

Partnership Southwark Strategic Board Agenda

Thursday 25th September 2025 | 13:30 – 16:30

Venue: Room G01BC, 160 Tooley Street, SE1 2TZ

Chair: Dr Nancy Kuchemann

Time	Ref	Item	Lead	Enc
13:30	1	<ul style="list-style-type: none"> 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 (Pages 2-17)
13:40	2	NHS 10-year plan	Ranjeet Kaile	Enc 2 (Pages 18-33)
14:10	3	ICB Reform and implications for Partnership Southwark	Darren Summers	Enc 3 (Pages 34-45)
14:30	4	Integrated Neighbourhood Teams	Louise Dark / Rebecca Dallmeyer / Nigel Smith	Enc 4 (Pages 46-59)
14:50	5	Public Questions	Chair	
15:00		Break		
Business items				
15:10	6	Community Spotlight: Social prescriber presentation	Mary Olushoto / Gay Palmer	Enc 5 (Pages 60-78)
15:30	7	Strategic Director for Health & Care and Place Executive Lead Report Reports from sub-committee chairs: <ul style="list-style-type: none"> Integrated Governance and Assurance Committee (KP) Partnership Southwark Delivery Executive (RJ) Primary Care Committee (KP) 	Darren Summers / Katy Porter/ Rebecca Jarvis	Enc 6 (Pages 79-90)
15:50	8	Integrated Assurance Report	Adrian Ward	Enc 7 (Pages 91-163)
16:05	9	Any Other Business	All	
16:15	10	Close Meeting	Chair	

Next held in-public meeting: 27/11/2025



Declaration of Interests

Meeting Name: Partnership Southwark Strategic Board

Meeting Date: 25 September 2025

Name	Position Held	Declaration of Interest
Alasdair Smith	Director of Children's Services, Southwark Council	No interests to declare
Ami Kanabar	GP, Co-chair LMC	No interests to declare
Anood Al- Samerai	Director, Community Southwark	No interests to declare
Cedric Whilby	CCPL, VCSE representative	<ol style="list-style-type: none"> 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 Evelyn Akoto	Partnership Southwark Co-Chair & Cabinet Member for Health & Wellbeing	No interests to declare
Darren Summers	Strategic Director of Health & Care & Place Executive Lead	<ol style="list-style-type: none"> 1. Wife is Deputy Director of Financial reporting at North East London ICB 2. Member of GSTT Council of Governors (ICB representative)
David Quirke-Thornton	Strategic Director of Children's and Adult's Services	No interests to declare
Emily Finch	Clinical Lead, South London & Maudsley	No interests to declare
Eniko Nolan	Assistant Director of Finance for Children and Adult Services	No interests to declare
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
Katy Porter	Independent Lay Member	<ol style="list-style-type: none"> 1. Trustee, & Vice Chair, Depaul UK which is a national charity, working in the homelessness sector, and it's head office is based in Southwark. The organisation holds a contract with Southwark.



		2. CEO for The Loop Drug Checking Service. The Loop is a national charity developing services across the UK, including London. It operates in the substance use and health sector.
Louise Dark	Chief Executive Integrated and Specialist Medicine Clinical Group	No interests to declare
Monica Sibal	IHL representative	No interests to declare
Nancy Küchemann	Co-Chair Partnership Southwark and Chair of Clinical and Care Professional Leads, Deputy Medical Director, SEL ICB	<ol style="list-style-type: none"> 1. GP Partner at Villa Street Medical Centre. Practice is a member of SELDOC, the North Southwark GP Federation Quay Health Solutions and the North Southwark Primary Care Network. 2. Villa Street Medical Centre works with staff from Care Grow Live (CGL) to provide shared care clinics for people with drugs misuse, which is funded through the local enhanced service scheme. 3. Mrs Tilly Wright, Practice Manager at the practice and one of the Partners is a director of QHS. Mrs Wright is also the practice manager representative on the Local Medical Committee. 4. Mr Shaun Heath, Nurse Practitioner and Partner at the practice is a Senior lecturer at University of Greenwich. 5. Dr Joanna Cooper, GP and Partner at the practice is employed by Kings College Hospital as a GP with specialist interest in dermatology. 6. Husband Richard Leeming is councillor for Village Ward in south Southwark. 7. Deputy Medical Director at SEL ICB
Nigel Smith	Director, Improving Health London	No interests to declare
Olufemi Osonuga	PCN Clinical Director, North Southwark	1. GP Partner Nexus Health Group, Director Quay Health Solutions, Director PCN, North Southwark
Rebecca Dallmeyer	Director, QHS	1. Quay Health Solutions holds contracts for delivery of services through the following contracts commissioned by SEL ICB: New Mill Street GP Surgery
Rebecca Jarvis	Director of Partnership Delivery and Sustainability	No interests to declare
Rhyana Ebanks-Babb	Manager, Healthwatch Southwark / Community Southwark	No interests to declare
Sabera Ebrahim	Associate Director of Finance, SEL ICB, Southwark	No interests to declare
Sangeeta Leahy	Director of Public Health	No interests to declare



Sarah Kwofie	Director of Homecare (London & South) City and County Healthcare Group	No interests to declare
Sumeeta Dhir	Chair of Clinical and Care Professional Leads	No interests to declare
Winnie Baffoe	CCPL, VCSE representative	<ol style="list-style-type: none"> 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 24 July 2025 | 13:30 – 16:30

Venue: 160 Tooley Street

Chair: Dr Nancy Küchemann

ATTENDEES

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



Adrian Ward	Head of Planning, Performance and Business Support, Partnership Southwark, SELICB
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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	Declarations of interest There were no additional declarations of interest in relation to matters in the meeting.
1.4	Minutes of last meeting Minutes of the last meeting were agreed as an accurate record, with no points of correction noted.
1.5	Action Log There are no open actions on the action log.
2.	Deep Dive: Vaccinations and Immunisations
2.1	The chair introduced the item, noting that this deep dive topic was a suggestion from board members earlier this year.
2.2	Sarah Robinson provided some context to board members noting that the local oversight of vaccination programmes is via the Vaccination Oversight Group (VOG), chaired by Public Health and the ICB.
2.3	The vaccination programmes cover a number of cohorts; pre-school, school age, pregnancy, older adults and seasonal vaccinations.
2.4	Sarah noted that there are good strong working relationships between partners across the system. Currently all vaccination programmes are commissioned by NHS England, but delegation of the commissioning of these programmes to ICBs will happen by 1 st April 2026.
2.5	The board was given context and data was provided regarding covid and flu vaccinations in Southwark as well as highlighting other vaccination delivery programmes. It was noted that there is a year-on-year decline in the uptake of the HPV vaccine, which has this year dropped below the London average for the first time. More details and data are available in the appendix of the report.
2.6	Community groups and residents have been engaged with to try to understand why they didn't want to be vaccinated. A key theme that came from this engagement was that residents felt that they were being pushed into receiving vaccinations when they were unsure. There was also



	a conflicting schedule for the MMR vaccines, with local messaging and national messaging not aligning.
2.7	It was noted that there are delays in vaccination information from external providers being input into patient records, which impact the reporting.
2.8	Sarah noted that the low coverage of vaccines has been added to the ICB Place risk registers and work is ongoing to tackle the barriers.
2.9	Sarah highlighted a piece of work with the Southwark Pensioners centre, where research was conducted into a resident group consisting of black African and black Caribbean over 65-year-olds, to identify unique barriers in this particular group. Sarah noted that this was a great report. Research was conducted across five wards in Southwark, where there has been consistently low uptake of vaccinations. The report found that there is more anxiety, resentment and the feeling of concerns being dismissed and these outcomes will be used to shape work going forward.
2.10	Another insight from engagement work with residents was that GPs and specialist clinicians were deemed the most trusted sources of information, with faith leaders less so.
2.11	Denise added that work is ongoing to improve access, noting good collaboration across the system to get out into different settings. Vaccination pop-ups are being run in nurseries, libraries and children centres.
2.12	As part of a community vaccination project, health visitors are working with GP practices to target patients who are looking for more information about vaccinations, as well as holding drop-ins which include the opportunity to be vaccination within this time. Denise updated that Lambeth had started a similar project last year, for which the feedback has been positive.
2.12	The chair thanked Sarah and Denise for the presentation and opened up to the board for questions.
2.13	Sangeeta Leahy noted that she was keen to understand the governance routes when the delegation of commissioning is with ICBs, given the ICB reductions that are happening soon. Darren Summers responded that delegation will be managed by Angela Bahn, noting that he does not have any further details about how this will be managed currently.
2.14	Sangeeta queried what else could be done to help improve the vaccination rates, noting that there is a of work going on, but it doesn't seem to be turning the dial.
2.15	Emily Finch suggested that Depot clinics and CMHT teams in SLaM could be an additional option for delivery of flu and covid vaccinations.
2.16	Cllr Evelyn Akoto referenced the point raised in the consultation outcome that GPs are a more trusted source of information, asking if there is more that GPs can be doing.



2.17	Darren Summers noted that there are strong, evidence-based advantages of getting people vaccinated, highlighting the possibility to eliminate certain forms of cancer and posing the question for how Partnership Southwark can address vaccine hesitancy.
2.18	The Chair added that from her experience in her role as a GP, having pop-up notifications on the system for patients who are due vaccinations works well as they can be offered these when they attend the surgery for another reason.
2.19	There was some discussion around limitations of health visitors delivering vaccinations due to training barriers. Denise added that there is a community vaccination project which will include health visitors delivering vaccines. This is in the process of being signed off.
2.20	Katy Porter fed back that this was a helpful paper, the Integrated Governance and Assurance Committee are looking at this data and identifying where the partnership can influence. Katy noted that it is difficult to measure prevention, but if a dip is visible, this can be tracked against where outbreaks are occurring and this data can be shared with communities to show the difference that vaccinations make.
2.21	Cedric Whilby notified the board that he had been involved in the engagement for the Southwark Pensioners report. Cedric asked whether it was possible to see which Southwark wards saw the most vaccine hesitancy. Denise responded that she would share the geography of the ward breakdowns with the board.
2.22	Cllr Evelyn Akoto asked whether data gathered had been drilled down on to look at whether GPs are more trusted in particular geographical areas or ethnic groups. Sarah noted that from the Southwark Pensioners Report, which is a narrow target range, they felt that clinicians were a trusted source. This data will be used next season to tailor comms, engagement and outreach.
2.23	The board thanked Denise McLeggan and Sarah Robinson for the presentation and NOTED the information shared.
3.	Unplanned Admissions for Over 65-year-olds
3.1	Tania Kalsi was present for the start of this item to introduce the 'SEL Ageing Well Framework' to the board, with an ASK for this to be approved. The framework has been approved in other forums, including Partnership Southwark Delivery Executive.
3.2	Tania noted the good engagement across SEL and in Southwark, adding that over 200 people have engaged in local level workshops. Agreement has been reached on the 'vision' for what the future should look like and how to measure this.
3.3	Rebecca clarified that the ask of the board is to approve the framework and proceed with actions to develop a gap analysis, with commitment to this work.



3.4	David Quirke-Thornton noted strong support for the framework and gap analysis, adding that a stretch analysis would also be beneficial.
3.5	The board APPROVED the SEL Ageing Well Framework.
3.6	Rebecca Jarvis and Claire Belgard introduced the item, noting that unplanned admissions for over 65-year-olds is a key metric and is reported to IGAC under the frailty strategic priority, as well as being reported as part of the Better Care Fund.
3.7	This item has been brought for board members to think about what can be done to improve performance and support better outcomes for patients and systems.
3.8	Taking the papers as read, Rebecca highlighted that data shows a slight upwards trend in emergency admissions for over 65-year-olds noting that the population of over 65-year-olds is also increasing. Benchmarking across statistically similar neighbourhoods shows that Southwark is not performing as well as some other boroughs.
3.9	Claire summarised that there are several initiatives which have an impact on different parts of the system, highlighting the Homecare service, which is going through re-procurement at the moment. Claire noted that some of the contracts have been in place for over 10 years, however the level of needs has become more complex.
3.10	Rebecca opened discussions up to the board, asking in which areas the energies and effort should be focussed and areas where there may be gaps.
3.11	The Chair shared thoughts that it was valuable to have the @Home and Rapid Response Services, noting that this makes a big difference to GPs.
3.12	Anood Al-Samerai shared a conversation that she had been a part of today with an older resident who was struggling with getting a carer assessment for her 87-year-old husband, highlighting that it felt there is a disconnect between what is happening in the community and strategic conversations. Olufemi noted that patients will have a care coordinator through their GP who should be supporting with the necessary referrals.
3.13	Graham Head noted that understanding the source of admission is important, adding that there has been work undertaken in Slough to look at what had been happening in patient GP records before an A+E attendance. This data was used to set up help lines which lead to an enormous drop in unplanned admissions.
3.14	David Quirke-Thornton questioned whether there may be gaps around Telehealth, noting that the programme of transition from analogue to digital was completed in Southwark two years ahead of schedule. David noted that there is no action happening currently in the Telehealth space.



3.15	Sangeeta Leahy added that analysis would be helpful, including a focus on conditions and whether it is a large number of over 65-year-olds being admitted on occasion, or if it is a smaller number who are admitted many times.
3.16	Claire Belgard suggested carrying out a piece of work with a hospital, asking the A+E department for anonymised information, with a suggestion to complete this alongside Public Health. Sangeeta added that if the data is collected, Public Health would be happy to support with Analysis.
3.17	Olufemi Osonuga noted that the data collected on Virtual Wards and Hospital At Home (@Home) is not segregated for over 65-year-olds, adding that it would be helpful to do so. Louise Dark agreed that the initiatives were not focused on over 65-year-olds, noting the need for any new contracts to be for Neighbourhoods and joined up between primary and secondary care.
3.18	The Chair commented that the Frailty model has intentions to bring partners together and gather data to understand areas of delays. From this, strategic conversations can be had.
3.19	Olufemi added that the @Home service has been very effective in helping to avoid patients going to hospital however over the years it has been hard to refer due to levels of staffing. Appointments are not available and patients are therefore still being sent to hospital.
3.20	Cedric Whilby raised concerns around carers not having sufficient training to spot early warning signs of illness or deterioration. Claire responded that there is work ongoing to understand the advice and support that is provided to carers and Claire highlighted that this issue is the basis of live discussion at a national level.
3.21	Katy Porter noted interest in looking at data further, adding that the data in the presentation shows a spike in August, posing questions around contingency planning for the summer holiday months.
3.22	Emily Finch highlighted that there was no mention of dementia or depression within the presentation, emphasizing the importance of including the treatment gap for dementia as a risk factor.
3.23	Jeff Levine added that in general, a lot of people are coming into carer homes via hospital following a fall or event and agrees with the importance of identifying trends.
3.24	Josephine Namusiriley questioned how the SEL Ageing framework could be tightened and joined up with early intervention and reducing admissions. Rebecca Jarvis clarified that the next step for this framework is to develop a gap analysis, noting that the conversation on this item can inform both the framework and gap analysis.



3.25	The Chair and Darren Summers reflected on comments made, summarising some key themes of joining up different parts of the system, focussing on targeted interventions, understanding who the people are throughout the system and supporting carers to identify signs of deterioration in those at risk.
3.26	Darren noted an action for the board to think about how to join up these bits of information and start working towards this.
3.27	ACTION: Collate and review themes from Board conversation to inform the gap analysis and next steps.
3.28	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.	Integrated Neighbourhood Teams Update
5.1	The agenda was amended to discuss this item after the break.
5.2	The Chair introduced this item, noting that the first part of the item was an update from Darren Summers and Louise Dark on the progress of the Integrated Neighbourhood Teams (INTs).
5.3	Darren Summer provided an update on the integrator function for INTs. Interested parties were invited to submit a letter, one letter was received in response from a partnership between Guys and St Thomas' (GSTT), primary care and GP federations.
5.4	Darren confirmed that the INT programme executive have appointed the integrator, noting that this has been approved by the ICB board and highlighting that this is an important milestone which will make a difference.
5.5	Louise Dark added that she is delighted to be working with Quay Health Solutions and Improving Health Limited adding that they are a convener who will bring all partners together with a focus of the local health of the population.
5.6	Noting that Southwark is split into five neighbourhoods, Louise added that work will be Population Health critical and some services will be redesigned to support integrated teams.
5.7	The first Integrated Delivery Board should be going ahead in August, which will include all partners and will have a focus on frailty, long term conditions and children and young people's mental health.
5.8	Louise noted that the work is going at pace and feels exciting, with opportunities to change the way things are done.



5.9	Olufemi Osonuga noted that some people are still sceptical but clinical leaders and GP teams are committed to this work, adding that LMC support is critical. Dr Ami Kanabar added that the LMC's role is to think about the GP voice and point of view.
5.10	Darren recognised the pace that the work has been moving at in Southwark, noting that Southwark has now caught up with the progress that other boroughs have made, thanking all partners.
5.11	Darren also recognised that following conversations with local authority, VCS and GP colleagues, there is more depth needed in the work. So far, the work has been happening in a small bubble and thought needs to be given to how a wider group of colleagues can understand the INT plans and support coproductions.
5.12	Louise Dark noted that work now needs to move from theoretical space to operational space adding that Southwark can learn from the Integrator development work in Lambeth.
5.13	The Chair clarified that the ask for the board is to agree the appointment of the integrator and opened up discussion to the board for comment.
5.14	Graham Head noted that more detail is needed about how the patient voice is embedded in teams and how it is involved in co-creation. Cllr Evelyn Akoto expressed agreement with this.
5.15	Sangeeta Leahy noted that a governance diagram for the integrator board would be helpful and added that it is important to include wider determinants when commencing partnership work. Darren Summers noted that the governance diagram was shared at the last partnership board but noted that proposals for revised governance, to include the creation of the integrator board, will be brought back to the board.
5.16	ACTION: Revised governance diagram to be shared at September board meeting, including the Integrator Board.
5.17	Josephine Namusisiriley shared concerns about how VCS colleagues are meaningfully involved, noting that if the integrator role had a VCS partner, she would be more confident. Louise Dark responded that it is important to get this right and she would like to prevent previous situations from reoccurring where this has gone wrong. Louie added that the integrator board has not yet been set up and there is a need to understand which partners should sit on the board. This will be decided over the next couple of weeks.
5.18	Anood Al-Samerai suggested that this is an opportunity to engage health ambassadors. Anood also noted that it is hard to engage the VCS until working in neighbourhoods, adding that it is important to ensure there is a budget for VCS colleagues to be part of the work, otherwise they are not always able to attend.



5.19	Emily Finch expressed concerns that the patient group who get excluded are socially marginalised people who do not engage with primary care, who also tend to be huge users of services, noting that this is something to bear in mind.
5.20	It was discussed that Southwark Council have been stating that there are 10 neighbourhoods whereas the ICB have been stating five. It was clarified that one INT would cover two neighbourhoods, meaning five INTs in Southwark.
5.21	The Chair summarised that the work discussed is not a replacement, instead it is focussing on improving what is currently in place. The Chair added that the speed can make it feel uncomfortable, but there is a strong foundation in place.
5.22	The board AGREED the partnership between GSTT and a joint venture between Southwark GP federations (Improving Health Limited (LTD) and Quay Health Solutions (QHS) is appointment as the integrator for Southwark
5.23	Rebecca Jarvis introduced the second part of the item, which covers the late papers circulated this week. A National Neighbourhood Health Implementation programme was announced by the government on 9 th July with the aim to build on what is already being done and to accelerate the work.
5.24	Rebecca noted a number of advantages of applying for this including a greater opportunity to learn from elsewhere, receiving national and regional support and the opportunity to shape future planning.
5.25	Rebecca clarified that Southwark are being encouraged to apply jointly with Lambeth and there is a tight timescale with submissions due on 8 th August. Work is ongoing to go through the requirements with Lambeth understand if the application would meet the criteria.
5.26	Darren Summers added that this is a national programme with 42 places. This needs to be one per ICB and with upcoming changes, this will equate to 1.5 per ICB. SEL is potentially going to be putting forward 2-3 applications. A two-place application will be quite unique, with a shared integrator across the two. This item has been brought to the board today for information and discussion.
5.27	Darren clarified that there is work to be done to understand the resource requirements and to ensure that the energy going into this doesn't detract from energy going into the INTs work, as well as to clarify who needs to sign the application.
5.28	This application is being driven by the national NHS timetable and the selection process is a month after submission.
5.29	The Chair opened up discussion to the board for comment.



5.30	David Quirke-Thornton raised concerns around funding for this, noting that Lambeth council are receiving emergency funding from the government and do not have the budgets to approve this. There is no clarity on the costings and where the money would come from.
5.31	David added that he is also concerned about capacity, noting that it was hard to progress workstreams from the Health and Care plan. David added that there is talent and knowledge within existing teams without applying for the programme adding that other huge reforms are happening at the same time which will be hard to navigate.
5.32	Cllr Evelyn Akoto responded that the asks will be explored to see if these can be delivered ahead of putting in an application, adding that a lot is being done already.
5.33	Louise Dark responded that some work is needed to reprioritise resources and noted that there may be funding association with this, but this cannot be relied upon. Louise clarified that the money will not be split and Lambeth and Southwark will not be dependent on each other.
5.34	Louise added that a coach needs to be provided, and each neighbourhood will have posts associated with it.
5.35	Darren Summers noted that investment into INTs is part of ICB commissioning intentions for 2025/26, alongside, for example, additional investment into mental health services.
5.36	Katy clarified that she feels the application is looking at the framework for the INTs journey, noting that she feels the board are round the table on this. Katy added that it is important to consider any risks of not completing the application.
5.37	Olufemi Osonuga agreed that it is an important programme for Southwark, adding that it provides a chance to have enablers to unblock some of the barriers faced, including data sharing. Olufemi added that concerns around resources and capacity are valid but noted that capacity will be needed with or without the programme. There may be some re-jigging of roles and change of priorities required.
5.38	Josephine Namusisiriley added that consideration is needed to understand the impact this would have on workforce. Louise Dark responded that she was at @Home today, who had a staff-led bottom-up review and the outcome of this was very positive, adding that learning will be taken from this and applied to INTs.
5.39	The Chair acknowledged the good examples shared, adding that the programme should feel like extra support rather than extra work. The Chair clarified that the integrator is a group of health organisations and this does not change what all partners bring.
5.40	Darren Summers clarified that a decision will not be made during this meeting. over the next 10 days, the requirements, criteria and resources will be tested and following this, a full partner sign up will be ensured. The decision will be deferred to the INT programme executive which is



	composed of representatives of all sectors. This process will be completed by email and will involve partners.
5.41	The board thanked Rebecca Jarvis and Claire Belgard for the presentation and NOTED the updates provided.
6.	Strategic Director for Health & Care and Place Executive Lead Report
6.1	Darren Summers introduced the Place Executive Lead report, taking the enclosures as read.
6.2	Key highlights of the report were noted, including the 'ICB Model Blueprint/ICB Reform' and the NHS 10-year plan. More detailed discussions on these two topics planned at for the September Partnership Southwark Strategic Board, noting that the ICB Model Blueprint mentions streamlining governance.
6.3	Other highlights of the report included a recent Estates workshop, where colleagues looked at how to utilise the Tessa Jowell Health Centre in different ways. Olufemi Osonuga noted that estates beyond the Tessa Jowell centre need to be looked at as part of the implementation of Integrated Neighbourhood Teams.
6.4	Anood Al-Samerai noted that the uses of estates is an issue for the voluntary and community sector (VCS) and requested that VCS owned spaces are used more to support VCS groups.
6.5	Darren highlighted other areas of the report, including an update on the maternity commission and Health Inequalities Fund.
6.6	Rebecca Jarvis provided an update on the Partnership Southwark Delivery Executive (PSDE), noting that the sub-committee report included an ask of the board to approve the SEL Ageing Well Framework, which had been agreed under agenda item 3 (further details noted in points 3.1-3.5).
6.7	Rebecca Jarvis updated that the main agenda item at the last PSDE meeting was the strategic priorities dashboard, which measures progress against each of the priorities. The executive reviewed the dashboard and there were some challenges from executives around the targets. This is a challenging piece of work but is being progressed.
6.8	The executive also saw a presentation from the Start Well team, who discussed the adolescent wellbeing model in a neighbourhood. Rebecca noted that it would be good to bring this work back to the strategic board in the future to demonstrate how INTs provide a vehicle for work line this.
6.9	Katy Porter provided an update on the Primary Care Committee, noting that the new structure including the Primary Care Collaborative and committee is now well established with good



	clarity and link between the two groups. Having the two groups allows the committee to focus on assurance, quality and performance.
6.10	Katy updated that there is now good information flowing through around CQC statuses and practice visits. The committee is providing a lot of focus on Estates, ensuring that these are fit for the future.
6.11	Katy Porter also provided an update on the Integrated Governance and Assurance Committee (IGAC) noting that the last meeting focussed on the finance updates. This included looking at quarter one reports as well as savings plans for the year ahead, which showed a challenging financial picture. The focus remains on areas of spend around mental health, mental health placements and ADHD.
6.12	The board NOTED the updates provided.
7.	Integrated Assurance Report
7.1	Katy Porter introduced the item, noting that the paper is a more streamlined version of the Integrated Assurance Report, which summarises key issues and changes since the report was last presented. There are plans to bring a fuller report back to the board in September. Conversations are ongoing with Quality colleagues to discuss the frequency of reporting to helpfully identify trends.
7.2	The importance of the report was noted, highlighting that it provides areas of focus for 'deep dives', an example of this being the earlier Immunisation and Vaccinations item on the agenda.
7.3	Darren Summers added that the full data was not available when the papers were published for this month's board meeting, so it was not possible for a full dashboard to be produced.
7.4	The board NOTED the updates provided.
8.	Any Other Business
8.1	Graham Head noted the news that the NHS ten-year plan includes a proposal to close Healthwatch, noting that as a statutory body, this will require an act of parliament. He directed board members to the recently published annual report.

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

PARTNERSHIP SOUTHWARK STRATEGIC BOARD					
ACTION LOG					
No.	MEETING DATE	ACTION	STATUS	OWNER	COMMENTS
1	24/07/2025	Unplanned Admissions for Over 65-year-olds - Collate and review themes from Board conversation to inform the gap analysis and next steps.	Closed	Rebecca Jarvis / Claire Belgard	Themes have been summarised and shared with Rish Baloch who is leading on the implementation of the Ageing Well Framework, including gap analysis
2	24/07/2025	Revised governance diagram to be shared at September board meeting, including the Integrator Board	Open	Darren Summers	11/09 - This has been postponed and will now be shared at November PSSB

Partnership Southwark Strategic Board

Cover Sheet

Item: 2
Enclosure: 2

Title:	Fit for the future: 10 Year Health Plan for England
Meeting Date:	25 September 2025
Author:	Ranjeet Kaile, Director of Communications and Engagement, SEL ICB
Executive Lead:	Darren Summers, Southwark Place Executive Lead

Summary of main points

Fit for the future, the 10-year health plan for England, emphasises a shift from reactive sickness care to proactive prevention and personalised healthcare. The plan details major reforms to the National Health Service (NHS), including enhancing transparency in care quality, leveraging innovation and technology like AI and genomics, and fostering a modern, sustainable workforce. It also addresses financial foundations, proposing a new operating model that decentralises power and prioritises community-based care through "Neighbourhood Health Services," aiming to reduce inequalities and improve overall public health.

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

Action requested of PSSB

PSSB is being asked to review the report and to discuss what this would mean for the residents of London Borough of Southwark.

Anticipated follow up

PSSB may wish to review local plans and work to ensure they are in line with this national vision that has been set out, ensuring that they are appropriate for Southwark residents and communities.

Links to Partnership Southwark Health and Care Plan priorities

Children and young people's mental health	X
Adult mental health	X
Frailty	X
Integrated neighbourhood teams	X
Prevention and health inequalities	X

Item Impact

Equality Impact	<i>This is a national overview paper and EI will be part of localised work programmes.</i>
Quality Impact	<i>This is a national overview paper and QI will be part of localised work programmes.</i>
Financial Impact	<i>This is a national overview paper and FI will be part of localised work programmes.</i>
Medicines & Prescribing Impact	<i>This is a national overview paper and MPI will be part of localised work programmes.</i>
Safeguarding Impact	<i>This is a national overview paper and SI will be part of localised work programmes.</i>

Environmental Sustainability Impact (See guidance)	Neutral	Positive	Negative

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

- More than 1.9 million visits to the Change NHS website.
- Over 750 members of the public and over 3,000 health and care staff from every NHS region of England taking part in discussions to get their views on how we can deliver the three shifts.
- Over 1,600 responses from organisations on the portal and meetings with partners through our Partners Council to capture their expertise and channel the views of seldom-heard voices.
- Over 650 community workshops hosted by partner organisations and local health systems, with over 17,000 people attending local events across England. This included those whose voices are often underheard such as Gypsy, Roma and Traveller communities, people with alcohol and drug dependence and people experiencing homelessness.
- 800 Integrated Care System leaders – from the NHS and local government – attending regional events to talk about the plan.
- A National Summit bringing together hundreds of members of the public and health and care staff to help us to shape the Plan

More details can be found at: [Change NHS](#)

The 10 Year Health Plan

Ranjeet Kaile, Director of Communications and Engagement

The 10 Year Health Plan

- From the executive summary (July 2025):

“This is a plan to create a new model of care, fit for the future. It will be central to how we deliver on our health mission. We will take the NHS’s founding principles - universal care, free at the point of delivery, based on need and funded through general taxation - and from those foundations, entirely reimagine how the NHS does care so patients have real choice and control over their health and care.”

“The choice for the NHS is stark: reform or die.”

<https://www.gov.uk/government/publications/10-year-health-plan-for-england-fit-for-the-future/fit-for-the-future-10-year-health-plan-for-england-executive-summary>



Content areas

- Three shifts:
 - Hospital to community; establishing a neighbourhood health service
 - Analogue to digital
 - Sickness to prevention
- New operating model
- Transparency of quality of care
- Workforce
- Innovation to drive reform
- Productivity and finance



Three shifts: hospital to community

Purpose: that care should happen...

- as locally as it can
- digitally by default
- in a patient's home if possible
- in a neighbourhood health centre when needed
- in a hospital if necessary.

Neighbourhood health service in London, and south east London:

- Target operating model published May 2025
- Neighbourhoods established
- Integrators appointed
- Neighbourhood teams in development

South east London neighbourhoods

To find out more about the neighbourhoods in our boroughs, please click the map on the right or the links below:

- [Bexley](#)
- [Bromley](#)
- [Greenwich](#)
- [Lambeth](#)
- [Lewisham](#)
- [Southwark](#)



<https://www.selondonics.org/in-your-area/neighbourhood-health/>

Three shifts: analogue to digital

Purpose:

- ensure rapid access for those in generally good health
- free up physical access for those with the most complex needs
- help ensure the NHS's financial sustainability for future generations

Action:

- NHS app: 'digital front door'
- Single patient record:
 - Consolidate patient information.
 - Allow coordinated care
 - Enable improved population health management
 - Be interoperable between various NHS silos and data systems
- Wearables and virtual wards



Three shifts: sickness to prevention

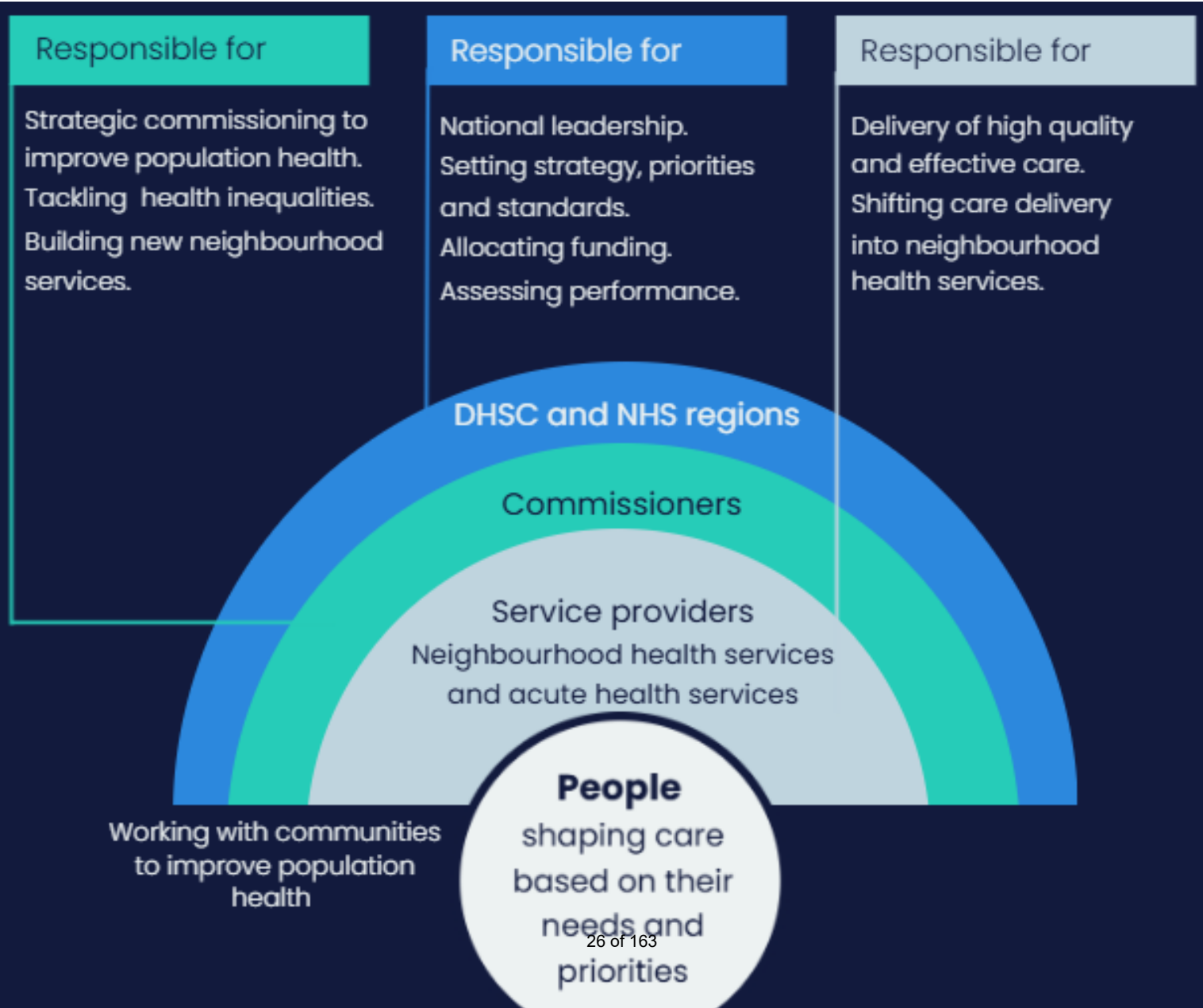
Purpose: “to halve the gap in healthy life expectancy between the richest and poorest regions, while increasing it for everyone, and to raise the healthiest generation of children ever.”

Action:

- Ban single use vapes
- Tackle obesity
- Introduce a mandatory requirement for alcoholic drinks to display consistent nutritional information
- Reduce air pollution from transport
- Requiring social landlords to act promptly on damp and mould
- Expanding health and growth accelerators
- Roll out of mental health support teams
- Develop Young Futures hubs
- Commitment to work with local authorities
- Initiate prevention accelerators
- Use genomics and predictive analysis supported by AI to improve early detection of disease
- Increase childhood immunisation rates
- Increase access and uptake of cancer screening services

Purpose: a more
diverse and
devolved health
service.

New operating model



New operating model - ICBs

Integrated care boards will be strategic commissioners:

- Reset ICBs as strategic commissioners
- Develop and deliver a national programme to support ICB capability, including a new commissioning framework.
- Change ICB governance
- Close commissioning support units
- Empower ICBs to pool their commissioning arrangements.

Transparency of quality of care

Purpose: to make the NHS “the most transparent healthcare system in the world.”

