

## Neighbourhood Based Care Board

1400-1500 Wednesday 20 November 2025  
(Teams meeting)

**Co-Chairs: George Verghese and Ceri Jacob**

**Quorum:** 50% of members (10) need to be attendance with at least one representative from each Local Care Partnership.

## Agenda

#	Area	Lead	Time
1	Introduction and apologies for absence	Chair	1405
2	Declarations of interests relevant to the business on the agenda	All	1402
3	Minutes of the meeting held on 20 November 2025 (Enc 1)	Chair	1405
4	Actions and matters arising (Enc 2)	Chair	1410
	<b>IMPLEMENTING NEIGHBOURHOOD CARE</b>		
5	Pharmacy and Neighbourhoods	R Matharu/ J Sanderson	1415
6	Integrator Development Plans <ul style="list-style-type: none"> <li>Priorities for development especially where there is cross over with enabling workstream plans from Bexley, Bromley and Greenwich (Enc 3)</li> <li>Feedback from 3 December event</li> </ul>	Bexley, Bromley and Greenwich Place Reps	1435
7	Any other business.	Chair	1455
8	Date of next meeting 1400-1600 Thursday 15 January 2026	Chair	1500



**Enclosure 1**

**Neighbourhood Based Care Board  
Draft Minutes of the meeting held  
on Wednesday 20 November 2025  
MS Teams**

**Present:**

Ceri Jacob	ICB Place Executive Lead Lewisham (Joint Chair)	<b>CJ</b>
Angela Bhan	Bromley PEL (for part of the meeting)	<b>ABh</b>
Sarah Burchell	Mental Health Provider Collaborative representative (and Greenwich LCP representative for this meeting)	<b>SB</b>
Humphrey Couchman	AD Communication, Media and Campaigns (non-voting)	<b>HC</b>
Mark Cheung	Bromley LCP representative	<b>MC</b>
Oge Chesa	Lambeth LCP representative	<b>OC</b>
Gemma Dawson	Community Provider representative	<b>GD</b>
Lynn Demeda	Workforce Representative	<b>LD</b>
Toby Garrood	ICB Medical Director	<b>TG</b>
Neil Goulbourne	Acute Services Representative (for part of the meeting)	<b>NG</b>
Kallie Hayburn	Bexley LCP representative	<b>KH</b>
Rebecca Jarvis	Southwark LCP representative	<b>RJ</b>
Laura Jenner	Lewisham LCP representative (for part of the meeting. Sharing with CMS)	<b>LJ</b>
Charles Malcolm-Smith	Lewisham LCP representative (for part of the meeting. sharing with LJ)	<b>CMS</b>
Tal Rosenzweig	Voluntary Sector Representative (for part of the meeting)	<b>TR</b>
Finlay Royal	Medicines Management representative	
George Verghese	ICB Partner Member (Primary Care) (Joint Chair) (for part of the meeting)	<b>GV</b>
Nisha Wheeler	Digital representative	<b>NW</b>

**In attendance:**

Jodie Adkin	AD Urgent Care, SEL ICB (for item 119/2025)	<b>JA</b>
Kasra Aghajani	PPL	<b>KA</b>
Chloe Harris	Head of People and Culture SEL ICS (for item 118/2025)	<b>CH</b>
Nick Harris	Head of CESEL	<b>NH</b>
Nancy Kuchemann	Deputy ICB Medical Director	<b>NK</b>
Katu Lansdell	PPL	<b>KL</b>
Colin Nash	Governance Manager (Minutes)	<b>CN</b>
Imogen Setter	PPL	<b>IS</b>
Adam Wall	PPL (for item 117/2025)	<b>AW</b>

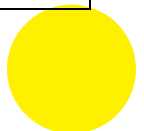
**Apologies for absence:**

Andrew Bland	ICB CEO (non-voting member) (for part of the meeting)	<b>AB</b>
Diane Braithwaite	Bexley PEL	<b>DB</b>
Gabi Darby	Greenwich LCP representative	<b>GD</b>
Holly Eden	Director of Delivery – Neighbourhoods and Population Health	<b>HE</b>
Neil Kennett-Brown	ICB System Sustainability Team Representative (Non-Voting)	<b>NKB</b>
Raj Matharu	Community Pharmacy representative	<b>RM</b>
Denise Radley	Adult Social Services representative	<b>DR</b>
Darren Summers	Southwark PEL	<b>DS</b>

