Lewisham Local Health and Care Partners Strategic Board – Part I
Date: Thursday 25 September 2025, 14.00-16.10hrs (includes 5-minute break)
Venue: MS Teams (meeting to be held in public)
Chair: Fiona Derbyshire, CEO Lewisham, Citizens Advice
AGENDA

No	Item	Paper	Presenter	Action	Timing
1.	**Welcome, declarations of interest, apologies for absence & Minutes of the previous LCP meeting held on 24 July (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**			For Noting	14.05-14.10 5 mins
3.	**PEL (Place Executive Lead) Report**	Enc 3	Ceri Jacob	For Noting	14.10-14.15 5 mins
	Delivery *(1)				
4.	**Virtual Ward procurement decision**	Verbal	Kenny Gregory	For Noting	14.15-14.20 5 mins
5.	**Primary Care Network changes**	Enc 4	Chima Olugh	For Approval	14.20-14.35 15 mins
6.	**Integrator / Partnership Governance arrangements**	Enc 5	Laura Jenner	For Approval	14.35-14.50 15 mins
7.	**Engagement on developing Trust Strategy**	Enc 6	Dan Rattigan	For Discussion	14.50-15:05 15 mins
8.	**Co-production**	Enc 7	Charles Malcolm Smith	For Discussion	15.05-15.15 10 mins
	Break – 5 mins				
	Governance & Performance				
9.	**LCP performance data report**	Enc 8	Ceri Jacob	For Discussion	15.20-15.30 10 mins

10.	**Risk Register**	Enc 9	Ceri Jacob	For Discussion	15.30-15.40 10 mins
11.	**Annual Safeguarding report**	Enc 10	Margaret Mansfield	For Noting	15.40-15.50 10 mins
12.	**Finance update**	Enc 11	Michael Cunningham	For Discussion	15.50-16:00 10 mins
	Place Based Leadership				
13.	**Any Other Business**		All		16.00-16.10 10 mins
CLOSE					
14.	**Date of next meeting (to be held in public): Thursday 27 November 2025 at 14.00hrs via Teams**				
	Papers for information				
15.	**Minutes/Updates from:** • **Place Executive Group action and decisions log & highlight reports (Enc 12)** • **Primary Care Group Chairs Report (Enc 13)** • **People's Partnership Action plan (Enc 14)** • **LIQ&A action and decisions log – September 2025 (Enc 15)** • **Lewisham Medicines Optimisation and Prescribing (LMOP) Group Chair's report (Enc 16)**				

***To strengthen the integration of primary and community based care**

Lewisham Local Care Partners Strategic Board

Minutes of the meeting held in public on 24 July 2025 at 14.00 hrs

via MS Teams

Present:

Ceri Jacob (CJ) (Chair)	Place Executive Lead (PEL) Lewisham, SEL ICB
Vanessa Smith (VS)	Chief Nurse, SLaM
Fiona Derbyshire (FD)	CEO, Citizens Advice Lewisham, Voluntary Sector Representative
Denise Radley (DR)	Interim Executive Director, Adult Social Care & Health, LBL
Sabrina Dixon (SD)	VCSE representative, SIRG
Anne Hooper (AH)	Community representative Lewisham
Michael Kerin (MK)	Healthwatch representative
Dr Catherine Mbema (CMb)	Director of Public Health, Lewisham Council
Dr Simon Parton (SP)	GP representative

In attendance:

Cordelia Hughes (CH) (Minutes)	Borough Business Support Lead, SEL ICB
Lizzie Howe (LH)	Corporate Governance Lead, SEL ICB
Laura Jenner (LJ)	Director of System Development, SEL ICB
Charles Malcolm-Smith (CMS)	Associate Director of System Development, SEL ICB
Michael Cunningham (MC)	Associate Director of Finance, SEL ICB
Beckie Burn (BB)	Associate Director – Improvement and Transformation, LGT
Ashley O'Shaughnessy (AOS)	Associate Director of Community Based Care & Primary Care, Lewisham, SEL ICB

Ann Guindi (AG)	Clinical and Care Professional Lead, CYP
Alise Cotton (AC)	Clinical and Care Professional Lead, LD & Autism

Apologies for absence:

Pinaki Ghoshal, Karen Sadler, Dr Helen Tattersfield & Dr Neil Gouldbourne

		Actioned by
1.	**Welcome, introductions, declarations of interest, apologies for absence & Minutes from the previous meeting held on 22 May 2025.** Ceri Jacob (CJ) (Chair) welcomed everyone to the meeting. The meeting was agreed as quorate. CJ advised attendees of the housekeeping rules and apologies for absence were noted as detailed above. Declaration of Interests (DOIs) – LH reminded board members to ensure their online DOI (declaration of interests) were current and up to date. A link was sent offline for them to amend/complete as necessary. Minutes of the Lewisham LCP Strategic Board meeting held on 22 May 2025 – these were agreed as a correct record. Action log – current actions due to be completed by October 2025. Matters Arising - None.	
2.	**Questions from members of the public** There were no raised questions from members of the public.	
3.	**PEL (Place Executive Lead) report** **NHS Changes** Ceri Jacob (CJ) presented a detailed report on the recent NHS change programme and the impact nationally for Integrated Care Boards (ICBs), who need to reduce running costs by 50% by the end of Q3 2025. For South East London ICB, this translates to a 35% reduction, approximately £21 million, with Lewisham Place expected to deliver a	

	30.3% reduction, excluding Safeguarding, Continuing Health Care (CHC), and Clinical Care Professional Leads (CCPLs). Proposals were submitted in June and reviewed in July to ensure consistency and coherence across directorates. The ICB is preparing for consultation in late August or early September, pending confirmation on voluntary redundancy funding from NHSE London. The ICB is liaising with HR in the local authorities because there are a number of joint posts across SEL, some of whom may be impacted. Work continues to identify destinations for functions identified for transfer out of the ICB in the ICB blueprint. The transfer of roles will not take place until after April 2026. The ICB continues to support staff with Weekly All Staff Briefings with the CEO and SROs (senior responsible officers). HR also have drop-in sessions and weekly newsletter updates. **10 Year Plan** CJ also outlined the newly published 10-Year Plan, which integrates health, education, housing and social care. Key components include shifting care from hospitals to communities, promoting digital access via the NHS App and focusing on prevention. The plan aligns with local strategies and anticipates a reallocation of NHS funding from acute to community care. Over the next three to four years, the proportion of NHS funding spent on acute care will fall and it should show a corresponding increase in primary care and community services. The integrator functions detailed in the London target operating model will support the development of neighbourhood ways of working. In Lewisham a partnership approach is being taken that includes the local authority, NHS providers, general practice and the VCSE. Governance to underpin the Lewisham partnership is in development. Regional NHSE bodies will continue, but with a significant focus on performance. ICBs will focus on strategic commissioning outcomes. Healthwatch functions will be absorbed into the national and ICB functions and the Integrated Care Partnership (ICP) will cease to exist. There will be an increasing focus on the role of Health and Wellbeing Boards at a local level. **The Lewisham LCP Board noted the PEL report.**	

4.	**Lewisham Integrated Neighbourhood Model of Care** Laura Jenner (LJ) and Fiona Kirkman (FK) provided a comprehensive update on the Integrated Neighbourhood Care Model. The model aims to deliver care closer to communities through multidisciplinary integrated neighbourhood teams (INTs) and neighbourhood hubs. Recruitment has been completed for key roles for the first INTs, which will be focused on Long Term Conditions (LTCs) and include clinical prescribers, case workers, link workers, and health and wellbeing coaches. These roles will commence between August and September 2025. Estates planning is ongoing to ensure adequate workspace. The model has been co-designed with individuals with lived experience. Future phases will address frailty and complex children's services. The transformation is aligned with South London & Maudsley (SLaM) neighbourhood 2 pilot. Financial modelling has estimated a potential cost avoidance of £1 million annually through reduced hospital admissions and outpatient appointments linked to the neighbourhood model and the LTC INTs. CJ thanked LJ and FK for their presentation. FD mentioned that Citizens Advice Bureau, Lewisham will also be collecting data using the Edinburgh model and raised a question about debt, which is often an underlying factor, particularly in prevention work. LJ added that the Council's Main Grants Tender is currently live, with contributions from health. Organisations based in each neighbourhood will play a significant role in its delivery. BB referred to the financial benefits, noting that these are primarily based on reduced demand in acute care and the importance of distinguishing between indicative financial estimates and actual cash-releasing savings. Also, to support future reinvestment in the model, further work is needed to identify areas where costs can genuinely be removed. BB also welcomed the inclusion of bed modelling in the planning process but asked about evidence-based data and if there are any opportunities from universities to help. LJ said that bed modelling is currently underway with Lewisham and Greenwich Trust (LGT) and it would be useful to provide more evidence base with support from a university. DR referred to the outer circle of the model and raised the importance of community hubs, suggesting that broader issues such as housing,	

	employment and debt should be made more tangible within the model. DR also highlighted a recurring theme around carers, particularly family carers and that there are potential opportunities and benefits for them within the model that should be further explored. FK agreed and said there is a real opportunity to identify carers though the neighbourhood model. SD offered support with communication efforts but asked how the model will engage VCSEs (voluntary sector) and other stakeholders, particularly those connected to the Lewisham Black Voluntary Network (LBVN). SD also asked what feedback mechanisms were in place to hear directly from the community. FK thanked SD for the support and agreed that establishing a feedback loop would be valuable. FK added that this is achieved through the Lewisham People's Partnership but aware there is further work required, especially with our VCSEs. AH asked how staff in general practice and community services will be resourced and empowered. LJ responded with an example, suggesting that closing part of a ward could allow funding to be redirected to support primary and community services. **The LCP Board approved Lewisham Integrated Neighbourhood model update.**	
5.	**Better Care Fund (BCF) – updated S75 agreement** KG presented the updated Section 75 agreement for the Better Care Fund (BCF) which is a pooled budget that brings together funding from the NHS and local authorities designed to integrate health, housing, and social care services to improve outcomes for individuals and communities. The fund supports integrated care services focused on prevention, health inequalities, support for marginalised groups and unpaid carers, hospital discharge, community care and the use of technology and home adaptations. The refreshed agreement is due by September 2025. Overarching governance is through the Health & Wellbeing Board (H&WB) with day to day oversight delegated to the Section 75 Board. **The LCP Board approved the Better Care Fund S75 update.**	

6.	**Lewisham Health Equity Teams – Cycle 1 evaluation** Dr Catherine Mbema (CMb) presented the evaluation of the first cycle of the Health Equity Teams pilot. The initiative involved collaboration with six voluntary and community sector (VCS) groups to co-design projects addressing local health inequalities. Health Equity Fellows (HEFs) were recruited across Primary Care Networks (PCNs) to lead these efforts. The Health Innovation Network (HIN) conducted the evaluation, identifying opportunities for investment in Black-led organisations, development of Community Champions and improved accessibility of care. The pilot demonstrated the value of HEFs and reinforced the importance of targeted interventions for Black African and Black Caribbean communities. CJ thanked CMb for presentation. AH asked whether the project was more focused on co-production among the Health Equity Fellows (HEFs) rather than directly with Black African and Black Caribbean communities and raised the broader question of how we engage communities in co-production, particularly in relation to power dynamics. CMb confirmed that the pilot was primarily centred on how HEFs collaborated but agreed with AH points regarding co-production. **The Board noted the Lewisham Health Equity Teams – Cycle 1 evaluation Framework update.**	
CJ advised there would be a 5-minute break. The meeting resumed at 15:15 hrs		
7.	**Waldron Health and Wellbeing Hub** Fiona Kirkman (FK) presented on the transformation of the Waldron Health Centre into a Health and Community Hub, which now offers a welcoming space for residents to access health and care services, receive advice, and engage with the community. It includes a community kitchen, bookable rooms, and pop-up spaces, and is actively used by VCSE groups such as Red Ribbon, Citizens Advice Lewisham, and others. Two Health Navigators support signposting, assisting approximately 1,500 people monthly and utilisation has increased. Plans are also underway to develop a frailty café.	

	Additionally, the hub is part of a creative health demonstrator project funded by the Greater London Authority (GLA), aimed at evaluating the impact of creative approaches on health and wellbeing. CJ thanked FK for the presentation. AH thanked everybody for their work in transforming the Waldron Health Centre and asked if there was any information on the benefits from those using the hub and if we are targeting the right community groups. KG asked about how the hub could better support residents aged 65+ and suggested a dementia hub for example and the development of a frailty café. DR asked whether Ward Councillors were involved and how their engagement was being maintained. FK confirmed that councillors are actively involved, noting that the Mayor of Lewisham, Brenda Dacres, has been supportive from the early stages and continues to champion the initiative. **The Board noted the Waldon Health and Wellbeing update.**	
8.	**Risk Register** CJ provided an update on the risk register. While the financial position remains stable early in the year, there are persistent pressures in prescribing and Continuing Health Care (CHC). Concerns are around ADHD assessments and low vaccination uptake, particularly for flu. However, plans are being developed to improve vaccination rates and progress has been noted in autism spectrum disorder (ASD) health assessments. Risks are actively monitored and discussed at Senior Management Team (SMT) meetings. **The LCP Board noted the risk register update.**	
9.	**Finance update** MC gave a finance update for M2 and noted this was the first report for this financial year 2025/26 (for discussion). **Lewisham ICS** Lewisham is showing an underspend of £24k and a forecast outturn of break-even position under the delegated budget agreement. It has	

	been a reasonable start to the year but there are some associated risks. Adults CHC is stable as we exited the last financial year, although there is still a material overspend. Children services have upticked by about approx. £400k compared to the exit run rate from last year. Therefore, we are forecasting a £2.8m overspend on CHC adults and children combined. Mental health is showing a forecast overspend of £700k – which is mainly reflective of increased activity around pressure relating to ADHD assessments. Assessments have seen increases in demand not only locally, but national. However, this is being monitored as it was not there last year or at least not to this extent. In terms of prescribing, as the report is a couple of months in arrears, the position presented is an overspend on prescribing without any further interventions, so we exited 2024/25 with an overspend of £2m. However, preliminary figures based on the first 2 months of this year are showing that it is likely to be about £2m again this year, although I would stress that it is quite early in the financial year and the prescribing data can be very volatile. The saving target of 5% or just under £9m for 2025/26 is currently on track to being delivered but we are still showing overspends in some areas and are having to mitigate. **ICB** The ICB showed a YTD break-even position at M2 and a forecast outturn break even for the year. Boroughs are also seeing pressures in CHC and mental health to varying degrees, but the common theme across the ICB is pressures in those two areas and again anticipated pressures. **Lewisham Council** Adult Social Care (ASC) position is showing an underspend of £2.5m, which is very different to what we have seen in previous years but should be seen as a non-recurrent underspend and it is based on the anticipation of 26/27 savings being brought forward into 24/25. However, at this stage the corresponding budget has not been removed. **Wider ICS** The YTD position for the Wider ICS is £21.1m deficit and is adverse to plan by £6.9m. The main driver is slippage in the delivery of efficiency	

	plans, which is about £6.6m of £6.9m difference to plan. By providing a forecast outturn of break even across the ICS, there is an expectation that those plans accelerate and come back in line as we go through the year and other non-recurrent mitigations are applied as necessary. DR shared that ASC (adult social care) overspent by approximately £8m last year, with monthly increases in care package costs contributing to ongoing financial pressure. The M2 position shows over £12m allocated to the ASC budget this year, highlighting the link between last year's overspend and current funding. While there has been significant investment through the local government settlement, it remains insufficient. The Council's main financial pressures include adult social care, children's social care, SEND (Special Educational Needs and Disabilities) and temporary accommodation. For Lewisham ASC, the target is to achieve £2.5m underspend to bring in a balanced budget. AH asked what the cause of the underspend for community health services is and what will be the impact. MC said the underspend is due to the £9m savings target and delivering our saving efficiency programme. MC added that all budget lines have a 5% savings target. The ICB is required to prioritise investments and spend less in some areas, in order to cover cost pressures. **The LCP Board noted the finance update.**	
10.	**Any Other Business** CJ asked Board members to note the additional papers for information and thanked everyone for their contributions. Also, to remind those applicable that there would be a Part II meeting after this meeting.	
11.	**Date of next meeting.** Thursday 25 September 2025 at 14:00hrs (Teams).	
12.	**Minutes of previous meetings/updates** The LCP Board noted the documents attached for information.	

Lewisham LCP Strategic Board Action Log

Date of meeting & agenda item:	Action:	For:	Update:
1. **PEL report (item 3) 27/03/25**	**SEL Frameworks for LTC and Frailty** agreed to bring a detailed paper to a future LCP Strategic Board meeting or seminar. CH to add to forward planner.	**CH**	Included on forward planner for October 2025.
2. **PEL report (item 3) 27/03/25**	**Planning Work - finalise plans for 2025/26.** A summary of these can be provided at a future meeting. CH to add to forward planner.	**CH**	Included on forward planner for October 2025
Briefing - Community Diagnostic Centre (item 8) 22/05/2025	**Community Diagnostic Centres** -Are we able to track where people are coming from. Agreed NG will provide a report on tracking activity at a future LCPSB meeting. CH to add to forward planner.	**NG/CH**	Included on forward planner. Closed – as discussed at May 2025 meeting.
AOB (item 10) 27/03/25	MK asked about the **One Care Lewisham Practice Marvels Lane Estates Business Case** (Primary Care Chairs report) and that it was sold to a private investor who now charges rent to the NHS – why was there no provision for offsetting it against the sell price. **Action:** DRt to will take this question to the appropriate contact at LGT for response.	**DRt/NG**	Closed – a response was sent to MK on 26.06.

Community Development Projects and Funding – SDIP (item 5) 27/03/25	**Autism posts** that were appointed are only taking new referrals; therefore, what is happening with the backlog. LJ said there is a meeting with service leads which LJ and KG attend and will ask this question and feedback offline. **Action:** LJ to feedback on Autism posts.	**LJ**	LJ confirmed this can be closed on 10/06/25 as the service continues to be commissioned to a provider until the staff have been recruited.
PEL Report (item 3) 30/01/25	**Waldron Centre Soft Launch** LJ to provide a report on activity from the Waldron especially in relation to Black community. CH to add to forward planner.	**LJ/CH**	Deferred to LCP Strategic Board in July 2025. Closed
PEL Report (item 3) 30/01/25	**SEL Overarching Neighbourhood Development Framework** to include at a future LCPSB seminar session. CH to include on forward planner.	**CH**	On the agenda – Thursday 27th March 2025. Closed
PEL Report (item 3) 30/01/25	NG to provide a briefing on **Community Diagnostic Centres** at a future LCPSB public meeting. CH to add to forward planner.	**NG/CH**	On the agenda – Thursday 22nd May 2025. Closed.
Report SEND Inspection 21/11/24	PG to circulate SEND inspection link to members of the Board.	**PG**	Completed 30/01/25. Closed.
Intermediate Care Bed 21/11/24	Intermediate care bed strategy to be added to the forward planner.	**CH**	Completed 21/11/24. Closed.
LCP Assurance Report 21/11/24	JSNA summaries to be circulated to LCP Board members around vaccinations for a deep dive around data and recommendations. Also, Older Peoples and flu vaccinations stats particularly around Black African and Black Caribbean populations; to be included as an	**CMb** **CMb/CH**	

	agenda item for a future LCP Strategic Board, with emphasis on how we are doing in relation to the BLACHIR recommendations.CH to add to the forward planner.		Completed 21/11/24. Add to a future LCP Board meeting. Closed.
PSR 21/11/24	BG to invite KG to present on the PSR/changes to procurement at a LBVN Network so they are aware of this.	**BG**	Closed.
Risk Register 19/09/24	**Primary Care Access** - SP commented on primary care access and that access work has been quite significant in the last year. CJ and LJ would meet and discuss further.	**CJ/LJ**	Closed
Finance update 19/09/24	**Prescribing.** SP noted for prescribing this had been historical and would require a cultural change. OTC (over the counter) medications for example were a challenging area, Pharmacy First Scheme etc. This needed promotion to patients. CJ said she would pick this up with AOS and Erfan Kidia (meds optimisation team). CJ noted **AF/Hypertension** work and work on obesity and diabetes prevention. LJ/CMb and CJ would consider the best way forward.	**CJ/EK/AOS** **LJ/CJ/CMb**	Closed
Lewisham Intermediate Care Bed Extension 19/09/24	**Lewisham Intermediate Care Bed Extension** BG commented on the taking time to involve people and queried if any black-led VCSE had been included at all. BG also noted BLACHIR and community work. There is scope and opportunity to involve people with this.	**KG**	Closed - as being discussed on 21/11/24

	KG stated this was more for physical health rather than mental health. KG agreed to produce a summary for BG and would talk to colleagues about the right people to contribute to the development.		
Improving Flu Uptake 19/09/24	**Workforce vaccination.** SP noted there had been a delay last year in practices vaccinating their own staff. LJ agreed to look into workforce vaccination and take it as an action with AOS.	**LJ/AOS**	Closed
4&5 Health inequalities 19/09/24	**Learning & Impact/Health Inequalities Funding** Evaluating the impact - evaluation of the work would be invaluable and would include qualitative feedback. CMb agreed to bring this item back to the LCP Board in the new year. CH to add to forward planner. BG said it would be helpful to see the questions being asked. CMb agreed to take this request back to the evaluation partner and would also pick this up offline with BG.	**CMb/CH**	Closed.
Welcome and previous actions. 19/09/24 **Reopened 19/09/25**	**REOPENED** **Provider Selection Regime**. *Terms of reference for existing groups will be amended. Paper coming to SMT and will bring to LCP Board for noting in November.*	**KG/CJ**	Closed.
Community Integration – Fuller report.	**Community Integration – Fuller report** The team is reviewing data to understand what is driving this type 3 increase. LJ suggested that it	**CH**	To add to forward planner. Closed.

25/07/24	would be useful to come back to this meeting in the future with an update.		
PEL (Place Executive Lead) report. 30/05/2024	**Waldron** - *BG commented on contracts for organisations to deliver services access to space issue and booking rooms. Reception area and pop ups will be in the large ground floor space. Can space for black led VCSE organisations be accommodated. Also, space for 1:1's as well. CJ advised space is available for free for VCSE groups, CMS to take away the suggestion with LJ.*	**CMS/LJ**	Closed.

Lewisham Local Care Partners Strategic Board

Cover Sheet

Item 3
Enclosure 3

Title:	**PEL Report**
Meeting Date:	**25 September 2025**
Author:	Ceri Jacob
Executive Lead:	Ceri Jacob

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

Summary of main points:

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

NHS changes

SEL ICB is consultation ready with structures that fit within the required £19/head and have met both internal and external assurance tests in terms of being fit for purpose. However, at the time of writing, advice from the treasury on funding support for redundancy costs is still outstanding. Therefore, as with all other ICBs in the country, the ICB change programme is temporarily paused.

In the meantime, work is ongoing to develop specifications for ICB functions identified for transfer in NHS blueprint. For SEL this includes estates, digital, medicines optimisation, sustainability, HR and workforce planning and infection protection and control. This work is being overseen by a Transition Committee that reports into the ICB Board and is chaired by an ICB NED.

Work to reconfigure London wide hosted and shared functions is expected to conclude in the next month with changes to be implemented mainly in the second half of this year.

Further national guidance has now been received in respect of safeguarding, CHC, SEND and medicines optimisation. For safeguarding, CHC and SEND, the guidance recommends best practice but retains these functions in the ICB (with efficiencies realised) for the time being whist further national work is completed.

NHS 10-year plan (Neighbourhood Health Plan)

The NHS 10-year plan includes the requirement for a Neighbourhood Health Plan that is developed under the auspices of Health and Wellbeing Boards. A meeting

	with HWBB chairs, Cllrs with the health brief, Council officers and ICB executive directors was held to explore the opportunities of this requirement. As part of this, summaries of the six Council Health and Wellbeing Strategies were shared and the links that are being made to local work on neighbourhood development identified. The need to reflect and build on local borough/Place priorities whilst also identifying where there are commonalities where a SEL wide approach would add value was noted. Further guidance on the plans is expected in October with final plans due to be submitted by the end of December 2025. **System intentions** Work has commenced with Lewisham LCP partners to identify a list of priorities for any new funding that may be made available in 2026/27 for investment in services that are delivered in the community. Final proposals will be presented to the LCP Strategic Board for approval. **Change in co-Chair for the LCP Strategic Board** Chairing of the LCP Strategic Board is shared by two partner organisations at a time with each partner acting as Chair for a year. I would like to thank Vanessa Smith on behalf of the Board for ably fulfilling this role for the last year. Neil Goulbourne will now act as co-Chair for the next year, alongside Fiona Derbyshire, who still has a further 6 months in the role.
Potential Conflicts of Interest	All ICB staff are potentially impacted.
Any impact on BLACHIR recommendations	No

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

	Equality Impact	In relation to the ICB Change Programme, this will be carried out once for SEL and will look at the impacts on a function-by-function basis and overall. An EIA will be carried out on system intentions as all parts of the population may be impacted.
	Financial Impact	The ICB must achieve a 35% reduction in it's running costs. Financial allocations for 2026/27 have not yet been confirmed.
Other Engagement	Public Engagement	Significant public engagement has been undertaken nationally in relation to the 10 year plan. Local engagement will take place in line with implementation of the plan at a local level and has already taken place in relation to local work on Integrated Neighbourhood Teams and neighbourhood development.

	Other Committee Discussion/ Engagement	Not applicable to this paper.
Recommendation:	The Board is asked to note this update.	

Lewisham Local Health and Care Partners Strategic Board

Cover Sheet

Item 5
Enclosure 4

Title:	**Primary Care Network (PCN) Changes**
Meeting Date:	25 September 2025
Author:	Chima Olugh. Neighbourhood Development Manager, SEL ICB (Lewisham)
Executive Lead:	Ceri Jacob, Place Executive Lead (Lewisham)

Purpose of paper:	The purpose of this paper is to outline changes to the Sevenfields Primary Care Network (PCN) which were approved virtually by the Lewisham Local Health Care Partners (LHCP) Strategic Board in August 2025.	Update / Information	X
		Discussion	
		Decision	

Summary of main points:

1. Background

In July 2025 the Lewisham place team of the SEL Integrated Care Board (ICB), received a formal business case from two practices, ICO Health Group and Novum Health Partnership, stating that they wished to voluntarily leave Sevenfields Primary Care Network (PCN) and form a new PCN.

The Sevenfields PCN leadership have been working with the Local Medical Committee (LMC) on these changes including an interim plan for transition from one PCN to two.

The paper provides reassurances on the formation of a new PCN and the impact on the remaining PCN and also on how the PCNs within the one neighbourhood will continue to work together, particularly with regards the Integrated Neighbourhood Teams (INT) programme being developed in the borough.

Sevenfields PCN currently consists of seven practices with a combined population list size of 73,200:

- Ashdown Medical Group
- Oakview Family Practice
- Parkview Surgery
- Torridon Road Medical Centre

- ICO Health Group
- Novum Health Partnership
- South East London Special Allocation Scheme

2. Formation of a new PCN

The proposal from ICO Health Group and Novum Health Partnership is to form a new PCN on the 1st October 2025 which will be known as Ravensbourne PCN.

The two member practices of the new Ravensbourne PCN will be:

- ICO Health Group (list size of 10,017) and,
- Novum Health Partnership (list size of 21,215).

Their combined patient list is 31,232 (January *2025*).

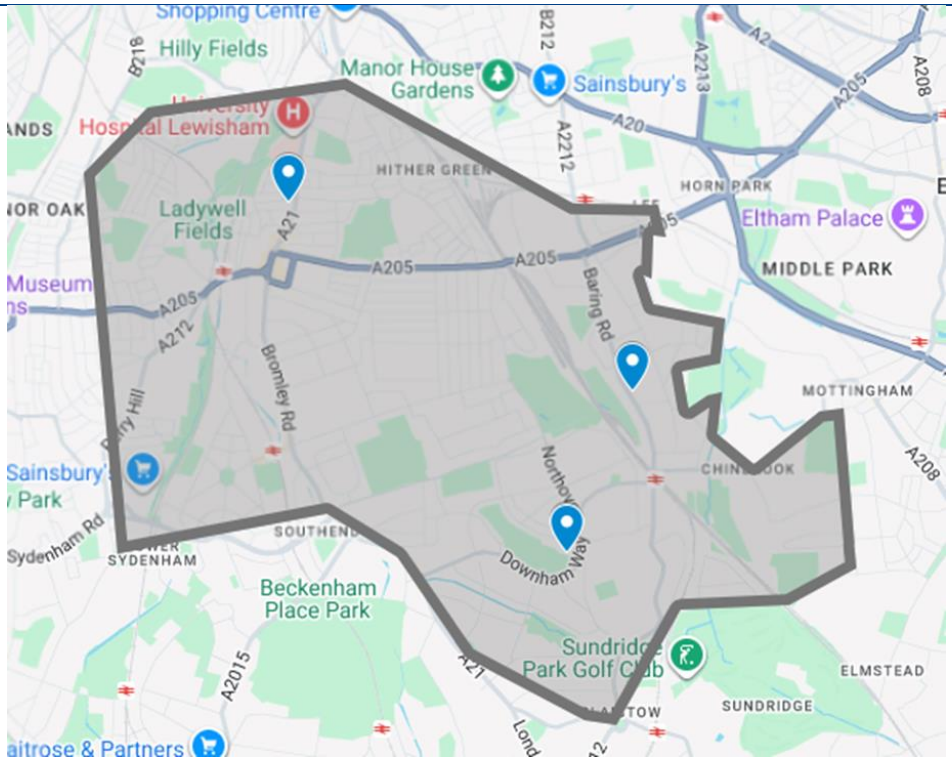
It is also proposed that the South East London Special Allocation Scheme Practice also become a member of the newly formed Ravensbourne PCN.

Section 5 of the Network Contract DES sets out the definition and criteria for a PCN.

The Network Contract DES specification makes clear that the ideal population size for PCNs should be between 30,000 – 50,000. Therefore, the proposed new PCN would meet this participation requirement.

The proposal from the 2 practices outlined how the new PCN will meet the DES requirements, within the nationally defined financial envelope.

3. Ravensbourne PCN – New Boundary Map



There is a good overlap of boundaries between ICO Health Group and Novum Health Partnership, fulfilling the geographic contiguity requirement of the Network Contract DES for PCNs.

The Enhanced Access and other services provided at ICO Health Group will serve the Baring Road branch of Novum Health Partnership and the availability of Novum Health Partnership premises would offer space for co-located services.

4. PCN services and viability

- The new PCN will have a patient list size of circa 31,232 patients and Sevenfields PCN will have a patient list size of circa 41,204 patients.

- The Sevenfields PCN leadership has completed detailed exercises with the LMC to ensure that neither PCN is disadvantaged, and that all aspects of the Network Contract DES are met. Additionally, service delivery going forward has been planned to ensure there is no impact on the viability of the PCNs.

- The ICB has been given assurances that there will be no break in service delivery for patients, high quality of patient care will be maintained and the transition from one PCN to two will managed as effectively as possible.

- The new PCN will co-exist with Sevenfields PCN in the Neighbourhood 3 footprint which should ensure minimum disruption to the other Neighbourhood 3 stakeholders and their service provision e.g. the Council, SLAM, Lewisham and Greenwich Trust etc.

- The new PCN is currently functioning as a shadow PCN within Sevenfields PCN. Shadow arrangements started from 1st July 2025 and will be fully implemented by 1st October 2025 across all areas of the PCN DES delivery.

- The ICB has conducted a commissioner assessment and considered the impacts associated with the split. See table 1 below.

The new PCN will need to ensure it fulfils the requirements of the relevant sections of the Network Contract DES especially section 4.5 - *New Practice or existing practice forming a new PCN,* and promptly provide the following information to the ICB:

a*) the names and ODS codes of the proposed PCN's Core Network Practices*

b) the number of the PCN's patients as at 1 January 2025

c) a map clearly marking the geographical area covered by the Network Area of the proposed PCN;

d) an initial Network Agreement – this requires completion of the proposed Core Network Practices' details in the front end of the Network Agreement and in Schedule 1, details of the Network Area, the Clinical Director and Nominated Payee (additional information in Schedule 1 relating to PCN meetings and decision-making may also be submitted but it is recognised that this may not have been fully agreed at the point of submission to the commissioner);

e) the Nominated Payee and details of the relevant bank account that will receive funding on behalf of the PCN; and

f) the identity of the accountable Clinical Director.

5. Benefits of the new PCN to patients, outcomes and the whole system

- Ravensbourne PCN will offer equitable access of care for all patients.

- Practice-based Additional Roles Reimbursement Scheme staff at both practices will work in a more coordinated manner for each of the practices as there will be better coordination in a smaller PCN and better alignment to each of the practices' protocols and training. This will be a benefit for patients.

- Due to the extensive local knowledge and leadership experience across Lewisham, Ravensbourne PCN is well placed to work with the Integrated Neighbourhood Teams Programme for the benefit of our patient population. A GP from ICO has been appointed as the Health Equity Fellow for the Neighbourhood. Close liaison with the practices would create a targeted, effective approach which will benefit patients.

- Ravensbourne PCN have committed to provide their fair share of financial support for the current neighbourhood hub so as to see the INT function well within the neighbourhood.

- In addition, there will be space for the team at Rushey Green to ensure fair access for patients in Central Lewisham.

6. Engagement

- Key stakeholders including Lewisham and Greenwich Trust and Lewisham Council have been informed of the planned changes. There will be ongoing communication to ensure the adequate requirements are in place to meet their needs for a continued integrated way of working.

- Where adjustments are needed to service provision these will be included in the mobilisation plan.

- The PCNs intend to seek input from stakeholders around the finer details of operational arrangements that may need altering to minimise any adverse impact.

- Patient Participation Groups (PPGs) of the member practices in Sevenfields have been kept informed of the changes in the Enhanced Access provision.

- Furthermore, the PPG chair of Novum Health Partnership has written a letter of support for the proposed change citing the benefits they see for the local population.

7. Recommendation

- The ICB considered all the information received including the extent to which the proposed PCN meets the criteria for a Network Contract DES set out in section 5.1.2 and recommended the approval of the proposed new PCN.

- There are strict timelines associated with establishing a PCN, including the completion and submission of the *PCN ODS Change Instruction Notice*.

- The PCN ODS Change Instruction Notice had to be submitted to the National team by the 14 September 2025 for the change to take effect from the 1st October 2025 to align with the start of Quarter 3.

- For this reason, a decision was sought from the LHCP Strategic Board in August 2025, which followed consideration and endorsement from the Lewisham Senior Management Team (SMT) meeting and the Lewisham Primary Care Group.

- Conflicted members of the Board were excluded from the process.

Members were asked to approve the following recommendations:

a) The Lewisham Care Partnership Board was asked to approve the application for ICO Health Group and Novum Health Partnership to leave Sevenfields PCN.

b) The Lewisham Care Partnership Board was also asked to approve the request from ICO Health Group and Novum Health Partnership to form the new Ravensbourne PCN which will become operational from 30 September 2025.

Both recommendations were approved by members of the Board.

8. Next steps

- The new PCN will need to promptly submit the information outlined in section 4.5 (*New Practice or existing practice forming a new PCN).*

- Commissioners will work closely with the South East London central primary care contracting team and the new PCN to ensure all requirements needed to establish the PCN are completed.

- The new Ravensbourne PCN will be formed by 30 September 2025.

	▪ The ICB will ensure the Network Contract DES requirements are followed and met for both PCNs through monthly meetings with the PCN CDs.			
Potential Conflicts of Interest	There is a direct conflict of interest for Dr's Helen Tattersfield and Simon Parton. ▪ Dr Tattersfield is the PCN Clinical Director for Sevenfields PCN. ▪ Dr Parton is the PCN Clinical Director for Modality PCN which is a neighbouring PCN and partly located with the same neighbourhood 3 area. **Mitigation:** This paper is presented for information only so there is no actual conflict to manage. As stated, both Dr's Helen Tattersfield and Simon Parton were excluded from the decision making process of the Board.			
Any impact on BLACHIR recommendations	Not Applicable			
Relevant to the following Boroughs	**Bexley**		**Bromley**	
	Greenwich		**Lambeth**	
	Lewisham	✓	**Southwark**	
	Equality Impact	▪ Patients in both PCNs should not be impacted by any change in service provision. ▪ Patients in all practices will continue to benefit from the additional roles that have been in place within each PCN. ▪ An Equality Impact Assessment will need to be carried out alongside the engagement process.		
	Financial Impact	▪ No additional expenditure will be incurred due to the PCN split, as the overall Network Contract DES budget is allocated based on list size, including the role of the Clinical Director. ▪ If the proposal is approved, it will lead to changes in the financial allocation for both PCNs, as this is determined by list size and will include adjustments to their respective ARRS and Enhanced Access budgets. ▪ The Finance and borough primary care teams will need to align budgets to the new PCN footprints.		
Other Engagement	Public Engagement	The Patient Participation Groups of the member practices in Sevenfields have been kept informed of the changes in the Enhanced Access service. Further engagement is due to take place.		

	Other Committee Discussion/ Engagement	▪ Senior Management Team ▪ Primary Care Group
Recommendation:	The LHCP Strategic Board are asked to note this paper for information.	

Table 1 - Commissioner Assessment

Criteria	Analysis
Are the two practices eligible to participate in the Network Contract DES?	Yes There will be more than one Core Network Practice in the PCN. The proposed PCN will have a patient list size of 31,232.
Financial entitlements and any impact to the PCNs.	PCNs receive core funding based on the number of patients registered with practices within the network, with adjustments for factors like age and gender. There will be financial implications stemming from core funding, ARRS and Enhanced Access. There are also performance-based incentives such as the Investment and Impact Fund and Capacity and Access support payments. Previously, Sevenfields PCN has not used its maximum ARRS allocated budget, therefore there is scope to maximise this available resource going forward. The are clear allocation of roles and responsibilities for budget holders and financial decision-makers and also documented audit trails for all financial transactions and contracts.
Is the new PCN sustainable for the future?	Creating Ravensbourne PCN allows for services to remain in the local area alongside the existing services of Sevenfields PCN. This should allow for flexibility in the future to develop a range of services in the neighbourhood. The proposed PCN will be located within the neighbourhood 3 footprint. Effectively there will be two PCNs working closely together within a footprint which would best support delivery of services to patients.
Will the proposed change have an adverse impact on service provision?	No A comprehensive plan covering PCN functions has been developed with support from the LMC, which has underpinned how the PCN has been functioning to date since April. The PCN has considered other clinical services which form part of the core PCN service requirements e.g. Capacity and Access Payment and the Impact and Investment Fund indicators. Each respective PCN will continue to deliver their respective targets driven primarily by their practice teams but supported by the respectively TUPE'd PCN staff post-separation. The ICB has been assured that services will not be affected. Additionally, following approval an Equality Impact Assessment will be carried out.
Are there risks associated with not approving the proposal?	Yes Listed above.

What are the implications for the ARRS staff?	The allocation of the ARRS staff is based on the PCN weighted list. The directly recruited roles by each of the six practices will remain unaffected and continue to be employed by their respective practices. Centrally employed ARRS roles will be split out based on the proportional allocation of ARRS funding which has been agreed by all member practices. There will be Transfer of Undertakings (Protection of Employment) Regulations (TUPE) arrangements for any affected staff.
What is the impact on Enhanced Access?	There are plans to ensure no disruption to Enhanced Access and interim service delivery arrangements are already in place pending the formation of the new PCN. The ICB has been assured that the service will meet the Network Hours requirements including provision of a minimum 60 minutes of appointments per 1,000 PCN adjusted patients per week during the Network Standard Hours. Patient Participation Groups of the member practices in Sevenfields have been kept informed of the changes.
Risks and Risk Management Actions	**Risk:** Leaving a PCN and establishing a new one risks service interruptions, delays for patients and complex financial dismantlement's. **Mitigation:** The PCNs, with LMC support, have developed an interim transition plan which will ensure there is no service disruption. Both PCNs have a robust financial strategy in place, have a clear grasp of funding the different streams and will manage their budgets effectively. **Risk:** The PCN might struggle to establish clear lines of accountability and decision-making processes. **Mitigation:** The PCN should establish clear governance structures with well-defined roles and responsibilities, ensuring transparency and representation from all member practices. Commissioners will request assurances from both PCNs (including a Memorandum of Understanding, if necessary) that they will ensure a smooth transition.

Lewisham Local Care Partners Strategic Board

Cover Sheet

Item 6
Enclosure 5

Title:	**Lewisham Integrated Neighbourhood Partnership and governance arrangements**
Meeting Date:	25 September 2025
Author:	Laura Jenner Director of System Development
Executive Lead:	Ceri Jacob Place Executive Lewisham

Purpose of paper:	**Review Lewisham Neighbourhood new governance arrangements and endorse the changes to support the implementation of the full programme.**	Update / Information	***Yes***
		Discussion	
		Decision	

Summary of main points:

Introduction
The NHS is moving toward a system of strategic commissioning. Integrated Care Boards (ICBs) will hold responsibility for setting long-term priorities across entire footprints. Their role will be to define the strategic outcomes for population health, service quality, and financial sustainability.

Delivering these outcomes will increasingly happen through the Lewisham place-based local alliances of NHS providers, councils, VCSE organisations, residents, and other stakeholders, working together to respond to the needs of the population.

The NHS Long Term Plan puts neighbourhoods at the heart of delivering integrated, proactive, person-centred care through Primary Care Networks and integrated teams – collaborating with local partners to better meet people's needs closer to home, reduce reliance on hospital care, and tackle inequalities.

Southeast London has initially identified three population groups for Integrated Neighbourhood Teams (INTs) to focus on where the opportunity for improvement is greatest, including addressing health inequalities and improving health and care outcomes for our population. This will also enable a genuine and sustainable shift in investment across the system.

- 3+ Long-Term Conditions
- Frailty and those approaching end of life
- Children and Complex Needs

To enable the delivery of the INT programme Lewisham is developing a new provider partnership, called the Integrated Neighbourhood Provider Partnership. bringing together health and social care providers to develop and implement the neighbourhood programme.

	WHO IS IN THE PARTNERSHIP? • Lewisham Council Adult Social Care, Children, and Public Health • Lewisham and Greenwich NHS Trust (LGT) • Primary Care, initially through the Primary Care Leadership Forum • South London and Maudsley NHS Foundation Trust (SLaM) • Voluntary and Community Sector (VCS): Lewisham Local will be the VCS representative in the new partnership and will report back into the wider VCS. The provider partnership will be based on equality of voice in shared decision-making, and strong collaboration - ensuring an equal voice from general practice, the voluntary and community sector (VCS), Lewisham and Greenwich NHS Trust, South London and Maudsley NHS Foundation Trust (SLaM) and Lewisham Council. It is recognised that an NHS statutory body will have to act as a host on behalf of the partners. The proposed host at this time is LGT, subject to confirmation from all partners that assurances, put in place as part of our ongoing work on underpinning governance, are satisfactory. All providers will play a key role in the neighbourhood model of care and must be fully committed to working together to help people stay well and independent. Further work is taking place to strengthen the collective leadership of Primary Care, and particularly that of General Practice, to ensure a clear and unified voice is consistently represented at the Partnership Board level. Please see the slide pack highlighting the workstream, the new governance arrangements, and the draft ToR for the new Integrated Neighbourhood Steering Group Committee that will report into the Lewisham Partnership Board. The steering group will meet monthly and will take place directly after the Lewisham Health and Care Partnership Boards and seminars. Colleagues should be aware of the release of the London Target Operating Model (TOM) and the South East London (SEL) neighbourhood framework, both of which outline the aforementioned changes in more detail.
Potential Conflicts of Interest	**N/A**
Any impact on BLACHIR recommendations	The Lewisham Integrated Neighbourhood Models of Care has the potential to make a real impact in reducing health inequalities for the Black community by focusing on: • Ensuring services are designed with input from Black residents to reflect their needs and experiences. • Addressing conditions that disproportionately affect the Black community, such as hypertension, diabetes, and maternal health disparities. • Increasing access to preventative care, early screening, and health education.

	• Recruiting and training more staff from diverse backgrounds to better understand and support the Black community. • Delivering cultural competency training to ensure care is inclusive and sensitive to racial and ethnic health differences. • Working with faith groups, local leaders, and grassroots organisations to improve communication and trust in services.			
Relevant to the following Boroughs	**Bexley**		**Bromley**	
	Greenwich		**Lambeth**	
	Lewisham	✓	**Southwark**	
	Equality Impact	EQIA completed. The changes will have a positive impact on the following: • Carers and Families • People from Lower Socioeconomic Backgrounds • Ethnic Minority Communities • People with Disabilities • Older Adults		
	Financial Impact	N/A		
Other Engagement	Public Engagement	The programme reporting into the Board is being co-designed, and community-led, via several avenues: • The People Partnership • The Partnership Boards • The Health Inequalities programme • Carers – small group being arranged to review and refine the model The development of INTs in Lewisham has been informed by a co-design initiative with 16 patients and residents with lived experience of health and care services – including those with a range of ages, religions, ethnicities, disabilities, and carer responsibilities.		
	Other Committee Discussion/ Engagement	LGT Community Board ASC – DMT, ELT Stronger Communities Health and Wellbeing Board Council Scrutiny committee SlaM		

		A working group with all partners has been taking place monthly to co-design the partnership, new governance arrangements, and workstreams.
Recommendation:	Recommendation: The Board is asked to agree to the governance changes and ToR for the new INT Steering Group Committee. The MOU will come back to the board in November 2025.	

South East London Integrated Care System

Lewisham Integrated Neighbourhood Partnership Governance

September 2025

Background

- **National shift towards integrated care and place-based collaboration**
  → aim: improve health & reduce inequalities by working with communities locally

- **Informed by:**
  - ICB Model Blueprint
  - London Target Operating Model (TOM)
  - SEL Neighbourhood Framework

- **Emerging role of the Integrator, with responsibilities shifting from the ICB:**
  - Developing neighbourhood & place-based partnerships
  - Overseeing primary care operations & transformation
  - Leading on medicines optimisation operations

Integrator/ Partnership Principles: Functions

South East London Integrated Care System

Provide organisational development support aimed at supporting cultural change at all levels of the local system, continually building a more relational approach to the delivery of care which moves beyond individual organisation objectives. This will include needing to work across local providers to develop new approaches to sharing risk that enable front-line staff from across primary care, secondary care, local authorities and the VCSFE to operate as “one team” for defined neighbourhood populations.

Support operational coordination between sectors and partners across the borough and between INTs, bridging the gap across the current reality of fragmented pathways and services by addressing the practicalities of collaboration (e.g., building interfaces and relationships, supporting workforce planning, and business intelligence). **Integration operational:** operate dedicated integrated functions of INT (e.g. the core N’hood team, joint discharge services)

Facilitate population health management (PHM) by promoting the sharing and effective use of data and real-time information across organisations, enabling holistic care for residents, driving a proactive and preventative approach, improving population health outcomes and identifying and address disparities in access, experience and outcomes. This will be undertaken in-line with broader system and London population health strategy and integrators will be able to draw down on regional and system infrastructure as this develops.

Address interface issues and share learning through coordinating discussions at Place level (e.g., sharing resources and managing care transitions) and escalating issues affecting multiple neighbourhoods to ensure system-wide alignment. This will require integrators to take practical steps to dissolve barriers between and across local providers that impact on the effectiveness, experience and outcomes of care. This should be supported through a continuous improvement approach, cross-borough collaboration and the spread and scaling of successful practice.

Leading delivery of neighbourhood case through a test and learn approach. The integrator will work across system and place leadership structures, including with primary care, local government and the VCSFE and in partnership with all local providers to ensure that the South East London neighbourhoods approach and local strategies and priorities for improving health and wellbeing are being translated into day-to-day delivery of care. The first focus for the integrator will be on the delivery of INTs for our initial three priority populations – children and young people with complex needs, people living with multiple long term conditions and those living with frailty or approaching the end of life. Integrators should drive delivery of care in-line with the South East London population frameworks for these groups taking a continuous improvement approach.

