Partnership Southwark

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

Partnership Southwark Strategic Board Agenda

Thursday 23rd July 2026 | 13:30 – 16:30

Venue: Room G02AB, Ground Floor, 160 Tooley Street

Chair: Cllr Victor Chamberlain

Time	Ref	Item	Lead	Enc	Pages
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	2-17
13:40	2	Family Hubs	Michael Crowe / Geetika Singh	Enc 2	18-39
14:15	3	Creative Health Southwark	Flora Faith-Kelly / Jessica Levoir / Ranjeet Kaile	Enc 3	40-67
14:50	4	Public Questions	Chair		
15:00		Break			
Business items					
15:15 15:30	5	Neighbourhood Update: a) Neighbourhood Integrator Update b) Neighbourhood Estates Plans	Alice Jarvis / Rebecca Jarvis Tony Rackstraw / Sanil Sensi	Enc 4	68-78 79-92
15:55	6	Strategic Director for Health & Care and Place Executive Lead Report Reports from sub-committee chairs: • Integrated Governance and Assurance Committee (NK) (including appendix on Integrated Assurance Report) • Southwark Neighbourhood Transformation Board (RJ/DS) • Primary Care Committee (NK)	Darren Summers / Nancy Kuchemann / Rebecca Jarvis	Enc 5	93-139
16:15	7	Any Other Business	All		
16:30	8	Close Meeting	Chair		

Next held in-public meeting: 24 September 2026

Partnership Southwark

Declaration of Interests

Meeting Name: Partnership Southwark Strategic Board

Meeting Date: 23 July 2026

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
Claire Belgard	Interim Director of Integrated Commissioning	No interests to declare
Cllr Victor Chamberlain	Partnership Southwark Co-Chair & Deputy Leader of the Council	1. Deputy Leader and executive member responsible for wellbeing
Darren Summers	Strategic Director of Health & Care & Place Executive Lead	1. Member of GSTT Council of Governors (ICB representative)
David Quirke-Thornton	Strategic Director of Children's and Adult's Services	No interests to declare
Edward Odoi	Associate Director of Finance, SEL ICB, Southwark & Lambeth	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
Jeff Levine	Regional Director for London, Agincare	No interests to declare
Josephine Namusisiriley	CCPL, VCSE Representative	No interests to declare
Julie Lowe	Site Chief Executive for Denmark Hill	No interests to declare

Louise Dark	Chief Executive Integrated and Specialist Medicine Clinical Group	No interests to declare
Monica Sibal	IHL representative	1. GP Partner at Camberwell Green Surgery 2. Neighbourhood lead for Frailty in Camberwell and Walworth
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	1. Close personal friend of Director of Operations and Partnerships (ISM), Guy's and St Thomas' NHS Foundation Trust 2. Executive Director of Quay Health Solutions is part of social network 3. Former trustee and then chair of Board of Trustees for South East London Mind
Rhyana Ebanks-Babb	Manager, Healthwatch Southwark / Community 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 28 May 2026 | 13:30 – 16:00
Venue: South London Mission
Chair: Dr Nancy Kuchemann

ATTENDEES

MEMBERS	TITLE AND ORGANISATION
Dr Nancy Küchemann	GP, Co-Chair Partnership Southwark
Rebecca Jarvis	Director of Partnership Delivery & Sustainability, Partnership Southwark
Darren Summers	Strategic Director for Health & Care / Place Executive Lead, Southwark
Claire Belgard	Interim Director of Integrated Commissioning, Southwark Council, SELICS
Josephine Namusisi-Riley	Care & Clinical Professional Lead (CCPL), VCSE Representative
Dr Emily Finch	Clinical Director, South London & Maudsley NHS Trust
Dr Olufemi Osonuga	GP, Clinical Director of North Southwark Primary Care Network (PCN)
Nigel Smith	Director, Improving Health Limited (IHL)
Dr Ami Kanabar	GP, Local Medical Committee (LMC) Representative
Cedric Whilby	Voluntary and Community Sector Representative **present from 14:00**
Edward Odoi	Associate Director of Finance, Lambeth & Southwark, SEL ICB
Julie Lowe	Deputy Chief Executive, Kings College Hospital NHS Trust **present from 14:30**
Sarah Kwofie	Director of Homecare (London & South) City & County Healthcare Group
Rebecca Dallmeyer	Executive Director, Quay Health Solutions
IN ATTENDANCE	
Adrian Ward	Head of Planning, Performance and Business Support, Partnership Southwark, SELICB
Tania Kalsi	Geriatrician at GSTT, CCPL Strategic Lead (Age and Care Well)
Ceri Shepphard	Chief Executive, Link Age Southwark
Chris Williamson **(deputising for Sangeeta Leahy and David Quirke-Thornton)**	Assistant Director of Public Health, Southwark Council
Rachael Strauss **(deputising for Louise Dark) present until 15:00**	General Manager, Specialist Ambulatory Medical Services (SAMS), GSTT
Sarah Murray **(deputising for Louise Dark) present from 15:00**	Deputy Director of Nursing, GSTT
Louise Lamothe	Business Support Officer, Partnership Southwark
Isabel Lynagh	Business Support Lead, Partnership Southwark, SELICB (Minutes)
APOLOGIES	
Jeff Levine	Regional Director for London, Agincare
Alasdair Smith	Director of Children's Services, Southwark Council
Anood Al-Samerai	CEO, Community Southwark

Dr Sumeeta Dhir	GP, Chair of Care & Clinical Professional Leads (CCPL)
Louise Dark	Chief Executive Integrated and Specialist Medicine Clinical Group, GSTT
Rhyana Ebanks-Babb	Healthwatch Southwark
Eniko Nolan	Assistant Director of Finance for Children and Adult Services
Winnie Baffoe	Director of Engagement & Influence, South London Mission, Voluntary and Community Sector (VCS) Representative
Cllr Evelyn Akoto	Co-Chair, Cabinet Member of Health & Wellbeing, Southwark Council
Monica Sibal	Improving Health Limited (IHL) Representative
Sangeeta Leahy	Director of Public Health, Southwark Council
David Quirke-Thornton	Strategic Director of Children's & Adult's Services, Southwark Council

1.	**Welcome & Introductions**
1.1	The Chair welcomed attendees to the Partnership Southwark Strategic Board held in person.
1.2	Introductions were made and apologies noted.
1.3	The chair noted that the meeting is not quorate and any decisions can be taken away as chairs action if necessary.
1.4	**Declarations of interest** There were no additional declarations of interest in relation to matters in the meeting.
1.5	**Minutes of last meeting** Minutes of the last meeting were agreed as an accurate record, with no points of correction noted.
1.6	**Action Log** The action log was review, and updates were shared as follows: Action 1 – Southwark 5-Year Strategic Plan/Neighbourhood Delivery Plan – Rebecca Jarvis shared that work is ongoing to ensure that the Southwark Neighbourhood Plan ties up with the Southwark 5-Year Strategic Plan. There is a workshop set up with the Health and Wellbeing board on 8th July with a purpose to ensure that plans align. Action can be **closed**. Action 2 – Preparation for delegation of Immunisations and Vaccinations – a deep dive will be held at IGAC in July which should provide more clarity. Action remains **open**. Action 4 – Risk log analysis of CYP Mental Health Action Plan – Claire Belgard updated that the group met on 7th May and reviewed the updated action plan, identifying 11 risks – 3 medium, 7 high and 1 very high. Analysis of the risk log shows that the risks are related to the fragmentation of the system. Work is ongoing to prioritise the action

	plan and the next two priority projects have been identified as triage and dashboard. Action to be **closed.** Action 5 – CYP Mental Health governance arrangements – Claire Belgard updated that Terms of Reference for the group were signed off in May and this refers to the delivery group reporting to the relevant governance arrangements across the local authority and ICB. Action to be **closed.**
2.	**Ageing Well INTs x COPSINS**
2.1	Tania Kalsi and Ceri Shepphard introduced the item, sharing that the presentation today was to share an update on work in development and to discuss the integrated partnership of Ageing Well INTs.
2.2	Ceri shared that the is the CEO of Linkage Southwark but is at the board representing COPSINS, which is the partnership of older people's services in Southwark, who work together to benefit older people in the borough. Ceri added that combining social interventions and clinical expertise can help to work towards stopping frailty and in some cases reversing frailty for individuals.
2.3	A GSTT underspend of just under £100k was identified and redirected into the project which will pay for a full-time link-worker based in COPSINS who will spend one day per INT per week. This role will be a practical post embedded in the community and the neighbourhood team.
2.4	Ceri shared that the Ageing Well outreach programme will include 32 events based around frailty and reach out to residents at risk of health access inequity. Subject to strategic investment funding (SIF funding), further work will happen to help tackle loneliness and falls. Training plans to improve frailty awareness, to create a shared frailty language, as well as knowledge around escalation pathways will be part of the proactive care from the VCS into INTs.
2.5	Ceri added that the VCS work with people at every point on the frailty scale, including those at end of life and people who are isolated. There will be an analysis completed to better understand what kind of support is utilised depending on the level of frailty.
2.6	Ceri further discussed the role of the COPSINS INT link worker, noting that they will become part of the neighbourhood team and work in a networked way with other workers. They will be able to act as a gateway into COPSINS services and Ceri noted that there are parts of the system that refer much more into COPSINS currently than others. This would be an opportunity for the COPSINS partnership to be used effectively.
2.7	Some falls prevention groups already exist, but when visiting the social housing Ceri noted that staff and residents are not fully aware of what else is being advertised on the websites, e.g. coffee mornings and making friends. Ceri shared that providing interventions that are evidence based would have a huge impact around frailty and frailty prevention.

2.8	Tani Kalsi shared that there is lots of work to pull COPSINS into INTs, adding that the VCS need to take a bigger role. Tania added that there have been two events in each borough in various locations which has led to lots of learning and highlighted that an opportunity will be missed if the project only focuses on moderate to severe frailty and this is why there is an outreach approach.
2.9	Tania emphasised that the work is focussing on having an approach to proactive care to help people in the community to avoid needing INTs and improving their quality of life.
2.10	Tania updated that 24 events have been held where mini CGA assessments have been completed. Each event allows around 8-12 people to be seen with the average age range being 60-100. Tania added that most needs identified are minor but noted that dementia has also been diagnosed through the clinics.
2.11	Most of the residents being seen are around 4 or 5 on the frailty scale, with half experiencing falls but not yet hitting the level to be seen in hospitals or GPs. Tania added that the work happening is trying to create relationships between pathways and pull these together into one.
2.12	Ceri shared that some of the projects are reliant on non-recurrent funding, which has been opportunistic based on a deep understanding of issues but noted that there are some risks with regards to the sustainability of these. Ceri welcomed questions, comments and suggestions as well as opportunities for scaling and learning.
2.13	The chair thanked presenters and opened up to the board for questions.
2.14	Emily Finch asked who in the team might be picking up people with mental health problems and added that she wondered whether there is work that could be done together to look at some of the graduates no longer being seen by mental health services who often are lonely and do not have families. Tania responded that testing can be done everywhere, adding that they could go into supported accommodation or consider how to offer equivalent outreach via the SIF funding directed to support people with SMI.
2.15	Emily added that the education around frailty with communities is important and noted that it is not an easy concept to understand. Ceri added that there is talk of having expert residents and one way of doing this is through the volunteers at COPSINS, most of whom live in Southwark.
2.16	Claire Belgard asked if data was available to show how prevention work lessens the need for adult social care. Tania responded that assessments for low level equipment needs are being completed which means that there would not be a need for adult social care referral too. There is also focus on incontinence, which does not need to be health-led, and better management of this would have a massive impact on the need for social care.

2.17	Claire also noted that Ceri had mentioned that there is evidence of other projects offering interventions of little benefit and asked if this is the council. Ceri clarified that there are some smaller groups holding free activities, but they do not see this being delivered in the correct way by providers.
2.18	Darren Summers shared that he has recently seen some data around patients with dementia, not specific to SEL, which shows a high percentage of hospital beds being taken up by patients with dementia and frailty, a number of whom are medically optimised and do not need the bed. Darren added that there is potentially more funding through the SIF and asked if there are any initiatives which could target this and could measure the reduction in ED attendance or hospital bed use.
2.19	Tania responded that there is very little VCS access for people with moderate to severe dementia, adding this often becomes an exclusion criteria. Tania added that this is not an easy fix and there is often a gap in training around communicating with people with dementia and social care has limited capacity to support this. Ceri added that referrals have increased and this is partly dementia referrals. Many of these are people who have been diagnosed recently and are not quite sure what support they need. There are singing and reading groups but these are often not funded.
2.20	Ceri added that there is cognitive stimulation therapy being run for people with mild to moderate dementia and there will be an external evaluation of this. Ceri added that these cost a lot to run.
2.21	Chris Williamson noted an opportunity to use the community health ambassadors, adding that Public Health have a community outreach model that runs health checks and financial support. Tania responded that they are trying to work with Public Health colleagues on some projects already.
2.22	Sarah Kwofie referred to the work being done with sheltered housing schemes and asked if similar are being considered for extra care schemes. Tania responded that they are doing both. Sarah suggested providing similar sessions to domiciliary providers, noting that they have reach in the community. Tania shared that they are working to train managers who will need to pass this down to workers in their teams. Short YouTube videos are also being created.
2.23	Rebecca Dallmeyer shared that the Dementia UK pilot for Admiral nurses has now been mainstreamed and is about to expand from two to three nurses to support carers of those with dementia. Ceri noted that there is already a good relationship with these nurses.
2.24	The chair added that as a clinician, there is an overwhelming choice of where referrals can be made, adding that there is some work needed to ensure good access to and impact of the core services and deciding what existing services need to be built on.

2.25	Rebecca Jarvis noted that in terms of long-term sustainability planning, the SIF is believed to be recurrent funding. Rebecca added that the neighbourhood work has focussed on getting the NHS part right with a greater focus on prevention and a test and learn approach. Rebecca also added that outcomes need to be shared so that they are feeding into the commissioning intentions.
2.26	The board NOTED the updates provided and the chair thanked presenters for their time.
3.	**Neighbourhood Update from Integrator**
3.1	The chair noted that this item includes a presentation that has not yet been circulated, adding that the coversheet was included in the papers.
3.2	Nigel Smith introduced the item, clarifying that slides will be sent following the board.
3.3	Nigel highlighted the purpose of the Southwark Integrator and noted that it is easy to underestimate the work going on in this area. A recap of the aims was provided, noting that the INT cohorts will be focussing on those people who are going to benefit the most.
3.4	Nigel clarified that INTs will be focussing the attention on the higher end of need and those who will spend more time in hospital or are at greater risk of doing so. This is where intervention can make the biggest difference to patient outcomes as well as providing a better experience. Nigel noted that it is difficult to move resource and there is a need to enable that to happen.
3.5	INTs will have a 'team of teams' approach and these teams will vary based on people's needs, being structured by clinical leadership in each neighbourhood.
3.6	Nigel provided a summary of recent achievements by the Integrator which included agreement of funding to enable delivery capacity at the end of 2025, recruitment into neighbourhood roles and building the medical teams required.
3.7	SIF proposals for 2026/27 have been worked on and submissions were made last week. Two further proposals for Mental Health and Pushing Boundaries are being worked on currently.
3.8	Nigel shared that an INT launch is being planned for the beginning of July and there are a series of primary care and partner neighbourhood engagement events to talk about how this might work.
3.9	Primary care leads have been identified for each neighbourhood as well as neighbourhood managers. A table was shared which outlined the roles that have been recruited to, with some already in post, some starting this month and some due to start in June.

3.10	Rebecca Dallmeyer shared that data is being reported back to the Southwark Neighbourhood Transformation Board (SNTB), adding that patient feedback is being collated as patients move through the pathway and there are plans to present this at a future board.
3.11	Rebecca provided an update on the three cohorts, noting that the CHILDS model is already in practice in the CYP cohort. This INT will be focussed on emotional health and wellbeing. There is a meeting in June to engage with stakeholders and plans to mobilise during quarter two.
3.12	There has been a small-scale role out of the multiple Long Term Conditions cohort in quarter one this year, which is being built on. The next phase of this will focus on finance, employment and SIF prevention initiatives.
3.13	All roles have been recruited to in the Frailty cohort, with the clinical leads focussing on working with partners to support MDTs, skilling up workforces and reaching out to deliver services in areas where people find it difficult to access services.
3.14	An example of a highlight report going to SNTB was shared to provide assurance that systems are being put in place.
3.15	Rebecca provided some further information around the SIF funding, which is funding identified by the ICB to fund a secure systematic investment to enable to deliver the three shifts. Time has been spent developing the plans and the Integrator will be held to account to deliver. There are four core elements; Integrator and INT development, Core prevention offer, Secondary prevention offer and Mental Health offer.
3.16	Chris Williamson shared an update on the Core prevention offer, noting that there has been a working group bringing together colleagues to develop proposals. The group started by thinking about what is trying to be achieved, which included looking at physical and mental health, building on existing support and enhancing connections between services.
3.17	The proposals looked at the guidance from the ICB as well as the Health and Wellbeing Strategy and landed on four areas; Community Health and Wellbeing Coaches, Resident Health and Wellbeing programme, Financial Resilience through Primary Care and the Social Isolation Grant Programme.
3.18	The Resident Health and Wellbeing programme will focus on two estates to codevelop and codesign what works for them. This will be a resident-led initiative.
3.19	The Financial Resilience through Primary Care recognises that low income is a key driver and will build on recommendations that came to the Health and Wellbeing Board in December to build financial support into neighbourhoods. A financial support worker will be employed into the neighbourhood model.

3.20	The Social Isolation Grant Programme proposes to expand funding to different VCS schemes already having impact in this area.
3.21	Chris highlighted how each initiative links to the SEL prevention framework noting that each initiative hits multiple elements of the framework.
3.22	Rebecca shared information about the secondary prevention offer, which focuses on improving cardiovascular, renal and metabolic (CVRM) outcomes and provide the best support. The proposals include enhancing the use of data, primary care improvement, community pharmacy and care coordination to provide health coaching and embedding lifestyle and behaviour change.
3.23	Rebecca noted that the CVRM focus has been chosen as a local focus as it has the biggest impact on people being able to live healthier lives.
3.24	The chair thanked presenters for the update and opened up to the board for questions.
3.25	Rebecca Jarvis noted that the CYP INT referenced emotional wellbeing, adding that the SNTB talked about four priority areas. Rebecca Dallmeyer clarified that all four areas are being progressed.
3.26	The chair noted the use of care coordinators in INTs, adding that there are a lot of linking roles across the system, and asked how the team will ensure that the workforce are making all patient contacts count. Rebecca noted that more focussed resources are being added, which is a good problem to have. Rebecca clarified that work needs to be connected together, with core responsibilities being clear. The chair added that the social prescribing link workers have been a stable workforce with established expertise plus team leadership/supervision arrangements and noted the importance of keeping this.
3.27	The chair added that there are significant and enduring problems in the system which cannot be solved easily, for example housing issues or relationship breakdowns in families and noted that it is important that care coordinators are not burnt out by this.
3.28	Olufemi Osonuga shared that it is important to bear in mind the cost of the work as well as the need for ownership and for front line workers to come together as system leaders. Darren Summers noted that there is some work being commissioned through the Health Innovation Network (HIN) to start to bring people together at neighbourhood events.
3.29	Darren added that it is great to see the plan starting to come together, requesting that it starts to describe to residents what is going to be different for them and how they will benefit from improved outcomes and experience.

3.30	Darren also noted that a new council administration is going to be formed this evening, adding that thought needs to be given on how to engage and discuss their approach to neighbourhoods.
3.31	Rebecca Dallmeyer responded to points above, noting that communication is key. Rebecca also noted that feedback will be gathered from residents and their stories used to share success.
3.32	Emily Finch noted that there is a group of people who don't fit the model, who are involved with many care coordination services, and it isn't always easy for the teams to know what the best plan is. There is a need to help staff navigate this and understand what is best to stop things from getting worse.
3.33	Josephine Namusisi-Riley added that it is important to retain and use the existing ambassadors in order to not lose knowledge.
3.34	The chair noted the importance of having GPs as a core member of the team, with responsibility for supporting the team, which will need to be part of the culture change.
3.35	Regarding the mental health SIF proposals, the chair noted that SLaM are leading development of the proposals and requested that the Integrator works together on these. Emily Finch shared that she can report back from a meeting which is happening tomorrow, adding that it is difficult as there is a need for the funding in mental health services. The chair noted the importance of using the data available to understand the cohort. Sarah Murray added that there is a risk when focussing on those enduring severe mental health conditions, adding that those with less severe mental health needs are often prevented from accessing services. Chris Williamson clarified that there will be focus on a broader area than severe mental health needs.
3.36	The board NOTED the updates provided.
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 item, taking the papers as read, highlighting the two awards that have been won by Southwark teams or services in recent months. The Child Health Integrated Learning and Delivery System (CHILDs) have won an NHS Excellence award, and the Harold Moody Health Centre has recently been awarded with a Royal Institute of Architects (RIBA) award.

5.2	Darren also highlighted other areas of work including improvement work on the Primary Secondary Care Interface and Voluntary and Community Sector engagement within the Neighbourhood Programme of work.
5.3	A joint response has been submitted by the ICB and Local Authority to the government's request for SEND reform plans and this awaits feedback from the government, which is expected on 1st June.
5.4	Darren provided an update on the ICB Reform, noting that detail on this was not included in the report. The staff consultation finished at the start of May and a management response, along with the final structure, was released yesterday. The process of slotting staff into the new roles will now begin. Around 60 staff have left, or will be leaving, from the first round of voluntary redundancy, with around 40 further staff applying for the recent second round. There will also be a number of compulsory redundancies.
5.5	Darren noted that the management response is not a public document but that details will emerge over the coming weeks so that the team should be able to update partners on the borough directorate structure.
5.6	Going forward, the ICB structure will focus more on being a strategic commissioning organisation and there will be reduced capacity in some other areas. Darren noted that the directorate will have to work in different ways and the team will need to think about what will be prioritised.
5.7	The chair thanked Darren for the update and noted that the SEL ICB 'Connected' website can be accessed via a link within the report and recommended all to have a look at this.
5.8	The chair provided an update from the Integrated Governance and Assurance Committee (IGAC) noting that she is now the chair of this committee. The committee looked at end of year accounts which showed that the budget target was met and gave credit to Sabera Ebrahim, who left her role last week. The committee acknowledged ongoing pressures in mental health cost and prescribing.
5.9	The committee also noted that there have been some improvements in waiting times for mental health services. Areas for future deep dives were agreed and these will focus on Immunisations and Vaccinations, and cancer screening.
5.10	Procurement updates were also discussed, including plans for 111, the Southwark Wellbeing hub and Silverlock and Queens Road practices.
5.11	Taking the paper as read Adrian Ward presented the Integrated Assurance Report, providing some key highlights.

