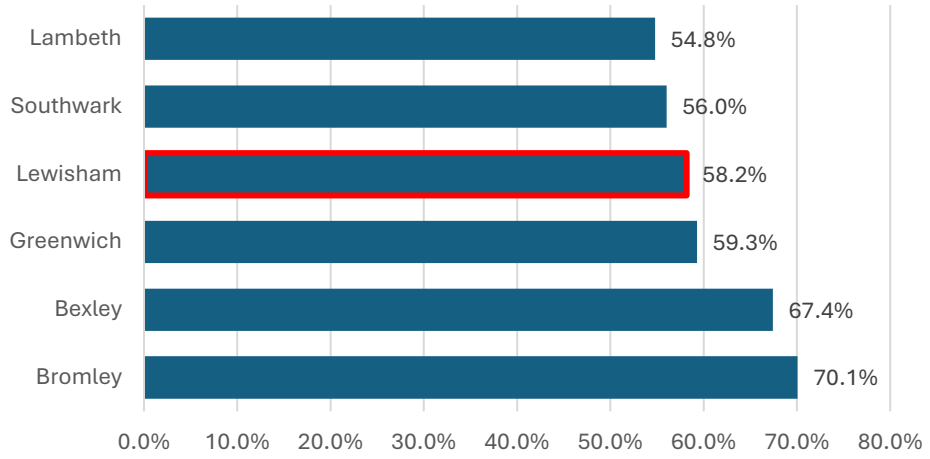
NHS South East London

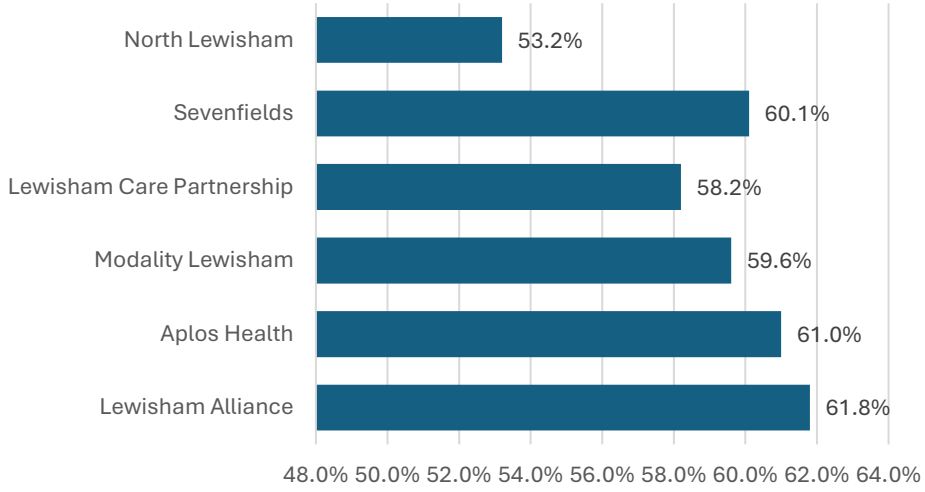
Current Performance	Change vs 12 months prior	Forecast *By Mar'26*	vs Mar'26 Ambition	Narrative & Progress on Inequalities
Breast **64.2%** Apr'25 | 80% target	**+3.1%** +6,000 Additional Screened	**66.2%**	**+0.6%**	• **Official breast screening performance data is outdated**, due to national data flows. • **Current performance 64.2% (+3.1% over 12 months prior)**, the largest overall improvement of all the cancer screening programmes, following significant system focus. Forecasting using local data shows **meeting Mar-26 ambition by +0.6%.** • Screening rates for **black women increased +8%** over the past 24months (equal across all boroughs), with inequity reducing (-3% difference now vs -7% 24months ago). • Coverage in **CORE20 increased +16%** on 24months ago (particularly in Lewisham, Greenwich and Southwark), inequity reducing (slowed improvement recently), -6% difference now vs -10% 24 months ago. • Bromley has seen a significant increase in **LD patients coverage in 25/26** following targeted local work, 58.5% to 66.4%.
Bowel **67.9%** Apr'25 | 76% target	**+1.1%** +2,800 Additional Screened	**68.4%**	**-1.6%**	• **Official bowel screening performance data is outdated**, due to national data flows. • **Current performance 67.9% (+1.1% over 12 months prior),** *slowed improvement (+1.8% Mar'25 update),* likely due to embedding of FIT in screening and reaching an improvement ceiling on this change. Forecasting using local data suggests **narrowly missing the Mar-26 ambition by -1.6%.** • **At SEL level, progress on reducing inequity has been limited in 25/26.** However, performance improvements have been equal across all groups (not worsening inequity). • There has been areas of strong improvement at borough level, notably **Greenwich has significantly improved bowel screening rates for LD,** 49.3% in Mar'23 to 60.3% in Feb'26.
Cervical **66.9%** Jun'24 | 80% target	**+0.1%** +500 Additional Screened	**65.3%**	**-3.3%**	• **Official cervical screening performance data is significantly outdated**, due to national data flows and the introduction of the Cervical Screening Management System (CSMS) in 2024. • **"Current" performance has not changed since Jun'24 (66.9%).** Forecasting using local data shows a **worsening of cervical screening over past 24months - predicted to miss the ambition by -3.3%. A national trend, a**ssessing likely causes (impact of HPV vaccination, peri-/post-covid period on long coverage period for cervical, true deterioration etc.) • However, there has been progress on inequalities, notably screening rates for **patients with autism have improved +10%** over the past 24 months, particularly improvement in Southwark. • **Bromley has seen steady improvement in LD screening rates**, 39.2% Mar'23 vs 45.9% Feb'26.

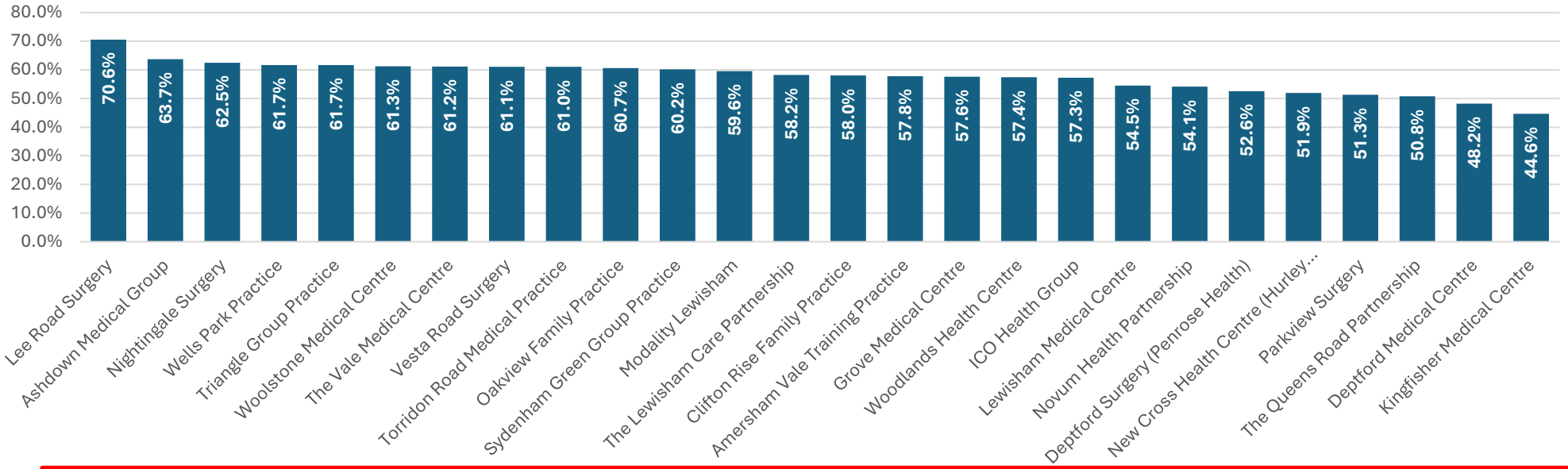
Bowel Screening Coverage 60-74

South East London Integrated Care System

NHS South East London





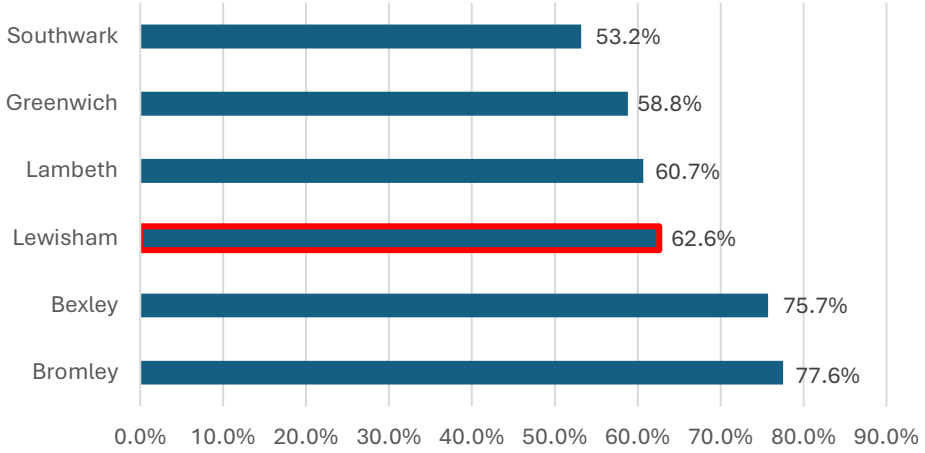


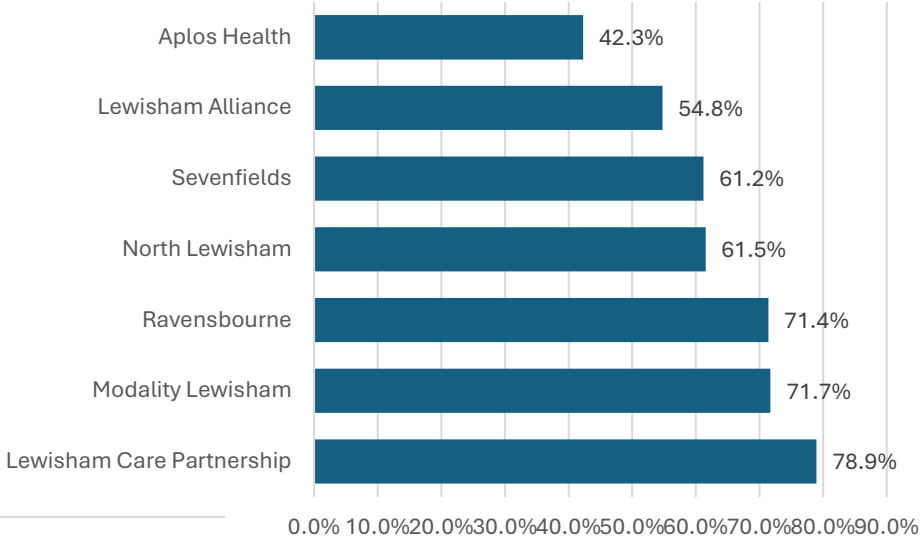
As of Apr'26 practice coded* data *estimates* that **58.2%** of the eligible 60-74 cohort have been screened. N.B. Bowel screening has been extended to inclu2de people aged 50-59 but data is limited for this cohort.

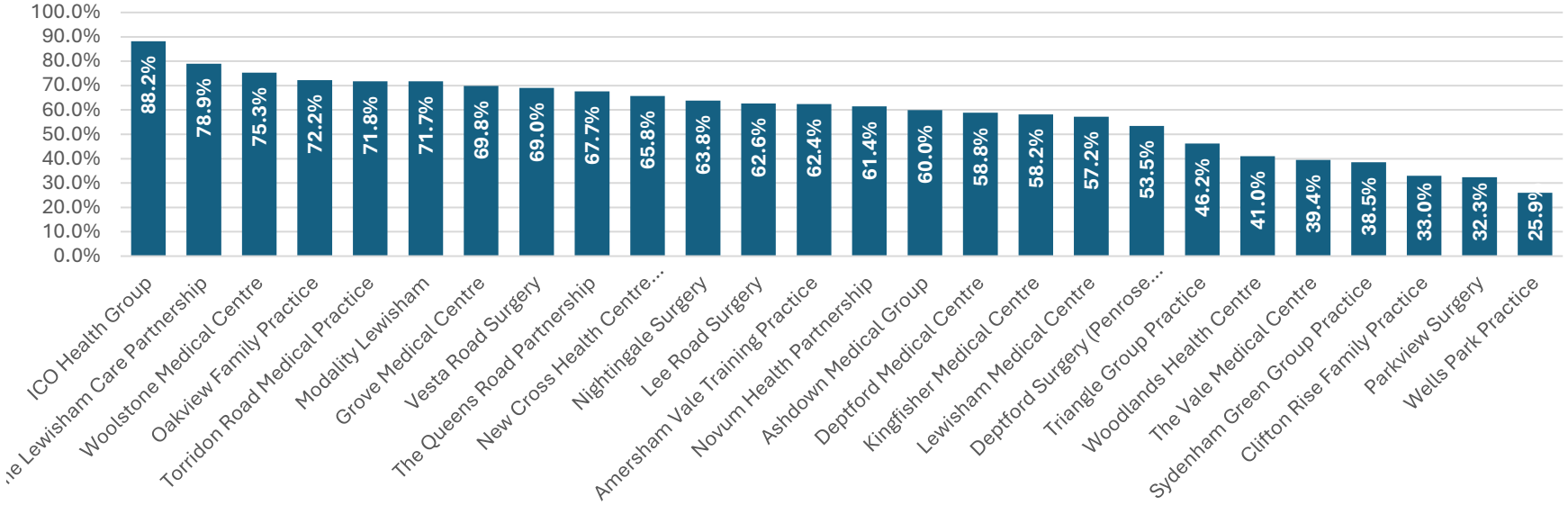
- The achievable target for bowel screening (60-74) is **76%** (a change in April'25 to the achievable level from 60%)
- Official data (April 25) **64.1%** for 60-74 cohort, and **51%** for the 50-59 cohort.

* This data is an **estimate** of bowel screening coverage based on SNOMED CT codes within primary care data. This methodology mirrors EMIS searches as far as possible and relies heavily on up to date and accurate coding within the data.

Breast Screening Coverage 53-70







As of April'26 **62.6%*** of the eligible cohort have been screened.

There has been an improvement in breast screening coverage

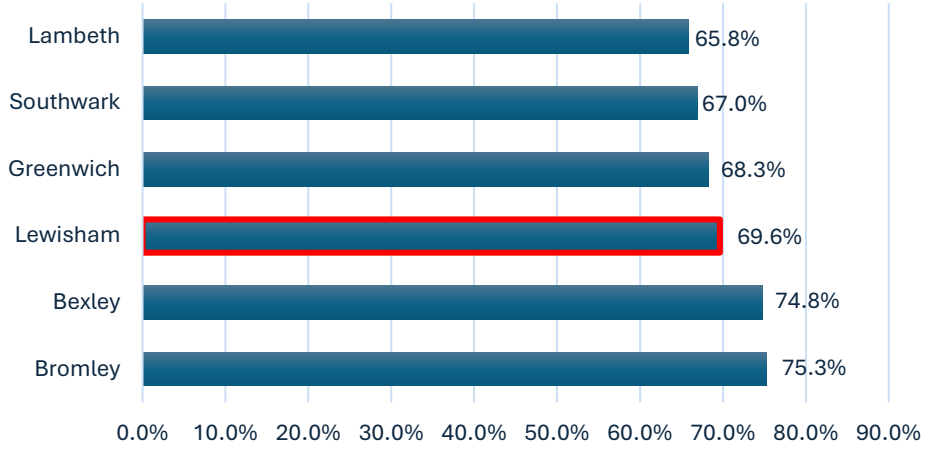
- The national operational standard for breast screening is **80%**
- Official data (April 25) **63.8% for Lewisham borough.**

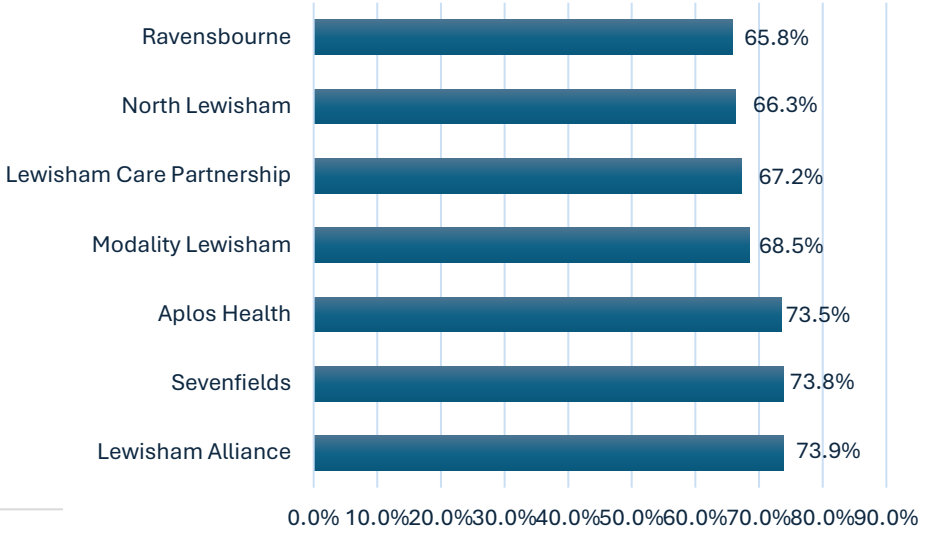
* This data is an **estimate** of breast screening coverage based on SNOMED CT codes within primary care data. This methodology mirrors EMIS searches as far as possible and relies heavily on up to date and accurate coding within the data, which is known to be a challenge due to the way breast screening results are received/ added to clinical records. As such some practices coding will mean their screening coverage is very underestimated.

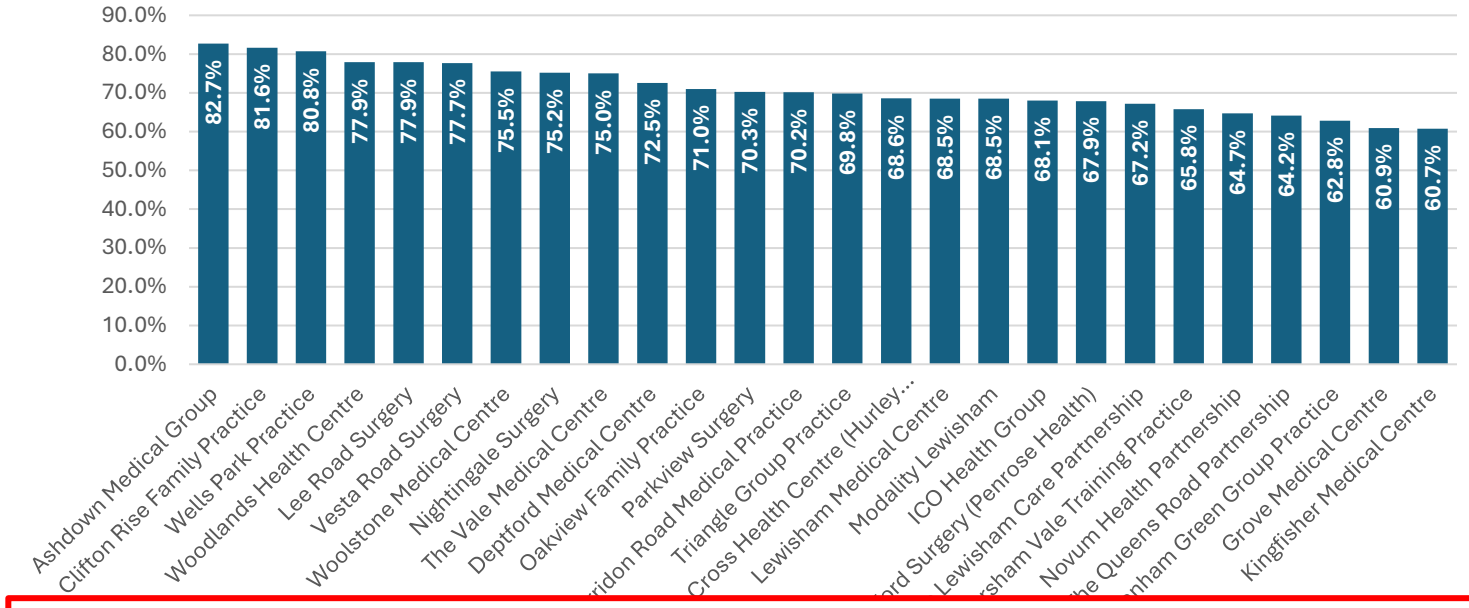
South East London Integrated Care System

Cervical Screening Coverage 25-64

NHS South East London







As of April'26 **69.6%***, of the eligible cohort have been screened.

We have seen a decline in screening coverage- this is partly due to the inclusion of covid data

- The national operational standard for cervical screening is **80%**
- Official data (June 24) **67.4%**
  - *We have had no official data since the switch to CSMS*

* This data is an **estimate** of cervical screening coverage based on SNOMED CT codes within primary care data. This methodology mirrors EMIS searches as far as possible and relies heavily on up to date and accurate coding within the data.