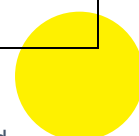
<b>No</b>	<b>Item</b>	<b>Action</b>
113/2025	<b>INTRODUCTIONS AND APOLOGIES</b>	
	CJ welcomed members to the meeting.  Apologies were noted as above.	
114/2025	<b>DECLARATIONS OF INTEREST RELEVANT TO THE BUSINESS ON THE AGENDA</b>	
	None.	
115/2025	<b>MINUTES OF THE MEETING HELD ON 22 OCTOBER 2025</b>	
	The minutes were <b>APPROVED</b> .	
116/2025	<b>ACTIONS AND MATTERS ARISING</b>	
	The Board considered the open actions on the log for this meeting: -  36/25 – KH reported that the outputs from the Bexley multiple long term conditions INT would be available in January 2026, when she would share them with TG. Action closed. 37/25 – OC asked for this action to be deferred until January 2026. Action brought forward. 38/25 – HC reported that comments and suggestions for text to enhance staff engagement with neighbourhood-based care, were yet to be received. NBCB members were asked to encourage staff to respond.	<b>MH/OC /HE  ALL</b>
	<b>IMPLEMENTING NEIGHBOURHOOD CARE</b>	
117/2025	<b>BENEFITS REALISATION MODELLING TASK AND FINISH GROUP – MODELLING OUTPUT FOR DISCUSSION</b>	
	AW took the Board through the paper and the following points were highlighted.  <ul style="list-style-type: none"> <li>• BI team colleagues have extracted episodic primary, secondary, and community datasets for Frailty &amp; MLTC cohorts with patient identifiers to allow links across those datasets.</li> <li>• PPL team have completed the processing and cleaning of requested data, including automated SNOMED code matching and an assessment of data completeness for fields drawn from General Practice data.</li> </ul>	



	<ul style="list-style-type: none"> <li>• Place leads have responded to the ‘information capture’ request to provide inputs for modelling, including cohort definitions, neighbourhood footprints, and workforce plans.</li> <li>• PPL team are producing initial descriptive visualisations to validate data quality and completeness.</li> <li>• A first draft set of benefits realisation results are due to be shared before the end of November</li> <li>• An interim report was circulated to NBCB members in October</li> <li>• The final report is due in December 2025.</li> </ul> <p>In the discussion which followed several points were made to which AW responded as follows: -</p> <ol style="list-style-type: none"> <li>i. Outcomes for community services were hampered by incomplete data sets.</li> <li>ii. As the focus of this work was on frailty and MLTC cohorts, mental health data had not been part of the exercise.</li> <li>iii. Data was viewed largely through a financial, system sustainability lens.</li> <li>iv. The Team did not have access to social care data.</li> </ol> <p>The Board welcomed the work being undertaken but asked for further clarity on its purpose, as it would not show whether neighbourhood based care was improving outcomes for patients. To do this an analysis of the wider data sets available would be required and it was important a start was made on this as soon as possible, to give a balanced assessment of the benefits of neighbourhood care.</p>	
118/2025	<b>WORKFORCE WORKSTREAM DEEP DIVE – CLINICAL GOVERNANCE</b>	
	<p><i>This item was taken before 117/2025.</i></p> <p>CH referred to the paper and the following points were made.</p> <p>SEL boroughs were working through their models for Neighbourhood Health and alongside this a workforce plan had been developed and agreed to support this work.</p> <p>Since approval of this plan, conversations at Place and London level had consistently highlighted clinical governance and risk as a key challenge to integrated working and implementation of neighbourhood models.</p> <p>Responding to this, the SEL People Programme team hosted two workshops with interested stakeholders, to identify and discuss the challenges &amp; solutions associated with this new way of working. 71 people attended in total (76% attendance rate) across both sessions, with representation from primary care, SEL ICB and larger NHS providers.</p> <p>Challenges were raised in 5 areas:</p> <ul style="list-style-type: none"> <li>• Ambiguity in accountability and governance structures</li> <li>• Digital, data sharing and information governance</li> <li>• Workforce complexity and staff movement</li> </ul>	

