Partnership Southwark

Working together to improve health and wellbeing for the people of Southwark

Partnership Southwark Strategic Board Agenda

Thursday 22nd May 2025 13:30 – 16:30

Venue: Walworth Living Room, Surrey Square, London SE17 2JU

Chair: Cllr Evelyn Akoto

Time	Ref	Item	Lead	Enc
13:30	1	• Welcome and Introductions • Apologies • Declarations of Interest • Minutes of the last meeting • Action Log	Chair	Enc 1 – Declarations Enc 1i – Minutes Enc 1ii – Action Log
13:40	2	Community Spotlight: Showcasing the work of Pembroke House and Walworth Living Room	Mike Wilson - TBC	Presentation on the day
14:10	3	Report from the Integrated Neighbourhood Teams Programme Board	Darren Summers/ Louise Dark	Presentation on the day
14.25	4	Estates Update	Sanil Sensi/Tony Rackstraw	Presentation on the day
14:55	5	Public Questions	Chair	
15.05		Break		
Business items				
15:20	6	**Strategic Director for Health & Care and Place Executive Lead Report** Reports from sub-committee chairs: • Integrated Governance and Assurance Committee (KP) • Partnership Southwark Delivery Executive (RJ) • Primary Care Committee (KP)	Darren Summers / Katy Porter/ Rebecca Jarvis	Enc 2
16:00	7	Integrated Assurance Report	Darren Summers/ Adrian Ward	Enc 3
16:25	8	Any Other Business	All	
16:30		Close Meeting	Chair	

Next held in-public meeting: 24/07/2025

Partnership Southwark

Declaration of Interests

Meeting Name: Partnership Southwark Strategic Board

Meeting Date: 22 May 2025

Name	Position Held	Declaration of Interest
Alasdair Smith	Director of Children's Services, Southwark Council	No interests to declare
Ami Kanabar	GP, Co-chair LMC	No interests to declare
Anood Al- Samerai	Director, Community Southwark	No interests to declare
Cedric Whilby	CCPL, VCSE representative	1. Producer of 'Talking Saves Lives' public information film on black men and cancer 2. Trustee for Community Southwark 3. Trustee for Pen People CIC 4. On Black Asian Minority Ethnic (BAME) panel that challenges the causes of health inequalities for the BAME community in Southwark – **Pending email validation**
Claire Belgard	Interim Director of Integrated Commissioning	No interests to declare
Cllr Evelyn Akoto	Partnership Southwark Co-Chair & Cabinet Member for Health & Wellbeing	No interests to declare
Darren Summers	Strategic Director of Health & Care & Place Executive Lead	1. Wife is Deputy Director of Financial reporting at North East London ICB 2. Member of GSTT Council of Governors (ICB representative)
David Quirke-Thornton	Strategic Director of Children's and Adult's Services	No interests to declare
Emily Finch	Clinical Lead, South London & Maudsley	No interests to declare
Eniko Nolan	Assistant Director of Finance for Children and Adult Services	No interests to declare – **Pending email validation**
Graham Head	Healthwatch	No interests to declare
Jeff Levine	Regional Director for London, Agincare	**Pending declaration**
Josephine Namusisiriley	CCPL, VCSE Representative	No interests to declare
Julie Lowe	Site Chief Executive for Denmark Hill	No interests to declare

Katy Porter	Independent Lay Member	1. Trustee, & Vice Chair, Depaul UK which is a national charity, working in the homelessness sector, and it's head office is based in Southwark. The organisation holds a contract with Southwark. 2. CEO for The Loop Drug Checking Service. The Loop is a national charity developing services across the UK, including London. It operates in the substance use and health sector. – **Pending email validation**
Louise Dark	Chief Executive Integrated and Specialist Medicine Clinical Group	No interests to declare
Monica Sibal	IHL representative	No interests to declare **– Pending email validation**
Nancy Küchemann	Co-Chair Partnership Southwark and Chair of Clinical and Care Professional Leads, Deputy Medical Director, SEL ICB	1. GP Partner at Villa Street Medical Centre. Practice is a member of SELDOC, the North Southwark GP Federation Quay Health Solutions and the North Southwark Primary Care Network. 2. Villa Street Medical Centre works with staff from Care Grow Live (CGL) to provide shared care clinics for people with drugs misuse, which is funded through the local enhanced service scheme. 3. Mrs Tilly Wright, Practice Manager at the practice and one of the Partners is a director of QHS. Mrs Wright is also the practice manager representative on the Local Medical Committee. 4. Mr Shaun Heath, Nurse Practitioner and Partner at the practice is a Senior lecturer at University of Greenwich. 5. Dr Joanna Cooper, GP and Partner at the practice is employed by Kings College Hospital as a GP with specialist interest in dermatology. 6. Husband Richard Leeming is councillor for Village Ward in south Southwark. 7. Deputy Medical Director at SEL ICB
Nigel Smith	Director, Improving Health London	No interests to declare
Olufemi Osonuga	PCN Clinical Director, North Southwark	1. GP Partner Nexus Health Group, Director Quay Health Solutions, Director PCN, North Southwark
Rebecca Dallmeyer	Director, QHS	1. Quay Health Solutions holds contracts for delivery of services through the following contracts commissioned by SEL ICB: New Mill Street GP Surgery
Rebecca Jarvis	Director of Partnership Delivery and Sustainability	No interests to declare
Sabera Ebrahim	Associate Director of Finance, SEL ICB, Southwark	No interests to declare

Sangeeta Leahy	Director of Public Health	No interests to declare
Sarah Kwofie	Director of Homecare (London & South) City and County Healthcare Group	No interests to declare
Sumeeta Dhir	Chair of Clinical and Care Professional Leads	No interests to declare
Winnie Baffoe	CCPL, VCSE representative	1. Director of Engagement and Influence at the South London Mission, which works closely with Impact on Urban Health. The South London Mission leases part of its building to Decima Street medical practice. 2. Board Member Community Southwark. 3. Married to the Executive Director of South London Mission

PARTNERSHIP SOUTHWARK STRATEGIC BOARD MINUTES

Date: Thursday 27 March 2025 | 13:30 – 16:30
Venue: WTH Community Space, Walworth Town Hall, 155 Walworth Road SE17 1RS
Chair: Dr Nancy Küchemann

ATTENDEES

MEMBERS	TITLE AND ORGANISATION
Cllr Evelyn Akoto	Co-Chair, Cabinet Member of Health & Wellbeing, Southwark Council
Dr Nancy Küchemann	GP, Co-Chair Partnership Southwark
Anood Al-Sameria	CEO, Community Southwark
Rebecca Dallmeyer	Quay Health Solutions
Dr Sumeeta Dhir	GP, Chair of Care & Clinical Professional Leads (CCPL)
Sabera Ebrahim	Associate Director of Finance, Southwark, SEL ICB
Rebecca Jarvis	Director of Partnership Delivery & Sustainability, Partnership Southwark
Dr Ami Kanabar	GP, Local Medical Committee (LMC) Representative
Sarah Kwofie	Director of Homecare (London & South) City & County Healthcare Group
Jeff Levine	Regional Director for London, Agincare
Josephine Namusisiriley	Care & Clinical Professional Lead (CCPL), VCSE Representative
Dr Olufemi Osonuga	GP, Clinical Director of North Southwark Primary Care Network (PCN)
Katy Porter	Independent Lay Member
Monica Sibal	Improving Health Limited (IHL) Representative
Darren Summers	Strategic Director for Health & Care / Place Executive Lead, Southwark
Cedric Whilby	Voluntary and Community Sector (VCS) Representative
David Quirke-Thornton	Strategic Director of Children's & Adult's Services, Southwark Council
Louise Dark	Chief Executive Integrated and Specialist Medicine Clinical Group, GSTT
Julie Lowe	Deputy Chief Executive, Kings College Hospital NHS Trust
Nigel Smith	Director, Improving Health Limited (IHL)
IN ATTENDANCE	
Chris Williamson **(on behalf of Sangeeta Leahy)**	Assistant Director - Public Health , Southwark Council
Ade Odunlade **(on behalf of Dr Emily Finch)**	Chief Operating Officer, South London & Maudsley NHS Foundation Trust
Adrian Ward	Head of Planning, Performance and Business Support, Partnership Southwark, SELICB
Georgina Fekete	Non-Executive Director, SEL ICB
Isabel Lynagh	Business Support Lead, Partnership Southwark, SELICB (Minutes)
APOLOGIES	
Alasdair Smith	Director of Children's Services, Southwark Council
Eniko Nolan	Assistant Director of Finance for Children and Adult Services
Sangeeta Leahy	Director of Public Health, Southwark Council
Graham Head	Healthwatch Southwark
Claire Belgard	Interim Director of Integrated Commissioning, Southwark Council, SELICS

Winnie Baffoe	Director of Engagement & Influence, South London Mission; Voluntary and Community Sector (VCS) Representative
Emily Finch	Clinical Lead, South London & Maudsley NHS Trust

1.	**Welcome & Introductions**
1.1	The Chair welcomed attendees to the Partnership Southwark Strategic Board.
1.2	Introductions were made and apologies noted.
1.3	**Declarations of interest** There were no additional declarations of interest in relation to matters in the meeting.
1.4	**Minutes of last meeting** Minutes of the last meeting were agreed as an accurate record, with no points of correction noted.
1.5	**Action Log** The action log was reviewed, and updates were shared as follows: **Action 1: CLOSED.** Cllr Evelyn Akoto has been in touch with Healthwatch to clarify position. **Action 2: CLOSED.** The Maternity Commission Steering Group is now in place.
2.	**Spotlight: Neighbourhood Care – Insights from the Walworth Triagle Frailty Pilot**
2.1	The Chair introduced the Neighbourhood items on the agenda which were to be presented in two sections, with the first being a spotlight item on the Walworth Triangle Frailty Pilot of which the Chair has been a part of in her GP role.
2.2	Dr Nancy Kuchemann explained the background of the pilot and that a population health management approach had been taken. Patients were identified and offered assessments, after which primary and secondary care teams work together to identify the needs of the patient. This work focuses on prevention and management. The Chair noted that work has started in GP practices, however there is an outreach aspect through which some patients are starting to also be identified through community settings.
2.3	Searches on EMIS are being used to identify cases, which are reviewed by the clinical team to deem appropriate to offer additional resources to. Once the patients have been agreed, a trainee geriatrician is offering home visits to complete a comprehensive geriatric assessment.

	From this, a description is shared with GPs who are able to take actions from this and take back to the team who can better manage identified conditions. Onward referrals are also made to other community services and ways to reduce hospital-based activities can be identified.
2.4	As of a few weeks ago, there have been 38 referrals made across East Street and Villa Street. 19 home visits have been carried out and this has resulted in 90% of these patients receiving an advance care plan. A number of patients were able to have outpatient appointments cancelled. There have been many liaison pieces of work including social interventions through a social prescriber.
2.5	Some of the reasons for referrals included declining mobility, cognitive assessments, deterioration in a patient's condition since hospital admission, dementia screening as well as conversations with the team on the ground. Secondary activity has also changed as a result, for example, the trainee geriatrician has contacted a specialist in a hospital and sought advice, which has in turn led to less referrals.
2.6	The Chair fed back to the board her experience of being involved in the pilot. A key aspect of this work was having the North Southwark Federation available to host roles in this work. Alison Gowland was able to come out of her role at Guy's and St Thomas' hospital to support the pilot. Social prescribers were employed to take on the work. EMIS was available to the Federation to run searches to identify the patients.
2.7	It was noted that Villa Street already had a frailty approach in their practice, and it was important to use what they already had in their team and build on this. It was important to listen to all members of the team, patients and carers and understand what the aim of the pilot was before starting. The model was also socialised and taken to meetings to explain what would be done differently, it took a lot of work to sell the vision to colleagues and it takes time to build the trust. The importance of measuring the baseline and change during this work was highlighted.
2.8	Dr Nancy Kuchemann highlighted that going forward, it is key that new projects need energy and leadership and importance of setting out aims, ways to review progress and measure change.
2.9	The pilot has now come to the end of the first list and there are plans now to ask another practice to take on this pilot work, who will have their own baselines and relationships.
2.10	The Chair opened discussions up to the board for comment.

2.11	Jeff Levine noted the good outcomes seen in the pilot and asked for further information around the statistic that 100% of patients had their medication changed.
2.12	The Chair responded that part of this pilot is offering medication management to support with diabetes, hypertension or heart failure management which is leading to a decrease in need for hospital care.
2.13	Louise Dark asked whether this pilot was thought to be value for money. The Chair responded that so far it has not been value for money. At the start of the pilot, colleagues were keener to see a faster social care response. The CCPLs involved in this pilot work were keen to use the detailed assessments to highlight other needs, i.e. delays in social care support.
2.14	Monica Sibal noted that the pilot has seen a limited number of patients and asked if there has been a change in the practice which will impact a bigger number of patients and whether there has been an increased workload for the staff. The Chair responded that so far, the scale has not been high enough to see an investment to save. The work so far has established some ways of working and the next step is to move on to a cohort that is less well known. Other practices may have different baselines as this work expands.
2.15	Cllr Evelyn Akoto commented on the experience of the patients and whether this work has made them feel more supported. Cllr Akoto questioned how learning from this pilot will be passed on to other practices who take on this work as well as questioning how the project is engaging with other partners, for example, social care. The Chair noted that there are wider team members attending meetings.
2.16	Cedric Whilby noted his past visits to a day care provision where foot care is offered as part of this provision. Cedric noted a disconnect between the services and areas where they are not well joined up.
2.17	David Quirke-Thornton added that the council commission 'Happy Feet' which used to be available through the NHS, noting that these services do not have to be NHS services and reflecting that these conversations help remind organisations to join the dots. David added that he is keen to understand the issues previously mentioned regarding social care and suggested that this project would be a good opportunity to carry out an audit to highlight key issues and gaps and David offered his support with this work.
2.18	Responding to previous questions raised, Rebecca Dallmeyer noted that the project has been

	about testing the model and not looking at value for money. Rebecca highlighted that this work has been about relationships, noting that it is in its early days.
2.19	Rebecca Dallmeyer acknowledged the learning from the CHILDs model which used a population level approach to create a referral/triage and management pathway for children and young people.
2.20	The board thanked the Chair and **NOTED** the reflections and updates.
3.	**Integrated Neighbourhood teams**
3.1	Darren Summers introduced the item with an ask of the board to approve the SEL ICS Neighbourhood and INT Framework as well as support the neighbourhood footprints for INTs.
3.2	The energy and positivity around establishing Integrated Neighbourhood Teams was noted and the board was reminded that the purpose of this work is to be able to offer more holistic care to residents, in particular to those with complex needs. Another focus of the work is to reach out to those in the community who are less likely to come forward and use services.
3.3	It was noted this work hasn't been without challenges and it has been completed at speed. Engagement hasn't been as systematic as hoped, particularly with the Voluntary sector and residents. Resident engagement in Southwark 2030 was noted, however.
3.4	Particular challenges for the Primary Care community were noted, in terms of the developing Neighbourhood model. Primary care networks do not fit neatly with the configurations and will involve significant changes. Challenges for South London and Maudsley NHS trust (SLaM) were also noted, and the North/South model will need to be adjusted.
3.5	Darren Summers reiterated that the ask of the board was to support the proposed high-level model described within the board pack, as well as to review the roadmap.
3.6	It was highlighted that today is a milestone in the journey of work. A programme board is being established. Membership and frequency of the board are being discussed. There have also been conversations regarding establishing a primary care subgroup to work through existing challenges.

3.7	Further engagement with both residents and frontline staff is of high importance as next steps.
3.8	It was noted that there also needs to be a focus on resources and emphasises that the amount of work that will need to go into this shouldn't be underestimated.
3.9	The Chair noted that she would like to hear from key board members including Cllr Akoto, Primary care colleagues, Rebecca Dallmeyer and wider partners.
3.10	Cllr Evelyn Akoto thanked the PCN Federation and recognised that the journey has not been easy. Cllr Akoto noted that the local authority have had a Neighbourhood approach for a number of years and noted that this was agreed at Council Assembly last week. The Neighbourhood work aims to create better experiences for residents and ensure services are more accessible.
3.11	Nigel Smith noted that primary care in Southwark has been split into North and South for over 25 years and supported by Federations for 10 years. Unsurprisingly, the Federations preferred the four Neighbourhood option as this aligns better with the PCNs. Nigel noted that it is important to capitalise on, and preserve, existing relationships and structures as it has taken a long time to establish these.
3.12	Dr Ami Kanabar thanked Darren for taking the time to meet and discuss concerns and noted that LMC felt that what was missing from the papers were the implications and risk to general practice noting that practices will still need to work in existing structure as well also possibly different Neighbourhoods going forward. Rebecca Dallmeyer added to this that practices are not necessarily based where their population lives.
3.13	Dr Olufemi Osonuga noted that the focus needs to be on the delivery of this work and highlighted that integrated working is key. It was also noted that digital transformation is crucial for this work.
3.14	Josephine Namusisiriley emphasised the importance of good relationships and noted that the voluntary sector often struggles with relationships. Josephine noted that, the voluntary sector needs to have good relationships with organisations rather than individuals as staff change and relationships are therefore lost.

3.15	Rebecca Jarvis noted that primary care needs to be part of the plan going forward and highlighted the lack of programme management so far. Going forward, more meaningful conversations should be had with the voluntary sector, as well as with primary care.
3.16	Anood Al-Sameria noted that Southwark has a history of settlements, who are currently facing crisis and noted that this model could support the settlements and suggested that the project could be managed from the voluntary sector.
3.17	Katy Porter acknowledged that this is an important stage in the process of the work and highlighted that the board has moved on to talking about what is to be achieved as a board. There is a need to understand contractual obligations of roles.
3.18	Louise Dark added that she has observed this work over the past few months and views this as an opportunity to change the models of care, noting that this will cause some disruption, but it is worth it in the long run.
3.19	Chris Williamson highlighted the importance of looking at social issues as well as clinical information.
3.20	Ade Odunlade added that from his experience, it is key that the resources are put in place to make this work and noted that if this is not in place, there could be a negative impact.
3.21	Georgina Fekete, who was in attendance at this board meeting, noted that from hearing conversations across the South East London boroughs, it sounds as though the work is at different stages across different boroughs. This work feels like an evolution and is building on something that already exist. Georgina also commented on the importance of communicating the difference that INT working would make to patients. There was agreement from members of the board around these points with Cllr Evelyn Akoto highlighting that Southwark work well together and have established relationships and the next step is to be moving these onto a bigger platform.
3.22	Darren Summers closed this item by acknowledging the comments and views given by the board and thanked the board for their engagement. Darren noted that the INT board is the first board that he has experienced growing in numbers with each meeting which shows interest and enthusiasm.

3.23	It was also noted that it is important to recognise where we are with regards to ICB resources and highlighted that there is not going to be large amounts of new money available for this work. There will be a focus on realigning existing resources.
3.24	The board thanked Darren Summers for the presentation and the Chair noted board **APPROVAL** of the SEL ICS Neighbourhood, INT Framework and neighbourhood footprints for INTs.
4.	**Public Questions**
4.1	There were no public questions raised in advance of or during the meeting.
BREAK	
5.	**Strategic Director for Health & Care and Place Executive Lead Report**
5.1	Darren Summers introduced the Place Executive Lead report, taking the enclosures as read.
5.2	The update was opened with a message from Darren Summers regarding the recent announcements made that all ICBs are expected to deliver a 50% reduction on running costs by quarter three of 25/26. This announcement was on the same day that it was also announced that NHS England will be abolished. No guidance has yet been provided on how ICBs are expected to deliver these savings. Further announcements are expected next week.
5.3	Clarification was provided to the board that this announcement does not mean a 50% reduction in commissioning budgets. South East London ICB will try to self-determine the reduction is managed. Conversations have been had with Southwark councils' CEO to look at the best way to manage current functions and Darren committed to working with other partners throughout this uncertain time. At this time there have been no changes in law and statutory functions will need to be continued.
5.4	The impact on ICB staff was recognised, staff will be at risk of losing their jobs and this will be leading to personal anxiety as well as some motivation issues. The professionalism of SEL and Southwark teams was noted.
5.5	A recruitment freeze is already in place, including the Chief Nursing Officer post. This is already having an impact, and the freeze will be reviewed in a months' time.
5.6	Cllr Evelyn Akoto noted that it has been emphasised that Integrated Neighbourhood Team's work will continue.

5.7	The Chair invited Rebecca Jarvis, Katy Porter and Adrian Ward to speak to reports for sub-groups of the board.
5.8	Rebecca Jarvis provided an update on PSDE noting that one meeting has taken place since the last board. The main item discussed at this meeting was the Health and Wellbeing Strategy Plan that had been drafted. The plan was reviewed in detail, ensuring that the executive was happy with the owner of each action. The role of the executive and the 'Wells' forums was also agreed and there was further discussion to ensure that the Health and Wellbeing Strategy Action Plan and the Health and Care Plan compliment each other.
5.9	Highlight reports for each of the 'Wells' was also discussed to update on the progress and work of the groups. An update on the Mental Health delivery plans was also given.
5.10	There was a request from the board that the diagrams presented at the PSDE meeting were circulated with the minutes from the board.
5.11	Katy Porter provided an update as chair of the Integrated Governance and Assurance Committee (IGAC). The last IGAC meeting was held shortly after the ICB news was announced. The meeting was primarily spent looking at budgets and year end, focussing on month 11 and forward planning. There was particular focus on mental health budgets, mental health placements and medicines optimisation and IGAC will be keeping a close eye on these.
5.12	Katy Porter also provided an update as chair of the Primary Care Committee. The first committee meeting has been held with the new Terms of Reference. The structure of the meetings has changed from 'Part A' and 'Part B' to the Primary Care Collaborative and Primary Care Committee. The committee is an assurance committee for decisions being taken across primary care. This will include topics such as estates planning, budgets, contractual changes.
5.13	There is a tender going out regarding two surgeries and forward planning for estates.
5.14	David Quirke-Thornton suggested that a future space to look at collaborative commissioning would be useful and would be an opportunity for collaboration with the VCS, noting that this is something that the Council would be keen to see.
5.15	Anood Al-Samerai noted support of this suggestion, noting that it is easier to work with a Consortium of VCS groups. The recommissioning of The Wellbeing Hub is a good opportunity to

	engage the voluntary sector in this process and Anood noted that it would be good if the board supports this.
5.16	Anood Al-Sameria asked for clarification on the decision-making process for the Health Inequalities Funding. Katy Porter and the Chair clarified that the decision-making lies with Darren Summers, as Place Executive Lead, who is informed by partners. The IGAC is informed of decisions and how they have been reached.
5.17	The Chair committed to providing more information on this process to board members. Katy Porter reminded the board that the governance around this process was signed off by the board and has not changed. Time was offered outside of the meeting by Katy for any further questions around this.
5.18	Darren Summers noted that today was the deadline to submit plans to NHS England, which included the financial plan for 25/26. As of today, the Health Inequalities Fund is protected for next year but noted that there is a chance this could change as a result of review.
5.19	The board **NOTED** the report and updates.
6.	**Planning update**
6.1	Taking the papers as read, Sabera Ebrahim updated the board on the financial plan for 2025/26 highlighting key areas. Total resources delegated to Southwark place for 25/26 are £177m which includes net growth of £5m received for 25/26. There is a table on page 103 of the pack which shows the differential growth per area.
6.2	Mental Health & Learning Disabilities and Prescribing continue to be key areas of risk. There was significant overspend in these areas in 24/25. Sabera emphasised that Southwark Place need to breakeven or delegation can be taken away.
6.3	Across the ICB there is a requirement to deliver 5% efficiency savings across all budget areas. Last year this excluded Mental Health, which is included this year. Approximately half of this efficiency saving will be managed through efficiency reductions in budget. There have been several proposals for savings made, whilst trying to have minimal impact on services. Current plans are being reviewed at Place level and across the ICB. Once formally agreed, this will be developed into delivery plans.
6.4	The Chair opened discussion up to the board for comment.

6.5	Darren Summers noted the amount of savings to be delivered by Primary Care is £3.5 million, and it will not be possible to deliver this fully in Primary Care, which is why differential savings are seen in other areas. The starting position is worse this year and there is a challenging financial year ahead.
6.6	Cllr Evelyn Akoto noted the reoccurring overspend in Mental Health over a few years and asked if this is due to high needs or whether it might be time to look at doing things differently. Darren Summers clarified that there are two areas of overspend within Mental Health – one being ADHD assessments and services. Southwark uniquely doesn't commission a local service for the latter from SLAM. There are plans to put this into place this year, which will hopefully see fewer people being directed to alternative and private providers.
6.7	The other area of overspend in Mental Health is complex care placements, which are either via specialist private sector hospitals or supported living placements. The number of these has increased and there needs to be some understanding as to why that is the case. There has been agreement to set up a Complex Care Programme board across Lambeth, Lewisham and Southwark. Darren and Ade Odunlade will be the Senior Responsible Officers for this and there will be a focus on how to improve the quality of provisions.
6.8	Taking the papers as read, Adrian Ward updated the board on the second part of the planning update, which covered planning guidance, priorities and metrics.
6.9	Adrian updated that the Operational Planning Guidance for 25/26 has been streamlined down to national priorities, which are listed on page 107 of the pack. There are specific targets associated with each priority, but a much lower number than previous years.
6.10	The Better Care Fund (BCF) targets have been revised to align with the NHS Change 'three shifts' with the objectives focusing on supporting the shift from sickness to prevention and to support the shift from hospital to home.
6.11	One of the key targets is improving the number of emergency admissions for people aged 65+. This is an area of challenge with Southwark currently having one of the highest rates in London. Southwark are also a low performer for delayed discharges from hospital, which is another key target. Suggested trajectories have been made as part of the BCF submission and these will be monitored.

6.12	Adrian updated that the Joint Forward Plan is required to refresh each year. The Health and Wellbeing board have approved this year's refresh. This year, Places were asked to focus on four or five priorities and this has been reflected. The refresh is due for publication next week.
6.13	It was noted that a lot of the NHS England guidance was issued before the ICB cost reductions were announced. The NHS long term plan is expected to be published later this year following public consultation and this is likely to result in some changes to the guidance.
6.14	The Chair opened discussion up to the board for comment.
6.15	There was discussion around how the plans related to the Health and Care Plan priorities and in particular how the HCP delivery themes had been decided. Rebecca Jarvis and The Chair clarified that the HCP themes had been brought to the past few board meetings where they were discussed and agreed. The measures for Mental Health were decided based upon what was felt to be the biggest problem – waiting for services.
6.16	Cedric Whilby asked if the changing demographic is taken into account when measures and targets are being agreed. Adrian Ward confirmed that trends of demographic needs and the associated pressure on services are looked as when setting targets.
6.17	The board **NOTED** the reports and updates.
7.	**Integrated Assurance Report**
7.1	Taking the papers as read, Adrian Ward provided a summary of the Integrated Assurance Report, which was included in full in the pack. The report will be considered by the Information Governance and Assurance Committee. It was noted that the report is developing and covers delegated responsibilities.
7.2	The executive summary of the report notes the key issues which highlights the scorecard for SELICB place level targets. A number of these areas are behind target and flagged red as a result. Some of these areas include childhood immunisations, talking therapies and SMI physical health targets. SMI physical health targets are expected to increase significantly in Q4. Flu vaccination rates are also below target, which is an SEL wide issue.
7.3	Within the report is also a 'Local metrics' section which includes additional data. The new report focuses on the new BCF targets. Highlights of this report include two 'Inadequate' CQC reports have now improved to 'Good'.

7.4	The Operation Plan update is offline whilst the new plan is being developed. It will be presented at a future meeting. There is a new Quality Summary report from the SEL Quality team, which the team are seeking to develop further and there is also a Safeguarding report which will be summarised within the wider report. Risks have all been recently reviewed and will be reviewed again at the start of 25/26.
7.5	The chair thanked Adrian for the report and clarified to the board that it is important to develop this and consider how this is presented in future to the board. Darren Summers added that the Integrated Assurance Report covers the Partnership Southwark delegated responsibilities noting that different board members will have different areas of interest. It was decided to share the full information on this occasion, but going forward it is felt that the right place to give the detailed report is the Integrated Governance and Assurance Committee (IGAC). Feedback to Adrian outside of this meeting was encouraged.
7.6	There were comments and conversation around ways to improve vaccine rates across the borough.
7.7	David Quirke-Thornton noted that it would be helpful to see an executive summary of the current work against the five priorities. The Chair clarified that highlight reports for programmes of work are shared at the Partnership Southwark Delivery Executive and noted that these can be visible at the next board meeting in May.
7.8	Further suggestions were made by board members to outline in an executive summary how the performance noted in the reports link to the five priorities, and this can be used to identify areas for the board to improve together and ensure that the board is adding value.
7.9	The Chair thanked board members for providing helpful feedback and suggested that this was taken as a future item for the forward plan **(to add to forward plan)**.
7.10	The board **NOTED** the report and updates.
8.	**Any other business**
8.1	Cedric Whilby suggested that the details of future public board meetings could be circulated in 'Southwark Life' magazine to try to increase engagement from members of the public.
8.2	The Chair noted details of the next in public board meeting on 22 May 2025 and reminded the board that the development session in April has been stood down.

The meeting closed at 16:30 and the Chair thanked members and guests for their time.

PARTNERSHIP SOUTHWARK STRATEGIC BOARD ACTION LOG					
No.	MEETING DATE	ACTION	STATUS	OWNER	COMMENTS

There are no option actions on the action log

Partnership Southwark Strategic Board
Cover Sheet

Partnership Southwark
Working together to improve health and wellbeing for the people of Southwark

Item: 2
Enclosure: Presentation on the day

Title:	**Community Spotlight: Showcasing the work of Pembroke House and Walworth Living Room**
Meeting Date:	**Thursday 22nd May 2025**
Author:	Tara Mack – Director of Programmes and Mike Wilson – Executive Director, Pembroke House
Executive Lead:	

Summary of main points
Pembroke House and Walworth Living Room have been invited to give the board a presentation to showcase their work. The presentation will cover: • What's provided by Pembroke House/ at the Walworth Living Room • Their experience of working with partners (including health partners) and what have they learnt • Any insights from the local community about local need • What do they see is the potential of community-based assets such as Pembroke House in delivering a neighbourhood NHS.

Item presented for (place an **X** in relevant box)	**Update**	**Discussion**	**Decision**
	x	x	

Action requested of PSSB
The board is asked to note the presentation and contribute to the discussion.

Partnership Southwark Strategic Board
Cover Sheet

Partnership Southwark
Working together to improve health and wellbeing for the people of Southwark

Item: 3
Enclosure: presentation on day

Title:	**Integrated Neighbourhood Teams**
Meeting Date:	**22 May 2025**
Author:	Darren Summers, Strategic Director for Integrated Health and Care/Southwark Place Executive Lead
Executive Lead:	Darren Summers, Strategic Director for Integrated Health and Care/Southwark Place Executive Lead

Summary of main points

The development of Integrated Neighbourhood Teams (INTs) was one of the five priorities agreed by Partnership Southwark in September 2024, and this work follows on that agreement.