South East London Integrated Care System

Summary of System Actions

NHS South East London

High impact actions to deliver trajectory and impact inequalities:

- SEL Cancer Alliance supports funding local projects and workstreams at Place, many of which are included in this update, as well as delivering workstreams across all SEL or targeting areas of most need. System initiatives during 25/26, continued into 26/27 include:
  - **Worked** in partnership with 3 other London Cancer Alliances to deliver a **public awareness campaign for cervical screening and HPV vaccination,** looking to re-run during 26/27
  - Part of national **Small Business Research Initiative (SBRI) Innovation project*** to improve uptake of cervical screening through digital tools and evidence based interventions
  - **Onboarded practices to take part in London wide HPV Self Sample Pilot (**selected practices in every borough participating – based on coverage rates)
  - Launched a South East London wide **Bowel Screening Awareness Campaign**, focused on the younger cohort of 50+ supporting age extension in bowel screening, with plans to re run during 26/27, campaign materials available for local areas to re run campaign
  - SELCA is running targeted campaigns to improve **breast screening uptake** for Black women aged 50–71, addressing data that shows they are twice as likely to receive a late diagnosis**.**
  - Launched a Lung Cancer Screening Campaign in 25/26 and will **rerun during 26/27 & Worked with SLAM to deliver targeted screening for SMI patients**
  - **Provides transformation funding to support Breast Screening Health Promotion Facilitator activities**
  - **Communities of practices** to engage across organizational boundaries to support cancer screening including lung, breast, prostate and bowl
  - **Funding provided to VCSE groups** to carry out workshops raising awareness of Cancer Screening Programmes
  - **Quarterly screening inequalities meetings** to understand and share local interventions, identify new priority areas of work and ensure appropriate focus.
  - **Neighbourhood ring fenced funding** to support Early Diagnosis interventions and **SELCA continue to funds Cancer Facilitators and SELCA funded sessions for GPs**
- Cancer Screening programmes are structured at a regional and national level, with invitations and testing processes often centralised within regional hubs, apart from Lung Screening which is managed and delivered by SELCA in partnership with GSTT. Within this context, there are a number of changes at a national level which are important to highlight:
- **Bowel cancer screening will expand to FIT @ 80, which is a national deliverable.** During Q4 26/27, Kings Bowel Screening Service will adopt FIT @80 resulting in an estimated 30% increase in screening endoscopy demand**,** the alliance will work with system partners to ensure sufficient endoscopy capacity and trained JAG trained endoscopists to manage this expected increase to the service (SEL Bowel Screening Service, due to go live Q4 27/28).
  - **Cervical screening in London piloting use of self sampling smears during 2026/2027, around 50 practices in South East London are part of the pilot.**

South East London Integrated Care System

Summary of LCP Actions

NHS South East London

Bromley

- PMS-funded incentives for breast and bowl, and alternative funding for cervical, enabling practices to deliver targeted SMS and follow-up, focused on low-uptake groups
- Borough-specific cervical screening campaign addressing inequalities, interval changes and patient misinformation, with updated local materials and GP briefings
- Dedicated Cancer GP Clinical Leads forum translating national priorities into local action and shared learning
- Targeted LD breast screening work refocused following capacity-related venue changes
- **Risks**: loss of cancer clinical leadership, limited funding, engagement challenges with some practices

Bexley

- GP Premium to incentivise breast and bowel non-responders contacts, with particular focus on residents with learning disabilities and serious mental illness
- Community Cancer Champions programme and VCSE-led outreach (SELCA funded) to raise screening awareness locally, with bowel screening added this year
- Health coaches trained to promote screening across neighbourhoods, supported by borough-level monitoring
- Cervical HPV self-sampling pilot live in 6 practices in the north of the borough
- **Risks**: health coach recruitment and training funding, reliance on community engagement, lagged national data

Greenwich

- Behavioural science-led breast screening campaign re-run digitally, with materials distributed across practices and council venues
- Community Cancer Champions trained to deliver screening education within local communities
- Cervical screening improvement supported through PMS premium and HPV self-sampling across 13 practices
- Cancer Facilitator providing hands-on support to practices and PCNs using local data; SELCA funding targeted at low-uptake practices
- **Risks**: ending of clinical leadership roles, primary care capacity pressures, uncertainty over digital messaging funding

Lambeth

- Targeted, SELCA-funded community projects (Somali and Latin American communities) delivering education events, translated materials and screening promotion
- HPV self-sampling pilot running across multiple practices to improve access for non-responders
- Targeted funding to practices and PCNs with lower uptake, including breast and cervical screening transformation projects
- Close working with PCNs to embed screening promotion within routine care
- **Risks**: no local PMS incentive for screening, staffing capacity constraints, ICS restructuring uncertainty, delayed data

Southwark

- Planned (subject to SELCA funding) weekend HPV self-sampling clinics
- Faith Group Cancer Champions to embed screening awareness within existing faith-based events and outreach
- Targeted funding for low-performing practices to improve bowel screening using the CRUK good practice toolkit
- Screening and early diagnosis questions integrated into NHS Health Checks, reaching ~7,000 residents/year in high-deprivation and non-white ethnic groups
- Community-led outreach via council events and Community Health Ambassadors, with targeted engagement for Latin American, Gypsy, Roma, Traveller, LD and SMI populations
- **Risks**: Ending of clinical leadership roles

Lewisham

- PMS-incentivized follow-up of breast and bowel non-responders, with most practices successfully contacting over 80% of eligible patients
- Macmillan-funded Cancer Champions program started to improve awareness
- Commissioning of IRMO to improve awareness in Hispanic populations
- SELCA-funded targeted practice work to improve screening processes and earlier diagnosis
- Cervical HPV self-sampling pilot in place;
- CRUK Talk Cancer training planned for neighbourhood teams
- **Risks**: higher screening thresholds, cervical acceptability challenges, breast unit accessibility, SMS cost pressures

South East London Integrated Care System

What has Worked Well?

NHS South East London

What works well - *two main ways to think about this*	

Preventing Deterioration – *Stabilisation*
• **Maintains participation among populations who are already engaged, but for whom participation is fragile and would likely deteriorate if support were withdrawn. Leads to small, incremental improvement over time.**
• Often not seen in overall performance, improvement is over multi-year views. "Baked into" current performance and impact only apparent if activity stops.
• Examples:
  • Practice-led follow-up of non-responders (often PMS funded)
  • Repeat SMS reminders (strong evidence that GP contact instills trust for most of the population – not effective for certain groups, see opposite)
  • Community champions maintaining screening confidence in specific groups
  • Ongoing cancer facilitator and practice-level support using local data
	Driving Improvement - *Targeted Uplift*
	• **Targeted interventions that engage people not previously participating in screening, often addressing specific access, acceptability or cultural barriers.**
	• Clear impact at smaller geographies or populations level, limited effect on whole-programme coverage due to population sizes, strong equity impact.
	• Examples
	  • Targeted communication campaigns (*SELCA Screening and Cancer Awareness Campaigns*)
	  • Dedicated sessions/screening support (*Bromley LD day for breast*)
	  • HPV self-sampling pilots and pop-up clinics
	  • Faith-based champions and culturally specific outreach
	  • Embedding screening into NHS Health Checks or other touchpoints *(SELCA funded NHS Health Checks Pilot in Southwark)*
	  • Digital transformation/innovation – using novel methods and software platforms for contact, booking and reminders may support targeted and overall uplift

• Should be seen as standard practice • Generally lower effort (not always) • Small, incremental improvement, or prevents deterioration	• Requires more headspace and time to work-up and deliver • Usually higher effort • Unlikely to deliver overall short-term step-change to the programme but will be for the target group. • Accumulative effect will lead to step-change over the longer term.

South East London Integrated Care System

Summary of key risks

NHS South East London

- **Programme Risks**:
  - **Delegation of Screening Commissioning** – delayed due to the restructures across NHSE and ICBs. Many unknowns. Likely a regional function will retain many elements.
  - **Bowel Screening Endoscopy Capacity** – Age extension has now completed, increasing the volume of endoscopies required. Lowering of bowel screening threshold from 120µg/g to 80µg/g, Kings goes live Q4 26/27. This will increase volume positive and therefore endoscopies required but will support finding more cancers earlier.
  - **Data timeliness & confidence:** Significant lag and limitations in national screening data hinder timely assessment of impact, targeting of interventions and confidence in decision-making.
  - **Access & acceptability barriers**: Persistent issues with access to breast screening units and acceptability of cervical screening continue to drive inequalities for specific population groups *[HPV self-sampling for cervical a key mitigation in progress]*
- **Local Risks:**
  - **Leadership & capacity risk**: Loss of GP Leads in Boroughs and potentially other management capacity which could impact clinical leadership and management infrastructure to support improvement.
  - **Non recurrent funding** – Alliances have been notified of 3 years of funding (to reduce year on year) to cover improvement across the whole cancer pathway, including cancer-related prevention, early cancer diagnosis, operational performance improvement, pathway improvement, patient experience, living with and beyond cancer.
  - **Potential capacity issues on symptomatic pathways** at providers with screening endoscopy units when FIT @80 is rolled out across South East London
  - **Primary care delivery constraints**: Variable practice engagement, competing pressures and limited or absent local incentives reduce the ability of practices to consistently prioritise proactive screening activity. Practical example: SMS fragment limits routinely flagged as a limit on non-responder work.

South East London Integrated Care System

NHS South East London

PMS Premium Contract

Bowel screening

- Screening hub sends reminder at 4 weeks
- Hub notifies practices at 13 weeks post-invitation if no response
- Practices must contact at least 90% of non-responders
- Contact must occur within 1 month of notification from the hub

Breast Screening

- Screening hub notifies GP c. 2 weeks after DNAs (non -attendance)
- Practices must identify and contact at least 80% of non-attenders
- Contact must occur within the quarter of notification

Latest data for Q4 25/26 (see next slide) shows most practices are meeting target – those that are not have coding issues that are being resolved

South East London Integrated Care System

PMS Premium Data – 25/26 Results

NHS South East London

PRACTICE NAME	SS4 - Bowel Cancer			SS14 - Breast Cancer		
	SS4 Verbal advice or letter sent within 1 MTH	SS4 Non- responder BCSP	SS4 % Verbal advice or letter sent within 1MTH	SS14 Verbal advice or letter sent within QUARTER	SS14 Breast screening non attender	SS14 % Verbal advice or letter sent within the QUARTER
Amersham Vale Training Practice	86	86	100.0%	60	60	100.00%
Ashdown Medical Group	87	90	96.7%	34	39	87.2%
Clifton Rise Family Practice	36	36	100.0%	1	1	100.0%
Deptford Medical Centre	13	14	92.9%	16	17	94.1%
Deptford Surgery	62	63	98.4%	15	16	93.8%
Grove Medical Centre	60	64	93.8%	17	18	94.4%
ICO	86	86	100.0%	29	29	100.0%
Kingfisher Medical Centre	118	118	100.0%	30	30	100.0%
Lee Road Surgery	53	53	100.0%	20	20	100.0%
Lewisham Medical Centre	54	59	91.5%	33	33	100.0%
Modality Lewisham	260	261	99.6%	137	155	88.4%
New Cross Health Centre	85	88	96.6%	34	34	100.0%
Nightingale Surgery	30	30	100.0%	24	24	100.0%
Novum Health Partnership	245	247	99.2%	59	60	98.3%
Oakview Family Practice	16	21	76.2%	24	27	88.9%
Parkview Surgery	38	40	95.0%	24	33	72.7%
Sydenham Green Group Practice	95	96	99.0%	128	128	100.0%
The Lewisham Care Partnership	286	286	100.0%	153	153	100.0%
The Queens Road Partnership	70	71	98.6%	20	21	95.2%
The Vale Medical Centre	88	88	100.0%	83	83	100.0%
Torridon Road Medical Practice	81	81	100.0%	66	66	100.0%
Triangle Group Practice	50	50	100.0%	0	0	0.0%
Vesta Road Surgery	15	37	40.5%	7	54	13.0%
Wells Park Practice	138	142	97.2%	69	70	98.6%
Woodlands Health Centre	36	39	92.3%	24	24	100.0%
Woolstone Medical Centre	45	45	100.0%	28	28	100.0%
Grand Total						

South East London Integrated Care System

NHS South East London

SOUTH EAST LONDON LUNG CANCER SCREENING PROGRAMME – OVERVIEW

Targeted Screening Population

Programme targets adults aged 55-74 with current or past smoking history

Early Lung Cancer Detection

Telephone stratification.

Those at high risk invited to Lung Health Check

Low-dose CT scans enable early detection of lung cancer, improving survival rates and treatment options.

Programme Progress and Outcomes

153 Lung Cancers diagnosed so far in South East London

Screening uptake is improving with many cancers detected at early stages I and II across South East London.

Addressing Inequalities and Support

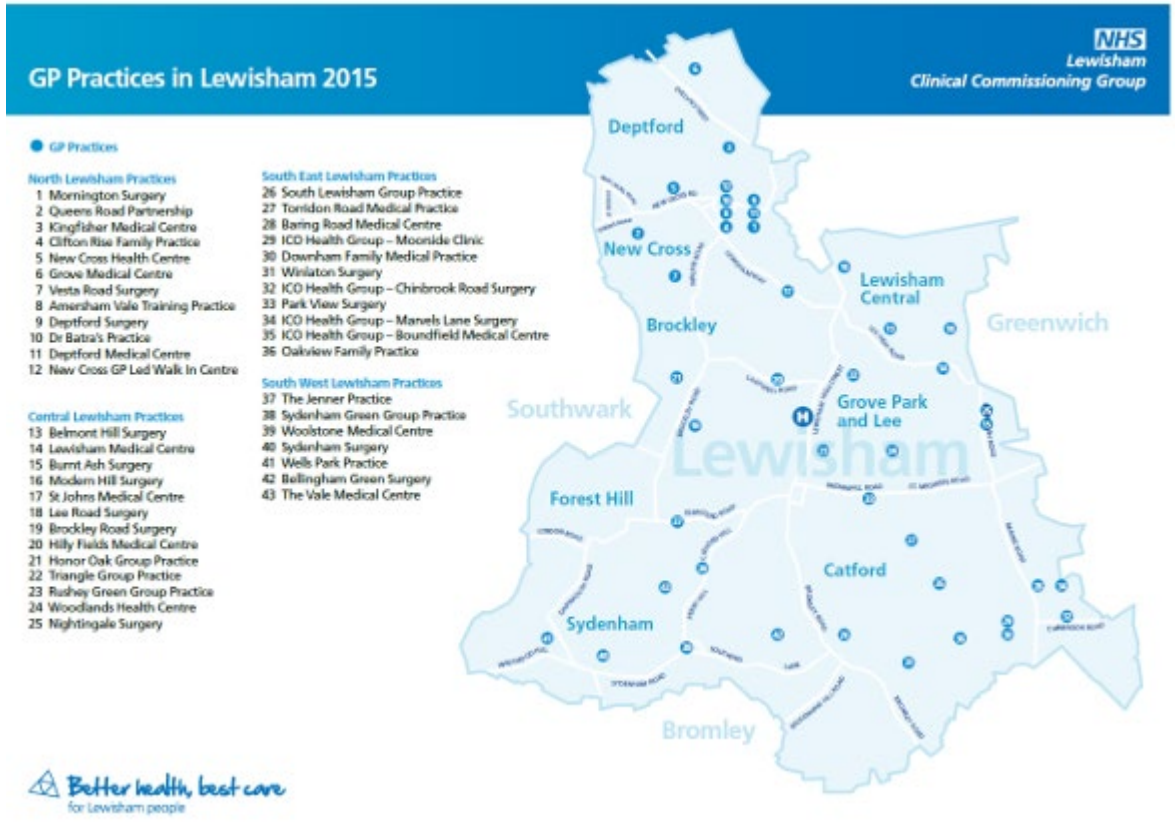
Focus on increasing uptake in underserved populations and integrating smoking cessation services.

South East London Integrated Care System

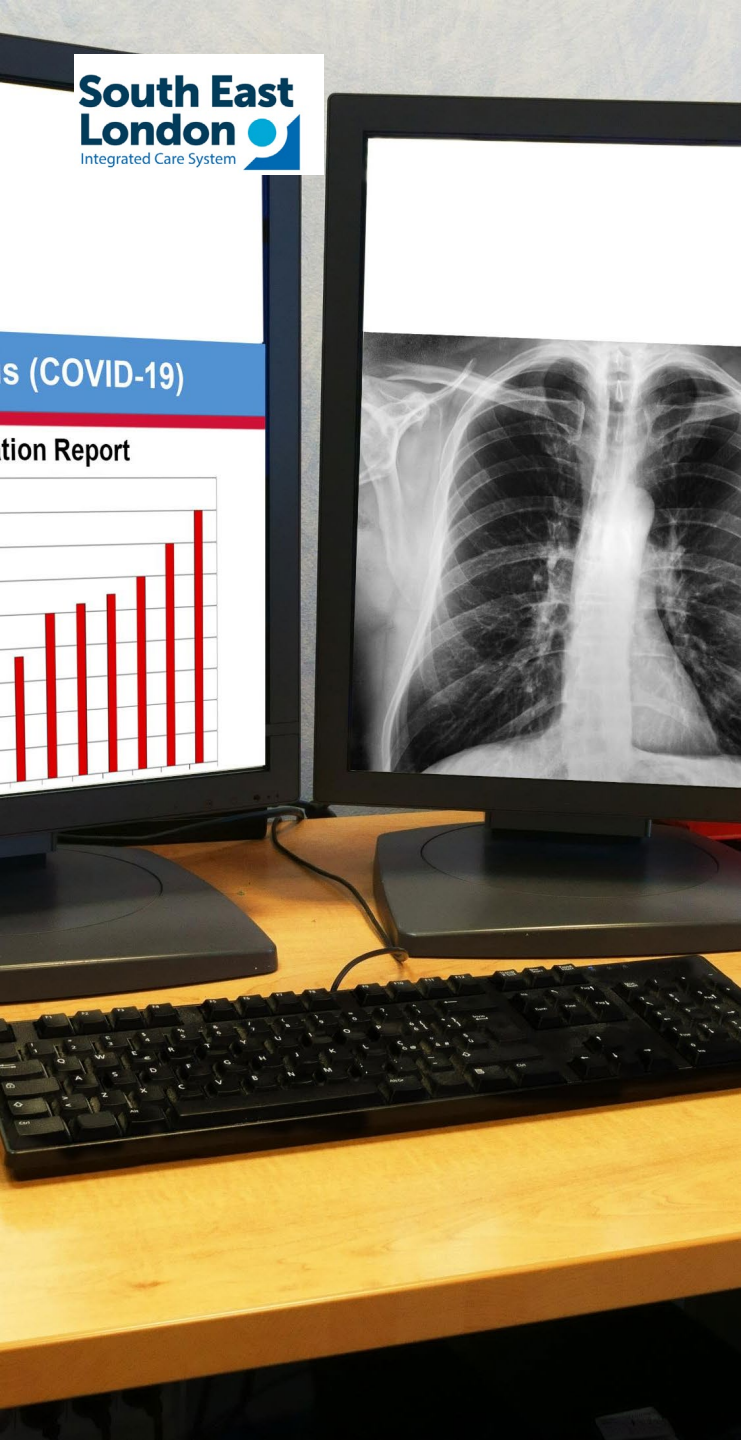
NHS South East London Cancer Alliance

Rolling out in 3 Waves to PCNs in Lewisham

	PCNS	Month
Wave 1	North Lewisham Lewisham Care Partnership	Aug 2024 – Oct 2024
	Lewisham Care Partnership	June 2025
Wave 2	Lewisham Alliance PCN Sevenfields PCN	December 2025
Wave 3	Modality PCN Aplos PCN	March 2026



Lung Cancer Screening



NHS
South East London

LUNG CANCER SCREENING – LEWISHAM ACTIVITY

Screening Progress and Coverage

Two-thirds of Lewisham's eligible population have been invited, with uptake around 40%, showing steady progress.

Accessible Service Delivery

Mobile CT scanning units and community clinics improve access, complemented by digital booking systems for follow-up.

Smoking Cessation Support

Embedding smoking cessation advisors in the pathway offers preventative care and reduces long-term lung health risks.