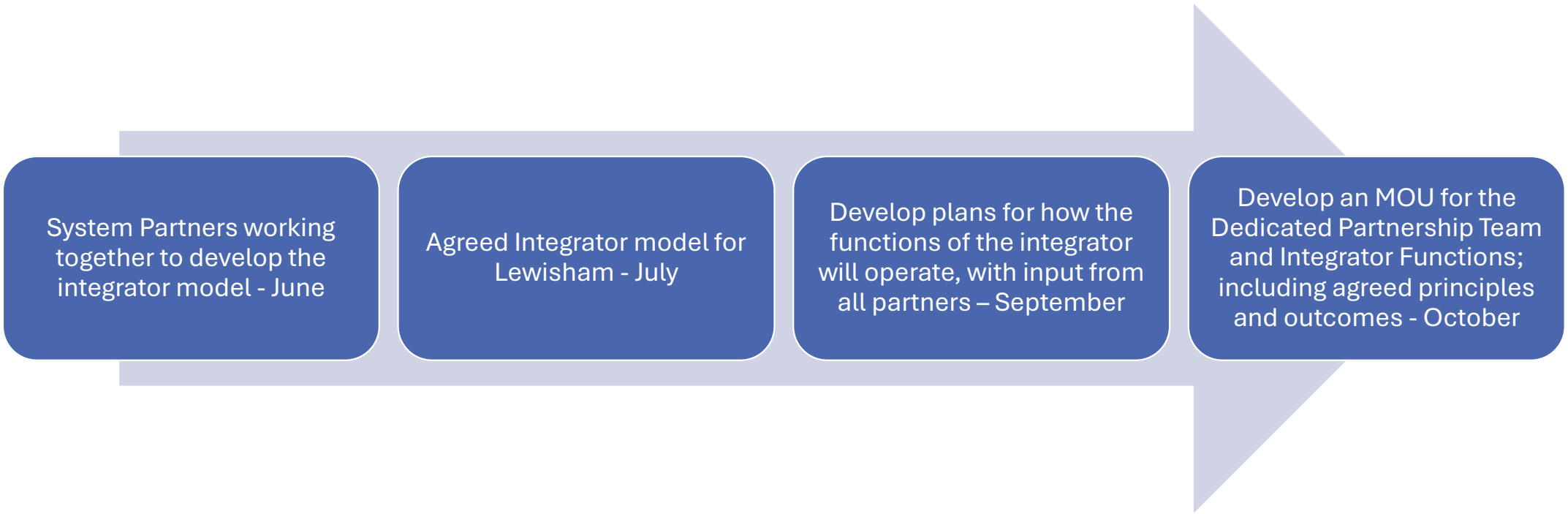
Support system sustainability and resilience supporting to identify and strategically manage where there might be issues and risks (e.g., alignment with CareTaker Arrangement)

Provide essential infrastructure for INTs, supporting people, finance, governance and risk management in a way which is consistent and cost-effective so that neighbourhood delivery becomes business-as-usual. This will include:

- Infrastructure that supports the shared deployment of staff
- Enabling shared use of estates from across the public, private and VCSE sector to enable co-location of services and public access where applicable
- Maintaining an up-to-date view of local assets, including the VCFSE sector, to ensure continual seamless delivery of Neighbourhood Health Services
- Ensuring that IT infrastructure is being used to best effect across neighbourhoods to delivery more accessible and coordinate care

Initially integrators will work alongside local place based integrated community-based care delivery teams to achieve this domain.

Key Development Milestones



Lewisham Partnership Governance

Lewisham Health and Wellbeing Board

Sets and oversees the overall health and wellbeing strategy for Lewisham residents **across all policies** based on our JSNA; and discharges other formal statutory duties

Lewisham Health and Care Partnership (LHCP)

Brings together Lewisham system partners to oversee the transformation and delivery of health and care services in the borough. It will shape and set direction in relation to our strategic priorities and delegations from the SEL ICB. Meets bi-monthly in public.

Provider Organisations

- Primary Care Leadership Forum
- LGT Executive Meeting
- SLaM Executive Meeting
- Lewisham Council (Children's & Adult's DMT)

Integrated Quality Assurance Meeting

Provides quality assurance and oversight across Lewisham Place

Joint ICB/Council Commissioning

Oversight of S75 and S256 agreements, BCF management, coordination of joint contracting and procurement of new Integrator contract

Lewisham Integrated Neighbourhood Committee – Part B of the LHCP

This new board will oversee the delivery of the functions of the Integrator (see next slide for the full governance)

Partners are responsible for oversight of delivery of agreed Lewisham Partnership Strategic Priorities:

- CYP Mental Health
- UEC
- Adult Mental Health
- Prevention
- Health Inequalities

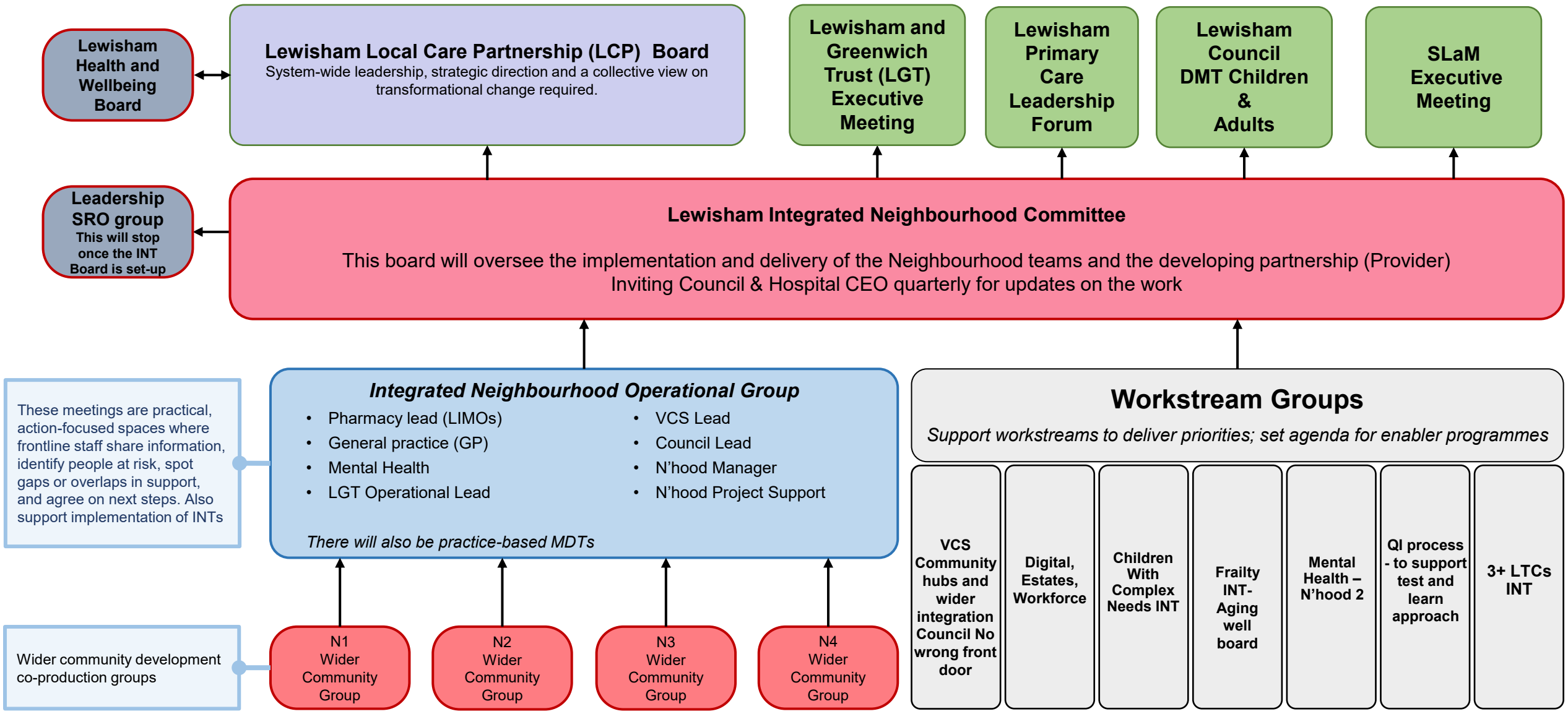
Moving to the Integrator:

- *LTC*
- *Age Well – Frailty*
- *INT Operational Group*
- *Enablers – Estates, Workforce, Digital*

Place Executive Group (PEG)

Attended by all partner organisations.
Purpose is two-fold:

1. Programme board for Lewisham Strategic Priorities and Joint Health and Wellbeing Action plan
2. Advisory and partnership problem solving on BAU issues


Lewisham Health and Wellbeing Board
Lewisham Local Care Partnership (LCP) Board
System-wide leadership, strategic direction and a collective view on transformational change required.
Lewisham and Greenwich Trust (LGT) Executive Meeting
Lewisham Primary Care Leadership Forum
Lewisham Council DMT Children & Adults
SLaM Executive Meeting
Leadership SRO group
This will stop once the INT Board is set-up
Lewisham Integrated Neighbourhood Committee
This board will oversee the implementation and delivery of the Neighbourhood teams and the developing partnership (Provider)
Inviting Council & Hospital CEO quarterly for updates on the work
These meetings are practical, action-focused spaces where frontline staff share information, identify people at risk, spot gaps or overlaps in support, and agree on next steps. Also support implementation of INTs
Integrated Neighbourhood Operational Group
Pharmacy lead (LIMOs)
General practice (GP)
Mental Health
LGT Operational Lead
VCS Lead
Council Lead
N'hood Manager
N'hood Project Support
There will also be practice-based MDTs
Workstream Groups
Support workstreams to deliver priorities; set agenda for enabler programmes
VCS Community hubs and wider integration Council No wrong front door
Digital, Estates, Workforce
Children With Complex Needs INT
Frailty INT- Aging well board
Mental Health – N'hood 2
QI process - to support test and learn approach
3+ LTCs INT
Wider community development co-production groups
N1 Wider Community Group
N2 Wider Community Group
N3 Wider Community Group
N4 Wider Community Group

Lewisham INT Programme – Workstreams

NHS South East London

INT – Long-Term Conditions & Complex

SRO: Neil Goulbourne
Programme Lead: Laura Jenner
Operational Leads: Kath Howes, Camille Hirons, CDs
Scope: Integrated teams working within neighbourhood footprint, offering proactive health & wellbeing support to patients with multiple long-term conditions & Complex. This includes development of new VCS role

INT – Frailty

SRO: Denise Radley
Programme Lead: Corinne Moocarme
Operational Leads: Andrew Cook, Joan Hutton, Jessica Gossage
Scope: Implement the Frailty Framework through a joined-up approach across all partners. Strengthen and streamline community and voluntary sector teams within each neighbourhood to provide more coordinated care and support.

Complex Children

SRO: Pinaki Ghoshal
Programme Lead: Simon Whitlock, Paul Creech
Operational Leads: primary care, Dorett Davis,
Scope: implement the child the Local Child Health Teams and Integrated Neighborhood teams

Acute – community

SRO: Miranda Jenkins
Programme Lead: Naomi Sheeter
Operational Leads: Tom Hastings, primary care
support the move from acute to community starting with scoping LTC services- Diabetes, Cardio, respiratory

Wider Prevention

SRO: Ceri Jacob and Denise Radley
Programme Lead: Rachel Pierce/ Catherine Mbema/ Laura Jenner
Scope: Bring together the No wrong front door project, development of community hubs, link housing and Lewisham works to community hubs the INT team

Neighbourhood 2 Mental Health and CMHT Transformation

SRO: David Bradly / Kate Lilywhite
Programme Lead: Lesa Bartlett
Scope The Lewisham Neighbourhood 2 (N2) pilot is testing a new 24/7, open-access community mental health model

Enablers (Digital, Estates)

SRO: Neil Goulbourne
Programme Lead: Kerry Bourne, Jess Haines, Charles Malcolm Smith
Scope: Finding digital and estates solutions – and new ways of working – to better-support the INT programme. This also includes the identification of local Neighbourhood Hub sites for each N'hood reviewing community and primary care site to assess what options are available.

Population Health

SRO: Neil Goulbourne / Ceri Jacob
Programme Lead: Rachael Smith
Scope: Proactive casefinding of eligible INT patients and building dashboards and reports containing Pop. Health insights. Support the move to a SEL wide approach and new platform.

QI Approach

SRO: Tom Hastings
Programme Lead: Operational Leads: Beckie Burn
Scope: To build a culture of continuous learning and improvement within the INT, enabling the team to deliver safer, more effective, person-centred and integrated care to the local population.

OD Approach

SRO: Ceri Jacob
Programme Lead: Charles Malcolm Smith
Operational Leads: Joan Hutton, Andrew Cook, Lesa Bartlett, primary care
Scope: Support cultural integration across professions and sectors. Promote a 'one team' mindset. Address barriers related to professional identity, hierarchy, and siloed working

Partnership Development

NHS South East London

Governance

SRO: Jennifer, Ben Travis, David Bradley, Lead GP
Programme Lead: Laura Jenner
Operational Leads:
Scope: new governance arrangement, new INT Board, principles, joint accountability, MOU.

Primary Care Development

SRO: Helen Tattersfield, Simon Parton
Programme Lead: Ashley O'Shaughnessy
Operational Leads:
Scope: To develop a cohesive, representative, and influential voice for Primary Care within the wider health and care system, ensuring their perspectives shape decision-making, service design, and integrated care delivery at neighbourhood, place, and system levels.

VCSE

SRO: Gulen Petty
Programme Lead: Laura Jenner
Operational Leads:
Scope: To meaningfully involve the VCS as equal partners in the Integrated Neighbourhood Team, leveraging their community knowledge, trusted relationships, and preventative focus to improve health and wellbeing outcomes. Support the development of the main grant council to enable neighbourhood working.

Draft Principles for Working Together

The following were previously agreed with Lewisham Primary Care colleagues:

- Always act in the best interest of the resident/ patient
- Equal voting between partners
- Decisions made by unanimous voting
- Open book for the integrator budget
- Trust and being open
- Shift the balance of spend in Lewisham from acute/reactive to community/proactive care over time

INT Programme Roadmap

NHS South East London

Sep. '24 – Aug. '25

INTs – LTCs & Complex
- Pathway design
- Setup of new programme (estates, digital, governance, recruitment etc...)
- Preparation for go-live in September 2025

Sep. '25

INTs – LTCs & Complex
- Pathway goes live

Aug. '25 – Mar. '26

INTs – Frailty
- Building on LTC INT learning, and existing Frailty pathway, to develop integrated support offer for residents with Frailty
- Mapping, currently underway – will inform further recommendations

Aug. '25 – Mar. '26

INTs – Complex Children
- Building on LTC INT learning, and existing CYP pathway, to develop integrated support offer for Complex Children
- Mapping currently underway – will inform further recommendations

Sep. '25 – Mar. '26

QI Approach
- Logic model & KPIs for LTC INTs already established
- Next step is to adopt a test and learn approach once LTC INTs are operational

Sep. '25

Wider Prevention
- Options paper
- New Community Wellbeing Workers ('Brazilian Model') being designed
- No Front Door workshop
- Continue to develop Community Hubs

Sep. – Nov. '25

Primary Care Development
- Options paper – on developing a cohesive, representative, and influential primary care voice within wider partnership

Oct. – Nov. '25

Acute to Community
- Scope workstream between secondary care and primary care to facilitate transition from acute to community (aligned with 10 Year Plan)

Oct. '25

Integrated Neighbourhood Board
- New board set up and operational, with Terms of Reference agreed

Oct. '25

OD Approach
- Support cultural integration across professions & sectors
- Promote 'one team' mindset
- Address barriers related to professional identity, hierarchy, and siloed working

Dec. '25

VCSE
- Options paper on establishing VCSE partnership as being part of neighbourhood board
- Board-level VCS groups to support development of wider VCSE sector in Lewisham

Jan. '26

Neighbourhood Working
- Neighbourhood Partnership Board set-up

Mar. '26

Primary Care Development
- New way of working for Primary Care in place

Mar. '26

VCSE
- Support the development of the main grant council funding to enable neighbourhood working
- Establish new VCSE Key Worker role within each neighbourhood

Lewisham Integrated Neighbourhood Steering Committee

Terms of Reference

<table>
<tr><td>Name of committee:</td><td>Integrated Neighbourhood Steering Committee</td></tr>
<tr><td>Date TORs approved and approving body:</td><td>
<table>
<tr><th>VERSION</th><th>AUTHOR</th><th>DATE</th><th>COMMENTS</th></tr>
<tr><td>1

2

3.</td><td>Laura Jenner

Laura Jenner
Beckie Burn</td><td>07/07/2025

02/09/2025

15/09/2025</td><td>Further edits to support the partnership arrangements.
Further edits following comments from the SRO meeting.</td></tr>
</table>
</td></tr>
<tr><td>Purpose:
High level statement of the purpose of the Committee.</td><td>The Integrated Neighbourhood Steering Committee (INSC) is established to oversee the delivery of the Integrated Neighbourhood partnership functions, including setting the strategic direction of the partnership. In addition, it will have oversight of the Memorandum of Understanding (MOU) for the Lewisham Integrated Neighbourhood Partnership.

The Committee will oversee the delivery of the Integrated Neighbourhood Teams (INT), including programmes focused on long-term conditions (LTC), frailty, children with complex needs, primary care development, and other initiatives that support neighbourhood development. As the partnership evolves, the scope of the committee responsibilities may expand to encompass additional programmes and priorities.</td></tr>
<tr><td>Membership:</td><td>The INSC is comprised of board (or equivalent) level executive and clinical/professional representative member organisations.

• South London & Maudsley Trust Executive organisational representative</td></tr>
</table>

	• Lewisham & Greenwich NHS Trust – Executive organisational representative • Primary Care x 2 representatives (of which one is representative from PCNs) • Interim Executive Director, Adult Social Care & Health • Executive Director for Children & Young People, London Borough of Lewisham • Voluntary, community and social enterprise (VCSE) representation x 2 (of which one is a representative of local black-led VCSE organisations or communities)
Chair:	The chairing of the Integrated Neighbourhood steering committee will rotate every six months, with each of the partners—the Council, LGT, and Primary Care, SLaM, VCS Leadership—alternating to chair the meeting. This shared leadership model ensures balanced representation and joint ownership of the board's work.
Quorum:	To take decisions a minimum of one representative from each partnership member organisation will be required. Deputies may attend INSC meetings, should the designated member not be available; Such deputies must hold sufficient authority to support effective decision making by the INSC (or refer for written confirmation as above). Arrangements for the attendance of a deputy must be shared with the Chair and / or secretariat in advance.
Frequency of Meetings: *e.g. monthly, bi-monthly, quarterly etc*	The Committee will meet once a month. Meetings will not be open to the public. Every six months the meeting will be held as a seminar to provide updates to the CEO from Lewisham Hospital, Lewisham Council, and the CEO of SLaM to the meeting six monthly, who will additionally be invited to attend.
Meeting Format:	Meetings will be held through Microsoft Teams. In person meetings will be set up as and when required. Copilot and other AI tools may be used to transcribe and record decisions and actions from the meeting. By attending the meeting participants are assumed as providing consent to recordings being taken for this purpose.

Decision Making/Authority	Decisions can be taken by Partner Member Organisations only and all decisions must be unanimous between Partner members. a) The INSC will work collaboratively and in good faith to achieve the Neighbourhood and Partnership Objectives c) Every matter put to a vote shall be determined by the unanimous vote of the voting Members (or nominated Deputies where they have been awarded voting powers). d) Where a matter cannot be decided by unanimous vote, that matter shall be deemed to be a dispute, the committee will be required to follow the Disputes and escalations process set out in the MOU. e) Senior leaders attending the Integrated Neighbourhood Steering committee will be expected to contribute to decisions appropriate to the level of personal authority they hold within the organisation they represent. f) Types of decisions include: • Financial decisions relating to INSC Business case or models of care, in accordance with the MOU • Adding new members to the partnership • Increasing the scope of the partnership working • Amending the partnership MOU • Amending the INSC model of care MOU
Voting	In accordance with the MOU agreement decisions will be made on a unanimous basis. If a vote is required, a representative from each Partner Member Organisation (LGT, Lewisham GP leadership forum, London Borough of Lewisham, and SLaM, VCS Leadership Board) will be able to cast one vote. If the named voting member cannot attend, their vote can be transferred to another INSC member from their organisation/group or to an appropriate deputy from their organisation.
Roles and Responsibilities	1. Develop and oversee the **functions of the Integrated Neighbourhood partnership** (see appendix for the full list of functions). 2. Provide strategic oversight for Integrated Neighbourhood **partnership**, fostering effective collaboration between all stakeholders. 3. Function according to the principles and objectives in the Integrated Neighbourhood (MOU).

	4. Work collaboratively, promoting the participation of all key organisations and stakeholders in the development and delivery of local service transformation. 5. Take responsibility for identifying and removing obstacles that may otherwise prevent the local health and care system delivering agreed priorities and plans. 6. Provide oversight to the Lewisham Neighbourhood Operational Board in the development and implementation of transformation plans. 7. Ensure that risks to delivery of the Neighbourhood programmes are managed and notified as appropriate to the individual corporate risk registers of partnership member organisations. 8. Following meetings, to actively engage their respective organisations through feedback of discussions and taking forward actions agreed. 9. Participate or ensure appropriate representation from respective organisations in any subgroups. 10. Lead the delivery of Integrated Neighbourhood Teams, ensuring coordinated, person-centred care for local populations. 11. Support and drive primary care development, strengthening local primary care services to meet community needs.
Duties	**Partnership leadership and development:** Responsibility for the overall leadership and development of the INSC to ensure it can work as a collective and collaborative partnership with appropriate governance and processes, development and relationship building activities and meaningful local community and resident engagement. **Planning:** Responsibility for ensuring that the INSC develops and secures a neighbourhood care delivery plan for Lewisham, to secure agreed outcomes and which are aligned with Target Operating Model (TOM) and the South East London (SEL) neighbourhood framework. The board must ensure the agreed plan is driven by the needs of the local population, uses evidence and feedback from communities and professionals, takes account of national, regional and system level planning requirements and outcomes, and is reflective of, and can demonstrate the full engagement and endorsement of, the full neighbourhood partnership.

	Delivery: Responsibility for ensuring the translation of agreed neighbourhood care plan objectives into tangible delivery and implementation plans for the partnership. The committee will ensure the plans are locally responsive, deliver value for money and support quality improvement. **Monitoring and management of delivery:** Responsible for ensuring the partnership has in place robust but proportionate mechanisms to support the effective monitoring of delivery, performance and outcomes against plans, evaluation and learning and the identification and implementation of remedial action and risk management where this is required. This should include expenditure and action tracking and ensure local, or system, discussions are held proactively and transparently to agree actions and secure improvement where necessary. **Governance:** Responsible for ensuring good governance is demonstrably secured within and across the partnership and the partnership functions and activities as part of a systematic accountable organisation that adheres to statutory responsibilities and high standards of public service, accountability, and probity. Responsibility for ensuring the partnership complies with all legal requirements, that risks are proactively identified, escalated, and managed.
Accountability: *Which committee does this one report to?*	The Neighbourhood Steering committee is accountable to the Boards or Governing Bodies of its member organisations for the overall delivery of agreed objectives. The INSC will report into the Lewisham Local Care Partnership (LCP) Board for System-wide leadership, strategic direction and a collective view on transformational change required. The INSC will work closely with the local Health and Wellbeing Board. It will report to the Health and Wellbeing Board on the implementation of the INT models in terms of delivery of strategic priorities of the Lewisham Health and Wellbeing Strategy.

Reporting responsibilities: *How does this Committee keep its parent informed of what it intends to do and whether it has achieved its objectives?*	Papers will be made available seven days in advance to allow members to discuss issues with colleagues ahead of the meeting. Members are responsible for seeking appropriate feedback. The Committee will report on its activities to the Lewisham Local Care Partnership Board and the boards listed above. In addition, an accompanying report will summarise key points of discussion; items recommended for decisions; the key assurance and improvement activities undertaken or coordinated by the board; and any actions agreed to be implemented.

Members

Organisation	Role	Voting status
Lewisham Council	Corporate Director Adult Social Care and Health	Voting share with Corporate Director, Children and Young People
	Director of Public Health	
	Director of System Development (INT and the Integrator/partnership)	
	Corporate Director, Children and Young People	Voting share with Adult Social Care and Health
General Practice	Chair of the Primary Care Leadership forum	Voting
	LMC – Lewisham	

Lewisham & Greenwich NHS Trust	Deputy Chief Executive	Voting
	Chief Operating Officer	
	Clinical Lead	
Voluntary and Community Sector Leadership Group	VCS Leadership Board Chair	Voting
	VCS Leadership Board representative	
South London & Maudsley Trust Executive **SLaM**	Director of Strategy & Transformation	Voting

In Attendance:

In addition to members of the INSC, the following shall normally attend all meetings and may contribute to discussions.

- Managing Director for Acute Services, LGT
- Lewisham Service Director SLaM
- Director of Operations Adult Social Care Lewisham
- Director of Operations Children Social Care Lewisham
- Dedicated Clinical Lead

ICB and Place Leadership Involvement During Transition

During the transition phase of developing the new INT Partnership, the Lewisham Place Lead and senior Integrated Care Board (ICB) staff will attend meetings of the Committee to provide oversight, guidance, and support. This involvement is intended to ensure effective alignment with ICB priorities, facilitate the establishment of robust governance processes, and support the development of the new partnership's capacity.

ICB representatives will continue to attend meetings on an ongoing basis where their input is required, particularly in relation to matters of strategic alignment, system accountability, or areas where additional support is needed.

Until the Partnership develops the necessary infrastructure and capacity to independently manage its governance functions.

Other representatives of the partnership or wider organisations may be invited to attend and take part in discussions, particularly when the discussing specific agenda items relevant to their expertise or portfolio of responsibility.

Representatives of organisations who are not formally member of the Partnership do not have voting rights or contribute to quoracy.

Declarations of Interest

All members will be required to declare any new or amended declarations at the start of every meeting.

If any member has an interest, pecuniary or otherwise, in any matter and is present at the meeting at which the matter is under discussion, he/she will declare that interest as early as possible and shall not participate in the discussions. The chair will have the power to request that member to withdraw until the board consideration has been completed. All members will be expected to adhere to and comply with any relevant policy, including but not exclusive to Declarations of interest and Anti- Bribery from their organisation or Trust policies.

Behaviours:
All parties agree to act in good faith, adhering to the following Partnership Agreement principles set out in the MOU.

Board Management

ICB business support staff will provide secretariat and board management support to the Committee. Responsibility for these functions will transition to the Partnership once it is able to assume full ownership of its governance arrangements

Review the Terms of Reference

Terms of Reference will be reviewed after six months and thereafter reviewed annually

Lewisham Local Care Partners Strategic Board

Cover Sheet

Item 7
Enclosure 6

Title:	Developing a new Trust Strategy (2026-2031): Lewisham and Greenwich NHS Trust
Meeting Date:	**25 September 2025**
Author:	Dan Rattigan, Associate Director of Strategy, Lewisham and Greenwich NHS Trust
Executive Lead:	Ceri Jacob, Place Executive Lead (Lewisham)

Purpose of paper:	To update on the Trust's plans for developing a new Strategy, provide an opportunity for early input and discuss other key stakeholders	Update / Information	
		Discussion	
		Decision	
Summary of main points:	LGT are beginning to develop their new Trust strategy – and are currently engaging with staff, patients, carers and their representatives, other statutory organisations and the VCSE sector. We've made progress across the period of our existing Strategy (2020-2025) and are keen to reflect on how to build on this while delivering on the Government's 10-Year Plan for Health. We are keen to discuss: 1. Views on big issues the Strategy needs to tackle / consider? (e.g. any big delivery concerns or developments? Neighbourhood care etc) 2. Any further big developments on the horizon (next 5 years) to factor in? 3. Are there other groups we should be engaging with?		
Potential Conflicts of Interest	**N/A**		
Any impact on BLACHIR recommendations	**We are keen to explicitly consider population health and health inequalities as we develop our new strategy, including as we consider how to respond to the Government's '3 shifts'**		

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

	Financial Impact	
Other Engagement	Public Engagement	
	Other Committee Discussion/ Engagement	
Recommendation:	**N/A**	

NHS
Lewisham and Greenwich
NHS Trust

Developing our New Trust Strategy – Lewisham Care Partnership

25 September 2025

To be exceptional

LGT in numbers: 2024/25

7,850
colleagues across two acute hospitals and a dozen community sites

726,050
outpatient appointments

55,570
ambulances received

299,840
A&E attendances

6,413
births

616,300
community contacts with patients

954
beds (including escalation)

10,490
surgical patients

42
wards (including maternity and escalation areas)

We have made progress through our existing Strategy and want to build on this

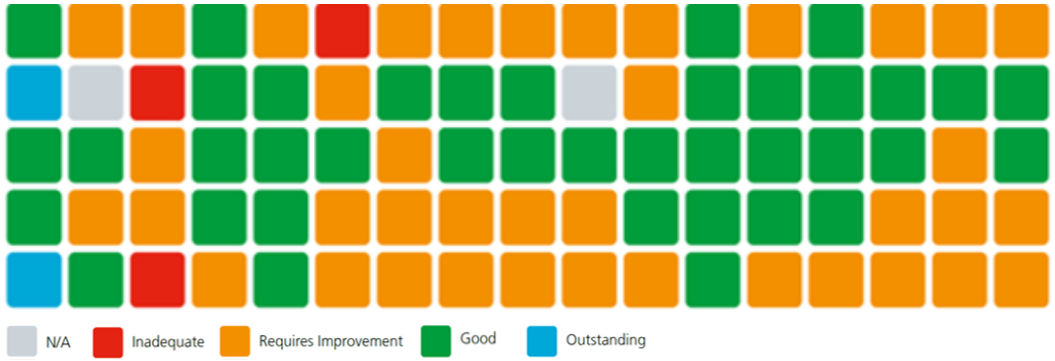
Lewisham and Greenwich NHS Trust

Quality	Patients	People	Partnerships	Inequalities	Money
Positive Care Quality Commission visits 'Front door' improvements at UHL Same Day Emergency Care service Cath Lab at QEH COVID response and recovery	Transformation of our Outpatient services Investment in diagnostics Urgent Community Response Service Co-production Board Community services progress, including Waldron	Progress against key metrics – retention, vacancy Staff survey improvements New vision and values / anti-discrimination pledge Professional accreditation Investment in nursing	Community Diagnostic Centres – Eltham, Sidcup Collaboration with primary care More active partner locally – anchor work UHL Wellbeing Garden with RHS	Acute Sickle Cell Unit at UHL Investment in Population Health data system and projects Showcased LGT schemes / programmes nationally – and investment secured	QEH infrastructure project Lewisham Surgical Centre Patient Portal Delivering on financial plan(s) Efficiency+ from 19/20

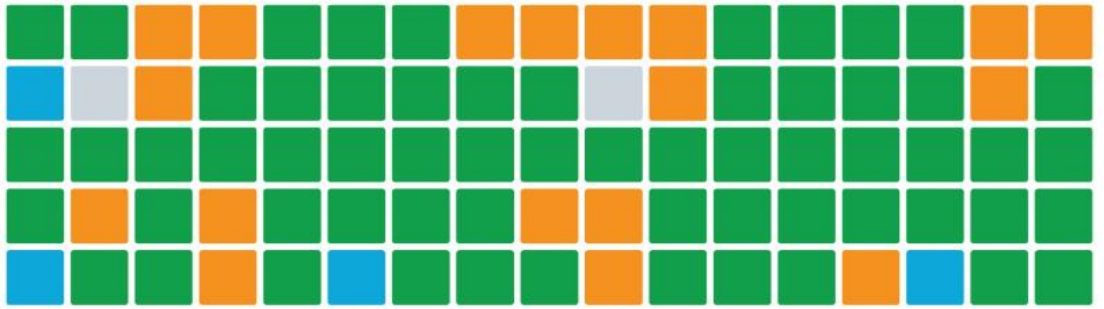
Our improvement journey

Lewisham and Greenwich NHS Trust

Trust CQC ratings: **April 2018**



Trust CQC ratings: **Now**



Feedback from CQC visits in 2023/24:

Unannounced visit to both sites:

- Welcoming, open and engaging staff
- Safer staffing model for nurses having a positive impact
- Development opportunities, wellbeing support and positive leadership engagement
- Patient feedback, a core part of the Trust's new Patient Experience Strategy

Maternity Services:

- Leadership called us "Outstanding"
- "Dynamic and culturally astute and truly inclusive"
- Maternity colleagues were said to be "open and transparent"
- "Leaders at every level showed they had the experience and ability to provide top-quality, lasting care."
- The CQC called the sense of a shared purpose "inspiring"
- "A strong sense of pride in the service"

Our residents: 2021-2031

Lewisham and Greenwich NHS Trust

Lewisham

Marginal population growth expected (+3%), slight increase in deaths and decrease in births.

2021
- Population: 300.5k
- Births: 3,912
- Deaths: 1,705

2031
- Population: 309.6k **(+9.6k)**
- Births: 3,821 **(-90)**
- Deaths: 1,750 **(+45)**

Bexley

Marginal population growth expected (+3.6%), steady in deaths and decrease in births.

2021
- Population: 246.5k
- Births: 2,759
- Deaths: 2,223

2031
- Population: 255.3k **(+9.8k)**
- Births: 2,673 **(-90)**
- Deaths: 2,202 **(-20)**

Greenwich

Significant population growth expected (+11.9%), increase in births and deaths.

2021
- Population: 289.1k
- Births: 3,816
- Deaths: 1,653

2031
- Population: 323.5k **(+34k)**
- Births: 4,010 **(+2k)**
- Deaths: 1,836 **(+180)**

Source: GLA London's Population Projections (based on housing)

London-wide average: +c5.8%

NHS 10-year Plan

We want to consider the Government's 10 Year Plan and its implications for us and the wider system

Lewisham and Greenwich NHS Trust

3 strategic shifts

Hospital to Community

By 2035, most outpatient care will happen outside of hospitals. £120m for 85 MH EDs collocated with A&E

Increase proportion of spending away from acutes

2/3s of OP appointments to be replaced by automated information, digital advice, direct input from specialists, PIFU.

Analogue to Digital

NHS App to support direct booking, test referrals, advice, and tracking – NHS front door

Shared access to a Single Patient Record for GPs, hospitals, and neighbourhood teams.

Introduction of **remote monitoring**, **AI-based deterioration alerts**, and **PIFU** as the new standard.

Treatment to Prevention

Technological tools like **wearables**, **genomics**, and **predictive analytics** will support PHM

The **NHS App becomes the main front door**, empowering patients to self-refer, manage health care interactions e.g. access test results and update information.

Focus on healthy starts, smoking, obesity, alcohol.

Underpinned by 5 key enablers

New Operating Model

- 'Earned autonomy' – addressing underperformance
- Every NHS provider to be an FT by 2035 – with associated freedoms
- Leaders' pay tied to performance

Transparency of care

- League tables that rank providers
- Persistent poor quality care to result in decommissioning regardless of setting
- Patient facing portals and alerting aligned with the NHS App.

Workforce

- Focus on AI-enabled productivity
- Reduction of NHS sickness rates
- International recruitment <10% by 2035
- Expansion of nursing apprenticeships and focus on advanced practice

Innovation & tech

- The use of technology will make it easier for our staff to do their jobs.
- AI assisted diagnosis and clinical assistants and use of automation.
- Predictive analytics linked to population health analysis to prevent admissions.
- Wearable integration for patients for care at home & virtual wards.

Finance & productivity

- Continued focus on productivity %
- Ending deficit funding – surplus by 2030
- Potential changes to tariffs and deconstructing block contracts
- Longer-term financial planning

Our Trust Vision and Values

Lewisham and Greenwich NHS Trust

Our vision is

To be exceptional. In the quality of our patient care; our support for colleagues; and in the difference we make through our partnerships and in our communities.

To achieve that, we value…

Respect, Compassion and Inclusion

We treat all our patients, colleagues, partners and communities with respect, kindness and compassion.
We are inclusive and celebrate diversity in our workplaces, partnerships and communities.

Being accountable
over staying comfortable

We act with integrity and take responsibility.

We do what we say we will to be exceptional, and we support and challenge our colleagues to do the same, even if uncomfortable.

Listening
over always knowing best

We positively seek out, listen to and act on feedback from patients, colleagues and partners to continuously improve the quality of our care, and the ways we work together.

We encourage innovation, learn from our successes and mistakes, and share knowledge across our organisation.

Succeeding together
over achieving alone

We recognise we are stronger together, working as a team and with our partners, to improve the quality of our communities' lives and reduce inequalities.

We recognise and celebrate our colleagues' and partners' diverse abilities and efforts to achieve our shared vision.

Discussion

Lewisham and Greenwich NHS Trust

1. Views on big issues the Strategy needs to tackle / consider? (e.g. any big delivery concerns or developments? Neighbourhood care etc)

2. Any further big developments on the horizon (next 5 years) to factor in?

3. Are there other groups we should be engaging with?

Lewisham Local Care Partners Strategic Board

Cover Sheet

Item 8
Enclosure 7

Title:	**Co-production**
Meeting Date:	**25 September 2025**
Author:	Cordelia Hughes
Executive Lead:	Ceri Jacob, Place Executive Lead (Lewisham)

Purpose of paper:	The Board is asked to review and discuss the Co-production presentation which follows the LCP Strategic Board seminar held in December 2024, where partners across the system agreed to collaboratively develop a set of principles to guide our approach to co-production.	Update / Information	
		Discussion	x
		Decision	

Summary of main points:	The Co-production slide deck covers: 1.Emerging themes from the seminar and how as a system we can engage co-production and co-design and be considered as part of the commissioning cycle and programmes. 2.Model and processes – relating to engagement, co-production and co-design. 3.Meetings have been held with our partners across the system to develop and agree a set of principles. 4.Co-production has also been discussed at the People's Partnership held on the 10th September. 5.Aim to display the Co-production slide deck on the website, following feedback from members of the Board. 6. Embedded document lists various co-production events that the ICB and our partners across the system are hosting.				
Potential Conflicts of Interest	None.				
Any impact on BLACHIR recommendations	Birmingham and Lewisham African and Caribbean Health Inequalities Review (BLACHIR) prioritises lived experience alongside professional and academic evidence. Co-production ensures that the voices of the Lewisham population including Black African and Caribbean communities that they are not only heard but actively help to shape solutions.				
Relevant to the following Boroughs	**Bexley**		**Bromley**		
	Greenwich		**Lambeth**		
	Lewisham	✓	**Southwark**		
	Equality Impact	Yes			

	Financial Impact	No financial impact.
Other Engagement	Public Engagement	People's Partnership meeting held on 10th September 2025 and inclusion with our partners across the system. Also, there is also a shared document listing co-production/co-design events across the system.
	Other Committee Discussion/ Engagement	A discussion is required to present at various co-production events and programmes in the borough.
Recommendation:	Asking the Board to discuss and provide any feedback.	

South East London Integrated Care System

lhcp Lewisham Health and Care Partnership

Lewisham Co-Production
A Partnership Approach

August 2025

🤝 Introduction

In December 2024, we held our Local Health and Care Partnership (LHCP) seminar, where co-production was presented by our partners across the system to highlight their work in the local communities on co-production.

Following this and in response to the key themes identified from the seminar (slide 4: Shared partnership: key themes), we have developed in collaboration with our partners a set of principles that we can all build on and agree to. Through this partnership, we seek to:

- Improve outcomes and experiences for the local community.
- Support continuous improvement and innovation in every programme or commissioning cycle.
- Strengthen relationships and build trust with our communities.
- Embed engagement/co-production/co-design with the local community and those with lived experience, in everything we do.

By working together and involving the local community, especially those with lived experience, we will help to shape and transform services.

🤝 Purpose

An integrated partnership approach is about bringing people together, especially those with lived experience, communities, professionals and partner organisations to design and deliver services collaboratively. We want to ensure that services are shaped by those who use them, leading to more inclusive and sustainable outcomes.

There needs to be strong commitment and a change in mindset.

We aim to:

- **Break down silos** and foster joined-up (partnership) working across health, care and community services.
- **Ensure services reflect real needs and aspirations**, not assumptions.
- **Empower communities and individuals** to have a meaningful voice in shaping the support they receive.
- **Build trust and shared ownership** between professionals and the people they serve.
- **Drive innovation and continuous improvement** through diverse perspectives and shared learning.

🤝 A Partnership *Shared Approach* – key Themes

Collaboration
- Strengthening partnerships across organisations.
- Moving from siloed to collective action “Do more together.”
- Coordination of activities

Accountability
- Following through on commitments and feedback but also manage expectations.
- Making sure actions aren’t just discussed - they’re delivered.

Flexible processes
- Using Engagement Toolkits.
- Feedback loop for continuous engagement.
- Co-production and co-design is represented at key stages of the commissioning and programme cycle.

Empowering Community Voices
- Giving those with lived experience the voices to help co-lead and influence.
- Strengthening misrepresentation and those who feel undervalued.

Commissioning and programme cycle
- Shifting away from traditional top-down approaches.
- Embracing more participatory, dynamic methods.

🤝 Co-Production *Definitions*

[Co-production is]
"Public service organisations and citizens making better use of each other assets, resources and contributions to improve better outcomes or improve efficiency. This includes co-commissioning, co-designing, co-delivery and co-assessment."

- (Loeffler, 2013).

"Co-production means creating a space for all spaces to be heard, especially those from marginalised communities. True change happens when we recognise the value of lived experience, challenge inequality, and build solutions."

- *Issac Samuels, OBE, Co-chair, National Co-production Advisory Group.*

"Co-production is a way of working that involves people who use health and care services carers and communities in equal partnership; and which engages groups of people at the earliest stages of service design, development and evaluation. Co-production acknowledges that people with 'lived experience' of a particular condition are often best placed to advise on what support and services will make a positive difference to their lives."

- *NHS England*

🤝 What is the *difference* between...

Engagement
Informing / Consulting
Listening to people's views through surveys, focus groups or consultations.

Co-Design
Collaborating on Solutions
Working with people to design services, using their lived experience / personalised care to help shape ideas.

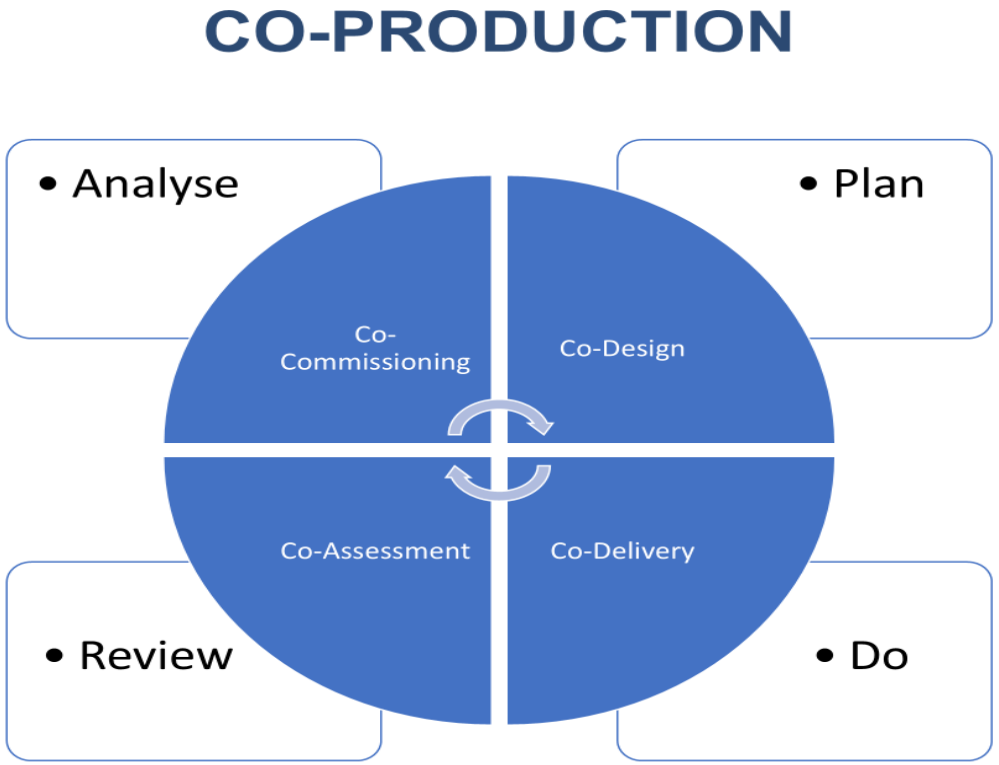
Co-Production
Shared power and how it is shared
Equal partnership throughout: from planning to delivery to evaluation.

South East London Integrated Care System

🤝 What is the *difference* between...

Method	Approach	definition	Example
Engagement	*Informing/consulting*	Informing and consulting people to gather views and feedback	Surveys, focus groups, public meetings
Co-design	*Collaborating on solutions*	Working together to design solutions, drawing on experiences	Workshops, advisory groups, design sprints
Co-production	*Shared power and how it is shared*	Equal partnership in design, delivery and evaluation of services	Community groups, lived experience, partnership approach

Loeffler: A *process* for Co-production



Type of Co-production	Roles / perspective
Co-commissioning	Strategic thinkers and funders
Co-design	Innovators
Co-delivery	Asset holders
Co-assessments	Evaluators

By adopting the four Co's of a coproduction process, this allows services users, families and carers to assume different roles…(Loeffler, 2013).