Following the March board at which we agreed the geographical footprints for neighbourhoods, and high level model, this presentation summarises:

- An update on progress made by the Integrated Neighbourhood Teams Programme
- The London Target Operating Model for INTs which was released in earlier in May.
- An updated governance structure for the INT programme, to reflect the move to detailed design and implementation phase.
- A summary narrative, designed for a wider set of stakeholders, on the benefits and purpose of INTs.

Item presented for (place an **X** in relevant box)	**Update**	**Discussion**	**Decision**
	x	x	

Action requested of PSSB

- To note the presentation and discuss key issues raised.

Anticipated follow up

The next steps are outlined in the roadmap contained in the main presentation, with the aim to launch Integrated Neighbourhood Teams in Southwark in October 2025.

Links to Partnership Southwark Health and Care Plan priorities	
Children and young people's mental health	**X**
Adult mental health	**X**
Frailty	**X**
Integrated neighbourhood teams	**X**
Prevention and health inequalities	**X**

Item Impact			
Equality Impact	The establishment of integrated neighbourhood teams will help address health inequalities, particularly through a more preventative offer by working more closely with local communities		
Quality Impact	Integrated neighbourhood teams are expected to have a significant impact on the quality of services being offered to local residents, with improved outcomes through offering more holistic, joined up health and care.		
Financial Impact	Integrated neighbourhood teams will be constructed primarily through the deployment of existing services, staff and resources into the teams. As we move into implementation phase, start up and any additional costs can be determined.		
Medicines & Prescribing Impact	To be determined through more detailed modelling.		
Safeguarding Impact	To be determined		
Environmental Sustainability Impact (See guidance)	**Neutral**	**Positive**	**Negative**
		Yes. Improving health outcomes and bringing care closer to home will have a positive benefit sustainability impact.	

Describe the engagement has been carried out in relation to this item
The proposals around integrated neighbourhood teams builds on wider engagement over a number of years, including with residents around Southwark 2030. Stakeholders and partners have been involved in the Southwark INT programme board, and have participated in a number of individual and group engagement sessions. Further engagement with residents, front line staff and, for example, voluntary and community groups, will be needed as we move into more detailed design and implementation phases.

Partnership Southwark Strategic Board
Cover Sheet

Partnership Southwark
Working together to improve health and wellbeing for the people of Southwark

Item: 4
Enclosure: Presentation on day

Title:	**Estates Update**
Meeting Date:	**22/05/2025**
Author:	Tony Rackstraw, Program Director, Estates, SELICB Sanil Sensi, Borough Estates Lead
Executive Lead:	Darren Summers, Strategic Director for Integrated Health and Care/Southwark Place Executive Lead

Summary of main points

The ICB Estates Team have been invited to give the board a presentation on the SEL ICS estates and infrastructure strategy and wider initiatives that will be key in enabling delivery of our health and care plan priorities. The presentation will cover how their work will support:

- the delivery of our Integrated Neighbourhood Team priority programme
- the strategic shift from hospital to community settings
- meeting future neighbourhood population health and care estates needs in partnership with the council
- challenges and opportunities for improved utilisation of our collective estate.

Following the presentation there will be 15 minutes for discussion on how partners can best work together on estates issues to deliver these objectives.

Item presented for (place an **X** in relevant box)	Update	Discussion	Decision
	x	x	

Action requested of PSSB

The board is asked to note the presentation and discuss next steps for partnership working on estates to support the delivery of our health and care priorities.

Anticipated follow up

Upon finalisation of the primary care estates strategy there will be further discussion on delivery.

Links to Partnership Southwark Health and Care Plan priorities	
Children and young people's mental health	**x**
Adult mental health	**x**
Frailty	**x**
Integrated neighbourhood teams	**x**
Prevention and health inequalities	**x**

Item Impact

Equality Impact	Impact assessments all undertaken as part of estates strategy roll out.		
Quality Impact			
Financial Impact			
Medicines & Prescribing Impact			
Safeguarding Impact			
Environmental Sustainability Impact (See guidance)	**Neutral**	**Positive**	**Negative**
		Sustainability considerations embedded in all estates development work to make progress towards zero carbon targets.	

Describe the engagement has been carried out in relation to this item
There has been engagement with primary care on the draft estates strategy.

Partnership Southwark Strategic Board
Cover Sheet

Partnership Southwark
Working together to improve health and wellbeing for the people of Southwark

Item: 6
Enclosure: 2

Title:	**Strategic Director for Integrated Health and Care/Southwark Place Executive Lead report**
Meeting Date:	**22 May 2025**
Author:	Darren Summers (Strategic Director for Integrated Health and Care/Southwark Place Executive Lead)
Executive Lead:	Darren Summers (Strategic Director for Integrated Health and Care/Southwark Place Executive Lead)

Summary of main points
This report details key events and activities, that are relevant to Partnership Southwark, that have taken in the past two months.

Item presented for (place an **X** in relevant box)	**Update**	**Discussion**	**Decision**
	x		

Action requested of PSSB
To note the report and updates.

Anticipated follow up
N/A

Links to Partnership Southwark Health and Care Plan priorities	
Children and young people's mental health	**x**
Adult mental health	**x**
Frailty	**x**
Integrated neighbourhood teams	**x**
Prevention and health inequalities	**x**

Item Impact	
Equality Impact	The report includes an update on a number of items that impact on health inequalities including: - Maternity commission update - Health inequalities fund impact report - SEND thematic review

Quality Impact	The report refers to the Integrated Assurance Report from the Integrated Governance and Assurance Committee which includes quarterly quality reporting element for the board.		
Financial Impact	The report includes information on financial performance for 2024/25 and an update on the recent additional requirement to reduce ICB running costs.		
Medicines & Prescribing Impact	The report refers to the Integrated Assurance Report from the Integrated Governance and Assurance Committee which includes a report from the delegated lead for medicines optimisation.		
Safeguarding Impact	The report refers to the Integrated Assurance Report from the Integrated Governance and Assurance Committee which includes a summary of the Q4 safeguarding report.		
Environmental Sustainability Impact (See guidance)	**Neutral**	**Positive**	**Negative**
	X The board development seminar on environmental sustainability held in February.		

Describe the engagement has been carried out in relation to this item
N/A

Partnership Southwark

STRATEGIC DIRECTOR OF HEALTH & CARE AND SOUTHWARK PLACE EXECUTIVE LEAD REPORT

This report is for discussion and noting; to update the Board on key highlights on Partnership Southwark and the delegated functions.

Reduction in Integrated Care Board running costs

NHS England released the 'Model Integrated Care Board blueprint' in early May.

In line with the requirement to focus our future operating model on strategic commissioning and reduce our core spending by half, the Model Integrated Care Board blueprint sets out the core components of what a strategic commissioning focussed organisation will do. It also describes what will happen to all of the ICB's functions in future. All ICBs need to outline how they will deliver cost reductions in a return to NHS England by the end of May.

In terms of what this means across London, we are clear that the future structure continues to focus on doing things once for London where possible and operating through five ICBs and 32 places. Places (boroughs) continue to be an important function and integral to how we will deliver the three shifts in the developing 10-year plan: analogue to digital, hospital to community and treatment to prevention. We are expecting the 10-year plan, to be published in early summer, to place real emphasis on neighbourhood working, enabled by a delivery function for each place. This is in line with the work we are doing on an integrated neighbourhood framework, where we are planning on each place having an organisation able to support the delivery of integrated neighbourhood working. The Model Integrated Care Board blueprint assumes that some functions move into these bodies when they are in place.

As well as setting out a core function for ICBs for the future as being a 'strategic commissioner', the model emphasises the need for robust contract management, high quality data and analysis and a range of other functions to support this. The ICB will continue to convene the system and hold it to account for delivering improvements in population health. The functions the reference model describes as being required are:

• Understanding local context: assessing the needs of their population and services available. This is about assessing population needs now and, in the future, using population data, intelligence, forecasting and modelling, assessing quality, performance and productivity.

• Developing population health strategy: long term population health planning and strategy development, informed by actuarial and economic analysis above to drive resource allocation for improved outcomes. This will be done through setting system strategy and leading care pathway redesign to inform allocation of resources to maximise value based on evidence.

• Delivering the strategy through our role as both a payer of and commissioner of services and resource allocation: oversight and assurance of what is purchased and whether it delivers. This will include defining what to buy, who to buy from and how to pay, alongside

contract management and oversight and assurance of what is purchased and whether it is being delivered; population co-design and engagement.

• Evaluating impact: day to day oversight of healthcare usage, population user feedback, evaluation to ensure optimal, value-based resource use. This means day to day oversight of how people are using our services and monitoring how well services are doing to understand return on investment and population feedback.

• Governance and core statutory functions: ensuring the ICB is compliant, accountable and safe. Each ICB will also continue to need a set of enabling functions required to run an organisation (HR, communications, internal finance, internal audit, procurement and complaints).

For a range of other functions, the assumption is that some or all of the current function move to providers, to be done at scale, or in a small number of cases by the region. The timescales on which this will be possible are likely to vary by function.

Ofsted and Care Quality Commission thematic review of SEND children not in school

During May, Ofsted and the Care Quality Commission (CQC) have been carrying out a thematic review in Southwark as part of the area SEND (Special Educational Needs and Disabilities) framework. The purpose of the visit is to better understand how health, Southwark council and the voluntary sector are working in partnership to meet the needs of children not in school across health, education and children's social care.

These visits provide insights which are used to promote improvements in the sector. Inspectors do not make judgements about individual areas during these visits, although they do share their findings in a national report which is due to be published in the autumn of 2025. The visit took place over three weeks, with inspectors on site from 19th-22nd May. Further information can be found about the thematic review here: Thematic reviews of children not in school in local areas - GOV.UK

Maternity Commission

An action plan is being developed and implemented in response to the Southwark Maternity Commission report published in February 2025. Details of the commission and its ten recommendations can be accessed here Southwark Maternity Commission | Southwark Council.

A steering group has been established, project manager assigned, terms of reference agreed and an action plan developed and reviewed over the course of the first two meetings. The steering group meets month and is chaired by the Place Executive Lead (PEL) or nominated delegate the Director of Integrated Commissioning. The steering group contains representatives from Southwark Council Public Health Team, South East London Integrated Care System (SEL ICS), Local Maternity and Neonatal System, NHS Trust Midwifery Teams, Parent Action and the Maternity and Neonatal Voices Partnership.

The steering group is further refining the action plan over May and June and are due to report on progress to the Health and Wellbeing Board in June with a focus on how the community voices and views captured as part of the work of the commission are being reflected in the action plan. The action plan covers the period April 2025 to September 2027 with annual reviews in April 2026 and April 2027.

Creative Health Southwark roundtable

The Creative Health Southwark roundtable, held on 1st May 2025, brough together system leaders, commissioners, funders, and other stakeholders with the objective of establishing Southwark as a Creative Health borough. The event focused on three primary priorities: co-designing culture and health strategies to address health inequalities, enhancing commissioning and funding practices, and utilising underused assets for community benefit. Discussions centred on identifying opportunities, formulating SMART actions, and fostering partnerships to maximise the impact of creative health initiatives. The goal was to develop a comprehensive implementation plan to integrate creative health approaches into local strategies, thereby improving health outcomes for Southwark residents.

Future steps included formulating detailed action plans for each priority area, ongoing collaboration with community partners, and establishing monitoring and evaluation frameworks to track progress. Efforts will also be made to secure funding and resources to support these plans, along with regular follow-up meetings to maintain momentum and address emerging challenges. The first steering group for Creative Health Southwark will be convened soon to initiate these initiatives and sustain the collaborative efforts from the roundtable.

Adult Mental Health Complex Care

Two separate but inter-related pieces of work focussing on adults with complex mental health needs are in progress. These are aiming to both reduce the budgetary pressure on high cost placements but more importantly review individuals in receipt of care and support and seek to reduce that where it is safe and appropriate to do so and where that would promote independence and enable people to live a more ordinary life in the community.

At place we have established a Complex Care Programme Board Southwark which is overseeing five workstreams. 1. A needs assessment and development of options to meet the needs of the future. 2. A review of placement delegation and management. 3. Securing in-borough supported living placements. 4. Developing and resourcing management of personalised commissioning. 5. A programme of targeted reviews of those currently in receipt of care and support. The programme board is chaired by the Director of Integrated Commissioning and attended by Directors and Assistant Directors from Adults Social Care, Integrated Commissioning, All Age Disability (AAD) and South London and Maudsley NHS Foundation Trust (SLaM). This programme is also incorporating on-going work commissioned by the AAD team from the Institute for Public Care (IPC) around strengths-based practice, prevention and move on.

As part of a wider South East London Programme the Director of Integrated Commissioning is jointly chairing with the Deputy Chief Operating Officer for SLaM a Complex Care Recovery Programme Group which covers Southwark, Lambeth and Lewisham and is jointly sponsored by Southwark PEL and SLaM Chief Operating Officer as Senior Responsible Officers (SRO) for Adult Mental Health. This programme has three strands. 1. Additional clinical reviewing capacity. 2. Proactive panel management and placement team leadership. 3. Reviewing placement commissioning, quality and relationship management and contracting arrangements.

Additional reviewing capacity is currently being recruited to and reviews are due to commence this quarter. A framework for prioritisation is being developed which will focus on where the most benefit can be gained for those in receipt of care and support, where relevant this will particularly focus on where those people could be moved to in-borough provision.

South East London ICB Board presentation

Rebecca Jarvis, Sehrish Baloch (Programme Lead) and Alison Gowland, Senior Clinical Fellow, presented on our work to develop an integrated frailty pathway at the SEL ICB Board on 16th April. The presentation focused on the work currently underway in the Walworth Triangle and our learning to date. Board members were particularly interested in how this work can inform the implementation of integrated neighbourhood teams at scale and the main theme of the questions was how we can more rapidly scale the work done so far, whilst noting the importance of building relationships across newly formed teams and the time required to do that effectively.

ICB Health Inequalities Fund Impact report

The Health Innovation Network has completed an impact report on the Health Inequalities Fund initiatives that were funded in the 2024/25 financial year. The report covers the progress made by initiatives that were funded early in the year during the first phase of the fund, as well as progress and future plans of the initiatives more recently funded during the second phase. The report provides insight into the impact of the various initiatives funded, which will help to inform how the fund is used in the future. Interviews with the leaders of funded initiatives took place throughout March, and the findings were written up throughout April. The report is now in the final stages of completion, and will be made available to partners and members of the board. The Health Inequalities Fund has been included in the budget for 2025/26. Some of this funding has already been committed to ongoing programmes, such as the Community Health Ambassadors and to Community Southwark to deliver another 'Funding Differently' grants programme. A workshop is being planned in June to engage partners developing plans for how the remaining funds can be used to reduce health inequalities in the borough.

Primary Care Contracts

On Friday 2 May, an 'Invitation to Tender' (ITT) for Silverlock Medical Centre and Queens Road Practice went live on the Atamis tendering portal. This invites prospective providers to submit a bid to run the two GP practices. Site visits are planned for Friday 30 May and the ITT closes mid-June. Then there will be a four week period of evaluation of the bids, followed by a four week moderation phase. The successful provider will be announced by the end of September / early October to allow for mobilisation, with the new contract beginning 1 April 2026.

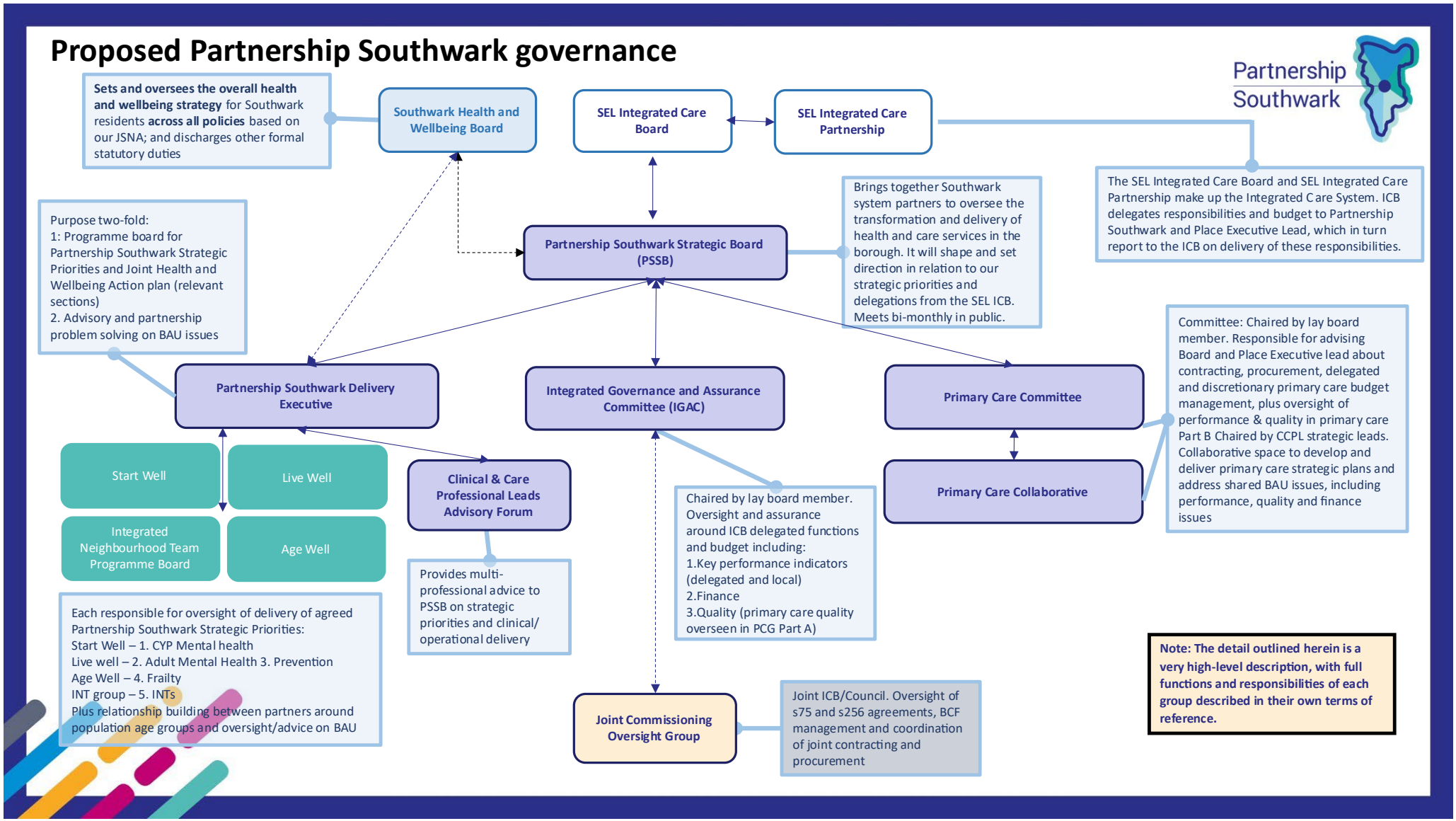
The Southwark Care Home Practice contract has been extended with the current provider, QHS, for a further 12 months from 1 April 2025 to 31 March 2026. This period will allow for a rapid-review of the service. The borough team will carry out a benchmarking exercise against similar Care Home contracts within SEL, to ensure ongoing quality of care and value for money. A recommendation for the contract for 2026/27 onwards will be taken to the Primary Care Committee on 12 June. This could include a 'Direct Award' to the existing provider or the requirement to carry out an open market procurement.

Update on reporting from Sub-groups

The revised governance arrangements set out to the board in January 2025 continue to bed in. This includes summary reports from the chairs of the 3 main board sub-groups, which are attached as appendices to this report as follows:
a) the Partnership Southwark Delivery Executive focussing on the delivery of the health and care plan priorities.
b) the Integrated Governance and Assurance Committee reports on the delivery of SEL ICB board responsibilities delegated to the local care partnership, including financial governance. This group also reviews the Integrated Assurance Report which is now included as a standing item to the board covering targets and metrics on planning priorities, quality, safeguarding, risk management and other delegated responsibilities such as continuing health care and medicines optimisation.
c) the Primary Care Committee oversees the delivery of primary care objectives.
The latest governance chart is reproduced in Appendix 1.

Darren Summers
Strategic Director of Health & Care & Place Executive Lead

Appendix 1 – Partnership Southwark Governance Chart



Appendix 2 – Partnership Southwark Strategic Board (PSSB) Sub-Group Report

Integrated Governance and Assurance Committee (IGAC)

Agenda Items of Note - Meeting date 8th May 2025

Agenda item	Items discussed
Matters arising	The committee received a verbal update from the Director of Integrated Commissioning on the items discussed at the previous meeting on the mental health complex care workstream and ADHD pathway work, both of which are essential for achieving financial balance in 2025/26.
Finance report	The committee received a report on the year-end financial ICB position for 2024/25. It was noted that the borough delivered an underspend of £44,000 on its final allocation of £179m. This was achieved despite significant overspending pressures in prescribing, mental health and delegated primary care. Southwark Place is required to break even as part of its delegation agreement. The wider ICB also achieved a balanced position. A summary of the report is included in the Integrated Assurance Report on the agenda for May PSSB.
Procurement update	The committee noted that a 12 month extension had been agreed to the Care Home Contract up to 31st March 2026, undertaken in line with the requirements of the provider selection regime. Additional updates were provided on contract extensions for Silverlock Meical Centre, Queens Road Medical Centre as well the plan to recommission the Population Health Management Contract form October 2025. The procurement process for council-led mental health supported living contracts was also noted.
Budget Planning Update	The committee received a report on the budget plans for 2025/26. The need to deliver 5% efficiency savings was noted. A summary of the report is included in the Integrated Assurance Report on the agenda for May PSSB.
Integrated Assurance Report	The committee reviewed the report in detail and reviewed the approach to reporting of quality, and agreed the reporting to PSSB of the Integrated Assurance Report that is included on the agenda for the May meeting.

Appendix 3 – Partnership Southwark Strategic Board (PSSB) Sub-Group Report

Partnership Southwark Delivery Executive

Agenda Items of Note

Meeting date 10 April 2025

Agenda item	Items discussed
Report from each of the Wells (Start Well, Live Well, Age & Care Well)	The group received a highlight report for each of the Wells. In Live Well, the group heard about the work underway to develop an integrated approach to managing people with three or more long term conditions, which is one of the priority cohorts of the Integrated Neighbourhood Teams programme. The mental health and frailty priorities were not discussed in detail as they were covered later on the agenda. The Delivery Exec noted that all priorities are reporting risks around availability of meaningful data to demonstrate change and improvement, and it was noted that a data dashboard is being developed for the strategic priorities which will be reviewed at the next meeting.
Mental Health update	The group received a progress report from the Programme Leads on the Mental Health priorities which aimed to specifically address how the work in contributing to reducing waiting times. The programme leads outlined the areas of work and explained the theory of change in terms of how each initiative should contribute to reducing waiting times. For example: • The recommissioning of the Wellbeing Hub provides an opportunity to redesign pathways and improve access so that people receive the right help at the right time • The quality improvement work underway to ensure that the additional investment in the Nest not only brings down waiting times to less than four weeks, but that this can also be sustained in the longer term • The 'test and learn' approach to developing a multi-agency model in primary and community care to support adolescents, which aims to reduce waiting times for an initial mental health assessment and meaningful intervention. The group also heard about the plans underway in SEL ICB to improve the ADHD service for adults in Southwark and the Southeast London ICB Neurodevelopment transformation programme which aims to reduce waiting times for neurodevelopmental assessments and diagnosis and improve access to support.

Frailty	The group received a presentation on the 'End of Phase One' review of the frailty pilot. The presentation covered the strategic context, key achievements of the work so far and learning to date. The discussion focused on some of the challenges around how the work can be scaled up and managing this when looking at higher numbers.

Appendix 4 – Partnership Southwark Strategic Board (PSSB) Sub-Group Report

Primary Care Committee

Agenda Items of Note

Meeting date

Agenda item	Items discussed
Quality and Performance	The dashboard has been further developed based on the feedback and actions from previous meetings. It now highlights key performance indicators, comparing variations across practices, identifying where additional support is needed, and showing Southwark's position in relation to other SEL boroughs. This serves as a tool for future planning and support with practice visits for 2025/26. A report, to include themes from the visits, will be provided alongside the dashboard every 6 months.
Finance	The Committee received a verbal update on the Month 12 financial position, with a paper on the M12 position for the next meeting and the planned M2 position. Overall position is an overspend of £17K for delegated PC; this is an improvement from previous reporting.
Contracts & procurement	The committee was updated on the contract variation request from a single-handed GP practice in the Borough, and agreed with the recommendation not to proceed with the previously requested contract variation. The surgery is now in discussion with the contracting team to consider future succession plans. The re-procurement of Queens and Silverlock surgeries has been prepared but issues regarding the premises has delayed the publishing of the tender. Following direct award of the Population Health Management contract, review is taking place of the indicators that will support the national and local priorities. This is being considered with partners and timeline discussed with GP, LMC, and through the Primary Care Collaborative. The committee noted the proposed start date of the new contract, 1st October 2025, but noted the need to factor in some of the challenges regarding the timeline and the implementation of changes and indicators. The Southwark Care Home Practice contract expired on 31st March 2025. The proposal has been to issue a one-year contract under the

	direct award to allow time to address inquiries regarding cost effectiveness, thereafter, proceeding with procurement if necessary. A recommendation on whether to direct award or go to procurement will be brought to the June meeting.
Estates	A number of development sites and plans were discussed, including: Pasley Park; an update will be brought to the next PCC on continuing discussions between Southwark Council, the ICB and Penrose. Canada Water: The Brief has been updated with comments from last Committee meeting. Noted the new INT groups have since been approved so the brief will be further updated with the practices within that INT group. Consideration of change of population size and demographic has been requested by the Committee, and the EOI has been shared and reviewed by the group to support planning and partnership for development and delivery. Commercial Way; Commercial Way has significant accessibility challenges, Nexus are considering consolidating and moving staff and patients to alternative sites such as the Harold Moody Health Centre. The committee were briefed on the importance of moving forward with the next stage of planned engagement of their patient population and have asked the Committee to support this. The Committee supported the recommendation in principle, recognising that the detail and engagement plan would need to be worked through. SEL Estates Strategy Development: A review of the Borough estate strategies is currently being undertaken and the outcomes will be provided around early May. An update will be available for the June Committee meeting. The Committee acknowledged the update and noted that any key subsequent updates should be communicated via email prior to the June report.
Risk Register	The Committee noted the inclusion of a new risk and in relation to Estates and the Queens Road premises.

Partnership Southwark Strategic Board
Cover Sheet

Partnership Southwark
Working together to improve health and wellbeing for the people of Southwark

Item: 7
Enclosure: 3

Title:	**Integrated Assurance Report**
Meeting Date:	**22/05/2026**
Author:	Adrian Ward, Head of Planning, Performance and Business Support, SELICB
Executive Lead:	Darren Summers, Strategic Director for Integrated Health and Care/Southwark Place Executive Lead

Summary of main points

Overview

The Integrated Assurance report is considered in detail by the Integrated Governance and Assurance Committee prior to tabling at the Partnership Southwark Strategic Board. The focus of the report is to provide assurance to the board on the delivery of delegated ICB responsibilities, key metrics and other priorities, other than primary care (which will be reported via the Primary Care Committee) and delivery of the Health and Care Plan (which will be reported on by the Partnership Southwark Delivery Executive).

This report was reviewed in detail by the Integrated Governance and Assurance Committee at its meeting of 8th May and key points have been highlighted in the executive summary.

The report focusses on delegated ICB and partnership priorities including performance, planning, quality, safeguarding, risk, finance, continuing healthcare and medicines optimisation. The first version of the report was tabled at the March meeting and changes since March are highlighted. The report is still in development and will be built upon iteratively with the aim of ensuring proportionate focus on the ICB and partnership priorities in each quarterly reporting cycle.

The structure of the report is as follows:

Executive Summary

Section 1: Performance Metrics:
- 1.1 SEL ICB place level report (Page 44)
- 1.2 Operational Plan 2025/26 (Page 69)
- 1.3 Better Care Fund targets (Page 72)
- 1.4 Health and Care Plan priorities scorecard (Page 81)

Section 2: Quality Report (Page 91)
Section 3: Safeguarding Q4 Report (Page 109)
Section 4: SEND (Page 115)
Section 5: Risk Report (Page 118)
Section 6: Summary of Financial Position (Page 123)
Section 7: Other reports from designated leads for delegated responsibilities (Page 126):
- Continuing Health Care
- Medicines Optimisation

Item presented for (place an **X** in relevant box)	Update	Discussion	Decision
	X	X	

Action requested of PSSB
The board is asked to note the Integrated Assurance Report and comment on the future development and focus of the report.

Anticipated follow up
An updated Integrated Assurance Report will be presented to the July board meeting.

Links to Partnership Southwark Health and Care Plan priorities	
Children and young people's mental health	x
Adult mental health	x
Frailty	x
Integrated neighbourhood teams	x
Prevention and health inequalities	x

Item Impact				
Equality Impact	The Integrated Assurance Report does not have a direct impact on services, however it is a report that that provides information on a range of delegated responsibilities including aspects of quality, health inequalities, finance, safeguarding and medicines optimisation.			
Quality Impact				
Financial Impact				
Medicines & Prescribing Impact				
Safeguarding Impact				
Environmental Sustainability Impact (See guidance)	**Neutral**	**Positive**	**Negative**	
	No direct impact			

Describe the engagement has been carried out in relation to this item
The contents of this report were reviewed by the Senior Management Tean and the Integrated Governance and Performance Committee on 8th May 2025.

Integrated Assurance Report – Partnership Southwark Strategic Board 22.05.2025

Executive Summary

Background

The focus of the Integrated Assurance Report is the delivery of delegated ICB responsibilities, other than primary care (which will be reported via the Primary Care Committee) and delivery of the Health and Care Plan (which will be reported on by the Partnership Southwark Delivery Executive). The current scope of the report covers performance and key metrics, progress on delivery of priorities, quality, safeguarding, risk management, finance, continuing health care and medicines optimisation.

The full report was considered in detail by the Integrated Governance and Assurance Committee (IGAC) on 8th May. This executive summary highlights key issues for the board to be aware of.

The full report reviewed by IGAC is attached in **appendix 1.**

Note on time periods covered by scorecard: The scorecards relate to 2024/25 targets and priorities. The data provided is the most recent available, usually Q4 but some indicators have a significant lag before publication. ICB targets, and those delegated to place, will be streamlined for 2025/6 in line with the NHSE operating plan, BCF and strategic priorities.