Challenges and Improvement Actions

Lower uptake in deprived areas

GP practices now running enhanced searches

Identify those needing additional support to engage

Targeted approach and outreach work taking place

Main Findings so far in Lewisham (Waves 1 & 2)

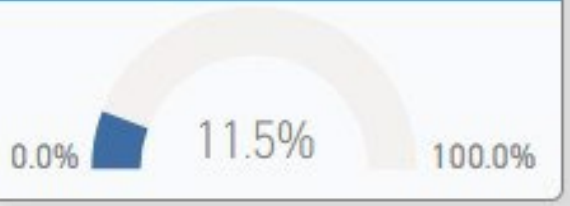
NHS South East London Cancer Alliance

Total Lung Cancers

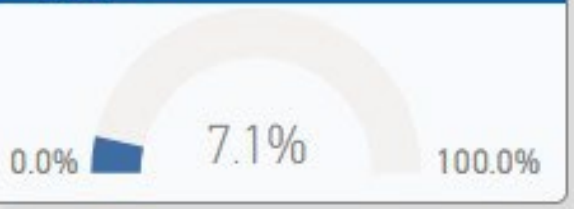
14

% Stage 1 or 2 Lung Cancers

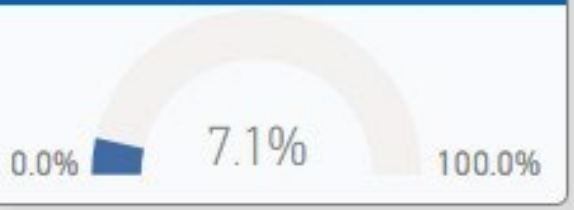
Coronary Artery Calcification



Emphysema



Aortic Valve calcification



Lung Cancer Screening

South East London Integrated Care System

NHS South East London

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South East London Integrated Care System

NHS South East London Cancer Alliance

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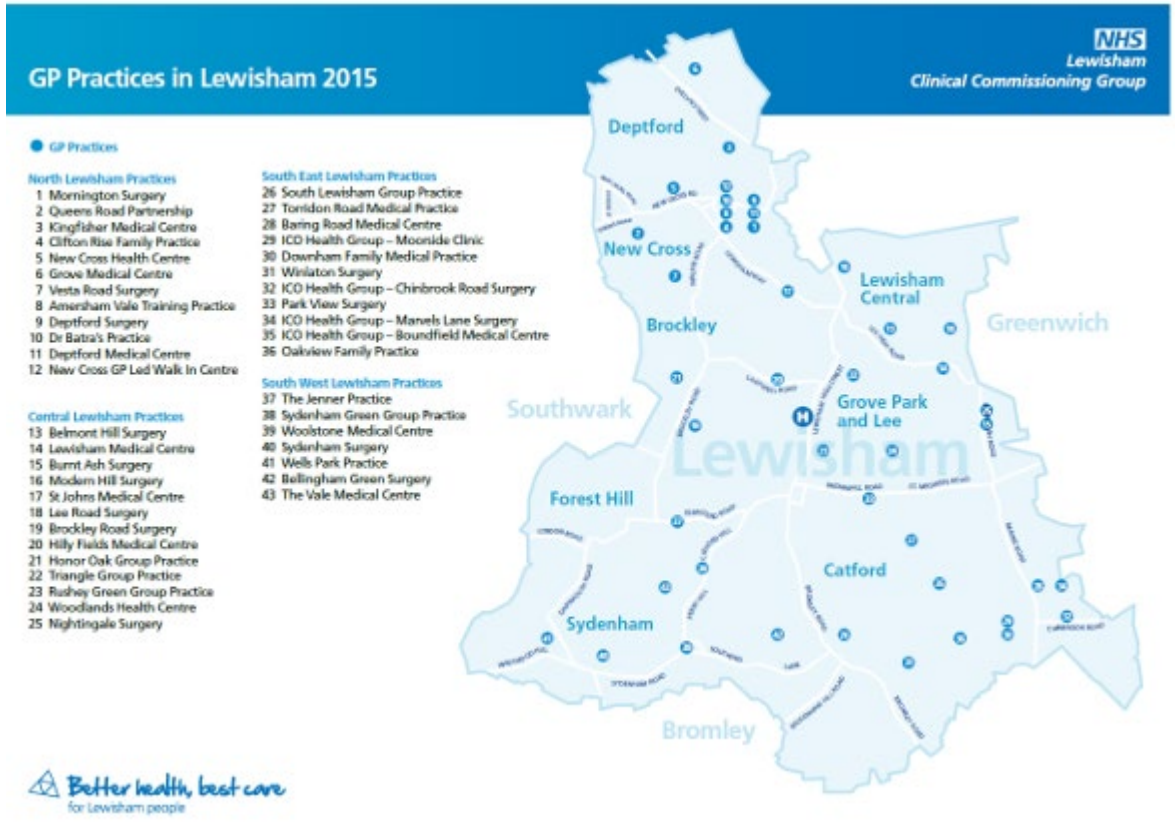
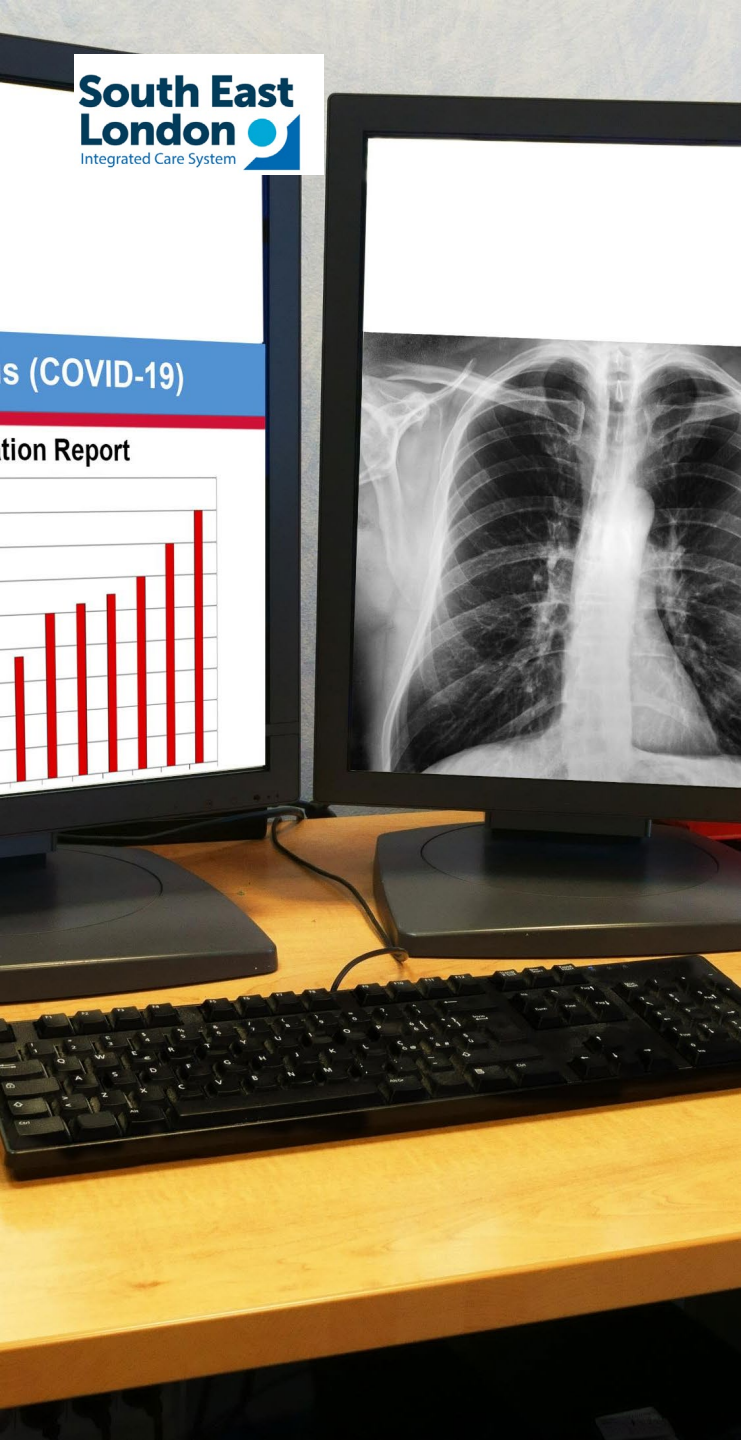


Lung Cancer Screening



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Referrals in Lewisham Wave 1 and Wave 2

NHS South East London Cancer Alliance

Referrals Made To SRM

No Referred to SRM	% of Total Scans
775	4%

Referrals To Trust

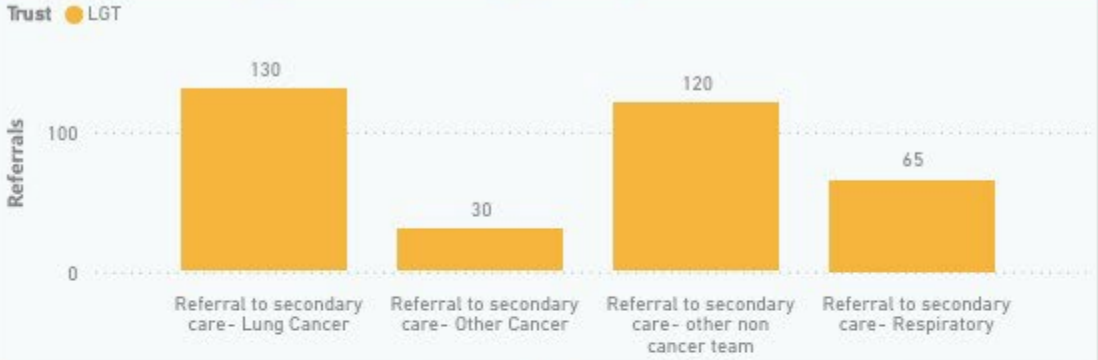
No Referred to Trusts	% Referred to Trusts
345	45%

Back To Programme

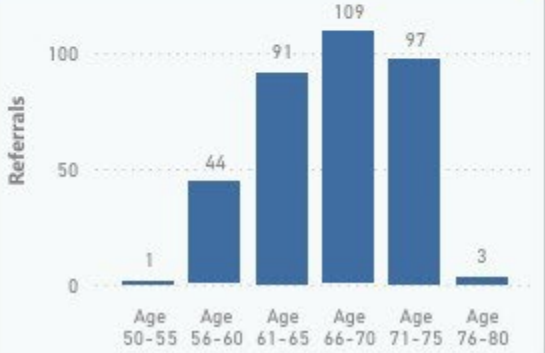
No Back to Programme	% Back to Programme
430	55%

Referrals Over Time

Referrals to Secondary Care or Back To Programme By Trust



Referrals by Age Band



Referrals by Gender

Referrals by Deprivation Quintile

Referrals by Ethnicity

Lung Cancer Screening

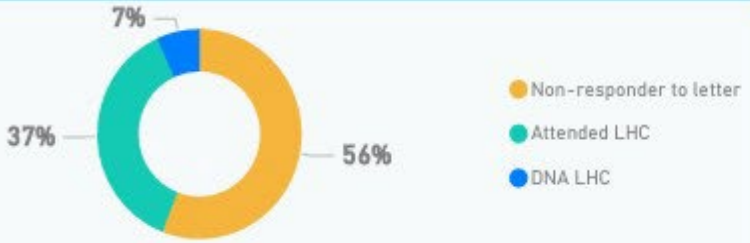
Activity in Lewisham Wave 1 and Wave 2

NHS
South East London
Cancer Alliance

Lung Health Checks (LHC)

First Invite To LHC	Attended LHC	High Risk Pts After LHC
17742	7043	48.7%

LHC Uptake Rate



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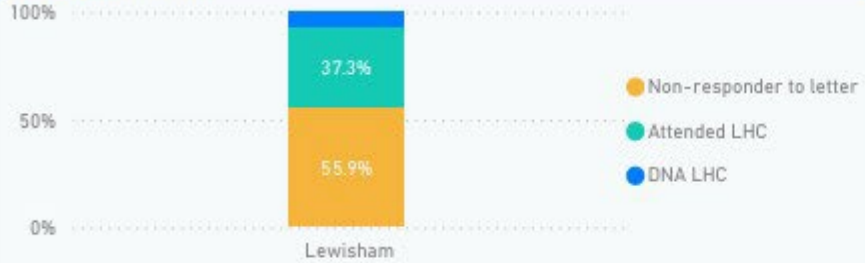
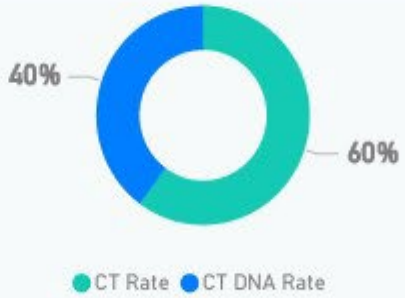


CT Appointments

Total Prevalent (first) LDCT	Total Incident (24m) LDCT
1939	157

Prevalent CT Uptake



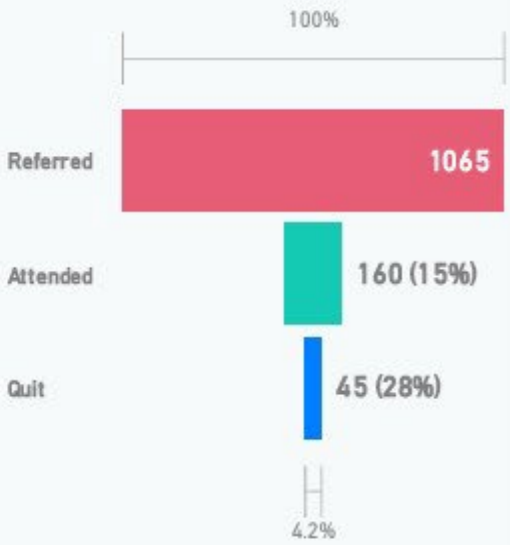
Total Nodule LDCT (3m)	No. of Nodule LDCT (12m)
96	59

% Nodule (3m) of First LDCT	% Nodule (12m) of First LDCT
5.0%	3.0%

Smoking

Current smokers attended LHC

% Attending Smoking Cessation



Lung Cancer Screening

Findings in Lewisham

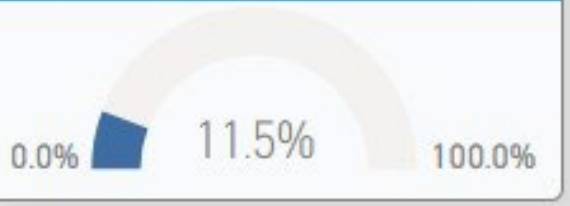
NHS
South East London
Cancer Alliance

Total Lung Cancers

14

% Stage 1 or 2 Lung Cancers

Coronary Artery Calcification



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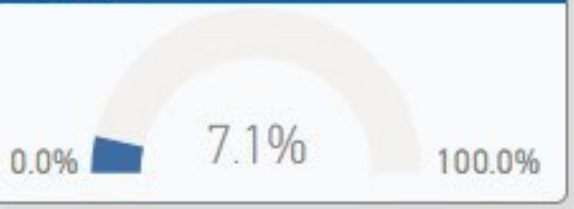

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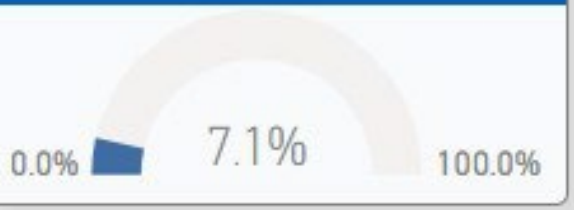

Lung
Cancer
Screening

South East London Integrated Care System

lhcp Lewisham Health and Care Partnership

Lewisham Local Care Partners Strategic Board

Cover Sheet

Item 6
Enclosure 6

Title:	**Lewisham Risk Register**
Meeting Date:	**Thursday 28 May 2026**
Author:	Cordelia Hughes, Borough Business Support Lead
Executive Lead:	Ceri Jacob Place Executive Lead, Lewisham

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

Summary of main points:

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

Risk Type	Risk Description	Direction of Risk	*Risk Appetite Levels
Financial	**592. Achievement of Recurrent Financial Balance 2026/27.** Lewisham borough anticipates achieving financial balance in 2026/27 but has identified numerous risks that have potential to jeopardise a balanced financial position, the material one being an ability to fund mental health investment driven by the demand for and costs of ADHD assessments carried out in the independent sector. In addition, there are business as usual risks relating to activity pressures within continuing care and prescribing.	↔	Open (10-12)
Financial	**496. Prescribing Budget Overspend**. Risk that the prescribing budget 2026/27 may overspend.	↔	Open (10-12)
Strategic	**528. Access to Primary Care** There is a risk that patients may experience an inequality (and inequity) in access to primary care services.	↔	Cautious (7–9)
Strategic	**529. Increase in vaccine** preventable diseases due to not reaching herd immunity coverage across the population. ***Childhood Immunisations***	↔	Cautious (7–9)
Strategic	**561. Increase in vaccine** preventable diseases due to not reaching herd immunity coverage across the population. ***Seasonal Vaccinations***	↓	Cautious (7–9)
Strategic	**648. Uncontrolled mental health cost pressures restricting delivery of early-intervention, prevention and transformation programmes in Lewisham.**	↔	Open (10-12)
Financial	**506. The CHC outturn for Adults will not deliver in line with budget** Recovery Work - we have made good progress in decreasing the number of delayed reviews.	↔	Open (10-12)

Strategic	644. Adults and CYP neurodevelopmental diagnostic pathways (Autism and ADHD).		Open (10-12)

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

Risk has become worse.

Risk has stayed the same.

Risk is improving.

2.Process

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

3. Risk Appetite Statement and Levels

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

4.Local Care Partnership Risks - Comparative Review

A comparative risk review takes place quarterly to ensure a proactive review across all 6 risk registers and their respective scores. The aim is to identify potential risks that should be considered for inclusion in LCP risk registers, comparable analysis of risks with suggestive similarities and/or contrasts. A new comparative review is attached, please refer to ***Appendix 2 – LCP Risks Comparative Review*** **– March 2026**

5.New/Closed Risks/Matrix Scores

There is a total of **8 risks** on the Lewisham risk register.

New, closed or reduced risks are detailed below:

New risks

0

Closed risks

593 (Finance, saving efficiencies), **611** (INT Digital), **612** (Population Health platform)

Matrix Scores

No

All risks have been reviewed and updated with risk owners to reflect the new financial year 26/27.

An issues log monitors risks considered BAU and/or in development. Service areas have their own local risks to monitor.

6.Key Themes:

The key themes from the risk register relate to finance, budgetary and statutory impacts, workforce limitations, and quality of care around delivery of services.

Potential Conflicts of Interest	**N/a**			
Any impact on BLACHIR recommendations	BLACHIR has coproduced recommendations for the Black African and Black Caribbean communities with the aim of reducing health inequalities. Under the risk-related main headings: finance/budgetary impact, workforce limitations and quality of care around delivery of services. If the residual risk score increased (high-level red risks), mitigations not met and funding/budgetary constraints escalate; limitations on health improvements/health inequalities as per the BLACHIR recommendations would be impacted.			
Relevant to the following Boroughs	**Bexley**		**Bromley**	
	Greenwich		**Lambeth**	
	Lewisham	✓	**Southwark**	
	Equality Impact	Yes		
	Financial Impact	Yes		
Other Engagement	Public Engagement	Public Engagement, where required, takes place as part of the mitigating actions set out in the Risk Register.		
	Other Committee Discussion/ Engagement	Not in relation to this paper but some actions may require engagement and will be picked up via individual teams and initiatives. Risks are allocated each month for a deep dive at a weekly Senior Management Team and is a standardised agenda item at the Lewisham Health & Care Partners Strategic Board. Regular monthly meeting regarding all risks with the Place Executive Lead.		
Recommendation:	The Lewisham Health & Care Partners Strategic Board are asked to note the upcoming changes to the risk process across SEL. The ICB Board will be taking more of an interest in the risk process as mentioned above for corporate and borough risks going forward and have asked for all high-level red risks to be reviewed at the Planning and Finance Committee along with the BAF. At local level risk owners with risks that are high-level (red) will meet with the Place Executive Lead and Borough Business Support Lead with their delivery plan to conduct a deep dive into risks and mitigations.			