🤝 NHS: A *model* for Co-Production

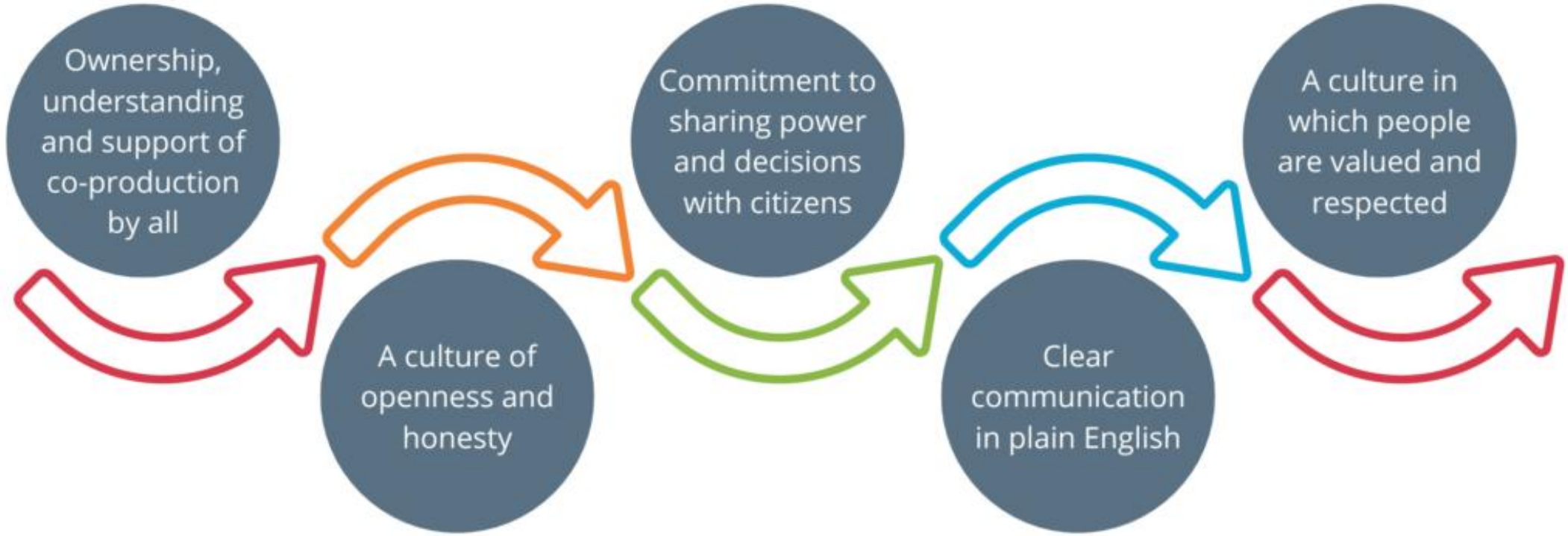


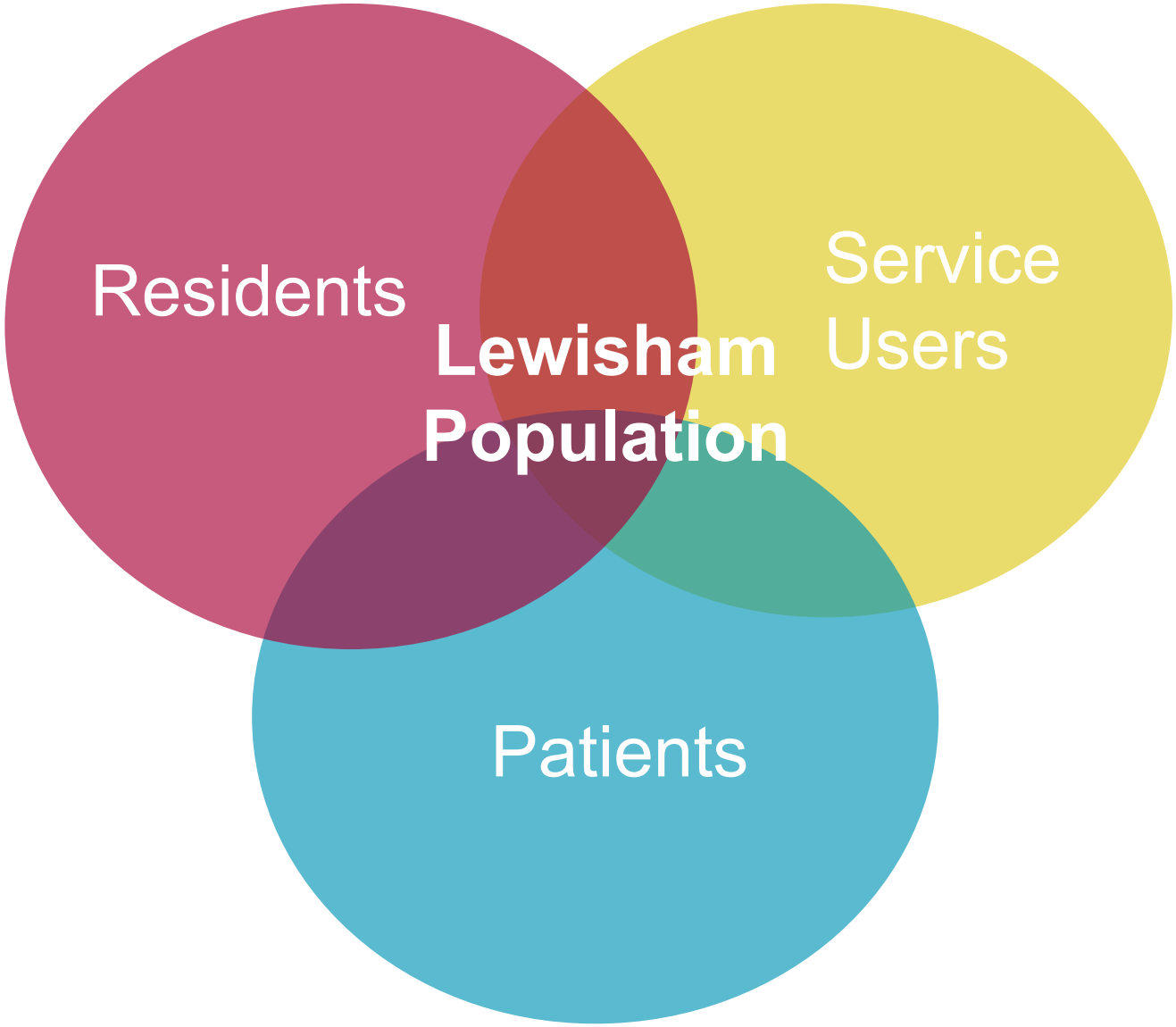
Image and source from A Co-production Model. Produced by NHS England and Coalition for Personalised Care.

🤝 Who are our *stakeholders*

Who are our stakeholders:

- **People with Lived Experience**
- **Family and Carers**
- **Communities**
- **Faith groups**
- **Decision-makers**
- **Council, healthcare, trust professionals**
- **Mental health individuals**
- **LD & Autism and disabled communities**

The above is not exhaustive but using the Venn diagram we can categorise residents, service users and patients into cohorts.



Principles

1. Ownership, understanding and support of co-production by all

Lewisham Local Health and Care Partnership agrees to:

- Be committed to a respectful and collaborative approach to working together, participating in key decision-making processes and managing expectations.
- Set systems in place for the successful delivery of engagement/co-production/co-design.
- Identify areas of work where either: engagement, co-production or co-design can make a meaningful impact and involve partners, patients, residents or service users at key stages of the programme or commissioning cycle.

Principles

2. A culture of openness and honesty

Lewisham Local Health and Care Partnership agrees to:

- Create inclusive and transparent processes that value the knowledge and expertise of those with lived experience, particularly from marginalised or underrepresented groups. An example of this is the Integrated Neighbourhood programme.
- Create an environment where all feel safe to share their views, experiences and ideas.
- Work with local people and communities in an ongoing way to build and develop long-term relationships and develop solutions, which will help develop trust, openness and honesty.
- Build trust with people, communities and develop relationships.

Principles

3. A commitment to jointly working with residents when developing or changing services or provision.

Lewisham Local Health and Care Partnership agrees to:

- Be committed to involving our partners, patients, service users and residents at key stages of co-production/co-design cycle – to help shape, transform, improve and evaluate services.
- Work *with* people and along side them and challenge systems and barriers to co-create meaningful change.
- Actively address and rebalance power dynamics as a part of the partnership approach, ensuring that all voices are heard, valued throughout the decision-making process.
- Establish clear communication and a two-way feedback loop to provide direct updates on the issues staff have contributed to.

Principles

4. Clear communication in plain English

Lewisham Local Health and Care Partnership agrees to:

- Have a clear understanding of the differences between ‘engagement,’ ‘co-production,’ and ‘co-design,’ and be mindful of the language we use.
- Communicate in ways that are easy to understand, ensuring that information is accessible to everyone involved.
- Avoid using jargon and acronyms – and ensure the experience of engagement/co-production/co-design is more inclusive.
- Ensure inclusivity; easy read / visuals especially for those who are neurodivergent, people with learning disabilities and autism or those where English is an additional language.

Principles

5. A culture in which people are valued and respected

Lewisham Local Health and Care Partnership agrees to:

- Be committed to valuing those with lived experience by embedding co-production/co-design in our work, ensuring meaningful representation, creating safe spaces and changing culture to be more inclusive.
- Be committed to actively listening, learning from those with lived experience.
- Ensure all are involved and their knowledge, experience and different perspectives will be recognised as essential to the co-production/co-design process, helping to build trust and mutual respect.

Case Study

Case Study: Co-Designing Integrated Neighbourhood Teams (INTs) in Lewisham

Lewisham Integrated Neighbourhood Teams - Co-designing with lived experience patients | Let's Talk Health and Care South East London

Background: In late 2024 and early 2025, Lewisham residents were actively involved in co-designing a new model of care through the **Integrated Neighbourhood Teams (INTs)** initiative.

Resident Involvement:

Residents with lived experience (PWLE) were recruited to participate in six co-design sessions held between February and March 2025. These sessions focused on:

* **Improving communication with patients**
* **Planning group consultations**
* **Designing a new lifestyle questionnaire**
* **Shaping the discharge process**
* **Making reasonable adjustments for people with Learning Disabilities (LD) and Serious Mental Illness (SMI)**

Outcomes:

The feedback and ideas from residents directly influenced the redesign of the INT model. A final workshop in March 2025 brought together stakeholders from Lewisham Council, NHS Trusts, and community organisations to review the revised model.

Resident Voice:

One participant, anonymised here as *Malachy*, shared:

"*I want to say a big thank you for involving me in the INT Co-design programme. It has been a very fruitful & purposeful experience for me. This group exercise has been a very valuable insight to a world I knew little of but was very fulfilling with positive outcomes*."

Celebration & Recognition:

A "Thank You" event was held in May 2025 to celebrate the contributions of all co-design partners, where the "You Said, We Did" outcomes were shared.

Source: **INT C-design programme**

Co-production Events and Activities

Microsoft Word Document

This is an active list of co-production events and activities happening across Lewisham as part of our partnership approach to working with communities.

To keep it fresh and relevant, we need your input! If you're running or planning any co-production initiatives; whether workshops, forums, creative sessions or collaborative projects.

Please share the details with us via lewishamhealthandcarepartnership@selondonics.nhs.uk

Q&A to think about…

1. How and where do we start with co-production/co-design?

- Identify existing spaces of engagement and build from there.
- Start where trust already exists...look at where we already gain engagement and build from there.

2. How would a common approach make a difference to residents, service users, patients, staff, and services?

- Consistency...people don't want to keep retelling their story and staff/services want to feel confident they are doing work with people not just for...

3. Who needs to be involved?

- Anyone who is directly involved in community groups, volunteers',..carers are often overlooked

4. Are we open to changing how we work?

- Yes, we need to move past just consulting!

5. Do we have the resources?

- I think we have the people / creativity.

6. How to measure impact?

- Asking people what matters most to them

Next Steps

Next Steps

Description	By when	By who
• Meet with key partners to discuss and agree principles.	June 2025	CH to organise
• Send survey for final comment • Share at People's Partnership meeting	August/September 2025	CH to organise
• Present at LHCP Board	September 2025	LJ/CMS
• Review paperwork, processes with the aim to add co-production and co-design responsibilities.	October 2025	All

South East London Integrated Care System

lhcp Lewisham Health and Care Partnership

Resources

Useful Resources

Resources	Links
• **SEL ICS Toolkit**	SEL ICS toolkit (Engagement toolkit - South East London ICS)
• **Definitions (slide 5) References**	Loeffler, E., 2015. Co-production of public services and outcomes. In *Public management and governance* (pp. 319-336). Routledge. ADASS (2025) *ADASS launches a new vision for co-production*. Available at: https://www.adass.org.uk/adass-launches-a-new-vision-for-co-production/ (Accessed: 19 August 2025). NHS England (n.d.) *Co-production and quality improvement – a resource guide*. Available at: https://www.england.nhs.uk/long-read/co-production-and-quality-improvement-a-resource-guide/ (Accessed: 19 August 2025)
• **Four Co's *process***	Lewisham Council (n.d.) *Our approach to service user engagement, involvement and co-production.* Prevention, Inclusion and Public Health Commissioning Team. Available at: https://lewisham.gov.uk/organizations/prevention--inclusion-and-public-health-commissioning (Accessed: 19 August 2025).

Co-Production Events and Ongoing Programmes 2025 - Upcoming Events

Date: 2 September 2025
Provider: Lewisham Council
Event: Lewisham Meet the Buyer
Location: Goldsmiths University
Synopsis: Networking and collaboration event with co-production opportunities for local providers and residents.
Link: https://www.eventbrite.co.uk/e/lewisham-meet-the-buyer-tickets-1476904183169

Date: 4–12 October 2025
Provider: Lewisham Council
Event: SEEN Festival 2025
Location: Across Lewisham
Synopsis: A co-produced arts and culture festival celebrating diversity and community engagement.
Link: https://www.nvrch.com/copy-of-what-s-on

Date: 17th September 2025
Provider: Lewisham Council
Recovery Networking Month
Synopsis: **National Recovery Month** is a nationwide initiative that celebrates the gains made by individuals in recovery from substance use and mental health conditions.
Link: Held at Civic Suite, Catford, SE6 4RU

Ongoing Co-Production Programmes

Provider: Lewisham Council

Programme: Adult Social Care Co-Production

Description: Ongoing engagement with residents, carers, and service users to shape adult social care services through panels, workshops, and themed projects.

Link: https://lewisham.gov.uk/myservices/socialcare/adult/co-production

Date: 19 June 2025

Provider: SEL ICB

Event: Reducing Black Maternal Health Inequalities

Location: The Liberation Centre, Southwark

Synopsis: A co-produced workshop addressing disparities in maternal health outcomes for Black women.

Link: Reducing Black maternal health inequalities: building health, wellbeing and real solutions together | Let's Talk Health and Care South East London

Provider: SLaM

Programme: SLaM Recovery College

Description: Year-round co-produced courses on mental health recovery and wellbeing, co-designed and delivered by people with lived experience and professionals.

Link: https://www.slamrecoverycollege.co.uk/

Provider: LGT

Programme: Patient Experience Forums

Description: Ongoing forums where patients and carers contribute to service improvement and co-design initiatives across the trust.

Link: https://www.lewishamandgreenwich.nhs.uk/patient-experience

Provider: SEL ICB

Programme: Let's Talk Health and Care South East London

Description: An online community for you to share your ideas, discuss important topics, provide feedback and help people live healthier lives in our shared communities

Link: Let's Talk Health and Care South East London

Lewisham Local Care Partners Strategic Board

Cover Sheet

Item 9
Enclosure 8

Title:	**Lewisham LCP Performance Report**
Meeting Date:	**25 September 2025**
Author:	Ceri Jacob
Executive Lead:	Ceri Jacob

Purpose of paper:	To provide a general update to the Lewisham Care Partnership Strategic Board on how the LCP is performing against national targets that are primarily delivered at Place.	Update / Information	**x**
		Discussion	**x**
		Decision	
Summary of main points:	Lewisham LCP is responsible for improving performance against a range of national targets. These all have implications for addressing health inequalities in our population. Performance against the targets is variable with some proving particularly challenging to improve. This paper focuses on a few of these areas and the actions underway to improve performance. The full performance report is attached as Appendix 1.		
Potential Conflicts of Interest	None noted.		
Any impact on BLACHIR recommendations	This work will impact on Opportunities for Action: • 20.Support initiatives to improve uptake of vaccinations in older Black African and Black Caribbean people, focusing on areas of higher deprivation • 30.Work with faith settings to understand and utilise the positive role faith plays in healthier behaviour decision making. • 35.Ensure prevention services are fair, appropriate and consider the needs of Black African and Black Caribbean populations, and there is proactive work to address issues with health literacy.		

Relevant to the following Boroughs	**Bexley**		**Bromley**	
	Greenwich		**Lambeth**	

	Lewisham	✓	**Southwark**	
	Equality Impact	No applicable to this report, noting that all performance targets will impact on health inequalities.		
	Financial Impact	No direct impacts.		
Other Engagement	Public Engagement	Patient engagement is carried out in relation to some of the improvement plans.		
	Other Committee Discussion/ Engagement	Lewisham LCP Senior Management Team		
Recommendation:	The Board is asked to note and comment on the Lewisham LCP performance against national and local targets.			

1. Background

The LCP is expected to achieve or be working towards achieving 11 performance areas. Some, such as childhood immunisation, are made up of a number of individual targets. Achievement of the targets not only supports achievement of evidence-based best practice but also support reductions in health inequalities in the local population.

The report is provided monthly and sets out Lewisham LCP performance in relation to agreed targets and against the other five Places in SEL ICB. It is reviewed in the LCP Senior Management Team. This paper sets out in summary, some key areas where work is underway to improve performance.

2. Performance Indicators

The August 2025 LCP Performance Report is attached as appendix 1.

2.1 Physical Health Checks for People with Serious Mental Ill Health (SMI)

This target is included in national performance framework because people living with SMI face significant health inequality compared to the general population. Life expectancy is 15–20 years shorter than that for the general population (Public Health England (2018). Severe mental illness (SMI) and physical health inequalities: briefing). This disparity is largely due to preventable physical illnesses. It forms part of national Core20Plus5 programme and is included in the GP Quality and Outcomes Framework (QOF).

Lewisham is consistently below the required target of 75%. Current performance is 55% against performance of 60.7% at the same point in 2024/25. The Lewisham All Age Mental Health Alliance has oversight of all mental health related targets although this particular target is predominantly delivered through general practice. There is a small working group focussed on this specific area chaired by the Assistant Director of Integrated Commissioning Adult Mental Health and Wellbeing. It meets bi-weekly and is currently focused on:

- following up GP practices with the lowest uptake including the development and monitoring of actions plans
- working with SLAM to put in place the necessary Information Governance arrangements to effectively share health check data that they hold back with GP practices
- ongoing communications with GP practices including the sharing of comparative performance dashboards and reports showing patients who have had 4/5 of the required 6 health checks undertaken and so only need 1/2 more areas to be completed.

Current performance is expected to improve towards the end of the year when GP practices focus on delivering targets set out in the QOF ahead of the April 2026 deadline.

2.2 Childhood immunisations

This performance area covers all immunisations on the childhood immunisation programme up to the age of five. Childhood immunisation is one of the most important ill health prevention measures available. To achieve herd immunity, a certain percentage of children need to be immunised.

Whilst Lewisham LCP does not achieve most of the targets, it is close to target in a number of areas and performs well in comparison to other SEL LCPs and London more generally. Performance is better for baby immunisations compared to last year and similar to last year for childhood immunisations.

The Council Public Health team and the Lewisham Community Based Care (CBC) team work closely together to maintain and improve performance in this area. Current areas of focus include:

- Following up on the feedback from the recent GP practice survey where we asked what can be done to help improve uptake
- Ongoing communication and engagement activities including a specific piece of community engagement regarding the MMR vaccination with the Africa Advocacy Foundation
- Finalising the launch of our local vaccine ChatBot which will cover all age vaccinations but is expected to be especially useful for childhood immunisations to answer queries from parents and carers
- Finalisation of the refreshed overarching Immunisation Strategy for Lewisham.

2.3 Influenza vaccination

Flu is a significant driver of hospital attendance and admission in winter months and also impacts on health staff sickness rates. Lewisham LCP has traditionally struggled to achieve flu vaccination rates. This is particularly apparent in people with black African and black Caribbean heritage.

Lewisham LCP and Public Health team are working closely together to increase flu vaccination uptake across the borough. To support this, two Voluntary and Community Sector (VCS) organisations have been commissioned to engage directly with residents and faith leaders in areas where uptake remains low. Their role will be to listen to community concerns, build trust, and help address barriers that may be preventing people from receiving the vaccine.

Alongside this targeted engagement, a strong flu campaign is being delivered locally, supported by the distribution of a “Winter Well” leaflet to households across Lewisham. This leaflet will provide clear information about staying well during winter, including the importance of flu vaccination.

In addition, warm spaces across the borough will be used as accessible sites where residents can receive their flu vaccination in a welcoming and supportive environment. This combination of community engagement, clear communication, and accessible vaccination opportunities is designed to improve uptake and protect more residents during the winter months

Plans are in place to deliver flu (and COVID) vaccinations to housebound patients with the District Nursing team at LGT.

The flu vaccination season starts in September for some of the cohorts, with all cohorts open from October and the impact of the work set out above will be tracked throughout the campaign.

3. Conclusion

Lewisham has seen improvement in some areas, for example CHC assessments, but continues to struggle in other key areas. Work is underway in these areas to try and improve performance and therefore impact positively on health inequalities in Lewisham. A joint approach across primary care, particularly general practice, and the Council is key to improving performance.

Lewisham Local Care Partners Strategic Board

Cover Sheet

Item 10
Enclosure 9

Title:	**Lewisham Risk Register**
Meeting Date:	**Thursday 25 September 2025**
Author:	Cordelia Hughes
Executive Lead:	Ceri Jacob Place Executive Lead, Lewisham

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

Summary of main points:

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

Risk Type	Risk Description	Direction of Risk	*Risk Appetite Levels
Financial	**592. Achievement of Recurrent Financial Balance 2025/26.** Lewisham borough anticipates achieving financial balance in 2025/26 but has identified numerous risks that have potential to jeopardise a balanced financial position, the material ones being ability to fund required mental health investment and funding of delegated primary care contracts. In addition, there are business as usual risks relating to activity pressures within continuing care and prescribing.	⟺	Open (10-12)
Financial	**593. Achievement of Efficiency Savings 2025/26.** Lewisham borough has a mandated efficiency savings target of £8.975m (5% on all budget lines). A material element £4.228m is dependent on delivery of efficiency programmes to manage activity within continuing care and prescribing. Given the nature of these activity driven costs there is a risk under achievement of the efficiency programmes will jeopardise the borough's ability to achieve the total £8.975m target.	⟺	Open (10-12)
Financial	**496. Prescribing Budget Overspend**. Risk that the prescribing budget 2024/25 may overspend.	⟺	Open (10-12)
Strategic	**528. Access to Primary Care** There is a risk that patients may experience an inequality (and inequity) in access to primary care services.	⟺	Cautious (7–9)
Strategic	**529. Increase in vaccine** preventable diseases due to not reaching herd immunity coverage across the population. ***Childhood Immunisations***	⟺	Cautious (7–9)
Strategic	**561. Increase in vaccine** preventable diseases due to not reaching herd immunity coverage across the population. ***Seasonal Vaccinations***	⟺	Cautious (7–9)

Strategic	**334. Reduce acute pathway pressures and increase physical health checks for people with SMI** There is a risk that Lewisham does not deliver on key ambitions such as to reduce pressures in the acute mental health pathway and strengthen our early intervention and prevention offer by delivering physical health checks for people with SMI	⟷	Open (10-12)
Financial	**506. The CHC outturn for adults** will not deliver in line with budget. Growth in the number of LD complex transition cases at a high cost appears to have stabilised but this is still a risk due to high long term care costs associated with these cases. Alongside this is the pressure caused generally by costs and workforce capacity.	⟷	Open (10-12)
Governance	**359. Failure to deliver on statutory timescales for completion of *EHCP health assessments*.** Failure to deliver on statutory timescales for completion of Education Health Care Plan health assessments (EHCP). This is being driven by challenges in recruitment and capacity of community paediatricians and therapists.	↑	Open (10-12)
Governance	**360. Failure to deliver on statutory timescales for completion of *ASD health assessments*.** Failure to deliver on statutory timescales for completion of autism spectrum disorder (ASD) health assessments. There is an 18-month waiting list. This is being driven by challenges in recruitment of community paediatricians.	↑	Open (10-12)
Workforce	**580. Shortage of commissioned nursing capacity in the CLA Health team**. With 1.8 FTE nursing staff, Lewisham's CLA Health Team has the lowest staffing levels in London, at 2.5 FTE fewer than the London average based on CLA population size.	⟷	Eager (13-15)
Operational	**610. INT Estate** There is a risk that one or more Integrated Neighbourhood Teams (INTs) will not have a base to work from at service go-live.	⟷	Eager (13-15)
Operational	**611. INT Digital** The Neighbourhood model may not operate optimally if there are issues with IT infrastructure and data interoperability	⟷	Eager (13-15)
Data and Information Management	**612. System Platform.** Funding for the population health management (PHM) platform is due to end in March 2026. The contract itself continues until March 2027, but a strategic decision is needed on whether to end early, extend temporarily, or continue through to contract end.	⟷	Open (10-12)

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

↓ Risk has become worse.

⟷ Risk has stayed the same.

↑ Risk is improving.

2.Process

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

3. Risk Appetite Statement and Levels

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

	which the organisation is willing to take risks in the process of securing the change we know is needed. ***Appendix 1 – Risk Appetite Statement.*** **4.Local Care Partnership Risks - Comparative Review** A comparative risk review takes place quarterly to ensure a proactive review across all 6 risk registers and their respective scores. The aim is to identify potential risks that should be considered for inclusion in LCP risk registers, comparable analysis of risks with suggestive similarities and/or contrasts. A new comparative review is attached, please refer to ***Appendix 2 – LCP Risks Comparative Review* – July 2025.** **5.New/Closed Risks/Matrix Scores** There is a total of **14 risks** on the Lewisham risk register. No movement from July 2025. New, closed or reduced risks are detailed below: **New risks** No new risks **Closed risks** No closed **Matrix Scores** **528 – Access to Primary**. Inherent score reduced to 3x3=9. This is due to activity in place for this risk such as the Primary Care Recovery plan. **594 – Shortage of commissioned nursing capacity in the CLA Health Team.** Inherent score reduced to 3x3=9. Business case approved and will receive an increase in funding to support shortage of nursing in CLA. There is an issue log which monitor previous risks considered BAU and/or in development. Service areas have their own local risks to monitor. **6.Key Themes:** The key themes from the risk register relate to finance, budgetary and statutory impacts, workforce limitations, and quality of care around delivery of services.
Potential Conflicts of Interest	**N/a**
Any impact on BLACHIR recommendations	BLACHIR has coproduced recommendations for the Black African and Black Caribbean communities with the aim of reducing health inequalities. Under the risk-related main headings: finance/budgetary impact, workforce limitations and quality of care around delivery of services. If the residual risk score increased (high-level red risks), mitigations not met and funding/budgetary constraints escalate; limitations on health improvements/health inequalities as per the BLACHIR recommendations would be impacted.

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

	Equality Impact	Yes
	Financial Impact	Yes

Other Engagement	Public Engagement	Public Engagement, where required, takes place as part of the mitigating actions set out in the Risk Register.
	Other Committee Discussion/ Engagement	Not in relation to this paper but some actions may require engagement and will be picked up via individual teams and initiatives. Risks are allocated each month for a deep dive at a weekly Senior Management Team and is a standardised agenda item at the Lewisham Health & Care Partners Strategic Board. Regular monthly meeting regarding all risks with the Place Executive Lead.
Recommendation:	The Lewisham Health & Care Partners Strategic Board are asked to note the upcoming changes to the risk process across SEL. The ICB Board will be taking more of an interest in the risk process as mentioned above for corporate and borough risks going forward and have asked for all high-level red risks to be reviewed at the Planning and Finance Committee along with the BAF. At local level risk owners with risks that are high-level (red) will meet with the Place Executive Lead and Borough Business Support Lead with their delivery plan to conduct a deep dive into risks and mitigations.	

	Ref	Risk Type	Risk Title	Risk	Inherent Risk (L x I)	Residual Risk (L x I)	Target Risk (L x I)	Risk Appetite Level	Direction of travel	Risk sponsor	Risk owner	Ongoing controls	Assurances	Impact of ongoing controls	Control gaps
												Finance			
1	592	Financial	**Achievement of Recurrent Financial Balance 2025/26**	Lewisham borough anticipates achieving financial balance in 2025/26 but has identified numerous risks that have potential to jeopardise a balanced financial position, the material ones being an ability to fund required mental health investment and funding of delegated primary care contracts. In addition there are business as usual risks relating to activity pressures within continuing care and prescribing.	3x3=9	3x3=9	3x2=6	Open (10–12)	↔	Ceri Jacob	Michael Cunningham	1. A careful and detailed budget setting process has been conducted to identify target savings. 2. Sound budgetary control will continue to be applied to ensure expenditure trends are monitored and any deviations from budget are identified at an early stage. 3. The ICB's Planning and Finance Committee receives monthly reports showing the status of savings schemes against target. 4. The Lewisham borough SMT review and discuss savings identification and delivery on a regular basis. 5. Review at LCP meetings with members on a bi-monthly basis. 6.System approach is being followed with LCP partners to align savings opportunities.	1.Monthly budget meetings. 2.Monthly financial closedown process. 3.Monthly financial reports for ICS and external reporting. 4.Review financial position at CHC Recovery meeting. 5.Lewisham Senior Management Team Review.	1.The impacts of controls will be assessed in the new financial year however risk will remain the same but will be reviewed. 2.Regular borough financial focus group meetings with CFO and Director of Planning.	There are no currently identified control gaps.
2	593	Financial	**Achievement of Efficiency Savings 2025/26**	Lewisham borough has a mandated efficiency savings target of £8.975m (5% on all budget lines) . A material element £4.228m is dependent on delivery of efficiency programmes to manage activity within continuing care and prescribing. Given the nature of these activity driven costs, there is a risk under achievement of the efficiency programmes will jeopardise the boroughs ability to achieve the total £8.975m target.	3x3=9	3x3=9	3x2=6	Open (10–12)	↔	Ceri Jacob	Michael Cunningham	1. A careful and detailed budget setting process has been conducted to identify target savings. 2. Sound budgetary control will continue to be applied to ensure expenditure trends are monitored and any deviations from budget are identified at an early stage. 3. The ICB's Planning and Finance Committee receives monthly reports showing the status of savings schemes against target. 4. The Lewisham borough SMT review and discuss savings identification and delivery on a regular basis. 5. Review at LCP meetings with members on a bi-monthly basis. 6.System approach is being followed with LCP partners to align savings opportunities.	1.Monthly budget meetings. 2.Monthly financial closedown process. 3.Monthly financial reports for ICS and external reporting. 4.Review financial position at CHC Recovery meeting. 5.Lewisham Senior Management Team Review.	1.The impacts of controls will be assessed during the financial year. 2. Regular borough financial focus group meetings with CFO and Director of Planning.	There are no currently identified control gaps.
												Medicines Optimisation			
3	496	Financial	**Prescribing Budget Overspend**	There is a risk that the prescribing budget 2025/26 may overspend due to: 1. Medicine supplies and cost increases -NCSO/price concessions and Category M. 2. Reduced capacity to implement in year QIPP schemes by borough medicines optimisation teams following NHS reform. 3. Entry of new drugs to the SEL formulary inc. those with NICE Technology Appraisal recommendations with increased cost pressure to prescribing budget. 4. Increased patient demand for prescriptions including self-care items, LTC. 5. Prescribing budget although uplifted for 25/26 a gap remains with regards to forecast outturn and budget. 6. Priority shifts towards qualitative outcomes such as patient safety issues in Meds Management and supporting prevention hospital avoidance or discharge. 7. Shift in prescribing from acute to community setting which places a pressure on primary care prescribing.	3x4=12	3x4=12	3x3=9	Open (10–12)	↔	Laura Jenner	Erfan Kidia	1. Monthly monitoring of spend (ePACT and PrescQIPP), and also Cat M and NCSO spend. 2. Monthly meetings with finance colleagues reviewing PPA budgets to date. 3. 2-weekly Place finance meetings. 4. Monthly savings meeting with SMT at Place to review prescribing spend and development mitigations. 5. Borough QIPP plans, and incentive schemes developed, with following ongoing: - QIPP and Incentive scheme monitoring dashboards - Practice level budget deep dives with RAG and action plans - Face to face practice visits with targeted spend analysis and feedback. - Forum meetings providing information on QIPP status and recommending actions to optimise prescribing (i.e. Practice Managers forum)	1.Any actions with regard to the prescribing budget are completed by Erfan Kidia, to dates agreed with the Place Executive, Associate Director of Finance.	1. Cost and budget pressure.	No gaps in control identified.
												Primary Care / Community Based Care			
4	528	Strategic	**Access to Primary Care Services**	There is a risk that patients may experience an inequality (and inequity) in access to primary care services. The inequality in access may be caused by: 1.Patients not understanding the various routes to access primary care services and the appropriate alternatives that are available 2.GP Practices operating different access and triage models 3.Digital exclusion 4.Workforce challenges 5.Increasing demand It could lead to: Poor patient outcomes A decline of continuity of patient care Avoidable activity including A&E attendances and NHS 111 calls	4x4=16	3x3=9	4x2=8	Cautious (7 – 9)	↔	Ceri Jacob	Ashley O'Shaughnessy	The current controls in place are: Several priorities for 25/26: 1. All practices have now received the full Transformation and Transition funding based on evidence submitted and self-declaration of transition to the Modern General Practice Access model. The ICB will continue to fully embed Cloud Based Telephony and Online Consultation tools and develop and share good practice in respect of their utilisation. 2. A public communications and engagement campaign to raise awareness with the public about how best to access primary care and other options e.g. Pharmacy First via community pharmacy, self-management resources, self-referral pathways, NHS APP. The Primary Care Access Campaign is due to go live before the end of August 2025. It includes information on the NHS App, Access & Triage, Pharmacy First and the wider GP Practice teams. 3. Continue to review themes emerging from the SLF practice visits and develop and implement action plans to take forward. 4. Some of our larger practices are taking part in the Practice Level Support Group Based Learning Sessions which is designed to implement modern general practice and to assist practices to improve their efficiency, productivity and overall patient experience with a particular focus on patient access. 5. Build on the progress made with local discussions to take forward improvements in the primary / secondary care interface and expand this work to wider system interfaces i.e. mental health, local authority. 6. Consider opportunities to work with dental and community optometry providers/services to support improved access across all primary care services. 7. Continue support for GP practice estates developments planned through the London Improvement Grant and the NHSE Primary Care Utilisation Fund, to increase clinical space for appointments. 8. Continue support for PCNs to maximise use of the increased flexibility within ARRS budgets.	1.Assurances going forward are outlined in the controls section. Furthermore: Primary care access is reviewed on a monthly basis at the Primary Care Group and discussions with the Primary Care Leaders at PCLF, PM forum and PLTs about the models of access and delivery.	Highlight of progress made in 25/26:- In the months April to June 2025, Lewisham GP Practices delivered 337,000 appointments. Ongoing work programme with all practices to review and refine their websites to make them easier to navigate for patients including ensuring they are up to date, consistent and cover all key areas. Good progress has been made across all practices in Lewisham in implementing the MGP model. All practices now using Cloud Based Telephony systems with features such as a queue position and call back functionality as well as real time data monitoring to support evidence-based service decisions. All practices have an Online consultation system available for patients to use to submit requests. Quarterly reporting in place for PCN Enhanced Access delivery with all PCNs meeting their contracted required number of additional hours. In 2024/25, approximately 20,244 hours were delivered offering a total of 60,497 appointments: 73% of these appointments were face to face 36% of these appointments were with a nurse 48% of these appointments were with a GP 26% of these appointments were by telephone 17% average DNA rate across Lewisham. 17 practices have undertaken the Support Level Framework programme delivered by the SEL Primary Care Workforce Academy who have been commissioned to lead this work. The programme will continue into 25/26 with the aim of all practices participating. Some selected practices have now started the 2025/26 Practice Level Support. All PCNs utilised their total ARRS budgets for 24/25. Good progress is being made on the interface with Primary Care and Secondary Care including the sharing of clear contact points, creation of a dedicated WhatsApp group and the implementation of a formal letter to highlight and redirect inappropriate requests that are sent to General Practice from the local acute provider. In 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.
5	561	Strategic	**Increase in vaccine preventable diseases due to not reaching herd immunity coverage across the population - Seasonal Vaccinations**	There is a risk that Lewisham may see an increase in vaccine preventable diseases due to not reaching herd immunity coverage across the population. Low vaccine uptake may occur when: 1.Misinformation and lack of knowledge and education about vaccinations and organisms responsible for diseases is widely circulated and reinforced. 2.Cultural beliefs may inform decisions. 3.There is negative lived experience. 4.There is a lack of trust with professionals and wider establishment. 5.There are concerns around safety. 6.Patients find it difficult to access vaccines. It could lead to: 1.Severe and harmful disease outbreaks. 2.Increased pressure on Primary Care. 3.Increased A&E attendances and emergency admissions. 4. Poor patient outcomes, including disability and mortality.	3x4=12	3x4=12	3x3=9	Cautious (7 – 9)	↔	Ashley O'Shaughnessy	Mervlyn Clarke	The current controls in place are: 1. All practices administer vaccinations and where clinically appropriate and operationally feasible, make co-administration of seasonal vaccinations the default model. 2. Practices have robust patient call and recall systems in place. 3.Lewisham has a dedicated flu and immunisations coordinator who supports general practice. 4.The ICB works with the local authority (Public Health) to take responsibility for planning outreach services that meet the needs of underserved populations and address wider health inequalities. 5.There is vaccination delivery in convenient local places, with targeted outreach to support uptake in underserved populations. 6.A universal, core offer in a consistent location/setting to increase efficiency and capitalise on public understanding of 'where to go' for vaccinations. 7.Vulnerable populations, such as asylum seekers, refugees, and rough sleepers, are opportunistically offered vaccinations in different settings to ensure they are given the best chance of protection. 8.Oversight through the Lewisham Immunisation Partnership Group with focussed task and finish sub-groups convened to support specific programmes. 9. Collaborative working with Population Health team to target smaller cohorts for flu vaccinations. 10. The Lewisham Immunisations Strategy is currently being refreshed, led by Public Health. A review is scheduled for the next quarter in August, in preparation for the Autumn/Winter campaign. 11. Commission VCS to have flu/winter wellness engagement with their communities. 12.Provision of Jitsuvax training to family hubs and VCS. 13.Launch of a new vaccination chatbot/helpline to respond to patient queries. 14.Working collaboratively with Southwark, Health Bus to be situated at Millwall on match days which will include vaccinations. 15. Commission one service (District Nurses) to provide housebound vaccinations.	1.Appropriate governance in place which includes a stakeholder group and a working group. Lewisham representation at SEL immunisation and Vaccination board. Continued Joint working between primary care and public health.	1.Future increased numbers in seasonal Imms reported. 2.Reduction in severe and harmful disease outbreaks. 3.Help relieve some of the pressure on Primary Care. 4.Future decrease in A&E attendances and emergency admissions. 5.Help improve patient outcomes, including disability and mortality.	1.There is vaccine hesitancy, fatigue and reluctance following covid 19 pandemic. Need a comprehensive LHCP approach to build vaccine confidence in groups who may not take up the offer of vaccination. 2.LHCP approach to "making every contact count" especially through the offer of actual vaccination to eligible patients at every opportunity.
6	529	Strategic	**Increase in vaccine preventable diseases due to not reaching herd immunity coverage across the population - Childhood Immunisation Programme**	There is a risk that Lewisham may see an increase in vaccine preventable diseases due to not reaching herd immunity coverage across the population. Low vaccine uptake may occur when: 1.Misinformation and lack of knowledge and education about vaccinations and organisms responsible for diseases is widely circulated and reinforced. 2.Cultural beliefs may inform decisions. 3.There is negative lived experience. 4.There is a lack of trust with professionals and wider establishment. 5.There are concerns around safety. 6.Patients find it difficult to access vaccines. It could lead to: 1.Severe and harmful disease outbreaks. 2.Increased pressure on Primary Care. 3.Increased A&E attendances and emergency admissions. 4. Poor patient outcomes, including disability and mortality.	3x4=12	3x3=9	3x2=6	Cautious (7 – 9)	↔	Ashley O'Shaughnessy	Mervlyn Clarke	The current controls in place are: 1. Practices have robust patient call and recall systems in place. 2. A national failsafe should ensure that unvaccinated individuals are flagged with registered practices. 3.Lewisham has a dedicated flu and immunisations coordinator who supports general practice. Currently working with practices with lowest uptake. 4.The ICB works with the local authority (Public Health) to take responsibility for planning outreach services that meet the needs of underserved populations and address wider health inequalities. 5.There is vaccination delivery in convenient local places, with targeted outreach to support uptake in underserved populations. 6.A universal, core offer in a consistent location/setting to increase efficiency and capitalise on public understanding of 'where to go' and at 'what age' for vaccinations. 7.Vulnerable populations, such as asylum seekers, refugees, and rough sleepers, are opportunistically offered vaccinations in different settings to ensure they are given the best chance of protection. 8.Oversight through the Lewisham Immunisation Partnership Group with focussed task and finish sub-groups convened to support specific programmes i.e. MMR/polio. 9. A new system-wide childhood immunisation strategy has been co-produced with system partners including patients and resident. The new strategy is an outcome based strategy and the outcomes are people and community focused. It is a plan for how relevant groups and stakeholders will deliver against the principles and priorities set out in the Lewisham Health and Wellbeing Strategy and is aligned to the SEL Immunisation Board Strategy. 10. Support and engagement from the African Advocacy Group effective May 2025. 11. Jitsuvax training roll out to family hubs and soon engagement with nursery managers. 12. Childhood vaccination programme is changing from July 2025 which will raise awareness to populations.	1.Appropriate governance in place which includes a stakeholder group and a working group. Lewisham representation at SEL immunisation and Vaccination board. Continued Joint working between primary care and public health.	1.Increased numbers in childhood Imms reported. 2.Reduction in severe and harmful disease outbreaks. 3.Help relieve some of the pressure on Primary Care. 4.Decreased A&E attendances and emergency admissions. 5.Help improve patient outcomes, including disability and mortality.	1.There is also a clear lack of knowledge of the importance and effectiveness of vaccinations amongst young parents. 2.Need a comprehensive LHCP approach to build vaccine confidence in groups who may not take up the offer of vaccination. 3.LHCP approach to "making every contact count" especially through the offer of actual vaccination to eligible patients at every opportunity. 4.Limited influence over commissioning of vaccination programmes including routine childhood immunisations and school age vaccinations. These are commissioned regionally by NHSE&I. 5.Following a review of the immunisations survey that was shared with all practices, we are now taking steps to act on the suggestions received.
												Commissioning			
7	334	Strategic	**Lewisham does not deliver on key ambitions committed to externally either in the operating plan or published in the Joint Forward Plan. Specific areas include (1) reduce acute pathway pressures (2) meet corporate objective of physical health checks for people with SMI**	There is a risk that Lewisham does not deliver on key ambitions in the operating plan or published in the Joint Forward Plan, in part due to system financial pressures that impact ability to fund additional capacity to support specific projects and require repurposing of existing spend and engagement across stakeholders. Specific areas of challenge for delivery outlined in key strategy and operating plan submissions include: A. Ambition to reduce pressures in the acute mental health pathway and strengthen our early intervention and prevention offer if (1) community and voluntary sector mental health provisions, including the 24/7 community mental health offer for N2, do not deliver their intended objectives and (2) pathway flow is not optimised due to lack of transformation in discharge planning processes and access to suitable onward step-down options relevant to presenting needs (either in supported housing or specialist placements). B. Corporate objective of delivering physical health checks to 70% of the SMI GP registered list, and appropriate following up interventions will not be offered to this group, resulting in Lewisham not delivering on published ambitions to reduce health inequalities and close the mortality gap for people living with SMI.	4x4=16	3x4=12	2x3=6	Open (10–12)	↔	Kenny Gregory	Ellen McGale	1. Mental Health Alliance holding oversight of the all-age delivery of mental health provision, bringing together stakeholders across health, social care and the voluntary sector with a view to collectively agreeing priorities for change/improvement and solutions and seeking system buy-in. A specific area of focus through the Alliance is the CRFD/flow position, reviewing with system stakeholder, the drivers and blockages and how these may be managed and better planned for. 2. Ongoing engagement with SLAM on community development programme and the alignment with neighbourhoods. N2 pilot in 'initial phase' of delivery, offering a new model of care, and group established to oversee delivery of transformation, with updates routinely being brought to the Alliance for scrutiny. 3. Programme of reviews of voluntary sector provisions is scheduled to explore delivery against specifications and value for money. 4. MH Alliance assurance framework includes elements of flow and CRFDs from SLAM IQ&P report and is being brought to the Alliance. 5. Physical health checks and SMI working group meeting fortnightly with key leads across commissioning, primary care and SLAM with a clear milestone/delivery plan for delivering improvements e.g. practices identified that are under-delivering and improvement plans put in place with monthly check-in calls, and working with SLAM and LGT to ascertain what data has been collated on physical health checks elsewhere.	1.Alliance assurance framework - scrutiny of IQ&P reports. 2.Alliance working group on community transformation and crisis care. 3.SLaM Stocktake of CMHS through Quality Centre to understand impact of CMHS transformation. 4. Physical health check and SMI data dashboard reviewed during monthly sub-group meetings; enables interrogation by sex, ethnicity, age etc for more targeted engagement work.	1.Despite local working group on SMI, health check performance has declined at end of Q1 (has across all boroughs).	1. Significant transformation underway in SLaM N2. However community pilot estates issues are unresolved and lack of clarity around how the initial offer is differing from existing model, adding value and how any learning will be shared. 2. Need to review drivers of acute presentations and CRFDs to explore both upstream and downstream changes to provision that may be required. 3. Update on action plan from community stocktake to be undertaken. 4. Improvement plans from practices to be reviewed/ratified and monitoring plans to be put in place. 5. Improvement plans to target population groups with 0 health checks to be developed. 6. Working group to develop understanding of follow up plans for those receiving checks and share best practice to ensure checks are not just undertaken but findings are enacted upon to enable progress to be made in addressing health inequalities.
8	506	Financial	**The CHC outturn for Adults will not deliver in line with budget**	Pressure in adult spend is being driven by a number of variables: Activity and Acuity The number of complex transition cases at high cost appears to have decreased during 2024/25, but this is still a risk due to high long term care costs associated with these cases. CHC continues to see an increase in patient acuity in the 24/25 year particularly in terms of PoC at home for patients requiring tracheotomy care and other health related tasks needing specialist care worker input. There has been an increase in Home Care Packages in 2024/25. The numbers that required tracheotomy care increased by 3. Numbers of newly eligible for CHC appear to have decreased in 2024/2025 for all Care Categories. Uplifts Alongside this is the pressure caused generally by costs of existing packages being driven up by inflation and increases in both NLW and LLW and the hourly rate for homecare included within the MWAH framework. There was a 5.1% increase in the AQP rate (2025/26). New rate is £1,247 per week. 1.5% uplift has been offered to Fairlie Group. Local Authority are recommending 5% uplift for Direct Payment rate. SEL ICB have been alerted to the Stoke Judgement and may need to change their approach to Uplift Offers to social care providers. Recovery Work We have made good progress in decreasing the number of delayed reviews, especially during the second half of 2024/25. However, opportunities for savings are still being delayed whilst we await Social Care input to the DST. Workforce Staff vacancies and sickness in the CHC Team which were impacting on timely reviews and completion of Decision Support Tools have largely been addressed by the use of agency staff and overtime. However, many of these solutions are short term and likely to be impacted by the ongoing MCR/ICB Change process.	5x4=20	4x3=12	4x3=12	Open (10–12)	↔	Kenny Gregory	Corinne Moocarme	1. Interim Nurse Assessor concentrating on high-cost packages to deliver savings. Prioritisation of reviews of long-term fast track packages. 2. Attendance at quarterly Transition panels to support better understanding of demand and potential cost, supports improvement of <18 assessment in line with the Framework, increases possibility of deflecting unnecessarily high costs/ SEND decisions. 3.Quarterly review of joint funding funded packages to divert risk. 4.Cost avoidance of the increase in the existing ICB contract with Fairlie/ Highfield Consideration through identification of more cost-effective packages with other providers (e.g. RHND and PoCs at home. 5. Monthly budget review meetings. 6. Weekly review of CHC eligibility decisions and related cost of packages. 7. Monthly review of neuro specialist patients to manage associated trim point costs and escalating earlier where there are blockages to discharge not in the control of the ICB.	1.Prioritising review of all new LD packages transferring from LBL to look for savings opportunities. 2. Prioritise outstanding reviews and ensure that annual reviews revert to BAU for CHC Nurse Assessors. 3.Participating in wider SEL ICB CHC savings programme.	1.Pressure from other CHC priorities (particularly appeals/ LRMs/ IRPs) continue to take significant management time and attention. 2.Allocation of Social Worker by LBL may still delay timely completion of DST.	1.Potential patient safety issues through the reduction in packages – all reductions are reviewed in dialogue with both patient and service provider. 2. Reputation of the ICB with Council/other partners – LBL regularly updated on progress against assessment, though there are several long term outstanding disputes. 3. Increase in complaints because of reduction in packages, or decision to remove CHC eligibility. 4. Assessing nurse to be clear about the rationale for the reduction in package or no longer eligible and this explanation to be put in writing at time decrease/change from CHC eligible is being enacted.
												Children and Young People			
9	359	Governance	**Failure to deliver on statutory timescales for completion of EHCP health assessments**	Failure to deliver on statutory timescales for completion of Education Health Care Plan health assessments (EHCP). This is being driven by challenges in recruitment and capacity of community paediatricians and therapists. Significant increase in families requesting Special Educational Needs Assessment (SENA) Lewisham has one of the highest numbers for requests for Special Educational Needs Assessment. This will impact on the ICB's ability to meet statutory timescales for completion of EHCP assessments as it does not have the capacity to carry them out within the 22 weeks deadline.	4x4=16	3x4=12	2x3=6	Open (10 – 12)	↑	Sara Rahman	Paul Creech	1.GPs are being rotated from Primary Care into community paediatrics to support some activity and free time for statutory CMPS work. There has been limited uptake from GPs so no further scope to expand. 2. Paediatric Nurse in place to support medical work which does not require a Paediatrician. 3. Ongoing recruitment filing gaps in the current establishment, improving overall capacity. Overall demand is still higher than the current fully established capacity. 4. Therapists continue to work weekends to clear the back-log of reviews. 5. Monthly Recovery meetings held with Head of Integrated SEN & LGT Manager to review EHCNA numbers. Detailed performance data identifies delays for assessments by teams to help determine areas to improve. 6. Transform work taking place to develop the health assessment pathway for ECHNAs as part of the SEND improvement plan. 7. SDIP to recruit additional staff and increase the number of nurses supporting assessments.	1.LGT quarterly contract and monitoring meetings ongoing to gauge impacts of controls. 2.Monthly ENCHA monitoring meetings with Head of Integrated SEND taking place to review performance. 3.SDIP monitoring meeting in place to review implementation and impact.	1. Increase in overall capacity of paediatricians and therapist will help: a) reduce the overall time taken to complete a health assessment requested for EHNCAs b) improve the numbers of requests which are completed on time. 2. Changes to the assessment pathway aims to streamline the process and triage requests, reducing the pressure on the paediatric and therapy teams. Consequently this will improve the completion rates for EHCNA requests. 3.The recruitment of additional staff, including CNS roles will: a) increase the overall capacity of the team, improving the completion rates. b) improve the range of health professionals undertaking assessments, enabling assessment requests to be allocated to the appropriate level.	1. Families not attending appointments. 2. Appointments changed. 3. Delayed paperwork (service user end). 4. Increase in EHCP requests.
10	360	Governance	**Failure to deliver on statutory timescales for completion of ASD health assessments.**	Failure to deliver on statutory timescales for completion of Autism Spectrum Disorder health assessments. There is an 18 month waiting list. This is being driven by challenges in recruitment of community paediatricians. Impact on ICB - referral to treatment timescale, reputational risk, financial risk - ICB to pay for private assessments.	4x3=12	3x3=9	2x3=6	Open (10 – 12)	↑	Sara Rahman	Paul Creech	1.Quarterly review of ASD assessments with LGT, includes audit of Initial Assessments and the Communication Clinic which form the overall ASD assessment pathway. 2.The All-Aged Autism Wellbeing Service provides advice and info without the need for a diagnosis, supporting families while they wait for their assessment. 3.GPs are being rotated from Primary Care into community paediatrics to free up capacity for ADOS assessments and a Paediatric Nurse post is in place to support assessments and provide medical support where appropriate. 4.Recruitment ongoing and to fill any gaps in the establishment. Clinical staff across Community Paediatrics will prioritise Initial Assessments and ASD assessments where possible over EHCNA assessments. 5. Outsourced some assessment capacity for CYP waiting the longest to reduce the backlog. Backfilling will take place using the SDIP funding until the recruitment of posts takes place. 6. Assessment Pathway Transformation Programme underway with partners to identify and implement improvements to the current assessment process. This will inform the recruitment necessary to improve capacity and AHP required for the SDIP. 7. SDIP to recruit additional staff will increase capacity in the right place to improve performance, reducing initial waiting times.	1.LGT quarterly contract and monitoring meetings ongoing to gauge impacts of controls. This includes outcome of outsourced assessments. 2.Monthly Pathway Transformation Steering group meeting in place to monitor impact of transformation work. 3.SDIP monitoring meeting in place to review implementation and impact.	1. ASD assessments audit identifies referrals likely to meet assessment criteria and fast-track them to the Communication Clinic, reducing the overall waiting time for an assessment. 2. Recruitment reduces vacancies in the current establishment, increasing the overall clinical capacity of the service to undertake ASD assessments, reducing waiting times for assessment. 3. The outsourcing work reduces the waiting times for young people on the list over 52 weeks, reducing the overall number of young people waiting for an assessment. This group continually increase so having capacity to manage the longest waiting CYP helps reduce overall numbers while the transformation work focuses will focus on new referrals for assessment. 4. The Pathway Transformation Project aims to streamline the referral and assessment and route to reduce the time taken to undertake an assessment. The project will also identify opportunities to develop AHP support is the assessment pathway, reducing the pressure on a current paediatrician focused pathway and increasing overall capacity. This is the initial work necessary to implement the recruitment identified in the SDIP.	1.Availability of partners to undertake joint ASD assessments. 2.Biggest control gap is staffing capacity and increasing demand.
11	594	Workforce	**Shortage of commissioned nursing capacity in the CLA Health Team**	Risk related to Lewisham Children Looked After (CLA) Health Team commissioned by SEL ICB (provided by Lewisham and Greenwich NHS Trust) The risk relates to a shortage of commissioned nursing capacity in the CLA Health Team. With 1.8 FTE nursing staff, Lewisham's CLA Health Team has the lowest staffing levels in London, at 2.5 FTE fewer than the London average based on CLA population size. The Team is below average capacity for all of the four staff groups (Band 8a Named Nurse, Band 7 Specialist Nurse, Band 6 Nurse, and Admin staff), but most significantly for Band 7 Specialist Nursing. In addition, the team is operating with a nursing workforce significantly below that of the recommendations of the RCN and RCPCH Intercollegiate Guidance. The Impact is: 1. Statutory health assessments will not be completed within timescale, resulting in failure to comply with statutory responsibility. 2. Timely completion and distribution of health reports and care plans could be delayed. 3.Attendance at strategy meetings where health is a core agency is restricted which means that the most vulnerable CYP being discussed will not have a health advocate to contribute to action plans which often require health input. 4. Ability to reduce the breach list is limited which means the vulnerable CLA remain on the list with limited capacity to offer further appts. 5. Delivery of other key elements of the CLA service is restricted such as training and development and drop-in/consultation sessions which means that early intervention and health promotion opportunities are missed. The consequences of this are that the health needs of CLA may not be met. That access for CLA to other services may be delayed and/or compromised. There is a potential for staff burnout, ill health. May increase number of complaints and reputational damage to the ICB/Trust.	4x4=16	3x3=9	2x3=6	Eager (13-15)	↔	Simon Whitlock	Ceri Jacob	1. Business case approved for inclusion in Service Development and Improvement Planning (SDIP) process. Will ensure increased funding to support the recruitment of additional Specialist CLA nursing capacity, which will provide adequate staffing levels to meet service specification and KPIs as well as other key elements of the service. 2.Reduction in travel time for CLA nurse by offering virtual health assessments where appropriate. 3.Reduced attendance to strategy meetings. 4. Increased requests for other boroughs to support our CYP placed in their boroughs. Requests coming in from other boroughs are notified of a 12 possible week wait list and advised of capacity issues.	1.Monthly monitoring of timely completion of Initial and Review Health Assessments in partnership between LGT, LBL and ICB. 2.Quarterly contract monitoring by LBL and ICB commissioners.	1.Controls put in place mean that team is able to maintain good rates of completion of statutory Review Health Assessments within timescale, and there is still timely completion and distribution of health reports and care plans.	1.Attendance at strategy meetings where health is a core agency is restricted which means that the most vulnerable CYP being discussed won't have a health advocate to contribute to action plans which often require health input. 2.Delivery of other key elements of the CLA service is restricted such as training and development and drop-in/consultation sessions which means that early intervention and health promotion opportunities are missed.
												Enablers			
12	610	Operational	**INT Estate**	There is a risk that one or more Integrated Neighbourhood Teams (INTs) will not have a base to work from at service go-live. It is caused by: • Limited suitable spare capacity within existing estate •Lack of financial resources to extend, repurpose existing estate or secure new opportunities It could lead to: • Service is not able to start or will not operate to desired state • Difficulty recruiting to posts	3x3=9	3x3=9	4x1=8	Eager (13-15)	↔	Charles Malcolm-Smith	Laura Jenner	1. AD System Development has provided scope and requirements for INTs for ICB Estates team to undertake an estates search. 2. ICB Estates team have established relationships with PCNs and primary care. ICB Estates team have commissioned a comprehensive review of PCN estate 3. Regular Lewisham Estates Forum meetings bring together partner estates leads to share issues; AD System Development has provided INT updates 4. Neighbourhood 1 admin and clinical/consultation space identified at Waldron Health Centre 5. Neighbourhood 2 and Neighbourhood 3 potential community hub space identified; to be assessed for admin and clinical/consultation use capacity and suitability	1.ICB Estates team is undertaking an estates search to meet INT team and community hub requirements	1.Further work required for Neighbourhoods 2,3,4	1. Quality of service will be affected if suitable space not identified, for instance patient and team communication, access to systems, individual assessments and team interventions may not be possible.