Summary of key issues

1. Performance scorecards

The number of indicators presented to IGAC has been reduced in order to focus only on those targets that are delegated to place by the ICB or are key to our revised priorities. There are currently 4 sections as follows:

1.1 Performance metrics – SELICB place level targets

Changes to note in the place dashboard since the March IGAC report are set out below:

a) Metrics with improved performance

- Talking Therapies (IAPT) reliable improvement metric increased 2% to 62% in February compared to December, although this remains red flagged as 5% below the target. Numbers of monthly discharges also increased by 35 to 330 but remains below target the 406 target. (red rated)
- Learning Disability Annual Health Checks further increased by 99 in February and delivery of the target is secure. (green rated)
- Patients with hypertension treated in line with NICE guidance increased 1% to 69% in March, although leaving the year end position 3% below the corporate objective target (red rated)
- Flu vaccinations increased marginally over February with the over 65's rate increasing 0.4% to 55.8%, below the corporate objective target of 61.5% for Southwark. The under 65's rate increased 0.6% to 32.3% (red rated x2)

b) Metrics with reduced performance

- Dementia diagnosis (the percentage of the estimated population with dementia who are identified by primary care) dropped 1% in February to 71% although still exceeds the 67% standard (green rated)
- Talking Therapies (IAPT) reliable recovery dropped 2% in February compared to December and is 5% below target (red rated)
- Primary Care Access appointments seen within 2 weeks dropped 1% between January and February to 88%, below the 91% target. Numbers of appointments in February fell 8% compared to January, although this is proportionate to the lower number of working days. (This measure is not RAG rated in the report)

c) Unchanged metrics:

In the latest SEL report there was no updated data reported on the following metrics:

- SMI physical health checks (red rated)
- Personal Health Budgets (red rated)
- Continuing Health Care (1 red, 2 green rated)
- Childhood Immunisation (7 metrics, red rated)
- Bowel Cancer Screening (green rated)
- Cervical cancer screening (red rated)
- Breast Cancer screening (green rated)

The committee discussed the issues around red rated metrics as set out in the annex to the scorecard and requested assurance around arrangement in place to maximise performance. The benchmarking shows that in many red rated areas Southwark is not significantly out of line with comparable neighbouring boroughs. The main area where Southwark is significantly below neighbours is Talking Therapies recovery and improvement rates, which is being explored with commissioners.

Immunisations and vaccinations is a notable area of concern. The subject is due to be the subject of a deep dive in the July meeting. Note that it is expected that commissioning arrangements for vaccination programmes will be delegated to ICBs in April 2026.

1.2 Additional Operational Plan Targets 2025/26

At this stage there is only one additional defined Operational Plan target at place level: the % of patients with CVD who have their cholesterol levels managed to NICE guidance. This data is provided at PCN level and shows PCN South in top quartile in the ICB and PCN North in the bottom quartile. This metrics is likely to be added to the SEL place report above.

The other Operational Plan success measures are either managed at SEL level (e.g. acute care) or currently undefined (e.g. “make progress on inequalities in line with Core20Plus approach”).

1.3 Better Care Fund (BCF) Targets at place

This dashboard sets out BCF targets for 2024/25 and 2025/26 which will be seen as key place targets. These show that there is significant scope for improvement in the rate of emergency admissions for over 65’s, average days patients are delayed in hospital after their discharge ready date and Care Home admissions. The BCF plan sets out a range of investments in services that seek to prevent avoidable admissions to hospital and care homes and support safe and timely discharge.

1.4 Health and Care Plan Priorities Dashboard

This new dashboard covers the key metrics against each of the 5 priorities as set out in the Joint Forward Plan refresh. In advance of agreeing target values, the scorecard highlights and red lights a number of measures which are deteriorating rather than improving. This dashboard will be used as part of the reporting on the delivery of the health and care plan priorities to the Partnership Southwark Delivery Executive.

2. Quality Report Q4

The SEL Quality Team have prepared the attached Q4 report which covers a range of issues including recent GP CQC inspection improvements and analysis of Quality Alerts. Further discussions are underway with the Quality team about developing the place level report to focus more on quality issues relating to our Health and Care Plan priorities, and primary care.

The improvement of the CQC rating of the Nexus GP surgery to “Good” is particularly significant given the list size of approximately 75,000 patients. Together with the promotion of Acorn and Gaumont’s rating to “Good” the % of Southwark patients not in a practice rated as Good is much reduced, with just 4 practices requiring improvement.

3 Safeguarding Report Q4

IGAC received a new format Safeguarding report which provides a detailed update on the strategic objectives and work plan of the ICB Southwark Safeguarding Team. For each objective relating to the board’s delegated responsibilities the report sets out strengths, challenges and next steps. The attached document presents a high level summary of next steps in delivering on safeguarding priorities.

4 SEND Report Q4

IGAC received a new report on the ICB contribution to Special Educational Needs and Disabilities (SEND) services in Southwark, including a summary and dashboard on key health related measures which are attached. Waiting times for input from community paediatricians is highlighted as an area for improvement.

5 Southwark Place Risk Register

The updated risk register report highlights that three risks have closed associated with the old financial year, with two new risks opened for 2025/26. No risks are currently severe.

The Senior Management Team plan a detailed refresh and review of current risks for 2025/26 in June, aligned to delivery risks for our key priorities.

6. Finance summary report

IGAC receives a detailed ICB Finance report from the Associate Director of Finance which is reviewed in full. The report to the board attached includes a summary of the key issues discussed regarding 2024/25 final outturn and 2025/26 budgets.

7. Reports from delegated leads for Continuing Health Care and Medicines Optimisation

IGAC noted the reports included in the attached report. It is intended to have deep dive on medicines optimisation issues at the IGAC meeting in July to identify key risks and opportunities.

Updated 01.05.25

Partnership Southwark

Integrated Assurance Report

May 2025

Section 1.1: SEL ICB dashboard of key metrics and targets delegated to place

Attached is the full place report provided by the ICB assurance team on 17 April showing the position on 24/25 metrics, targets and benchmarking.

Local commentary on areas flagged as red rated is provided as an appendix.

South East London Integrated Care System

NHS South East London

Southwark Local Care Partnership
LCP performance data report

April 2025

Contents

Overview of report

Summary:

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

Contents and structure of report:

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

Structure

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

Definitions:

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

South East London Integrated Care System

Southwark performance overview (SEL report)

NHS South East London

Standard	Trend since last period	Period covered in report	Comparator	Benchmark	Current performance
Dementia diagnosis rate	↓	Feb-25	National standard	67%	71%
IAPT discharge	↔	Feb-25	Operating plan	406	330
IAPT reliable improvement	↔	Feb-25	Operating plan	67%	62%
IAPT reliable recovery	↑	Feb-25	National standard	48%	43%
SMI Healthchecks	↑	Q3	Local trajectory	68%	53%
PHBs	↑	Q3 - 24/25	Local trajectory	586	335
NHS CHC assessments in acute	↔	Q3 - 24/25	National standard	0%	0
CHC - Percentage assessments completed in 28 days	↓	Q3	Local trajectory	75%	62%
CHC - Incomplete referrals over 12 weeks	↔	Q3 - 24/25	Local trajectory	0	0
Children receiving MMR1 at 24 months	↓	Q2 - 24/25	PH efficiency standard	90%	78%
Children receiving MMR1 at 5 years	↓	Q2 - 24/25	PH efficiency standard	90%	83%
Children receiving MMR2 at 5 years	↓	Q2 - 24/25	PH efficiency standard	90%	73%
Children receiving DTaP/IPV/Hib % at 12 months	↑	Q2 - 24/25	PH efficiency standard	90%	87%
Children receiving DTaP/IPV/Hib % at 24 months	↓	Q2 - 24/25	PH efficiency standard	90%	85%
Children receiving pre-school booster (DTaPIPV%) % at 5 years	↓	Q2 - 24/25	PH efficiency standard	90%	61%
Children receiving DTaP/IPV/Hib % at 5 years	↑	Q2 - 24/25	PH efficiency standard	90%	86%
LD and Autism - Annual health checks	↑	Feb-25	Local trajectory	859	992
Bowel Cancer Coverage (60-74)	↑	Sep-24	Corporate Objective	63%	63%
Cervical Cancer Coverage (25-64 combined)	↓	Jun-24	Corporate Objective	64%	64%
Breast Cancer Coverage (50-70)	↑	Sep-24	Corporate Objective	58%	59%
Percentage of patients with hypertension treated to NICE guidance	↔	Mar-25	Corporate Objective	72%	69%
Flu vaccination rate over 65s	↑	Feb-25	Corporate Objective	61.5%	55.8%
Flu vaccination rate under 65s at risk	↑	Feb-25	Corporate Objective	34.2%	32.3%
Flu vaccination rate – children aged 2 and 3	↑	Feb-25	-	-	37.5%
Appointments seen within two weeks	↓	Feb-25	Operating plan	91%	88%
Appointments in general practice and primary care networks	↓	Feb-25	Operating plan		116741
Appointments per 1,000 population	↓	Feb-25			322

Dementia Diagnosis Rate

SEL context and description of performance

- The 2024/25 priorities and operational planning guidance identifies improving quality of life, effectiveness of treatment, and care for people with dementia by increasing the dementia diagnosis rate to 66.7% by March 2025 as a National NHS objective. Dementia diagnosis rate is defined as the diagnosis rate for people with dementia, expressed as a percentage of the estimated prevalence.
- South east London is achieving this target. February 2025 performance was 69.9%.
- There is, though, variation between boroughs. Greenwich has not achieved the target in 2024/25 (or during 2023/24).

		Feb-25						
Metric	**Target**	**Bexley**	**Bromley**	**Greenwich**	**Lambeth**	**Lewisham**	**Southwark**	**SEL**
Dementia diagnosis rate*	**66.7%**	**72.0%**	**71.0%**	**64.2%**	**76.3%**	**62.5%**	**71.4%**	**69.9%**
Trend since last report	-	↑	↑	↓	↓	↑	↓	↑

*Nationally reported borough-level dementia diagnosis rates are aggregated based on the postcode of individual GP practices mapped to UTLAs. This does not map exactly to NHS geographies. This means that a single Lambeth practice is included as part of the figures for Southwark, and practices that serve the wider ICB (e.g. SEL Special Allocation Practice) are allocated to an individual borough.

**Reported Lewisham performance has fallen from 69% in September. The new Lewisham Care Home Practice has not been included in the nationally reported data from October 2024, which likely accounts for the reduction in dementia register size.

IAPT/Talking Therapies

SEL context and description of performance

- New metrics to measure performance of NHS Talking Therapies have been introduced for 2024/25. These new targets have been welcomed by services, but they will need to adjust their delivery in line with these. New targets are as follows:
  - Number of patients discharged having received at least 2 treatment appointments in the reporting period, that meet caseness at the start of treatment.
  - Reliable improvement rate for those completing a course of treatment.
  - Reliable recovery rate for those completing a course of treatment and meeting caseness.
- The target for the number of patients discharged following at least two treatments has not been met since April 2024 and is now at its lowest level this financial year. The reliable improvement target has been met in February 2025. However, the reliable recovery targets has not been achieved. Performance is variable across individual services.

	Feb-25						
Metric	Bexley - MIND	BHC	Greenwich (Oxleas)	Lambeth (SLaM)	Lewisham (SLaM)	Southwark (SLaM)	SEL
Talking Therapies discharge metric	180	180	250	475	345	330	1725
Trajectory	176	261	321	585	355	406	2119
Trend since last reporting period	↑	↔	↓	↓	↓	↔	↓

		Feb-25						
Metric	Target	Bexley - MIND	BHC	Greenwich (Oxleas)	Lambeth (SLaM)	Lewisham (SLaM)	Southwark (SLaM)	SEL
TT reliable recovery	48%	53.0%	44.0%	50.0%	51.0%	45.0%	43.0%	47.0%
Trend since last report	-	↑	↓	↑	↑	↓	↑	↔

		Feb-25						
Metric	Target	Bexley - MIND	BHC	Greenwich (Oxleas)	Lambeth (SLaM)	Lewisham (SLaM)	Southwark (SLaM)	SEL
TT reliable improvement	67%	68.0%	60.0%	70.0%	69.0%	69.0%	62.0%	67.0%
Trend since last report	-	↓	↓	↑	↑	↑	↔	↑

SMI Physical Health Checks

SEL context and description of performance

- The south east London ICB board has set Improving the uptake of physical health checks for people with SMI as a corporate objective.
- There was a significant increase in the number of AHCs undertaken for people with an SMI during 2023/24 and the SEL operating planning trajectory was achieved at the end of 2023/24. All LCPs significantly improved their position and delivered health checks to over 60% of their registers. Indicative trajectories, aligning with the SEL operational plan, were met by 3 out of 6 LCPs.
- As part of the operational planning process, a trajectory to achieve 70% uptake by the end of 2024/25 has been agreed for south east London.
- SMI physical health checks is also part of the 2024/25 Quality and Outcomes Framework (QOF) with an aim to reduce health inequalities. QOF rewards practices for delivering all six elements of the check.
- Where annual health checks are being completed, quality can vary as can onward referral to other physical health services.

	Q3 - 24/25						
Metric	**Bexley**	**Bromley**	**Greenwich**	**Lambeth**	**Lewisham**	**Southwark**	**SEL**
SMI Healthchecks	54.4%	47.5%	49.0%	54.6%	45.2%	53.4%	50.6%
Trajectory	67.9%	67.9%	67.9%	67.9%	67.9%	67.9%	67.9%
Trend since last report	↑	↑	↑	↑	↑	↑	↑

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

Personal Health Budgets

SEL context and description of performance

- As part of the Long Term Plan, annual borough level targets were submitted for the total number of PHBs to be delivered annually up to the end of 2023/24. The regional team have extended the targets into 2024/25. For SEL the target is to achieve 4,926 by the end of Q4.
- The personal wheelchair budgets offer is in place across SEL and PHBs for mental health service users. This has been introduced through the South London Partnership.
- S117 PHBs have been a 'right to have' since December 2019, but this still needs implementing through SLAM and Oxleas.
- Preventative small PHBs have been introduced, linked to social prescribing in Lewisham for people with low level mental health needs, where an immediate solution or intervention isn't available. The intention is to expand the offer to all PCNs. This is primarily offered through Age UK currently.
- There is ongoing support to LCPs to implement the personalisation agenda and expand their PHB provision. A 'Community of Practice' has been developed to support the workforce to implement personalised care across the ICS. Issues relating to DPIA and data sharing agreements have been resolved.

	Q3 - 2024/25						
Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
PHBs	918	1071	498	382	219	335	3438
Trajectory	535	764	662	739	611	586	3898
Trend since last report	↑	↑	↑	↑	↑	↑	↑

NHS Continuing Health Care

SEL context and description of performance

- There are a number of national standards which systems are required to achieve consistently. Where deviating from the standard, there is an expectation that performance will be addressed as a priority. Performance standards are as follows:
  - A national target was previously set to reduce the number of CHC assessments in an acute hospital setting to less than 15%. The aim, however, is that zero assessments should be completed in an acute setting and this is the benchmark that LCP and ICB teams are measured against.
  - Complete assessments of eligibility within 28 days from the date of referral in >80% cases.
  - Reduce the number of outstanding referrals exceeding 12 weeks to Zero
- Recovery trajectories for the 28 day and 12 week metrics have been agreed with NHSE.

		Q3 - 24/25						
Metric	Target	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
NHS CHC assessments in acute	0	0	0	0	0	2	0	2
Trend since last reporting period	-	↔	↔	↔	↔	↑	↔	↑

	Q3 - 24/25						
Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
CHC - Percentage assessments completed in 28 days	74%	93%	81%	41%	80%	62%	78%
Trajectory	75%	75%	75%	75%	75%	75%	75%
Trend since last reporting period	↑	↑	↓	↓	↑	↓	↑

	Q3 - 24/25						
Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
CHC - Incomplete referrals over 12 weeks	0	0	0	0	2	0	2
Trajectory	0	0	0	0	0	0	1
Trend since last reporting period	↔	↔	↔	↓	↑	↔	↑

Childhood immunisations (1 of 2)

Description of metric and SEL context

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

		Q2* - 24/25								
Metric	**Efficiency standard**	**Bexley**	**Bromley**	**Greenwich**	**Lambeth**	**Lewisham**	**Southwark**	**SEL**	**London**	**England**
Children receiving MMR1 at 24 months	90%	84.8%	86.9%	84.9%	79.5%	84.8%	78.3%	83.2%	80.0%	88.8%
Trend since last reporting period	-	↓	↓	↓	↓	↓	↓	↓	↓	↓

		Q2* - 24/25								
Metric	**Efficiency standard**	**Bexley**	**Bromley**	**Greenwich**	**Lambeth**	**Lewisham**	**Southwark**	**SEL**	**London**	**England**
Children receiving MMR1 at 5 years	90%	86.1%	87.1%	82.7%	79.8%	83.3%	82.6%	83.6%	81.8%	91.2%
Trend since last reporting period	-	↓	↓	↓	↓	↓	↓	↓	↓	↓

		Q2* - 24/25								
Metric	**Efficiency standard**	**Bexley**	**Bromley**	**Greenwich**	**Lambeth**	**Lewisham**	**Southwark**	**SEL**	**London**	**England**
Children receiving MMR2 at 5 years	90%	74.5%	81.1%	72.4%	70.0%	76.8%	72.5%	74.7%	69.5%	83.4%
Trend since last reporting period	-	↓	↓	↓	↓	↓	↓	↓	↓	↓

***Important note: Data now includes unregistered children; previous submissions only included children registered with a GP.**

Childhood immunisations (2 of 2)

Metric	Efficiency standard	Q2* - 24/25 Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL	London	England
Children receiving DTaP/IPV/Hib % at 12 months	90%	88.8%	89.7%	87.4%	84.7%	86.7%	87.2%	87.3%	84.5%	90.7%
Trend since last report	-	↓	↓	↓	↓	↓	↑	↓	↓	↓

Metric	Efficiency standard	Q2* - 24/25 Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL	London	England
Children receiving DTaP/IPV/Hib % at 24 months	90%	89.4%	91.5%	87.4%	85.8%	88.0%	84.8%	87.7%	85.9%	92.1%
Trend since last report	-	↓	↓	↓	↓	↑	↓	↓	↓	↓

Metric	Efficiency standard	Q2* - 24/25 Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL	London	England
Children receiving pre-school booster (DTaPIPV%) % at 5 years	90%	73.0%	75.1%	68.6%	63.4%	69.2%	60.9%	68.5%	62.9%	80.8%
Trend since last report	-	↓	↓	↓	↓	↓	↓	↓	↓	↓

Metric	Efficiency standard	Q2* - 24/25 Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL	London	England
Children receiving DTaP/IPV/Hib % at 5 years	90%	85.7%	90.0%	86.7%	83.6%	86.2%	85.6%	86.4%	84.8%	92.6%
Trend since last report	-	↓	↓	↓	↓	↑	↑	↓	↓	↓

*Important Note: Data now includes unregistered children; previous submissions only included children registered with a GP.

Learning disabilities and autism – annual health checks

SEL context and description of performance

- The south east London ICB board has set improving the uptake of physical healthchecks for people with LDA as a corporate objective.
- SEL achieved the 2023/24 plan with 7,104 health checks delivered against a plan of 6,018. The SEL plan for 2024/25 is to deliver a minimum of 6,600 health checks. This has now been achieved (February 2025 data)
- All LCPs are currently delivering against the 2024/25 trajectory
- Where annual health checks are being completed, quality can vary as can onward referral to other physical health services.

	Feb-25						
Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
LD and Autism - Annual health checks	829	1013	1290	1263	1398	992	6785
Trajectory	818	842	1097	1132	1325	859	5841

Cancer screening

SEL context and description of performance

- The south east London ICB board has set improving breast, bowel and cervical screening a corporate objective. At an SEL level, bowel cancer screening coverage is currently above the nationally defined optimal level of screening of 60% for south east London. Cervical cancer screening is currently below the nationally defined optimal level of screening of 80%. Breast cancer screening is currently below the nationally defined optimal level of screening of 70-80%.
- For 2023/24, SEL set overall ambitions for improving breast, bowel and cervical screening a corporate objective. Indicative LCP level targets were also developed for 2024/25 and shared via the six Place Executive Leads (PELs). These are based on a standard proportional reduction in the unscreened population at an LCP level for each cancer cohort. 2024/25 performance will be reported against these trajectories.
- This means that there is an expectation that all LCPs will improve uptake in 2024/25 but those with a lower current uptake will have a slightly larger stretch for the year. Thus, supporting a reduction in inequality between boroughs. LCP and ICB performance is now being reported against the 2024/25 trajectories.
- Screening is directly commissioned by NHS England, and delivery is through regional teams. Changes to programme, workforce, capacity etc. require NHS England to action. Given this, we rely on a joint approach with other London ICBs on common issues within these areas and advocate for regional solutions such as addressing workforce and capacity challenges within programmes, improving processes and operational pressures, and coordinating potential mutual between screening providers. Local actions for SEL require focus on improvements within the current programme structure/resource.

	Sep-24						
Metric	**Bexley**	**Bromley**	**Greenwich**	**Lambeth**	**Lewisham**	**Southwark**	**SEL**
Bowel Cancer Coverage (60-74)	73.9%	76.0%	65.4%	61.8%	64.0%	62.7%	67.7%
Trajectory	73.0%	75.5%	65.6%	62.6%	63.5%	62.6%	67.6%
Trend since last reporting period	↔	↑	↓	↔	↓	↑	↔

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

	Sep-24						
Metric	**Bexley**	**Bromley**	**Greenwich**	**Lambeth**	**Lewisham**	**Southwark**	**SEL**
Breast Cancer Coverage (50-70)	70.2%	71.2%	58.4%	56.4%	58.2%	59.3%	62.3%
Trajectory	70.8%	73.8%	59.9%	58.1%	59.6%	57.9%	63.5%
Trend since last reporting period	↑	↓	↑	↑	↑	↑	↑

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

Management of hypertension to NICE guidance

SEL context and description of performance

- The south east London ICB board has set improving the percentage of patients with hypertension treated to NICE guidance as a corporate objective. The board agreed a 'floor' level ambition of 69.7% as a minimum by March 2024 with the intention to achieve 77% (2023/24 operational plan target) as soon as possible.
- The SEL 'floor' level ambition for 2023/24 was achieved overall and by five of six LCPs individually. Significant improvement was achieved across all LCPs.
- The 2024/25 priorities and operational planning guidance identifies increasing the percentage of patients with hypertension treated to NICE guidance to 80% by March 2025 as a national objective. For 2024/25, this will remain the primary aspirational goal for SEL. SEL will also pursue a 'minimum achievement' target (which will serve as the revised SEL ICB corporate objective) to achieve 80% over a 2 year time period (i.e. by end March 2026). This approach has been agreed by the PELs.
- 2024/25 performance will be reported against straight line trajectories for each LCP to achieve the 80% target by March 2026.
- There is a significant time lag (of approximately 4 months) in the publishing of national reporting (CVD PREVENT) of this metric. To support local monitoring of performance, the SEL LTC team have used the local data as the basis for trajectories up to March 2026.
- Hypertension is predominantly managed in general practice and there is wide variation in achievement across practices, not always explained by demography. People at risk may not have sufficient support to understand the importance of detecting and managing raised blood pressure.

	Mar-25 (Local data reporting)						
Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Percentage of patients with hypertension treated to NICE guidance	65.0%	67.0%	69.0%	68.0%	62.0%	69.0%	67.0%
Trajectory	70.7%	72.3%	72.0%	71.9%	69.1%	71.7%	71.3%
Trend since last report	↑	↑	↑	↑	↑	↔	↑

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

Adult flu immunisation (1 of 2)

SEL context and description of performance

- The south east London ICB board set improving adult flu vaccination rates as a corporate objective. The ambitions for 2023/24 was as follows: improve the vaccination rate of people aged over 65 to 73.7%, improve the vaccination rate for people under 65 at risk to 46.0%.
- Performance in 2023/24 (year 1) was significantly below ambition for both metrics and represented a decrease in performance from the previous year.
- In order to ensure that 24/25 ambitions were informed by place, their knowledge of and insights into their local population, their role in commissioning services and their strategic plans for delivery, each borough team have set their own ambitions to improve uptake for the two main adult flu cohorts for the upcoming flu season.
- The below table provides targets set at borough level
- The following slide provides the published February borough level performance vs trajectory

Year end targets for 2024/25 proposed by borough teams:

	65+ cohort vaccination target for 2024/25 season	<65 at risk cohort vaccination target for 2024/25 season
Bexley	75.0%	42.0%
Bromley	76.2%	46.5%
Greenwich	66.4%	36.9%
Lambeth	60.0%	32.9%
Lewisham	61.0%	34.3%
Southwark	61.5%	34.2%
SEL	68.1%	37.3%

Adult flu immunisation (1 of 2)

Published February Performance

Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Over 65s vaccinated	70.0%	73.2%	62.0%	54.6%	54.2%	55.8%	63.1%
Local February trajectory	75.0%	76.2%	66.4%	60.0%	61.0%	61.5	68.1%

Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Under 65s at risk vaccinated	35.8%	39.4%	35.4%	29.9%	29.3%	32.3%	33.3%
Local February trajectory	42.0%	46.5%	36.9%	32.9%	34.3%	34.2%	37.3%

Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Children aged 2 and 3 vaccinated	35.7%	49.2%	38.2%	37.2%	39.2%	37.5%	39.8%

Primary care access

SEL context and description of performance

- The 2024/25 Priorities and Operational Planning guidance identifies the following as a national objective for 2024/25:
  - Continue to improve the experience of access to primary care, including by supporting general practice to ensure that everyone who needs an appointment with their GP practice gets one within 2 weeks and those who contact their practice urgently are assessed the same or next day according to clinical need
- The following trajectories have been agreed at an SEL level as part of the annual planning process:
  - Planned number of general practice appointments.
  - Percentage of patients whose time from booking to appointment was two weeks or less for appointment types not usually booked in advance.
- Appointments totalled 752,159 in February against the operating plan of 691,630. SEL did not achieve the planning trajectory for appointments seen within 2 weeks (89.0% vs 91.0% trajectory).

		Feb-25						
Metric	Planning trajectory	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Appointments seen within 2 weeks	91.0%	89.4%	85.4%	93.6%	91.5%	84.9%	88.4%	89.0%

		Feb-25						
Metric	Planning trajectory	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Appointments in general practice and primary care networks	691630	108426	130414	116418	167637	112523	116741	752159
Appointments per 1,000 population	-	↓	↓	↓	↓	↓	↓	↓

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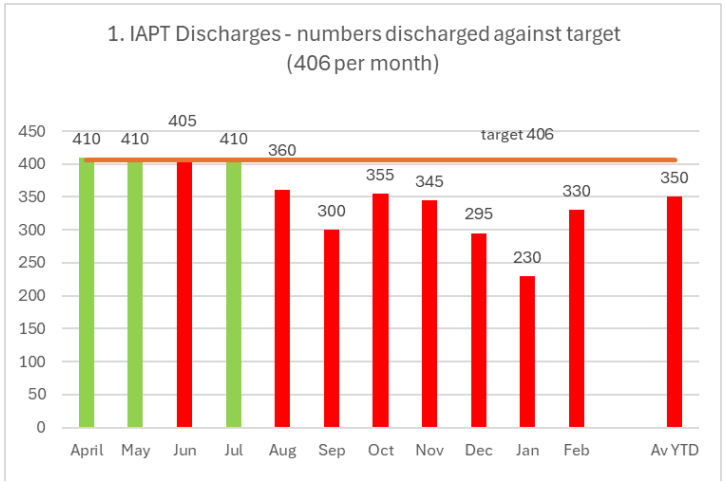
Section 1.1: SEL ICB dashboard of key metrics and targets delegated to place

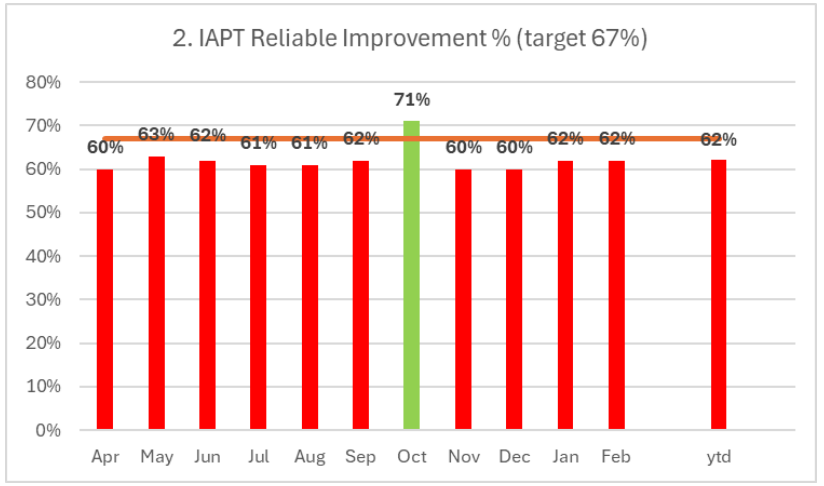
Appendix: Local commentary and additional context on areas flagged as red rated in the SEL report

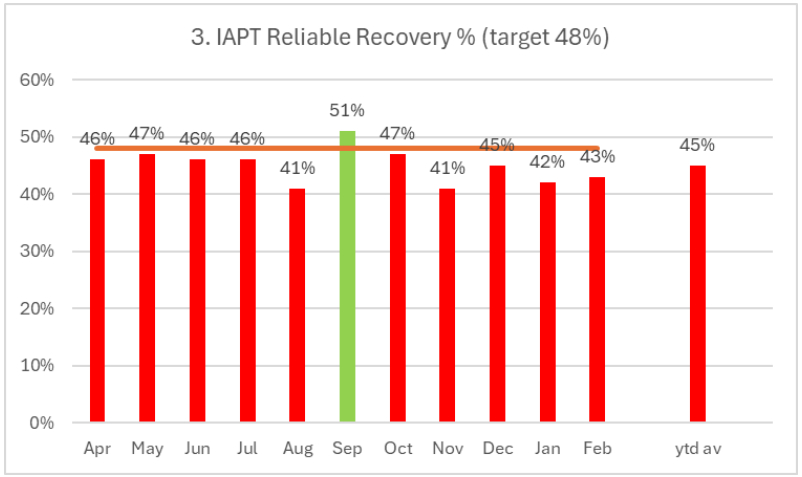
Southwark narrative on red rated metrics highlighted in SELICB place report

1) IAPT / Talking Therapies – discharges, reliable improvement and reliable recovery

The SEL report shows that IAPT data in Southwark in February was below targets imposed for the 3 IAPT metrics in the national operational plan framework. As the SEL report is just a one-month snapshot, monthly in-year trends are shown below for context:







1. This shows that **discharge** numbers in the year to date are below target (average of 350 against target of 406 per month). It is notable that the first 4 months of the year were significantly higher than recent months.
2. Aside from a notable peak in October, **reliable improvement** has been consistently averaging 62% against the 67% target and the benchmarking in the pack shows it to be below the average of neighbouring boroughs, who are on target.
3. Similarly, the **reliable recovery rate** has been consistently under target, apart from September when 51% was achieved, and significantly below other boroughs.

