Partnership Southwark

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

Partnership Southwark Strategic Board Agenda

Thursday 26th March 2026 | 13:30 – 16:30

Venue: South Bank Room 2, Coin Street Neighbourhood Centre

Chair: Dr Nancy Kuchemann

Time	Ref	Item	Lead	Enc	Pages
13:30	1	• Welcome and Introductions • Apologies • Declarations of Interest • Minutes of the last meeting • Action Log	Chair	Enc 1 – Declarations Enc 1i – Minutes Enc 1ii – Action Log	2-18
13:40	2	Kings College Hospital – Five-year Strategy (2026-2031)	Liz Shutler / Sarah Middleton	Enc 2	19-30
14:25	3	CYP Mental Health Action Plan	Claire Belgard	Verbal update / Presentation to follow	
14:45	4	Public Questions	Chair		
14:55		Break			
Business items					
15:05	5	Funding Differently	Katherine de Krester / Jason Charles	Enc 3	31-52
15:50	6	**Strategic Director for Health & Care and Place Executive Lead Report** Reports from sub-committee chairs: • Integrated Governance and Assurance Committee (KP) (including appendix on Integrated Assurance Report) • Southwark Neighbourhood Transformation Board (RJ/DS) • Primary Care Committee (KP)	Darren Summers / Katy Porter/ Rebecca Jarvis	Enc 4	53-127
16:20	7	Any Other Business	All		
16:30	8	Close Meeting	Chair		

Next held in-public meeting: 28 May 2026

Partnership Southwark

Declaration of Interests

Meeting Name: Partnership Southwark Strategic Board

Meeting Date: 26 March 2026

Name	Position Held	Declaration of Interest
Alasdair Smith	Director of Children's Services, Southwark Council	No interests to declare
Ami Kanabar	GP, Co-chair LMC	No interests to declare
Anood Al- Samerai	Director, Community Southwark	No interests to declare
Cedric Whilby	CCPL, VCSE representative	1. Producer of 'Talking Saves Lives' public information film on black men and cancer 2. Trustee for Community Southwark 3. Trustee for Pen People CIC 4. On Black Asian Minority Ethnic (BAME) panel that challenges the causes of health inequalities for the BAME community in Southwark
Claire Belgard	Interim Director of Integrated Commissioning	No interests to declare
Cllr Evelyn Akoto	Partnership Southwark Co-Chair & Cabinet Member for Health & Wellbeing	No interests to declare
Darren Summers	Strategic Director of Health & Care & Place Executive Lead	1. 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	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	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	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 29 January 2026 | 13:30 – 16:30
Venue: Studio 1, The Castle Centre
Chair: Dr Nancy Kuchemann

ATTENDEES

MEMBERS	TITLE AND ORGANISATION
Dr Nancy Küchemann	GP, Co-Chair Partnership Southwark
Cllr Evelyn Akoto	Co-Chair, Cabinet Member of Health & Wellbeing, Southwark Council **present from 14:00 – 15:00**
Rebecca Jarvis	Director of Partnership Delivery & Sustainability, Partnership Southwark
Dr Emily Finch	Clinical Director, South London & Maudsley NHS Trust
Katy Porter	Independent Lay Member
Darren Summers	Strategic Director for Health & Care / Place Executive Lead, Southwark
Claire Belgard	Interim Director of Integrated Commissioning, Southwark Council, SELICS
Josephine Namusisi-Riley	Care & Clinical Professional Lead (CCPL), VCSE Representative
Nigel Smith	Director, Improving Health Limited (IHL)
Monica Sibal	Improving Health Limited (IHL) Representative
Dr Olufemi Osonuga	GP, Clinical Director of North Southwark Primary Care Network (PCN)
Winnie Baffoe	Director of Engagement & Influence, South London Mission; Voluntary and Community Sector (VCS) Representative **present until 15:00**
Sarah Kwofie	Director of Homecare (London & South) City & County Healthcare Group
Cedric Whilby	Voluntary and Community Sector Representative **Present until 15:00**
Sangeeta Leahy	Director of Public Health, Southwark Council
Anood Al-Samerai	CEO, Community Southwark **present from 13:45-15:30**
IN ATTENDANCE	
Kat Macann	Head of Strategic Planning & Partnerships, South London & Maudsley NHS Trust **present until 15:00**
Peace Ajiboye	Service Director, SLaM **present until 15:00**
Pauline O'Hare **(deputising for David Quirke-Thornton)**	Director of Adults Social Care, Southwark
Alice Jarvis **(deputising for Louise Dark)**	Director of Operations and Partnerships (ISM), GSTT **Present until 4pm**
Adrian Ward	Head of Planning, Performance and Business Support, Partnership Southwark, SELICB
Isabel Lynagh	Business Support Lead, Partnership Southwark, SELICB (Minutes)
Louisa Lamothe	Business Support Officer, Partnership Southwark, SELICB
APOLOGIES	
Jeff Levine	Regional Director for London, Agincare
Julie Lowe	Deputy Chief Executive, Kings College Hospital NHS Trust
Sabera Ebrahim	Associate Director of Finance, Southwark, SEL ICB