13	611	Operational	**INT Digital**	The Neighbourhood model may not operate optimally if there are issues with IT infrastructure and data interoperability. It is caused by: •Reliance on data sharing using digital systems for coordinating care and between multiple service providers It could lead to: •Duplication and lack of truly integrated approach	4x3=12	4x3=12	4x2=8	Eager (13-15)	↔	Charles Malcolm-Smith	Laura Jenner	1. System Development Manager has developed digital pathway for INT service, reviewed by INT programme team and shared with ICB and LGT digital leads to ensure understanding of digital requirements. 2. Regular meetings with ICB digital leads and completed INT digital needs assessment. 3. Demonstrations and discussions on potential platforms to integrate systems including Blinx PACO, Patienteer and Accurx.	1.Continuing development of digital requirements with partner IT/Digital Teams and IG Leads; potential to procure digital platform to help integrate patient data from multiple providers. 2.Current as-is INT digital pathway allows for existing data-sharing process, so service can still operate without integrated data platform if solution is not sourced prior to September 2025.	1.Lack of clarity of optimal solution. 2.Lack of identified funding to procure optimal digital solution.	1.Quality of service will be affected if data cannot be shared between service providers.
14	612	Data and Information Management	**Population Health Platform – Funding and Contract Position**	Funding for the population health management (PHM) platform is due to end in March 2026. It is unlikely that current local arrangements can sustain the platform beyond this date. The contract itself continues until March 2027, but a strategic decision is needed on whether to end early, extend temporarily, or continue through to contract end. Without continued access to the platform or a suitable alternative, there is a risk to delivery of key PHM functions, including cohort identification, care planning, and system-wide intelligence. This may affect multi-disciplinary working, proactive care models, and broader transformation objectives. A decision is required between three options: •End March 2026 – Serve notice by Sept 2025 •Extend beyond March 2026 – Temporary continuation •Continue to March 2027 – Full contract term If the contract is ended early, we will need to pause/archive existing work or migrate data and functionality to another environment. The decision depends on platform requirements and transition planning.	4x3=12	3x3=9	4x2=8	Cautious (7 – 9)	↔	Rachael Smith	Laura Jenner	1. We are setting out the data and platform requirements for PHM, the timelines and the decommissioning plans. 2. We will set out the initial view of our requirements, indicative timelines, and a draft decommissioning plan. 3. We are engaging with the SEL PHM team to explore and gather options for meeting our requirements through alternative solutions and to understand the gaps. E.g. LDS, SEL BI Team July to end of September.	1. This period will be used to assess the available options, consider the implications, and ultimately decide whether to give notice on the contract by the end of September 2025.	1. There is a lack of information available across London and SEL on what the options are for meeting our requirements	The quality of case finding to support MDMs, INTs, PAW, and other delivery arms will be significantly compromised if we are unable to continue or replicate the work currently being undertaken to generate and maintain cohort lists.

↓ Risk has become worse.

↔ Risk has stayed the same

↑ Risk is improving

Lewisham Risk Register Issue Log (last updated 05/09/25)

	Item	Risk description	Issue	Severity	Risk Appetite	Status	Date Logged	Owner	Action Plan/Status
1	**CAMHS waiting times**	There is a risk of CYP in Lewisham not receiving the mental health support they need within the expected timeframes of the service. This has been caused by continued increased demand. This impacts on the ICB's ability to ensure waiting times are met and could affect the ICB's reputation.	*Medium Impact Issue*	*Medium*	Eager (13-15)	Open	10/09/2024	Paul Creech/ John Dunning	Moved from Risk Register to Issue Log at the request of Ceri Jacob.
2	**Diagnostic waiting times for children and young people**	There is a risk that waiting time targets for children and young people waiting for and ADHD assessment is unacceptably long. There is no ADHA pathway which is needed - need a neurodiversity pathway with links to both Autism and ADHA and other neurodevelopmental conditions. This impacts on the ICB's ability to ensure waiting time targets are met and could affect the organisations reputation. This could also have an adverse affect on CYP who are waiting for a diagnosis.	*Medium Impact Issue*	*Medium*	Eager (13-15)	Open	10/09/2024	Paul Creech/ John Dunning	Moved from Risk Register to Issue Log at the request of Ceri Jacob
3	**A large number of families (up to 200) have been relocated from Tower Hamlets to emergency temporary accommodation at Pentland House.**	There is a potential risk of failure to protect and safeguard the residents (adults and children) placed at Pentland House (temporary/emergency accommodation) due to a lack of health information available to form accurate assessments and provide appropriate support. Since Oct/Nov 2023, families were transferred to Pentland House accommodation. To date, information shared regarding families that have been placed in the accommodation has been limited and LBL CYP Joint Commissioning and LBL Housing are liaising with Tower Hamlets Housing Services to try to resolve this. Section 208 notice – housing legal requirements from Tower Hamlets to Lewisham is to provide data on all individuals including health. Emergency accommodation for Pentland House should only be for 56 days - this has now been breached. Families are also registered with Tower Hamlets (through choice) but the impact and risk is: pregnant females travelling across London for obstetric care, those fleeing domestic abuse, lack of advocacy generally within the location, those re-housed due to domestic / familial abuse and honour based violence abuse, nutritional concerns and limitations with security at Pentland House.	*Low Impact Issue*	*Low*	Cautious (7-9)	Open	10/09/2024	Margaret Mansfield/ Fiona Mitchell	Moved from Risk Register to Issue Log at the request of Ceri Jacob
4	**GDPR: A number of staff in an Older People's Care Home are not compliant with GDPR regulations as using personal NHS Mail addresses.**	Recent cessation of IT assistance for the last few Care Homes in 'setting up' NHS email addresses in x 3 Older People's Care Homes in Lewisham. Risk impact : Could lead to a risk of breaching of GDPR guidelines. Breach of confidentiality Reduce confidence in exchange of residents' personal data, alongside consideration of recent cyber-attacks.	*Medium Impact Issue*	*Medium*	Cautious (7 - 9)	Open	14/10/2024	Shirley Spencer / Fiona Mitchell	Moved from Risk Register to Issue Log at the request of Shirley Spencer. Developments in progress
5	**All Initial accommodation centres such as Lewisham Stay City apartments Deptford Bridge have high levels of vulnerable Adults & Children and Young People asylum seekers residents.**	Initial Accommodation Centres:- Stay City apartments Deptford Bridge has high levels of vulnerable adults, children and young people (asylum seekers) and to date no safeguarding adult referrals into MASH, ATHENA or PREVENT. Impact: data raises concerns that referral pathways are not being followed and nonconcordance with Lewisham local safeguarding referral pathway for adults. Risk is; large volume of adults, children young people deemed to be at risk. NOTE: Pentland House closed on 11th September 2023 - the rationale has not been shared.	*low Impact Issue*	*Medium*	Cautious (7 - 9)	Open	29/10/2024	Shirley Spencer / Fiona Mitchell	Moved from Risk Register to Issue Log at the request of Fiona Mitchell. Developments in progress

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

Summary of SEL LCP risks

Prepared for the place executive leads (PELs)

21 July 2025

Purpose

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

2. Following review of the LCP risks by the PELs in November 2023, it was agreed to continue review of comparative LCP risks on a quarterly basis. This pack provides an updated set of LCP risks, as of **21 July 2025.**

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

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

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

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

Contents

LCP risks summary as of 21 July 2025

Bexley

Extreme	High	Moderate	Low	Total
0	12	0	1	13

Bromley

Extreme	High	Moderate	Low	Total
(1) 1	9	1	0	11

Greenwich

Extreme	High	Moderate	Low	Total
(1) 1	14	1	0	16

Lambeth

Extreme	High	Moderate	Low	Total
0	6	2	0	8

Lewisham

Extreme	High	Moderate	Low	Total
(1) 1	13	0	0	14

Southwark

Extreme	High	Moderate	Low	Total
(1) 1	6	0	0	7

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

South East London Integrated Care System

Finance related risks

NHS South East London

Risk summary	Residual Risk Score					
	Bex	Bro	Gre	Lam	Lew	Sou
Achievement of financial balance in the borough	↓ 9	12	9	9	9	9
Identify and achieve efficiency savings within the borough	9				9	12
Overspend against the prescribing budget	12	12	12		12	Inc. as part of overall financial balance risk
Overspend against the borough's delegated CHC budget	↑ 12	12	Inc as part of overall financial balance risk		12	
Unbudgeted costs due to transfer of high-cost LD clients / MH placements		12	Inc as part of overall financial balance risk	9	Inc as part of overall financial balance risk	12
Delegated Primary Care productivity & efficiency requirement				9	Inc as part of overall financial balance risk	
Financial risk (legal challenge / poor performance) relating to the community equipment services provider		↑ 20 ●				
Performance / poor delivery risk associated with community equipment services provider						↑ 16 ●
HealtheIntent (HI) Platform and Funding Position			16 ●		16 ●	

Key:

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

LCP performance related risks

Risk summary	Residual Risk Score					
	Bex	Bro	Gre	Lam	Lew	Sou
Dementia diagnosis			8			
IAPT		10				
SMI Physical health checks	12	12	9		12	
Childhood immunisations	12		9 ○	12	9	9
Flu vaccination rates	12	12	12 ○	9	12	
Learning disability and autism annual health checks			9			
Hypertension treatment to NICE guidance	12		12 ○			
Primary care access			9 ○		12	
Cancer screening targets			6 ○			

Key:

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

Joint Forward Plan related risks

Risk summary	Residual Risk Score					
	Bex	Bro	Gre	Lam	Lew	Sou
Delivery of Joint Forward Plan commitments	↓ 8				12	
The Neighbourhood model may not operate optimally if there are issues with IT infrastructure and data interoperability					12	

Key:

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

Service transformation / improvement related risks

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

Key:

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

Other performance related risks

Risk summary	Residual Risk Score					
	Bex	Bro	Gre	Lam	Lew	Sou
CYP diagnostic waiting times for autism and ADHD targets not being met		8	12	9	Overlaps with ASD target risk	9
SEND improvement plan (partners failing to deliver areas from SEND inspection)	9					

Key:

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

Workforce related risks affecting targets

Risk summary	Residual Risk Score					
	Bex	Bro	Gre	Lam	Lew	Sou
Limited capacity in CHC team		4				
Recruitment challenges within safeguarding teams	3 ○			6		
Recruitment and capacity affecting statutory timescales for completion of EHCP health assessments					12	
Recruitment and capacity affecting statutory timescales for completion of ASD health assessments					9	
Shortage of commissioned nursing capacity in CLA health team					10	

Key:

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

Estates related risks

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

Key:

To be shown on ICB BAF

Newly added risk since last update

Score increased

Score decreased

Primarily ICB risk

Primarily System risk

Discussion point 1: Provider Selection Regime (PSR)

Do the LCPs need to consider and add risks in relation to non-standard contracts currently in place for CHC and MH placements?

Background

- New or continued contracts must follow one of the designated PSR routes.
- Currently, many placements are on legacy agreement that do meet standard NHS contract requirements.
- There is no agreed local / system wide approach to determine the appropriate PSR route.
- These commissioning decisions are made at Place.

Potential areas of risk

- Legal and regulatory challenge.
- Reduced ability to hold providers to account.
- Non-standard contracts could lead to risk of exposure, such as IG failures.

Responses back from boroughs so far…

- Lambeth – *"not a material risk for Lambeth"*
- Lewisham – *"mental health placements budget is delegated to SLaM as a component of the SLaM contract so we hold no contracts for placements"*
- Southwark - *"this probably needs to be added as a borough risk for CHC contracts. The resolution of the PSR issue needs to be addressed SEL wide, not on a borough basis…"*

Discussion point 2:
Integrated Neighbourhood Teams and Joint Forward Plans

Do the LCPs need to consider and add risks relating to the development and implementation of INTs and JFPs?

- Lewisham have added two risks related to INTs in 2025/26:
    1. There won't be a base for INTs to work from when it goes live. Current score is 9.
    2. The Neighbourhood model may not operate optimally if there are issues with IT infrastructure and data interoperability. Current score is 12.

- Do these areas apply to other LCPs?

- Are there other areas that you foresee will pose as risks?

- Are there any risks in relation to delivery of Joint Forward Plans?
    - Currently Bexley and Lewisham have risks relating to delivery of JFPs – current scores are 8 and 12.

Discussion point 3: LCP Performance Targets

Do the LCPs need to consider and add risks in relation to the LCP performance targets?

- Slide 6 shows the risks recorded against the LCP performance targets.
- Have all relevant risks against delivery of the LCP performance indicators been recorded?

South East London Integrated Care System

NHS South East London

NHS SEL ICB
Risk Appetite Statement 2023/24

SEL ICB Risk Appetite Statement 2023/24

The statement

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

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

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

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

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

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

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

South East London Integrated Care System

NHS South East London

ICB risk appetite level descriptions by type of risk

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

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

Selected ICB risk appetite level

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

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

Selected ICB risk appetite level

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

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

Selected ICB risk appetite level

Lewisham Local Care Partners Strategic Board

Cover Sheet

Item 11
Enclosure 10

Title:	**Safeguarding Children and Young People Annual Report**
Meeting Date:	**25 September 2025**
Author:	Margaret Mansfield, Designated Nurse Safeguarding Children and Young People Dr Abimbola Adeyemi, Designated Doctor Safeguarding Children and Young People
Executive Lead:	Ceri Jacob, Place Executive Lead (Lewisham)

Purpose of paper:	This Annual Report is provided to the Board as an overview of progress on activities relating to Safeguarding Children and Young People during the period April 2024 – March 2025.	Update / Information	*X*
		Discussion	
		Decision	

Summary of main points:

- Quality assurance has been received from Lewisham health economy, demonstrating effective safeguarding arrangements are in place and meeting their responsibility for safeguarding children and young people.
- Statutory roles are in place and safeguarding activities and functions have been delivered in collaboration with health organisations and Lewisham Safeguarding Children Partnership.
- Key highlights include the Designated Professionals contribution to the Families First for Children – Pathfinder Programme; development/ implementation of the Child Protection Information Sharing system (a data system that will enable clinicians to see if CYP are subject to Child Protection Plan or Children Looked After); development of a number of protocols and guidance documents to support practitioners practice in safeguarding CYP; and delivery of Safeguarding Children training to primary care networks, which was received by over 300 attendees.
- Key priorities for 2025-2026 include working in alliance with other statutory partners to enhance the delivery of Families First for Children in Lewisham, namely to raise awareness of the programme and support with national roll out; to re-establish the ICON programme (to support parents in coping with crying babies) and promote/embed across the health economy and Children

	Social Care; and work collaboratively with partners to deliver the Lewisham Safeguarding Children Partnership priorities.			
Potential Conflicts of Interest	**None**			
Any impact on BLACHIR recommendations	**None**			
Relevant to the following Boroughs	**Bexley**		**Bromley**	
	Greenwich		**Lambeth**	
	Lewisham	✓	**Southwark**	
	Equality Impact	N/A		
	Financial Impact	None		
Other Engagement	Public Engagement	N/A		
	Other Committee Discussion/ Engagement	None		
Recommendation:	For acknowledging and noting.			

There is nothing more important than safeguarding Children and Young People.

NHS South East London Integrated Care Board - Lewisham Place Safeguarding Children and Young People Annual Report April 2024 - March 2025

Authors:

Margaret Mansfield, Designated Nurse Safeguarding Children and Young People

Dr Abimbola Adeyemi, Designated Doctor Safeguarding Children and Young People

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INTRODUCTION

The Integrated Care Boards (ICBs) were established in July 2022, replacing Clinical Commissioning Groups (CCGs) across the NHS in England. The ICB works with partners from across the South East London Integrated Care System (ICS) to develop plans to meet the health needs of the population and secure the provision of health services. The ICS is a partnership of health, Council and VCSE organisations that have come together to plan and deliver joined up services and to improve the health of people who live and work in their area.

South East London Integrated Care Board (SEL ICB) is committed to Safeguarding Children and Young People, and Safeguarding forms a key priority on its agenda. This document is presented as the SEL ICB Lewisham Place Safeguarding Children Annual Report. A summarised version of this report forms part of the SEL ICB Safeguarding Annual report.

The report covers the period from April 2024 - March 2025. It provides a summary of Safeguarding Children activities and achievement within Safeguarding Children and Young People.

SEL ICB, Lewisham Place, is a key partner in the Lewisham Safeguarding Children Partnership (LSCP).

The Lewisham Place Executive Lead, Designated Doctor and Designated Nurse have been prominent in the LSCP, working together to deliver the partnership safeguarding work, and supporting health organisations to meet their obligations to safeguard and promote the welfare of children and young people.

PURPOSE OF THE REPORT

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

This Safeguarding Children Annual Report provides assurance that Lewisham health services have effective safeguarding arrangements and met their responsibility for safeguarding children. It contains contributions from reports submitted by providers of health services; South London and Maudsley (SLAM), Lewisham and Greenwich (LGT) NHS Trust, Lewisham Primary Care, the LGT Children Looked After (CLA) Health Team and the Child Death Overview Panel. To note, there is a separate full annual report for Children and Young People Looked After and Care Leavers and Child Death Overview Panel.

The report also provides updates on progress made on the key priorities set out in the previous year; and identification of the main issues, risks, and key priorities relating to safeguarding children within Lewisham for the year pending.

LOCAL CONTEXT

Lewisham has a population of 298, 708. This is projected to grow by the time of the 2031 Census, and is expected to reach 325, 900 by 2031, and climb to 343, 415 by the time of the 2041 Census.

The borough is the 14th largest in London by population size, and the 6th largest in Inner London. There were 69,500 Children and Young people between the age of 0-19 living in the borough, making up 23.3% of the population (2023 ONS Mid-Year Population Estimates). Lewisham has slightly more young people aged under 15 (18.6%) in comparison to the national percentage for England (18.5%).

Children in Lewisham experience worse than the national average of child poverty, family homelessness, obesity rates (Year 6) and GCSE achievement. The latest data shows that Lewisham now has a significantly higher proportion (7.8%) of its 16-17 years old not in Education, Employment or Training (NEET), compared to the England average (5.2%).

Lewisham has an integrated CYP Joint Commissioning unit based in the Local Authority. The service manages the commissioning of 0-19 services, which include community child health services (i.e. Health Visiting, School Health Services), child safeguarding, Children Looked After and Care Leavers on behalf of SEL ICB (Lewisham Place) and local authority.

A substantial number of children live in circumstances in which they are at risk of significant harm from abuse and neglect. 263 children were subject to a Child Protection Plan (CPP) at the end of March 2025, a 10% decrease from 293 in March 2024. Children's Social Care maintained increased scrutiny and senior management oversight of Initial Child Protection Conferences and Child Protection Plan's (CPP) in response to very high levels of CPP (nearly the highest in London at one stage). This supported decision-making at the front door and enabled more children to be safely stepped-down from CPPs. In addition, Lewisham became a pilot for the Families First for Children and had developed an initial approach to working differently on a small scale designing and testing new proposals under Multi-agency Child Protection, thereby influencing changes to Child Protection Plans.

The number of children subject to a CPP continued to follow a downward trend in Lewisham. This contrasts with national figures which highlight year on year increases for children subject to CPP.

The table below provides a breakdown of numbers of children subject to CPPs.

Child Protection data as of March 2025

Gender	**Count of (March 2025)**	**Count of (March 2024)**
Female	124	138
Male	136	144
unrecorded	3	11
Total	**263**	293
Categories	**Count of**	Count of
Emotional abuse	146	126
Physical abuse	4	8
Neglect	99	143
Sexual abuse	9	12
Multiple categories	5	12
Total	**263**	293

Age	**Count of**	Count of
Unborn	7	11
Under 5	93	86
5 - 9	74	74
10 - 15	74	103
16+	15	19
Total	**263**	293
Ethnicity	**Count of**	Count of
White	81	105
Black	82	119
Asian	22	24
Mixed	64	22
Other	10	15
Unknown	4	8
Total	**263**	293

Emotional abuse was the most prevalent category in this period. The next most common category was Neglect, which decreased by 30%, subsequent to being the highest category for a number of years, while the number of children with Sexual abuse or Physical abuse recorded as the initial category indicator decreased.

The prevalence of Emotional abuse may be attributed to a combination of factors, such as domestic abuse, mental health issues or parental substance misuse. Domestic abuse was one of the LSCP's priorities in the preceding year.

The CPP for ethnicity categories were less specific and covered descriptors as shown in the table above. The data does not illustrate or contextualise the rich diversity of the Lewisham population.

Young people of black and global majority ethnicity provide slightly more (but minimal) representation on CP Plan (2025 - 82 compared to 2024 - 119). This contrasts with the previous year where black and global majority numbers were greater in overrepresentation compared with young people of white ethnicity. Young people of white ethnicity on CPP have also decreased significantly (81 in 2025; 105 in 2024). The number of young people on CPP from an Asian background has shown a minimal decrease (circa 22) compared to the previous year (circa 24).

According to the latest Census (2021), the population in Lewisham is predominately white (51.5%), while 48.5% stated their ethnicity was Black, Asian or other ethnic group. For the population aged 0-19, the proportion who stated their ethnic group as Black, Asian or other ethnic group was 62.3%. Black Caribbean and African boys and young men are disproportionately represented as victims and perpetrators of serious youth violence which remain high in the borough.

2354 children are classified as a Child-in Need in Lewisham. This has increased by 14.5% from 2058 in the preceding period. A reduction of children subject to CPP has contributed to the rise.

SAFEGUARDING OBLIGATIONS AND RESPONSIBILITIES

Responsibilities for safeguarding are enshrined in international and national legislation and are also embedded within the core duties of all organisations across the health system. There is a distinction between provider responsibilities to ensure safe and high-quality care, and commissioner responsibilities to assure themselves of the safety and effectiveness of the services they have commissioned. Fundamentally, it is imperative that every NHS organisation, and every individual healthcare professional working in the NHS, must ensure that the principles and duties of safeguarding children are holistically, consistently and conscientiously applied: the needs of those at risk citizens and communities must be at the heart of everything the NHS does.

This annual report is set within the context of safeguarding responsibilities as defined in Section 11 (s11) of the Children's Act (2004). It places a duty on organisations, including the ICB, to ensure their functions, and any services that they contract out to others, are discharged with regard to the need to safeguard and promote the welfare of children.

This maxim dictates that organisations should have arrangements in place to safeguard and promote the welfare of children and young people. At an organisational or strategic level, key features include:

- Senior management commitment to the importance of safeguarding and promoting children's welfare;
- A clear statement of the agency's responsibilities towards children which is available to all staff;
- Service development that takes account of the need to safeguard and promote welfare, and is informed, where appropriate, by the views of children and families;
- Staff training on safeguarding and promoting the welfare of children; and
- Safe recruitment procedures in place.

Effective safeguarding arrangements must also be underpinned by two key principles:

- Safeguarding is everyone's responsibility and for services to be effective, each professional and organisation should play their full part; and
- A child-centred approach for services should be based on a clear understanding of the needs and views of children.

NHS England is responsible for ensuring that the commissioning system in London is working effectively to safeguard children. SEL ICB has a duty to support NHS England with the quality of Primary Care Services. This role includes commissioning assurance as well as strategic leadership and influencing. Safeguarding children, young people and adults at risk: The NHS Safeguarding accountability and assurance framework (SAAF, 2024) sets out the safeguarding responsibilities of NHS England.

SAFEGUARDING CHILDREN GOVERNANCE AND ACCOUNTABILITY ARRANGEMENTS

The safeguarding governance arrangements for Lewisham meet the statutory duty to safeguard and promote the welfare of children and young people.

ICB Responsibilities

The ICB CEO is the Lead Safeguarding Partner and the Lewisham Place Executive Lead (PEL) is the Delegated Safeguarding Partner for SEL ICB in Lewisham. The PEL ensures that the responsibility to safeguard children and young people is discharged effectively across the whole health economy in Lewisham. The Place Executive Lead works with the Executive Director of Children Services and the Police Chief Officer– to ensure safeguarding arrangements respond to the needs of children and young people in the area.

The Place Executive Lead also has management oversight of the Safeguarding Children Designated Professionals.

Designated Professionals

Lewisham has secured and maintained the expertise of Designated Professionals:

- Designated Doctor Safeguarding Children;
- Designated Nurse Safeguarding Children;
- Designated Doctor for Children Looked After;
- Designated Nurse for Children Looked After and Care Leavers; and
- Designated Paediatrician for Child Death.

The role of the designated safeguarding children professionals is to provide clinical expertise and strategic leadership for the local health community and act as a vital source of advice to the ICB, NHS England, the local authority and the LSCP. They also provide advice and support to other health professionals across the health economy.

LEWISHAM SAFEGUARDING CHILDREN ACHIEVEMENTS IN 2024- 25

- **Families First for Children Pathfinder Programme** – in development of the Pathfinder, the designated professionals have contributed to the associated activities of the programme. Moreover, the Designated Nurse chairs the Health and CSC Overview Forum, which provides oversight on health involvement / role in Families First for Children.

- **Partnership Working** – the Place Executive Lead, Designated Professionals and Named GP have consistently attended LSCP meetings, led / participated on workstreams and contributed to delivery of the partnership plan.

- **Child Safeguarding Practice Review** - Learning from Child Safeguarding Practice Reviews pertaining to health has been disseminated, and learning from the reviews has either been completed or progressed.

- **Policies/ Guidance/ Protocol** – a number of guidance tools related to health have been developed and/or are close to completion.

- **National Referral Mechanism** – Designated professionals have contributed to and played a pivotal role in the ongoing delivery of the NRM panel. The pilot has been successively extended for a third year. Designated professionals continue to prioritise and fulfil responsibilities of health voting members, which enables continuity of the panel.

- **Quality Assurance Visit Staycity Aparthotel** – The Staycity hotel has been used by the Home Office to accommodate Asylum Seekers and Refugees. The hotel currently has a total of 158 residents (115 adults and 43 children). The Designated nurse, in collaboration with Borough of Sanctuary Programme Manager, and Strategic Advanced Safeguarding Practitioner, Adult Social Care, undertook a follow up quality assurance visit at the hotel in February 2025. The purpose was to evaluate progress made by the hotel following the initial visit in November 2023, with a view to understanding the role and responsibility to safeguard and promote the welfare of the residents. The outcome of the visit showed some progress in terms of communication, engagement and accessibility of staff to residents. Notwithstanding, assurance could not be gained in all aspects of safeguarding adults and children. This resulted in several recommendations that included immediate relocation of Evacuchair for fire safety of residents, and to put in place clear processes and systems for safeguarding. An Action Plan Monitoring Group, and Safeguarding Assurance Monitoring for Clearsprings Ready Home have already been established.

- **Child Protection Information Sharing (CP IS) Phase 2 Implementation** - the semi-implementation of CP IS provides stakeholders with demonstrable early intervention, improved safety and care, as well as enhanced workforce efficiency and effectiveness for safeguarding children.

Other contributory activities

Child Death Overview Processes - The Designated nurse contributes to Joint Agency Response meetings and Child Death Overview Panel. Learning identified from the forums has been implemented.

Enhancing Child Sexual Abuse Pathway SEL & SWL – the Designated professionals continued involvement in the development and completion of this Pathway. The Pathway concluded in December 2024. Some of the key objectives are to create a clear pathway for consistent advice and equity of access for CSA, the service for CYP to be in line with the Child House Principles, and to increase awareness and skills in responding to CSA amongst professionals and the public. Outputs included the following:

- CSA Emotional Support Offer (Barnardos TIGER) was commissioned and is widely used in Lewisham. 29% of referrals received between October – December 2024 were from Lewisham.
- Developed lunch and learn sessions for raising awareness of support services and launching shared resources (specification for a directory of services will be included in new pan-London sexual violence service tender);

- Co-designed Hub and Spoke mode in line with Child House/ Barnahus model (Southwest and South East ICBs co-designing local models to be in line with Child House/ Barnahus principles); and
- Shared resources (Self-help resources 'What Happened to Elephant', 'Parent & Caregiver Guide' and 'What Happened to LJ') – the books are designed to help children and families develop a shared understanding of what might happen after a child has been sexually abused.

Child Protection Information Sharing (CP IS) system – Phase 2 Implementation

The CP IS Phase 2 Implementation is intended for scheduled care settings (primary care, dentistry, 0-19 Children and Young People services, community paediatrics, CAMHS, Termination service, Sexual Assault Referral Centres). The aim is to enable health and social care to share information securely relating to children subject to Child Protection Plan or Children Looked After who may present at these settings. The Designated Nurse is leading the implementation in Lewisham, which is a pilot area in SEL ICB. The stakeholders for those care settings have been identified and two GP practices have gone live with the system. The GPs are finding the system beneficial as a means of enabling safety and improving well-being of children.

Health Safeguarding Assurance Monitoring - The Lewisham Health Safeguarding Assurance monitoring function takes place quarterly and is chaired by the Designated Nurse. The commissioned health providers submit quarterly assurance reports for review and discussion. Designated Professional (s) also routinely attend the Lewisham and Greenwich NHS Trust Safeguarding Committee meeting.

Safeguarding Children and Young People Health Forum – The Safeguarding Children and Young People Health Forum has continued to progress. The forum is chaired by the Designated Nurse. The forum provides a platform for safeguarding professionals across Lewisham health organisations to share information about work relating to safeguarding, good practice, education, and development. Topics / audits presented during this reporting period include:

- CSA Emotional Support Offer – Barnardos;
- Health attendance at Strategy Meetings and Child Protection Conferences Protocol;
- Domestic abuse audit;
- Emotional and Mental Well-being Services;
- Bruising to immobile babies and children protocol;
- Domestic Abuse Lead in respect of role;
- Families First for Children – Pathfinder Programme; and
- Child Protection Information Sharing (CP IS) system.

London Safeguarding Children Designated Professionals Forum – the Designated Safeguarding Professionals meetings continued and were attended regularly via MS Teams by Lewisham Child Safeguarding Designates as integral members of the forum.

RISKS AND CHALLENGES IN THE COMING YEAR

- SEL ICB is undergoing an ICB Change Programme. ICBs across England are required to collectively deliver a 50% cost reduction. This equates to 35% for SEL ICB. Whilst further national guidance is expected, in the interim, the safeguarding function is also subject to a 25% reduction in running costs. Notwithstanding, it is imperative to maintain and sustain the statutory role and function of safeguarding children and young people.
- Domestic Abuse – Domestic abuse is an area of challenge with the increasing number of cases, and Multi-agency Risk Assessment Conference (MARAC) being held twice a month. This is linked to children subject to Child Protection Plan under the associated category of emotional abuse. Domestic Abuse is a strategic priority for the LSCP.
- Neurodiversity – local reviews and learning have highlighted a trend in increased neurodiversity and associated vulnerability, and impacts connected to exposure to extra-familial harm on children and young people. Neurodiversity forms an overarching strategic priority for the LSCP. Interventions to address have begun which include a proposal for multi-agency training, and within the ICB mandatory training (Oliver McGowan) is being offered.
- Mental health of Children and Young People - in line with national trends, issues re: mental health of children and young people is on the increase. This poses challenges compounded with lack of capacity and resources within mental health services to meet demand, thereby impacting access to services for Children and Young People.

SAFEGUARDING MONITORING AND ASSURANCE FROM PROVIDER HEALTH ORGANISATIONS

The ICBs need to assure themselves that organisations from which they commission services have effective safeguarding arrangements in place and are required to obtain assurance from all commissioned services, including NHS and independent healthcare providers, throughout the year.

Lewisham's key arrangements for seeking safeguarding assurance are through the Lewisham Health Safeguarding Assurance Group. The meeting receives and analyses safeguarding performance information and data. Information received is also discussed at provider organisations respective strategic safeguarding committees. Lewisham health providers share safeguarding data with the Lewisham Safeguarding Children Partnership, NHS England, and other statutory or mandatory bodies. Further reports are sought from providers in cases where reporting arrangements do not provide sufficient assurance i.e. audit report. The Safeguarding Children and Young People Health forum also provides an opportunity for obtaining assurance from providers.

Lewisham and Greenwich NHS Trust (LGT)

LGT operate an integrated safeguarding service, with acute and community services combined. LGT has a clear line of accountability for provision of the safeguarding service, and key statutory functions are in place. SEL ICB received assurance via the Designated professionals attending LGT quarterly safeguarding committee meetings, receiving a quarterly assurance report and annual report.

LGT have Safeguarding Children policies including a Safeguarding Supervision policy.

LGT maintained safeguarding training programme for staff and volunteers. The table below highlights levels of training compliance as of 31st March 2025. LGT used approaches such as online training, directing staff to LSCP and other suitable national training available to increase training level compliance. Compliance for all levels of training have been met.

Training level	Q1	Q2	Q3	Q4
Level 1	100%	100%	100%	100%
Level 2	100%	100%	100%	100%
Level 3	100%	100%	100%	100%
Level 4	100%	100%	100%	100%

Due to resource and capacity constraints during this reporting period, LGT have been unable to maintain an audit programme as anticipated. At the time of writing, the Safeguarding Team are fully staffed and planned to re-evaluate the findings and recommendations from the previous year's (2023-24) audits.

LGT have also participated in LSCP multi-agency audits including Child Sexual Abuse.

South London and Maudsley NHS Foundation Trust (SLaM)

SLaM provides mental health services for Croydon, Lambeth, Lewisham, and Southwark. Safeguarding arrangements are in place and quarterly adult and children safeguarding committee meetings are held. There has also been receipt of a quarterly safeguarding assurance report and annual report.

As well as the Safeguarding Children and Safeguarding Supervision policy; they have also developed Domestic Abuse, Think Family and Sexual Safety Policies.

An audit programme is evident, and SLaM have completed audits that include Domestic Abuse, Child Protection Conference Attendance and Extra-familial Harm audits. They also contributed to the LSCP Multi-agency audits namely Sexual exploitation, Children and Domestic abuse and Neglect.

SLaM have maintained safeguarding training and Safeguarding training compliance levels as of 31st March 2024 are highlighted in the table below. The low level 3 training number has been recognised with additional training sessions scheduled.

SLaM/ Lewisham - Safeguarding Children Training

Training level	Q1	Q2	Q3	Q4
Level 1	93.9%	95.4%	95.3%	94%
Level 2	97.5%	97.8%	97.8%	96.5%

Level 3	77.7%	81.3%	80.5%	82.8%
Level 4	100%	100%	100%	100%

The Safeguarding Team won the 'Corporate Team of the Year' at their Annual Awards event in March 2025. The team was nominated for being instrumental in embedding a culture whereby staff recognise safeguarding as being everybody's business and a core part of all activities across the Trust. The team has also strengthened policies, training and governance whilst driving organisational change.

Primary Care Services

SEL ICB receives assurance from the Named GP on a quarterly basis via the Safeguarding Assurance Meeting.

Training & Supervision in Primary Care

Training & Supervision in Primary Care - Safeguarding Training and supervision have been delivered in line with 'Think Family'. All safeguarding sessions are 'All Age' to encourage routine inclusiveness of whole families. Themes arising from previous case reviews are discussed as well as updates on new local policies and guidelines.

Safeguarding children training was delivered to over 300 primary care staff in November 2024. Primary care Safeguarding Children training was delivered to over 300 staff, which covered a range of safeguarding topics including Neglect SOS Tool, Neurodiversity and Domestic Abuse to support improvement and development of practice for staff. Overall feedback was generally 'very good'.

Training included GPs, practice nurses, paramedics, pharmacists, managers and administrators. The topics covered include:

- Domestic Abuse;
- Signs of Safety – Neglect Screening Tool;
- MASH Referral Processes;
- Learning from Case Reviews;
- Foetal Alcohol Syndrome;
- CSA Pathway;
- Health attendance at Strategy Meetings and Child Protection Conferences;
- Family First for Children – Pathfinder Programme; and
- National Referral Mechanism Panel.

Safeguarding GP / primary Care forum - introduced 'Advice and Guidance Clinic' which reflect the changing workforce in primary care. The sessions are open to all clinicians working in primary care and are 'All Age', reflecting continuity of 'Think Family' approach.

Primary Care Audits

Strategy meetings and Child Protection Conference Audits – an audit has informed the development of a Strategy Meeting and Child Protection Conference Protocol (which has now been implemented). Primary care have also contributed to a number of multi-agency audit including Multi-agency Strategy Meeting audit.

SAFEGUARDING SUPERVISION

Safeguarding Supervision - Designated professionals provide safeguarding supervision to all named and lead safeguarding professionals in Lewisham as and when required. Designated professionals contribute to the GP Safeguarding Lead forum, which is combined with Adult Safeguarding Leads, thereby augmenting a 'Think Family' approach. Designated professionals also receive Safeguarding Supervision.

CHILDREN LOOKED AFTER

The term 'Children Looked after' (CLA) includes all children looked after by a Local Authority, including those who are subject to a care order under Section 31 of the Children Act 1989, and those who are looked after on a voluntary basis through an agreement with their parents under Section 20 of the same Act.

The ICB responsibility for the provision of CLA health assessments is set out in statutory guidance Promoting the Health and Well-Being of Looked After Children (DH 2015 – updated 2022) as well as Looked After Children and Young People (NICE Guidance, 2021). A detailed SEL ICB Lewisham Children Looked After (CLA) Health annual report (2024-25) is attached at appendix 1.

As of 31st March 2025, there were 446 Children and Young People Looked After by Lewisham local authority, as compared to 449 in the previous year (March 2024). This shows a minimal decrease by 3. This group comprised 72 children aged under 5 years, 233 school aged children (5-15 years) and 140 young people aged 16+. Children of Black heritage are over-represented in the data of Children Looked After in Lewisham, which reflects the demography of Lewisham overall and is consistent with the previous year. The numbers of children from a mixed background has significantly increased by 142%.

Children and Young People Looked After

Ethnicity	Count of (March 2025)	Count of (March 2024)
White	122	117
Black	149	227
Asian	15	17
Mixed	116	48
Others	38	40
Unknown	6	0
Total	**446**	**449**

Under statutory guidance, the CLA Initial Health Assessment (IHA) must be completed by a doctor within 20 working days of the child coming into care to ensure health information is available in time for the first statutory review of the child's care plan. Completion of IHA within the statutory timeframes remains a challenge, and work remains ongoing between Children's Social Care and Health to address concerns with timely completion of IHA paperwork.

During 2024/25, statutory health assessments were predominately undertaken through face-to-face contact. The number of Review Health (RHA) completed was 280 and completed Initial Health Assessment (IHA) was 68. There was 16 RHA that were quality assured by the Designated Nurse Children Looked After and Care Leavers; and 110 RHA and IHA completed by Designated Doctor and Medical Advisers.

PARTNERSHIP WORKING

Partnership working between agencies in Lewisham has become stronger. This was augmented by the reestablishment of the Health and Children Social Care Meeting developed by the Designated Doctor for Safeguarding Children and the Head of Service for Children's Social Care several years ago. Health and Children Social Care professionals with strategic and operational safeguarding responsibilities meet quarterly. The meetings focus on issues impacting on effective partnership working, implementing learning from internal audits, Child Safeguarding Practice Review and learning from case escalations.

The Head of Service for Referral & Assessment an MASH participates in the established Lewisham Health Safeguarding Children and Young People Forum held quarterly, providing regular updates and developments on Children's Social Care.

These meetings have further strengthened partnerships, collaborative working and joint decision-making. Health and Children Social Care have also worked collaboratively to develop a number of protocols and guidance, illustrating our shared commitment to partnership working.

