South East London Integrated Care System

NHS South East London

Neighbourhood Based Care Board

1400-1600 Wednesday 22 October 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	1400
2	**Declarations of interests relevant to the business on the agenda**	All	1402
3	**Minutes of the meeting held on 18 September 2025 (Enc 1)**	Chair	1405
4	**Actions and matters arising (Enc 2)**	Chair	1410
5	**Estates deep dive: developing neighbourhood health centres (Enc 3)**	Tony Rackstraw Jessica Arnold Kerry Bourne	1415
6	**Staff Activation: testing plans and approach (Enc 4-4c)**	Kelly Scanlon Lynn Demada Chloe Harris	1445
7	**Neighbourhoods Quarterly PMO report (Enc 5)**	Holly Eden Rob Jamieson	1515
8	**Quick update on proposed approach to developing a learning system for neighbourhood health (Enc 6)**	Ceri Jacob Holly Eden Jenny Sanderson	1540
9	**Any other business**	Chair	1550
10	**Date of next meeting** **1400-1600 Thursday 20 November 2025**	Chair	1600

Enclosure 1

Neighbourhood Based Care Board
Draft Minutes of the meeting held on Wednesday 18 September 2025 MS Teams

Present:

Ceri Jacob	ICB Place Executive Lead Lewisham (Joint Chair)	**CJ**
Andrew Bland	ICB CEO (non-voting member)	**AB**
Mark Cheung	Bromley LCP representative (sharing with EW)	**MC**
Oge Chesa	Lambeth LCP representative	**OC**
Gabi Darby	Greenwich LCP representative	**GD**
Lynn Demeda	Workforce Representative	**LD**
Holly Eden	ICB Director of Delivery Neighbourhood Planning & Commissioning	**HE**
Toby Garrood	ICB Medical Director	**TG**
Kallie Hayburn	Bexley LCP representative (after D Braithwaite left)	**KH**
Rebecca Jarvis	Southwark LCP representative	**RJ**
Laura Jenner	Lewisham LCP representative	**LJ**
Neil Kennett-Brown	ICB System Sustainability Team Representative (Non-Voting) (for part of the meeting)	**NKB**
Raj Matharu	Community Pharmacy representative	**RM**
Jin On	Medicines Management representative	**JO**
Tal Rosenzweig	Voluntary Sector Representative	**TR**
Kelly Scanlon	AD Communication and Engagement (non-voting)	**KS**
Dr George Verghese	ICB Partner Member (Primary Care) (Joint Chair) (for part of the meeting)	**GV**
Elliott Ward	Bromley LCP representative (sharing with MC)	**EW**
Nisha Wheeler	Digital representative	**NW**

In attendance:

Maria Higson	ICS Director of Transformation (for item 95/2025)	**MH**
Nancy Kuchemann	ICB Deputy Medical Director	**NK**
Josh Lowe	PPL	
Colin Nash	Governance Manager (Minutes)	**CN**
Clare Ross	Primary Care System Development	**CR**
Jenny Sanderson	PPL	**JS**

Apologies for absence:

Angela Bhan	Bromley PEL	**ABh**
Gemma Dawson	Community Provider representative	**GD**
Neil Goulbourne	Acute Services Representative (for part of the meeting)	**NG**
Denise Radley	Adult Social Services representative	**DR**
Darren Summers	Southwark PEL	**DS**

No	Item	Action
84/2025	**INTRODUCTIONS AND APOLOGIES**	
	CJ welcomed members to the meeting. Apologies were noted as above.	
85/2025	**DECLARATIONS OF INTEREST RELEVANT TO THE BUSINESS ON THE AGENDA**	
	None.	
86/2025	**MINUTES OF THE MEETING HELD ON 20 AUGUST 2025**	
	The minutes were **APPROVED SUBJECT TO** i. Initials OG corrected to OC at 32/25 in minute 76/2025. ii. The following sentence added to 82/2025 Any other business "NH asked that the ICB's draft Green Plan be brought to the NBCB's attention and consideration be given to including it as an agenda item at a future meeting."	
87/2025	**ACTIONS AND MATTERS ARISING**	
	The Board considered the open actions on the log: - 2/25 – CJ noted this was to come back to the October meeting. 30/25 – HE asked for this to be an agenda item for December. Brought forward. 31/25 – It was agreed integrator representation would be considered when the NBCB terms of reference were reviewed in February 2026. Brought forward. 32/25 – NK was now a member of the group co-designing the General Practice support offer. Action closed. 33/25 – HE reported that LCP reps had let her know their priorities for the Maturity index. Action closed. 34/25 – NW reported that the INH Digital Working Group terms of reference would be circulated to NBCD members by the end of next week. NKB added that as there was urgent business to discuss, the first meeting of the Group would be arranged as soon as possible.	**CJ** **HE** **HE/CJ/ GV** **NW**
	IMPLEMENTING NEIGHBOURHOOD CARE	
	INT DELIVERY: IMPLEMENTATION STOCKTAKE FROM EACH PLACE	
	HE thanked LCP reps for their reports, and each rep highlighted the following points.	
88/2025	**Bexley**	
	KH reported that residents with 3+ long term conditions, including CVD and COPD would be cared for through an INT. A pilot in Clocktower LCN went live in May 2025 with those in the two remaining LCNs going live in Quarter 3. The Frognal LCN pilot for an aging well community hub and INT was scheduled to go live on October 2025. The Integrated Child Health Team model of care would be delivered by a Team comprising health, social care, voluntary sector and broader partners. A scaled back model focused upon triage and delivery of an in-reach clinic will go live in North Bexley in October 2025 with the two other LNCs following in November.	

89/2025	**Bromley**	
	MC reported that the plan was to go live with INTs for those with multiple long term conditions by the end of 205/26, with the first planned for this calendar year. Proactive segmentation would be used. If BI reidentification tools were available segmentation would explore ED attendances and admissions as the cohort driver. Frailty INTs were live. The frailty cohort had been mapped against the Aging Well Strategy to identify gaps and implement broader development. The challenge going forward was to broaden the INT model from PCNs across the Bromley system. There was also a leadership challenge at INT level as this was currently led by the Partnership from within existing resources.	
90/2025	**Greenwich**	
	GD reported that the aim of neighbourhood health and care in Greenwich focused upon enabling independence by focusing on prevention, enabling people to stay well in the community and support people to regain their independence where possible. The milestones to develop these services from 2025-26 to December 2027 were set out in the pack. The Greenwich model would be mapping commissioning opportunities that would become available over the next 18 months to ensure these were synchronised to secure the maximum benefit for patients. Greenwich would also be considering if the frailty model should be expanded to cover those considered moderately frail. The children and young people model had been successfully piloted and would be rolled out to other networks as interest in it grew. Greenwich's proposed integrator was being considered by the ICB Board, and it hoped to be able to make an announcement shortly.	
91/2025	**Lewisham**	
	LJ reported that staff had been recruited to four INT core teams to care for those with multiple long-term conditions and were currently undergoing training. Clinical governance aspects were being worked through. Mapping had been completed for the frailty cohort. Lewisham INTs would include multi-disciplinary teams from primary care and other health and social care staff that focussed upon the 0.5% of the Lewisham population most likely to be admitted to hospital. Work would also be needed to ensure adequate support continued for those not with this cohort.	
92/2025	**Lambeth**	
	OC was pleased to report that Lambeth and Southwark had been accepted for the first wave of the National Neighbourhood Health Implementation Programme. This would enable them to have an influence on national policy and take advantage of coaching support.	

	OC took the Board though the Lambeth INT overview slide (page 47 of the pack) setting out the INT position regarding the frailty, multiple long-term conditions and children and young people's cohorts. The Child Health Integrated Learning and Delivery System (CHILDS) was already live, with integrated pathways for constipation, eczema and asthma. A prototype INT for frailty went live in April 2025 with the first full neighbourhood INT scheduled for April 2026. Multiple Long term condition INTs would go live by April 2026. Lambeth would also be incentivising general practice to work in an integrated way from October 2025.	
93/2025	**Southwark**	
	The Southwark INT overview was set out on page 49 of the pack. RJ highlighted that the resources to enable planning, coordination and leadership of INTs remained a challenge. The Southwark CHILDS service was already live. The pilot frailty INT for the Camberwell and Walworth were also live. With regard to multiple long-term conditions, a pilot was underway in both North and South neighbourhoods to test models and approaches for delivering neighbourhood care, specifically to those with cardio-renal-metabolic conditions. These INTs were planning to go live in April 2026. A programme Director had been appointed to take the neighbourhood-based care work forward.	
94/2025	**Discussion**	
	The following points were made in the discussion which followed the place presentations: - i. NKB reported that he would be chairing a group looking to create an integrated tariff to support neighbourhood-based care for children and young people. ii. NW reported that the Digital Team were working with place leads to ensure IT supported neighbourhood-based care. iii. AB asked that work be done to estimate the resources needed to implement neighbourhood-based care in both asset based and cohort-based models. iv. TR noted that joint work would be needed to agree a sustainable model for the voluntary sector contribution to neighbourhood-based care leadership.	
	v. KH agreed to share the results of the 6-month evaluation of the Bexley multiple long term conditions INT with TG.	**KH**
	vi. HE congratulated *all* the Place teams on the quality of their bids for the National Neighbourhood Health Implementation Programme. She also noted that in 2025-26 additional funding to support the development of neighbourhood-based care has been made available. vii. CJ noted that whilst the initial focus for neighbourhood based care was on general practice it was recognised that discussion with all the other key stakeholders, including pharmacy, would be necessary to develop a complete INT model.	
95/2025	**SEL ICS POPULATION HEALTH MANAGEMENT UPDATE**	
	MH took the Board through her paper providing an update on the SEL ICS PHM Programme and the development of options assessments for a SEL PHM approach and supporting function(s).	

	PHM was a core enabler of the shift towards neighbourhood-based proactive care. The SEL PHM Programme had been working with stakeholders from across the system to set out the options for a shared SEL approach to PHM, supported by the appropriate function(s). • The process had worked from first principles under a function-before-form approach. • Through stakeholder interviews and workshops the PHM approach was broken down into constituent functions • Functions were then grouped together based on whether they were 'do once for SEL', 'agree once for SEL', or local, and the type of expertise required. This provided a set of structural components. • In parallel, conversations were ongoing regarding the technical components of PHM (access to the correct data in a useable form and supporting analytics tools/ platforms). Options for both technical components were presented in the paper. • The 'agree once for SEL' components required the system to consider where and how the approach could be standardised. A list of standards and common frameworks was set out in the paper, with recognition where these already exist for SEL. *NKB left the meeting.*	
	In response to the questions in the discussion MH responded as follows: - a) She agreed to discuss how this work informed neighbourhood-based care planning with HE and OC outside the meeting.	**MH/HE/ OC**
	b) PMH recognised that its usefulness depended to a high degree on the accurate coding of activity. c) PMH was open to ideas about how it could best assist community services.	
100/2025	**2025-26 PLANNING PROCESS AND NEIGHBOURHOODS**	
	HE referred to the paper updating the NBCB on the draft planning guidance shared in August 2025 and the requirements within this linked to neighbourhood development. She emphasised that some aspects of the planning guidance were not yet clear. The planning process is a 2 phase process. Phase One requires the ICB to undertaken an assessment of our delivery/progress against a set of foundational elements. Phase Two involves the production and triangulation of three products: the 5-year commissioning strategy at SEL level, local neighbourhood improvement plans at place level and 5 year strategic provider plans. A one-year operating plan would also be required. Whilst draft planning guidance had been published, more planning guidance is expected from national teams. This is currently anticipated to be published in October 2025. This may include a range of documents relating to neighbourhood health. There will be a requirement for local neighbourhood plans and the five year commissioning strategy to be aligned and linked, as has previously been the case between local health and wellbeing strategies and the SEL Joint Forward Plan in the past. It is recognised that most places have existing Joint Health and Wellbeing Strategies in place which cover the medium term, as well as	

	neighbourhood delivery plans for the 2025-26 financial year. Places are likely to use these as the starting point for their local planning requirements, ensuring that these reflect new policy areas outlined within the 10 year plan and provide more detailed delivery plans for neighbourhood over the medium term.	
	With regard to provider plans , HE confirmed that there are groups established between the ICB's Planning Directorate and Provider leads to ensure joint working on commissioning and provider strategic plans. Alignment between these plans would differ depending upon provider based on alignment of services to SEL population, with LGT closely aligned and GSTT, of which SEL is a smaller proportion of their overall activity, less so. There are also established groups in place between the ICB's Planning Directorate and Place planning leads.	
	In response to a question from RM, HE replied that pharmacy providers were not expected to produce a five year strategic plan. JL set out the intention to develop a SEL Neighbourhoods Roadmap (pages 105 to 106 of the pack) which will be aligned with the NHS 10 Year Plan and which will support the Board, places and enabler teams to be aligned in their work. HE added that these may be affected once further national guidance was released. The NBCB **ENDORSED** the planning approach set out in the paper.	
101/2025	**GENERAL PRACTICE SUSTAINABILITY**	
	OC and LJ referred to the paper, endorsed by the Primary Care Plus Group, giving details of the support offer to general practice. It described a consistent offer across SEL. Primary care leads were now working on the core specification. It was emphasised that this work was about supporting general practices to be sustainable, not performance management. The NBCB discussed support for neighbourhood stakeholders other than general practice, such as pharmacy. Because of the regulations affecting general practice this had been addressed first, but the needs of other providers were recognised and would be addressed at a later stage. It was noted that a paper on Modern Pharmacy had been promised but was still awaited. The NBCB supported the consistent offer. NBCB noted that the offer would depend upon the future role of the integrator. It also noted that the ICB support would have to reflect the structure post management reorganisation. The NBCB **ENDORSED** the GP support offer as set out in the paper.	
102/2025	**ANY OTHER BUSINESS**	
	i. *This item was raised earlier in the meeting.* NKB announced that he would be emailing each of the six places to capture their current assumptions, so they can be built into the INT modelling work. It was recognised that each Place was at different stages of development/maturity.	

	ii. GV emphasised the importance of NBCB members ensuring the papers from the Board were reaching key stakeholders at Place level.	
103/2025	**DATE OF NEXT MEETING**	
	1400-1600, Wednesday 20 November 2025.	

South East London Integrated Care System

NHS South East London

-

Enclosure 2

Neighbourhood Based Care Board
Action log from the meeting held on 18.09.25

Item Ref	Minute number	Item title	Action description	Owner responsible	Due Date	Comments	
ACTIONS BROUGHT FORWARD							
2/25	87/2025	Enabler- Estates Strategy	Present a timeline to the September meeting for the establishment of INT hubs in each Place.	**C Jacob**	For 22.10.25 meeting.		
30/25	87/2025	Quarterly Highlight Reports	Work on a shared risk log between place and SEL	**H Eden**	For 10.12.25 meeting.		
31/25	872025	Quarterly Highlight Reports	Agree integrator representation on the NBCB and a workplan for integrators	**H Eden/ C Jacob/ G Verghese**	For 11.2.26 meeting.		
34/25	87/2025	Digital Governance	Following agreement with NBCB members who will be members of the INH Digital Working Group circulate the final terms of reference to NBCB members	**N Wheeler**	By 26.9.25		
ACTIONS FROM THE 18 SEPTEMBER 2025 MEETING							
36/25	94/2025	Implementation Stocktake	Circulate results of 6-month evaluation of the Bexley multiple LTC INT to T Garrood	**K Hayburn**	When available		
37/25	99/2025	PHM	Discuss how PMH would contribute to neighbourhood-based care planning	**M Higson/O Chesa/ H Eden**	No date set		

NEIGHBOURHOOD BASED CARE BOARD

Title	**Estates Enabler - Update**					
Meeting date	22 October 2025	Agenda item Number	5	Paper Enclosure Ref	3	
Author	**Tim Borrie/Tony Rackstraw/Kerry Bourne**					
Executive lead	**Mike Fox**					
Paper is for:	Update	x	Discussion	X	Decision	
Purpose of paper	The purpose of this paper is to provide the board with an overview of the outputs from the national Neighbourhood Health Estates Working Group and a summary of the Archetypes for a neighbourhood Health Centre being discussed at a national level. Also to provide the board with an update on the work that has been undertaken on identifying Neighbourhood Hubs locations in SEL.					
Summary of main points	The National Neighbourhood Health Implementation Programme (NNHIP is overseen by a Taskforce, chaired by Sir John Oldham, reporting to the Secretary of State as his Strategic Advisor. Under the NNHIP several working groups have been established with Estates being one of these groups. London is well represented on this group with the Chair of the London estates board, Director of the LEDU and NCL ICB Director of estates in attendance. **Shared context: Why change is urgent and necessary** • The NHS estate is in critical condition—underfunded, outdated, and misaligned with the care models of the future. Estate condition is deteriorating with a £13.8bn backlog across NHS infrastructure; over 40% of GP premises assessed as unfit. Many are converted residential buildings lacking modern clinical functionality, with over categorised half categorised as high or significant risk. This threatens patient safety, causes ward closures, and limits service capacity. 20% of primary care buildings predate the NHS, many in converted residential properties unsuited to modern care. • Workforce and service transformation require estate transformation. Delivering the LTWP ambitions (e.g. 50% increase in training capacity by 2036) demands significant expansion and modernisation of community estate. • Mismatch between policy vision and physical estate: The shift to community- and prevention-oriented models cannot be delivered through the current estate base. Acute-centric infrastructure hampers integration and innovation. • Long-standing capital constraints and systemic rigidity: Capital flows remain unpredictable and heavily centralised. GP ownership models, revenue reimbursement rules, and short-term community contracts prevent long-term planning and strategic oversight. **What constitutes a Neighbourhood Health Centre?** Neighbourhood Health Centres (NHCs) are a physical anchor of the Neighbourhood health service, intended to visibly and functionally demonstrate a new, integrated model of care that is local, accessible and joined up. They are not simply refurbished GP practices, but purpose designed spaces bringing together multiple services in once place.					

What makes a Neighbourhood Health Centre different?

Design principle	Explanation
Local	Accessible for the local population; definitions of "local" will vary for rural and urban areas. 10YHP commits to delivering a NHC in every community across the country over the course of the plan.
Clearly distinct from existing Services	Must combine multiple service types—not a standalone GP, family hub, or diagnostic centre.
Unified access and experience	Simplifies patient navigation.
Possibly includes urgent care access	Centres may offer walk-in triage or urgent care access.

What is the service model that Neighbourhood Health Centres should enable?

Primary and Community Care

- GP presence is core but should not limit access only to registered patients.
- Urgent GP access, pharmacy, dental, eye care, mental health, community health services e.g. physiotherapy and community nursing and OOH services.

Community Diagnostics

- High-volume tests (phlebotomy, ultrasound, X-ray, echocardiograms).
- Optional: mobile MRI and screening units.

Community & VCSE Services

- Space for local third-sector organisations and community groups.
- Will require changes to financial/rental frameworks (e.g. NHSPS, LIFT, GMS) to allow subsidised occupancy.
- Other local government and wider public services e.g. employment support and debt management, housing advice

Specialist Community Clinics & Proactive Services

- Examples: vaccinations, health checks, MSK/physio, dermatology, diabetes, maternity hubs, and family conferencing.
- Outpatient services

Archetypes

- Developed from national case studies of neighbourhood/community health delivery
- Depend on close coordination with other enabler working groups for successful implementation
- Designed to deliver high-quality, coordinated, and accessible care within neighbourhoods
- Not mutually exclusive – often overlap in practice

	Archetype 1 – Maximising what we have through refurb, extension and expanding services to build hub and spoke models **Archetype 2** – building on community assets incl. civic spaces and high street regen **Archetype 3** - Specific Cohort Hubs **Archetype 4** – new, purpose-built Neighbourhood Health Centres **Archetype 5** – a fully virtual neighbourhood health centre **SEL estates work to enable INTs – Proof of Concept** **Neighbourhood Development in Greenwich** • The Process undertaken to date • Summary of key findings • Greenwich Neighbourhood Clusters • What do we mean by neighbourhood hubs • Current strengths of estates provision and ways of working • Current challenges with estates provision and ways of working • Principles of neighbourhood hubs • Neighbourhood hub options • Preferred neighbourhood hubs **Initial mapping across 6 Boroughs**
Potential conflicts of Interest	At this point in the development there are no potential conflicts of interests. Interests at a borough level will be managed through the Local Care Partnerships.
Sharing and confidentiality	N/A
Relevant to these boroughs	Bexley x Bromley x Lewisham x Greenwich x Lambeth x Southwark x
Equalities Impact	Equalities impact assessments will need to be undertaken at the appropriate time
Financial Impact	The financial impact will need to be factored into place plans and aggragated up to SEL level when the models have been agreed
Public Patient Engagement	Public and patient engagement will need to be undertaken at both place and SEL level once an approach and model have been agreed
Committee engagement	N/A
Recommendation	The Committee are asked to note the update included in the paper.

Enclosure 3

South East London Integrated Care System

Estates Enabler – Update

October 2025

Tim Borrie, Director of Estates SEL ICB

Areas of Discussion

- National Neighbourhood Health Estates Working Group
  - Purpose
  - Themes
  - Archetypes for Neighbourhood Hubs
- SEL Estates workstream
  - Proof of concept
  - Greenwich – Exploring Neighbourhood Hubs
  - Borough INT Hub mapping and next steps

National Neighbourhood Health Estates Working Group

Context

- The National Neighbourhood Health Implementation Programme (NNHIP) has been established and is overseen by a Taskforce, chaired by Sir John Oldham, reporting to the Secretary of State as his Strategic Advisor. The Senior Responsible Officers (SROs) for Neighbourhood Health (NH) are Tom Riordan, Second Permanent Secretary, DHSC and Professor Claire Fuller, National Co-Medical Director - Primary Care, NHSE.

Purpose

- The purpose of the subgroup is to fulfil the objectives of the Taskforce specifically in relation to the estates agenda. This will include:

    - Reporting to and advising the Taskforce on the interdependencies between the NHNIP, the estates agenda and workstreams of DHSC and NHSE;
    - Advising those same DHSC and NHSE estates workstreams on how best to support the NH agenda and work of the NNHIP;
    - Promoting action that progresses the estates enabling aspects for NH;
    - Identify leading examples of local innovation and best practice across the country to help share learning and spread what works to other areas.
    - Responding to estates related issues and barriers that are identified by the NHNIP to advise on corrective action or policies that may be made to address them.
    - To develop policy and approaches which facilitate

National Neighbourhood Health Estates Working Group

- **What needs to be different this time**: defining what makes Neighbourhood Health Centres more than a rebranding of existing services.
- **Core design principles**: flexibility, co-location, community integration, digital-first but physical-ready, and visible service transformation.
- **Funding and commercial models**: identifying workable pathways to overcome existing contractual and financial barriers, including LIFT, NHSPS, notional rent, and revenue reimbursement.
- **Capability and delivery**: exploring how to build system and workforce capability for estates transformation and enabling innovation at pace.
- **Baseline and prioritisation**: building understanding of current estate conditions and needs, and supporting national and local prioritisation.