Oversight of performance: the IAPT service is commissioned and monitored on behalf of the borough by the SEL commissioning team as part of the overall SLAM contract. Discussions are underway to enhance the provision of place monitoring data to the Joint Commissioning Team to enable performance issues to be identified, discussed and addressed. This service is commissioned through the SLAM contract and performance issues are being explored with the local commissioning team. Identified factors include reduced online services uptake and complexity of case mix impacting on improvement and recovery rate. Additional group clinics have been established to expand capacity.

Southwark narrative on red rated metrics highlighted in SELICB place report

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2) SMI Physical Health Checks

The year end target for SMI physical health checks is 70% for 24/25 and Q3 is 53%. It has been red lit in the SEL report as the Q3 target was set at 68%. However it is known that from previous years this is a metric that increases significantly in Q4. In 2023/24, when the final year performance was strong at 71% against a 60% target, Q3 performance was at 56%.

SMI Health Checks are delivered through a mixture of checks undertaken by GPs and mental health teams and are a key measure tracked by primary care and SLAM commissioners.

3) Personal Health Budgets (PHB)

It is recognised that PHBs continue to be under the trajectory set in Southwark at 57% of trajectory. This is a long term trend. The rates are very similar or lower in neighbouring boroughs. Personal Health Budgets are provided in 3 main ways; continuing health care (adults and children) which constitute the bulk of budgets, wheelchair budgets issued by GSTT and mental health PHBs. It should be noted that Bromley and Bexley exceed their targets in part due greater numbers of older people receiving CHC and more wheelchair budgets.

4) Continuing Healthcare assessments within 28 days: See report from CHC lead for latest position. The quarter 4 position has improved from 62% to 67%.

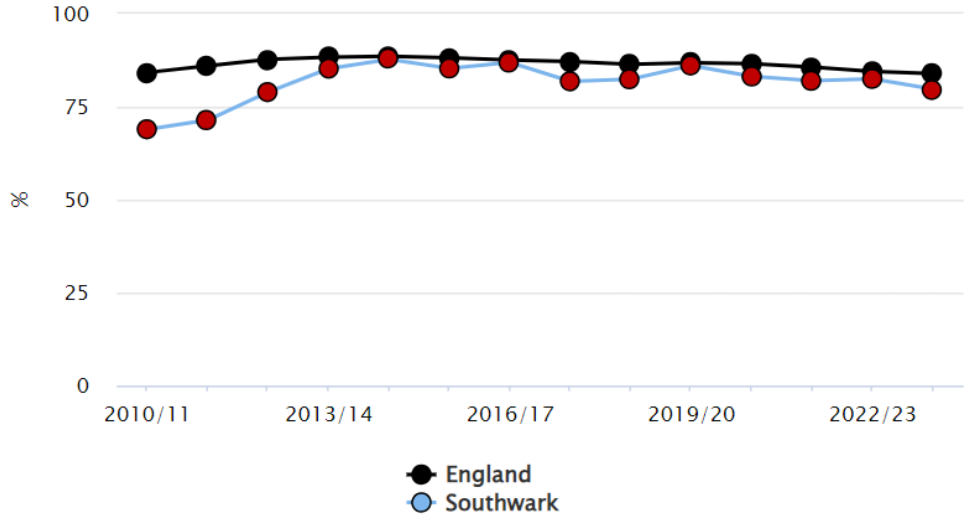
Southwark narrative on red rated metrics highlighted in SELICB place report

5) **Childhood immunisations:** Southwark does not meet the 90% national standard in any of the 7 childhood immunisations metrics in the SEL scorecard hence is red ragged. However there are recognised challenges in achieving target rates in Inner-London linked to the high mobility of the child population, and the benchmarking shows the rate is higher than the London average in 6 out of 7 cases. Using **MMR2 at 5 years** data from the Public Health Outcomes Framework tool as an illustration this shows that all London "red" and Southwark 6th highest. The trend data shows that the gap with England has narrowed since 2014. Local assurance is provided through the Southwark immunisation group oversees the local delivery of the SEL immunisation strategy, focusing on increased uptake in low uptake groups. This issue has been added to the place risk register and has a detailed action plan.

MMR2 at 5 yrs – London benchmarking 23/24

Southwark 6th

MMR2 5 at years - Southwark trend vs England



Southwark narrative on red rated metrics highlighted in SELICB place report

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5) Cervical screening: Southwark is marginally below the corporate objective improvement targets set locally for cervical cancer screening (63.6% vs 64.4% target). For context the public health outcomes benchmarking charts below that London is challenged on targets with few in the green zone, with Southwark tending towards the bottom third.

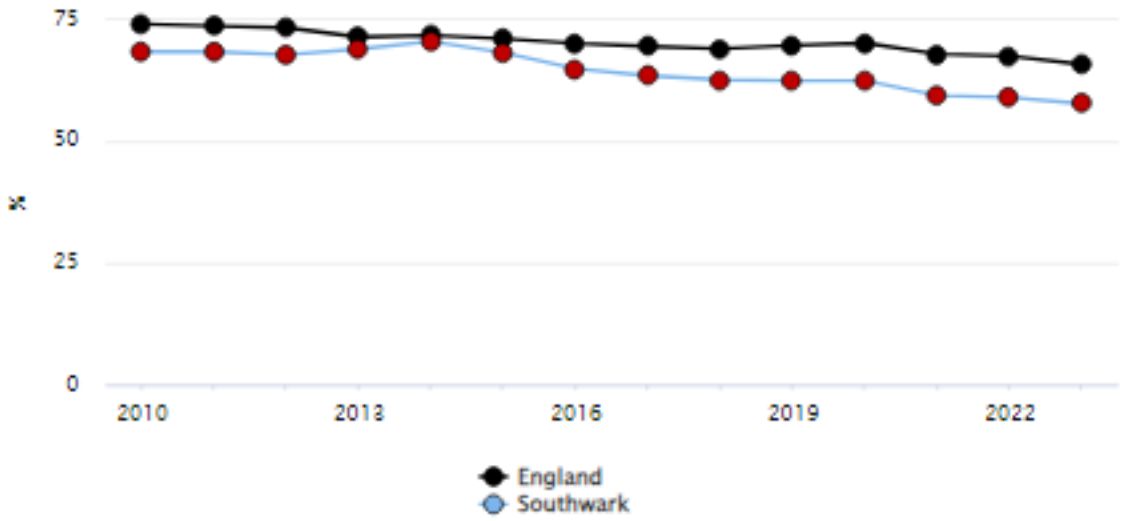
Cancer screening uptake is a key area of health inequalities and prevention workstreams.

Cervical Screening 23/24 benchmarking

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	↓	7,113,333	65.8*	65.8	65.9
London region (statistical)	↓	1,383,854	58.0*	58.0	58.1
Bromley	↓	46,563	70.9	70.6	71.3
Havering	→	35,369	70.2	69.8	70.6
Sutton	↓	30,204	69.7	69.3	70.1
Bexley	↓	32,645	69.0	68.6	69.4
Richmond upon Thames	↓	28,159	65.5	65.0	65.9
Croydon	↓	56,771	64.0	63.7	64.3
Lewisham	↓	51,651	63.0	62.6	63.3
Enfield	↓	44,982	62.5	62.1	62.8
Waltham Forest	↓	45,611	62.2	61.9	62.6
Kingston upon Thames	↓	24,763	62.0	61.5	62.5
Merton	↓	34,477	61.7	61.3	62.1
Hillingdon	↓	42,597	61.1	60.7	61.5
Wandsworth	↓	67,526	60.9	60.6	61.2
Greenwich	↓	44,717	60.8	60.5	61.2
Barking and Dagenham	↓	31,441	60.4	60.0	60.8
Hackney	↓	52,403	59.1	58.8	59.5
Ealing	→	56,665	59.1	58.8	59.4
Lambeth	↓	61,042	58.9	58.6	59.2
Haringey	↓	45,028	58.3	58.0	58.7
Hounslow	↓	43,019	58.0	57.6	58.4
Southwark	↓	55,618	57.8	57.5	58.1
Barnet	↓	54,255	57.3	57.0	57.7
Newham	↓	59,104	56.6	56.3	56.9
Redbridge	↓	41,561	56.4	56.1	56.8
Harrow	↓	33,381	54.6	54.2	55.0
Brent	↓	49,821	52.8	52.5	53.1
Islington	↓	40,108	51.3	50.9	51.6
Hammersmith and Fulham	↓	32,777	50.3	49.9	50.6
Tower Hamlets	↓	55,160	49.2	48.9	49.5
Camden	↓	33,443	45.4	45.1	45.8
City of London	↓	1,266	44.5	42.7	46.3
Westminster	↓	31,422	43.0	42.7	43.4
Kensington and Chelsea	↓	20,305	42.4	42.0	42.9

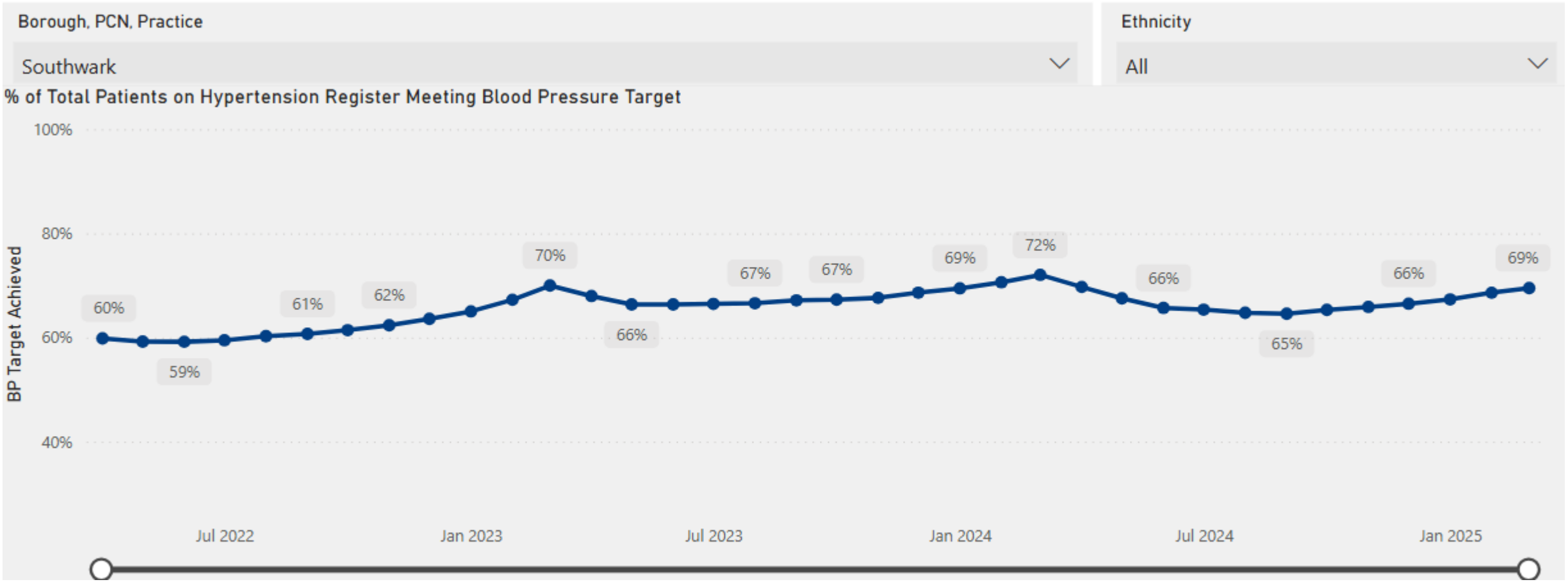
Source: NHS England, Cervical Screening Programme

Trend



Southwark narrative on red rated metrics highlighted in SELICB place report

6. Management of hypertension to NICE guidance: in common with all SEL boroughs the year end data shows that the trajectory towards the new 80% national target was not met, with performance at 69% against 72% target in March. The trend chart below shows that the expected increase in Q4 was less than required to hit the target.



Source SELICB BI Hypertension Dashboard 28.04.25

Southwark narrative on other metrics highlighted in SELICB place report

- Primary Care Access (not rag rated)

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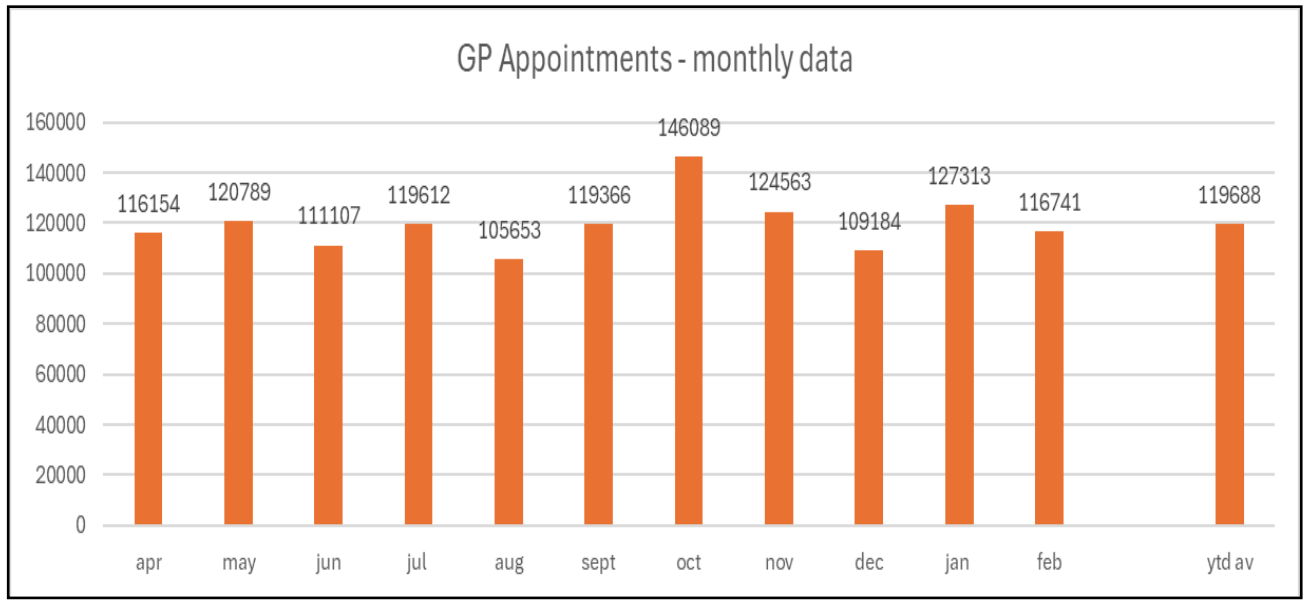
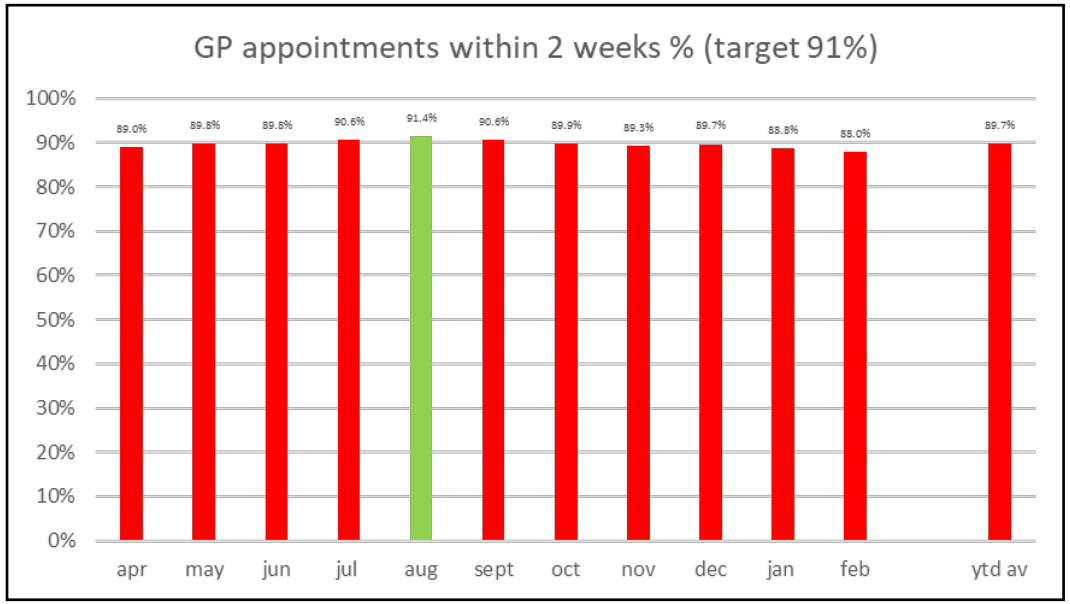
The charts below give more detail on the trends and GP variation in the new GP access figures which in the SEL report shows a snapshot for February.

The first chart shows some volatility in the monthly level of appointments. The high figure in October is clearly linked to the winter flu campaign. The second chart shows that Southwark is marginally under the 91% target for appointments made within 2 weeks.





Note: as with all primary care measures the level of GP variation can also be analysed.

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Integrated Assurance Report

May 2025

Section 1.2 Additional Operational Plan measures

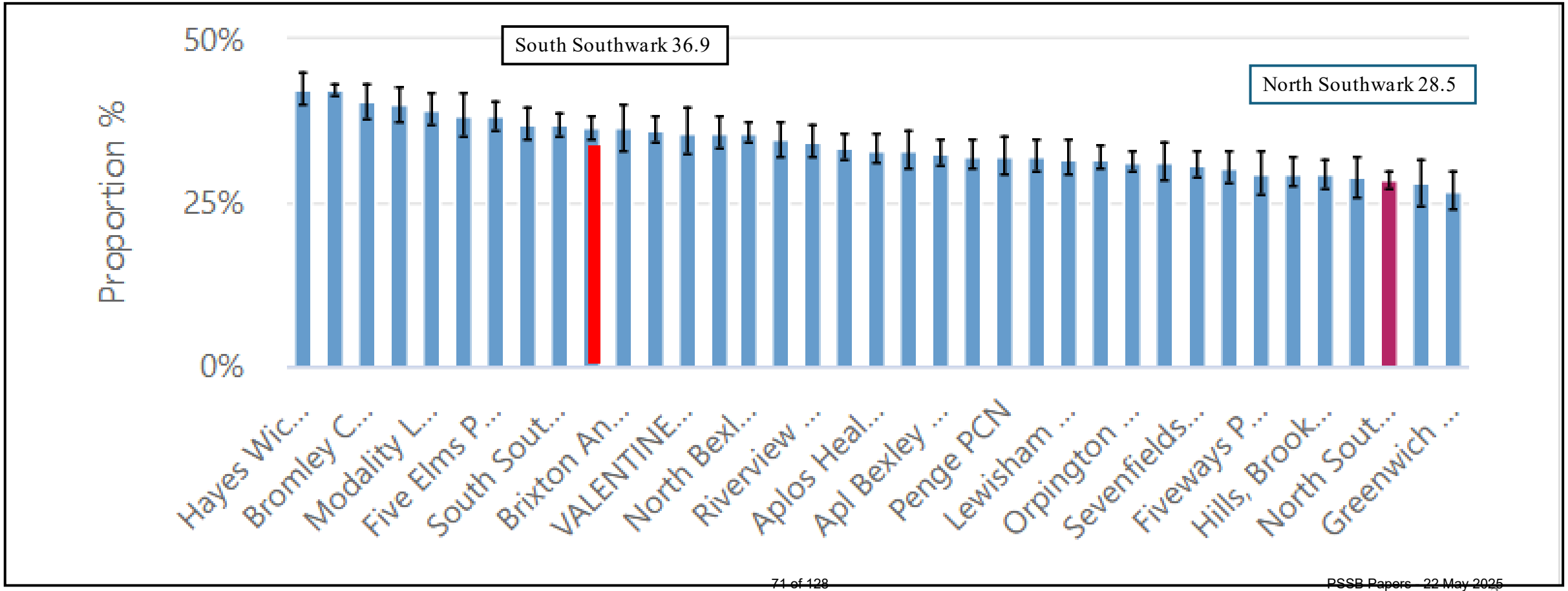
Operational Plan Priorities and Success Measures Dashboard - Place

Operational Plan Priorities and Success Measures 25/26	2023/24	2024/25	2024/25	2024/25	2024/25	period	Trend	Target	Benchmark	RAG	Comment
	year end	q1	q2	q3	q4						
1. Reduce the time people wait for elective care											
No relevant place level measures											
2. Improve A&E waiting times and ambulance response times											
No relevant place level measures											
Indirectly relevant are the INT and Frailty Scorecard metrics supporting reduced demand on emergency services, and BCF discharge delays measures	See Health and Care Plan Priorities Scorecard										
3.Improve access to general practice and urgent dental care											
3.1 Improve patient experience of access to general practice as measured by the ONS Health Insights Survey	Measure not yet defined by NHSE										
Indirectly relevant are the GP Access measures in the SEL scorecard, and the annual GP Patient Survey	See SEL place scorcard										
Indirectly relevant is the GP Patient Survey	Annual analysis to follow Autumn										
4. Improve mental health and learning disability care											
No relevant place level measures (length of stay in mental health beds, CYP numbers accessing, learning disability inpatients)											
Indirectly relevant are Health and Care Plan dashboard measures on mental health waiting times	See CYP MH and Adult MH measures on Priorities Dashboard										
5. Live within the budget allocated, reducing waste and improving productivity											
See budget report	See budget report										
6. Maintain our collective focus on the overall quality and safety of our services											
No specific measures at place level - see quality report	See quality report										
7. Address inequalities and shift towards prevention											
Reduce inequalities in line with the Core20PLUS5 approach for adults and children and young people	This success measure is not defined in the Operational Plan guidance or templates										
Increase the % of patients with hypertension treated according to NICE guidance	See slide in SEL place dashboard										
7.1 Increase the % of patients with GP recorded CVD, who have their cholesterol levels managed to NICE guidance - PCN South				28.5%		To Dec 24	flat	tbc	see slide 1		SEL to clarify borough trajectories
7.2 Increase the % of patients with GP recorded CVD, who have their cholesterol levels managed to NICE guidance - PCN North				36.9%		To Dec 24	flat	tbc	see slide 1		Trend data to be queried as shows no change in 9 months

Note – pending further definition of targets. Only one target (7) to be added to place scorecard. Others are either SEL targets or undefined.

Cholesterol/CVD management: measure from 25/26 Operational Plan

CVDP012CHOL: Patients with GP recorded CVD (narrow definition), whose most recent blood cholesterol level is LDL-cholesterol less than or equal to 2.0 mmol/l or non-HDL cholesterol less than or equal to 2.6 mmol/l, in the preceding 12 months



Source Data Explorer | CVDPREVENT Data to Dec 2024, downloaded 29.04.25

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Integrated Assurance Report

May 2025

Section 1.3 Better Care Fund Place Targets

Better Care Fund place targets dashboard

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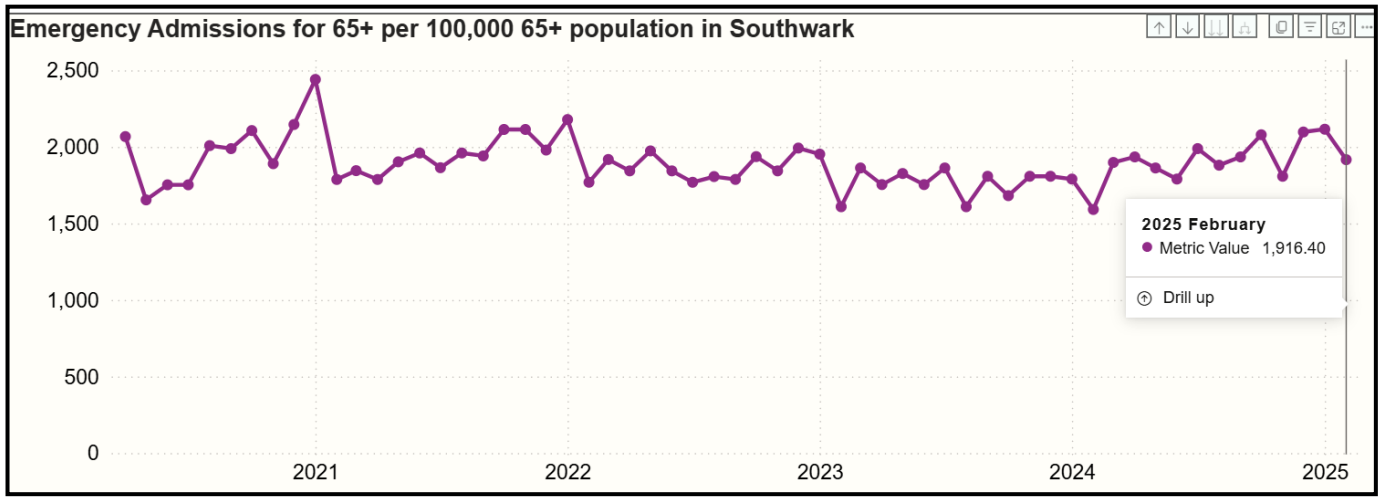
Better Care Fund place targets	2023/24 yr end	2024/25 Q1	2024/25 Q2	2024/25 Q3	2024/25 Q4	2024/25 yr end	period	Trend	Target	Benchmark		RAG	Comment
1. Emergency admissions for 65+ years per 100,000 population	1766	1862	1934	1995	2016	(Feb)	monthly av		1986	1506	London (Feb)		Increasing
2.1 Discharge delays - % discharged on discharge ready date	new			90.7%	89.4%	(Feb)	monthly av		90%	88.2%	London (Feb)		YTD on target
2.2 Discharge delays – average patient delay (all) - days	new			0.92	0.89	(Feb)	monthly av		0.8	0.75	London (Feb)		YTD close target
2.3 Discharge delays – average for delayed patients - days	new			10.0	8.3	(Feb)	Monthly av		8	6.3	London (Feb)		Target exceeded
3.3 Care Home Admissions over 65's rate per 100000	655	781	391	622	694	622	quarterly av		577	505	Inner London		Target not met
4. Avoidable Admissions - rate	163	132	141	167	147	(Jan)	monthly av		155	See chart	n/a		5% target met
5. Discharge to usual place of residence (%)	96.1%	95.8%	94.4%	95.2%	94.6%	(Feb)	monthly av		96.8%	93.3%	London 24/25		Not a concern
6. Admissions due to falls over 65 years, rate per 100,000	475	589.1	544.7	653.3			quarterly		383	391	London 24/25		Increasing

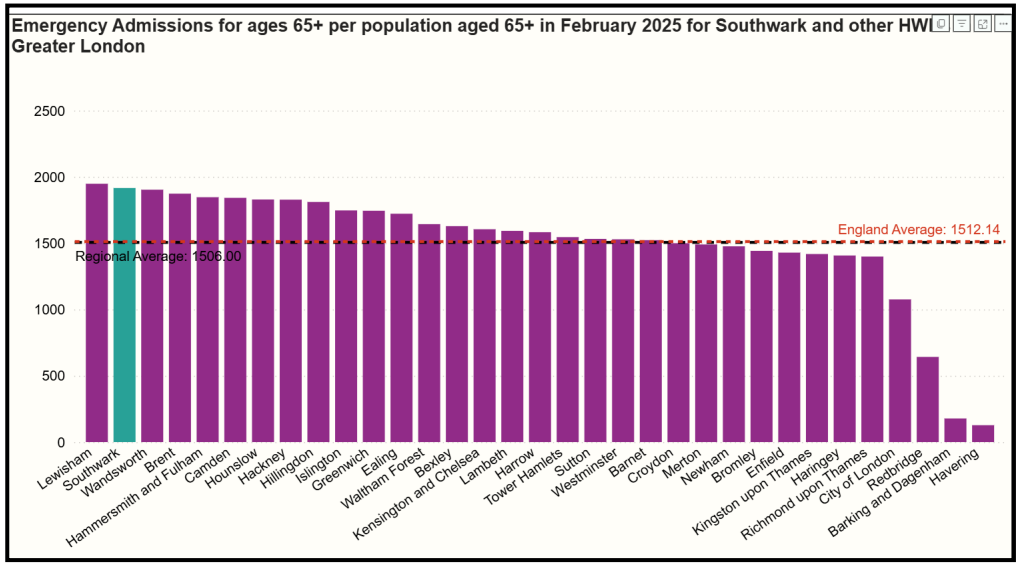
1 Emergency Admissions for 65+ per 100,000 65+population - January 2025



RAG

Performance narrative: February total: 1916. 2025/26 Plan: 1986 (monthly average) based on 2.5% growth on 2024/25 to November. Plan subject to NHSE approval.

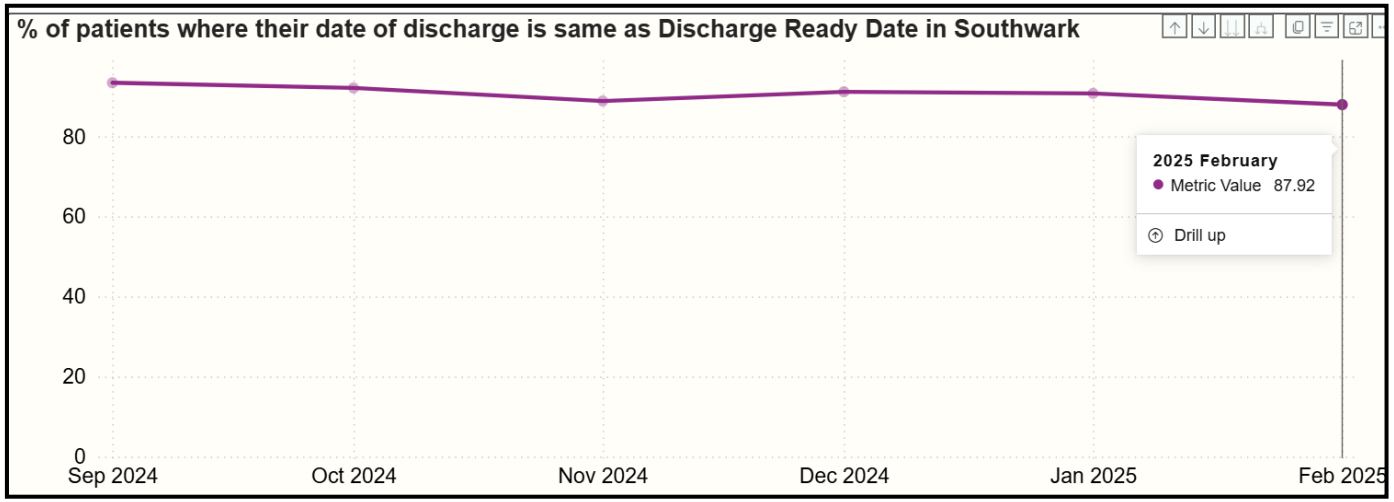
The growth trend is worryingly high in 2024/25 despite the improvement in February. Benchmarking shows 2nd highest in London.