LEWISHAM SAFEGUARDING CHILDREN PARTNERSHIP WORKING

Working Together to Safeguard Children (2023) names the local authority chief executive, the accountable officer of SEL ICB, and a chief officer of police as the lead representatives with accountability under legislation. In Lewisham, the lead representatives have delegated the responsibility to the following: Executive Director for Children and Young People – London Borough of Lewisham; Lewisham Place Executive Director - NHS SEL ICB and Detective Superintendent Public Protection Southeast BCU – Metropolitan Police. The Designated Professionals support and escalate any emerging issues to the Lewisham Place Executive Director, who attends the Executive Group meetings.

The Executive Group meet six times a year and are supported by the Safeguarding Children Full Partnership Group / Partnership Network (re-named as the Partnership Network), who also meet four times a year. The Designated Safeguarding Professionals, together with Place Executive, attend and contribute to the Partnership Network.

There are six Sub-Groups that report to and inform the work of the Executive Board and Partnership, as outlined below:

- Monitoring, Evaluation and Service Improvement (MESI) sub-group;
- MESI Audit sub-Group Group;
- Learning from Practice (LFP);
- Strategic Multi-agency Child Exploitation (MACE);
- Schools' Safeguarding Network; and
- Anti-Racist Partnership sub-group

The Designated Safeguarding professionals attend and contribute to the sub-groups, as well as the associated Task and Finish groups. The Designated Nurse for Safeguarding chairs the Monitoring, Evaluation and Service Improvement sub-group.

Contributions to the partnership

Lewisham safeguarding children leads have actively supported all LSCP activities and functions. The Place Executive Lead, the Designated Safeguarding Professionals and Named GP have influenced and contributed to delivery of the Safeguarding Children's plan and programmed priorities of the LSCP.

LSCP Executive Group

The Lewisham Place Executive Lead (PEL) chaired the LSCP Executive Group during this period, which also incorporated representation for the health economy. The Executive Group provides strategic and policy direction for safeguarding arrangements, as well as ensuring accountability is embodied within each partner agency.

Full Partnership Meeting / Partnership Network

The Place Executive Lead, Designated and Named Professionals participated at the Full Partnership Meetings (now known as the Partnership Network), which provides oversight and scrutiny of LSCP activities and delivers partnership workshops and assurance re: quality and performance oversight. The PEL also chaired this meeting.

Child Safeguarding Practice Review Processes

Designated Safeguarding professionals have prioritised attendance and contributed to Rapid Reviews and Child Safeguarding Practice Reviews. The Designated Nurse became the deputy chair for Rapid Review Meetings, thus supporting in the delivery of associated work.

Through participation in Learning from Practice Review Sub-Group, the Designated professionals have supported Lewisham-led Child Safeguarding Practice Reviews. Learning from Child Safeguarding Practice Review has been disseminated and forms a key component of awareness raising and training within health provider organisations. e.g. at the Primary Care Protected learning Time and Safeguarding Advice and Guidance Clinic with GPs Safeguarding Leads forum. SLAM/ CAMHS have implemented several initiatives from reviews, this includes:

- Developed a system to monitor waiting times including review of long waits and new referrals by clinicians;
- Introduced a multidisciplinary meeting to review when a child has been referred more than three times or does not meet the threshold for intervention; and
- Created resources and interventions to support children and young people on waiting lists.

Moreover, learning from previous reviews has been completed and new learning from Rapid Reviews has also been communicated and recorded.

Monitoring, Evaluation and Service Improvement (MESI) Sub-Group and Audit Group

The Designated Nurse chairs this meeting. The group monitors and evaluates the effectiveness of what is being achieved by LSCP partners both individually and collectively to safeguard and promote the welfare of children. It shares lessons from individual agency audits, multi-agency audits and performance data. In this reporting period, key achievements of the sub-group include:

- Receipt of several Assurance Reports on recommendations / actions from reviews;
- Closing of several legacy and new actions from reviews;
- Significant improvement in receipt of MESI Performance Dataset, whilst recognising some data gaps;
- MESI key priority areas of concerns identified include - Domestic Abuse, Child Neglect, Child Sexual Abuse (including Harmful Sexual Behaviour (which will provide better understanding of the issues across these areas and enable improvement to services); and
- Exploration of Neurodiversity and intending proposal to augment with training across the partnership.

Multi-agency Neglect Evaluation and Monitoring Group

In November 2023, the Multi-agency Neglect Signs of Safety Tool and Strategy Implementation was launched. The LSCP Neglect Monitoring and Evaluation group was subsequently developed with a role to monitor the output of the Neglect Strategy as one of the LSCP priorities, (this initiative has been ongoing) comprised of a multi-agency group who are champions for each organisation in this area. Partners have subsequently provided positive feedback in application of the tool and its use to support and enhance the quality of MASH referrals. The Designated Nurse has chaired this meeting since inception.

Implementation of LSCP Multi-agency 'Think Family' Task and Finish Group

Think Family is one of the key strategic priorities for the LSCP and LSAB. A Task and Finish was set up in October 2023 and concluded its primary function in July 2024. The Group consisted of Children and Adults' professionals and was co-chaired by the Designated Nurse. The purpose of the group was to deliver the LSCP and LSAB shared priority of 'Think Family' concept, to create a culture and way of working for practitioners to "Think Family" and influence practice and formulate an agreed shared approach across the partnership. Outputs included the following:

- A database was established setting out agencies actions to promoting Think Family;
- Think Family Guidance was developed;
- A lunch time briefing session was facilitated;
- Multi-agency reflective session for 'Think Family' Thinking Space developed; and
- A monitoring group is being established.

Families First for Children – Pathfinder Programme

Lewisham is in the second wave of local areas that have successfully applied to the Families First for Children Pathfinder Programme. The Pathfinder will design and test radical reforms to family help and children's social care. It will also enable the government to understand the delivery implications of potential reforms ahead of any national rollout. In development of two pillars in Families First for Children (Family Help and Multi-agency Child Protection Team), Named and Designated professionals across the health economy have contributed to the development of the health role and there are now two health practitioners working in each of the two pillars. The Designated Professionals are also in attendance and contribute to the LSCP Strategic Leadership group for the Pathfinder that is monitoring progress of all associated Families First for Children pillars.

The Designated Nurse Safeguarding Children chairs the Health and Children Social Care Overview Meeting for the Pathfinder. The meeting aims to streamline multiple meetings with health leads, explore health involvement in the Pathfinder, troubleshoot any challenges between health and Children's Social Care, and review health job roles within the Pathfinder. Some of the benefits resulting from health involvement are detailed below:

- There is a 40% increase in health representation at Strategy Meetings;
- Improved access to health systems for real-time case context;
- Supports clearer decision-making during safeguarding assessments;
- Enables better communication between health and Children Social Care; and
- Embeds the health perspective in early case allocations.

Modern Slavery

Lewisham National Referral Mechanism (NRM) Panel pilot to expedite identification of CYP who may be at risk of Modern Slavery has continued to progress. Following its second year, further funding for a third year has been received to extend the pilot. This is positive given the evident benefits the programme is providing to children and young people. These include prevention of young people receiving inappropriate criminal records and receipt of wraparound support from Barnardo's. In the last two years, the NRM panel has received 95 referrals and 74 of these received positive reasonable grounds or conclusive grounds of being at risk of Modern Slavery. The Designated Professionals continue to prioritise and fulfil the responsibilities of health voting member on the panel.

Harmful Sexual Behaviour Monthly Consultation Panel

This is a multi-agency panel working together to provide a specialist service to children and young people engaged in harmful sexual behaviour, including harm to other children, young people and themselves. The consultation panel consists of multi-agency practitioners who are knowledgeable in the subject matter and trained in the specialist area. The Designated Doctor attends and contributes to the panel.

Multi-agency Safeguarding Hub Strategic Meeting

The Designated Nurse attends and contributes to the work delivered in the MASH Strategic forum, and Health organisations continue to be well-represented and active in the MASH functions.

Health & Children and Social Care Meeting

The Designated professionals have continued to contribute and co-chair this meeting which provides Health and Children Social Care with a platform to augment and strengthen partnership working. Some of the achievements include development of joint objectives and sharing good practice between the agencies.

Multi-agency Guidelines/ Protocols and Pathways

Designated and Named Professionals have contributed to and/or developed the following multi-agency guidelines / protocols and pathways.

Multi-agency Child Sexual Abuse (CSA) Pathway - The pathway is currently being revised. It will provide professionals with clear processes to follow, enabling them to work effectively when there are concerns re: CSA. The Designated Doctor attends and contributes to the CSA working group.

Multi-agency Protocol on Self-harm and Suicide Ideation - The Designated professionals have led a multi-agency group to develop this protocol. The protocol is intended to provide practitioners with support and guidance when responding to concerns of Self-harm and Suicide Ideation, and to increase awareness and facilitate collaborative working to manage related situations.

Safeguarding Children and Parental Mental Health Protocol-The Designated professionals are leading on the development of this protocol with partners. The protocol is intended to provide practitioners with a framework for collaboration in safeguarding and promote the welfare of children whose parents or carers have mental health difficulties.

VOICE OF THE CHILDREN

The Children's Act 2004 emphasises the importance of speaking to the child or young person as part of any assessments. This has been highlighted as central in any Safeguarding Practice Reviews.

In pursuit of best practice, the SEL ICB Designates monitor and ensure the Children and Young People Looked After voice is routinely captured within statutory health assessments. The Children Looked After nurses also utilise an online feedback tool after completing the health assessments and receive further feedback when attending the Lewisham Children in Care Councils.

Following a Quality Assurance audit on Children Looked After Review Health Assessment, it was revealed the voice of children was reflected in all records reviewed, thereby illustrating that the voice of children was consistently obtained and played a key role in their care.

CHILD SAFEGUARDING PRACTICE REVIEWS

The purpose of serious child safeguarding case reviews, at local and national level, is to identify improvements that can be made to safeguard and promote the welfare of children. Learning is relevant locally but has a wider importance for all practitioners working with children and families and for the government and policymakers. Understanding whether there are systemic issues, and whether and how policy and practice need to change, is critical to the system being dynamic and self-improving, "Working Together" (2023).

The Designated professionals are involved in the Child Safeguarding Practice Review Process.

Lewisham have commissioned three CSPRs that are all underway to completion. The learning from these reviews will be reported in the coming year. A fourth review was awaiting confirmation of approval from the National Panel.

DOMESTIC HOMICIDE REVIEW (DHR)

During this reporting period, there was one DHR that was completed. The learning from the review pertaining to health is outlined below:

- The need to ensure routine Domestic Abuse enquiries in GP practice for all pregnant women and Maternity services.

Learning from the review has been disseminated. Audits required to obtain assurance of the recommendations are underway to completion.

LEWISHAM CHILD DEATH REVIEWS

The Tri-Borough Child Death Overview Panel (CDOP) arrangements were operational from October 2019 and removed from the LSCP functions. The Local Authority and the SEL ICB are responsible for ensuring a Child Death review process is in place. The Child Death Review Team (CDR) are based in Lewisham and Greenwich NHS Trust (LGT) and administer arrangements on behalf of the boroughs of Bexley, Greenwich and Lewisham (BGL) (Tri-Borough approach is required due to the numbers of child deaths). The CDOP panel meetings rotate between Greenwich, Bexley and Lewisham, reviewing all child deaths that occur in the three Boroughs. The Designated Professionals from the three Boroughs also ensure that there is representation from a Designated Child Safeguarding Professional at the CDOP panels.

Between 1st April 2024 and 31st March 2025, the Child Death Review Team were notified of 61 child deaths under the age of 18 years old across Bexley, Greenwich and Lewisham. This is a slight decrease from the number of notifications in the previous year 2023/2024 (73). Of the 61 notifications, 47 children were male and 14 were female. 1 death happened abroad. Of the total notifications, 27 (44%) met the criteria for a Joint Agency Response meeting. This constitutes an increase from the previous year of 19 (32%).

In Lewisham, there were 28 child death notifications, which represents 46% of the notifications for Bexley, Greenwich, and Lewisham in total.

Some of the vulnerabilities identified included a history of parental mental health issues, parental alcohol or substance misuse and children and young people by suicide had a diagnosis of neurodiversity and learning disability.

The following represent some of the themes identified:

- Parental choice for birth options;
- Was not brought to appointments and complex needs;
- Sudden Unexpected Death in Infancy (SUDI);
- Deprivation and overcrowding;
- Suicide prevention in children; and
- Non-accidental injuries.

Full detail of CDOP activities can be found in the CDOP annual report.

IMPACT ON CHILDREN AND FAMILIES

Designated professionals' contribution to the Sexual Harmful Behaviour and NRM Panel have supported in preventing children and young people going into the criminal justice system inappropriately and providing protection from further exploitation. Influence from health experts adds to the holistic frame for protecting children and young people.

Policies and Procedures developed contribute to improving practitioners' knowledge and enhance their practice to safely protect, prevent and provide appropriate safeguarding for children and young people and augment collaborative working.

The impact of Families First for Children is not fully known at this early stage, albeit emerging indications demonstrate contributions from health are improving information

sharing and attendance at Strategy Meetings, thereby resulting in better assessments for children.

SUMMARY

The report has addressed the following:

- Evaluated safeguarding functions over the last year;
- Summarised governance arrangements in place across the Lewisham health economy, with both senior accountability and a continued commitment to improving services that support the safeguarding of children and young people;
- Confirmed that Lewisham health economy is meeting statutory obligations to safeguard children and young people in Lewisham;
- Validated effective partnership working across agencies in Lewisham; and
- Highlighted potential risks in the coming year with reference to outputs (i.e if resulting in further loss of capacity) from the SEL ICB Management Cost Reduction phase 2 and corresponding impacts to Lewisham Safeguarding Children and Young People service.

PRIORITIES 2025 – 2026

Partnership Working - work collaboratively with partners to deliver the Lewisham Safeguarding Children Partnership priorities: Child Sexual Abuse, Neglect and Domestic abuse across the health economy.

Child Safeguarding Practice Reviews – Lewisham Safeguarding Children Partnership will have four Safeguarding Practice Reviews, more than the average. Key priorities are to work jointly with partners to complete the reviews as per statutory requirements and promote/disseminate learning.

Child Protection Information Sharing (CP IS) system – work in collaboration with the stakeholders in Lewisham to effectively implement / roll out CP IS which will enhance safeguarding practice and assist in identifying and promoting the safety of children and young people.

Families First for Children - Pathfinder Programme – to continue in alliance with other statutory partners together with health providers to develop and enhance the delivery of the Pathfinder Programme in Lewisham and raise awareness of the programme.

ICON – is a programme developed to support parents to cope with crying babies. The programme is to be re-established and promoted across the health economy and Children Social Care, and be embedded in practice by Providers.

RECOMMENDATIONS

The Governing Body is requested to receive and acknowledge the Safeguarding Children Annual Report for information and assurance that effective safeguarding systems and processes are in place within Lewisham.

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Looked-after children and young people, NICE guideline (2021) Overview | Looked-after children and young people | Guidance | NICE

APPENDICES

Appendix 1

Children and Young People Looked After and Care Leavers Annual Report

April 2024 – March 2025.

250910 CYP Looked After Annual Report 2

CHILDREN LOOKED AFTER AND CARE LEAVERS
ANNUAL REPORT FOR INTEGRATED CARE BOARD
LEWISHAM

APRIL 2024 - MARCH 2025

Authors:

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Contents

Glossary of Terms

ADM	Agency Decision Maker
ASYE	Assessed and Supported Year of Employment
BLA	Becoming Looked After
CAMHS	Child Adolescent Mental Health Service
CICC	Children in Care Council
CIN	Child in Need
CQC	Care Quality Commission
CWD	Children with Disabilities
C/YPLA	Children and Young People Looked After
FFT	Friends and Family Test
ICB	Integrated Care Board
ICP	Integrated Care Pathway
ICS	Integrated Care System
IHA	Initial LAC Health Assessment
IRO	Independent Reviewing Officer
KPI	Key Performance Indicators
LAC	Looked after children/young people
LBL	London Borough Lewisham
LGT	Lewisham and Greenwich Trust
MET	Missing, Exploited, Trafficked
PALS	Patient Advice and Liaison Service
PBR	Payment by Result
PLO	Public Law Outline
PREM	Patient Reported Experience Measures
RHA	Review LAC Health Assessment
RAA	Regional Adoption Agency
SANS	School Aged Nursing Service
SDQ	Strengths and Difficulties Questionnaire
SEL ICB	South East London Integrated Care Board is made up of six boroughs in South East London: Lewisham Place, Greenwich Place, Bexley Place, Lambeth Place, South Place and Bromley Place
SGO	Special Guardianship Order
SLA	Service Level Agreement
SLAM	South London and Maudsley NHS Trust
SW	Social Worker
UAC	Unaccompanied Children
WTE	Whole Time Equivalent

INTRODUCTION

The purpose of this report is to provide the Integrated Care Board (ICB), Lewisham place, with an overview of the progress and challenges in supporting and improving the health of children looked after, including care leavers. It also includes information pertaining to children placed in Lewisham by other local authorities. This is in collaboration with partners from across the South East London Integrated Care System (ICS) to develop plans for appropriate funding / commissioning arrangements to meet the health needs of the population and secure the provision of health services.

The report is produced in alignment with duties and responsibilities outlined in the 'Statutory Guidance on Promoting the Health and Well-being of Looked After Children' (2015).

Recent New Legislation, Guidance and National Initiatives

Fit for the Future: 10-Year-Health Plan for England

- from hospital to community: more care will be available on people's doorsteps and in their homes
- from analogue to digital: new technology will liberate staff from admin and allow people to manage their care as easily as they bank or shop online
- from sickness to prevention: we'll reach patients earlier and make the healthy choice the easy choice

The Lewisham Children Looked After Health Service has already been working towards these aspirations by aiming to improve digital data collection and continuing to provide health promotion and education as preventative measures.

Corporate Parenting Strategy

The corporate parenting strategy, which ran from 2020 until 2024 aimed at achieving the following goals for Children Looked After and their corporate parents:

- Being Proud Parents
- This is My Home
- Being Healthy & Well
- Being Aspirational & Ambitions
- CYP Having a Voice
- Being Independent

The Lewisham Children Looked After Health Service particularly contributed to "Being Healthy and Well" although there was overlap with some of the other aspirations as well.

BACKGROUND DATA

As of 31 March 2025, there were a total of 446 Children Looked After in Lewisham. This compared to 449 in the previous year ending March 2024.

	Numbers (at 31 March 2025)	Numbers (at 31 March 2024)	Year-on-year change
All CLA	446	449	-3
CLA placed out-of-borough (OOB)	308	322	-14
UASC (placed IB/OOB)	42	46	-4
Care Leavers (18-25 years old allocated to Personal Adviser - PA)	616	632	-16
CLA placed in-borough by other local authorities (known to health team)	Not Reported currently	Not Reported currently	Not Reported currently

Children Looked After continue to be over-represented amongst those with black heritage. The table below summarises ethnicity breakdown.

Ethnicity	**Count of**
White	121
Black	149
Asian	18
Mixed	112
Others	39
Unknown	0

Care Leavers

A new Specialist Nurse for Care Leavers started her clinical work in August 2024 and has had a steadily increasing caseload getting referrals from the CLA nurses or from the Personal Advisors. The service offer includes:

- coordinating transitions from child to adult services (e.g. CAMHS to AMHS),
- assessing mental health needs and referring to appropriate services,
- advocating for and supporting young people to manage their health,
- delivery of emotional wellbeing support through structured or 'lite touch' sessions and
- extensive consultation work with personal advisors.

The nurse uses a scoring system to monitor progress and outcomes for the YP, addressing areas like mental health, physical health, job situation, accommodation, and relationships and uses the outcomes of the scoring to inform EWB (Emotional Well-Being) sessions, set goals and create action plans for the YP.
current/newly identified health issues; and further outlines outstanding actions/recommendations required to meet health needs. Signposting to the

Specialist Nurse for Care Leavers is also included for support with health and wellbeing from 18-25 years.

Children Looked After Placed Out of Borough and Placed by Other Local Authorities

The Children Act 1989, under section 23 (7), states that Local Authorities have a duty to place children near their homes, and the Designated Nurse Children Looked After should be notified of all plans to move a child out of the home or originating local authority and any subsequent placement moves. This is both a statutory obligation and an important indicator to better understand required improvements in terms of the flows of Children Looked After and their placement together with on-going health needs and access to health services.

Promoting the Health and Well-being Looked After Children (2015) also stipulates that Local Authorities must notify an ICB of placement notifications by other local authorities. The Designated Nurse is receiving some but not all placement notifications for Children Looked After placed within Lewisham. It is currently not possible to ascertain the exact number of children placed by other local authorities within Lewisham as not all of them will notify the ICB/Designated Nurse or Lewisham local authority.

The Designated Nurse is not yet part of the placement panel of the Local Authority which decides where children are placed in/out of borough.

Unaccompanied Asylum-Seeking Children

The needs and circumstances of UASC share many of the characteristics of other UK Children Looked After, but in many other respects they are quite different. As a group, UASC are characterised by their separation from their family, community and country of origin and are seeking refuge from political, cultural, religious or other forms of persecution including conflict and war. The need for interpreters, complexity of health needs, and other contextual factors will often mean that assessments take more time and are more resource intensive than those involving UK Children Looked After.

Lewisham continues to have a well developed pathway to address the increased infectious diseases risk of this group of young people. They are referred to the one-stop Infectious Diseases Clinic at University College London Hospital which offers comprehensive screening tests, offers appropriate follow up and initiates treatment if a need is identified.

An audit about the health needs of UASC identified a frequent occurrence of Vitamin D deficiency, which may have an impact on immunity, bone growth and mental health of the affected person. This has resulted in a universal recommendation of Vitamin D substitution for all UASC being seen for their initial health assessment.

Health Provider Team Structure

Core LAC health team:

DESIGNATION	WTE (Whole time equivalent; 0.1 = 4 hours)	ROLE
Designated Doctor (clinical role)	0.2 – on long-term sick leave during 2024 (4 months),	• Completing initial and review health assessments • Quality assurance (trainee reports and OOB reports) • Training/supervision/audit • Service evaluation and development
Medical Advisor for Adoption and Permanency	0.4 (interim until November 2024, substantive since)	• Completing initial and review health assessments • Adoption medicals • Meeting prospective adopters • Adoption panel/ADM reports • Adoption panel attendance • Service development • Quality assurance (trainee reports and OOB reports)
Medical Advisor with GP background	0.1	• Summary health advice for AH form- Prospective Adopters and Special Guardians, foster carers, kinship carers
CLA Named Nurse	1.0	• Completing health assessments • Care leavers letter • 3-m0nth review of UASC IHA • Quality Assurance • Training/Supervision/Audit • Service development
Specialist Nurse for Children Looked After	1.0	• Completing health assessments • Care leavers letter • Training/Audit
Specialist Nurse for Care Leavers	0.8 (from July 2024) – initially funded for 2 years	• Care leaver drop-ins/support and advocacy • Tier 1 emotional support • Health education and promotion/signposting • Training
LAC admin	1.8	• Booking and arranging initial and review health assessments, OOB assessments, • Data collection and monitoring

Temporarily employed professionals:

DESIGNATION	WTE (Whole time equivalent; 0.1 = 4 hours)	ROLE
Community paediatric trainees	0.1-0.2 (according to changing number of registrars)	• Completing initial and review health assessments • Audit
Locum fully qualified GP	0.2 WTE (August 2024-January 2025)	• Completing initial and review health assessments • QI Project
Locum paediatrician	6 clinics	• Completing initial and review health assessments (mainly for other local authority CLA)
Bank Nurse	Up to 19 hours/month	• Completing OOB review health assessments

The team currently does not comply with recommendations of appropriate staffing levels in the Intercollegiate Guidance 2020:

- There should be a minimum of 1 WTE Named Nurse per 50 CLA
    - Lewisham has 1 for 446 CLA.
- A minimum of 1 WTE Specialist Nurse per 100 children looked after
    - Lewisham should have at least 3 more nurses.
- Named and Designated Professionals are distinct roles and should be separate post holders to avoid potential conflict of interest
    - In Lewisham the Designated Doctor also covers Named Doctor duties. A separate Named Doctor role has not been established.

MONITORING PERFORMANCE

The Children Looked After Health Team contributes to the collection of national performance indicators in partnership with the Local Authority.

Data for health assessments are collected by the Department of Education annually for all children who have been Children Looked After for a year or more on the 31st March as well as for initial health assessments completed within 20 working days of a child entering care. These figures do not reflect the actual workload of the provider health service.

In Lewisham, these key performance indicators for Initial Health Assessments (IHA) and Review Health Assessments (RHA) are monitored monthly within the Local Authority Children's Social Care's dashboard report. They do not include RHA

undertaken for children looked after less than a year, IHA carried over from previous months, and IHA and RHA performed for other local authorities.

The performance indicators are reported upwards from the operational level to the Lewisham Safeguarding Assurance Group (SAG) and Lewisham joint clinical commissioning team.

In 2023 NHS England (NHSE) started to request CLA performance data from the Designated Professionals of all ICBs. This duty was transferred to provider services in 2024. Lewisham has contributed to this even though for some of the requested data there are no locally, regionally or nationally systems available for collection.

Since November 2024 the Children Looked After Health Team have collated information of the health needs of Lewisham Children Looked After (including UASC), using a data tool based on SNOMED codes on the children's electronic patient records. **(Appendix 2)**

Performance data from providers - Initial Health Assessments (IHA)

Timely completion of IHA has remained a challenge although in 100% of cases the Children Looked After Health Service has managed to offer an appointment for an IHA within 2-4 weeks of receiving valid consent.

April	May	June	July	Aug	Sept
7(43.7%)	14(67%)	3(30%)	3(25%)	6(43%)	1(12.5%)
Oct	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**
6(50%)	9(81.8%)	7(46.6%)	6 (60%)	3(20%)	3(30%)

General reasons for delay include:

- Paperwork being received late from local authority (most common reason);
- Young person declined health assessments; and
- When a child is placed out of borough, this can also delay the process since management is reliant upon services in other boroughs.

Work has been undertaken between the Local Authority and Health to improve completion of consent paperwork, and a protocol has been developed.

Additional work not reflected in the above performance indicator

Year	Total Lewisham CLA.	IHA requests in area.	IHA requests from other LA (OLA)	Average % of meeting statutory time frame for OLA	RHA requests in area.	RHA requests from other LA	Average % of meeting statutory time frame for OLA
2023/ 2024	461	165	40	Data not available	414	31	Data not available
2024/ 2025	439	154	28	21%	428	46	17.39%

Average waiting time for the completion of an IHA or RHA for another local authority (OLA) was 12 weeks.

All IHAs undertaken by Lewisham trainee doctors and by doctors in other areas are quality assured by the Medical Advisor and Designated Doctor. Around 154 reports were quality assured within the year.

Performance data from providers - Review Health Assessments

RHA reports completed by Lewisham school nurses and out-of-area nurses are quality assured by the Named Nurse, those of children under 5 years old by the Medical Adviser. Over the last year the Named Nurse has quality assured 63 reports and the Medical Adviser 51.

The monthly RHA data are contained in the table below. Performance has reduced over the last years as there has not been enough CLA Nurse capacity and the school nurse capacity has halved.

2023 - 2024	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
% CLA who had health assessment in the previous year	87%	84%	91%	91%	92%	91%	90%	89%	87%	88%	87%	89%
2024 - 2025	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**
% CLA, looked after for 12mths cont., who had at least one routine immunisation during past 12 months	82%	79%	78%	78%	73%	72%	72%	70%	70%	68%	66%	77%
% CLA, looked after for 12mths cont., who had routine dental checks during past 12 months	71%	65%	64%	59%	44%	49%	52%	50%	66%	47%	54%	61%
% CLA, looked after for 12mths cont., who had routine health assessments during past 12 months	91%	89%	89%	96%	96%	96%	94%	95%	92%	93%	94%	91%
No. of CLA looked after for at least 12 months	306	294	307	292	300	303	300	309	309	300	305	307

Dental Checks

Dental check status is a routine enquiry in all Health Assessments, but national data are only collected for Review Health Assessments. The Children Looked After Health Teams data tool has revealed that 22.5% of Lewisham's Children Looked After have dental issues but the majority have had dental checks or interventions. This conflicts with figures collated by the local authority, see table above. The discrepancy is due to data input issues by the local authority.

Immunisations

Immunisation status is routinely covered in all Health Assessments; however, the National Local Authority data set only records immunisation status for children and young people who have been in care for more than 12 months. This invariably results in a mismatch of reporting requirements. There are also data entry issues between local authority, health, and commissioning that require addressing, as there is currently no means of establishing absolute clarity about the immunisations children and young people have received.

Substance Misuse

The Insight Service has been commissioned to offer support to young people that are involved with or known to Children's Social Care, specifically children looked after and care leavers, either those looked after by Lewisham or resident in the borough.

Data for numbers of Children Looked After exceeding 12 months who have a substance misuse problem is currently recorded by the Local Authority annually. There is an opportunity to develop a health dashboard and checklist to analyse numbers including referrals and outcomes, which would also support governance processes within SEL ICB. This has been identified as work to progress in the Children Looked After and Care Leavers Steering Group workplan.

Sexual Health Service

The service is well used by young people and appropriately sign posts them for additional support. Work has started regarding establishment of regular reporting with impact and outcomes.

Emotional Health and Well-being of Children Looked After

Lewisham CLA have access to a dedicated CAMHS, the Symbol Team, which provides specialist advice and therapeutic support for the specific emotional and mental health issues prevalent in this cohort of children. Referrals are accepted by social workers, foster carers and young people themselves. Direct or liaison work is conducted with children or young people placed out of the borough. This includes virtual appointments. The Symbol Team also provides services to CLA placed in Lewisham by other local authorities. The Symbol Team does not provide a service for children younger than 5 years of age.

For data collection purposes the team is currently not distinguishing between Lewisham's and other local authorities' CLA.

The Virtual School CAMHS service is a joint venture between Lewisham Virtual School (LVS) and Lewisham CAMHS which aims to bring a CAMHS perspective to improving emotional wellbeing and readiness to learn for Children Looked After. The service works with young people and those around them to identify potential barriers to education, in relation to emotional wellbeing, and devise strategies to manage

these. In addition, the service provides direct support to schools working with young people in foster care.

The Voice of Children and Young People

The ICB has a role to ensure a system is in place to capture the voice of the Children Looked After to influence service design and delivery, in accordance with Promoting the Health of Looked after Children (2015). Lewisham and Greenwich NHS Trust LAC health team has committed to obtaining the voice of children and young people throughout the year and supporting children and carers.

Nurses and doctors endeavour to capture the voice of the child within the Coram-BAAF health assessment form.

The Coram-BAAF form actively seeks out the voice of the child with focused and directed areas of exploration surrounding physical and emotional health, experience in current placement, and wishes and aspirations.

The LAC nurses seek online feedback from Children and Young People after their Review Health Assessment which is sent to PALS.

Adoption and Permanency

After the substantive postholder left in June 2023 an Interim Medical Adviser for Adoption and Permanency covered the role until a new substantive postholder started in November 2024. As a member of the Regional Adoption Agency (RAA), the Medical Adviser needs to attend 4 panels in the year. Her role also includes providing adoption reports to the Agency Decision Maker (ADM) and meeting prospective adopters.

Both Medical Advisers have quality assured health assessment reports on Children Looked After under the age of 5 completed by community paediatric trainees and health professionals from other boroughs.

Since September 2023, Adult Health Reports for the panel have been prepared by an additional Medical Adviser with a GP background.

Audit

One of the Paediatric Resident Doctors completed an audit on the health needs of UASC and presented it on 20.2.25 at the LGT Audit Meeting. It resulted in a change of practice as all new UASC will now be recommended to start Vitamin D supplementation.

A further audit on the dental health of Children Looked After was completed and presented on 21.7.25 at the Community Paediatric team meeting.

SUMMARY

Challenges

- The provider Children Looked After Team continue to be understaffed according to the Intercollegiate Guidance 2020. This has led to a reduction in completed Review Health Assessments within statutory timescales. This has been additionally affected by the 50% decrease in school nurse capacity.
- The Health Provider team does not have a Named Doctor for Children Looked After Part of the role but not all functions are being covered by the Designated Doctor and Medical Adviser (without dedicated time in their job plans).This has been entered on the ICB risk register.
- A Specialist Nurse for Care Leavers started in July 2024 and has proven very successful, receiving glowing feedback by the service users. However, funding is currently only secure until 2026.
- It remains an ongoing challenge to receive consent from Children Social Care for the Initial Health Assessments within statutory timeframes.

What went well

- Designated Professionals, in conjunction with the Local Authority, have continued to work productively in the Children Looked After and Care Leavers Steering Group.
- The CLA Health Team has started to use an online data collection tool (based on SNOMED codes) to get a better understanding of the ongoing health needs of CLA (including UASC).
- Lewisham have continued to develop a multi-agency pathway for the assessment and further management of FASD in Children and Young People Looked After who are most impacted among the general child population.
- Despite the staffing challenge within the provider, service delivery and reporting continued to be maintained.
- Children with Complex Needs have robust health assessments in place comprising regular reviews with carers directed to appropriate resources and

PRIORITIES FOR 2025-2026

- Support the Joint Integrated Commissioners in the implementation of the CLA/CL Health Service specifications.

- Continue to develop a local pathway for children looked after that are affected by Foetal Alcohol Spectrum Disorders (FASD), including an audit of review health assessments to improve data capture.

- Improvements have been made with the Designated Nurse/CLA Health team receiving notifications for Children and Young People Looked After placed out of borough and of children and young people placed by other local authorities. To progress this, the Designated Nurse in collaboration with the Joint

Integrated Commissioners will engage with the Local Authority to strengthen regular and consistent placement notifications and health participation in placement decisions to contribute to joint decision-making.

- The Designated Professionals will continue to develop a process collaboratively with partners to align health assessment with Education Health and Care Plan (EHCP) reports.

- The Designated Professionals will encourage regular data collection on UASC outcomes of infectious disease clinic attendance.

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Appendix 1

STATUTORY RESPONSIBILITIES

The local authority is responsible for ensuring health assessments are carried out for all children looked after, and the ICB has a duty to comply with these requests. The ICB has a statutory duty for the commissioning of health services for the Lewisham children looked after and care leaving population. The ICB is also the responsible commissioner for local children who are placed outside the borough and for children looked after placed in Lewisham by other local authorities. For this duty to be discharged effectively, commissioners must ensure the services they commission meet the needs of children looked after, and care leavers. They also need to ensure that the health needs of other local authorities' children are not disadvantaged compared to the local population.

In meeting the health needs of this vulnerable group, health organisations need to focus on ensuring that children looked after and care leavers can access universal services, together with targeted and specialist services where necessary.

Initial Health Assessment (IHA) must be completed within 20 working days of a child coming into care. The monthly IHA statistics are contained in the table below. The data only reflect the children due for assessment within that month, not the children whose consent was received late. However, all Children Looked After will be seen eventually (once consent has been received from the Local Authority).

A Review Health Assessment (RHA) is required every 6 months for children under 5 years and annually thereafter. Most RHA within the catchment area are undertaken by the Lewisham CLA nurses although for children placed in a Lewisham school the School Nursing team will be requested to undertake the RHA. The review assessments for under 5s are undertaken by doctors of the CLA health team. Local CLA teams will be asked to complete the assessment for those children placed further away.

The Leaving Care Act (2000), Promoting the Health of Looked After Children (2015) and Health and Social Care Bill (2017) highlight the ICB role in commissioning health services, and consider the specific requirements for children and young people identified as care leavers. The ICB is required to ensure that plans are in place to support children leaving care to continue to obtain the healthcare they need, and that arrangements are also in place to ensure a seamless transition for Children Looked After and Care Leavers moving from child to adult health service provision.

ICB GOVERNANCE ARRANGEMENTS

The Lewisham Children Looked After Health Service is closely modelled on the recommendations outlined in government guidance "Promoting the Health and Well-Being of Looked After Children" (2015) as well as the NICE Guidance "Promoting the Quality of Life of Looked After Children and Young People" (2021) which is underpinned by the United Nations Convention of Children's Rights and the Children Act (1989 and revised 2004), Lewisham Children and Young People's Plan 2019-

2022 Everyone's Business, and the Care Leavers Strategy (2013). Cooperation between specific statutory 'relevant partners', including health organisations, schools and local authorities is achieved in Lewisham through a shared vision of local service provision based on an on-going analysis of children looked after and care leavers needs.

The Designated Doctor and Nurse roles are strategic and adopt a professional lead role across the health economy on all aspects of children looked after and care leavers. They also provide expert clinical advice to the ICB and partner agencies on the specific health needs of children looked after and care leavers.

The ICB is required to have access to a Designated Nurse and Doctor to provide the ICB with an overview of health needs, quality assurance of health assessments and outcomes for Children Looked After and Care Leavers. The Designated roles also have key responsibilities for assisting the ICB in demonstrating a robust governance structure in relation to Children Looked After and Care Leavers, and supporting the Integrated Joint Commissioner role to exercise their functions in relation to inclusion of Children Looked After and Care Leavers in all services they commission. This arrangement enables the ICB to fulfil their responsibilities in securing expertise and associated functions in relation to commissioning health services for this cohort.

The Designated Professionals are significantly contributing to the review of the CLA/CL Health Service specifications.

The Designated Nurse is employed directly by the ICB, whilst the Designated Doctor provision is regulated by a Service Level Agreement and forms part of a substantive contract with Lewisham and Greenwich NHS Trust. The current commissioning arrangements comprise: 1 Designated Doctor – 0.2 WTE; and 1 Designated Nurse – 0.6 WTE.

Appendix 2:

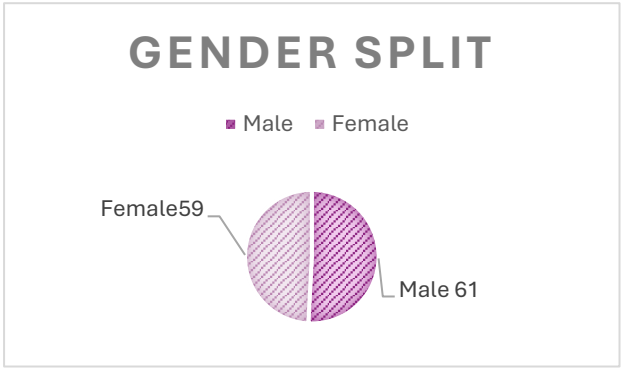
Health Needs Analysis

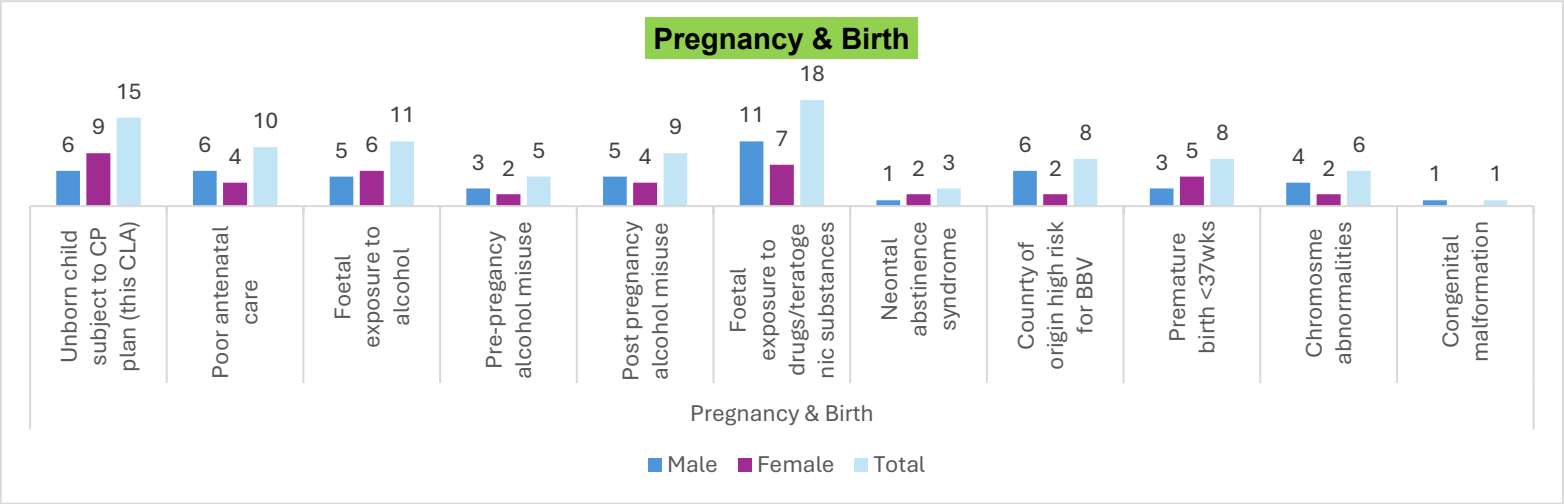
Identified health needs of CLA from 1.11.24 to 28.5.25					
Categories	**Conditions**	**Male**	**Female**	**Total**	**Percent**
Pregnancy & Birth	Unborn child subject to CP plan *(this CLA)*	6	9	15	**12.5%**
	Poor antenatal care	6	4	10	**8.3%**
	Foetal exposure to alcohol	5	6	11	**9.2%**
	Pre-pregancy alcohol misuse	3	2	5	**4.2%**
	Post pregnancy alcohol misuse	5	4	9	**7.5%**
	Foetal exposure to drugs/teratogenic substances	11	7	18	**15.0%**
	Neontal abstinence syndrome	1	2	3	**2.5%**
	Counrty of origin high risk for BBV	6	2	8	**6.7%**
	Premature birth <37wks	3	5	8	**6.7%**
	Chromosme abnormalities	4	2	6	**5.0%**
	Congenital malformation	1		1	**0.8%**
Adverse Childhood Experiences (ACES)	Child affected by parental MH problems	26	27	53	**44.2%**
	Witness to substance misuse	15	16	31	**25.8%**
	Exposed to Domestic violence or domestic abuse	27	29	56	**46.7%**
	Child neglect	35	32	67	**55.8%**
	At risk of impaired caregiver child attachment	27	22	49	**40.8%**
	At risk of passsive smoking	10	9	19	**15.8%**
	Experience of incarceration - *parental or self*	1		1	**0.8%**
Neurodevelopmental/Learning problems	FASD	1	1	2	**1.7%**
	Developmental delay	10	9	19	**15.8%**
	Developmental delay - motor skills	4	1	5	**4.2%**
	Speech delay	11	13	24	**20.0%**

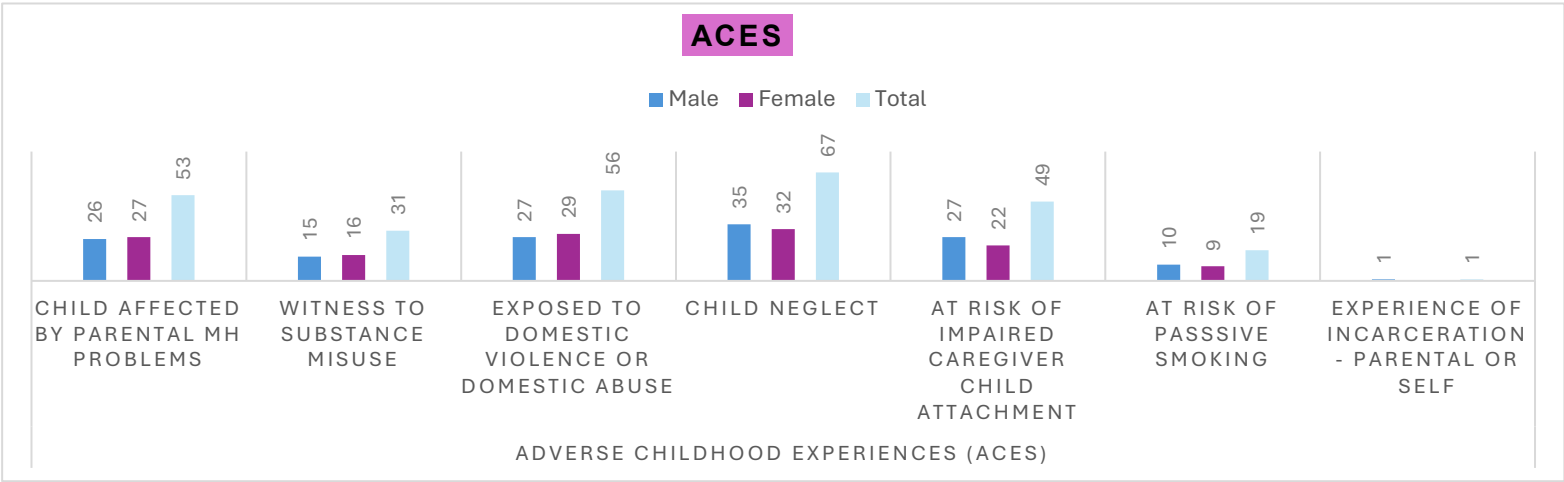
	low-level literacy	3	3	6	**5.0%**
	unable to understand and use numbers - dyscalculia			0	**0.0%**
	Learning disability including dyslexia	5	5	10	**8.3%**
	SEND	9	9	18	**15.0%**
	EHCP	9	8	17	**14.2%**
	Autism - diagnosed	5	1	6	**5.0%**
	Autism - suspected	6	4	10	**8.3%**
	ADHD - suspected	4	1	5	**4.2%**
	ADHD -diagnosed	6	5	11	**9.2%**
Growth	At risk of delayed growth	3	1	4	**3.3%**
	Short stature for age	4	2	6	**5.0%**
	Failure to thrive	3	1	4	**3.3%**
	Feeding problems	2	1	3	**2.5%**
	underweight	2	2	4	**3.3%**
	childhood obesity/overweight	9	11	20	**16.7%**
	Macrocephaly		1	1	**0.8%**
	Microcephaly	3	3	6	**5.0%**
Safeguarding issues	History of alcohol abuse (CYP)		1	1	**0.8%**
	History of drug abuse (CYP)	1	1	2	**1.7%**
	History of psychoactice substance use	1	2	3	**2.5%**
	Victim of child sexual expoitation	1	1	2	**1.7%**
	Victim of criminal exploitation	2	0	2	**1.7%**
	risk of radicalisation			0	**0.0%**
	Gender dysphoria	1		1	**0.8%**
Sexual health	At risk of sexually transmitted infection	7	2	9	**7.5%**
	Has had a sexually transmitted infectious disease		1	1	**0.8%**
	At risk of teenage pregnancy		1	1	**0.8%**
	Teenage pregnancy			0	**0.0%**