Department of Health & Social Care

Neighbourhood health - Estates working group

NHS

Archetypes

- Developed from national case studies of neighbourhood/community health delivery
- Depend on close coordination with other enabler working groups for successful implementation
- Designed to deliver high-quality, coordinated, and accessible care within neighbourhoods
- Not mutually exclusive – often overlap in practice

Purpose

- Serve as anchor/exemplar models for estate planning
- Provide a shared reference point while enabling local determination of specifics
- Help prompt and shape local/system discussions

Department of Health & Social Care

Guiding Principles for Neighbourhood Health Centre Archetypes

Shared space

- **NHCs** are shared spaces offering tailored services with **GP at the core**
- Beyond simple co-location, they will operate as "**universal front doors**", making access easier, integrating pathways, ensuring people receive **the right care at the right time.**

Intersection of Archetypes

- NHCs should not be constrained to a single archetype
- **Flexibility** to draw on multiple categories simultaneously reflecting the realities of population health needs and service delivery

Value for money

- NHCs will embody a '**reuse first, repurpose next and rebuild last**' principle, creating sustainability and value for money
- We will **prioritise** Identifying opportunities to develop **existing estate**

Context driven design

- NHC design should be **determined by local need** and capacity
- Centres should be **adaptable, responsive** and capable of **delivering coordinated care** across populations and places

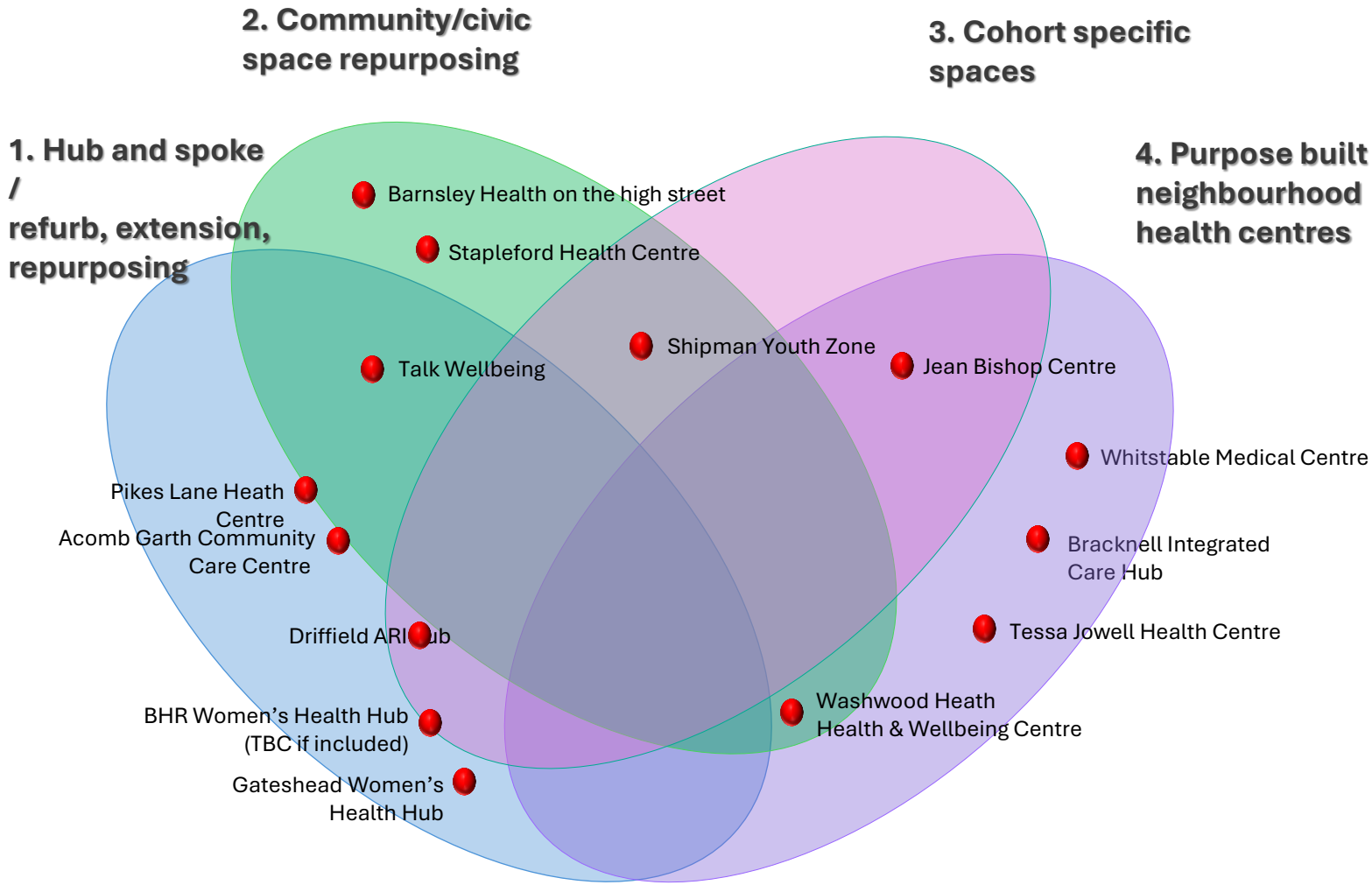
A broader NH model

- NHCs are one component of a wider NH strategy.
- They provide the **local anchor** for services and partnerships, while connecting into wider system-level networks of care, prevention, and community support.

Department of Health & Social Care

NHS

1. Hub and spoke / refurb, extension and repurposing	Makes the most of what already exists – refurbishing, extending or repurposing buildings as well as enabling a hub-and-spoke model that links a central facility with distributed local and mobile services.
2. Community/ civic space repurposing	Turning civic and community spaces into places of care – using shopping centres, libraries or high street sites to host NbH services and bring services closer to where people live.
3. Cohort specific spaces	Existing hubs focusing on particular groups – such as women's health hubs, family hubs, ARI hubs that could be developed further as part of the NbH model.
4. New neighbourhood health centres	Creating purpose built centres – modern, integrated facilities to provide NbH services.



Working slides for discussion not official policy

Department of Health & Social Care

Archetype 1 – Maximising what we have through refurb, extension and expanding services to build hub and spoke models

Specification	Description
Type of Estate	Maximising the use of existing assets through refurbishment, extension, re-purposing of buildings and hub-and-spoke configurations. A central hub may be based in a GP estate of already existing facilities, complemented by spokes located in community venues or smaller clinical practice
Cost/Funding	Capital investment required for refurbishment, extension or re-purposing, with overall costs dependent on estate availability and the scale of works. Hub-and-spoke configurations may require additional investment, but spokes can often be implemented with relatively short lead times**. Typically a low –medium cost option,** with potential to rise where significant estate upgrades are needed.
Delivery timeline	**Repurposed or upgraded existing centres can be operational within relatively short timescales.** Delivery is largely dependent on the condition and availability of existing estate. Where a hub-and-spoke approach is applied, spokes can often be delivered quickly, while hubs requiring significant refurbishment or extension may take longer. This approach is generally quicker than new-build options, which may extend beyond a political term due to higher costs and longer lead-in times.
Population size served	Coverage of larger population 250k (Multi neighbourhood level coverage?)
Location	Suitable for both urban and rural areas.
Core Services	GP Service, with complementary wrap around services informed my local need
Current examples of good practice	Nelson House – Herefordshire, Acomb Garth Community Centre – York.

Department of Health & Social Care

Archetype 2 – building on community assets incl. civic spaces and high street regen

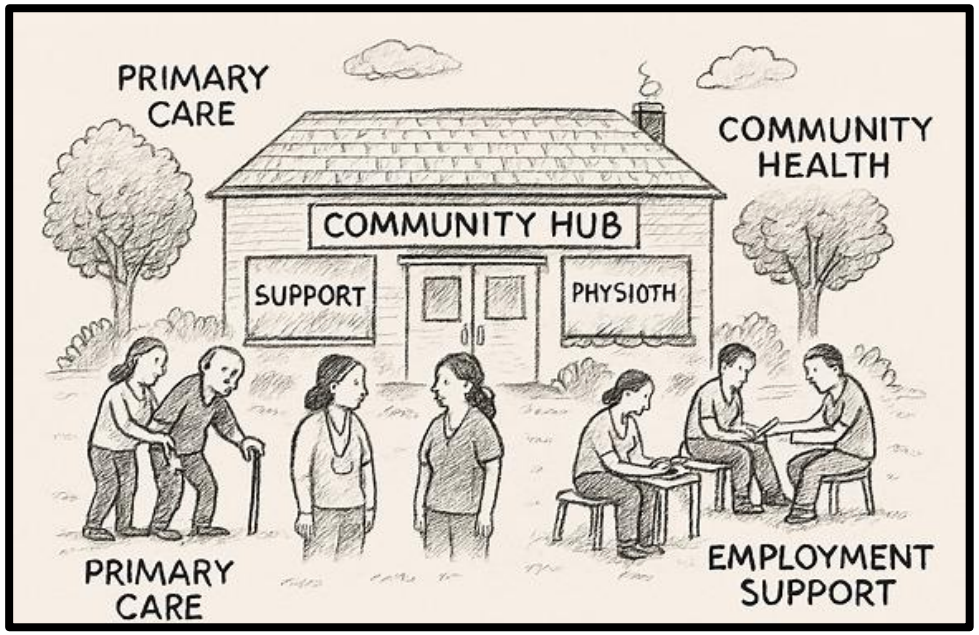
Specification	Description
Type of Estate	New, repurposed or upgraded buildings. These spaces could utilise pre-existing community infrastructure such as the high street, shopping centres and community centres. This model is more community focused and is likely to have less diagnostic capacity that Archetype 1.
Cost/Funding	Cost will vary depending on scale and condition of the Estate: • High end example: regenerating a disused shopping centre into a multipurpose health and community hub (Alhambra Barnsley) • Lower cost example: Adapting a community hall or unused café into a community hub Funding can come from mixed sources: NHS Capital Programmes, LA regeneration funds, levelling up funds and partnerships with coluntary and community organisation
Delivery timeline	Dependant on project scale: • Small scale refurbishments or adaptations can be delivered within 12-18 months • Large scale regeneration projects could take several years, though some are achievable within the lifetime of this parliament
Population size served	Up to 250k but depends on size of facility and range of services offered
Location	Suitable for both urban and rural areas. Dedicated community spaces may be more suitable for larger populations.
Core Services	Should be locally led but embody the core principles of NH and should go beyond medical services. E.g. Community VCSFE, Community services (MSK/Physio) etc.

Department of Health & Social Care

Archetype 3 - Specific Cohort Hubs

Specification	Description
Type of Estate	Existing estate
Cost/Funding	It is difficult to put a single figure on the cost of cohort-specific services, as they can take many different forms. For example, women's health hubs are often relatively low-cost as they typically operate out of existing estates - £25m of DHSC funding supported the creation or expansion of 88 hubs. In contrast, some services are purpose-built and therefore more expensive, such as the Jean Bishop Integrated Care Centre, which cost around £10m.
Delivery timeline	The delivery timeline for cohort-specific services also varies significantly depending on the model. Services making use of existing estates can be set up relatively quickly. Purpose-built or repurposed facilities will likely require much longer lead-in times due to design, planning and building.
Population size served	TBC
Location	There are examples of these types of services operating out of urban and rural areas (though larger hubs tend to be more concentrated in urban settings). These types of services also lend themselves well to the hub and spoke model (archetype 1) which suits communities with fewer direct links to urban areas.
Core Services	A range of cohort specific services

Archetype 4 – new, purpose-built Neighbourhood Health Centres

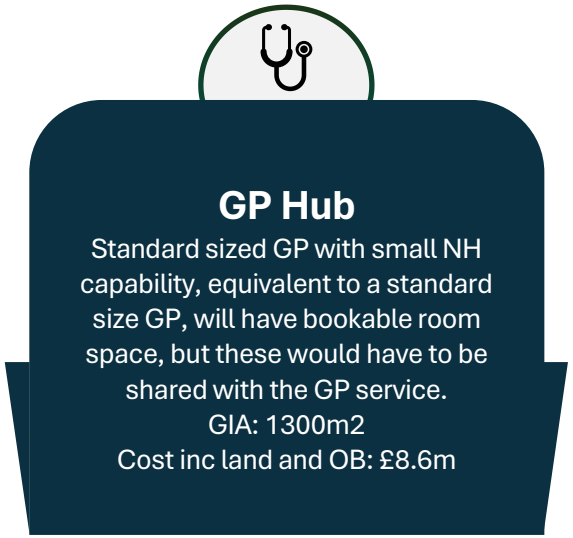


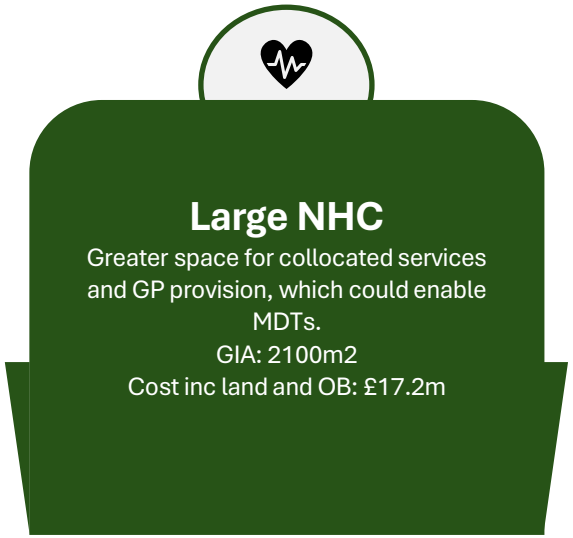
Specification	Description
Type of Estate	New buildings
Cost/Funding	Medium -High
Delivery timeline	New estates may not be delivered in current political term due to cost demands and much longer lead time but may be necessary in areas with poor infrastructure
Population size served	Coverage of one per 125k population
Core Services	Should be locally led but embody the core principles of NH and should go beyond medical services. Example of core services: GP OOH/UTC, CDC (high volume), Community VCSFE, Community services (MSK/Physio)
Location	May be more suitable for Urban areas e.g. cities and larger towns. Could also overlap with hub and spoke model and therefore also be appropriate for smaller/more rural locations.

Department of Health & Social Care

Archetype 4 – new, purpose-built Neighbourhood Health Centres: subcategories

Below *are* ***general suggestions*** of what services could be included in a range of building sizes; however, this is **not prescriptive.** The services offered should be co-developed with staff and patients in the neighbourhood and will be context specific.





Working slides for discussion not official policy

Department of Health & Social Care

Archetype 5 – a fully virtual neighbourhood health centre

Specification	Description
Type of Estate	A fully digital, virtual NHC acting as a triage hub to assess needs, provide first-line support and direct patients to the most appropriate services (virtual or physical).
Cost/Funding	- Funding for this type of work will be intertwined with the development and progress of the NHS App and single care record. - Additional, more local costs will include software licensing (if relevant), ongoing IT support, and workforce capacity for virtual triage and digital service delivery.
Delivery timeline	Quick to deploy, scalable in phases depending on digital capability and workforce availability.
Population size served	Potentially all registered patients across a region; scalable to cover very large populations without reliance on physical estate.
Core Services	- Digital triage and signposting - Initial virtual consultations (video/telephone) - Symptom checkers and AI-supported assessment tools - Routing to appropriate services - Limited ongoing remote monitoring where appropriate.
Location	Virtual

Department of Health & Social Care

Core and complementary services for Neighbourhood Health Centres

CORE SERVICE + **SELECTION OF LOCATION SPECIFIC COMPLEMENTARY SERVICES** = **NEIGHBOURHOOD HEALTH CENTRE**

COMPLEMENTARY SERVICES*

VCFSE services	Community Diagnostics Services	Intermediate care (e.g. women's health hubs)	Urgent community response	SEND provision	CYP services
Electives and outpatient services	Core ASC services (e.g. respite care, reablement, carers support)	Children's social care (e.g. family hubs)	Public health services (e.g. health visiting, drug + alcohol services)	Wider LA commissioned services (e.g. housing/debt support)	
Pharmacy	Wider primary care services (e.g. audiology, dentistry)	Community health services	Vaccinations and screening	Mental health services	UEC

CORE SERVICE

- access to GP services (in house GP services or access to other GP services)
- Operates as a base for integrated neighbourhood teams

WHAT MAY FALL OUTSIDE OF NEIGHBOURHOOD HEALTH (INDICATIVE)

- Specialist hospital care
- Overnight inpatient beds
- Some outpatient services

*Complementary services list not exhaustive

Working slides for discussion not official policy

NHSE – ‘Proof of Concept’

Proof of concept work – How do we re-stack and simplify property arrangements, simplify the flow of ‘wooden dollars’, identify the opportunity – how do we enable?

The objectives of the proof-of-concept project are:

- **Improve utilisation**
  - Current utilisation rates across the estate including TJHC are very poor – how do we unlock capacity for additional activity **and the INT**
- **Increase patient throughput**
  - Improve utilisation and extend opening hours and offering more services through the week and over the weekend, we hope to increase the number of appointments offered and patients seen at TJHC.
- **Optimise the Estate in SEL**
  - The context is a target reduction of 10% estates footprint across the SEL system and increase utilisation of core estate
- **Simplify the flow of money**
  - A key output of this exercise will be a simplification of flow the of money and funding to cover estate related costs.

Using Tessa Jowell (CHP) and Orpington Health and Wellbeing Centre (NHSPS) as test sites

Neighbourhood Development in Greenwich
Exploring Neighbourhood Hubs

South East London Integrated Care System

HEALTHIER GREENWICH PARTNERSHIP

Neighbourhood Development in Greenwich
Exploring Neighbourhood Hubs

South East London Integrated Care System

The process we have undertaken to date

Partners from across Greenwich have worked together to develop an initial shortlist of neighbourhood hub options. This marks the beginning of the journey; further validation, including site visits, detailed assessment of costs, risks, and suitability, as well as deeper consideration of the workforce implications, is still needed. The process to date is outlined below.

01 Desk-based review

Existing estates strategies and processes were reviewed, and initial neighbourhood hub options were identified based on the first phase of work on geographies.

02 Place-wide workshop

A workshop with 30 partners from across Greenwich was held to identify challenges, explore opportunities, and develop a short-list of neighbourhood hubs for each area.

03 West neighbourhood session

Follow-up sessions with key stakeholders were held to review the West neighbourhood, which was not covered in the workshop, and to assess the options.

04 CYP Estates working session

A working session with 15 colleagues from across CYP services in Greenwich was held to consider options for CYP estate hubs and how existing CYP estate would align with future neighbourhood hubs.

05 Short-listing validation

Outputs from the first workshop were shared back with the Local Estates Forum and West neighbourhood options were validated with estates colleague..

HEALTHIER GREENWICH PARTNERSHIP

Neighbourhood Development in Greenwich
Exploring Neighbourhood Hubs

South East London Integrated Care System

Summary of key findings

1. **There are several estate challenges across Greenwich, but also good examples** where partners share spaces sensibly and where co-location and integrated service delivery are improving residents' care.
2. **The established local estates forum, which already brings key partners together, could play a central role** in continuing these conversations and driving forward the next phase of work.
3. **Some sites could serve as stand-alone neighbourhood hubs, while in other areas no single accessible or large enough site exists**, making mini-hubs a likely solution; further work is needed to understand how these would enable seamless, coordinated delivery.
4. **Although there is excellent CYP estate in Greenwich, much of it is at capacity (e.g. children's centres) or presents practical issues** (e.g. schools), including safeguarding-compliant entrances, adequate waiting areas, hygiene infrastructure, and contractual or governance barriers.
5. **It was highlighted that a review report on estates across PCNs by an independent body** is due imminently and this output should be validated against the report.
6. **The next step is to shift focus from the form of hubs to their function** and consider how these models would work in practice.

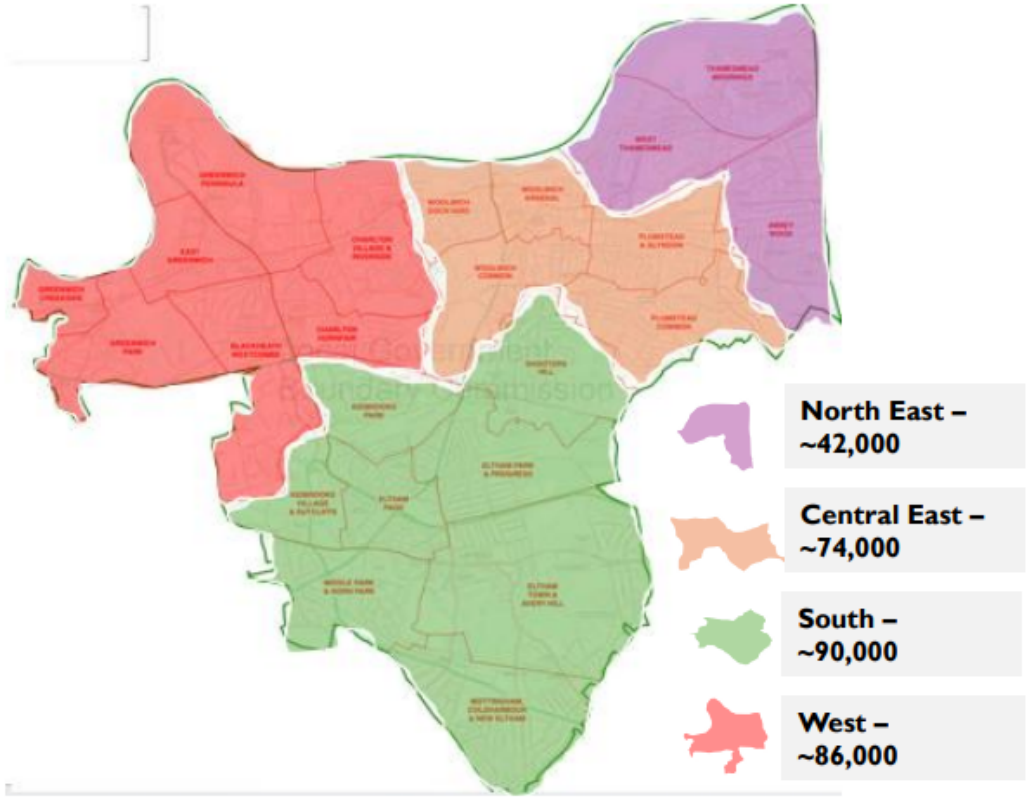
HEALTHIER GREENWICH PARTNERSHIP

Neighbourhood Development in Greenwich
Exploring Neighbourhood Hubs

South East London Integrated Care System

Greenwich Neighbourhood Clusters: Four-Neighbourhood Model

We undertook an exercise to define neighbourhood geographies within Greenwich, incorporating asset mapping, stakeholder engagements, and data analysis. Following this work, Greenwich has selected the four-neighbourhood clusters outlined below.



Design Principles Met in Selecting the 'Neighbourhood Clusters'

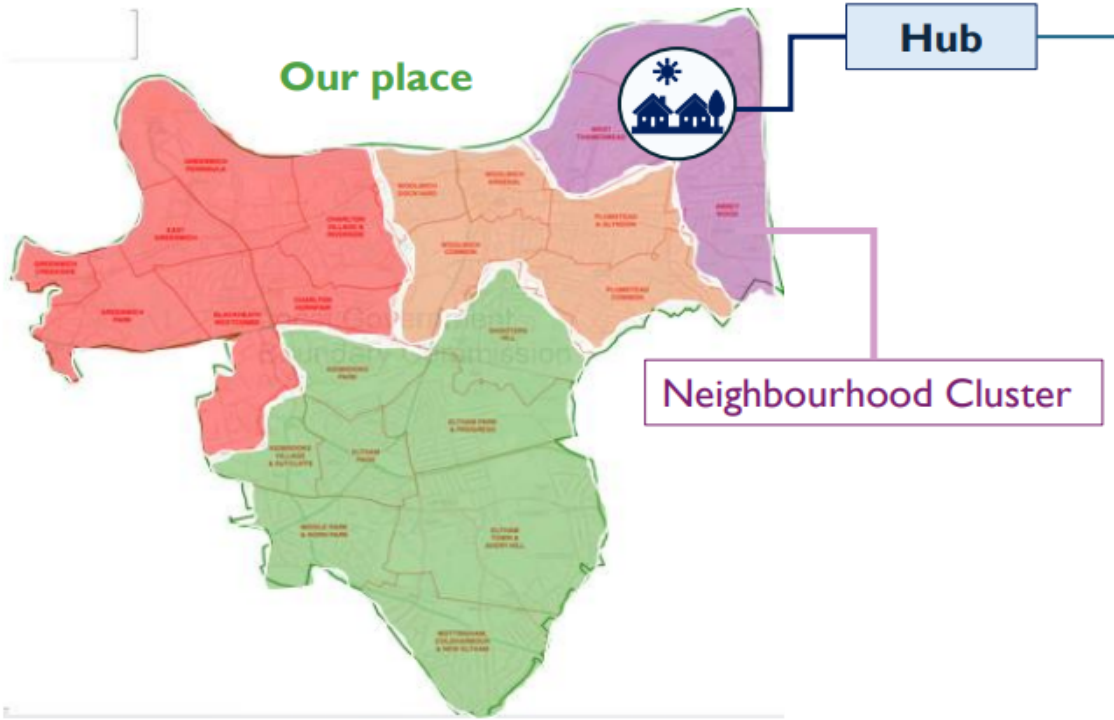
1. **Supports Growth Mitigation** – Helps manage expected population growth in Thamesmead and Abbey Wood.
2. **Aligned with SEL Principles** – Ensures population sizes remain consistent with South East London guidelines to aims for less than 100k per neighbourhood.
3. **Collaboration Potential** – Creates opportunities to partner with Bexley in the north-east.
4. **Targeted Support** – Provides better resources for the most deprived areas through segmentation and focus on hyper local needs.
5. **Community Cohesion** – Aligns with natural communities in Woolwich, Thamesmead and Abbey Wood.
6. **Improved Accessibility** – Supports travel for residents through a smaller footprint for highly deprived communities in the east who may struggle with travel funds.
7. **Engagement agreement** – Community provider (Oxleas), social care and local authority consultants have highlighted a preference for a four-neighbourhood model as it would align with existing footprint and workforce arrangements.
8. **Better Engagement** – Allows for improved community engagement and consultation through existing local VCSEs (**refer to community report*).