	Ref	Risk Type	Risk Title	Risk	Inherent Risk (L x I)	Residual Risk (L x I)	Target Risk (L x I)	Risk Appetite Level	Direction of Travel	Risk sponsor	Risk owner	Ongoing controls	Assurances	Impact of ongoing controls	Control gaps
Finance															
1	592	Financial	**Achievement of Financial Balance 2026/27**	Lewisham borough anticipates achieving financial balance in 2026/27 but has identified numerous risks that have potential to jeopardise a balanced financial position, the material one being an ability to fund mental health investment driven by the demand for and costs of ADHD assessments carried out in the independent sector. In addition, there are business as usual risks relating to activity pressures within continuing care and prescribing.	3x3=9	3x3=9	3x2=6	Open (10–12)	⟺	Cem Jacob	Chris Dancer	1. A careful and detailed budget setting process has been conducted to identify target savings. 2. Sound budgetary control will continue to be applied to ensure expenditure trends are monitored and any deviations from budget are identified at an early stage. 3. The ICB's Planning and Finance Committee receives monthly reports showing the status of savings schemes against target. 4. The Lewisham borough SMT review and discuss savings identification and delivery on a regular basis. 5. Review at LCP meetings with members on a bi-monthly basis. 6.System approach is being followed with LCP partners to align savings opportunities. 7. The ICB is implementing an ADHD referrals triage system from November 2025.	1.Monthly budget meetings. 2.Monthly financial closedown process 3.Monthly financial reports for ICS and external reporting. 4.Review financial position at CHC Recovery meeting. 5.Lewisham Senior Management Team Review.	1.The impacts of controls will be assessed in the new financial year however risk will remain the same but will be reviewed. 2.Regular borough financial focus group meetings with CFO and Director of Planning.	There are no currently identified control gaps.
Medicines Optimisation															
2	496	Financial	**Prescribing Budget Overspend**	There is a risk that the prescribing budget 2026/27 may overspend due to: 1. Medicine supplies and cost increases -NCSOI/price concessions and Category M. 2. Reduced capacity to implement in year QPP schemes by borough medicines optimisation teams following NHS reform. 3. Entry of new drugs to the SEL formulary inc. those with NICE Technology Appraisal recommendations with increased cost pressure to prescribing budget. 5. Changes to disease pathways and guidance, recommending novel treatments earlier in the patient disease course, creating cost pressures 4. Increased patient demand for prescriptions including self-care items, LTC. 5. Prescribing budget although uplifted for 26/27, a gap remains with regards to forecast outturn and budget. 6. Priority shifts towards qualitative outcomes such as patient safety issues in Meds Management and supporting prevention, hospital avoidance or discharge. 7. Shift in prescribing from acute to community setting which places a pressure on primary care prescribing.	3x4=12	3x4=12	3x3=9	Open (10–12)	⟺	Laura Jenner	Erfan Kidia	1. Monthly monitoring of spend (ePACT, PresQIPP), inclusive of Cat M and NCSO spend. 2. Monthly budget finance meetings with finance colleagues reviewing PPA budgets to date. 3. Monthly savings meeting with BMT at Place to review prescribing spend and development of mitigations. 4. Bi-monthly MG/Finance SEL meetings tracking prescribing spend. 5. Borough QIPP plans, and incentive schemes developed, with following ongoing: QIPP and Incentive scheme monitoring dashboards - Practice level budget deep dives with RAG and action plans - Face to face practice visits with targeted spend analysis and feedback. - Forum meetings providing information on QIPP status and recommending actions to optimise prescribing (i.e. Practice Managers forum, PLT, etc.)	1.Any actions with regard to the prescribing budget are completed by Erfan Kidia, to dates agreed with the Place Executive, Associate Director of Finance.	1. Cost and budget pressure.	No gaps in control identified.
Primary Care / Community Based Care															
3	528	Strategic	**Access to Primary Care Services**	There is a risk that patients may experience an inequality (and inequity) in access to primary care services. The inequality in access may be caused by: 1.Patients not understanding the various routes to access primary care services and the appropriate alternatives that are available 2.GP Practices operating different access and triage models 3.Digital exclusion 4.Workforce challenges 5.Increasing demand It could lead to: Poor patient outcomes A decline of continuity of patient care Avoidable activity including A&E attendances and NHS 111 calls	4x4=16	3x3=9	4x2=8	Cautious (7 – 9)	⟺	Cem Jacob	Ashley O'Shaughnessy	The current controls in place are: Several priorities for 25/26: 1. All practices have now received the full Transformation and Transition funding based on evidence submitted and self-declaration of transition to the Modern General Practice Access model. The ICB will continue to fully embed Cloud Based Telephony and Online Consultation tools and develop and share good practice in respect of their utilisation. 2. A public communications and engagement campaign to raise awareness with the public about how best to access primary care and other options e.g. Pharmacy First via community pharmacy, self-management resources, self-referral pathways, NHS APP. The Primary Care Access Campaign is due to go live before the end of August 2025. It includes information on the NHS App, Access & Triage, Pharmacy First and the wider GP Practice teams. 3. Continue to review themes emerging from the SLF practice visits and develop and implement action plans to take forward. 4. Some of our larger practices are taking part in the Practice Level Support Group Based Learning Sessions which is designed to implement modern general practice and to assist practices to improve their efficiency, productivity and overall patient experience with a particular focus on patient access. 5. Build on the progress made with local discussions to take forward improvements in the primary / secondary care interface and expand this work to wider system interfaces i.e. mental health, local authority. 6. Consider opportunities to work with dental and community optometry providers/services to support improved access across all primary care services. 7. Continue support for GP practice estates developments planned through the London Improvement Grant and the NHSE Primary Care Utilisation Fund, to increase clinical space for appointments. 8. Continue support for PCNs to maximise use of the increased flexibility within ARRS budgets.	1.Assurances going forward are outlined in the controls section. Furthermore: Primary care access is reviewed on a monthly basis at the Primary Care Group and discussions with the Primary Care Leaders at PCLF, PM forum and PLTs about the models of access and delivery	Highlight of progress made in 25/26:- In the months April to June 2025, Lewisham GP Practices delivered 337,000 appointments. Ongoing work programme with all practices to review and refine their websites to make them easier to navigate for patients including ensuring they are up to date, consistent and cover all key areas. Good progress has been made across all practices in Lewisham in implementing the MGP model. All practices now using Cloud Based Telephony systems with features such as a queue position and call back functionality as well as real time data monitoring to support evidence-based service decisions. All practices have an Online consultation system available for patients to use to submit requests. Quarterly reporting in place for PCN Enhanced Access delivery with all PCNs meeting their contracted required number of additional hours. In 2024/25, approximately 20,244 hours were delivered offering a total of 60,497 appointments: 73% of these appointments were face to face 36% of these appointments were with a nurse 48% of these appointments were with a GP 26% of these appointments were by telephone 17% average DNA rate across Lewisham. 17 practices have undertaken the Support Level Framework programme delivered by the SEL Primary Care Workforce Academy who have been commissioned to lead this work. The programme will continue into 25/26 with the aim of all practices participating. Some selected practices have now started the 2025/26 Practice Level Support. All PCNs utilised their total ARRS budgets for 24/25. Good progress is being made on the interface with Primary Care and Secondary Care including the sharing of clear contact points, creation of a dedicated WhatsApp group and the implementation of a formal letter to highlight and redirect inappropriate requests that are sent to General Practice from the local acute provider. In addition, a community pharmacy representative added to the Primary Care Group membership. Approximately 50% (165,000) of Lewisham patients have downloaded the NHS App - July 2025. Several significant estates developments have been completed through the London Improvement Grant programme which has resulted in increased clinical space for face to face appointments - a total of 8 new clinical rooms. There has been continued promotion and use of Pharmacy First for urgent emergency prescriptions and medicines requests. Between February 2024 and May 2025 34,461 patients were seen under the Pharmacy First scheme.	A robust and accurate access dashboard which triangulates and reflects data and intelligence from a range of sources across the system.
4	561	Strategic	**Increase in vaccine preventable diseases due to not reaching herd immunity coverage across the population - Seasonal Vaccinations**	There is a risk that Lewisham may see an increase in vaccine preventable diseases due to not reaching herd immunity coverage across the population. Low vaccine uptake may occur when: 1.Misinformation and lack of knowledge and education about vaccinations and organisms responsible for diseases is widely circulated and reinforced. 2.Cultural beliefs may inform decisions. 3.There is negative lived experience. 4.There is a lack of trust with professionals and wider establishment. 5.There are concerns around safety. 6.Patients find it difficult to access vaccines. It could lead to: 1.Severe and harmful disease outbreaks. 2.Increased pressure on Primary Care. 3.Increased A&E attendances and emergency admissions. 4. Poor patient outcomes, including disability and mortality.	3x4=12	3x4=12	3x3=9	Cautious (7 – 9)	↓	Ashley O'Shaughnessy	Kenny Clarke	The current controls in place are: 1.Practice level vaccination delivery remains in place across all GP practices, with co administration of eligible seasonal vaccinations offered as standard where clinically appropriate and operationally feasible. 2.Robust patient call/recall systems are operational across practices, ensuring timely invitations and follow up for eligible cohorts. 3.Dedicated Lewisham Flu and Immunisations Coordinator provides ongoing operational support to Primary Care, including data monitoring, troubleshooting, and quality improvement activity and liaison with practices and public health. 4.Continue to work jointly with Public Health to plan and deliver targeted outreach vaccination services for underserved communities, addressing wider health inequalities. 5.Convenient local vaccination sites and mobile/outreach models are maintained to widen access, particularly for groups with historically lower uptake a few outreach sites were mobilised as well as the Milkwall Bus and 'big bowl' national Vaccination Bus, which yielded low or no activity. 6.Vaccination programmes are promoted through trusted and recognisable, stable settings to strengthen public understanding of where to attend for vaccinations. 7.Opportunistic vaccination remains embedded across relevant services, ensuring vulnerable cohorts (e.g., asylum seekers, refugees, rough sleepers) are offered protection at every contact. 8.Lewisham Immunisation Partnership Group provides strategic oversight, supported by targeted task and finish groups for specific programmes. 9.Robust communications plan was implemented, built around an overarching winter wellness theme. This included targeted social media activity, messaging through Lewisham Life and JCD boards, throughout Lewisham and information leaflets distributed widely across the community. 10.Lewisham Immunisation Strategy refresh is underway, led by Public Health. 11.Voluntary and Community Sector (VCS) organisations are commissioned to support community engagement around flu/winter wellness and promote vaccination uptake. Worked particularly well with insight reports submitted and will use as the basis for updated plans in future campaigns. 12.Vaccine confidence behavioural science training was provided to family hubs and VCS partners to support effective vaccine-confidence conversations. 13.A vaccination chatbot/helpline pilot has been commissioned and is final stages of sign off, in place to answer patient questions and reduce misinformation barriers. 14. Collaboration with Southwark Health Bus continues, including vaccination provision at Milkwall match days to access harder to reach groups. No vaccinations were given supporters were more engaged with BP checks and Vital 5 checks. As with The big week vaccination Bus based in central Lewisham and Deptford yielded most of it's engagement is vital 5 checks. 15.District Nursing Services were commissioned to deliver housebound vaccinations, ensuring equitable access for immobile and clinically vulnerable patients. The delivery program worked in collaboration with LGT and the newly appointed INT staff. Some challenges were met operationally but all involved worked hard to get through them. Questionaire gone out to all involved to support debrief report.	1.Appropriate governance in place which includes a stakeholder group and a working group. Lewisham representation at SEL immunisation and Vaccination board. Continued Joint working between primary care and public health.	1.Future increased numbers in seasonal Imms reported. 2.Reduction in severe and harmful disease outbreaks. 3.Help relieve some of the pressure on Primary Care. 4.Future decrease in A&E attendances and emergency admissions. 5.Help improve patient outcomes, including disability and mortality.	1.There is vaccine hesitancy, fatigue and reluctance following covid 19 pandemic. Need a comprehensive LHCP approach to build vaccine confidence in groups who may not take up the offer of vaccination. 2.LHCP approach to "making every contact count" especially through the offer of actual vaccination to eligible patients at every opportunity.
5	529	Strategic	**Increase in vaccine preventable diseases due to not reaching herd immunity coverage across the population - Childhood Immunisation Programme**	There is a risk that Lewisham may see an increase in vaccine preventable diseases due to not reaching herd immunity coverage across the population. Low vaccine uptake may occur when: 1.Misinformation and lack of knowledge and education about vaccinations and organisms responsible for diseases is widely circulated and reinforced. 2.Cultural beliefs may inform decisions. 3.There is negative lived experience. 4.There is a lack of trust with professionals and wider establishment. 5.There are concerns around safety. 6.Patients find it difficult to access vaccines. It could lead to: 1.Severe and harmful disease outbreaks. 2.Increased pressure on Primary Care. 3.Increased A&E attendances and emergency admissions. 4. Poor patient outcomes, including disability and mortality.	3x4=12	3x4=12	3x3=9	Cautious (7 – 9)	⟺	Ashley O'Shaughnessy	Kenny Clarke	The current controls in place are: 1.Robust practice level call and recall systems are in place across all GP practices to ensure timely invitation and follow up for all eligible children. 2.National failsafe mechanisms continue to identify unvaccinated children and flag them to their registered GP practice for follow up. 3.Dedicated Lewisham Flu & Immunisations Coordinator provides ongoing support to practices, with targeted focus on those with the lowest uptake and identified inequalities. 4.The ICB works jointly with Lewisham Public Health to design and deliver targeted outreach models for underserved and high risk population groups, addressing wider inequalities in immunisation uptake. 5.Local vaccination delivery points remain available at convenient community locations, with an increase in sites, by pharmacy being able to administer MMR. 6.A universal, age specific core vaccination offer is delivered in consistent, well communicated settings, improving public awareness of where to attend and at what age vaccines are due. 7.Opportunistic vaccination pathways continue across key services, ensuring children from vulnerable groups—such as asylum seekers, refugees, and those experiencing homelessness—are offered protection at every contact point. 8.Strategic oversight is provided through the Lewisham Immunisation Partnership Group, with programme specific task and finish groups (e.g., MMR/polio) coordinating focused improvement actions. 9.A co produced, system wide Childhood Immunisation Strategy—developed with parents, residents, system partners, and community organisations—is now in place. The strategy is outcomes based, aligned with the Lewisham Health & Wellbeing Strategy and SEL Immunisation Board's priorities. 10.Engagement support from the African Advocacy Group is in place from May 2025, strengthening culturally informed outreach and trusted community messaging. 11.Behavioural science training has been rolled out to family hubs, with planned engagement of nursery managers to expand confidence building conversations with parents. 12.The nationally revised childhood vaccination schedule launched July 2025 is being actively communicated across Lewisham to raise awareness among parents and professionals and support improved understanding and uptake. The MMRV vaccine, introduced in January 2026, has been accompanied by targeted communications to raise awareness of its impact on the childhood vaccination schedule and ensure parents and professionals understand the updated requirements. 13. Working with CHIS Nurse Immunisation coordinators to improve immunisation recording at practice level. 14. SEL/place based focus on measles outbreaks. Comms sent to primary care awaiting system wide approach 1	1.Appropriate governance in place which includes a stakeholder group and a working group. Lewisham representation at SEL immunisation and Vaccination board. Continued Joint working between primary care and public health.	1.Increased numbers in childhood Imms reported. 2.Reduction in severe and harmful disease outbreaks. 3.Help relieve some of the pressure on Primary Care. 4.Decreased A&E attendances and emergency admissions. 5.Help improve patient outcomes, including disability and mortality.	1.There is also a clear lack of knowledge of the importance and effectiveness of vaccinations amongst young parents. 2.Need a comprehensive LHCP approach to build vaccine confidence in groups who may not take up the offer of vaccination. 3.LHCP approach to "making every contact count" especially through the offer of actual vaccination to eligible patients at every opportunity. 4.Limited influence over commissioning of vaccination programmes including routine childhood immunisations and school age vaccinations. These are commissioned regionally by NHSE&I. 5.Following a review of the immunisations survey that was shared with all practices, we are now taking steps to act on the suggestions received.
Commissioning															
6	648	Strategic	**Uncontrolled mental health cost pressures restricting delivery of early intervention, prevention and transformation programmes in Lewisham**	There is a risk that uncontrolled and rising mental health cost pressures in Lewisham - including ADHD Right to Choose activity, Section 117 placement costs and wider cost per case pressures — will significantly reduce the financial headroom and capacity required to deliver the Place based mental health transformation programme. Lewisham may be unable to sustain or expand early intervention and prevention offers, particularly those delivered through the VCSE sector, and programme management time may be diverted towards cost containment over wider system development and transformation objectives.	4x4=16	3x4=12	2x3=6	Open (10–12)	⟺	Kenny Gregory	Elaine McCabe	1. Enhanced financial monitoring of ADHD Right to Choose activity & setting of Indicative Activity Plans 2. Improved processes regarding S117 care package costs and strategic commissioning of blocks etc 3. Alliance oversight of cost drivers and mitigations, with regular reporting through the Mental Health Alliance Finance Working Group 4. Prioritisation of transformation workstreams within available financial envelope, including oversight of VCSE grants and funded Prevention & Early Help projects	Monthly ICB finance reports and activity monitoring. Mental Health Alliance finance and performance oversight. Section 117 joint review panels and QA processes. Finance & Contracting meetings reviewing actuals, forecasts and mitigation plans.	1. The strengthened financial oversight and joint review mechanisms provide earlier visibility of cost growth and enable targeted mitigation of high cost areas such as placements and ADHD Right to Choose activity. This supports improved forecasting and helps protect, where possible, priority elements of the transformation programme.	1. Structural inability to influence national cost drivers, including ADHD Right to Choose activity and mandated Section 117 responsibilities. 2. Insufficient financial flexibility to protect or expand early intervention and VCSE delivered prevention services during periods of rising spend and tightening national efficiency targets. 3. Impact of the NHS 5% efficiency requirement on provider uplift negotiations, potentially reducing baseline sustainability and exacerbating pressures across the local MH pathway. 4. Programme management capacity increasingly consumed by cost containment, reducing bandwidth for longer term transformation. 5. Data gaps and forecasting limitations, especially regarding demand growth, complex care activity and future pathway flows.
7	506	Financial	**The CHC outturn for Adults will not deliver in line with budget**	Pressure in adult spend is being driven by a number of variables: Activity and Acuity The number of complex transition cases at high cost appears to have decreased during 2025/26, but this is still a risk due to high long term care costs associated with these cases. CHC continues to see an increase in patient acuity in the 25/26 year particularly in terms of PoC at home for patients requiring tracheotomy care and other health related tasks needing specialist care worker input. There has been an increase in Home Care Packages in 2025/26. The numbers that required tracheotomy care increased by 3. Numbers of newly eligible for CHC appear to have decreased in 2025/2026 for all Care Categories. Uplifts Alongside this is the pressure caused generally by costs of existing packages being driven up by inflation and increases in both NLW and LLW and the hourly rate for homecare included within the MWAH framework. There was a 5.1% increase in the AQP rate (2025/26). New rate is £1,247 per week. 1.5% uplift has been offered to Fairfie Group. Local Authority are recommending 5% uplift for Direct Payment rate. SEL ICB have been alerted to the Stoke Judgement and may need to change their approach to Uplift Offers to social care providers. Recovery Work We have made good progress in decreasing the number of delayed reviews, especially during the second half of 2025/26. However, opportunities for savings are still being delayed, however we have managed to take 3 clients off CHC which has been a saving. Also, the number of clients requiring 1-1 supervision in a placement has also been reduced. A further saving has been made due to the demise of a complex case. Workforce Staff vacancies and sickness in the CHC Team which were impacting on timely reviews and completion of Decision Support Tools have largely been addressed by the use of agency staff and overtime. However, many of these solutions are short term and likely to be impacted by the ongoing MCR/ICB Change process.	5x3=15	4x3=12	3x3=9	Open (10–12)	⟺	Kenny Gregory	Corinna Mockler	1. Interim Nurse Assessor concentrating on high-cost packages to deliver savings. Prioritisation of reviews of long-term fast track packages. 2. Attendance at quarterly Transition panels to support better understanding of demand and potential cost, supports improvement of <18 assessment in line with the Framework, increases possibility of deflecting unnecessarily high costs/ SEND decisions. 3.Quarterly review of joint funding funded packages to divert risk. 4.Cost avoidance of the increase in the existing ICB contract with Fairfie/ Highfield Consideration through identification of more cost-effective packages with other providers (e.g. RHND and PoCs at home. 5. Monthly budget review meetings. 6. Weekly review of CHC eligibility decisions and related cost of packages. 7. Monthly review of neuro specialist patients to manage associated trim point costs and escalating earlier where there are blockages to discharge not in the control of the ICB.	1.Prioritising review of all new LD packages transferring from LBL to look for savings opportunities. 2. Prioritise outstanding reviews and ensure that annual reviews revert to BAU for CHC Nurse Assessors. 3.Participating in wider SEL ICB CHC savings programme.	1.Pressure from other CHC priorities (particularly appeals/ LRMs/ IRPs) continue to take significant management time and attention. 2.Allocation of Social Worker by LBL may still delay timely completion of DST.	1.Potential patient safety issues through the reduction in packages – all reductions are reviewed in dialogue with both patient and service provider. 2. Reputation of the ICB with Council/other partners – LBL regularly updated on progress against assessment, though there are several long term outstanding disputes. 3. Increase in complaints because of reduction in packages, or decision to remove CHC eligibility. 4. Assessing nurse to be clear about the rationale for the reduction in package or no longer eligible and this explanation to be put in writing at time decrease/change from CHC eligible is being enacted.M2:P2
Children and Young People															
8	644	Strategic	**Neurodevelopmental diagnostic pathways (Autism and ADHD) - Adults and CYP**	There is a risk that residents experience excessively prolonged waiting times for autism and ADHD diagnostic assessments. This is due to sustained increases in demand, historical backlogs, and limited diagnostic workforce capacity. The delays adversely affect children and adults, increase reliance on private providers through 'Right to Choose', and create financial pressures for the ICB arising from non-contracted activity. Prolonged waits also undermine public confidence and impact delivery of national and local improvement commitments for mental health and neurodevelopmental services.	4x4=16	4x4=16	4x3=12	Open (10–12)	⟺	Simon Whitlock	Paul Creech	ICB and system level controls 1.SEL-wide neurodevelopmental improvement programme established under the CYP MH and Wellbeing Partnership Board to oversee ASD and ADHD diagnostic pathways, waiting times, and consistency of the core offer across SEL borough/ places. 2.New integrated diagnostic pathway from April 2025 enabling movement between ADHD and Autism assessments, reducing duplication and re-referral delays. 3. Targeted capacity investment including non-recurrent and recurrent funding to providers to expand assessment capacity, weekend clinics, and workforce recruitment initiatives. 4.Waiting well and early support offers publicised through local offers and all-age autism services to provide information, advice and support before diagnosis 5.Place Executive Group meeting has oversight via SDIP with joint leadership from local authorities and Directors of Children's Services to drive delivery of local improvement plans and monitor performance trajectories. 6. Opportunity to join arrangements with other boroughs 7. SLAM is working with community and voluntary organisations to develop a dedicated ADHD pathway, with potential to support autism services. 8. Working with mental health school teams to support the identification of children for autism assessments.	Oversight through the Place Executive Board via SDIP with Partnerships, and the SEL CYP MH and Wellbeing Partnership Board. Monthly contract and performance meetings with key providers. Regular reporting through ICB performance and finance structures on diagnostic activity, spend and trajectories. Periodic deep dives and review sessions through SEL CYP MH Delivery Group and borough governance.	1. Workforce capacity across community paediatrics and specialist diagnostic teams remains below demand. 2.Limited ability to influence activity and quality within private 'Right to Choose' pathways. 3. Data completeness and standardisation across providers and places not yet consistent. 4. Funding for additional diagnostic capacity remains non-recurrent and therefore unsustainable without future investment commitments. 5.Delivery of Autism wait times is being monitored by NHSE as part of the Trusts delivery plan and to bring down wait times to within 18 weeks. 6. Transformation work on the autism referral and assessment pathway to reduce waiting times and diversify the workforce to increase capacity.	1. Inconsistent and incomplete SEL BI reporting across places. However, this is not applicable via CYP Joint Commissioning due to local monitoring. 2. ADHD Limited independent verification of data accuracy and trajectory modelling.
Enablers															

1	**611- INT Digital**	The Neighbourhood model may not operate optimally if there are issues with IT infrastructure and data interoperability. It is caused by: •Reliance on data sharing using digital systems for coordinating care and between multiple service providers It could lead to: •Duplication and lack of truly integrated approach	*1.Lack of clarity of optimal solution.* *2.Lack of identified funding to procure optimal digital solution.*	*Medium*	Medium Impact Issue	19/05/2026	Charles Malcolm-Smith	Open
2								

Key

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

Key - Direction of Risk

Risk has become worse.

Risk has stayed the same

Risk is improving

Risk Scoring Matrix

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

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

Likelihood Matrix

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

Severity Matrix

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

South East London Integrated Care System

NHS South East London

NHS SEL ICB
Risk Appetite Statement 2023/24

SEL ICB Risk Appetite Statement 2023/24

The statement

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

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

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

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

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

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

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

South East London Integrated Care System

NHS South East London

ICB risk appetite level descriptions by type of risk

South East London Integrated Care System

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

NHS South East London

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

Selected ICB risk appetite level

South East London Integrated Care System

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

NHS South East London

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

Selected ICB risk appetite level

South East London Integrated Care System

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

NHS South East London

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

Selected ICB risk appetite level

South East London Integrated Care System

NHS South East London

Summary of SEL ICS BAF risks by theme

Prepared for the System Risk Group 14 April 2026

SEL ICS BAF risks – by theme: introduction

SEL ICS BAF risks by theme

- A SEL ICS wide system risk group collectively reviews risks from across the system partner BAFs, supporting collaboration in risk management across the ICS.
- The group have been reviewing the partner BAF risks through a comparative review, put together by the risk and assurance team. Following discussion in November 2024, it was agreed that the BAF risks should be grouped together by theme, and risks have been subsequently divided by the following main themes:
  - Finance and finance related
  - Sustainability and estates
  - Demand, capacity and operational performance
  - Quality of care
  - IT
  - Workforce

- **The system partner BAFs reviewed are:**
  - SEL Integrated Care Board (SEL ICB – March 2026*)
  - Guys and St Thomas' (GSTT – December 2025)
  - King's College Hospital (KCH – March 2026)
  - Lewisham and Greenwich Trust (LGT – March 2026*)
  - South London and Maudsley (SLaM – March 2026**)
  - Oxleas (March 2026)

  *subject to Board approval
  **subject to Board approval (including 3 pending risks not shown)

Key points to note:

- Risks that fall outside of the above categories, have not been included in the tables.
- Some risks have been included under more than one theme, where relevant.