Action:

- putting patient choice, voice and feedback at the heart of how quality is defined and measured
 - eg. patients will be able to provide direct feedback on their care via the NHS App.
- strengthening accountability and introducing new incentives for high quality care
 - eg publication of the NOF league tables
- streamlining and establishing stronger and clearer leadership within the regulatory environment. Eg:
 - Re-establish and reform the National Quality Board (NQB)
 - Incentivise high-quality care
 - Require ICBs and NHS regions to identify services and/or providers delivering persistently poor quality care



Workforce

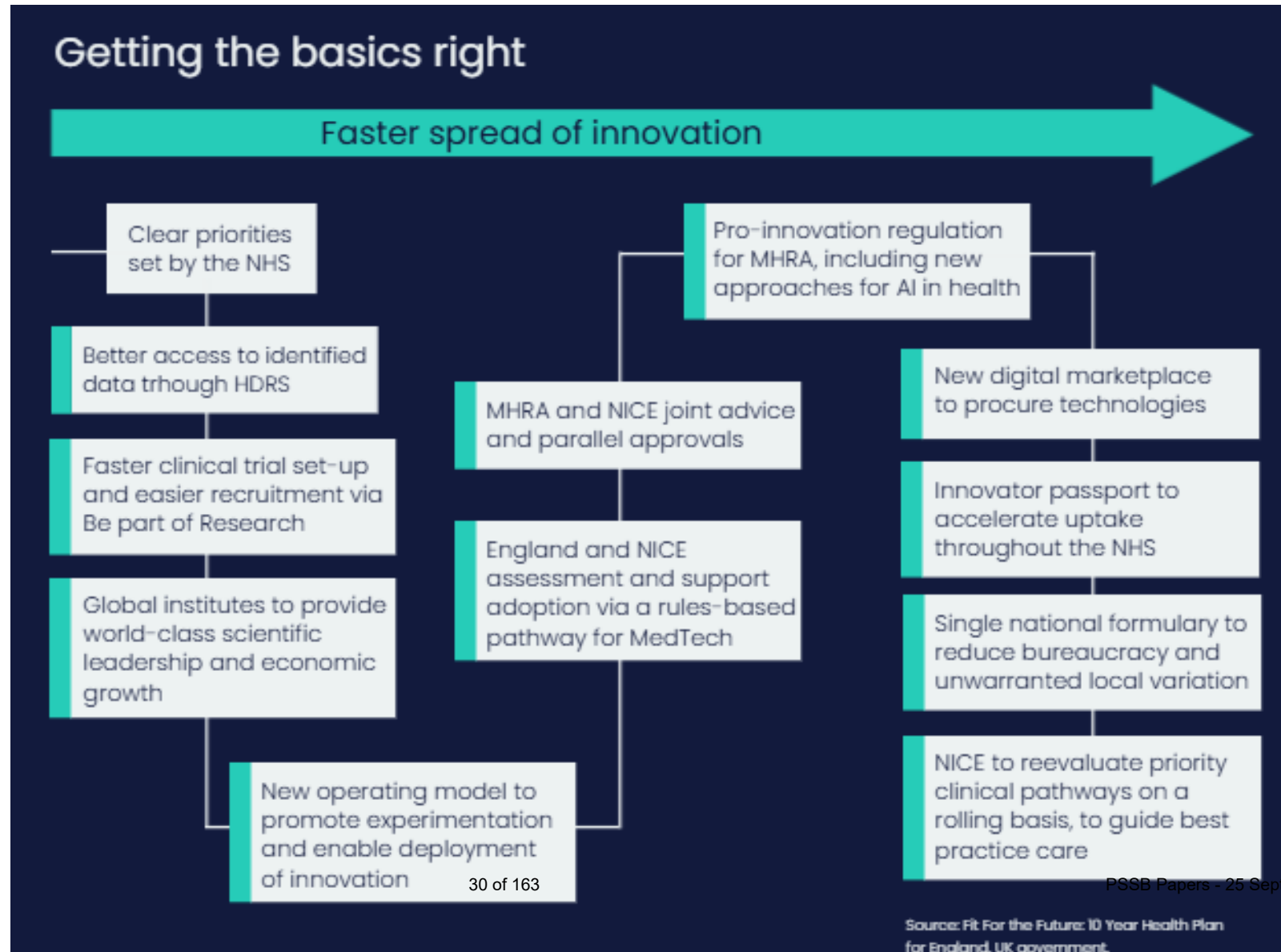
Purpose: “While, by 2035, there will be fewer staff than projected in the 2023 Long Term Workforce Plan, those staff will be better treated, more motivated, have better training and more scope to develop their careers.”

Action:

- Develop a new NHS workforce plan
- Personalised career coaching
- AI will become every nurse’s and doctor’s trusted assistant
- New set of staff standards
- Guidance on the best use of existing terms and conditions
- Reduce the need for expensive extra-contractual work
- Give leaders and managers new freedoms
- New arrangements for senior managers’ pay
- Overhaul education and training curricula
- Shift a greater proportion of staff into community and primary care compared to hospitals
- Develop advanced practice models for nurses and other professionals.
- Increase the number of nurse consultants
- Create 1,000 new specialty training posts.
- Accelerate the delivery of the recommendations of the Messenger review Reorientate recruitment away from dependency on international recruitment
- Create 2,000 more nursing apprenticeships

Innovation

Purpose: “to lead the world on the innovation that will most accelerate reform.”



Productivity and finance

Purpose: “incentivise innovation, support the flow of money from hospital into community and reward best practice across the NHS.”

Action:

- Two new reviews:
 - A review of productivity
 - A review of the rising legal costs of clinical negligence claims
- New financial model and in-year planning
- Changing the payment system
- Capital investment
 - Introducing multi-year capital budgets, set on a rolling five-year basis

What this means for south east London

Thank you.

Partnership Southwark Strategic Board

Cover Sheet

Item: 3
Enclosure: 3

Title:	NHS Changes
Meeting Date:	25th September 2025
Author:	Darren Summers (Strategic Director for Integrated Health and Care/Southwark Place Executive Lead)
Executive Lead:	Darren Summers (Strategic Director for Integrated Health and Care/Southwark Place Executive Lead)

Summary of main points

Since 2020, the SEL system has prioritised integration of health and care via explicit partnership working between commissioners, providers, community organisations, professional groups and residents. More recently the emphasis has been on neighbourhood-based care which coordinates resources at local level to respond to patterns of need.

The slides are informed by the NHS 10-year plan and ICB Blueprint and describe expected changes from our current Integrated Care System arrangements to a new NHS operating model which supports strategic commissioning and neighbourhood health services.

Both the 10-year plan and ICB blueprint outline a direction of travel, though further detail is expected. However rather than waiting for further detailed guidance, the slides have been developed so that Partnership Southwark Strategic Board can consider the implications and how we evolve pro-actively.

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

A further discussion in November will consider options for future Partnership Southwark governance arrangements in the light of the changes outlined here. Neighbourhood health will consistently be on the agenda of Partnership Southwark Board.

Links to Partnership Southwark Health and Care Plan priorities

Children and young people's mental health	X
Adult mental health	X
Frailty	X
Integrated neighbourhood teams	X
Prevention and health inequalities	X

Item Impact

Equality Impact	Addressing inequalities will be key in the planning and delivery of neighbourhood health and care services.
------------------------	---

Quality Impact	Whilst the slides do not detail the quality impact of, for example, the new operating model or neighbourhood health, further consideration to ensure neighbourhood health services are high quality and offer improved outcomes to residents and patients will be key going forwards.		
Financial Impact	The report does not specifically deal with financial issues, though refers to some expectations around NHS deficit funding and convergence		
Medicines & Prescribing Impact	n/a		
Safeguarding Impact	Though not detailed in the report, further guidance has been produced by NHSE around the management of safeguarding functions, including continued statutory responsibilities of the ICB.		
Environmental Sustainability Impact (See guidance)	Neutral	Positive	Negative
	X		

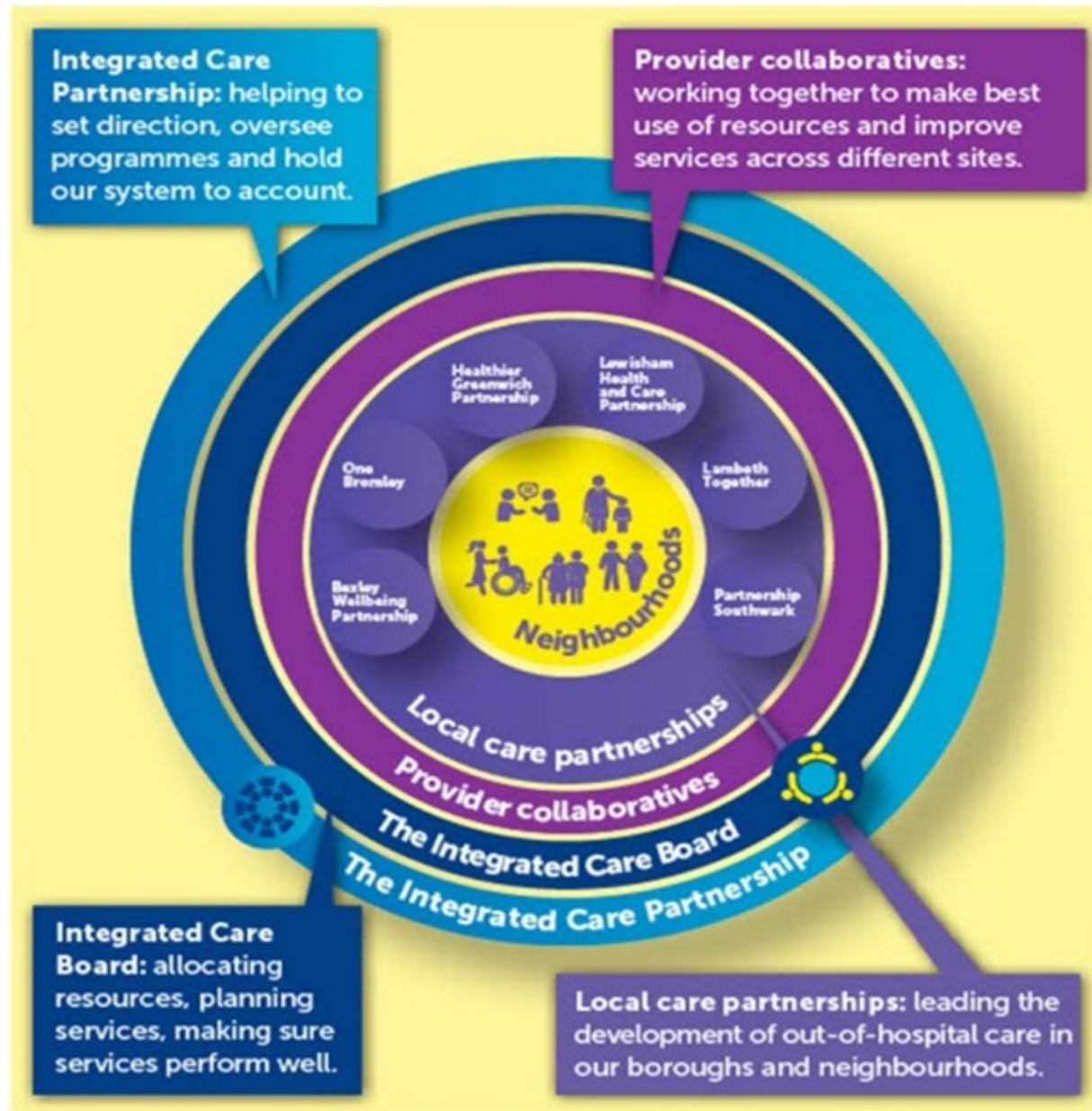
Describe the engagement has been carried out in relation to this item			
N/A			

NHS Changes

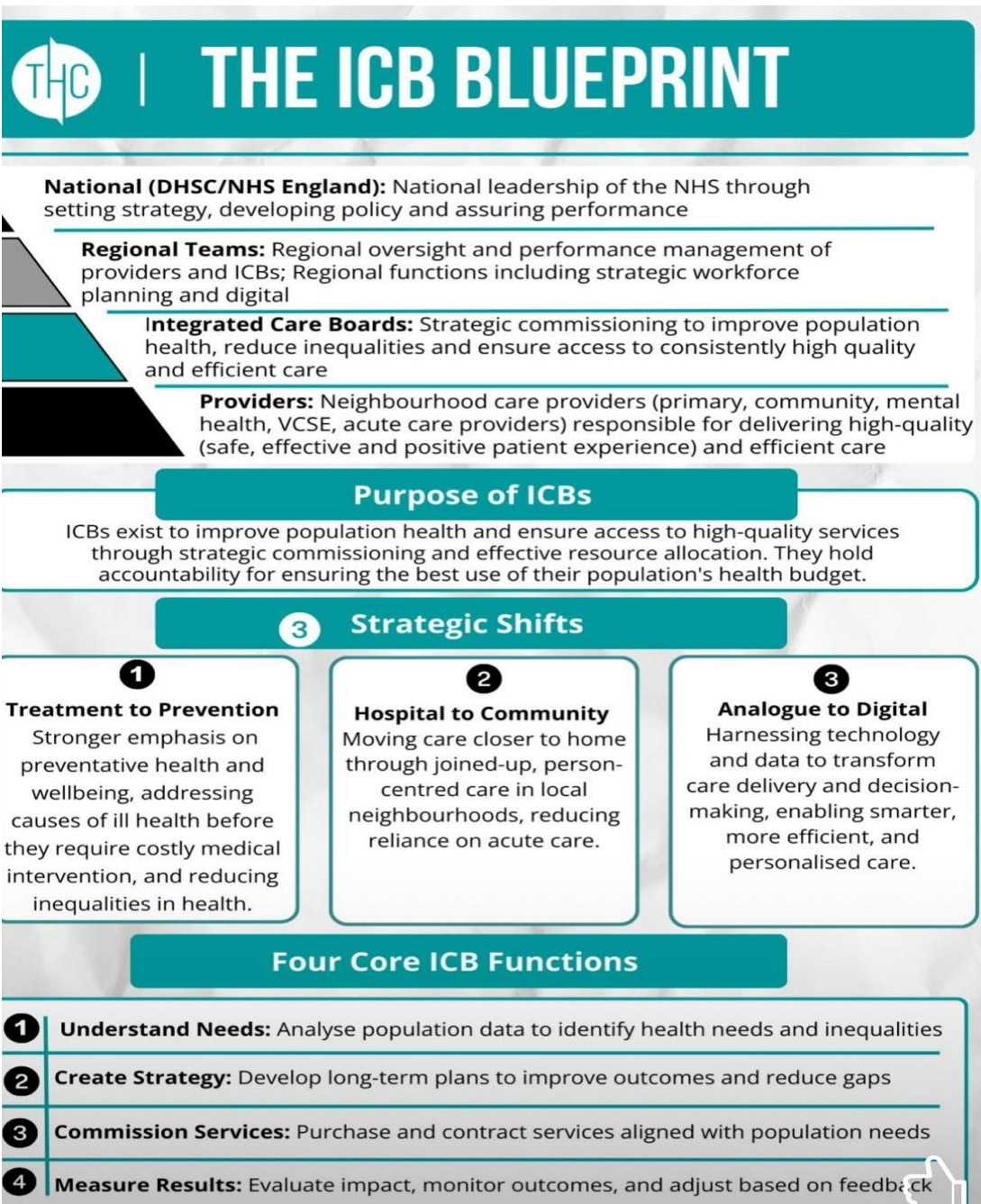
Partnership Southwark Strategic Board

18th September 2025

Integrated care system current state



- Integrated Care Partnership includes local authorities, health providers and ICBs
- Integrated Care Board – board includes provider reps and one local authority partner rep
- Provider collaboratives – acute, community and mental health – with 5 main NHS providers in South East London (KCL, GSTT, LBT, Oxleas and SLAM)
- Local Care Partnerships including Partnership Southwark Strategic Board. ICB delegates responsibility and funding for some out of hospital services, including GP and primary care services, to Place Executive Leads.
- Neighbourhoods – future configuration of Integrated Neighbourhood Teams has been agreed across South East London. 4 of the 6 boroughs have appointed 'integrators' to enable the development of neighbourhood health and care.



In **March 2025**, NHSE announced a **50% reduction in running costs of ICBs**, to be delivered by December 2025. In **May** the **Model ICB Blueprint v1.0** was published, outlining expected future functions and form of ICBs, including:

- Primary focus as a **strategic commissioning** organisation, with four main functions:
 - Understanding needs
 - Creating strategy
 - Commissioning services
 - Measuring results
- The blueprint included an expectation that ICBs would **grow their strategic commissioning capacity**, retain and adapt (i.e. **streamline**) **other functions** such as quality management, governance including board governance, and core organizational operations (e.g. HR, communications etc.)
- The blueprint also identified a number of functions that would **transfer**, although before any changes to legislation some of these functions – such as safeguarding and CHC – will be retained.
- In this context the blueprint signaled the creation of **‘neighbourhood health providers’**.

Fit for the Future

10 year health plan for England

July 2025

[Fit for the future: 10 Year Health Plan for England - executive summary \(accessible version\) - GOV.UK](#)

Three shifts:

- From hospital to community
- From analogue to digital
- From sickness to prevention

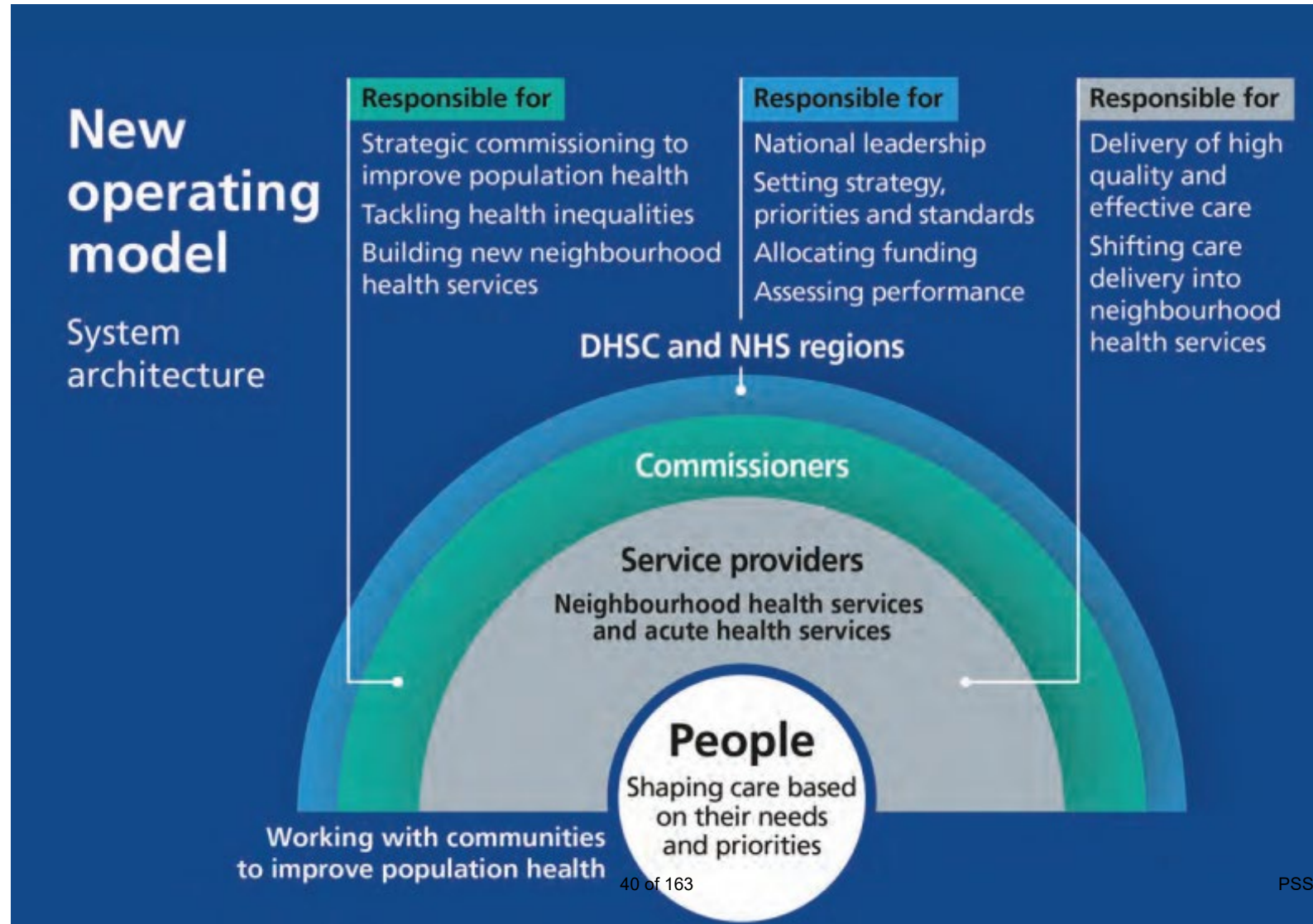
Plus sections on:

- A new operating model
- Quality of care
- NHS workforce
- Transformation and innovation
- Productivity and finances

Development of neighbourhood health services features consistently through the plan.....*“the neighbourhood health service is our alternative”*

10 year plan

New operating model: system architecture



Implications of the operating model

- Integrated Care Boards will be strategic commissioners of local health services, including commissioning the *‘best, most appropriate neighbourhood providers’*
- Integrated Care Partnerships to be abolished. Provider organisations will no longer sit on ICB boards. Strategic health authority mayors will be board members rather than local authorities (unclear how this will work in London.)
- Earned autonomy for providers... *‘we will reinvigorate and reinvent the NHS Foundation Trust model...new FTs will have a greater focus on partnership working and population health outcomes’*
- *‘For the very best FTs...we will create an opportunity to hold the whole health budget for a local population as an Integrated Health Organisation (IHO.)’*
- *‘a neighbourhood health plan will be drawn up by local government, the NHS and its partners under the leadership of the Health and Well Being Board, incorporating public health, social care and the BCF.... The ICB will bring together these local plans into a population health plan..and use it to inform commissioning decisions.’*
- *‘we will work with strategic authorities as prevention demonstrators....supported by mayoral ‘total place’ powers*
- From 2026 there will be a cycle of public health peer reviews, and the BCF is to be reformed from 2026/27

Implications for Southwark

Neighbourhood health

- The Health and Well Being Board will have specific responsibility for developing neighbourhood health plans, with SEL ICB and local care partnership boards (i.e. PSSB) responsible for delivery plans.
- The ICB will continue to have a key role in coordinating partners and planning and commissioning neighbourhood health and care over the next 2 – 3 years, but the expectation is that these functions will move to the integrator/neighbourhood health provider/integrated health organisation over time. The integrator is establishing an Integrated Health Delivery Board and will work partner representatives including local government/social care, the VCS and other health trusts.
- Elsewhere one key component of the neighbourhood health model is population health management including patient segmentation/risk stratification. The join up of data sets across primary and secondary health services, public health, social care and other relevant council services is a key enabler in this regard.
- A ‘single patient record’ will be in place by 2028. Plans for this don’t currently include social care.
- The sickness to prevention section of the ten year plan includes a number of expectations relevant to a range of partners, including around tobacco and vaping, obesity, alcohol, air pollution, social landlords (such as damp and mould), mental health , young people and immunisations.

Implications for Southwark Neighbourhood health

- Neighbourhood health is a key priority, with Integrated Neighbourhood health and care teams the main delivery vehicle. We have made good progress over past six months to agree configuration of and high-level model for teams, but the challenges include:
 - spreading and deepening our engagement around neighbourhood health to inform our plans
 - the operationalisation of the model to ensure residents and patients get a genuinely better service,
 - ensuring staff and partners have agency in how the teams are set up and operate
- Expectation that Neighbourhood Health Centres – open 12 hours a day 6 days a week – exist in every community as a ‘one-stop shop’. We have ideal centres in Tessa Jowell and Harold Moody, though usage would need to change, with a pipeline of new health centres in Canada Water, Old Kent Road, Elephant and Castle and possibly Blackfriars over coming years. There may also be opportunities in the Peckham area.
- Expected shift in investment from hospital to neighbourhood health over three to four years. 2 new contracts are being rolled out from 2026 – neighbourhood health and multi-neighbourhood contracts. These could have implications for existing Primary Care Networks. However the reconfiguration around INT boundaries, moves to establish a Joint Venture between GP Federations, and the GP/GSTT partnership as the integrator, have put good building blocks in place.
- The re-invigoration of the Foundation Trust model – KCL, GSTT and SLAM are all Foundation Trusts – will give those trusts more flexibility and freedoms. The opportunity to hold the whole health budget as an integrated health organisation is, for example, aligned with GSTT’s strategy priority of value-based health care and a new approach to population health.

Southwark

What else will change and what should we think about?

- With the streamlining of ICB governance, and cost reductions impacting on staff supporting those functions, Partnership Southwark will need to streamline.
- Local health watch bodies will be ‘brought together’ with ICB and provider engagement functions. There is no clarity on the timescale for this, or the practicalities.
- A national investigation into maternity and neo-natal services has been announced, chaired by Baroness Amos, with a National Maternity and Neo-Natal taskforce. This could be informed by, and have implications for the action plan of, the Southwark maternity commission.
- There is a strong emphasis in the 10 year plan on using ‘genomics and predictive analytics supported by AI’ for personalized/targeted prevention and early intervention/treatment, which is strongly aligned with council and system ambitions around prevention.
- It’s unclear how changes to the financial framework of the NHS will impact on South East London, but the expectation is that there will not be ongoing deficit funding for trusts or systems beyond 2026/27. South-East London is also the ICB most affected by ‘convergence’ – with the currently the highest difference in funding between current level and that determined by the NHS funding formula.

Southwark

what might this mean

- **For us as organisational reps and system leaders:**
- We will need a deeper understanding of neighbourhood models to agree configuration of teams mobilised by NHS, VCSE and social care leadership and a shifting of investment from hospital into community care
- The Health and Well Being Board led Neighbourhood Health Plan is likely to have a strong focus on wider determinants of health alongside health and care neighbourhood models, that will need to be reflected in our delivery plans
- The current structure and sub-structure of PSSB, and associated governance, will need to be reviewed in the light of the ICB blueprint and appointment of the integrator, with proposals being brought for discussion to November board.
- Ongoing resident engagement will be critical, especially with the uncertainty around Healthwatch.
- **Local patients and residents should see:**
- Proactive and responsive care via neighbourhood health centres and community teams
- Clearer link between patient need and what is offered so that experience and outcomes are improved
- This involves a stronger emphasis on genomics/predictive analytics to enable personalised/targeted prevention and early intervention/treatment

Partnership Southwark Strategic Board

Cover Sheet

Item: 4
Enclosure: 4

Title:	Integrated Neighbourhood Teams (INT)
Meeting Date:	25th September, 2025
Author:	Alice Jarvis
Executive Lead:	Louise Dark, Rebecca Dallmeyer, Nigel Smith

Summary of main points

INT development:

- Five neighbourhoods have been agreed
- Integrator has been appointed, first Integrator Delivery Board took place in August. They will take place every 3rd Thursday of the month.
- INT models across priority clinical areas being developed in phases
- The structure to support INT programme and delivery function is in draft – structure to be finalised by end of September

INT Priorities Overview:

- The focus is on Multiple Long Term Conditions (MLTC), Frailty and Children & Young people with Complex needs (CYP)
- Intention to pilot all three clinical priorities in each neighbourhood
- Frailty prototype is in development. Multi morbidity model of care provides a baseline for MLTC development
- CYP is already well established in the CHILDS model. Learning from this development is informing development of the INT.

National Neighbourhood Health Implementation (NNHIP):

- Lambeth and Southwark have been chosen to be part of the first wave of the NNHIP along with 25 places in England focusing on developing MLTC neighbourhood models
- Initial conversations with the national team planned for w/c 15th September

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

Action requested of PSSB

To note progress and welcome comments on work so far

Anticipated follow up

To bring updates on a regular basis

Links to Partnership Southwark Health and Care Plan priorities

Children and young people's mental health	X
Adult mental health	X

Frailty	X
Integrated neighbourhood teams	X
Prevention and health inequalities	X

Item Impact			
Equality Impact	Not been undertaken at this stage – but will be required as work continues.		
Quality Impact	Not been undertaken at this stage – but will be required as work continues.		
Financial Impact	There will be future cost to establish the Southwark INT and the necessary clinical and delivery infrastructure to support this		
Medicines & Prescribing Impact	Not anticipated		
Safeguarding Impact	This is already embedded within the CHILDS model.		
Environmental Sustainability Impact (See guidance)	Neutral	Positive	Negative
		e.g. Yes – see page x.	

Describe the engagement has been carried out in relation to this item
<ul style="list-style-type: none"> VCSE Engagement - Working with Community Southwark to engage VCSE organisations Resident engagement – Aligning with Southwark Council community engagement programme for neighbourhood development General practice – Engagement events being scheduled for the Autumn

Partnership Southwark

Integrated Neighbourhood Teams (INT) Partnership Southwark Strategic Board

25th September 2025



Southwark INT context

Phase 1: June 2025 – INT Definition Completed

- Five neighborhood geographies agreed
- Integrator appointed (Collaboration between GSTT, Improving Health Limited (IHL), and Quay Health Solutions (QHS))
- Programme governance established

Phase 2: July 2025 - April 2026 - INT Development

- INT models to be developed and tested in Southwark by April 2026
- Each neighbourhood will be establishing all three priorities
- Further development and embedding of new structures will continue into 2026/27

Contractual levers

- Population Health Management (PHM) and General Practice premium contracts may present opportunities to support neighbourhood working
- Developing new specification for the Southwark Wellbeing Hub (mental health) to deliver on neighbourhood footprints

Governance & Partnerships:

- Integrator Delivery Board (IDB) established to oversee INT delivery of integrator responsibilities - First meeting took place 21/08/25 and recurs every 3rd Thursday of the month
- Indicative Integrator Structure in draft to be further developed and agreed October 2025 (see slide 7&8 for drafts)
- Programme Director appointed
- Southwark INT Programme Executive under review to ensure appropriateness for phase 2 delivery
- Joint venture between GP federations including Local Medical Committee to be finalised in Q3, 2025

Engagement & Collaboration

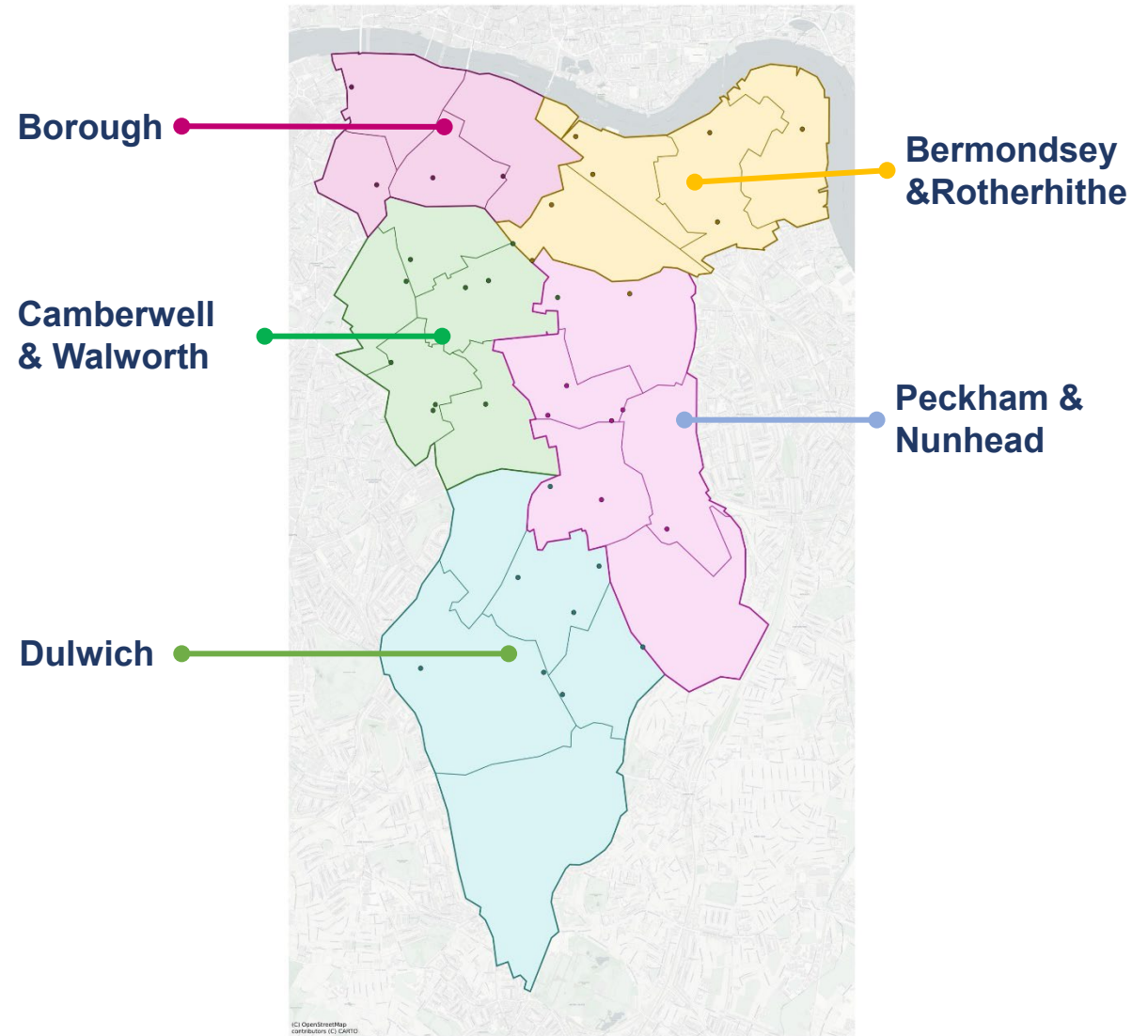
- VCSE Engagement: Working with Community Southwark to co-design INTs with VCSE organisations
- Resident Engagement: Align with Southwark Council community engagement programme for neighbourhood development
- General Practice Engagement: underway during Q1 and Q2. Further engagement events being scheduled for Q3

Proposed workplan – What are we being asked to do?

Integrators have the responsibility for delivering integrated neighbourhood teams.

Overall position:

- Five neighbourhoods agreed in Southwark (see right)
- Currently testing a Proactive Frailty prototype in Camberwell and Walworth prior to further expansion across the other neighbourhoods
- Other neighbourhood focus areas are being discussed around CYP, frailty & MLTC options and it is being proposed that **each neighbourhood would focus on the three priorities** through testing and learning
- Frailty & MLTC conversations are currently happening in Live Well and Age Well, and CYP conversations are being led in Start Well.
- Noting that Southwark already has the CHILDS model in all neighbourhoods, therefore the CYP INT work will focus on developing and broadening this model
- Alongside this work, we need to understand how we want to draw together and develop enablers in the system to support the work e.g. finances, digital.
- The anticipated neighbourhoods meetings to agree and design areas of focus, using a population health management approach to identify cohorts and interventions



Integrator – GSTT and Southwark Primary Care Provider Alliance

Southwark Primary Care Provider Alliance and GSTT have been identified as the ‘**integrator**’ by the South East London Integrated Care Board (SELICB), to host functions required to enable partners to work together effectively at the neighbourhood level.

Principles for an integrator:

- **Support** operational coordination between sectors and partners across the borough and between INTs, bridging the gap across the current reality of fragmented pathways and services by addressing the practicalities of collaboration (e.g., building interfaces and relationships, supporting workforce planning, and business intelligence).
- **Facilitate** population health management (PHM) by promoting the sharing and effective use of data and real-time information across organisations, enabling holistic care and improving the population’s health outcomes.
- **Address** interface issues and share learning through coordinating discussions at the Place level (e.g. Sharing resources and managing care transitions) and escalating issues affecting multiple neighbourhoods to ensure system-wide alignment.
- **Drive** equity in access and outcomes using PHM data and working closely with partners to identify and address disparities in access and care delivery, supporting INTs to meet local needs and reduce inequalities.
- **Provide** essential infrastructure supporting people, finance, governance and risk management for INTs which is consistent and cost-effective so that neighbourhood delivery becomes business-as-usual, harnessing existing local assets and resources.

Integrator Delivery Board was established in June 2025

Southwark Primary Care Provider Alliance is an emerging joint venture between Improving Health Limited (IHL) and Quay Health Solutions (QHS)

Membership:

SPCPA - Executive and Federation/PCN Directors and Local Medical Committee Director; GSTT:ISM and Evelina - CEOs, Deputy Medical Directors, Directors of Strategy; ISM Director of Operations and Partnerships, Population Health Consultant.