Neighbourhood Development in Greenwich
Exploring Neighbourhood Hubs

South East London Integrated Care System

What do we mean by neighbourhood hubs?

Within each neighbourhood cluster, we will establish 'neighbourhood hubs' that embody key principles to ensure high quality, accessible, and sustainable services. These hubs will act as focal points for integrated health and care, workforce support, digital innovation, and community engagement.



To achieve this vision, our neighbourhood hubs will be designed with the below characteristics:

1. Easy access to primary care
2. Support for professionals
3. Promote integrated care
4. Flexible
5. Digital integration
6. Making the most of existing buildings
7. Accessibility for everyone and welcoming
8. Aligns with strategic estates planning
9. Environmentally sustainable

HEALTHIER GREENWICH PARTNERSHIP

Neighbourhood Development in Greenwich
Exploring Neighbourhood Hubs

South East London Integrated Care System

Current strengths of estates provision and ways of working

Stakeholders across Greenwich examined the strengths of current estate provision and ways of working.

Integrated Care Models & Service Delivery

- Child health model across four PCNs combines weekly online triage (GP + community nurse) and monthly consultant-led clinic, reducing waiting times and demonstrating effective neighbourhood working.
- Health visiting services co-located in children's centres enable stronger collaboration, easier referrals, and improved access for families.
- Counselling services in children's centres are more accessible where childcare (e.g. crèche) is available.
- Mental health hubs (e.g. Plumstead Health Centre) provide accessible care and clear pathways, requiring operational alignment.

Co-location & Access

- Co-location supports responsive, joined-up care and smoother handoffs for families.
- Co-location enables integration, e.g. Plumstead Dementia/Memory Clinic with IAG, Eltham Community Hospital.
- Practical access points, e.g. single front doors and self-referral routes.

System Mapping & Development

- Existing community-based outpatient clinics across South East London should be mapped and built upon.

Collaborative Working & Partnerships

- Live Well community hub meetings (CYP, adult services, housing, mental health) support joint working on complex cases.
- Building relationships, e.g. between pharmacies and GPs.
- Collaborative, creative working that incorporates lived experience and service user insight.

HEALTHIER GREENWICH PARTNERSHIP

Neighbourhood Development in Greenwich
Exploring Neighbourhood Hubs

South East London Integrated Care System

Current challenges with estates provision and ways of working

Stakeholders across Greenwich examined the challenges with current estate provision and ways of working.

Estate Capacity & Space Constraints

- Greenwich's CYP estate shrank from 23 to 9 children's centres, with most remaining at full capacity.
- Adding services often means stopping or relocating existing ones due to limited space.
- Many CYP estate buildings are non-health facilities lacking waiting areas, handwashing facilities, and furnishings that meet infection control standards.
- School estates may have spare capacity but access is limited by contracts, restricted hours, and safeguarding requirements.

Infrastructure & Systems Integration

- Space design should prioritize service function over existing building form.
- Data and IT systems need integration for coordinated care.
- Funding and resource sharing must be clear and sustainable.

Service Delivery & Coordination Challenges

- Relocating services from GP practices can disrupt referrals and coordination.
- Support must include homes, care homes, digital, and community settings to meet diverse needs.

Organisational Alignment & Communication

- Aligning organisational cultures and shared goals is vital for success.
- Effective communication and understanding of estate capacity are essential.
- Trust in services is key to family engagement.

HEALTHIER GREENWICH PARTNERSHIP

Neighbourhood Development in Greenwich
Exploring Neighbourhood Hubs

South East London Integrated Care System

Principles of neighbourhood hubs: Greenwich General Practice Estates Strategy and the London Target Operating Model (TOM)

In order to narrow down the list of potential estates options that could serve as neighbourhood hubs, a series of principles have been developed a series of principles, built from the Greenwich GP Estates strategy and the London Target Operating Model. This has enabled a high level evaluation.

#	Criteria	Description
1	**Easy access to primary care**	• Primary care facilities exist already within the building or are in close geographical proximity to the neighbourhood hub
2	**Support for health, social care and VCS professionals workforce sustainability**	• Provide suitable infrastructure to ensure workforce retention and sustainability such a parking, space to eat, and appropriate working space
3	**Integrated & collaborative care**	• Opportunity to offer co-location and integration of health, care and voluntary sector services
4	**Flexible & outcome driven**	• Space could be adapted to meet service needs, population growth and neighbourhood health priorities
5	**Digital integration & smart systems**	• Digital infrastructure is set up for efficient data sharing, electronic health records, and virtual consultations.
6	**Optimising existing space & public assets**	• Uses existing estate which may require refurbishment, and reconfiguration rather than significant capital injection
7	**Accessible, inclusive & community orientated**	• Easily identifiable and welcoming and co-designed with community input • Considers the needs of diverse populations including residents and staff and is compliant with accessibility standards (DDA compliance). • Has existing community presence to encourage face-to-face engagement
8	**Strategic estate planning & public sector coordination**	• Aligns with strategic estates planning and borough-wide needs including being within areas of deprivation or where the population is likely to grow
9	**Environmental sustainability & carbon neutrality**	• Is energy-efficient, promotes renewable energy initiatives and has eco-friendly building design

Neighbourhood Development in Greenwich
Exploring Neighbourhood Hubs

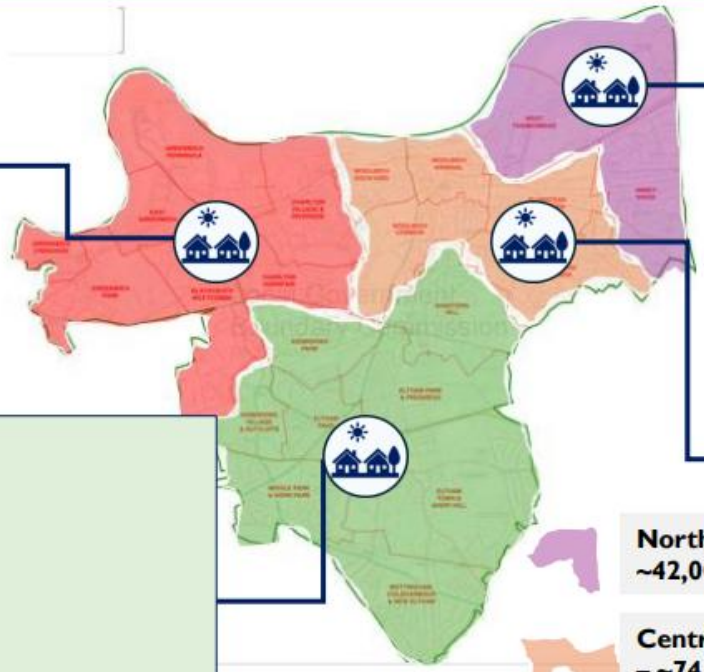
South East London Integrated Care System

Exploring initial neighbourhood hub options

Neighbourhood hubs could **build on existing community assets and this can involve incorporating mini-hubs to support targeted interventions**, improve access, and address travel barriers. There may be more than one hub per neighbourhood. Through engagement, a long list of neighbourhood hubs were identified with the key principles in mind.

- The Greenwich Centre
- The Wallace Centre
- Charlton Athletic Football Club
- Greenwich Peninsula Practice
- The Heights
- The Fairfield Practice
- Blackheath Standard Surgery
- Manor Brook Medical Centre
- Quaggy Children's Centre
- Charlton Family Centre

- Eltham Community Hospital (the CDC)
- Middle Park Community Centre
- The Kidbrooke Community Hub
- The Kidbrooke Village Medical Centre
- Wensley Close
- Memorial Hospital
- Eltham Children's Centre
- Vista Field Children's Centre
- Storkhill Children's Centre
- Eglinton Children's Centre
- Avery Hill Youth Club



- Gallions Reach Health Centre
- Goldie Leigh
- Lakeside *(note that this is in Bexley)*
- Bexley & Greenwich Community Hospice
- Waterways Children's Centre
- Mulberry Park Children's Centre
- Hawksmoor Youth Club

- Glyndon Community Centre
- Woolwich Common Community Centre
- The Woolwich Centre
- Ferryview Health Centre
- Plumstead Health Centre
- Garland Road Clinic
- Brookhill Children's Centre
- Slade Children's Centre
- Woolwich Common Youth Club

North East – ~42,000

Central East – ~74,000

South – ~90,000

West – ~86,000

The biggest CYP estate which is in education settings was also considered. There are numerous Primary/Secondary/Special Schools located in each area.

HEALTHIER GREENWICH PARTNERSHIP

Neighbourhood Development in Greenwich
Exploring Neighbourhood Hubs

South East London Integrated Care System

Preferred Neighbourhood Hubs

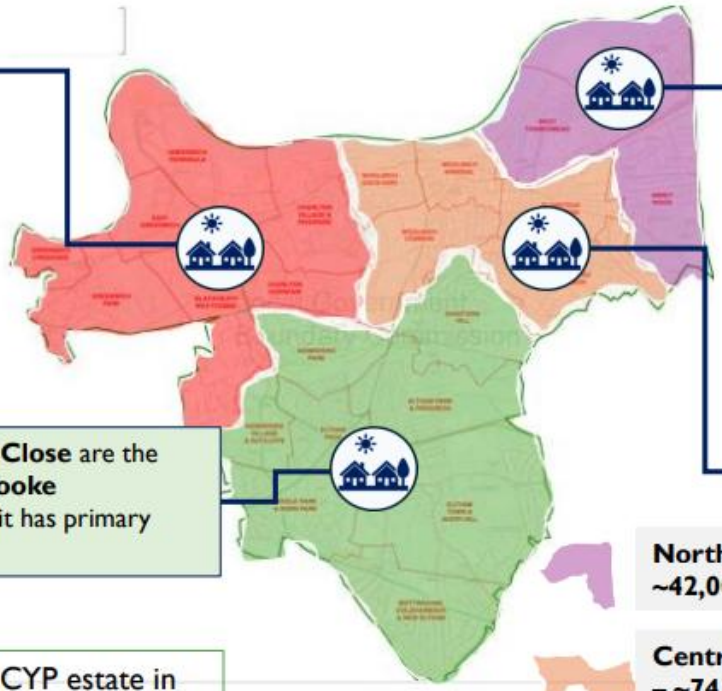
Through engagement and evaluation (see appendix), a preferred option for further exploration have been identified in some neighbourhoods, while others require more work to assess availability and identify the most suitable solutions. It should also be noted that a PCN estates review report is due imminently which will help to validate space and location.

In the West, The Greenwich Centre has been highlighted as a potential option, with opportunities to develop 'mini-hubs' across the neighbourhood to reflect differing populations and needs.

In the **North-East, Gallion's Reach has emerged as the preferred option**, with Goldie Leigh and Bexley & Greenwich Community Hospice considered together as a strong second choice.

In the **South, Eltham Community Hospital and Wensley Close** are the preferred options to be considered as a networked site. **Kidbrooke Community Hub** should also be explored as a priority given it has primary care and a purpose-built community hub and is underutilised.

In North Central, no preferred option has been identified, and further work is needed to explore the possibilities in this area area.



North East – ~42,000

Central East – ~74,000

South – ~90,000

West – ~86,000

The general consensus is that while there is excellent CYP estate in Greenwich, much of it is either at capacity (e.g. children's centres) or unsuitable for a full neighbourhood hub (e.g. schools, due to access, safeguarding, and infection control issues). Schools are seen as the most promising CYP estate, but more for community events or co-located meetings rather than clinical spaces for residents.

HEALTHIER GREENWICH PARTNERSHIP

South East London Integrated Care System

SEL Neighbourhood Hubs

Current position overview

October 2025

Context

The NHS England Neighbourhood Health Guidelines (2025/26) and the NHS London Target Operating Model for Neighbourhoods (May 2025) emphasise the critical role of neighbourhood hubs in enabling co-location and shared delivery of services. This aligns closely with the priorities set out in the South East London ICB Estates and Infrastructure Strategy, which recognises the importance of estate solutions in supporting greater integration and collaboration.

Across South East London, work is already underway at Place level to identify prospective neighbourhood hubs, supported by the SEL Estates workstream. However, the picture remains inconsistent across the six Places, with varying levels of progress and understanding, and different approaches being used. Initial mapping activity is in progress, but further structured support is required to build a coherent and consistent view across the system.

Overall the aim is to develop clear and consistent picture across all six Places in relation to prospective neighbourhood hubs.

The approach across Places will utilise the principles outline on slide 4 **to ensure a consistent framework for hub identification and development.**

Neighbourhood hub identification

The approach follows four key stages:

1

Diagnostic

The SEL Estates team will first provide a light-touch overview of the current position in each of the six Places. This will include:

- Reviewing the existing mapping of potential neighbourhood hubs to assess progress.
- Assessing the degree of clarity and consistency in each Place's approach.

Here we aim to create a baseline understanding of progress and variation across SEL, ensuring subsequent support is tailored to local need

2

Designing a flexible engagement offer

Building on the diagnostic, the team will design an engagement approach that reflects where each place is at but is consistent in method. It will include agreeing the shared principles of what is required from a neighbourhood hub, built from the 10 year plan, London TOM etc Drawing on the recent Greenwich example, this is likely to take the form of a workshop framework that can be adapted to each Place. This will cover:

- A clear process for exploring the three core questions: current status, what is needed to progress identification, and what is required to operationalise hubs.
- A flexible structure that allows Places to emphasise their own priorities while still generating comparable outputs.
- Practical tools and templates to support consistency across SEL.

3

Engagement at Place

The SEL Estates team, with the support of PPL, will convene and facilitate Place-based engagement sessions. Key elements include:

- Bringing together the right mix of stakeholders (e.g., Place directors, estates leads, service leads, digital/IT, and finance).
- Facilitating discussions that identify and prioritise hubs and explore what is needed to bring them into operation, inc identifying tangible next steps

4

Mapping and consolidation

Once all engagement has taken place we will map and document the outputs in a structured and consistent way. This will provide:

- A clear view of the current status of hub identification across all six Places.
- A comparison of where Places are aligned and where variation remains.
- A system-wide picture of what is needed to progress the establishment of functional neighbourhood hubs, including enablers such as capital investment, IT infrastructure, and programme support.

Principles of neighbourhood hubs

South East London Integrated Care System

Greenwich, with support from PPL, has developed evaluation principles aligned with the London Target Operating Model and SEL estates strategy to help narrow a broad range of potential sites into the most suitable options for neighbourhood hubs.

#	Criteria	Description
1	**Easy access to primary care**	• Primary care facilities exist already within the building or are in close geographical proximity to the neighbourhood hub
2	**Support for health, social care and VCS professionals workforce sustainability**	• Provide suitable infrastructure to ensure workforce retention and sustainability such a parking, space to eat, and appropriate working space
3	**Integrated & collaborative care**	• Opportunity to offer co-location and integration of health, care and voluntary sector services
4	**Flexible & outcome driven**	• Space could be adapted to meet service needs, population growth and neighbourhood health priorities
5	**Digital integration & smart systems**	• Digital infrastructure is set up for efficient data sharing, electronic health records, and virtual consultations.
6	**Optimising existing space & public assets**	• Uses existing estate which may require refurbishment, and reconfiguration rather than significant capital injection
7	**Accessible, inclusive & community orientated**	• Easily identifiable and welcoming and co-designed with community input • Considers the needs of diverse populations including residents and staff and is compliant with accessibility standards (DDA compliance). • Has existing community presence to encourage face-to-face engagement
8	**Strategic estate planning & public sector coordination**	• Aligns with strategic estates planning and borough-wide needs including being within areas of deprivation or where the population is likely to grow
9	**Environmental sustainability & carbon neutrality**	• Is energy-efficient, promotes renewable energy initiatives and has eco-friendly building design

Overview of the current position in each of the six Places (1/2)

The table below summarises the current position of hub identification and estates readiness across each Place, alongside the immediate next steps.

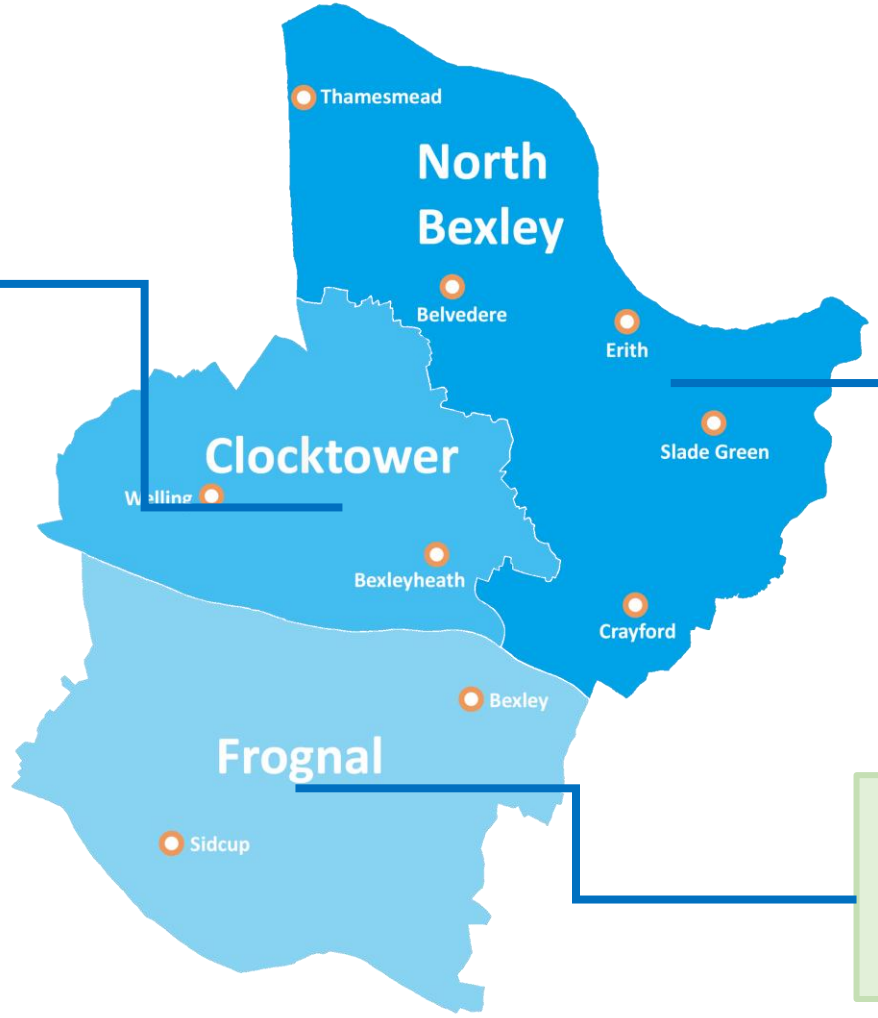
Place	Current position	Next steps
Bexley	• **Two LCNs (North Bexley and Clocktower) have potential hub sites identified,** while two neighbourhoods (Frognal) remain at the site search stage.	• **Complete site searches** for Frognal and confirm a shortlist of viable options. • **Clarify the role and function of Sidcup Medical** within the APL/Clocktower area (standalone or shared hub). • **Alignment and boundary overlaps** between **APL and Clocktower** require resolution to ensure coherent coverage and avoid duplication.
Bromley	• **Three neighbourhoods** (North East, North West, South East) **have existing hub sites identified.** The South West neighbourhood requires an options appraisal to determine the most suitable configuration due to dispersed geography and transport constraints.	• **Undertake an options appraisal** for the South West to identify a preferred hub or spoke configuration (Crown Medical, Biggin Hill Clinic, or Station Road GP). • **Engage PCNs and One Bromley partners** to agree shared priorities for service integration within the identified hubs.
Greenwich	• In three out of the four neighbourhoods, **one or two preferred hub options have been identified for further exploration**. In the remaining area, work is ongoing to assess the most suitable options. • Schools have been **discussed as valuable community assets, best suited for hosting community activities or co-located meetings rather** than serving as clinical spaces for residents.	• **Assess the suitability of each shortlisted site**, considering internal layout, accessibility, and transport links. • **Validate the preferred hubs** alongside the forthcoming PCN estates review to ensure alignment and avoid duplication. • **Map existing services delivered at each preferred site** to understand current use, co-location opportunities, and potential gaps. • **Explore the interface between CYP estate and potential neighbourhood hubs**, identifying where complementary use or shared facilities may be feasible. • **Coordinate with related workstreams**, such as workforce planning and strategic commissioning to ensure estates options align with wider system priorities and resource planning.

Overview of the current position in each of the six Places (2/2)

Place	Current position	Next steps
Lambeth	• **Four neighbourhoods (North Lambeth, Clapham, Streatham, and Norwood) have existing hub sites identified**, though some require a final choice between options. • **Brixton & Herne Hill is still in the site search phase**, with potential consideration of the Ackerman site. • Ownership and suitability assessments are ongoing for **Graphite Square** (North Lambeth & Stockwell).	• **Confirm preferred sites** for North Lambeth & Stockwell (Graphite Square vs. Stockwell Group Practice) and for Streatham (Edith Cavell, Gracefield, or Baldry). • **Complete site search** for Brixton & Herne Hill and confirm the feasibility of the Ackerman site. • **Validate ownership, capacity, and condition** of identified sites.
Lewisham	• **Two neighbourhoods (North and South) have existing hub sites identified**, Waldron Health Centre and Goldsmiths Community Centre. • The **Central neighbourhood has a site identified** (Lewisham Community Space), though it is pending planning approval; Lee Health Centre may serve as a temporary base. • The **East neighbourhood does not yet have a confirmed site**; Jenner is being explored, but further validation is required. • Early planning work has focused on **assessing clinical suitability, digital access, and co-location potential across sites**.	• **Confirm room availability and readiness** at Waldron Health Centre for digital and clinical use. • **Assess clinical suitability and digital access** at the Lewisham Community Space and confirm the **short-term use of Lee Health Centre**. • **Evaluate required modifications** at Goldsmiths Community Centre to ensure it can host secure clinical consultations. • **Conduct an urgent estates search** to confirm the viability of the East hub (Jenner or alternative) and understand **SLAM and Modality occupancy** on the first floor. • **Coordinate with the PCN Estates and Digital teams** to ensure site design supports future service integration and interoperability.
Southwark	• Southwark's hub identification is at **early planning and feasibility stage**, with **several existing facilities identified** as potential hubs. • **Sunshine House and Tessa Jowell** are already functioning as established care and community sites. • **Borough and Peckham & Nunhead areas depend on forthcoming regeneration and development projects**, notably around Elephant & Castle and Old Kent Road.	• **Confirm preferred site** for the Borough neighbourhood, exploring opportunities linked to Elephant & Castle redevelopment. • **Conduct feasibility and suitability assessments** for Canada Water and Artesian (Bermondsey & Rotherhithe). • **Engage with Old Kent Road development partners** to secure potential space for the Peckham & Nunhead hub. • **Validate capacity and co-location potential** at Sunshine House and Tessa Jowell Health Centre to confirm readiness for INT functions.

Neighbourhood hubs current position: Bexley

Two neighbourhoods (North Bexley and Clocktower) have potential hub sites identified, while Frognal remain at the site search stage.



Clocktower: Sidcup Medical - Existing site identified; role within neighbourhood model to be confirmed.

North Bexley: Lakeside - Existing site identified and aligned with the PCN footprint.

Frognal: **TBC* *(QMS under consideration). No confirmed site; options under review as part of an ongoing site search.*

Neighbourhood hubs current position: Bromley

Bromley has identified four neighbourhood hub areas in line with the PCN Borough Estates Strategy. Three of these, North East, North West, and South East have existing hub sites identified, while the South West neighbourhood remains under options appraisal due to its complex geography and transport challenges.