South East London Integrated Care System

Finance and financial-related risks

NHS South East London

Risk summary	Residual risk score					
	SEL ICB	GSTT	KCH	LGT	SLaM	Oxleas
Revenue financial plan	9 (on CRR) ↓	12	25	20	16	4 ↓
Capital financial plan	closed			12		
Financial sustainability						16
ICS capital regime						8
Research & innovation opportunities		12	12			
Availability of capital departmental expenditure limit (CDEL) and ability to generate surpluses		8				
Risk to affordability of modernisation estates strategy – site opening delays, strategic estates disposal and double running costs					20	

Link to more detailed finance risk descriptions

South East London Integrated Care System

Environmental sustainability and estates risks

NHS South East London

Risk summary	Residual risk score					
Environmental sustainability	**SEL ICB**	**GSTT**	**KCH**	**LGT**	**SLaM**	**Oxleas**
Carbon zero / sustainability targets not achieved	3 (On CRR)					12

Estates	**SEL ICB**	**GSTT**	**KCH**	**LGT**	**SLaM**	**Oxleas**
Impact on operational and clinical activity / quality of care		16	16	15	12	8
Risk to modernising and maintaining existing estate					16	
Risk to affordability of modernisation estates strategy – site opening delays, strategic estates disposal and double running costs					20	
NDBH & PMCYP leaks: IHP build quality and leaks/mould issues at NDBH & PMCYP delay move-ins; ongoing financial, legal and reputational impact					20	

Link to more detailed: sustainability risk descriptions; estates risk descriptions

South East London Integrated Care System

Demand, capacity and operational performance risks

NHS South East London

Risk summary	Residual risk score					
	SEL ICB	GSTT	KCH	LGT	SLaM	Oxleas
Operational performance (insufficient activity and productivity in line with strategic plans) / demand and capacity inc. ED / Right Care	16	12	16	20	12	
Cancer performance targets	16			20		
Delivery of elective recovery and waiting times objectives.	16			20		
Competing priorities for non-admitted and admitted capacity, impacting elective recovery	16					
Waiting times for autism diagnostics assessments	16					
Bed management – quality and financial impact						12 ↓
Productivity: productivity levels may be insufficient to enable it to balance delivery of both its operational and financial responsibilities and therefore may impact delivery of its strategic priorities		20				

Link to more detailed demand and capacity risk descriptions

South East London Integrated Care System

Quality of care risks

NHS South East London

Risk summary	Residual risk score					
	SEL ICB	GSTT	KCH	LGT	SLaM	Oxleas
Failure to deliver safe, high-quality care to patients / have oversight of quality	9 (on CRR)	16 and 12	12	20	12	
Compassionate and culturally competent care to our patients and each other impacted			12			
Bed management – quality and financial impact						12 ↓

Link to more detailed quality of care risk descriptions

South East London Integrated Care System

IT and digital risks

NHS South East London

Risk summary	Residual risk score					
	SEL ICB	GSTT	KCH	LGT	SLaM	Oxleas
Cyber-attacks / IT system not adequately protected	12	20 ↑	20	15	16 ↑	15
Providers in our system significantly disrupted through the change initiatives being implemented by the NHS and healthcare and service providers.						
IT - Epic / Apollo benefits not realised		12				
Third party pathology service cyber incident					12	
Failure to anticipate the IT infrastructure demands				15		
Some post consultation messaging is not being returned to the GP practice from community pharmacy after a patient consultation.	16					

Link to more detailed IT risk descriptions

South East London Integrated Care System

Workforce risks

NHS South East London

Risk summary	Residual risk score					
	SEL ICB	GSTT	KCH	LGT	SLaM	Oxleas
Attracting, recruiting and retaining staff	12 (On CRR)			12	16	12
Maintaining staff health and wellbeing			12	12		9
Respect and compassion between staff and protection from violence/abuse				10		12
Lack of clinical and medical leadership				15		
Organisational change and transformation: effectively deliver multiple large-scale and complex transformation programmes / System sustainability – collaborating with stakeholders and partners		12	9	12		
High performing and future ready workforce		12	12			

Link to more detailed workforce risk descriptions

Appendix: Risk descriptions by theme

South East London Integrated Care System

Finance risks descriptions

NHS South East London

	Risk ID	Finance risks descriptions	Risk Score
ICB	606	The ICS does not deliver its deficit revenue financial plan for 2025/26.	9 ↓
GSTT	8	Unable to sustain financial efficiencies and secure sufficient income and/or capital for services, for high quality care and strategic agenda.	12
	12	Unable to maintain current levels of research ambition & partnerships and fail to attract sufficient investment/income to remain a research leader.	12
	9	The availability of CDEL and our ability to generate surpluses may restrict future investment in our strategic and operational objectives.	8
KCH	3	Unable to improve financial sustainability of services and not achieve financial plans, to deliver investment priorities & improve quality of services.	25
	5	If the Trust fails to capitalise on innovative and pioneering research opportunities, this may affect our ability to support the development of new treatments and technologies for patients now and in the future, adversely impacting the Trust's ambitions as a world-leading research and innovation centre.	12
LGT	2a	Insufficient revenue funding through changes to national and local commissioning arrangements and is unable to identify planned levels of efficiency (with appropriate governance in place equals failure to remain financially sustainable.	20
	2b	Insufficient capital funding to enable investment in critical areas, leading to an inability to innovate or deliver strategic changes and a subsequent impact on the delivery of patient care and provision of an appropriate clinical/working environment.	12
SLaM	18	Underlying deficit, contributing to unsustainable financial position, putting the delivery of the wider trust strategy at risk.	16
	24	Capital & revenue costs risk affordability of Modernisation Estates strategy – site opening delays, strategic estates disposal and double running costs	20
Oxleas	1177	Risk to financial sustainability if required recurrent costs are not met with recurrent income.	16
	2627	2024/25 revenue and capital plan delivery	4 ↓
	2006	ICS capital regime limiting the ability to invest in maintaining and improving its estates and digital infrastructure and inhibiting the planning of longer-term capital investment needed to remodel and enable continuous improvement in service delivery.	8

South East London Integrated Care System

Sustainability risks and descriptions

NHS South East London

	Risk ID	Sustainability risk descriptions	Risk Score
ICB	397	ICB not able to achieve SEL ICS Green Plan targets (which aim to reduce the carbon footprint of the organisation by 2040 and not be enabled to measure detailed achievement of the targets set out in the plan. ICS Green plan includes targets specifically for the ICB (including Primary Care) but also the wider system. This risk affects both sets of targets.	3
Oxleas	1995	Trust may be unable to meet the NHS target of zero carbon emissions by 2032.	12

South East London Integrated Care System

Estates risks and descriptions

NHS South East London

	Risk ID	Estates risk descriptions	Risk Score
GSTT	3	The risk that estate infrastructure failures impact on operational and clinical activity. *Linked CRR risks: relate to clinical areas and other estate areas (fire safety, asbestos, water).*	16
KCH	4	Unable to maintain and develop the estate sufficiently, to deliver safe, high quality and sustainable services.	16
LGT	4b	Failure to anticipate estates infrastructure demands for intended improvements in quality, safety, patient experience.	15
SLaM	21	The Ladywell unit is close to reaching its useful life, affecting SLaM's ability to deliver quality care with safe and effective therapeutic services.	12
	22	Risk to improvement / maintenance of existing estates impacting business continuity, safety and patient care.	16
	24	Capital & revenue costs risk affordability of Modernisation Estates strategy – site opening delays, strategic estates disposal and double running costs	20
	25	NDBH & PMCYP leaks: IHP build quality and leaks/mould issues at NDBH & PMCYP delay move-ins; ongoing financial, legal and reputational impact	20
Oxleas	2006	ICS capital regime limiting the ability to invest in maintaining and improving its estates and digital infrastructure, as well as potentially inhibit the planning of longer-term capital investment needed to remodel and enable continuous improvement in service delivery.	8

South East London Integrated Care System

Demand and capacity risk descriptions

NHS South East London

	Risk ID	Demand and capacity risk descriptions	Risk Score
ICB	384	Delivering successful elective care transformation programmes to support the delivery of elective recovery and waiting times objectives.	16
	385	Competing priorities for non-admitted and admitted capacity, resulting in a negative impact on elective recovery across the ICB/its providers, with a consequence increase in waiting times for diagnosis and treatment.	16
	386	Risk of not being to make improvements in waiting times, pathway flow and timely transfer of care as a result of demand and flow challenges across the system.	16
	504	The ICB does not meet the operational plan commitments it has made for 2024/25 with regards cancer access and wait times - including the Faster Diagnosis Standard and the 62-day treatment standard.	16
GSTT	1	The Trust's activity levels may not be sufficient to meet the trajectories in our operating plan, resulting in patients being unable to access our services in a timely manner and lead to continued or increased regulatory intervention.	12
	7	The Trust's productivity levels may be insufficient to enable it to balance delivery of both its operational and financial responsibilities and therefore may impact delivery of its strategic priorities.	20
KCH	8	If the Trust is unable to transform services, improve productivity and sustain sufficient capacity, patient waiting times may increase potentially resulting in an adverse impact on patient outcomes and an increased risk of avoidable harm.	16
LGT	1a	Insufficient capacity to meet demand for emergency services patients may not receive the care they need on a timely basis.	20
	1b	Insufficient capacity to address elective waiting times.	20
	1c	Insufficient capacity to address cancer pathway waiting times.	20
SLaM	14	In the context of current capacity due to staffing levels and increasing demand across the system there is a risk of delay in delivery of Outstanding Care to patients which may impact on the ability of our patients to receive timely access to care and our staff to provide the right care at the right time in the right place.	12
Oxleas	2378	Risk to the quality of care provided to patients and to the financial stability of the trust if there are more than five people in the private beds.	12 ↓

South East London Integrated Care System

Quality of care risk descriptions

NHS South East London

	Risk ID	Quality of care risk descriptions	Risk Score
ICB	491	The ICB is unable to discharge its duty of having system oversight of quality and patient safety systems due to transition to the Learning from patient safety events (LFPSE) for reporting safety events which currently does not allow the ICB access to provider data which leaves the ICB 'blind' to information on LFPSE.	9
GSTT	2	The Trust may fail to deliver safe, high-quality care to patients across all sites and services.	16
	11	A lack of focus on optimising ways of working, an absence of clear frameworks, standards and processes, and insufficiently strong and visible leadership may impair organisational excellence, leading to a reduced ability to deliver high-quality patient care and delivery of the strategic priorities.	12
KCH	6	The Trust does not have adequate arrangements to support the delivery and oversight of high-quality care.	12
	2	Compassionate and culturally competent care to our patients and each other impacted.	12
LGT	1	Due to a demand on services, the Trust is unable to maintain safe, high-quality services for patients and local communities.	20
SLaM	14	In the context of current capacity due to staffing levels and increasing demand across the system there is a risk of delay in delivery of Outstanding Care to patients which may impact on the ability of our patients to receive timely access to care and our staff to provide the right care at the right time in the right place.	12
Oxleas	2378	Bed management – quality and financial impact	12 ↓

South East London Integrated Care System

IT risk descriptions

NHS South East London

	Risk ID	IT risk descriptions	Risk Score
ICB	651	Significant disruptions to the ICT and digital systems across out provider and/or supply settings.	12
GSTT	5	The Trust may not fully realise the opportunities to transform ways of working based on the EPIC EHR implementation and may not deliver the benefits set out in the business case	12
	4	Risk of cyber attack	20 ↑
KCH	9	Trust's IT infrastructure is not adequately protected and may be comprised.	20
LGT	4a	Risk of cyber attack.	15
	4c	Failure to anticipate the IT infrastructure demands and the intended improvements in quality, safety, patient experience and efficiency.	15
SLaM	19	Risk of cyber attack.	16 ↑
	23	Synnovis cyber attack affecting patient care.	12
Oxleas	1994	Risk of cyber attack.	15

South East London Integrated Care System

Workforce risk descriptions

NHS South East London

	Risk ID	Workforce risks descriptions	Risk Score
ICB	395	There is a risk that SEL ICS will not be able to deliver fully against the ambitions of the three pillars of National Long Term Workforce Plan and aligned five strategic priorities of the ICS People Strategy.	12
GSTT	6	Failure to effectively deliver multiple large-scale and complex transformation programmes concurrently, due to limitations in capacity, capability, governance, or stakeholder engagement. This could result in delays, increased costs, reduced quality of outcomes, and failure to achieve strategic objectives, ultimately affecting patient care and organisational sustainability.	12
	10	Insufficient workforce enablement, development and transformation impairs the Trust's ability to achieve the right people capacity, capability and change-ready organisational culture to meet the demands of healthcare now and into the future - ensuring safe, efficient and optimal care for patients and a healthy, high performing, and inclusive working environment for colleagues who provide it	12
KCH	1	If the Trust is unable to transform the workforce and develop new ways of working in order to deliver the new Trust operating model, financially sustainable services will not be delivered, adversely impacting patient outcomes and staff engagement and patient experience	12
	2	If the Trust is unable to transform the culture of the organisation to become more inclusive and positive, staff engagement and well-being may deteriorate, adversely impacting our ability to provide culturally intelligent, compassionate care to our patients and to each other.	12
	7	If the Trust does not collaborate effectively with key stakeholders and partners to plan and deliver care, this may adversely on our ability to achieve system transformation in line with the NHS 10 year plan ambition.	9
LGT	3a	Insufficient support for staff health and wellbeing will lead to increased stress and sickness absence, poor staff engagement, increased recruitment/retention challenges and the detriment of staff morale	12
	3b	Lack of robust workforce plan and plans to secure a pipeline of clinical and non-clinical staff will lead to staff shortages and skill gaps.	12
	3c	Lack of clinical and medical engagement and effective clinical and medical leadership within the organisation, actions to address urgent issues are unlikely to be effective and the quality of care offered to patients may be placed at risk.	15
	3d	Measures to ensure respect and compassion between staff and to protect staff (and patients) from violence and aggression will impact staff wellbeing.	10
	5	If the Trust does not put in place appropriate governance structures to deliver agreed requirements it is likely to face increased regulatory scrutiny and enforcement actions. There is an increased risk given unknown nature and consequences of future performance regimes	15
SLaM	1	Risk that the trust cannot attract, recruit and retain enough highly skilled staff, in the right settings with the ability to respond to organisational change.	16
Oxleas	1213	Risk that the trust cannot recruit and retain staff to a level which enables it to maintain optimum levels of substantive staff.	12
	1471	Staff may experience discrimination and abuse at work, based on their protected characteristics, impacting sickness absence, morale and retention.	9
	2301	Staff may experience violence, aggression or abuse from service users, carers or the public, leading to poor mental and physical health, trauma, low resilience, low productivity and potentially increased turnover.	12

South East London Integrated Care System

lhcp Lewisham Health and Care Partnership

Lewisham Local Care Partners Strategic Board

Cover Sheet

Item 7
Enclosure 7

Title:	**ANNUAL REPORT for SAFEGUARDING ADULTS SOUTHEAST LONDON ICB LEWISHAM PLACE**
Meeting Date:	28 May 2026
Author:	Fiona Mitchell
Executive Lead:	Ceri Jacob, Lewisham Place Executive Lead

Purpose of paper:	SEL ICB is an NHS body with a range of statutory duties, including safeguarding children, Children Looked After (CLA) and adults at risk, and generates a quarterly report to provide evaluation and assurance of services commissioned to safeguard children and adults. This report focuses on Safeguarding Adults only. The report sets out how the ICB has delivered its statutory adult safeguarding responsibilities, in partnership with other safeguarding accountable organisations and NHS providers in Lewisham and southeast London more broadly. It also sets out how Lewisham has responded particularly to statutory requirements locally.	Update / Information	*x*
		Discussion	
		Decision	
Summary of main points:	Governance and Accountability Safeguarding Training Primary Care and Safeguarding Care Homes Older People Serious Violence Duty including Domestic Abuse Violence Against Women and Girls and learning from statutory reviews (DHR's) Learning form Adults Deaths and statutory review (SAR's) Duty to protect Self Neglect Panel		
Potential Conflicts of Interest	**None in relation to this report.**		
Any impact on BLACHIR recommendations	Safeguarding Adult Reviews and Domestic Homicide Reviews evidence that there are both social, economic and environmental reasons that determine significant inequalities in health outcomes amongst Black African and Black Caribbean communities, both locally and nationally. For this purpose, the aim of the work in Lewisham is to reduce the disparity and safeguard all groups of individuals both		

	children and adults at risk by improving health outcomes and quality of life by learning and by embedding recommendations from such reviews.			
Relevant to the following Boroughs	**Bexley**		**Bromley**	
	Greenwich		**Lambeth**	
	Lewisham	✓	**Southwark**	
	Equality Impact	Differences in demographics, including gender and ethnicity are reflected in this report and monitored across Lewisham.		
	Financial Impact	Not applicable to this report.		
Other Engagement	Public Engagement	Not applicable to this report. This is a retrospective statutory assurance report; engagement has therefore taken place through established safeguarding governance processes. Therefore, wider public engagement is not considered proportionate.		
	Other Committee Discussion/ Engagement	Lewisham LSAB date tbc		
Recommendation:	The Local Care Partnership Strategic Board is requested to receive and accept the safeguarding adults report for information and assurance that effective safeguarding systems and processes are in place for Lewisham adult safeguarding			

South East London Integrated Care System

NHS South East London

Quarter Four 2025 Safeguarding Adults Report Lewisham

The Designated Professionals and wider safeguarding team continue to work collaboratively to deliver statutory Adult Safeguarding functions across Lewisham and the ICB, in partnership with the Lewisham Safeguarding Adults Board (LSAB), Lewisham Safeguarding Children Partnership (LSCP), and Community Safety partners. This report summarises activity for Quarter 4.

Lewisham was the fifth highest London borough for safeguarding concerns in 2024–2025. This level of increase is not sustainable, and the current model is no longer effective. Projections indicate that in 2025–2026 Lewisham is likely to become the second highest borough for safeguarding concerns raised per 100,000 population. A total of 20% of concerns were raised by primary care and 10% of concerns raised by secondary care. Safeguarding concerns have increased five-fold over the past six years, partly due to enhanced training and awareness against a backdrop of persistent high risk in the borough. The number of concluded enquiries has halved this quarter, highlighting capacity pressures within the model and raising legal implications regarding Care Act requirements and expected enquiry timeframe completion.

The most recent LSAB MCA Audit suggests that a significant number of safeguarding concerns are being raised without the individual's consent, increasing the workload for the Adult Safeguarding MASH team, the local authority, and social care, who must then seek consent retrospectively. The Care Act emphasises the importance of personalised safeguarding, requiring consent to be obtained unless the level of risk to the individual or the public makes this inappropriate. Many cases are therefore closed at this point.

Training

The Lewisham Adult and Child Safeguarding team deliver training aligned to the *Adult Safeguarding: Roles and Competencies for Health Care Staff* Intercollegiate Document, and equivalent standards for children. Sessions support clinicians, GPs, independent sector providers, and commissioned and non-commissioned services across Lewisham.

The Designated Nurse completed the Oliver McGowan Mandatory Training (Tier 2) and attended a series of events focused on improving responses to harmful practices and Violence Against Women and Girls (VAWG). These included presentations from the Harmful Practices Knowledge Ambassadors Programme (funded by MOPAC), workshops led by specialist grassroots organisations, networking sessions, and a photo exhibition on witchcraft, spirit possession, and ritualistic abuse. The programme also featured an interactive performance by young people exploring professional responses to disclosure.

Additionally, on 18/02/2026 Female Genital Mutilation (FGM) training was delivered to Lewisham NHS clinicians by IKWRO, a registered charity that supports Middle Eastern, North African, and Afghan women and girls in the UK who have experienced, or are at risk of, all

forms of “honour”-based abuse. On 11/03/2026 IKWRO also delivered training on responding to responding to victims of domestic abuse from diverse backgrounds

On 18/03/2026 the safeguarding team arranged for speakers from external providers to present on the topic of the current services available in Lewisham for people with autism and the proposed services. The Dynamics of Domestic Abuse training was delivered monthly by Athena Refuge Lewisham. We continue to concentrate on training related to harm to women and girls reflecting the high incidences of DA in the borough to raise awareness and encourage professionals to use every opportunity to enquire on domestic abuse to raise professional curiosity and ensure every contact counts.

The recent London Modern Slavery Leads (LMSL) Network Meeting was attended by the Designate and LSAB Business Manager. Additionally, a Triborough event was held by the LSAB Lewisham Modern Slavery network with good attendance. **The Tri-Brough Anti-Slavery Conference was held in February online:** This was organised by colleagues in Lewisham, Greenwich, and Bexley who worked together to deliver this event to help keep the subject in the spotlight and to focus on the needs of victim survivors. This was the central theme with an excellent presentation from a young adult who was exploited and trafficked as a child by County Lines gangs, who now uses his lived experience of this trauma to inform and educate professionals as well as children in schools. It was great to have the local tri-Borough Commander (Met Police) open the event, with contributions from local authority staff and the Salvation Army, as well as from workers in other regions to help share best practice. More information: Lewisham Safeguarding Adults Board - Criminal Exploitation of vulnerable adults: County Lines & Cuckooing

A Lewisham Think Family Workshop was also held in February 2026 (in-person): This was the second of its kind in recent years, bringing health and social care practitioners together to reflect on the progress since the local guidance was introduced 2 years ago, and to consider what the current priorities and areas for development are. This was well attended and represented by health colleagues from across a range of teams and agencies, who carefully analysed some recent high-profile cases to understand what we can learn from them and put into practice. The workshop itself helps to deliver some of those key learning points which are communication, information sharing, and better integration across services. There is a plan to continue delivering these workshops every 6 months. More information: Lewisham Safeguarding Adults Board - Think Family

In Quarter 3, ICB Lewisham delivered 28.5 hours of training to 76 people across six GP practices and other commissioned and non-commissioned services, including secondary care, acquired brain injury teams, and other boroughs. Attendees included eight GPs, four nurses, and other clinical staff. In Quarter 4, 46 hours of training was delivered to 114 people, including staff from 13 GP practices (13 GPs), eight ICB staff (including health visitors and principal clinical pharmacists), and clinicians from commissioned and non-commissioned services, including secondary care. These figures largely reflect training on violence against women and girls, aimed at raising the profile of domestic abuse in Lewisham, strengthening professional curiosity, and covering topics including modern slavery and human trafficking.

Partnership working

Safeguarding Adults Reviews

Lewisham continues to work with the Lewisham Safeguarding Adult Board in supporting the

process of Safeguarding Adult Reviews as in critiquing and understanding learning from reviews.