5.12	Adrian noted that there has been a recent deep dive into Talking Therapies and shared that the March data released last week shows a great improvement, meeting all three targets for the first time.
5.13	The quarter four data for SMI health checks shows an outturn of 67% which is below target, but comparatively highest across SEL. It was noted that only 3 ICBs in the country hit the 75% target. IGAC will take a deep dive on this at a future meeting.
5.14	Childhood immunisations have continued on a downward trend, with the MMR2 vaccine for 5-year-olds dropping 8% below last year's position.
5.15	The primary care access two week wait measure has improved by 5% and is now above the SEL average. Quality issues with the data were noted, with Adrian adding that the data set is not extremely reliable. The focus will now be on the new GP access target which focuses on same day appointments.
5.16	Adrian shared an update on the risk register, sharing that the risk regarding the community equipment has been closed as this is now managed as business as usual.
5.17	Edward Odoi shared a finance update, noting that the ICB met the delegated responsibilities for 2025/26 reporting an underspend of £63k. Two key risk areas continue to be mental health and prescribing. Commissioning colleagues and directors are working to find ways to mitigate risks for 2026/27.
5.18	Edward noted pressures on providers, with inflation being higher compared to the uplifts that the ICB has received, adding that demand driven budgets need to be managed.
5.19	Emily Finch asked what is driving prescribing costs. The chair clarified that this is ADHD medication and new diabetes drugs. Darren Summers added that at a primary care level, Southwark under prescribes, noting that spending money on primary care prescribing can potentially help keep residents from needing secondary care services. However, any savings as a result of secondary care will be realised in different parts of the system.
5.20	Rebecca Jarvis provided an update from the Southwark Neighbourhood Transformation Board (SNTB), which was held on 23rd April. A progress updater was shared from the Integrator. The board heard about work GSTT is going to align community services to neighbourhoods.
5.21	The board also heard about emerging thinking for the strategic investment fund (SIF) as well as the SEL approach to population health management. The latter was presented by Maria Higson and Ayesha Ali and discussed how data can be used to help plan effectively and use resources. There are discussions with Ayesha and Maria to understand the next steps.
5.22	The board heard proposals for how to develop CYP cohorts, with a proposal to start with four priorities; young people with Cerebral Palsy and/or complex Learning Disability, frequent

	attenders of the emergency department, integrating CHILDS model with family hubs, and children with emotional wellbeing and neurodevelopmental needs. A strong case was made based on the analysis and engagement. The approach was supported by the board in shadow form and is being brought to PSSB for formal endorsement.
5.23	The board **formally endorsed** the approach to developing CYP cohorts.
5.24	The chair provided an update from the Primary Care Committee, held at the end of April. the committee discussed contract extensions for SELDOC, Bridge Clinic and the Primary care contract. The medicines optimisation plan was approved via chairs action.
5.25	The committee also looked at the unwarranted variation dashboard to try to steer targeted support in general practice. Primary care access data was also shared.
5.26	A further update was provided on the procurement of Silverlock and Queens Road practices, which was delayed due to a challenge from the provider.
5.27	The committee also looked at the risk register as well as discussing possibly future governance arrangements.
5.28	The board **NOTED** the updates provided.
6.	**Any Other Business**
6.1	None noted.

The meeting closed at 15:50 and the Chair thanked members and guests for their time.

Enc 1ii - Action Log

PARTNERSHIP SOUTHWARK STRATEGIC BOARD ACTION LOG					
No.	**MEETING DATE**	**ACTION**	**STATUS**	**OWNER**	**COMMENTS**
1	29/01/2026	IGAC to review how the ICB are preparing for the delegation from NHSE of immunisations and vaccinations.	Open	Nancy Kuchemann	18/03 - IGAC due to review in May 26/03 - Rebecca Jarvis and Charlotte Keeble have written report to clarify where responsibilities lie. This paper will be taken to SMT to look at implications and then report through to IGAC 19/05 - Report noted above will be part of the content taken July IGAC as part of a deep dive on Immunisations 28/05 - Deep dive to be held at IGAC in July, to remain open

Partnership Southwark Strategic Board
Cover Sheet

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

Item: 2
Enclosure: 2

Title:	**Partnership Delivery for Children & Young People - Update**
Meeting Date:	**23rd July 2026**
Author:	Michael Crowe – Assistant Director – Strategy, Transformation & Business Intelligence Geetika Singh – Programme Lead Systems Delivery Eleanor Wyllie – Programme Manager, Child Health Integrated Learning and Delivery System (CHILDS)
Executive Lead:	

Summary of main points

The presentation is provided to update the Partnership Southwark Strategic Board on joint activity being undertaken between health teams and cross-council services on the delivery of interdependent reform programmes. The programmes are aimed at improving the integrated delivery of services to improve outcomes for children, young people and families, with a focus on improving the whole system preventative offer.

The government has launched a number of whole system reform programmes:

- Integrated Neighbourhood Health
- Best Start in Life
- Families First Partnership Social Care Reform

There is significant overlap across the programmes and the expectations set from government to deliver these reforms. Partnership programme leads are working together to integrate programme and operational delivery through resident and needs-led approaches that prioritise outcomes and delivery over single programme activity. The collaborative work is supporting understanding of the intersectionality of activity and preventing duplication, conflict or inefficient delivery, whilst seeking to maximise early and joint delivery of tangible change in the neighbourhood based help and support offer for our residents.

The presentation is to provide the Board with an overview of the partnership approach, examples of joint delivery in progress, and next steps.

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

Action requested of PSSB

- Note the partnership approach and support the continuation of joint programme delivery
- Support the expansion of test and learn approaches to co-located and integrated delivery
- Note and support the intended whole system workforce development approach

Anticipated follow up

Routine updates to the Board on the progress of programme activity

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

Item Impact			
Equality Impact	Equality impact assessments are undertaken where there is any substantial changes proposed in service delivery – not such changes have been undertaken or proposed at this point, but this remains under regular review as necessary		
Quality Impact	The activity under the joint programmes is developing its evaluation approach iteratively alongside test and learn approaches to new delivery arrangements. Evaluation will be reported as completed.		
Financial Impact	There is no immediate financial impact. The joint programmes are intended to support preventative activity that will ultimately release financial benefits to organisations and support resident resilience		
Medicines & Prescribing Impact	Not applicable		
Safeguarding Impact	Not applicable		
Environmental Sustainability Impact (See guidance)	**Neutral**	**Positive**	**Negative**
	x		

Describe the engagement has been carried out in relation to this item
As longstanding programmes there has been a range of engagement activities undertaken and continuing in relation to this item. This has included formal consultation processes, established Parent and Carer Panels, engagement with the Family Council, mobilisation of Lived Experience Peer Community Researchers, as well as ongoing service feedback.

Partnership delivery for children and young people - update

Partnership Southwark

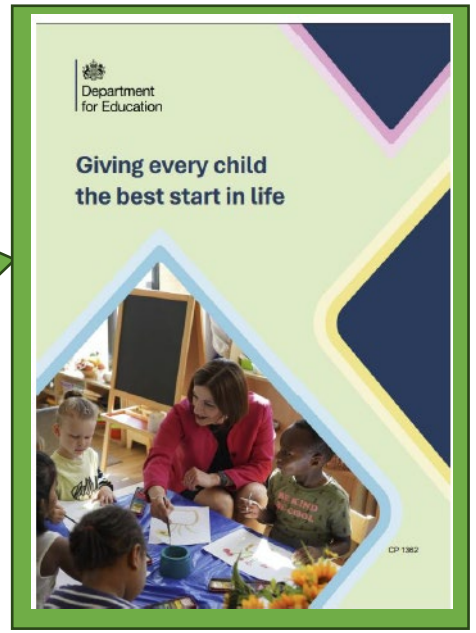
Working together to improve health and wellbeing for the people of Southwark

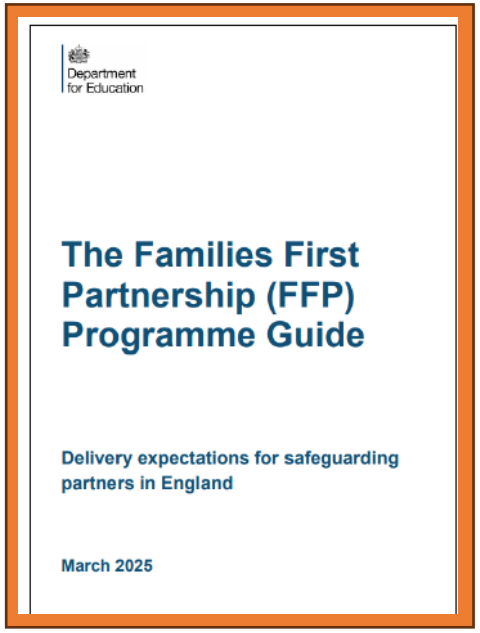
Context – national drivers for change

There are three nationally mandated programmes across health and social care to promote integrated working with the primary aim to increase the effectiveness of preventative intervention

Deliver a new **Best Start Family Service**, through Best Start Family Hubs (**FH**) based in the most disadvantaged areas.

- **Led by universal services and support teams**





Families First Partnership (FFP) Programme

Social care reform - **Multi-Agency Family Help Teams**. Merging targeted early help with statutory social work teams into a single seamless Family Help offer.

- **Led by safeguarding and child protection professionals**

Integrated Neighbourhood Teams (INT) for CYP – CHILDS is in the guidance as a case study.

- **Led by healthcare professionals**

Strategic Context – the local prevention system

The **child and family prevention system** is the coming together of **over 30 categories of services and organisations,** all with a key responsibility for providing early help to children and families.

The prevention system is a **complex system** of people, services and organisations made stronger with a shared vision and golden thread to bring it together effectively

On average **7% of children receive acute support from partnership services** at some point annually.

The **preventative workforce** spans a **huge range of professions and disciplines** across partnership services and community organisations.

Between the local authority, education and NHS estates we can identify **over 430 facilities across the borough** that in some part are responsible for the provision of preventative support to our children and families.

Our partnership has set a clear strategic intent to explore opportunities for integration, the development of more evidence-informed and needs led multi-disciplinary interventions and services.

The partnership workforce already champions shared principles of effective practice: strength based working, doing with not doing to, and whole family working.

There is an open door opportunity for stronger integration of place and people to **deliver better together.**

"Early Help is not a service, it's a system"

"Early Help is the total support that improves a family's resilience and outcomes or reduces the chance of a problem getting worse"

Nationally mandated confusion & duplication

The three programmes have set expectations nationally that wholly intersect in all areas with the exception of the expected lead responsible agency or organisation

FH	FFP	INT	Expectations
✓			Community universal services led
	✓		Statutory social care led
		✓	GP led
✓	✓	✓	integrated neighbourhood offer of preventative help and support
✓	✓	✓	Develop single approaches to assessment across partnership organisations
✓	✓	✓	Develop multi-agency approaches to assigning lead trusted professionals to hold the coordination of support to families
✓	✓	✓	Develop multi-agency integrated workforce development plans from a universal family help and support perspective
✓	✓	✓	Implement multi-agency neighbourhood teams

Services expected to be part of these integrated teams include:

FH	FFP	INT	Services / partners
✓			Activities for children aged 0 to 5
	✓	(✓)	Adult social care
✓			Birth registration
✓			Debt and welfare advice
	✓		Domestic abuse support
✓			Early language and the home learning environment
✓			Early childhood education & care and financial support (Tax-Free Childcare, Universal Credit childcare)
✓	✓		Employment advisors to support parents who are out of work
		✓	GP
✓	✓	✓	Health visiting 0 to 5
		✓	Health services – paediatrician, paediatric nurse etc.
✓	✓		Housing and homelessness
✓			Infant feeding support
✓		✓	Targeted whole-family support, delivered by local family help services
✓	✓		Local authority 0-to-19 public health services, based on local needs assessments
✓	✓	✓	Mental health services – adult and children's

	FFP	INT	Services / partners
✓	✓		Midwifery/maternity and neonatal
✓			Nutrition and weight management
✓			Oral health improvement
✓			Parent–infant relationships and perinatal MH support
✓			Parenting support
	✓		Police
	✓		Prison and probation
✓	✓		Reducing parental conflict
✓	✓		SEND support and services
	✓		Sexual health
	✓		School attendance support teams
	✓	✓	School nursing
✓			Stop smoking support
✓	✓		Substance (alcohol/drug) misuse support
✓			Support for separating and separated parents
	✓		Victim support incl wider sexual abuse support
✓	✓		Youth justice services
✓	✓		Youth services – universal and targeted

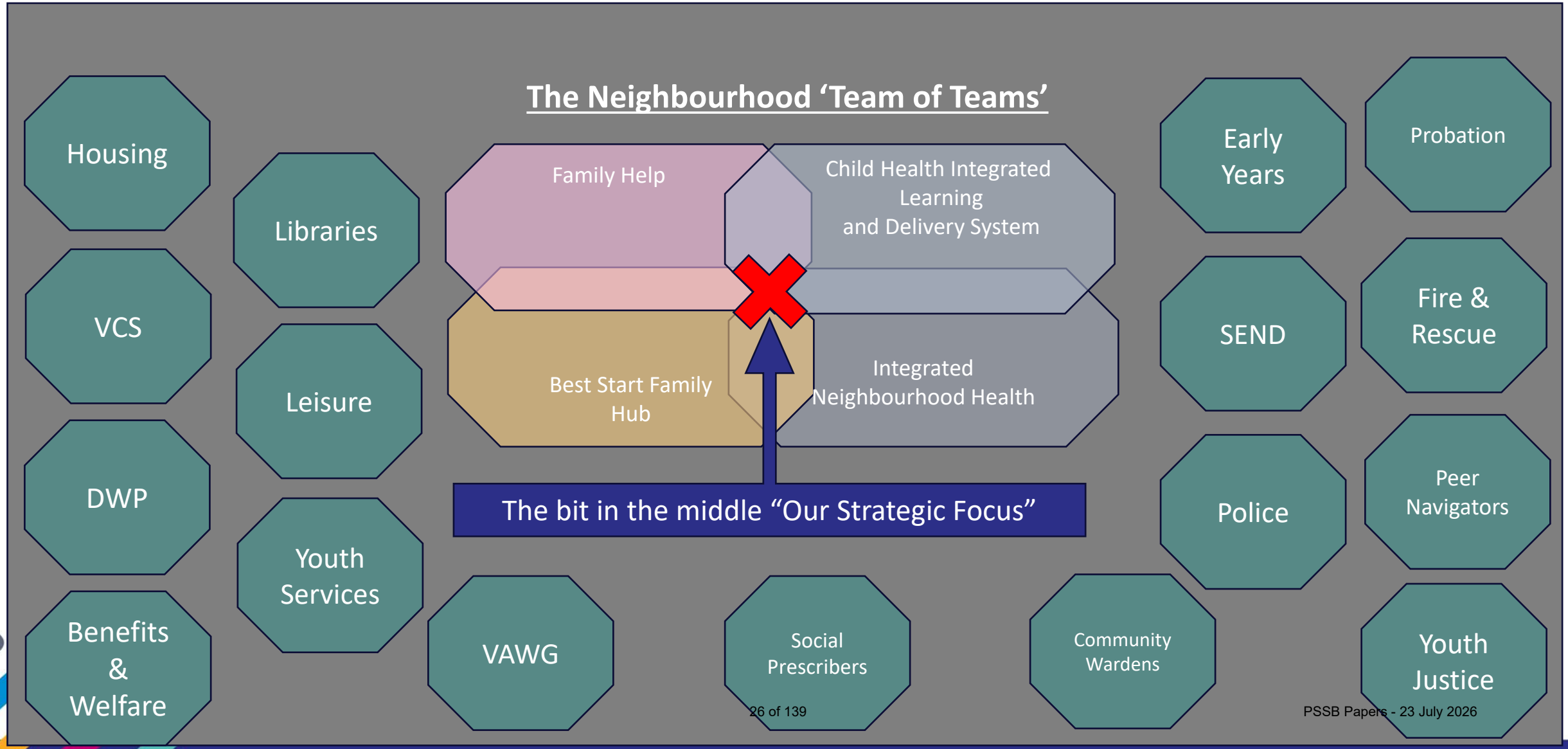
Principles of community-based prevention delivery

- **Access:** Providing a single, simple front door to face-to-face, digital, and outreach services so that families can easily find help when they need it.

- **Connection:** Joining up services across the community so the entire support system works together seamlessly.

- **Relationships:** Placing relational support at the heart of the model—aiming to help residents build stronger, more resilient relationships with their community, and the professionals who support them.

Integrating at a Neighbourhood level



Where Integrated Teams Development Intersect

Our strategic priorities:

1. Embedding the **relational approach** at a neighbourhood **practice and a professional level**
2. Developing a shared approach to **assessment and planning**
3. Developing a shared approach to ‘case management’ - **Lead professional status, allocation and referral pathways**
4. Developing integrated **workforce development plans and opportunities -** consistent values, behaviours and approaches. Increasing universal trained preventative capacity
5. Planning for further **co-location and integrated delivery**
6. **Integrated leadership** at a neighbourhood level

Key National and Local Drivers for Developing CYP INTs

National

Three key national frameworks have been released: **Neighbourhood MDTs for CYP**, the **Families First Partnership Programme**, **Best Start Family Hubs** and **local SEND reform plans**.

Together, they form **interconnected pillars** to integrate health, social care and education around families, with a shared goal of **early intervention** to prevent high-cost crises such as hospital admissions or formal care proceedings.

However, they differ in **focus** (clinical health vs. social care reform vs. place-based hubs), **target cohorts** (0–25s with complex needs vs. at-risk families vs. the first 1,001 days vs CYP with SEND), and **lead agencies** (ICBs/PCNs vs. safeguarding partners vs. local authorities).

SEL

Two key documents underpin this work: **SEL CYP INT Framework** and the **Core Requirements for Integrators**.

Priority suggested cohorts are: **Core20/ CYP living in deprivation**, **CYP with MH or emotional wellbeing needs (incl those in crisis)**, and **CYP with persistent school absence, including emotionally based school avoidance (EBSA)**.

Delivery: **Phase 1 (Test) from July 2026**, **Phase 2 (Spread and Scale) in 2027/28**, and **Phase 3 (Embed) in 2028/29**.

Expected outcomes: **earlier identification, improved access based on need, reduced inequalities, fewer crises and avoidable A&E attendances, and better family experience through coordinated, family-centred care**.

Southwark

Two key Southwark priority areas of work are progressing simultaneously: delivery of the **Health and Care Plan**, particularly **reducing waiting times for CYP MH support**, and the **Act Early Programme**, a clinical–academic partnership across Lambeth and Southwark.

Act Early applies a population health and systems approach to improving outcomes and reducing inequalities for CYP. Through shared data and partnership working, it has identified priority areas for deep-dive work, with a core focus on **CYP experiencing MH needs**, **neurodevelopmental differences** (including autism), and prevention of **persistent school absence**, recognising their overlapping impact on health, education and long-term outcomes.

Together, these drivers create a clear mandate for neighbourhood-based, multi-agency CYP INTs focused on early intervention and prevention.

Strong Foundations in Southwark

CHILDS Model

Integrated clinical care for CYP with primarily physical health needs

- Multidisciplinary teams: **GPs, paediatricians, community nurses**
- Proactive nursing service works alongside to case-find CYP with asthma, eczema & constipation
- **Evidence of reduced A&E attendances and hospital admissions**
- **6 CHILDS teams** currently in operation
- Active work underway to **align CHILDS teams to Southwark's 5 neighbourhoods**
- Forms the **clinical backbone** for CYP INT development

Family Hubs

Universal and targeted support rooted in neighbourhoods

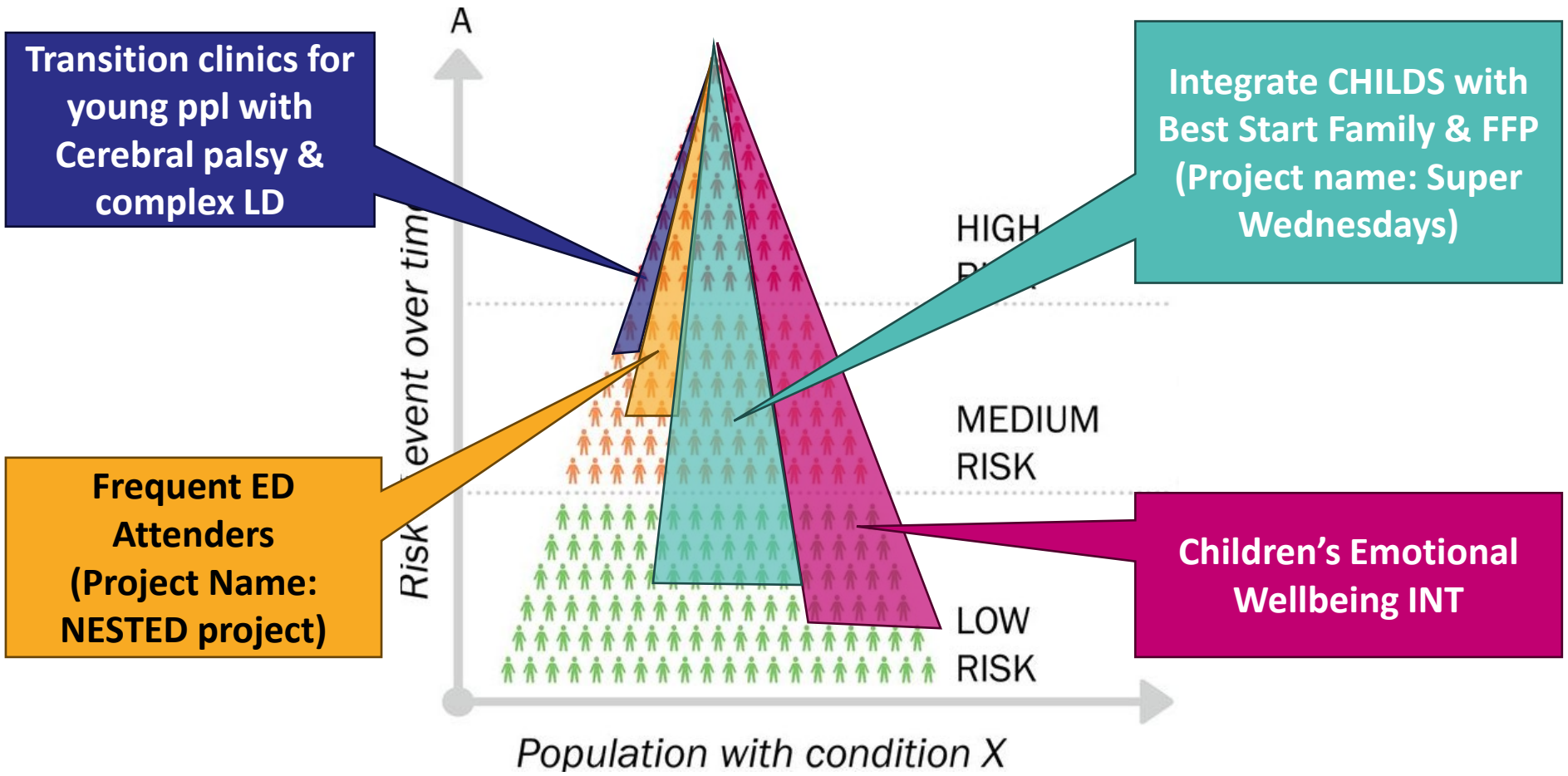
- **5 Best Start Family Hubs + 11 satellite sites**, providing wide local coverage
- Neighbourhood-based, accessible support for families **from pregnancy through early childhood**
- Brings together **early years, SEND, parenting and wider family support**
- Acts as a **trusted front door** for families and professionals
- Enables **early identification, prevention and coordinated support**
- Provides a strong **community anchor** for neighbourhood-based CYP working

Together, CHILDS and Family Hubs provide a strong, tested foundation for establishing CYP Integrated Neighbourhood Teams across Southwark's five neighbourhoods; combining clinical integration with community-based, preventative and family-centred support.

Through the multi-stakeholder workshops and ongoing discussions in the Start Well Leadership meeting and with our integrators we agreed...

1. Alignment of CHILDS 6 Patches to 5 Neighbourhood teams.
2. Develop CYP INT with primarily physical health focus via expansion of CHILDS (integrated child health teams) model to include:
   - More complex physical health cohorts
   - Wider determinants of health
3. Develop CYP INT with primarily mental health, neurodiversity and school attendance focus

Proposed Cohorts and CYP INTs with Complex Needs



An introduction to Super Wednesdays

Super Wednesdays delivers **health clinics** from Family Hubs in Southwark, **alongside a co-located offer of wider support**.

It's focused on supporting families attending the clinics to **more easily access a greater range of support** that **better meets their wider biopsychosocial needs**.

Families will be **proactively asked** about their broader needs/which services they would like to access and then **signposted accordingly**.