North West: Beckenham Beacon (existing site, with a spoke at Oaks Park)

North East: Bromley Health & Wellbeing Centre (existing site)

South West: Crown Medical, Biggin Hill Clinic, and Station Road GP Surgery being considered under a spoke model

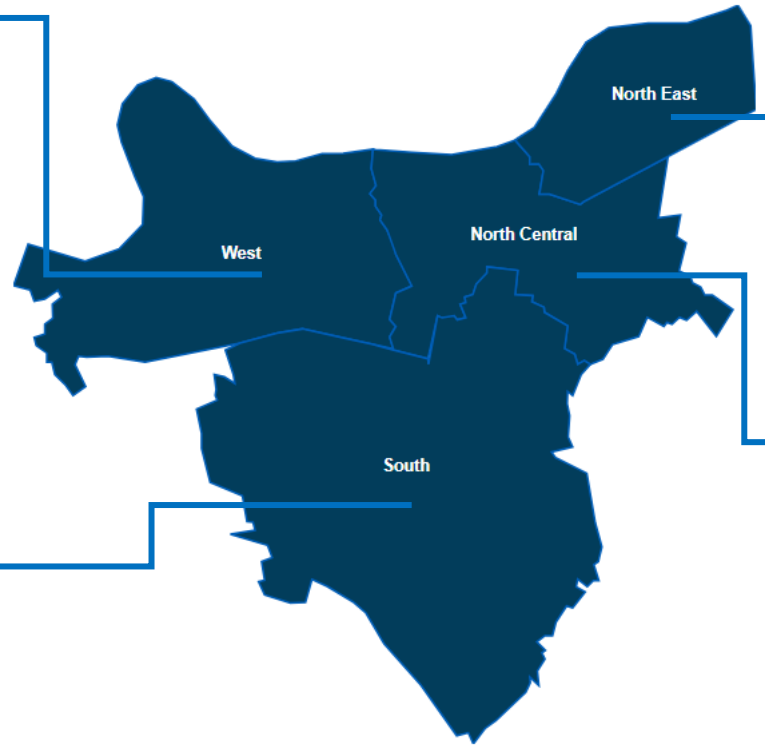
South East: Orpington Health & Wellbeing Centre (existing site)

Neighbourhood hubs current position: Greenwich

In three out of the four neighbourhoods, **one or two preferred hub options have been identified for further exploration**. In the remaining area, work is ongoing to assess the most suitable options.

In the West, The Greenwich Centre has been highlighted as a potential option, with opportunities to develop 'mini-hubs' across the neighbourhood to reflect differing populations and needs.

In the **North-East, Gallion's Reach has emerged as the preferred option**, with Goldie Leigh and Bexley & Greenwich Community Hospice considered together as a strong second choice.



In the **South, Eltham Community Hospital and Wensley Close** are the preferred options to be considered as a networked site. **Kidbrooke Community Hub** should also be explored as a priority given it has primary care and a purpose-built community hub and is underutilised.

In North Central, no preferred option has been identified, and further work is needed to explore the possibilities in this area.

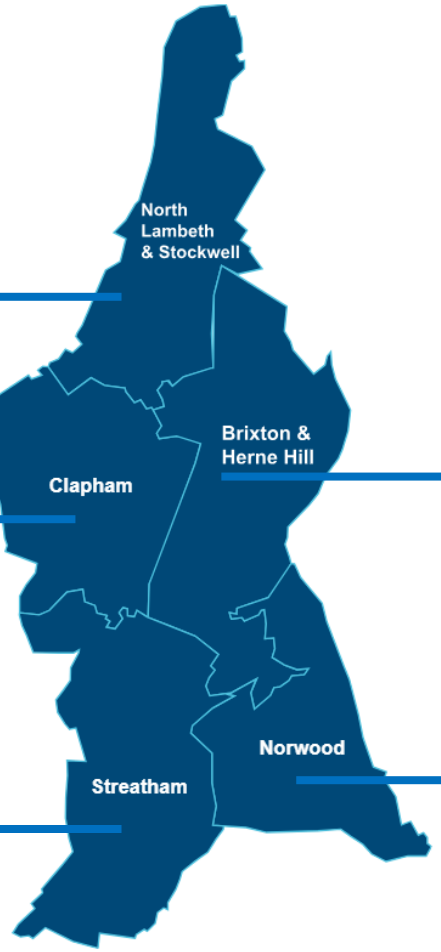
Neighbourhood hubs current position: Lambeth

Across the five neighbourhoods, **several existing sites have been identified as potential hubs**, though final site selection is still pending in some areas. The Brixton & Herne Hill neighbourhood remains at an early stage, with a site search underway.

North Lambeth & Stockwell: *Graphite Square or Stockwell Group Practice (Wooden Spoon House),* existing sites identified, ownership to be confirmed.

Clapham: *Clapham Park Practice (NHS Property Services),* existing site identified.

Streatham: *Edith Cavell, Gracefield Gardens, or Baldry,* existing sites identified, selection required.

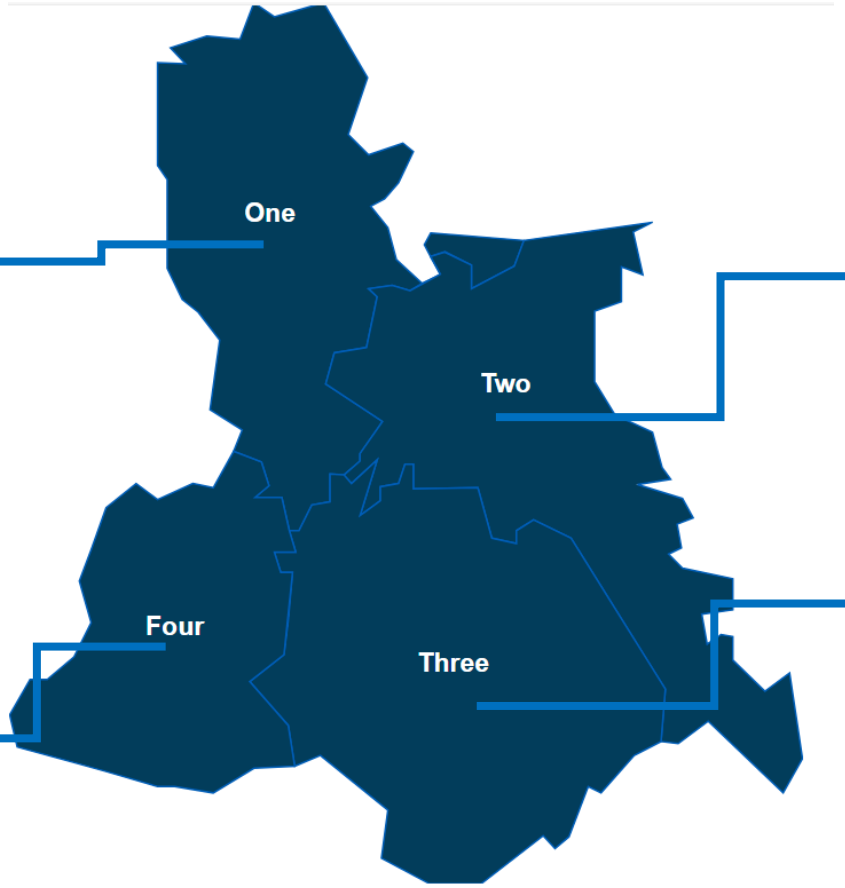


Brixton & Herne Hill: *Ackerman under consideration,* site search underway.

Norwood: *West Norwood (NHS Property Services)*, existing site identified.

Neighbourhood hubs current position: Lewisham

Two sites, Waldron Health Centre (North) and Goldsmiths Community Centre (South), **are already established**, while the Central and East neighbourhoods are at varying stages of site identification and validation.



Neighbourhood 1 - North: *Waldron Health Centre, New Cross,* existing site.

Neighbourhood 2 - Central: *Lewisham Community Space (Shopping Centre, pending planning) or Lee Health Centre (interim)*

Neighbourhood 3 - South: *Goldsmiths Community Centre,* existing site.

Neighbourhood 4 - East: *Jenner, Bellingham, or Sydenham Green* under consideration, site to be confirmed.

Neighbourhood hubs current position: Southwark

Early discussions have pinpointed several potential hub sites, many of which are **existing primary or community estate**, while others particularly in Borough and Peckham & Nunhead are linked to future redevelopment opportunities such as the Old Kent Road scheme.

Borough: site to be confirmed. *(Elephant Park longer term)*

Camberwell & Walworth: *Harold Moody Centre / Sunshine House,* existing site.

Dulwich: *Tessa Jowell Health Centre,* existing site.

Bermondsey & Rotherhithe: *Canada Water or Artesian,* potential options under review.

Peckham & Nunhead: *Lister, Gaumont, or Folgate Road (linked to Old Kent Road redevelopment)*, site to be confirmed.

Neighbourhood Based Care Board

Title	**Neighbourhood working – Staff Activation Approach**						
Meeting date	22 October 2025		Agenda item Number	**6**	Paper Enclosure Ref		**4**
Author	**Lynn Demeda, Chloe Harris and Kelly Scanlon**						
Executive lead	**Holly Eden**						
Paper is for:	Update		Discussion	**X**	Decision		
Purpose of paper	This paper outlines the proposed approach to engaging and empowering staff across SEL to support neighbourhood working, and to seek the Board's feedback and support for local testing and implementation.						
Summary of main points	Staff are central to making neighbourhood working real and sustainable. The proposed staff activation approach aims to build understanding, ownership, and confidence amongst those delivering care in neighbourhoods. The proposed approach is set out in three phases: • **Raise awareness** – Share key messages and stories to explain neighbourhood working. • **Educate and empower** – Provide training, leadership development, and forums for learning. • **Enable and embed** – Establish feedback loops, staff champions, and recognition activities. A communications toolkit has been developed to help with the first phase. It includes: • Core messages, FAQs, slide pack etc. • Templates for local use in staff briefings and communications. **Progress** • Toolkit tested in Greenwich and feedback incorporated. • Place-level stocktake on INT development undertaken. • Now seeking Board input to refine and implement at a local level.						
Potential conflicts of Interest	Nil						
Sharing and confidentiality	Open						
Relevant to these boroughs	Bexley	x	Bromley	x	Lewisham	x	
	Greenwich	x	Lambeth	x	Southwark	x	
Equalities Impact	N/A						
Financial Impact	N/A						

Public Patient Engagement	N/A
Committee engagement	Shared with the Healthier Greenwich Neighbourhood Board who tested the content of the toolkit.
Recommendation	**The Board is asked to discuss questions as outlined in page 8 of the paper. These are:** • Overall views on the proposed staff activation approach and aspects most important to prioritise • How we can embed this locally and work better across all of our system partners in driving this forward • What is needed alongside this plan to drive culture change and how best to go about this

Enclosure 4

South East London Integrated Care System

Neighbourhood Working

Proposed staff activation approach

Neighbourhood-based Care Board - October 2025

Workforce and Communications & Engagement workstreams

Introduction

Why we are here

- To share our proposed approach to activating staff across SEL for neighbourhood working.
- To seek your feedback, guidance, and support for local implementation.
- To seek your views on the draft content of the Communications Toolkit for Staff Activation.

What this presentation covers

- The rationale and principles behind staff activation.
- What we've done so far to develop and test the approach.
- Tools and resources created to support staff engagement.
- Key asks from the Board to help shape and embed the approach locally.

Why this matters

- Neighbourhood working is a system-wide transformation.
- Staff are central to making it real and sustainable.
- Activation must be inclusive, locally owned, and supported by leadership

Purpose, principles and objectives

Purpose of the staff activation approach

To activate and empower our workforce, especially those who will work in integrated neighbourhood teams, to lead the way in delivering neighbourhood-based care. We want to build ownership, trust, and a sense of purpose across SEL, so that every team feels part of the transformation and equipped to drive it forward

Principles of staff activation

- ✓ Your voice matters: All staff across health, care and VCSE are supported to shape neighbourhood working.
- ✓ Working together: Staff will be supported to work closely with local communities and other teams to make care more joined up.
- ✓ System leadership: Leaders encouraged to think beyond their own organisation and teams and focus on what is best for the whole system.
- ✓ Learning and improving: Listen to feedback and keep improving.
- ✓ Inclusive and local: Make sure neighbourhood care reflects the needs of different communities and places.

Objectives of staff activation

- ✓ Help staff understand what neighbourhood working is and why it matters
- ✓ Give staff the tools and freedom to lead change locally.
- ✓ Provide training and support to help develop skills.
- ✓ Make neighbourhood working part of everyday roles and team cultures.

South East London Integrated Care System

A phased approach to staff activation

PHASE 3
Enable and embed – make it real and sustainable

Ownership

Commitment

"I'm helping shape how it works in my team or area"

Outcome: Staff feel part of the change, have the tools they need, and help shape how neighbourhood working is delivered.

PHASE 2
Educate and empower - build understanding and confidence

Belief

Understand

"I'm ready to support it and get involved"

"I know what it means for my role and why it matters. I believe this will help improve care for people"

Outcome: Staff understand how it affects their role and feel confident it will benefit them and the people they support.

PHASE 1
Raise awareness – start the conversation

Aware

Unaware

"I've heard about neighbourhood working and know it's happening"

Outcome: Staff know what neighbourhood working is, why it matters, and what's changing

South East London Integrated Care System

Proposed staff activation plan

Phase 1 – Raise awareness	Phase 2 – Educate and empower	Phase 3 – Enable and embed
Description: Staff know what neighbourhood working is, why it matters, and what's changing	**Description:** Staff understand how it affects their role and feel confident it will benefit them and the people they support.	**Description:** Staff feel part of the change, have the tools they need, and help shape how neighbourhood working is delivered.
Suggested timeline: 6 months	**Suggested timeline:** 1 year – 18 months	**Suggested timeline:** 1 year and beyond
Activity: Make the communications toolkit available to organisations who employ staff who will be part of INTs. • Key messages, FAQs and guidance • Encourage collection of staff stories and case studies to explain the benefits • Videos and physical materials/collateral • Demonstrate leadership endorsement from across the system	**Activity:** Create the environments for 'testing and learning' as well as supporting leaders via: • Leadership development offer focused on system thinking and neighbourhood working • Development of learning environment • Training in digital literacy • Launch of forums to share best practice	**Activity:** Link in with outcome definitions work. Establish communication and feedback loops via: • Surveys and pulse checks • Establish champions network and staff forums • Staff recognition activities
Measures of success: Levels of access and engagement with content	**Measures of success:** Levels of access to training and development programmes and achievement of learning outcomes and embedded learning	**Measures of success:** Feedback data shows that staff are feeling more positive, engaged, and supportive of neighbourhood working.

Progress to date

August 25

- **Scope**: Initial discussions on approach for staff activation and what needs to be considered.
- **Draft plan**: First draft of staff activation plan developed.
- **Toolkit**: Draft communications toolkit produced (next page).

September 25

- **Baselining** - Place stocktake on progress with implementation of INTs which helps to identify priority staff groups.
- **Testing**: tested the staff activation approach and toolkit in Greenwich

October 25

- **Awareness raising:** Raising awareness through targeted engagement and message testing (e.g. care home forums, SEL People Programme newsletter).
- **Key milestone - Discussion with the NBCB to agree next steps**

Risks and considerations

- Staff activation to be driven locally at Place
- Resourcing remains a challenge across the system and is a potential barrier to delivery at pace (with many local and SEL teams seeing reductions in staffing)

Budget

- Finances needed to support with production of materials (design, editing, distribution, etc.)
- Explore options to outsource parts of staff activation, given resourcing challenges mentioned above (e.g. facilitated workshops)

Staff activation communications toolkit

Key messages – Core narrative and language to describe neighbourhood working.

Slides – for localisation and use in staff briefings and workshops.

FAQs – Answers to common questions from staff and stakeholders.

Templates – Posters, slides, email copy, intranet content and social media posts.

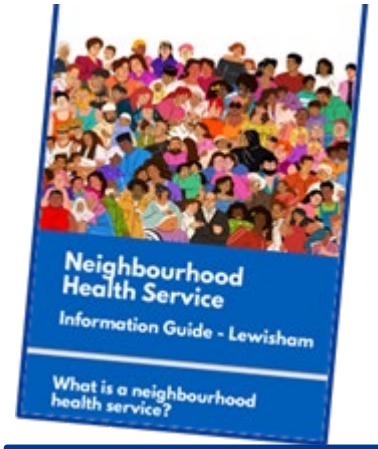
Examples from other places

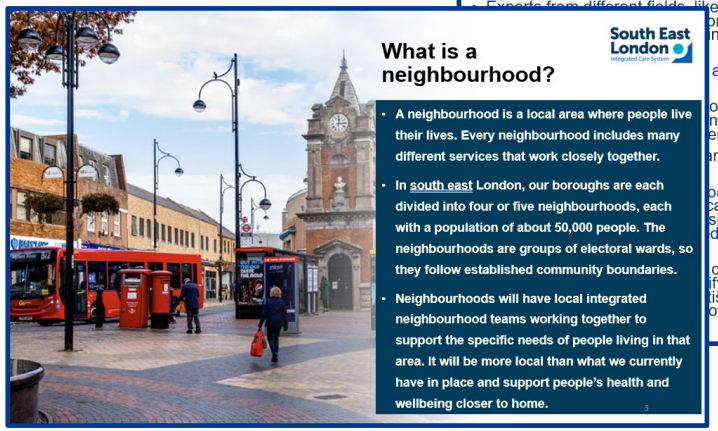
Case studies – Real examples from across SEL to bring neighbourhood working to life – focused on benefits for staff and patients

Videos – Short explainers and leadership messages.

FAQs:

How will this benefit staff?
What does this mean for my day-to-day work?
Will I have a job going forward?
How will I work proactively when there is so much reactive work to do?





How to use the toolkit at Place

- Adapt materials to reflect local context and priorities.
- Use in staff briefings, newsletters, intranet, and events.
- Share stories and feedback to help evolve the toolkit.

Neighbourhood Based Care Board Discussion

We invite Neighbourhood Based Care Board to reflect and discuss the following points:

1. Overall reflections on staff activation approach

- Does the Board agree with the proposed staff activation plan?
- What aspects are most important to focus on and need to take priority?
- Please share things important to consider in taking this work forward

2. Working across our partners in taking this forward

- How can we work better with providers, integrators and provider networks to take this forward?
- What groups do we need to further engage with and how can Board members help with this?

3. Further support

- What might we need to overlay alongside this approach to drive the culture change we want to see how best do we go about this?
- What further support is needed to embed this at Place? (Webinars? Staff events?)

Neighbourhood Health Service

Frequently asked questions

Contents

Updated October 2025

GENERAL

What is neighbourhood health and care working?

Services working together to meet people's health and care needs where they live, in their neighbourhoods. This includes health, care, social services, housing and more, working as connected teams. Services are organised and delivered locally, designed around the needs of people in that neighbourhood, so they can access support close to home.

What is a neighbourhood?

Areas where people live their lives. Every neighbourhood includes many different services, who will work closely together. In south east London, our boroughs are divided into four or five neighbourhoods, each with a population of about 50,000 people. The neighbourhoods are groups of electoral wards, so they follow established community boundaries.

What do we mean by Place?

Place is used as another word for 'borough' in London. Our places (boroughs), are made up of four or five neighbourhoods. Neighbourhood working will be organised at borough level. This will make sure that we can build on existing services and relationships and arrange services in a way that meets the particular needs of the people living in each borough.

What is an Integrator?

An Integrator is the term we use to describe an organisation in each borough responsible for neighbourhood working. Neighbourhood working is a change for how we deliver health and care services, and so it needs to be organised. Integrators will be organisations that already exist in boroughs, with local knowledge and established relationships. They will bring their experience of their borough and combine it with this new way of working. Integrators will

build on what already exists in each borough, and patients will be treated by the same health and care professionals. What will change is how those professionals work with each other.

Who is involved in neighbourhood working?

It involves professionals from across the NHS, local councils, and the voluntary, community and social enterprise (VCSE) sector. This includes GPs, nurses, social workers, care coordinators, mental health teams, public health specialists, and community support workers, all working as one team around a neighbourhood.

How is this different from how we've worked before?

Neighbourhood working breaks down traditional organisational and service boundaries. Rather than referring between siloed services, teams collaborate more closely, share information, and work with residents to plan care that reflects individual needs and local priorities.

Why are we doing this now?

The NHS 10 Year Plan sets out a national shift towards more proactive, preventative care delivered in the community. In south east London, neighbourhood working is our way of delivering this, building on existing partnerships and responding to what our residents and staff have told us they need.

What guidance is there from NHS England?

NHS England's Neighbourhood Health Guidelines 2025/26 outline a transformative approach to health and social care, focusing on delivering integrated services at the neighbourhood level. This strategy aims to provide care closer to home, enhance patient experiences, and ensure the sustainability of health and social care systems.

INTEGRATED NEIGHBOURHOOD TEAMS

What are integrated neighbourhood teams (INTs)?

Teams of people from different services who work together in, and for, neighbourhoods. Teams will be organised according to the needs of each neighbourhood, and for the people who live in them. Teams will not be fixed and rigid, they will adapt depending on the needs of individuals and communities. One health or care professional could work in multiple teams. But each patient will only be cared for by one team, designed around them.

Who is involved in an INT?

An INT typically includes professionals from primary care, community services, social care, and the voluntary, community and social enterprise sector (VCSE). This may include GPs, nurses, social workers, pharmacists, social prescribers and VCSE workers, among others.

How do INTs benefit communities?

By working collaboratively, INTs deliver personalised care tailored to the needs of individuals within a neighbourhood. There is a focus on prevention and proactive management of people's conditions. Population health management approaches ensure INTs target their work at populations where the need is greatest. This approach leads to improved health outcomes, care closer to home, fewer hospital admissions, and greater patient satisfaction. It is also expected to deliver social benefits for example, a reduction in people economically inactive because of health issues.

For example, the CHILDS framework in Lambeth, a partnership between the Evelina and primary care, to support early intervention and personalised care for children with long term conditions and risk factors (eg asthma, eczema or constipation). Child health teams provide a bridge between primary care and secondary care, with demonstrable impact:

- reduction in appointments with a GP or practice nurse
- reduction in ED attendances
- reduction in non-elective admissions to hospital
- reduction in paediatric outpatient appointments
- reduction in health inequalities
- positive feedback from general practice and from families using the service

How do INTs help reduce health inequalities?

INTs focus on preventative care, using population health data to identify residents at risk of poor health and address the root causes of health disparities. By bringing together public services and community-led initiatives, they aim to improve health and wellbeing at a neighbourhood level.

How do INTs work with the voluntary sector?

INTs partner with VCSE organisations to improve the support available to local people to provide more holistic and responsive care that meets people where they are and recognises the context within which they live.

What challenges do INTs face?

Challenges can include coordinating across multiple organisations, aligning different working cultures, and ensuring clear communication. However, with strong leadership and a shared vision, these challenges can be effectively managed. Increasingly joined up digital solutions will also help.

How can local people and communities get involved with INTs?

INTs will engage local people and communities by working with the VCSE sector, including small community groups, to co-design services. Local people will also be able to participate in health initiatives and provide feedback on services to help continual improvement.

What are we doing to support the development of INTs in south east London?

The ICB is supporting the development of INTs by developing a shared definition, along with an overarching framework setting out common objectives for how we deliver INTs locally at place, building on previous work we have undertaken to integrate services.

For further details, see the NHS Confederation's report: The Case for Neighbourhood Health and Care.

IMPACT ON STAFF

How will this benefit me as a staff member?

Neighbourhood working can support better communication, stronger teamwork, reduced duplication, and more shared learning. Staff have reported greater job satisfaction from being able to deliver more holistic, meaningful care.

What does this mean for my day-to-day work?

You may find yourself:

- Working more closely with professionals from other sectors
- Taking part in multi-agency planning or learning sessions
- Contributing to more proactive care for people with complex needs
- Having more influence over how care is delivered in your local area

Will I have a job going forward?

Yes, as neighbourhood working is not about reducing roles or cutting jobs. It is about supporting staff more effectively, strengthening local teams, and building new ways of working that recognise and value your contribution. As we develop integrated neighbourhood teams, your skills and experience will continue to be essential, and new opportunities for development and collaboration may also emerge. We are committed to working with staff throughout this process, ensuring transparency, support, and involvement in shaping what comes next.

How will I work proactively when there is so much reactive work to undertake?

This is a real and shared challenge across all areas. Neighbourhood working is designed to help manage demand by supporting earlier intervention, stronger community connections, and better teamwork, so the volume of reactive work can gradually be reduced. It won't happen overnight, but by working in integrated teams, sharing information, and aligning resources locally, we can begin to shift the balance. Your role in this is crucial, and we will continue to provide support, space for learning, and shared planning so this change works for both staff and residents.

IMPACT

How will we know if neighbourhood working is making a difference?