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

Safeguarding Adults Review - Earl - 13 February 2026 (SAR)

Lewisham Safeguarding Adults Board has published the **Safeguarding Adults Review Earl**

The review considered and was focused on the delays in executing a Mental Health Act warrant, but the key learning points which are applicable to all professionals and services were: making sure supervisory processes are effective and risk is escalated appropriately; alongside the problems that turnovers in staff can create, which combined, create barriers to good professional curiosity. The review also highlights the need to always consider Article 2 of the Human Rights Act (European Convention on Human Rights) which is the right to life.

Learning Identified

LSAB and partner agencies to ensure that procedure commands that future failures in the execution of MHA warrants (Section 135/136) automatically trigger a formal escalation process, which will involve the police, SLaM and the Lewisham AMHP Service, to plan the earliest possible attempt to re-execute the warrant and consider any risk-minimisation steps in the interim

MHA warrants for compulsory intervention should be treated as a high-priority, statutory duty to protect life (Article 2 ECHR).

Police, NHS Trusts, and Local Authorities must establish clear, multi-agency protocols for Section 135 warrants. These protocols must treat the warrant as a statutory duty to protect life (Article 2 ECHR) and include agreed-upon risk criteria to determine urgency and guarantee resource allocation within a clinically and legally reasonable timeframe.

A fundamental barrier to recall was the lack of secure beds, transforming the CTO into an unreliable tool. The problem is a national systemic crisis.

SLaM has made an internal recommendation to improve bed management and admission pathways, but the national systemic resource shortage remains unresolved.

SLaM to actively and transparently outline and demonstrate to LSAB their improvements to bed management and admission pathways. LSAB to actively engage the ICB SEL and bring to their attention the failure in resource provision for secure mental health beds and for ICB SEL to outline and demonstrate future commissioning intentions for secure mental health beds.

This SAR highlights issues of national policy as it is concerned with the systemic crisis in national mental health bed capacity and strategic commissioning and challenges the national policy or practice that links compulsory care to resource availability, raising a legal issue under the Equality Act 2010.

LSAB to utilise the National Escalation Protocol to formally bring the systemic issues identified - specifically the failure in resource provision (secure mental health beds) and the potential for Indirect Discrimination under the Equality Act 2010 - to the urgent attention of the Department of Health and Social Care and NHS England.

Current SAR position

One SAR's representing the care of 5 individuals thematic review hospital discharge severe

neglect Mandatory SAR in progress

One Joint SAR with Greenwich
One mandatory SAR on hold
One SAR waiting decision

Domestic Homicide Reviews (DHRS)

Domestic abuse-related deaths were previously referred to as Domestic Homicide Reviews (DHRs); In some boroughs DHRS are now referred to as DARDRs (Domestric Abuse Related Death Reviews), established on a statutory basis under Section 9 of the Domestic Violence, Crime and Victims Act (2004). The purpose of the name change is to better recognise deaths resulting from domestic abuse-related suicides.

Under section 9(4) of the Domestic Violence, Crime and Victims Act 2004,

A Domestic Homicide Review (DHR) examines the circumstances in which the death of an adult appears to have resulted from domestic abuse. These deaths remain largely hidden and deeply harmful. A DHR provides national and local agencies, communities, and wider society with an opportunity to recognise each victim and reinforce that every such death is preventable.

https://www.legislation.gov.uk/ukpga/2021/17/part/1

Primary Care

Safeguarding Advice and Guidance clinics for primary care clinicians took place on 7/1/2026 and 4/2/2026. These meetings provide a group forum at which GPs can discuss safeguarding cases attended by the named GP and consultant nurse designate.

In addition to arranging training for primary care clinicians on domestic abuse from IKROW (18/02/2026, 11/03/2026) and on services available to people with autism in Lewisham (18/03/2026), the named GP also arranged training in modern slavery and human trafficking (4/2/2026).

The named GP presented the domestic abuse policy audit findings at the Quality & Performance sub-group meeting on15/01/2026.

The Protected Learning Time event for primary care all clinicians is scheduled for 15/04/2026 to include the following topics:

- A General Update and Briefing on Areas of New and Updated Local Policy, Guidance and Legislation and Adult Safeguarding.
- Understanding and Responding to Domestic Abuse in Health Settings.
- The New Mental Health Act 2025

The team continues to support the process of DHRs (Domestic Homicide Reviews). The named GP attended the panel meetings and completed the following reports:

- DHR 13 FH - Intimate partner violence - (cross over with Greenwich homicide) Independent Office for Police Conduct (IOPC) completion required. DHR on hold. The chair has asked for a review of the victim's medical records beyond the original time period of the review to establish more context about the patient's upbringing and medical history.

- DHR 14 TS - Intimate partner violence - First panel held 5 June 2025. Second panel held 5 November 2025. The IMRs were submitted to the chair.

- DHR 16 CB - Intimate partner violence – Chair appointed. First panel was held in December. The chronologies and IMRs were completed and submitted to the chair

In the 12 months to January 2026, Lewisham recorded the third highest increase in domestic-abuse-related violence in London. Bellingham ward remains one of the areas with the highest levels of violence, ranking fourth across all London wards, with violence against the person being the strongest indicator. Bellingham has consistently recorded high levels of violence over the past five years and is also fourth highest in London for sexual offences. Of the domestic abuse incidents reported, 28% involved children. Domestic abuse remains the leading cause of homelessness in the borough, representing a 9% increase from the previous year. There has been a 25% increase in stalking and harassment. The Designate for Adults has recently joined the DRIVE strategic group.

The Drive Partnership—formed by Respect, SafeLives, and Social Finance—aims to transform the national response to perpetrators of domestic abuse. Its focus is on ending domestic abuse and safeguarding victims by disrupting, challenging, and changing the behaviour of those causing harm. This work is delivered through a whole-family, whole-system, coordinated community response, alongside advocacy for national systems and policy change to ensure a sustainable and effective approach to addressing perpetrator behaviour.

The Drive Project is the Partnership's flagship intervention, working with high-harm, high-risk, and serial perpetrators to prevent further abusive behaviour and protect victims. Drive operates on the principle that domestic abuse is neither acceptable nor inevitable. Through structured interventions, Drive challenges perpetrators to change and works collaboratively with partner agencies—including the police and social care—to disrupt abusive behaviour.

Drive aims to:

- Reduce the number of repeat and new victims
- Reduce harm to victims and children
- Reduce the number of serial perpetrators
- Enable earlier intervention to protect families experiencing domestic abuse

- DHR 18 was declared August 2025
- DHR 17 intimate partner violence
- DHR 16 intimate partner violence

There were no published DHR's during this period.

<u>High Risk Panel</u>

The High-Risk Panel is a multi-agency forum that reviews complex safeguarding adult cases where previous interventions have not achieved engagement or reduced risk, particularly in

relation to self-neglect. In its first year, the panel reviewed 22 individuals, aged between 32 and 80. Many cases involved significant self-neglect, housing instability, missing adults, or street homelessness, with all individuals described as difficult to engage. Mental Capacity Act assessments were often limited, and consent to raise safeguarding concerns was frequently unobtainable due to non-engagement. The Designate and Named GP continue to be part of this Panel.

The terms of reference are currently being reviewed to expand the referral pathway. The proposed change would enable primary care for example to refer directly to the panel, whereas referrals are presently limited to safeguarding and the local authority.

Serious Violence Duty

Due to the recent increase in stabbings in the Rushey Green area, police presence has been strengthened, with additional support provided by the Serious Crime Unit to enhance local visibility. Street-based youth workers are now operating in the Downham and Rushey Green areas, alongside new health and wellbeing youth workers who are supporting GP practices and local communities. Access to this support is available via GPs and CAMHS.

Lewisham ranks eighth among London boroughs for serious violence. Stop-and-search activity is currently the highest across London. While hate crime has generally decreased, theft and burglary have also fallen; however, drug-related offences have risen by 53%.

A targeted intervention focusing on young women has also been piloted. More broadly, Lewisham has recorded a reduction in school exclusion rates. Two GP practices have additionally developed youth clinics aligned with social prescribing pathways.

Provider and Organisation Quality Assurance Board

The introduction of the Board provides (attended by the Designate).

Introduction and purpose

Transparency and effective information sharing regarding care quality concerns, safeguarding adult concerns, and the exchange of information between frontline practitioners, commissioners, care providers, regulators, the public, and community, voluntary and faith organisations is essential to:

- Enable a preventative, early-intervention approach
- Maintain a focus on high standards of care and support
- Support robust risk assessment
- Ensure a timely, proportionate, and coordinated response when concerns arise

The Board provides oversight and scrutiny of activity undertaken by LBL Integrated Commissioning and LBL Adult Social Care Operational Teams to optimise safety and ensure high-quality care and support across the London Borough of Lewisham. This includes organisations providing care to adults aged 18 and over, including those on the edge of care. Providers or organisations outside the borough are considered where they support Lewisham residents.

Scope

This process applies to all providers and organisations operating within LBL—whether directly commissioned by LBL, the Integrated Care Board, NHS Trusts, or NHS England—and regardless of CQC registration status. It also applies to Local Authorities and NHS Trusts acting as care providers.

Currently, three care homes for older people are being discussed at the Board. In addition, Pentland House in Lewisham has recently been commissioned by Hackney as temporary accommodation. Only limited information has been shared with Lewisham regarding the risks associated with this vulnerable cohort, comprising single males and females, many of whom have additional needs, including mental health issues.

This has placed further pressure on the system and raised concerns about the adequacy of the support framework available to individuals. Primary care in Lewisham, addiction services, and SLaM is providing additional support to those placed. The risk has been escalated to Director level in Lewisham Adult Social Care and to Hackney Adult Social Care. The Designate for Adult Safeguarding in Hackney is aware of the risks.

In general, the Multi-Agency Asylum meetings continue to monitor quality and safeguarding for the asylum cohort in Lewisham. Health safeguarding assurance meetings also provide oversight of safeguarding activity across both commissioned and non-commissioned health settings.

Safeguarding supervision continues across the system and is monitored by Lewisham as the contract lead, with good effect. The Safeguarding Nurse Advisor is retiring, and we formally acknowledge and thank her for her high-quality, evidence-based practice, which has significantly strengthened quality and safeguarding within older people's care homes in Lewisham.

Older Peoples Care Homes Lewisham

SAFEGUARDING NOTIFICATIONS

MONTH	NO.
JANUARY	18
FEBRUARY	14
MARCH	12
TOTAL	**44**

TABLE 1 REFERRAL TOPIC/S	NO.
Potential Neglect and Acts of Omission:	
Alleged Care Home Acquired pressure ulcer	17
Alleged Hospital Acquired pressure ulcers	7
Alleged Poor Care Provision	2
Alleged Poor Discharge from Hospital	1
Medication Errors – Multiple Residents	1
Unexplained Bruising	4
Unexplained Fractures	3

TOTAL =	**35**

TABLE 2	REFERRAL TOPIC/S	NO.
Physical Abuse		
Resident to Resident		1
Carer to Resident		1
TOTAL =		**2**

TABLE 4	REFERRAL TOPIC/S	NO.
Falls		
Witnessed fall with fracture		5
Un - Witnessed fall		1
	TOTAL =	**6**

TABLE 5	REFERRAL TOPIC/S	NO.
Financial Abuse		
Daughter accusing care staff		1
	TOTAL =	**1**

COMMUNITY PRESSURE ULCER PANEL UPDATE

Total referrals from Jan to 30th March 2026 = 24
Alleged Care Home Acquired pressure ulcers = 17
Alleged Trust / Hospital Acquired Initially referred to CPUP panel = 7
Own Home Acquired pressure ulcer = 0
Medical Device skin damage = 0

TABLE 5	CARE HOME ACQUIRED PRESSURE ULCERS AND PANEL OUTCOMES		
NO. REVIEWED.	**NO TYPE . of CASES**	**PROCESS STAGE/S**	**PRESSURE ULCER PANEL OUTCOME**
1	x7 - DTI'S	Initial Report Stage W&W Stage	X7Cases Closed due RIP, EOL & Cat 2
2	x4 - U/S	X2 - Initial Report Stage X2 - Synopsis requested	x2 Cases Closed due to EOL & Vasculitis +(PAD) *x2 Cases Completing Synopsis*
3	x1 - Multiple 2's	X1 - Initial Report Stage	x1 Case closed
4	x4 - Cat 3's	X2 - Synopsis requested	x2 Cases Closed due to EOL & Vasculitis +(PAD) x2 Cases Closes completed Synopsis with recommendations.

Two Cases (x1 DTI & x1 U/S) to be progressed by MASH due temporary suspension of CPUP

FALLS DATA ANALYSIS

NURSING HOME FALLS DATA

MONTH	DEMENTIA DIAGNOSIS	WITNESSED	UN WITNESSED	GREATEST No. FALLS	NO.REPEAT FALLERS
JAN	8	2	10	Manley Court x6 Falls	x1 Resident
FEB	10	6	7	Manley Court x6 Falls	X 0 Residents
MARCH	*Date Collected Retrospectively*				

RESIDENTIAL CARE HOME FALLS DATA

MONTH	DEMENTIA DIAGNOSIS	WITNESSED	UN WITNESSED	GREATEST No. FALLS	NO.REPEAT FALLERS
JAN	32	17	32	Glebe X6 Falls Leah Lodge x17 Falls Rectory Court x12 Falls	X1 Resident X3 Residents X 2 Residents
FEB	10	5	18	Glebe X6 Falls Leah Lodge x7 Falls Rectory Court x7 Falls	X1 Resident X1 Resident No repeat fallers
MARCH	*Daae Collected Retrospectively*				

NURSING HOME CAUSES OF FALLS

MONTH	SLIPS	TRIPS	LOSS OF BALANCE	UNKNOWN CAUSE	PUSHED BY OTHER RESIDENT
JAN	3	1	1	7	1
FEB	1		4	5	0
MARCH	*Data Collected Retrospectively*				

RESIDENTIAL HOMES CAUSES OF FALLS

MONTH	SLIPS	TRIPS	LOSS OF BALANCE	UNKNOWN CAUSE	PUSHED BY OTHER RESIDENT
JAN	2	0	6	12	0
FEB	1	0	13	11	0
MARCH	*Data Collected Retrospectively*				

ACTION POINTS FEEDBACK
No actions points

ONGOING PROVIDER CONCERN REVIEW
Swallows Provider concern continues lifting embargo soon.

OTHER CARE HOME ISSUES
Westwood House – A group of Professionals have raised concerns – LBL Safeguarding taking lead.
CQC Whistleblowing – Peartree Care Home – Joint commissioners & CQAO taking lead

Authors Fiona Mitchell Nurse Consultant Adult

Safeguarding Designate Alice Wu Named GP Safeguarding

Adults and Children

Shirley Spencer Safeguarding Nurse Advisor SEL Lewisham ICB

South East London Integrated Care System

lhcp Lewisham Health and Care Partnership

Lewisham Local Care Partners Strategic Board

Cover Sheet

Item 8
Enclosure 8

Title:	**Month 12 Finance Report 2025/26**
Meeting Date:	**28th May 2026**
Author:	Michael Cunningham
Executive Lead:	Ceri Jacob, Place Executive Lead (Lewisham)

Purpose of paper:	The purpose of the paper is to update the Lewisham Health & Care Partners Strategic Board on the ICB - Lewisham Place financial outturn position at month 12 2025/26. A month 12 position is also included for the wider ICB/ICS and Lewisham Council. **All figures included in this report remain subject to external audit.**	Update / Information	✓
		Discussion	✓
		Decision	

Summary of main points:

Month 12 2025/26 – SEL ICB – Lewisham Place

At month 12, the borough reported an outturn surplus of £5k against a breakeven plan. There are material overspends for Mental Health Services, Continuing Care and Prescribing offset by favourable variances (against budget) mainly in Community where delivery of cumulative efficiencies across the borough are reported.

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

Month 12 2025/26 – Lewisham Council

The month 12 outturn is included in this report. Adult Social Care shows an adverse variance to budget of £3.2m. Children and Young People shows an adverse variance to budget of £5.9m. Further details are included in this report.

Month 12 2025/26 – SEL ICB

The ICB is reporting a £117k surplus position against the revenue resource limit (RRL) and against a breakeven plan.

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

	Month 12 2025/26 – SEL ICS At month 12, the SEL ICS delivered a surplus of £22.9m against a breakeven plan representing a £21.6m improvement since the month 11 forecast. This movement is primarily driven by: • Receipt of national Deficit Support Funding of £21.3m across the providers; and • Non-material in-month improvements totalling £0.3m, comprising £0.1m each at GSTT, SLaM and the ICB. Further details of the ICS position are shown at Appendix 1 of Appendix A.
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 12 2025/26.
Other Engagement	Public Engagement	Not applicable as this is a retrospective financial assurance report produced to meet statutory reporting requirements. Engagement is undertaken through established governance and scrutiny processes; additional wider public engagement is not considered proportionate.
	Other Committee Discussion/ Engagement	The ICB Finance Report Appendix A is a standing item at the ICB Planning and Finance Committee.
Recommendation:	The Lewisham Health & Care Partners Strategic Board is asked to **note** the month 12 outturn financial position (**subject to external audit**) for 2025/26.	

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South East London

Lewisham LCP Finance Report

Month 12 – 2025/26

Month 12 2025/26 - ICB (Lewisham)

NHS South East London

	Year to date Budget £'000s	Year to date Actual £'000s	Year to date Variance £'000s	Annual Budget £'000s	Forecast Outturn £'000s	Forecast Variance £'000s
Acute Services	882	884	(2)	882	884	(2)
Community Health Services	28,203	28,076	127	28,203	28,076	127
Community Health Services - *(cumulative efficiencies)* **	7,237	2,345	4,892	7,237	2,345	4,892
Mental Health Services	7,984	10,101	(2,117)	7,984	10,101	(2,117)
Continuing Care Services	25,418	26,681	(1,263)	25,418	26,681	(1,263)
Prescribing	43,928	45,841	(1,913)	43,928	45,841	(1,913)
Other Primary Care Services	2,147	1,901	247	2,147	1,901	247
Other Programme Services	26	26	(0)	26	26	(0)
Delegated Primary Care Services	72,669	72,669	0	72,669	72,669	0
Corporate Budgets	3,325	3,291	34	3,325	3,291	34
Total	**191,819**	**191,814**	**5**	**191,819**	**191,814**	**5**

** - place cumulative efficiencies reported within community

- At month 12, the borough reported an outturn surplus of £5k compared to a breakeven budget. Mental health, continuing care services (CHC) and prescribing all show material overspends.
- These overspends are offset by a favourable position in community services. As referenced at previous meetings, the position includes mandated cumulative efficiencies generated within Lewisham place and reported within the community budget line. For transparency, these efficiencies have been shown as a separate line in the table. Excluding these, the community budget spend was broadly consistent with agreed in year plans showing a small favourable variance of £127k.
- CHC shows a material overspend of £1,263k. The run rate on CHC has improved on the closing position from 2024/25, reflecting actions taken through the Lewisham recovery meetings which are now held monthly. This position is a significant improvement on the overspend reported for the prior year 2024/25 which showed an outturn overspend of £4,028k. The borough is continuing to make good progress on reviews and strengthening further financial controls and database integrity. Whilst the overspend remains high, the benefit of this work is reflected in over achievement by £792k of the 5% savings target.
- The mental health overspend £2,117k is driven mainly by costs incurred with independent providers for ADHD which are reflecting a significant increase in demand for these services impacting all places across SEL. The ICB has implemented a referrals triage system which commenced in November. It is hoped this system will start to slow down the growth in these costs.
- Prescribing activity data to month 10 is available. This is reflected in the outturn. The key cost drivers include appliances e.g. freestyle libre sensors, endocrine products and stoma appliances.
- The borough 5% efficiency target is £8,975k, is fully identified, and has over-achieved for the year reflecting the CHC position referenced above.

Month 12 2025-26 – Lewisham Council

NHS South East London

2025/26 Efficiencies	Outturn 2025/26		
	Outturn	Forecast	Variance
	£m	£m	£m
Adult Care Services	3.7	3.7	0.0
Children and Young People	0.2	0.2	0.0
Total	**3.9**	**3.9**	**0.0**

2025/26 LBL Managed Budgets	Outturn 2025/26		
	Budget	Outturn	Variance
	£m	£m	£m
Adult Care Services	92.7	95.9	(3.2)
Children and Young People	113.3	119.2	(5.9)
Total	**206.0**	**215.1**	**(9.1)**

Adult Social Care & Commissioning: We have seen a continual increase in the packages and placements commitment over the course of the year. The total increase in packages and placements commitment between Period 2 and outturn this year is £8.2m, significantly greater than the total increase in 2024/25 of £5.3m. This pressure on statutory Adult Social Care services provided under the Care Act 2014 is being seen across London boroughs and nationwide.

Children and Young People: An overspend out-turn position is reported. The division has also seen an increased number accessing the service under Section 17, particularly around accommodation costs with an increase of £0.3m since Period 10 and increase in contact costs of £0.3m. However, this be off-set in a spend reduction in the staffing costs and additional income received for NRPF and contribution from education services division toward childrens' care costs.

Appendix A

SEL ICB Finance Summary

Month 12 2025/26

1. Key Financial Indicators

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- The below table sets out the ICB's performance against its key financial duties as at the end of 2025/26. As highlighted below in the Executive Summary, the ICB is reporting a **£117k surplus position against the revenue resource limit (RRL) excluding the historic surplus.**
- The table below shows the in-year allocations, excluding the historic surplus figure.
- In reporting this month 12 position, **all financial duties have been achieved by the ICB for the financial year 2025/26.**
- The draft 2025/26 annual accounts were presented and approved at the Audit & Risk Committee on 23 April prior to their submission to NHSE by the 27 April deadline. The accounts are now subject to the usual external audit process.