Note also in Priorities Scorecard

Data source:DHSC BCF dashboard, 30.04.25, also HES raw data NHSE

2.1 Proportion of patients discharged on Discharge Ready Date – February 2025

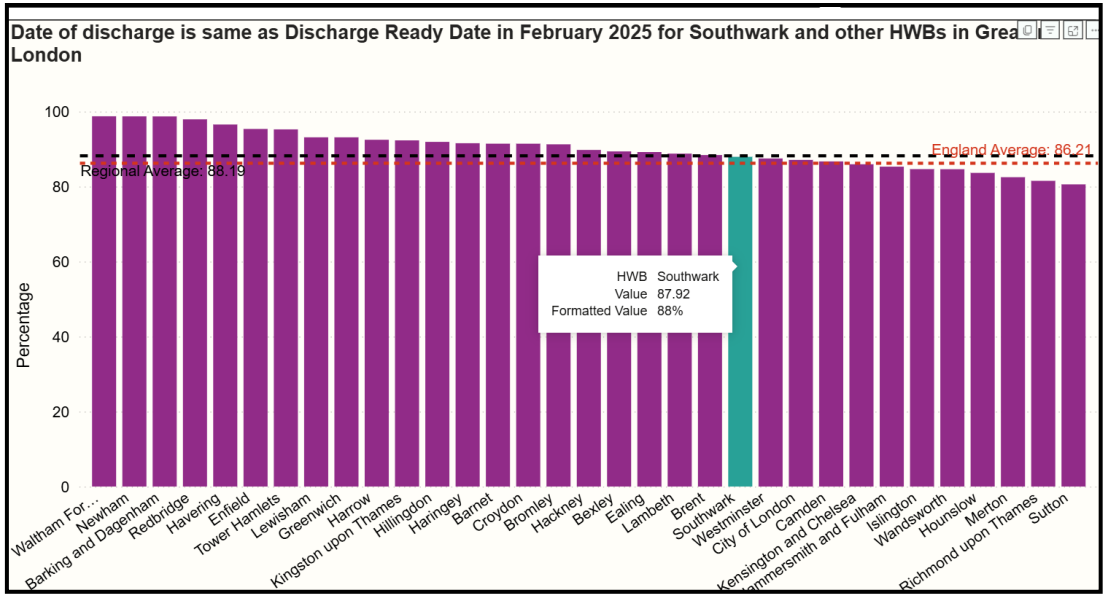


RAG	

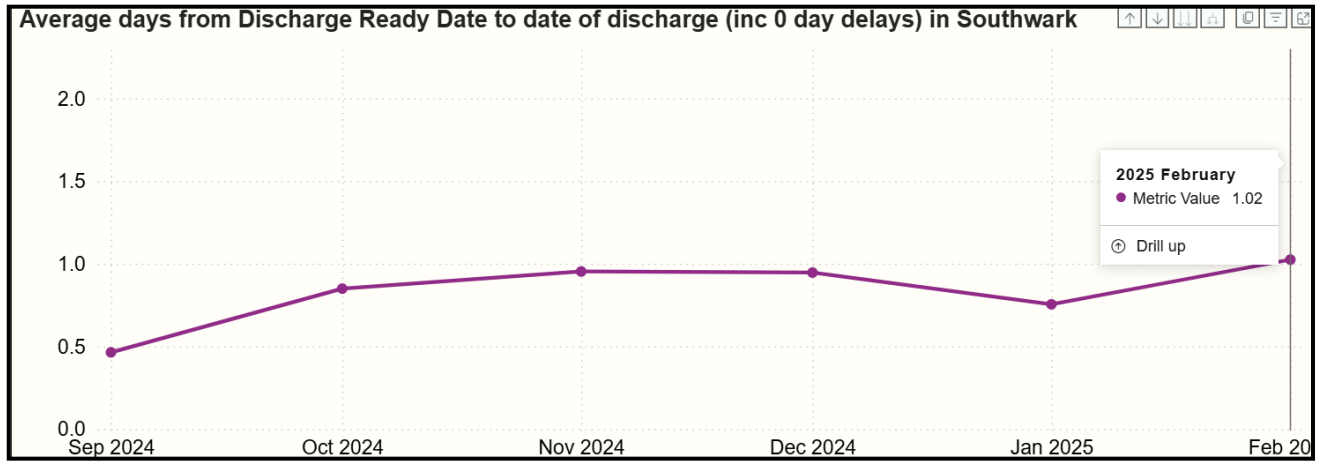
February rate 88%
Below 90% target

Year to date (since metric started in Sept): 90.7% in line with target

Amber due to Feb decline but not major concern



2.2 Average delayed days after Discharge Ready Date – all patients - February

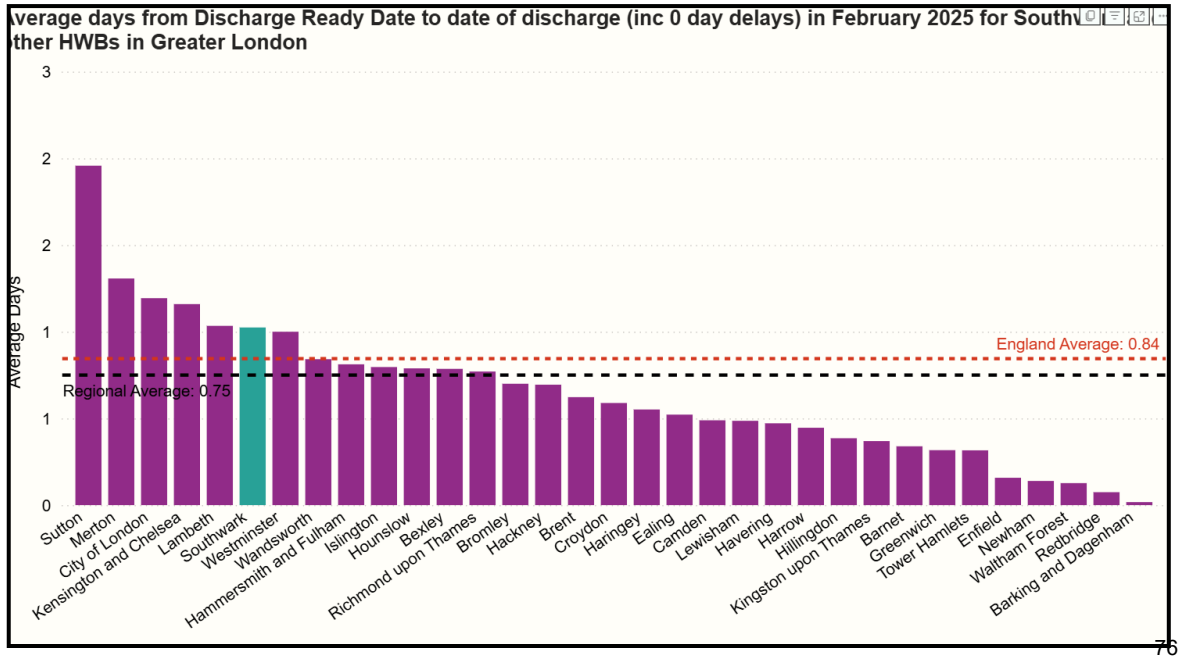


RAG

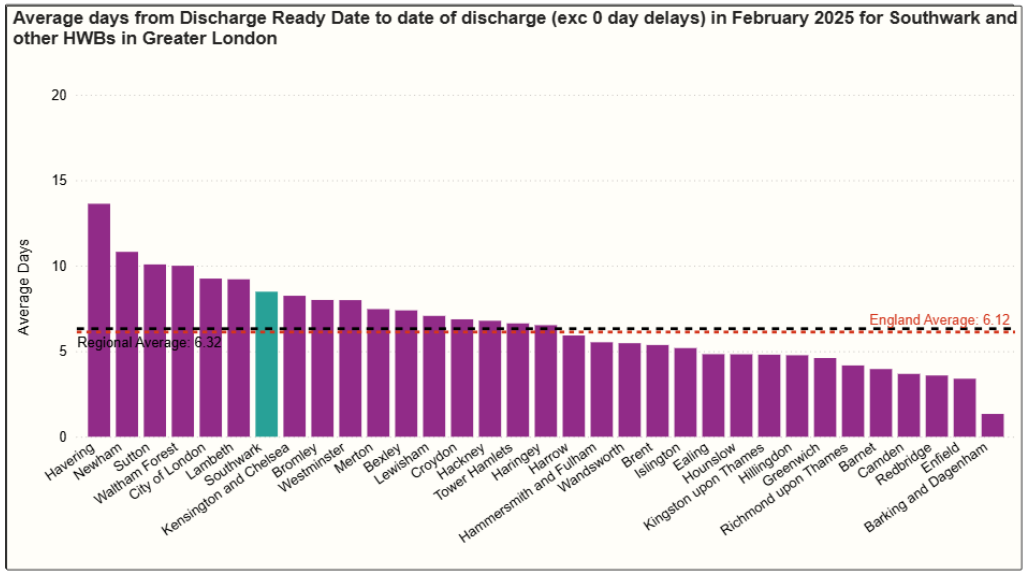
February 1.02 days - Exceeds 0.8 day target

Year to date 0.83 – close to target. However the low value in Sept may be an outlier and February shows increase hence amber.

Higher than London average



2.3 Average days delayed for those not discharged on the Discharge Ready Date



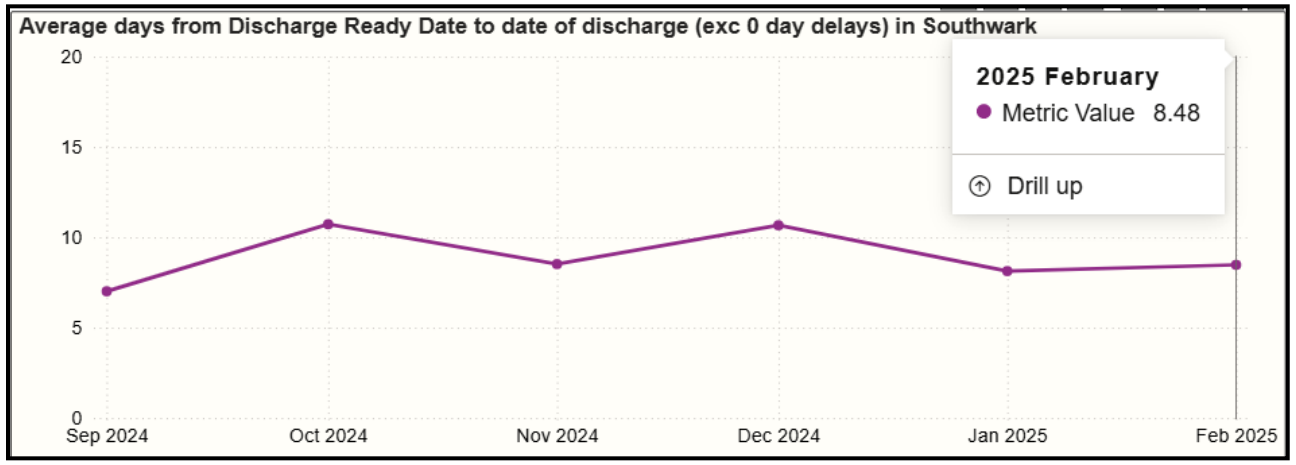
RAG

February average 8.5 days

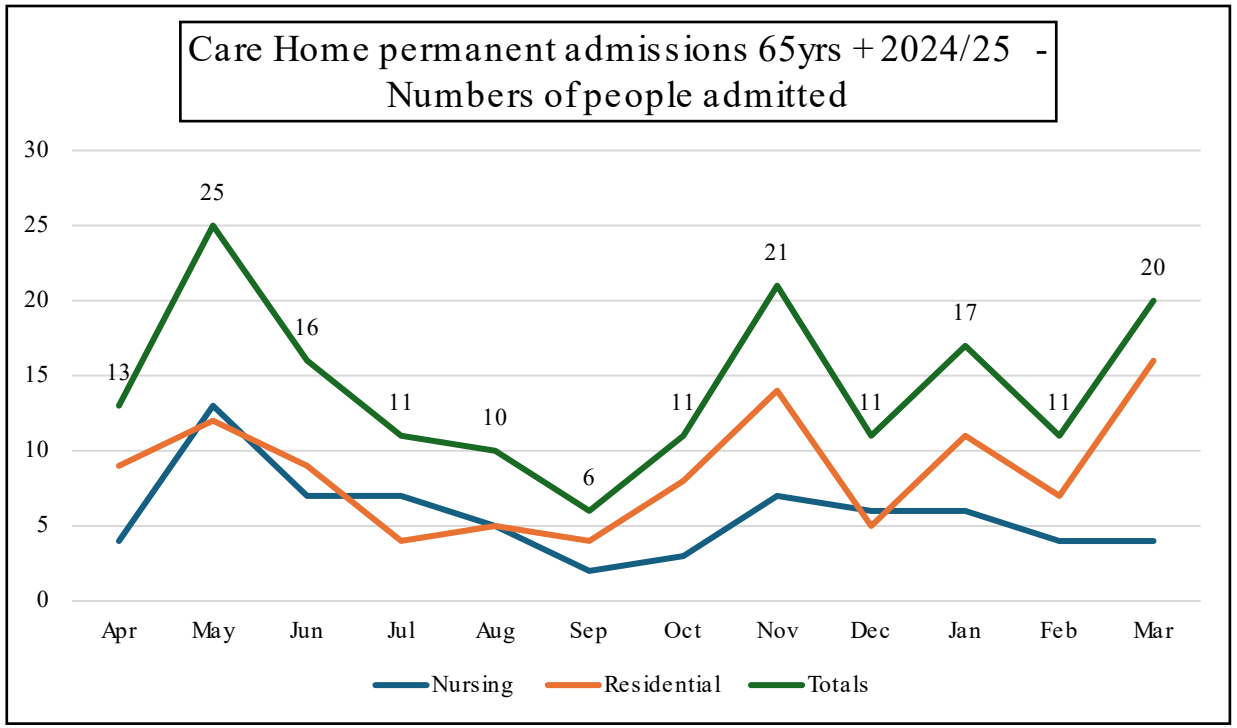
Year to date 8.9 days

Exceeds 8 days target

London average 6.3



3 Permanent Care Home admissions



RAG

Narrative on performance: with a total of 172 admissions in the year this equates to a rate of 622 per 100,000 over 65s, against a target of 557 (154 admissions). The target was set when the full value of 2023/24 was thought to be lower – the final value was 184 admissions. For 2025/26 a more realistic target of 168 admissions has been set taking into account demographic pressures.

The Inner London average rate was 505 in 2023/24 which would equate to 140 admissions in Southwark

Note also in Priorities Scorecard

Data source: social care 30.04.25 H.Butt

4 BCF "Avoidable Admissions" - overall trend (ambulatory care sensitive conditions)

Updated 30.04.25
Source SEL BI dashboard unplanned care.

Data show that on track to comfortably on track to surpass the BCF target which equates to a 5% reduction on 23.24. Key conditions remain COPD, heart failure, diabetes, asthma.

Expressed as a rate performance is 670.4 per 100k, against SEL average 801.

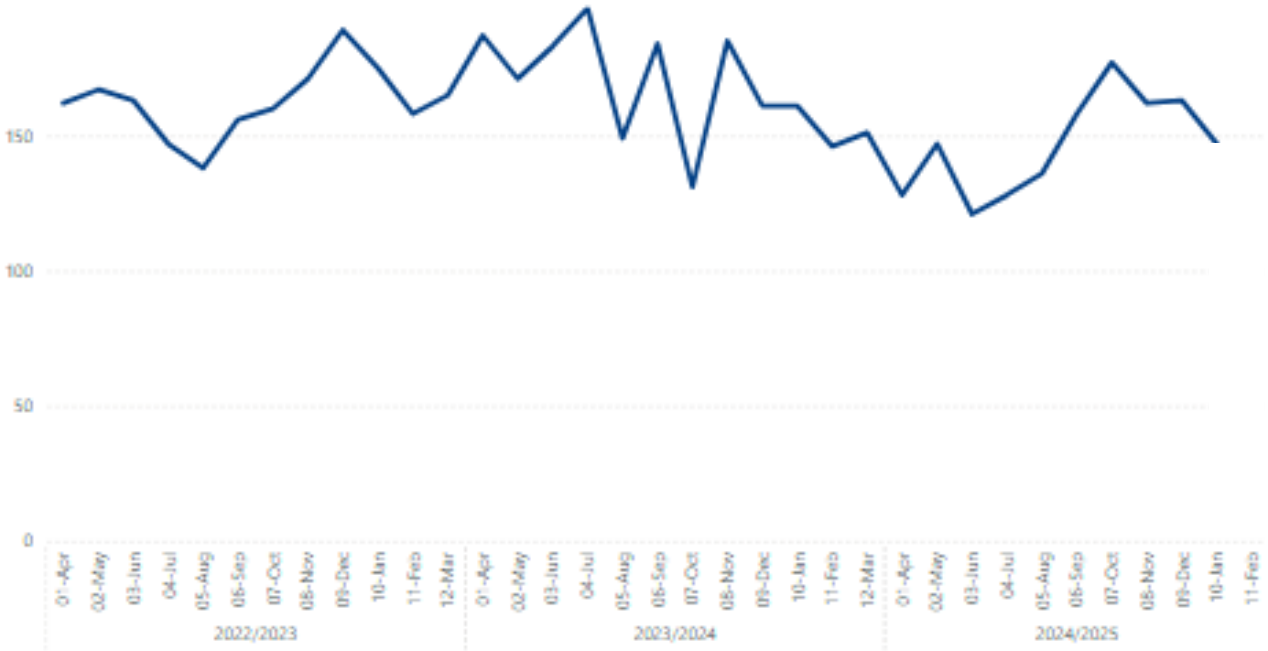
Unplanned ACSC Admissions Summary

South East London Integrated Care System

Borough of Residence

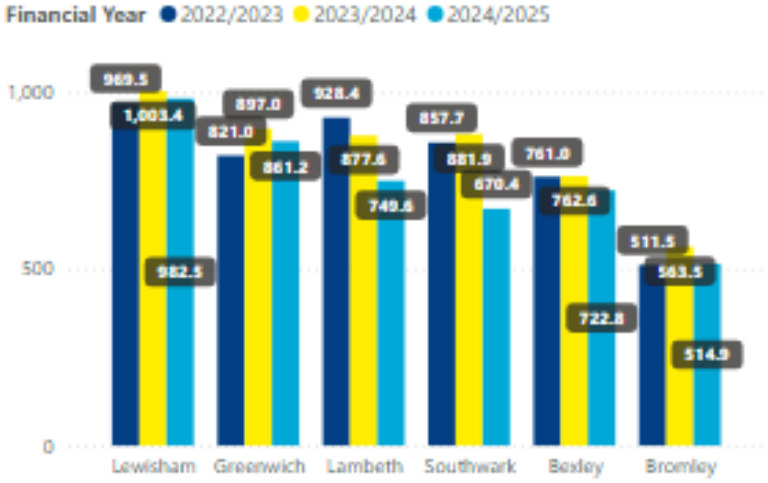
Bexley | Bromley | Greenwich | Lambeth | Lewisham | South

Number of Unplanned Admissions Related to Ambulatory Care Sensitive Conditions



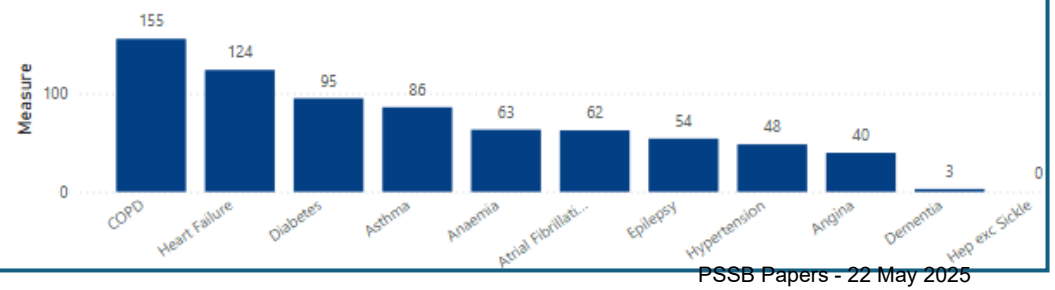
For SEL, there have been 58 admissions related to Unplanned ACSC Conditions in the latest month.
Compared to **previous month**, this is **89 Less.**
Compared to **same month last year**, this is **88 Less.**

Unplanned Admissions Related to ACSC Conditions - Rate per 100,000 Population by Borough



Financial Year	01-Apr	02-May	03-Jun	04-Jul	05-Aug	06-Sep	07-Oct	08-Nov	09-Dec	10-Jan	11-Feb	12-Mar	Total
2023/2024	187	171	183	197	149	184	131	185	161	161	146	151	2,006
2022/2023	162	167	163	147	138	156	160	171	189	175	158	165	1,951
2024/2025	128	147	121	128	136	158	177	162	163	147	58		1,525
Total	**477**	**485**	**467**	**472**	**423**	**498**	**468**	**518**	**513**	**483**	**362**	**316**	**5,482**

Avoidable Admissions Condition Type



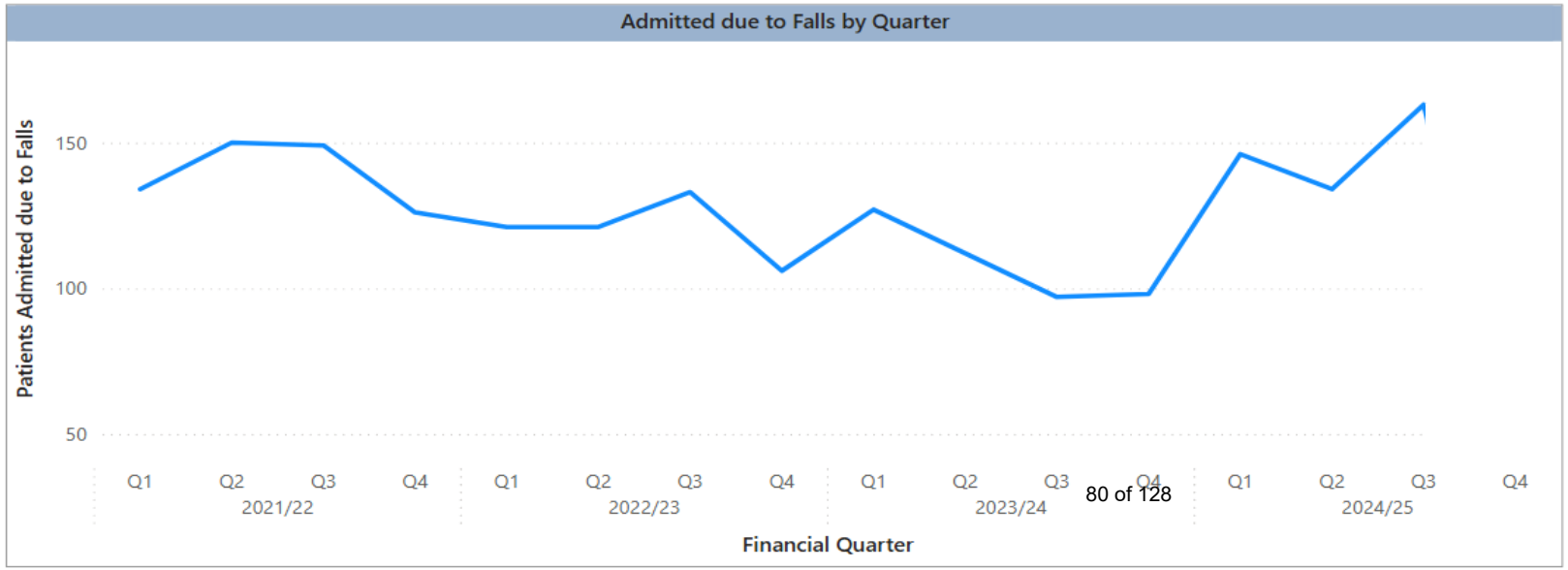
(number Year to date)

5 BCF target – discharges to usual place of residence (%)

Updated 30.04.25
Source SELBI dashboard unplanned care.

94.9% to February against target of 96.8%. Slight reduction - link to increased step-down bed options and increased use of "unknown" coding.
Benchmarks as very strong performance reflecting robust home first approach. Not an area of concern. London average 93.3%

6 BCF target – admissions due to falls aged over 65



Not on track to meet 5% reduction target Q1 to 3 data suggest a 27% increase.

London average 391 to Q3 2024/25.

Note revised source of rates : BCF dashboard National

Partnership Southwark

Integrated Assurance Report

May 2025

Section 1.4 Health and Care Plan Priorities Scorecard

Health and Care Plan Priorities Dashboard summary

Partnership Southwark

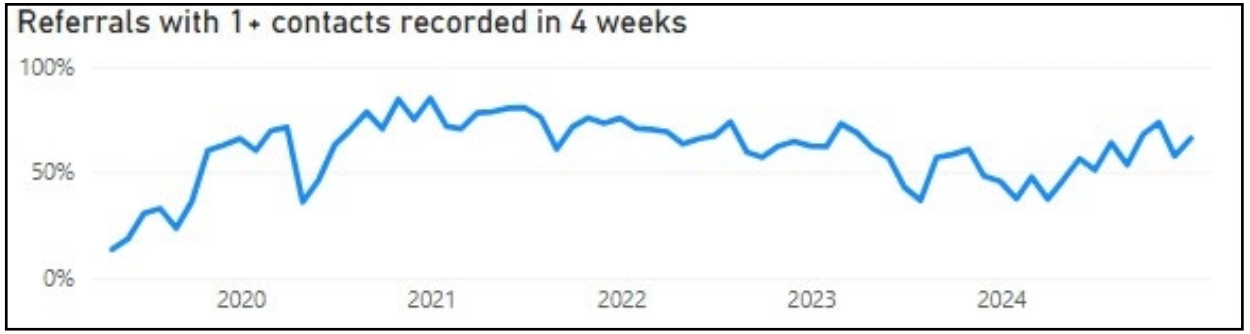
Health and Care Plan Priority Measures	2023/24 yr end	2024/25 Q1	2024/25 Q2	2024/25 Q3	2024/25 Q4	2024/25 yr end	period	Trend	Target	Benchmark		RAG	Comment
Children and young people's mental health													
Increase in % achievement of the 4 week wait standard:													
1.1 First contact in 4 weeks -all	37.3%	51.0%	67.8%	66.0%			at end of qtr		improve	76.20%	SEL		Stalled Q3
1.2 First contact in 4 weeks -neuro developmental	6.1%	21.7%	50.0%	18.8%			at end of qtr		improve	38.20%	SEL		Decreased Q3
Adult mental health													
Increase in % achievement of the 4 week wait standard:													
2.1 First contact in 4 weeks -all	80.6%	81.9%	82.1%	85.2%			at end of qtr		improve	79.9%	SEL		Improving
Frailty													
Reduce the rate of avoidable hospital and care home admissions admissions from at risk cohorts:													
3.1 Emergency admissions for 65+ years per 100,000 populat	1766	1862	1934	1995	2016	(Feb)	monthly av		Reduce	1506	London (feb)		Increasing
3.2 Care Home Admissions over 65's rate per 1000	655	781	391	622	694	622	quarterly av		577	505	Inner London		Stretch target not met
Reduce unplanned / emergency GP appointments:													
3.3 A&E attendances over 65 yrs (actuals) (proxy)	3598	3640	3782	3970	2569	(Jan/Feb)	qtr av		Reduce		n/a		Increasing
Reduction in ambulance conveyances:													
3.4 LAS ambulance call outs Swk 65 yrs plus (data obtained)	3020	3174	3827	2236	(to Nov)		quarterly av		Reduce		n/a		Increasing
Reduction in Outpatient Appointments:													
3.5 Outpatient Appointments 65 yrs plus (actuals)	9171	12012	13024	13515	8702	(Jan/Feb)	qtr av		Reduce		n/a		Increaing
Patient experience - quality of life													
3.6 Placeholder - Adult Social Care Survey - quality of life (1a)	17.4								Improve	18.4	Inner London		to consider
Prevention and Health Inequalities													
Increase in uptake of interventions for people from Core20Plus5 communities with identified Vital 5 risk factors:													
4.1 Core20 interventions measure to be agreed													no data - to develop
Integrated Neighbourhood Teams (as per frailty measures, but to be cohort specific)													
Reduce the rate of avoidable hospital and care home admissions from identified at risk cohorts:													
5.1 Emergency admissions for 65+ years per 100,000 populat	1766	1862	1934	1995	2016	(Feb)	yr/qtr/month		Reduce	1888	London (feb)		Increasing
5.2 Care Home Admissions	655	781	391	622	694	622	quarterly av		577	505	Inner London		Stretch target not met

1. CYP Mental Health: Increase in % achievement of the 4 week wait standard

Partnership Southwark

1.1 Latest performance – all referrals

RAG



31 December 2024

% in four weeks:
66.0%

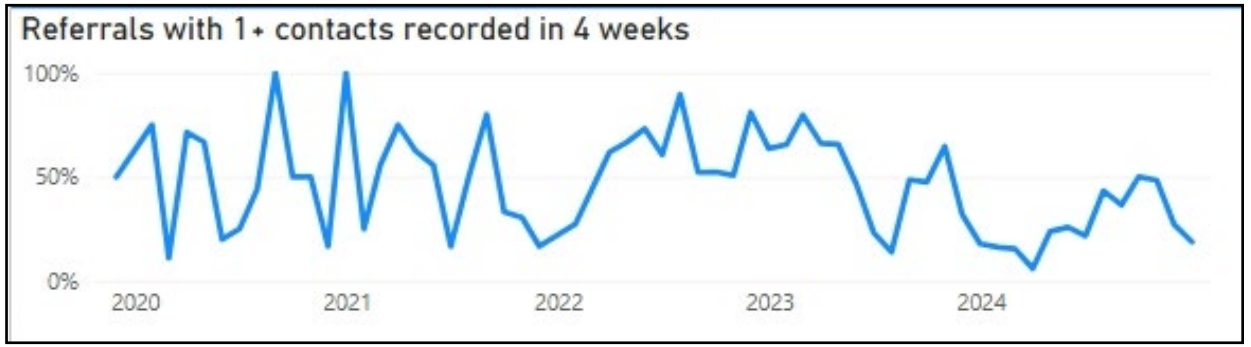
Referrals with 1+ contacts recorded in four weeks:
134

Referrals with 1+ contracts recorded:
203

Narrative on performance: improvement evident across the "all referrals" measure, although this seems to have stalled in Q3 hence amber, but neurodevelopmental performance remains low.