Governance:

Reports to: Partnership Southwark Strategic Board
Aligns with: Partnership Southwark Transformation Board

Meeting Frequency:

3rd Thursday of every month

Planning, Coordination and delivery through the IDB (1)

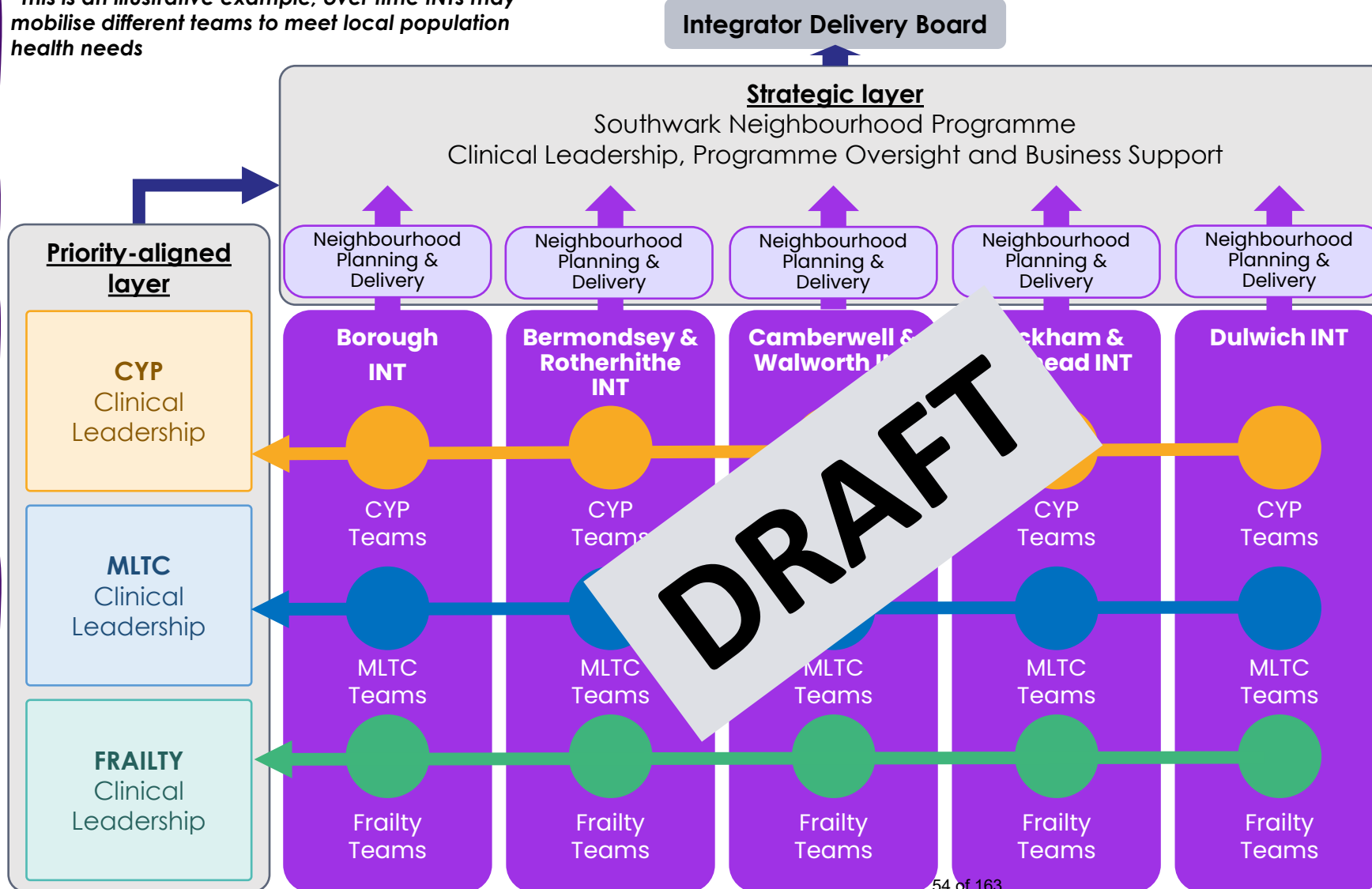
- Following the successful identification of Southwark Primary Care Provider Alliance and GSTT as the integrator, focus is now turning to planning, developing structures and delivery
- The Integrator Delivery Board (IDB) has been set up with delegated responsibility for delivering Integrated Neighbourhood Teams (INT) in Southwark from Partnership Southwark, and will also provide leadership and support for the development of the overall neighbourhood health model.
- IDB Functions include;
 - Making decision on the allocation of resources within INT models
 - Scrutinising and agreeing models of INT delivery
 - Responding to emerging policy developments regarding neighbourhood health
 - Demonstrating the impact of neighbourhood health models of care
 - Receiving updates from the delivery functions
- IDB will fulfil its functions in accordance with the following principles:
 - Patient and resident focused – changing how we deliver care better for our people
 - System-focused – about all providers involved in care in the community
 - Test and learn approach – think big, start small, act fast, deliver
 - Insights led – population health management to improve experience, outcomes and delivery, with data sharing essential to improve patient care
 - Sharing our existing resources – must work differently with what we have
 - Shared decision making
 - Initiated conversations with all providers, including colleagues across VCSE and are considering how to engage into our governance structures

Planning, Coordination and delivery through the IDB (2)

- The Integrator is developing the clinical leadership and operational management structures needed to support the neighbourhood health model in Southwark.
 - All roles - both clinical and operational - will need to work collaboratively with other partners in the system to be able to effectively respond to local population needs and deliver against priorities
 - Finalising initial structure (slides 7&8) by end of September, submitting proposals for additional funding to ICB and then recruitment
 - Some roles will be resourced through pre-existing structures where possible – repurposing and refocussing existing teams to new priorities
 - Focus on ensuring we have good clinical capacity to support the development of the new models of care
 - Current funding support and Primary Care networks is not yet known for 26/27. This will need to feed into our planning once this is finalised. Structures currently describe the total resource whilst acknowledging that some of the posts may have funding to support.
- Integrator communications
 - Developing standardised comms to be used across all providers
 - Ongoing relationship of engagement to enable all neighbourhood providers to understand their role and their organisations commitment to these new approaches
 - Initiated conversations with all providers, including colleagues across VCSE and are considering how to engage into our governance structures

Southwark Neighbourhood Structure

**This is an illustrative example; over time INTs may mobilise different teams to meet local population health needs*



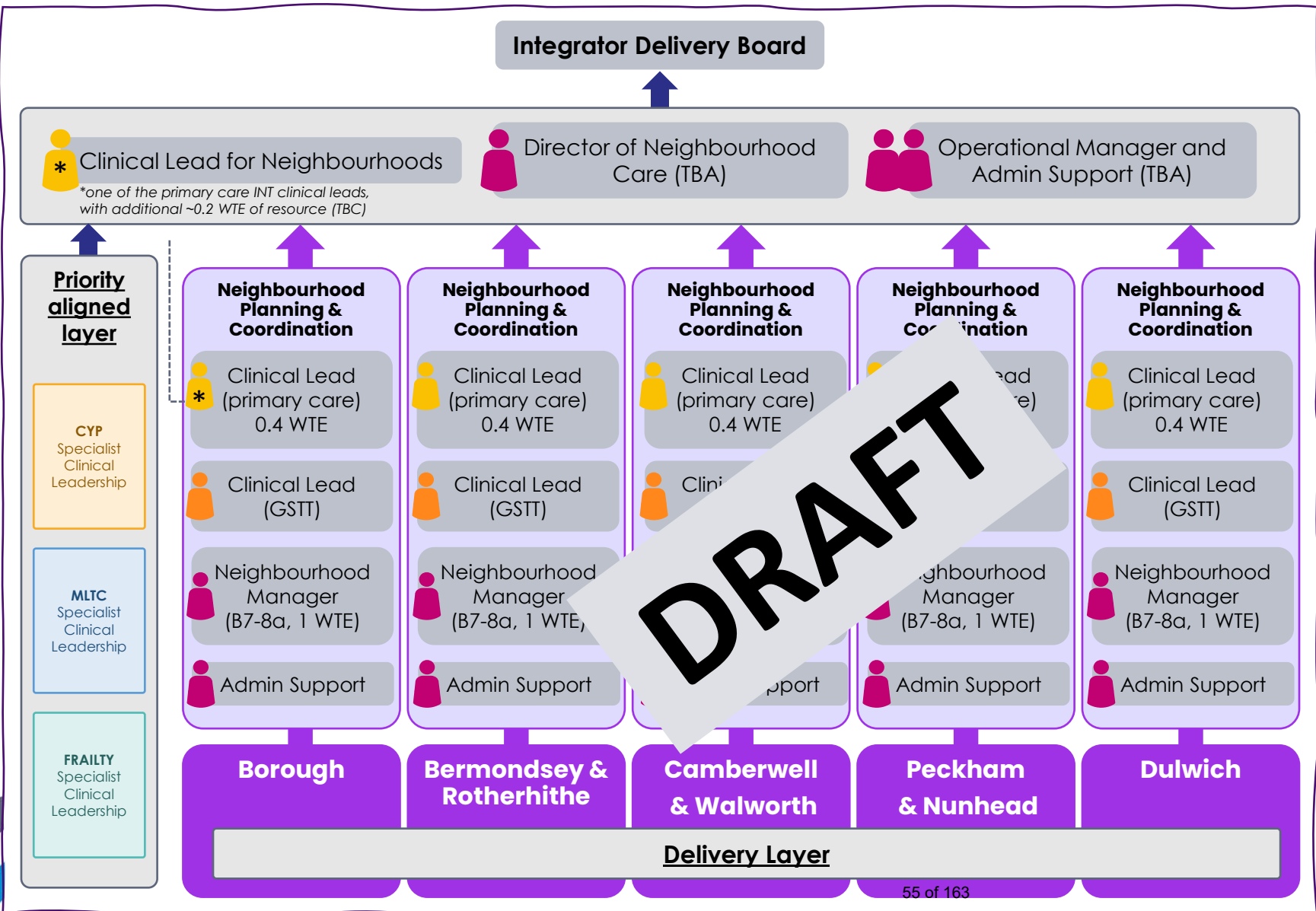
This diagram shows the **emerging governance structure for neighbourhoods in Southwark**.

Southwark has five neighbourhoods: Borough; Bermondsey & Rotherhithe; Camberwell & Walworth; Peckham & Nunhead; and Dulwich. Each Integrated Neighbourhood Team (INT) will initially focus on the following priority cohorts identified at a SEL wide level: children and young people with complex needs; multiple long-term conditions; and frailty.

Each INT reports into **clinical and operational governance**, which has two layers:

- 1. Strategic:** Provides overall clinical leadership and operational management to the neighbourhoods facilitating effective local planning and coordination. Roles here sit on, or report into, the Integrator Delivery Board (IDB).
- 2. Priority-aligned:** Promotes best practice, provides specialist oversight and prevents unwarranted duplication or variation between neighbourhoods. Roles here are aligned to priority areas, with oversight of all five INTs.

Resource Structure: Planning & Coordination Layer



This diagram shows the **core clinical leadership and operational management structure for INTs in Southwark**. These roles will need to interface with other professionals and partners within the system to successfully plan and deliver neighbourhood health.

Borough level resource

The Borough-level strategic leadership layer comprises the overall **Clinical Lead for Neighbourhoods**, the **Neighbourhood Programme Director** and a senior Business Support role. There is also **Specialist Clinical Leads (GSTT)** aligned to specific priorities (e.g. CVD) to support neighbourhoods as required.

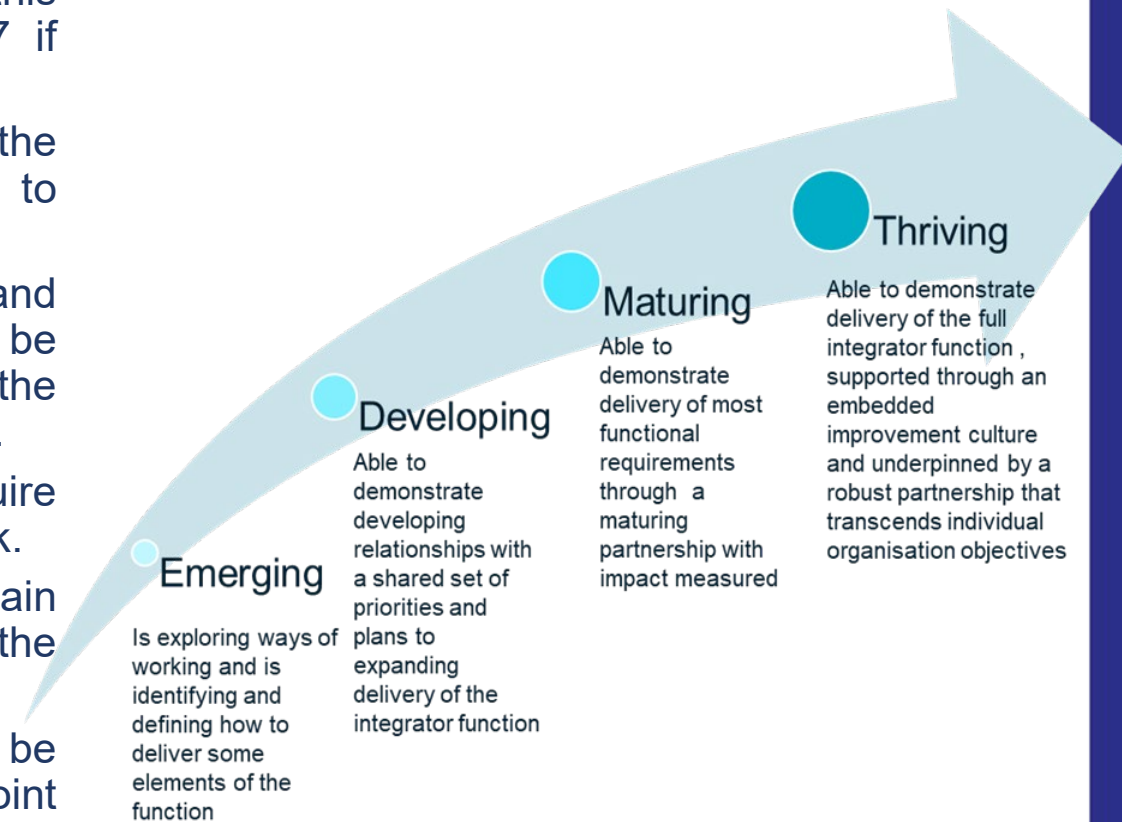
Neighbourhood level resource

Each INT will have a core quad of **clinical leads, neighbourhood managers and care coordinators**. These roles will be responsible for managing the planning and delivery functions for its respective neighbourhood, in line with local need. These roles will need to engage other system partners to ensure effective planning and delivery.

- Clinical lead (primary care)
 - Clinical lead (GSTT)
 - Operational management/ support
- PSSB Papers - 25 September 2025

Maturity Matrix and integrator funding

- SEL ICB has allocated 250k per place to support the development of the local integrator models. Funding is to be drawn down this financial year but delivery can be carried forward to 2026/27 if required.
- The use of the development funding will be developed by the integrator and informed by maturity matrix priority domains to identify key areas of focus.
- We are expecting Andrew Bland to write to Place PELs and Integrator CEOs to confirm that bids for the funding need to be submitted by 23rd October. There will also be an update to the December ICB Board to provide assurance on the use of funding.
- The bids for funding will be developed by integrators but will require input from partners and endorsement from Partnership Southwark.
- Propose that we use the Integrator Delivery Board as the main forum to engage with our other Southwark partners (including the voluntary and community sector).
- This seed funding is allocated to Place – there might be opportunities to work jointly with Lambeth to maximise our joint resources.



National Neighbourhood Health Implementation Programme

- Lambeth and Southwark have been chosen to be part of the first wave of the NNHIP, along with 25 other places across England
- This focuses on developing neighbourhood models to support people with multiple long term conditions, looking at the structural enablers that will support innovation to deliver on the three shifts within the NHS 10 Year Plan
- Initial conversations with the national team to commenced w/c 15th September
- The NNHIP programme will influence our approach for our MLTC INT
- We will also share learning across our INTs and across SEL, as well as continuing to work with other boroughs to understand examples of good practice in other places
- Place leadership will be provided through:
 - Integrator Delivery Board (covering Lambeth & Southwark)
 - Lambeth Together's Neighbourhood and Wellbeing Delivery Alliance
 - Partnership Southwark Strategic Board

NNHIP offer

- A national coach to work with your Place and neighborhood teams
- Access to subject experts
- 3 face-to-face regional learning workshops
- Online support (practical tools, case studies and real-time learning)
- A knowledge hub with themed areas for peer-to-peer learning (currently in development)
- Data and evaluation workshops to support baseline development and outcome tracking
- A knowledge management centre to share and access insights from across the country
- Capability-building training for your local coach and team members
- Opportunity to help shape enablers (such as funding flows)

Implementation and scale up; Summary & Next Steps

- Recognise original timescales of an Autumn 2025 launch for all neighbourhoods is challenging, but we are still ambitious to develop all three priorities across each neighbourhood by April 2026. To begin with this might look slightly different in each neighbourhood as we build and capitalise on what is already in place and working well.
- We will learn, build on and develop from the successful approach that CHILDS has implemented
- We are still reviewing the data to identify the first cohort that we will focus on for each priority
- We recognise the challenge of needing to engage such a board group of partners in a meaningful way. We are considering a number of forms of communication to support this. We know there is more to do, we would welcome feedback.
- There is no single blueprint for how INTs should operate. The governance and leadership model proposed here will evolve through iterative learning, co-design, and continuous improvement. This approach ensures structures remain flexible and responsive to local needs while embedding strong clinical leadership and effective operational support across neighbourhoods.

Appendix 1: London Target Operating Model – Key Functions to enable a neighbourhood health service and INTs

These functions are grouped as follows:

1. Geography: **defining our neighbourhoods**
2. Workforce: **developing our teams**
3. Relationships and interfaces: **enabling joint working**
4. Participation: **working with communities**
5. Population health management: **addressing inequalities**
6. Information sharing: **building our shared view**
7. Access and technology: **making interaction easier**
8. Governance: **working together safely and efficiently**
9. Metrics: **evidencing success**
10. Resource allocation: **powering the change**
11. **Managing the transition:** from national to neighbourhood



Partnership Southwark Strategic Board

Cover Sheet

Item: 6
Enclosure: 5

Title:	Partnership Southwark Strategic Board Spotlight on North and South Southwark PCN Social Prescribing Service
Meeting Date:	Thursday 25th September 2025
Author:	Gay Palmer and Mary Olushoto, Social Prescribing Team Leads and Partnership Southwark Clinical and Care Professional Leads
Executive Lead:	Dr Sumeeta Dhir and Dr Nancy Kuchemann, Partnership Southwark Clinical and Care Professional Leads

Summary of main points

- Social Prescribing is a key component of universal personalised care and connects people to activities, groups and services in their community to meet the practical, social and emotional needs that affect their health and wellbeing.
- Soon after the establishment of Primary Care Networks in 2019, it was expected that each PCN should recruit social prescribing link workers (via the additional roles and responsibilities scheme) and by 2023 provide a social proactive social prescribing service.
- This spotlight describes the current services operating within our two Southwark PCNs and provides insights into- how our service is relevant to INT-our data and insights can help inform neighbourhood working-importance of key collaborations and partnerships across the system
- Commentary is also provided on the role this service will play in integrated neighbourhood health care and the opportunities and challenges it faces.

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

Action requested of PSSB

- 1) The Board are asked to note the presentation and contribute to a short discussion.
- 2) Colleagues are also asked to note the learning gained throughout the development of the service and build this into future thinking regarding neighbourhood integrated working.

Anticipated follow up

- 1) Colleagues are asked to continue to champion the role played by the service in meeting local health and wellbeing needs and tackling health inequalities.
- 2) Colleagues are also asked to recognise and help build on the partnership working done by the team and it's role in the sustainability and impact of our voluntary, community and enterprise sector.

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

Chairs: Dr Nancy Kuchemann and Cllr Evelyn Akoto Strategic Director of Health & Care & Place Executive Lead: Darren Summers

Prevention and health inequalities	X
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Item Impact

Equality Impact	<i>Services which help mitigate the impact of wider determinants of health are also likely to reduce the inequality in health outcomes experienced by individuals and populations.</i>		
Quality Impact	<i>Social Prescribing is an evidence-based intervention that contributes to better quality health and wellbeing outcomes via holistic, personalised and coordinated care.</i>		
Financial Impact	<i>Social Prescribing is an evidence-based intervention that is cost effective and wider impact can include improvements in the sustainability of the health and care system</i>		
Medicines & Prescribing Impact	<i>Interventions to tackle wider determinants of health and wellbeing can lead to reduced use of medicines via prevention of long-term conditions.</i>		
Safeguarding Impact	<i>Vulnerable children, young people and adults are key populations to benefit from social prescribing interventions.</i>		
Environmental Sustainability Impact (See guidance)	Neutral	Positive	Negative
		<i>Yes – via the role played in optimising use of resources through holistic, personalised and coordinated care</i>	

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

The presentation has been authored by the team leads based on activity and in sighted collected by the service and it has been adapted based on feedback from Darren Summers, Nancy Kuchemann, Emily Gibbs and Sumeeta Dhir.

Spotlight-Social Prescribing

Gay Palmer- South Southwark Social Prescriber/Health and Wellbeing
Coach Team Lead- CCPL Health Enabler- Start Well and Live Well

Date: 25.09.2025

Social Prescribing 2020-2025

- It is an approach that connects people to activities, groups, and services in their community to meet the practical, social and emotional needs that affect their health and wellbeing (NHS England 2019)
- 25% of GP appointments are for non medical needs
- Is based on a salutogenic approach- focussing on an individual's assets, strengths, and resources to promote well-being, rather than solely on their illnesses or deficits- what matters to you
- Power of social prescribing isn't just about the 'prescription' is also about the conversations that are based on Motivational Interview techniques, coaching skills, counselling skills to ensure the right needs can be identified and support can be offered
- The National Academy of Social Prescribing acknowledges that there are 4 key pillars of social prescribing all of which are evidence based
 1. Information, Advice and Guidance (legal, welfare, pathways, access to services)
 2. Physical (exercise, dance, walking)
 3. Arts/Culture (galleries, museums craft making, music, poetry)
 4. Nature (parks, gardens, nature walks)

2020

SPLWs roles are funded through the PCN Direct Enhanced Service, specifically the Additional Roles Reimbursement Scheme (ARRS).

PCNs were given opportunities to consider several roles they wanted to employ to support local population needs and have agreed how to allocate this funding across neighbourhoods.



2025

The number of SPLWs has increased from 10 to 27 across Southwark, based on the needs of the local population.

Increased complex local population needs resulting in high demand on all services

With the growth of the team it allowed for role development which has helped to shape the work of the team to better support PCNs ensuring the team are responding to the needs.

Within the teams we have Children and Young People SP, Housing Specialists and team members who have focus on frailty, disability

Social prescribing CCPL roles have enabled opportunities to connect with the wider system, partners. It has permitted us to be included in discussions in relation to commissioning to ensure equity of services for those who are at greatest need, and to consider a more holistic approach to care

Social Prescribing expansion

- Numbers of referrals has continued to increase every year, the key reasons for referrals have remained the same over the past 5 years-
- Housing,
- Mental Health,
- Social Isolation,
- Care Needs (ASC/Equip)
- Cost of living (debts, benefits, unemployment, sick/fit note, food vouchers)
- With the recognition of the changing needs of individuals we have collaborated with partners such as Housing, Social Care to move from just supporting individuals to ensure that those with the greatest level of need are served as we , recognise that equity of access is a key concern, our approach to this has been to focus more on outreach.
- Outreach has been in partnership with Public Health, Housing Associations, Local VCSFE organisations, Secondary Care teams (physiotherapists, children services)
- A more efficient way to collect and disseminate data will be essential to better understand need, recognise inequalities and to support with gap analysis and wider system commissioning of the right organisations for the actual needs

Social Prescribing future- Integrated Neighbourhood teams

- The growth of Social Prescribing through 1:1, outreach, partnerships, collaborations across the wider 'eco system' has ensured that Social Prescribing is integral and relevant for the future health of local populations
- Our work in the past couple of years has been our involvement in projects such Chronic Kidney Disease, Lower limb, Frailty, Children and Young People working with clinicians from PCNs, Secondary Care and other ARRS roles and other collaborations has primed us to support the 3 key areas of focus within Southwark- Children and Young People, People with 3 or more long term conditions and frailty
- The last 5 years has allowed us to establish mutually beneficial partnerships and effective collaboration. Its helped us to build foundations, connect and bridge services and systems. Which are integral to the underpinning of effective growth of the integrated neighbourhood teams.
- Social Prescribing is therefore key to the effective work of the neighbourhoods, the personalised approach is essential to enabling the system to really support a person to better health, wellbeing and quality of life instead of just disease prevention. It has and will continue to support with a holistic approach utilising a whole neighbourhood and its assets to ensure that local peoples needs are met and given an opportunity to thrive

Social Prescribing 2020-2025

Appendices-

2-4Referral Information

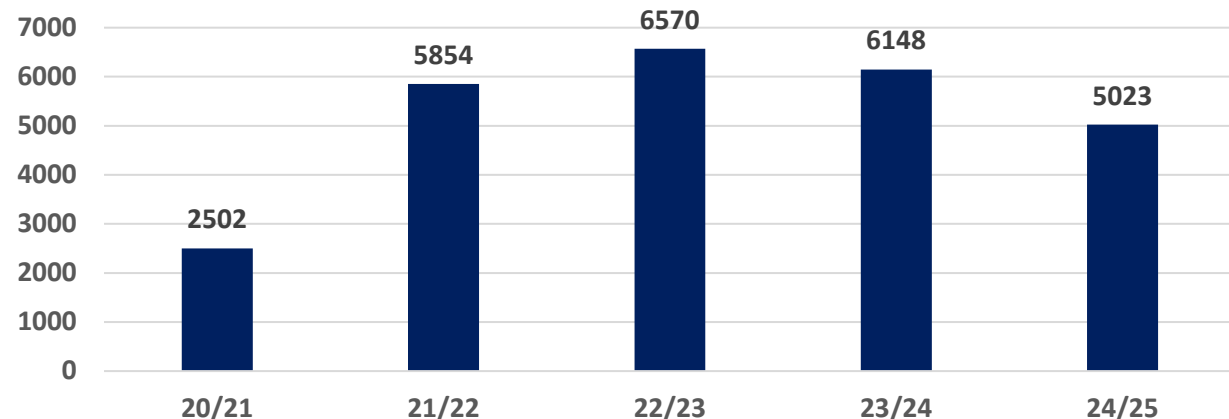
5-7-Partnerships

8-12- System feedback

Referral Data 1 April 2020 to 31 March 2025

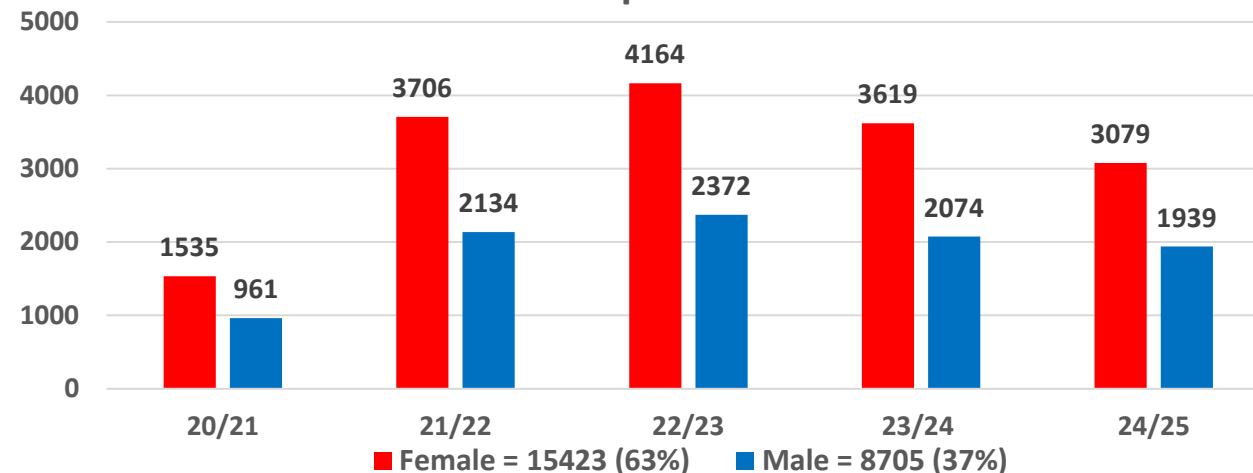
North & South combined

Referrals per Annum



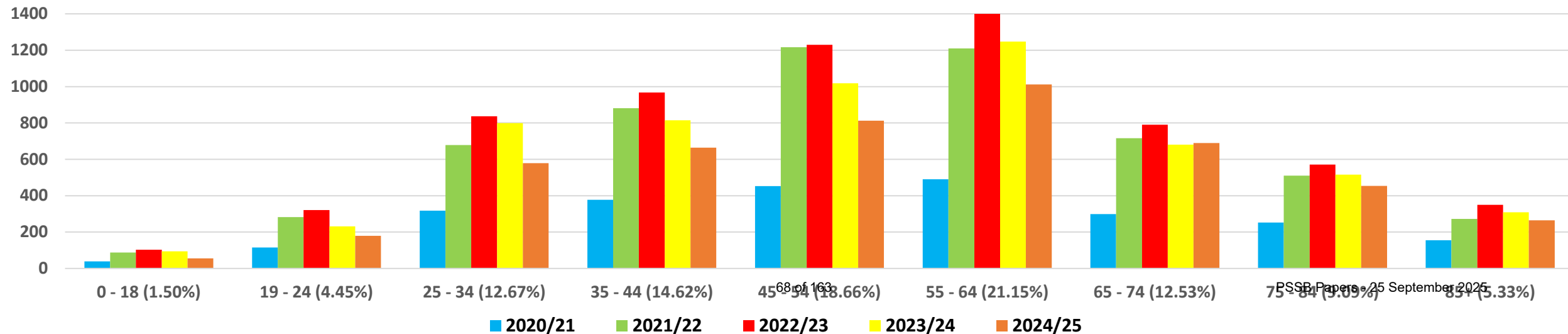
Total 26097 referrals in the last 5 years

Gender per Annum



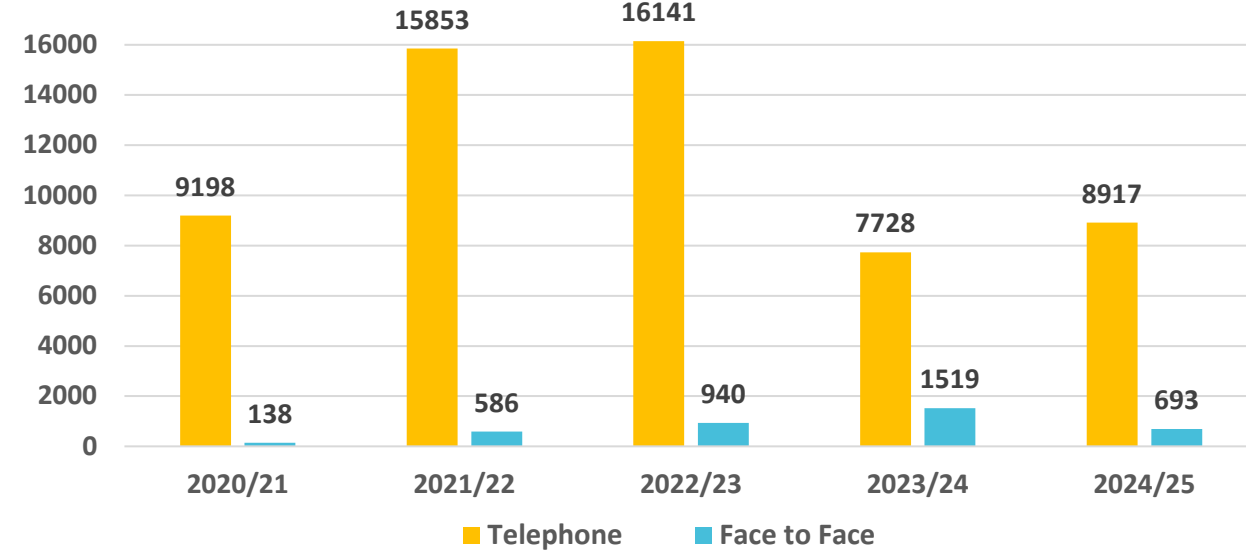
2% of referrals are re-referrals, as per total gender data of 25583. Re-referrals are often for complex cases. The differences between genders accessing SP is seen across various health sectors and may be underpinned by SP being hosted in health care settings. Gender gap has decreased over last 2 years

Age Cohorts per Annum



North & South combined cont.....

Contacts per Annum



NB Face to face includes outreach, home visits, community visits, accompanying to services & practice based appointments



Referrals

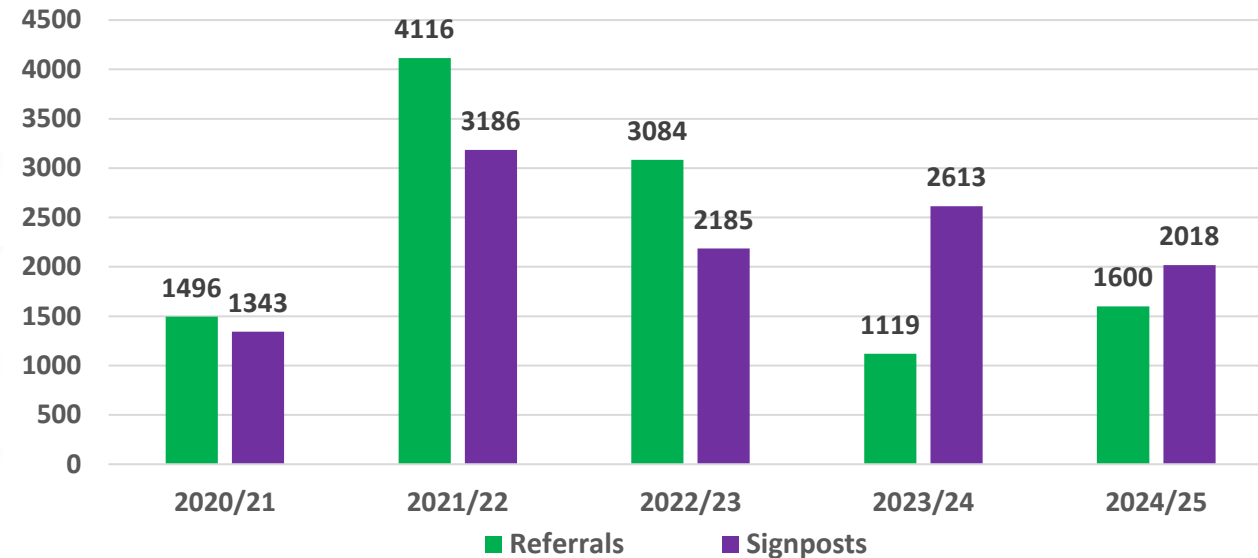
Online – webpage contact forms, online referral forms

Email – Sending client details, referral form attached

Telephone – calling to refer clients



Referrals v Signposts per Annum



NB 23/24 data is for the South SP team only. The North team transitioned to EMIS in 2023 and data recording development was in progress during 23/24. 24/25 are approximates due to the North still being in the process of data recording development.

North & South combined cont..... Top 3 Reasons for Referral per Annum

	20/21	21/22	22/23	23/24	24/25
1	Mental Health	Mental Health	Housing	Housing	Financial/Debt Support
2	Social Isolation	Social Isolation	Financial/Debt Support	Mental Health	Mental Health
3	Activities of Daily Living	Activities of Daily Living	Mental Health	Financial/Debt Support	Housing

NB Referrals can have more than 1 reason for referral and different reasons for referral are often linked.

Pillars of Support per Annum

	Advice & Guidance	Arts/Culture	Physical Health	Nature based
20/21	Low	High	High	Low
21/22	Low	High	High	Low
22/23	High	Medium	High	Medium
23/24	High	Medium	High	Low
24/25	High	Medium	High	Medium

■ High $\geq 30\%$
■ Medium $\geq 20 - 29\%$
■ Low $\leq 19\%$
 of all referrals & signposts

NB Complex needs can lead to multiple referrals and/or signposting per client.

Advice & Guidance = Citizens Advice, Local Support, Law Centres, Southwark Pensioners, Southwark Carers, Social Care, Digital inclusion, Waterloo Action Centre, Autism Voice, Pecan, Shelter, Southwark Works, Southwark Travellers Action Group, Big Local Works, Southwark Day Centre for Asylum Seekers. **Arts/Culture** = Bell Centre, COPSINS, Wellbeing Hub, Dulwich Picture Gallery, Arts for Dementia, Restorative Justice 4 All, Bede House, Art in the Park, Outside Edge Theatre, Dockland Settlements, Camberwell Skylarks, Walworth Living Room. **Physical Health** = OPPD, Everyone Health, Free swim & gym, SISPA activities, Walking Groups, Community exercise groups, Warm Spaces, Food banks, Talking Therapies, COPSINS, Southwark Disablement Association, Copleston Centre, London Senior Social, Body & Soul, LGBTQ+ Centre.