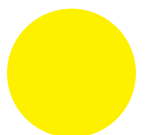


	<ul style="list-style-type: none"> <li>• Culture change and communications</li> <li>• Standards, regulation and risk</li> </ul> <p>These were explained further on pages 22-25 of the pack.</p> <p>Recommendations and next steps were sorted into the following categories:</p> <ul style="list-style-type: none"> <li>• Points of escalation to national/London team</li> <li>• Points for clarification at SEL level</li> <li>• Suggested next steps for working group - a small working group is being established to support this.</li> </ul> <p>These were expanded on page 26 of the pack.</p> <p>The following points were made in discussion.</p> <p>LD suggested effort be focused upon fixing the governance challenges that could immediately block progress with neighbourhood-based care, even if they were short term, and dealing with the rest over a longer timescale.</p> <p>With regard to the digital agenda NW suggested the priority should be a scoping exercise to try and achieve a common approach to Electronic Patient Record systems.</p> <p>NG commented that work should be undertaken to decide what aspects of clinical risk needed to be regulated at an SEL level and what could be left to Place and other stakeholders, to manage. This would be challenging, as there was not yet a shared model for the delivery of neighbourhood-based care. GV added that, in developing their approaches to neighbourhood-based care, Places should be made aware of the governance issues arising from the workshops and asked how their plans intended to address them.</p>	
	<p>The NBCB <b>AGREED</b> the 5 governance challenges set out in the paper and members were asked to let LD know of subject experts who could help draft the ICS governance approach to them. LD agreed to bring a further paper to the meeting in March 2026.</p>	<p><b>ALL LD</b></p>
<p>119/2025</p>	<p><b>INTEGRATED URGENT CARE UPDATE</b></p>	
	<p>JA took the Board through the paper providing an update on Integrated Urgent Care work in SEL. This focused upon two workstreams: -</p> <p><b>1. Right Place, Right Time - Reducing Avoidable Use of 111 Working Group – as part of ensuring Same Day Urgent Care in the community</b></p> <p>Work continued to reduce avoidable use of NHS 111, minimising duplication, ensuring patients access the right care in the right place to improve system efficiency and patient confidence. Since the last presentation to the NBCB the working group have been ensuring this aligned with neighbourhood-based care model developments.</p> <p>These were set out in the paper under the headings of Primary Care, Communications and Engagement, Medicines optimisation, Care homes and Self-referral pathways, on pages 29-30 of the pack.</p>	



	<p><b>2. 111 Procurement</b></p> <p>An urgent modification has been agreed for a 12-month extension to the current contract with the London Ambulance Service. The 111 contract will now expire on the 31st of March 2027.</p> <p>Current timelines for the procurement were:  December 2025 – SEL ICB Board approval to go out to market  January 2026 – Issue Invitation to Tender  July 2026 – Award contract  August 2026 – March 2027 – Mobilise the service  April 2027 – New 111 service to start</p> <p>The NBCB <b>NOTED</b> the update.</p>	
120/2025	<b>INTEGRATOR DEVELOPMENT PLANS</b>	
	<p>The NBCB received updates from the following Places.</p> <p><b>Lambeth and Southwark</b></p> <p>OC referred the Board to the slides headed Integrator development funding, November 2025, circulated to members separately to the pack.</p> <ul style="list-style-type: none"> <li>• Lambeth &amp; Southwark Integrators had developed a joint plan for use of 250K funding to make the most effective use of this resource, with wider partners informing and signing off this approach.</li> <li>• Funding was linked to high impact areas identified as part of INT Matrix Review and would support:- <ul style="list-style-type: none"> <li>• <b>System wide data sharing and systems:</b> seeking to secure expertise to unblock this in short term (i.e. workarounds) whilst medium/long-term solutions were developed. This would not deliver a long-term solution so additional dedicated support would be required.</li> <li>• <b>Comms &amp; engagement:</b> An 8a role, to be hosted by GSTT, would be offered as an ICS wide secondment and interviews were planned for December. As part of this, a provider/ICB working group will be set up to support effective co-ordination of activities across both boroughs. This was a one-year post only and would support better system co-ordination, but funding beyond one year would be needed to ensure benefits were not lost as the neighbourhood health agenda became more central to ways of working</li> <li>• <b>OD:</b> A programme partly resourced by GSTT, would support Integrator Delivery Board members and senior clinical/management leads within neighbourhoods, to enable them to drive change at local level. As this would reach a relatively small number of participants, considerations would need to be given as to how to support a wider roll out, which could be continued over time. In addition to OD, a wider workforce development and training programme would be needed to support new ways of working</li> <li>• <b>Infrastructure:</b> An Operational Director was being recruited to oversee core INT structure. This one-year fixed term role will allow an understanding of what was required longer-term.</li> </ul> </li> </ul>	