	Target	Actual		
	April 25 to March 26 (£'000's)	April 25 to March 26 (£'000's)		
Agreed Surplus	0	117		Achieved
Expenditure not to exceed income	5,991,757	5,991,640		Achieved
Operate Under resource Revenue Limit	5,929,573	5,929,456		Achieved
Not to exceed Running Cost Allowance	46,819	37,679		Achieved
95% of NHS creditor payments within 30 days	95%	99.95%		Achieved
95% of non-NHS creditor payments within 30 days	95%	98.82%		Achieved
Mental Health Investment Standard (Annual)	537,494	550,303		Achieved

2. Executive Summary

NHS South East London

- This report sets out the month 12 financial position of the ICB. The financial reporting is based upon the final plan submission. This included a **planned break-even position** for the ICB.
- The ICB's final financial allocation as at month 12 is **£5,929,573k.** In month, the ICB received an additional **£28,530k** of allocations. These related mainly to the following - £21,297k of national deficit support funding (DSF) for provider trusts, £9,953k for a capital grant to Bromley Healthcare CIC, less a £6,000k adjustment to winter surge funding and some other minor allocations.
- As at month 12, the ICB is reporting a **£117k surplus position against its revenue resource limit (RRL)** and against the ICB's planned surplus.
- Due to the usual time lag in receiving current year information from the PPA, the ICB has received ten months of prescribing data, with an estimate made for the last two months. The ICB is reporting an overspend of **£2,153k** which was generally a positive movement in-month for most boroughs when the PPA and non PPA budgets are aggregated. Details of the drivers and actions are set out later in the report.
- Continuing healthcare (CHC) services expenditure is under budget **(£1,866k)** overall**,** an improvement from last month. Lewisham **(£1,263k)** and Bromley **(£1,097k)** are reporting overspends, with the other four boroughs reporting underspends.
- **All boroughs delivered year-end financial positions in line with their agreed targets of breaking even.**
- In reporting this month 12 position, the ICB has delivered the following financial duties:
  - Underspend of **£117k** against the revenue resource limit (RRL).
  - Underspend of **£9,140k** against the management costs allocation **(£46,819k)**, with the monthly cost of staff at risk being charged against programme costs in line with the relevant definitions. The year-end underspend is due to the allocation for redundancy costs **(£12,600k)** all being issued as running costs when some costs are programme expenditure, plus the current underlying level of staff vacancies.
  - Delivering all targets under the **Better Practice Payments code**;
  - Subject to the annual review (which is now part of the year-end audit process), delivered its commitments **(exceeded the target by £12,809k)** under the **Mental Health Investment Standard**; and
  - Delivered the **month-end cash position**, well within the target cash balance – **a year-end cash balance of £1,664k, against a target of £6,375k.**
- **The 2025/26 ICS control total has been delivered.** The draft (pre-audited) financial position is that the ICS delivered a year-end surplus of **£22,900k** against a break-even target. The main driver of the improvement was the national DSF funding of **£21,297k** referenced above. **The ICS financial position is set out in Appendix 1.**

3. Budget Overview

NHS South East London

	M12 YTD								
	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	PCD Team	South East London	Total SEL CCG
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Year to Date Budget									
Acute Services	5,295	8,344	7,091	646	882	242	3,369,397	-	**3,391,897**
Community Health Services	26,114	95,929	41,190	30,692	35,440	38,351	276,711	-	**544,426**
Mental Health Services	11,149	15,571	8,920	24,758	7,984	11,173	648,133	6,705	**734,392**
Continuing Care Services	26,709	28,137	30,307	35,911	25,418	20,517	-	-	**166,999**
Prescribing	39,134	52,642	38,454	43,998	43,928	36,208	-	3,071	**257,435**
Other Primary Care Services	1,534	2,031	1,929	3,999	2,147	972	-	17,370	**29,984**
Other Programme Services	1,225	0	1,795	0	(0)	872	19,752	11,186	**34,831**
Programme Wide Projects	-	-	-	-	26	259	-	20,647	**20,931**
Delegated Primary Care Services	49,722	71,252	63,611	96,619	72,669	77,672	-	(883)	**430,661**
Delegated Primary Care Services DPO	-	-	-	-	-	-	62,954	173,267	**236,221**
Corporate Budgets - staff at Risk	-	-	-	-	-	-	-	-	**-**
Corporate Budgets	3,029	3,785	3,522	4,666	3,325	4,140	-	59,361	**81,829**
Total Year to Date Budget	**163,911**	**277,691**	**196,818**	**241,288**	**191,819**	**190,407**	**4,376,948**	**290,724**	**5,929,605**

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	PCD Team	South East London	Total SEL CCG
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Year to Date Actual									
Acute Services	5,253	7,654	7,325	566	884	327	3,368,052	-	**3,390,060**
Community Health Services	25,946	95,507	41,209	30,864	30,421	35,102	276,697	-	**535,746**
Mental Health Services	12,063	17,483	11,715	27,003	10,101	14,282	648,809	5,072	**746,529**
Continuing Care Services	25,715	29,234	29,560	33,742	26,681	19,701	-	500	**165,132**
Prescribing	39,799	51,420	39,808	44,374	45,841	38,062	-	283	**259,587**
Other Primary Care Services	1,559	1,573	1,925	3,279	1,901	918	-	16,942	**28,096**
Other Programme Services	1,082	-	-	-	-	100	19,752	25,109	**46,042**
Programme Wide Projects	-	-	(1,600)	-	26	263	-	19,885	**18,574**
Delegated Primary Care Services	49,722	71,252	63,611	96,619	72,669	77,672	-	(903)	**430,641**
Delegated Primary Care Services DPO	-	-	-	-	-	-	62,955	173,139	**236,093**
Corporate Budgets - staff at Risk	-	-	-	-	-	-	-	(675)	**(675)**
Corporate Budgets	2,730	3,539	3,264	4,603	3,291	3,916	1,295	51,026	**73,662**
Total Year to Date Actual	**163,868**	**277,660**	**196,817**	**241,050**	**191,814**	**190,344**	**4,377,560**	**290,375**	**5,929,488**

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	PCD Team	South East London	Total SEL CCG
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Year to Date Variance									
Acute Services	42	689	(234)	80	(2)	(85)	1,346	-	**1,837**
Community Health Services	168	423	(19)	(173)	5,019	3,249	13	-	**8,680**
Mental Health Services	(914)	(1,912)	(2,796)	(2,246)	(2,117)	(3,109)	(676)	1,633	**(12,137)**
Continuing Care Services	995	(1,097)	747	2,169	(1,263)	816	-	(500)	**1,866**
Prescribing	(665)	1,222	(1,354)	(377)	(1,913)	(1,854)	-	2,789	**(2,153)**
Other Primary Care Services	(25)	459	5	720	247	54	-	428	**1,888**
Other Programme Services	143	0	1,795	0	(0)	772	0	(13,922)	**(11,212)**
Programme Wide Projects	-	-	1,600	-	(0)	(4)	-	762	**2,358**
Delegated Primary Care Services	(0)	0	0	(0)	0	0	-	20	**20**
Delegated Primary Care Services DPO	-	-	-	-	-	-	(0)	128	**128**
Corporate Budgets - staff at Risk	-	-	-	-	-	-	-	675	**675**
Corporate Budgets	299	246	259	64	34	224	(1,295)	8,336	**8,167**
Total Year to Date Variance	**43**	**31**	**2**	**238**	**5**	**63**	**(612)**	**348**	**117**

- At month 12, the ICB is reporting a **£117k surplus** against its agreed break-even plan and RRL. This position reflects prescribing and mental health overspends, with offsetting underspends in other budgets.
- The ICB is reporting a **£2,153k overspend** against its **prescribing position**. This is based on ten months actual data. Savings schemes have partly mitigated the growth, but there continued to be pressures, the impact of which was differential.
- **Mental Health** budgets were **overspent** by **£12,137k** at year-end. The main areas of financial pressure have been in cost per case activity, and Right To Choose ASD and ADHD assessments which have seen significant increases in activity across all boroughs.
- The final **continuing care** financial position was an overall **£1,866k underspend.** Underlying pressures were variable across the boroughs with Bromley and Lewisham reporting overspends.
- The ICB is continuing to incur pay costs for the remaining displaced staff following the original MCR process. All associated costs are charged to the balance sheet provision which was set up for this purpose. Some staff left the ICB in June, which still leaves a small number of impacted staff who remain at the ICB. The impact of the recent blind VR scheme is included as an accrual in the accounts with all other restructure costs included as a provision due to the uncertainties and required estimations, given the ICB is still in the consultation process.
- **All boroughs delivered year-end financial positions in line with their agreed targets of breaking even.**

4. Prescribing – Overview

NHS South East London

- The month 12 prescribing position was based upon month 10 2025/26 data (as the information is provided two months in arrears) plus an estimate for February and March. The ICB reported a PPA prescribing position of a **£4,968k overspend**. In addition, the non PPA budgets were underspent by **£2,815k** giving an **overall year-end overspend of £2,153k.**

M12 Prescribing	Total PMD (Excluding Cat M &NCSO) £	Central Drugs £	Flu Income £	Public Health Drug Recharge £	IPP Pharmacy First £	Mounjaro Rebate £	Dapa Savings £	Enteral Nutrition £	Total 25/26 PPA Spend £	M12 YTD Budget £	YTD Variance - (over)/under £
BEXLEY	39,421,074	1,418,473	(453,665)	(115,187)		(308,266)	(193,443)	(121,258)	39,647,728	38,831,403	(816,326)
BROMLEY	50,705,738	1,822,916	(636,840)	(75,960)		(137,524)	(205,481)	(164,851)	51,307,997	52,341,042	1,033,045
GREENWICH	39,592,240	1,428,491	(445,850)			(172,701)	(191,030)	(139,803)	40,071,347	38,163,821	(1,907,526)
LAMBETH	44,039,970	1,587,101	(466,931)			(239,929)	(236,489)	(54,233)	44,629,488	43,919,787	(709,701)
LEWISHAM	45,333,583	1,637,926	(335,612)	(422,135)		(261,985)	(198,995)	0	45,752,783	42,922,530	(2,830,253)
SOUTHWARK	37,375,284	1,352,110	(306,287)			(200,956)	(195,651)	(44,787)	37,979,714	35,951,219	(2,028,495)
SOUTH EAST LONDON					484,958				484,958	2,776,000	2,291,042
Grand Total	256,467,888	9,247,017	(2,645,185)	(613,282)	484,958	(1,321,361)	(1,221,089)	(524,932)	259,874,015	254,905,802	(4,968,213)

- The majority of the overspend relates to a growth in prescribing.
- The growth is partly a result of NICE recommendations for new and existing drugs. The ICB has seen growth in hormone replacement therapy, medicines for attention deficit hyperactivity disorder, melatonin (sleep disorder), antibiotics, catheters, wound care, and promethazine. The chapters which show the largest drivers of increased costs in 2025/26 are Infections, CVD, CNS, Respiratory and Endocrine.
- There has also been an increase in the number of repeat prescriptions being issued which has impacted both activity and costs.
- The financial position is differential per borough and is in part determined by local demographics and prescribing patterns.

5. NHS Continuing Healthcare

NHS South East London

- As of Month 12, the Continuing Healthcare (CHC) financial position reflects a **£1,866k underspend**, showing a £316k improvement from the previous month. The drivers of the improvement are a reduction in both activity and package costs. Cost pressures remained uneven across boroughs, with Lewisham and Bromley reporting overspends, while the other four boroughs collectively showed an underspend of £4,726k.
- Lewisham (£1,262k overspend) remains the largest contributor; this is primarily driven by high costs associated with palliative care clients and PHB Clients. This position is however a significant improvement on the overspend reported in the same period in the prior year 2024/25 (Month 12 £4,028k). The borough is continuing to hold twice monthly financial recovery meetings with the CHC team ensuring good progress on reviews and strengthening further financial controls and database integrity. Whilst the overspend remained relatively high, the benefit of this work is reflected in the over achievement of the savings target.
- Bromley (£1,096k overspend) continues to face financial pressure due to Funded Nursing Care, Personal Health Budgets, and palliative care costs.
- In terms of savings delivery, all boroughs have identified and have actively progressed their CHC savings plans. Bexley, and most materially Lewisham exceeded their targets. The over-delivery of £792k in Lewisham reflects the focussed work outlined above and was a key factor in the improved position in 2025/26 compared to the prior year.
- Despite the progress on savings, rising activity levels and a growing number of high-cost clients continued to place an upward pressure on the CHC budget during the year.

6. Corporate Costs – Programme and Running Costs

NHS South East London

	Annual Budget	Year to Date		
		Budget	Actual	Variance
Boroughs	£			
Bexley	3,028,897	3,028,897	2,729,515	299,382
Bromley	3,785,075	3,785,075	3,538,772	246,303
Greenwich	3,522,109	3,522,109	3,262,161	259,948
Lambeth	4,666,340	4,666,340	4,602,356	63,984
Lewisham	3,325,012	3,325,012	3,290,840	34,172
Southwark	4,139,792	4,139,792	3,915,969	223,823
Subtotal	22,467,225	22,467,225	21,339,613	1,127,612
Central				
CESEL	483,829	483,829	420,774	63,055
Chief of Staff	3,376,578	3,376,578	3,084,177	292,401
Comms & Engagement	1,755,377	1,755,377	1,764,884	(9,507)
Digital	1,751,562	1,751,562	1,223,684	527,879
Digital - IM&T	3,362,066	3,362,066	3,256,432	105,635
Estates	698,304	698,304	892,524	(194,220)
Executive Team/GB	2,617,895	2,617,895	2,591,498	26,397
Finance	2,940,949	2,940,949	2,578,781	362,168
General Reserves	0	0	0	0
London ICS Network	0	0	0	0
Medical Director - CCPL	1,651,050	1,651,050	1,569,605	81,446
Medical Director - ICS	288,359	288,359	223,814	64,545
Medicines Optimisation	4,723,418	4,723,418	3,987,339	736,079
Planning & Commissioning	8,929,703	8,929,703	7,861,789	1,067,914
Quality & Nursing	2,058,615	2,058,615	2,213,345	(154,731)
SEL Other	0	0	(64,605)	64,605
Other Corporate Budgets inc Non Pay	4,114,768	4,114,768	4,056,164	58,604
Subtotal	38,752,472	38,752,472	35,660,203	3,092,269
Grand Total	61,219,697	61,219,697	56,999,816	4,219,880

- The table shows the month 12 position on programme and running cost corporate budgets.
- Overall, the ICB is reporting an overall **underspend** on its **corporate costs** of circa **£4,220k**. This is largely a result of vacant posts for which recruitment to which is being considered on a case-by-case basis.
- The estates budget is in balance overall with offsetting pay and non-pay over and underspends.
- As highlighted in earlier slides, the ICB was underspent by £9,140k against its management (running) costs allocation of £46,819k.
- The ICB is continuing to incur the pay costs for some staff at risk from the original MCR process. These costs are excluded from the table opposite, as expenditure is being charged to the provision made for the final pay and redundancy costs for these staff. There are just a handful of people still left from this original scheme for which costs continue to be incurred.
- The full impact of redundancy costs resulting from the ICB change programme restructure has been included in the 2025/26 accounts. In total, accruals and provisions have been included of £23,800k covering both redundancy payments and notice periods.

7. Cash Position

NHS South East London

- The ICB's cash limit as at month 12 was **£5,928,771k.** An **additional £28,562k** of **allocations** was received in month, the majority of which were in respect of NHS provider partner organisations. This included £21,297k of national deficit support funding (DSF) for our local NHS provider organisations.
- As at month 12, the ICB had essentially drawn down 98.8**%** of its available cash limit. Actual cash drawings were £14,665k (0.2%) under the cash limit. This was a result of the very late notification by NHSE of the DSF allocation highlighted above. A supplementary cash drawdown was used in March so that final allocations could be paid to providers and to ensure the maximum cash utilisation.
- The cash key performance indicator (KPI) was achieved in each month during the year, showing continued successful management of the cash position by the ICB's Finance team. The actual cash balance at the end of Month 12 was **£1,664k**, well within the target set by NHSE **(£6,375k).**
- ICBs are expected to pay 95% of all creditors within 30 days of the receipt of invoices. The ICB met the BPPC targets in full both each month and cumulatively at the end of the financial year.

ICB Annual Cash Drawdown Requirement for 2023/24	2025/26 AP12 - MAR 26	2025/26 AP11 - FEB 26	2025/26 Month on month movement
	£000s	£000s	£000s
ICB ACDR	5,928,771	5,900,209	28,562
Capital allocation	0	0	0
Less:			
Cash drawn down	(5,503,300)	(4,959,000)	(544,300)
Dental	(101,520)	(92,955)	(8,565)
HOT	(2,032)	(1,905)	(127)
Prescription Pricing Authority	(303,303)	(278,870)	(24,432)
Pay Award charges			0
PCSE POD charges adjustments			0
Pension Uplift	(3,952)	(3,952)	0
Remaining Cash limit	**14,665**	**567,479**	**(548,862)**

Cash Drawdown	Monthly Main Draw down £000s	Supplementary Draw down £000s	Cumulative Draw down £000s	Proportion of ICB ACDR cummulative %	KPI - 1.25% or less of main drawdown £000s	Month end bank balance £000s	Percentage of cash balance to main draw
Apr-25	435,000	20,000	455,000	8.70%	5,438	50	0.01%
May-25	455,000	0	910,000	17.10%	5,688	2,164	0.48%
Jun-25	440,000	0	1,350,000	25.70%	5,500	2,178	0.49%
Jul-25	445,000	0	1,795,000	33.39%	5,563	1,665	0.37%
Aug-25	458,000	0	2,253,000	41.90%	5,725	1,317	0.29%
Sep-25	460,000	0	2,713,000	50.30%	5,750	577	0.13%
Oct-25	435,000	0	3,148,000	58.37%	5,438	5,135	1.18%
Nov-25	448,000	0	3,596,000	66.70%	5,600	2,958	0.66%
Dec-25	440,000	0	4,036,000	74.54%	5,500	3,285	0.75%
Jan-26	453,000	0	4,489,000	82.12%	5,663	341	0.08%
Feb-26	470,000	0	4,959,000	90.45%	5,875	2,858	0.61%
Mar-26	510,000	34,300	5,503,300	99.80%	6,375	1,664	0.33%
	5,449,000	**54,300**					

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

NHS South East London

Mental Health Investment Standard (excluding LD and Dementia) and delegated Specialised Commissioning Mental Health Investment Standard:		2_1Achieve01	2_1PLAN%01	2_1AuditedPY	2_1TARGET01	2_1ACT02	2_1VAR%01	2_1VAR02	2_1Achieve02	2_1POP01	2_1Achieve03	2_1SCMHISAuditedPY	2_1TARGET02	2_1ACT03	2_1SCMHISVAR%01	2_1SCMHISVAR02	2_1SCMHISAchieve02	2_1COMM01
		MHIS Achieved per plans submitted 09/05/2025	2025/26 allocation growth	2024/25 Outturn	Target MHIS spend 2025/26	FOT 2025/26	Excess/Shortfall in 2025/26 MHIS Delivery %	Excess/Shortfall in 2025/26 MHIS Delivery	MHIS Achieved in 2025/26?	Projected Population 2025/26	SCMHIS Achieved per plans submitted 09/05/2025	2024/25 SCMHIS Outturn	Target SCMHIS spend 2025/26	SCMHIS FOT 2025/26	Excess/Shortfall in 2025/26 SCMHIS Delivery %	Excess/Shortfall in 2025/26 SCMHIS Delivery	SCMHIS Achieved in 2025/26?	Commentary for Variances
		Desc	Plan	Actual	Target	Outturn	Actual	Actual	Desc	YTD	Desc	Actual	Target	Outturn	Actual	Actual	Desc	Desc
		31/03/2026	31/03/2026	31/03/2025	31/03/2026	31/03/2026	31/03/2026	31/03/2026	31/03/2026	31/03/2026	31/03/2026	31/03/2025	31/03/2026	31/03/2026	31/03/2026	31/03/2026	31/03/2026	31/03/2026
	Expected	Year Ending	Year Ending	Year Ending	Year Ending	Year Ending	Year Ending	Year Ending	Year Ending	Year Ending	Year Ending	Year Ending	Year Ending	Year Ending	Year Ending	Year Ending	Year Ending	Year Ending
	Sign	TEXT	%	£'000	£'000	£'000	%	£'000	TEXT	Number	TEXT	£'000	£'000	£'000	%	£'000	TEXT	TEXT
MHIS Achievement	+/-	Yes	4.93%	471,495	537,494	550,303	2.38%	12,809	Yes	2,755,228	Yes		89,920	91,032	1.24%	1,112	Yes	

Summary

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

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

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

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

- **As at Month 12 we are reporting MHIS delivery of £550,303k, exceeding the target by £12,809k (2.38%). This is consistent with the planned over-delivery as described above. This is summarised in the above table.**

Appendix 1 – ICS Financial Position at Month 12

NHS South East London

Organisation	Including NR DSF		
	Plan	Actual	Variance
	£m	£m	£m
GSTT	0.0	5.0	5.0
KCH	0.0	5.0	5.0
LGT	0.0	4.9	4.9
Oxleas	0.0	4.5	4.5
SLaM	0.0	3.4	3.4
Provider total	**0.0**	**22.8**	**22.8**
SEL ICB	**0.0**	**0.1**	**0.1**
System total	**0.0**	**22.9**	**22.9**

- At month 12, the SEL ICS delivered a **£22.9m surplus against plan,** representing a **£21.6m improvement** since the month 11 forecast. This movement is primarily driven by:
  - **Receipt of national Deficit Support Funding of £21.3m** across the providers; and
  - **Non-material in-month improvements totalling £0.3m**, comprising **£0.1m each** at GSTT, SLaM and the ICB.
- These figures are **draft** and subject to the **usual external audit process**.

Lewisham Local Care Partners Strategic Board

Cover Sheet

Item 11
Enclosure 9

Title:	**Primary Care Group Chairs Report**
Meeting Date:	28 May 2026
Author:	Chima Olugh, Neighbourhood Development Manager
Executive Lead:	Ceri Jacob, Place Executive Lead

Purpose of paper:	The purpose of this report is to provide the Lewisham Local Care Partnership with an update on key primary care priorities discussed the Primary Care Group.	Update / Information	✓
		Discussion	
		Decision	
Summary of main points:	The following items were discussed at the April 2026 Primary Care Group meetings: 1. 2025/26 Q4 PMS Premium Dashboard 2. 2026/27 GP Contract Changes		
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	This paper is an internal update on Primary Care Group discussions and does not involve proposals or decisions requiring public or patient engagement.
	Other Committee Discussion/ Engagement	None

Recommendation:	The Lewisham Local Care Partners Strategic Board is asked to note the report.