Housing Needs Team

Health clinics

- **General paediatrician**
- **Autism assessment**
- **Children's nurse**
- *Health Visitor*
- *CAMHS*

Family Help
Family Navigator
Parenting Team
Adolescent Sure Start
CYP Social Prescribing
Perinatal mental health support
Infant feeding

Citizens Advice
DWP

CHILDS
Child Health Integrated Learning and Delivery System

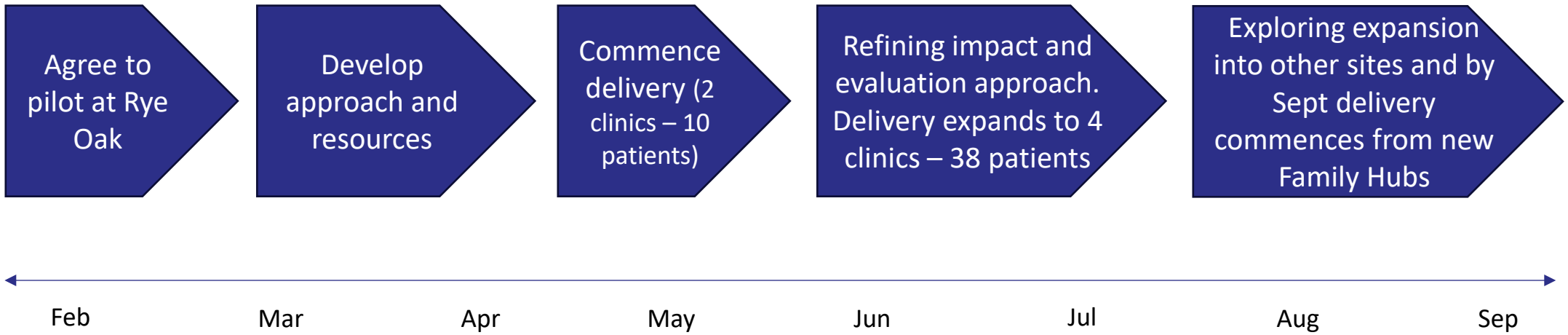
BEST START IN LIFE

FAMILY HUBS

This approach helps us to deliver both national and local priorities

- The Super Wednesdays approach **aligns well** with the Best Start, Families First Partnership (FFP) Programme, and INT programmes, delivering improved integrated working.

- This work has **progressed well and quickly in Southwark**.

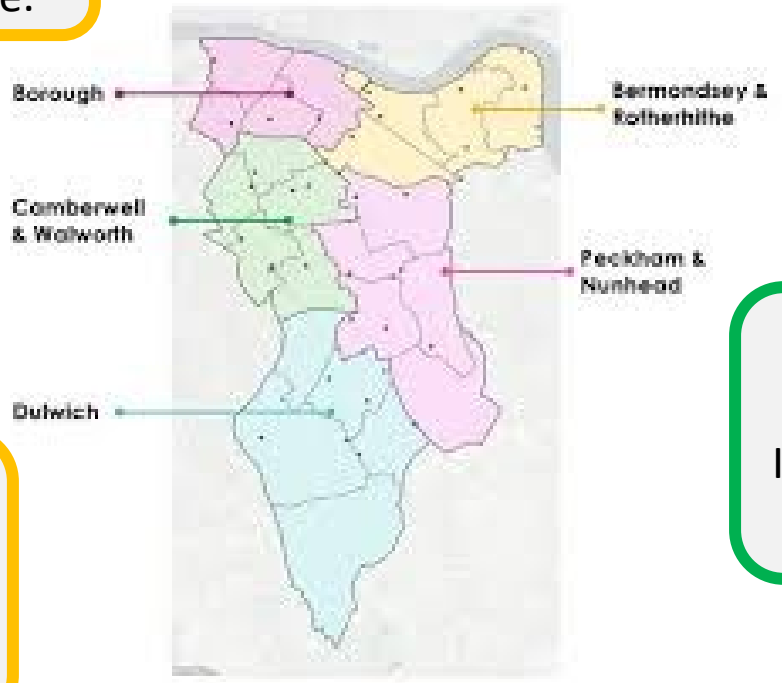


Work to scope expansion across Southwark is underway

GP Lead has contacted Coin Street Neighbourhood Centre.

Meeting with 1st Place in July.

Initial discussions in June to start exploring options for delivery from Dulwich Wood Children and Family Centre.



South Bermodsey site visit took place in July. Discussions underway about a potential delivery offer.

Delivery commenced from Rye Oak in May. Initial conversations taken place with CAMHS.

Super Wednesday – an incubator for system change activity

System change

Shared Measurement of Impact

Using shared tools to support assessment of residents needs and track the impact of help and support received.

Underpinned by single-agency outcome measures and key demographic information data collections to inform detailed analysis

Building relationships

Quarterly networking events at the neighbourhood level to bring together professionals and the local VCS to understand each other better, build a shared view on the local help and support offer, and create more relational pathways into support for residents

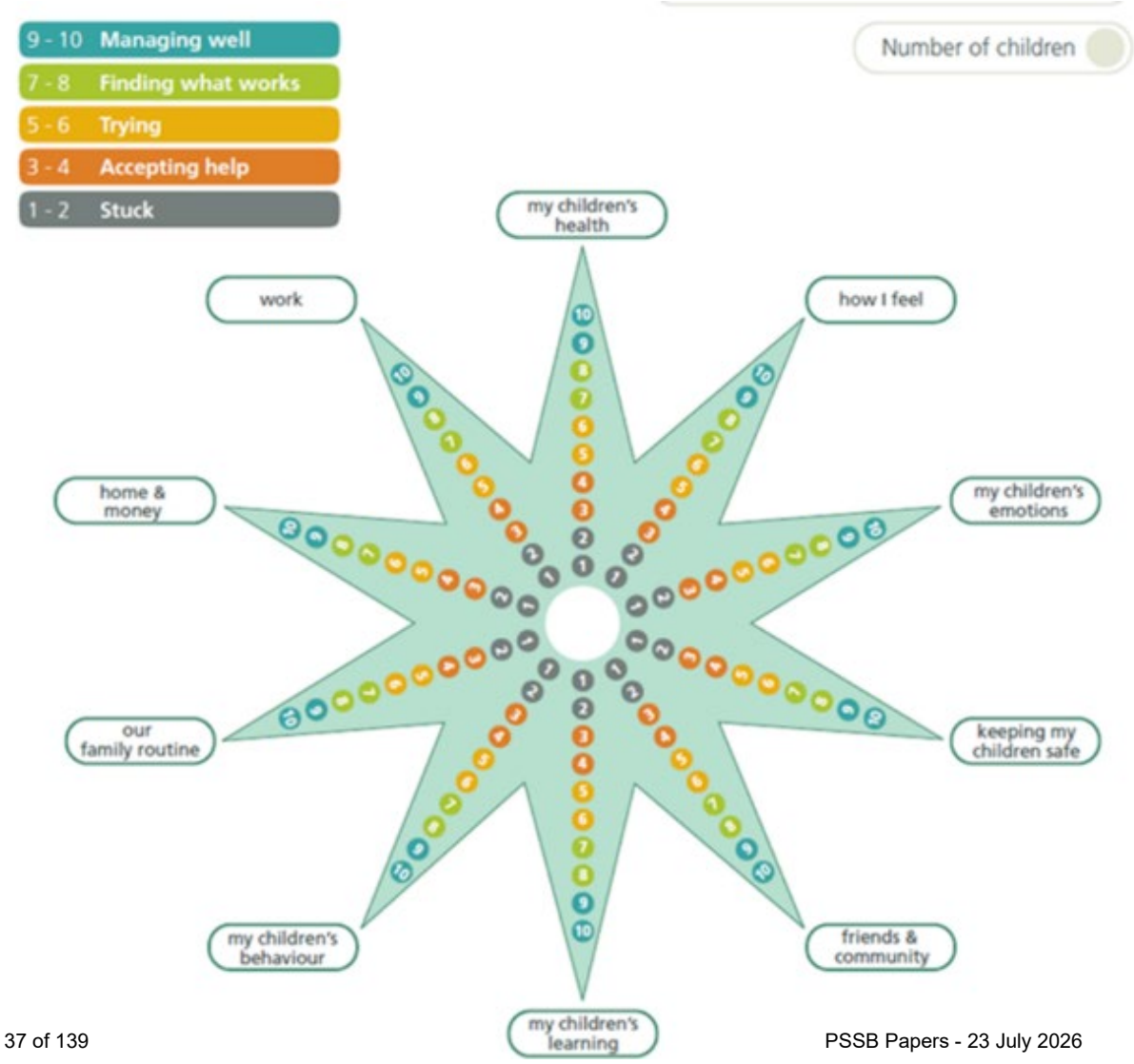
Development the professional and community workforce

Developing a comprehensive and shared learning and development offer for all professionals and community organisation – to know 'just enough of the right stuff' to guide residents to the right help and support

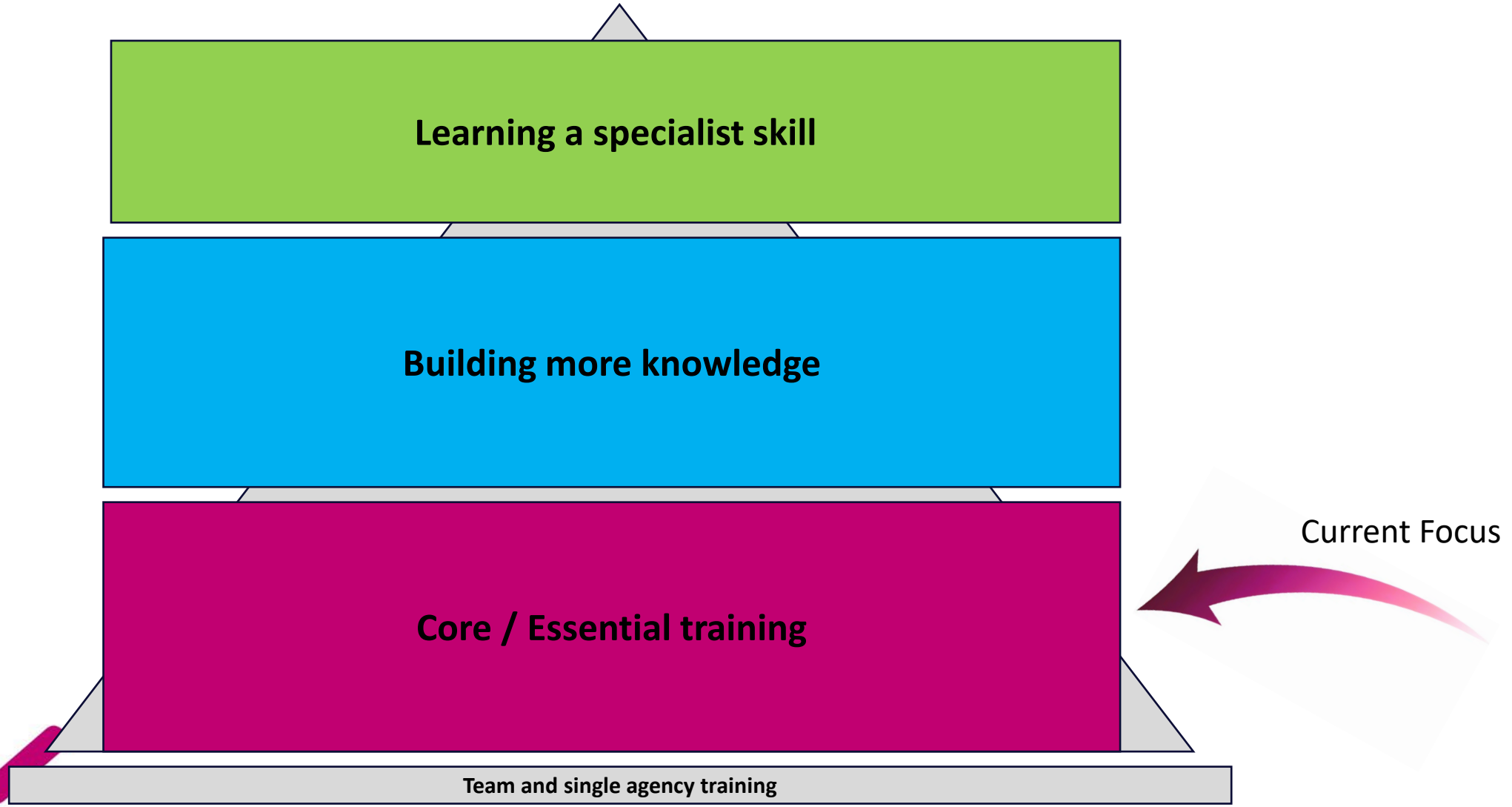
Joint assessment of needs and impact

Outcomes Star

- 10 point scale
- 10 domains
- Repeat measurement – beginning, middle and end of multi-agency support offer
- Underpinned by single-agency outcome measures and key demographic information data collections to inform detailed analysis



Training Needs – Tiered approach



Our ways of working?

Trauma Informed/Working with Trauma	Working in an Anti-Racist Way	Making Every Contact Count
Mental Health First Aid	Understanding additional needs, nuerodiversity and autism awareness	Relational Practice/Working through relationships

Partnership Southwark Strategic Board
Cover Sheet

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

Item: 3
Enclosure: 3

Title:	**Creative Health Southwark Update**
Meeting Date:	**23.07.26**
Author:	Flora Faith-Kelly, Jessica Levoir
Executive Lead:	Ranjeet Kaile

Summary of main points
This paper provides an annual update on progress with the Creative Health Southwark programme during 2025/26, and sets the work within the wider context of prevention, health inequalities and neighbourhood health in Southwark, including how it connects with South East London ICB's Socioeconomic Development work. The presentation demonstrates how creative health contributes to Southwark's health and wellbeing priorities through prevention, management of long-term conditions, mental wellbeing and community resilience. It highlights achievements across the programme's three implementation pillars: Leadership & Strategy, Funding & Commissioning, and Delivery. Key developments include strengthened alignment with neighbourhood health priorities; growth of the Southwark Culture Health and Wellbeing Partnership (SCHWeP); £160,000 of pooled funding secured for Creative Health activity and infrastructure; development of Creative Health Hubs; launching a Creative Health tender programme aligned to neighbourhood priorities; and partnership development with Southbank Centre, SEL ICB and SLaM to support children and young people's mental health, linking with the CYP Integrated Neighbourhood Teams work in Southwark. The presentation concludes by identifying opportunities to further embed Creative Health within emerging neighbourhood health arrangements and Integrated Neighbourhood Teams

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

Action requested of PSSB
- Note the progress and achievements of Creative Health Southwark during 2025/26. **- Consider how Creative Health can be best anchored within Southwark - where is Creative Health's strategic home - to strengthen delivery and secure sustainable commitment with the NHS and other partners.** **- Discuss opportunities to further embed Creative Health within emerging neighbourhood health arrangements and Integrated Neighbourhood Teams.** **- Support continued partnership working across health, local authority, voluntary, community, cultural and education sectors to address health inequalities through Creative Health approaches**

Anticipated follow up
- **Ongoing development of Creative Health Hubs across Southwark neighbourhoods and linking in to NHS Estates work through INTs.** - **Return to present on delivery and evaluation of Creative Health tender-funded projects** - **Continued development of the Children and Young People's Creative Health Centre with Southbank Centre and partners with support from Partnership Southwark to link to complex CYP INT.**

- **Future updates on embedding Creative Health within neighbourhood health delivery models and referral pathways**

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**
Access to General Practice	**X**

Item Impact			
Equality Impact	*The programme specifically seeks to reduce health inequalities and includes targeted work with children and young people, older people, culturally diverse communities and residents experiencing social isolation.*		
Quality Impact	*Programmes support wellbeing, prevention, community connection and management of long-term conditions, informed by evidence and evaluation approaches including the Creative Health Impact Framework and Creative Health Quality Framework*		
Financial Impact	*No direct financial decision required at this stage. The report notes £160,000 of pooled funding secured and additional external funding leveraged to support programme delivery.*		
Medicines & Prescribing Impact	*NA*		
Safeguarding Impact	*Large scale engagement programme undertaken by Southbank Centre, SLaM and ICB to consider how best to support complex CYP. Robust safeguarding around creative health contracts supporting vulnerable adults.*		
Environmental Sustainability Impact (See guidance)	**Neutral**	**Positive**	**Negative**
		Creative Health programmes delivered align to Creative Health Quality Framework which recognises sustainability as a key principle, engaging patients to self manage care sustainably	

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

Engagement workshops happened for Southbank Centre, ICB, SLaM partnership in southwark:
Southbank x SCHWeP Southwark children & young people open space workshop Tickets, Thursday, July 16 • 1:30 PM - 4 PM | Eventbrite

Regular engagement with SCHWEP forum w sector

Let's Talk Creative Health site active - [Help us to explore the impact of creative activities in supporting people health and wellbeing | Let's Talk Health and Care South East London]

South East London Integrated Care System

Creative Health Southwark Update

Partnership Southwark Strategic Board
23rd July 2026

SEL Voluntary, Community and Social Enterprise Strategic Alliance

SOUTHBANK CENTRE

Impact on Urban Health

South London Listens

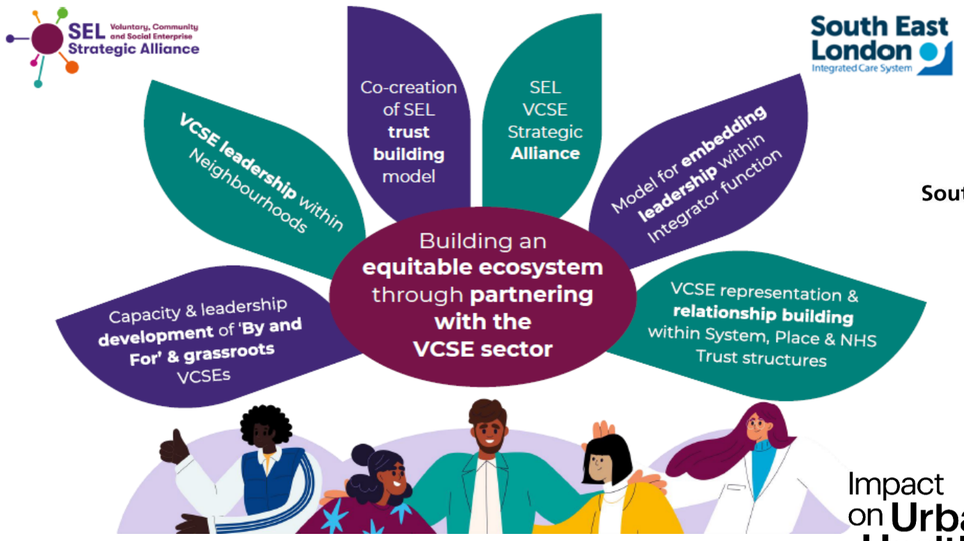
Our ambition: socio-economic development and addressing the wider determinants of ill-health




- Together we will build a future where health equity is at the heart of everything we do.
- Backed by data and shaped by the voices of our communities, the creation of thriving, equitable neighbourhoods will ensure everyone has the opportunity to lead healthier, longer lives.
- By tackling health disparities, prioritising prevention and improving socioeconomic well-being, we aim to bridge inequalities and ensure fairness for all.

Socioeconomic Development at the South East London ICB means addressing the issues and challenges communities have told us matter most to them, with them, and creating the conditions for change

NHS South East London



Impact on Urban Health

Creative Health

National Centre for Creative Health

NHS South East London Cancer Alliance

SOUTHBANK CENTRE

89% of respondents of the South East London People's Panel Survey think **creative health supports their health & wellbeing**

Creative co-production work with people with SMI can significantly increase **uptake of annual health checks** from 10% to 60% (15).

Community gardening **modifies risk factors** for musculoskeletal conditions through increases in physical activity, fruit and vegetable intake, and reductions in stress (15, 27, 28).

£149 million is saved annually, thanks to how movement and dance reduce the risk of developing dementia (1).

Studies note a **40% reduction in GP appointments** from patients using a social prescribing service which focuses on CVD risk and mental health (20).

South London Listens: taking action for real change

South East London Integrated Care System

10,000 Local co-designers

3.7 million people served

150+ voluntary, community and social enterprise organisations and community leaders

288 accredited safe surgeries

12 local authorities

Three NHS mental health trusts

Two Integrated Care Systems

95 be well organisations and 4,500 people per month engaged

Priority One	Priority Two	Priority Three	Priority Four	Priority Five
Social isolation & digital exclusion	Work & Wages	CYP & parental mental health	Access to Mental Health services	Housing

South London citizens

What are we aiming to achieve through a South East London Creative Health Programme

NHS South East London

Establishing networks of creative health organisations

Demonstrating the impact of creative health

Embedding creative health neighbourhood health models of care

CREATIVE HEALTH SOUTHWARK

2025 / 2026 Annual Report

What is Creative Health and why is it important?

...supporting all of Southwark's Joint Health and Wellbeing priorities

"Creative approaches and activities which have benefits for our health and wellbeing"...

- Dancing
- Reading
- Gardening
- Singing
- Music therapy
- Cooking
- Acting
- Cultural engagement

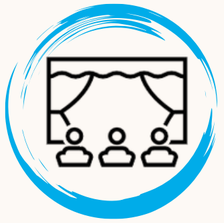
(Not limited to this list!)

There is strong scientific evidence that Creative Health approaches can contribute to the **prevention** of ill health, **promotion** of healthy behaviours, **management** of long-term conditions, and **treatment and recovery** across the life course.

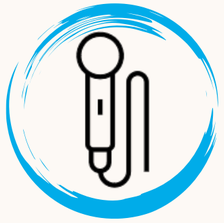
Dance and movement can reduce the blood pressure of people with hypertension, prevent falls and support people to recover from stroke and brain injury.

Music interventions can reduce anxiety in cancer patients and improve wellbeing for people living with dementia.

Community gardening has been shown to modify risk factors for musculoskeletal conditions, cancer and cardiovascular disease.



Cultural engagement is associated with a reduced risk of developing depression in adults aged 50+



Singing for breathing programmes ease symptoms of COPD, asthma and long COVID.

2025/26: A YEAR OF CREATIVE HEALTH SOUTHWARK

“Creative Health Southwark is a co-owned programme of work, aiming to strengthen the ability of our local creative and cultural sector to reduce health inequalities in an integrated and sustainable way.”

The Steering Group brings together partners from:

- Public Health
- Culture
- Local funders
- Social prescribing
- SEL Integrated Care Board (NHS)
- Local Economy
- Anchor creative and cultural institutions
- Local universities
- Strategy & Communities
- Southwark Culture Health and Wellbeing Partnership (SCHWeP)

The steering group oversees an implementation plan, which has three pillars:

01

Leadership & Strategy

02

Funding & Commissioning

03

Delivery

01 Leadership & Strategy

Our priorities:

1. Advocate for and shape the inclusion of Creative Health priorities within the Council's Leisure Strategy and NHS neighbourhood plans
2. Ensure the engagement of SCHWeP in the design and delivery of those strategies and plans

Headline achievements:

Alignment between Creative Health and the NHS neighbourhood health programme has been achieved through:

- Reference to Creative Health in new voluntary and community sector (VCS) neighbourhood engagement contracts
- NHS estates involved in discussions about the development of the Creative Health spaces programme
- Design of new Creative Health tenders around neighbourhood priorities
- Development of neighbourhood Creative Health Hubs

Programme spotlight: Southwark Culture Health and Wellbeing Partnership

Partners:
London Bubble Theatre, Southwark Council Public Health & Culture, SEL Integrated Care Board

Priorities for SCHWeP in 2025/26 have been to:

- Reestablish the forum events for members
- Grow the network to ensure the diversity of the creative and cultural sector is represented
- Establish **two-way communication** between SCHWeP and the Creative Health Southwark steering group **to ensure the voice of the sector is represented in strategic decision-making**

In numbers:

323 Members registered for the SCHWeP newsletter

62 Members from 42 organisations have attended SCHWeP forum events so far in 2026

75% Of forum attendees say they made a new connection as a result of the first event


Creative Health Programme
Solidarity Hubs within Conflicted Landscapes
by Dina Kanout


SCHWEP


ON MOSSLEY LIBRARY

02 Commissioning & Funding

Our priorities:

1. Implement and promote the use of commissioning and evaluation toolkits, including the Creative Health Impact Framework
2. Identify diverse funding sources and develop approaches for sustainable funding of Creative Health activities

Headline achievements:

£160,000 of pooled funding has been secured across Partnership Southwark, Southwark Council and United St Saviours to support SCHWeP, the delivery of Creative Health activities and the development of a Creative Health Hub.

Training on the Creative Health Impact Framework delivered to SCHWEP.

Programme spotlight: Creative Health tenders

Partners:
Southwark Council Culture & Public Health,
Partnership Southwark

Funded by Partnership Southwark's Health Inequalities fund and delivered by Southwark Council Culture team, the new Creative Health tender opportunity aims to pilot an approach for funding Creative Health activities that align with NHS neighbourhood priorities:

- **The mental health of children and young people with complex needs**
- **Adults with multiple long-term conditions**
- **Older adults at risk of frailty**

£18,000 is available for four projects lasting 12 to 18 months.

The programme intends to inform and promote the development of sustainable funding mechanisms using pooled funding across organisations.