	<p>Whilst not part of the Integrator Development Plan, it would also be necessary to address clinical governance and risk management issues and develop the finance and contracting skills necessary to mobilise INTs.</p> <p>In response to a question from NG, OC replied that the line headed Additional area: finance and contracting, and referencing interim contracting/tariff arrangements, in the last slide would be link to the System Sustainability work stream.</p> <p><b>Lewisham</b> LJ referred to the paper on pages 32-36 of the pack. Lewisham had decided to use its £250k to address gaps in support for the Integrated Neighbourhood Partnership and Model of Care rollout. The funding would be used in the following areas (see pages 34-35 of the pack for more detail): -</p> <p><i>Primary Care Development</i> - to fund a GP lead for 6 months and to fund PPL to help develop the primary care partnership model.</p> <p><i>Community Engagement</i> – To provide an expenses budget for people with lived experience to take part in co-design work.</p> <p><i>Organisational Development</i> – To enable external support to be funded. Proposals to use this funding were currently being sought.</p> <p>INT Projects/Delivery Manager – To fund a Band 7 post to support the Project Manager deliver neighbourhood models of care over the next 12 months.</p>	
121/2025	<b>ANY OTHER BUSINESS</b>	
	None.	
122/2025	<b>DATE OF NEXT MEETING</b>	
	1400-1600, Wednesday 10 December 2025.	



**Neighbourhood Based Care Board**  
**Draft Action log from the meeting held on 20.11.25**

Item Ref	Minute number	Item title	Action description	Owner responsible	Due Date	Comments
<b>ACTIONS BROUGHT FORWARD</b>						
30/25	87/2025	Quarterly Highlight Reports	Work on a shared risk log between place and SEL	<b>H Eden</b>	For 10.12.25 meeting.	
31/25	872025	Quarterly Highlight Reports	Agree integrator representation on the NBCB and a workplan for integrators	<b>H Eden/ C Jacob/ G Verghese</b>	For 11.2.26 meeting.	
37/25	99/2025	PHM	Discuss how PMH would contribute to neighbourhood-based care planning	<b>M Higson/ O Chesa/ H Eden</b>	January 2026	
38/25	108/2025	Staff Activation	Encourage staff to provide suggested text to L Demeda to enhance staff engagement messages about neighbourhood-based care if necessary.	<b>All</b>	As soon as possible.	
<b>ACTIONS FROM THE 20 NOVEMBER 2025 MEETING</b>						
39/25	118/2025	Workforce Deep Dive	Let L Demeda know of subject experts who could help the ICS develop its approach to the 5 governance challenges set out in the workforce paper.	<b>All</b>	As soon as possible.	
40/25	118/2025	Workforce Deep Dive	Bring a further paper on clinical governance to the March meeting.	<b>L Demeda</b>	19.3.26	

# Developing our System Integrator

Neighbourhood Based Care Board

10 December 2025

## **The Integrator**

- The Bromley Integrator is the provider collaborative formed from the One Bromley Partnership, with King's College Hospital NHS Foundation Trust as Host.