Dr Sumeeta Dhir	GP, Chair of Care & Clinical Professional Leads (CCPL)
David Quirke-Thornton	Strategic Director of Children's & Adult's Services, Southwark Council
Louise Dark	Chief Executive Integrated and Specialist Medicine Clinical Group, GSTT
Eniko Nolan	Assistant Director of Finance for Children and Adult Services
Rhyana Ebanks-Babb	Healthwatch Southwark
Dr Ami Kanabar	GP, Local Medical Committee (LMC) Representative

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** The action log was reviewed, and updates were shared as follows:
1.6	Action 1: Meeting to be arranged with social prescribers – A meeting scheduled in two weeks – action remains ongoing. Action 2: Delayed discharges – action is closed. An update is expected in summer. Action 3: Draft Terms of Reference for revised governance structure – item on agenda. The terms of references are to be deferred to a future date.
2.	**SLaM Strategy Refresh**
2.1	The chair introduced the item, thanking Kat Macann (Head of Strategic Planning & Partnerships) and Peace Ajiboye (Service Director) from South London and Maudsley NHS Trust (SLaM) for attending to present.
2.2	Kat provided some background information, noting that the SLaM trust strategy is being refreshed. The draft strategy is being brought to the board to hear feedback from board members and this meeting forms part of wider engagement.
2.3	Kat noted that the trust is approaching the end of the current five-year strategy, noting that it is also a good time for the trust to look at their vision and mission, which have not been changed for over 10 years.

2.4	There have been some engagement events held and a survey will be going out, which is available in five languages other than English. Following the engagement period, feedback will be reviewed and a strategy drafted. This will be launched with a public event in Autumn.
2.5	Kat shared that the process began last year, noting that some areas have seen improvement within the current strategy, for example, reducing restrictive practice on wards. The current strategy covered a lot, Kat shared that the new strategy should be disciplined with more focus on a shorter set of priorities.
2.6	Feedback from service users, carers, family and staff has been gathered, as well as the trust reaching out to system partners for early conversations. Kat shared that there will be accountability and transparency about how things are progressing, with public events being held.
2.7	Kat asked board members to complete the survey to share thoughts on ideas that have been shared in the papers.
2.8	Discussions have been had to think about having one central focus in the new strategy, which will have supporting priorities. The central focus should be improving care outcomes and being able to measure this. Kat noted that this includes work on the community care model, working well with primary care, connecting to the neighbourhood agenda and working better with the voluntary sector. Also included within this priority is population health and improving data sharing.
2.9	The first supporting priority is improving experience. Discussions have focussed on service users, and staff separately but noting the link between the two. A key theme that came up from these discussions was communication. Work is ongoing around staff engagement, with challenging feedback in staff surveys noted.
2.10	The second priority is around innovation and learning, with Kat noting the strong relationships with clinical academic work, for example with Kings Health. The focus for this priority is to ensure academic work is translated into better outcomes for communities.
2.11	Kat noted that there is also a question regarding how heavily the trust should lean into digital innovation.
2.12	The third priority noted was equity and inclusion, which would continue to build on the trust's antiracism work and the commitment to become leaders in antiracism in health.
2.13	Kat shared that there is a further engagement event in Southwark scheduled for 10th February.
2.14	Kat and Peace asked board members for their thoughts on the priorities shared, asking if the focus is on the right areas and if anything is felt to be missing.