We will measure impact through outcomes like reduced hospital use, better patient and carer experience, staff feedback, and improved health and wellbeing at community level. Local examples of success are being shared on the ICS website and in borough updates.

GENERAL PRACTICE

What does this mean for the GP partnership model and impact on our income?

General practice continues to be the foundation of community care, and neighbourhood teams are being built around, not in place of, primary care. This approach is about strengthening support for GPs by improving coordination, sharing workload, and enabling earlier intervention through better connections with community, social care, and voluntary services.

In terms of income, there is no intention to undermine the existing partnership model or core funding arrangements. Neighbourhood working is about aligning how we work, not how we are funded.

INTEGRATORS

What is an Integrator in the context of neighbourhood working?

An Integrator is a partnership model, hosted by an existing statutory organisation within each borough. It's not a new organisation, but a way of organising and coordinating neighbourhood working through a trusted local host with strong relationships and local knowledge.

Who makes up the Integrator partnership?

The partnership typically includes representatives from health, social care, local government, and the voluntary, community and social enterprise (VCSE) sector. The host organisation provides infrastructure and leadership, but decision-making is shared across the partnership.

Who are the integrators in south east London?

- Bexley: The borough's health and care partnership between the London Borough of Bexley, Bexley Health Neighbourhood CiC, Primary Care Networks, and Oxleas NHS Foundation Trust. Oxleas will host the arrangement.

- The One Bromley Partnership, set up as a neighbourhood provider group with members from the One Bromley Executive, will serve as the integrator for Bromley Place. King's College Hospital NHS Foundation Trust will host the arrangement.

- The Healthier Greenwich Partnership, which brings together a wide range of partners in the borough including the council, local Trusts and Community Hospice will serve as the integrator for Greenwich place. Oxleas NHS Foundation Trust will host the arrangement.
- Lambeth: A partnership between Guy's & St Thomas' NHS Foundation Trust (GSTT) and Lambeth General Practice Provider Alliance. GSTT will host the arrangement.
- Lewisham: A partnership between the London Borough of Lewisham, Lewisham and Greenwich NHS Trust, primary care, South London and Maudsley NHS Foundation Trust and the voluntary and community sector. Lewisham and Greenwich NHS Trust will host the arrangement.
- Southwark: A partnership between GSTT and GP federations: Improving Health Ltd and Quay Health Solutions. GSTT will host the arrangement.

What does the host organisation do?
The host organisation provides the operational backbone, supporting coordination, convening partners, managing resources, and ensuring delivery aligns with borough priorities. It also acts as a key link between the borough and the wider system.

Do integrators manage services directly?
No. Their role is to support coordination and collaboration across services, helping teams work together more effectively around neighbourhoods.

How do integrators support integrated neighbourhood teams (INTs)?
Integrators help set the conditions for INTs to thrive, aligning priorities, supporting shared planning, resolving barriers, and ensuring teams have the tools and relationships they need to work collaboratively.

How is accountability managed?
Whilst the host organisation provides leadership, accountability is shared across the partnership. Clear governance arrangements are put in place to ensure transparency, shared decision-making, and alignment with borough and system priorities.

OTHER

Do we have the ICT to do this successfully?

We are making significant progress in developing the digital infrastructure to support neighbourhood working, but we know it's not perfect yet. Platforms like the London Care Record are already enabling better information sharing across organisations, giving

professionals access to real-time data like medications, care plans, and clinical history which improves safety and reduces duplication.

We know challenges remain, particularly around system compatibility and user experience. We are working with frontline teams to identify what's working, where the gaps are, and what support is needed to ensure digital tools enable, rather than hinder, integrated working.

South East London Integrated Care System

NHS South East London

Communications toolkit for staff – to support neighbourhood development

Updated September 2025

Table of Contents

1. Purpose and aims

This communications pack supports the early engagement and activation of staff to support delivery of neighbourhood working in south east London. It provides managers and teams with consistent, clear messages for staff and suggested tailored messaging for priority staff groups who will be central to the development of integrated neighbourhood teams (INTs).

Purpose

- To raise awareness and understanding of the neighbourhood model amongst key staff groups across the south east London health and care system.
- To support managers in initiating conversations about neighbourhood working.
- To provide adaptable messaging tools for use in briefings and interactions with staff.

Aims

- Ensure staff feel informed, involved, and supported as neighbourhood working evolves.
- Build a shared understanding of what neighbourhood working means for different roles.
- Lay the groundwork for future engagement, co-design and ownership of the model.

Further materials and support will be provided and developed based on feedback and as neighbourhood working progresses.

2. Approach

Effective communication is essential to supporting staff through these changes. As we develop neighbourhood working across south east London, we recognise that different staff groups are at different stages of engagement. Our approach is built around a continuum:

- **Awareness**: understanding that neighbourhood working is happening.
- **Understanding**: knowing what it means and how it relates to their role.
- **Activation**: beginning to engage with new ways of working.
- **Ownership**: feeling part of the change and helping shape it.

This pack supports movement along that continuum by providing:

- **General messaging** to build awareness and understanding across all staff.
- **Tailored messages** for priority workforce groups.
- **Local delivery** through trusted channels and team leaders to foster ownership.

Messages should align with the SEL narrative and clearly explain:

- What is changing
- Why it matters
- What it means for me

By combining consistent messaging with local engagement, we aim to build trust, clarity, and momentum across the workforce.

This pack is a starting point. As neighbourhood working develops, further materials, engagement opportunities, and staff stories will be developed and shared. Your feedback and local insights will be key to shaping future communications.

---

3. Communications pack

This communication pack can be adapted locally. It includes:

- Generic staff messages
- Tailored staff messages
- Tools to support staff communication
- Suggested local activity

3.1 Generic staff messages

See Appendix 1

3.2 Tailored messages for different staff groups

Different staff groups will need tailored messaging for their roles. The following structure for tailored messaging is suggested as follows:

- Headline
- Introduction
- What this means for x role
- When the changes will happen
- Support available
- Call to action – such as join a webinar, speak to your manager, read the FAQs.

See Appendix 2 for suggested tailored messages - for testing and localisation as needed.

4. SEL- wide tools

SEL materials that can be adapted within each borough are available on the SEL ICS stakeholder neighbourhood page.

4.1 Frequently asked questions

A FAQ, which will be updated on a regular basis. Please share feedback and questions from staff groups so these can be added – communications@selondonics.nhs.uk

4.2 Slide deck for staff briefings

A generic slide deck for staff briefings which can be localised.

4.3 Leaflet for staff

A staff information leaflet for staff which can be locally branded and customised.

4.4 Poster to promote staff events

An 'empty belly' template poster to promote staff events and briefings for localisation.

4.5 Staff webinars and briefing sessions

Suggested format for webinars:

- Introduction to neighbourhood working (using the SEL slide pack)
- What this means in terms of workforce changes/development
- Q&A session

5. Localisation

5.1 Borough specific content

To make neighbourhood working feel relevant to staff, we encourage places to tailor their communications content to reflect borough-specific progress, priorities, contacts, and examples. Where possible consider:

- Borough-specific updates or newsletters on how neighbourhood development is progressing
- Local case studies or success stories
- Maps or visual overviews of INTs in your borough
- Information on the integrators and progress in how they are maturing

5.2 Staff roles and scenarios

To help staff understand how neighbourhood working applies to them, we recommend including:

- Role-specific examples (ie how a district nurse may collaborate with a housing officer)

- Day-in-the-life scenarios showing integrated working in action
- Examples of INTs already established

5.3 Getting involved

Encourage staff to actively participate in shaping neighbourhood working by including:

- Opportunities to join working groups or co-design sessions
- Feedback forms or contact emails for questions and suggestions
- Information about staff champions or ambassadors who can support peers

5.4 Training and support

To support staff through the transition, provide information on:

- Training opportunities such as webinars, e-learning, or shadowing
- Resources for wellbeing and change management
- Manager toolkits to help leaders support their teams

5.5 Visuals and accessibility

To ensure content is engaging and accessible, consider:

- Using infographics or explainer videos to simplify complex ideas
- Ensuring content is written in plain English and is screen-reader friendly
- Providing translations or culturally appropriate messaging where needed.

5.6 Intranet content

Suggested framework for intranet content to inform and engage staff

- What is neighbourhood working?
- Where are we up to in x borough
- Meet your local INT team/s
- How this affects my role
- Upcoming webinars and briefings
- FAQs and myth-busting

Suggested content is available at appendix 3

5.7 Staff webinars and briefing sessions

Suggested format for webinars:

- Introduction to neighbourhood working (based on SEL slides)
- What this means in x borough x
- Q&A session
- Feedback collection via short survey or meeting chat

Include a slide deck template and speaker notes for consistency.

5.8 Posters and leaflets

Use SEL templates for posters and leaflets to be displayed in staff areas or used for events/briefings.

5.9 Staff stories and case studies

Include real-life examples and quotes from staff working in INTs to build trust and engagement. This helps with bringing this new way of working to life.

Encourage staff and partners to submit their own stories.

5.10 Interactive tools

Tools to support staff understanding and readiness:

- Readiness checklist for teams
- Neighbourhood working self-assessment
- Myth-buster quiz for team meetings

APPENDICES

Appendix 1 – generic staff message

Neighbourhood health service in south east London: what this means for you

Across south east London, health, care, and voluntary organisations are working together in new ways to deliver more joined-up, proactive support closer to home.

The goal is clear: to provide more joined-up, proactive support, closer to where people live, to help them stay well and live well.

This approach is part of our response to the Government's 10 Year Health Plan, which calls for more personalised, preventative care delivered in the community. In London, we're taking this forward through a neighbourhood model that brings together general practice, community health services, councils, mental health services, and voluntary organisations to form one team around the needs of people and communities.

Here in south east London, we are not starting from scratch. We already have strong local examples of joined-up care making a difference for residents. What is different now is our shared commitment, across all partners, to make this way of working more consistent and available to everyone, wherever they live.

A neighbourhood approach: working at a very local level

At the heart of neighbourhood health and care is a commitment to working at a *very local* level, building relationships, understanding community needs, and tailoring support accordingly. Integrated neighbourhood teams (INTs) are central to this. These are community-based, multi-agency teams that bring together staff from health, local government and the voluntary sector to form one joined-up team around the people and communities they support.

This might include general practice, district nurses, social workers, mental health teams, housing officers, link workers and local charities, all working together, with and for residents.

These teams are not about replacing services but about connecting them, so people get the right care, from the right team, at the right time.

What this means for you as a health or care professional

This approach is being developed for the benefit of both residents and staff. It will affect staff across the system, whether you work in general practice, community services, a hospital, council team, or voluntary organisation.

You may find yourself:

- Working more closely with professionals from other organisations
- Supporting people through more personalised, proactive care
- Taking part in new approaches shaped by local priorities
- Helping to improve services through shared learning and partnership

Your understanding, insights, and willingness to work differently will be essential to making neighbourhood working a success.

This transformation will not happen overnight. It will take time, with progress happening at different paces across our six boroughs. But change is already underway, and your involvement will help shape what comes next.

Benefits for staff

Working in this way can bring:

- Stronger relationships and peer support across teams
- Better communication and less duplication
- More influence over local service design
- Learning and development opportunities
- A greater sense of purpose and satisfaction through person-centred care

Staying connected and informed

To help keep you informed, we have launched new Neighbourhood Health Service pages on the South East London ICS website. On these pages you will find:

- What is neighbourhood working and why we are doing this.
- Examples of integrated working in action
- Local updates from boroughs
- Ways to get involved and share your views

We are shaping this together

Neighbourhood working is something we are building together across professions, sectors and communities.

Together, we are creating a future where services are more connected, relationships are stronger, and residents get the support they need, in the places they trust.

We will continue to keep you updated through regular, local communications as this work develops.

Appendix 2 – some examples of role specific messaging

District nurses

Neighbourhoods: Working together for better lives

Neighbourhood working is about creating stronger, more connected integrated neighbourhood teams (INTs) that work together locally to support people's health and wellbeing. This responds to the Government's 10 Year Health Plan, which calls for more personalised, preventative care delivered in the community and connected around the needs of residents. District nurses are central to this work.

Working in this way can bring:

- Stronger relationships and peer support across teams
- Better communication and less duplication
- More influence over the design of local services
- Learning and development opportunities
- A greater sense of purpose and satisfaction through person-centred care
- More coordinated care planning and reduced duplication across community services.

INTs are not about replacing services, they are about connecting them. You will be part of a local team that works together to ensure people get the right care, from the right professional, at the right time. This is a chance to shape how care is delivered in your area.

As part of INTs, district nurses will:

- Work more closely with GPs, social workers, and voluntary sector colleagues.
- Be part of a team that knows its community and responds to local needs.
- Help deliver proactive, person-centred care that keeps people well at home.

You will be supported through:

- Local briefings and team discussions
- Webinars and safe spaces for questions
- Access to FAQs and other resources

Add local context, timeline, contacts, and any specific actions or events here – examples below:

- Speak to your team lead or manager about neighbourhood working
- Join an upcoming webinar or local briefing - details
- Visit the neighbourhood health service pages to learn more
- Share your views and help shape how this works for your team

Social workers

Neighbourhoods: Working together for better lives

Neighbourhood working is about creating stronger, more connected integrated neighbourhood teams (INTs) that work together locally to support people's health and wellbeing. This responds to the Government's 10 Year Health Plan, which calls for more personalised, preventative care delivered in the community and connected around the needs of residents. Social workers are central to this work.

Working in this way can bring:

- Stronger relationships and peer support across teams
- Better communication and less duplication
- More influence over the design of local services
- Learning and development opportunities
- A greater sense of purpose and satisfaction through person-centred care
- More coordinated care planning and reduced duplication across community services.

INTs are not about replacing services, they are about connecting them. You will be part of a local team that works together to ensure people get the right care, from the right professional, at the right time. This is a chance to shape how care is delivered in your area.

As part of INTs, social workers will:

- Collaborate with nurses, GPs, and community partners to support people locally.
- Share knowledge and insight to improve care planning and outcomes.
- Be part of a team that builds relationships and supports independence.
- Shape how neighbourhoods work for your profession and community.
- Have greater influence over local service design and stronger collaboration with health colleagues

You will be supported through:

- Local briefings and team discussions
- Webinars and safe spaces for questions
- Access to FAQs and other resources

Add local context, timelines, contacts, and any specific actions or events here – examples below:

- Speak to your team lead or manager about neighbourhood working
- Join an upcoming webinar or local briefing - details
- Visit the neighbourhood health service pages to learn more
- Share your views and help shape how this works for your team

Community pharmacists

Neighbourhoods: Connecting pharmacy to local care teams

Neighbourhood working is about creating stronger, more connected integrated neighbourhood teams (INTs) that work together locally to support people's health and wellbeing. This responds to the Government's 10 Year Health Plan, which calls for more personalised, preventative care delivered in the community and connected around the needs of residents. Community pharmacists are central to this vision.

Working in this way can bring:

- Stronger relationships and peer support across teams
- Better communication and less duplication
- More influence over the design of local services
- Learning and development opportunities
- A greater sense of purpose and satisfaction through person-centred care
- More coordinated care planning and reduced duplication across community services.

As part of INTs, community pharmacists will:

- Be more connected to GPs, nurses, and social prescribers.
- Support patients with complex needs through shared care planning.
- Help improve medication safety and health outcomes locally.

Add local context, timelines, contacts, and any specific actions or events here.

Appendix 3 – suggested content for intranets/staff newsletters

What is neighbourhood working and how does it affect me?

Neighbourhood working is a new way of delivering health and care that puts people and communities at the centre. It's about building stronger, more connected local systems that bring together health, care, public health, housing, and voluntary sector partners to work collaboratively around the needs of local populations. It involves shared leadership and decision making, community engagement to ensure services reflect what matters to local people, population health management to identify needs and target support and a shift from reactive to preventative and from siloed to integrated person centred care.

At the heart of this approach are integrated neighbourhood teams (INTs). These are multi-professional teams working at a very local level to provide joined-up, proactive support. These teams are not about replacing services, but about connecting them to ensure people get the right care, from the right professional, at the right time.

Who will work in an INT?

Each borough in south east London will have its own INTs made up of professionals such as GPs, district nurses, social workers, mental health teams, housing officers, and voluntary sector colleagues. These will be provided at a local neighbourhood level. As xname of organisationx works across several boroughs, we will have staff working in different INTs across those boroughs. Not every INT will be the same as they will be tailored to the needs of people in that neighbourhood.

How will this affect my role?

Neighbourhood working may mean changes in how you collaborate with other professionals, plan care, and engage with residents. You may find yourself working more closely with colleagues from other organisations, contributing to more personalised and proactive care, and participating in new approaches shaped by local priorities. You will still be employed by your current organisation.

How do I find out more?

We will be hosting regular webinars and local briefings to support staff understanding and involvement in neighbourhood working. These sessions will provide updates, answer questions, and offer a space for discussion. Details will be shared via xadd local detailsx For more general information visit www.selondonics.org/neighbourhoods.

More information

A frequently asked questions (FAQ) document is available and will be updated regularly. It addresses common queries and misconceptions about neighbourhood working, including

how it affects different roles and what support is available. Please share any additional questions so we can continue to improve this resource.

This communications toolkit has been prepared by the SEL ICB Communications and Engagement Team. For further information or help with any of the content, please email the team at communications@selondonics.nhs.uk

Enclosure 4c

South East London Integrated Care System

Neighbourhood working in south east London

What this means for you as a professional

Date of the meeting

Neighbourhood working is part of a wider national shift towards more personalised, preventative, and community-based care.

South East London Integrated Care System

The NHS 10 Year Health Plan calls for care that is more joined up, delivered close to home and focused on prevention and early intervention It sets out three shifts in how care needs to be provided.

From hospitals to communities: moving more care closer to home, so people get support earlier and in places they know.

From analogue to digital: using technology to join up services, share information, and make care more efficient.

From treatment to prevention: helping people stay healthier for longer, by focusing on early support and reducing avoidable illness.

How neighbourhood working delivers this

Neighbourhood working brings together local health, care, voluntary and community services to work as one team.

- Offer care closer to home and reduce reliance on hospitals
- Use shared digital tools to coordinate care across services
- Focus on prevention and early support, not just treatment
- Build stronger links with communities and respond to local needs
- Help people take control of their health and wellbeing

By working this way, we can deliver the NHS vision of more personalised, joined-up care which is tailored to the people and places we serve.

What is a neighbourhood?

- A neighbourhood is a local area where people live their lives. Every neighbourhood includes many different services that work closely together.
- In south east London, our boroughs are each divided into four or five neighbourhoods, each with a population of about 50,000 people. The neighbourhoods are mainly groups of electoral wards, so they follow established community boundaries.
- Neighbourhoods will have local integrated neighbourhood teams working together to support the specific needs of people living in that area. It will be more local than what we currently have in place and support people's health and wellbeing closer to home.

What is a neighbourhood health service?

- A neighbourhood health service will make it easier for residents to access the care and support they need, when they need it and in a way that works best for them.
- It provides more local care tailored to the needs of people living in local neighbourhoods
- It brings together health, social care, voluntary and community services together to work as one integrated team.
- It will provide better, more personalised care, closer to home.
- Services will be easier to access so people can get the right care at the right time from the right service.
- It will help improve health and wellbeing for individuals and families whilst making the best use of local resources.

How it will work in South East London

South East London Integrated Care System

Establish the same approach to neighbourhood working across south east London to improve health and care services in local communities. This will help enable care closer to home, and a focus on prevention, wellbeing and personalised support for each area's unique needs.

To do this, we need to make changes in how services work together. This means stronger partnerships, collaboration and co-ordination between the NHS, local councils, voluntary services and the people who live in our communities.

One of the key steps is creating integrated neighbourhood teams (INTs). These are groups of professionals working closely together to provide seamless, coordinated support tailored to the needs of people in local neighbourhoods.

Looking ahead, we need to ensure we have the right resources, workforce and digital tools in place to make these teams as effective as possible. These improvements will help deliver better, more joined up care for everyone in south east London.

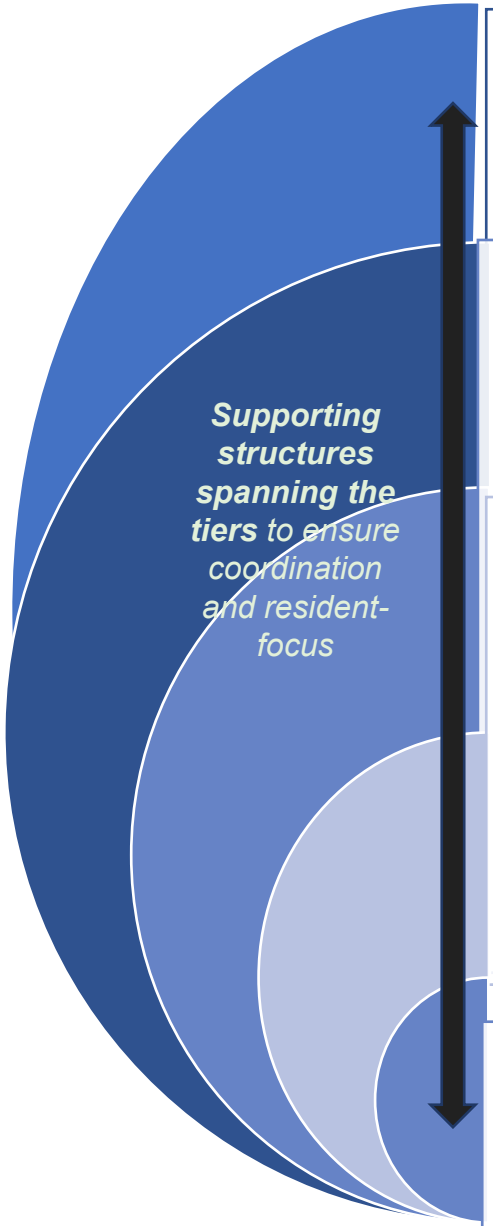
What are integrated neighbourhood teams?

South East London Integrated Care System

- Experts from different fields, like health, social care, and voluntary services work together as one team to support residents in a neighbourhood.
- Multi-agency teams working at a very local level.
- Includes GPs, nurses, social workers, mental health, community pharmacists, voluntary services, social workers, and others.
- Ensures people get the right care, from the right team, at the right time.
- We use a ‘team of teams’ approach, where each INT works closely with local services and has access to specialist professionals, like geriatricians, based on the needs of the community.
- INTs will use population health data and other information to proactively identify people who need extra support early, prioritising those who experience the greatest levels of health inequalities.

Our team of teams approach

South East London Integrated Care System



Specialist support when needed

- Each INT will have access to specialist doctors, nurses and health professionals based on local needs.
- Some specialists like geriatricians (experts in elderly care) will not be in the team full time but will be available when needed.
- Clear communication will ensure they can step in quickly to support care planning and treatment.

Tailored services for each neighbourhood

- Different neighbourhoods will have different needs, so each INT will have the services and support available that best matches local needs.
- INTs will be a stable, well-equipped, and community-focused team designed to provide continuous and reliable support in each neighbourhood.

Consistent functions

- Every neighbourhood team will always include key health and care professionals such as GPs, nurses, social workers and mental health specialists.
- They will work closely with local voluntary groups to provide joined up holistic care.
- INTs will bring together different health and care services, making sure patients get the right support, at the right time, from the right people (including specialists) without unnecessary delays or confusion.

Hyper-local functions

- INTs will work hand in hand with local services such as pharmacies, GP and voluntary services that have a strong understanding of the communities they serve. Because they work closely with residents they can help:
  - *Spot health concerns early and provide support before problems becoming more serious. Identify people who need extra care and refer them to the right services quickly. Build trust with residents to make it easier for them to seek help when needed.*
- To make this process smooth, agreed ways of working between different services will be in place.

Resident

- Everything INTs do will be centred around local people, making sure care is accessible, responsive and based on local needs.
- INTs will build on local strengths, working with community groups and the public to improve health and wellbeing for everyone.

What integrated neighbourhood teams (INTs) will do

South East London Integrated Care System

Bring together local health, social care, and community/ voluntary services to deliver more joined-up, personalised care.

Based in neighbourhoods, they will focus on prevention and supporting people most at risk of poor health.

Prevent illness and reduce inequalities
Use local data to spot people who need help early and tackle wider issues like housing and social support.

Deliver more joined-up care
The team will meet regularly and use shared digital tools to avoid delays and improve communication.