Find out more

03 Delivery

Our priorities:

1. Explore opportunities for using underutilised spaces for Creative Health programmes and activities and develop a cohort of Creative Health spaces

2. Strengthen use of the Creative Health Connections Map at a local level e.g. through promoting its use by providers, social prescribers and commissioners

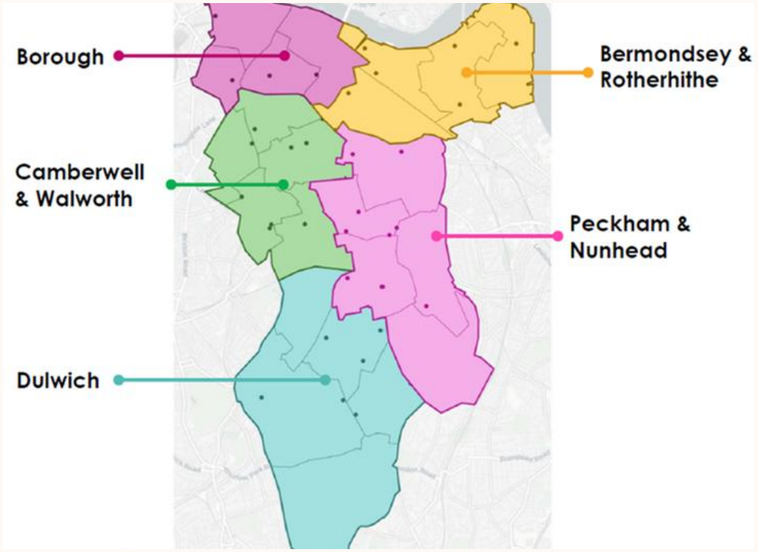
Headline achievements:

United St Saviours have awarded SCHWeP seed funding to establish a Creative Health Hubs programme.

SEL ICB and Partnership Southwark are partnering with the Southbank Centre on development of a Creative Health Centre for children and young people.

Programme spotlight: Creative Health Hubs

Partners:
United St Saviours, London Bubble Theatre, SCHWeP, Southwark Council Public Health, University of Arts London, SEL Integrated Care Board



SCHWeP have been awarded £40,000 from United St Saviours' 'Issue-Based Partnership' fund to expand the Creative Health Southwark programme and begin to establish a network of Creative Health spaces in the five NHS neighbourhood areas. The funding will cover:

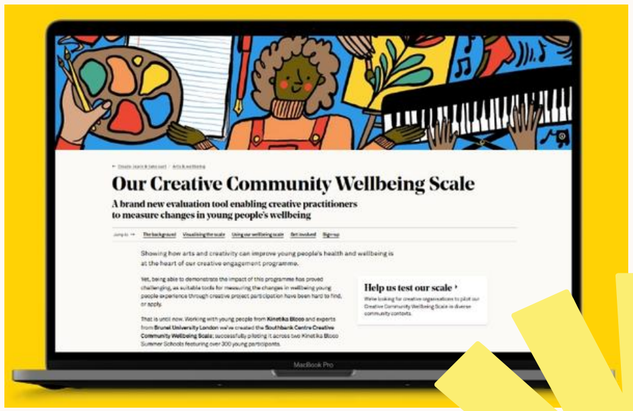
1. **Coordination & collaboration:** Supporting regular convening and collaborative projects in neighbourhood areas.
2. **Creative Health Hubs:** Establishing the first space at Bubble Theatre in Bermondsey & Rotherhithe, with funding used to provide subsidised space for SCHWeP members. Bubble are also a satellite location for the new Southwark Wellbeing Hub, providing integration between Creative Health and community mental health services.
3. **Communication & visibility:** Creating a brand for Creative Health Southwark and the network of spaces.

Southbank Centre, ICB & SLaM Partnership – Supporting Southwark CYP INT

Partners:
Southbank Centre, South East London (SEL) Integrated Care Board, South London and Maudsley NHS Foundation Trust

The Southbank Centre and SEL Integrated Care Board are working in partnership to support the mental wellbeing of children and young people through creative arts. This work will include development of:

- A **Children and Young People's Creative Health Centre**
- **Waiting Well Interventions**: Supporting children on CAMHS waiting lists
- Creative Health **Prevention Programmes**: Using the arts to promote better mental health and prevent issues before they arise.
- Developing a new **Creative Wellbeing Scale** for the evaluation of creative interventions
- Launching an **online referral platform** to connect young people to a curated range of activities.



Southbank have formed a Partnership Development Group including sector & statutory partners from Southwark. We are collaborating with Southwark's Integrated Neighbourhood Team focused on Complex CYP through this partnership

CREATING CHANGE: OPPORTUNITIES FOR NEIGHBOURHOOD HEALTH

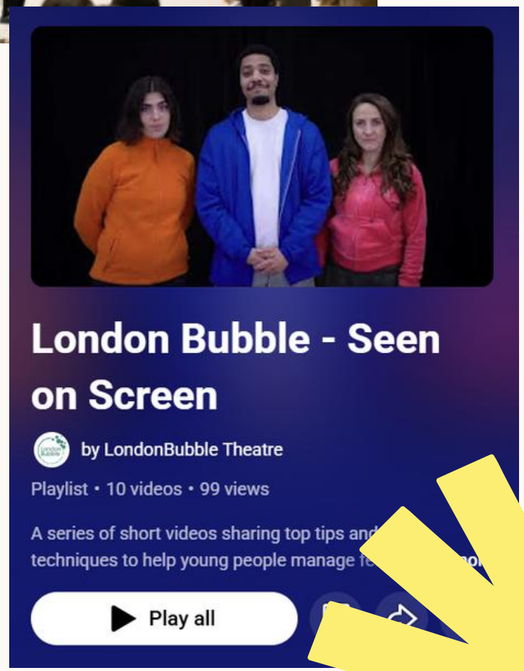
Opportunities for taking a neighbourhood-approach to Creative Health include:

- Recognising Creative Health as a means to deliver Neighbourhood Health Plan priorities (as they emerge)
- Supporting Partnership Southwark VCSE neighbourhood engagement leads to engage with local creative and cultural organisations
- Supporting the Creative Health tender awardees to embed their activities into INT referral pathways
- Identifying and delivering Creative Health upskilling opportunities or guidance for Integrated Neighbourhood Teams (INTs).
- Documenting learnings from the Bermondsey & Rotherhithe Creative Health Hub and Southbank Creative Health Centre to expand this model across all five neighbourhoods and into neighbourhood health centres

Appendix – Southwark Creative Health Case Studies

Case study: Seen on Screen

Partners:
London Bubble Theatre, Southwark Council Public Health



Engagement with schools in Southwark has highlighted growing concerns about children's mental health and the impact of social media and screen time, leading Public Health to commission a **Theatre in Education** programme delivered by London Bubble Theatre.

In February 2026, 1,045 Year 7 pupils across five secondary schools took part. Almost all students reported enjoying the performance, while teachers overwhelmingly felt the content was relevant, realistic and effective in supporting discussion around mental health and digital wellbeing. Focus group with pupils demonstrated strong recall of the performance months later, with pupils articulating clear links between **screen use, social media, cyberbullying and emotional wellbeing**.

A series of online video resources have been created, helping to build an ongoing legacy beyond the original performances, and guidance for parents is currently being developed.

Support to Stay Well

Case study: Latin Ageing UK

Partners:
Latin Ageing UK, Southwark Charities

Latin Ageing UK is a grassroots organisation dedicated to supporting older Latin American residents (55+) in Southwark who face isolation, health inequalities, the loss of cultural connection and, for some, the lasting impacts of refugee trauma. Our approach uses creativity as a form of prevention, helping to improve wellbeing. 15–20 members attend weekly sessions with Creative Health activities embedded throughout, including **dancing, storytelling, shared meals, and culturally relevant workshops**.

Through culturally sensitive, community-led support, Latin Ageing UK helps **reduce loneliness, improve mental wellbeing and empower older people to remain active and connected** within their communities.

Our third annual festival celebrating Latin Heritage Month is coming up in September, using dance, music, movement and cultural expression to promote creativity, wellbeing, inclusion and intergenerational community connection.

'Before, I stayed at home with no one to talk to. Now, I have friends, I laugh, I dance, I feel part of something again.' - Latin Ageing UK member

Healthy Communities

Case study: RockiFest 2025

Partners:
Rockingham Tenant & Resident Association, Southwark Council Public Health, Social Life

The Residents' Health and Wellbeing Programme was a resident-led, place-based initiative addressing long-term impacts of COVID-19 on three housing estates.

On Rockingham Estate near Elephant & Castle, residents identified social isolation as a key issue and co-designed a programme of estate-based activities to strengthen social connections. This culminated in RockiFest, a large creative and cultural community festival celebrating the estate's 90th birthday. Activities were centred around the Five Ways to Wellbeing and included live music, aerial circus acts, a breakdancing competition, willow weaving and art and crafts.

The programme evaluation shows that RockiFest improved feelings of **social connection and mental wellbeing** for both volunteers and attendees.

Partnership Southwark Strategic Board
Cover Sheet

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

Item: 5
Enclosure: 4

Title:	**Neighbourhood Update**
Meeting Date:	**23rd July 2026**
Author:	Rebecca Jarvis, Director of Partnership Delivery and Sustainability (ICB) Alice Jarvis, Director of Operations and Partnerships (Integrated Specialist Medicine), Guy's and St Thomas' NHS Foundation Trust Tony Rackstraw, Programme Director, ICB Estates Sanil Sensi, Borough Estate Lead (Southwark and Bexley), ICB Estates
Executive Lead:	Darren Summers, Place Executive Lead & Strategic Director for Integrated Health and Care Louise Dark, Chief Executive Officer, (Integrated Specialist Medicine), Guy's and St Thomas' NHS Foundation Trust

Summary of main points

The purpose of this item is to provide an update on the Southwark Neighbourhood Programme.

The report includes a progress update from the Integrator on the mobilisation of Integrated Neighbourhood Teams which is a standing agenda item at this Board. The report also provides a more in depth focus on the estates 'enabler' workstream, including options for delivering neighbourhood health centres.

The 2026/27 programme roadmap is included for reference. Since the last Partnership Southwark Strategic Board progress has been made in:

- GP engagement – the Health Innovation Network has facilitated engagement events in each neighbourhood for staff from GP practices to meet key members of their local Integrated Neighbourhood Teams, to learn more about the programme and discuss what it means for them.
- VCSE engagement – following an 'Expressions of Interest' process, five VCSE organisations have been appointed as neighbourhood engagement leads to provide leadership and coordination to help shape how the VCSE sector can work alongside, and as part of, Integrated Neighbourhood Teams (INTs).
- Launch of the GP Premium – practices have been invited to sign up for the refreshed GP premium which is a key mechanism for driving quality improvement and transformation in general practice. The refreshed scheme places greater emphasis on collaborative working through INTs and supports multidisciplinary approaches to care.

In addition, two further sets of proposals were submitted for the ICB Strategic Investment Fund (SIF):

1. Mental Health, focusing on expanding the existing adult INTs to include a mind and body approach and people with Serious Mental Illness (SMI)
2. 'Pushing the Boundaries' which included a range of bids for innovative approaches which would test or push the boundaries of current neighbourhood and INT models.

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

Action requested of PSSB

- Note progress on mobilisation of Integrated Neighbourhood Teams (INTs) and other programme activities
- To support the next steps outlined for the Estates workstream

Anticipated follow up
Ongoing programme delivery, as described in the Programme Plan.

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
Access to General Practice	x

Item Impact			
Equality Impact	Equality Impact Assessments will be undertaken for specific service developments and/or changes. It is anticipated that overall, the Neighbourhood Health Programme will reduce health inequalities due to the greater focus on providing localised care which meets the needs of communities closer to their homes and through targeted prevention initiatives.		
Quality Impact	Improved coordination of care and neighbourhood-based working is expected to support quality of care and patient outcomes. SEL leads have issued outcome measures which are being incorporated into implementation plans.		
Financial Impact	SIF funding allocations for 2026/27 support delivery of INTs, integrator development and prevention programmes.		
Medicines & Prescribing Impact	SIF plans include focus on improved risk factor identification and management, including community pharmacy and secondary prevention initiatives.		
Safeguarding Impact	Safeguarding considerations will be incorporated through INT delivery models and outreach to vulnerable populations.		
Environmental Sustainability Impact (See guidance)	**Neutral**	**Positive**	**Negative**
		Yes – there is potential for a positive environmental impact due to reducing the need for carbon intensive health and care services by preventing ill health, and by delivering care closer to home, reducing patient and staff journeys.	

Describe the engagement has been carried out in relation to this item
In addition to the engagement activities described above, SIF proposals have been co-produced with system partners, including ICB, provider organisations and VCSE representatives. Engagement has taken place through Integrator Delivery Board, and through the Southwark Neighbourhood Transformation Board which oversees programme delivery.

Southwark Integrator update

Partnership Southwark Partnership Board

Thursday 23rd July 2026

Integrator Summary Update

Moving from implementation to stability

The implementation and development of INT's continues at pace

- **All three cohorts across all 5 neighbourhoods are now up and running, senior clinical and opertional teams coming together and establishing ways of working – already learning**
- **Strategic Investment Fund (SIF) 2026-27 has been a major focus;**
  - First wave approved – integrator, Frailty, MLTC and CYP and CVRM and Prevention
  - Awaiting outcome from second wave – Mental Health and Pushing Boundaries
- **Have engaged the HIN to support development of the SIF delivery plan by end July / early Aug**
- **Appointed a comms leave and developed Anchors to help communication across Southwark to staff and patients. Launch events across Southwark**
- **Continue to refresh the governance to keep pace with the changing delivery model**
- **Performance Reporting established**
- **Launched Business Case with Carnell Farrar to support longer term strategic planning**

Still much to do!

Pushing Boundaries

	Scheme Description	CYP / Adults	Amount (£'000's)
1	Emotionally Based School Non-Attendance (EBSN)	CYP	£250
2	High Intensity Users (HIU) Outreach and Mental Health & Substance Misuse	Adults	£300
3	Maternity – identifying and addressing maternal disadvantage through a Maternity INT and peer support	CYP	£200
4	LAS Partnership – Care Home Integrated Response	Adults	£250
5	Social Care Partnership – Lambeth digital falls prevention (ASC)	Adults	£250
6	Community-embedded renal supportive care	Adults	£119
7	Point-of-care COPD diagnosis	Adults	£200
8	Childhood vaccination: Coordinated approach to increasing vaccinations rates	CYP	

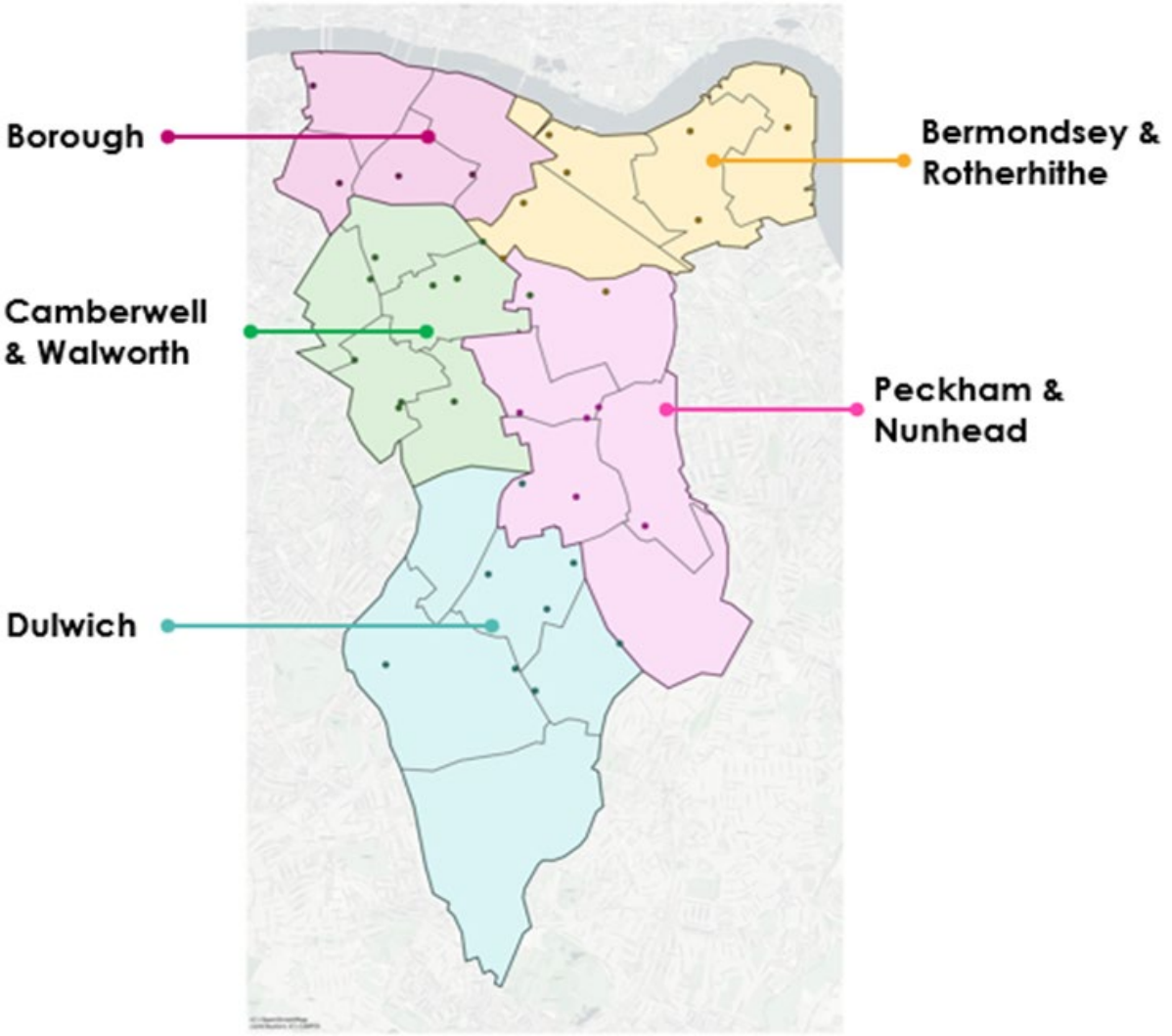
Mental Health SIF

Priority	Proposal	Funding allocated
1. Expansion of the existing adult INTs to include a mind and body approach	SMI Health Access Team (provided by Blackfriars Settlement under Southwark Wellbeing Hub umbrella)	£165k
	Targeted group and peer support programme for SMI, mLTC and Frailty (Southwark Wellbeing Hub & VCSE Network delivery)	£140k
	Primary Care Advice & Guidance Offer	£75k
	VCSE capacity building for supporting residents with SMI (Community Southwark + smaller VCSE groups)	£24k
	Clinical expertise embedded to support the integration of mental and physical health in neighbourhoods	£13.5k
	Integrated Older Adults Bridging the Gap Service	£51.2k
2. Expansion of the INT model to include people with SMI / LAIs	Pilot programme for testing options for the LAI pathway	£100k
Q1 slippage	Local: Consultant connect pilot for ADHD medication and VCSE capacity building	£94.5k
	Central: digital and data	£94.75k

Appendices

Contents

- Brief update on mobilisation
  - More detailed update with case studies at next meeting
- Overview of Strategic Investment Fund proposals
- INT developments
  - System Business case



We are aiming to develop INTs that deliver targeted proactive care to complex patients

Identify the right patients

- Use Risk Stratification Tools to segment the population
- Apply Population Health Management expertise to identify target cohorts
- Use community outreach to engage local residents to identify unmet need

Invite them in for a holistic assessment

- Time to listen: 10-minute appointments don't have time to understand complex patients
- Structured long-appointment reviews explore health, psychological and material well being
- For Frailty this would include a Comprehensive Geriatric Assessment (CGA)

Jointly create a care plan

- Co-create a shared care plan that is accessible to all MDT members
- Patient defines own goals: what matters to them
- Includes medical and non-medical goals and agreed support
- Scheduled review dates
- Named care coordinator

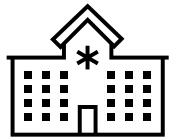
Biopscychosocial Interventions

- Specialist MDT Clinical input from hospital doctors
- Covering both physical and mental health
- Medication reviews and optimisation
- MDT includes social services and support accessing other government services
- Social prescribing with links to Voluntary and Community sector

Care Coordination & Follow up

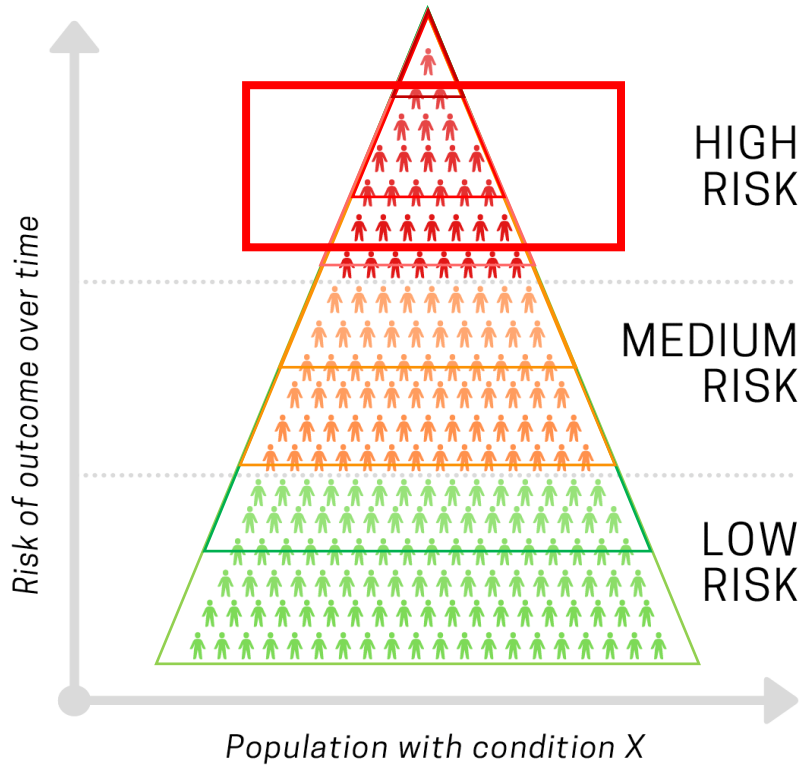
- Coordination across health, social care and voluntary sector
- Shared care plan, MDT meetings and common risk stratification
- Patient's categorised by acuity with follow up frequency set accordingly
- Identify concerns and intervene early

Unplanned Care Support



- Work to support patients in the community when they have an acute episode
- Aim to avoid admissions and facilitate early discharge
- Clear escalation pathways

INTs will target patients with a high risk of hospital admissions where we think we can improve outcomes



We aim to focus on the cohort of high risk patients with the greatest risk of hospital admissions, and those patients where we think there is the greatest opportunity to improve health outcomes

Initial Priority Cohorts		
Long Term Conditions	**Frailty**	**Children and Young People**
People aged 18-64 with all of the following: • Diabetes mellitus • Chronic kidney disease • Cardiovascular disease (at least one of the following: chronic heart failure, coronary artery disease, unstable hypertension, unstable atrial fibrillation, previous stroke, peripheral vascular disease)	People aged 65 or above, with moderate or severe frailty	Focus on those with complex needs 0-18 This will involve configuring the 15 child health teams across Lambeth & Southwark (CHILDS model) to the ten neighbourhood footprints, and increasing the size and scope of the team in each neighbourhood as INTs are developed. Discussions ongoing to develop the model.

Cohorts selected based on Population Health Analysis

Integrated Neighbourhood Teams (INTs) bring together staff from across the public sector in a 'Team of Teams' approach

- Integrated neighbourhood teams bring together staff from the NHS, local councils, and voluntary organisations to work as one team in a local neighbourhood
- They focus on the specific needs of people living in that neighbourhood, caring for the whole person and not just their medical needs
- INTs help people manage their health at home and avoid hospital when possible
- INTs aim to deliver improved healthcare outcomes, reduce inequalities and reduce overall system resource usage

Frailty INT 'Team of Teams' example shown above

Partnership Southwark Strategic Board Neighbourhood Estates Update

July 2026

Brief for integrated care systems and South East London schemes

A building can be designated a “neighbourhood health centre” without offering mental health services, urgent or minor-injuries care, diagnostics or an on-site pharmacy, as determined by NHS England criteria.