Nature based = Gardening groups, Park based activities, Art in the Park, Bankside, Surrey Docks farm, Walworth Garden, Coin Street, Horniman Gardens.

Projects (Embedded within SP work)

- **Back on Track** – 20/21 to date, Citizens Advice debt management and income maximisation support. Initially for residents in debt with the council but scope widened to increase access for residents with disabilities and/or experiencing MH concerns. Originally PCN collaborative funded with Urban Impact on Health.
- **PCN Wellbeing Workers** – 22/23 to date, supported with the recruitment for this team. Collaborative development of SOP and a designated referral pathway for SPLWs. Provided feedback for recommissioning of service
- **Shelter** – 25/26 Face to face sessions every 6 weeks at Bermondsey Spa Medical Practice. Stemming from SPLWs liaising with Shelter team regarding needs of clients & Shelter not having workspace for Southwark Outreach. Backed by CD
- **Pulmonary Rehab team** – 25/26 SPLWs secondment in secondary care.
- **GSTT Cancer CHANT** – 20/21 to date, designated referral pathway to SPLWs. MacMillan hospital teams highlighted the need for local support to senior PCN members
- **Health Inequalities & CYP Social Prescribing Development Funding** – 23/24 organisations SPLWs refer or signpost to were invited to bid for funding. 15 orgs had successful bids and were given funding to increase capacity. Funding was given to 8 organisations supporting CYP cohort and known to SPLWs to increase their capacity. Both fundings were completed collaboratively with Community Southwark and had VCSFE panel members
- **Southern Housing** – 21 to 23 had an outreach day at various HA sites in South Southwark, alongside a Housing Officer
- **Proactive Social Prescribing** – 21/22 to date, text campaigns to carers & pensioners: inclusive of signposting to services and how to access SPLWs support. Group consultations: SPLWs co-facilitate sessions alongside medical professionals from primary & secondary care, provide signposting and patients have the opportunity to self-refer for full SPLW support. Diabetes Virtual Clinics: contributing to MDT support for diabetes management plans

Partnerships

The aim of SP partnership work is to not only ensure that we are up to speed with what is on offer for our clients. It is an opportunity to offer insights on gaps in service provision, share skills & knowledge, underpin better ways of working, champion SP, disseminate info to wider PCN teams and reach residents who often do not engage with health care services. In line with the [NHS England » Working in partnership with people and communities: Statutory guidance](#)

- **Southwark Council**
 - **Housing** – Development of escalation plans, collaborative case management, meetings every 6 weeks
 - **Social Care** – Development & trial of online OPPD referral pathway, collaborative input for commissioning of services, supporting with Community Early Help pilot (designated SPLWs training), Family Hubs, escalation pathways, members of the Carer Working Group & Stakeholder present in interviews for adult social care and employment services
 - **Public Health** – Vital 5, SPLW Vital 5 specific signposting document, support with outreach planning & events
 - **Southwark Borough Asylum Seeker & Refugee Health & Wellbeing Group** – Attendance of their monthly meetings
- **Dulwich Picture Gallery** – Creative Health SPLW course, SPLW supported to secure ongoing funding for 3 years of creative health workshops
- **HealthWatch Southwark** – Attendance of outreach events & quarterly meetings, development of reports, members of the oversight group for black men's MH
- **VCSFE** – Members of Southwark Social Prescribing Network (SSPN) & attendance of quarterly meetings, attending events & accompanying clients to services. Currently hosted by Partnership Southwark.
- **Community Southwark** – Active membership of various networks; safeguarding, mental health, older people, children & young people. Attendance of their network meetings & events, observing Funding Differently Panels. Development of a Quality Assurance Survey for VCSFE, hosted SSPN



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Partnerships cont.....

- **MSK Hospital Teams** – Supporting with community outreach days & development of outreach plans.
- **16-25s MH & Wellbeing Provision Panel** – Attendance of monthly meetings & collaborative case management
- **Southwark Inclusive Sport & Physical Activity Network Steering Group** – Advice on gaps in provision i.e. adult activities & neighbourhood specific activities, quarterly meetings
- **Southwark Dementia Action Alliance (SDAA)** – Attendance of quarterly meetings
- **Men's Health Engineers** – Weight management service commissioned by Southwark Council. Text campaigns to 45+ men with >28 BMI
- **Creative Health** – Partnered with Southbank Centre for a future project to celebrate their 75 anniversary & supporting with mental health for CYP, which includes participating in creative health round tables and link workers are on the advisory group
- **Castle Leisure Centre** – Designated referral pathway and registration days for Asylum Seekers to access free swim & gym
- **Everyone Health Southwark** – text campaign to patients with BMIs = 30 – 40 offering referrals to EHS. Designated referral pathway via GP practices
- **Partnership Southwark** – N & S SP team lead are CCPLs. Providing on the ground insights on population needs, gap in service provision, feedback on services. Attendance of Well meetings & CCPLS forums meetings

Feedback - PACT

We have been welcoming social prescribers to our Parent Action groups since July 2023. Every 4 - 6 weeks Emma Summerhayes and now Natalie Eccleston attend our Tuesday and Friday MumSpace groups. Our groups attract around 25 - 30 families each week and we are delighted that we can offer our families 'in-house' support from the social prescribers.

It has been fantastic having a consistency of staff which allows our Parent Action families to build relationships and crucially trust with the social prescribers. Parents can access this support while their children are being looked after by our team of volunteers which allows the parents the time and space to really address their own needs. We have been able to provide a translator for our Spanish speaking parents which has allowed many more families to access this service.

It has been particularly useful having regular online check-ins with the prescribers outside of the groups to address what is working well and what is not and to give each other feedback around numbers and success stories. All of our regular 'Listening' exercises we conduct with parents highlight the lack of knowledge that our community has around access to services. Having social prescribers at our groups regularly as well as our own signposting support is a huge benefit to the community and we truly value this relationship. On behalf of all of the families you have supported over the last few years - thank you!

Feedback – Southwark Commissioner

As a Commissioning Manager in Southwark's Integrated Commissioning Team, I've found the Social Prescribing Team to be a key partner in delivering Southwark's prevention agenda. The Team Leaders are knowledgeable about the local population and resident's needs, are well connected with statutory and voluntary partners across the local health and care system, and are always open to working collaboratively and innovatively to improve outcomes for residents. Their role is particularly important in linking other parts of the system into primary care.

Feedback – Together UK

The SP leads have been working very closely with us to help us set up the Southwark PCN Neighbourhood model we opened in January 2023. **Without their help, the service would have not been so successful. The team provided guidance in the set up of the service,** they have supported us throughout the recruitment process in identifying the most suited candidates for our vacant Wellbeing Worker roles and **they assisted us in the training of new team members.** One social prescriber offered a very helpful training on how to assist service users in submitting their benefits and housing application forms which the team found extremely helpful, because we get so many housing and benefits requests. **The social prescribers have been working very closely together with our Wellbeing Workers and discuss cases on a regular basis.** We met and continue to meet on a regular monthly basis with the Social Prescribing Leads to discuss any challenges our team and their teams are facing and discuss solutions for problems.

Overall the team has been very supportive and understanding and they continue to be a big support for us whilst being flexible and providing fast responses to any requests we have.

Feedback – Housing

The joint work and liaison with Southwark's North and South Social Prescriber Teams have helped the Borough's Housing Needs Service to better understand where further support and improved information can be provided to enhance the customer journey.

This liaison work has helped to raise awareness of wider services in the community and also to help communicate new initiatives and services being offered by the Council. Finally, this liaison work will also contribute to the co-location of Council staff in key community settings and will form part of Southwark's improved homeless prevention plan within its next Homelessness and Rough Sleeping Strategy 2025-2030.

Feedback – PCN

South – PCN/Clinical Directors

Social prescribers have provided a huge benefit for our population and practices. Prescribers make a vital contribution to assessing the holistic needs of patients ensuring improvements in health and wellbeing. This means people receive support tailored to their needs and are not seeking clinical services when this is not appropriate, thereby ensuring clinical capacity is optimised. PCN practices have supported the expansion of the service recognising the value this brings and the importance of social prescribers for neighbourhood working – connecting services to co-ordinate care around our patients.

The social prescribing team have actively led and supported a wide range of service development and cross partner initiatives, which respond to population needs and address the wider determinants of health. These include the introduction of specialist roles for Housing and Children & Young People, the Back on Track project working with the council/VCS providing financial support, and many others (e.g. Cancer, LD, mental health). They've built strong relationships with VCS, health and care organisations, championing the vital role social prescribing plays in so much of what we do and realising opportunities to work together. The outreach activities the team do are a crucial way to engage with populations that do not traditionally access health and care services. The team have achieved a huge amount in the last five years and become a vital and integral part of the local system.

North – PCN Neighbourhood Manager

QHS began investing in Primary Care Navigation training back in 2016, enabling practice staff to feel confident in signposting patients to local services. ARRS funding included in the PCN DES created the opportunity to recruit 6 SPLWs who have in 5 years expanded to 14, including 2 Team Leaders. Feedback from patients and member practices has been extremely positive. Continued investment in the team going forward will ensure they are able to contribute effectively as part of the developing Integrated Neighbourhood Teams.

Partnership Southwark Strategic Board

Cover Sheet

Item: 7
Enclosure: 6

Title:	Strategic Director for Integrated Health and Care/Southwark Place Executive Lead report
Meeting Date:	25th September 2025
Author:	Darren Summers (Strategic Director for Integrated Health and Care/Southwark Place Executive Lead)
Executive Lead:	Darren Summers (Strategic Director for Integrated Health and Care/Southwark Place Executive Lead)

Summary of main points

This report details key events and activities, that are relevant to Partnership Southwark, that have taken in the past two months, including:

- ICB reform
- The successful application for the National Neighbourhood Health Implementation Programme (noting the separate agenda item on neighbourhood health and progress in Southwark on establishing Integrated Neighbourhood Teams)
- The NHS Planning Framework and Oversight Framework
- The CQC inspection of Southwark Adult Social Care
- Developments in primary care including the Trafalgar practice and the official opening of the Harold Moody Health Centre.

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

Neighbourhood health will be a consistent item on PSSB agendas.

Links to Partnership Southwark Health and Care Plan priorities

Children and young people's mental health	X
Adult mental health	X
Frailty	X
Integrated neighbourhood teams	X
Prevention and health inequalities	X

Item Impact

Chairs: Dr Nancy Küchemann and Cllr Evelyn Akoto Strategic Director of Health & Care & Place Executive Lead: Darren Summers

Equality Impact	The report includes an update on a number of items that impact on health inequalities including neighbourhood health.		
Quality Impact	The report refers to the Integrated Assurance Report from the Integrated Governance and Assurance Committee which includes quarterly quality reporting element for the board.		
Financial Impact	The report includes information on financial performance for 2024/25 and an update on the recent additional requirement to reduce ICB running costs.		
Medicines & Prescribing Impact	The report refers to the Integrated Assurance Report from the Integrated Governance and Assurance Committee which includes a report from the delegated lead for medicines optimisation.		
Safeguarding Impact	The report refers to the Integrated Assurance Report from the Integrated Governance and Assurance Committee which includes a summary of the Q4 safeguarding report.		
Environmental Sustainability Impact (See guidance)	Neutral	Positive	Negative
	X		

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



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.

ICB reform

A separate agenda item and report is focussed on the NHS ten year plan, ICB reform and the potential impact on Partnership Southwark and our priorities going forwards.

Over the past weeks additional guidance about management of ICB functions has been published, including:

- Medicines optimization
- SEND
- Continuing Health Care
- Safeguarding

This guidance has been reviewed to ensure that ICB proposals to deliver running cost reductions are in line with this guidance.

Staff consultation associated with a proposed restructure to deliver these cost reductions has been postponed from the beginning of September, as the ICB waits for NHS England approval to proceed. Other ICBs in England are in a similar position.

National Neighbourhood Health Implementation Programme (NNHIP)

Lambeth and Southwark have been selected as a pilot site in for the National Neighbourhood Health Implementation Programme (NNHIP), a flagship initiative from NHS England and the Department of Health and Social Care to support delivery of neighbourhood working. We discussed the opportunity to submit an application at our July Partnership Southwark Board meeting, and Lambeth and Southwark jointly submitted a bid in August together with the integrator for both boroughs.

This is a significant achievement, especially given the high level of interest in London and across the country. It reflects the quality of the work already underway in Lambeth and Southwark to strengthen neighbourhood-level care and the collaboration between partners.

All of our south east London boroughs are well advanced in their preparations for delivering a neighbourhood health service. This pilot will be of real benefit to all of us, as Lambeth and Southwark share outcomes and learning to support our common commitment to wider transformation of our integrated care system.

The neighbourhood health service is a core part of the Government's 10-Year Health Plan and a priority for our system. The NNHIP supports this by helping boroughs implement neighbourhood working that will deliver care that better meets the needs of children and adults, including those with multiple long-term conditions and those affected by wider social and economic factors.

A separate report to PSSB details local progress being made around neighbourhood care and the establishment of integrated neighbourhood teams in Southwark.



Adult Social Care CQC Inspection

The Care Quality Commission (CQC) completed the on-site element of their inspection of Adults Social Care at the end of August, we are not expecting the outcome for some time.

NHSE Planning Framework

In August NHSE issued the *Planning Framework for the NHS in England*. This sets out the broad approach to planning for 2026/27 reflecting requirements to support the delivery of the 10 Year Health Plan and changes to the role of ICBs. Key differences from existing arrangements around the Joint Forward Plan and Operational Planning are:

- Strategic commissioning – emphasis on population data and wider intelligence and insights to drive our planning, the need for clarity on objectives, priorities, deliverables and outcomes and the use of commissioner levers to secure them.
- Service delivery – focus on a new way of working within neighbourhoods to secure the key shift to prevention and community-based care, including through enhanced integration across health, council and voluntary sector services. Focus on delivery, improvement, transformation and integration.
- Role of Place – multi neighbourhood approaches secured through existing council boundary footprints co-ordinated by Health and Well Being Boards. Key role in commissioning a population health plan and supporting neighbourhood delivery.
- System approaches – greater separation of ICB/commissioner and provider planning outputs, but with a clear expectation around alignment in terms of relevant strategic priorities and planning assumptions across commissioners and providers.

The guidance sets out two key phases in the process, phase 1 being essentially a preparatory phase before the release of full planning guidance in phase 2 and the production of plans in October. The key outputs from the planning process are:

Phase 1 (to end of September): Preparatory work on “Foundational elements” - drawing together the data, intelligence and insights that will drive our strategic planning the key output is. This will inform the outline **Commissioning Intentions 2025/26** which should be shared with providers by the end of September. These will clearly need to be caveated as they are being asked for in advance of the detailed planning guidance, funding allocations and the development of annual operational plans and strategic commissioning plans. The ICB is in the process of drafting the Commissioning Intentions and Southwark place has contributed its own input on local place priorities.

Phase 2 (to end of December) has three key outputs:

Five year strategic commissioning plan (SEL ICB) 2026/27 to 2031/32: this will include details of overarching population health and commissioning strategy, new models of care and investment programmes aligned to the 10 YHP, how funding will be used to meet need/maximise value/deliver priorities, and how the ICB core strategic commissioning approaches and capabilities will be developed to secure our strategic objectives and



outcomes. It will bring together local neighbourhood plans (see below) into a population health improvement plan (PHIP). The plan will be renewed on an annual basis.

Provider Trusts will also be producing separate five year integrated delivery plans, which should align with the ICB commissioning strategy and operational plans.

Local Neighbourhood Plans (LNP): These will be drawn up by local government, the NHS and its partners at borough level under the leadership of the Health and Wellbeing Board, incorporating public health, social care, and the Better Care Fund. The plan should set out how the NHS, local authority and other organisations, including social care providers and VCSE, will work together to design and deliver neighbourhood health services. These plans will feed into and align with the 5 year strategic commissioning plan.

Operational plan return (annual): An ICB level numerical plan expected across finance, workforce, activity and performance (with triangulation with providers as required).

Next steps: Detailed planning processes at ICB and place level will be established to deliver the requirements of the planning guidance issued at the start of October. The board will have a strong interest in the development of Local Neighbourhood Plans, which will be coordinated by the Health and Wellbeing Board. A full update on the planning process will be provided to the November board.

Health and Well Being Board chairs and Directors of Public Health or their representatives came together with Place Executive Leads and ICB executives on 18th June to consider how we would work across South-East London on neighbourhood health plans and the associated delivery plans. Outputs from that meeting included proposals that we:

- Aim to rapidly bring together public health and local authority data sets and intelligence with NHS data to inform needs assessments
- We work across South-East London to agree a limited number of key outcomes and process metrics that would be common to neighbourhood health plans and on which delivery plans could focus
- We consider collectively what services could be hosted in neighbourhood health centres/hubs that address social determinants of health and support prevention
- That we work with providers – including VCSE, NHS and social care providers – to facilitate how they are able to work differently in integrated neighbourhood teams to get to know their communities and address inequalities

NHS Oversight Framework: Segmentation and League Tables

In June NHSE published the [NHS Oversight Framework](#) which aims to provide a “a consistent and transparent approach to assessing integrated care boards (ICBs) and NHS trusts and foundation trusts, ensuring public accountability for performance and providing a foundation for how NHS England works with systems and providers to support improvement”.

The framework sets out how trusts are allocated to a segment (1-4) with 1 being the best performing. Trusts are scored on 30 performance measures across 5 domains (access to services, finance and productivity, effectiveness and experience of care, patient safety and



people and workforce). Each PI is given a score ranging from 1(best) to 4 (worst) leading to an average score which is used to create the league tables and the segments. However it should be noted that any trust in financial deficit is restricted to a maximum rating of segment 3.

The first set of [results](#) including league tables were published on 9th September and widely reported in the press. For local trusts the results are mixed with GSTT performing highly in segment 1 (15 out of 134, average PI score 2 out of 4), KCH in segment 3 (79 out of 134, average PI score 2.45 out of 4) and SLAM also in segment 3 for mental health trusts (34 out of 61, average score 2.38 out of 4).

A national decision was taken to not apply the framework to ICBs in the current year due to the significant changes underway. However performance against a selection of indicators is due to be reported as contextual information, with the full segmentation approach expected to be implemented in 2026/27. These indicators will be incorporated into ICB performance management arrangements as appropriate.

Urgent Caretaking Contract Awarded for Trafalgar Surgery

Following the sudden and unexpected passing of Dr Maniani, sole GP partner at Trafalgar Surgery, on 23rd July, NHS South East London has urgently awarded a caretaking contract to Quay Health Solutions (QHS) to ensure uninterrupted patient care. The decision, made under the NHS Provider Selection Regime (PSR), covers the period from 31 July 2025 to 31 March 2026.

As the NHS body responsible for commissioning primary care services, South East London Integrated Care Board (ICB) has a statutory duty to ensure that patients registered at Trafalgar Surgery continue to have access to GP services. In line with the NHS Provider Selection Regime (PSR), the ICB has the authority to make a direct award to a capable provider where urgent circumstances do not allow for a standard procurement process.

A rapid options appraisal identified QHS as the most suitable provider based on capacity, quality, and local fit. QHS has a proven track record in delivering APMS caretaking services across Southwark and has consistently demonstrated the capability to maintain high-quality care for local populations. Their deep understanding of the local context, coupled with their involvement in Primary Care Networks, places them in a strong position to continue providing essential services for the patients of Trafalgar Surgery. Upon hearing about Dr Maniani's death, QHS had already stepped in to support payroll and practice operations, demonstrating a strong commitment to continuity. The contract award allows time for a strategic review of long-term arrangements.

The award was formally noted at the Primary Care Committee meeting on 14 August. Patient services remain uninterrupted.

Dr. Maniani served for many years as the sole GP Partner at Trafalgar Surgery, and was a longstanding, respected, and valued member of the practice team. Her loss will be deeply felt by patients, colleagues, and the wider community.



Harold Moody Health Centre Celebrates Official Opening on Aylesbury Estate

The 29th July marked the official opening of the Harold Moody Health Centre with a ribbon-cutting ceremony attended by local leaders, NHS partners, and community members. The event celebrated the launch of a state-of-the-art facility that now houses Aylesbury Medical Centre (Nexus Health Group) and East Street Surgery, alongside a range of community health services.

Councillor Evelyn Akoto, Southwark's Cabinet Member for Health and Wellbeing, praised the centre as "a vital new facility" that brings essential care directly to residents' doorsteps. GP partners Dr Kenny Chan and Dr Arnold Abraham expressed their excitement about the move, noting improved facilities, seamless patient transitions, and the opportunity to welcome new registrations.

The centre also hosts services from Guy's and St Thomas's NHS Foundation Trust, including midwifery, speech and language therapy, and neighbourhood nursing. Professor Ian Abbs, Chief Executive of the Trust, highlighted the centre's potential to make a lasting impact on families and strengthen community ties.

Named after civil rights pioneer Dr Harold Moody, the centre reflects years of collaborative planning between NHS South East London, NHS Property Services, Southwark Council, and local practices. Located at 60 Thurlow Street, it stands as a cornerstone of integrated, neighbourhood-based care.

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 11th September 2025

Agenda item	Items discussed
Minutes and matters arising	The committee was updated on the latest position regarding the challenges with ICES (Integrated Community Equipment Service). The former provider, NRS, went into liquidation on 1 st August and the council, who are lead commissioner on this jointly funded service, made an emergency contract award to Provide Equipment Hub (PEH) to successfully secure continuity of services. The new service contract is expected to cost up to 25% more, which is reflected as a cost pressure in the finance report. The committee agreed to review the new arrangements after 6 months to provide assurances around the quality of service delivery, for which initial reports are positive.
ICB Reform and PSSB changes	The committee received a verbal update from the place executive lead about ICB reform including the latest guidance on the model ICB and DHSC region, and guidance issued on medicines optimisation, safeguarding, Continuing Health Care and SEND. It was noted that the approval of the plans and the staff consultation process has been delayed as there is no national agreement on the funding of redundancies. It was noted that the impact on staff morale, and the impact of the recruitment freeze, is a growing issue. It was also noted that the reforms will necessitate the streamlining of ICB governance arrangements, including place-based partnership boards and their sub-committees. As options are developed these will be discussed with partners and then brought to the board. There was also a discussion about the recently issued Planning Framework which requires the ICB to produce a 5 year commissioning strategy by December aligned to the 10 Year Plan which brings together new neighbourhood health plans and delivery plans that are to be co-ordinated by health and wellbeing boards.
Finance Report	The committee received a detailed report on the ICB Month 5 financial position. Southwark Place is reporting a year-to-date underspend of £60k and a forecast outturn of breakeven. The overall forecast position reported includes overspend in prescribing expenditure and mental health (especially increased costs relating to ADHD and placements) with underspends in corporate, continuing care and community services supporting the overall position. Key risks for delivering the budget are identified as mental health and prescribing. The report also sets out in detail the position on the delivery of the agreed savings programme for Southwark amounting to £4.5m for 2025/26. Several schemes are highlighted as having a high risk of



	<p>non-delivery which will require mitigating action. It was noted that £490k under-delivery currently projected for which other mitigations and savings have been identified.</p> <p>There was a discussion on the increasing challenges in staying within budget and how to control spend and target resources.</p> <p>A summary of the report is included in the Integrated Assurance Report on the agenda for the September PSSB.</p>
Procurement update	<p>The committee noted the update on current procurements, in particular the urgent direct award decision on the care taking arrangements for Trafalgar Square Surgery.</p> <p>An update was provided on the procurement process in progress for Silverlock Medical Centre and Queens Road Medical Centre.</p> <p>The committee also discussed a detailed report on the procurement strategy for the Southwark Wellbeing Hub.</p>
ADHD report	<p>The committee were provided with an update on work underway at place and SEL level to tackle the uncontrolled budget pressure arising from referrals for ADHD assessments through independent providers. It was agreed that there is more work to be done on this for the committee to be assured that adequate solutions have been identified.</p>
Integrated Assurance Report	<p>The committee reviewed a draft of the full Integrated Assurance Report which is included in a summarised form on the September board agenda, reflecting comments of the committee. The report covered key performance, quality, safeguarding, SEND, Finance and risk issues. The committee noted with concern the performance on discharge delays from acute hospitals and suggested that the November board meeting receive a deep dive report on the issue.</p>



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

Partnership Southwark Delivery Executive

Agenda Items of Note

Meeting date 14 August 2025

Agenda item	Items discussed
Wells Highlight Reports	<p>Highlights included:</p> <p>Start Well - Progress in developing an integrated neighbourhood team (INT) offer for children with complex needs.</p> <p>Live Well - Procurement for the new wellbeing hub is on track, with investment secured to expand the service to cover culturally specific counselling and outreach into neighbourhoods. Launch planned for June 2026.</p> <p>Age Well - Focus on capturing local learning of frailty pilot to inform future delivery and scale-up. Revised timelines and scale-up plans to be shared at the next meeting.</p>
Strategic Priorities Dashboard	The group were presented with a summary of the key programme metrics across quarters for each priority area. It was noted there had been little movement on many of the metrics and it was agreed to revisit relevant working groups to test progress and impact.
Ageing Well Framework and Gap Analysis	Following the Ageing Well presentation at the last meeting, the group was provided with an update on recent developments which included the establishment of a fortnightly SEL implementation group, aimed at supporting the implementation of principles within the framework. A gap analysis is also underway to assess the current position and inform the implementation plan.
3+ Long Term Conditions Framework and Gap Analysis	<p>The group was presented with the 3+ Long Term Conditions Framework and gap analysis and asked for feedback. Consideration was given to improving the accessibility and connectivity of existing offers, alongside identifying steps to embed this work within the INT programme.</p> <p>It was agreed to incorporate a standing progress report from the Integrator into future meetings of the Delivery Executive.</p>



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

Primary Care Committee

Agenda Items of Note

Meeting date 14th August 2025

Agenda item	Items discussed
Report from the collaborative	The committee received an update on discussions from the 7 th August primary care collaborative meeting; there were discussions on how the collaborative could engage and use the future public health events to promote the neighbourhood working agenda, following a presentation from the Public Health team. Risk stratification was also discussed, and the proposed tool for this. A fellow has been appointed to help drive forward the work around the 111 interim arrangements. There is a core contract requirement to set up online consultation by the 1 st October and ICB need assurance that this will happen. There was also an update from the Southwark primary and secondary interface meeting.
Quality and Performance	The committee learned that the GP patient survey results was released in June 2025 and includes practice and PCN level data for Southwark. Five key questions were pulled from the survey and used to form the 24/25 GP patient survey report shared with the committee. Practice visits will be used to address any issues highlighted. The Committee was updated on the Primary Care Sustainability – developing a support offer for modernising general practice, the offer aims to create an understanding of local needs and to develop a core support offer to general practices across SEL. There is an expectation that places will contribute some of the SDF funding to finance it.
Estates	The Committee learned that 4 practices have progressed through due diligence for schemes under the 2025/26 national Utilisation and Modernisation Fund (UMF) and awaiting CFO approval, the expected dates of completion are January 2026. Other projects are also being considered through the London Improvement Grant (LIG) schemes. A similar level of funding with UMF and LIG is expected over the next 2 years, so the estate team has started to look at expressions of interests from practices. The Committee received updates on Estates, including new developments in Elephant Park and Canada Water. The Committee supported having a collaborative co-development phase for Southwark practices, including VCSEs and the integrator, to



	refine service specifications and to look at the neighbourhood care model to ensure the right mix going into new developments.
GP Contract Update	<p>The Committee agreed for the Chair and PEL to review and take a decision on extension the contract for Tessa Jowell following further briefing on additional information.</p> <p>The Committee acknowledged the actions and decisions that had to be taken regarding the Trafalgar Surgery in an urgent and unexpected circumstance and noted the cost pressure and potential other associated costs, this will be reviewed in September.</p>
Primary Care Finance	<p>The Committee received an update on the M4 financial position, a break-even position was forecasted for the overall Southwark position at the end of July, the biggest risk facing the borough was noted as the rate of increase in spend on ADHD and ASD. The position for delegated primary care was a small overspend and a forecast overspend position of about 40K, this does now include the costs that have been incurred around the caretaking arrangements, which is the main reason for the overspend.</p>
Procurement Update	<p>The Committee received an update on the Silverlock and Queens Road procurement, the contract will be awarded 1st of December 2025, and mobilisation expected to run from January – March 2026, with services expected to start on the 1st of April 2026.</p> <p>The Committee was updated that the PHM contract is due to expire on the 30th September 2025 and it was agreed that it will be recommissioned via the direct award process, the committee noted the proposal to append two SEL-wide pilot schemes to the main PHM contract.</p> <p>The Committee was updated that the GP Premium services are planned to be revised with effect from the 1st of April 2026, with the expectation of agreeing a revised specification by the end of September 2025. The Committee noted that commissioners have advised LMC and the practices that within the current year, where KPIs have not been achieved, payment will be made based on an actual improvement against the baseline as opposed to the previous situation where submission of an action plan was required.</p>
Risk Register	<p>The Committee did not receive an update on the risk register due to staff absence and agreed that any update or newly added risk should be brought to the chair's attention.</p>
SEL Medicines Optimisation Plan 2025-26	<p>The Committee received an update on the Plan, and it was agreed that further queries would be sent directly to the medicines optimisation team, and for the chair to seek assurance from the medicines optimisation team that the queries are dealt with in order to provide an in-principal approval on behalf of the committee.</p>

Partnership Southwark Strategic Board

Cover Sheet

Item: 8
Enclosure: 7

Title:	Integrated Assurance Report
Meeting Date:	25 September 2025
Author:	Adrian Ward, Head of Planning, Performance and Business Support, SELICB
Executive Lead:	Darren Summers, Strategic Director for Integrated Health and Care/Southwark Place Executive Lead

Summary of main points

Overview

The Integrated Assurance Report is considered in detail by the Integrated Governance and Assurance Committee prior to tabling at the Partnership Southwark Strategic Board. The focus of the report is to provide assurance to the board on the delivery of delegated ICB responsibilities, key metrics and other priorities.

This last report was reviewed by the Integrated Governance and Assurance Committee at its meeting of 11th September and key points discussed have been highlighted in the attached executive summary and the detailed reports attached.

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

Action requested of PSSB

The board is asked to note the Integrated Assurance Report.

Anticipated follow up

An updated Integrated Assurance Report will be presented to the November board meeting.

The committee noted with concern the performance on discharge delays from acute hospitals and suggested that the November board meeting receive a deep dive report on the issue.

Links to Partnership Southwark Health and Care Plan priorities

Children and young people's mental health	X
Adult mental health	X
Frailty	X
Integrated neighbourhood teams	X
Prevention and health inequalities	X

Item Impact			
Equality Impact	The Integrated Assurance Report does not have a direct impact on services.		
Quality Impact			
Financial Impact			
Medicines & Prescribing Impact			
Safeguarding Impact			
Environmental Sustainability Impact (See guidance)	Neutral	Positive	Negative
	No direct impact		

Describe the engagement has been carried out in relation to this item
<p>The contents of this report were reviewed by the Integrated Governance and Assurance Committee on 11th September 2025.</p> <p>The health and care plan priorities scorecard has been presented to the Partnership Southwark Delivery Executive.</p> <p>The Better Care Fund scorecard has been discussed at the Joint Commissioning Oversight Group.</p> <p>The Safeguarding report summarised in the attached was discussed with the Senior Management Team in July.</p>

Integrated Assurance Report Q1

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Executive Summary

Background

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

At the Integrated Governance and Assurance Committee (IGAC) on 11th September a detailed version of this report was discussed in full. The main points noted are set out in the Executive Summary below.

Note that whilst the focus is Q1, due to the different timelines to produce data the time periods vary as indicated, with latest data provided in all cases.

Summary of key issues

1.1 Performance metrics – SELICB place level targets

Key changes to note since the July PSSB report:

a) Improved performance metrics

- **Talking Therapies** (IAPT): the reliable improvement metric increased 1% to 67% in June and is now in line with the target. The reliable recovery rate increased 2% to 44% but remains red rated against the 48% target. The numbers of monthly discharges at 350 was 10 below target. Overall, the June data is more in line with South East London than previously, although further improvements will need to be sustained over the year to secure targets. It should also be noted that in the previous month's data for May (not shown in the dashboard) both the improvement and recovery targets were met with 68% and 48% respectively which gives further assurance that performance is less of a concern than during 2024/25. (1 x Green, 2 x Red rated)
- The Q1 rate for **SMI annual physical health checks** rate was 56% against the Q1 target of 55%. However, it should be noted that the year-end target of 75% is likely to be challenging given the final 2024/25 rate was 65%. (Green rated).
- The rate of **Continuing Health Care** assessments completed within the 28-day timescales increased 7% to 71% in Q1 compared to Q4, although this still falls short of the 80% target. The latest position on this is explored in the CHC report in section 7, which shows that over July and August performance improved to 81%. (Red rated).
- **Learning Disability Annual Health Checks** increased from 68 year to date in April to 276 in June and remains above target. (Green rated).
- **Childhood immunisations** remain red rated but have improved across the board with the publication of Q4 data, compared to the Q2 data available in the July board report as set out in the table below. Immunisations were subject to a deep dive at the July board meeting. (Red rated)

Childhood Immunisations 24/.25	target	Q2	Q4	Increase	SEL Q4
Children receiving MMR1 at 24 months	90%	78%	80%	2%	83%
Children receiving MMR1 at 5 years	90%	83%	87%	4%	86%
Children receiving MMR2 at 5 years	90%	73%	77%	4%	75%
Children receiving DTaP/IPV/Hib % at 12 months	90%	87%	88%	1%	88%
Children receiving DTaP/IPV/Hib % at 24 months	90%	85%	86%	1%	89%
Children receiving pre-school booster (DTaPIPv%) % at 5 yrs	90%	61%	67%	6%	68%
Children receiving DTaP/IPV/Hib % at 5 years	90%	86%	89%	3%	88%

- **Cancer Screening** data shows an increase between September 2024 and January 2025 of 0.5% for bowel cancer (now 63.3%) and 0.3% for breast cancer (now 59.6%) both of which remain in line with the local improvement trajectory (**Green rated**). Note that there is a national delay in issuing cervical screening data which has not been renewed since June 2024 when 0.8% below local target (**Red rated**).
- **Patients with hypertension** treated in line with NICE guidance increased to 71% in published Q4 data compared to 66.7% in Q3, although this remains 1% below the target. However the local unvalidated data in the Operational Plan dashboard for Q1 implies a decrease in Q1 to 66%. (**Red rated**).
- **Primary Care Access:** appointments seen within 2 weeks increased 0.4% to 86.2% in June compared to 85.8% in April. The 2025/26 target is not confirmed, and the measure is not RAG rated in the report, however year to date performance has fallen below the 2024/25 standard of 90% and is below the SEL average. Numbers of GP appointments increased 6.7% to 122,670 in June, compared to 114,958 in April. (not rag rated).

b) Worsened metrics:

- Dementia Diagnosis decreased marginally by 0.3% to 71.9% of estimated prevalence in July but remains comfortably above the 67% standard. (**Green rated**).

c) Unchanged metrics:

- Flu vaccinations (red rated x2), no new data, pending new flu campaign

The benchmarking shows that in red rated areas Southwark is not significantly out of line with comparable neighbouring boroughs.

1.2 Operational Plan Targets 2025/26

At this stage there is one additional defined NHS Operational Plan target at place level: the % of patients with CVD who have their cholesterol levels managed to NICE guidance. This data is provided at PCN level and shows an improvement in the North PCN rate since the last report, with both PCNs improving now above SEL average. The Operational Plan dashboard also includes the existing hypertension target covered in the SEL dashboard above, but using more recent unvalidated data.

The other Operational Plan success measures are either at SEL level (e.g. acute care) or currently undefined (e.g. “make progress on inequalities in line with Core20Plus approach”). It is expected that the roll out of the recently published ICB performance assessment framework may lead to increased focus on ICB level indicators that have a place element e.g. % of patients with 8 diabetes care processes.