1.2 Latest performance – neurodevelopmental referrals

RAG



31 December 2024

% in four weeks:
18.8%

Referrals with 1+ contacts recorded in four weeks:
6

Referrals with 1+ contracts recorded:
32

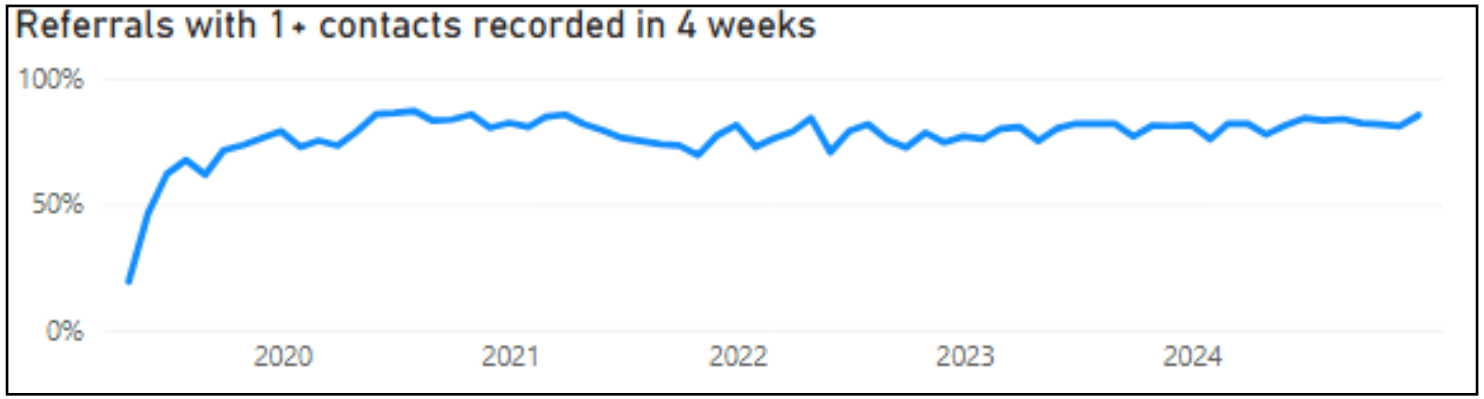
Data source: SEL ICB CYP MH Dashboard 9.04.25

2. Adult Mental Health: Increase in % achievement of the 4 week wait standard

Partnership Southwark

2.1 Latest performance – all referrals

RAG	



31 December 2024

% in four weeks:

85.2%

Referrals with 1+ contacts recorded in four weeks:

581

Referrals with 1+ contracts recorded:

682

Note: Adult neurodevelopment referrals data – excluded due to low numbers 4 seen in December (1 within 4 weeks)

Narrative on performance: steady improvement evident.

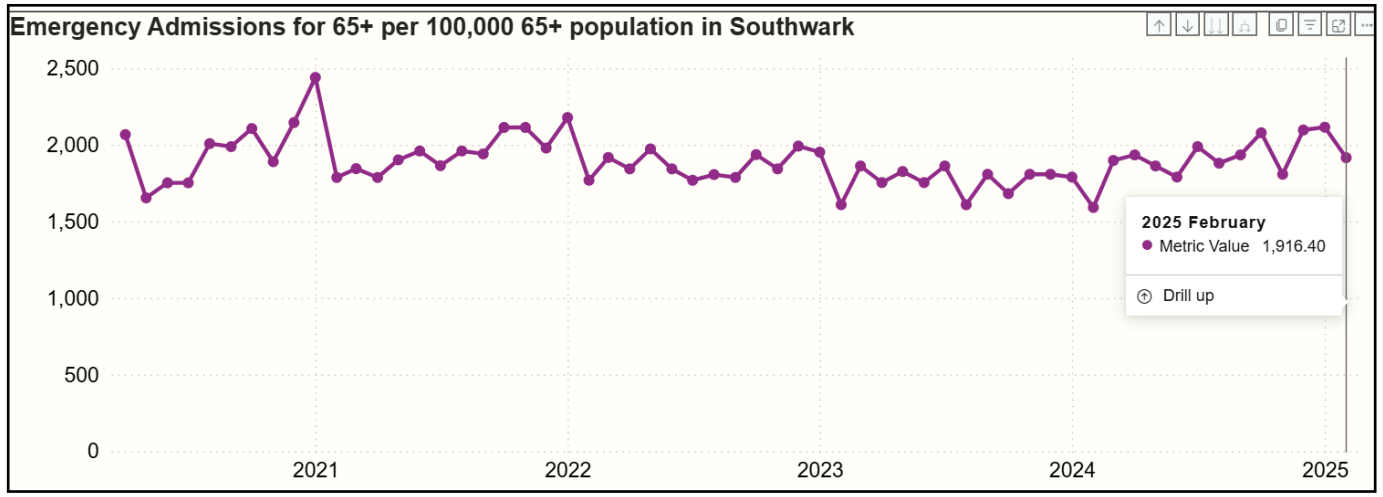
Q3 rate 85.2%,

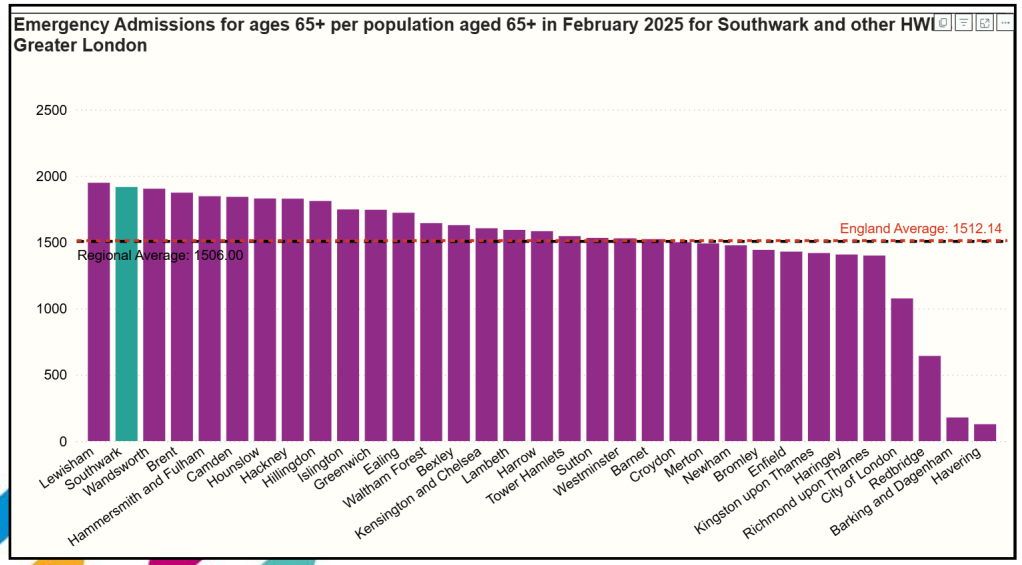
2023/24 year end 80.6%

Data source: SEL ICB CYP MH Dashboard 9.04.25

3 Frailty

3.1 Emergency Admissions for 65+ per 100,000 65+population - January 2025





RAG

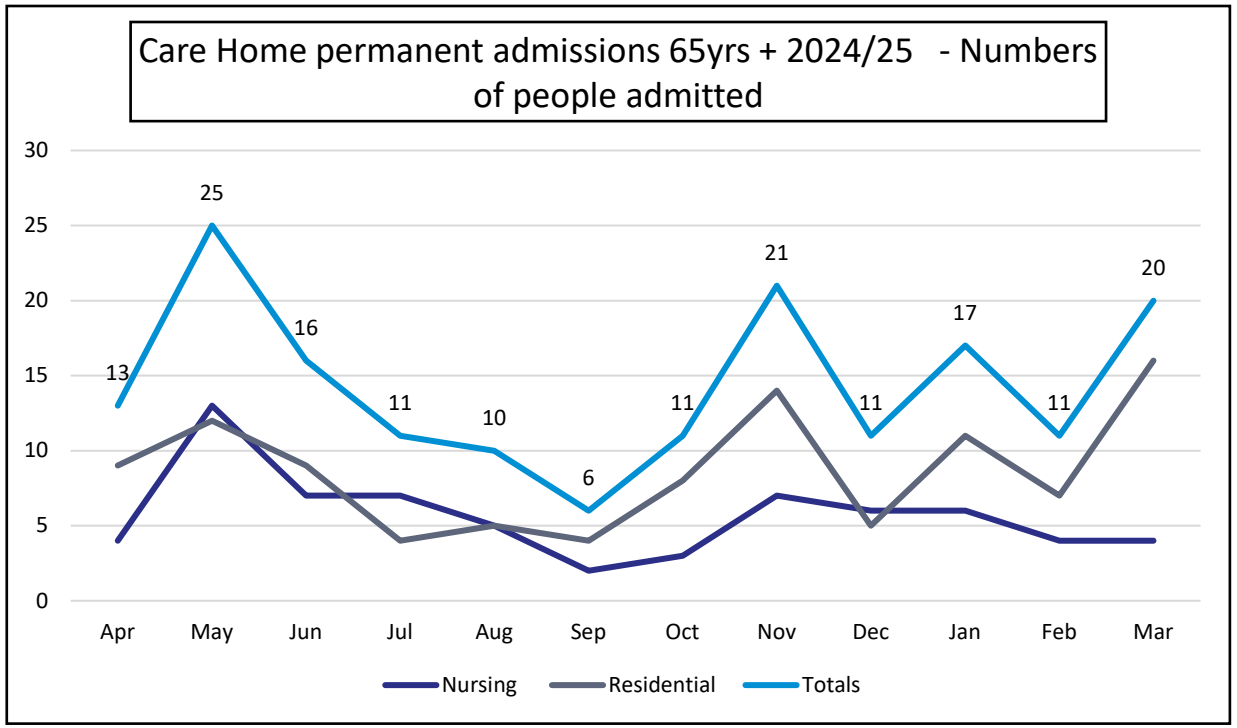
Performance narrative: February total: 1916. 2025/26 Plan: 1986 (monthly average) based on 2.5% growth on 2024/25 to November. Plan subject to NHSE approval.

The growth trend is worryingly high in 2024/25 despite the improvement in February. Benchmarking shows 2nd highest in London.

Data source:DHSC BCF dashboard, 30.04.25, also HES raw data NHSE

3 Frailty

3.2 Permanent Care Home admissions



RAG

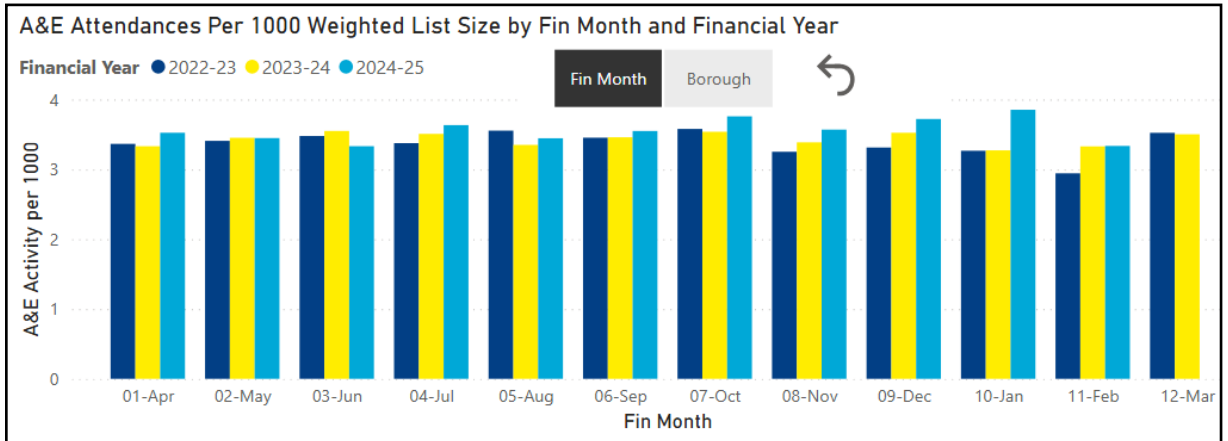
Narrative on performance: with a total of 172 admissions in the year this equates to a rate of 622 per 100,000 over 65s, against a target of 557 (154 admissions). The target was set when the full value of 2023/24 was thought to be lower – the final value was 184 admissions. For 2025/26 a more realistic target of 168 admissions has been set taking into account demographic pressures.

The Inner London average rate was 505 in 2023/24 which would equate to 140 admissions in Southwark

Data source:social care 30.04.25 H.Butt

3 Frailty

3.3 Reduce Emergency Appointments - A&E attendance 65 yrs + by weighted list size (proxy measure – GP emergency appointments not available)

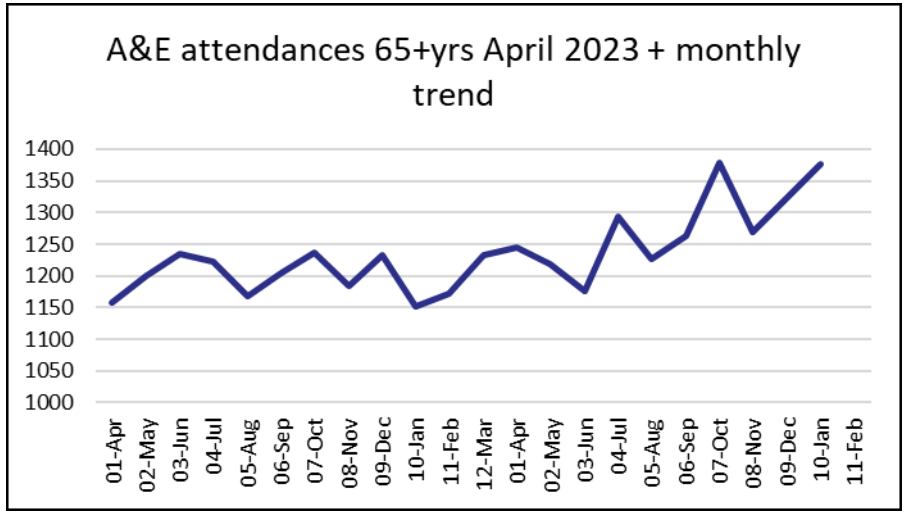


Financial Year	North Southwark	South Southwark	Total
2022-23	41.00	39.85	**40.50**
2023-24	41.15	41.24	**41.19**
2024-25	39.28	39.27	**39.28**
Total	**121.45**	**120.41**	**120.99**

RAG

Performance narrative: clear upward trend, especially since June. (Whereas downward trend for full population)

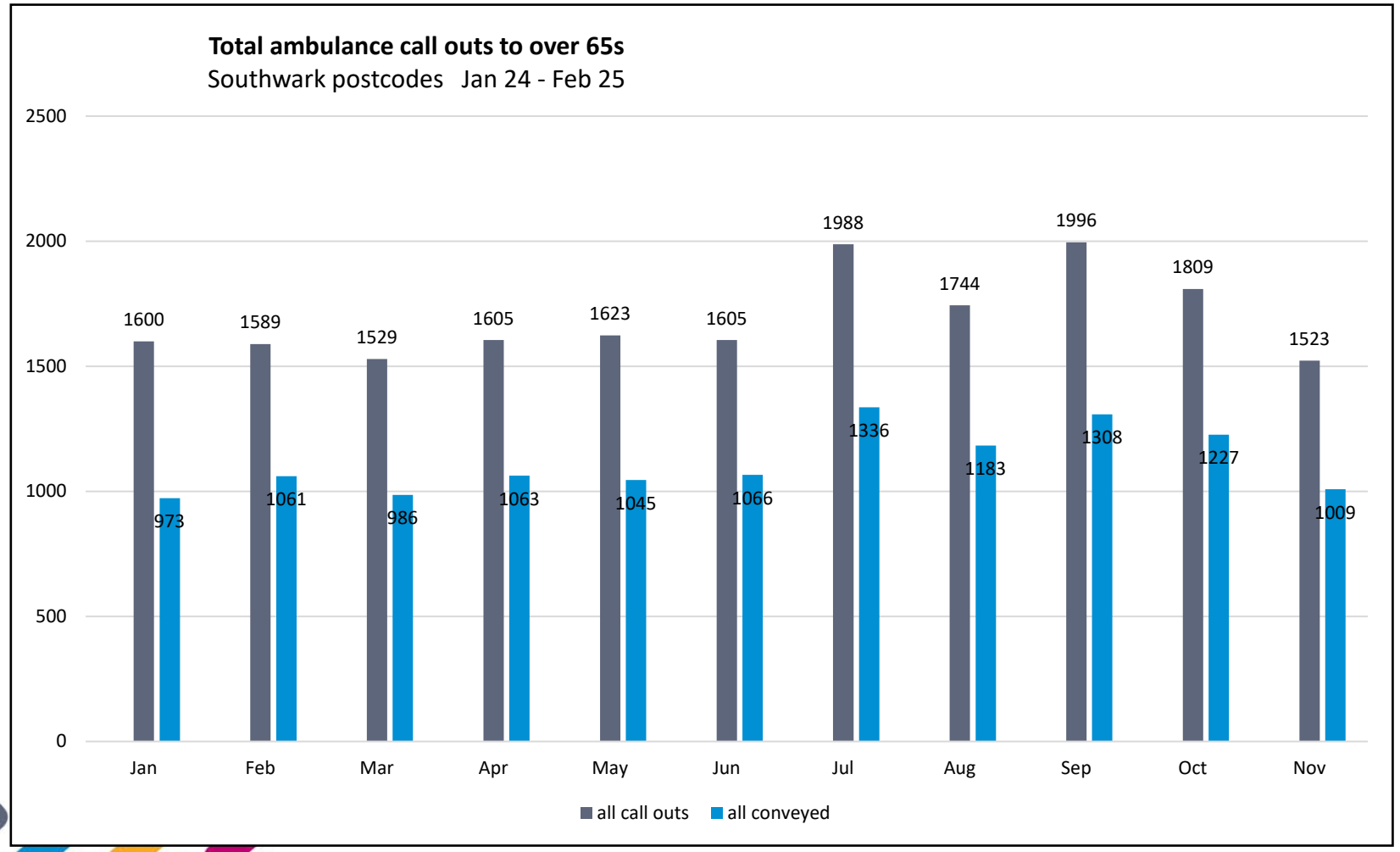
Actual numbers



Data source:SELICB practice dashboard, 24.04.25

3 Frailty

3.4 Reduction in A&E conveyances over 65 yrs



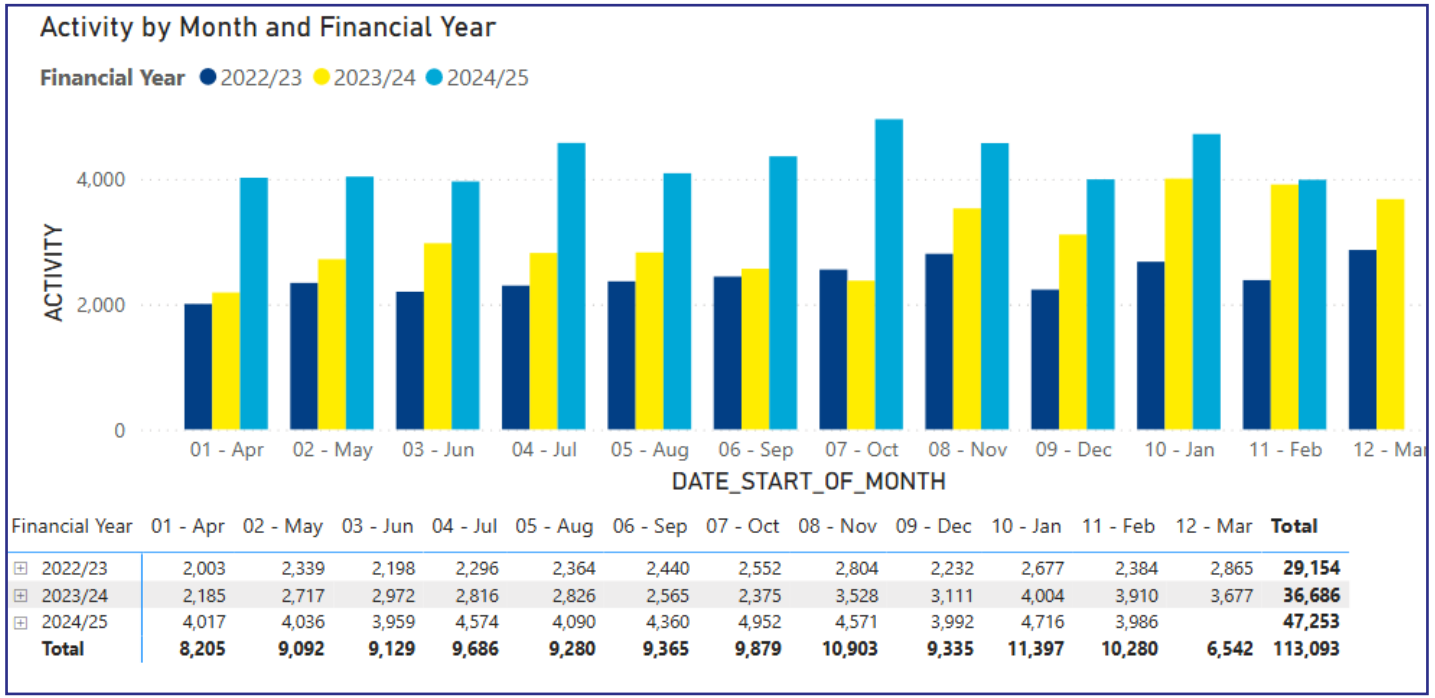
RAG

Performance narrative: new data not yet analysed. Summer peak is of interest. Target is to reduce – increase evident since Q1.

Source LAS: julian.williams1@nhs.net 4.4.25

3 Frailty

3.5 Reduction in Outpatient Referrals over65 yrs (first attendances)



Financial Year	01 - Apr	02 - May	03 - Jun	04 - Jul	05 - Aug	06 - Sep	07 - Oct	08 - Nov	09 - Dec	10 - Jan	11 - Feb	12 - Mar	Total
2022/23	2,003	2,339	2,198	2,296	2,364	2,440	2,552	2,804	2,232	2,677	2,384	2,865	**29,154**
2023/24	2,185	2,717	2,972	2,816	2,826	2,565	2,375	3,528	3,111	4,004	3,910	3,677	**36,686**
2024/25	4,017	4,036	3,959	4,574	4,090	4,360	4,952	4,571	3,992	4,716	3,986		**47,253**
Total	**8,205**	**9,092**	**9,129**	**9,686**	**9,280**	**9,365**	**9,879**	**10,903**	**9,335**	**11,397**	**10,280**	**6,542**	**113,093**

RAG

Performance narrative: appears to be significant increase year on year. This is common to all SEL boroughs. Requires detail drill down analysis to understand context.

Data source:SELICB practice/planned care dashboard, 11.04.25

4. Prevention and Health Inequalities

4.1 Increase in uptake of interventions for people from Core20Plus5 communities with identified Vital 5 risk factors

Partnership Southwark

Place holder: A measure is to be developed that specifically captures the impact of Vital 5 assessments undertaken by the outreach service, setting out the proportion and numbers who receive a check and are identified as at risk who then proceed with an appropriate intervention as advised. e.g. if advised to seek a GP appointment for hypertension treatment.

To link in with SELICB Vital 5 workstream which has commissioned an evaluation of the V5 check programme including the Southwark outreach model, which will also consider impact measures.

NOTE 5. Integrated Neighbourhood Teams - See 3.1 and 3.2 – Frailty Metrics. To be developed at neighbourhood cohort level.

South East London Integrated Care System

NHS South East London

Section 2 Integrated Assurance Report

Southwark Quality Summary Report

Prepared for the Southwark Integrated Governance and Assurance Committee
8 May 2025

Contents

Contents

Southwark Q4 Key updates

Quality Updates

Quality In Primary Care

Quality Support is being provided for the AT Medics GP Practice Procurement. Quality Questions will focus on Patient Safety Incident Reporting systems and culture for reporting. Alignment of policies and understanding to the Patient Safety Incident Response Framework. How Learning is identified and used to improve quality outcomes for local are and system.

Patient Safety Strategy in Primary Care

The Health Innovation Network completed Phase 1 of their pilot in primary care and have published their report. Link to Phase 1 outcomes report **SEL PC PSIRF GP Pilot Report** Some key findings are:

- Agreed that a shift in culture was the most rewarding - and most challenging objective of PSIRF. People mentioned that the culture within their organisation had already started shifting from blame to learning
- PSIRF was originally developed with a hospital context in mind. While the principles of PSIRF have application in primary care, it is not possible to directly 'lift and shift' learning about PSIRF from secondary care into general practice and other areas of primary care. The concepts require translation and adaptation.
- It is important that PSIRF is seen as building on things that general practice organisations are already doing, is aligned with existing priorities and incentives and taps into people's intrinsic motivation for providing safe care to patients.

Within SEL, very few General Practices signed up for phase 1 of the pilot and are therefore being encouraged to participate in phase 2 to ensure a collaborative approach to the development, implementation and roll out of PSIRF in Primary Care and Community.

Expressions of Interest for year 2 of the PSIRF (Patient Safety Incident Response Framework) pilot in General Practice Expressions of interest for year 2 of the pilot of PSIRF in general practice

The next phase will:

- Focus on how different parts of the healthcare system can work together to keep patients safe
- Applications are welcomed from organisations working with partners from across the ICB: an individual practice, a PCN or GP Federation.

Year two will build on learning from year one: more structure around the PSIRF principles and the learning continuum. Representatives from each organisation will be expected to attend monthly webinars and test approaches within their organisations: (approx. one day per month).

Southwark Q4 Key updates - CQC

Nexus Health Group CQC Inspected rated GOOD in all areas and Overall

The CQC inspected Nexus Health Group in November 2024 and previously rated this service under the previous methodology between 23 and 29 October 2019. The service was then rated requires improvement overall and for the effective and responsive key questions, and good for safe, caring and well-led.
For this assessment the CQC focused on the key questions of effective and responsive and combined the scores for these areas with scores from the last rated inspection. The provider demonstrated improvements that have been made and it was found they were now providing effective services. However, it was found that the provider was not always providing a responsive service due to an overall decline in patient satisfaction. The service is no longer rated as requires improvement overall or in any of the key questions. **Report Link** Nexus Health Group - Care Quality Commission

Acorn and Gaumont House Surgery CQC Inspected GOOD in all areas and Overall

The CQC carried out their recent inspection in June 2024. It was previously rated in 20222 as Inadequate overall and placed in Special Measures. The provider demonstrated improvements that have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service was taken out of special measures. However, the provider remains in breach of one regulation in safe care and treatment and a further breach in good governance was found. The CQC have asked the provider for an action plan in response to the concerns found at this assessment. **Report Link** The Acorn & Gaumont House Surgery - Care Quality Commission

Southwark Q4 Key updates
Infection Prevention & Control Update

Outbreaks

- Incidence of influenza in the general population continued to decline sharply since its peak in January 2025. Several clusters and small outbreaks of influenza were reported across acute and mental health settings early in Q4 with no incidents of service disruption.
- Respiratory Syncytial Virus (RSV) reports continued to decline since its seasonal peak in December 2024 and early data from the roll out of the RSV vaccination programme shows a 30% reduction in admission rates to hospital in older people.
- Norovirus activity remained high during Q4 but has stabilised in recent weeks. The number of laboratory reports during weeks 10 and 11 of 2025 was more than double (144%) the 5-season average for the same 2-week period. There were several clusters and small outbreaks of norovirus across acute and adults social care settings in Q4 with no incidents of service disruption reported.

General Practice

- 3 practices had an IPC visit during Q4, either to carry out an annual IPC audit or to support practices to review their IPC processes in advance of a CQC visit. IPC processes and protocols were of good standard overall with recommendations mainly around cleaning and environmental issues.
- Face-to-face IPC update session was delivered to one general practice surgery following a request.
- *The Role of the IPC Lead in General Practice* session was well attended with several leads requesting individual follow up sessions to support IPC processes at their practice.

Southwark and Lambeth report on Urinary Catheters in Community and Adult Social Care Patients

- SEL continues to work with GSTT, Partnership Southwark, Lambeth and Southwark LA Commissioning leads to review community services for individuals with a urinary catheter with a view to identifying gaps and improving access. The group met in March and agreed objectives and the project timeline.

Commissioning

- SEL ICB IPC Team is supporting Southwark's procurement process for Queens Road Surgery and Silverlock Medical Centre.

Southwark Q4 Key updates Gender Services

Quality Updates

In 2023/24, concerns were raised via a quality alert that some GPs were being asked to prescribe hormone treatment/medication to children and young people under 18 from an unregulated company. These concerns were escalated to NHSE who have recently cascaded new guidance that advises general practitioners against shared care agreements with unregulated providers in relation to hormone medication to children and young people under 18 as a response to gender incongruence/gender dysphoria. The guidance outlines that:

- A GP must refuse to support the private prescribing or supply of GnRH analogues
- A GP should refuse to support an unregulated provider in the prescribing or supply of alternative medications that may be used to suppress pubertal development
- A GP should refuse to support an unregulated provider in the prescribing of exogenous hormones.

In all cases, safeguarding measures should be considered where the administration of a medicine from an unregulated source presents an immediate safety risk.