2.15	The chair opened up to the board for questions and comments.
2.16	Nigel Smith shared that he felt it was positive to narrow down to fewer priorities, asking how to ensure that not everything becomes a priority. Nigel added that it is important to align with the NHS 10-year plan and that staff and patient satisfaction are key.
2.17	Josephine Namusisi-Riley agreed with Nigel, adding that she felt the words 'prevention' and 'early intervention' were missing. Josephine noted that ongoing engagement with the community is also important. Peace responded that intervention is a challenging area but noted that there will now be a worker in each neighbourhood who will help pick up early intervention in the 'front door' teams.
2.18	Kat added that there has been an ongoing discussion around the inclusion of early intervention in the strategy. The current strategy has a prevention section. Discussions had last year noted that it needs to be clear what SLaM can do as a mental health provider, and what is meant by prevention, adding that there are different levels to this.
2.19	Olufemi Olushola noted that delivery of the strategy will be the challenge and noted that he felt workforce development was not reflected clearly in the papers. Olufemi also noted that people struggling with mental health issues have less access to physical health checks and this needs to be connected through partnership working.
2.20	Olufemi asked about job opportunities for residents coming out of chronic mental health struggles and how SLaM will support these residents back into society. Peace responded that SLaM has a programme with over 70 employers which supports service users into paid work and voluntary work. The government funds this programme and give growth money every year.
2.21	Cedric Whilby asked how the trust will match their ambition with the resources that they have to deliver this. Kat noted that this highlights the importance of getting the strategy right to ensure impact can be seen.
2.22	Sangeeta shared that she felt the priorities were great, noting a preference of a more holistic focus and adding that she would like to hear service user's thoughts. Sangeeta added that the Health and Wellbeing strategy is being refreshed, and it is important to align with this, as well as other local authority strategies.
2.23	Winnie Bafoe asked about engagement with communities and whether events are being held in the community. Winnie also noted that through her VCS organisation, she is aware of one vulnerable group being those who are in high powered jobs in the city and asked if there are plans to engage those who need the service but struggle to access. Kat responded that there is an upcoming event being held at in a community location and SLaM have reached out to VCS organisations to see if there are meetings or network events which they could join

2.24	Anood Al-Samerai raised a point around the use of language, noting that the word 'community' has a different meaning in health and VCS settings. Anood noted that she was surprised that prevention wasn't mentioned, adding that if SLaM felt that it wasn't work that acute trusts should be doing, it would be useful to have a conversation about how the board can help others do this. Peace clarified that prevention won't not be part of the priorities, rather that there should be a collective and partnership approach.
2.25	Anood also asked about the international aspect that is mentioned in the papers. Peace responded that SLaM is an international organisation and research is commissioned internationally.
2.26	Cllr Evelyn Akoto shared that as a local councillor, mental health is the biggest issue that she hears about from residents, agreeing that partnership working is key.
2.27	The chair noted that the strategy should focus on what SLaM do well that only they can do, rather than what the wider system can contribute in terms of prevention. The chair added that she felt that the system does not get the data needed from SLaM to make decisions as a system, adding that she would like SLaM to be part of adopting the local primary/secondary care interface work.
2.28	The chair also asked if GPs could do more to help with physical health for inpatients, or whether this can be achieved by building expertise of staff.
2.29	Darren Summers noted the differences between mental health, mental illness and wellbeing, adding that SLaM have a role in mental illness and supporting people to maintain their mental health. Wellbeing is broad and SLaM have a small role in this.
2.30	Darren also noted that SLaM have some of the most renowned researchers and academics in the world, but that research can be done in narrow areas and often not joined together. This should be used to inform service models.
2.31	Darren shared that in Southwark, the greatest problem with mental health services is waiting times, which can have a profound impact on outcomes, adding that this should be a key focus based on feedback from residents.
2.32	Katy Porter shared that she felt more emphasis was needed on partnership working and neighbourhoods, adding that sustained outcomes were important.
2.33	Rebecca Jarvis noted that getting the basics right is key, also clarifying that there is a difference between waiting lists and waiting times.
2.34	Monica Sibal shared that she felt that access had been spoken about but the word 'access' was not used in the papers, adding that it is important to get the right care at the right time. Monica added that there is a gap in service provision for neurodevelopmental diagnosis and