1.3 Better Care Fund Targets

This dashboard sets out BCF targets for 2025/26 which are key place metrics. These show that there is significant scope for improving the average number of days patients are delayed in hospital after their discharge ready date (for which Southwark was the highest in London in June) and the rate of emergency admissions for over 65's. Initial Q1 data for permanent care home admissions is in line with target. The BCF plan sets out a range of investments in services that seek to prevent avoidable admissions to hospital and care homes and support

safe and timely discharge. The monitoring of performance is covered in the Joint Commissioning and Oversight Group as part of BCF monitoring, and this dashboard was reviewed at its meeting in September. The system wide SEL Discharge Services Improvement Group is focussed on resolving discharge delays, and the Lambeth and Southwark discharge operational delivery group seek local improvements with trusts.

IGAC noted with concern the performance on discharge delays from acute hospitals and suggested that the November board meeting receive a deep dive report on the issue.

1.4 Health and Care Plan Priorities Dashboard

This dashboard covers the key metrics against each of the 5 Health and Care Plan priorities as set out in the Joint Forward Plan. This version of the dashboard was used as part of the reporting on the delivery of the priorities to the Partnership Southwark Delivery Executive at its meeting in August. Key headlines are:

- **CYP mental health waiting times:** Q1 data available for CYP mental health 4 week waits shows minimal change on Q4 and remains below Q3.
- **Adult mental health:** Q1 data available for adult mental health 4 week waits shows significant improvement in June to 85%.
- **Frailty – emergency admissions 65 years+:** initial data for April 2% above the formal BCF target.
- **Frailty - care home permanent admissions:** Q1 comfortably within target.

2. Quality Report Q1 (summary)

IGAC received a detailed report on quality issues from the ICB quality team on 11th September which included a range of updates. The committee focussed on the latest data on Quality Alerts and Serious Incidents/Patient Safety Incident Investigations and associated learning, which have been extracted from the report in the attached.

3. Safeguarding Q1 report (summary)

The full Safeguarding report has been reviewed by the senior management team and IGAC and a headline summary of key issues is attached. Progress across the 9 strategic priorities and actions planned was noted as set out in the report. IGAC requested additional assurance on the issue of ensuring mandatory staff training records are completed and on the completion of review health assessment of looked after children within timescales, as set out priority 1 and priority 2 slides.

4. SEND ICB dashboard report (summary)

This report provides a summary of key issues and the dashboard on ICB measures (presented in summary in the attached) relating to the health contribution to SEND. The dashboard shows some improvements in waiting times for community paediatrics previously highlighted as a key concern, but it was noted by IGAC that further progress is needed contribute to improved timeliness of Education Health and Care assessments with just 51% of plans issued within statutory timescales in July. This is significantly below benchmark levels with statistical neighbours. The dashboard data is shared through the SEND partnership.

5. Southwark Place Risk Register

The risk register report provides an overview of the key risks on the register. This includes recently added risks on ICB Change Management, Integrated Neighbourhood Team delivery,

SEND, contract management and market failure in adult social care. The risk register will be subject to a further review in September. This was delayed due to staff capacity issues which means the register has not been updated during August, however SMT have continued to actively manage and mitigate the risks during this period, for example ICES contingency arrangements were implemented.

6. Finance summary report

IGAC receives a detailed Finance report covering the current position on budget, cost pressures, savings and procurements which is reviewed in full. This report to the board attached gives a summary of the key issues discussed.

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

IGAC are asked to note the reports from delegated leads. The CHC report provides assurance on the assessment timescales performance issue discussed in 1.1 and the SEL dashboard. A deep dive on medicines optimisation is scheduled for the November IGAC meeting, which will include a review of the 2025/26 Medicines Optimisation Plan.

Integrated Assurance Report

September 2025

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

Attached is the full place report provided by the ICB assurance team on 28 August showing the latest position on metrics, targets and benchmarking.

Introduction and summary

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Reported metrics

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Summary:

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

Contents and structure of report:

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

Structure

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

Definitions:

- Definitions and further information about how the metrics in this report are calculated can be found [here](#).

Southwark performance overview

Standard	Trend since last period	Period covered in report	Comparator	Benchmark	Current performance
Dementia diagnosis rate	↓	Jul-25	National standard	67%	72%
IAPT discharge	↑	Jun-25	Operating plan	360	350
IAPT reliable improvement	↓	Jun-25	Operating plan	67%	67%
IAPT reliable recovery	↓	Jun-25	National standard	48%	44%
SMI Healthchecks	↓	Q1	Local trajectory	55%	56%
PHBs	↓	Q1 - 25/26	LTP indicative trajectory	277	185
NHS CHC assessments in acute	↔	Q1 - 25/26	National standard	0%	0
CHC - Percentage assessments completed in 28 days	↑	Q1 - 25/26	National standard	80%	71%
CHC - Incomplete referrals over 12 weeks	↔	Q1 - 25/26	National standard	0	0
Children receiving MMR1 at 24 months	↓	Q4 - 24/25	PH efficiency standard	90%	80%
Children receiving MMR1 at 5 years	↑	Q4 - 24/25	PH efficiency standard	90%	87%
Children receiving MMR2 at 5 years	↑	Q4 - 24/25	PH efficiency standard	90%	77%
Children receiving DTaP/IPV/Hib % at 12 months	↓	Q4 - 24/25	PH efficiency standard	90%	88%
Children receiving DTaP/IPV/Hib % at 24 months	↓	Q4 - 24/25	PH efficiency standard	90%	86%
Children receiving pre-school booster (DTaPIPv%) % at 5 years	↑	Q4 - 24/25	PH efficiency standard	90%	67%
Children receiving DTaP/IPV/Hib % at 5 years	↑	Q4 - 24/25	PH efficiency standard	90%	89%
LD and Autism - Annual health checks	↑	Jun-25	Local trajectory	136	276
Bowel Cancer Coverage (60-74)	↑	Jan-25	Corporate Objective	63%	63%
Cervical Cancer Coverage (25-64 combined)	↓	Jun-24	Corporate Objective	64%	64%
Breast Cancer Coverage (50-70)	↑	Jan-25	Corporate Objective	59%	60%
Percentage of patients with hypertension treated to NICE guidance	-	Q4 – 24/25	Corporate Objective	72%	71%
Flu vaccination rate over 65s	↑	Feb-25	Corporate Objective	61.5%	55.8%
Flu vaccination rate under 65s at risk	↑	Feb-25	Corporate Objective	34.2%	32.3%
Flu vaccination rate – children aged 2 and 3	↑	Feb-25	-	-	37.5%
Appointments seen within two weeks	↑	Jun-25	-	-	86%
Appointments in general practice and primary care networks	↑	Jun-25	Operating plan	-	122670
Appointments per 1,000 population	↑	Jun-25	-	-	340

Dementia Diagnosis Rate

SEL context and description of performance

- The national dementia diagnosis rate target is 66.7%. Dementia diagnosis rate is defined as the diagnosis rate for people with dementia, expressed as a percentage of the estimated prevalence.
- South east London is achieving this target. July 2025 performance was 71.2%.
- There is, though, variation between boroughs. Greenwich has not achieved the target during the previous 24 months.

		July 25						
Metric	Target	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Dementia diagnosis rate*	66.7%	71.9%	72.2%	63.9%	76.2%	69.7%	71.9%	71.2%
Trend since last report	-	↓	↑	↓	↓	↓	↓	↔

SEL context and description of performance

- The NHS Talking Therapies metrics introduced in 2024/25 have continued into 2025/26. The targets are as follows:
 - Number of patients discharged having received at least 2 treatment appointments in the reporting period.
 - Reliable improvement rate for those completing a course of treatment.
 - Reliable recovery rate for those completing a course of treatment and meeting caseness.
- The target for the number of patients discharged following at least two treatments has not been met since April 2024. The reliable improvement and recovery targets have been met in June 2025. Performance is variable across individual services.

Jun-25							
Metric	Bexley - MIND	BHC	Greenwich (Oxleas)	Lambeth (SLaM)	Lewisham (SLaM)	Southwark (SLaM)	SEL
Talking Therapies discharge metric	220	150	290	515	355	350	1865
Trajectory	176	248	295	533	377	360	2035
Trend since last reporting period	↑	↑	↑	↑	↑	↑	↑

		Jun-25						
Metric	Target	Bexley - MIND	BHC	Greenwich (Oxleas)	Lambeth (SLaM)	Lewisham (SLaM)	Southwark (SLaM)	SEL
TT reliable recovery	48%	51.0%	47.0%	44.0%	51.0%	51.0%	44.0%	48.0%
Trend since last report	-	↑	↓	↓	↑	↑	↓	↔

		Jun-25						
Metric	Target	Bexley - MIND	BHC	Greenwich (Oxleas)	Lambeth (SLaM)	Lewisham (SLaM)	Southwark (SLaM)	SEL
TT reliable improvement	67%	69.0%	68.0%	61.0%	67.0%	70.0%	67.0%	67.0%
Trend since last report	-	↑	↓	103 of 163	↑	↑	↓	↓

SEL context and description of performance

- The south east London ICB board has set Improving the uptake of physical health checks for people with SMI as a corporate objective.
- There was a significant increase in the number of AHCs undertaken for people with an SMI during 2023/24 and the SEL operating planning trajectory was achieved at the end of 2023/24. All LCPs significantly improved their position and delivered health checks to over 60% of their registers. Indicative trajectories, aligning with the SEL operational plan, were met by 3 out of 6 LCPs.
- The proposed 2025/26 SEL corporate objectives ambition for SMI health checks is 75%. This aligns with NHSE expectations and the final year target of the Long Term Plan. Performance is reported below against an indicative trajectory to support in year tracking towards the target by Q4.
- Where annual health checks are being completed, quality can vary as can onward referral to other physical health services.

	Q1 - 25/26						
Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
SMI Healthchecks	55.4%	51.1%	49.7%	57.0%	50.5%	56.0%	53.6%
Indicative trajectory	55.0%	55.0%	55.0%	55.0%	55.0%	55.0%	55.0%
Trend since last report	↓	↓	↓	↓	↓	↓	↓

***NOTE:** The above figures have been calculated based on published LCP performance for Q1: [Physical Health Checks for People with Severe Mental Illness - NHS England Digital](#).

SEL context and description of performance

- ICBs are required to submit the quarterly mandatory personal health budgets data submission which provides details of the number of children and adults with a personal health budget in place during the year.
- The NHS 10 year plan includes a commitment to at least double the number of people offered a Personal Health Budget by 2028 to 2029.
- Regional targets and trajectories for the number of people receiving a personal health budget for 2025/26 are not in place.
- Annual SEL and borough level targets were agreed as part of the Long Term Plan up to 2023/24. The south east London target was not achieved. Trajectories for the final year of this plan have been included in the table below to provide a comparison for current delivery but is not used as the basis for RAG rating performance.

	Q1 - 2025/26						
Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
PHBs	193	409	251	178	139	185	1357
Indicative LTP trajectory	253	361	313	349	289	277	1841

SEL context and description of performance

- There are a number of national standards which systems are required to achieve consistently. Where deviating from the standard, there is an expectation that performance will be addressed as a priority. Performance standards are as follows:
 - A national target was previously set to reduce the number of CHC assessments in an acute hospital setting to less than 15%. The aim, however, is that zero assessments should be completed in an acute setting and this is the benchmark that LCP and ICB teams are measured against.
 - Complete assessments of eligibility within 28 days from the date of referral in >80% cases.
 - Reduce the number of outstanding referrals exceeding 12 weeks to Zero
- All targets were achieved at the end of 2024/25.
- At the end of quarter 1 2025/26, SEL was achieving the 28 day standard but not the 12 week standard for zero outstanding referrals nor the aim to have zero assessments taking place in an acute setting.

		Q1 - 25/26						
Metric	Target	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
NHS CHC assessments in acute	0	1	0	0	1	1	0	3
Trend since last reporting period	-	↑	↔	↔	↑	↑	↔	↑

		Q1 - 25/26						
Metric		Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
CHC - Percentage assessments completed in 28 days		82%	93%	100%	88%	86%	71%	87%
Trajectory		80%	80%	80%	80%	80%	80%	80%
Trend since last reporting period		↑	↓	↑	↑	↓	↑	↑

		Q1 - 25/26						
Metric		Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
CHC - Incomplete referrals over 12 weeks		0	1	0	0	0	0	1
Trajectory		0	0	0	0	0	0	0
Trend since last reporting period		↔	↑ 106 of 163	↔	↔	↔	↔	↑

Childhood immunisations (1 of 2)

Description of metric and SEL context

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

		Q4* - 24/25								
Metric	Efficiency standard	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL	London	England
Children receiving MMR1 at 24 months	90%	85.8%	87.0%	82.6%	82.6%	87.0%	79.8%	82.7%	80.7%	88.8%
Trend since last reporting period	-	↓	↓	↓	↑	↑	↓	↑	↓	↑
		Q4* - 24/25								
Metric	Efficiency standard	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL	London	England
Children receiving MMR1 at 5 years	90%	90.4%	91.6%	86.0%	86.4%	89.8%	87.4%	86.2%	85.3%	92.4%
Trend since last reporting period	-	↓	↑	↓	↑	↑	↑	↑	↑	↑
		Q4* - 24/25								
Metric	Efficiency standard	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL	London	England
Children receiving MMR2 at 5 years	90%	77.4%	82.5%	71.7%	75.5%	80.1%	77.0%	74.5%	71.3%	84.5%
Trend since last reporting period	-	↓	↑	↑	↑	↑	↑	↑	↑	↑

*Important Note: SEL Borough level data for quarters 1 to 3 has been republished. For SEL boroughs only children registered with a GP are included in the data until data on children not registered with a GP can be validated. SEL level data includes patients not registered at a GP practice. See [Quarterly vaccination coverage statistics for children aged up to 5 years in the UK \(COVER programme\): January to March 2025 - GOV.UK](#) for more details

Childhood immunisations (2 of 2)

		Q4* - 24/25								
Metric	Efficiency standard	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL	London	England
Children receiving DTaP/IPV/Hib % at 12 months	90%	94.9%	88.9%	89.7%	87.7%	88.6%	88.1%	88.3%	87.1%	91.5%
Trend since last report	-	↑	↓	↓	↓	↓	↓	↑	↑	↑

		Q4* - 24/25								
Metric	Efficiency standard	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL	London	England
Children receiving DTaP/IPV/Hib % at 24 months	90%	93.6%	92.2%	87.4%	88.2%	91.8%	85.8%	88.7%	87.2%	92.5%
Trend since last report	-	↑	↓	↓	↑	↑	↓	↑	↓	↓

		Q4* - 24/25								
Metric	Efficiency standard	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL	London	England
Children receiving pre-school booster (DTaPIPv%) % at 5 years	90%	72.7%	75.9%	69.8%	69.0%	74.3%	67.4%	68.4%	67.6%	82.7%
Trend since last report	-	↓	↑	↓	↑	↑	↑	↑	↑	↑

		Q4* - 24/25								
Metric	Efficiency standard	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL	London	England
Children receiving DTaP/IPV/Hib % at 5 years	90%	91.7%	91.9%	87.2%	87.7%	90.6%	88.9%	87.9%	87.0%	93.0%
Trend since last report	-	↓	↓	↓	↑	↑	↑	↑	↓	↑

***Important Note:** SEL Borough level data for quarters 1 to 3 has been republished. For SEL boroughs only children registered with a GP are included in the data until data on children not registered with a GP can be validated. SEL level data includes patients not registered at a GP practice. See [Quarterly vaccination coverage statistics for children aged up to 5 years in the UK \(COVER programme\): January to March 2025 - GOV.UK](#) for more details

SEL context and description of performance

- The south east London ICB board has set improving the uptake of physical healthchecks for people with LDA as a corporate objective and a south east London trajectory for 2025/26 was submitted as part of the operational planning process.
- SEL achieved the 2024/25 plan with 7,471 health checks delivered against a plan of 6,600. All LCPs achieved their individual targets.
- All LCPs are achieving their June 2025 trajectory.
- Where annual health checks are being completed, quality can vary as can onward referral to other physical health services.

	Jun-25						
Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
LD and Autism - Annual health checks	202	153	221	228	250	276	1330
Trajectory	127	131	174	178	205	136	951

SEL context and description of performance

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

Metric	Jan-25						
	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Bowel Cancer Coverage (60-74)	74.3%	76.2%	65.5%	61.8%	64.3%	63.3%	67.9%
Trajectory	73.6%	76.0%	66.2%	63.3%	64.1%	63.3%	68.2%
Trend since last reporting period	↑	↑	↑	↑	↓	↑	↑

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

Metric	Jan-25						
	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Breast Cancer Coverage (50-70)	70.9%	72.0%	58.9%	57.9%	59.2%	59.6%	63.1%
Trajectory	71.5%	74.5%	61.0%	59.2%	60.6%	59.0%	64.5%
Trend since last reporting period	↑	↑	↓	↑	↓	↑	↑

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

SEL context and description of performance

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

	Jul-25 (Local data reporting)*						
Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Percentage of patients with hypertension treated to NICE guidance	69.0%	70.0%	68.0%	66.0%	63.0%	66.0%	67.0%
Trajectory	73.8%	74.9%	74.7%	74.6%	72.7%	74.5%	74.2%
Trend since last report	↑	↔	↔	↔	↔	↓	↔

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

	Q4-24/25 (published CVD prevent reporting)						
Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Percentage of patients with hypertension treated to NICE guidance	68.4%	70.5%	69.0%	69.7%	65.2%	71.4%	69.1%
Trajectory	70.7%	72.3%	72.0%	71.9%	69.1%	71.7%	71.3%

*Local data has been updated to include coding for self reporting of home monitoring. This affects current and historic data and has led to an increase in reported performance. Further work is taking place to check that local reporting is inline with the national data definitions.

SEL context and description of performance

- The south east London ICB board set improving adult flu vaccination rates as a corporate objective. The ambitions for 2023/24 was as follows: improve the vaccination rate of people aged over 65 to 73.7%, improve the vaccination rate for people under 65 at risk to 46.0%.
- Performance in 2023/24 (year 1) was significantly below ambition for both metrics and represented a decrease in performance from the previous year.
- In order to ensure that 24/25 ambitions were informed by place, their knowledge of and insights into their local population, their role in commissioning services and their strategic plans for delivery, each borough team set their own ambitions to improve uptake for the two main adult flu cohorts for the upcoming flu season. This approach to setting ambitions is also being taken ahead of the 2025/26 flu season.
- The below table provides targets set at borough level in 2024/25
- The following slide provides the published February borough level performance vs trajectory

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

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

Adult flu immunisation (1 of 2)

Published February Performance

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

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

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

SEL context and description of performance

- The 2025/26 Priorities and Operational Planning guidance states that ICBs are expected to continue to support general practice to enable patients to access appointments in a more timely way and improve patient experience.
- The following trajectories have been agreed at an SEL level as part of the annual planning process:
 - Planned number of general practice appointments.
- Appointments totalled 780,952 in June against the operating plan of 717,947.

		Jun-25						
Metric	Planning trajectory	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Appointments seen within 2 weeks	-	88.7%	86.0%	90.8%	91.9%	83.9%	86.2%	88.2%

		Jun-25						
Metric	Planning trajectory	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Appointments in general practice and primary care networks	717947	112156	137179	121613	172598	114736	122670	780952
Appointments per 1,000 population	-	427	381	369	382	321	340	368

Integrated Assurance Report

September 2025

Section 1.2 Additional Operational Plan measures

Operational Plan Priorities and Success Measures Dashboard - Place



Operational Plan Priorities and Success Measures 25/26	23/24	24/25	24/25	24/25	24/25	25/26	period	Trend	Target	Benchmark	RAG	Comment
	year end	q1	q2	q3	q4	q1						
7.1 Increase the % of patients with hypertension treated according to NICE guidance (local BI dashboard)	71%	67%	66%	68%	71%	66%	To Jun 25		71.7%	67% SEL		see 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%		To Mar 25		tbc	46.9% nat		SEL to clarify
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%		To Mar 25		tbc	46.9% nat		borough trajectories
1. Reduce the time people wait for elective care												
No relevant place level measures												
2. Improve A&E waiting times and ambulance response times												
No relevant place level measures												
Indirectly relevant are the INT and Frailty Scorecard metrics supporting reduced demand on emergency services, and BCF discharge delays measures	See Health and Care Plan Priorities Scorecard											
3.Improve access to general practice and urgent dental care												
3.1 Improve patient experience of access to general practice as measured by the ONS Health Insights Survey	Measure not yet defined by NHSE											
Indirectly relevant are the GP Access measures in the SEL scorecard, and the annual GP Patient Survey	See SEL place scorcard											
Indirectly relevant is the GP Patient Survey	Annual analysis to follow Autumn											
4. Improve mental health and learning disability care												
No relevant place level measures (length of stay in mental health beds, CYP numbers accessing, learning disability inpatients)												
Indirectly relevant are Health and Care Plan dashboard measures on mental health waiting times	See CYP MH and Adult MH measures on Priorities Dashboard											
5. Live within the budget allocated, reducing waste and improving productivity												
See budget report	See budget report											
6. Maintain our collective focus on the overall quality and safety of our services												
No specific measures at place level - see quality report	See quality report											
7. Address inequalities and shift towards prevention												
Reduce inequalities in line with the Core20PLUS5 approach for adults and children and young people. Hypertension and CVC Cholesterol target see 7.1 and 7.2 above	This success measure is not defined in the Operational Plan guidance or templates											

Note – pending further definition of targets. Only 2 measures on place scorecard. Others are either SEL targets or undefined.

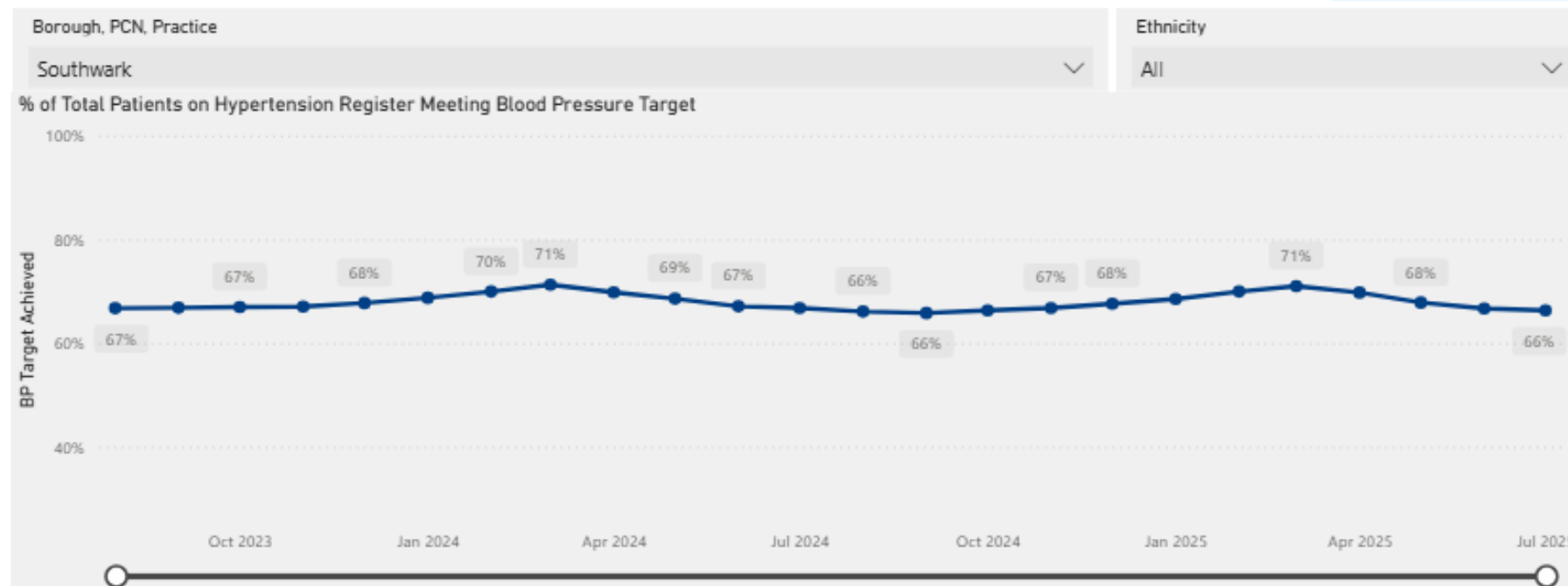
Indicators from new ICB national assessment framework may be incorporated at place level.

7.1 Hypertension management: measure from 25/26 Operational Plan – local BI dashboard



Housebound	Population (Age 18+)	% of Population on HYP Register	Hypertension Prevalence (Total)	BP Recorded (In last 12 months)	BP Control < Age 80	BP Control ≥ Age 80
Homeless	364,568	11%	39,996	96%	65%	78%

Borough	<80	≥80
Southwark	35,154	4,842
Total	35,154	4,842



Borough, PCN, Practice
Southwark

Age Band
All

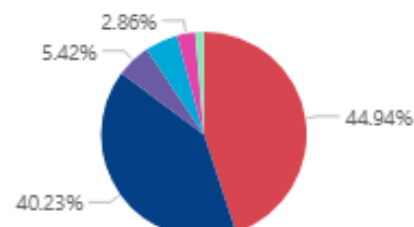
Gender
All

Ethnicity
All

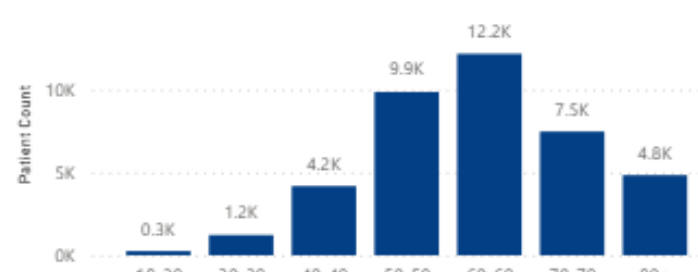
Deprivation (IMD) Decile
All

Patient Count by Ethnicity

Ethnicity ● Black ● White ● Other ● Asian ● Mixed ● Unknown

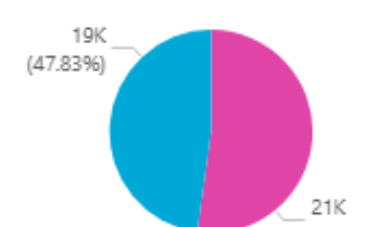


Patient Count by Age Band



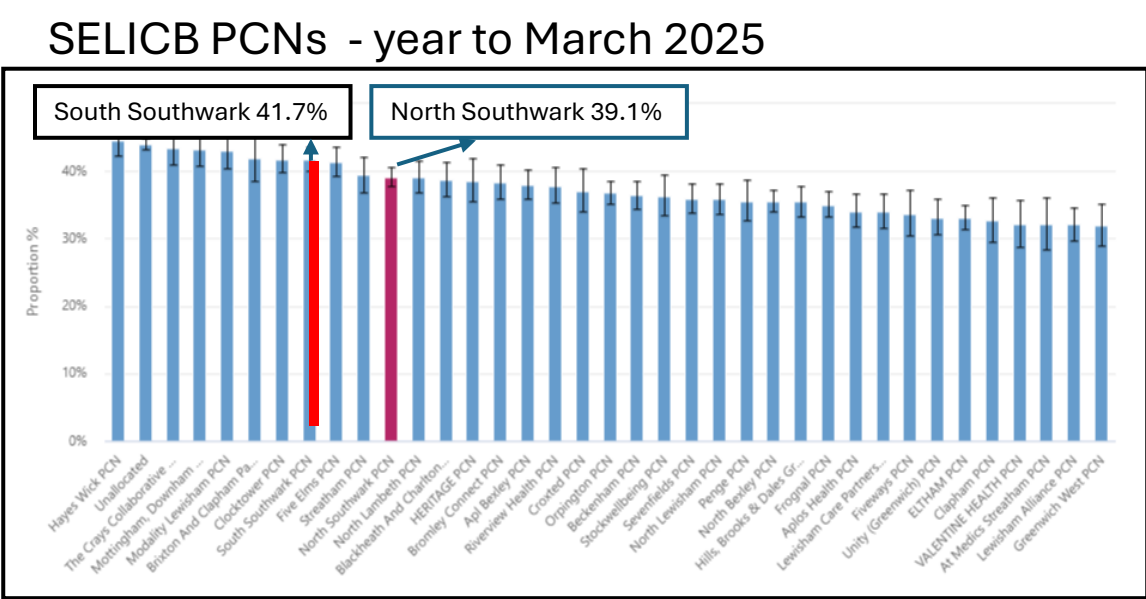
Patient Count by Gender

Gender ● Female ● Male



7.2 Cholesterol/CVD management: measure from 25/26 Operational Plan – national dashboard to March 2025

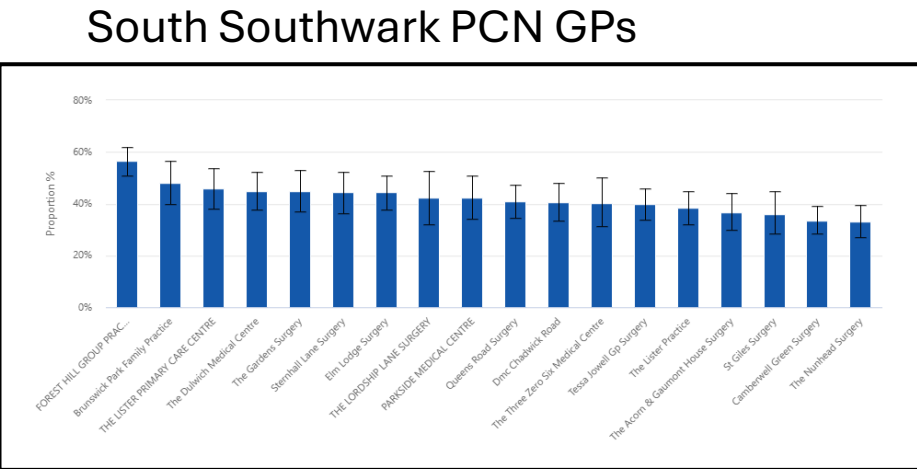
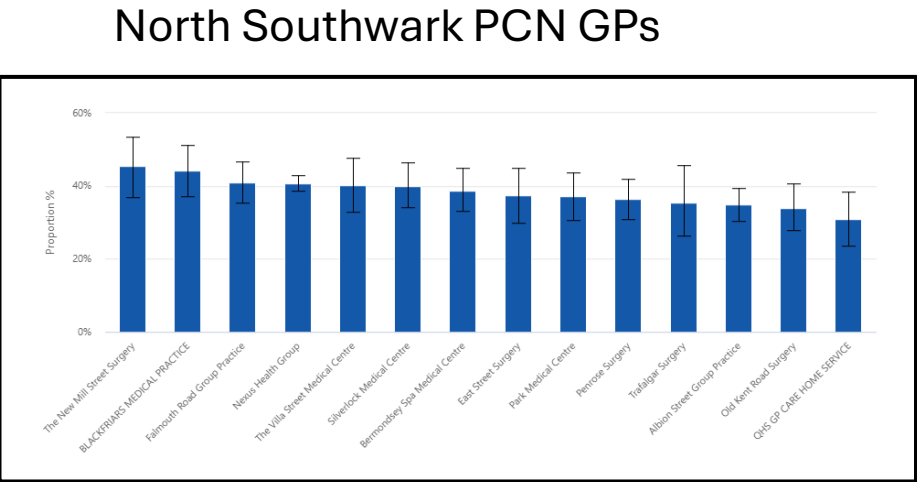
CVD012CHOL: Patients with GP recorded CVD (narrow definition), whose most recent blood cholesterol level is LDL-cholesterol less than or equal to 2.0 mmol/l or non-HDL cholesterol less than or equal to 2.6 mmol/l, in the preceding 12 months



National average 48.25%

Awaiting information on local targets

Note: q3 data refreshed in dashboard





Integrated Assurance Report

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Section 1.3 Better Care Fund Targets

Better Care Fund place targets dashboard



Better Care Fund place targets	2023/24 yr end	2024/25 yr end	2025/26 Apr	2025/26 May	2025/26 June	period	Target	Benchmark		Trend	RAG
1. Emergency admissions for 65+ years per 100,000 population	1766	1930	2025			monthly av	1981 (Apr)	1,774	London (Apr)	up	
2.1 Discharge delays - % discharged on discharge ready date	new	91%	89.8%	89.6%	87.4%	monthly av	90%	89.0%	London (Jun)	down	
2.2 Discharge delays – average patient delay (all) - days	new	0.92	0.95	1.07	1.24	monthly av	0.8	0.7	London (Jun)	up	
2.3 Discharge delays – average for delayed patients - days	new	9.03	9.30	10.40	9.90	monthly av	8	6.3	London (Jun)	up	
3.3 Care Home Admissions over 65's rate per 100000	655	622		Q1:	144.60	quarterly av	169.9 (Q1)	505	Inner London	down	
4. Avoidable Admissions - rate	73	65	77			monthly av	n/a	See chart	SEL	up	
5. Discharge to usual place of residence (%)	96.1%	95.0%	95.7%	94.4%		monthly av	n/a	93.3%	London 24/25	down	
6. Admissions due to falls over 65 years - number	452	560	n/a			quarterly	n/a	391	London 24/25	down	

Key points to note:

- Emergency admissions of over 65's 2% above April target
- Average delays for patients not discharged on discharge ready date are significantly above target for Q1 and amongst the highest in London
- Care home permanent admissions within Q1 target

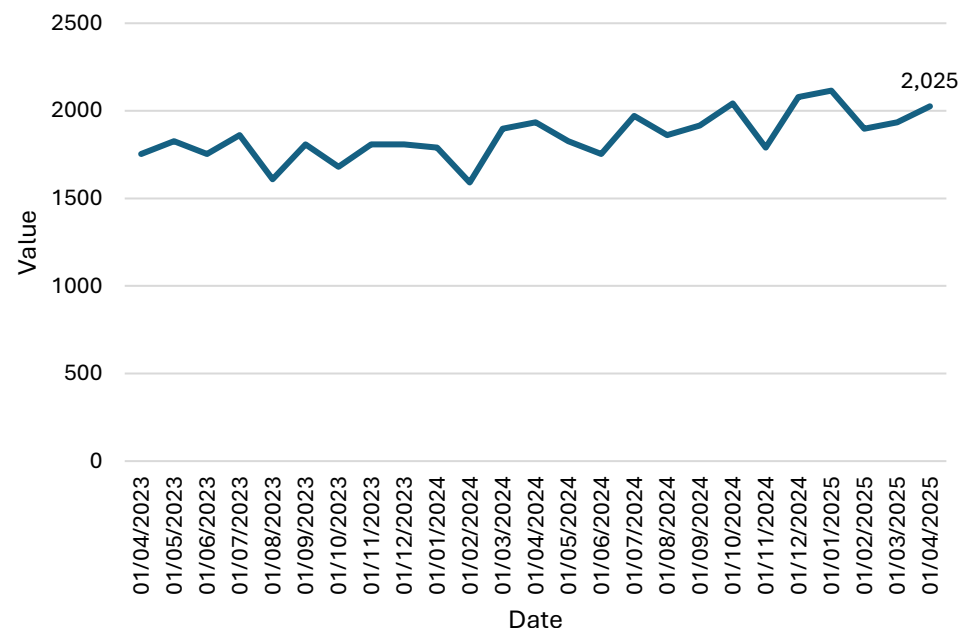
Updated 29.08.25

Underlying spreadsheet BCFmetricsJCOG 08.09.25

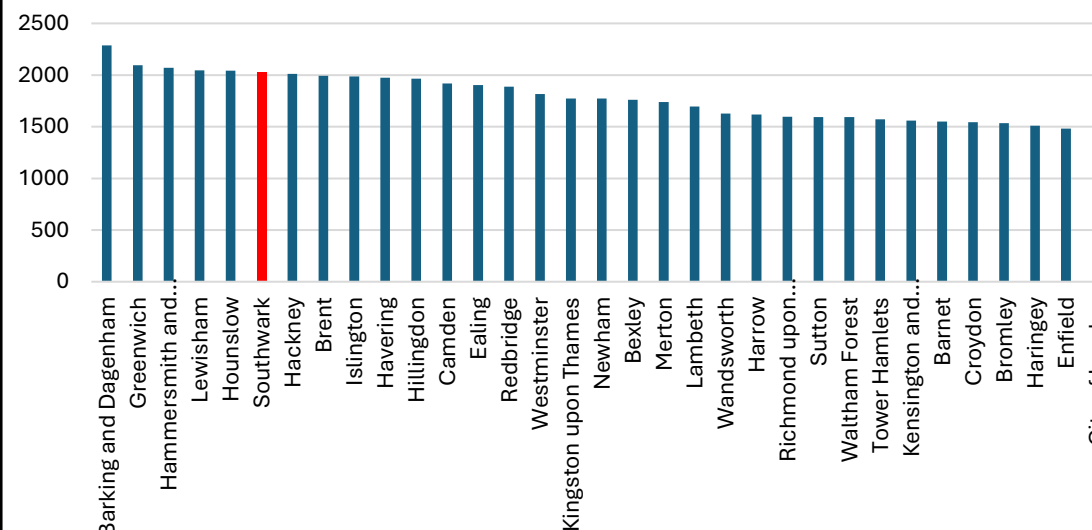
1. Emergency Admissions for 65+ per 100,000 population – to April 2025



RAG



Emergency Admissions of 65 yrs + per 100,000 - April 2025 - London benchmarking



Performance narrative:

Admissions in April slightly increased on February and March but below December and January peak.