Listen and adapt to community needs
Work closely with residents, carers, and people with lived experience to design care that fits their lives and neighbourhoods.

Support local leadership and coordination
Leaders across organisations will work as one team to put the right staff, tools, and resources in place.

Provide whole-person care
INTs will offer personalised support close to home, helping people manage their health and get quick help in a crisis.

Ensure consistent, high-quality care for all
No matter where you live in south east London, you'll get care that's tailored, timely, and of the same high standard.

Benefits for staff

More teamwork, peer support and innovation	Working closely with different services means better ideas and solutions.
Better outcomes for residents	Early intervention and joined-up care help improve health results.
More learning and development	Opportunities to train in new skills and gain experience in different areas.
Improved job satisfaction	A supportive work environment where teams collaborate effectively.
More efficient working	Shared resources and better communication reduce duplication and workload pressures.

We are shaping this together – so stay connected

South East London Integrated Care System

Neighbourhood working is a shared effort across professions, sectors, and communities

Together, we are building a more connected future for residents

Regular local communications will continue

Your insights and involvement matter

Find examples, updates, and ways to get involved

Visit the neighbourhood health service pages on the SEL ICS website

www.selondonics.org/neighbourhoods

Neighbourhood Based Care Board

Title	SEL Neighbourhoods programme: Quarterly Highlight Reports						
Meeting date	22 October 2025		Agenda item Number	7	Paper Enclosure Ref	5	
Author	Workstream leads						
Executive lead	Ceri Jacobs, Place Executive Lead for Lewisham Holly Eden, Director of Delivery Neighbourhoods and Population Health						
Paper is for:	Update	x	Discussion	x	Decision		
Purpose of paper	**This paper sets out the quarterly highlight reports from our six places and our SEL workstreams leads.**						
Summary of main points	This is our second cycle of quarterly highlight reports as part of our engine room function for neighbourhoods, which seeks to strengthen programme management, governance and accountability, and increase visibility across the highly complex web of interdependent workstreams that form our approach to Neighbourhood working.						
Potential conflicts of Interest	None						
Sharing and confidentiality							
Relevant to these boroughs	Bexley	x	Bromley	x	Lewisham	x	
	Greenwich	x	Lambeth	x	Southwark	x	
Equalities Impact	N/A						
Financial Impact	Financial capacity is being raised as a common risk to delivery and will need further consideration across the NBCB.						
Public Patient Engagement	N/A						
Committee engagement	Local Care Partnership Committees Other ICB Committees in-line with programme governance structure						
Recommendation	To review and discuss the highlight report, particularly the common risks and interdependencies highlighted/						

Enclosure 5

South East London Integrated Care System

SEL Neighbourhoods programme

NBCB reporting summary

22 October 2025

PPL

Workstreams: an overview

Place
Greenwich Gabi Darby
Bexley Diana Braithwaite
Southwark Darren Summers
Bromley Angela Bhan
Lewisham Ceri Jacob
Lambeth Andrew Eyres

	Workstream (sub-workstream)		System Leads/ Coordinators	Reports into…
1	**Delivery of INTs, Neighbourhoods and 3 priority areas at Place**	**INT delivery**	Primary Care + Group	NBCB, Place Governance Structures
		Models of care for priority areas (x3)	**mLTCs:** Rob McCarthy & Lauren Blum **Place:** Bexley – Kallie Heyburn, Bromley – Mark Cheung, Greenwich – Jessica Arnold, Lambeth – Josepha Reynolds, Southwark – Geetika Singh, Lewisham – Johnathan McInerny **CYP:** Bhumika Mittal, Alison Roberts **Frailty:** Julie Archer	
2	**Population Health Management approach & data**		Toby Garrood, Maria Higson, Holly Eden	NBCB; PHM Delivery Board; SEL ICS Digital Board
3	**Flexible workforce models and culture change**		Lynn Demeda, Trivedi Seema, Chloe Harris, Rebekah Middleton	NBCB; SEL ICS People Committee
4	**Comms and engagement**		Kelly Scanlon, Humphrey Couchman, Rosemary Watts	NBCB; Exec Committee
5	**Strategic planning and resource allocation***	**Strategic commissioning**	TBC	SEL Sustainability Committee; PHM Delivery Board; Finance Committee; NBCB
		Estates	Tim Borrie, Tony Rackstraw	
		Modelling and impact	Neil Kennett Brown, Holly Eden	
6	**Digital**		Nisha Wheeler, Ananya Datta	Digital Governance Group

South East London Integrated Care System

High level summary

Areas of progress, key learning

Progress this month:

Integrator hosts are now agreed across all six Places and governance is maturing. **Lambeth and Southwark are mobilising as National Neighbourhood Health Implementation Programme pilot sites.**

Pilots and go-lives are underway with Bexley progressing 3+LTC and ICHT, Southwark operating Frailty with mLTC testing and CHILDS, and Greenwich scaling Frailty with a proactive care launch.

Workforce mobilisation is advancing, including substantive recruitment to INT roles in Lewisham and leadership formation work in Bromley and Lambeth.

Population health management is becoming embedded, with an SEL service specification in development, interim risk stratification through Ardens, and live or in-build dashboards supporting MDTs.

Digital enablement is aligning through the new SEL Digital Governance Group, re-enablement of UCP access, an interim LCR web access proposal, and agreed data flows to support INT reporting.

Neighbourhood hubs are being identified and shaped, using the Greenwich approach to guide borough workshops and with Dulwich's Tessa Jowell Health Centre in scope.

Communications and staff activation are reinforcing delivery, with a co-produced toolkit aiming to increase awareness, confidence and take-up.

Content has been highlighted for Board review by: System Sustainability

Key Learnings/Reflections this month include:

- **Engagement is strengthening the model:** service user and partner input is directly improving pathway design and sustaining buy-in.
- **Local nuance with a common core:** neighbourhood designs need flexibility at LCN level while maintaining consistent standards and clinical governance.
- **Role clarity enables safe scale:** a clear, comparable view of INT roles across Places supports OD planning and safe delegation.
- **Interoperability is the gating dependency:** multiple non-integrated systems require pragmatic interim solutions while the long-term architecture is agreed.
- **Hubs require whole-system co-design:** estates choices must be shaped with providers, councils and VCSE partners to be workable and sustainable.

Shared Issues

Shared Issues	Actions currently in place	Gaps that need to be addressed	Proposed Further Actions
Capacity constraints – A number of reports highlight ongoing capacity issues to drive work forward	• Additional capacity has been aligned to workstreams which had highest risk (digital, estates and CYP) • Alignment of neighbourhoods planning with broader planning processes at SEL and place level	• Ongoing capacity constraints are being reported both at place and workstream level. Given the priority importance of this programme to the ICB and as part of national planning, it is likely that further resource realignment is required to ensure sufficient capacity is in place	• Workstreams where specific concerns have been flagged should escalate those challenges to their appropriate executive to ensure team resources can be aligned appropriately and report back on any remaining issues in the next cycle
Data sharing, clinical system integration and data governance – a number of reports talk to challenges with data sharing and clinical system integration to implementation	• A SEL Digital Governance Group has been put in place to support improvements and drive consistent solutions • An infrastructure and digital toolkit is being finalised to share with neighbourhood teams and place teams • GSTT are leading work looking at the opportunities to integrated EMIS and EPIC systems • The Universal Care Plan is in place which enables shared care plans to be developed, editing and shared across teams and with patients.	• A number of boroughs and workstreams have flagged independent work on data sharing and DPIAs to support neighbourhood workings • There have been some challenges with DPO response timelines to data governance documents which has impacted on implementation. • Uptake and use of the Universal Care Plan is not as high as it should be and we are not maximising this solution within our neighbourhood work	• Place teams to collaborate and share progress on data sharing agreements and DPIAs to reduce duplication. • SEL Neighbourhoods Director to meet with Digital leadership to understand challenges and how these could be resolved • The digital team are leading work to revitalise use of this within primary care and neighbourhoods

Shared Issues

Shared Issues	Actions currently in place	Gaps that need to be addressed	Proposed Actions
Estates availability: A number of reports talk to immediate barriers with finding suitable estate for INT operations	• An estates workstream is in place and there is an item on the Neighbourhood Board agenda today on development of neighbourhood health centres	• Whilst the medium to long term work is welcome and necessary, there are some immediate pressures on space for neighbourhood working.	• Estates workstream to clarify and share any information on any current estates opportunities that could be utilised to alleviate the immediate pressures on space for neighbourhood working.
Infrastructure funding – A number of reports talk to gaps in investment (particularly for infrastructure)	• £4.2m of investment has been provided to support INT implementation on the ground, and to support integrator development. • Integrators are putting in place development plans which will need to be aligned to ongoing infrastructure requirements	• There will be remaining gaps in infrastructure development funding that need be sized and then fed into individual directorate planning as well as overall system planning	• Workstreams to size current gaps in infrastructure, likely costs to resolve and relative priority and share with the SEL Neighbourhoods Director • Workstreams to ensure that 26/27 costs are shared with their relevant executive director for consideration as part of budget planning and report back to SEL Neighbourhoods Director on remaining gaps • SEL Neighbourhoods Director to work with the modelling TFG to ensure infrastructure costs are reflected in overall approach • SEL Neighbourhoods Director to review opportunities to meet any immediate infrastructure priorities within planning
Clinical Risk Management – A number of reports take to shared clinical risk as a barrier to implementation	• People workstream have undertaken workshops on clinical risk management	• More focus is required on this area as we move more fully into implementation	• Workforce workstream to present a deep dive report on the outputs of clinical risk management workshops to the NBCB in November for discussion on next steps.

South East London Integrated Care System

Place reports

Bexley (1/2)

Activity summary *(July - September)*

Key activity and decisions in reporting period

- **ICHT:** Go-live for **North Bexley** confirmed for **week commencing 6 October 2025**; Clocktower and Frognal targeted for **November**. Ongoing **mobilisation group**, LCN meetings and **PLT event** held.
- **Ageing Well/Frailty: Frognal hub & INT pilot** scheduled for **end of October 2025**; continuing **weekly task-and-finish group** and ongoing engagement (including Community Champions). **Hub on-site visit** to shape activity programming
- **3+ LTCs: Clocktower** went live in **May 2025** (status context), with **North Bexley and Frognal** aiming to follow in **Q3**; programme engagement and T&F cadence in place.

Key proposed next steps

- **ICHT:** Finalise **clinic dates/times for North Bexley**, **secure estates** for Clocktower/Frognal, and **finalise practice comms packs**.
- **Ageing Well/Frailty: Finalise roles & responsibilities**, **confirm staff** for hub & INT and arrange engagement session, schedule **hub activity,** and **map the digital pathway**.
- **3+ LTCs: Finalise implementation plans** for North Bexley and Frognal; **draft a 6-month evaluation framework**; revisit longer-term transformation ideas generated in earlier workshops.

Variance from plan

- **ICHT go-live date moved:** Planned for **September 2025**, now **confirmed for week commencing 6 October 2025** (North Bexley first; Clocktower and Frognal by November).
- **Ageing well/frailty pilot go live initially August**: Planned for **October 2025**

Dependencies

- Interoperable IT systems
- Collaborative workforce and governance structures
- Agreed clinical governance arrangements

Overall RAG Status	

For the board	
Decision or action required	Note the progress to date
Supporting papers	N/A

Milestone	Due date	Status
Finalise Ageing Well/Frailty end to end model	September 2025	At risk
Implement Ageing Well/Frailty INT pilot	October 2025	On track
Implement ICHT pilot	October 2025	On track
Review initial 3+LTC impact	August 2025	Complete
Scale 3+LTC model	December 2025	On track
NHS SEL ICB Integrator approval	July 2025	Complete

Bexley (2/2)

Risk	Action update	Current risk score
Limited resources may require stopping, scaling back, or repurposing existing services and funding to free up workforce	Roles & responsibilities defined; resources to be secured from existing services with funding to support backfill/new posts	3x3 = 9
Funding pilots outside of Provider Selection Regime (PSR) rules	Consistent framework for fund transfers to enable progress of pilots (aligned with PSR where possible). Plan for future commissioning/contracting model beyond pilot period	4x3 = 12
Data sharing limitations across INTs	Completion of DSA/DPIA and development of interim datasets for pilots	3x4 = 12

Issue (change, problem, other)	Action update	Priority
ICHT pilot go live date rescheduled from September due to change in provider	Implementation plan on track to enable go live w/c 6th October	**4**
Securing estates for ICHT in-reach clinic	Working with estates leads and PCNs/BHNC	6
Clinical governance and risk arrangements for pilot INTs	Working with ICB workforce leads; developing decentralised model for pilots based on existing national models	6

Key partners engaged

- All partners within the Bexley Wellbeing Partnership (NHS, local council, social care, libraries and the VCSE)
- GP leads, practices / LCNs: LCN meetings
- Primary Care PLT events.
- **Wider workforce & residents**:
  - Task-and-finish groups
  - Face to face workshops and on-line shared learning event
  - Ongoing engagement via Community Champions

Key learning

- Positive initial review of 3+LTC pilot impact
- Recognising nuances at LCN level and ensuring sufficient flex in model to meet needs of those involved in delivery as well as the local population
- Allowing more time than anticipated to work through complexities associated with new ways of working versus existing ways of working

Bromley (1/2)

Activity summary *(July - September)*

Key activity and decisions in reporting period

- Proposal for a cross-organisation leadership and management per INT, with project management support (supported by Integrator funds)
- Service User engagement on mLTC pathway, refining model ahead of go-live.
- Agreement to form overall INT for all adult pathways and supports CYP INT development.
- Commenced review against final Integrator maturity matrix and action planning.
- Initial agreement on developing Place-wide neighbourhoood working data sharing agreement

Key proposed next steps

- Develop phasing plan to bring clinical and non-clinical professionals together in INT teams.
- Confirm the cross-organisation leadership group for each INT, including scheme of delegation.
- Integrator governance workshop and development of agreement documentation.
- Pilot BI re-identification tools to use ED attendances/admissions as a cohort driver (mLTC).
- Commence development of CYP INT model beyond CHILDs in consult with SEL CYP group.
- Commence Place-wide neighbourhood working data sharing agreement.

Variance from plan

- Go-live of mLTC pilot model in SW INT delayed pending further development on team structure, scale and processes for initial pilot. All being actively worked on.
- Options paper for Place approach to PHM analysis and implementation building on SEL PHM plan. Further reflection on SEL-wide plan required before options brought forward at Place.

Dependencies

- SEL Programmes looking ‘once for all’ at key issues: Digital - potential new opportunities for viewing and visualising patient holistically; Workforce – sharing between organisations and workforce development / training planning
- SEL BI Support: Re-ID for mLTC pathway

Overall RAG Status	

For the board	
Decision or action required	Nil this time
Supporting papers	

Milestone	Due date	Status
CYP CHILDS Pathway live		Complete
Frailty MDT Pathway live		Complete
mLTC Pathway live across Place	End of 2025/26	At risk
Integrator fully operational		On Track
Access and sharing of records across INT providers		On Track

Bromley (2/2)

Risk	Action update	Current risk score
Progress is stymied by failure of organisations to engage in detail of the development work	Work package requests through Executive INT Development Group	High
MLTC inter profession/ organisation challenges	Service model & SOP agreement in train	High
Incentives / contracts misaligned to INT development	Work with Place and SEL Partners	High
All relevant patients lack access to information for direct patient care	DSA development approval	Moderate

Issue (change, problem, other)	Action update	Priority
Issue: Approach required on agreeing and funding INT leadership and administration	INT Dev Group moving to finalise	High
Issue: Understanding of current state mLTC service utilisation to support flow change analysis	DSA development approval	High
Change: Increasing priority of development of pathways within INT teams rather than just pathways.	INT Dev Group requested phased development plan	High
Change: Formalising INT Development Group to include all members of One Bromley and renaming to Neighbourhood Development Group	Implementing from October meeting	Medium

Key partners engaged

- September 2025 online and in-person workshops with residents to test and improve approach, language and useability of tools for mLTC pathway: some key changes to pathways designed identified and implemented. Further engagement likely throughout INT development, including hub working and expanding CYP and frailty pathways.
- Joint ICB/PCN/BGPA/LMC engagement event for General Practice set for 6th November
- Engagement with SEL information governance leads to understand need for Place level DSA for neighbourhood working. The need was identified.
- Continued engagement with One Bromley partners through South West Bromley INT Development Group and Executive INT Development Group.

Key learning

- Very high overlap between mLTC and frailty staffing groups, driving decision to develop core INT with pathways delivered by the multi-agency core staff.
- Excellent service user feedback sessions driving key changes to mLTC pathway.
- Learning from inequalities funded pilots in anticipatory care and case management, to be brought into the next steps development of frailty and mLTC programmes

Greenwich (1/2)

Activity summary *(July - September)*

Key activity and decisions in reporting period

- Initiated discussions on the role of prevention in neighbourhood health and care, with a focus on the frailty cohort initially in proactive care pathway
- Hosted two workshops on development of a proactive care pathway for people with long-term conditions
- Hosted a workshop with residents around a proactive care offer and our vision for neighbourhood working in Greenwich
- Shared first draft of new operating model for feedback and comment

Key proposed next steps

- Further development of prevention in neighbourhood health and care around holistic assessment, feeding into the neighbourhood leadership team and linking people up with prevention offers
- Distil findings from LTC workshops
- Finalise specs for proactive care pathway and scaling the frailty service
- Build in role of discharge hub and admission avoidance/preparation into new model of care
- Build in role of reablement, homecare and district nursing into a new model of care (dependent reviews)
- Engage wider system partners on operating model development
- Greenwich neighbourhood launch conference 15/10
- Finance workstream meeting booked in 1 October (bringing together strategic finance for RBG & ICB to fund system changes)
- Follow up session on operating model design to include Housing & P and G colleagues on role of estates planning
- Confirm forums for key decisions within programme at next programme board
- Add suggested reps from Oxleas & LGT to workstreams

Variance from plan

- None at this stage

Dependencies

N/A

Overall RAG Status	

For the board	
Decision or action required	N/A
Supporting papers	N/A

Milestone	Due date	Status
Recommissioning of Live Well	October 2025	In progress
Recruitment of Vital5 H&WB coaches	October-November 2025	In progress
PMS service specification implementation	October 2025	In progress
Proactive care pathway development	October 2025	In progress
District nursing options paper	October-November 2025	In progress
DHACT benefits review	October 2025	In progress
Developed “To be” Operating Model	December 2025	In progress

Greenwich (2/2)

Risk	Action update	Current risk score
We don't have a shared view on the base for operational costs across ICB and RB	Financial expertise required to get to the baseline. First dedicated finance workstream booked for early October, with wider system oversight through HGP sub-group	Severity = 3 Likelihood = 4
Gaps around strategic estates and workforce development plans for INTs	Dedicated estates and HR support required to drive this work across the system. Currently reviewing key people able to provide support & identify any gaps.	Severity = 3 Likelihood = 4
Risk of missing the current October "go live" timelines due to recruitment.	Need to identify recruitment estimations about additional staff for scaling frailty MDT and implementing LCT faster	Severity = 2 Likelihood = 4
Risk of designing pathways that don't make best use of collective resources	Regular SRO check-ins on overall operating model design specification.	Severity = 2 Likelihood = 2

Issue (change, problem, other)	Action update	Priority

Key partners engaged

- Whole system partnership engagement through the Healthier Greenwich Partnership
- Targeted comms and engagement with residents, staff and voluntary and community sector being coordinated through the comms and engagement workstream
- General practice engaged through webinar, e-bulletin, Greenwich Wide Forum, Clinical Influence session, and lots of ad hoc discussions with practices

Key learning

Key learning has been actively sought and analysed from:

- The existing frailty service in Greenwich, informing how we scale this up in terms of both scope and caseload
- The Local Child Health Teams model in one of our PCNs, and other SEL boroughs
- The MMMoC for CKD pilot in one of our PCNs, and other SEL boroughs
- Input and synergies with the Bexley and Greenwich Primary and Secondary Care Interface Forum
- The Connecting Greenwich general practice development programme in 2024
- SEL Estates team and Local Estates Forum colleagues re: Nhood Hub development

Lambeth (1/2)

Activity summary *(July - September)*

Key activity and decisions in reporting period

- Established the Integrator Delivery Board overseeing the design and delivery of INTs.
- Lambeth Together has agreed that our first phase of INTs will be in place by April 2026
- Neighbourhood leadership meetings convene the clinical lead (general practice), GSTT community services leads, GSTT/KCH acute consultant leads, VCFSE reps (Thriving Communities), and change-management support to co-design INTs.
- Establishing programme delivery architecture, drawing on existing partnership spaces to deliver the neighbourhood health.
- MLTC INTs being developed as part of NNHIP delivery

Key proposed next steps

- Each INT to undertake series of detailed design workshops with partners from all involved organisations including primary and secondary care, community pharmacy, VCSE organisations and residents with lived experience. Set shared goals INT model and start shaping what the model could look like
- Baseline data review to support identification of the priority cohort which cohort of residents will be in the scope, including those who may not usually access or trust health services.
- Shape the role of all partners in the model
- Agree what “good” looks like for neighbourhood-based, holistic care
- Develop workforce plans based on the design model
- Map estates and digital requirements as part of the design process.
- Agree Initial evaluation framework.
- Start onboarding and training
- Commence the outreach interventions from December
- Test readiness and scalability of the model with the test and learn approach from December with the view to phase out the delivery of the model across all chosen INTs in from April 2026.

Variance from plan

- On track

Dependencies

- Design and development of INT models dependent on neighbourhood resource, data access and analytic capability and stakeholder engagement insights
- NNHIP programme – external deliverables and timelines being determined

Overall RAG Status	

For the board	
Decision or action required	Board is asked to note the progress detailed here.
Supporting papers	N/A

Milestone	Due date	Status
Formation of working groups and governance	September 2025	Complete
Project plans in place	September 2025	Complete
Detailed design of INT models including confirmation of the cohort	December 2025	On track
Workforce and estates mapping completed	November 2025	Not yet started
Aligned services to neighbourhood footprints	April 2026	Not yet started
Start 3 x INTs in Lambeth	April 2026	On track

Lambeth (2/2)

Risk	Action update	Current risk score
Engagement of stakeholders and all partners to the delivery of the model. Risk of insufficient partners including patient, VCSE or community representatives involvement would lead to designing a model that lacks local relevance and buy-in	Clear communication of common goals with all the stakeholders about outcomes, one to one engagement with the key partners at the tailored level, involvement in co-desing to build commitment, regular communication to stakeholders, visible feedback loops, escalation if needed	10
Workforce availability and skills	Workforce mapping; training and development plan; phased roll-out to match capacity; explore temporary resource.	9
Estates - limited suitable community space in different neighbourhoods, availability of clinical rooms	Early estates gap analysis; engage with Integrator estates teams, explore shared space models	9
Challenges around data sharing across organisational interface	Early data governance agreements needed	9
Change fatigue and competing priorities - partners might be overstretched by multiple programmes and asks of delivery of muliple changes all at the same time which might lead to slow engagement and fatigue	Align timelines with other initiatives; keep meetings focused; demonstrate quick wins; celebrate progress.	9

Issue (change, problem, other)	Action update	Priority
Capacity within system	Significant system pressures – managed through partner engagement	6
Demonstrating impact	Building in evaluation and impact measures to design process	6
Cohort choice	Balancing the system capacity with the impact outcomes	8

Key partners engaged

- Healthwatch Lambeth is delivering patient/public/community engagement; a final report with findings and recommendations will be shared in December 2025.
- Neighourhood leads and Subject Matter Experts (General Practice, Community Services, Acute Trusts, Mental Health, Local Authority),
- VCSFE, Lambeth Ecology Group, Thriving Communities, residents with lived experience.
- Reps from all of the above invited to the co-design workshops

Key learning

- Regular and tailored engagement strategy with all the stakeholders to keep the engagement and commitment.
- Use existing relevant residents' insights to feed into the design of the model and inform if any additional needs assessment is needed to be conducted.