	management and felt that this should be mentioned within the strategy, as well as drug and alcohol use and addiction.
2.35	Emily Finch noted that as a member of SLaM staff, the need for better prevention often comes up, noting that the trust is not able to provide wellbeing support for the whole community and added that they will continue to do their best to support this dilemma.
2.36	Alice Jarvis welcomed the strategy and the chance to feed in, echoing points already made. Alice noted the importance of making it particular to the population and noted that waiting times within hospitals also links to outcomes mentioned earlier.
2.37	Pauline O'Hare shared that from a social care perspective, an issue faced is residents who are known to SLaM and supporting them to get back into the system and supported. Peace responded to offer support in picking up particular cases that need urgent attention.
2.38	Kat Macann thanked board members for the helpful feedback. A follow up email will be shared with links and further information.
2.39	The chair thanked presenters and the board NOTED the updates provided.
3.	**Public Questions**
3.1	There were no public questions raised in advance of or during the meeting.
BREAK	
4.	**Governance Review – Terms of Reference**
4.1	Rebecca Jarvis introduced the item, taking the papers as read and highlighting that the proposed changes to the governance structure had been agreed when the board met last.
4.2	Rebecca updated that SEL ICB has recently embarked on its own review, adding that it was thought to make sense to align with their suggested changes and pause some of the proposed local governance changes.
4.3	The proposal to set up the Southwark Neighbourhood Transformation Board sooner remains. The first board will meet in February in shadow form and the terms of reference for this are in development. The key functions of the board are set out in the paper.
4.4	Other next steps include carrying out one to one engagement with board members about the wider governance changes, adding that thoughts and inputs are welcomed.
4.5	Darren Summers added that the SEL ICB review of governance is taking place in line with expected changes of functions, as ICBs move towards becoming more strategic organisations and adding that there is a possibility that sub committees could be shared across SEL ICB and SWL ICB as part of the clustering.

4.6	Darren added that consideration of future governance is underway but further work is needed. LCPs are formally sub committees of the ICB board and if there are going to be changes to these, it was agreed that it would be sensible to pause local governance changes for now.
4.7	It was noted that the updated Terms of Reference may be shared at the next board or the following.
4.8	The chair opened up to the board for questions.
4.9	Sangeeta Leahy asked for clarity about 'Live Well' being disbanded. Rebecca Jarvis clarified that 'Live Well' and 'Age Well' are merging together.
4.10	Sangeeta noted that the Health and Wellbeing Board description in the paper underplays the role and offered to work on this to note the boards strategic priorities.
4.11	Sangeeta asked whether invitations have been sent out for the Southwark Neighbourhood Transformation Board. Darren shared that this has been in discussion, adding that a shadow board is planned for 26th February with plans for this to be an inclusive session to inform neighbourhood health.
4.12	Olufemi Osonuga commented that the governance diagram should have a dotted line from the SEL Neighbourhood Based Care Board into the Southwark Neighbourhood Transformation Board.
4.13	The chair thanked presenters and the board **NOTED** the updates provided.
5.	**Strategic Commissioning Plan**
5.1	Adrian Ward introduced the item, noting that the medium-term planning framework was previously taken to the last board adding that the Five-Year Strategic Commissioning Plan translates the broader aims and objectives of the 10-year plan into more defined local plans. This includes priorities and targets around neighbourhood health.
5.2	The framework consists of a number of shorter-term plans which are submitted to the ICB and are processed by NHS England. The strategic commissioning plan is due to be submitted in February, with publication in April.
5.3	Adrian shared that the slides within the pack show the Southwark section of the 5-year Strategic plan, noting that the full document contains the wider SEL plans.
5.4	Key points of the paper were highlighted, including the five key priorities in Southwark. Adrian shared that these are similar to before, noting that the mental health priorities have merged into one, which includes both adults and children.