The amber RAG is due to being only 2% above the April BCF target (1,981) which could be recovered later in the year ahead – hence amber rating.

London average 1,774 in April

A wide range of services contribute directly and indirectly to admissions avoidance, including primary care, urgent community response, step up intermediate care, same day emergency care, ambulance services etc, hence this is a key whole system measure.

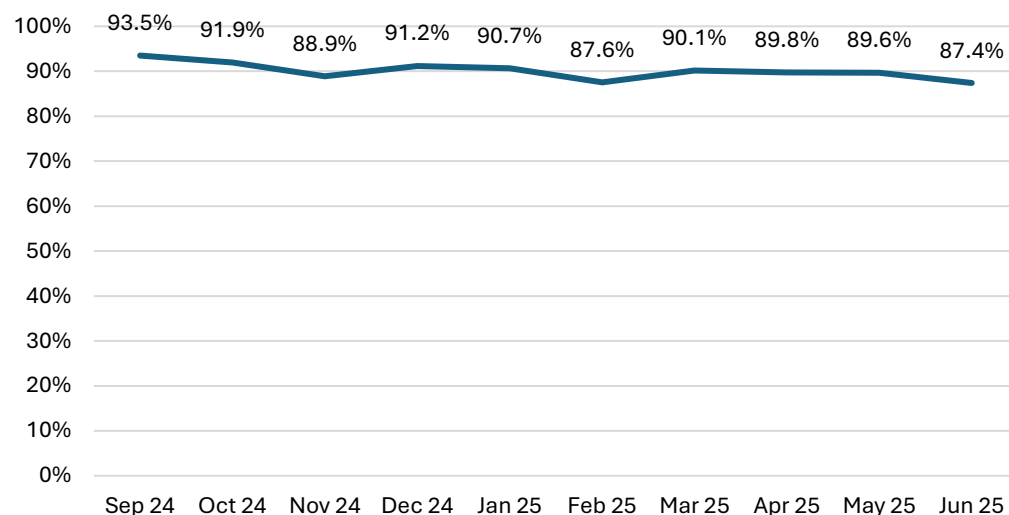
May data expected soon.

2.1 Proportion of patients discharged on Discharge Ready Date – to June 2025

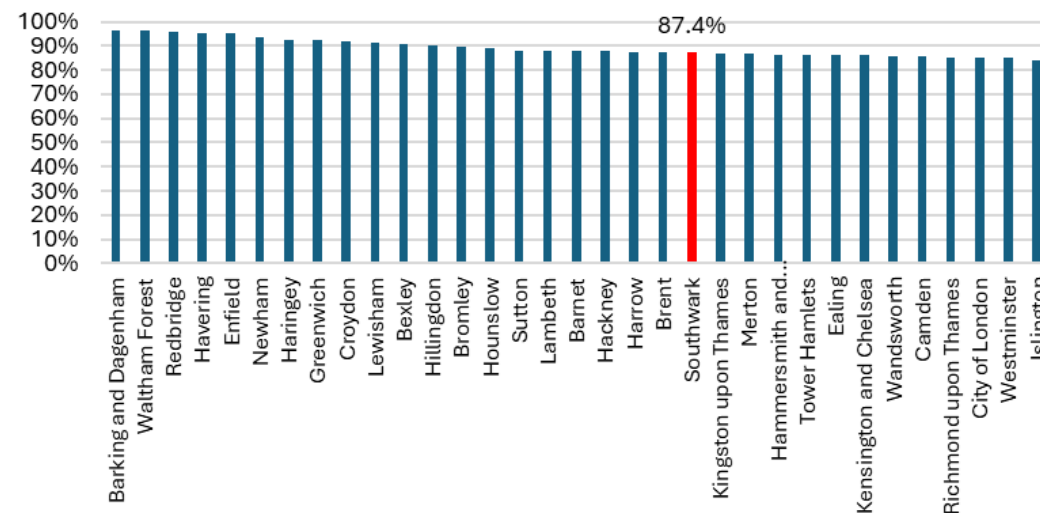
RAG



% of patients where date of discharge is same as discharge ready date in Southwark – trend



Date of discharge is same as Discharge Ready Date - June 2025



24/25 90.6%. June 87.4%. Q1 average 88.9%

Marginally below 90% target.

Slightly lower than London average 89% in June.

Not yet a major cause of concern (amber).

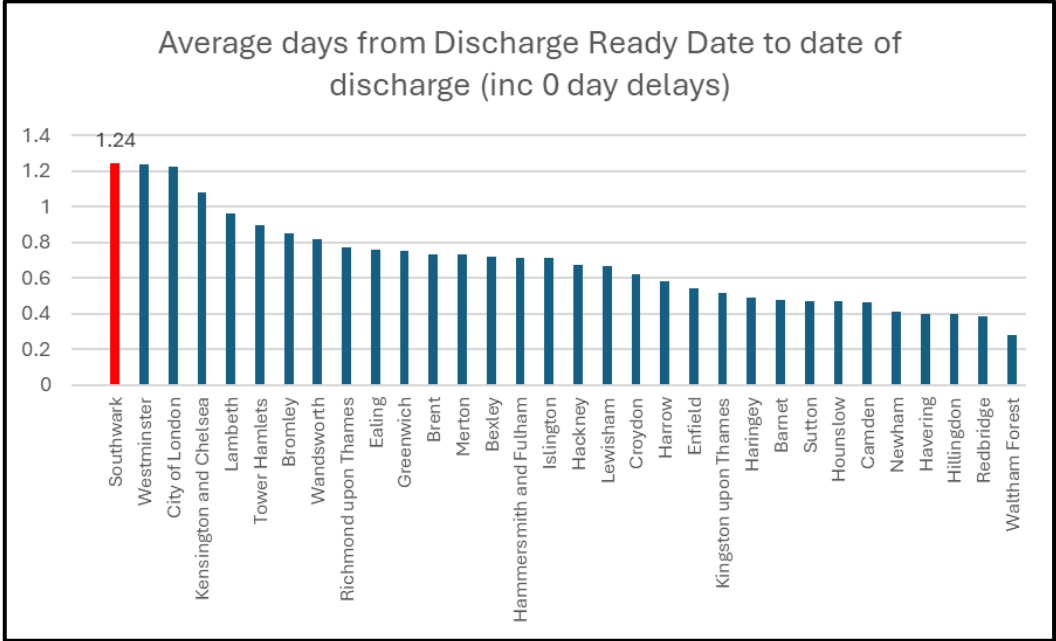
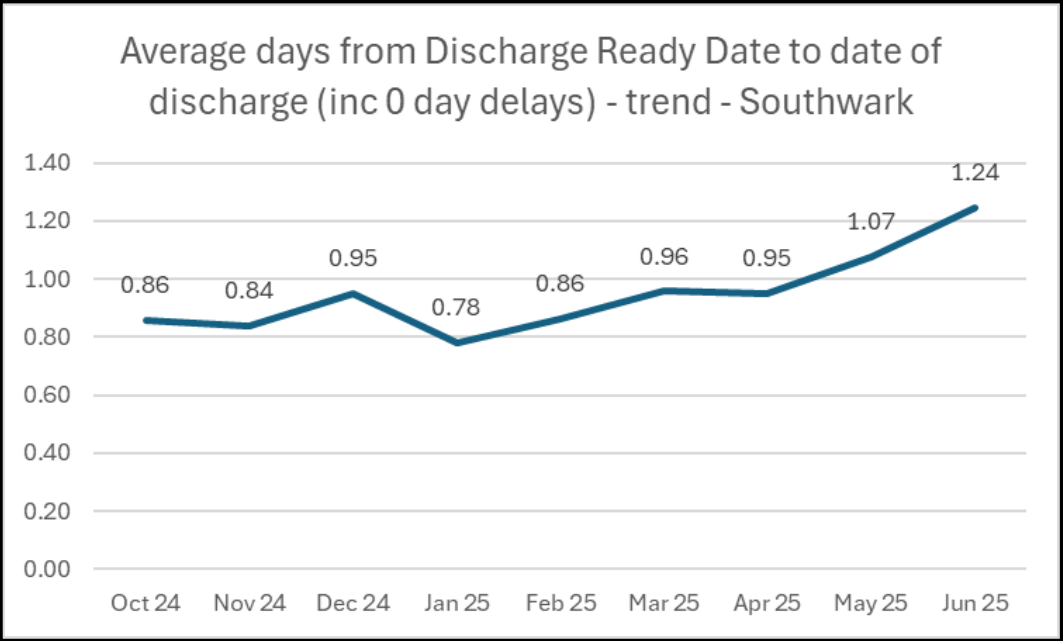
This is new relatively new data at borough level with recognised data quality issues, with some over reporting of performance in some trusts.

National data accuracy exercise underway which may significantly impact on performance and targets may need reviewing.

The BCF funds a wider range of services that support timely discharge from hospital. There remain problems with long delays for people requiring high needs dementia nursing care. Issues around discharge delays are addressed at system level through the Discharge Services Improvement Group and locally through the joint Lambeth Southwark Discharge Operational Delivery Group.

2.2 Average delayed days after Discharge Ready Date – all patients – to June 2025

RAG



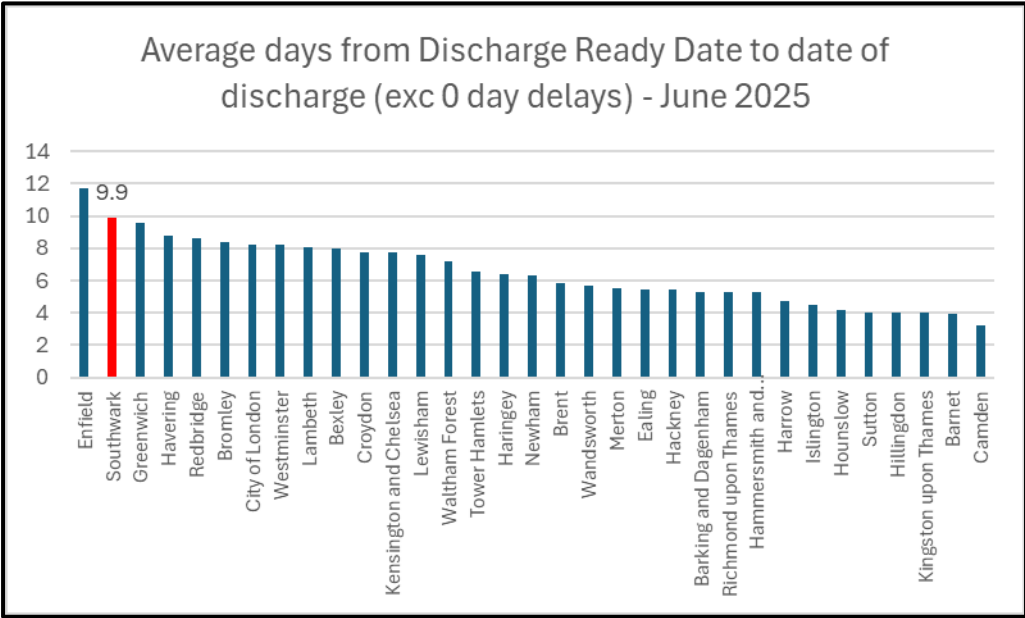
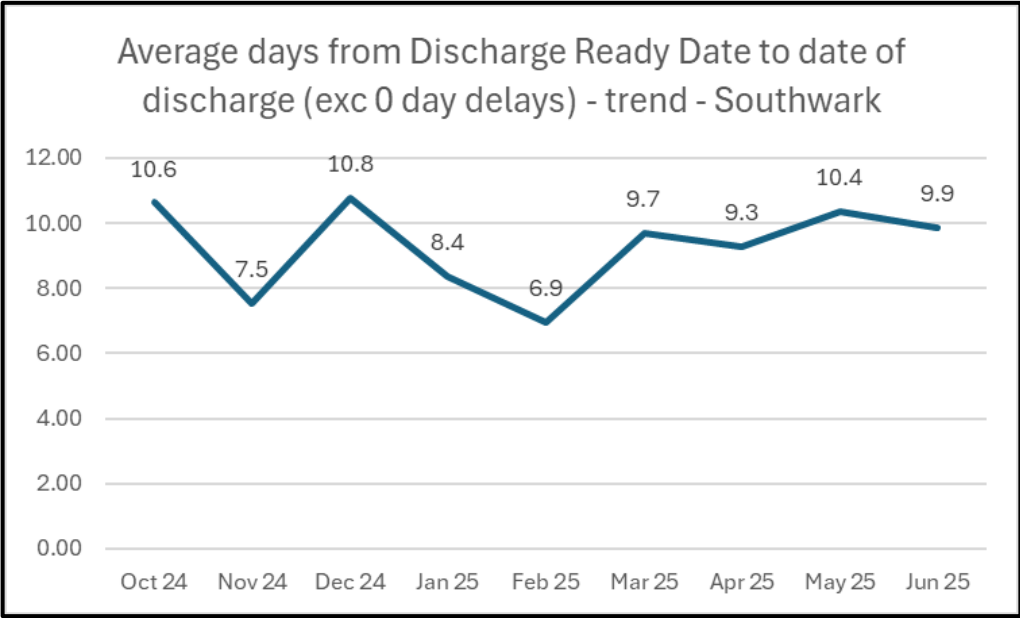
June spike 1.24 days - Exceeds 0.8 day target. Highest in London.

Q1 average 1.09.

London average June 0.7 days, although some low values in other boroughs potentially associated with low data quality, national data quality exercise underway.

The BCF funds a wider range of services that support timely discharge from hospital. There remain problems with long delays for people requiring high needs dementia nursing care. Issues around discharge delays are addressed at system level through the Discharge Services Improvement Group and locally through the joint Lambeth Southwark Discharge Operational Delivery Group.

2.3 Average days delayed for those not discharged on the Discharge Ready Date – to June 2025



RAG

June average 9.9 days versus target of 8 days.

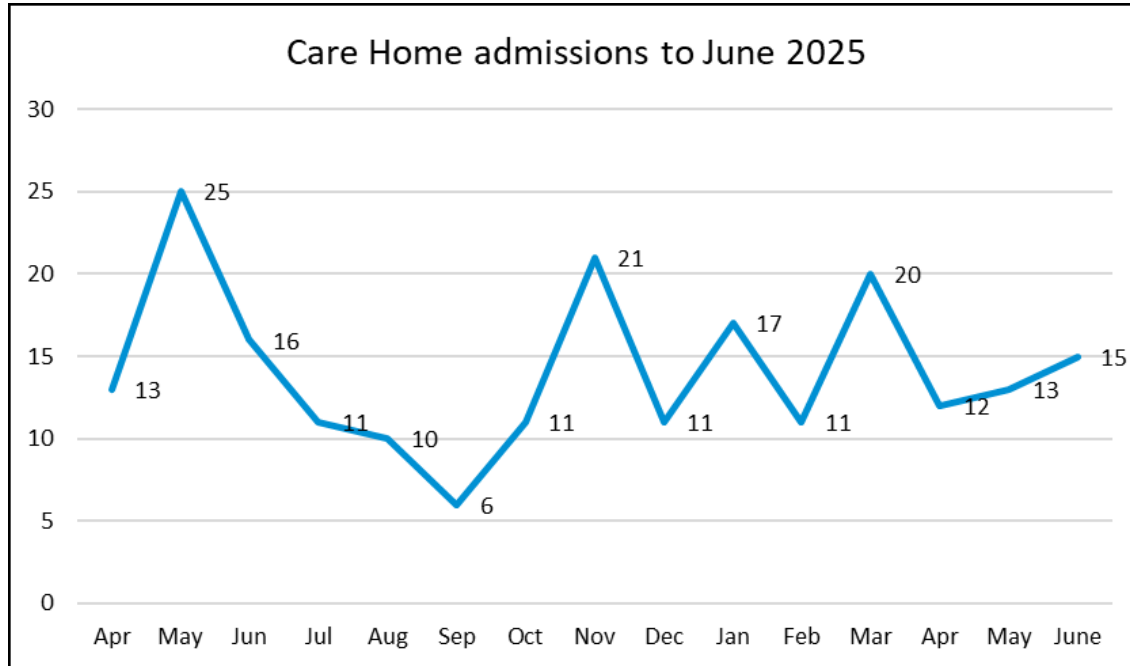
Q1 average 9.83 days

London average 6.3 days

Data quality caveats apply as per previous DRD indicators, subject to national data quality re-launch

The BCF funds a wider range of services that support timely discharge from hospital. There remain problems with long delays for people requiring high needs dementia nursing care. Issues around discharge delays are addressed at system level through the Discharge Services Improvement Group and locally through the joint Lambeth Southwark Discharge Operational Delivery Group.

3 Permanent Care Home admissions – up to June 2025 - activity



RAG



The 2025/26 target is on track at Q1 with 40 admissions against a target of 47 - and is notably lower than Q1 in 2024/25. This is a promising start although it is an indicator which can be volatile with significant monthly changes.

The Inner London average rate was 505 per 100,000 in 2023/24 which would equate to 140 admissions in Southwark.

4 BCF “Avoidable Admissions” (ambulatory care sensitive conditions)

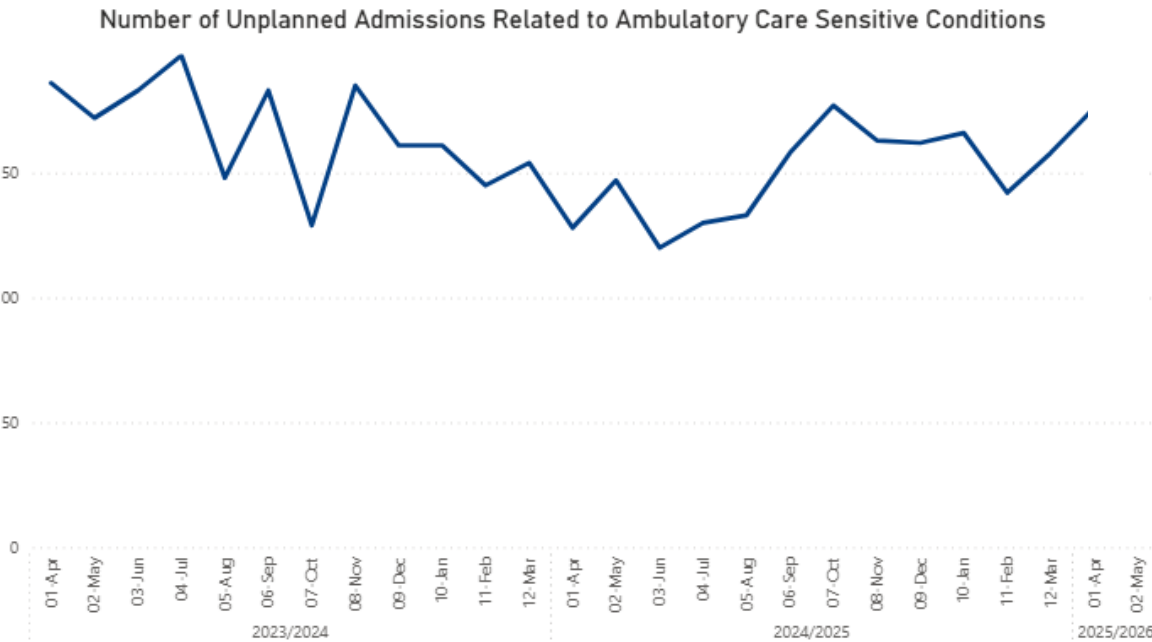
Unplanned ACSC Admissions Summary



RAG

Borough of Residence

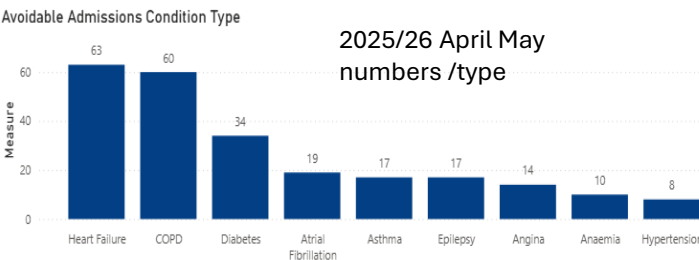
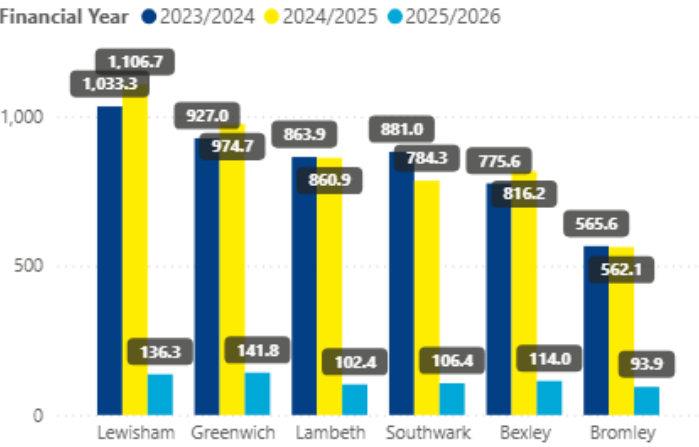
Bexley Bromley Greenwich Lambeth Lewisham Southwark



Financial Year	01-Apr	02-May	03-Jun	04-Jul	05-Aug	06-Sep	07-Oct	08-Nov	09-Dec	10-Jan	11-Feb	12-Mar	Total
2023/2024	186	172	183	197	148	183	129	185	161	161	145	154	2,004
2024/2025	128	147	120	130	133	158	177	163	162	166	142	158	1,784
2025/2026	176	66											242
Total	490	385	303	327	281	341	306	348	323	327	287	312	4,030

For SEL, there have been 66 admissions related to Unplanned ACSC Conditions in the latest month. Compared to **previous month**, this is **110 Less**. Compared to **same month last year**, this is **81 Less**.

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



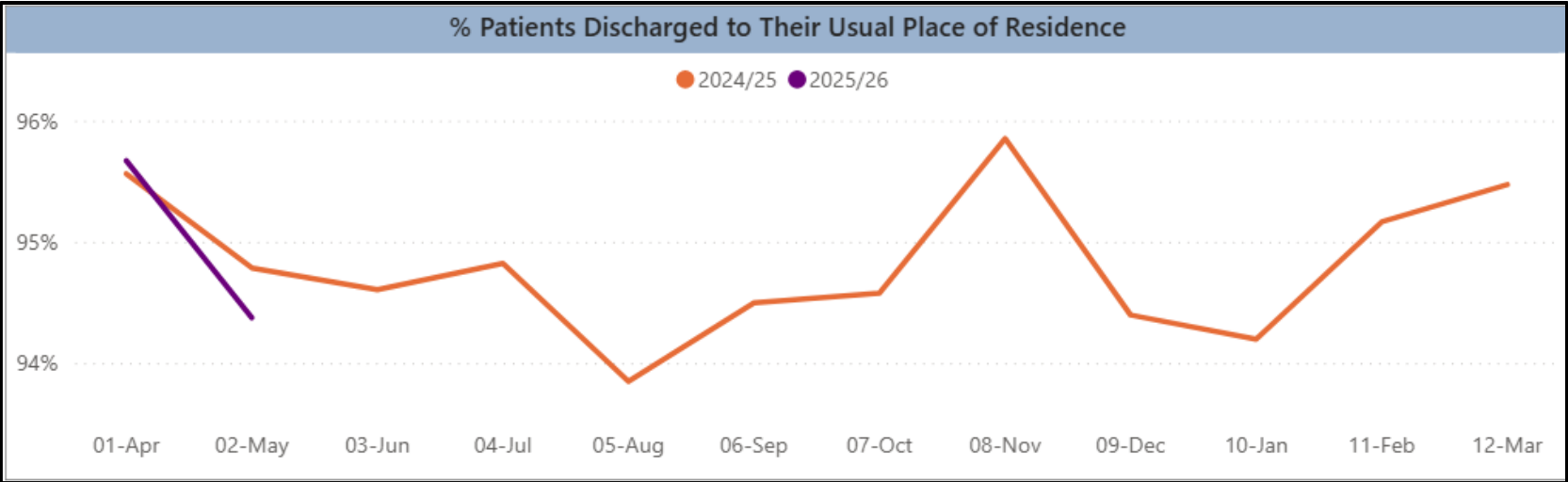
This is no longer a formal BCF target but we are expected to monitor it locally. In 2024/25 the target of a 5% reduction was met.

April data shows a significant increase that will need to be monitored to see if a long term trend, with COPD and Heart Failure a key driver.

Rated amber on basis of previous target.

Note that May data will not be complete.

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

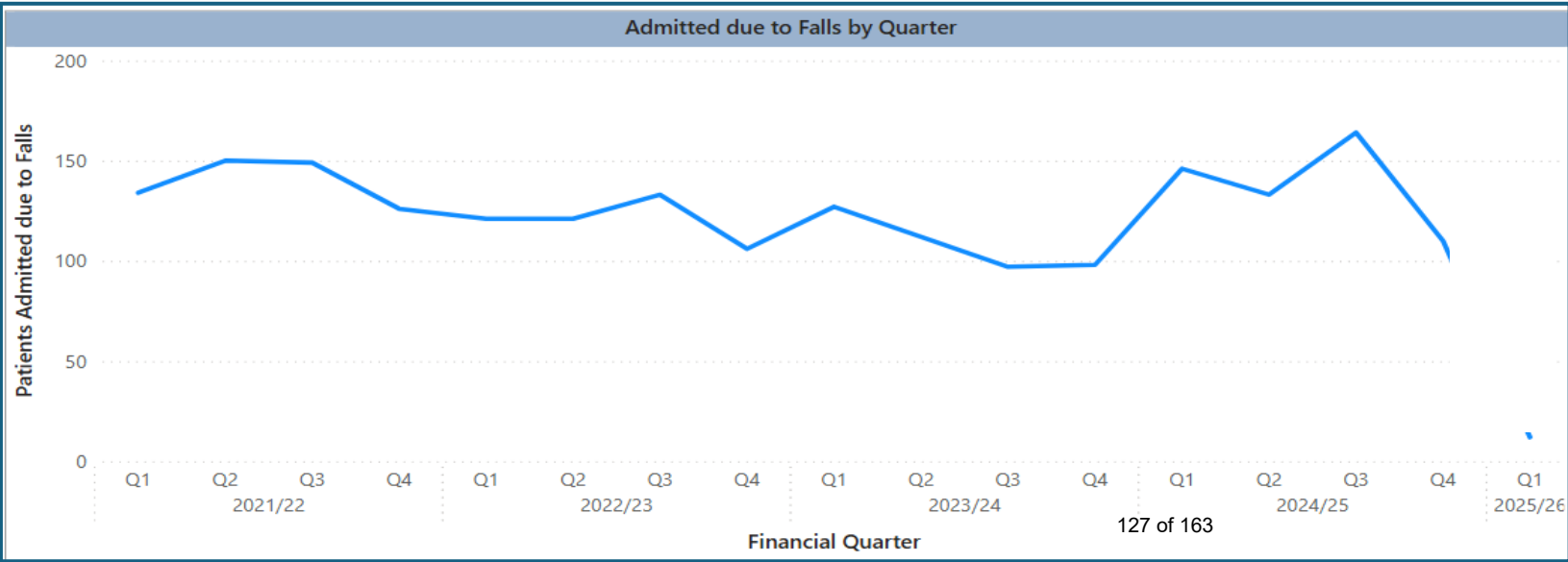


RAG



Decline to 94.4% in May from 95.7% noted for further monitoring, but benchmarks as strong performance (2nd highest in London in April DHSC data) reflecting robust home first approach. Not an area of concern. Marginal differences frequently linked to miscoding.

6 BCF target – admissions due to falls aged over 65



RAG



Accurate Q1 data not available. Updated 2024/25 data reflects 560 falls, a 24% increase on 2023/24, compared to the 5% reduction target. However Q4 showed a reduction on previous 3 quarters.



Integrated Assurance Report

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Section 1.4 Partnership Southwark Strategic Priorities Dashboard

Health and Care Plan / Joint Forward Plan Priorities

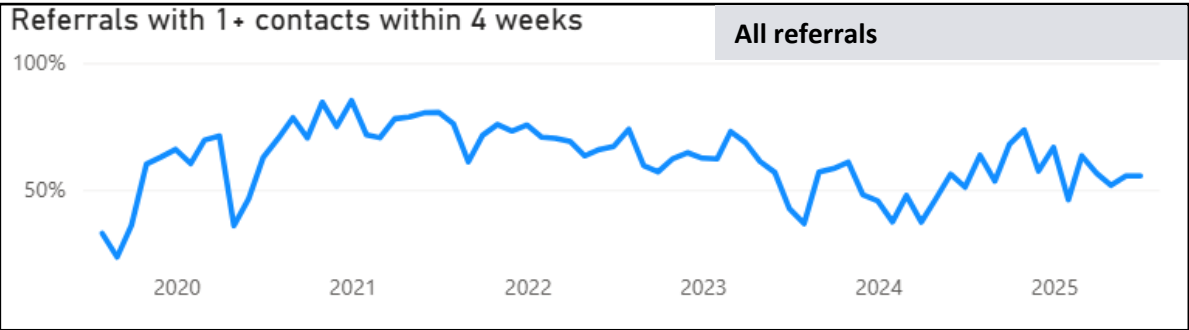
Health and Care Plan Priorities Dashboard summary updated 02/09/25



Health and Care Plan Priority Measures	2023/24 yr end	2024/25 Q1	2024/25 Q2	2024/25 Q3	2024/25 Q4	2025/26 Q1	period	2024/25 Trend	Target	Benchmark	RAG	Comment
Children and young people's mental health												
Increase in % achievement of the 4 week wait standard:												
1.1 First contact in 4 weeks -all	37.3%	51.0%	67.8%	66.7%	56.5%	55.4%	at end of qtr		improve	66.7% SEL		Q1 below previous Q3 levels
1.2 First contact in 4 weeks -neuro developmental	6.1%	21.7%	50.0%	21.2%	21.5%	24.2%	at end of qtr		improve	31.1% SEL		Q1 below previous Q3 levels
Adult mental health												
Increase in % achievement of the 4 week wait standard:												
2.1 First contact in 4 weeks -all	80.6%	81.9%	82.1%	85.2%	79.1%	84.8%	at end of qtr		improve	75.3% SEL		June performance up
Frailty												
Reduce the rate of avoidable hospital and care home admissions admissions from at risk cohorts:												
3.1 Emergency admissions for 65+ years per 100,000	1766	1850	1916	1971	1983	2025	April/ monthly av		1982	1774 London (Apr)		2% above April target
3.2 Care Home Admissions over 65's rate per 1000	655	781	391	622	694	578	quarterly av		577	505 London 23/24		25/26 on track
Reduce unplanned / emergency GP appointments:												
3.3 A&E attendances over 65 yrs (actuals)	3598	3644	3785	3970	4007	4043	qtr total		Reduce	n/a		Increasing
Reduction in ambulance conveyances:												
3.4 LAS ambulance call outs Swk 65 yrs plus		4718	4833	5728	5077	5232	May/qtr av		Reduce	n/a		Increasing in May
Reduction in Outpatient Appointments:												
3.5 Outpatient Appointments 65 yrs plus (rate per 1000 list size)	106.74	122.6	125.7	128.7	125.9	140.4	qtr av		Reduce	n/a		Increasing
Patient experience - quality of life												
3.6 Placeholder - Adult Social Care Survey - quality of life (1a)	17.4								Improve	18.4 Inner London		to consider
4. Prevention and Health Inequalities - on hold												
5. Integrated Neighbourhood Teams - in development												

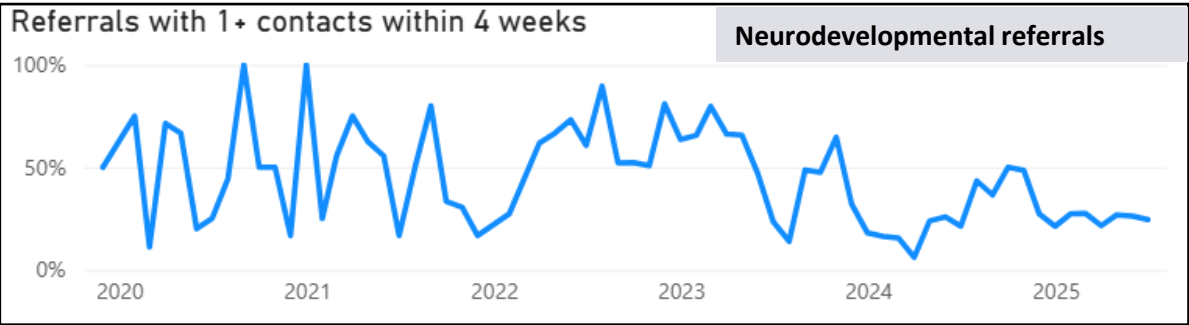
1.1-1.2 CYP Mental Health BI dashboard: Referrals with 1+ contacts in four weeks 2023-2025

RAG



30 June 2025

% in four weeks:	55.4%
Referrals with 1+ contacts recorded in four weeks:	190
Referrals with 1+ contacts on waiting times	343



30 June 2025

% in four weeks:	24.4%
Referrals with 1+ contacts recorded in four weeks:	21
Referrals with 1+ contacts on waiting times	86

Narrative on performance:

Q1 performance does not show significant change on Q4 levels and continue to be below previous Q3 levels.

Note: Data for BI dashboard is taken from published national mental health services data set.

Data quality caveat - local provider data shows different picture of lower waits.

Note on what constitutes a first contact within 4 weeks. Definition is “Where the referral has its first attended CONTACT recorded between the start and end of the month, where this first CONTACT took place less that 28 days after the referral start date This includes all attended contacts where the consultation mechanism is either face to face, telephone, talk type or video consultation and indirect activity” .

Updated 05.08.25
source SELICB CYP BI dashboard

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

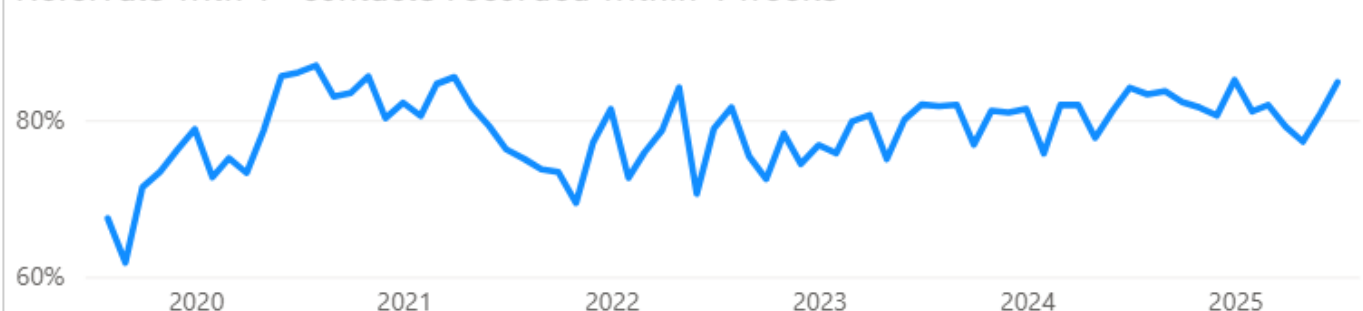


2.1 Latest performance – all referrals

RAG



Referrals with 1+ contacts recorded within 4 weeks



30 June 2025

% in four weeks:

84.8%

Referrals with 1+ contacts recorded in four weeks:

625

Referrals with 1+ contacts recorded:

737

Note: Adult neurodevelopment referrals data – excluded due to low numbers -3 seen in June, 7 of whom 1 within 4 weeks (33.3%)

Narrative on performance:

After a dip in April and May the performance in June improved to 84.8%, similar to the peak in Q3. Although encouraging, this is rated amber on the basis that the average for Q1 was lower than Q4 and performance needs to be consolidated over a longer period.

Note: Data for dashboard is taken from published national mental health services data set.

Data quality caveat - local provider data shows different picture of lower waits.