1. 2025/26 Q4 PMS Premium Dashboard

The Quarter 4 PMS Premium dashboard was presented, highlighting overall improvement compared with previous quarters in the financial year, with a high proportion of indicators rated green.

The Group noted particular improvement in the cancer screening indicators.

Underperformance by a small number of practices was discussed.

One practice was identified as consistently below threshold, and officers confirmed that a formal meeting had already commenced to address this.

It was emphasised that some apparent underperformance reflects population demographics (e.g. smaller end-of-life cohorts) and is being considered proportionately.

Not all elements of the PMS Premium are reflected in the dashboard, with some areas monitored via self-assessments.

See appendix A for the Q4 PMS Premium Dashboard.

2. 2026/27 GP Contract Changes

The Group received a high-level overview of the national 2026/27 GP contract changes.

Key areas of discussion included:

a) Redistribution of funding from Primary Care Networks into core GP practice contracts.
b) New practice-level GP reimbursement and ARRS flexibility.
c) New Quality and Outcomes Framework obesity indicators and implications for weight management pathways.
d) Mandatory general practice staff surveys from 2026/27
e) Requirements around same-day access for urgent care and associated workforce and workload risks.

There was concern about unintended consequences of the new access requirements, particularly impacts on continuity of care and staff wellbeing.

The actual contract and national guidance have not yet been published.

See a summary of the GP Contract changes in appendix B.

				SS13 - Alcohol Intervention			SS3 - Delivering REACTIVE & PROACTIVE Co-Ordinated Care: Risk Profiling & MDT Working				SS4 - Bowel Cancer			SS5 - Childhood Obesity			SS6 - Post Operative wound and suture removal
PRACTICE NAME	LIST SIZE - All Registered Patients	RAW LIST SIZE - 18+ (1/4/2024)	WEIGHTED LIST SIZE (1/4/2024)	SS13 ALC - LTC patients & AUDIT C NUMERATOR (A)	SS13 ALC - LTC over 16yrs DENOMINATOR (B)	SS13 % LTC patients & AUDIT C	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-respondER BCSP	SS4 % Verbal advice or letter sent within 1MTH	SS5 3-5 yrs attended for pre school booster	SS5 Had weight, height measurement check & BMI centile calculated	SS5 % Had weight, height measurement check & BMI centile calculated	SS6 - Wound & Suture removal activity
Amersham Vale Training Practice	16,069	13,339	14,903	807	828	97.5%	67	154	0	1.15%	86	86	100.0%	40	21	52.5%	53
Ashdown Medical Group	12,509	9,785	12,903	961	1073	89.6%	49	163	43	2.11%	87	90	96.7%	15	12	80.0%	36
Clifton Rise Family Practice	4,269	3,593	4,861	517	544	95.0%	18	55	14	1.92%	36	36	100.0%	8	8	100.0%	19
Deptford Medical Centre	4,193	3,341	3,989	463	497	93.2%	17	46	110	4.67%	13	14	92.9%	7	5	71.4%	28
Deptford Surgery	11,494	10,612	10,482	403	414	97.3%	53	96	16	1.06%	62	63	98.4%	23	14	60.9%	74
Grove Medical Centre	13,224	11,262	11,290	628	726	86.5%	56	232	8	2.13%	60	64	93.8%	14	12	85.7%	46
ICO	9,976	8,008	10,217	843	1095	77.0%	40	59	39	1.22%	86	86	100.0%	23	16	69.6%	17
Kingfisher Medical Centre	15,761	14,567	14,362	762	797	95.6%	73	164	11	1.20%	118	118	100.0%	22	17	77.3%	70
Lee Road Surgery	12,156	10,082	12,511	507	614	82.6%	50	196	0	1.94%	53	53	100.0%	30	28	93.3%	39
Lewisham Medical Centre	13,911	12,167	13,630	843	874	96.5%	61	108	46	1.27%	54	59	91.5%	18	15	83.3%	44
Modality Lewisham	34,821	28,192	36,679	2867	3446	83.2%	141	208	50	0.92%	260	261	99.6%	64	53	82.8%	169
New Cross Health Centre	9,350	8,023	9,432	715	720	99.3%	40	155	34	2.36%	85	88	96.6%	9	9	100.0%	38
Nightingale Surgery	7,458	5,341	6,102	453	480	94.4%	27	52	14	1.24%	30	30	100.0%	12	8	66.7%	65
Novum Health Partnership	20,644	16,836	20,808	1438	1737	82.8%	84	164	6	1.01%	245	247	99.2%	38	34	89.5%	50
Oakview Family Practice	6,413	4,757	5,762	429	458	93.7%	24	29	8	0.78%	16	21	76.2%	20	19	95.0%	9
Parkview Surgery	10,556	8,727	8,959	562	668	84.1%	44	133	8	1.62%	38	40	95.0%	25	18	72.0%	32
Sydenham Green Group Practice	14,342	12,001	15,232	1077	1378	78.2%	60	56	22	0.65%	95	96	99.0%	13	10	80.0%	53
The Lewisham Care Partnership	51,704	42,167	51,540	3268	3765	86.8%	211	265	1	0.63%	286	286	100.0%	112	107	95.5%	156
The Queens Road Partnership	8,773	7,785	9,725	731	808	90.5%	39	116	14	1.67%	70	71	98.6%	14	11	80.0%	19
The Vale Medical Centre	17,618	13,148	13,964	777	777	100.0%	66	101	0	0.77%	88	88	100.0%	62	58	93.5%	73
Torridon Road Medical Practice	11,740	9,569	11,194	1046	1123	93.1%	48	64	10	0.77%	81	81	100.0%	22	22	100.0%	68
Triangle Group Practice	6,509	5,327	6,876	530	611	86.7%	27	31	27	1.09%	50	50	100.0%	16	15	93.8%	19
Vesta Road Surgery	6,715	5,446	6,305	346	354	97.7%	27	39	12	0.94%	15	37	40.5%	14	9	64.3%	28

NHS England

2026/27 GP contract changes

Overview

The Government and NHS England are committed to strengthening general practice as the foundation of the NHS whilst improving access and experience for patients.

The 2026/27 GP contract package builds on recent changes and reflects continued constructive engagement with the profession and wider primary care stakeholders to support sustainability and workforce stability.

The changes for 2026/27 support the Government's long-term ambitions to:

- Stabilise and grow the general practice workforce
- Improve timely access for patients
- Support patients to receive more care closer to home
- Strengthen prevention and population health
- Continue the move from analogue to digital services

The package focuses on simplifying contractual arrangements, targeting investment where it has the greatest impact, and giving practices greater flexibility to respond to local patient need.

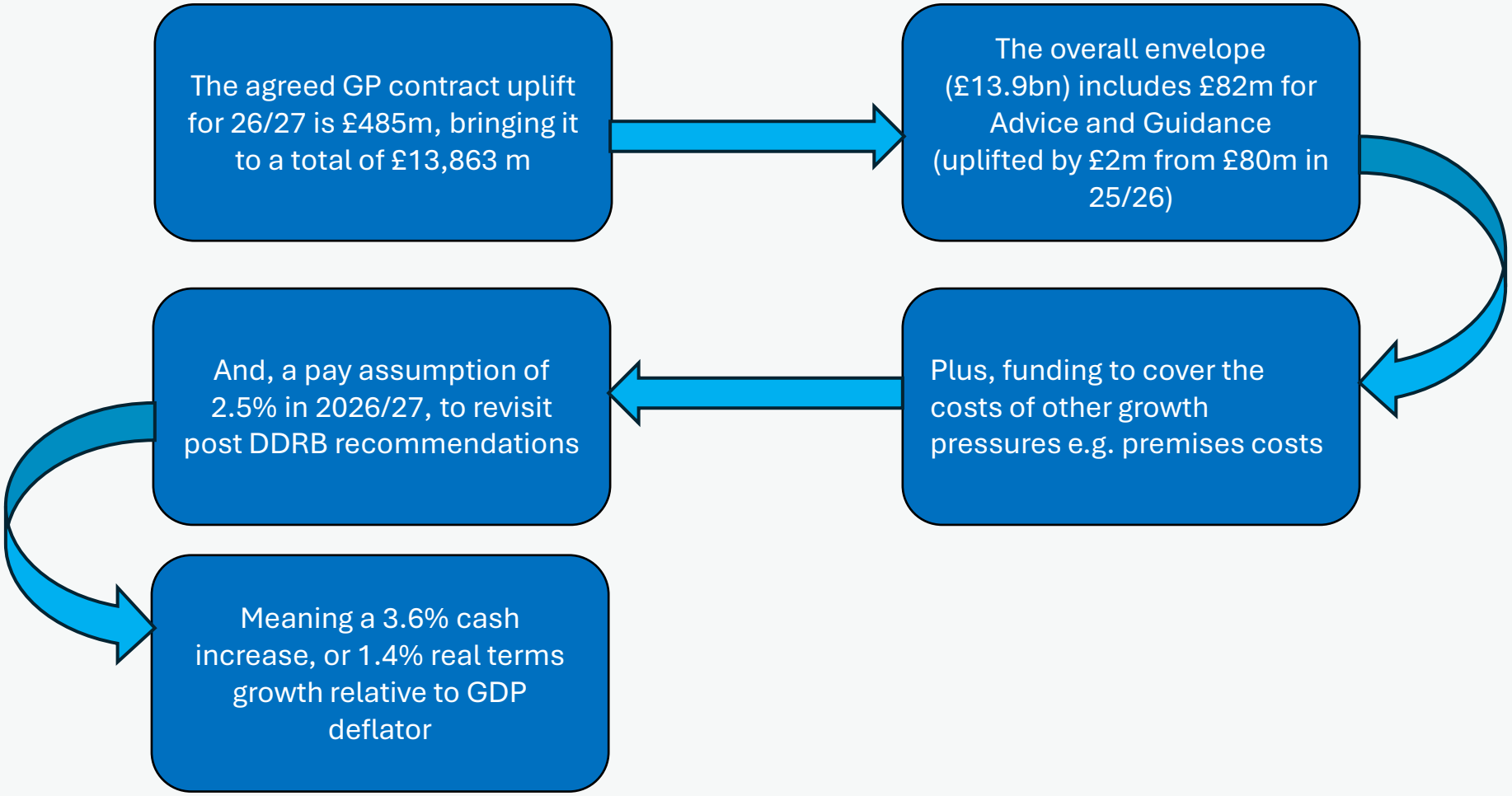
Consultation process overview

- Consultation on the 2026/27 GP contract commenced on the 1st December 2025 and ran for around two months.
- Ministers agreed to widen consultation to include a broader range of primary care stakeholders, including patient groups.

General Practitioner's Committee England (GPCE)	Royal College of General Practitioners (RCGP)	National Association of Primary Care (NAPC)	National Voices and Healthwatch	NHS Confederation	Institute of General Practice Management (IGPM)

- Individual meetings with stakeholders enabled them to provide verbal feedback on proposals alongside written feedback
- Widening the consultation allowed us to gather a balance of feedback between different parts of the health and care system and patient representative groups, alongside the GP profession.
- The final contract package was informed by stakeholder feedback and reflected consideration of proposals submitted during the consultation. It reinforces the commitment to supporting a sustainable, responsive and accessible model of general practice.
- GPCE were consulted separately on the financial elements of the GP Contract.

GP Contract Finances



Improving GP Capacity

New Practice Level GP Reimbursement Scheme

- The PCN DES capacity and access payment (including CASP and CAIP), worth £292m, is being re-purposed for a practice level GP Reimbursement Scheme.
- The funding will be available to practices to recruit additional GPs or fund additional sessions from existing GPs to support clinical same day urgent access in general practice. This equates to approximately 0.26WTE GP per practice.
- To support understanding of demand in general practice data will be collected against 5 access metrics and practices encouraged to use this data to improve services for patients.

Changes to the Additional Roles and Reimbursement Scheme (ARRS)

- The PCN DES is being changed to allow PCNs to claim for GPs at any stage in their career and increase the maximum reimbursement for GPs (up to the top of the range for salaried GPs) - removing the previous restriction that ARRS funding can only be claimed for recently qualified GPs.
- PCNs will be allowed to recruit to other non-patient facing roles (roles that are not set out in the role specifications in the DES), with commissioner agreement.

Incentives and Vaccinations & Immunisations

Quality and Outcomes Framework (QOF)

- Revised heart failure indicator and two new indicators focusing on referrals into weight management services and obesity management.
- A new diabetes indicator requiring delivery of all 8 NICE recommended care processes.
- The changes will equate to18 points worth c. £25m of additional funding to QOF.

Expansion of eligible cohort for RSV vaccinations, and increasing care home vaccination levels

- As part of essential services, offer RSV vaccinations to all aligned care home residents (older adults) and all practice registered patients aged 80 and over who have not previously been vaccinated.
- Support increased uptake of seasonal and routine vaccinations in care homes.

Advice and Guidance

- The 25/26 enhanced service will be retired and the funding, worth £82m, moved into the core contract and distributed via global sum, with requirements to continue prioritising A&G, and use of local referral pathways such as the Single Point of Access (SPoA), once introduced.

Core contract changes

Engagement with the Lung Cancer Screening Programme	• Require practices to engage with and share data with the Lung Cancer Screening Programme.
General Practice staff survey	• Roll out the NHS staff survey to all practice and PCN staff (in years when funded). Practices will be provided with tailored reports that can inform workforce planning.
Changes to GP registration	• Digitalisation of patient registration and ICB approval for digital catchment areas changes.
Alignment of the PMS regulations with GMS on sub-contracting	• Allow commissioners the same powers to object to sub-contracting, across both contract types.
Collaboration with ICBs where a practice requires support	• Require practices to engage with ICBs where unwarranted variation has been identified and/or the practice is at risk of contractual breach.
Timely access to access data to support monitoring	• Require practices to provide timely data and information in relation to online consultation and video consultation services, on request from NHS England.

Core contract changes continued

Ensuring patient choice of pharmacy	• Patient choice of pharmacy for prescription dispensing or referrals for clinical service (e.g. Pharmacy First or contraception services).
GP email address for pharmacy	• Require practices to have and keep up to date (on DoS) an email address which is monitored for the purposes of receiving consultation information, if e.g. GP Connect is unavailable, and in the future, independent prescribing information.
Requirement that practices cannot ask a patient to call back or make contact on a different day	• Make explicitly clear that Practices must not ask patients to call back or make contact on another day.
Requirement for same day access to a GP practice where it is clinically urgent	• To make it clear that clinically urgent requests (as defined by the clinical judgment of a GP) must be dealt with on the same day.
Requirement that online consultations must not be capped	• To make it explicit that in addition to being switched on for the duration of core hours, GP practices must not cap the number of requests.
Requirement that practice website and surgery signs must state opening times for all modes of access	• Require practices to clearly display opening times (for walk-ins, phone or online consultation) in the surgery, on the practice website and in leaflets, and that access to all modes this should be available for the core hours period.

PCN DES

Changes to Additional Roles Reimbursement Scheme (ARRS)

- Allow PCNs to claim for GPs at any stage in their career and increase the maximum reimbursement for GPs (as set out on slide 5).
- Allow PCNs to recruit non-patient facing roles, with commissioner agreement.

Continuity of Care

- Make the CAIP incentive on risk stratification a core requirement for PCNs.
- PCNs will continue to focus on identifying priority cohorts for continuity of care.

Requirement in PCN DES for PCNs to cooperate with ICBs and others regarding neighbourhoods

- Require PCNs to work collaboratively with the ICB to achieve greater alignment between the PCN registered list and the neighbourhood.

Amendments to the cancer requirements

- Strengthened cancer and high priority non-cancer programme and screening requirements including the use of safety netting tools alongside improvements to screening uptake.

Removal of the exclusion of flu and COVID-19 vaccinations from collaboration provisions

- Minor technical change, consulted on separately in September 2025, enabling practice-level delivery of the COVID-19 vaccination.

Next steps

Publications and comms	Date
SFE and DES directions published	By 31st Mar
Publication of contract guidance, including Network contract DES specification, associated guidance (Part A / B) and QOF guidance	By 31st Mar
Regulations laid	May (come into force from June)
GP level reimbursement scheme (updated SFE and guidance)	1st May (TBC)
Supporting guidance for contractual changes	May/ June (TBC)
Updated contracts and variations published and variation notices issued to GP Practices via ICBs	By 31st Jul (TBC)

South East London Integrated Care System

NHS South East London

Committee meeting report presented to:
Lewisham Care Partnership Strategic Board on 28th May 2026

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

Date of Meeting Reported: 24th March 2026

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

Main issues discussed

- Finance and QIPP update

- LIMOS & Care Home Service update:
  - Community pharmacy referral form updated to improve communication about excess stock and supply.
  - Completion of the waste audit.
  - Record high referral rates for domiciliary care, leading to the implementation of a triage system to prioritise urgent cases and manage caseloads, with communications planned to ensure appropriate referrals.
  - Electronic prescribing is live.
  - 'My diagnostic' project aimed at identifying people with suspected AF will be rolled out in Lewisham care homes after piloting in one care home.

- LGT Update:
  - A significant reduction in lidocaine patch prescribing and requests to GPs

- Primary Care Update:
  - Rollout of integrated neighbourhood teams in Lewisham, focusing on patients with multiple long-term conditions, risk stratification, and multidisciplinary interventions.
  - Changes to PMS premium for 2026-27, including the retirement of certain services, the reintroduction of SMI physical health checks, and the addition of FeNO testing for asthma.
  - Extension of the digital locum booking service in Lewisham for another year.

- Medicines Quality and Safety Update:
  - Penicillin Allergy Coding Correction: National Patient Safety Alert highlighted incorrect recording of penicillin allergy as penicillamine.
  - Adrenaline Auto-Injector Dosing**:** Practices contacted to review and update adrenaline auto-injector prescriptions for children over 25kg, reducing potential underdosing
  - Levemir Insulin Discontinuation: Practices informed of required actions ahead of Levemir discontinuation in December 2026

- Community Pharmacy update:
  - Service Provision and Referral Trends**:** Lewisham's pharmacy service provision is mid-range among boroughs, with stable but suboptimal referral rates for Pharmacy First, hypertension, and contraception services, and noted the impact of losing the EMIS local services referral button
  - Ongoing migration of local service data from PharmOutcomes to Sonar, with some services remaining on the former due to commissioning differences.
  - Medicines shortages continue to be a challenge.

- SEL Medines Optimisation Plan 2026/27 to be launched in April 2027. The indicators have been carried over from 2025/26 with new targets.

- SEL generic dapagliflozin switch from Forziga Local Enhanced Scheme in development for April 2026 launch

Key achievements

- Medicines Optimisation QIPP dashboard at month 9 showed a 119% achievement of targeted savings.

- The new patient information leaflet on pharmacy filled blister packs developed by LIMOS was approved. LIMOS will be seeking final approval from Partnership panel.

- The ‘Only order what you want’ campaign launched in Lewisham and pan London. The campaign aims to raise awareness of medicines wastage due to over ordering.

- Medicines Optimisation Plan (MOP) for 2026/27 formally endorsed by the group reflecting the group's commitment to continued improvement in medicines optimisation across the locality.

- The Medicines Optimisation Team’s patient letters to support practice-led switches were formally endorsed.

Key challenges

- The prescribing budget YTD at month 11 reports an overspent of approximately £2.73million.

- Clarity around the referral pathway for ECGs in housebound patients, particularly those with suspected atrial fibrillation (AF) and patients prescribed antipsychotic medication, who require confirmatory ECG monitoring.

- Key areas in the 2026–27 GP contract expected to impact medicines optimisation through the Quality and Outcomes Framework (QoF) include indicators relating to obesity, diabetes, MMRV vaccination uptake, and heart failure management.

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- 450 patients across Lewisham have been identified as currently prescribed Levemir who will require transition to alternative insulin formulation

- Medicines supply issues remain a challenge.

Key risks (include assurances received positive and negative)

- The prescribing budget overspend continues to present a significant risk, with an increasing number of practices moving from green to amber. The main cost pressures relate to specials, OTC items, and low-priority medicines.

How did the meeting promote quality and safety?

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

How did the meeting help address inequalities and fairness?

- In reviewing the community pharmacy referral form to LIMOS, the patient information leaflet for blister pack and Pharmacy First, inequalities and fairness were discussed.

How did the meeting promote and draw on public engagement?

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

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Ref	Meeting Date	Item	Action / Decision	Responsible	Current Status	Update / Next Steps	Due Date
LNPB-001	11/05/2026	Change of PEG	Transforming the PEG to Neighbourhoolds Programme Board	Beckie Burn / Laura Jenner	In Progress	Agreed	
LNPB-002	11/05/2026	Neighbourhoods Programme	Consider use of the Work Well Programme to support employees within neighbourhood teams	Charles Malcolm-Smith	In Progress	Add to agenda for next meeting	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	In Progress	Draft role expectations being developed for review at next meeting	Jun-26
LNPB-004	11/05/2026	INT – Frailty	Develop programme scope, milestones, and implementation timeline	Jack Howell	In Progress	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	In Progress	KPI measures being aligned with programme reporting framework	Jun-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	UEC Improvement Programme	Share presentation slides and continue engagement discussions with Primary Care representatives	Rochelle Scott Ashley O'Shaughnessy Laura Jenner	Ongoing	Discussions progressing outside formal LNPB meetings	06/04/2026
PEG	02/02/2026	Frailty Programme	Continue discussions regarding governance arrangements	Deeta Henry-Smith / Rochelle Scott	In Progress	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	Lauren Woolhead	In Progress	Membership review underway	06/04/2026
PEG	02/02/2026	Communication & Visibility	Add neighbourhood programme visibility actions to forward planner	Lauren Woolhead	In Progress	Alignment with communications plan in development	06/04/2026
PEG	02/02/2026	Programme Planning	Develop 6–12-month forward programme plan	Laura Jenner / Tom Hastings / Beckie Burn	In Progress	Draft programme roadmap being prepared for Board review	06/04/2026

Green	Action progressing as planned	Amber	Minor delay or dependency requiring monitoring	Red	Significant risk, delay, or escalation required	Closed	Action completed and evidenced