5.5	A new priority has been set relating to primary care access. Space has been made for this as it is a priority for both the population and the ICB as well as the planning guidance.
5.6	Another section of the plan states how Southwark will contribute to the three shifts, as well as how this will be monitored through governance.
5.7	Adrian discussed the Neighbourhood Delivery Plan, sharing that this is split into seven areas and includes plans for the next 1, 2 and 5 years. Sections of the plan include establishing neighbourhood footprints, establishing Integrated Neighbourhood Teams, improving planned care in the community and improving care for children and young people.
5.8	Adrian highlighted that the broader Neighbourhood Health Plan is a missing piece of the planning framework as this guidance has been delayed.
5.9	The chair opened up to the board for questions.
5.10	Sangeeta Leahy noted the five priority areas and asked whether the actions underneath are related to delivering those areas. Adrian responded that the actions noted are for the Neighbourhood Delivery plan and this is not a direct read across.
5.11	Sangeeta and other board members shared that it would be helpful to have a sheet explaining the various plans and strategies and how these fit together.
5.12	Darren Summers added that the national NHS planning round involves a number of set templates that must be completed. There is also further work that goes on behind this that is not shared, and agreeing that there is not a direct read across.
5.13	Olufemi Osonuga noted that CVD amongst the population in Southwark is not seen in the five priority areas. Adrian noted that this is still included in the prevention and health inequalities summary. Darren added that this falls within Multiple Long-Term Conditions (MLTCs) but agreed that this could be more explicit.
5.14	Olufemi also noted that further asset mapping needs to be completed within specialist services and the VCS to support with Integrated Neighbourhood Teams. Further work needs to be completed with the integrator to be able to start shifting care from hospital to the community. Adrian agreed that asset mapping should be included in the planning as well as a plan behind the shift from hospital to community.
5.15	Board members questioned the two mental health priorities being combined, noting that there is not a 'one size fits all' approach for across adult and children's mental health. Adrian clarified that it was felt that one of the priorities should be dedicated to primary care access, noting that the two mental health priorities had lots of commonalities within their waiting time targets, agreeing that there will be different approaches to achieving this.

5.16	Emily Finch agreed that different reporting mechanisms are needed for adult's vs children's mental health waiting times, also noting different causes and solutions and stressed that it is important that the board are not held to a single measure.
5.17	Adrian agreed with previous comments about the lack of read through between the two sections of the plan, noting that there may be a way to make this clearer in the final draft.
5.18	Anood Al-Samerai asked when and why the decision was made to add the new primary care access priority. Darren Summers responded that this has been emerging as an additional priority as part of neighbourhood health development. Surveys from residents show that the top issue is primary care access, noting however, that the board can decide not to have this has a priority and adding that this should have been stated.
5.19	The chair added that the ICB is becoming a strategic commissioner, with the focus shifting to population health driven commissioning.
5.20	Katy Porter added that this emphasises the importance of discussing and agreeing terms of references for all committees which will allow the board to see how it will be governing the plan.
5.21	Josephine Namusisi-Riley shared that a big piece of work has been completed on the Southwark Maternity Commission, with no budget to implement, suggesting that this should be included in the plan. Sangeeta Leahy noted that this is a piece of work under the Health and Wellbeing board but has implications for other priorities, sharing that there will be other pieces of work in similar situations.
5.22	Darren Summers clarified that the Maternity Commission reports into the Health and Wellbeing Board, adding that the NHS at a national level have put resources into maternity services.
5.23	Darren agreed that the papers can be complicated to navigate and do not include everything. The right balance needs to be struck to ensure the relevant history and context is included in papers going forward.
5.24	Nigel Smith agreed that it is important to connect the plans, noting that focussing on the priority areas through INTs helps to bring services for those cohorts much closer. Doing this work also enables resources to be released and further funding to invest into primary care. Nigel also noted that there is a question around how the board can be assured that this is happening.
5.25	**ACTION:** An action was agreed to revisit the Southwark 5-year Strategic Plan and the Neighbourhood Delivery Plan in terms of how they connect, what might change once further guidance is released and how partners work together via the SNTB to ensure the right priorities are being pursued.

5.26	Darren Summers recognised that there is a danger of including too many priorities in the plan, questioning how to get the balance right and ensuring partners commit to making priorities.
5.27	The board **NOTED** the updates provided.
6.	**Strategic Director for Health & Care and Place Executive Lead Report**
6.1	Darren Summers introduced the item, taking the report as read, noting that updates in the report heavily link to two key themes of neighbourhoods and children and young people, noting that this is a reflection that time and energy is being put in the right places.
6.2	Katy Porter provided an update from the Integrated Governance and Assurance Committee (IGAC), noting that the agenda included standard agenda items. The Integrated Assurance report was discussed and the committee looked at themes and areas for deep dives.
6.3	The committee will be doing a deep dive on IAPT services, hoping to understand the figures that are being seen. A deep dive on GP access will also be scheduled.
6.4	The finance report shows continuing challenges, and a brief procurement update was provided which noted ongoing procurement processes which are awaiting conclusion.
6.5	Katy noted that the committee had a lengthy discussion around terms of reference reviews, where it was agreed that there should be a pause in the process whilst things are changing.
6.6	Darren Summers added that the finance report doesn't fully capture the challenge as it doesn't detail the underlying deficit. There is a statutory duty to breakeven, which the ICB are doing through various measures.
6.7	Rebecca Jarvis provided an update from the Partnership Southwark Delivery Executive (PSDE), which saw different parts of the neighbourhood agenda coming together. Highlight reports for the 'Wells' were shared, and the groups have been involved in defining the neighbourhood cohorts. A progress report was given from the integrator, which was welcomed by the executive.
6.8	Harprit Lally presented the Neighbourhood Programme Plan, noting the responsibilities for different partners. Further development will be needed on this when guidance has been received.
6.9	There has been an ask for SEL to do a gap analysis against the Age Well framework. The output of this is informing how the frailty framework is being shaped.
6.10	Katy Porter provided an update from the Primary Care Committee, sharing that there had been a commitment for this year that all GP practices were to have a visit from the team. There are