The minimum threshold for a building to qualify as an NHC at two functions: an on-site general practice and a community health or integrated neighbourhood team presence. Centres must be open at least 12 hours a day, six days a week.

All other services commonly associated with a “one-stop shop” health centre appear only in the larger tiers of the accompanying design specification or are not required at any tier.

The specification sets out three tiers of NHCs. It notes, however, that: “The precise mix of complementary services, including diagnostics and other hospital-to-community functions, will vary by place according to local need and the wider service model.”

Component	Core 30,000 GP pop.	Core+ 50,000 pop.	Core++ 100,000 pop.
REQUIRED FOR NHC DESIGNATION AT ANY TIER			
On-site general practice (PCN scale)	Required	Required	Required
Community health team / integrated neighbourhood team	Required	Required	Required
Open 12+ hours a day, 6 days a week	Required	Required	Required
80% room utilisation target	Required	Required	Required
INCLUDED IN CORE+ AND CORE++ TIER DESIGNS			
Primary care mental health	—	Included	Included
Minor injuries / walk-in	—	Included	Included
Family hub / child development	—	Included	Included
INCLUDED IN CORE++ TIER DESIGN ONLY			
Diagnostic imaging space	—	—	Included
24-hour phlebotomy	—	—	Included
NOT REQUIRED AT ANY TIER			
On-site community pharmacy	Optional	Optional	Optional
Out-of-hours service base	Optional	Optional	Optional
Women’s health / healthy living hubs	Optional	Optional	Optional
SIZE			
Total patient-facing rooms	32	53	56
Gross internal area, sq m — integrated model (shared with other services)	2,425	3,735	4,308
Gross internal area, sq m — unintegrated model (standalone)	3,785	5,719	6,176

WHAT WILL BE DIFFERENT?

From organisation-centred estate to a Neighbourhood Health Centre

Buildings designed to enable integrated neighbourhood care

TODAY – ORGANISATION CENTRED

Co-location of services in a single building:
individual demised areas with separate receptions and waiting

GP PRACTICE

- ✕ Own reception
- ✕ Own waiting area
- ✕ Own consulting rooms
- ✕ Own offices & admin

COMMUNITY SERVICES

- ✕ Own reception
- ✕ Own waiting area
- ✕ Own consulting rooms
- ✕ Own offices & admin

MENTAL HEALTH

- ✕ Own reception
- ✕ Own waiting area
- ✕ Own consulting rooms
- ✕ Own offices & admin

VCSE & OTHER SERVICES

- ✕ not integrated
- ✕ Limited access to bookable space

THE RESULT

- Multiple receptions & waiting areas
- Harder to navigate the building
- Rooms locked in demised areas and under-used
- Capacity locked behind boundaries
- Teams working alongside – not together

ESTATE OPERATING MODEL

- Each organisation manages its own space
- Different rules, processes and priorities
- Limited visibility of space availability
- Utilisation data not used to manage capacity
- Fragmented user experience

FUTURE – NEIGHBOURHOOD HEALTH CENTRE

One building. Smaller demised space. More shared, managed neighbourhood capacity.

NEIGHBOURHOOD HEALTH CENTRE

Integrated teams working together around our population

SMALLER DEMISED SPACE
for core functions

- Dedicated storage
- Sensitive consultations
- Specialist equipment / diagnostics
- Certain admin functions

FLEXIBLE MANAGED NEIGHBOURHOOD CAPACITY

- Consultation & treatment rooms
- MDT & meeting rooms
- Education & training rooms
- Touchdown / hot desks
- Community & group spaces
- Diagnostics (where appropriate)

SHARED TEAM ACCOMMODATION & COLLABORATION

ENABLED BY A DIFFERENT OPERATING MODEL

- ON-SITE SPACE MANAGER & CENTRE MANAGEMENT
- DIGITAL BOOKING & LIVE UTILISATION MANAGEMENT
- INTEGRATED MANAGEMENT OF THE BUILDING

THE BENEFITS OF A DIFFERENT APPROACH

- Better experience for patients
- Joined-up care around people and communities
- Integrated multi-disciplinary teams
- Higher utilisation of our public estate
- More flexible to change and grow
- Better use of public assets
- Improved access and continuity
- Better value for the system

Patient corfidentiality remains fundamental. | Managed capacity relates to how rooms are allocated and used – not to compromising privacy, information governance or clinical standards.

Managing a Neighbourhood Health Centre as a Shared System Asset
NHSE – NHC Design and performance specification

- **Neighbourhood Health Centres are actively managed, not simply occupied**
- **One coordinated approach** to room booking, space allocation and utilisation across all organisations.
- **A dedicated Centre Manager** oversees the day-to-day operation of the building, supported by a Building User Group.
- **Shared electronic room booking** provides visibility of available space and enables flexible allocation based on demand.
- **Smart building technology** monitors utilisation, helping identify under-used capacity and opportunities to improve efficiency.
- **Space is managed as a shared system asset**, with organisations working together to maximise use and minimise void space.
- **One shared reception and digital check-in** provides a consistent point of access for patients, supported by face-to-face assistance where needed.
- **Local commercial and occupancy arrangements** should align responsibility for managing space with responsibility for operating and funding the building.

Neighbourhood Health Centres are designed to be actively managed community assets, using shared systems, real-time utilisation data and collaborative governance to maximise capacity, minimise under-utilised space and respond flexibly to changing neighbourhood needs.

Options for Delivering Neighbourhood Estate

- **Hub-and-Spoke Model – Archetype 1**
- Upgrading and extending existing NHS estates using a hub-and-spoke model enhances neighbourhood health delivery effectively.

- **Repurposing Community Buildings**
- Repurposing libraries and leisure centres improves access and value for money in neighbourhood health services.

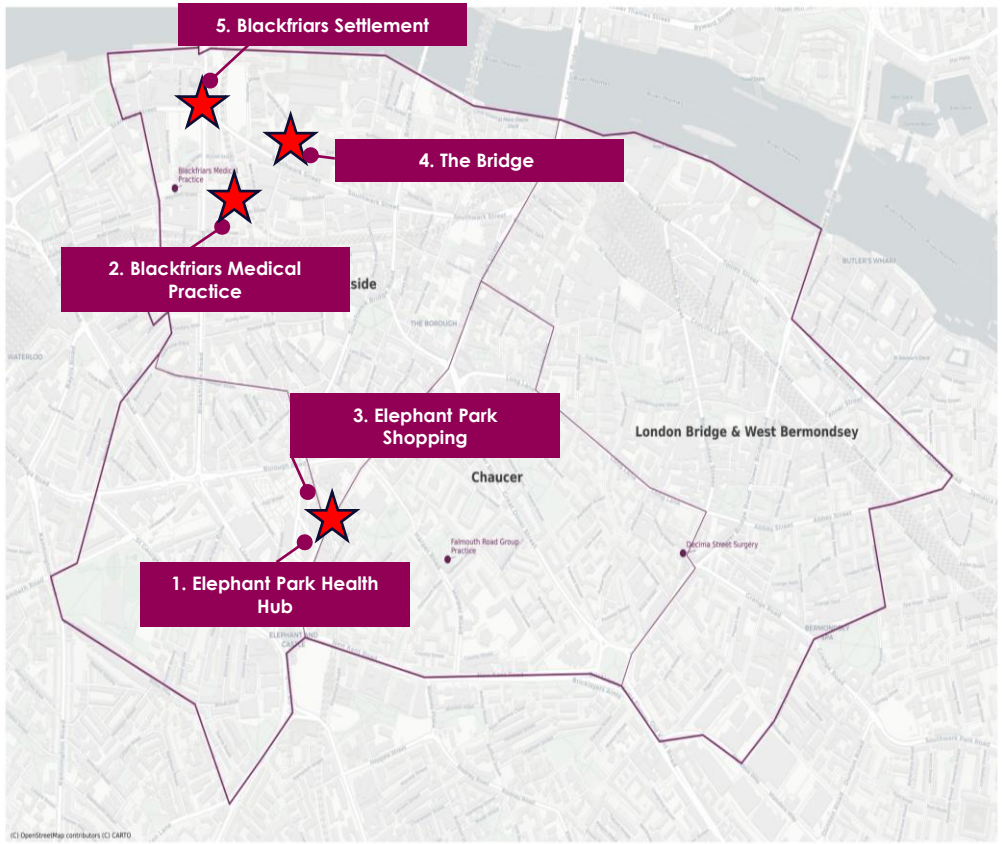
- **Cohort-specific Hubs**
- Family and women's health hubs complement neighbourhood health centres to meet specific community needs.

- **Purpose-built Facilities – Archetype 4**
- Purpose-built neighbourhood health centres are used when existing estates cannot be adapted to service needs.

NHSE Pipeline submission

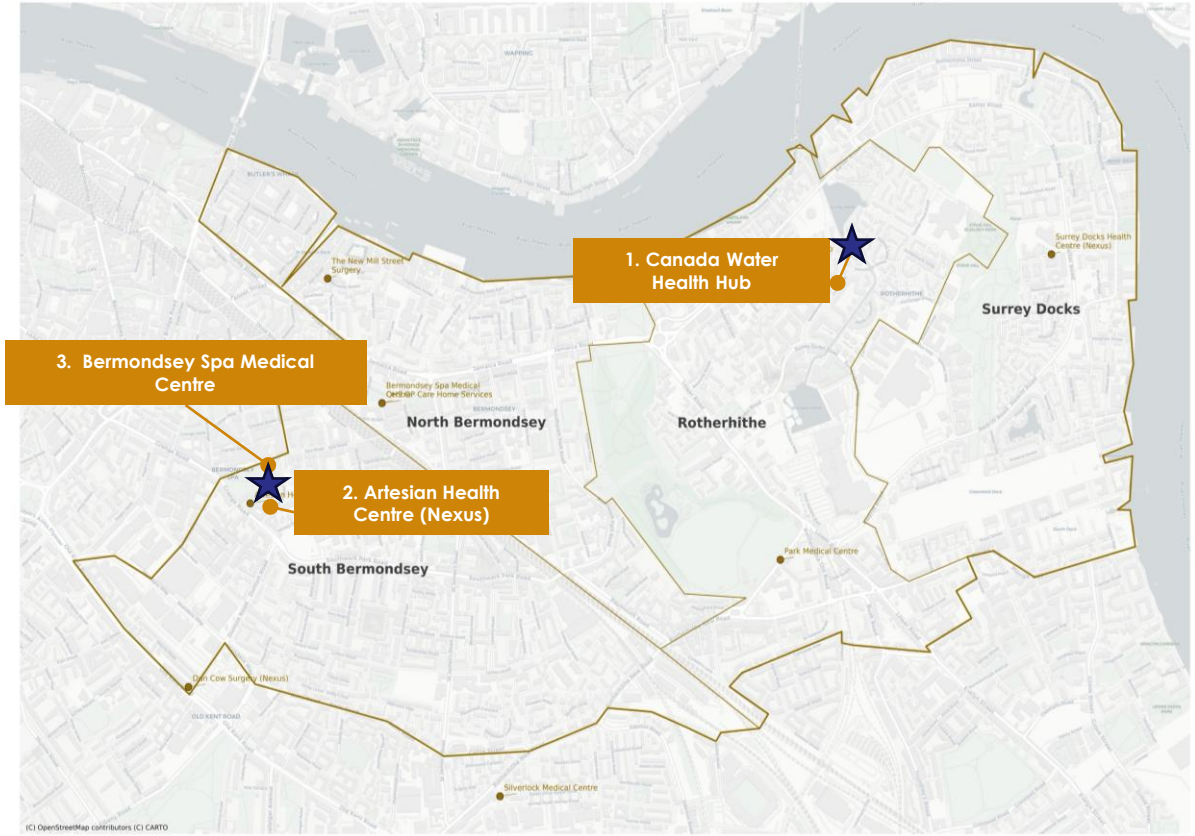
2627SEL-Southwark009	Elephant Park NHC	Full funding not yet identified	Borough	N/A	New - Site identified and available	Archetype 4: Purpose-Built Neighbourhood Health Centres
2627SEL-Southwark010	Elephant Shopping Centre interim hub	Full funding not yet identified	Borough	N/A	New - Site not identified	Archetype 2: Repurposed Community or Civic Spaces
2627SEL-Southwark011	Blackfriars practice development with Council	Full funding already secured from s.106/CIL	Borough	N/A		
2627SEL-Southwark012	Canada Water Neighbourhood Health Centre	Full funding not yet identified	Bermondsey and Rotherhithe	N/A	New - Site identified and available	Archetype 4: Purpose-Built Neighbourhood Health Centres
2627SEL-Southwark013	Artesian Health Centre + Bermondsey Health Centre	Full funding not yet identified	Bermondsey and Rotherhithe	N/A	Existing	Archetype 1: Hub-and-Spoke / Upgrade, Repurpose or Extend Existing NHS Estate
2627SEL-Southwark014	Harold Moody - NHC Hub	Full funding not yet identified	Camberwell and Walworth	N/A	Existing	Archetype 1: Hub-and-Spoke / Upgrade, Repurpose or Extend Existing NHS Estate
2627SEL-Southwark015	Pasley Park	Full funding already secured from s.106/CIL	Camberwell and Walworth	N/A	New - Site identified and available	Archetype 1: Hub-and-Spoke / Upgrade, Repurpose or Extend Existing NHS Estate
2627SEL-Southwark016	Sunshine House	Full funding already identified within existing return to constitutional standards and left shift allocations	Camberwell and Walworth	N/A	Existing	Archetype 3: Cohort-Specific Hubs
2627SEL-Southwark017	Old Kent Road/Folgate NHC	Full funding not yet identified	Peckham and Nunhead	N/A	New - Site identified and available	Archetype 4: Purpose-Built Neighbourhood Health Centres
2627SEL-Southwark018	The Lister Primary Care Centre	Full funding already identified within existing return to constitutional standards and left shift allocations	Peckham and Nunhead	N/A	Existing	Archetype 1: Hub-and-Spoke / Upgrade, Repurpose or Extend Existing NHS Estate
2627SEL-Southwark019	The Acorn and Gaumont House Surgery	Full funding already identified within existing return to constitutional standards and left shift allocations	Peckham and Nunhead	N/A	Existing	Archetype 1: Hub-and-Spoke / Upgrade, Repurpose or Extend Existing NHS Estate
2627SEL-Southwark020	Tessa Jowell Health Centre - NHC	No capital required - existing site able to operate as NHC	Dulwich	N/A	Existing	Archetype 4: Purpose-Built Neighbourhood Health Centres
2627SEL-Southwark021	Forest Hill Group Practice - Spoke	Full funding already identified within existing return to constitutional standards and left shift allocations	Dulwich	N/A	Existing	Archetype 1: Hub-and-Spoke / Upgrade, Repurpose or Extend Existing NHS Estate

Borough Neighbourhood Estate Mapping



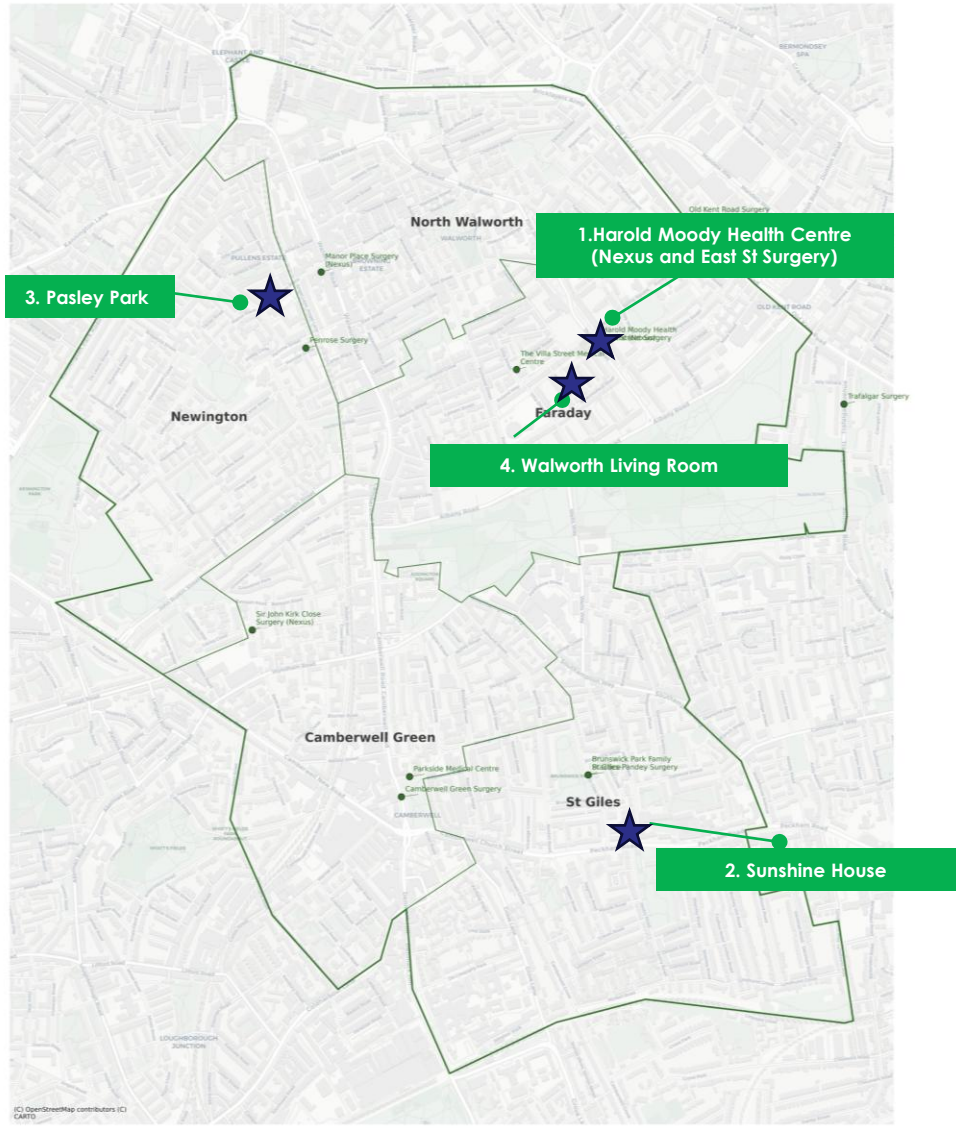
Borough Neighbourhood			
Practice	**Comments**	**Timeline**	**Condition**
1. Elephant Park Health Hub	Purpose built NHC (Archetype 4). Will support integrated working within a modern community-based setting aligned to neighbourhood health principles. Will provide new site for relocation / disposal of 2 GP practices.	Estimated delivery 2032. Planning application has been approved.	Core
2. Blackfriars Medical Practice / Union St Opportunity	Hub & Spoke Archetype 1, Potential opportunity to relocate / dispose of current site and move into a purpose-built HC which the council plan to develop. Initial discussions between Southwark LA, Blackfriars MP and SEL ICB have commenced. Funding will be secured from S106 and CIL.	Estimated delivery 2030 Currently developer in pre planning stage.	Core
3. Elephant Park Shopping Hub	Hub & Spoke. Repurposed community or civic space (Archetype 2). Will provide temporary community healthcare in the shopping centre.	Interim Solution until the Elephant Park Hub is completed.	Core
4. The Bridge (VCS)	Provides women's health and wellbeing programmes, a women's only gym fitness classes, social café, meeting rooms, hosts community events.	2026-2027	N/A
5. Blackfriars Settlement(VCS)	Provides frailty service, befriending service, Age UK - COPSINS, school food matter, mental health and wellbeing services, community nursing via GSTT Provides meeting rooms and community space.	2026-2027	N/A

Bermondsey & Rotherhithe Neighbourhood Estate Mapping



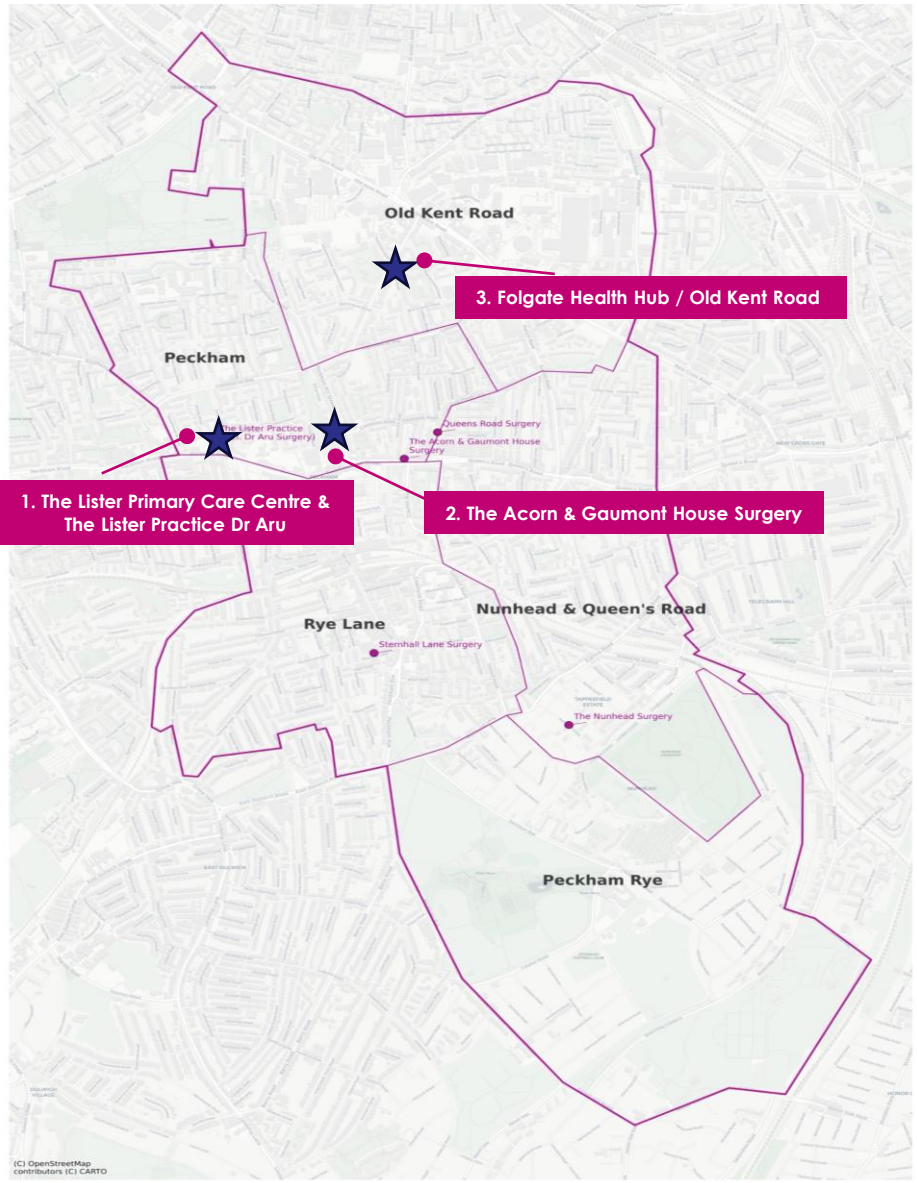
Bermondsey & Rotherhithe Neighbourhood			
Practice	**Comments**	**Timeline**	**Condition**
1. Canada Water Health Centre Hub	Purpose built NHC (Archetype 4). Will support integrated working within a modern community-based setting aligned to neighbourhood health principles. Will enable relocation and disposal of 2 tail GP practices.	Estimated delivery 2033.	Core
2. Artesian Health Centre (Nexus Health Group)	Hub & Spoke (Archetype 1). Opportunity to assess estate configuration, service alignment, utilisation opportunities and operational models across this estate and Bermondsey Health Centre. GSTT and Primary Care services already being delivered from Artesian	2027-2028	Flex 1
3. Bermondsey Health Centre	Hub & Spoke (Archetype 1). Opportunity to assess estate configuration, service alignment, utilisation opportunities and operational models across this estate and Artesian Health Centre.	2027-2028	Flex 2