Link to the guidance: Guidance-to-primary-care-about-unregulated-providers-who-supply-hormone-medications-to-CYP

Southwark Q4 Quality Alert updates

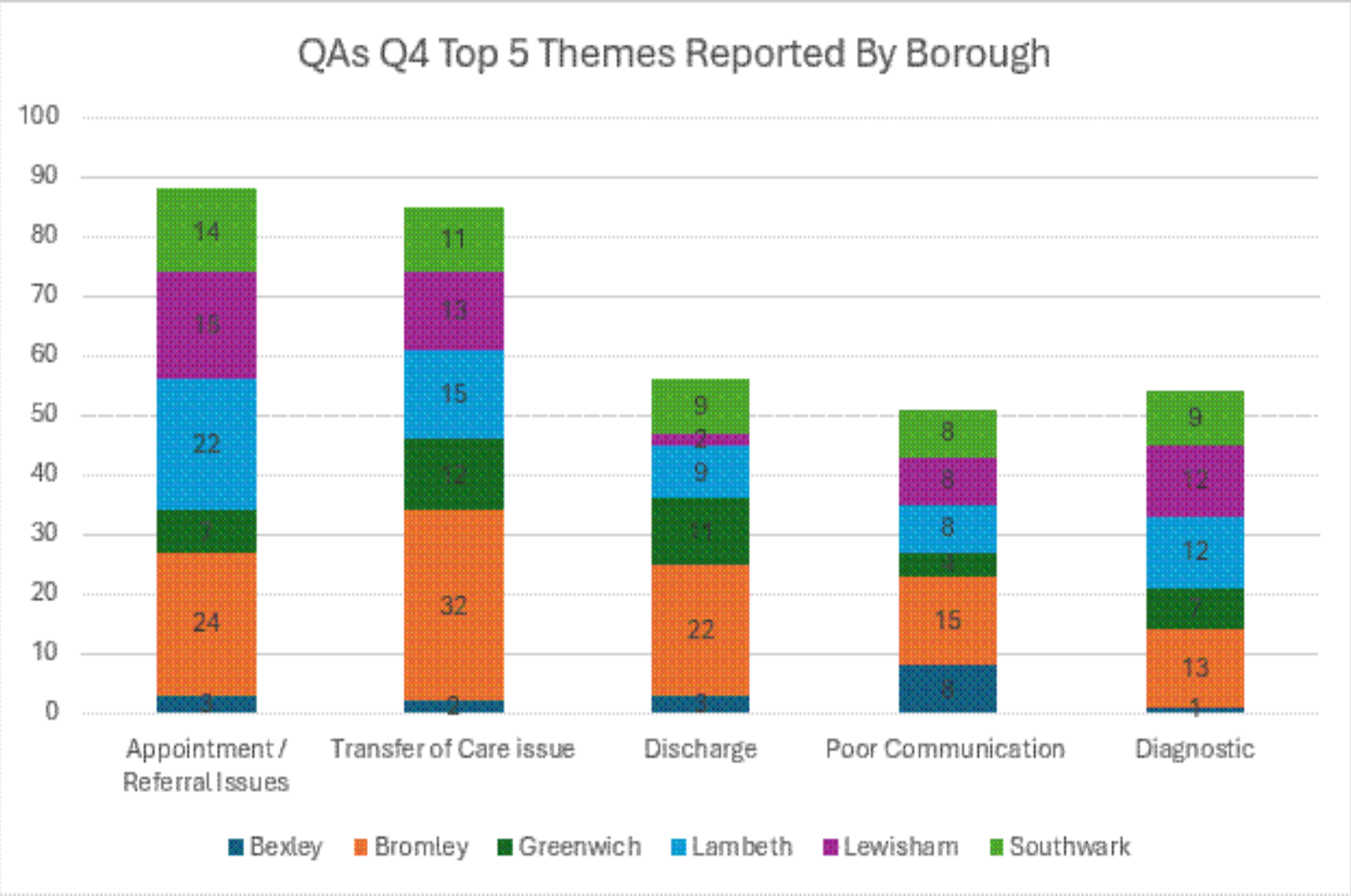
Quality Alert Updates

Positive Alert raised by Quay Health Solutions to Kings A&E service: Kings A&E provided a patient with swift and effective care for recatheterisation following admission from local Care Home. The patient's Catheter was expelled from bladder. The community nurse visited advising treatment would need to be directed to the emergency care services via LAS who arrived and transported pt to KCH A&E. He received responsive care with clinical nurse specialist assessment, bladder scan and effective catheter insertion and check for replacement urinary catheter. He returned to the care setting 10pm after "the shortest visit to A&E" in his recent experiences.

Discharges: A GP received two discharge summaries for one patient's admission to the Renal ward. The summaries had different dates and medication lists which could have results in patient impact harm. **Actions**: The QA was acknowledged and shared with the Renal team to support clear discharge summaries going forward ensuring clarity of GP actions.

Transfer of Care, ENT service: Upon discharge from ward, patient's discharge summary had key medication omitted. Pt also verbally advised to reduce medication by discharge team, GP asked to refer pt to Memory Clinic without indication/Explanation. **Actions:** The ENT Clinical Governance Lead has communicated to the clinical team the necessity of thorough medication reconciliation in discharge summaries and clear documentation of medication changes. The Importance of providing detailed information in GP referrals also stressed. Learning discussed with team to encourage reflection. Discussions taken place with the Clinical Governance Lead for ENT services and shared in Governance meeting. Incident also shared with the Diabetes Quality Improvement manager shared to facilitate shared learning.

Q4 Quality Alerts – Southwark



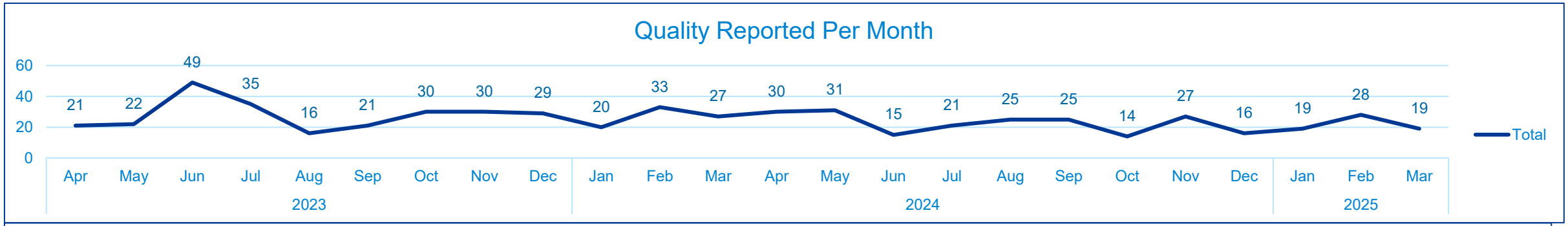
Themes from QAs Q4

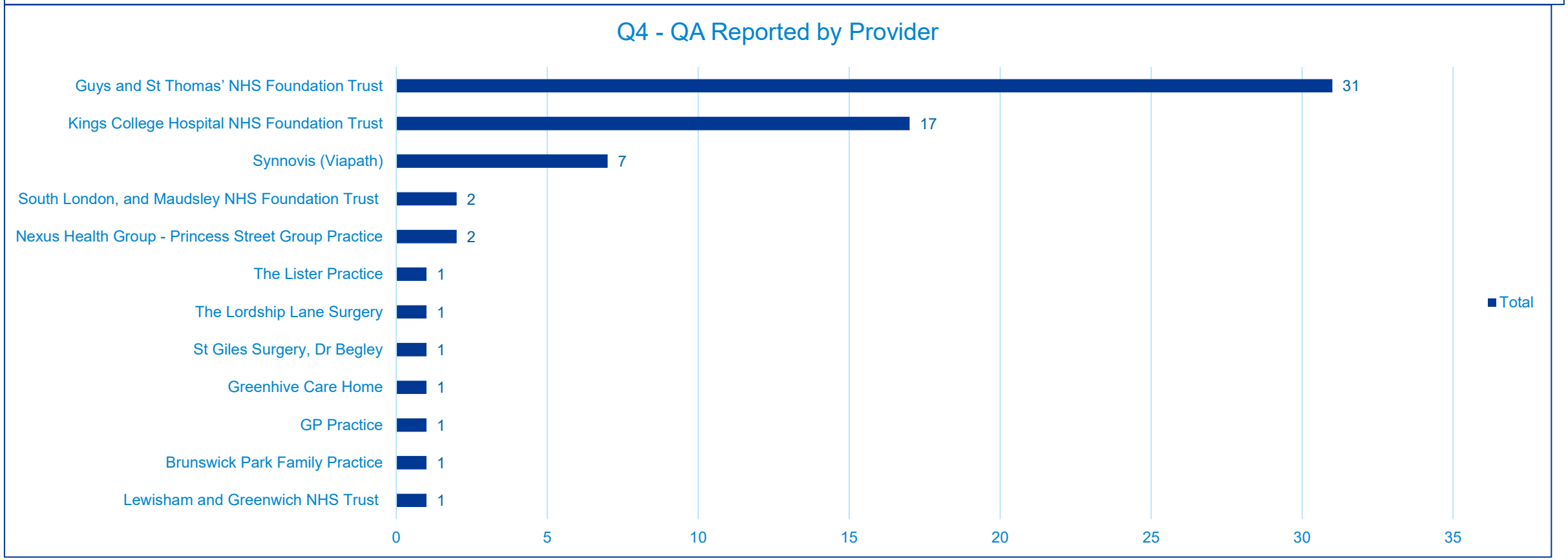
The chart shows the top themes across SEL across a range of specialties the majority occurring in the acute Trusts, mainly KCH and GSTT.

Work is currently being undertaken to review these common themes by the Primary / Secondary care interface groups.

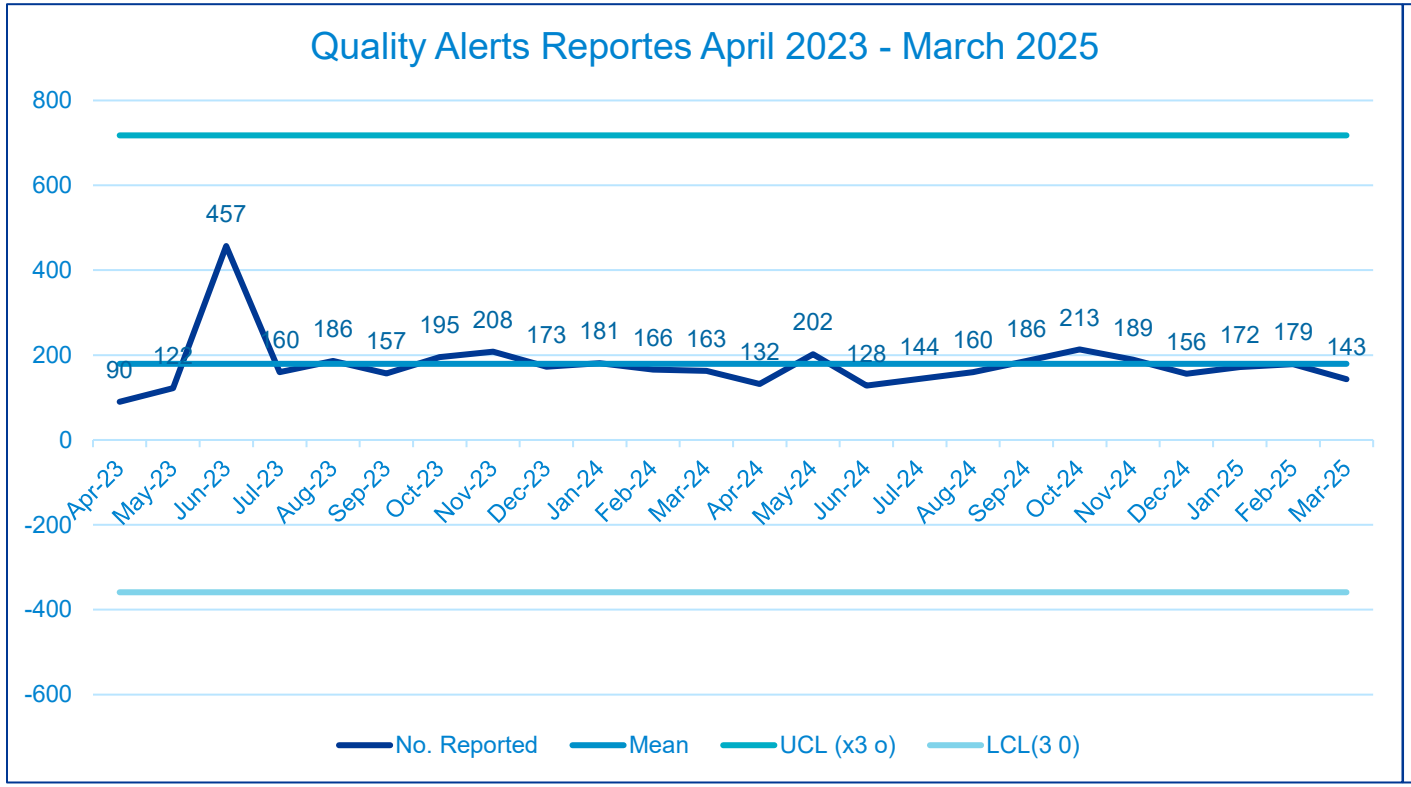
A workstream has commenced looking at Discharge documentation.

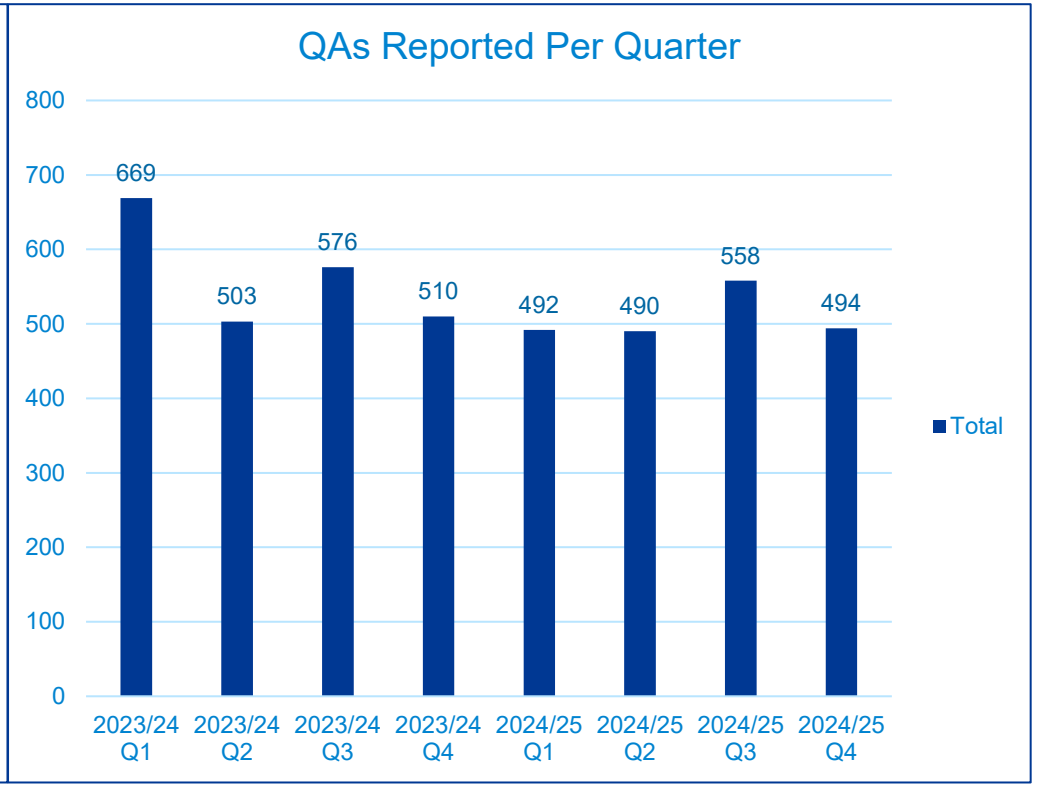
Q4 Quality Alerts – Southwark





Q4 Quality Alerts SEL Summary





Quality alerts are showing a slight decrease in reporting in Q4, however the numbers reported remain relatively static with a mid-range of approximately 200 per month. Some of the decrease may be due to a transition to the Learning From Patient Safety Events by some providers as they transition to the national reporting database.

Quality alerts are now being themed and fed into various workstreams for consideration of improvement projects.

SEL Quality Alerts

Notes and issues

Top 5 Reported Themes

1. Appointment / Referral – inappropriate referral
2. Transfer of Care issue
3. Discharge
4. Poor Communication
5. Diagnostic

Trending Themes

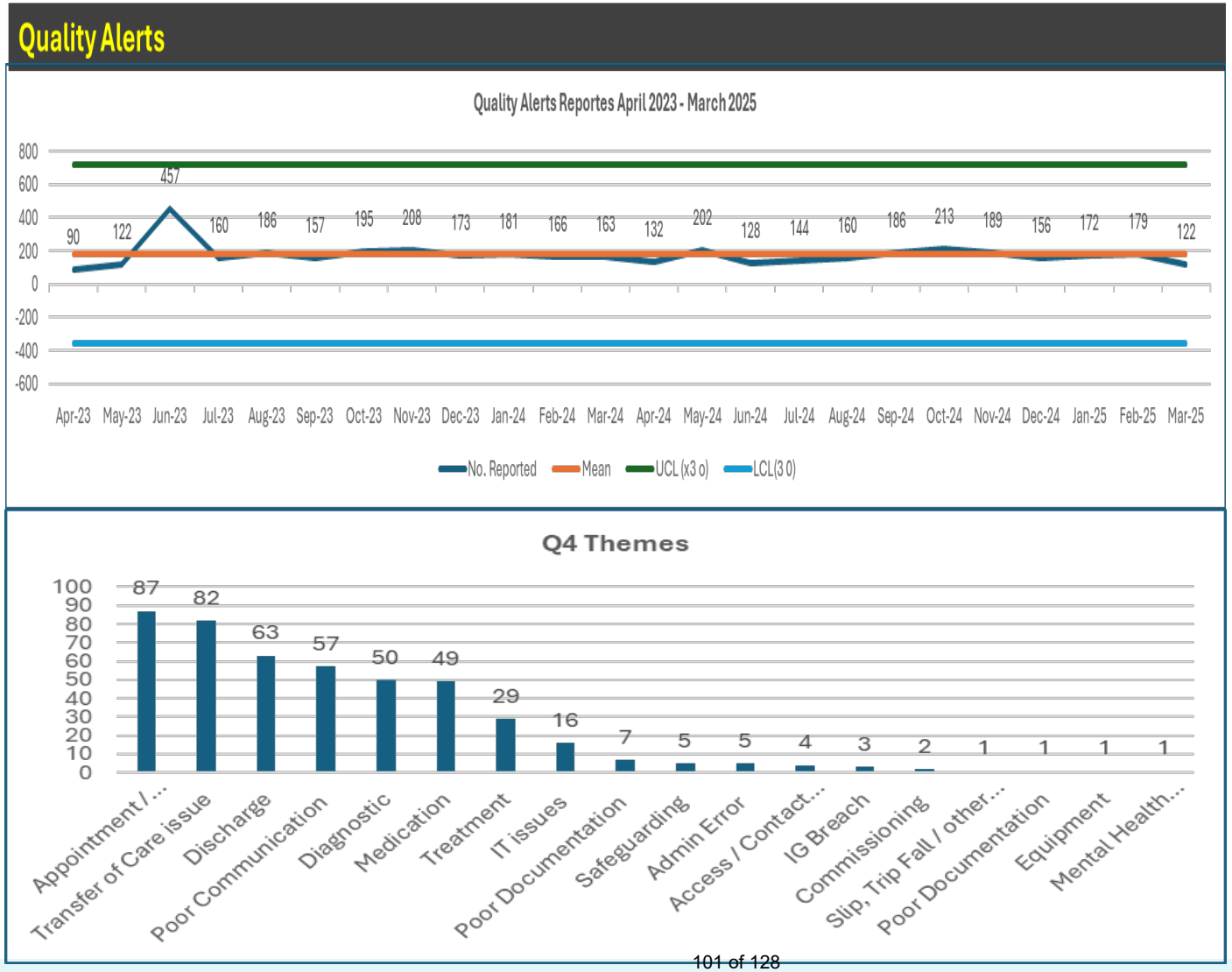
Appointment / Referral Issues

Transfer of Care

Discharge issues

Poor Communication

Medication issues



Quality narrative/actions

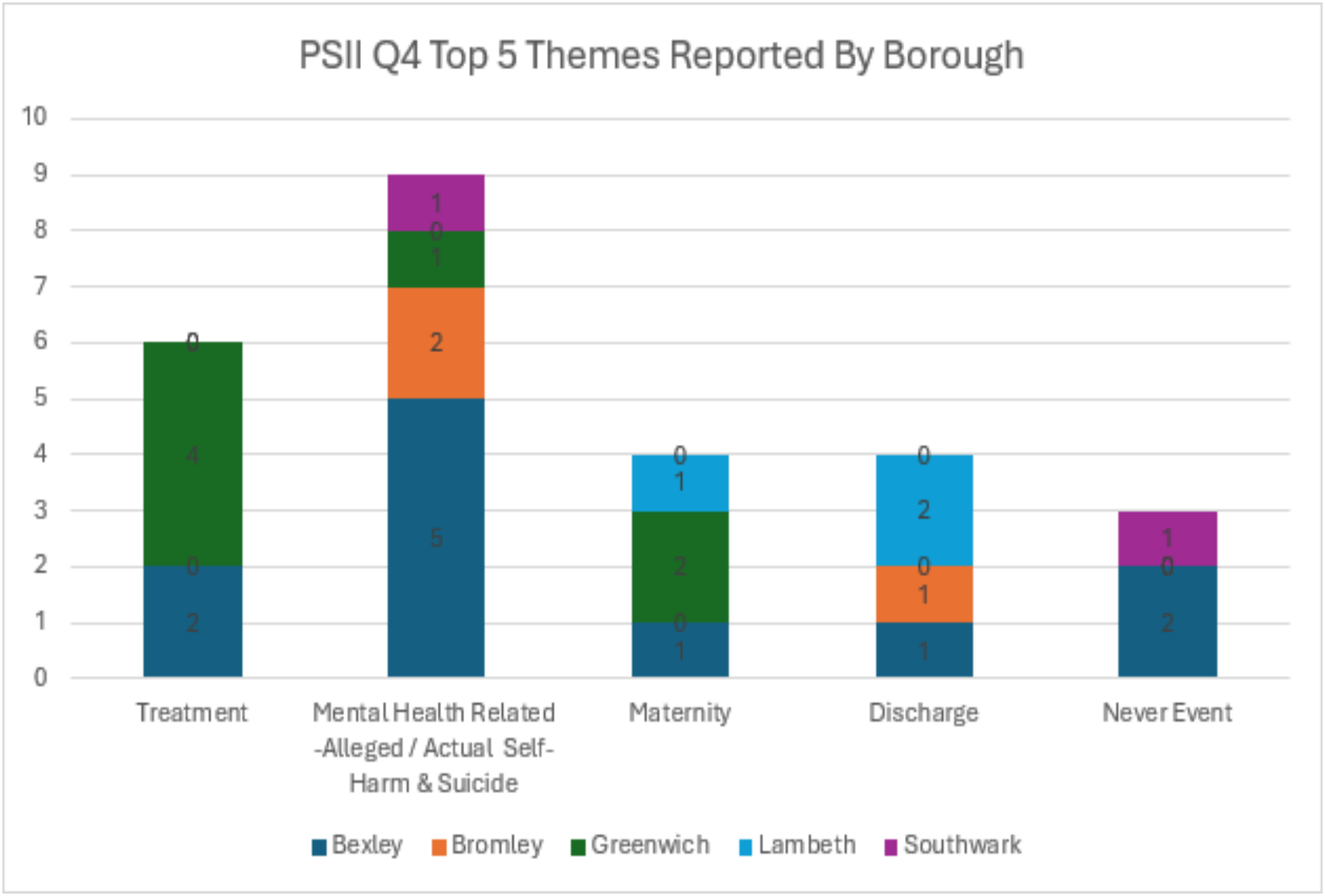
Delay in providing appointment / treatment remained a predominant theme with Acute providers - GSTT, KCH and L&G. Common sub themes within this category included issues linked to appointment/referral issues and transfer of care issues between secondary and primary care.

Issues highlighted within reported QAs continue to be addressed through the primary secondary care interface group led by the ICB Medical Director.

Targeted improvement work made from closed quality alerts:

- Delay in providing appointment / treatment: L&G implemented mandatory documentation on iCare for all ECG assessments where advice is needed, ensuring that it is properly recorded in the system.
- Transfer of care (L&G): Pre-assessment now have a dedicated Health Care Assistant who actions/treats all patients with a UTI or positive MRSA swabs and a Pre-assessment Co-ordinator who tracks the patient pathway.

Q4 Patient Safety Incident Investigations – Southwark



Themes for PSIIs Q4

Incidents involving treatment remain the most reported type of patient safety incident.

In Southwark, an incident involving a 59-year-old inpatient at the Maudsley Hospital who presented as non-responsive and was transferred to KCH but unfortunately died is currently being investigated as an unexpected death.

The second incident involves a 65-year-old patient who was having a total knee replacement at GSTT when one of the holding guide pins appeared to fall out of the femur is also being investigated.

Since October 2024, the number of incidents reported has steadily reduced as providers consider the proportionate response to incidents to ensure learning which includes conducting swarm huddles and after action reviews.

Q4 SEL Patient Safety Incidents

Notes and issues

Top 5 Reported Themes

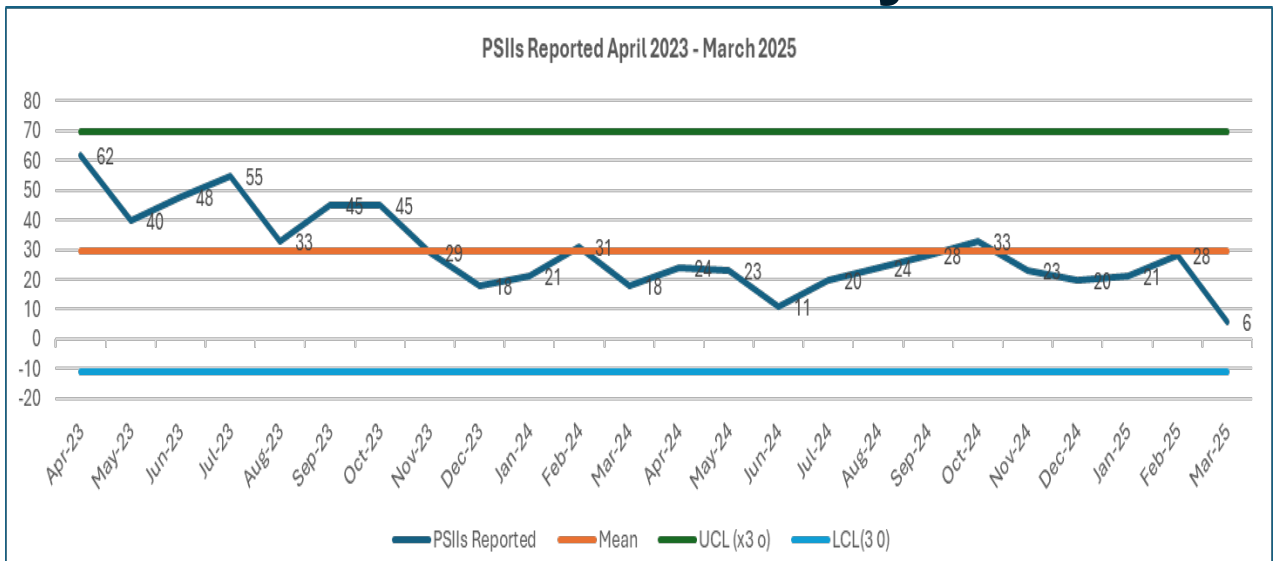
- Treatment – delay in treatment/unexpected admission to NICU/SCBU/unexpected death
- Maternity - Unexpected admission to NICU/SCBU/unexpected death
- Discharge
- Mental Health Related -Alleged / Actual Self-Harm & Suicide
- Medication

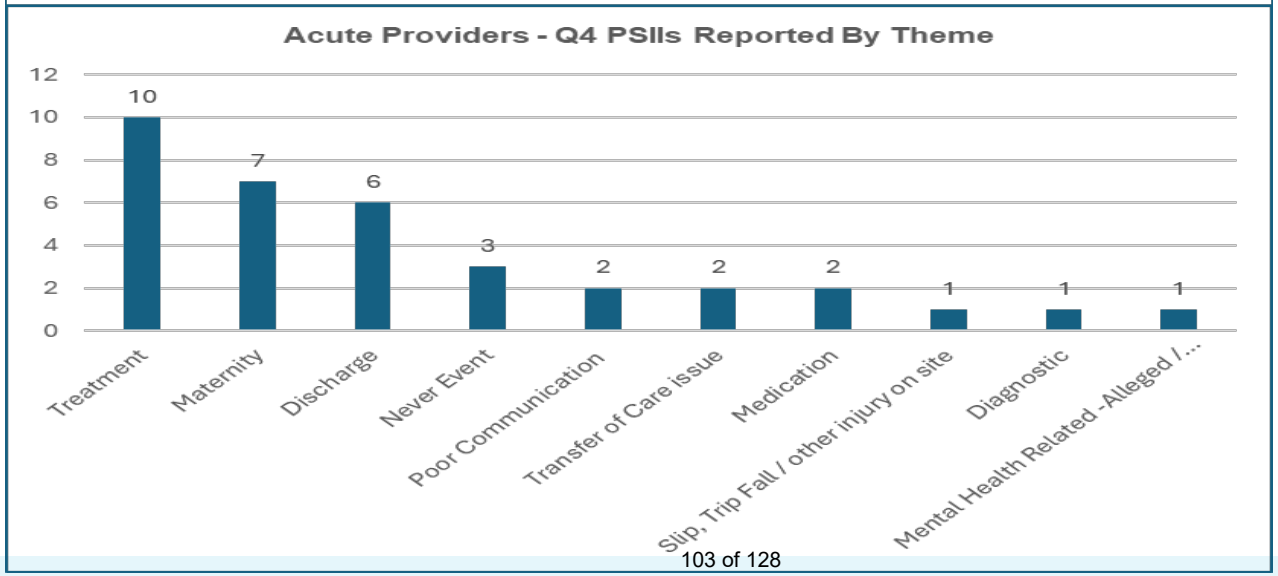
Never Events

- 1 x Wrong site surgery (L&G)
- 1 x Retained foreign object (GSTT)
- 1 x Overdose of methotrexate for non-cancer treatment (GSTT)

PSIIs commissioned for all cases and are ongoing.

GSTT are focusing on surgical safety as part of their patient safety improvement plans and quality priorities for 2024/25.