Note on what constitutes a first contact within 4 weeks. Definition is “Where the referral has its first attended CONTACT recorded between the start and end of the month, where this first CONTACT took place less than 28 days after the referral start date. This includes all attended contacts where the consultation mechanism is either face to face, telephone, talk type or video consultation and indirect activity”

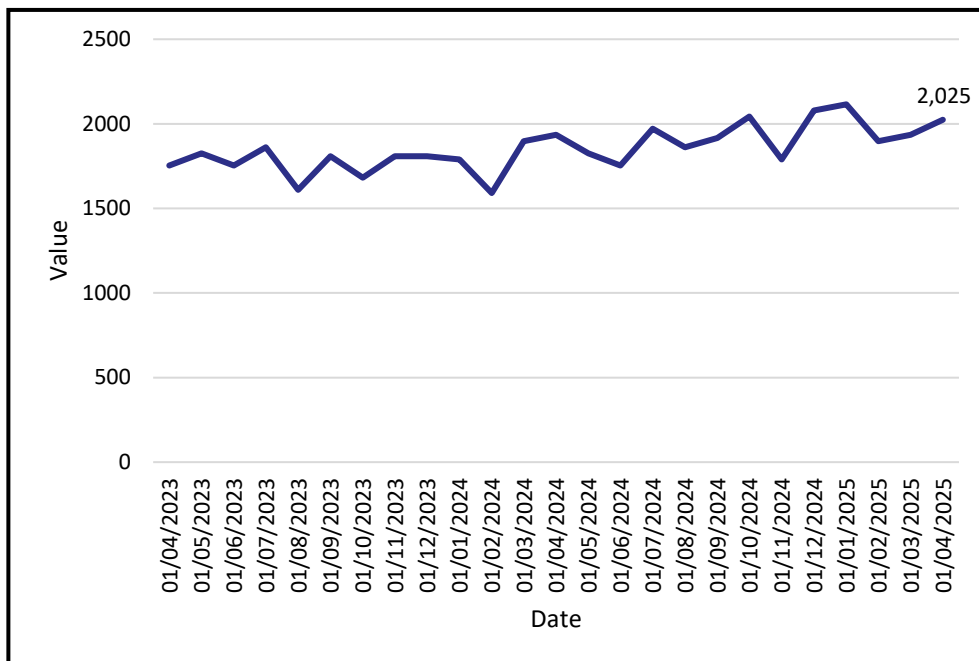
3 Frailty

3.1 Emergency Admissions for 65+ per 100,000 population – to April 2025 (BCF Target definition) Southwark residents

RAG



Partnership
Southwark

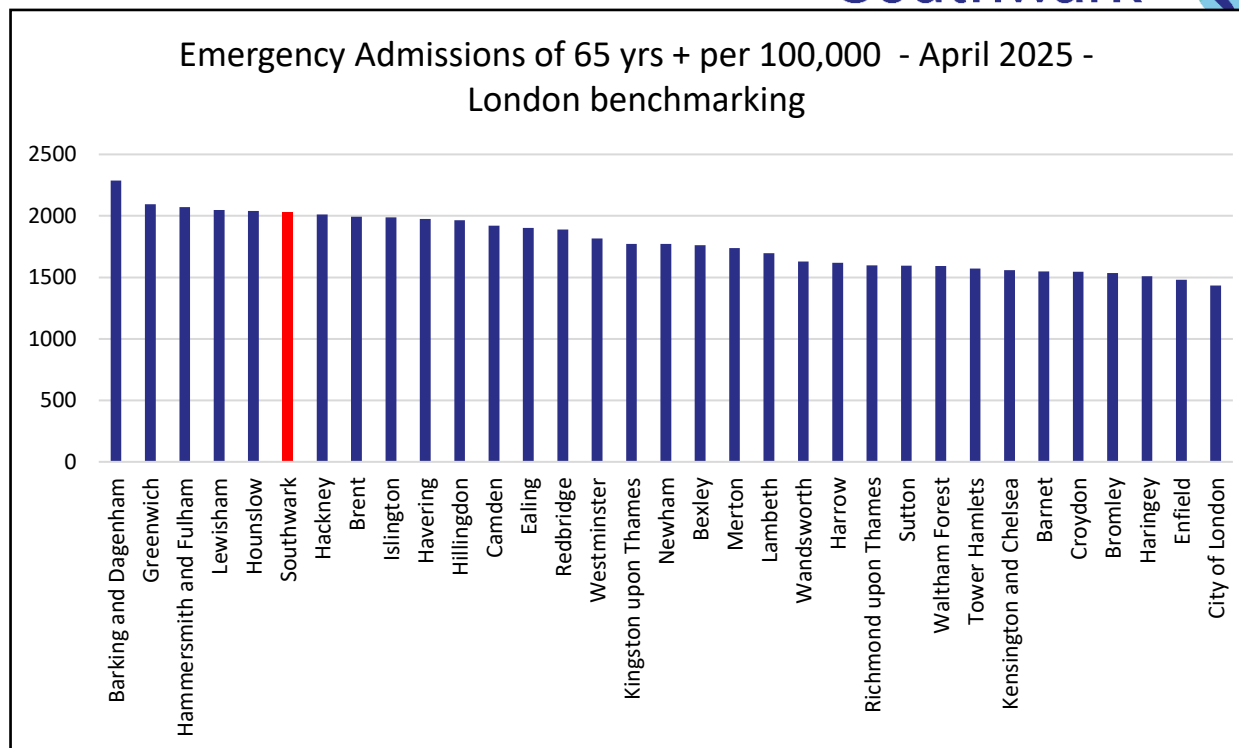


Performance narrative:

Admissions in April slightly increased on February and March but below December and January peak.

The amber RAG is due to being only 2% above the April BCF target (1982) which could be recovered later in the year ahead.

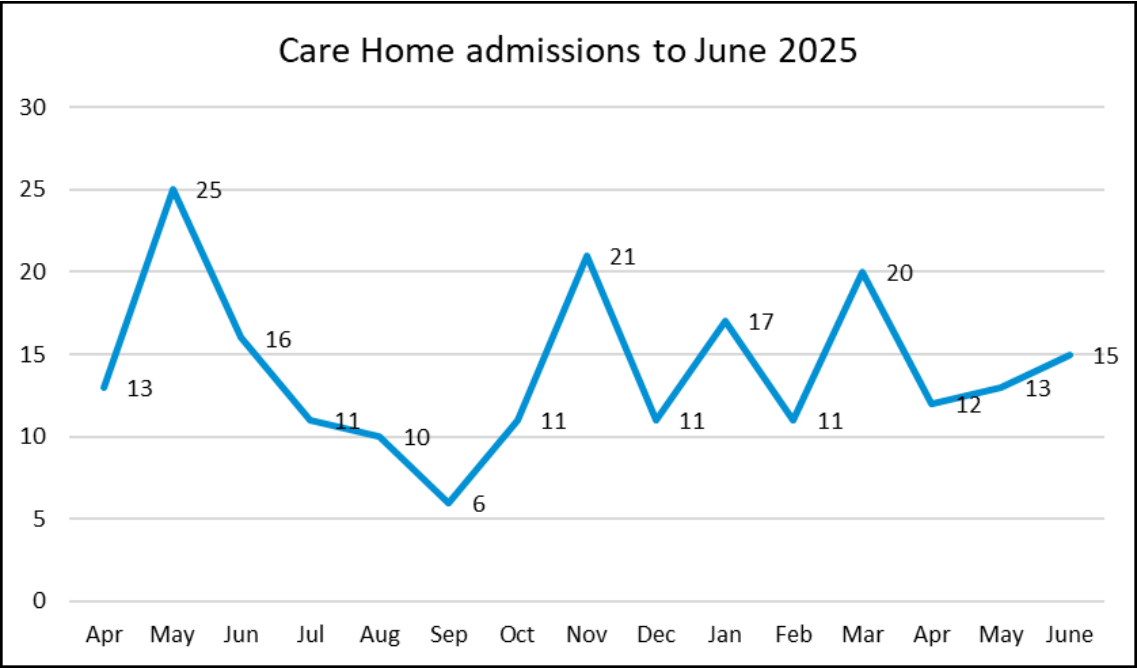
London average 1774 in April



A range of services contribute directly and indirectly to admissions avoidance, including primary care, urgent community response, step up intermediate care, same day emergency care, ambulance services etc, hence is a key whole system measure.

3 Frailty

3.2 Permanent Care Home admissions – up to June 2025 - activity



RAG 

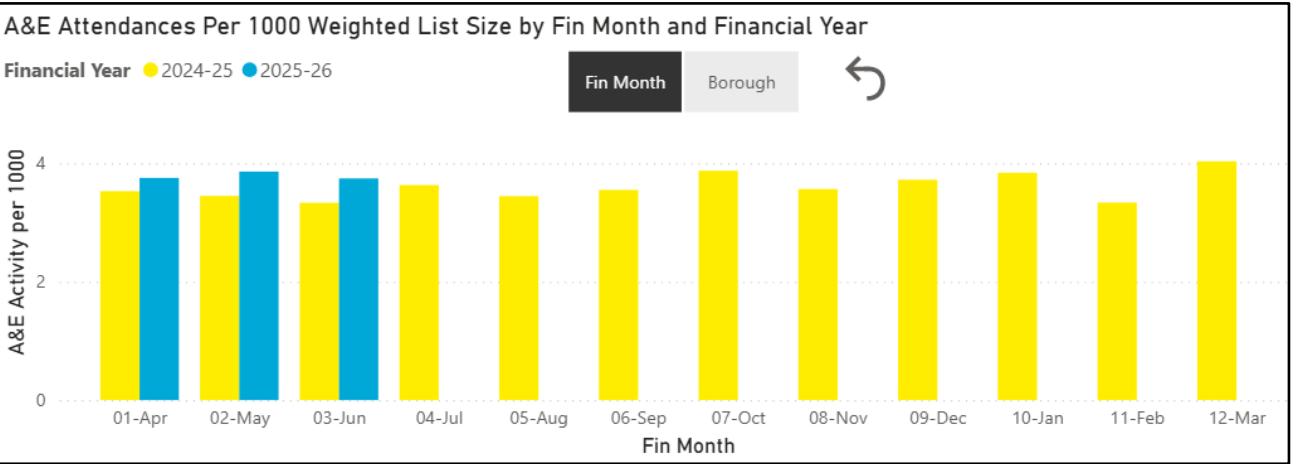
The 2025/26 target is on track with 40 admissions against a target of 47 - and is notably lower than Q1 in 2024/25. This is a promising start although it is an indicator which can be volatile with significant monthly changes.

The Inner London average rate was 505 per 100,000 in 2023/24 which would equate to 140 admissions in Southwark.



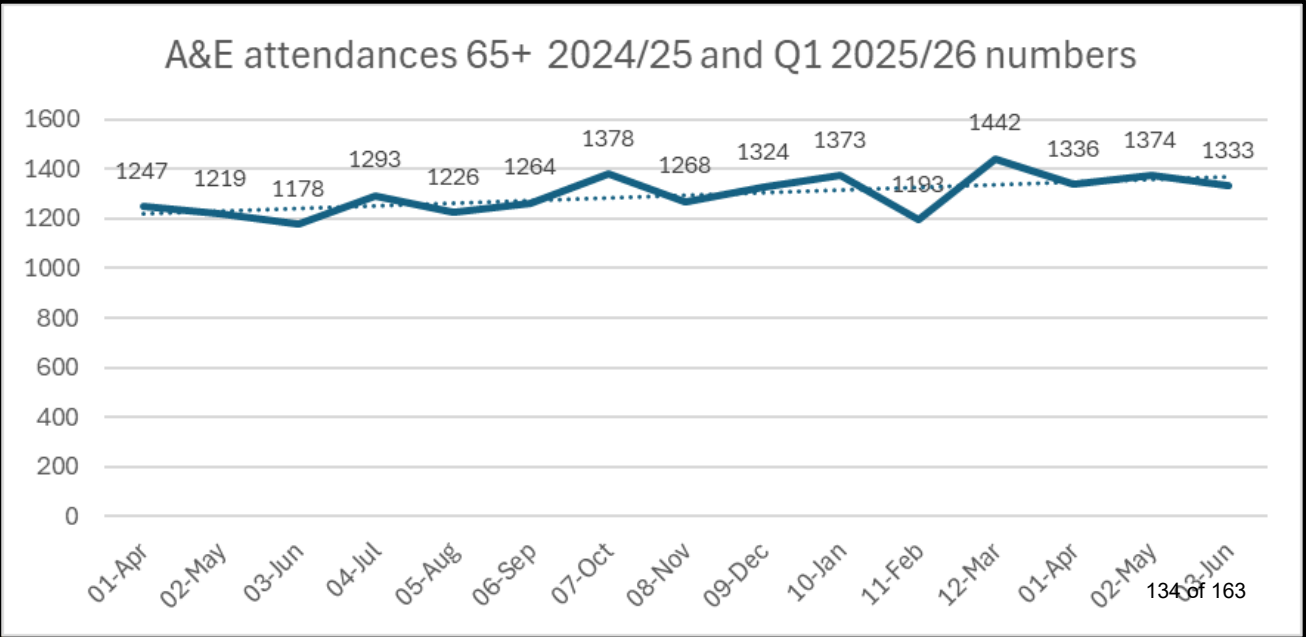
3 Frailty

3.3 Reduce Emergency Appointments - A&E attendance 65 yrs + by weighted list size



RAG

Performance narrative: improvement on peak in March in Q1, but notably 11% higher than Q1 last year.



3 Frailty

3.4 Reduction in A&E conveyances over 65 yrs

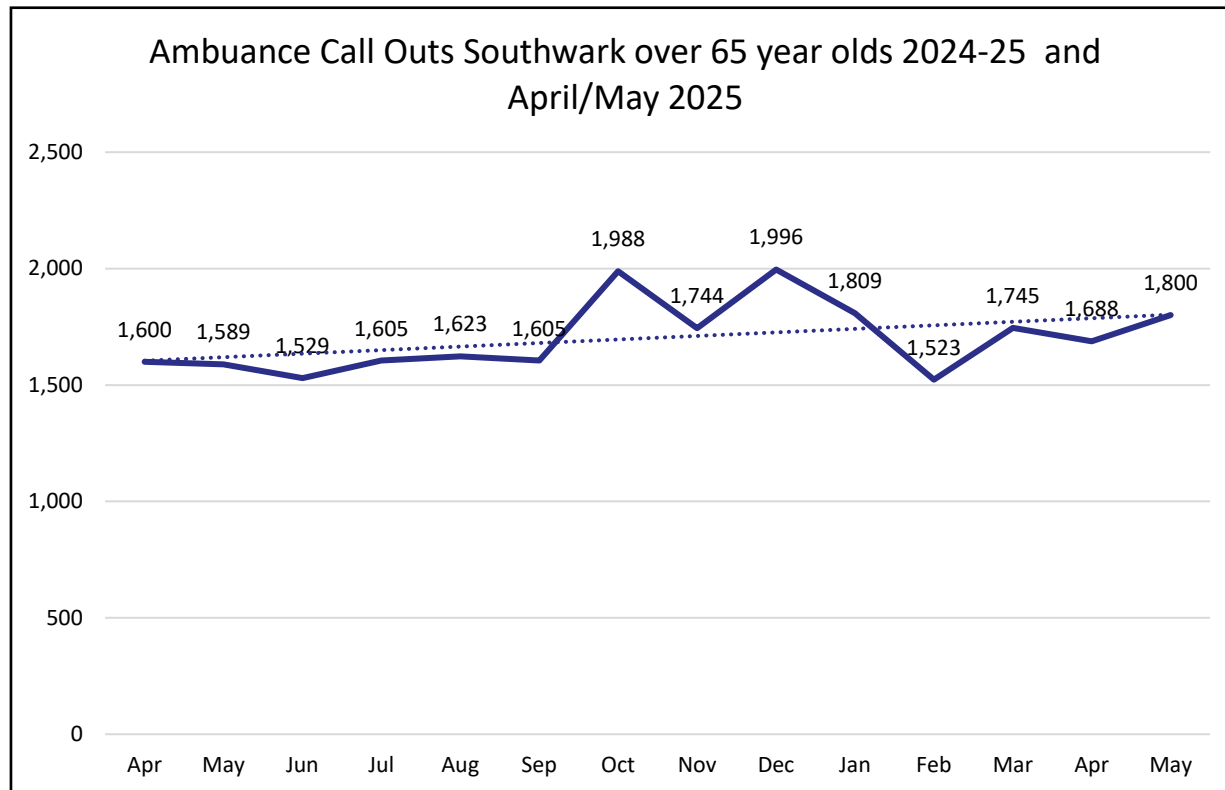
Partnership
Southwark



RAG

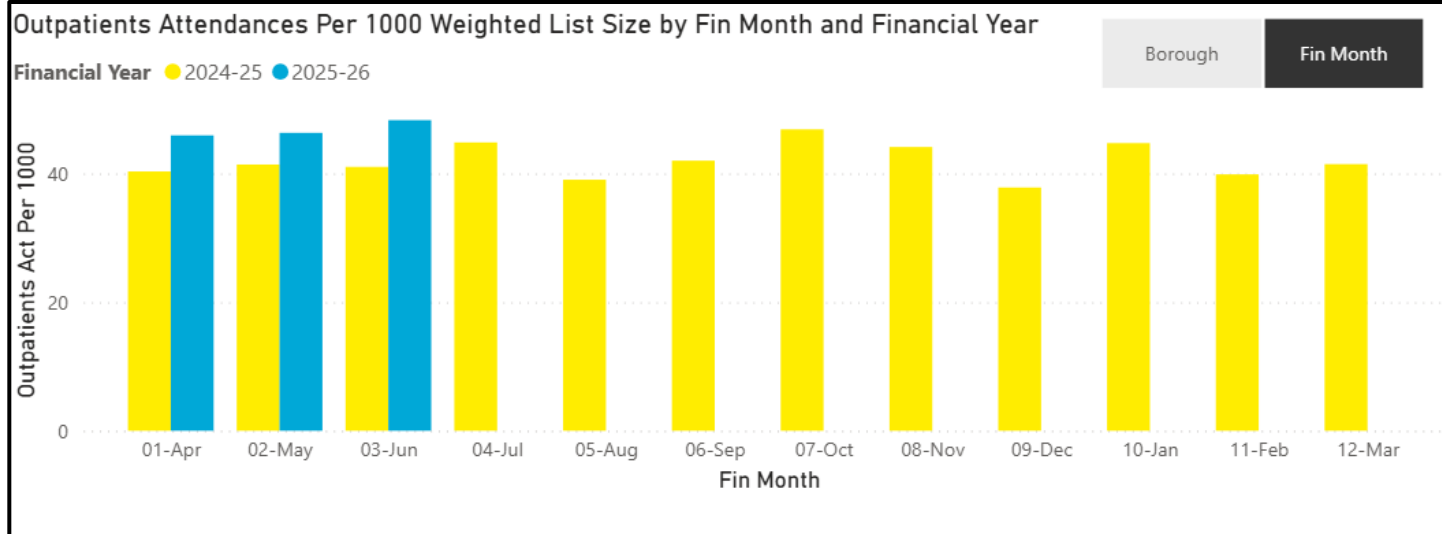


Performance narrative: new data not yet analysed in detail. Generally upward trend peaked over winter, but May data 13% higher than last year.



3 Frailty

3.5 Reduction in Outpatient Referrals over 65 yrs (first attendances)



RAG



Performance narrative: appears to be significant increase on Q1 last year (14%). Requires detailed drill down analysis to understand context.



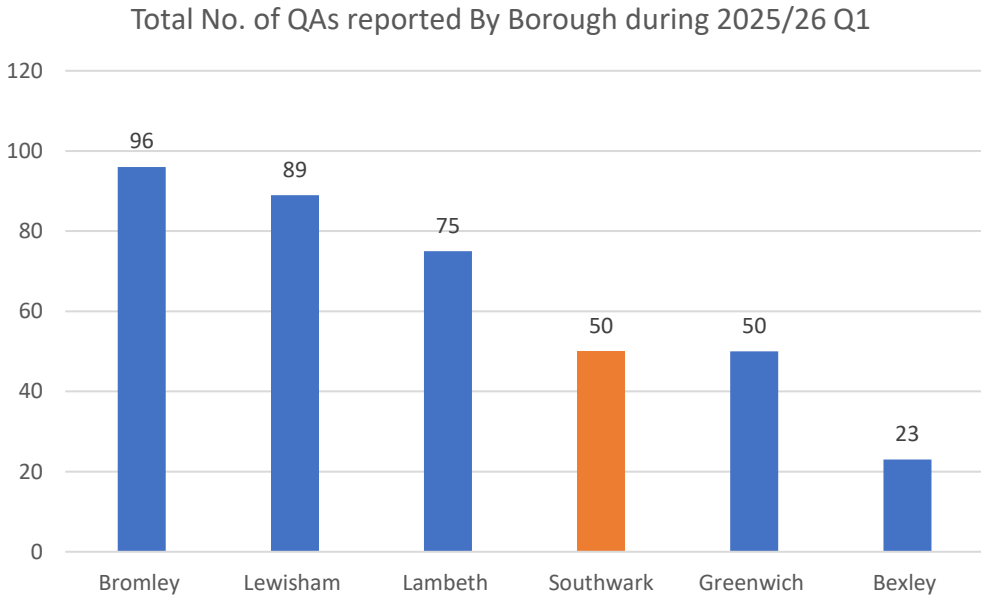
Integrated Assurance Report

September 2025

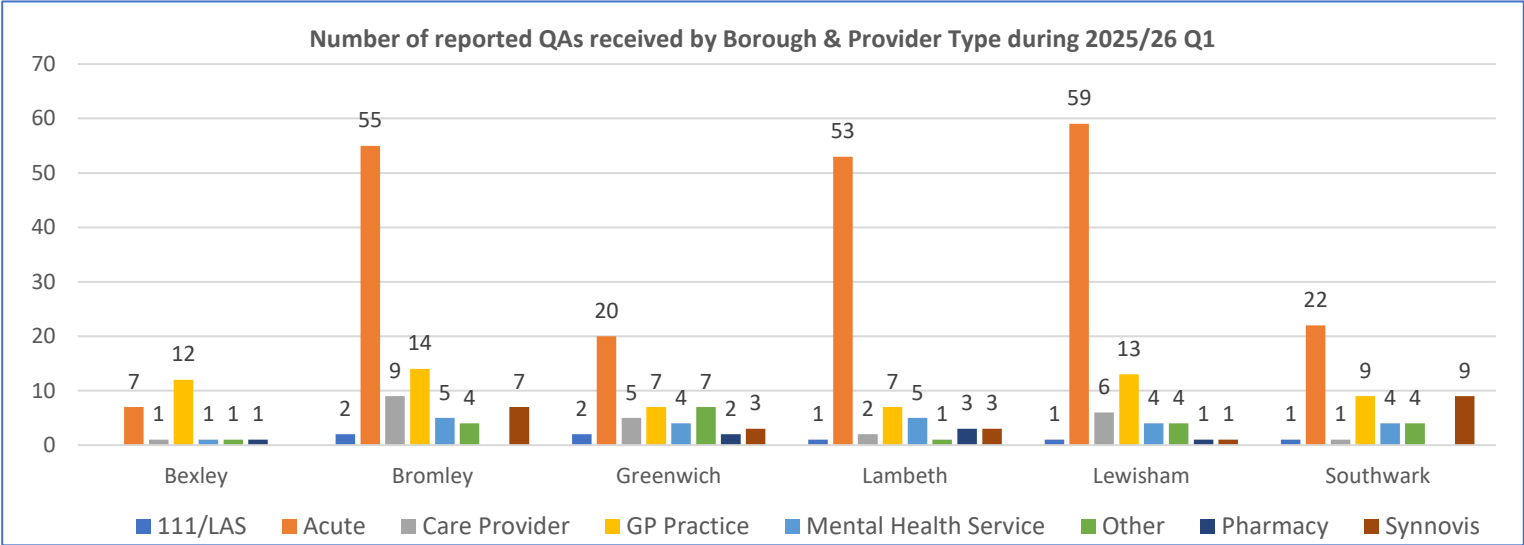
Section 2: Southwark Q1 Quality Update – summary

This section provides a summary extract of the full Q1 Quality Report for Southwark from Harpinder Priest in the SELICB quality team which was reviewed by IGAC on 11.9.25. The extract focuses on quality alerts and serious incidents raised in the quarter.

Quality Alerts by Borough 2025/26 Q1



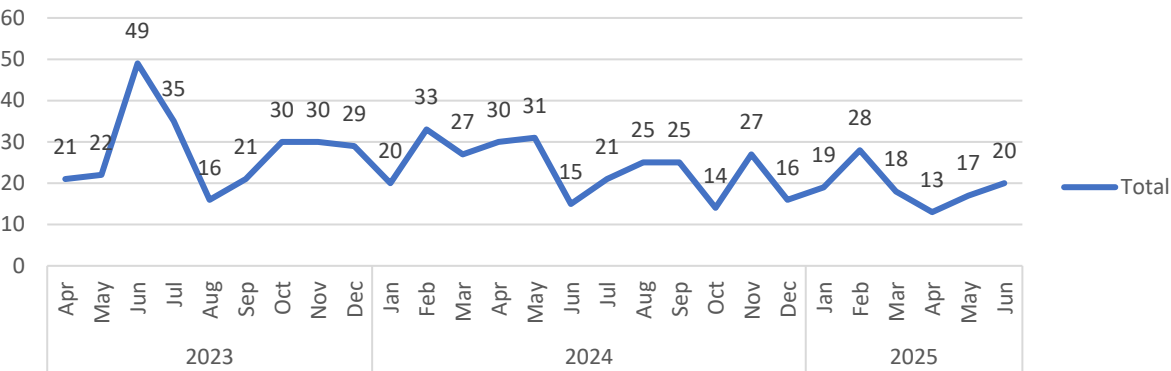
- Number of QAs reported within the respective patient GP boroughs corresponded with wider borough population data – with Bromley, the most populated area, receiving the highest no. of reported QAs and Bexley, the least populated area, receiving the lowest no. of reported QAs.
- Issues related to A&E services continued to be the most prevalent service involved in all QAs reported within all the boroughs – accounting for 8% (*data remained unchanged from 2024/25 Q4*).
- 36% of QAs reported for A&E services were related to delays in providing treatment amongst GSTT, LGT and KCH.



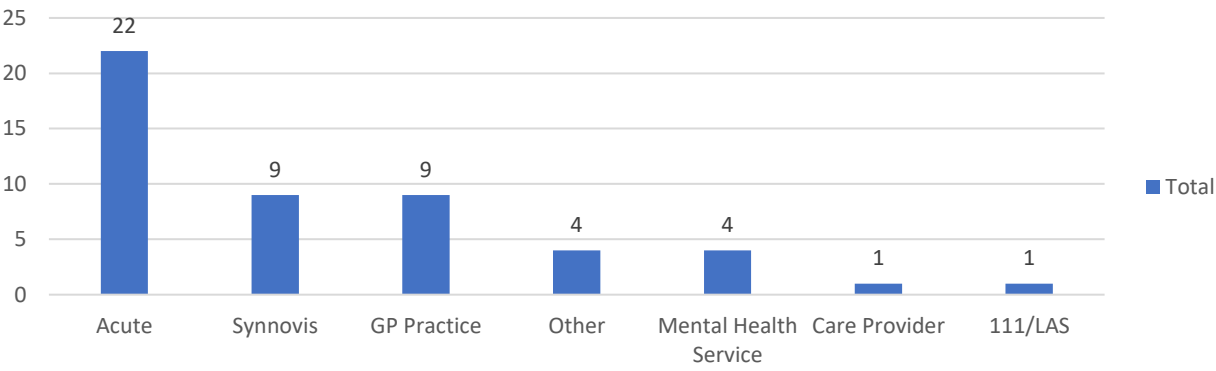
Learning from closed QAs related to Accident & Emergency Services			
Name of Acute Provider	Patient GP Borough	Common Themes	Changes to Practice
GSTT	Lewisham, Lambeth & Bromley	<ul style="list-style-type: none">• Inappropriate GP referrals: Several quality alerts highlighted Accident and Emergency services requesting GPs to manage specialist follow-ups or diagnostics they cannot perform (e.g. 2WW, MRI spine, gastroscopy) or manage complex follow-up care.• Poor communication• Delay in treatment	<ul style="list-style-type: none">• Clarify referral pathways (e.g., spinal MRI)• Encourage clearer discharge wording• Improve inter-team communication
KCH	Lewisham, Lambeth, Southwark & Bromley	<ul style="list-style-type: none">• Unsafe/inappropriate discharge,• Poor documentation, Medication errors• Delayed diagnosis	<ul style="list-style-type: none">• Improve discharge summary accuracy• Clarify referral responsibilities• Use ACCESS for complex transfers
LGT	Lewisham & Greenwich 138 of 163	<ul style="list-style-type: none">• IG breaches• Cancer referral delays,	<ul style="list-style-type: none">• Staff reminders on IG and safeguarding• PSSB Papers - 25 September 2025• Improve discharge documentation• Clarify 2WW referral process

Quality Alerts – Southwark – monthly trends and analysis of Q1 underlying data

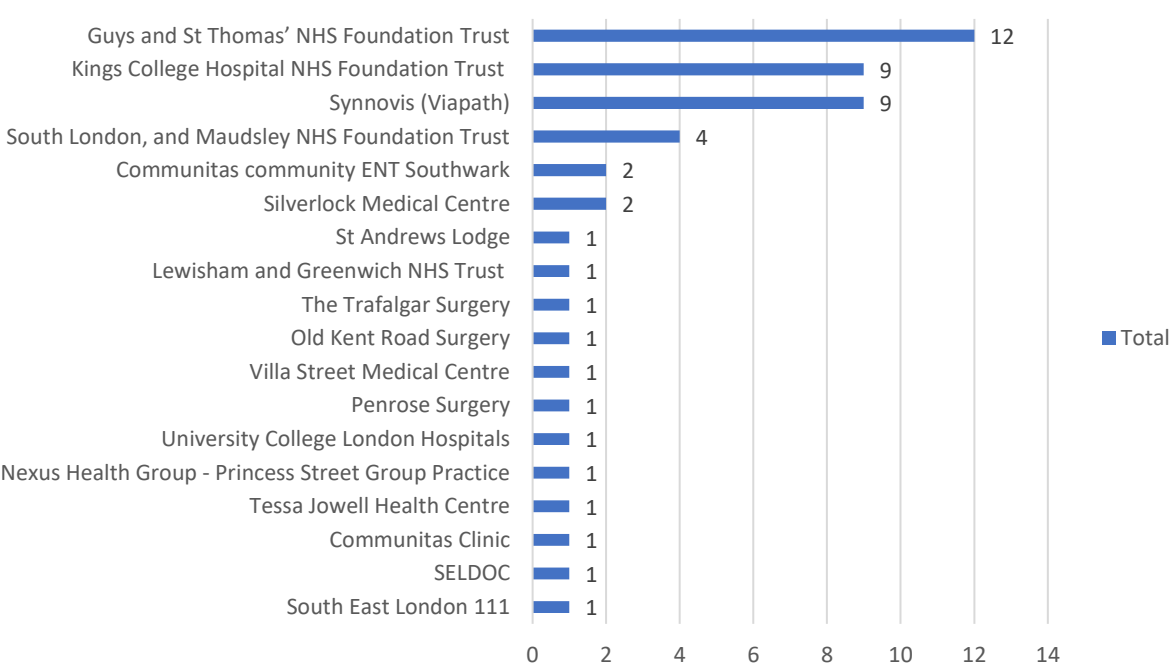
Quality Reported Per Month



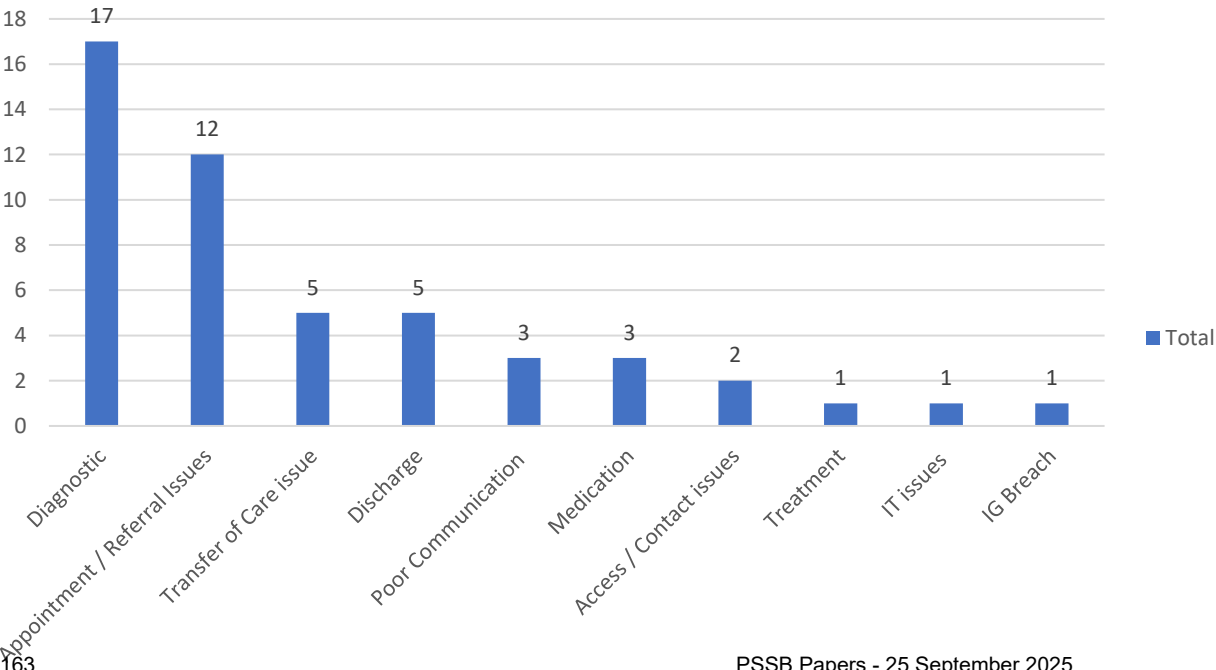
2025/26 Q1 - QAs Reported For By Provider Type



2025/26 Q1 - QA Reported by Provider



2025/26 Q1 - QA Themes



QA – Southwark resident in supported living accommodation was recognised by staff to have missed 2 days of Clozapine, staff contacted 111 who provided incorrect advice about resuming medication, it later transpired the patient had refused some doses.

Learning:

- Procedures have been updated and supported living accommodation now notify missed doses to the local CMHT
- Clearer guidance issued for out of hours services with guidance to contact SLaM Mental Health services.

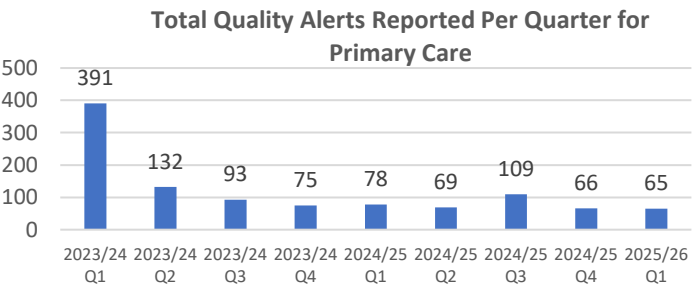
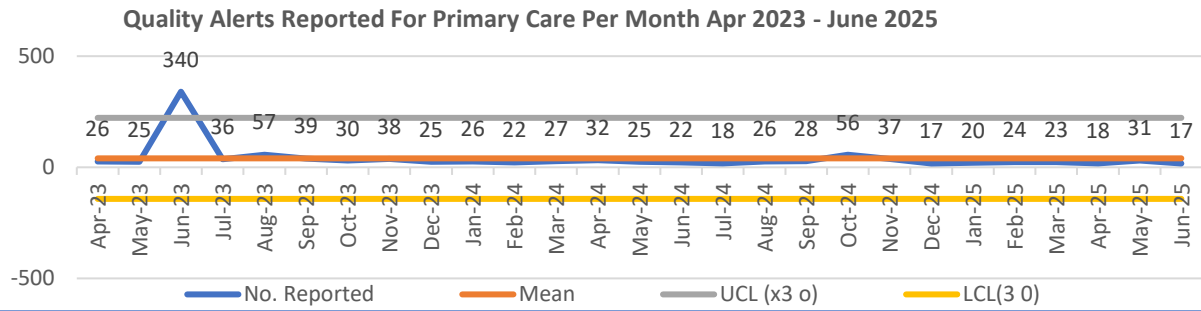
QA – Southwark resident was referred by GP to local ENT services and experienced a delay in receiving care and lack of clear follow up plan by the services.