Camberwell & Walworth Neighbourhood Estate Mapping



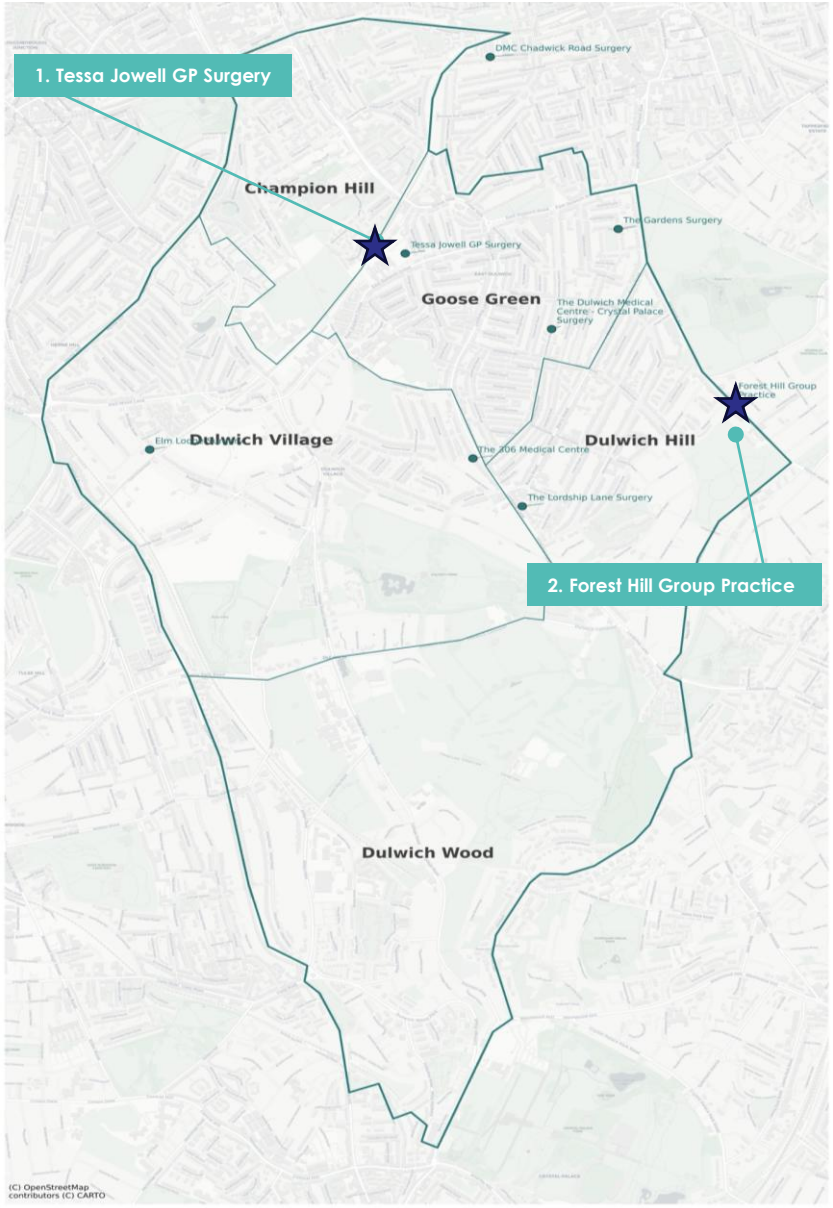
Camberwell & Walworth Neighbourhood			
Practice	**Comments**	**Timeline**	**Condition**
1. Harold Moody Health Centre (East Street Surgery & Nexus Health Group)	New health centre delivered in February 2025, primary care and GSTT community services hosted in one site. Adjacent to the Una Marson Library. Opportunity for Hub & Spoke (Archetype 1). Opportunity for GSTT to take on the vacant space on the 3rd floor.	2027-2028	Core
2. Sunshine House	Children's services provided by GSTT and SLAM. The space is underutilised and there is opportunity to reconfigure to create additional clinical capacity. Opportunity to have a cohort specific neighbourhood hub for Children's services.	2028	Core
3. Pasley Park	Relocation of Penrose Surgery. Opportunity for Hub & Spoke (Archetype 1). Additional clinical capacity being provided. Full funding received from S106 and CIL.	2027	Core
4. Walworth Living Room (VCS)	Community space providing fitness and wellbeing services, community meals and events, ESOL classes, community café and social space, children & family activities	2026-2027	N/A

Peckham & Nunhead Neighbourhood



Practice	Comments	Timeline	Condition
1. The Lister Primary Care Centre & The Lister Practice (Dr Aru)	Proposed as an interim neighbourhood hub and longer-term spoke facility (Archetype1). Premises currently hosting 2 GP practices, GSTT and SLAM community services. Internal reconfiguration opportunities to create additional clinical capacity. NHSPS hold lease.	2028-2029	Core
2. The Acorn & Gaumont House Surgery	Potential Hub & Spoke (Archetype 1). Premises currently provide primary care and GSTT community services. Internal reconfiguration opportunity on the first floor which will create additional clinical capacity. NHSPS hold head lease.	2027-2028	Core
3. Folgate Health Hub / Old Kent Road	Purpose built NHC (Archetype 4). Will support integrated working within a modern community-based setting aligned to neighbourhood health principles. Funding is expected to be delivered through S106/CIL arrangements on a Council-owned site, with the completed facility leased to NHS occupiers. The project is currently at master planning and feasibility stage, with work underway to develop site-specific requirements and operational models.	2031	Core

Dulwich Neighbourhood



Dulwich Neighbourhood			
Practice	**Comments**	**Timeline**	**Condition**
1. Tessa Jowell Health Centre	Health Hub providing primary care, acute services, GSTT community and SLAM MH services. The site has underutilised space. A 6-month pilot for services to have access to more bookable rooms using Open Space goes live at the end of Summer 2026. No Capital required – existing site can operate as a NHC (Archetype 4).	2026	Core
2. Forest Hill Group Practice	Possible Hub & Spoke (Archetype 1). Reconfiguration of the existing accommodation to strengthen Integrated Neighbourhood Team (INT) delivery by creating additional local clinical capacity and improving access to coordinated services within the southern part of the locality.	2026	Core

Estate Classification

Estate classification based on CHP descriptors in PCN Toolkit published 2021.

Core

- Core category surgeries are flexible, fit-for-purpose and integral for the delivery of the ICS's medium to long- term clinical strategy
- This accommodation is likely to have level access to all patient-facing areas and room sizes that are in accordance with adopted HBN 11-01 standards
- Core category estates can be redeveloped or used for expansion of space
- Core estate should be prioritised for investment, and it should represent the best quality estate across a given ICS geography as recommended by the NHS

Flex 1

- The Flex 1 category represents surgeries which can be retained for the medium to long-term.
- With sufficient investment and improvement, Flex 1 estate has the potential to accord with building and accessibility standards
- Flex 1 estate is maintained to a minimum level of standard
- Flex 1 estate should be prioritised for investment prioritisation to improve current condition, increase capacity and work towards the 'Core' categorisation.

Flex 2

- Flex 2 category estate are likely to have challenges in meeting building and accessibility standards, but is in an area of need and therefore strategically important to maintain.
- Flex 2 surgeries can be retained for up to 10 years
- Flex 2 estate should receive investment to ensure building and accessibility standards are maintained to a minimum level.

Tail

- Tail category estate do not maintain the minimum level of standard for modern, fit for purpose healthcare facilities.
- Tail category estate should not receive substantial investment as there is no opportunity to bring the accommodation up to the appropriate standard of a modern, fit for purpose health facility.
- Suitable to be disposed

Next steps and support required

- Currently responding to further queries on the pipeline submission
- Continue developing the scope of projects, including high-level project briefs and Project Initiation Documents (PIDs).
- We need some definition on service model and space requirements
- Briefs to be prepared to undertake feasibility and options studies to support project definition
- Project governance to be established with key stakeholders
- VCSE engagement – who is leading from the integrator and how do we link this to service offer and join up where appropriate + progress estates opportunities

Southwark Neighbourhood Roadmap | Critical Milestones

Workstream	Q4 2025/26 (Jan – Mar)	Q1 2026/27 (Apr – Jun)	Q2 2026/27 (Jul – Sep)	Q3 2026/27 (Oct – Dec)	Q4 2026/27 (Jan – Mar)
INT & Care Models	Mobilisation approach development & planning	★ *Starting point INT mobilised* Early INT mobilisation and model development via test and learn	Refine INT model to deliver core SEL requirements: frailty, mLTC, CYP, mental health, prevention	★ *INT maturity review*	★ *2027/28 scaling plans agreed/maturity matrix review*
Data, PHM & Evaluation	◆ *Initial cohorts agreed (PHM-informed)* ◆ *SEL metrics confirmed*		◆ *SDE live: data flows/reports in place* ◆ *INTs have access to SDE reports*	◆ *PHM insights informing model refinement*	◆ *PHM informing Y2 planning & cohort refinement* Expansion of SDE to include King's, SLaM, Community services, social care ◆ *Evaluation informing Y2 planning*
Workforce, OD & Comms	◆ *Initial INT workforce model agreed*	◆ *NB Alignment of community services* ◆ *Core INT roles onboarded*	◆ *Existing ARRS roles mapped* *Agree/progress system approach to development of workforce model*	*Integrator OD programme for INT neighbourhood leads/wider staff*	
Communications and engagement		◆ *VCSE delivery partners confirmed*	◆ *Neighbourhood events for general practice* ◆ *INT launch event*	◆ *Borough wide staff engagement event (general practice)* VCSE INT engagement	◆ *VCSE engagement evaluation*
Digital		Support SEL/integrator digital leads to implement SEL requirements e.g. embed risks stratification tool, shared care plan,			
Commissioning, funding, planning	◆ *SEL core requirements published*	◆ *SIF deadline-2nd tranche* ◆ *SIF deadline-1st tranche*	Develop 27/28 commissioning intentions ◆ *HWB workshop-NBH plan*	◆ *2027/28 SIF priorities agreed*	
Access to general practice		◆ *PHM contract monitoring framework to track practice contribution to INT delivery developed*	◆ *Launch GP premium*		
Estates	◆ *Requirements mapping and neighbourhood-level estates plans in development*	◆ *Agree integrator specification*	Tessa Jowell bookable space pilot ◆ *Agree Neighbourhood action plans* Implement Neighbourhood action plans		*Ongoing monitoring through Local Estates forum*

Implementation of local access improvements signed to GP contract requirements/borough need

Partnership Southwark Strategic Board
Cover Sheet

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

Item: 6
Enclosure: 5

Title:	**Strategic Director for Integrated Health and Care/Southwark Place Executive Lead report**
Meeting Date:	**23/07/2026**
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, including:

- The South London and Maudsley (SLaM) NHS Trust Report to Southwark Council Overview and Scrutiny Committee (OSC)RIBA award for Harold Moody Health Centre
- Children and Young People's Integrated Neighbourhood Team workshop
- Engagement with the Voluntary and Community Sector
- Neighbourhood engagement events with General Practice and partners
- The Southwark GP Premium
- Developing the Southwark Neighbourhood Health Plan
- GP Patient Survey
- Reports from sub-committees of the board

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
Access to General Practice	x

Item Impact			
Equality Impact	The report includes an update on a number of items that impact on health inequalities including the neighbourhood development programme and Work Well programme.		
Quality Impact	The report refers to the Integrated Assurance Report from the Integrated Governance and Assurance Committee which oversees quality reporting for the board.		
Financial Impact	The report refers to the Integrated Governance and Assurance Committee which includes financial monitoring.		
Medicines & Prescribing Impact	The report refers to the Integrated Assurance Report from the Integrated Governance and Assurance Committee which oversees medicines optimisation.		
Safeguarding Impact	The report refers to the Integrated Assurance Report from the Integrated Governance and Assurance Committee which oversees delegated safeguarding responsibilities.		
Environmental Sustainability Impact (See guidance)	**Neutral**	**Positive**	**Negative**
		The report refers to a number of initiatives that will improve prevention and reduce the need for carbon intensive acute based care. e.g. Integrated Neighbourhood Teams.	

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.

South London and Maudsley (SLaM) NHS Trust Report to Southwark Council Overview and Scrutiny Committee (OSC)

Peace Ajiboye, Service Director for Southwark and Professor Derek Tracy, Medical Director from SLaM, attended the council OSC on 22 June 2026 to update on progress of their action plan in response to the Care Quality Commission (CQC) inspection last summer, which resulted in an overall rating of Requires Improvement.

They outlined the main findings of the report and the considerable amount of work that has been undertaken by the Trust in response to the top three areas of concern which were waiting times, Mental Health Act assessments and the trust's Heath Based Place of Safety.

In response to questions from OSC members they outlined how they had reviewed all patients open to their services and on waiting lists. They had taken action on the place of safety by reducing capacity to improve oversight.

In response to question about the "well led" element of the CQC inspection SLaM gave assurances that leadership responsibilities had been reviewed but shared that cultural issues would take longer to embed.

They outlined how as a world leading mental health trust with access to extensive research and best practice evidence, they had taken a decision to empower clinical leads as part of their leadership changes and gave examples of where this is already having a positive impact. For example, being able to rapidly identify and alter prescriptions for patients who may benefit from a new medication for schizophrenia, especially where existing medication is less effective for BAME patients

This was enabled by their improved use of data and move towards electronic patient records. SLaM also highlighted that a new Board Chair has been appointed and a new CEO is due to start next month. They have recently appointed two new non-executive directors for Clinical and Digital.

In response to committee members requesting assurance on community safety, where high risk patients are supported in the community, SLaM updated that that daily zoning meetings which review high risk individuals were now in place.

The NHS National Oversight Framework which evaluates NHS trusts and Integrated Care Boards (ICBs) on specific metrics, and provides more frequent performance assessments than CQC inspections, had moved SLaM into the first segment of trusts.

The committee asked for progress updates on a quarterly basis to the Health, Social Care and Community Safety Scrutiny Commission which was agreed.

Links to the CQC report can be accessed here:
South London and Maudsley NHS Foundation Trust - Overview - Care Quality Commission
Links to the NHS National Oversight Framework can be found here:
NOF Mental Health Dashboard - NHS England public data gateway
Links to the OSC papers and video link to the meeting can be found here:
Agenda for Overview & Scrutiny Committee on Monday 22 June 2026, 6.30 pm - Southwark Council

CYP INT Workshop

A multi-agency co-design workshop was held on 15 June 2026 at King's College London, bringing together over 50 stakeholders across Southwark including parents, schools, NHS, local authority, VCSE and research partners to inform the development of the Southwark Children's Emotional Wellbeing Integrated Neighbourhood Team (INT) model. The workshop focused on children aged 9–14 with mental health, neurodevelopmental and school attendance challenges, using journey mapping and shared system insights to explore lived experiences and system barriers. Discussions highlighted a fragmented and reactive system characterised by long waits, poor coordination, and gaps in support, with families often feeling unsupported and navigating complex pathways alone. Despite this, there are strong local assets and examples of effective partnership working to build on. There was clear consensus on priorities for improvement, including earlier intervention, a single point of coordination, and more integrated neighbourhood-level working across services. These insights and co-produced solutions will directly inform the design and testing of the INT model to ensure it is practical, joined-up and grounded in lived experience.

Voluntary & Community Sector Engagement

The ICB is investing to support VCSE engagement in the development of Neighbourhood Health and Integrated Neighbourhood Teams (INTs) across Southwark during 2026/27. This investment will fund a VCSE Neighbourhood Engagement Lead in each of Southwark's five neighbourhoods, alongside a coordinating organisation. The coordinator will support collaboration across the five Neighbourhood Engagement Leads and produce a final report setting out key insights and recommendations for a sustainable approach to ongoing VCSE involvement in the development of Neighbourhood Health in Southwark.

The five Neighbourhood Engagement Lead organisations have now been appointed, each from a local organisation with connections to the neighbourhood in which they will be based. They are:

- **Bermondsey & Rotherhithe** - London Bubble Theatre
- **Camberwell & Walworth** - Pembroke House (with Southwark Pensioners)
- **Borough** - Coin Street Community Builders
- **Peckham & Nunhead** - Ladies of Virtue (with R.E.A.C.H. & SUBNET)
- **Dulwich** –Dulwich Picture Gallery

VCSE Neighbourhood Engagement Leads will:

- Engage widely and meaningfully with VCSE organisations and community groups within their neighbourhood.
- Facilitate discussions to help define the role of the VCSE sector in delivering neighbourhood-based health and care services.
- Develop recommendations on how the VCSE sector can work alongside, and as part of, Integrated Neighbourhood Teams (INTs) in a sustainable way, including identifying the conditions needed to support this.
- Strengthen connections between health and care services, local communities, and community assets to improve collaboration and responsiveness to local needs.

Shaping Neighbourhood Care Together in General Practice

Throughout July, engagement events have been held in each of Southwark's five neighbourhoods, for staff working in GP practices. Facilitated by the Health Innovation Network, the sessions have aimed to raise awareness of the work underway to develop a Neighbourhood Health Service and support practices to understand their role within this emerging model.

The events have introduced practice staff to key members of their local Integrated Neighbourhood Team (INT) and the Integrator leadership team, while also providing an opportunity to network with colleagues from neighbouring practices. Through informal discussion and shared learning over lunch, participants have been able to build relationships with practices they may not previously have worked closely with.

The sessions have also explored what this new way of working could mean for general practice, encouraging participants to share their experiences, concerns and ideas. Feedback gathered during the events will help shape the ongoing development of the Neighbourhood Programme and ensure that the perspectives of general practice are reflected in future plans.

Southwark GP Premium Refresh

The Southwark GP Premium has been refreshed as a key mechanism for driving quality improvement and transformation in general practice, supporting delivery of the Southwark Neighbourhood Health Model. Following a comprehensive review, the scheme has been aligned with borough, SEL and national priorities while maintaining existing investment.

The revised specification strengthens the contribution of general practice to proactive care coordination, prevention, reducing health inequalities and improving outcomes for people with long-term conditions. It places greater emphasis on collaborative working through Integrated Neighbourhood Teams, supporting multidisciplinary approaches to care and more joined-up support for residents with complex needs.

The refreshed scheme also incorporates medicines optimisation within a single integrated framework, aligning incentives across key areas of quality improvement and population health management. Alongside a continued focus on cancer and long-term condition outcomes, the scheme streamlines existing requirements and targets investment towards interventions that deliver measurable improvements in outcomes, experience and equity for Southwark residents.

A Neighbourhood Health Plan for Southwark

Under the Neighbourhood Health Framework, published in March 2026, local authorities and Integrated Care Boards (ICBs) must jointly develop a local neighbourhood health plan for 2027-2032.

A workshop was held on 30th June to bring together the Neighbourhood Health Plan (NbHP) Development Group as the first stage in developing Southwark's Neighbourhood Health Plan, which will replace the current Joint Health and Wellbeing Strategy. Led by colleagues in Public Health, the workshop brought together partners from across the ICB, NHS provider organisations, local government, schools and the voluntary sector to shape a shared approach to improving health, wellbeing and reducing health inequalities at both borough and neighbourhood level.

The purpose of the session was to establish a common understanding of the role and scope of the NbHP, agree the Development Group's Terms of Reference, and ensure alignment between the Neighbourhood Health Plan and the emerging Integrated Neighbourhood Team (INT) care model and existing Neighbourhood Health programme.

The workshop also sought feedback on planned resident, community and stakeholder engagement activities, and began the process of identifying and prioritising the areas where cross-system action can have the greatest impact. The outputs will inform the development of a locally owned, evidence-based Neighbourhood Health Plan that reflects Southwark's population needs and supports wider public service reform and neighbourhood health ambitions.

It is anticipated that the Development Group will come together in a series of meetings in the coming months to oversee and contribute to the development of the plan.

GP Patient Survey 2026

The 2026 GP Patient Survey shows continued improvement in patient experience across Southwark since 2024, particularly in access to primary care services. North Southwark has seen the most significant gains, with ease of contacting practices by phone increasing from 45% to 58% and overall experience of contacting practices rising from 62% to 73%. South Southwark has also improved, with phone access increasing from 53% to 59% and overall experience of contacting practices rising from 67% to 71%. Overall experience of GP practices has improved across the borough, reaching 76% in North Southwark and 74% in South Southwark in 2026. The results suggest that ongoing work to improve access and communication is having a positive impact. However, variation remains between neighbourhoods and individual practices, highlighting the need for targeted support, continued improvement activity and sharing of learning from practices demonstrating the strongest progress.

These findings provide a strong evidence base for future neighbourhood planning and help ensure improvement efforts remain focused on the areas that matter most to patients and local communities.

Darren Summers

Strategic Director of Health & Care & Place Executive Lead

Appendix 1 – Partnership Southwark Strategic Board (PSSB) Sub-Group Report

Integrated Governance and Assurance Committee (IGAC)

Agenda Items of Note

Meeting date 9 July 2026

Agenda item	Items discussed
Minutes and matters arising	An outstanding action on developing arrangements for ensuring appropriate primary care input into mental health placement processes was noted for follow up.
Deep Dive: Immunisations	The report set out the current position on vaccination and immunisation uptake in Southwark, including the governance arrangements and services in place to improve uptake. It noted that performance remains below national standards and benchmarks for several key childhood and adult vaccination indicators, with significant variation between GP practices and persistent inequalities linked to deprivation, ethnicity, vaccine confidence and access barriers. Key risks include data quality issues, operational capacity constraints, complex delivery arrangements across multiple providers, and the forthcoming transfer of vaccination commissioning responsibilities to ICBs in 2027. The report outlined improvement actions already underway, including data-led performance management, targeted practice support, community outreach, enhanced communications and neighbourhood-based interventions. The committee welcomed the report and were assured that focused work is in progress to improve performance, reduce unwarranted variation and narrow health inequalities, and asked that the report be widely shared with key delivery stakeholders.
Integrated Assurance Report	The committee reviewed the Integrated Assurance report covering performance, SEND, Quality and Risk. Highlights of the report and key discussion points are attached in **Annex 1**.
Finance Report	The committee reviewed the report on the month 2 (May) ICB financial position for Southwark Place. The report sets out an overall year to date breakeven position and a

	forecast year end breakeven position. The reported forecast includes £289k overspend on Mental Health Services offset by underspend on Continuing Health Care (CHC). The key risks within the 2026-27 finance position are exponential growth in referrals to independent sector providers for ADHD & ASD assessments and Mental Health cost per case placements. It was noted that it is too early in the year to have robust data on medicines cost pressures. The committee asked for additional assurance in future reports that action plans previously discussed for high risk areas such as ADHD and mental health placements are on track and delivering results. It was advised that this assurance would be provided directly by respective service leads. A summary of the detailed finance report is also included in the Integrated Assurance Report in Annex 1.
Procurement update	The committee received a verbal update on procurement processes underway led by the Integrated Commissioning Team and the Primary and Community Care team.
ICB Reform Update	It was noted that recent staff meetings had set out the latest position on the restructure, and a meeting had been held with Southwark staff concerned about the impact of the job matching outcomes.

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

Southwark Neighbourhood Transformation Board

Agenda Items of Note

Meeting date 25 June 2026

Agenda item	Items discussed
Integrator Update	Alice Jarvis from Guy's and St Thomas's NHS Foundation Trust provided a detailed progress update on activity since the last Board meeting. Mobilisation of Integrated Neighbourhood Teams – these have now been up and running since April with new staff members coming into post. The number of people being seen is increasing and the expectation is that the integrator will report on activity numbers at the next Board meeting. A new Communications Lead started on 1st June and is developing induction plans for the new staff members. Alice reported that the first set of Strategic Investment Fund (SIF) proposals have been approved and now work is underway to start delivering the work programme, which is being supported by the Health Innovation Network. The set of eight proposals for the 'Pushing the Boundaries' SIF were shared with the group for approval. The proposals have been ranked in order of priority with the proposal to address Emotionally Based School Non-Attendance through an INT approach ranking highest due to its strong alignment with the existing CYP INT workstream. The set of proposals and their ranking was supported by the Board. Geetika Singh updated the Board on a workshop held on 15th June involving schools, parents, VCSE partners and other stakeholders to inform the Children's Emotional Wellbeing INT model for 9–14-year-olds with neurodevelopmental needs and school attendance challenges. Participants highlighted fragmented pathways, delays and poor coordination. Key recommendations included school-centred support, proactive identification of need, and a named coordinator for children and families.