Lewisham (1/2)

PPL South East London Integrated Care System

Activity summary *(July - September)*

Key activity and decisions in reporting period

- Integrator governance agreed and MOU drafted.
- Recruitment completed for 15 of 16 INT posts, induction and training framework developed.
- INT estates requirements established.
- Mobilisation plans prepared for each neighbourhood to support roll-out.
- Digital pathway in place; DPIA developed; working with SEL Digital to secure full EMIS access for prescriber roles and improve integration.
- INT assessments co-designed and uploaded to EMIS.
- Proactive MDT approach with population-health reporting live since June.
- INT dashboard in Health Intent being built and readied for team mobilisation.
- INT Business Case finalised; SOP completed; Outcome Framework agreed.
- Clinical governance under development; adopting a test-and-learn approach.
- Patient-facing materials completed (including resident leaflet); ongoing communications and engagement.
- Preventative workstream co-designed with VCS and wider council services.
- PPL commissioned to work with GPs on the INT partnership.
- Frailty mapping completed
- Agreement on the INT funding is progressing

Key proposed next steps

- INT reporting to INT Board
- Continue to deliver Induction Programme
- Sign off INT Programme DPIA and Data Sharing Agreements.
- Complete INT Clinical Governance Framework
- Recruit the project officer for Complex Children INT
- Get the teams ready to see patients in October 2025
- OD support procurement
- Further scoping the prevention/ hub workstream with the council

Variance from plan

- Delay in identification of clinical space for INT Assessments

Dependencies

- Estates Programme
- Digital Programme

Overall RAG Status	

For the board	
Decision or action required	Note Progress of the INT development in Lewisham. Most actions relating to the LTC INT programme. Work on Frailty and Children is moving forwards.
Supporting papers	PWLE Co-design Report

Milestone	Due date	Status
Estates	13/06	
INT Roles – confirming appointment	11/07	Completed
Implement digital IT tools and equipment	01/08	On track
Clinical prescriber interviews	28/07	On track
Complete SOP – Including clinical management arrangements and clinical protocols	28/07	Completed
Population Health dashboard user acceptance testing	28/07	On track
Population Health Dashboard Goes Live	11/08	On track
INT – start staff onboarding	01/09	On track
Go live	08/09	Go live in October

Lewisham (2/2)

Risk	Action update	Current risk score
Inability to share data across partners. Secure INT DPIA and DSA.	Identified as a priority area and escalated locally to IG Leads meeting.	L6
Securing location for INT Operation	Working with ICB Estates and PCNs to secure desk space. Weekly mobilisation	L6
Population Health platform decommission	Developing reports via EMIS and ARDENS	

Issue (change, problem, other)	Action update	Priority
Estates – Identifying clinical space.	Working with ICB Estates and PCNs to secure desk space and consultation space.	6

Key partners engaged

- Programme to raise awareness of INT model to wider staff groups to support cross-organisational collaboration and joint problem-solving. Initial sessions scheduled September-October with LGT community services and specialist medicine services, primary care managers, further planning underway for adult social care and SLaM services.
- Over the past few months, system partners have been working together to develop and scope the full INT workstreams, which have been presented through our governance structures. We have a wider marketplace engagement session scheduled for 23rd October. Alongside this, several sessions have taken place with Council executive leads to support the development of the broader prevention work and the creation of INT hubs.
- System CEOs continue in visible sponsorship role.

Key learning

- Ongoing stakeholder communication is critical/ through various channels. We carried out INT Co-design programme with people with lived experience. This has resulted in positive change to the model of care.
- Through the development of the INT model of care, we have learned the importance of strong and aligned leadership across primary care and Lewisham and Greenwich Trust (LGT). A clear test-and-learn approach, supported by robust clinical governance, has also been identified as essential to ensure consistency, safety, and continuous improvement in how integrated neighbourhood teams operate.

Southwark (1/2)

Activity summary – *October 2025*

Key activity and decisions in reporting period

- Governance for Phase 2 in place / under review: Integrator appointed and Integrator Delivery Board (IDB) established; Southwark INT Programme Executive under review.
- Operating model design underway: developing core clinical leadership and operational management structures for mobilising neighbourhoods.
- Pathway delivery status: Frailty pilot live in Camberwell & Walworth; MMMOC pilot underway for mLTC in North and South PCNs; CHILDS live with integrated pathways for constipation, eczema, and asthma.
- Selected for participation in the National Neighbourhood Health Implementation Programme (NNHIP) alongside Lambeth; mobilisation underway.
- Work underway with SEL estates to develop INT working at the Tessa Jowell health centre in Dulwich.
- Initial engagement events for General Practice held in each neighbourhood

Key proposed next steps

- Review INT Implementation Programme Plan and align with the SEL roadmap and NNHIP plans.
- Agree roles required to mobilise initial INTs, redistribute resources, and begin recruitment as needed.
- Expand Frailty INT test and learn approach to Dulwich neighbourhood.
- mLTC workshop scheduled for November: convene partners, including Public Health, to determine the first neighbourhood to test and refine the 3+ LTC INT model.
- mLTC and CYP preparation: define resident cohorts.
- Formalise approach to VCSE engagement with Community Southwark

Variance from plan

- None

Dependencies

- Programme dependent on SEL enabler workstreams – digital, workforce and estates

Overall RAG Status	

For the board	
Decision or action required	
Supporting papers	

Milestone	Due date	Status
Phase 1 Completed: 5 geographies agreed, integrator appointed, programme governance established.	June 2025	Complete
Governance & Partnerships set-up: Integrator Delivery Board, Southwark INT Programme Exec review, GP Fed joint venture	Dec 2025	On track
INT resourcing plan confirmed	Oct 2025	On track
INT Models tested and developed	April 2026	On track

Southwark (2/2)

Risk	Action update	Current risk score
Engagement gaps – pharmacy, residents	Engagement underway; funding allocated to support neighbourhood-level VCSE engagement	6
PHM dashboards don't report at neighbourhood level	Working to identify alternative reporting mechanisms	6

Issue (change, problem, other)	Action update	Priority
No issues to report		

Key partners engaged

- Engagement underway: ongoing engagement via Programme Executive with Primary Care, GSTT, SlaM, Southwark Council, King's, ICB, Community Southwark; working with Community Southwark on VCSE co-design; aligning with Southwark Council community engagement; general practice engagement ongoing including Protected Learning Time (PLT) event in November.
- mLTC: Engagement planning underway to inform INT development.
- CYP: Early engagement with VCSE Sector and social prescribers underway.

Key learning

- Clarity on clinical governance and leadership model across Planning & Coordination functions and Delivery functions for neighbourhoods.

South East London
Integrated Care System

Workstream highlight reports

Comms and Engagement (1/2)

Activity summary *(July - September)*

Key activity and decisions in reporting period

- A draft staff activation communications toolkit prepared which has been tested in Greenwich. This includes proposed slides, FAQs, messaging (general and staff group specific) and approach. For testing with the Board.
- Staff activation continued in Bromley with an academic half day for primary care teams working in the NW INT
- Published outcomes of Integrator decisions with coverage in the HSJ
- Promotion of Lambeth and Southwark becoming a pilot site.
- Local activity in Lewisham to prepare for the LTC INT including production of patient leaflets and staff comms
- Community engagement:
    - Community engagement undertaken in Greenwich, Lewisham and Bromley to help inform and/or co-design care pathway and neighbourhood developments
    - The Bromley engagement included one in-person session and one online session with 20 resident voices overall offering feedback on the MLTC pathway.
    - Survey and focus groups in development in Lambeth (Healthwatch commissioned to do this) following on from engagement sessions – Steering Group oversees
    - Discussions with partners at Healthier Greenwich Partnership Engagement Network
- Videos in development to promote the 3 shifts – includes MOTs in Bexley and CHILDS framework.

Key proposed next steps

- To seek guidance and views on the staff activation communications toolkit and seek views from the NCBC on next steps.
- Monthly neighbourhood updates for the ICS stakeholder bulletin
- New 'hidden' webpage to launch which will host regular updates and information for staff and partners. This will include monthly updates and all approved assets and FAQs.

Variance from plan
N/A

Dependencies

- []Working with the Workforce Workstream on staff activation

Overall RAG Status	

For the board	
Decision or action required	• Next steps in relation to staff engagement and activation . • Complete the staff/stakeholder web page with regular updates (framework and draft page already developed) • Regular case studies and stories to be shared for further promotion
Supporting papers	Staff activation toolkit FAQs Slide pack for use with staff groups

Milestone	Due date	Status
Establish a partner web page for sharing key neighbourhood development updates		On Track
Produce a headline summary of NBCB outcomes for sharing through the stakeholder bulletin		Complete
		Not Yet Started

Comms and Engagement (2/2)

Risk	Action update	Current risk score
That the new webpage for staff and partners will not be accessed by them and contain up to date information	Ensure timely updates from each Board are produced and made available on the site. Place teams to take responsibility for ensuring partners and staff are aware of the page and to promote it in their teams.	Amber

Issue (change, problem, other)	Action update	Priority
Staff activation to be driven locally at place. Resourcing remains a challenge across the system and is a potential barrier to delivery at pace.	Paper on staff activation going to the Board in October.	Medium

Key partners engaged

- Place based C&E leads
- Workforce workstream

Key learning

There is limited information being shared by providers about neighbourhood development with their staff. This will be picked up through the staff activation process.

Children and Young People (1/2)

Activity summary *(July to September 2025)*

Key activity and decisions in reporting period

- Local Child Health Team (LCHT) – LCHTs have been operating in 3 SEL boroughs aimed at a managing referrals to OP and ensuring the CYP is seen in quickly by an appropriate clinician. They are not CYP INTs but can be used as a stepping stone to delivering CYP INTs. Greenwich have agreed a second PCN to implement the LCHT, and Bexley have identified their first PCN.
- INTs – A core steering group has been set up and met twice to complete a vision and shaping exercise and start defining a CYP INT framework principles.
- Imitated conversations around children and family engagement in developing the model with Greenwich Healthwatch.

Key proposed next steps

- Greenwich and Bexley to continue LCHT implementation. Lewisham to implement in Q3
- Refining framework and outcomes
- Design engagement conversations for CYP and families and with clinicians
- Developing PHM approach / principles

Variance from plan
N/A

Dependencies

- PHM engagement with teams
- Prevention framework agree

Overall RAG Status	

For the board	
Decision or action required	none
Supporting papers	none

Milestone	Due date	Status
Phase 1 – data triangulation and insight generation	Oct-Nov 2025	On track
Phase 2 – co-design and solution building	Nov 2025 - Dec 2025	Not Yet Started
Phase 3 – refinement, and outcomes definition	Dec 2025 – Jan 2026	Not Yet Started
Sign off framework at NBC Board	Jan 2026	Not Yet Started

Children and Young People (2/2)

Risk	Action update	Current risk score
None identified		

Issue (change, problem, other)	Action update	Priority
In Q3 we will have Health innovation Partners leading the work to develop the framework	.	

Key partners engaged

- Greenwich Healthwatch
- Place based commissioners
- Place based clinical leads
- Directors of Children Services

Key learning

Digital (1/2)

PPL South East London

Activity summary *(July-Sept 2025)*

Key activity and decisions in reporting period

- First meeting of the SEL Digital Governance Group has been scheduled to take place on 30th Oct 2025
- Digital EPR paper for Digital Governance Group has been prepared based on the last NBCB decision – to make a collective decision and nominate individuals to undertake the scoping work facilitated by SEL digital team to define options for mid term and longer-term solution
- Evaluation of London Care Record (LCR) Web option is taking place to support INT activities, as the commercial discussion held on 25th September between Optum and Oracle Health did not result into a resolution that can support contextual link access to the LCR via EMIS for new services.
- A paper to propose controlled and timebound access of LCR via Web link is being prepared that will be taken to LCR CCR Board meeting and Digital Governance Group.
- Universal Care Plan team (hosted and supported by SWL) has started working with SEL digital team to provide UCP access to SEL PCNs and Federations EMIS instances via the Valida client. UCP access is being re-initiated for 41 GP practices whose initial implementation was unsuccessful . The SEL digital team is working with the SWL team to ensure all SEL GP practices are fully activated with UCP.
- UCP and SEL digital team have also worked together to make the process of requesting and getting access to UCP simplified for each of the care settings. Currently 4 PCNs, 1 Federation and 51 Care homes have access to UCP and we aim to enable access to all sites in coming months.
- Exec Director of Neighbourhood Delivery has confirmed immediate ICB priority is for Ardens to be the interim solution for providing risk stratification and population segmentation in primary care (until London Data Service is fully available) and to extend the use of Ardens manager dashboard to INTs (non-PID or PID level based on need and data sharing agreement) population segmentation and risk stratification
- Ardens and Optum have started working together to establish necessary data sharing process for data to flow from the EMIS PCN and Community instances to Ardens manager, which will help ICB and providers meet their current and future reporting need
- Ardens have started working with Lewisham PHM team to develop dashboards needed to ensure continuity of service for three front line services – MDTs, Health Equity Focussed (HEF) staff and INTs.
- Newly recruited Lewisham INT staff have been supported with necessary IT equipment, system access and an MS Teams channel has been created.
- SEL digital team has agreed to provide necessary infrastructure and smartcard access to LIMOS team from LGT so that they can access EMIS instance of Lewisham practices
- Digital team is now actively working with Bromley INTs to confirm their infrastructure requirements for their INT go-live.

Key proposed next steps

- Complete the re-enabling of UCP for 41 GP practices and establish new UCP access process for the remaining PCNs and Federations and other care settings.
- Arrange SEL wide webinar to relaunch UCP for practices, PCNs and Federation. The session will cover the benefits, available resources and set-up guidance for these settings.
- Further discussions with Lewisham Alliance PCN to be held regarding the telephony solution to be provided and managed by SEL ICT
- Submit LCR paper to LCR London CCR board to get approval on the LCR interim solution (Vai web portal) as the commercial discussion between Optum and Oracle Health on 25th September were unsuccessful
- Agree next steps for the Wound management platform and whether this sits within the wider scope of Neighbourhood delivery work
- Agree a common approach for a standardised INT case management / EPR solution for the short / medium and long term
- Finalise and share infrastructure and digital toolkit with borough INT teams to help them identify hardware, infrastructure and digital platform requirements and associated cost prior to INTs going live
- Engage with Bexley to review requirements for their proposed frailty INT go-live in October
- Support borough INT with enabling users on Ardens who may be outside of practice staff e.g. Public Health members and federation staff

Dependencies

- Working collaboratively with enabler leads / colleagues within PHM and LCR teams to deliver interim solutions e.g. (Ardens Manager and LCR web link) whilst continuing strategic objectives of LDS and LCR

Digital (2/2)

Key partners engaged	Key learnings
• LCR Programme Lead / Team • UCP Programme Lead • PHM team (ICB and Borough) • Long-Term Conditions Management & Improvement team • Greenwich Digital Health & Care Technology leads • Lewisham INT leads • Bromley INT leads • Hayes Wick PCN - Digital transformation Lead • PC and community care leads • PPM team	- Multiple systems and portals for remote monitoring and virtual ward creating barriers for different teams working together to establish proper step-up, step-down model to support INT work ethos - Multiple systems currently in place that do not integrate with EPRs and are not accessible via NHS App - New PCN has been established - Places where population from one practice belong to different INTs, can bring additional complexities establishing digital platform e.g. IG requirement, reporting requirement etc

Risk/ Issue	Action update	Current risk score
There is a risk that recurring funding and budgets for INT infrastructure/equipment and digital platforms are not clearly established which could result in INTs not being digitally supported for go live and beyond as expected.	Conversations taking place with SEL and borough INT leads for those INTs planning to go live to understand local and central funding sources to support digital and infrastructure enablement	
There is a risk that the new PCN that has been created may bring additional challenges for Borough INT and digital team to consider before go-live	Discussion with the borough PC team to identify the EPR and other new instances of digital platform that may be implemented as part of the new PCN and ensure that INT staff get access to all required platforms and data	

Overall RAG Status	

For the board	
Decision or action required	To note contents of highlight report
Supporting papers	N/A

Milestone	Due date	Status
Complete data capture exercise with Place based INT colleagues - one borough left to complete	31/07/2025	Complete
Determining agreed approach to INT EPR solution for the short, medium and long term	31/12/2025	Complete
Develop a digital delivery plan setting out the digital challenges themes identified in the digital discovery phase and identify associated costs, resources and options for the delivery thereof once agreed by the relevant governance of the NBCB	31/08/2025	Delayed to 30/11/2025
Ardens manager integration with EMIS PCN/ Community instances	30/11/2025	On Track
Enable UCP for all practices, PCNs and Federations EMIS instances via Valida client and other INT settings via UCP web portal	22/12/2025	On Track

Issue (change, problem, other)	Action update	Priority
The digital resource risk identified earlier is now an issue as the SEL ICB digital project manager (FTC) is no longer with ICB and currently digital team have no dedicated project manager and team to support activities associated with the digital ambition of the INTs	Digital priorities are being reviewed to redirect resources where possible on a short-term basis, however this is unsustainable, and consideration is needed to fill the gap in digital resource to support digital deliverables.	Critical

Estates (1/2)

Activity summary *(July-Sept 2025)*

Key activity and decisions in reporting period

- Initial neighbourhood estates mapping to identify potential sites/locations to support physical INT locations for discussion with place teams and local estates forums
- Engagement with Southwark Place and Integrator re Tessa Jowell Health Centre (Dulwich)
- Circulate outputs from Greenwich hub workshops
- Engage regional and National colleagues who are part of the neighbourhood estates workstream

Key proposed next steps

- Proposal agreed to organise place workshops in each Borough to explore/ identify potential physical INT Hub locations
- Establish Tessa Jowell project arrangements and terms of reference
- Review national architypes for Neighbourhood hubs

Variance from plan

- Visioning strategy for Hubs not required - awaiting national guidance

Dependencies

- Digital enablement
- Integrator place discussions
- National strategy/policy development on hub definition

Overall RAG Status	

For the board	
Decision or action required	N/A
Supporting papers	TBC for Board

Milestone	Due date	Status
Neighbourhood footprint agreed	July	Complete
Review and gap analysis of potential INT locations in each neighbourhood	September	Complete
~~Visioning strategy for a Neighbourhood Hub~~	~~September~~	~~Not Yet Started~~
Place workshops to identify potential hub locations. PPL to facilitate and work commenced	December	Started

Estates (2/2)

Risk	Action update	Current risk score
INT estates requirements will need to feed into estates brief for development opportunities that are being discussed with Local authorities	Local discussions are taking lace to identify needs of the INT	3
Existing property arrangements and lease structures could restrict sharing estate	Engage with Prop Co's to understand existing lease constraints	5
Interface with IT required to facilitate shared IT and Estates infrastructure	Initial engagement commenced	3
Estate solutions could delay INT implementation due the time to deliver	Ideally early identification of locations and requirements needed to support delivery	3

Issue (change, problem, other)	Action update	Priority
Length of time for delivery of estates solutions	Raise awareness of long lead times	3
Extent and number of stakeholders needing engagement – are all provider estates teams aware of INT programme	Update through local estates forums and place based meetings	2

Key partners engaged

- Integrator Southwark/Lambeth
- Gstt Estates
- Local Estates forums in all 6 places
- Place leadership and Primary care teams

Key learning

Don't assume everyone is aware of the INT programme – in the provider estates community

Frailty (1/2)

Activity summary *(July-Sept 2025)*

Key activity and decisions in reporting period

- SEL dashboard working group is up and running. Starting point has been agreed to use Arden's manager frailty definitions + some other, supporting to align with PC
- Exploratory meeting with SEL WDH to align PC frailty training to SEL Frailty framework
- Place continue with asset mapping
- SEL People programme continue to map current frailty training provision across the system

Key proposed next steps

- Review asset mapping with place at beginning of October 2025 to ascertain any additional 'once for SEL' activities/tasks
- Planned follow up with CESEL to firm up support offer
- First draft SEL frailty dashboard to dashboard working party 15.10.25
- Meeting with digital in attempt to align/avoid duplication of various pockets of work across the system
- Further exploration of PC training needs around frailty to ensure included within PC sustainability work/commissioned training.
- Review and clarify proposed place delivery time frames. Current delivery time frames suggestive of following SEL delivery time frames:
- End Q2 – asset mapping and gap analysis complete
- Q3-Q4 development of action plan/pilots
- 25/26 Q1 pilot launches
- 25/26 Q2 planning, pilot reviews, wider roll out

Variance from plan

- Some flexibility is required around driving delivery time frames for SEL secondary to place differing time frames/and reliance on other colleague's work loads to move aspects forward.

Dependencies

- BI colleagues completing draft dashboard by 15.10.25

Overall RAG Status	

For the board	
Decision or action required	None
Supporting papers	N/A

Milestone	Due date	Status
Engaged Place asset mapping (5/6 place)	30.9.25	On track
Place gap analysis completed (5/6)	30.9.25	On track
First draft of SEL frailty dashboard	15.10.25	On track

Frailty (2/2)

Risk	Action update	Current risk score
. Shared care records have been identified as a challenge to INTs		High
Governance/accountability and clinical risk ownership identified as a barrier to INTs. Ongoing risks associated with change management plans/uncertainty		High

Issue (change, problem, other)	Action update	Priority

Key partners engaged

All frailty place frailty leads are engaged with the implementation group, except for Greenwich. We have been unable to engage Greenwich electronically or within the implementation group and have no insight into where Greenwich are with frailty framework implementation.

Key learning

All engaged place (5/6): are on track to complete asset mapping by 30.9.25

- Planning resident engagement to sense check gap analysis, if not already completed

At in different stages with implementation:

- 2/5 have completed mapping and gap analysis and aim to commence testing/implementation of frailty pilots/new pathways/resources (subject to alignment with INT road maps for 1 place) by end of Oct 2025.
- Remaining 3/5 are working to align frailty framework implementation with other place INT work. These 3 aim to have gap analysis completed by 30.9.25.

mLTCs (1/2)

Activity summary *(July-Sept 2025)*

Key activity and decisions in reporting period

- **All 6 Places taking forward 3+LTC INT agreed implementation plans (including development of plans via workshops) – noting some differentiation across SEL**
- **SEL ICB confirmed significant levels of both recurrent (£1m) and non-recurrent (£1m) funding to 6 Places (in September 2025) top support mLTC INT development – Delivery Plans from Place on how they plan to utilise funding to be agreed in October**
- Phase 2 evaluation for MMMoC commenced – scope set and timeline for delivery expected by Dec 2025 (possible slippage to Jan 2026, depending on contingencies)
- MMMoC to 3+LTC INT workshop – evolution of 3MOC to mLTC INT roll out

Key proposed next steps

- **Work with Place colleagues on Delivery Plans. Expectations that Place will either expand breadth of LTC coverage or focus on LTC Prevention (e.g. Point of Care Testing for mLTC patients, development of weight management pathways for people with mLTCs**
- Recognition of the continued need to transition MMMoC models into local multiple LTC programmes – working through Place-based 3+LTC leads

Variance from plan
N/A

Dependencies

- PHM workstream, Place-based NH development teams and Modelling and Impact workstream (SSP led)

Overall RAG Status	

For the board	
Decision or action required	**Future decisions (next 3-6 months)** **Scale/ pace of progression around SEL wide enablers (e.g. POCT, Self Care** Work) Delivery plans for newly confirmed support funding to be agreed in next 4 weeks (for Board to note)
Supporting papers	N/A

Milestone	Due date	Status
Updated Delivery Plans for additional funding	November	Not yet started
Completion of Implementation Plans by all 6 Places	December	On track
Phase 2 Evaluation – Dec completion at risk	December	At risk

mLTCs (2/2)

Risk	Action update	Current risk score
INTs start points differ (i.e. not all start by including all elements of the 3+LTC model due to funding constraints)	Some non-rec central funding to be confirmed by end summer	TBC
Digital-based risks, including robust/ consistent search criteria	Further scoping needed	TBC
Phase 2 evaluation (primarily led by ICB staff) may be affected by ICB restructure impact/ vacancy freeze	Fuller risk assessment not able to be complete due to delay in restructure	TBC

Issue (change, problem, other)	Action update	Priority

Key partners engaged
Place 3+ INT leads; HIN; System Sustainability Programme; CESEL

Key learning
MMMoC learnings spread at September workshop

Population Health Management (1/2)

Activity summary *(July - September)*

Key activity and decisions in reporting period

- The 'design document' has been iterated through broad engagement (see next page).
- Based on the design document, a service specification for the full PHM function is under development.
- Discussions continue on options for the technical components of the PHM offer (e.g., data flows, analytics platforms), including with the Lewisham and Greenwich team.

Key proposed next steps

- The service specification for the full PHM function will be completed. Functions will then be compared against existing/ planned provision (see also Dependencies below). Those functions not held within existing/ planned provision will be tested against a make-share-buy framework, with the intention of developing a specification for those functions under 'buy' and 'share' to aid upcoming conversation.
- The model needs to be tested using real-world examples. The approach to this is being developed; current thinking is to use existing forums to hold workshops.
- A workforce development plan will be established which draws on/ signposts to existing support for colleagues across the ICS and hooks into parallel workforce / organisational development programme.
- Conversations on the technical components will continue, including at London level.