Learning:

- To ensure patients are not lost to follow up, procedures have been strengthened to include reassignment of patient to another clinician when one leaves the service
- Treatment plans are reviewed to ensure relevant information is updated.

Quality Alerts 2025/26 Q1 themes for South East London

Primary Care



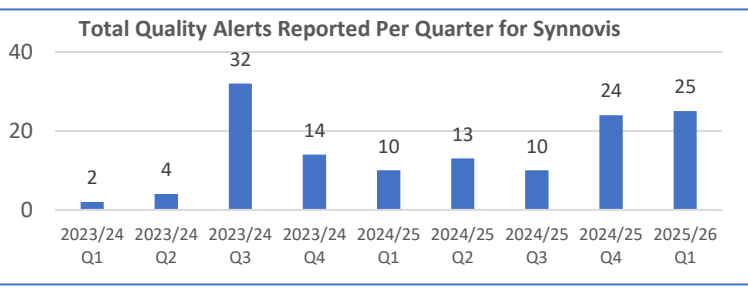
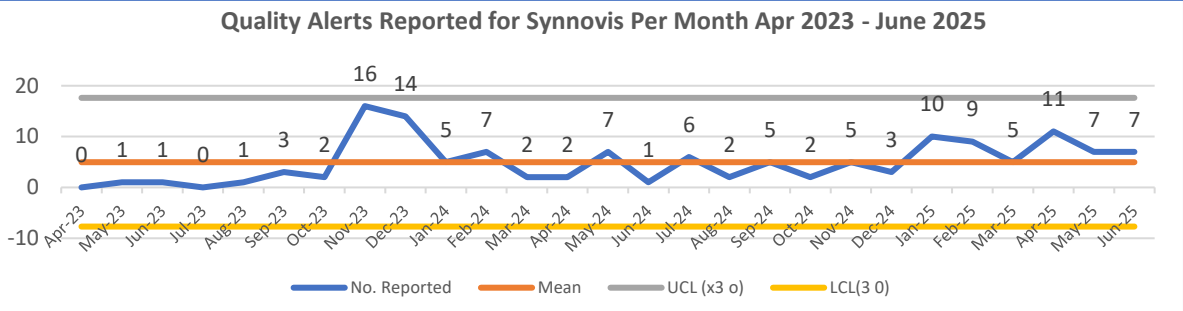
2025/26 Q1: Top 5 QA themes	Trending increase or decrease
Appointment / Referral Issues	↓ Downward Trend
Poor Communication	– Static
Access / Contact	N/A Not enough data
Medication	↓ Downward Trend
Treatment	↓ Downward Trend

- 65 QAs reported (static compared to 2024/25 Q4). 46% raised by Acute providers of which 53% were related to Appointment / Referral Issues.

Learning from closed QAs – Changes to Practice

- Inappropriate requests to 999 - An issue identified in 4 different primary care centers (Cator Medical Centre - Bromley, Nexus Health Group – Southwark, Penrose Surgery – Southwark & Albion Surgery - Bexley). All cases of inappropriate requests to 999 were for different reasons (transport, non-urgent medical advice etc.) and were all signposted to HCP line as a result.
- Actions taken: Clarified and discussed ambulance protocol at practice meeting; posters displayed in clinical rooms and clinicians were reminded to use HCP line.

Synnovis



2025/26 Q1 Top QA Themes	Trending increase or decrease
Diagnostic	↑ Upward Trend
Poor Communication	↓ Downward Trend
IG Breach	N/A Not enough data

- 25 QAs reported (static compared to 2024/25 Q4)
- Patients belonging to Southwark & Bromley boroughs accounted for 64% of the QAs raised.
- Delayed test results accounted for 68% of QAs reported - all of which were raised by GP practices.

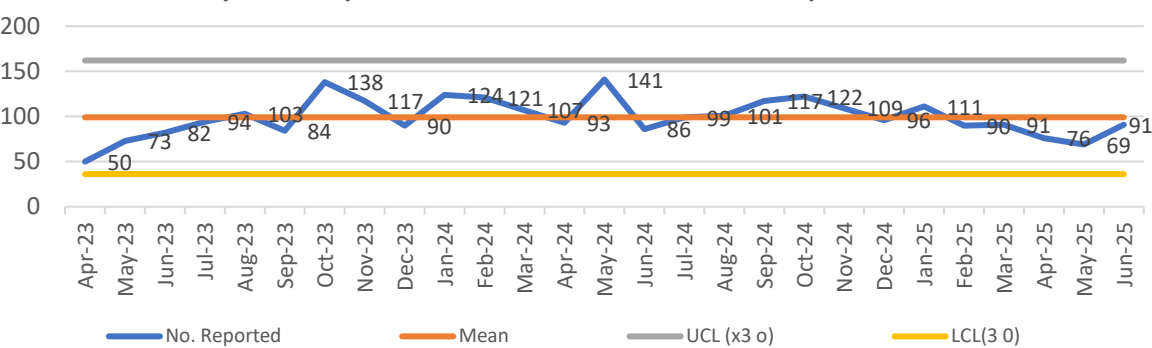
Learning from closed QAs – Changes to Practice:

- Synnovis's analyser modules and track system – operational issue: A cluster of quality alerts related to delayed test results occurred during a period of significant downtime on Synnovis's analyser modules and track system (QAs reported in late March-May). Whilst repair works were ongoing; a backlog of samples were awaiting to be processed and as a result, a small number of samples were degraded and deemed no longer suitable for testing. Steps have now been implemented to change the workflows in the laboratory to reduce post centrifugation delays and the time taken for sample analysis as well as updating local GPs on any delays.

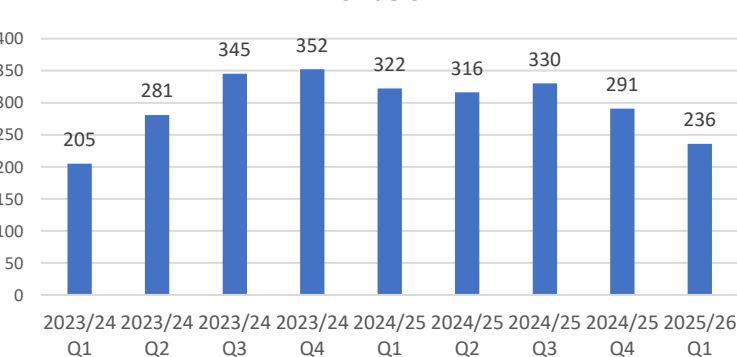
Quality Alerts (QA) 2025/26 Q1 – acute providers - South East London

Acute Providers

Quality Alerts Reported for Acute Providers Per Month Apr 2023 - June 2025



Total Quality Alerts Reported Per Quarter for Acute Providers



2025/26 Q1: Top 5 QA themes	Trending increase or decrease
Discharge	↑ Upward Trend
Transfer of Care	↓ Downward Trend
Appointment / Referral Issues	↓ Downward Trend
Diagnostic	↓ Downward Trend
Treatment	↓ Downward Trend

- **236 QAs reported** (19% decrease compared to 2024/25 Q4)
- **KCH continues to have the highest no. of received QAs (39%)**. This is an expected finding due to KCH serving residents from Bromley, Lambeth and Southwark - the most densely populated SEL boroughs.
- **Accident and Emergency services** were the **most prevalence service involved in QAs** raised for all acute providers.

Top 3 QA themes for Acute Providers:

1. **Discharge (21%)** – 57% of which were raised for KCH which predominantly involved Discharge and Accident and Emergency services. Majority of the cases were related to no/poor documentation on discharge summaries and unsafe/inappropriate discharge.
2. **Transfer of Care Issue (19%)** - 49% of which were raised for KCH with Accident & Emergency services accounting for 32%.
3. **Appointment/Referral Issues (16%)** – with Interventional Radiology and Diagnostic imaging being the most prevalence service.

Learning from closed QAs – Examples of Changes to practice

Discharge:

LGT:

- **Inadequate Discharge Documentation:** Patients discharged without clear medication instructions or care plans (e.g., insulin doses, catheter care). As a result, **discharge checklists reinforced**, and **learning was shared via ward-level reviews** and **discharge lounge protocols updated**.

GSTT:

- **Discharge Planning:** Teams reminded to ensure patients are not discharged with cannulas in place and to provide complete discharge documentation.

Appointment/Referral Issues:

GSTT

- **Referral Vetting Improvements:** ENT and spinal services reviewed referral rejection processes and trained staff to avoid unnecessary delays.

KCH:

- **2WW Referral Management:** Reviewed inappropriate 2WW referrals and emphasized **internal responsibility for onward referrals**.

SEL Acute Providers*

Total No. of QAs reported in 2025/26 Q1

No. of raised QAs in 2025/26 Q1 – awaiting response (as of 04/07/2025)

KCH

93

48

GSTT

66

31

LGT

74

33

* Please note, 3 QAs reported for Out of Area providers were excluded from this data.

427 Quality Alerts (QAs) were reported during 2025/26 Q1 (*12% decrease from the previous quarter*).

55% of reported QAs were raised for **acute providers** with Accident and Emergency services being the most prevalence service across all acute providers. This is an expected finding given the higher volume of received patients. The key themes were linked to discharge, transfer of care and appointment/referral issues. Examples of some of the changes to practice include Lewisham and Greenwich NHS Trust (LGT) increasing staff usage of the discharge checklist and Guy's and St Thomas's NHS Foundation Trust (GSTT) reviewing the referral rejection processes within Ear, Nose and Throat and spinal services.

As of 04/07/2025, **51% of QAs reported in Q1 2025/26** are still **awaiting provider feedback**, impacting the level of timely learning across services. Of which, 52% are pending responses from acute providers, 19% from GP practices, and 7% from mental health providers.

5% of reported QAs are being **managed under the Patient Safety Incident Response Framework (PSIRF)**.

SEL wide QA data continues to inform ongoing improvement work led by Places and wider platforms, such as the Bexley and Greenwich Primary, Community and Secondary Care Interface Forum.

Patient Safety Incident Investigations (PSIIs)

During 2025/26 Q1, **32 PSIIs** were **commissioned** across SEL providers and **14 PSIIs** were **approved for closure**.

Never Events (NEs):

7 Never Events (NEs) were reported during 2025/26 Q1. PSIIs for all the NEs are currently underway.

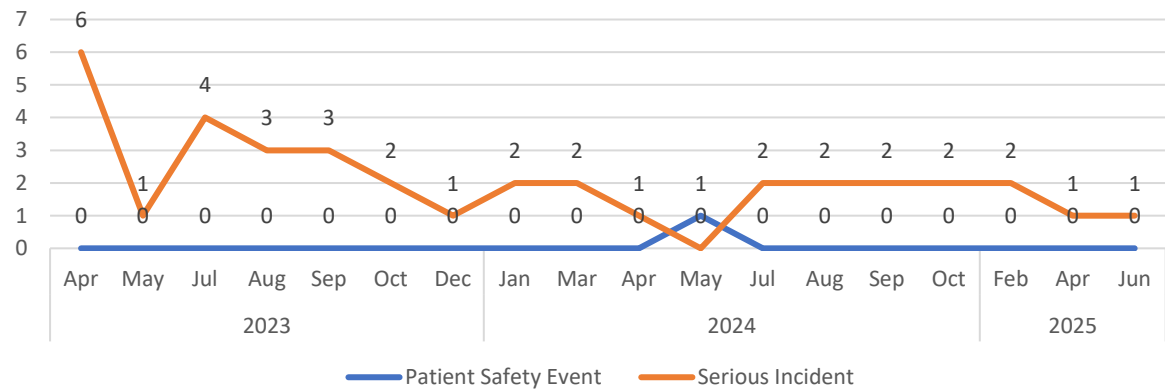
GSTT reported 5 of 7 Never Events, all of which related to retained foreign objects post-procedure. While the incidents occurred across different surgical specialties, 2 incidents involved retained guidewires following central venous catheter insertion. Identified safety issues will be incorporated in ongoing improvement work led by the Trust Surgical Safety Group.

LGT reported an incident of Wrong Site Surgery (Urology service), where two patients with the same first name led to one undergoing a flexible cystoscopy in error. As a result, the Trust has since reinstated its Local Safety Standards for Invasive Procedures (LocSSIPs) working group.

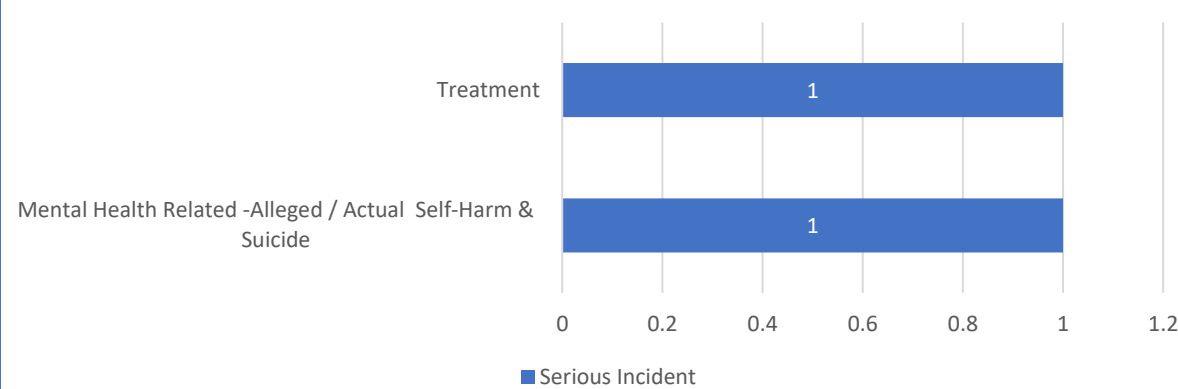
KCH reported a wrong implant/prosthesis incident (Cardiology service), where an aortic valve was mistakenly implanted instead of a mitral valve, leading to serious complications, reoperation, and intensive care. The error was only identified post-operatively despite multiple safety checks. In response, the Trust implemented a service-wide theatre "pause" to verify valve appropriateness before implantation.

Patient Safety Incident Investigations (PSII) and Serious Incidents (SI) – Southwark Q1

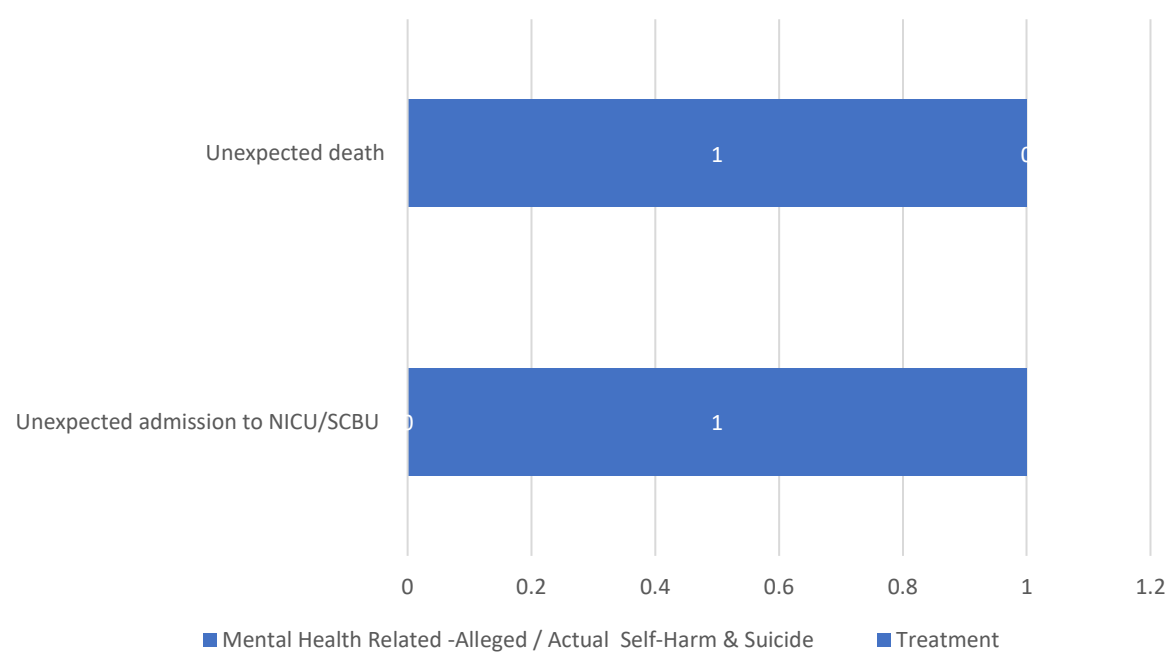
Southwark - SIs & PSIs Reported



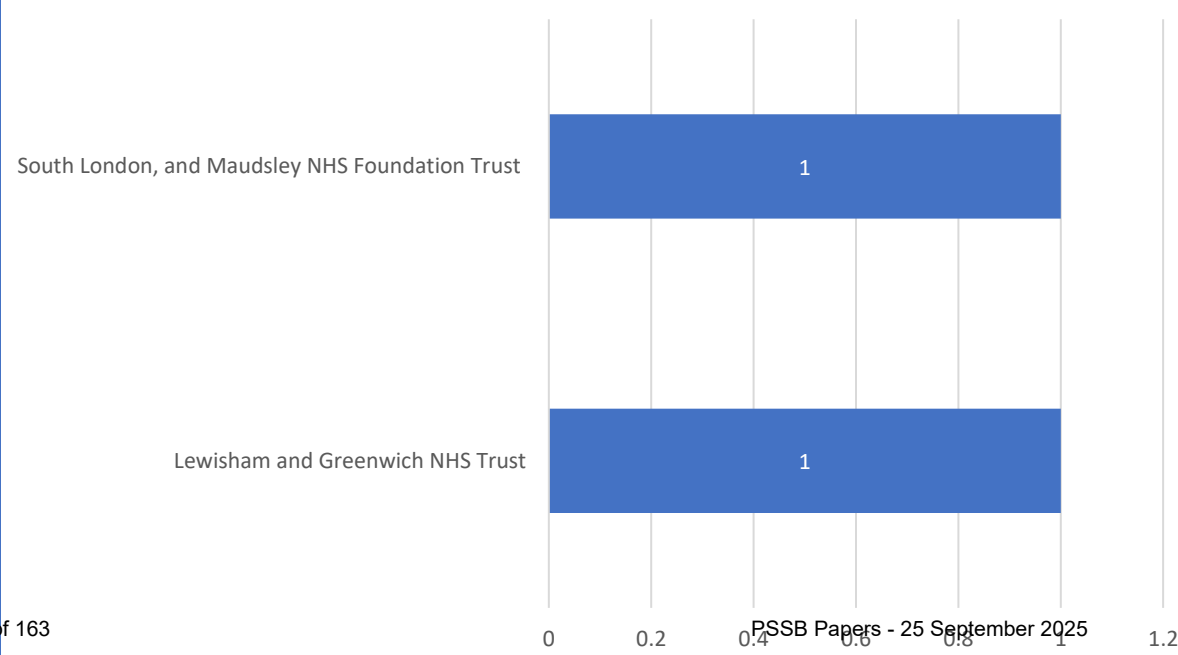
Southwark Q1 - SIs Reported By Theme



Southwark Q1 - SI Sub Theme & Theme



Southwark Q1 - SIs Reported Against by Providers



Integrated Assurance Report

PSSB September 2025

Section 3:

Safeguarding Children, Looked after Children and Adults – headline summary of Q1 report

**Note: This paper summarises the key themes of the full Q1
Safeguarding Report that has been reviewed by the Senior
Management Team and IGAC.**

Priority 1: Ensure that ICS SEL Southwark Borough are compliant with statutory responsibilities



Safeguarding Training Compliance: The quarter 1 headline data for staff safeguarding training reviewed at IGAC suggest poor rates of compliance. However further analysis of underlying data shows 2 main areas driving poor performance:

- Firstly, the rates of non-compliance with level 1 relates to CCPLs who will in most cases have received the equivalent training in the prime organisation they are employed by. Evidence that this is the case is being requested so that the training can be recorded as complete on the ICB HR system, including use of the new NHS training passport.
- Secondly, the low rates of level 2 compliance relate mainly to staff who were previously only asked to undertake level 1 training who are now required to complete level 2 following a review of eligibility for mandatory training. These staff and their line managers are being reminded of the new requirement.

Next steps: Regular audits, training programs, and compliance monitoring. Reporting to the Senior Management team on progress.

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



Looked After Children Health Assessments:

- Performance on the timeliness of Initial Health Assessments has remained strong in Q1 with 98% done to timescale against the 90% target.
- Review Health Assessments were subject to a higher level of delays, falling to 60% in Q1 from 73% in Q4 against the 90% target, with continued issues with non-attendance by adolescents or on the day cancellations by foster carers highlighted as issues, especially with out of borough placements.

Next steps: Further work to promote the importance of attendance at health assessments.

Children's and Adults Safeguarding Partnership update: General update provided with challenges identified including health providers capacity to attend partnership meetings due to workforce pressures.

Priority 3. Primary Care Safeguarding, Assurance & Commissioning

The report sets out strengths and challenges in primary care safeguarding. Next steps include:

- Developing GP team case notification for harm and facilitate safeguarding forum on information sharing.
- Involving primary care input in SSCP Q&E MASH audits.
- Named GP for Safeguarding Adults to meet with Local Authority commissioners to improve domestic abuse and Violence Against Women and Girls (VAWG) services, and conduct training incorporating learnings from death reviews.
- Ongoing work by named GP for safeguarding adults to support statutory reviews.

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



Next steps identified:

- Continue to review, progress, develop and improve current priorities as outlined in work plan and actions.
- Scoping exercise to identify Children placed out of borough and review any challenge in accessing area services and timely review health assessments.
- Continue to meet with commissioners regarding designated professional influence for spot purchasing, tripartite funding and identified commissioning challenges for children placed out of borough.

Priority 5: Health Contribution to Statutory Reviews



Next Steps: Children

- National Panel Report “It’s Silent”: Race, racism and safeguarding children” - to develop an action plan within the board subgroup, to address and respond to issues of race, racism, and racial bias in multi-agency safeguarding practice, before sharing with the safeguarding executive. Racism will be explicitly addressed in all future subgroup Rapid Reviews and other case reviews.
- Taking forward identified learning from the Rapid Review for the looked after young person who experienced extra-familial harm.

Next steps: Adults

To discuss the Independent Office of Police Conduct (IOPC) report at the next board sub-group.

Priority 6: NHSE/SEL ICB Priority Settings

- The Safeguarding Designate Nurses and Doctors continue to contribute to the NHS SEL ICB Children and Young People and Adult Safeguarding Partnership and Board, subgroups and forum bringing together shared learning, benchmarking good practice and emerging patterns and themes across the SEL ICS footprint.
- Implementation of ICB changes to Safeguarding to be developed and managed.

Priority 7: Complex Safeguarding Themes/Extra-Familial Harm

Next Steps:

- Focussing on early intervention work with 12 to 13-year-olds to try and reduce, identify and disrupt any form of possible exploitation.
- Senior Leads in Children's Social Care to organise a cross borough Complex Strategy meeting to formulate a robust safety plan.
- Adults Complex Care Pathway Framework (CCPF) roll out.

Priority 8: Domestic Violence/Abuse and Violence Against Women and Girls (VAWG)



Strengths:

- Collaboration with partners to improve VAWG services in Southwark.
- Support from the Named GP for Safeguarding Adults in recruiting for a Health Independent Gender Violence Advocate (IGVA) for Refuge, currently covered by an experienced agency worker.

Challenges:

- The IRIS Domestic Violence and Abuse programme was decommissioned, and a new approach started in April 2025. The Health IGVA role is temporarily covered by an agency worker without training responsibilities.
- No DA Clinical lead due to a recruitment freeze, leaving a gap in training and support for the Health IGVA. Named GPs are temporarily supporting this role.

Next Steps:

- Continue consulting with Local Authority Commissioners to influence the new structure of DVA/VAWG services.
- Support the temporary Health IGVA while awaiting the announcement of a successful bidder for DVA/VAWG services from February 2026.
- Collaborate with Refuge to deliver training to the primary care workforce.

Priority 9 - Serious Violence

Strengths:

- The SEL ICB central safeguarding team is developing a matrix to identify serious violence indicators in local emergency departments, aiding in identifying and responding to themes.
- There is an escalation process with providers for Looked After Children and Young People linked to exploitation/serious violence.
- Direct links to Education and Youth Justice at strategic meetings.
- Primary Care contributed reports to the Offensive Weapons Homicide Review pilot in Southwark.

Challenges:

- Variation in identified needs and resources for Looked After Children/Young People living outside Southwark.
- Awaiting updates from the Community Safety Partnership on serious violence and VAWG development sessions.

Next Steps:

- Continue working with partners to address challenges for Looked After Children and Young People.
- Develop training and strategies with partners to identify gaps, including VAWG, Youth Justice, Child Exploitation, and MACE.

Integrated Assurance Report

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Section 4: SEND ICB dashboard

This is a summary of the full SEND dashboard report reviewed by IGAC. Health data is shared through the SEND partnership board.

SEND ICB Dashboard Summary of key issues – Q1

- There is an improvement in the timeliness of provision of health information for Education, Health and Care Needs Assessments, especially for community paediatrics. However, the overall timeliness of Education, Health and Care needs assessments stood at 51 per cent of plans issued within statutory timescales in July and this is a priority for the SEND Partnership to address.
- Recent auditing has shown positive results for the quality of information provided by therapy services, but less positive for the community paediatric health information. This is being addressed by the Designated Clinical Officer and Designated Medical Officer for SEND.
- Average waiting times for Community Paediatric Services and Children and Adolescent Mental Health Services (CAMHS) remains high. This is reflective of the increase in volume and complexity of cases experienced nationally.
- Integrated Commissioning are currently working on the re-commissioning of the community Language and Communications for Special Schools contract which provides Speech and Language Assessments and Therapy for Special School and Resource Bases. A procurement strategy is expected to be approved by council Cabinet in February 2026 and a new contract in place by June 2026. This service does not contribute to the assessment data in this dashboard which only relates to the service provided by GSTT.
- Integrated Commissioning are also developing a wider Joint Commissioning Strategy for SEND which is due to be reviewed by the SEND Strategy Board on 19 November and Partnership Southwark Board on 27 November.

Southwark ICB SEND Scorecard summary



	2023/24	2024/25 Q1	2024/25 Q2	2024/25 Q3	2024/25 Q4	2025/26 Q1	Trend	time period	Target	RAG	slide
Number of section 23 notifications	31		83	tbc	tbc	tbc		academic year			3
Return of health information for EHCNA within 6 weeks											4
Community Paediatrics		64%	77%	55%	47%	75%		average for qtr	tbc		4
Speech & Language		82%	97%	84%	87%	78%		average for qtr	tbc		4
Occupational Therapy		86%	77%	35%	57%	63%		average for qtr	tbc		4
Physio		100%	50%	89%	100%	67%		average for qtr	tbc		4
% seen within 18 weeks											
Community Paediatric Services		55%	45%	41%	46%	53%		average for qtr			5
Speech and Language Therapy		100%	100%	100%	100%	100%					5
Occupational Therapy		100%	100%	100%	100%	100%					5
Physiotherapy		100%	100%	100%	100%	100%					5
Average waiting time - weeks											
Community Paediatric Services		32	29	33	32	21		average for qtr	tbc		5
Speech and Language Therapy		13	15	12	14	15			tbc		5
Occupational Therapy		16	14	8	11	11			tbc		5
Physiotherapy		8	8	3	3	6			tbc		5
Mental health services											
52+ week waiters - all	159	159	168	243	258	240		at end of qtr	0		6.1
52+ week waiters - neuro developmental	97	101	101	145	159	140		at end of qtr	0		6.1
First contact in 4 weeks -all	37%	51%	68%	66%	56%	55%		at end of qtr	100%		6.2
First contact in 4 weeks -neuro developmental	6%	22%	50%	19%	14%	24%		at end of qtr	100%		6.2
Reviews											
Learning Disability Annual Health Check (14-25 yrs)	75%	12%	35%	44%	78%	14%		at end of qtr			7.1
Continuing care											
New referrals					8						8
How many continuing care eligible					17						8
How many had a care act referral					100%						8
Personal health budget in the year to date					31						8
New born hearing screening											
Coverage	98.8%	99.1%	98.4%	98.5%	99.0%				tbc		9
Diagnosis or intervention, % babies in time	94.6%	94.7%	94.4%	94.9%	95.5%				tbc		9



Integrated Assurance Report

IGAC September 2025

Section 5: Southwark Place Risk Report (ICB) – interim report pending September risk register review

Note that the risks on the risk register including the proposed new 2025/26 risks are due to be subject to an SMT review during September. A full updated will be provided for the November report.

Summary of Southwark place ICB risk register



There are currently 12 risks on the register subject to the September risk review, 5 of which are new following the review (in draft).

Risk ID	Risk area	Current Likelihood	Current Consequence	Current Rating	Change since May
454	Integrated Community Equipment Service Performance Issues	4	4	16	↑
519	CAMHS waiting times	3	3	9	↔
520	Diagnostic waiting times for children and young people	3	3	9	↔
589	Achieve financial balance for 2025/26	3	3	9	↔
590	Delivery of QIPP Savings for 2025/26	4	3	12	↔
573	Increase in vaccine preventable diseases due to not reaching coverage across the population	3	3	9	↔
553	Southwark Mental Health, Learning Disabilities and Autism placement costs	4	3	12	↔
new	ICB change management programme impacting on the delivery of priorities during transition period and beyond.	3	3	9	new
new	Procurement and contract management system failings impact on services.	3	3	9	new
new	Integrated Neighbourhood Teams not delivered as planned.	3	3	9	new
new	ICB meeting SEND statutory responsibilities	3	3	9	new
new	Market failure in social care provision impacts on whole system flow and quality of care.	3	3	9	new

Note: ICES risk will be downgraded as alternative service provider has now been commissioned



Integrated Assurance Report

September 2025

Section 6: ICB Southwark Finance Summary Report

Note that IGAC reviewed detailed Finance reports on budgets, cost pressures and savings. The key issues are summarised in the slide attached.

Financial Position – 2025/26 - Month 5 August 2025



South East London

Overall Position

	Year to Date Budget	Year to Date Actual	Year to Date Variance	Annual Budget	Forecast Outturn	Forecast Variance
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Acute Services	41	48	(8)	97	116	(18)
Community Health Services	15,774	15,285	489	37,858	36,091	1,767
Mental Health Services	4,467	5,062	(595)	10,645	12,830	(2,185)
Continuing Care Services	8,549	8,046	503	20,517	19,464	1,053
Prescribing	14,959	15,705	(746)	36,208	38,014	(1,806)
Other Primary Care Services	417	408	9	1,001	980	21
Other Programme Services	314	-	314	753	-	753
Programme Wide Projects	108	89	19	259	(156)	415
Delegated Primary Care Services	32,253	32,270	(17)	77,406	77,447	(40)
Corporate Budgets	1,719	1,626	93	4,126	4,126	-
Total	78,601	78,540	61	188,871	188,912	(40)
Delegated Primary Care - not available balances across ICB						40
Total Forecast						(0)

- The borough is reporting an underspend of £61k and forecast breakeven position, as at the end of August 25. Key areas of risk continue to be mental health, prescribing and Community Equipment Service Contract within our community services budgets. Underspends in continuing healthcare, corporate budgets, other programme and other community services absorbing some of overspends. The position in prescribing is an adverse movement from previous month and is mainly as a result of increased cost pressures in prescribing. The cost per prescribing day has increased by 15% between June and July. This is a significant increase in run rate between the last two months.
- The boroughs most significant risk is in Mental Health. We are reporting a year to date overspend of £595k and a forecast overspend of £2.2m. This is driven mainly by overspends in two areas:

- Right to Choose adult ADHD/Autism pathways. Our forecast overspend in mental health of £2.2m includes an overspend of £1.6m on Right to Choose adult ADHD/ASD. The latest data shows that the position on Right to Choose ADHD/ASD has deteriorated even further. This spend on ADHD/ASD has increased by 177% since budgets were set. This level of increased spend represents a financial risk for 25/26 and 26/27. Work is being done across SEL Boroughs to agree actions to control activity and spend in this area. The ICB is currently working with Oxleas on pilot implementation of SEL Referral Management Centre with go live date as 3rd November 2025.
- Placements costs for Learning disability continues to be a cost pressures. Increase in placements and additional enhanced support results in significant costs. Savings plans in mental health are phased to deliver mainly over the last six months, but these are rated as high risk. Some savings are being delivered but not significant at this stage. A structured process of placement reviews with support from clinical leads has been implemented as part of our savings plans for 2025/26.
- Prescribing actual data is provided two months in arrears and the borough is reporting a forecast overspend of £1.8m as at month 5. This is a deterioration from previous month and the activity in prescribing has increased by 15% between June and July. The reported position is based on three month's actual data. Prescribing continues to be impacted by increase in expenditure relating to long term conditions drug prescribing, case finding and active health programmes identifying patients eligible for treatment in each borough. There are also some national price increases due to shortages for some specific drugs.
- Community Health Services – The borough is facing a significant financial risk in its community equipment service contract due to provider failure and the need of the Local Authority to enter an emergency contract with a new provider. The contract with NRS healthcare has been terminated. Exit costs of NRS Healthcare contract are estimated to be £260k. Estimates of cost increase of new contract suggests the new contract will cost approximately 25% more than previous contract with NRS Healthcare. The financial impact of these two costs amounts to £693k for Southwark.
- Underspends in continuing care budgets are absorbing some of the overspends. Although Continuing Health care is showing an underspend, due to volatility of this area it is likely that costs will increase as we move through the year. The Local Authority is seeking additional funding from Health which will also have a significant impact on costs for funded nursing care.
- Borough has an efficiency target of 5% which on applicable budgets amounts to £8.8m. As at month 5 (August) we are reporting a small under achievement and our forecast savings is expected to be in line with Plan.
- To mitigate the cost pressures in Southwark, reserves, and uncommitted budgets have been released and growth in community services has been restricted to manage the overall position.

Integrated Assurance Report

September 2025

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 Trajectory	July 2025	Aug 2025
Assessments completed in hospital	0%	0%	0%	0%
Assessments completed within 28-days	80%	80%	89%	71%
Incomplete referrals over 12 weeks	0	SEL <4 Borough <1	0	0
Incomplete referrals over 28-days – length of delay	-	-	1 up to 2 wks	1 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 (August)	4
Local resolution	3
Independent review panel	1

Patient numbers

Category	Patients
Adults receiving NHS Continuing Healthcare – snapshot end of August	114
Children and young people receiving Continuing Care - snapshot Aug	20
Adults receiving NHS-funded nursing care* - snapshot end of August	172

** 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 during July but dropped below the target again in August.

9 new assessments were completed in July, 8 of which were completed within 28 days. 7 new assessments were completed in August, 5 of which were completed within 28 days.

There are ongoing discussions with Southwark Local Authority colleagues to improve access to social workers and agree CHC pathways.

Completion of CHC and Fast Tracks reviews are up to date and in line with SEL trajectory requirements.

- **Finance Update:** SEL ICB Finance department has allocated a prescribing budget to Southwark for 2025/26. NICE TAs and long term condition management continue to be a cost-pressure. Medicines shortages, price increases and introduction of new medicines continue to create cost pressures over and above our savings plan.
- **SEL Medicines Optimisation Plan (MOP) 25/26:** The MOP for 25/26 is being developed across South East London, where all practices across the six places will be asked to focus on the same clinical priorities and work to deliver the same prescribing targets. The scheme is designed to support the implementation of national guidance published by NHS England and is developed through collaboration with our primary care colleagues. An engagement event was held in January 2025 and a further engagement event took place on the 10th July 2025, and the feedback received is currently being incorporated into the plan. The MOP is expected to be launched in Quarter 2 of this financial year.
- **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. The Community Pharmacy Neighbourhood Leads (CPNLs) programme has been refreshed for the upcoming year. In 2025–26, the Southwark Medicines Optimisation Team will prioritise this workstream and collaborate closely with the appointed lead to support the programme and drive an increase in referrals from GP practices to community pharmacies.
- **Workforce update:** Two senior pharmacists have resigned from the Medicines Optimisation Team. Due to the ongoing change management programme, recruitment to these positions has not been possible. However, an extension of a fixed-term post, shared with Lambeth colleagues has been approved by the VR panel. Given the reduced staffing, the team is reassessing its current workstreams to ensure that urgent and high-priority matters are addressed first.