	The group were also informed about the work commissioned by GSTT from Carnall Farrar to develop a business case for INTs. The purpose is to set out the long-term opportunity and benefits of INTs and in particular to understand the impact of the care models and costing the integrated care approach.
Southwark Neighbourhood Programme Plan	Rebecca Jarvis and Harprit Lally introduced a high level programme plan bringing together the wide range of work contributing to the development of Neighbourhood Health Services and Integrated Neighbourhood Teams (INTs). The plan aims to clarify priorities, leadership, responsibilities and milestones across programmes including INT development, prevention, primary-secondary care integration, estates, digital, workforce and GP access improvement. Harprit highlighted the complexity and interdependencies across workstreams, noting that the immediate focus is delivering South East London's core neighbourhood requirements while preparing for future changes, including the anticipated transfer of functions from the ICB to place-based integrators. This year's priority is to embed and refine INT models, supported through Strategic Investment Fund (SIF) investment and early planning for future priorities. The Board welcomed the roadmap as a helpful overview of a complex programme, noting its value in tracking progress, identifying risks and enabling the Board to help unblock barriers. Further discussion highlighted the importance of learning from other areas, strengthening partner engagement, and maintaining a pragmatic approach while digital and data solutions continue to develop.
Work Well Programme Update	Nick Wolff and Kim Weatherston from Southwark Council's Employment Services presented the WorkWell Programme, a nationally funded initiative supporting people with health conditions to remain in or return to employment. Developed collaboratively across South East London, the programme will be delivered at borough level and launch in November 2026. It will provide early intervention, personalised caseworker support, and links to wider services, operating alongside the Connect to Work programme through a single integrated team. Funding is in place for just over two years, with an expected reach of 500–600 residents annually and dedicated work and health coaches aligned to neighbourhoods.

	Board members welcomed the strong alignment with Integrated Neighbourhood Teams (INTs) and highlighted the importance of integrating with existing roles and services, including health and wellbeing coaches, SLaM IPS, VCSE organisations, and multiple long-term condition forums. Discussion also covered referral pathways and governance arrangements. The Board expressed strong support and requested a future update on progress and governance once implementation is underway.
Strategic Investment Fund (SIF): Mental Health	Kat McCann from SLaM presented the set of the SIF mental health proposals which included Southwark specific and tri-borough initiatives. Nancy Kuchemann provided further information about the Long Acting Injectables pilot, clarifying that it is a collaborative, population health-focused project with system-wide input, not a simple transfer of care to GPs, and invited further participation from neighbourhood leads. After debate, the group supported the set of proposals and the proportionate split of funding between the peer support programme and VCSE capacity building which will require further input and sign-off from the working group.
Feedback from Local Estates Forum	Rebecca Jarvis gave a verbal update on the last meeting of the Southwark Local Estate Forum which is overseeing the development of estates plans for each neighbourhood, and the piloting of a new approach to improve the utilisation of space at the Tessa Jowell Health Centre.

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

Primary Care Committee

Agenda Items of Note

Meeting date 11th June 2026

Agenda item	Items discussed
Report from the collaborative	The committee received a verbal report from the primary care collaborative May and June meetings. The key points to note were: The introduction of the two local community pharmacy network leads (CPNL) to the Collaborative in May and the agreement that they would attend future meetings on a regular basis. The June meeting was focused on planning ahead and identified priority areas for the Collaborative, including digital support to primary care; closer collaboration with pharmacy colleagues; and the delivery of vaccination programmes.
Quality and Performance	The committee noted the update on the latest position on access to General Practice in Southwark. There has been a reduction in recorded same day and next-day appointments, but an improvement was noted in the appointments delivered within two weeks. Four practices are flagged on the ICB variation dashboard for reporting lower achievement across multiple metrics, and are receiving targeted support where required, overseen by the Southwark Practice Support and Sustainability Group. The committee noted the update on the findings of the GP Support Survey undertaken across Southeast London, which highlighted that access challenges are shaped not only by activity levels, but by patient complexity, workforce sustainability, and wider system pressures meaning traditional demand and capacity approaches alone are insufficient.
GP Contracts Update	Trafalgar Surgery: The Committee received a final update and assurance on the delivery of the Trafalgar Surgery closure. The practice closed to patients at the end of March and closure was managed by a task and finish group, with no impact on patient safety. Minor administrative actions remain before formal project closure.

	GP Premium: The committee received an update on the transition to a revised GP premium scheme with implementation planned from October 2026. There has been engagement with the LMC and both North and Southwark PCNs and feedback has informed further refinement of the scheme and the development of a list of frequently asked questions for practices. Further engagement plans were also noted and the ICB will provide ongoing support and clarification to practices throughout the transition. Silverlock and Queens Road Procurement: The committee noted that the procurement process for Silverlock and Queen's Road practices has been escalated to the NHS England Independent Patient Choice and Procurement Panel following a challenge from one of the bidders. The standstill period remains open, and contracts have been extended for three months pending the panel's advice, expected in August. Interpreting Contract Annual Report: The committee noted the update on the annual report on interpreting services in Southwark, highlighting stable activity, a 14% reduction in spend due to improved contract rates and cost-effective models, ongoing monitoring of variation, and robust contract management. Elm Lodge Partnership Update: The committee noted the update on the Elm Lodge Surgery which had temporarily moved to a single-handed GP model in December 2025 following the sudden departure of a GP partner. The committee noted that the surgery has since re-established a multi-partner model, with a new partnership agreement signed in April 2026. The practice remains stable and continues to recruit for a more sustainable partnership structure.
Estates	Southwark Estate Neighbourhood Health Centre (NHC) Update: The committee received an update on the Southwark NHC pipeline submission to NHSE. Twelve potential neighbourhood health centre sites in Southwark were submitted, with two prioritised for delivery within three to four years using allocated funding. The process involved collaboration with SEL INT partners and focused on system-wide opportunities. The two prioritised schemes are the Harold Moody Health Centre and the Artesian Health Centre (potential reconfiguration to free up space). London Improvement Grant (LIG): the committee received an update on the 2026/27 LIG programme, including the submission of expressions of interest by Southwark practices to NHSE and the

	next steps for the assessment and the approval process following feedback from the NHSE regional team.
Risk Register	The committee reviewed and noted updates to the risk register.

Partnership Southwark

Annex 1 to IGAC Sub-committee report

Integrated Assurance Report – key issues discussed at the Integrated Governance and Assurance Committee (IGAC) 09/0726

Executive Summary

The Integrated Assurance Report is reviewed in detail by IGAC before being presented in a summarised form to the Partnership Southwark Strategic Board. This summary highlights the key issues raised in the sub-committee discussion.

The report provides assurance to the Board on delivery of delegated ICB responsibilities including performance metrics, SEND, safeguarding, quality, risk, medicines optimisation and continuing healthcare.

Overall assurance remains positive across the majority of delegated ICB responsibilities. Performance has improved in several priority areas and areas of challenge are clearly identified. IGAC is satisfied that appropriate improvement plans are in place and will continue to monitor these areas closely.

KEY ISSUES FOR CONSIDERATION

Section 1.1 Performance metrics – SELICB place level targets report

Talking Therapies (IAPT): latest data for April shows all 3 key targets (access, reliable improvement and reliable recovery) are being met. This was also the case in March. Prior to this performance had frequently been below target, particularly for reliable recovery. This is a positive result as it is a key ICB target in NHS performance framework. Thes service was subject to a deep dive in the March IGAC meeting which assisted in understanding some of the service challenges.

SMI physical health checks: The report confirms that the 2025/26 year-end figure of 67% fell short of the 75% target. However, it should be noted that this is an SEL wide issue, and in fact Southwark had the highest rate - and exceeded the SEL average of 63.7%. A previous SEL deep dive report on this subject is due to be tabled at a future IGAC meeting.

Continuing Health Care: Q4 data show that Southwark fell marginally below the target for assessment timescales. This was linked to staffing capacity across the system. The delegated officer report for CHC provided assurance that this is back on track in Q1, with 89% in June against the 80% target.

Childhood immunisations and adult flu immunisations: this area is a longstanding priority for improvement and was subject to a deep dive on the IGAC agenda. The data in the scorecard covering Q4 shows a significant improvement in the rate for 5 year olds, especially MMR2 which is up 6.1% compared to Q3, but remains significantly below the national target. This growth also happened in Q4 last year and has been linked to year end data quality exercises.

Learning disabilities and autism – annual health check and health action plan: For 2026/27 the target has been tightened up to measure just those who have had a health check and a health action plan. Southwark met this target in April although the margin was finer than on the 2025/26 measure and the target is likely to be more challenging.

Cancer Screening: No new data has been published since the last meeting, with Southwark slightly below local targets on bowel and cervical screening, and in line with target on breast screening. A recent SEL ICB deep dive into this area provides useful insights and will be presented to IGAC in the September meeting.

Patients with hypertension: local data shows the unvalidated year end position 74% in line with the SEL average, but remains significantly short of the 80% target. A SEL ICB report on performance issues will be considered by IGAC.

Clinically urgent GP appointments seen on the day of booking: This is the first report showing this key new access metric for 2026/27, replacing the 2 week measure previously reported. The May data shows a rate of 67.1% for Southwark compared to an average of 73.9% for SEL. This is against a planning trajectory of 70% for May (which rises incrementally during the year to 90% by March). Further analysis has been undertaken on practice variation and data accuracy. This has highlighted issues of concern about GP variation and coding of appointments. IGAC noted significant variation between practices and concerns regarding coding consistency. The Committee was assured that the primary care team has an improvement plan in place and requested further reporting on progress.

Numbers of GP appointments: The rate of appointments of 317 per 1000 population is lower than the SEL average of 352. However, the analysis of underlying GP data shows that this data is of low quality, with inconsistent recording of appointment activity and exclusion of local Enhanced Access Hub data.

Section 1.2: Operational Plan targets

The Operational Plan dashboard now incorporates the GP same day access measure discussed above as the target comes on line from April.

This year's target of 78% of Community Health activity within 18 weeks of referral is likely to be challenging given the latest detailed data published by NHSE for April on the waiting lists showing 56.2% across GSTT (Lambeth and Southwark).

Section 1.3 Better Care Fund (BCF) Targets

There is no Q1 update on BCF targets as recent published data relating to emergency admissions of older people and delayed discharges are showing minimal activity for Southwark. This is due to an error in reporting by GSTT and Kings which means data is not being mapped to borough of residence in the returns. It has been indicated that this should be corrected and backdated in September's published data.

The year end BCF report for 2025/26 shows forecast achievement of targets on emergency admissions for over 65's and permanent care home admissions, but as previously discussed at the PSSB deep dive in November, challenges remain around delayed discharges from hospital.

Section 1.4 Health and Care Plan Priorities Dashboard

CYP mental health 4 week waits (first contacts seen who were seen within 4 weeks)**:** this key metrics improved to 78% in March from 71% in February and 62% in January. The rate is now

significantly ahead of the previous maximum of 68% in October. Neurodevelopmental rates remain low which is an area of SEL-wide improvement actions.

Adult mental health waits: this metric improved slightly at 81% for all cases, but remain below previous levels including the maximum of 86% last August. However, as previously reported, a significant number of neurodevelopmental referrals are being seen of whom the majority are over 4 weeks (52 out of 54) which will lower the 4 week performance in the short term.

The priorities dashboard is to be redeveloped to correspond to neighbourhood health priorities and frailty dashboard developments for 2026/27.

Section 2: SEND ICB dashboard report

The SEND dashboard highlights a steady improvement in the area of community paediatrics which from a low base has improved considerably due to a strengthened focus on capacity and timeliness of access in this area.

Section 3: Southwark Safeguarding & Looked after Children Q4 2025/26 Report

The slides provided to IGAC give a high level of summary of key messages from the Q4 safeguarding report considered by the senior management team. It was noted that the completion of statutory safeguarding training remains below target, although this is considered to be linked to issues around the uploading of evidence of completion of training.

Section 4: Annual Quality and Safety Report 2025/26 QA, PSII and NE Summary Report

The Head of Quality presented a report to IGAC which summarised key issues in relation to quality alerts, patient safety incident investigations and never events across SEL. This report compliments the Southwark specific Q4 quality report considered at the May meeting. The extract attached focuses on the Southwark analysis of quality alerts.

The full report is also subject to scrutiny by the SELICB Service Quality Review Group which provides additional assurance.

The report highlighted the ongoing reduction in Quality Alerts since 2023/24 which is considered to reflect progress on improving quality in areas frequently highlighted in previous alerts.

The main themes in quality alerts in the year included:

- Diagnostic reliability
- Transfers of care from hospital, including inappropriate requests to GPs and other discharge issues.
- Appointments and referrals

The committee discussed the progress being made through the work of the Primary and Secondary Care Interface Group which has contributed to reductions in quality alerts, especially in the area of appointments and referrals. Concerns were raised about ensuring the progress continues following the ICB reforms, under which the ICB quality role is much reduced.

The committee asked for assurance that the quality report would be widely disseminated amongst key stakeholders.

Section 5: Southwark Risk Register Update

The report sets out the latest risk register and key changes following the recent round of reviews. There had not been any significant changes from the previous report other than the re-opening of a risk on procurement processes linked to short term staffing capacity. Following senior management team and IGAC discussion, this risk will be broadened to cover wider risks to the delivery of priorities linked to staffing capacity resulting from ICB reforms and staff turnover.

Section 6: Finance Report Summary

The attached slide is a one page summary of the detailed Month 2 (May) Finance report considered by IGAC, noting that whilst there are several risks the current forecast is breakeven.

Section 7: Delegated leads report

The committee noted reports from the delegated leads for medicines optimisation and continuing healthcare.

Integrated Assurance Report

IGAC /PSSB July 2026

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

Attached is the summary dashboard from the latest place report provided by the ICB assurance team on 30.06.26.

See executive summary in cover report for key points to note.

South East London Integrated Care System

Southwark performance overview

NHS South East London

Standard	Trend since last period	Period covered in report	Comparator	Benchmark	Current performance
Dementia diagnosis rate	↓	Mar-26	National standard	66.7%	70.8%
IAPT discharge	↑	Apr-26	Operating plan	358	395
IAPT reliable improvement	↔	Apr-26	Operating plan	67.0%	67.0%
IAPT reliable recovery	↑	Apr-26	National standard	48.0%	52.0%
SMI Healthchecks	↑	Q4 – 25/26	Local trajectory	75.0%	66.9%
PHBs	↑	Q4 - 25/26	LTP indicative trajectory	741	403
NHS CHC assessments in acute	↔	Q4 - 25/26	National standard	0.0%	0.0
CHC - Percentage assessments completed in 28 days	↓	Q4 - 25/26	National standard	80.0%	77.0%
CHC - Incomplete referrals over 12 weeks	↔	Q4 - 25/26	National standard	0	0
Children receiving MMR1 at 24 months	↓	Q4 - 25/26	PH efficiency standard	90.0%	81.3%
Children receiving MMR1 at 5 years	↑	Q4 - 25/26	PH efficiency standard	90.0%	86.1%
Children receiving MMR2 at 5 years	↑	Q4 - 25/26	PH efficiency standard	90.0%	75.4%
Children receiving DTaP/IPV/Hib % at 12 months	↓	Q4 - 25/26	PH efficiency standard	90.0%	85.9%
Children receiving DTaP/IPV/Hib % at 24 months	↓	Q4 - 25/26	PH efficiency standard	90.0%	88.4%
Children receiving pre-school booster (DTaPIPV%) % at 5 years	↑	Q4 - 25/26	PH efficiency standard	90.0%	66.2%
Children receiving DTaP/IPV/Hib % at 5 years	↑	Q4 - 25/26	PH efficiency standard	90.0%	88.0%
LD and Autism - Annual Health Checks and Health Action Plan	-	Apr-26	Local trajectory	57.0	59.0
Bowel Cancer Coverage (60-74)	↑	Apr-25	Corporate Objective	63.7%	63.3%
Cervical Cancer Coverage (25-64 combined)	↓	Jun-24	Corporate Objective	64.4%	63.6%
Breast Cancer Coverage (50-70)	↑	Apr-25	Corporate Objective	60.7%	60.7%
Percentage of patients with hypertension treated to NICE guidance	↑	Q3 - 25/26	Corporate Objective	77.9%	68.6%
Flu vaccination rate over 65s	↑	Feb-26	Corporate Objective	62.6%	55.2%
Flu vaccination rate under 65s at risk	↑	Feb-26	Corporate Objective	34.2%	34.1%
Flu vaccination rate – children aged 2 and 3	↑	Feb-26	-	-	39.7%
Clinically urgent appointments seen on the day of booking	↓	May-26	-	-	67.1%
Appointments in general practice and primary care networks	↓	May-26	Operating plan	-	112639.0
Appointments per 1,000 population	↓	May-26	-	-	317.1

Integrated Assurance Report

IGAC / PSSB July 2026

Section 1.2

Additional Operational Plan measures

Operational Plan Priorities and Success Measures Dashboard - Place

Partnership Southwark

Operational Plan Priorities and Success Measures 25/26	23/24	24/25	24/25	24/25	24/25	25/26	25/26	25/26	25/26	26/27	period	Trend	Target 25/26	Target 26/27	Benchmark	RAG	Comment
	year end	q1	q2	q3	q4	q1	q2	q3	q4	Q1							
7.1 Increase the % of patients with hypertension treated according to NICE guidance (local BI dashboard)	71%	69%	66%	67%	70%	68%	67%	70%	74%	70%	to end qtr /May		78.6%	tbc	71% SEL		from BI dashboard. see also SEL report
7.2a Increase the % of patients with GP recorded CVD, who have their cholesterol levels managed to NICE guidance - PCN South	n/a	29.5%	28.2%	38.9%	41.7%	43.1%	43.2%	46.1%			To Dec		tbc	not in set	50.6% nat		No target set but above SEL average
7.2b Increase the % of patients with GP recorded CVD, who have their cholesterol levels managed to NICE guidance - PCN North	n/a	39.2%	36.8%	34.7%	39.1%	41.9%	44.0%	45.8%			To Dec		tbc	not in set	50.6% nat		No target set but above SEL average
Medium Term Planning Framework 26/27 -28/29 success measures																	
1.1 **Primary Care:** Same day appointments for all clinically urgent patients (face to face, phone or online) - subject to consultation										68%	April/May av		~	90% March 2027	73.2& SEL		May target 70%
1.2 **Primary Care:** Improved patient experience of access to general practice (ONS Health Insights Survey)													~	Improve year on year			seeking baseline at place level
2. 1 **Community Health:** Address long waiting times for community health services - activity within 18 weeks							52.8%	54.1%	56.40%	56.20%	Apr-26		~	78% in 26/27			Published data.
3. 1 **Mental health:** Expand coverage of mental health support teams (MHSTs) in schools and colleges (including teams in training)							tbc						~	77% in 26/27			93% 28/29, 100% 2029
3.2**: Mental health:** NHS Talking Therapies and Individual Placement and Support:																	See SEL reports on IAPT
3.2.1 IAPT Discharges									375	395	May-26		360	358			See SEL reports on IAPT
3.2.2 IAPT relaible recovery									42%	52%	May-26		48%	51%			
3.2.2 IAPT relaible imporvement									62%	67%	May-26		68%	69%			target updated
3.3 Individual Placement and Support														tbc			baseline tbc
3.4 Eliminate inappropriate out-of area placements														0%			0 by March 2027 baseline TBC (may not be place level)

Integrated Assurance Report

IGAC /PSSB July 2026

Section 1.3

Better Care Fund Targets

Better Care Fund place targets dashboard

Partnership Southwark

Better Care Fund place targets	2023/24 yr end	2024/25 yr end	2025/26 Apr	2025/26 May	2025/26 June	2025/26 July	2025/26 Aug	2025/26 Sep	2025/26 Oct	Nov	Dec	Jan	Feb	Mar	Trend	Target	Benchmark		RAG
1. Emergency admissions for 65+ years per 100,000 population	1766	1930	1883	1865	1726	1830	1796	1761	1830	1796	2057					2151 (Dec)	1,660	London (Dec)	
2.1 Discharge delays - % discharged on discharge ready date	new	91%	89.8%	89.6%	87.4%	88.9%	90.8%	90.1%	88.7%	88.1%	87.0%	87.6%	93.1%	DQ FEB!		90%	86.8%	London (Feb)	
2.2 Discharge delays – average patient delay (all) - days	new	0.92	0.95	1.07	1.24	1.27	0.91	1.28	1.19	0.95	1.31	1.35	0.54	DQ FEB!		0.8	0.9	London (Feb)	
2.3 Discharge delays – average for delayed patients - days	new	9.0	9.3	10.4	9.9	11.5	9.9	12.9	10.5	8.0	10.1	10.8	7.9	DQ FEB!		8	7.04	London (Feb)	
3.3 Care Home Admissions over 65's rate per 100,000	655	622		q1	133.8		q2	180.8		Q3:	169.9			104.9		607.4	418	Lond r 12m Dec	
4. Avoidable Admissions - rate (DHSC dashboard)	234	270	296	261	244	279	192	279	261	209	279					reduction	199	London (Dec)	n/a
5. Discharge to usual place of residence (%) (DHSC)	86.1%	83.6%	83.6%	83.3%	85.0%	85.8%	85.6%	85.1%	83.8%	87.4%	85.6%					maintain	81.0%	London (Dec)	n/a
6. Admissions due to falls over 65 years - rate per 100,000 (DHSC)	130	148	157	157	105	157	105	122	139	122	122					reduction	104	London (Nov)	n/a

Key points to note:

- No new data on discharge delays and emergency admissions due acute data problems with allocation to borough of residence in returns.
- Emergency admissions to hospital of over 65's in line with target despite predicted December increase.
- Average delays for patients not discharged on discharge ready date are significantly above target for year to date but are no longer the highest. February published data has quality issues.
- Care home permanent admissions within target at year end, although rolling 12 month rate is top quartile.
- Good performance compared to 2024/25 on subsidiary BCF measures (not formal targets) on falls, avoidable admissions and discharge to usual place of residence.

Partnership Southwark

Integrated Assurance Report

IGAC / PSSB July 2026

Section 1.4

Priorities dashboard 2025/26

Health and Care Plan Priorities Dashboard summary updated 01.07.26

Partnership Southwark

Health and Care Plan Priority Measures	2023/24 yr end	2024/25 yr end	2025/26 Apr	2025/26 May	2025/26 Jun	2025/26 Jul	2025/26 Aug	2025/25 Sep	2025/26 Oct	2025/26 Nov	2025/26 Dec	2025/26 Jan	2025/26 Feb	2025/26 Mar	2026/27 Apr	Trend	Target	Benchmark	
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%	57%	52%	55%	55%	61%	54%	62%	68%	70%	60%	62%	71%	78%			improve	74%	SEL
1.2 First contact in 4 weeks -neuro developmental	6%	22%	27%	26%	26%	25%	7.1%	11.1%	8.8%	8.8%	7.4%	20%	15%	18%			improve	7%	SEL
1.3 First contact in 4 weeks -all excl. neurodevelopmental	56%	66%	57%	64%	65%	69%	61%	71%	78%	81%	71%	69%	78%	85%			improve	78%	SEL
Adult mental health																			
Increase in % achievement of the 4 week wait standard:																			
2.1 First contact in 4 weeks -all	81%	79%	77%	81%	85%	83%	84%	79%	80%	69%	65%	64%	69%	76%			improve	70%	SEL
2.2 First contact in 4 weeks -neuro developmental	58%	34%	47%	60%	17%	50%	44%	14%	14%	1.6%	1.2%	1.8%	2.6%	3.7%			improve	18%	SEL
2.3 First contact in 4 weeks -all excl. neurodevelopmental (new)		80%	78%	81%	85%	84%	86%	82%	83%	80%	80%	77%	80%	81%			improve	72%	SEL
Frailty																			
Reduce the rate of avoidable hospital and care home admissions from at risk cohorts:																			
3.1 Emergency admissions for 65+ years per 100,000	1766	1930	1883	1865	1726	1830	1796	1761	1830	1796	2057						2151 (Dec	1660	London (Dec)
3.2 Care Home Admissions over 65's rate per 1000	655	622		q1	134		q2	181		Q3:	170		Q4	105			621 (yr)	417	London Q1
Reduce unplanned / emergency GP appointments:																			
3.3 A&E attendances over 65 yrs (actuals)	1199	1284	1,332	1,372	1,330	1,383	1,398	1,397	1,445	1,355	1,400	1,450	1,189	1,372	1,343		Reduce		n/a
Reduction in ambulance conveyances:																			
3.4 LAS ambulance call outs Swk 65 yrs plus		1696	1688	1800	1731	1661	1675	1760	1799								Reduce		n/a
Reduction in Outpatient Appointments:																			
3.5 Outpatient Appointments 65 yrs plus (rate per 1000 list size)	35.6	41.9	45.9	46.3	48.2	53.5	45.8	51.0	52.8	48.3	44.8	51.3	47.8	52.1	48.2		Reduce		n/a
Patient experience - quality of life																			
3.6 Placeholder - Adult Social Care Survey - quality of life (1a)	17.4	18.3															Improve	18.5	London 24/5

Note: Primary Care Access to be incorporated – see SEL and operational plan dashboards.