Variance from plan

- The PHM programme is running as planned within the Project Initiation Document, albeit with additional milestones now added (see right).
- However, the PID, written in December 2024 and iterated as required, was a 12-month document reflecting the 'sprint' nature of this period of the PHM programme. There is an expectation that PHM will move from being the remit of a time-bound programme to business as usual. This will require both a new work plan and new governance arrangements, to be under development by the October PHM Board for discussion.

Dependencies

- Delivering PHM needs to include, alongside any centralised functions, SEL ICB and Integrators (recognising that the ICB and Integrators will be two key users of PHM). The PHM programme is therefore dependent to some extent on the ICB change programme. This dependency is being managed within the ICB.

Overall RAG Status	

For the board	
Decision or action required	N/A
Supporting papers	A monthly Programme Update is provided to the PHM Delivery Board; this is available on request.

Milestone	Due date	Status
Setting out design and options assessment	31/8/25	Complete
Draft updated workplan and governance structure	21/10/25	Not yet started
Draft service specification (for testing)	29/10/25	Underway
Complete testing of the model using real-world examples	31/12/25	Not yet started
Agree workforce development plan	31/12/25	Initial discussion with People Committee held

Population Health Management (2/2)

Risk	Action update	Current risk score
A full risk register is provided within the PID (available on request). The four risks with the joint highest score are provided below.		
Lack of stakeholder buy in	Broad stakeholder engagement and endorsement is required for a subsequent system approach to be successfully adopted and for the benefits of the approach to be realised. There is a risk that this does not happen e.g., due to the need for rapid progress.	12
EMIS Community data	EMIS Community data will not flow into the London Data Store. Whilst this is consistent with the current data available in the SEL Snowflake environment, as the system increases community services the gap in the data will become more problematic. Options to integrate EMIS Community into the London Data Store are being discussed.	12
London Data Store data architecture	There is a risk that the London Data Store does not provide data within an architecture to immediately support local work (i.e., that work is required to 'tidy' the data). This cost would need to be included in the design work.	12
Sub licensing agreements with the national and/ or regional teams	NHS England have put out an Expression of Interest for a nationally-procured PHM tool. In parallel, there is a commitment at a London level to a single approach to population segmentation, supported by a shared tool. Timelines/ tool specifications are unclear. The SEL ICB CEO is Chairing London discussions to reduce the potential risk.	12

Issue (change, problem, other)	Action update	Priority
Change to PID to add milestones: • Develop service specification • Test model with real-world examples	Updated work plan due by October Delivery Board. Actions underway.	Medium

Key partners engaged

- PHM Delivery Board (incl. representatives from PELs, DsPH, Trusts, primary care, data and digital ICB teams, KHP, and the ICB MDO)
- The AI Centre (now reporting regularly to the PHM Delivery Board)
- Place Executive Leads and Borough PHM meetings as invited
- Directors of Public Health, Public Health Analyst Network and Public Health Away Day
- GSTT, LGT and KCH colleagues
- Prevention Programme (and KHP colleagues through this)
- ICB Digital team and ICB BI team
- SEL Digital Committee, SEL People Committee

Key learning

- The 'design document' has been added to and iterated following each engagement; the outputs are now well socialised.
- This will be used to inform the development of the PHM function specification.
- The model needs to be tested using real-world examples (e.g., how would a Borough draw on PHM support to update its JSNA? How would a CD in a Trust access support to improve or redesign a service? Etc.). This is now included in the work plan (see previous page).
- There is a need to focus on workforce development in parallel. However, feedback has suggested that this shouldn't be a standalone programme but should hook into other workforce / organisational development programmes to 'ground' PHM within practical work (e.g., within the establishment of INTs). This is also now included in the work plan (see previous page).

System Sustainability Modelling Project (1/2)

Activity summary *(September)*

Key activity and decisions in reporting period (September)

- Finalised data request for patient level data, working with BI team
- Agreed approach to modelling financial impact with ICB finance leads and BI team
- Drafted and circulated 'information capture' to all Places
- Continued engagement (PC plus group, 3MoC workshop, Greenwich SMT, etc.)

Key proposed next steps (October)

- Finalise interim report with setting out complete modelling methodology for impact on patient flow, spend across system (theoretical), and workforce
- Continue developing dummy model in lieu of real data
- On receipt of patient-level data, retrospective analysis of service usage patterns, impact of coded INT activity for Lewisham, and modelling of future scenarios
- Information Governance processes concluded
- Analysis of information returns from all six places

Variance from plan

- Initial delay in receiving patient-level data due to BI team capacity pushed timelines back (scheduled to start pulling data together mid-September), also impacted by time to finalise data request. All now resolved with reworked plan for delivery of final report to December

Dependencies

- Modelling should inform workforce planning and conversations about future funding flows, which will require extensive engagement with provider finance teams.
- Information capture from Places

Overall RAG Status	Green

For the board	
Decision or action required	No decision – but to Note the Interim Report should be available in draft form by 3rd October, and final version to be shared with NBCB members on 10th October. Happy to provide briefing if useful, or respond to questions.
Supporting papers	Interim Report to be shared, not presented.

Milestone	Due date	Status
Finalise patient-level data request for acute, primary, and community care with SEL BI team	02/09/2025	Complete
Agree approach and assumptions for financial model (acute, primary, community cost implications)	22/09/2025	Complete
Start modelling using patient level data	17/10/2025	On track
Interim draft report summarising finalised approach, available data, and key assumptions	03/10/2025	On track
First run data analysis complete	31/10/2025	On track
First draft set of results shared for feedback with key stakeholders	03/11/2025	On track
Share final report including next steps to develop modelling approach, toolkit, and engagement with providers	12/12/2025	On track

System Sustainability Modelling Projects (2/2)

Risk	Action update	Current risk score
Further delays to the patient-level data request will have a knock-on effect on timelines	Latest update is that BI data should flow from 17th October, so on track with our plan	2
Focussing on 'theoretical' commissioner (PBR) costs will lead to objections from providers	Continuous engagement with finance leads to agree timing of engagement with CFO group	2
Information Governance delays	ICB laptops, honorary contracts, DPIA etc all being put in place	6

Issue (change, problem, other)	Action update	Priority

Key partners engaged

- Clinical leads for Frailty & PELOC and MLTC at system-level
- Primary Care Plus/ Neighbourhood lead managers
- Colleagues working on INT-related analytics across Places
- ICB Finance & BI colleagues

Key learning

1. Data request process has given our team a concrete understanding of the current state of data availability and quality at system-level in SEL
2. Attending the 3MoC workshop and hearing about the implementation process has given us an improved understanding of the mechanisms through which the 3+LTC INT will provide more joined-up care across partner orgs
3. Time to hone our modelling approach whilst waiting for patient-level data has provided space for useful discussions on the use cases for our model, including workforce planning, which will be summarised in the interim report
4. We appear to be ahead of Wider London and National work on this approach.

Workforce (1/2)

Activity summary *(July - September)*

Key activity and decisions in reporting period

- Workshops being held on 29th & 30th September in which we will explore the challenges associated with clinical governance and risk and what needs to be in place to mitigate against these
- Development of staff activation plan and testing with colleagues at place
- 'Kick off' conversation with SEL Education Collaborative on mapping exercise of educational offers for ageing well frailty workstream
- Development of brief for HIN on leadership support offer. Identified areas of focus for piloting
- Commenced scoping of development of e-learning module to build on themes of system thinking and leadership with a neighbourhood lens
- Continued engagement with London PPL rep and London ICS CPO's on supporting Integrator Workforce Specification development
- Continual engagement with reps at Place and workforce colleagues leaning into neighbourhood health
- Engagement with OD leads (via SEL OD collaborative) on planning for OD support via host organisations who have been agreed as integrators

Key proposed next steps

- Continued delivery against key activity as outlined in our workforce plan

Variance from plan

- None – we are focusing on aspects of plan as agreed with NCB and People Committee
- Engagement with Place reps have indicated other workforce challenges of immediate attention – which we are working on in parallel to our overall workforce plan

Dependencies

- Communications & engagement workstream – we are actively working with comms colleagues on staff activation parts of the plan

Overall RAG Status	

For the board	
Decision or action required	Note highlight report for update only.
Supporting papers	-

Milestone	Due date	Status
Workforce Plan for Neighbourhood Working agreed		Complete
Stakeholder mapping		Complete
Staff activation plan developed		On track
Clinical Governance workshops		On track

Workforce (2/2)

Risk	Action update	Current risk score
Clinical risk and governance for roles/teams working cross boundaries	• Engaging with regional colleagues to scope 'Once4London' response and legal support • Hosting workshops on 29th & 30th September in order to establish the challenges that we need to address, legal advice that would be helpful and potential solutions. • Raised the clinical risk/governance in NH's issue nationally with NHS Employers/Confed	Moderate (4-6)

Issue (change, problem, other)	Action update	Priority
		-

Key partners engaged

- Place reps
- Workforces colleagues in host organisations, leaning into Neighbourhood Health
- SEL People Committee and SEL CPO's
- Workforce leads in local authorities
- SEL Education Collaborative – for specific work on mapping of educational offers

Key learning

- Clinical Governance & Risk, and day to day support for leaders are key priorities
- Team facilitation isn't a requirement across all Places – have made offer available for those who need it, as and when it's requested
- Varying levels of awareness of neighbourhood health in staff groups impacted – which highlights the importance of a good staff activation plan
- Integrator host organisations are beginning to explore workforce support needed from an integrator perspective. It is recognised that OD support will be crucial in this transition to a new way of working. We are actively engaged with OD leads to help shape this. In addition we are linked in with PPL who are leading on work for the integrator specification and actively feeding into this from a workforce perspective.

South East London Integrated Care System

NHS South East London

Neighbourhood Based Care Board

Title	**Developing our test and learn approach to support implementation of Neighbourhood Health in SEL**						
Meeting date	22 October 2025		Agenda item Number	**8**	Paper Enclosure Ref		**6**
Author	Jenny Sanderson (PPL)						
Executive lead	Ceri Jacob, Dr George Verghese, Holly Eden						
Paper is for:	Update	**X**	Discussion	**X**	Decision		**X**
Purpose of paper	To discuss an evolving test and learn approach for neighbourhood health in SEL and to agree next steps.						
Summary of main points	The SEL Neighbourhood Framework recognised that Integrated Neighbourhood Teams (INTs) are a radical change to existing ways of working and will therefore require experimentation through the early implementation phases to understand what is and is not working and explore ways of overcoming challenges. The need for a test and learn approach and creation of a learning environment was identified to ensure INTs are delivering impact in the right places; to create space for failure and ensures we understand our impact with each new iteration of the INT model. Beginning with a focus on INT working SEL may look to expand over time to incorporate other elements of the neighbourhood health service A 'test and learn' approach provides the space to experiment, adapt, and improve - ensuring we understand what works, for whom, and in what context to support scaling of effective neighbourhood working across SEL. Proposed next steps are: • Bring together Integrators across Places through an initial session on how they are developing and how to share learning. • Work with the PC+ Group to explore how Places can collaborate more effectively to share learning, align improvement priorities. • Develop a clear 'Test and Learn' framework that sets out the principles, roles, required infrastructure and expectations for how learning is captured, shared, and acted upon across spatial levels.						
Potential conflicts of Interest	None for the NBCB						
Sharing and confidentiality	No						
Relevant to these boroughs	Bexley	**x**	Bromley	**x**	Lewisham		**x**
	Greenwich	**x**	Lambeth	**x**	Southwark		**x**
Equalities Impact	Not specifically in relation to this paper.						
Financial Impact	Not specifically in relation to this paper.						
Public Patient Engagement	Not applicable to this paper						

Committee engagement	13 October 2025 – Place Executive Leads
Recommendation	The NBCB is asked to discuss how to create a learning environment and to approve the proposed next steps.

Enclosure 6

South East London Integrated Care System

Developing our test and learn approach to support implementation of Neighbourhood Health in SEL

October 2025

Background and context (1/2)

South East London Integrated Care System

The SEL framework for neighbourhood health set out a high-level vision of what we want our INTs to do.

- **Tackle health inequalities**
- **Eliminate the need for referrals and hand-offs**
- **Work closely with residents and within communities**
- **Support and enable cross-system leaders**
- **Provide holistic, person-centred care, closer to home**
- **Ensure that all SEL residents receive the same standards of care**

The framework also recognised that INTs are a radical change to existing ways of working and will therefore require experimentation through the early implementation phases to understand what is and is not working and explore ways of overcoming challenges. The need for a **test and learn approach** and creation of a **learning environment** was identified to ensure INTs are delivering impact in the right places; to create space for failure and ensures we understand our impact with each new iteration of the INT model. **Beginning with a focus on INT working** SEL may look to expand over time to incorporate other elements of the neighbourhood health service.

The key principles of this approach, as described in the framework are:

- **Quality Improvement (QI) metrics aligned to and embedded within the local and SEL-wide vision for INTs.**
- **Being expansive and innovative when sourcing data and evidence**
- **A culture of evidence gathering and rigorous and rapid evaluation**
- **Ensuring a degree of comparability between QI metrics for our INTs and Places**
- **Concise reporting requirements**
- **A standard approach to applying PDSA-style (Plan, Do, Study, Act) improvement cycles between INTs**

Background and context (2/2)

SEL have developed an **outcomes framework** for Neighbourhood Health and are also in the process of developing a data model to link with the ongoing rollout of neighbourhood health and INTs, to include some key system sustainability and benefits outcomes. The outcomes framework includes 4 key areas:

- System resource and sustainability
- Workforce impact and staff experience
- Resident experience and community impact
- Population health, prevention and inequalities

Key **system metrics** and **data dashboards** are already in place across SEL in relation to multiple long term conditions, which have fed into both the data modelling and the outcomes framework.

An **Engine Room** has been set up to coordinate reporting across the different SEL wide workstreams, which is then fed into the Neighbourhood Based Care Board. These workstreams are:

- **Delivery of INTs, Neighbourhoods and 3 priority areas at Place**
- **Population Health Management approach & data**
- **Flexible workforce models and culture change**
- **Comms and engagement**
- **Strategic planning and resource allocation* (inc. Strategic commissioning, Estates and Modelling and Impact**
- **Digital**

An emergent area of focus for the people and comms workstreams is staff activation, and agreeing a shared approach to activate and empower the SEL workforce across neighbourhoods to drive forward the 10- year plan and it's vision for neighbourhood based care.

There is a need to pull the threads together across these workstreams to develop a consistent approach to enabling the test and learn implementation of INTs across SEL.

What do we mean by ‘test and learn’

A ‘test and learn’ approach provides the space to experiment, adapt, and improve - ensuring we understand what works, for whom, and in what context to support scaling of effective neighbourhood working across SEL.

Key principles:

- **Iterative improvement:** Try small changes, measure their impact, and adapt rapidly.
- **Evidence through doing:** Learning comes from implementation, not just planning.
- **Psychological safety:** Teams are supported to “fail fast” and learn safely.
- **Shared learning:** Insights are captured and shared across neighbourhoods, Places, and the system.
- **Data-informed decisions:** Real-time feedback and data are used to refine approaches.
- **Scaling what works**: Successful models are standardised or adapted where appropriate.

How it works in practice:

- Design: Identify a hypothesis or area for improvement (e.g., INT workflow, PHM, financial flows).
- Test: Run small-scale, PDSA cycles.
- Learn: Gather evidence, feedback, and outcomes data.
- Adapt: Refine the approach and share learning through Place and system forums.
- Embed: Integrate proven models into business-as-usual delivery.

Why it matters for SEL:

- Builds confidence in neighbourhood models and enablers.
- Reduces duplication by sharing early insights.
- Strengthens the culture of continuous learning and improvement.
- Connects bottom-up innovation with system-wide decision-making.

Rationale for developing a system wide learning environment

South East London Integrated Care System

A system wide learning environment will help to create the conditions necessary to capture early progress and connect INTs to share learning and test solutions. Strengthening the coordination of neighbourhood development and promoting consistency in the outcomes being worked towards.

An interim approach is needed to track the early progress, learning and impact from the initial INT implementation alongside the learning about how the INTs are working. As longer-term benefit metrics and measures of INTs and neighbourhood working will take time to become visible (e.g., shifting system resource to prevention; and improving long-term health outcomes).

There is an opportunity to create systemwide peer learning bringing together learning and experiences to identify ways of addressing emerging challenges across SEL, by bringing INTs together from across all 6 Places during the initial 'test and learn' implementation phase

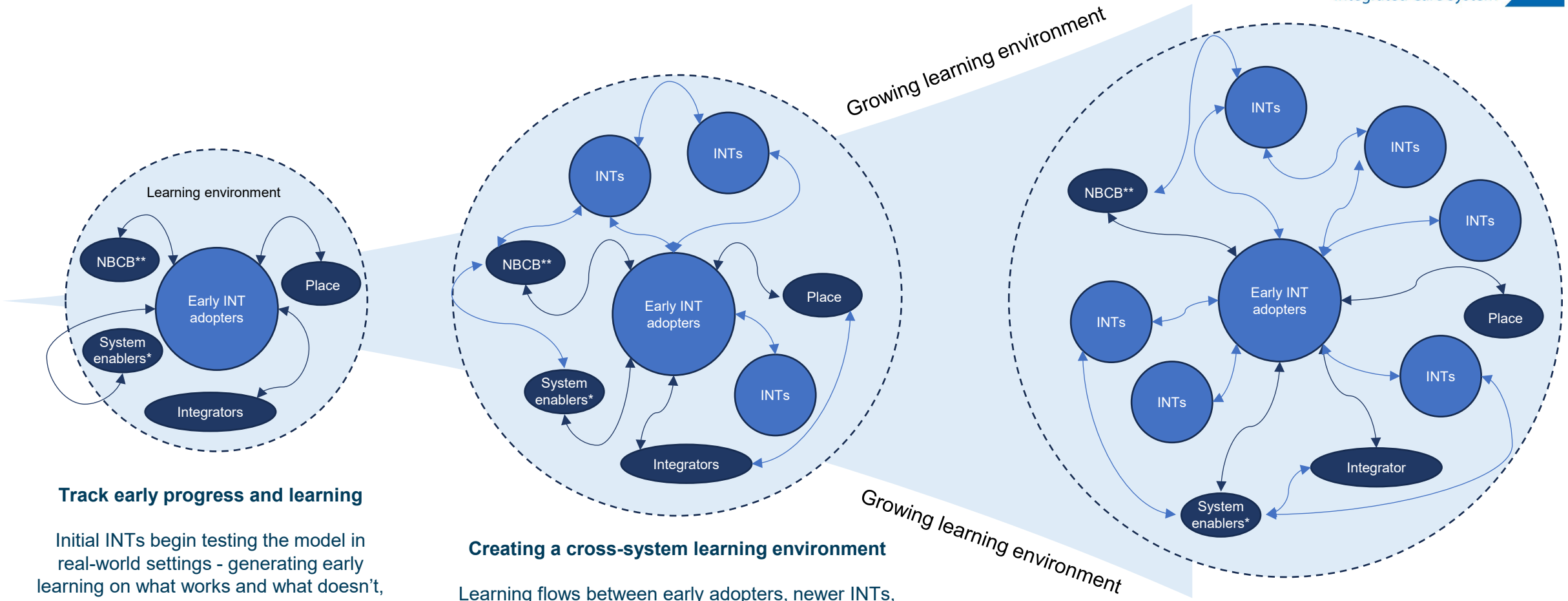
Through actively creating a cross system learning environment, these **early adopters will be able to develop a clearer understanding of what is and isn't working**, to inform the development and mobilisation of other INTs.

Establishing a learning environment will support the shift to neighbourhood working. **How we learn from the initial INT implementation will set the foundations for future practice**; by collaborating to improve how we work together, we are already road testing the approach we aim to embed.

The learning environment powers staff activation by equipping teams with the tools, data, and time to test and learn. It links INTs across Places with the NBCB through feedback loops that surface challenges early, spread what works, and enable the leadership group to remove barriers.

Creating a cross-system learning environment enables challenges to be raised in a coherent and collective manner to the NBCB, to inform the cross-system approach to Neighbourhood Health development and responses and mitigations can be developed and applied more quickly and consistently.

Developing a learning environment across SEL



Track early progress and learning

Initial INTs begin testing the model in real-world settings - generating early learning on what works and what doesn't, and tracking initial metrics. Initial learning is actioned upon to improve, ensure consistency where needed across INT models, and inform support infrastructure taking a QI approach.

Creating a cross-system learning environment

Learning flows between early adopters, newer INTs, and across neighbourhoods, Place and system - sharing practical approaches to common challenges, and adapting models and infrastructure where needed to continue to "test and learn".

Growing learning environment

Expanding network builds the foundation for long-term neighbourhood working - the process itself models the collaboration we aim to embed.

**This will include SEL workstreams such as PHM, workforce, estates to enable neighbourhood working.*
***And other governance as agreed upon in regards to reporting and support mechanisms*

Learning environment: expected outcomes

Learning happens at every level of the system. By defining what each spatial level should learn - neighbourhood, Place, and system - we can create shared purpose, enable consistent improvement, and ensure learning loops connect across SEL.

System

Creating the conditions for learning to flow across all Places and supporting a culture of improvement to achieve:

- A system-wide view of progress on neighbourhood development and outcomes.
- Functioning learning loops across levels - upward, downward, and horizontal.
- Agreed criteria for standardisation vs. local adaptation (“do, adapt, stop”).
- Data-informed insight into workforce, PHM, and sustainability outcomes.
- A culture of experimentation and psychological safety for continuous improvement.

Place

Synthesising learning across neighbourhoods to identify scalable approaches and reduce duplication to achieve:

- Identify and share effective models across neighbourhoods to avoid duplication.
- Use common metrics and dashboards to compare and learn between areas.
- Embed learning into governance forums (e.g., NBCB, INT oversight groups).
- Translate local learning into Place-wide improvement priorities.
- Develop leadership capacity for facilitation and collective problem-solving.

Neighbourhood

Testing and refining integrated neighbourhood team (INT) models and local delivery mechanisms to achieve:

- Develop and refine integrated team models responsive to local needs and cohorts.
- Build QI capability - teams routinely using data, reflection, and PDSA cycles.
- Generate practical insights on barriers, enablers, and local innovations.
- Strengthen relationships between providers, community, and residents.
- Capture early “proof of concept” stories and metrics demonstrating local impact.

What we already have in Place for ‘testing and learning’

SEL already has strong foundations for shared learning and improvement. Our aim is to connect these structures into a coherent, system-wide learning environment that links neighbourhood, Place and system levels. The below list is non-exhaustive!

System

- **Neighbourhood Based Care Board (NBCB):** Strategic oversight for INT delivery, data, and outcomes.
- **Engine Room:** Coordinates workstreams (e.g. PHM, workforce, comms, digital) to support neighbourhood implementation.
- **Shared outcomes:** Outcomes framework already developed in SEL. This will need to be translated into shared metrics that are reviewed to monitor impact.

Place

- **Emerging Integrators:** Opportunity to bring these together to connect leads across Places and foster collaboration.
- **PC+ Group:** Brings Place leads together to share learning, align priorities, and track improvement.
- **Place Executive Leads Meeting:** Provides leadership oversight and ensures alignment across boroughs.
- **Communities of Practice (3MMOC):** Supporting peer learning and QI capability across Places.

Neighbourhood

- **Integrated Neighbourhood Teams (INTs):** Early adopters already testing and refining local models such as 3MMOC work.
- **Data and outcomes focus:** Starting to use local metrics in 3MMOC to evidence change and guide iteration.

Proposed next steps

1

Bring together Integrators across Places through an initial session to align on shared purpose, map current learning activity and opportunities for collaboration, and agree simple mechanisms for sharing learning - recognising that Integrators will be holding and driving much of the learning around neighbourhood working.

2

Work with the PC+ Group to explore how Places can collaborate more effectively to share learning, align improvement priorities, and connect neighbourhood-level insights with Place-level decision-making, ensuring consistent visibility of progress and challenges across SEL.

3

Develop a clear 'Test and Learn' framework that sets out the principles, roles, required infrastructure and expectations for how learning is captured, shared, and acted upon across spatial levels. This should be co-designed with Integrators, the PC+ Group, and the Neighbourhood Based Care Board, and piloted through early INTs to refine and embed the approach