	a number remaining, but Katy noted that there are further visits scheduled for February and hopefully the team will be on the right trajectory.
6.11	The committee continue to look at estates, ensuring that these are fit for purpose and planning for INTs.
6.12	Finance challenges were noted, with one area of focus on prescribing and medicines optimisation. The medicines optimisation plan was reviewed and taken to both IGAC and the Primary Care Committee. It was well received and recognised as a priority.
6.13	Katy noted that there will be one further committee held this year before moving into the new agreed governance structure.
6.14	The board **NOTED** the updates provided.
7.	**Integrated Assurance Report**
7.1	Adrian Ward introduced the item, taking the report as read and adding that assurance is considered at IGAC.
7.2	Key areas of the report were highlighted. Adrian noted that the 78% target for Community Health activity within 18 weeks of referral is likely to be challenging, adding that this is recognised nationally. Further understanding is needed to understand what is/isn't covered in this metric. Adrian added that IGAC wish to revisit this with the support of GSTT in the new financial year, noting that the SEL community provider collaborative might also be working on this.
7.3	Primary Care access measures are a lot more in focus and are key targets in the planning framework. Work is ongoing to understand the issues and look at variation between GP practices including data quality issues. This topic is also going to be subject to a deep dive at a future IGAC meeting.
7.4	Adrian shared that the metrics for Talking Therapies recovery and improvement have been below neighbouring boroughs for a long time. A deep dive is on the agenda for March's IGAC meeting to try to understand why, as well as the response to this.
7.5	Childhood immunisation figures saw a dip in Q2, which was noted across SEL. There was some discussion at IGAC that this may be linked to the introduction of the chicken pox vaccination.
7.6	Flu immunisation rates have now been published, which show the same rates as this time last year, with Adrian noting that they are not on course to hit target.

7.7	The Better Care Fund Targets show that the rate of emergency admissions of over 65s remains within targets, with the indicators for delayed transfers remaining at a similar level to previously as examined in the recent board deep dive.
7.8	The Health and Care Plan Priorities Dashboard show improvement in the CYP 4-week waiting time target. Neurodevelopmental waits continue to grow.
7.9	Adrian added that performance on Continuing Healthcare assessment targets has been restored to target levels.
7.10	The chair opened up to the board for comments.
7.11	Sangeeta Leahy shared concerns that the MMR vaccination metrics have gone down for Southwark, whilst some neighbouring boroughs have gone up, adding that Denise McLeggan, Public Health Improvement Manager, is due to leave soon. Sangeeta noted that a conversation is needed about how the ICB take delegation safely from April 2027.
7.12	Rebecca Jarvis responded to the above, noting that they aware of the role ending and are working through a work plan with Denise. Rebecca added that there will be significant reduction in staff in the coming months which will impact many areas of work.
7.13	Darren Summers noted that an action should be further developed outside of the meeting regarding delegation from NHSE to SEL ICB.
7.14	Monica Sibal also shared concerns about vaccination rates going down, adding that in some areas of the borough rates will be as low as 20-30%.
7.15	The chair thanked Adrian for the updates provided, sharing that at a recent GSTTSB Feb draft minutes NK Integrated Specialist Medicine Partnership Board, the new targets around community service waiting times was discussed and commitment given to completing work on podiatry waits.
7.16	The board **NOTED** updates provided.
8.	**Any Other Business**
8.1	The chair noted that the February PSSB development session slot is intended to be used for a shadow Southwark Neighbourhood Transformation Board. Invitations will be extended soon.
8.2	Josephine Namusisi-Riley shared that due to cost reductions, she will be leaving her project at Parent Action. Josephine will be staying on the board in her role as a Care & Clinical Professional Lead (CCPL) but will not be a VCSE representative.