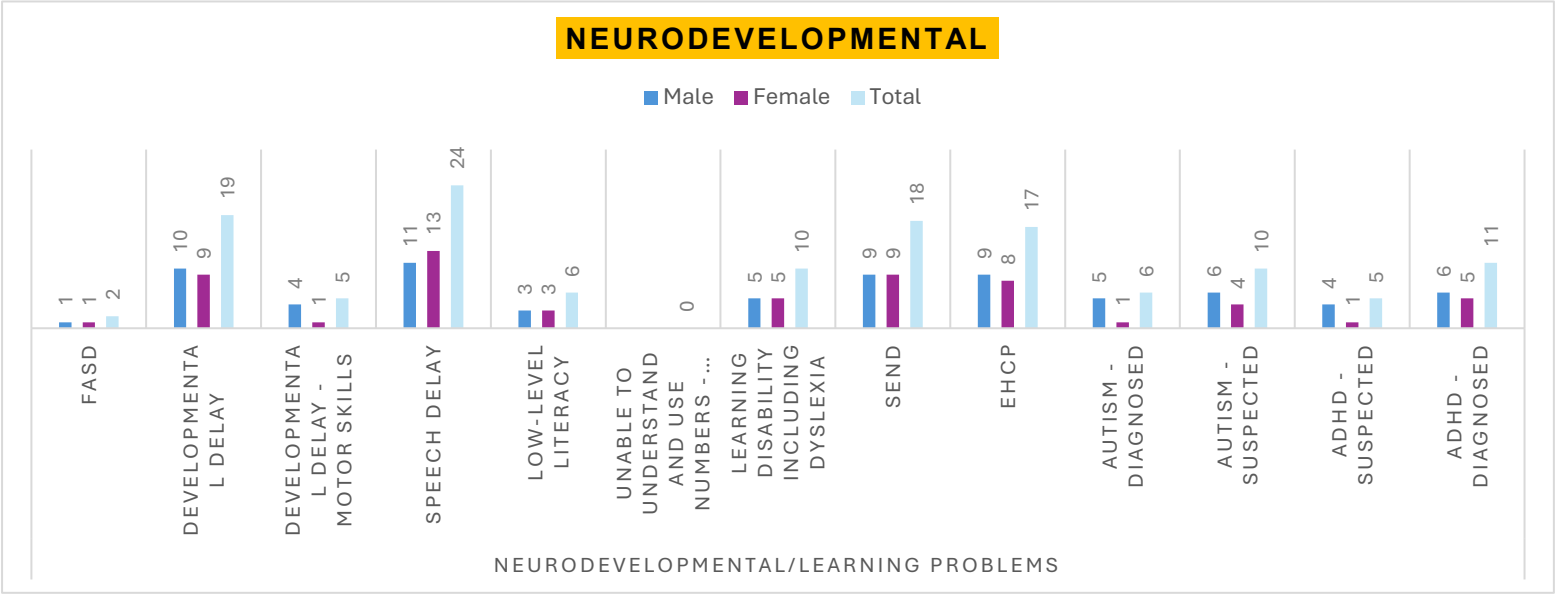
	Termination of pregnancy			0	**0.0%**
Mental/Emotional health	Mental health problems	6	11	17	**14.2%**
	Emotional behavioural difficulties	22	20	42	**35.0%**
	Self-injurous behaviour	4	10	14	**11.7%**
	At risk of post trauma syndrome	10	4	14	**11.7%**
	PTSD	2	1	3	**2.5%**
	At risk of social isolation	8	2	10	**8.3%**
	Other behavioural and emotional disorders (excluding ADHD or Autism)	10	5	15	**12.5%**
General	Chronic constipation	2	1	3	**2.5%**
	Enuresis	5	11	16	**13.3%**
	Encopresis	1	2	3	**2.5%**
	Allergies	9	5	14	**11.7%**
	Asthma	8	3	11	**9.2%**
	Eczema	6	10	16	**13.3%**
	Sleep disorder	8	9	17	**14.2%**
	Metabolic diseases			0	**0.0%**
	Dental issues	14	13	27	**22.5%**
	Smoking	3		3	**2.5%**
	Vaping	3	1	4	**3.3%**
	Outstanding immunisations	11	6	17	**14.2%**
Neuromuscular & MSK	Cerebral palsy			0	**0.0%**
	Epilepsy	1		1	**0.8%**
	Hypermobility of joints	2	3	5	**4.2%**
Sensory	Visual impairment	14	8	22	**18.3%**
	Hearing loss		2	2	**1.7%**
UASC specific health needs	Refugee	13	2	15	**12.5%**
	Victim of torture	2		2	**1.7%**
	Risk of modern slavery			0	**0.0%**

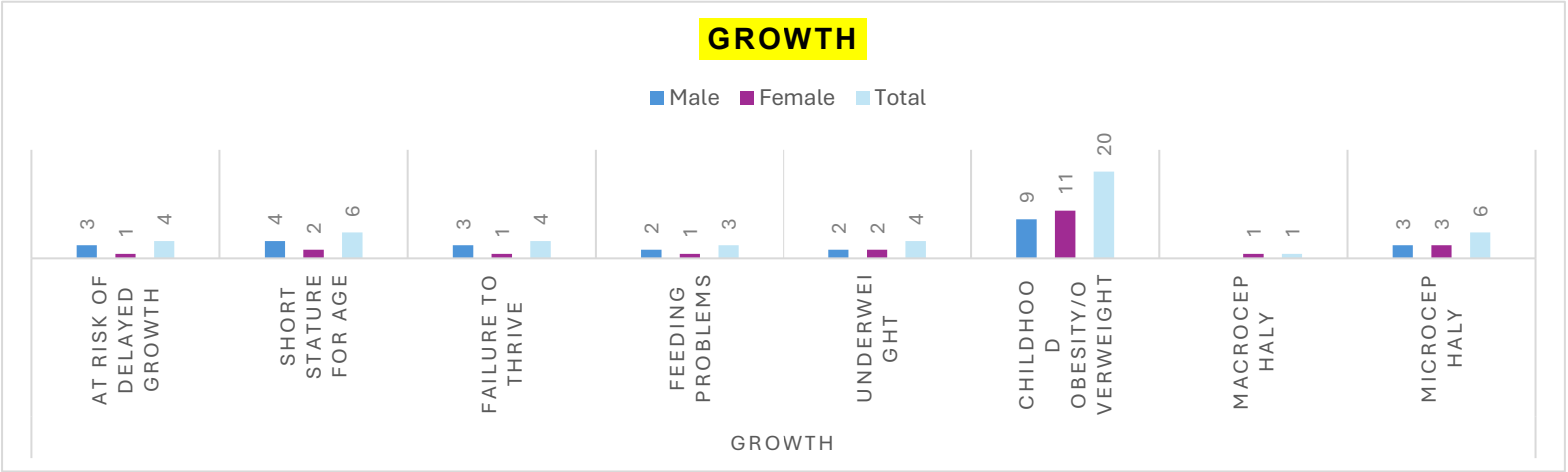
	Risk of human trafficking	1		1	**0.8%**
	Debt	1		1	**0.8%**
	FGM			0	**0.0%**
	Family hx of FGM			0	**0.0%**
	Education interrupted	10		10	**8.3%**
	No formal education			0	**0.0%**
	no sex education	8	1	9	**7.5%**

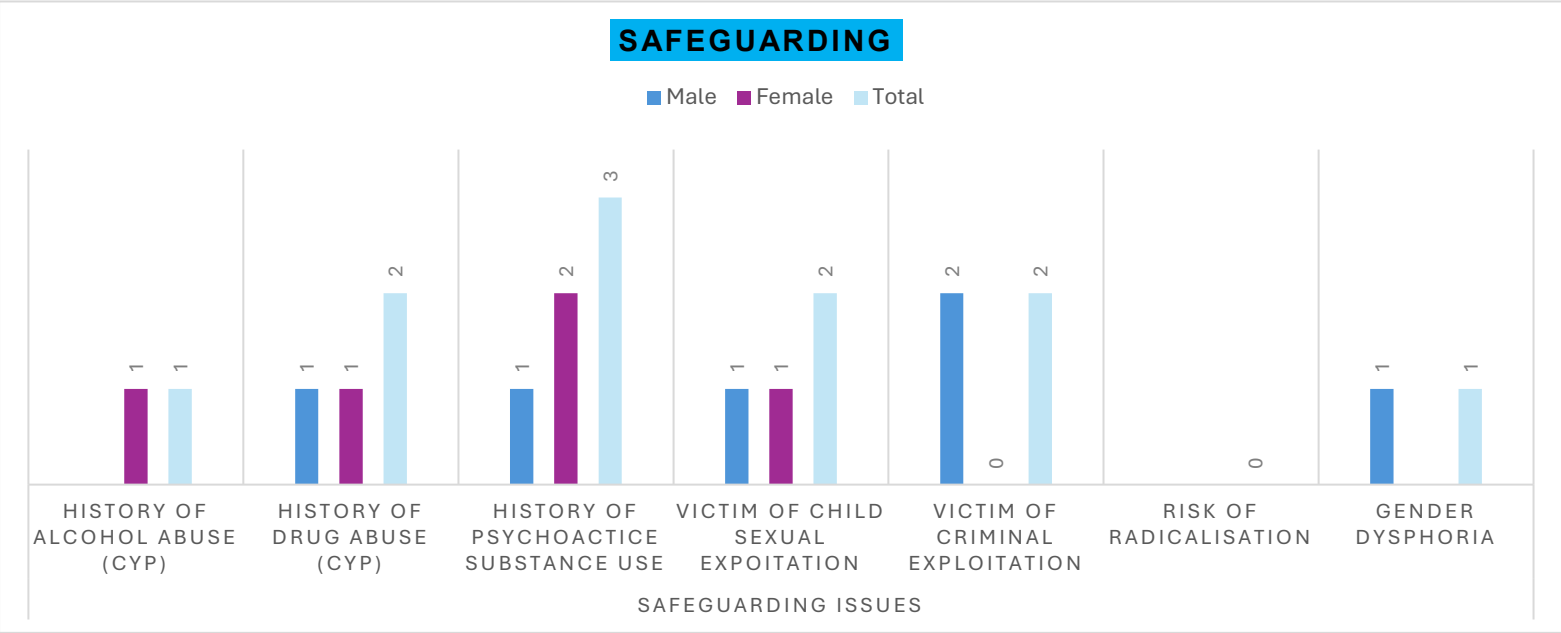


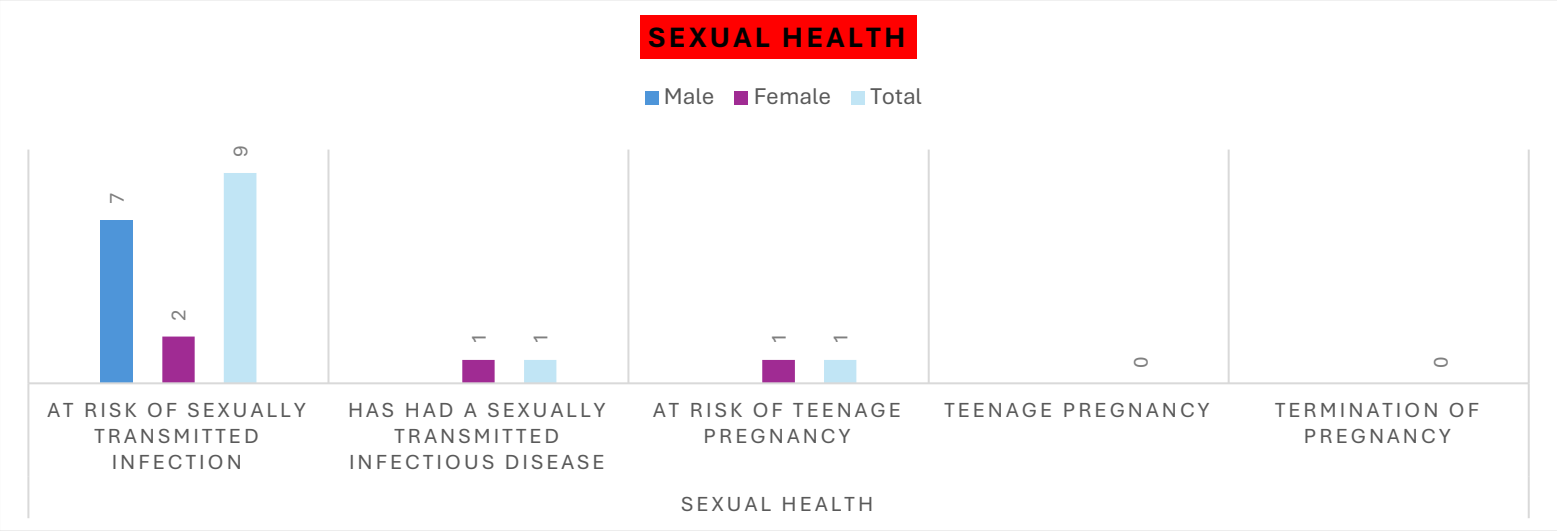

Pregnancy & Birth
6 9 15
6 4 10
5 6 11
3 2 5
5 4 9
11 7 18
1 2 3
6 2 8
3 5 8
4 2 6
1 1
Unborn child subject to CP plan (this CLA)
Poor antenatal care
Foetal exposure to alcohol
Pre-pregancy alcohol misuse
Post pregnancy alcohol misuse
Foetal exposure to drugs/teratogenic substances
Neontal abstinence syndrome
Counrty of origin high risk for BBV
Premature birth <37wks
Chromosme abnormalities
Congenital malformation
Pregnancy & Birth
Male Female Total

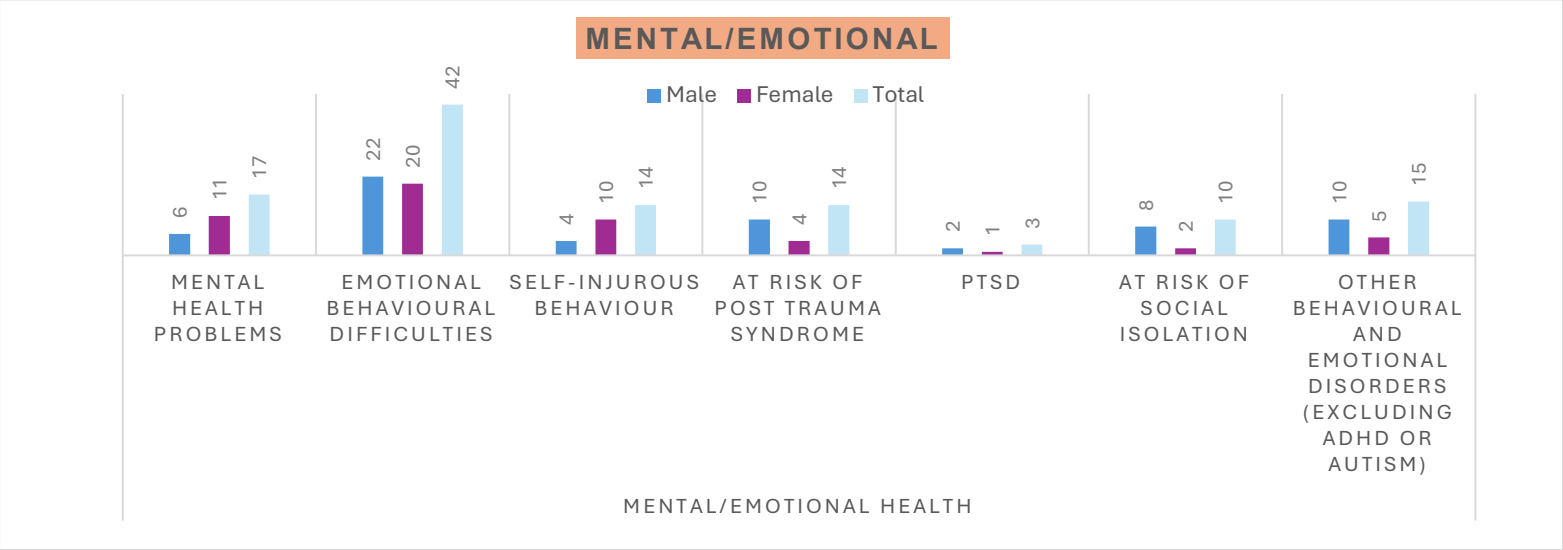

ACES
Male Female Total
26 27 53
15 16 31
27 29 56
35 32 67
27 22 49
10 9 19
1 1
CHILD AFFECTED BY PARENTAL MH PROBLEMS
WITNESS TO SUBSTANCE MISUSE
EXPOSED TO DOMESTIC VIOLENCE OR DOMESTIC ABUSE
CHILD NEGLECT
AT RISK OF IMPAIRED CAREGIVER CHILD ATTACHMENT
AT RISK OF PASSSIVE SMOKING
EXPERIENCE OF INCARCERATION - PARENTAL OR SELF
ADVERSE CHILDHOOD EXPERIENCES (ACES)

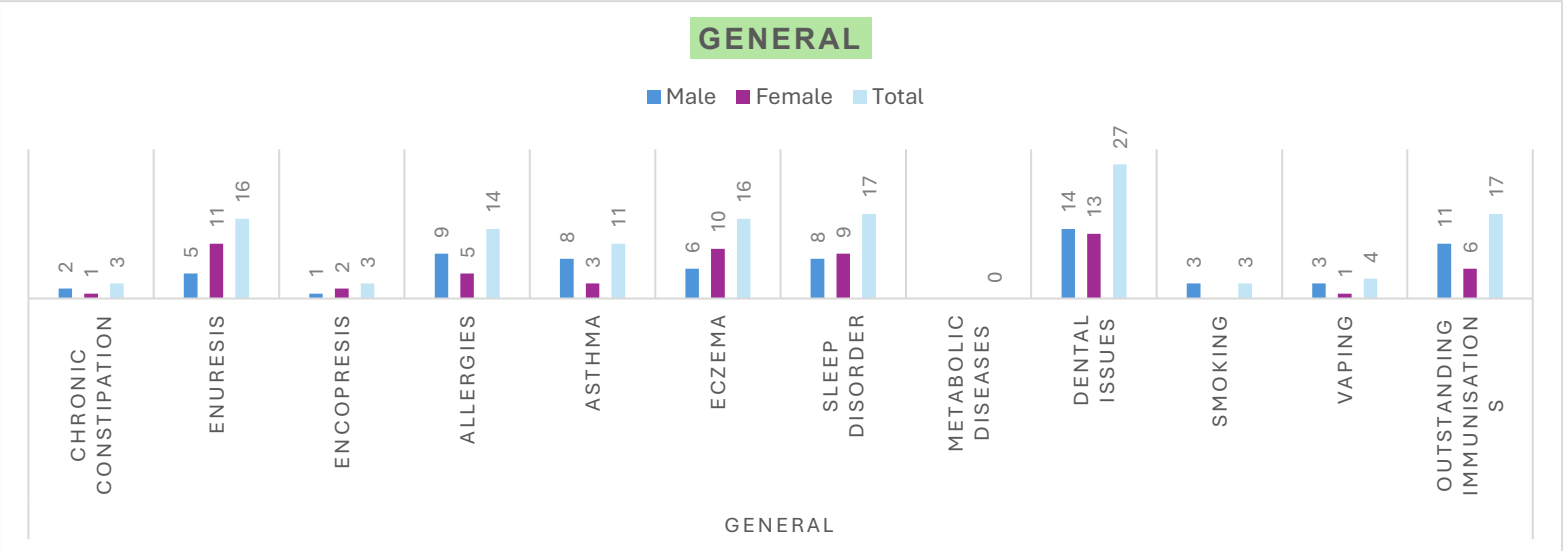

NEURODEVELOPMENTAL
Male
Female
Total
1
1
2
10
9
19
4
1
5
11
13
24
3
3
6
0
5
5
10
9
9
18
9
8
17
5
1
6
6
4
10
4
1
5
6
5
11
FASD
DEVELOPMENTAL DELAY
DEVELOPMENTAL DELAY - MOTOR SKILLS
SPEECH DELAY
LOW-LEVEL LITERACY
UNABLE TO UNDERSTAND AND USE NUMBERS -...
LEARNING DISABILITY INCLUDING DYSLEXIA
SEND
EHCP
AUTISM - DIAGNOSED
AUTISM - SUSPECTED
ADHD - SUSPECTED
ADHD - DIAGNOSED
NEURODEVELOPMENTAL/LEARNING PROBLEMS

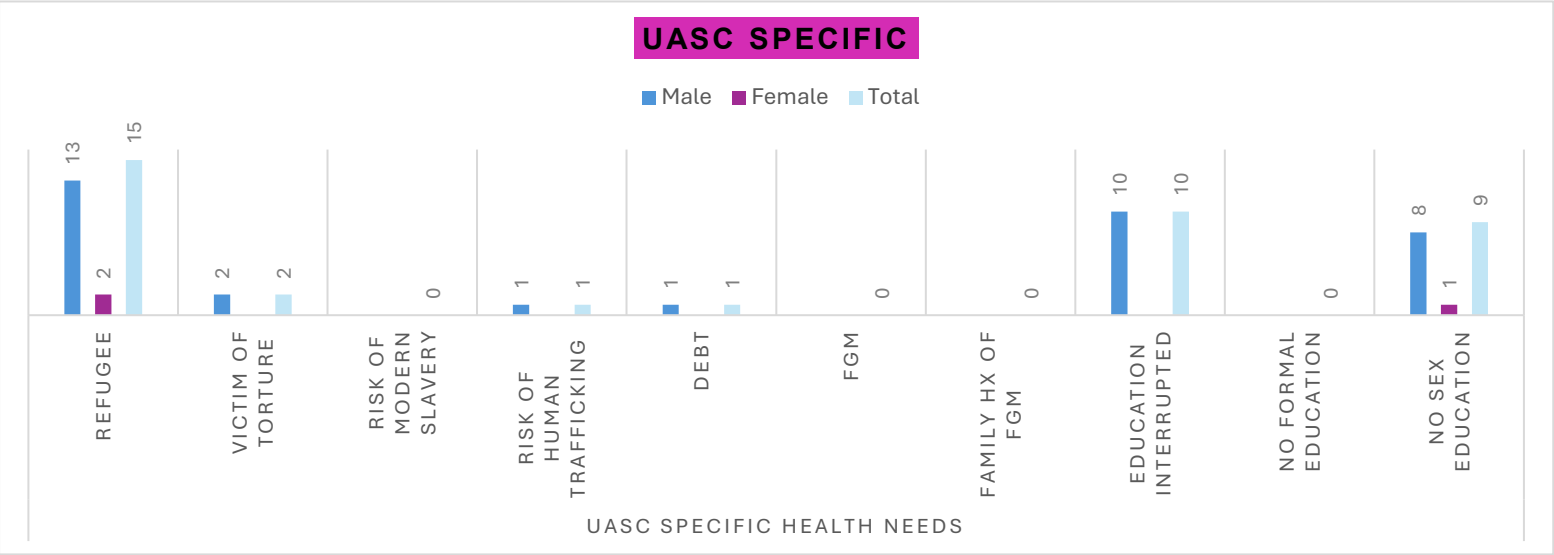

GROWTH
Male
Female
Total
3
1
4
4
2
6
3
1
4
2
1
3
2
2
4
9
11
20
1
1
3
3
6
AT RISK OF DELAYED GROWTH
SHORT STATURE FOR AGE
FAILURE TO THRIVE
FEEDING PROBLEMS
UNDERWEIGHT
CHILDHOOD OBESITY/OVERWEIGHT
MACROCEPHALY
MICROCEPHALY
GROWTH


SAFEGUARDING
Male
Female
Total
1
1
1
1
2
1
2
3
1
1
2
2
0
2
0
1
1
HISTORY OF ALCOHOL ABUSE (CYP)
HISTORY OF DRUG ABUSE (CYP)
HISTORY OF PSYCHOACTICE SUBSTANCE USE
VICTIM OF CHILD SEXUAL EXPOITATION
VICTIM OF CRIMINAL EXPLOITATION
RISK OF RADICALISATION
GENDER DYSPHORIA
SAFEGUARDING ISSUES


SEXUAL HEALTH
Male
Female
Total
7
2
9
1
1
1
1
0
0
AT RISK OF SEXUALLY TRANSMITTED INFECTION
HAS HAD A SEXUALLY TRANSMITTED INFECTIOUS DISEASE
AT RISK OF TEENAGE PREGNANCY
TEENAGE PREGNANCY
TERMINATION OF PREGNANCY
SEXUAL HEALTH


MENTAL/EMOTIONAL
Male
Female
Total
6
11
17
22
20
42
4
10
14
10
4
14
2
1
3
8
2
10
10
5
15
MENTAL HEALTH PROBLEMS
EMOTIONAL BEHAVIOURAL DIFFICULTIES
SELF-INJUROUS BEHAVIOUR
AT RISK OF POST TRAUMA SYNDROME
PTSD
AT RISK OF SOCIAL ISOLATION
OTHER BEHAVIOURAL AND EMOTIONAL DISORDERS (EXCLUDING ADHD OR AUTISM)
MENTAL/EMOTIONAL HEALTH


GENERAL
Male
Female
Total
2
1
3
5
11
16
1
2
3
9
5
14
8
3
11
6
10
16
8
9
17
0
14
13
27
3
3
3
1
4
11
6
17
CHRONIC CONSTIPATION
ENURESIS
ENCOPRESIS
ALLERGIES
ASTHMA
ECZEMA
SLEEP DISORDER
METABOLIC DISEASES
DENTAL ISSUES
SMOKING
VAPING
OUTSTANDING IMMUNISATIONS
GENERAL


UASC SPECIFIC
Male
Female
Total
13
2
15
2
2
0
1
1
1
1
0
0
10
10
0
8
1
9
REFUGEE
VICTIM OF TORTURE
RISK OF MODERN SLAVERY
RISK OF HUMAN TRAFFICKING
DEBT
FGM
FAMILY HX OF FGM
EDUCATION INTERRUPTED
NO FORMAL EDUCATION
NO SEX EDUCATION
UASC SPECIFIC HEALTH NEEDS

Lewisham Local Care Partners Strategic Board

Cover Sheet

Item 12
Enclosure 11

Title:	**Month 4 Finance Report 2025/26**
Meeting Date:	**25 September 2025**
Author:	Michael Cunningham
Executive Lead:	Ceri Jacob, Place Executive Lead (Lewisham)

Purpose of paper:	The purpose of the paper is to update the Lewisham Health & Care Partners Strategic Board on the ICB - Lewisham Place financial position at month 4 2025/26. A month 4 position is also included for the wider ICB/ICS and Lewisham Council.	Update / Information	✓
		Discussion	✓
		Decision	

Summary of main points:

Month 4 2025/26 – SEL ICB – Lewisham Place

At month 4, the borough is reporting breakeven in line with plan. There are material overspends for Mental Health Services, Continuing Care and Prescribing offset by underspends mainly in Community. At month 4 the forecast outturn for the year overall is breakeven.

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

Month 4 2025/26 – Lewisham Council

At month 4 Adult Social Care is forecasting a favourable variance to budget of £2.5m. Children and Young People is forecasting a favourable variance to budget of £0.1m. Further details are included in this report.

Month 4 2025/26 – SEL ICB

The ICB is reporting a break-even position at month 4 in line with plan. The forecast outturn is also breakeven.

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

	Month 4 2025/26 – SEL ICS The ICS financial plan is to deliver a breakeven position. This is after receipt of non-recurrent deficit support funding of £75m. At month 4 the ICS is reporting a YTD deficit of £23.7m, £0.6m adverse to plan. This is an improvement on month 3 of £1.3m. The forecast outturn is breakeven in line with the ICS financial plan. Further details of the ICS position are shown at Appendix B to this report.			
Potential Conflicts of Interest	Not applicable			
Any impact on BLACHIR recommendations	Not applicable			
Relevant to the following Boroughs	**Bexley**		**Bromley**	
	Greenwich		**Lambeth**	
	Lewisham	✓	**Southwark**	
	Equality Impact	Not applicable		
	Financial Impact	The paper sets out the financial position at month 4 2025/26.		
Other Engagement	Public Engagement	Not applicable		
	Other Committee Discussion/ Engagement	The ICB Finance Report Appendix A is a standing item at the ICB Planning and Finance Committee.		
Recommendation:	The Lewisham Health & Care Partners Strategic Board is asked to **note** the month 4 financial position for 2025/26.			

NHS
South East London

Lewisham LCP Finance Report

Month 4 – 2025/26

ICB – Lewisham Delegated Budget – Month 4 2025-26

NHS South East London

Overall Position

	Year to date Budget £'000s	Year to date Actual £'000s	Year to date Variance £'000s	Annual Budget £'000s	Forecast Outturn £'000s	Forecast Variance £'000s
Acute Services	453	474	(21)	1,358	1,421	(62)
Community Health Services	11,380	9,642	1,738	34,141	28,682	5,458
Mental Health Services	2,677	3,225	(548)	7,964	9,505	(1,541)
Continuing Care Services	8,473	9,158	(686)	25,418	27,376	(1,958)
Prescribing	14,546	15,145	(600)	43,920	45,817	(1,897)
Prescribing Reserves	0	0	0	0	0	0
Other Primary Care Services	681	681	0	2,043	2,043	(0)
Other Programme Services	9	9	0	26	26	0
Delegated Primary Care Services	24,159	24,086	74	72,478	72,257	221
Corporate Budgets	1,074	1,032	43	3,223	3,223	0
Total	**63,452**	**63,452**	**0**	**190,571**	**190,350**	**221**
Delegated Primary Care - not available balances across ICB						**(221)**
Total FOT						**0**

- At month 4, the borough is reporting breakeven year to date (YTD) and on a forecast outturn (FOT) basis. Mental health, continuing care services (CHC) and prescribing all show material overspends with a smaller overspend on acute services. These are offset by an underspend in community services reflecting savings identified and implemented.
- CHC shows a material overspend YTD of £686k and FOT overspend of £1,958k (Month 2 £2,439k) . The run rate on CHC has improved on the closing position from 2024/25, reflecting actions taken through the recovery meetings which continue to be held twice monthly.
- The mental health position is driven mainly by costs incurred with independent providers for ADHD which are reflecting a significant increase in demand for these services impacting all places across SEL. The forecast outturn on these costs shows an overspend of £1,787k. Options for mitigation were discussed at a recent Planning & Delivery Group meeting.
- April and May activity data for prescribing is available. This is reflected in the month 4 position. The key cost drivers include appliances e.g. freestyle libre sensors, endocrine products and stoma appliances. The borough is continuing to identify further mitigations above the 5% efficiency target to try to reduce these costs closer to budget.
- Delegated primary care is forecast to underspend by £221k. However, since the ICB receives funding for delegated primary care as a ring- fenced allocation, the underspend cannot be utilised to offset other pressures. Therefore, this has been adjusted out of the position to ensure the ICB overall breaks even on delegated primary care.
- The borough 5% efficiency target is £8,975k, is fully identified and at this stage forecast to deliver in full, with a small over achievement at month 4.

Month 4 2025-26 – Lewisham Council

NHS South East London

Overall Position M4 2025/26

2025/26 Efficiencies	Year-to-date Month 4 2025/26				Full-Year Forecast 2025/26		
	Plan	Forecast	Variance		Plan	Forecast	Variance
	£m	£m	£m		£m	£m	£m
Adult Care Services	1.2	1.2	0.0		3.7	3.7	0.0
Children and Young People	0.1	0.1	0.0		0.3	0.3	0.0
Total	**1.3**	**1.3**	**0.0**		**4.0**	**4.0**	**0.0**

2024/25 LBL Managed Budgets	Year-to-date Month 4 2025/26				Full-Year Forecast 2025/26		
	Budget	Forecast	Variance		Budget	Forecast	Variance
	£m	£m	£m		£m	£m	£m
Adult Care Services	30.6	29.8	0.8		91.9	89.4	2.5
Children and Young People	37.2	37.2	0.0		111.6	111.5	0.1
Total	**67.8**	**67.0**	**0.9**		**203.5**	**200.9**	**2.6**

Adult Care Services: Whilst the reported position remains unchanged from P2, this is dependent on the amount of inflation awarded to providers and the in-year demand increase being met by the budget allocated for each of these as part of budget setting. This will continue to be monitored as the financial year progresses.
There is a risk that the forecast for care costs exceeds the available budget by year end. This is due to demand increases between Period 8 and Outturn of 2024/25, as well as once off mitigations available in 2024/25 which are not available in 2025/26. The service is working to manage in year inflation awards and 2025/26 demand within the funding made available as part of the budget setting process as well as delivering 2025/26 savings and early delivery of 2026/27 savings. Work is ongoing to find mitigations to the legacy pressure from 2024/25; a pressure may need to be reported later in the year if this cannot be fully mitigated. Estimated Risk: £3.5m

Children and Young People: The forecast underspend of £0.1m is due to the early delivery of 2026/27 savings.
The Controcc commitment report at Period 4 showed a significant increase from the commitment report at Period 2, some of the commitments were found to be incorrect and have been closed, c£1m of the increase were found to be genuine. To further cleanse and validate the accuracy of the commitment report, each month the service is required to check the top 20 residential placements and semi-independent placements as well as any material (over £50k) increases or decreases in commitment value of a child-by-child basis. The modelling exercise undertaken in March 2025 factored in net entrants based on prior years data and the number of children supported in April-June 2025 is consistent with prior years. The risk is that the commitment value continues to increase as the year goes on due to the additional need of the children support and that this is over and above the budgeted level. Estimated Risk: £3-4m.

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Appendix A

SEL ICB Finance Report

Month 4 2025/26

Contents

NHS South East London

1. Key Financial Indicators

NHS South East London

- The below table sets out the ICB's performance against its main financial duties on both a year to date (YTD) and forecast basis.
- As at month 4, the ICB is reporting a year to date (YTD) and forecast out-turn (FOT) **break-even position** against its revenue resource limit (RRL) and financial plan. Within this reporting, the ICB has delivered £19,300k of savings YTD compared to the plan value of £18,700k.
- **All boroughs are reporting that they will deliver a minimum of financial balance at the year-end after the "equalisation" (implementation of the risk-share) of the delegated primary care budgets.**
- The ICB is showing a YTD underspend of **£117k** against the running cost budget with a forecast out-turn position of breakeven against the running cost allowance.
- All other financial duties have been delivered for the year to month 4 period.

Key Indicator Performance

	Year to Date		Forecast		
	Target	Actual	Target	Actual	
	£'000s	£'000s	£'000s	£'000s	
Expenditure not to exceed income	1,934,298	1,934,298	5,766,781	5,766,781	
Operating Under Resource Revenue Limit	1,934,298	1,934,298	5,766,781	5,766,781	
Not to exceed Running Cost Allowance	10,334	10,217	31,001	31,001	
Month End Cash Position (expected to be below target)	5,563	1,665			
Operating under Capital Resource Limit	n/a	n/a	n/a	n/a	
95% of NHS creditor payments within 30 days	95.0%	100.0%			
95% of non-NHS creditor payments within 30 days	95.0%	97.4%			
Mental Health Investment Standard (Annual)			537,494	546,155	

2. Executive Summary

NHS South East London

- This report sets out the month 4 financial position of the ICB. The financial reporting is based upon the final plan submission. This included a **planned break-even position** for the ICB.
- The ICB's financial allocation as at month 4 is **£5,766,781k**. In month, the ICB has received an additional **£47,326k** of allocations. These are as detailed on the following slide. As at month 4, the ICB is reporting a year to date (YTD) **break-even** position. Within this reporting, the ICB has delivered **£19,300k of savings YTD** compared to the plan value of £18,700k.
- Due to the usual time lag, the ICB has received two months of 2526 prescribing data. This indicated a circa **£828k overspend YTD across PPA and non PPA** budgets, but its impact was very variable across the Places. This month actual Place positions have been reflected in the reporting.
- The continuing care financial position is **£713k overspent** at month 4, which is a deterioration on last month. The boroughs which are most impacted with overspends are Lewisham, Bromley and Greenwich which is a continuation of the trend from last year. Southwark and Bexley have small underspends, with Lambeth reporting a break-even position.
- The YTD position for **Mental Health services** is an overall **overspend** of **£3,213k**. The pressures on cost per case services are differential across boroughs with Bromley, Greenwich, Lambeth, Lewisham and Southwark being the most impacted. **ADHD and ASD assessments** are a significant pressure in all boroughs, with both activity and costs increased significantly in the early part of this financial year. Places will also be impacted by the current contractual difficulties in the **community home equipment contract**, led by the London consortium. The cost pressure is still to be quantified but will likely impact from August.
- The ICB is continuing to incur pay costs for the remaining displaced staff following the original MCR process. All associated costs are charged to the balance sheet provision which was set up for this purpose. Some staff left the ICB in June, which leaves a small number of impacted staff who remain at the ICB.
- Two places are reporting overspends YTD at month 4 – **Greenwich (£803k) and Lambeth (£663k)**. A break-even position is forecast for all places. Places have recently met with the CFO and Deputy CEO to review financial positions. All places were tasked to identify additional mitigations to offset financial risks, to ensure delivery of their financial plans. Detail regarding the individual place financial positions is provided later in this report.
- In reporting this month 4 position, the ICB has delivered the following financial duties:
    - Minor underspend of **£117k YTD** against its management costs allocation, with the monthly cost of displaced staff being charged against the provision. The forecast outturn position on running costs is break-even.
    - Delivering all targets under the **Better Practice Payments code**;
    - Subject to the usual annual review, delivered its commitments under the **Mental Health Investment Standard**; and
    - Delivered the **month-end cash position**, well within the target cash balance.
- As at month 4 the ICB is reporting an overall **forecast break-even position** against its financial plan. More detail on the wider ICS financial position is set out the equivalent ICS Finance Report.

3. Revenue Resource Limit (RRL)

NHS South East London

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL ICB
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
ICB Start Budget	**161,660**	**273,947**	**194,703**	**237,803**	**189,711**	**187,894**	**4,395,891**	**5,641,609**
M2 internal adjustments	-	-	-	-	47		(47)	-
M2 Allocations	-	-	-	-	-	-	51,058	**51,058**
M2 Budget	**161,660**	**273,947**	**194,703**	**237,803**	**189,758**	**187,894**	**4,446,902**	**5,692,667**
M3 Internal Adjustments	261	396	300	599	136	149	(1,840)	**0**
M3 Allocations	-						26,788	**26,788**
M3 Budget	**161,921**	**274,343**	**195,003**	**238,402**	**189,894**	**188,043**	**4,471,850**	**5,719,455**
M4 Internal Adjustments								
Delegated Primary Care	478	668	628	857	678	705	(4,013)	-
M4 Allocations								
Running Costs Allowance Pay Award Impact	-	-	-	-	-	-	218	**218**
Secondary Care Dental - Pay Award Impact	-	-	-	-	-	-	360	**360**
Specialised - Pay Award Impact	-	-	-	-	-	-	5,221	**5,221**
ICB programme funded expenditure - Pay Award Impact	-	-	-	-	-	-	21,360	**21,360**
Transfers from Service Development Fund - Pay Award Impact	-	-	-	-	-	-	416	**416**
Elective Recovery Funding: Core - Pay Award Impact	-	-	-	-	-	-	618	**618**
Elective Recovery Funding: Additional - Pay Award Impact	-	-	-	-	-	-	375	**375**
Discharge - Pay Award Impact	-	-	-	-	-	-	108	**108**
Non-recurrent support NHS providers (host basis) - Pay Award Impact	-	-	-	-	-	-	2,745	**2,745**
To support additional mid year 2025/26 GP practice contract changes	-	-	-	-	-	-	4,014	**4,014**
ED Bypass Accelerators-Lewisham and Greenwich Hospital	-	-	-	-	-	-	537	**537**
DoS & MiDoS Costs 2025/26.	-	-	-	-	-	-	255	**255**
PCT Fellowships M04 Initial estimate 6 month allocations	-	-	-	-	-	-	613	**613**
Elective - Validation sprint 1	-	-	-	-	-	-	424	**424**
DWP - NHS Talking Therapies - M04	112	131	-	-	-	-	502	**745**
Additional Core allocation - CPCF contract	-	-	-	-	-	-	2,776	**2,776**
Additional POD allocation - CPCF contract	-	-	-	-	-	-	7,503	**7,503**
WEMSS	-	-	-	-	-	-	784	**784**
Month 04 depreciation adjustments	-	-	-	-	-	-	(3,169)	**(3,169)**
Out of London Delegated Hospital's.	-	-	-	-	-	-	1,117	**1,117**
Various Minor Allocations	-	-	-	-	-	-	306	**306**
M4 Budget	**162,510**	**275,142**	**195,631**	**239,259**	**190,571**	**188,748**	**4,514,920**	**5,766,781**

- The table sets out the Revenue Resource Limit (RRL) at month 4.
- The start allocation of **£5,641,609k** is consistent with the Operating Plan submissions.
- During month 4, **£4,013k** of internal adjustments were actioned in relation to Delegated Primary Care.
- In month, the ICB has received an additional **£47,326k** of allocations, giving the ICB a total allocation of **£5,766,781k** at month 4**.** The additional allocations received in month 4 included adjustments for the pay award impact totalling **£31,660k,** community pharmacy contractual framework (CPCF) adjustments totalling **£10,279k**, funding to support additional GP practice contract changes **£4,014k**, funding allocation for Out of London Delegated Hospitals **£1,117k**, Women's medium secure services (WEMSS) funding **£784k**, Talking Therapies funding of **£745k** and other allocation adjustments of under £700k totalling **£1,896k**. These additional allocations are offset by a negative depreciation adjustment of **(£3,169k).**
- Further allocations both recurrent and non-recurrent will be received as per normal throughout the year each month.

4. Budget Overview

NHS South East London

	M04 YTD							
	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCG
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Year to Date Budget								
Acute Services	1,699	2,706	2,304	163	453	32	1,102,982	**1,110,339**
Community Health Services	8,489	31,611	13,499	9,993	11,380	12,619	94,641	**182,233**
Mental Health Services	3,633	4,974	2,980	8,075	2,677	3,574	213,792	**239,705**
Continuing Care Services	8,903	9,379	10,102	11,970	8,473	6,839	-	**55,666**
Prescribing	12,960	17,433	12,735	14,570	14,546	11,991	(144)	**84,089**
Other Primary Care Services	500	675	643	1,319	681	334	5,861	**10,013**
Other Programme Services	408	-	598	-	-	251	8,131	**9,389**
Programme Wide Projects	-	-	-	-	9	86	2,315	**2,410**
Delegated Primary Care Services	16,518	23,659	21,137	32,085	24,159	25,802	(460)	**142,901**
Delegated Primary Care Services DPO	-	-	-	-	-	-	76,991	**76,991**
Corporate Budgets - staff at Risk	-	-	-	-	-	-	-	**-**
Corporate Budgets	982	1,170	1,154	1,515	1,074	1,334	13,332	**20,561**
Total Year to Date Budget	**54,091**	**91,608**	**65,152**	**79,690**	**63,452**	**62,863**	**1,517,442**	**1,934,298**

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCG
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Year to Date Actual								
Acute Services	1,701	2,693	2,357	163	474	39	1,102,983	**1,110,409**
Community Health Services	8,486	31,506	13,446	9,993	9,642	12,168	94,715	**179,957**
Mental Health Services	3,635	5,623	3,711	8,660	3,225	4,272	213,792	**242,918**
Continuing Care Services	8,799	9,697	10,310	11,970	9,158	6,444	-	**56,379**
Prescribing	13,043	16,833	13,044	14,570	15,145	12,426	(144)	**84,917**
Other Primary Care Services	500	675	596	1,319	681	334	5,946	**10,051**
Other Programme Services	408	-	-	-	(0)	-	7,032	**7,440**
Programme Wide Projects	-	-	-	-	9	72	2,323	**2,403**
Delegated Primary Care Services	16,462	23,317	21,314	32,205	24,086	25,816	(244)	**142,954**
Delegated Primary Care Services DPO	-	-	-	-	-	-	76,991	**76,991**
Corporate Budgets - staff at Risk	-	-	-	-	-	-	-	**-**
Corporate Budgets	896	1,020	1,178	1,474	1,032	1,264	13,014	**19,877**
Total Year to Date Actual	**53,931**	**91,365**	**65,955**	**80,352**	**63,452**	**62,833**	**1,516,409**	**1,934,298**

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCG
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Year to Date Variance								
Acute Services	(3)	13	(53)	0	(21)	(7)	(0)	**(70)**
Community Health Services	3	105	54	(0)	1,738	451	(75)	**2,276**
Mental Health Services	(3)	(649)	(731)	(585)	(548)	(698)	(0)	**(3,213)**
Continuing Care Services	104	(318)	(208)	0	(686)	395	-	**(713)**
Prescribing	(83)	600	(309)	0	(600)	(435)	0	**(828)**
Other Primary Care Services	0	0	47	(0)	0	0	(85)	**(38)**
Other Programme Services	(0)	-	598	-	0	251	1,099	**1,949**
Programme Wide Projects	-	-	-	-	-	15	(8)	**7**
Delegated Primary Care Services	56	342	(177)	(119)	74	(13)	(215)	**(53)**
Delegated Primary Care Services DPO	-	-	-	-	-	-	(0)	**(0)**
Corporate Budgets - staff at Risk	-	-	-	-	-	-	-	**-**
Corporate Budgets	86	150	(24)	41	43	70	318	**684**
Total Year to Date Variance	**160**	**243**	**(803)**	**(663)**	**0**	**30**	**1,033**	**(0)**

- As at month 4, the ICB is reporting a YTD **break-even position**, albeit with **emerging pressures in specific budgets.** Key area of financial pressure are in **mental health services and prescribing.**
- Due to the usual time lag, the ICB has now received two months of 2526 prescribing data. This indicated a circa **£828k** overspend but is variable across the Places. This month the actual performance for each Place has been reflected in the reporting both for YTD and FOT.
- The CHC financial position is **£713k overspent** at month 4, a significant deterioration on last month's reported numbers. The boroughs which are most impacted are Lewisham, Bromley and Greenwich which is a continuation of the trend from last year. The Greenwich position has deteriorated from last month; the Bromley position has also deteriorated but the run rate for Lewisham has improved.
- The YTD position for Mental Health services is an overall **overspend of £3,213k.** The pressures on cost per case services are differential across boroughs with all (except Bexley) being significantly impacted. **ADHD and ASD assessments** are a significant pressure in all boroughs with activity and costs increasing significantly in the early part of this financial year.
- The ICB is continuing to incur pay costs for the remaining displaced staff following the original MCR process. All associated costs are charged to the balance sheet provision which was set up for this purpose. Some staff left the ICB in June, which still leaves a small number of impacted staff who remain at the ICB.
- Two places are reporting overspends YTD at month 4 – **Greenwich (£803k) and Lambeth (£663k).** However, a **year-end break-even position is forecast for all places** after adjusting for the impact of under/overspends on the delegated primary care budget – thereby managing this budget on a pan ICB basis.
- More detail regarding the individual place financial positions is provided later in this report.

5. Prescribing

NHS South East London

- The table below presents the month 4 PPA Prescribing Position showing a YTD overspend of **£1,023k** and FOT overspend of **£3,228k**. The YTD position is calculated on 2 months of actual PPA data and 2 months of accruals which are estimated based on a 6-month average of previous data and multiplied by the number of dispensing days.
- The non-PPA prescribing budgets underspend by **£195k** YTD – generating an overall prescribing position of an overspend of **£828k YTD** at month 4.

M04 Prescribing	Total PMD (Excluding Cat M & NCSO)	Central Drugs	Flu Income	Q4 24/25 Flu (Benefit)/Cost pressure	Public Health Drug Recharge	Total 24/25 PPA Spend	M04 YTD Budget	YTD Variance - (over)/under	YTD Adjustment	Revised YTD Variance - (over)/under
BEXLEY	12,613,607	416,249	(100,195)	(28,749)	(31,333)	12,869,579	12,858,718	(10,861)	0	(10,861)
BROMLEY	16,353,545	539,667	(136,955)	(3,940)	(19,581)	16,732,735	17,332,479	599,744	0	599,744
GREENWICH	12,862,876	424,475	(43,800)	(86,423)	0	13,157,128	12,637,855	(519,273)	0	(519,273)
LAMBETH	14,040,057	463,322	(50,945)	(60,319)	0	14,392,114	14,543,930	151,815	0	151,815
LEWISHAM	14,735,730	486,279	(43,192)	(49,435)	(106,853)	15,022,529	14,212,990	(809,539)	0	(809,539)
SOUTHWARK	12,070,255	398,318	(97,628)	(30,609)	0	12,340,337	11,905,158	(435,179)	0	(435,179)
SOUTH EAST LONDON	0	0	0	0	0	52,405	0	0	(52,405)	0
Grand Total	**82,676,070**	**2,728,310**	**(472,714)**	**(259,476)**	**(157,768)**	**84,566,828**	**83,491,129**	**(1,023,294)**	**(52,405)**	**(1,023,294)**

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

	2024/25 April to May	2025/26 April to May	Change £	Change %
South East London ICB:				
Expenditure (£'000)	40,608	41,191	583	**1.4%**
Number of Items ('000)	4,454	4,518	63	**1.4%**
£/Item	9.12	9.12	0.00	**0.0%**
London ICBs:				
Expenditure (£'000)	205,449	211,259	5,811	**2.8%**
Number of Items ('000)	25,276	25,990	713	**2.8%**
£/Item	8.13	8.13	0.00	**0.0%**
All England ICBs:				
Expenditure (£'000)	1,683,686	1,697,433	13,748	**0.8%**
Number of Items ('000)	207,532	208,925	1,393	**0.7%**
£/Item	8.11	8.12	0.01	**0.1%**

- The table to the left compares April to May prescribing data for 2024/25 and 2025/26. The headlines are that the trend in expenditure in the ICB is higher than nationally (**an increase of 1.4%**) and lower than the London average (**an increase of 2.8%**). This is driven primarily by a lower increase in the number of items **(1.4%)** – compared to an **increase of 2.8%** across London.