All to be updated for 2026/27 e.g. neighbourhood health metrics

Integrated Assurance Report

IGAC/PSSB July 2026

Section 2: SEND Q1 - ICB related measures

2. Southwark ICB SEND Scorecard summary Q4

Partnership Southwark

	2023/24	2024/25 Q1	2024/25 Q2	2024/25 Q3	2024/25 Q4	2025/26 Q1	2025/26 Q2	2025/26 Q3	2025/26 Q4	2026/27 Q1	Trend	time period
Number of section 23 notifications	31				93			32				academic year
Return of health information for EHCNA within 6 weeks												
Community Paediatrics		64%	77%	76%	33%	68%	91%	87%	95%	98%		to April
Speech & Language		82%	97%	84%	87%	76%	82%	66%	78%	78%		average for qtr
Occupational Therapy		86%	77%	55%	83%	50%	80%	100%	89%	100%		average for qtr
Physio		100%	50%	89%	100%	50%	88%	100%	100%	100%		average for qtr
% seen within 18 weeks												
Community Paediatric Services		55%	45%	41%	38%	31%	34%	33%	46%	57%		to April
Speech and Language Therapy		100%	100%	100%	100%	100%	98%	95%	91%	87%		average for qtr
Occupational Therapy		100%	100%	100%	100%	100%	100%	81%	80%	81%		average for qtr
Physiotherapy		100%	100%	100%	100%	100%	100%	95%	99%	100%		average for qtr
Average waiting time - weeks												
Community Paediatric Services		32	29	33	32	25	26	30	19	14		to April
Speech and Language Therapy		13	15	12	14	15	16	14	14	15		average for qtr
Occupational Therapy		16	14	8	11	10	12	7	16	12		average for qtr
Physiotherapy		8	8	3	3	5	6	6	6	4		average for qtr
Mental health services												
52+ week waiters - all	159	159	168	243	254	245	217	216	284			at end of qtr
52+ week waiters - neuro developmental	97	101	101	145	158	141	110	101	125			at end of qtr
First contact in 4 weeks -all	37%	51%	68%	66%	56%	55%	62%	68%	78%			at end of qtr
First contact in 4 weeks -neuro developmental	6%	22%	50%	21%	22%	26%	11%	7%	18%			at end of qtr
First contact in 4 weeks -all excl. neurodevelopmental (new)	56%	58%	74%	75%	66%	65%	71%	78%	85%			at end of qtr
Reviews												
Learning Disability Annual Health Check (14-25 yrs)	75%	12%	35%	44%	78%	14%	25%	43%	80%			at end of qtr
Continuing care												
New referrals				year-end:	8	2	2	2	5			quarter
How many continuing care eligible					17	17	17	17	16			quarter
How many had a care act referral					100%	100%	100%	100%	100%			quarter
Personal health budget in the year to date					31	20	20	20	20			quarter
New born hearing screening												
Coverage	98.8%	99.1%	98.4%	98.5%	99.0%	99.1%	98.9%	98.7%				quarter
Diagnosis or intervention, % babies in time	94.6%	94.7%	94.4%	94.9%	95.5%	94.7%	93.9%	93.4%				quarter

Updated 8.07

South East London Integrated Care System

NHS South East London

Section 3: Integrated Assurance Report

July IGAC/PSSB

SEL ICB Southwark Safeguarding & Looked after Children Q4 2025/26 Report

Summary of key points from June SMT report for IGAC 09/07/2026

Children Looked After

- Assessment performance stable – statutory health assessment timescales maintained.
- Immunisation uptake below WHO target (95%), but in line with non-looked-after children.
- Children entering care later, often with more complex needs.
- Rising prevalence of mental health issues, trauma, adverse childhood experiences and unmet health needs among children entering care.

Safeguarding Children

- Safeguarding training compliance improved, particularly at Level 3, but remains below target across SEL ICB and in Southwark.
- Health partners contributing to Children's Social Care Reforms, including Family Help Hubs (Summer 2026) and Multi-Agency Child Protection Team design (Autumn/Winter 2026/27).
- System-wide learning strengthened following a fatal self-harm incident through multi-agency reviews and shared learning.
- 'Think Family' approach identified as a key improvement area in recent safeguarding reviews.
- Need to update the Multi-Agency Parental Mental Health Protocol and strengthen whole-family approaches.
- Complex mental health needs in children and young people remain a significant safeguarding concern, with gaps in consistent risk assessment highlighted.

Safeguarding Adults

- New Domestic Abuse Provider (Bede House) mobilised in February 2026, creating short-term transition risks.
- Rapid action taken to update referral pathways and raise awareness across GP practices and safeguarding networks.
- Loss of safeguarding business support through voluntary redundancy created risk to MARAC domestic abuse patient notifications.
- Business continuity arrangements implemented, ensuring ongoing support and NHS Spine access to maintain critical processes.

General Practice

- 2025/26 annual safeguarding review completed across GP practices.
- Review tool developed by Named GPs for Safeguarding Children and Adults at Risk.
- Findings presented to practices through the GP Safeguarding Forum in March.

Section 4 – Integrated Assurance Report

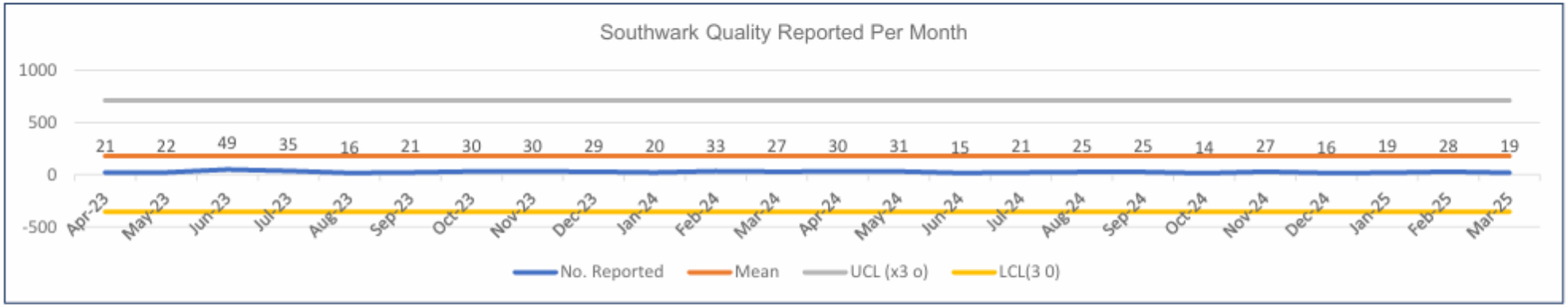
Annual Quality and Safety Report 2025/26

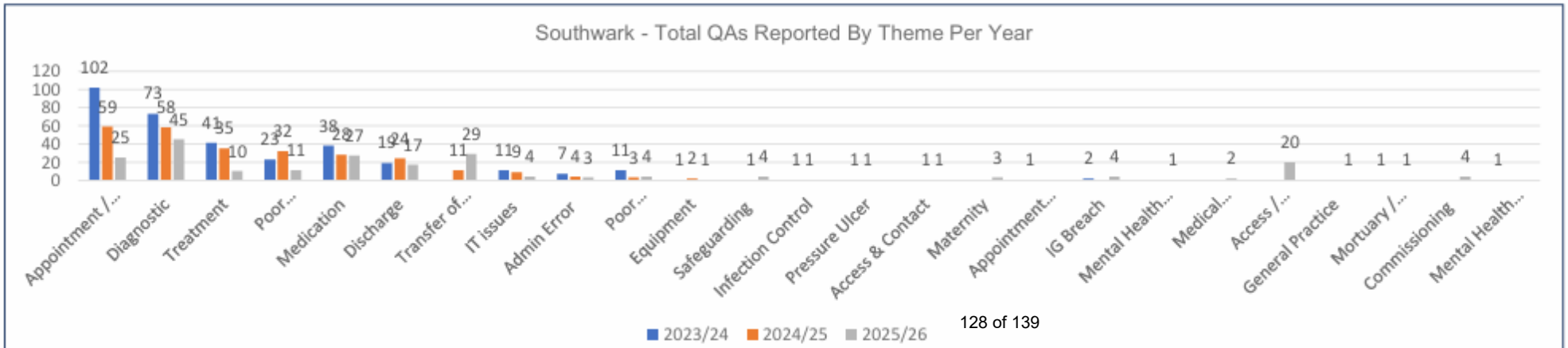
Extract for PSSB: Southwark slide on quality alerts

Note the full report is reviewed by IGAC and the SELICB Service Quality Review Group

IGAC/PSSB July 2026

Southwark - Quality Alerts





217 QAs reported during 2025/26 (19% decrease compared to 2024/25.

Top provider types (against):

1. **Acute: 110 (51%)**
2. **GP Practice: 40 (18%)**
3. **Synnovis: 24 (11%)**

Top acute reporter was Guys & St Thomas with 29%

Top overall themes:

1. **Diagnostic: 45 (21%)**
2. **Transfer of Care issue: 29 (13%)**
3. **Medication: 27 (12%)**

Southwark's QA trends include diagnostics, alongside handover, medication, and referral flow. Top reporter provider types:

1. **GP Practice: 156 (71.9%)**
2. **111/LAS: 24 (11.1%)**
3. **Acute: 19 (8.8%)**

Partnership Southwark

Integrated Assurance Report

IGAC / PSSB July 2026

Section 5:

Southwark Place Risk Report (ICB)

Summary of Southwark place ICB risk register

Partnership Southwark

There are currently 11 risks on the register, with one having been closed following the latest review.

Risk ID	Risk area	Current Likelihood	Current Consequence	Current Rating	Change	Last review date
519	CAMHS waiting times	3	3	**9**	⟺	22/06/26
520	Neurodevelopmental diagnostic waiting times for children and adults	4	4	**16**	⟺	22/06/26
659	Non-achievement of financial balance for 2026/27	4	3	**12**	⟺	23/06/26
660	Delivery of QIPP Savings for 2026/27	4	3	**12**	⟺	23/06/26
573	Increase in vaccine preventable diseases due to not reaching coverage across the population	4	3	**12**	⟺	23/06/26
553	Southwark Mental Health, Learning Disabilities and Autism placement costs	4	3	**12**	⟺	25/06/26
638	Integrated Neighbourhood Teams not delivered as planned.	2	3	**6**	⟺	25/06/26
639	ICB meeting SEND statutory responsibilities	4	3	12	⟺	25/06/26
640	Market failure in social care provision impacts on whole system flow and quality of care.	3	3	**9**	⟺	23/06/26
649	Failure to address unwarranted variation undermining Neighbourhood based care	3	3	**9**	⟺	29/04/26
658	Procurement and contract management system failings	3	3	**9**	new	25/06/26

Note 1: full risk register including controls and assurances considered by IGAC.

Note 2: a number of key risks are managed at a SEL level via the corporate risk register and Board Assurance Framework. e.g. Cyber risks and ICB Reform. For details see PAPERS-Integrated-Care-Board-meeting-8-April-2026.pdf

Summary – extreme risks (no change from May)

Partnership Southwark

Diagnostic waiting times for children and young people and adults (ADHD and Autism)

This risk has been elevated from a rating of 9 to 16 following a decision by the 6 Place Executive leads that this should be a high priority risk treated consistently across South East London boroughs. This reflects growing concerns about the negative impact on people experiencing excessively prolonged waiting times for autism and ADHD diagnostic assessments. This is due to sustained increases in demand, historical backlogs, and limited diagnostic workforce capacity. The delays adversely affect children and adults, increase reliance on private providers through 'Right to Choose', and create financial pressures for the ICB arising from noncontracted activity. Prolonged waits also undermine public confidence and impact delivery of national and local improvement commitments for mental health and neurodevelopmental services.

The mitigations in place include:

- SELICB neurodevelopmental improvement programme established under the CYP MH and Wellbeing Partnership Board to oversee ASD and ADHD diagnostic pathways, waiting times, and consistency of the core offer across SEL boroughs / places.
- New integrated diagnostic pathway from April 2025 enabling movement between ADHD and Autism assessments, reducing duplication and re-referral delays.
- Targeted capacity investment including non-recurrent and recurrent funding to providers to expand assessment capacity, weekend clinics, and workforce recruitment initiatives.
- Waiting well and early support offers publicised through local offers and all-age autism services to provide information, advice and support before diagnosis.
- SEND Improvement Board oversight with joint leadership from local authorities and Directors of Children's Services to drive delivery of local improvement plans and monitor performance trajectories.
- Clear targets identified by the ICB with SLaM to reduce 52+week waiting times.
- Directors of Children's Services to drive delivery of local improvement plans and monitor performance trajectories. exploring the opportunity to join arrangements with other boroughs to ensure Southwark residents have equity of access to medication and review pathways.
- SEL Referral Management centre implementation

Changes in risks

New / re-opened risks

The risk relating to potential problems arising from the management of procurement processes has been re-opened following concerns about team capacity. Following senior management team and IGAC discussion, this risk will be broadened to cover wider risks to the delivery of priorities linked to staffing capacity resulting from ICB reforms and staff turnover.

Closed risks

There are no closed risks following the last round of reviews.

Changed risk scoring

There were no changes to risk ratings in the last round of reviews.

Heat Map

Partnership Southwark

Heat Map	Consequence				
Likelihood	Negligible	Minor	Moderate	Major	Catastrophic
Almost Certain					
Likely			5 (see a)	1 (see b)	
Possible			4 (see c)		
Unlikely			1 (see d)		
Rare					

Key

(a) Vaccination coverage, Mental Health & LDA Placements, SEND, Financial Balance, Delivery of QIPP Savings

(b) CYP and Adults ADHD diagnostic waits

(c) CAMHS waiting times, Market Failure – Social care Provision, Unwarranted Variation and Procurement

(d) INT Delivery

Integrated Assurance Report

IGAC/PSSB July 2026

Section 6: ICB Southwark Finance Summary Report

Summary of detailed finance papers considered by IGAC

Author: Edward Odoi, AD Finance ICB

Financial Position:2026/27 – (Month 2) May 2026

Service Area	Year to date Budget £'000s	Year to date Actual £'000s	Year to date Variance £'000s	Annual Budget £'000s	Forecast Outturn £'000s	Forecast Variance £'000s
Acute Services	12	12	0	73	73	0
Community Health Services	6,125	6,125	0	36,752	36,752	0
Mental Health Services	2,076	2,144	-68	12,455	12,744	-289
Continuing Care Services	3,436	3,368	68	20,615	20,325	289
Prescribing	6,031	6,031	0	37,942	37,942	0
Other Primary Care Services	137	137	0	822	822	0
Other Programme Services	121	121	0	723	723	0
Corporate Budgets	750	750	0	4,500	4,500	0
Total	**18,687**	**18,687**	**0**	**113,880**	**113,880**	**0**

- Southwark Place reported an overall **year to date breakeven position** and a **forecast breakeven position** at Month 02 (May 2026). The reported forecast position includes **£289k overspend on Mental Health Services** offset by **£289k underspend on Continuing Health Care (CHC)**.
- The key risks within the 2026-27 Southwark's finance position are **exponential growth in referrals to independent sector providers for ADHD & ASD assessments and Mental Health Cost Per Case**.
- Mental Health budget year to date and forecast overspend is mainly driven by increased ADHD and ASD assessments under the Right to Choose process and Mental Health placements expenditure (**the forecast expenditure at M02 against these specific budgets is £1,919k overspend**) mitigated by constraining investments.
- The Continuing Healthcare budget is **forecasting £289k underspend** as the CHC team continues to deliver on reviewing high-cost packages and out of area placements. Work is ongoing to establish better value costs. The number of active CHC and FNC clients at M02 (May 2026) is 314.
- Prescribing actual data is provided two months in arrears and the borough is reporting a breakeven position against in year budget at Month 02 (May 2026).
- Further risks remain associated with demand driven budgets.

Partnership Southwark

Integrated Assurance Report

IGAC/PSSB July 2026

Section 7: Delegated leads report

1. Continuing Healthcare (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

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	May 2026	June 2026
Assessments completed in hospital	0%	0%	0%	0%
Assessments completed within 28-days	80%	80%	86%	89%
Incomplete referrals over 12 weeks	0	SEL <4 Borough <1	0	0
Incomplete referrals over 28-days – length of delay	-	-	0 up to 2 wks	0 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 (June)	1
Local resolution	0
Independent review panel	1

Patient numbers

Category	Patients
Adults receiving NHS Continuing Healthcare – snapshot end of June	114
Children and young people receiving Continuing Care - snapshot June	16
Adults receiving NHS-funded nursing care* - snapshot end of June	180

** 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 national target for completion of assessments within the 28-day timeframe was achieved in May and June.

7 new assessments were completed in May, 6 of which were completed within 28 days. 9 new assessments were completed in June, 8 of which were completed within 28 days.

CHC Fast Track reviews are up to date. There is a small number (less than 10) of overdue CHC reviews which the team are working through to complete

3.5 Medicines Optimisation – delegated lead update

Updated 08/07/2026

Finance and Medicines value

- Southwark is particularly 'lean' with regards to prescribing cost per population size and also has a more deprived population compared to other boroughs. Development of neighbourhood health services to reduce health inequalities and tackle rising risk, multimorbidity and an ageing population will require investment in medicines to improve outcomes and reduce system costs associated with reduced hospital admissions and outpatient activity. Closer working across South East London to share risk and manage unwarranted variation in prescribing will ensure that appropriate measures are taken to ensure the prescribing budget remains balanced. The impact of novel treatments approved by NICE (for example GLP-1 agonists such as Mounjaro and Wegovy for obesity and prevention of cardiovascular disease) presents both opportunities to improve health outcomes, as well as significant financial cost pressure on the prescribing budget. Whilst national funding is available currently, we are actively planning for longer term growth and funding sustainability through a SEL-wide approach.
- Medicines shortages, price increases and introduction of new medicines continue to create cost pressures over and above our savings plan. A review into prescribing growth will take place in 2026-27 to obtain a more granular understanding of the growth in medicines expenditure and to identify unwarranted variation and opportunities to find savings.

SEL Medicines Optimisation Plan (MOP) 26/27:

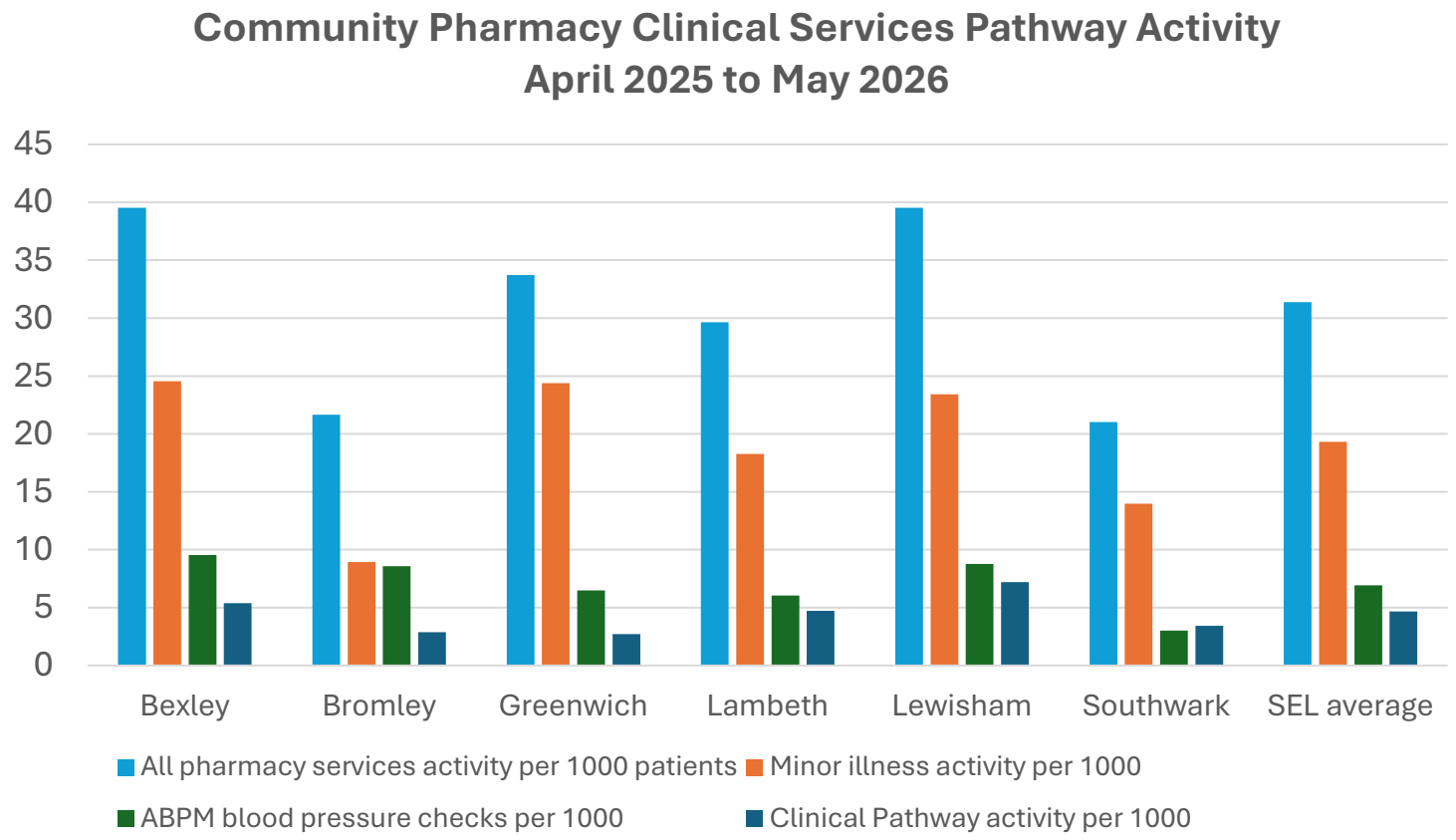
- The MOP for 26/27 has again been developed across South East London, where all practices across the six places are asked to focus on the same clinical priorities and work to deliver the same prescribing targets. The Plan has been incorporated into the revised Southwark GP Premium contract for local implementation. Changes to how the team engage with practices have been embedded as part of the ongoing ICB restructure, with positive engagement from practices attending launch webinars and the practice pharmacist forums in North/South Southwark. Digital resources and information is becoming increasingly important, with data, evidence-based information and support for practices available via OptimiseRx, Ardens Manager, Medicines Complete, Newt guidelines and SELnet.

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 currently supporting implementation working with our Southwark Community Pharmacy Neighbourhood Lead (CPNL). The locally commissioned Community Pharmacy Independent Prescribing Service continues in North Southwark, and we are working with the INT teams to stand up additional capacity through a Point of Care testing pilot, to enable rapid testing for a range of conditions aligned to the multimorbidity pathway. These neighbourhood approaches to controlling high blood pressure and optimisation of long term conditions is improving outcomes for patients at higher risk of preventable cardiovascular events, particularly those not currently reached by general practice in our most disadvantaged communities.

3.5 Medicines Optimisation – delegated lead update (continued)

Updated 08/07/2026



Community Pharmacy update continued:

- The national Pharmacy First pathways include referral and walk in routes for patients to access same-day advice, treatment and support for a range of conditions as well as health screening.
- The following acute clinical conditions (clinical pathways) can all be assessed, diagnosed, treated and managed in pharmacy settings: sinusitis, sore throat, ear ache / infections, infected insect bites, impetigo, shingles and uncomplicated urinary tract infections.
- Pharmacies offer blood pressure checking, with ambulatory blood pressure monitoring included in the service pathway, aligned to bets practice in line with NICE guidelines
- Pharmacies also offer a contraception service, including access to oral contraception medicines, emergency hormonal contraception (‘morning after pill’) with discreet, professional advice offered without appointment.
- These services offer excellent accessibility for residents, and relieve pressure on GP services.
- As these services are offered and funded through the national pharmacy contract, maximising these pathways should be a priority to support primary care access and release capacity for neighbourhood working