## **Maturity matrix focus**

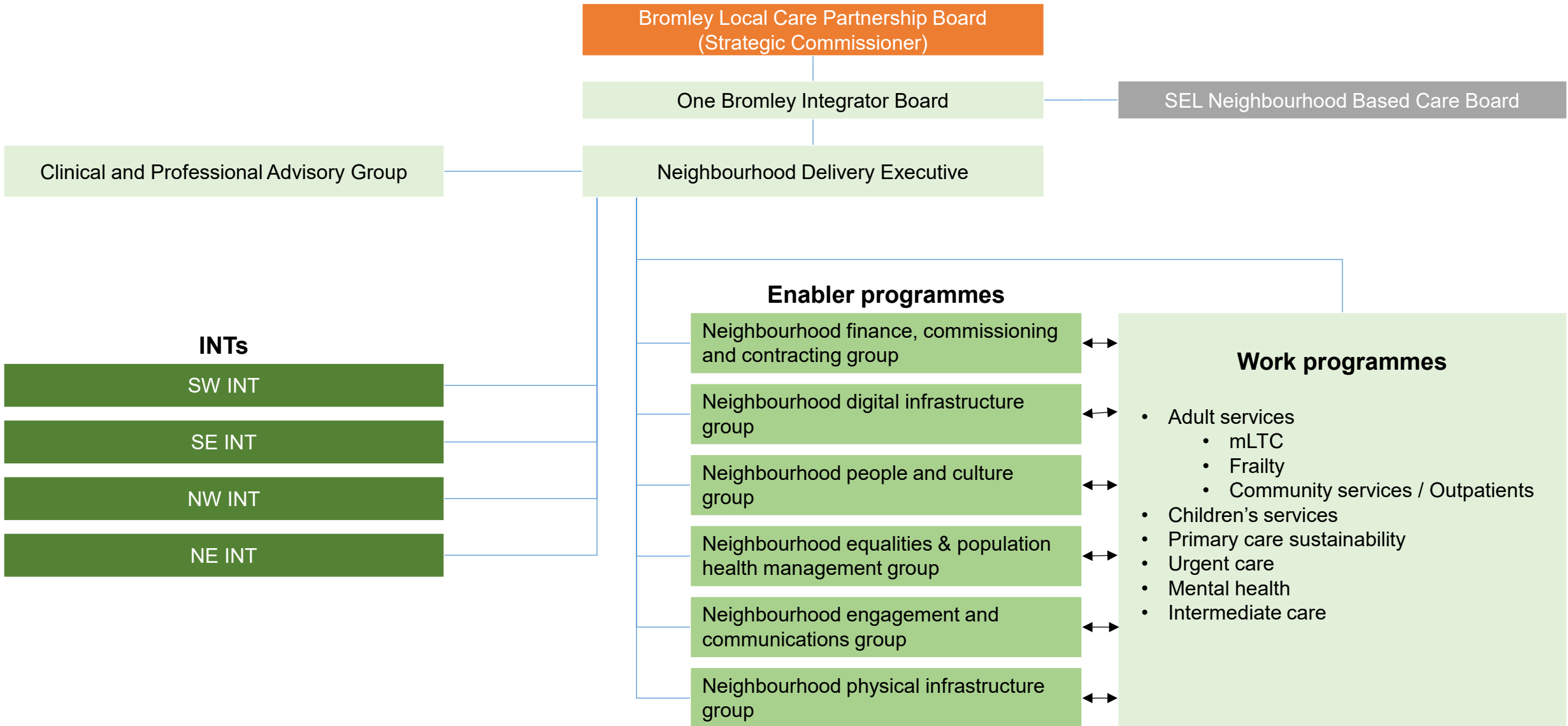
- Developing core governance of the integrator function and leading delivery.
- Developing our Core INTs.
- Using data to drive commissioning and service design, based on understanding need and unwarranted variation
- Using enablers to realise plans in each INT.

## **Areas of investment**

- Beyond pathway specific investment, we are utilising £250k on core INT development and delivery: £200k on project delivery support crossing Place and INTs, and £50k on organisational development programme.

## **Support across SEL**

- Clarifying responsibility between ICB and Integrator on enabler functions.
- Driving pace on ICB-led enabler functions.
- Sharing learning on approaches to streamlining management of these matrix programmes.



## Initial focus:

- **Developing core governance of the integrator function and leading delivery** (Functional and Relational)
  - Memoranda of Understanding between partners
  - Liaison at Place between Integrator and Strategic Commissioning – exploring areas of shared function
- **Developing our Core INTs**
  - Core INT has a named staff in each of our 4 geographies (Functional)
  - Core INT has agreed and operationalised ways of working in each of our 4 geographies - embedding holistic and personalised care in our INTs through staff trained to work in a neighbourhood approach, taking shared accountability with shared clinical risk (Functional and Relational)
- **Using data to drive commissioning and service design, based on understanding need and unwarranted variation**
  - Population health management: data sharing agreements in place for direct patient care and planning to underpin INT working and Integrator and strategic commissioner analysis and service planning, including understanding INT level intervention on unwarranted variation (Functional)
- **Using enablers to realise plans in each INT** (Functional and Relational)
  - Maximising use of estates, community relationships, digital and community assets and relationships in each INT
  - Programme and QI methodology to deliver initial core INT and continuously improve processes and pathways

Area of Spend	£'000s
<p><b>INT development leads for each INT – equivalent £50k per INT</b></p> <ul style="list-style-type: none"> <li>Includes funding for 0.5 WTE per INT</li> <li>The development lead will be to provide programme and project support for each INT. This will include working across Place and INT partners to implement the core INT programmes (CYP, mLTC, Frailty) and further as developed.</li> <li>They will act as the local bridge between partners, ensuring alignment of priorities and plans. Their effectiveness will be reviewed regularly through agreed KPIs.</li> </ul>	£200
<p><b>Organisational Development Programme</b></p> <ul style="list-style-type: none"> <li>Build the organisational capacity, leadership, culture, and infrastructure required to deliver integrated, person-centred care through INTs, with the Integrator acting as the enabler of neighbourhood-level transformation.</li> </ul>	£50
<b>Total</b>	<b>£250</b>