6. Dental, Optometry and Community Pharmacy

NHS South East London

- In April 2023, ophthalmic, community pharmacy and dental services were delegated to ICBs from NHS England. The table below sets out the financial position of these budgets on both a month 4 YTD and forecast basis.

Service	YTD Budget £'000s	YTD Actual £'000s	YTD Variance - (over)/under £'000s	Annual Budget £'000s	Forecast £'000s	FOT Variance - (over)/under £'000s
Delegated Primary Dental	36,815	36,815	0	110,446	110,446	(0)
Delegated Community Dental	2,799	2,799	0	8,397	8,397	0
Delegated Secondary Dental	17,923	17,923	(0)	53,769	53,769	(0)
Total Dental	**57,537**	**57,537**	**(0)**	**172,612**	**172,612**	**(0)**
Dental Ring Fence	57,402	57,402	0	172,207	172,207	0
Dental Non Ring Fence	135	135	(0)	405	405	(0)
Total Dental	**57,537**	**57,537**	**(0)**	**172,612**	**172,612**	**(0)**
Delegated Ophthalmic	5,877	5,877	(0)	17,630	17,630	0
Delegated Pharmacy	13,329	13,329	0	39,989	39,989	0
Delegated Property Costs	247	247	0	742	742	0
Total Delegated DOPs	**76,991**	**76,991**	**(0)**	**230,973**	**230,973**	**(0)**

a) Delegated Dental

- Due to information being time delayed, the ICB has reported a break-even position for the year-to-date and the full year. **The dental ringfence of £172,207k is expected to be delivered in 2526**. As per last year, the monthly accrual will be based on the dental report downloaded from the national e-Den system. The delegated property costs relate to where the primary care dentists are working either in NHS PS or CHP sites, and rent is charged.

b) Delegated Ophthalmic

- Due to the time delay in receiving information, the ICB has reported a break-even position for the year-to-date and the full year. The majority of the spend relates to Optician Sight Tests and Vouchers submitted by high street opticians within the SEL geography regardless of where the patient resides – claims are based upon location of provider not client/patient. The claims are as per a national framework arrangement, under which the ICB has a requirement to pay.

c) Delegated Community Pharmacy

- Due to lack of available information, the ICB has reported a break-even position for the year-to-date and the full year. Information is generally received 2 months in arrears with an accrual then based upon the months average using the number of Prescribing days. Pharmacy First will be fully funded by non-recurrent allocations from NHS England which are received in arrears.

7. NHS Continuing Healthcare

NHS South East London

- As of Month 4, the CHC budget reflects an overall **overspend** of **£713k**. Cost pressures vary across boroughs: **Lewisham, Bromley, and Greenwich** are reporting overspends, while **Bexley and Southwark** are **underspent by £104k** and **£395k** respectively, with **Lambeth** reporting a break-even position.
- **Lewisham** is the largest contributor to the overspend at **£686k**, primarily driven by high costs among palliative care clients. The reported figure includes **£325k** for anticipated provider price increases.
- **Bromley** is reporting an **£318k overspend**, largely due to increases in FNC provision and palliative care; this also includes a provision of **£223k** for potential future price increases agreed with providers.
- **Greenwich** has an overspend of **£208k**, mainly attributed to an increase in the cost of children's CHC.
- To manage provider price uplifts, an **ICB panel** has been established to review all price increase requests exceeding **1.5%**, meeting weekly to ensure consistency across the ICB, and to contain cost escalation. All borough financial positions include a provision for a **4% inflationary uplift** where uplifts have not been specifically agreed.
- On savings delivery, all boroughs have identified and made progress against their CHC savings plans. **Greenwich** are reporting an **under delivery of £250k** and **Lewisham** are currently **exceeding** their target by **£419k**. However, increasing levels of activity and the prevalence of high-cost patients continue to create ongoing financial pressures on the CHC budget.

8. Provider Position

NHS South East London

Overview:

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

- In year, the ICB is forecasting to spend circa **£4,309,332k** of its total allocation on NHS block contracts, with payments to our local providers as follows:

    - Guys and St Thomas **£1,088,344k**
    - Kings College Hospital **£1,166,991k**
    - Lewisham and Greenwich **£750,477k**
    - South London and the Maudsley **£366,094k**
    - Oxleas **£326,220k**

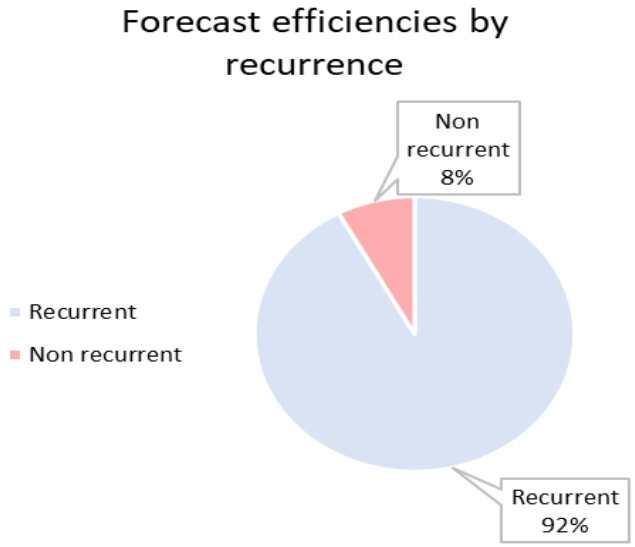
- In month, the ICB position is showing a break-even position on these NHS services, and a break-even position has also been reflected as the forecast year-end position.

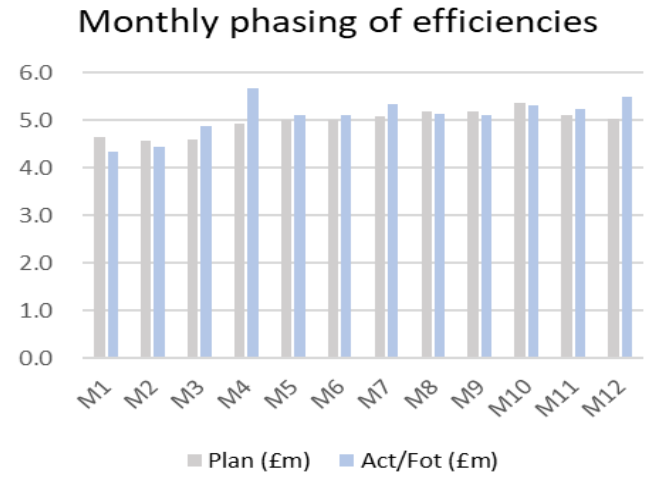
9. ICB Efficiency Schemes at as Month 4

NHS South East London

- The 6 places within the ICB have a total savings plan for 2025/26 of **£59,700k.** In common with the previous financial year, the key elements of the savings plans are in Primary Care, Continuing healthcare and Community healthcare.
- The table to the right sets out the YTD and forecast status of the ICB's efficiency scheme as at month 4.
- As at month 4, overall, the ICB is reporting actual delivery ahead of plan **(£600k)** with **£19,300k** savings delivered against a plan of **£18,700k** . At this stage in the financial year, the annual forecast is to exceed the efficiency plan by £1,500k, albeit with a significant degree of risk.
- The current risk rating of the efficiency plan is reported. At this stage in the year, **£4,200k** of the forecast outturn of has been assessed by the places as **high risk.**
- Most of the savings **(92%)** are forecast to be delivered on a recurrent basis.

	Year-to-Date			Forecast			Forecast - Risk		
	Plan	Actual	Variance	Plan	Forecast	Variance	Low	Medium	High
Boroughs	£m	£m	£m	£m	£m	£m	£m	£m	£m
Bromley	4.3	4.3	0.0	13.1	13.1	0.0	8.6	3.9	0.6
Greenwich	2.8	3.2	0.3	8.4	9.5	1.0	7.2	1.3	1.0
Lambeth	3.6	3.7	0.1	12.6	12.6	0.0	1.0	9.1	2.4
Lewisham	3.0	3.2	0.3	9.0	9.4	0.4	3.0	6.4	0.0
Southwark	2.4	2.4	(0.0)	8.9	8.9	(0.0)	7.7	1.0	0.2
SEL ICB Total	**18.7**	**19.3**	**0.6**	**59.7**	**61.2**	**1.5**	**33.4**	**23.6**	**4.2**





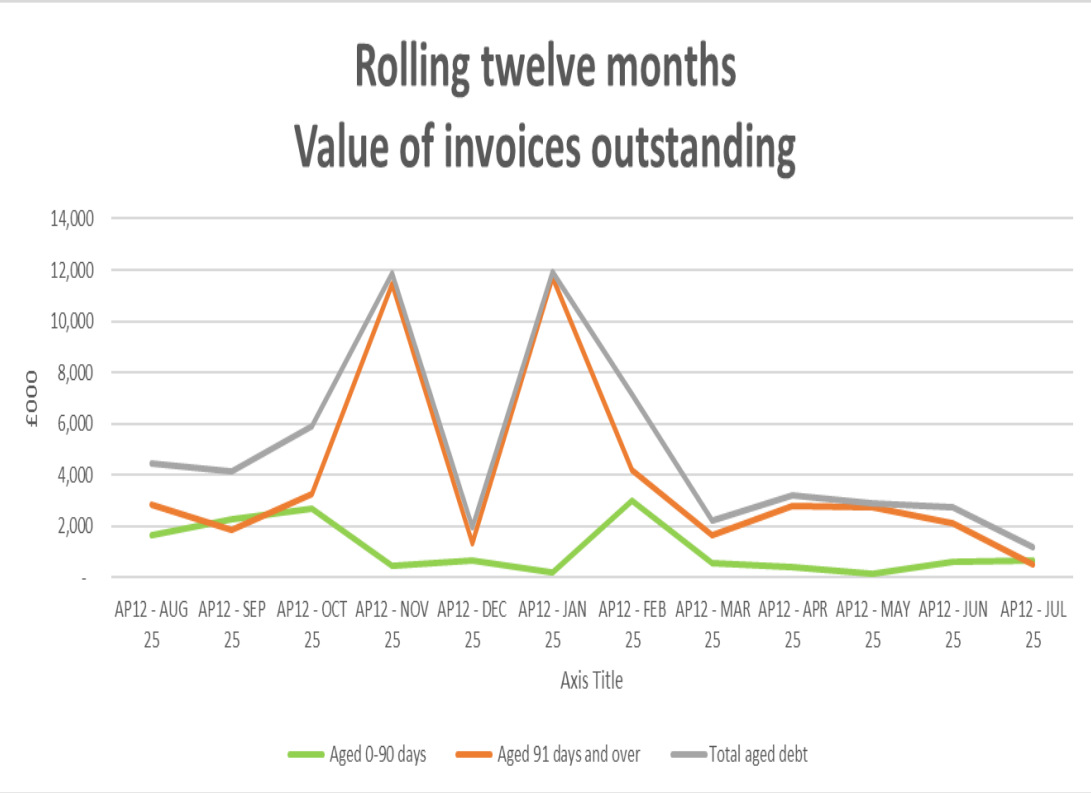
10. Corporate Costs – Programme and Running Costs

NHS South East London

Area		Year to Date		
	Annual Budget	Budget	Actual	Variance
Boroughs	£	£	£	£
Bexley	2,690,709	896,903	810,734	86,168
Bromley	3,343,200	1,114,400	964,271	150,129
Greenwich	3,179,603	1,059,868	1,083,684	(23,816)
Lambeth	4,189,976	1,396,659	1,355,314	41,345
Lewisham	3,007,448	1,002,482	942,128	60,355
Southwark	3,758,559	1,252,853	1,182,611	70,242
Subtotal	20,169,495	6,723,165	6,338,742	384,423
Central				
CESEL	461,543	153,848	131,214	22,634
Chief of Staff	3,252,466	1,084,155	1,043,058	41,097
Comms & Engagement	1,702,148	567,383	522,901	44,482
Digital	1,696,449	565,483	505,949	59,534
Digital - IM&T	3,251,039	1,083,680	1,053,460	30,219
Estates	670,163	223,388	292,910	(69,522)
Executive Team/GB	2,516,029	838,676	751,914	86,762
Finance	2,844,256	948,085	832,047	116,039
General Reserves	-	-	-	-
London ICS Network	-	-	-	-
Medical Director - CCPL	1,613,413	537,804	497,214	40,590
Medical Director - ICS	278,282	92,761	75,142	17,618
Medicines Optimisation	4,583,281	1,527,760	1,342,738	185,023
Planning & Commissioning	8,555,671	2,825,224	2,440,223	385,001
Quality & Nursing	1,990,734	663,578	562,153	101,425
SEL Other	-	-	(33,248)	33,248
South East London	-	-	73,303	(73,303)
Subtotal	33,415,473	11,111,824	10,090,978	1,020,846
Grand Total	53,584,968	17,834,989	16,429,720	1,405,269

- The table shows the YTD month 4 position on programme and running cost corporate budgets.
- The ICB is continuing to incur the pay costs for staff at risk from the original MCR process, but these costs are not included in the table opposite as the costs are being charged to the provision made for the final pay costs and redundancy costs for this group of staff.
- The process of issuing notices to at risk staff has largely been completed with most of redundancy payments now having been made. Some staff left the ICB in June, which leaves just a small number of people who remain but have been displaced through this process.
- Work is ongoing to comply with latest request to restructure the ICB as per the NHSE blueprint document. The impact of this work will be seen via this report later in the year.
- **Overall, the ICB is reporting an overall YTD underspend on its corporate costs of circa £1,405k,** which is largely a result of vacant posts.
- As highlighted in earlier slides, the ICB is **underspending £117k YTD** against its **management (running) costs** allocation of **£31,101k,** however a year end break-even position is being forecast as it is anticipated that any year-end underspend will need to contribute to redundancy costs arising from the latest management cost review.

11. Debtors Position



Customer Group	Aged 0-30 days £000	Aged 1-30 days £000	Aged 31-60 days £000	Aged 61-90 days £000	Aged 91-120 days £000	Aged 121+ days £000	Total £000
NHS	533	79	0	0	27	31	670
Non-NHS	373	53	3	80	(1)	24	532
Unallocated	0	0	0	0	0	0	0
Total	**906**	**132**	**3**	**80**	**26**	**55**	**1,202**

- The ICB has an overall debt position of **£1,202k** at month 3. This is circa **£1,505k lower** when compared to last month. The age profile of debtors has improved from last month. However of the current debt, **£81k** of debt is over 3 months old which is a £26k deterioration on last month. **The largest debtor values are with partner organisations and the ICB does not envisage any risk associated with settlement of these items.**
- The ICB has implemented a BAU approach to debt management, focusing on ensuring recovery of its larger debts, and in minimising debts over 3 months old. This will be especially important as we move to a new ISFE2 ledger on 1st October 2025. Regular meetings with SBS are assisting in the collection of debt, with a focus on debt over 90 days.
- The top 10 aged debtors are provided in the table below:

Number	Supplier Name	Total Value £000	Aged 0-90 days Value £000	Aged 91 days and over Value £000
1	NHS SOUTH WEST LONDON ICB	287	283	4
2	URBAN HEALTH	175	175	-
3	NHS NORTH EAST LONDON ICB	145	141	4
4	NHS NORTH CENTRAL LONDON ICB	109	109	-
5	ROYAL BOROUGH OF GREENWICH	99	100	- 1
6	COMMUNITY HEALTH PARTNERSHIPS LTD	88	88	-
7	LONDON BOROUGH OF BROMLEY	80	80	
8	GUY'S AND ST THOMAS' NHS FOUNDATION TRUST	61	61	-
9	GREAT ORMOND STREET HOSPITAL FOR CHILDREN NHS FT	46	-	46
10	ETHYPHARM UK LTD	42	21	21

12. Cash Position

- The Maximum Cash Drawdown (MCD) as at month 4 was **£5,765,947k**. The MCD available as at month 4, after accounting for payments made on behalf of the ICB by the NHS Business Authority (largely relating to prescribing, community pharmacy and primary care dental expenditure) was **£3,840,869k**.
- As at month 4 the ICB had drawn-down 33.4% of the available cash compared to the budget cash figure of 33.3%. In month 4, the ICB did not need to request a supplementary cash drawdown, nor has it in August. A supplementary cash drawdown was requested for April 2025, to dear old year creditors.
- The cash key performance indicator (KPI) has been achieved in all months so far this year, showing continued successful management of the cash position by the ICB's Finance team. The actual cash balance at the end of Month 4 was **£1,665k**, well within the target set by NHSE **(£5,563k). The ICB expects to utilise its cash limit in full by the year end.**
- ICBs are expected to pay 95% of all creditors within 30 days of the receipt of invoices. To date the ICB has met the BPPC targets each month, and it is expected that these targets will be met in full both each month and cumulatively at the end of the financial year.

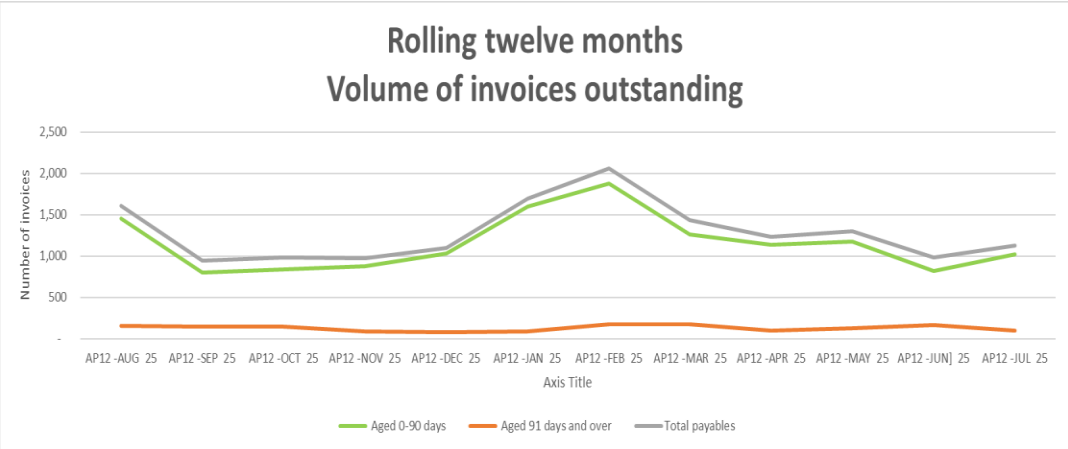
ICB Annual Cash Drawdown Requirement for 2025/26	2025/26 April-July 25	2025/26 April-June2025	2025/26 Month on month movement
	£000s	£000s	£000s
ICB ACDR	5,765,947	5,718,621	47,326
Capital allocation	0	0	0
Less:			
Cash drawn down	(1,795,000)	(1,350,000)	(445,000)
Dental	(32,810)	(24,833)	(7,977)
HOT	(810)	(618)	(191)
Prescription Pricing Authority	(96,459)	(72,238)	(24,221)
Pay Award charges			0
PCSE POD charges adjustments			0
Pension Uplift			0
Remaining Cash limit	**3,840,869**	**4,270,931**	**(430,063)**

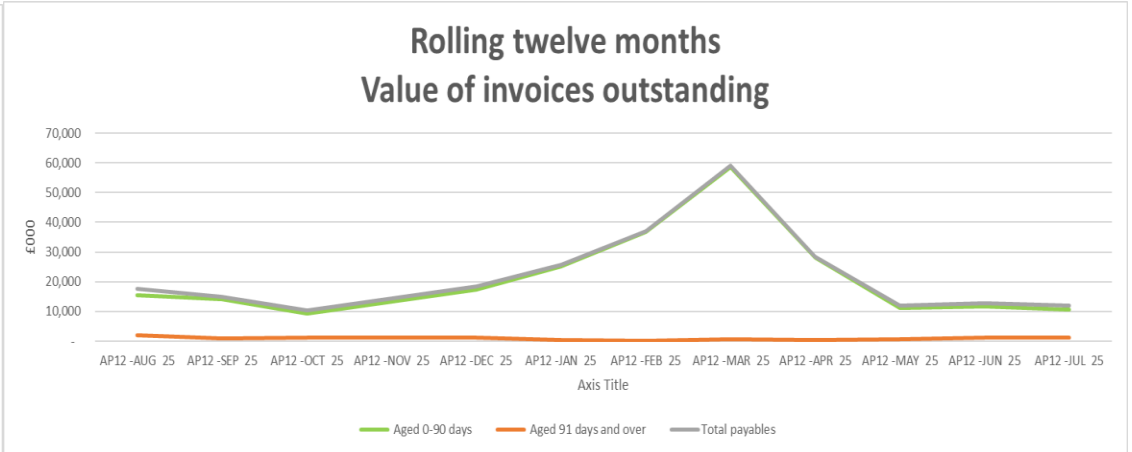
Cash Drawdown	Monthly Main Draw down £000s	Supplementary Draw down £000s	Cumulative Draw down £000s	Proportion of ICB ACDR cummulative %	KPI - 1.25% or less of main drawdown £000s	Month end bank balance £000s	Percentage of cash balance to main draw
Apr-25	435,000	20,000	455,000	8.70%	5,438	50	0.01%
May-25	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		2,253,000		5,725		
Sep-25							
Oct-25							
Nov-25							
Dec-25							
Jan-26							
Feb-26							
Mar-26							
	2,233,000	**20,000**					

13. Aged Creditors

- The ICB has been advised by NHS England that the move to a new ledger ISFE2 has a revised go live date of 1st October 2025. This means that ICBs need to continue to maintain a focus on the reduction of creditors during the months until go live. The table below shows that there are **£1,300k** of invoices outstanding which are **over 90 days**, most of which are non-NHS. **This represents an increase of circa £200k from last month; these items will be reviewed as a matter of urgency** as we continue our focus on clearing old invoices. The overall value of creditors **(£11,886k)** has decreased by **£892k** from last month. This value needs to be reduced over the next 2 months before the implementation of ISFE2. Borough Finance leads, and the central Finance team continue to actively support budget holders to resolve queries with suppliers.
- As part of routine monthly reporting, high value invoices are being reviewed on a regular basis to establish if they can be settled quickly, and budget holders are being reminded on a constant basis to review their workflows.

Customer Group	Aged 0-30 days £000	Aged 31-60 days £000	Aged 61-90 days £000	Aged 91-120 days £000	Aged 121-180 days £000	Aged 181+ days £000	Total £000
NHS	390	75	16	647	56	36	1,220
Non-NHS	7,173	2,532	400	222	202	137	10,666
Total	**7,563**	**2,607**	**416**	**869**	**258**	**173**	**11,886**





14. Metrics Report

- The ICB receives a metrics report from NHS England every month which is compiled from information from our ledger and nationally collated by SBS. **This ranks all ICBs against a set of national key financial metrics.**
- The report below relates to June 2025 as the July report will not be received until the end of August which is too late for this reporting cycle.
- In terms of performance, **SE London ICB has achieved 1st in the country again this month which is very positive.** The metric scores below shows that although we have no scores of the maximum 5, we have one score at 4.29, one at 4.0 and all other scores above 3, with the overall score now 19.29 out of a possible 25.
- Each score shown on this dashboard has several metrics sitting behind it, which relate to good financial practice. The ICB is currently scoring especially well in two areas (scores of 4.29 and 4.00) which are a) Accounts Receivable, showing the work undertaken in this area to reduce and manage debt and b) GL and VAT where all balance sheet reconciliations are up to date with limited reconciling items. The finance team are continuing to strive to improve the scores in the 3 other areas, especially given the pending implementation of ISFE2.
- Further work is ongoing to establish how further improvements can be made.

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

	Apr-25	May-25	Jun-25	3 month average
Overall Score (max 25)	19.46	19.92	18.48	19.29

	Apr-25	May-25	Jun-25	3 month average
Accounts Payable - NHS	3.42	3.68	3.74	3.61
Accounts Payable - Non NHS	2.94	3.33	2.83	3.03
Accounts Receivable	4.41	4.29	4.29	4.33
General Accounts	3.69	3.62	3.62	3.64
GL and VAT	5	5	4	4.67

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

NHS South East London

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 have been updated this month 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.

- Slide 3 in this section summarises the 2025/26 SEL ICB MHIS Plan. As at Month 4 we are forecasting MHIS delivery of **£546,155k**, exceeding the target by **£8,661k** (1.59%). This is made up of planned over-delivery as described above. Slide 4 in this section sets out the position by ICB budget area.

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

NHS South East London

Risks and Mitigations

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

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

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

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

15. Summary MHIS Position – Month 4 (July) 2025/26

NHS South East London

Mental Health Spend By Category	Category	Total Mental Health Plan 31/03/2025 Year Ending £'000	Mental Health - NHS Actual 31/05/2025 YTD £'000	Mental Health - Non-NHS Actual 31/05/2025 YTD £'000	Total Mental Health Actual 31/05/2025 YTD £'000	Mental Health - NHS Forecast 31/03/2026 Year Ending £'000	Mental Health - Non-NHS Forecast 31/03/2026 Year Ending £'000	Total Mental Health Forecast 31/03/2026 Year Ending £'000	Total Mental Health Variance 31/03/2026 Year Ending £'000
Children & Young People's Mental Health (excluding LD)	1	54,741	15,961	2,165	18,126	47,884	6,530	54,414	327
Children & Young People's Eating Disorders	2	3,632	1,211	0	1,211	3,632	0	3,632	0
Mental Health Support Teams in Schools	21	9,779	2,231	1,028	3,259	6,694	3,085	9,779	0
Perinatal Mental Health (Community)	3	9,834	3,278	0	3,278	9,834	0	9,834	0
NHS Talking Therapies, for anxiety and depression	4	37,007	10,023	2,319	12,342	30,068	6,956	37,024	(17)
A and E and Ward Liaison mental health services (adult and older adult)	5	19,597	6,532	0	6,532	19,597	0	19,597	0
Early intervention in psychosis 'EIP' team (14 - 65yrs)	6	13,337	4,446	0	4,446	13,337	0	13,337	0
Adult community-based mental health crisis care (adult and older adult)	7	43,005	14,190	146	14,336	42,569	439	43,008	(3)
Ambulance response services	8	1,211	404	0	404	1,211	0	1,211	0
Community A – community services that are not bed-based / not placements	9a	140,738	40,787	5,924	46,711	122,361	17,894	140,255	483
Community B – supported housing services that fit in the community model, that are not delivered in hospitals	9b	32,371	7,559	3,397	10,956	22,676	10,226	32,902	(531)
Mental Health Placements in Hospitals	20	7,928	2,310	354	2,664	6,931	1,560	8,491	(563)
Mental Health Act	10	6,405	0	2,962	2,962	0	8,473	8,473	(2,068)
SMI Physical health checks	11	831	237	41	278	712	122	834	(3)
Suicide Prevention	12	486	162	0	162	486	0	486	0
Local NHS commissioned acute mental health and rehabilitation inpatient services (adult and older adult)	13	142,443	47,481	0	47,481	142,443	0	142,443	0
Adult and older adult acute mental health out of area placements	14	9,680	3,196	8	3,204	9,587	8	9,595	85
Sub-total MHIS (exc. CHC, prescribing, LD & dementia)		**533,025**	**160,008**	**18,344**	**178,352**	**480,022**	**55,293**	**535,315**	**(2,290)**
Mental health prescribing	16	10,533	0	3,511	3,511	0	10,533	10,533	0
Mental health in continuing care (CHC)	17	242	0	102	102	0	307	307	(65)
Sub-total - MHIS (inc CHC, Prescribing)		**543,800**	**160,008**	**21,957**	**181,965**	**480,022**	**66,133**	**546,155**	**(2,355)**
Learning Disability	18a	14,641	3,957	1,731	5,688	11,871	4,432	16,303	(1,662)
Autism	18b	4,367	1,423	43	1,466	4,269	129	4,398	(31)
Learning Disability & Autism - not separately identified	18c	47,723	2,846	13,830	16,676	8,539	40,849	49,388	(1,665)
Sub-total - LD&A (not included in MHIS)		**66,731**	**8,226**	**15,604**	**23,830**	**24,679**	**45,410**	**70,089**	**(3,358)**
Dementia	19	15,225	4,500	577	5,077	13,501	1,730	15,231	(6)
Sub-total - Dementia (not included in MHIS)		**15,225**	**4,500**	**577**	**5,077**	**13,501**	**1,730**	**15,231**	**(6)**
Total - Mental Health Services		**625,756**	**172,734**	**38,138**	**210,872**	**518,202**	**113,273**	**631,475**	**(5,719)**
Delegated Mental Health Commissioning Services (Specialised Commissioning MHIS categories):									
Specialised Mental Health (excluding Adult Eating Disorders)	22	195	65	0	65	196	0	196	(1)
Adult Eating Disorders	23	3,114	1,038	0	1,038	3,114	0	3,114	0
Adult Secure (excluding High Secure)	24	69,965	23,322	0	23,322	69,965	0	69,965	0
CAMHS and Low Secure CAMHS	25	14,510	4,837	0	4,837	14,510	0	14,510	0
Other CAMHS (excl T4 and Low Secure)	26	0	0	0	0	0	0	0	0
Perinatal (Mother and Baby Units)	27	1,850	617	0	617	1,850	0	1,850	0
Sub-total - Delegated Mental Health Commissioning Services (SC MHIS)		**89,634**	**29,879**	**0**	**29,879**	**89,635**	**0**	**89,635**	**(1)**
Total - Mental Health Services		**715,390**	**202,613**	**38,138**	**240,751**	**607,837**	**113,273**	**721,110**	**(5,720)**

15. Summary MHIS Position M4 (July) 2025/26 - by budget area

NHS South East London

Mental Health Investment Standard (MHIS) position by budget area M4 2025/26		Year to Date position for the two months ended 31 July 2025						Forecast Outturn position for the financial year ended 31 March 2026					
		Year To Date	SEL Wide Spend	Borough Spend	All Other	Total	Variance (over)/und	Annual Plan	SEL Wide Spend	Borough Spend	All Other	Total	Variance (over)/under
Mental Health Investment Standard Categories:	**Category**	**£000s**	**£000s**	**£000s**	**£000s**	**£000s**	**£000s**	**£000s**	**£000s**	**£000s**	**£000s**	**£000s**	**£000s**
Children & Young People's Mental Health (excluding LD)	1	13,685	15,961	2,165	0	18,126	(4,441)	54,741	47,884	6,530	0	54,414	327
Children & Young People's Eating Disorders	2	908	1,211	0	0	1,211	(303)	3,632	3,632	0	0	3,632	0
Mental Health Support Teams in Schools	21	2,445	2,231	1,028	0	3,259	(814)	9,779	6,694	3,085	0	9,779	0
Perinatal Mental Health (Community)	3	2,458	3,278	0	0	3,278	(820)	9,834	9,834	0	0	9,834	0
Improved access to psychological therapies (adult and older adult)	4	9,252	10,023	2,319	0	12,342	(3,090)	37,007	30,068	6,956	0	37,024	(17)
A and E and Ward Liaison mental health services (adult and older adult)	5	4,899	6,532	0	0	6,532	(1,633)	19,597	19,597	0	0	19,597	0
Early intervention in psychosis 'EIP' team (14 - 65yrs)	6	3,334	4,446	0	0	4,446	(1,112)	13,337	13,337	0	0	13,337	0
Adult community-based mental health crisis care (adult and older adult)	7	10,751	14,190	146	0	14,336	(3,585)	43,005	42,569	439	0	43,008	(3)
Ambulance response services	8	303	404	0	0	404	(101)	1,211	1,211	0	0	1,211	0
Community A – community services that are not bed-based / not placements	9a	35,184	40,787	5,924	0	46,711	(11,527)	140,738	122,361	17,894	0	140,255	483
Community B – supported housing services that fit in the community model, that are not delivered in hospitals	9b	8,093	7,559	3,397	0	10,956	(2,863)	32,371	22,676	10,226	0	32,902	(531)
Mental Health Placements in Hospitals	20	1,982	2,310	354	0	2,664	(682)	7,928	6,931	1,560	0	8,491	(563)
Mental Health Act	10	1,601	0	2,962	0	2,962	(1,361)	6,405	0	8,473	0	8,473	(2,068)
SMI Physical health checks	11	208	237	41	0	278	(70)	831	712	122	0	834	(3)
Suicide Prevention	12	122	162	0	0	162	(40)	486	486	0	0	486	0
Local NHS commissioned acute mental health and rehabilitation inpatient services (adult and older adult)	13	35,611	47,481	0	0	47,481	(11,870)	142,443	142,443	0	0	142,443	0
Adult and older adult acute mental health out of area placements	14	2,420	3,196	8	0	3,204	(784)	9,680	9,587	8	0	9,595	85
Sub-total MHIS (exc. CHC, prescribing, LD & dementia)		**133,256**	**160,008**	**18,344**	**0**	**178,352**	**(45,096)**	**533,025**	**480,022**	**55,293**	**0**	**535,315**	**(2,290)**
Other Mental Health Services:													
Mental health prescribing	16	2,633	0	0	3,511	3,511	(878)	10,533	0	0	10,533	10,533	0
Mental health continuing health care (CHC)	17	61	0	0	102	102	(41)	242	0	0	307	307	(65)
Sub-total - MHIS (inc. CHC and prescribing)		**135,950**	**160,008**	**18,344**	**3,613**	**181,965**	**(46,015)**	**543,800**	**480,022**	**55,293**	**10,840**	**546,155**	**(2,355)**
Learning Disability	18a	3,660	3,957	1,731	0	5,688	(2,028)	14,641	11,871	4,432	0	16,303	(1,662)
Autism	18b	1,092	1,423	43	0	1,466	(374)	4,367	4,269	129	0	4,398	(31)
Learning Disability & Autism - not separately identified	18c	11,931	2,846	3,398	10,432	16,676	(4,745)	47,723	8,539	9,602	31,247	49,388	(1,665)
Learning Disability & Autism (LD&A) (not included in MHIS) - total		**16,683**	**8,226**	**5,172**	**10,432**	**23,830**	**(7,147)**	**66,731**	**24,679**	**14,163**	**31,247**	**70,089**	**(3,358)**
Dementia	19	3,806	4,500	418	159	5,077	(1,271)	15,225	13,501	1,255	475	15,231	(6)
Sub-total - LD&A & Dementia (not included in MHIS)		**20,489**	**12,726**	**5,590**	**10,591**	**28,907**	**(8,418)**	**81,956**	**38,180**	**15,418**	**31,722**	**85,320**	**(3,364)**
Total Mental Health Spend - excludes ADHD		**156,439**	**172,734**	**23,934**	**14,204**	**210,872**	**(54,433)**	**625,756**	**518,202**	**70,711**	**42,562**	**631,475**	**(5,719)**
Specialised Mental Health (excluding Adult Eating Disorders)	22	49	65	0	0	65	(16)	196	196	0	£0	196	(1)
Adult Eating Disorders	23	779	1,038	0	0	1,038	(259)	3,114	3,114	0	£0	3,114	0
Adult Secure (excluding High Secure)	24	17,491	23,322	0	0	23,322	(5,831)	69,965	69,965	0	£0	69,965	0
CAMHS and Low Secure CAMHS	25	3,628	4,837	0	0	4,837	(1,209)	14,510	14,510	0	£0	14,510	0
Other CAMHS (excl T4 and Low Secure)	26	0	0	0	0	0	0	0	0	0	£0	0	0
Perinatal (Mother and Baby Units)	27	463	617	0	0	617	(154)	1,850	1,850	0	£0	1,850	0
Sub-total - Delegated Mental Health Commissioning Services (SC MHIS)		**22,410**	**29,879**	**0**	**0**	**29,879**	**(7,469)**	**89,635**	**89,635**	**0**	**0**	**89,635**	**(1)**
Grand Total Mental Health Services		**178,849**	**202,613**	**23,934**	**14,204**	**240,751**	**(61,902)**	**715,391**	**607,837**	**70,711**	**42,562**	**721,110**	**(5,720)**

SEL ICB Finance Report

Updates from Boroughs

Month 4

Appendix 1 - Bexley

NHS South East London

Overall Position

	Year to date Budget	Year to date Actual	Year to date Variance	Annual Budget	Forecast Outturn	Forecast Variance
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Acute Services	1,699	1,701	(3)	5,096	5,105	(9)
Community Health Services	8,489	8,486	3	25,468	25,459	9
Mental Health Services	3,633	3,635	(3)	10,879	10,879	0
Continuing Care Services	8,903	8,799	104	26,709	26,459	250
Prescribing	12,960	13,043	(83)	39,134	39,384	(250)
Other Primary Care Services	500	500	0	1,500	1,500	0
Other Programme Services	408	408	0	1,225	1,225	0
Delegated Primary Care Services	16,518	16,462	56	49,553	49,385	168
Corporate Budgets	982	896	86	2,947	2,947	0
Total	**54,091**	**53,931**	**160**	**162,511**	**162,343**	**168**
Equalisation of ring fenced Primary Care	0	0	0	0	168	(168)
Revised Total	**54,091**	**53,931**	**160**	**162,511**	**162,511**	**0**

- At Month 4 (July 2025) Bexley place is reporting an underspend of £160k year to date and a forecast breakeven position at year end.
- Prescribing is reporting an overspend of £83k year to date and £250k full year forecast. Prescribing data is provided two months in arrears; therefore, the YTD position includes an estimate for this period. The main drivers for the current position is due to increased costs relating to endocrine (especially diabetes), flash glucose monitoring and appliances such as catheters.
- Continuing Care is reporting an underspend of £104k year to date and £250k full year forecast. Continuing Care has seen a reduction in costs over several months and this is due to the number of care packages reducing as well as savings achieved through Continuing Care reviews conducted by the team.
- Mental Health Services is reporting an overspend of £3k year to date and forecast breakeven position. The position includes a material overspend on the right to choose ADHD and ASD assessments. This activity has been increasing significantly overtime and creating a cost pressure which is impacting all boroughs in SEL. Uncommitted growth funds within Mental Health budgets have been released to mitigate the cost pressures.
- Delegated Primary Care is reporting an underspend of £56k year to date and £168k full year forecast. However, as delegated primary care is a ring-fenced allocation across the ICB, the underspend cannot be utilised at individual places at this stage in the year and has been equalised to reflect a breakeven forecast position.
- Corporate budgets are reporting a £86k underspend year to date due to existing vacancies. A decision was taken centrally in the ICB that all places should reflect a forecast breakeven position on corporate as it is anticipated that any year end underspend will need to contribute to redundancy costs arising from the latest management cost review.
- Bexley place has an annual efficiency plan of £7,750k which is forecasted to deliver in full by year end.

Appendix 2 – Bromley

NHS South East London

Overall Position

	Year to date Budget £'000s	Year to date Actual £'000s	Year to date Variance £'000s	ICB Budget £'000s	Forecast Outturn £'000s	Forecast Variance £'000s
Acute Services	2,706	2,693	13	8,119	7,940	179
Community Health Services	31,611	31,506	105	94,834	94,518	316
Mental Health Services	4,974	5,623	(649)	14,898	15,611	(713)
Continuing Care Services	9,379	9,697	(318)	28,137	29,000	(863)
Prescribing	17,433	16,833	600	52,642	50,835	1,807
Prescribing - Reserves	-	-	0	-	690	(690)
Delegated Primary Care Services	23,659	23,317	342	70,978	69,951	1,027
Corporate Budgets	1,170	1,020	150	3,509	3,509	0
Total	**91,608**	**91,365**	**243**	**275,142**	**274,080**	**1,062**
Delegated Primary Care - not available balances across ICB						(1,027)
Total FOT (revised)						**35**

- The borough is reporting an underspend of £243k at month 4 and is forecasting an underspend of £35k at year end.
- The Community budget is forecasting a £316k underspend. Within this position approx. £500k of un-committed budget has been factored into the position, a forecast overspend of £169k relating to the audiology contract, has been reported based upon current performance, and the community equipment forecast position has been reported as breakeven while the cost of the new arrangements are calculated and these will be built into next month's reporting position.
- The Mental Health budget is forecasting a £713k overspend due to pressures on diagnostic assessments and cost per case budgets. The former is forecasting a £560k overspend due to the exponential year on year growth in expenditure and the latter by £155k due to activity exceeding budgeted levels.
- The Continuing Healthcare budget is £318k overspent year to date and the forecast is £863k overspent. This is due to a continuation of the increase in adult CHC and FNC client numbers in recent years.
- The Prescribing budget is forecasting a £1,807k underspend. This is an estimated position based upon an adjusted rolling average of PPA data. At the start of the 2024/25 financial year the forecast was a significant underspend which by the end of the year had reduced to breakeven therefore an adjustment of £690k has been included in the current position to mitigate against this.
- The Delegated Primary Care Services forecast underspend of £1,027k will be reviewed each month and be adjusted for quarterly list size changes. Variances in this area are not available to boroughs as this is a ringfenced allocation and is managed across the ICB.
- The Corporate budget is £150k underspent year to date due to vacancies and the forecast is breakeven.
- The 2025/26 borough savings requirement is £13,130k. At month 4 the borough is on track to achieve these savings and is reporting full delivery of the target.

Appendix 3 – Greenwich

NHS South East London

Overall Position

Description	Annual Budget £'000s	Year to date Budget £'000s	Year to date Actual £'000s	Year to date Variance £'000s	Forecast Outturn £'000s	Forecast Variance £'000s
Acute Services	6,912	2,304	2,357	(53)	6,932	(20)
Community Health Services	40,498	13,499	13,446	53	40,247	251
Mental Health Services	8,865	2,980	3,711	(731)	11,020	(2,155)
Continuing Care Services	30,307	10,102	10,310	(208)	30,626	(319)
Prescribing	38,454	12,735	13,253	(518)	40,156	(1,702)
Other Primary Care Services	1,929	643	596	47	1,789	140
Other Programme Services	1,795	598	0	598	(1,591)	3,386
Programme Wide Projects	0	0	(210)	210	(420)	420
Delegated Primary Care Services	63,409	21,137	21,314	(177)	63,942	(532)
Corporate Budgets	3,461	1,154	1,178	(24)	3,461	0
Total	**195,630**	**65,152**	**65,955**	**(803)**	**196,162**	**(532)**

Control Total	(532)
Variance to Control Total	0

- The overall Greenwich financial position is £803k adverse to the year-to-date plan, with a forecast £532k adverse position. The M04 reporting control total is £532k adverse, aligned to the Delegated Primary care position (consistent with all boroughs), hence a 'breakeven' position once this is accounted for.
- The Prescribing position is reporting £518k adverse year to date and is attributable to price inflationary pressures. There is a prospective mitigation with the drug Dapagliflozin coming off-patent noting the Supreme court findings on the AstraZeneca validity of patent in conjunction with targeted deep dives on identified Practices
- CHC is £208k overspent to date and is attributable to an uptake in children (agency) placements.
- Mental Health is £731k overspent to date and is attributable to additional joint funded (S117) clients alongside continuing pressure through the 'right to choose' patient pathway for ASD/ADHD assessments. Mitigations are being explored through repatriation of placements to other boroughs (incl. non-SEL) alongside assessment capacity discussions with Oxleas.
- The £598k favourable variance on programme services (neighbourhood investment) reflects no spend incurred to date and is in mitigation for pressures elsewhere. The opportunity cost in balancing in-year pressures is the prospective on MTFS delivery noting this is predicated on OOH activity shift through neighbourhood investment
- Delegated Primary Care is reported £177k overspent to date, attributable to core contractual payments informed by registered GP list size.
- Community services is £53k favourable to plan and reflects the delivery of planned savings in line with plan and in support of the overall financial position.

Appendix 4 – Lambeth

NHS South East London

Overall Position

Service Area	Year to date Budget £'000s	Year to date Actual £'000s	Year to date Variance £'000s	Annual Budget £'000s	Forecast Outturn £'000s	Forecast Variance £'000s
Acute Services	163	163	0	488	488	0
Community Health Services	9,993	9,993	0	29,978	29,978	0
Mental Health Services	8,075	8,660	(585)	24,128	25,296	(1,168)
Continuing Care Services	11,970	11,970	0	35,911	35,177	734
Prescribing	14,570	14,570	0	43,998	43,998	0
Programme Wide Projects			0		(436)	436
Other Primary Care Services	1,319	1,319	0	3,957	3,957	0
Delegated Primary Care Services	32,085	32,205	(119)	96,256	96,613	(357)
Corporate Budgets	1,515	1,474	41	4,545	4,545	0
Total	79,690	80,352	(663)	239,259	239,615	(356)
Equalisation of Ring Fence Delegated Primary Care						356
Revised Full Year Forecast Variance						**0**

- The borough is reporting an overall **£663k year to date overspend position** and a forecast breakeven position at Month 04 (July 2025) after the "equalisation" of the ring fenced delegated primary care budgets. The reported forecast position includes **£1,168k overspend on Mental Health Services** (including Learning Disabilities) offset by 734k underspend on Continuing Health Care (CHC) Services and the finding of additional savings.

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

- Mental Health budget year to date and forecast overspend is mainly driven by increased ADHD and ASD assessments under the Right to Choose process (**the forecast expenditure at M04 for this specific budget is £2.0m overspend**), Mental Health and Learning Disabilities (LD) placement expenditure, and mitigated by constraining investments. Borough Commissioners leading on efficiency and productivity schemes including right sizing projects with providers to enable service users to live more independently though either stepping down restrictive levels of care or moving to more independent settings.

- Delegated Primary Care Services is reporting a forecasted breakeven position after the "equalisation" of the ring fenced delegated primary care budgets at month 4, noting previous year (2024-25) overspend position was driven by locum reimbursements, retainer scheme and list size growth.

- The Continuing Healthcare budget is forecasting £734k underspend as the CHC team continues to deliver on reviewing high-cost packages and out of area placements. Work is ongoing to establish better value costs. The number of active CHC and FNC clients at M04 is 559.

- Prescribing actual data is available two months in arrears and the borough is reporting a breakeven position against in year budget at month 4 based two months actual data.

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

Appendix 5 - Lewisham

NHS South East London

Overall Position

	Year to date Budget £'000s	Year to date Actual £'000s	Year to date Variance £'000s	Annual Budget £'000s	Forecast Outturn £'000s	Forecast Variance £'000s
Acute Services	453	474	(21)	1,358	1,421	(62)
Community Health Services	11,380	9,642	1,738	34,141	28,682	5,458
Mental Health Services	2,677	3,225	(548)	7,964	9,505	(1,541)
Continuing Care Services	8,473	9,158	(686)	25,418	27,376	(1,958)
Prescribing	14,546	15,145	(600)	43,920	45,817	(1,897)
Prescribing Reserves	0	0	0	0	0	0
Other Primary Care Services	681	681	0	2,043	2,043	(0)
Other Programme Services	9	9	0	26	26	0
Delegated Primary Care Services	24,159	24,086	74	72,478	72,257	221
Corporate Budgets	1,074	1,032	43	3,223	3,223	0
Total	**63,452**	**63,452**	**0**	**190,571**	**190,350**	**221**
Delegated Primary Care - not available balances across ICB						**(221)**
Total FOT						**0**

- At month 4, the borough is reporting breakeven year to date (YTD) and on a forecast outturn (FOT) basis. Mental health, continuing care services (CHC) and prescribing all show material overspends with a smaller overspend on acute services. These are offset by an underspend in community services reflecting savings identified and implemented.

- CHC shows a material overspend YTD of £686k and FOT overspend of £1,958k (Month 2 £2,439k) . The run rate on CHC has improved on the closing position from 2024/25, reflecting actions taken through the recovery meetings which continue to be held twice monthly.

- The mental health position is driven mainly by costs incurred with independent providers for ADHD which are reflecting a significant increase in demand for these services impacting all places across SEL. The forecast outturn on these costs shows an overspend of £1,787k. Options for mitigation were discussed at a recent Planning & Delivery Group meeting.