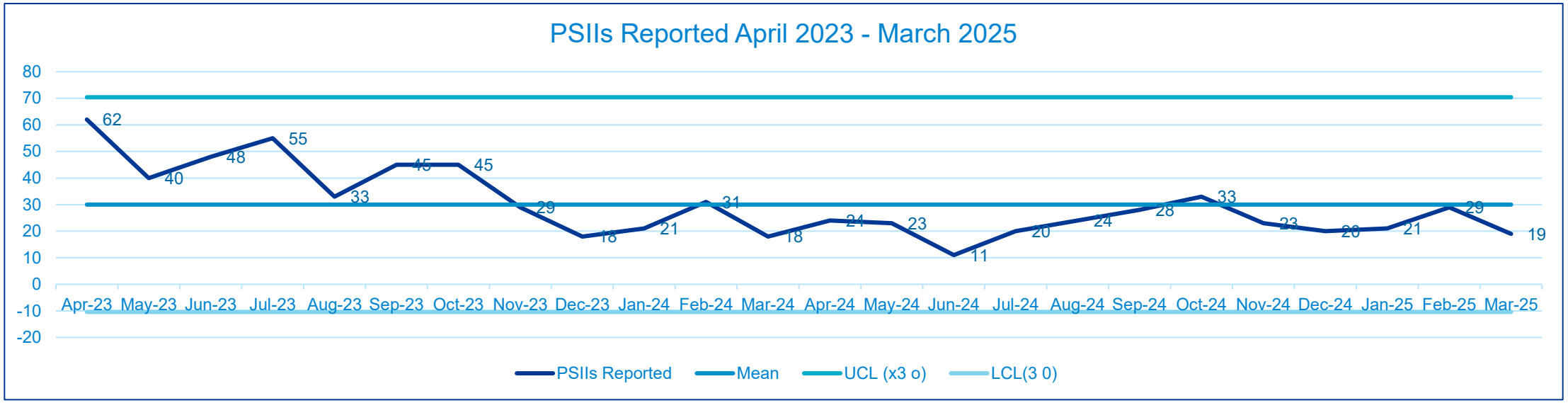
Quality narrative/actions

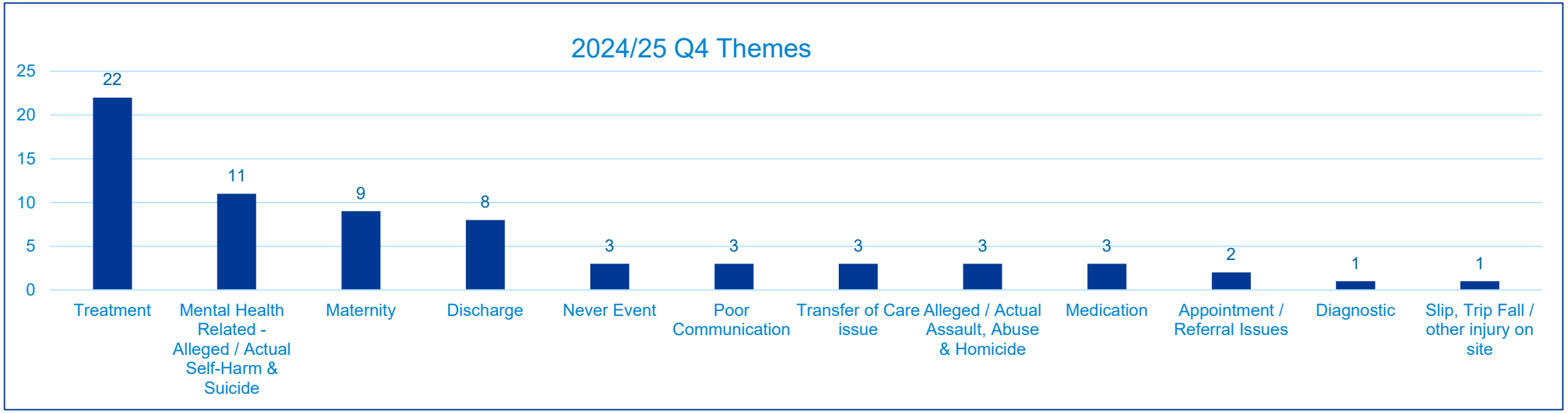
The top PSII's reported by Trusts continues to be delay in treatments and delayed diagnosis. These are key priorities within each Trust's PSIRP.

ICB is continuing to lead on a cross system PSII identified involving the lack of care and follow up of two patients residing in the same household. Both patients presented with significant physical and mental health care needs. A multi-agency meeting was held earlier this year to establish the key lines of enquiry, scope and timeline of events.

In February, the ICB held its 2nd Stakeholder Event for Independent Service Providers (ISPs) following PSIRF implementation. The event was well attended by 5 ISPs and NHSE. ISPs presented their current PSIRF/LFPSE updates and relayed associated challenges. The focus of the event was to facilitate collaborative working, and the sharing of lessons learned amongst the different providers as well as establishing how the ICB can further support ISPs. A plan was made to hold a further follow up event in 6 months' time.

PSIIs SEL Summary





SEL ICB Learning from Deaths

Prison Deaths in Custody

The Prison Service is commissioned by NHS England – London Health and Justice

An increase has been seen in deaths across SEL prisons between 2023 and 2024. In 2024 an increase was noted in natural deaths due to long term conditions as the prison population demographics change

All deaths and potential patient safety incidents in prisons are investigated

Growing evidence of good practice in relation to MDT care provided across inpatient unit care, palliative care and communication with external agencies

Learning identified:

- Improving information sharing between internal and external services is evident
- Increased numbers of unexpected natural cause deaths, with Long Term Condition Management requires an awareness as a feature
- Increased resilience of Planned Care pathways
- Specific focus on Epilepsy and Sickle Cell Disorders across the system, including learning opportunities
- Introduction of Medical Condition Registers that can be shared with prison colleagues

Reduced self- inflicted deaths: Improved awareness of high risk information sharing but more work to do

Focus on Foreign National Prisoners: working with prison/ home office teams to identify and provide wellbeing support adn robust use of translation services

Lead Nurses: Bridging prison Safer Custody teams, safeguarding and Healthcare

Other work: Static factors that create challenges but are unlikely to change include the environment, overcrowding prison regime and staff shortages.

Increasing demand for healthcare: An older and more unwell population, higher prevalence of comorbidities, increased social care and CHC need. Impact of socio- economic and health inequalities is prevalent

Learning from PFD

2014, 3 babies on the Neonatal Intensive Care Unit (NICU)at the Evelina developed Bacillus cereus septicaemia, concluded to be from a contaminated batch of parenteral nutrition (PN) supplied by an external pharmaceutical company, one baby died. Second incident, 19 cases of bacteraemia across 9 hospitals and 3 babies died (one at Evelina)

Coronial process was only completed in 2024 (10 yrs later)

Actions:

- Improvement in aseptic processes was required – complete
- Shortened turnaround time is required for identification of microbial species - complete
- Need for low index of suspicion for neonatal infection – ongoing continuous QI programme with improvement seen
- Improvement in commencement of antibiotics has been seen and now given within 30 minutes –m sepsis clock
- Improvements in last 10 years in ultrasound techniques, line insertion and line care bundles
- Coroner's concerns: There is no requirement for a section 10 exempt entity to report any of its findings to the MHRA or indeed to other Trusts or the industry in general if an adverse event occurs. The reporting structure has been updated.

SEL ICB Learning from Deaths

Infant and Child Mortality SEL

National Child Mortality Database (NCMD) collates data from the Child Death Overview Panels (CDOP) of deaths of children at any time after birth and before their 18th birthday

Summary of the last 5 years of data:

- Death rates in children overall are reducing
- Deaths occurring during the first 28 days of life (the neonatal period) in particular, are considered to reflect the health and care of both mother and newborn
- Evidence of a link to deprivation and prematurity as well as ethnicity, in increased neonatal mortality with similar findings in postnatal mortality although numbers are small. Strong link by the experience in maternity and pre natal care to outcomes
- Work ongoing with the LMNS and local preconception work to address these issues.
- Key is addressing the wider determinants of health ie housing, employment etc by improving links between NHS and social care and voluntary sector.
- Requirement to continue to monitor the inequalities data

Reporting and learning from Maternal deaths

Guidance has been produced by the NHSE London regional maternity team to provide definitions relating to maternal death and the role and responsibilities of organisations.

The guidance aims to provide clarification on maternal death reporting for women in and outside of maternity services ensuring a consistent approach for notification and investigation when a maternal death occurs

CDOP annual reports

Learning Identified:

COVID-19 – planning for pandemics in future

Safeguarding - focus on prevention and early identification of risk factors. The importance of professional curiosity

Multi agency collaboration – challenges in coordinating care across multiple services and organisations

Learning Disability and complex needs – reducing the risk of aspiration in the community; acknowledging caregiver stress and coordination of care across multiple services and geographies

Bereavement support is essential and not provided in Lambeth & Southwark – business case in progress

Prevention of prematurity

Reduction in tobacco related harm – work ongoing through the LMNS

Suicide prevention in children ongoing work

Parental mental health recognition of impact on child mortality

Communications and dissemination of learning from CDOP reports although improving needs further work

SEL ICB Themes and Concerns

Early Pregnancy Loss

It is estimated that early miscarriage (a loss in the first 12 weeks of pregnancy) occurs in 10-20% of pregnancies. (Tommy's 2024).

The provision of care and support to women, birthing people and families that experience an early miscarriage is varied and the physical and psychological effects often minimised due to the early gestation of the baby. Over recent years in SEL there has been cases highlighting the need to instigate change and improvements to early pregnancy loss care pathways,

Improvement work taking place across SEL includes:

- Bereavement midwives: each maternity service has bereavement midwives operating 7 days per week. The midwives focus mainly on late loss but are working with other trust speciality areas to improve experience for those who have had an early loss.
- Helix Service: the service works with people who have experienced pregnancy loss or the stillbirth or death of a baby. The service is open to anyone that is experiencing emotional distress or mental health difficulties related to perinatal loss, regardless of how long ago the loss happened.
- Memory Wallets: a practical and emotional resource for families that experience pregnancy loss/the death of a baby. Designed with London midwives, LAS and families. The wallets provide bitesize snippets of information and links to further information including physical recovery, emotional wellbeing, memory making and peer to peer support.

ICB led patient safety investigations conducted in 2024/2025

Under the new Patient Safety Incident Response Framework (PSIRF) published by NHS England the ICB can commission an investigation (or other learning response) that is independent of the provider.

So far the Quality team has led on four After Action Reviews (AARs) for Emergency Department (ED) 72 hour breaches for patients presenting with mental health concerns. This has led to the development of a SEL mental health escalation process to ensure escalation occurs after 12 hours in ED. Have also developed a 'Clinically Urgent Transfer Protocol' which is being reviewed via PDSA cycles.

The team has also led on two Patient Safety Incident Investigations relating to learning disability and vulnerable person pathways. Safety actions include improving pathways of care between primary and secondary care for patients with learning disabilities referred on an urgent suspected cancer pathway and providing easy read information.

NRS Update:

Representatives from the Borough of Chelsea and Westminster provided detail on key contract performance measures across the life of the NRS contract so far, noting significant mobilisation challenges during the first year of the contract, and subsequent major cyber-attack, leading to performance and quality challenges that are now in significant recovery.

Key issues identified:

- High number of items being disposed of after use
- Issues over storage facilities within central London
- Equipment still being ordered as an emergency delivery due to concerns of delays
- Backlog of pending orders that are late remains high

Actions:

- Increase spend on equipment and facilities to improve clean and recycle schemes
- KPIs show an improvement in delivery turnaround times but more work to be done
- Ongoing service user surveys to drive improvement
- Regular depot visits by the Consortium

SEL ICB System Quality Group

CQC Update:

CQC updated on re-building a trusted approach to regulation through:

- Planed engagement and consultation on their regulatory approach later this year
- Completing more and better-quality assessments at a faster pace
- Provide a more up-to-date view of quality across health and social care
- Continue the foundational improvements and engage on what needs to change on the assessment approach

Specialist Commissioning:

NHS England presented an overview on the Specialised Services Quality Dashboard (SSQD) and how these will be used to oversee quality post delegation on 1st April.

The dashboards are designed to provide assurance on the quality of care by collecting information about outcomes from healthcare providers. There is a list of agreed measures for which data is to be collected.

NHSE will continue to provide quality reports using the SSQD and will be the single point of contact for any feedback or queries from Providers post delegation

Pancreatic Enzyme Replacement Therapy (PERT)

A National Patient Safety Alert (NatPSA) was released on 18th December 2024, outlining that there were limited supplies of pancreatic enzyme replacement therapies (PERT), including Creon® 10,000 and 25,000 capsules, Nutrizym® 22 capsules. The supply disruption is primarily due to limited availability of raw ingredients and manufacturing capacity constraints, preventing the production of the volumes required to meet demand.

In response to this NatPSA, SEL ICB chief pharmacist, initiated system-wide stakeholder engagement meetings to discuss the current status of PERT supplies across SEL.

Key observations from these meetings included:

- There are separate supply chain streams for primary and secondary care.
- Cystic Fibrosis (CF) patients are managed by specialist CF clinics.
- The mitigation plan should focus on non-CF patients, particularly those under active specialist care.
- Prescribing GPs and dispensing community pharmacies need guidance and support to assist this patient group.
- The SEL ICB website should provide information to support patients, ensuring they are not left without treatment.

SEL ICB worked alongside other London ICBs to create a regional mitigation plan, which was led by the North West London (NWL) ICB.

Integrated Assurance Report

May 2025

Section 3: Safeguarding Q4 report

Safeguarding Q4 report - summary of key points

The Integrated Governance and Assurance Committee reviewed the detailed Q4 report from the Safeguarding Team, in a revised format reflecting Safeguarding workplan priorities and the boards delegated responsibilities. Next steps identified are summarised in the following slides.

Priority 1: Statutory Compliance within ICS SEL Southwark

- To continue to monitor compliance rates for mandatory safeguarding training and DBS status amongst SEL ICB workforce.

Priority 2: To be assured that provider organisations have safe systems and comply with statutory responsibilities

Looked after children and care leavers

- Improvements in performance on Initial and Review Health Assessments to be maintained.
- To develop targeted immunisation approach with GSTT and the council.

Safeguarding

- Issues around data quality and workforce issues leading to incorrect alignment for safeguarding training are being discussed with local trusts.

Priority 3: Primary Care Safeguarding, Assurance and Commissioning

- To explore opportunities to develop extra-familial harm GP team case notification which would include signposting for support.

Priority 4: Develop the System wide leadership role of Designated Nurses/ Doctors to meet the needs of the Integrated Care System

- Continue to progress, develop and improve current priorities as outlined in work plan.
- Plan and deliver a wider health audit of residential units of those children who are unable to sustain a Foster Family Placement in partnership with the Local Authority.
- To address issues impacting on timeliness of Foster Carer Adult Medicals with commissioners.

Priority 5: Designated Professionals to lead on the health contribution to Statutory reviews

- Progress audits, share learning, and evaluate system-wide responses.

Priority 6: NHSE/SEL ICB Priority Settings: Other workstreams that link in with vulnerabilities and priorities

- Continuing to contribute to the NHS SEL ICB Children and Young People and Adult Safeguarding Forum bringing together shared learning, benchmarking good practice and emerging patterns and themes across the SEL footprint.

Priority 7: Complex Safeguarding Themes/Extra-Familial Harm

- Continue work on improving the way the Borough responds to Extra Familial Harm.
- The Senior Multi-Agency Safeguarding Hub (MASH) strategic meeting to be re-established.

Priority 8: Domestic Violence/Abuse and violence against women and girls

- Refuge commissioned until Feb 2026 to cover de-commissioned IRIS service.
- ICB input into Community Safety Partnership Domestic Violence/Abuse (DVA) procurement.
- The Safeguarding named GPs for Children and Adults to support Independent Gender Based Violence Advocate as interim measure

Priority 9: Serious Violence

- Continue to work closely with partners to establish any challenges for Looked After Children and Young People.
- Continue to develop training and strategies in collaboration with partners to identify gaps.

Integrated Assurance Report

May 2025

Section 4: SEND Q4

Summary of key issues and dashboard

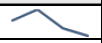
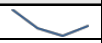
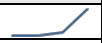
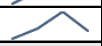
1. Summary of key issues – Q4

Partnership Southwark

- Anticipated SEND inspection means a high level of focus and activity directed towards inspection preparation
- There are data quality issues with some providers and discrepancies in the data across commissioners and providers – work is underway to resolve these issues.
- There have recently been delays in the provision of Community Paediatric health advice for the Education, Health and Care Plan needs assessment. The Designated Medical Office (DMO) and Designated Clinical Officer (DCO) are working closely to address this – weekly reports are being sent from LA SEND managers to the DMO.
- Health data dashboard is in its infancy and will need some further development, however main key indicators for health as a SEND partner have been captured in this.
- The joint commissioning function is still developing and leaves some fragmented services and potential confusion for service-users. The Integrated Commissioning team is working to address this and is developing a joint commissioning strategic to agree principles and priority areas of focus over the next two years.

2. Southwark ICB SEND Scorecard summary

Partnership Southwark

	2023/24	2024/25 Q1	2024/25 Q2	2024/25 Q3	2024/25 Q4	2024/25 yr end	2025/26	Trend	time period	Target	RAG	slide
Number of section 23 notifications	31		83	tbc	tbc		tbc		academic year			3
Return of health information for EHCNA within 6 weeks												4
Community Paediatrics		64%	77%	55%	47%	62%	tbc		average for qtr	tbc		4
Speech &Language		82%	97%	84%	87%	87%	tbc		average for qtr	tbc		4
Occupational Therapy		86%	77%	35%	57%	65%	tbc		average for qtr	tbc		4
Physio		100%	50%	89%	100%	71%	tbc		average for qtr	tbc		4
%seen within 18 weeks												
Community Paediatric Services		55%	45%	41%	46%	(to Feb)	tbc		average for qtr			5
Speech and Language Therapy		100%	100%	100%	100%		tbc					5
Occupational Therapy		100%	100%	100%	100%		tbc					5
Physiotherapy		100%	100%	100%	100%		tbc					5
Average waiting time - weeks												
Community Paediatric Services		32	29	33	32	(to Feb)	tbc		average for qtr	tbc		5
Speech and Language Therapy		13	15	12	14	13	tbc			tbc		5
Occupational Therapy		16	14	8	11	12	tbc			tbc		5
Physiotherapy		8	8	3	3	5	tbc			tbc		5
Mental health services												
52+ week waiters - all	159	159	168	243	258	258			at end of qtr	0		6.1
52+ week waiters - neuro developmental	97	101	101	145	159	159			at end of qtr	0		6.1
First contact in 4 weeks -all	37%	51%	68%	66%	56%	56%			at end of qtr	100%		6.2
First contact in 4 weeks -neuro developmental	6%	22%	50%	19%	14%	14%			at end of qtr	100%		6.2
Reviews												
Learning Disability Annual Health Check	75%	12%	35%	44%	62% (Jan)				at end of qtr	tbc		7.1
Percentage of 2 to 2½ year reviews completed	53%	65%	74%	76%					at end of qtr	tbc		7.2
Continuing care												
New referrals				8								8
How many continuing care eligible				17								8
How many had a care act referral				100%								8
Personal health budget in the year to date				31								8
Newborn hearing screening												
Coverage	98.80%	99.10%	98.40%							tbc		9
Diagnosis or intervention, %babies in time	94.60%	94.70%	94.40%							tbc		9

Partnership Southwark

Integrated Assurance Report

May 2025

Section 5: ICB Southwark Place Risk Report

Introduction

Partnership Southwark

- The Southwark borough risk register has been populated from risks identified by teams and programmes. Risks escalated or above the SEL risk appetite levels from the borough register will be included in the SEL risk register or SEL Board Assurance Framework, as appropriate.
- Risks are reviewed with risk owners on a regular basis followed by regular review with the Senior Management Team. At the time of drafting this report 6 out of 8 risk reviews were up to date.
- The report summarises the risk register changes since the last report to the Integrated Governance and Assurance Committee in March 2025.
- Following scrutiny of the full risk register by SMT and IGAC committee this summary is included in the integrated assurance report from IGAC to the Partnership Southwark Strategic Board.
- Borough risk registers are discussed regularly at the corporate risk forum and comparative information is used to help ensure a consistent approach between boroughs.
- The risk register was subject to a detailed review by SMT on 13 May to consider if all risks are appropriately represented and managed. It has been agreed to undertake a detailed refresh reflecting our 2025/26 priorities and key concerns.
- Note that a South East London wide risk on the ICB cost reduction is being developed for the Board Assurance Framework, which also covers generic risks such as those from cyberattacks.

Summary of Southwark place ICB risk register

Partnership Southwark

There are 8 risks on the Southwark Place Risk Register as follows:

Risk ID	Risk Title	Current Likelihood	Current Consequence	Current Rating	Change since last report	Last review date
454	Integrated Community Equipment Service Performance Issues	3	2	6	⟷	14/04/25
485	Growth in demand for independent sector Autism and ADHD diagnostic services affecting financial sustainability.	3	2	6	⟷	15/05/25
519	CAMHS waiting times	3	3	9	⟷	24/04/25
520	Diagnostic waiting times for children and young people	3	3	9	⟷	24/02/25
589	Achieve financial balance for 2025/26 (new)	3	3	9	new	created 24/04/25
590	Delivery of QIPP Savings for 2025/26 (new)	4	3	12	new	created 24/04/25
553	Southwark Mental Health, Learning Disabilities and Autism placement costs	4	3	12	⟷	15/05/25
573	Increase in vaccine preventable diseases due to not reaching coverage across the population	3	3	9	⟷	24/04/25

Source: Datix 28.04.25 + update 15.05.25

Heat map

Heat Map	Consequence				
Likelihood	Negligible	Minor	Moderate	Major	Catastrophic
Almost Certain					
Likely			2		
Possible		2	4		
Unlikely					
Rare					

Note: full risk register including controls and assurances circulated separately for SMT discussion

Summary – extreme risks, new and closed risks

Partnership Southwark

Extreme risks

- There are no extreme risks on the current Southwark risk register.

New risks

- Two new risks have been added relating to achieving financial balance and delivering QIPP savings in the new financial year 2025/26.

Closed risks

- The risk relating to the impact of GP collective action has been closed as the contract has been settled.
- The risk relating to overspend on medicines has been closed as it relates to the old financial year. Any similar risks for 2025/26 will be managed on a SEL basis on the ICB board risk register.
- The 2 risks relating to financial balance and delivery of QIPP savings in 2024/25 have been closed.

Changes in risk rating

- The new risks relating to achieving financial balance and delivering QIPP have initial risk scorings of 9 and 12 respectively, an increase on the March scoring for the 2024/25 equivalents reflecting the fact that these risks had diminished by the final quarter of the year.

Outstanding risk reviews

- There are no outstanding risk reviews

Partnership Southwark

Integrated Assurance Report

March 2025

Section 6: ICB Southwark Finance Summary Report

IGAC receives a detailed ICB Finance report from Sabera Ebrahim (AD Finance, ICB) which is reviewed in full and summarised in the attached slides.

2. Financial Position – 2024/25 - Month 12 March 2025

NHS South East London

	Annual Budget £'000s	Actual for the Year £'000s	Variance £'000s
Acute Services	85	93	-7
Community Health Services	36,424	34,750	1,674
Mental Health Services	10,257	12,204	-1,947
Continuing Care Services	19,760	19,196	565
Prescribing	35,112	36,411	-1,299
Other Primary Care Services	1,462	1,446	15
Other Programme Services	1,055	325	730
Delegated Primary Care Services	71,460	71,477	-17
Corporate Budgets	3,480	3,151	329
Total	179,096	179,053	44

- The table shows the financial position reported for the year to March 2025. Total resources the borough has for 2024/25 in its management amounts to £179 million. Community mental health and physical health contracts with local trusts are managed across SEL ICB by the Planning directorate.
- We are reporting a final underspend of £44k for the year. The position is a deterioration from month 11. This position includes overspends in mental health, prescribing and delegated primary care with underspends in continuing healthcare, community and corporate budgets absorbing the overspend.
- For mental health we are reporting an overspend of £1.96m as at month 12. This is a deterioration from month 11 relating to increased costs for Psychiatry UK and mental health and learning disability placements. Most of the overspends within mental health are primarily driven by placements, Right to Choose adult ADHD/Autism pathways, and LD placements. We have seen an increased pressure in tri-partite Children and Young People mental health costs in 2024/25. The borough will be undertaking a review of all placements paid from place budgets as part of its review of mental health placements spend.
- For Prescribing the borough is reporting a forecast overspends of £1299k at month 12. This is a small deterioration (£40k) from month 11 , however the borough received additional rebate allocation in month 12 from SEL ICB that is supporting some of the overspend position reported for Prescribing. and movement from month 11.
- Within Community budgets most of the budgets are showing breakeven due to contracts with the exception of Integrated community equipment service which is forecast to overspend by £280k.
- Delegated Primary Care final overspend is £17k and is an improved position in month 12. This position is after non recurrent solutions (£487k) have been identified to manage some of this risk for 24/25. The borough is undertaking a review to identify recurrent solutions to manage this deficit and risks for 25/26.
- The borough has had to implement some non-recurrent solutions in order to mitigate cost pressures in prescribing, delegated primary care and mental health. Growth in community services has been restricted to manage the overall position. A series of financial recovery meetings have been held by Place Executive lead focused on opportunities and recurrent savings proposals to support its underlying position and minimise the risk going into 2025/26. This has been very beneficial as it has allowed the borough to review its costs and identify plans that could deliver savings. Some of these plans have now been included as savings for 2025/26.

Final Budgets - 2025/26

- Place budgets have been based on 2024/25 recurrent budgets brought forward. Various adjustments for tariff and growth adjustments have been made in line with national operational guidance.
- Tables below shows the final budgets issued to Southwark Place from SEL ICB. The initial draft budgets were signed off in March 25 by Place Executive Lead. The final budgets below includes non recurrent funding of £3.3m relating mainly for primary care & mental health. It also includes increases relating to delegated primary care for national uplifts announced.

Southwark	25/26 Budget Total (£'000)
Acute Services - Local	**257**
Community Health Services - Local	**37,771**
Mental Health Services - Local	**10,507**
Continuing Care Services	**20,517**
Prescribing	**36,208**
Primary Care Services	**882**
Other Programme Services	**971**
Primary Care Co-Commissioning	**76,701**
Corporate Budgets	**4,002**
	187,817

- The borough is required to deliver 5% efficiency savings for 2025/26. The borough targets savings amount to £8.9m. Within this element there are tariff efficiency deductions and convergence adjustment deductions on budgets of £4.4m. Savings Plans have been identified to meet the remainder of the savings required. Uncommitted budgets and other budget reductions have been used to meet the savings target in the first instance. Delivery plans are being developed and implemented for other savings plans.

Partnership Southwark

Integrated Assurance Report

March 2025

Section 7: Delegated leads report

1. CHC
2. Medicines Optimisation

Delegated Statutory Duties: NHS Continuing Healthcare

The Integrated Care Board is required under the National Health Service Act 2006 and supporting regulations and caselaw to arrange care for people whose needs are too complex to be met by social services and to carry out assessments of entitlement for this care

Updated 30.04.25

Quality Premium Indicators

The Integrated Care Board is monitored by NHSE on the location and timeliness of its assessments of entitlement for NHS Continuing Healthcare.

Quality Premium Metric	National Target	SEL Trajetory	Mar 2025	Apr 2025
Assessments completed in hospital	0%	0%	0%	0%
Assessments completed within 28-days	80%	Q4 - 80%	83%	67%
Incomplete referrals over 12 weeks	0	SEL <4 Borough <1	0	0
Incomplete referrals over 28-days – length of delays	-	-	4 up to 2 wks	4 up to 2 wks

Appeals

An individual has a right to appeal an Integrated Care Board decision that they are not entitled to NHS Continuing Healthcare. This is a two-stage process: a local review and an independent review facilitated by NHSE.

Indicator	Measure
Total appeals open at month end (April)	5
Local resolution	4
Independent review panel	1

Patient numbers

Category	Patients
Adults receiving NHS Continuing Healthcare – snapshot end of April	110
Children and young people receiving Continuing Care - snapshot April	22
Adults receiving NHS-funded nursing care* - snapshot end of April	161

** NHS-funded nursing care is a weekly per patient payment made to care homes with residents who are not entitled to NHS Continuing Healthcare, but who may access to a nurse at any time over a 24-hour period*

Team update

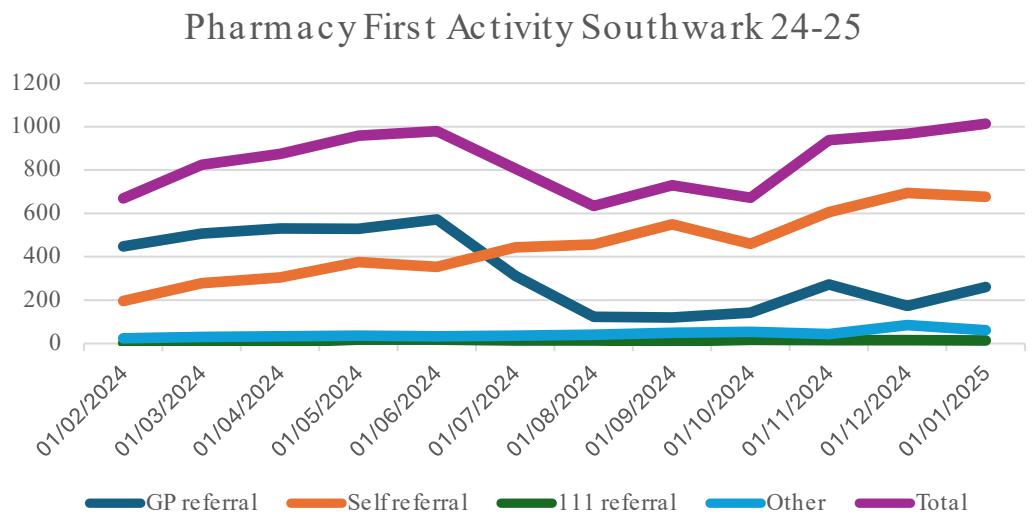
Performance against the SEL trajectory for completion of assessments within the 28-day timeframe was achieved during March, but dropped again in April due to a combination of staff leave, across health and social care, the availability of social workers for the completion of assessments, as well as some family delays.

Work is progressing with Southwark Local Authority to look at access to social workers, with a view to agreeing a CHC pathway to improve access

Medicines Optimisation – delegated lead update – to be updated

Updated 25/02/2025

- Finance Update: SELICB Finance department has been allocated a prescribing budget to Southwark for 2024/25. NICE TAs and long term condition management continue to be a cost-pressure. Cat-M national adjustments will take effect from 1st April 2024 with a downward adjustment on cost of medicines. Medicines shortages, price increases and introduction of new medicines continue to create cost pressures over and above our savings plan.
- Prescribing Improvement Scheme (PIS) 24/25 : The PIS for 24/25 was approved and implementation of the scheme began in June 24. The scheme is designed to support the implementation of national guidance published by NHS England and was developed through collaboration with our primary care colleagues and at SEL Medicines Optimisation level. Meetings with all 31 GP practices have been undertaken by the Southwark MOT. Follow up meetings with highest overspending practices in Q3 have also taken place. Prescribing data is being shared with practices to support delivery of the scheme, and Southwark is on track to deliver identified cost savings in prescribing.



- Community Pharmacy update: To improve primary care access, work is continuing with community pharmacy colleagues and GP practices to increase delivery of the National Pharmacy First services. These include: the blood pressure check service, the contraception service, minor ailments, and assessment and treatment for 7 common clinical conditions, which all divert activity away from general practice. The MO team is supporting implementation, and working with 4 Southwark Community Pharmacy Neighbourhood Leads (CPNLs) who have been appointed to support this programme and will prioritise this workstream in 2024-25. An increase in referral from GP practices to Community Pharmacists has been seen since launch, with 3,987 referrals for minor ailments or the new clinical over the last year. More work is required however to embed these services as referrals drop off. Additionally, referrals for the new ambulatory blood pressure checking service could be better utilised as part of local hypertension diagnostic pathways.