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

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

- The borough 5% efficiency target is £8,975k, is fully identified and at this stage forecast to deliver in full, with a small over achievement at month 4.

Appendix 6 – Southwark

NHS South East London

Overall Position

	Year to Date £'000s	Year to Date Actuals £'000s	Year to Date Variance £'000s	Annual Budget £'000s	Forecast Outturn £'000s	Forecast Variance £'000s
Acute Services	32	39	(7)	97	117	(20)
Community Health Services	12,619	12,168	451	37,858	35,384	2,474
Mental Health Services	3,574	4,272	(698)	10,645	13,249	(2,604)
Continuing Care Services	6,839	6,444	395	20,517	19,551	966
Prescribing	11,991	12,426	(435)	36,208	37,777	(1,569)
Other Primary Care Services	334	334	0	1,001	1,001	0
Other Programme Services	251	-	251	753	-	753
Programme Wide Projects	86	72	15	259	259	-
Delegated Primary Care Services	25,802	25,816	(13)	77,406	77,447	(40)
Corporate Budgets	1,334	1,264	70	4,002	4,002	-
Total	**62,863**	**62,833**	**30**	**188,748**	**188,788**	**(40)**
Delegated Primary Care - not available balances across ICB						**40**
Total						**(0)**

- The borough is reporting an underspend of £30k and forecast breakeven position, as at the end of July 25. Key areas of risk continue to be mental health, prescribing with a new risk reported in month 4 in our Community Services budget relating to Community Equipment Service. Underspends in continuing healthcare, corporate budgets and other community services absorbing some of overspends. The position in mental health and prescribing is an adverse movement from previous month and is mainly as a result of cost pressures in prescribing spend and mental health ADHD/right to choose expenditure.

- The boroughs most significant risk is in Mental Health. We are reporting a year to date overspend of £698k and a forecast overspend of £2.6m. This is driven mainly by overspends in two areas:

- Right to Choose adult ADHD/Autism pathways. Our forecast overspend of £2.6m includes an overspend of £2m on Right to Choose adult ADHD/ASD. The position on Right to Choose ADHD/ASD has deteriorated from previous months reported position. This spend on ADHD/ASD has increased by 177% since budgets were set.
- Placements costs for Learning disability continues to be a cost pressures. Savings plans in mental health are phased to deliver mainly over the last six months, but these are rated as high risk. A structured process of placement reviews with support from clinical leads has been implemented as part of our savings plans for 2025/26.

- Prescribing actual data is provided two months in arrears and the borough is reporting a forecast overspend of £1,569k as at month 4. The reported position is based on two month's actual data.. Prescribing continues to be impacted by increase in expenditure relating to long term conditions drug prescribing, case finding and active health programmes identifying patients eligible for treatment in each borough. There are also some national price increases due to shortages for some specific drugs.

- Community Health Services – The borough is facing a significant financial risk in its community equipment service contract due to provider failure and the need of the Local Authority to enter an emergency contract with a new provider. The Local Authority are leading on this contract. Early financial modelling suggests the new contract will cost approximately 25% more than previous contract with NRS Healthcare. This risk will be included in our month 5 reporting as impact of winding down costs of NRS Healthcare and new contract are still being worked through.

- Underspends in continuing care budgets are absorbing some of the overspends. Although Continuing Health care is showing an underspend, due to volatility of this area it is likely that costs will increase as we move through the year. In addition, the Local Authority is seeking additional funding from Health which could also have an impact.

- Borough has an efficiency target of 5% which on applicable budgets amounts to £8.8m. Within this figure prescribing savings total £3.6m and most of these phased to deliver after quarter 1. As at month 4 (July) we are reporting a small under achievement and our forecast savings is expected to be in line with Plan.

- To mitigate the cost pressures in Southwark, reserves, and uncommitted budgets have been released and growth in community services has been restricted to manage the overall position.

NHS
South East London

Appendix B

SEL ICS Financial Highlights

Month 4 2025/26

South East London Integrated Care System

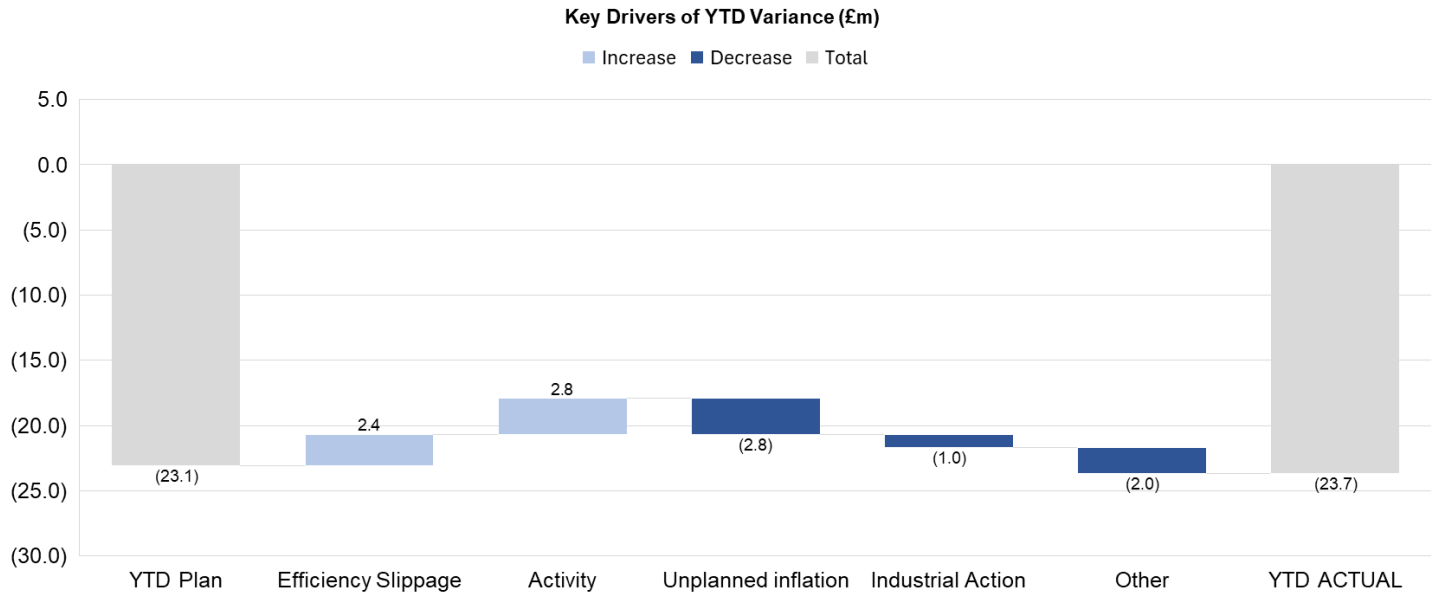
NHS South East London

Executive Summary

- This appendix sets out the month 4 financial position of the ICS.
- The ICS financial plan is to deliver a break-even position. This is after the receipt of non-recurrent deficit support funding of £75.0m. The Q1 and Q2 allocations (£18.75m each quarter) were received in months 2 and 3.
- At month 4, the ICS is reporting a YTD deficit of (£23.7m), £0.6m adverse to plan; an improvement of £1.3m compared to M3.
- As at month 4, each of the individual organisations is forecasting a breakeven year-end position – this is in line with the overall ICS financial plan submitted on 30 April.
- The following slide shows a bridge from YTD plan to actual.

3. Analysis of month 4 YTD Position

- At Month 4, SEL ICS is reporting a year-to-date deficit of (£23.7m), which is £0.6m adverse to plan. This is an improvement of £1.3m compared to M3. The key drivers of the position are as follows:
  - Unplanned inflation– £2.8m
  - Industrial Action - £1.0m
  - Other factors - £2.0m
- These pressures are offset by improvements in efficiency delivery £2.4m and activity capturing £2.8m.



ead Action Tracker
September 2025

Agenda Item	Description	Responsible	Deadline	Update
N2C Community Pilot Project Transformation work	AA/LC offline to review governance and meeting interfaces for NC2 pilot	AA/LC	6th October 2025	
Risks and Escalation's Community Dermatology Service - waiting times	AOS & TH to check in on dermatology backlog and formally close risk at the next meeting	AOS/TH	6th October 2025	
Agenda Item	**Description**	**Responsible**	**Deadline**	**Update**
No meeting				
Agenda Item	**Description**	**Responsible**	**Deadline**	**Update**
INT virtual ward PAWS modelling	TH to touch point with Joanna Peck to ensure sighted on the bed modeling then for TH/LJ/JP to have a touch point meeting on JP return.	TH/LJ/JP	6th October 2025	TH confirmed modelling work is progressing and expected to be completed by end of October with view of sharing - check various Jacks had the meeting to discuss link between ICB/LGT - Share Modelling work and aother programmes to reduce activity.
	For the INT model to be presented at the LGT all staff webinar which links in with the 10 Year Health Plan for England and in particular the roles that LGT will be hosting and what that will mean.	LJ/FK	6th October 2025	LJ has requested
Updates on each partner	KG to add onto the risk register in terms of accommodation for the Pilot Project and the Pophealth Platform.	KG	6th October 2025	
Agenda Item	**Description**	**Responsible**	**Deadline**	**Update**
No meeting				
Agenda Item	**Description**	**Responsible**	**Deadline**	**Update**
N2C Community Pilot Project	AA/LC/FK/LJ offline to look at how to improve the interface between N'hood working. FK is leading on and the N2C Community Pilot and align the Governance.	AA/LC/FK/LJ	2nd June	7/7 - LJ has reached out in in terms of having a meeting around N'hood 2 and SLaM Team are looking at extending their boundaries to ensure they align better with the n'hood working. LW/LJ to chase
Agenda Item	**Description**	**Responsible**	**Deadline**	**Update**
AOB - Risk Register	agreed for Risk 1- ED Front Door to be closed following update from JC and confirming seeing great results since the UTC opened. Agreed to change wording for ED Front Door risk. Ongoing estates work for 25/26	LW/JC	2nd June 2025	7/7 TH to look through and confirm offline
No meeting				
Agenda Item	**Description**	**Responsible**	**Deadline**	**Update**
(Agenda item 2) Highlight Reports	Helen Laing agreed to come back to a future meeting to feedback from Self-referral for Physiotherapy Pilot	LW/HL	12h May 2025	Agena item for 6th October Meeting
	Scott Pendleton to come back to a future meeting to share service plan in terms of which services and where they fit.	LW/SP	On going	BB to touch base with Scott Pendleton replacement
	LJ o touchpoint with AL/JH/JMc to touch base in terms of how Respiratory would fit into PEG	LJ/AL/JH/JMc	12th May 2025	meeting being arranged with service area and ICB on the clinical arrangements - Check with
Agenda Item	**Description**	**Responsible**	**Deadline**	**Update**

Lewisham Local Care Partners Strategic Board

Cover Sheet

Item 15
Enclosure 13

Title:	**Primary Care Group Chairs Report**
Meeting Date:	**25 September 2025**
Author:	Chima Olugh, Neighbourhood Development Manager
Executive Lead:	Ceri Jacob, Place Executive Lead

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

Summary of main points:	The following items were discussed at the July and August 2025 Primary Care Group meetings: **1) Contractual:** PMS Premium Dashboard & Update. **2) Quality:** Care Quality Commission Reports. **3) Updates:** 2025 GP Patient Survey.
Potential Conflicts of Interest	There are no conflicts of Interest as the paper is solely for information purposes.
Any impact on BLACHIR recommendations	**NA**

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

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

Contractual

1) PMS Premium Dashboard & Update

- The Group received an update on the quarter 1 PMS Premium performance. It highlighted areas where practices are performing well and where practices require improvement.
- A number of practices had not met the required threshold across all areas of the premium.

See the quarter 2025/26 1 PMS Premium dashboard in Appendix A.

- Commissioners have had performance meetings with under-performing practices with agreed actions. These meetings took place in June so not enough time to see improvements in quarter 1.
- Some practices had reported issues with coding which has been resolved by the ICB System Development Facilitator.
- Practices not meeting the required thresholds by end of September 2025 will be required to submit an improvement plan.
- The Group is working to gain a better understanding of the issues practices face and gain assurance that these will be rectified.
- The Group is also exploring the re-introduction of Key Performance Indicators. Practices that constantly do not meet the required thresholds will not receive all of the available financial incentive allocation.

Quality

2) Care Quality Commission Reports

The Group received an update on 2 recent practice Care Quality Commission (CQC) inspection reports.

a) Lee Road Surgery has maintained its rating of “Good” overall following an inspection carried out on 28 January 2025.

A summary of the inspection can be found here; Lee Road Surgery - Care Quality Commission

b) Similarly, New Cross Health Centre has also maintained its rating of “Good” overall following an inspection carried out on 7 March 2025.

A summary of the inspection report can be found here; New Cross Health Centre - Care Quality Commission

Overall, Lewisham currently has 23 practices that are rated as “Good” and 3 practices that are rated as “Requirement” by CQC.

The ICB has worked with the 3 practices to address the issues highlighted. Unfortunately, the rating cannot be changed (even if the issues have been addressed) until the CQC reinspects the practices.

Updates

3) 2025 GP Patient Survey

- The Group received an update on the 2025 GP Patient Survey results which were published in July.
- The GP Patient Survey is an annual England-wide survey of patients aged 16 and over that collects feedback on their experiences with GP practices and other local NHS services.
- The results of the survey are published by Ipsos on behalf of NHS England on the GP Patient Survey website.
- The GP Patient Survey questions tend to change slightly each year and there were some minor changes this year. This makes it difficult to monitor trends. Additionally, the patient sample size involved in the survey is usually small.
- As part of the changes, practice level data is no longer available in one place, making it difficult to easily compare practice results and trends. Primary Care Network (PCN) level data is available.

For a detailed breakdown see the link to the PCN dashboard

- There is variation in performance across some of the key survey questions, however the questions and results are valuable.
- From the published data it appears there is some difficult to get access to primary medical services, however once services are accessed, patients are happy with the quality of care provided.
- The GP Patient Survey data is better used in combination with other data sources e.g. the Friends and Family Test results and intelligence from Healthwatch Lewisham.
- Practices should use the survey data to engage with their patients and understand what the main issues are locally.
- The ICB wrote to congratulate practices that achieved very good results.
- There are a range of programmes aimed at improving patient access.

See Appendix B for a high-level analysis of the 2025 GP Patient Survey results.

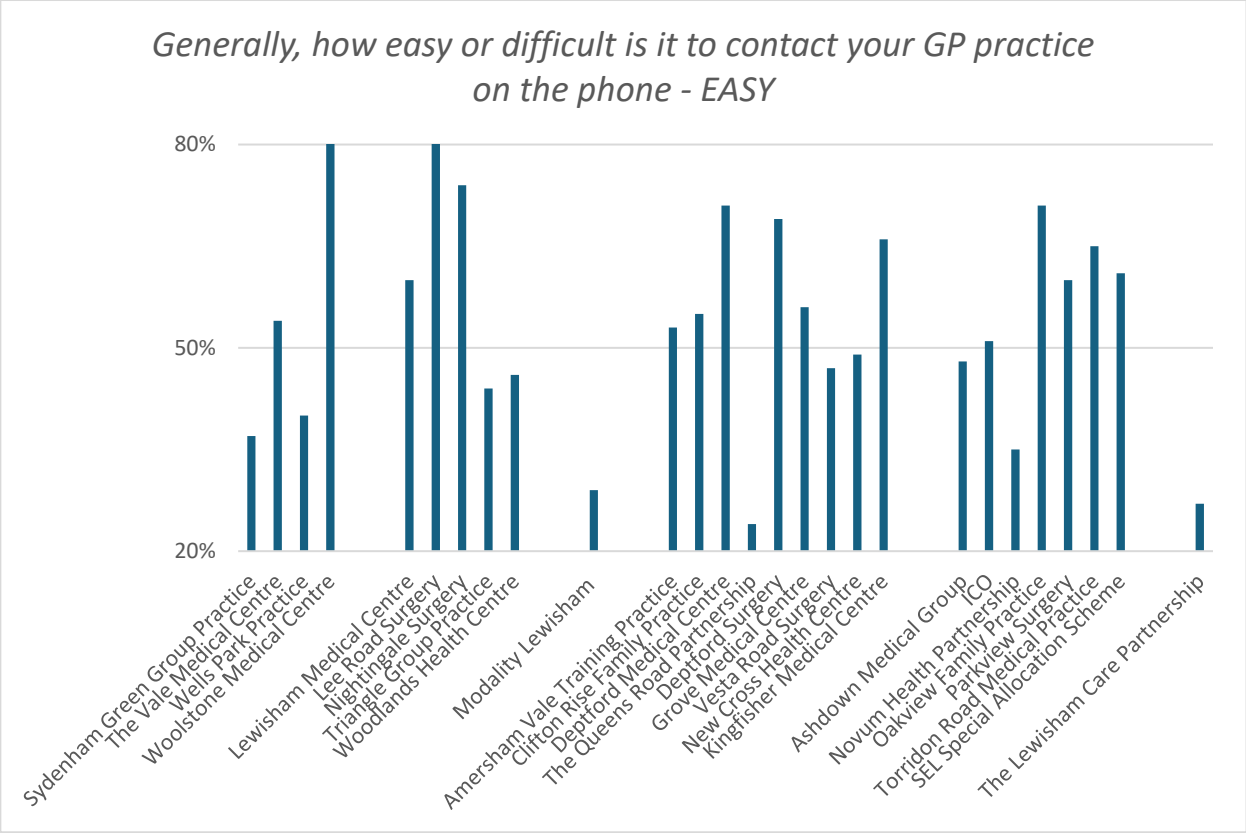
South East London Integrated Care System

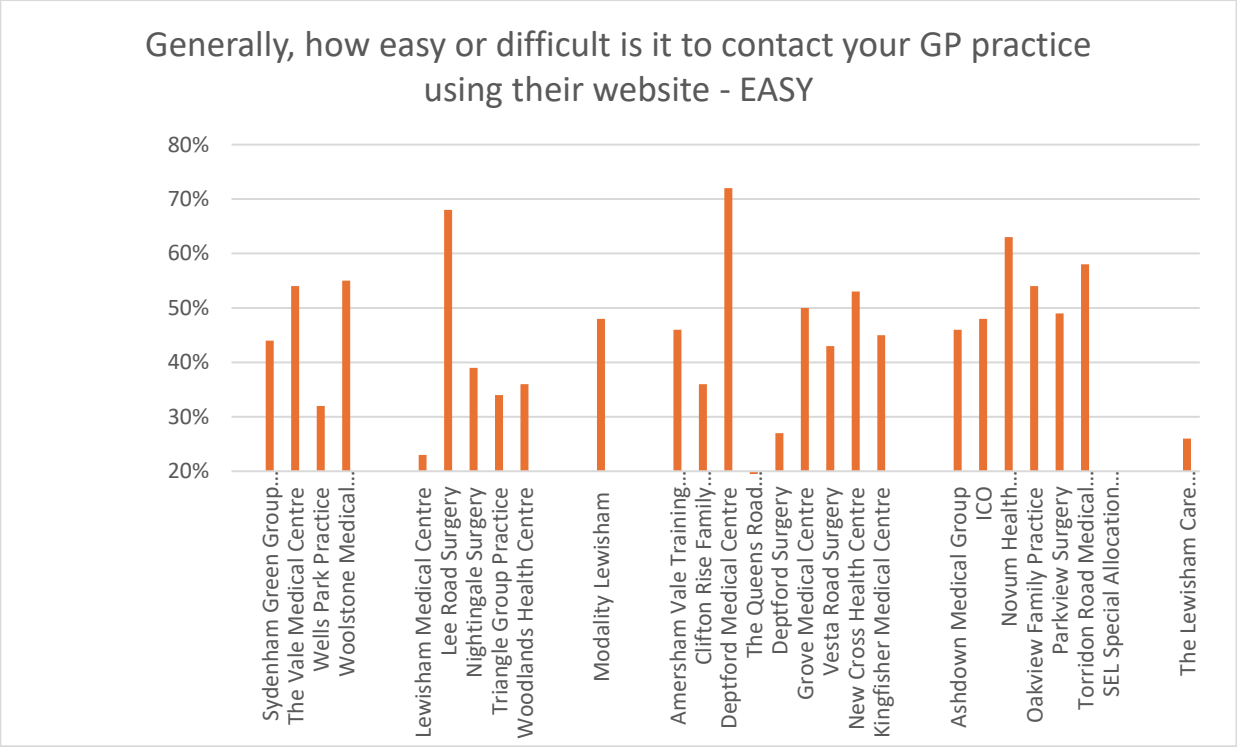
lhcp Lewisham Health and Care Partnership

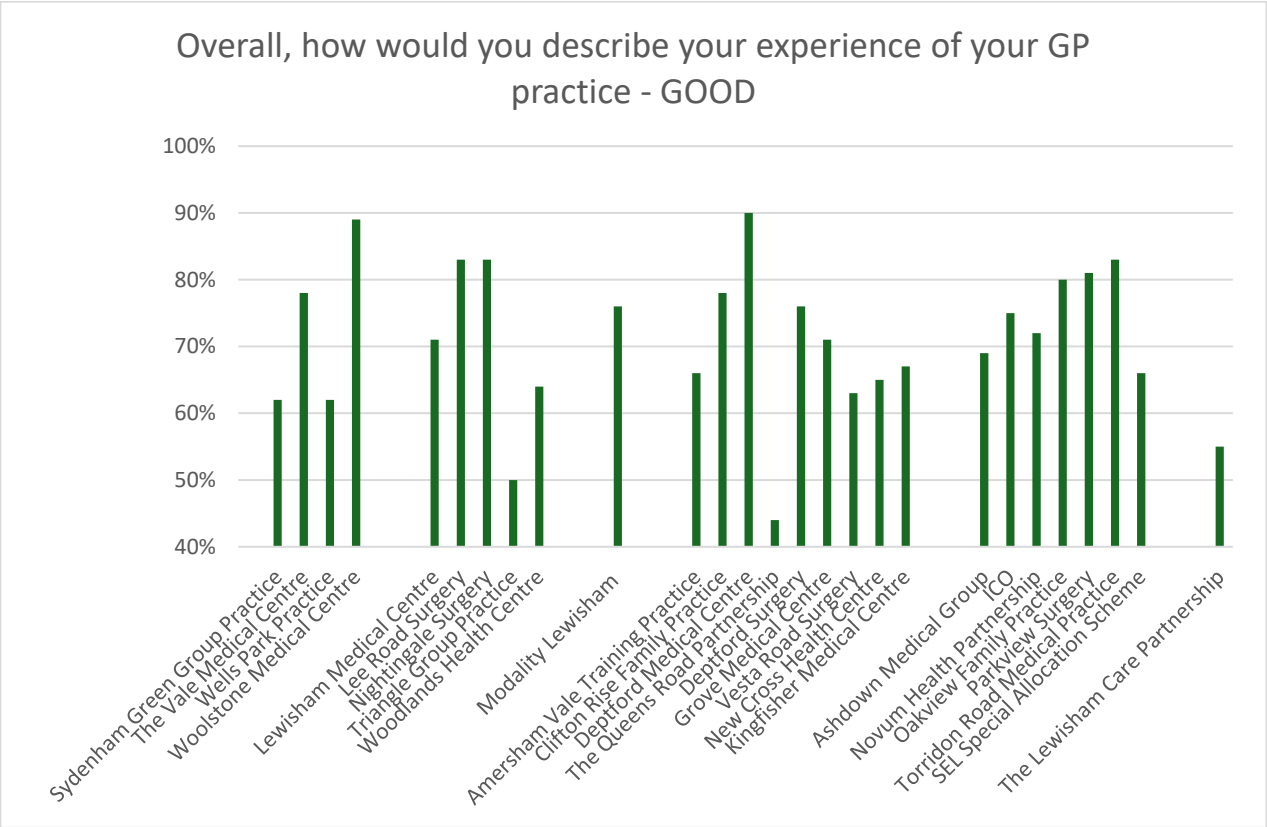
Appendix A - 2025/26 1 PMS Premium dashboard

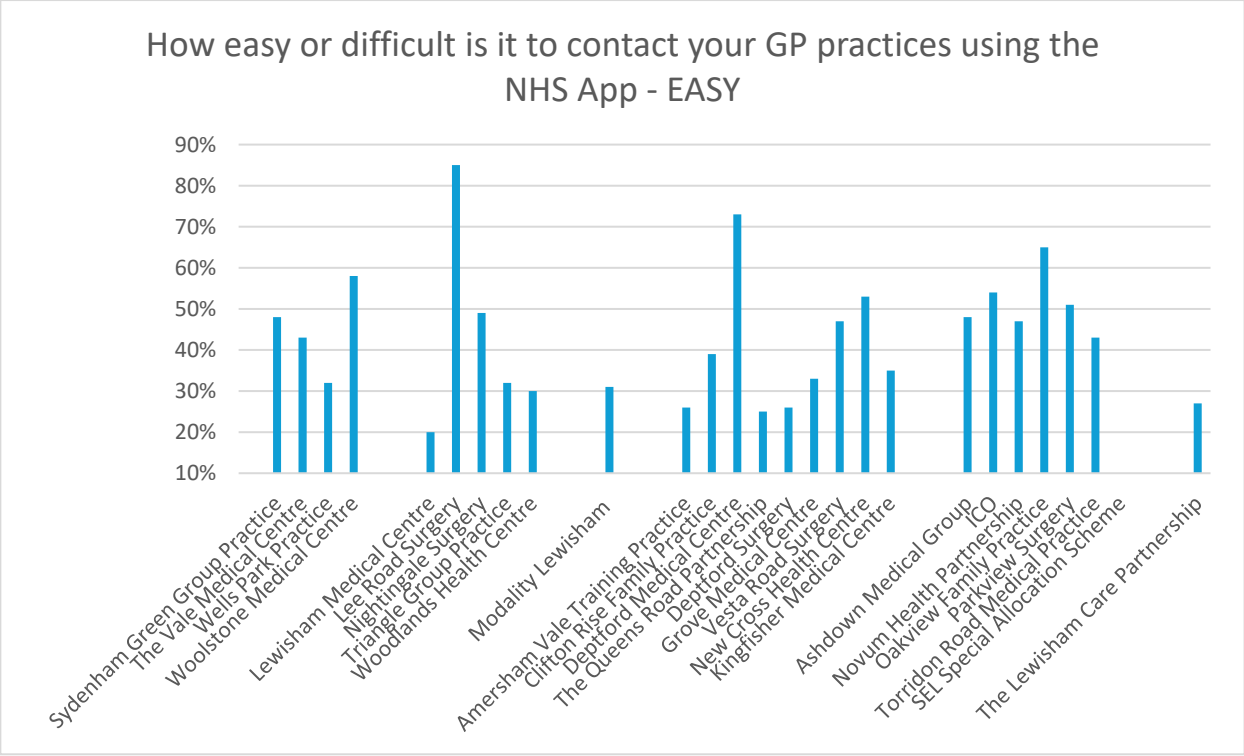
				SS13 - Alcohol Intervention			SS3 - Delivering Co-ordinated Care: Risk Profiling & MDT Working			SS4 - Bowel Cancer			SS5 - Childhood Obesity			SS6 - Post Operative wound and suture removal	SS2 - End of Life				SS14 - Breast Cancer		
PRACTICE NAME	LIST SIZE - All Registered Patients	RAW LIST SIZE - 18+	WEIGHTED LIST SIZE	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 Case management started (Active Care Plans)	SS3 % Active 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	SS2 Target 0.3% of (weighted pts)	SS2 Has end of life care plan (Universal Care Plan (UCP)	SS2 % Has end of life care plan	SS2 Has not for attempted cardiopulmonary resuscitation	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	15,428	13,833	14,579	761	776	98.1%	69	158	1.1%	51	51	100.0%	16	13	81.3%	65	44	30	0.21%	12	8	10	80.0%
Ashdown Medical Group	12,695	10,116	12,786	950	1056	90.0%	51	132	1.3%	61	62	98.4%	16	13	81.3%	60	38	42	0.33%	17	48	48	100.0%
Clifton Rise Family Practice	4,346	3,724	4,735	516	541	95.4%	19	45	1.2%	37	39	94.9%	8	4	50.0%	19	14	15	0.32%	11	2	2	100.0%
Deptford Medical Centre	4,148	3,310	4,129	462	499	92.6%	17	21	0.6%	18	19	94.7%	12	12	100.0%	17	12	23	0.56%	10	17	20	85.0%
Deptford Surgery	12,156	10,372	10,618	379	404	93.8%	52	103	1.0%	29	29	100.0%	19	12	63.2%	36	32	6	0.06%	3	16	21	76.2%
Grove Medical Centre	13,021	10,953	11,497	610	704	86.6%	55	175	1.6%	45	51	88.2%	26	11	42.3%	34	34	33	0.29%	21	15	16	93.8%
ICO	10,076	8,037	10,028	803	1050	76.5%	40	26	0.3%	54	69	78.3%	9	4	44.4%	26	30	3	0.03%	0	75	94	79.8%
Kingfisher Medical Centre	16,209	13,951	14,630	722	766	94.3%	70	174	1.2%	90	93	96.8%	14	8	57.1%	41	44	14	0.10%	2	22	22	100.0%
Lee Road Surgery	12,509	10,106	12,431	514	624	82.4%	51	194	1.9%	39	42	92.9%	21	19	90.5%	47	37	12	0.10%	7	44	48	91.7%
Lewisham Medical Centre	14,664	12,249	13,561	802	839	95.6%	61	99	0.8%	60	61	98.4%	19	15	78.9%	34	41	67	0.49%	13	27	39	69.2%
Modality Lewisham	35,419	29,084	35,496	2821	3383	83.4%	145	202	0.7%	234	235	99.6%	56	53	94.6%	164	106	193	0.54%	67	122	183	66.7%
New Cross Health Centre	9,623	8,217	9,330	689	696	99.0%	41	173	2.1%	57	59	96.6%	12	12	100.0%	25	28	27	0.29%	9	9	9	100.0%
Nightingale Surgery	7,057	4,857	6,571	415	446	93.0%	24	37	0.8%	32	32	100.0%	18	14	77.8%	29	20	6	0.09%	3	3	3	100.0%
Novum Health Partnership	21,327	16,555	20,757	1403	1706	82.2%	83	138	0.8%	146	149	98.0%	48	41	85.4%	71	62	66	0.32%	28	101	101	100.0%
Oakview Family Practice	6,409	4,613	5,851	413	453	91.2%	23	18	0.4%	19	20	95.0%	14	12	85.7%	26	18	8	0.14%	2	3	3	100.0%
Parkview Surgery	11,069	7,346	9,400	565	671	84.2%	37	102	1.4%	63	63	100.0%	17	16	94.1%	24	28	75	0.80%	49	53	54	98.1%
Sydenham Green Group Practice	14,887	12,280	14,910	1073	1355	79.2%	61	47	0.4%	102	106	96.2%	26	13	50.0%	39	45	32	0.21%	19	0	0	0.0%
The Lewisham Care Partnership	52,340	43,189	50,402	3189	3664	87.0%	216	245	0.6%	263	263	100.0%	129	120	93.0%	155	151	172	0.34%	86	132	132	100.0%
The Queens Road Partnership	9,132	7,802	9,655	707	792	89.3%	39	82	1.1%	59	78	75.6%	12	8	66.7%	35	29	6	0.06%	4	0	2	0.0%
The Vale Medical Centre	17,008	12,103	15,084	703	736	95.5%	61	46	0.4%	48	49	98.0%	54	46	85.2%	76	45	61	0.40%	45	42	42	100.0%
Torridon Road Medical Practice	12,010	9,462	11,411	1025	1101	93.1%	47	65	0.7%	65	65	100.0%	26	26	100.0%	59	34	62	0.54%	9	81	81	100.0%
Triangle Group Practice	6,594	5,336	6,880	527	602	87.5%	27	35	0.7%	44	45	97.8%	10	7	70.0%	13	21	26	0.38%	5	2	2	100.0%
Vesta Road Surgery	6,682	5,454	6,229	331	337	98.2%	27	19	0.3%	23	39	59.0%	18	16	88.9%	26	19	0	0.00%	0	7	10	70.0%
Wells Park Practice	12,791	9,854	12,092	939	988	95.0%	49	240	2.4%	62	63	98.4%	25	24	96.0%	71	36	32	0.26%	20	6	9	66.7%
Woodlands Health Centre	11,239	7,717	10,797	808	834	96.9%	39	44	0.6%	45	51	88.2%	59	55	93.2%	29	32	2	0.02%	1	2	20	10.0%
Woolstone Medical Centre	9,695	7,252	9,577	650	657	98.9%	36	42	0.6%	47	47	100.0%	24	18	75.0%	37	29	33	0.34%	8	39	43	90.7%

Appendix B: Analysis of the 2025 GP Patient Survey




Generally, how easy or difficult is it to contact your GP practice using their website - EASY
80%
70%
60%
50%
40%
30%
20%
Sydenham Green Group...
The Vale Medical Centre
Wells Park Practice
Woolstone Medical...
Lewisham Medical Centre
Lee Road Surgery
Nightingale Surgery
Triangle Group Practice
Woodlands Health Centre
Modality Lewisham
Amersham Vale Training...
Clifton Rise Family...
Deptford Medical Centre
The Queens Road...
Deptford Surgery
Grove Medical Centre
Vesta Road Surgery
New Cross Health Centre
Kingfisher Medical Centre
Ashdown Medical Group
ICO
Novum Health...
Oakview Family Practice
Parkview Surgery
Torridon Road Medical...
SEL Special Allocation...
The Lewisham Care...


Overall, how would you describe your experience of your GP practice - GOOD
100%
90%
80%
70%
60%
50%
40%
Sydenham Green Group Practice
The Vale Medical Centre
Wells Park Practice
Woolstone Medical Centre
Lewisham Medical Centre
Lee Road Surgery
Nightingale Surgery
Triangle Group Practice
Woodlands Health Centre
Modality Lewisham
Amersham Vale Training Practice
Clifton Rise Family Practice
Deptford Medical Centre
The Queens Road Partnership
Deptford Surgery
Grove Medical Centre
Vesta Road Surgery
New Cross Health Centre
Kingfisher Medical Centre
Ashdown Medical Group
ICO
Novum Health Partnership
Oakview Family Practice
Parkview Surgery
Torridon Road Medical Practice
SEL Special Allocation Scheme
The Lewisham Care Partnership


How easy or difficult is it to contact your GP practices using the NHS App - EASY
90%
80%
70%
60%
50%
40%
30%
20%
10%
Sydenham Green Group Practice
The Vale Medical Centre
Wells Park Practice
Woolstone Medical Centre
Lewisham Medical Centre
Lee Road Surgery
Nightingale Surgery
Triangle Group Practice
Woodlands Health Centre
Modality Lewisham
Amersham Vale Training Practice
Clifton Rise Family Practice
Deptford Medical Centre
The Queens Road Partnership
Deptford Surgery
Grove Medical Centre
Vesta Road Surgery
New Cross Health Centre
Kingfisher Medical Centre
Ashdown Medical Group
ICO
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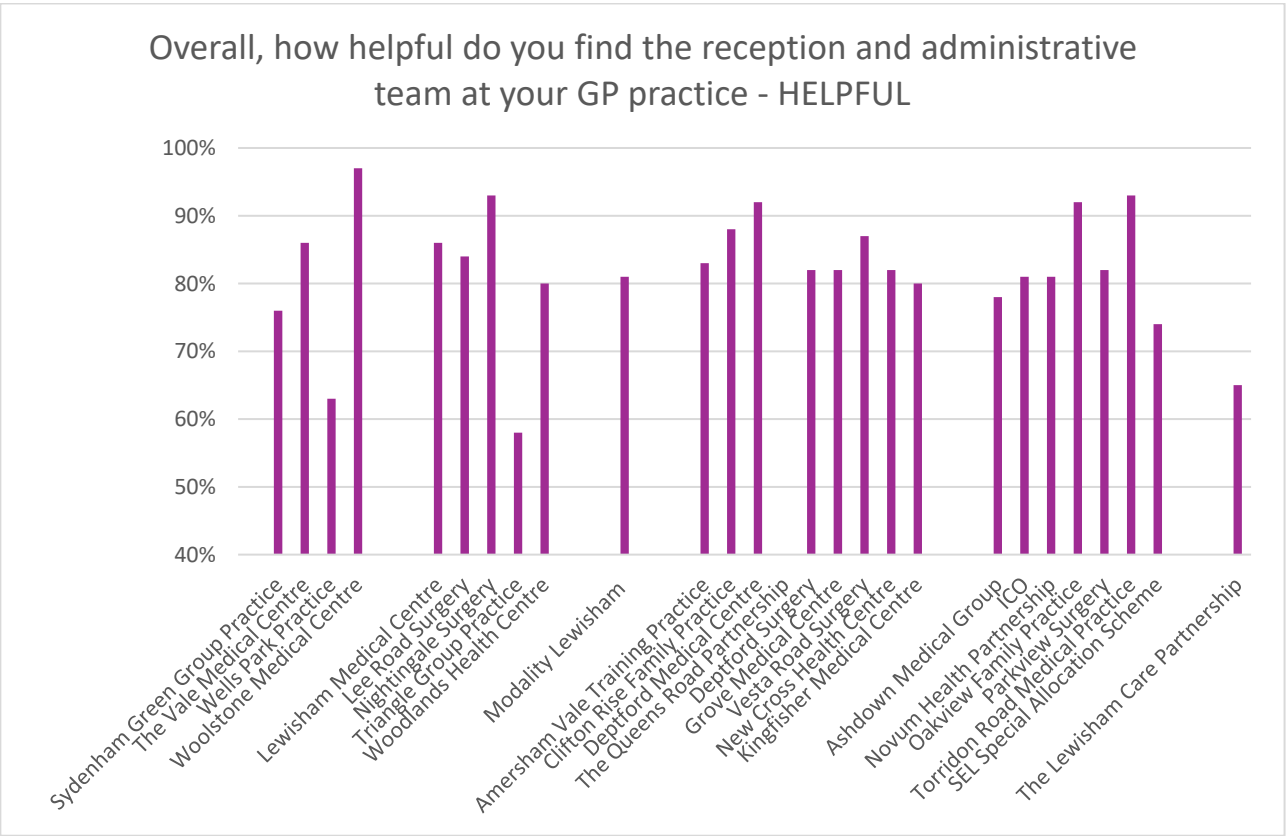
Oakview Family Practice
Parkview Surgery
Torridon Road Medical Practice
SEL Special Allocation Scheme
The Lewisham Care Partnership


Overall, how helpful do you find the reception and administrative team at your GP practice - HELPFUL
100%
90%
80%
70%
60%
50%
40%
Sydenham Green Group Practice
The Vale Medical Centre
Wells Park Practice
Woolstone Medical Centre
Lewisham Medical Centre
Lee Road Surgery
Nightingale Surgery
Triangle Group Practice
Woodlands Health Centre
Modality Lewisham
Amersham Vale Training Practice
Clifton Rise Family Practice
Deptford Medical Centre
The Queens Road Partnership
Deptford Surgery
Grove Medical Centre
Vesta Road Surgery
New Cross Health Centre
Kingfisher Medical Centre
Ashdown Medical Group
ICO
Novum Health Partnership
Oakview Family Practice
Parkview Surgery
Torridon Road Medical Practice
SEL Special Allocation Scheme
The Lewisham Care Partnership

Lewisham Local Care Partners Strategic Board

Cover Sheet

Item 15
Enclosure 14

Title:	**Lewisham People's Partnership Action Plan 2025/26 - Update**
Meeting Date:	**25 September 2025**
Author:	Anne Hooper
Executive Lead:	Ceri Jacob, Place Executive Lead (Lewisham)

Purpose of paper:	To provide an update on the Lewisham People's Partnership Action Plan for 2025/26	Update / Information	
		Discussion	
		Decision	
Summary of main points:	The focus for the Lewisham People's Partnership Action Plan for 2025/26 is to: • Support Lewisham's communications and engagement plans/campaigns focusing om access to services, integrated neighbourhood teams and prevention • Support engagement delivery and effectiveness through widening participation and improved co-ordination • Support improvements in engagement outcomes and influence • Support shifting the balance of power from within the system towards people and communities This report provides an update on the work undertaken to achieve the priorities outlined in the action plan.		
Potential Conflicts of Interest			
Any impact on BLACHIR recommendations	**BLACHIR Opportunities for Action 34** Ensure the engagement of Black African and Black Caribbean communities is meaningful and valued. This should include direct engagement and collaboration with representative organisations that is done in a way which is respectful, transparent and accessible, and considers and values participants' time and commitments.		

Relevant to the following Boroughs	**Bexley**		**Bromley**	
	Greenwich		**Lambeth**	

	Lewisham	✓	**Southwark**	
	Equality Impact			
	Financial Impact			
Other Engagement	Public Engagement			
	Other Committee Discussion/ Engagement			
Recommendation:	This paper is for information.			

lhcp Lewisham Health and Care Partnership

LEWISHAM PEOPLE'S PARTNERSHIP – ACTION PLAN FOR 2025/26
UPDATE FOR LEWISHAM LOCAL CARE PARTNERS STRATEGIC BOARD - SEPTEMBER 2025

The Lewisham People's Partnership has two key objectives:

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

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

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

ACTION PLAN

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

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

What	How	Who/when	Update – September 25	Expected outcomes
Prevention (cont.)	• Lewisham's hypertension pilot	Africa Advocacy Foundation May25	Presented at May 25 LPP meeting Responses from meeting recorded and circulated AAF invited to return to LPP in 2026 to provide update on the pilot	
Widen LPP engagement participation	Take LPP into communities: • Agree and implement a more proactive outreach approach to community representative groups, community support groups, VCSE and grass roots organisations delivering engagement focused on Lewisham's priorities • Agree and implement a LPP outreach plan with Patient Participation Groups, Lewisham Carers Forum, Lewisham Healthwatch and Citizen's UK	LPP Chair/Comms & Engagement Team – 2025/26 LPP Chair/Comms & Engagement Team – 2025/26	Initial work undertaken as part of supporting the development of neighbourhood engagement hubs aligned to the INT programme See above - initial discussions with carers group, Healthwatch and PPG representatives	Providing more opportunities for people and communities to participate Recognising the value of local people and communities in facilitating dialogue Continuing to build relationships and trust
	• Pilot engagement feedback framework – primary care access, INT co-production, immunisations refresh	Comms & Engagement Team – Jun-Dec25	We Said – We Did/Are Doing pilot template implemented – see example Appendix 1 First draft of feedback framework completed	Lessons learnt from pilot
	• Lessons learnt report and next steps in wider implementation of framework across LHCP	LPP Chair/Comms & Engagement Team – Jan 26		Outcomes framework implemented

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

APPENDIX 1 – PILOT ENGAGEMENT FEEDBACK FORM

lhcp Lewisham Health and Care Partnership

LEWISHAM PEOPLE'S PARTNERSHIP – FEEDBACK FROM MEETING HELD ON 5TH MARCH 2025

Context of the meeting: Dr Deborah Jenkins, Senior Consultant in Public Health, Lewisham Council, shared a presentation of the plan to refresh Lewisham's Immunisation Strategy. The current Lewisham Immunisation and Vaccination Strategy was written for 2023-205 strategy and is now being refreshed following the completion of Lewisham's Joint Strategic Needs Assessment (JSNA) for Immunisations and the introduction, in September 2024, of a new school aged immunisation provider.

WE SAID – responses from the Lewisham People's Partnership	WE ARE DOING – feedback from Lewisham Public Health Team
Engagement with different communities: • Trust and confidence are limited – if people don't understand the why and the how they won't take it up vaccination offers • Need to listen to increase trust and to reduce stigmatization – listen to understand language and culture • Continue to develop productive partnerships with communities – work with them to deliver meaningful messages – use patient participation groups/community champions/health equity fellows and teams/voluntary and community organisations • Engage with Chairs of Tenants and Residents Associations to share vaccine information - they are well-connected in the community and communicate through WhatsApp and neighbourhood conversations • Work with community groups, churches, ethnic community groups, clubs, businesses such as supermarkets etc. • It is essential to use clear, simple language, free of jargon and acronyms, when communicating about vaccinations – this will ensure better understanding, reduce misinformation and help build trust – how will communications be equally available to everyone?	

WE SAID – responses from the Lewisham People's Partnership	WE DID – feedback from Lewisham Public Health Team
Communications (cont.) • Clearer messaging to explain why access/eligibility to vaccinations changes e.g., Covid and flu vaccine changing age limits and how to challenge these changes • Messaging needs to be more nuanced – respectful to different people and different communities • The strategy needs to identify more effective plans to counter misinformation - collaboration with patients, carers, and communities to counter conspiracy theories and promote vaccination and immunisation • Messaging needs to reflect both societal benefits e.g., flu/covid/MMR etc. and personal benefits e.g., screening • Use Positive Ageing magazine to share information • Improved messaging for carers and their entitlement to vaccinations • Taking positive messages to Black community churches, radio stations and newspapers	

Decision Log

Date of Meeting	Decision taken	Attendees	
09/05/2025	Unregulated Providers - CW/MM/NZ to meet offline re potential risk and decide whether to escalate	CW/MM/NZ	Meeting scheduled for 12.09.2025
11/07/2025	Primary Care and Secondary Care Interface Forum - to be added to the meeting for 6 months	CH/CW	Actioned
11/07/2025	The group were asked to note that we will only capture dcisions and actions from this meeting in future	ALL	Noted
11/07/2025	The group were asked to note that changes to the agenda had been made to allow guest speakers to present their items in case they have other committemnts	ALL	Noted

Committee meeting report presented to:
Lewisham Care Partnership Strategic Board on 25th September 2025

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

Date of Meeting Reported: 15th July 2025

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

Main issues discussed

- Update on the Medicines Optimisation QIPP 2024/25 outcome at year end
- Progress on Medicines Optimisation QIPP 2025/26 and practice prescribing budget tracker
- Feedback on Community Atrial Fibrillation Detection pilot (CODI- HR)
- Feedback from practice pharmacists on current general practice medicines issues
- Medicines safety update
- 2025/26 practice budget methodology
- Lewisham VCSE Structure Medication Review pilot
- Lewisham Medicines Support Assessment Tool
- Report from the Pharmacy First at UHL Urgent and Emergency Care (UEC)
- Varenicline Patient Group Direction (PGD)
- Bromley GP Alliance (BGPA) Lewisham anticoagulation service

Key achievements

- Medicines Optimisation extended QIPP dashboard showed a 121% achievement of target savings within monitored lists, at the end of 2024/25. The £2,419,859 million 2025/26 QIPP has been identified, and risk rated in line with the ICB's process.

- The Medicines Optimisation Teams across the six boroughs have agreed on one budget setting methodology to avoid variation. Indicative prescribing budgets for Lewisham practices were endorsed by LMOP.

- The reimbursement for the community pharmacies to deliver the CODI-HR service has been increased. This has led to an increase in the number of pharmacies providing the service.

- The LIMOS service is now able to prescribe electronically with their EMIS system. This will improve access to medicines for patients on their caseload (who are often housebound) and will also reduce workload for GP practices where clinical input is not required.

Key challenges addressed

- The CODI-HR project is proving challenging as patients in the cohort group have expressed difficulty using the app. How can MOT support community pharmacies with patients who cannot use CODI-HR app to access heart rhythm detection.

- Practices have been inundated with queries about Mounjaro (tirzepatide).

- Deprescribing of Omega-3 preparations is leading to patients being referred to specialists which already has long waiting time.

Key risks (include assurances received positive and negative)

- Concerns were raised on the following statement in BGPA Warfarin to DOAC pathway - 'GP to confirm there are no contraindications.' The chair recommended that the statement should be amended as it is the responsibility of the BGPA pharmacist to review patients' medical record on EMIS and confirm there are no contraindications to switching from warfarin to DOAC. Once confirmed, the pharmacist should inform the GP of the planned switch.

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 QIPP 2025/26, prescribing budget methodology, MSAT Tool and CODI-HR, 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.