The meeting closed at 16:10 and the Chair thanked members and guests for their time.

PARTNERSHIP SOUTHWARK STRATEGIC BOARD
ACTION LOG

No.	MEETING DATE	ACTION	STATUS	OWNER	COMMENTS
1	25/09/2025	A follow up meeting with a smaller group to be arranged with the social prescribers to discuss how the board can support with partnership working and to identify some measures to support with evaluating the impact of social prescribing	Closed	Rebecca Jarvis	27/11 - Owner changed to Rebecca Jarvis, action is ongoing. 15/01 - Meeting scheduled for February and feedback will be provided following this 05/03 - Meeting has now taken place
2	29/01/2026	Once guidance has been released, the board will revisit how partners work through via the Southwark Neighbourhood Transformation Board to ensure that the Southwark 5-Year Strategic Plan and the Neigbourhood Delivery Plan connect.	Ongoing	Rebecca Jarvis	05/03 - to remain open as guidance has not yet been released 18/03 - guidance has been released on 17th March and is now being reviewed for its implications
3		IGAC to review how the ICB are preparing for the delegation from NHSE of immunisations and vaccinations.	Open	Nancy Kuchemann	18/03 - IGAC due to review in May

Partnership Southwark Strategic Board
Cover Sheet

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

Item: 2
Enclosure: 2

Title:	King's Five Year Strategy 2026 – 2031
Meeting Date:	**26 March 2026**
Author:	King's College Hospital NHS Foundation Trust
Executive Lead:	

Summary of main points
• King's College Hospital NHS Foundation Trust is developing its refreshed five-year strategy (2026–2031), due for publication later this year. This report provides an update on engagement activity undertaken to date and introduces the emerging strategic framework and values. • The Trust has been engaging with staff, patients and communities to inform its future direction and is now seeking feedback from partners, including the Partnership Southwark Strategic Board Engagement at this stage is focused on ensuring the strategy reflects local priorities, supports partnership working and aligns with borough and system ambitions. Feedback from the Partnership Southwark Strategic Board will help inform refinement of the strategy ahead of final approval and publication.

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

Action requested of PSSB
The Board is asked to: 1. Note the Trust's engagement activity to date in developing its refreshed strategy (2026-2031); 2. Provide feedback on the emerging strategic framework and areas of partnership alignment; & 3. Identify opportunities for collaboration to support delivery of shared health and wellbeing priorities.

Anticipated follow up
The Trust would like to return to the board following the final development of the strategy.

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

Item Impact	
Equality Impact	*An Equalities Impact Assessment has not been completed as this report is not about a project proposal, it is about emerging thinking at a strategic level and engagement findings. The new strategy aligns with the borough's priorities, particularly in relation to reducing health inequalities, improving access to care,*

	supporting prevention and strengthening partnership working across the borough. Equalities Impact Assessments will be undertaken for any related strategic projects as required
Quality Impact	*As above*
Financial Impact	*(is this cost neutral or is there financial impact)*
Medicines & Prescribing Impact	*(Does this proposal have an impact on medicines and prescribing)*
Safeguarding Impact	*(How have the needs of vulnerable children, young people and adults been considered in relation to this item)*

Environmental Sustainability Impact (See guidance)	Neutral	Positive	Negative
		X	

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

A series of public engagement sessions took place in January 2026. Engagement with local community organisations and representatives has been ongoing.

We have engagement opportunities planned throughout this month with other partners across the South East London Integrated Care System.

We have met so far with:

- *Bromley Health Scrutiny Sub-Committee*
- *Southwark Health and Social Care Commission*
- *Lambeth Adult Social Care and Health Scrutiny Sub-Committee*
- *Lambeth Together Executive Group*
- *One Bromley Executive Group (19th)*

King's College Hospital
NHS Foundation Trust

Building our new Trust Strategy 2026 – 31

Partnership Southwark Strategic Board

26 March 2026

Building our strategy

We refresh our organisational strategy every five years

PAST – PRESENT

Strong Roots,

Global Reach

BOLD Strategy 2021 - 2026

FUTURE

Working on a new organsational strategy

For 2026 - 2031, due for publication in the Spring 2026

Listening and involving

Staff

Patients and Communities

Partners

Principles and foundations

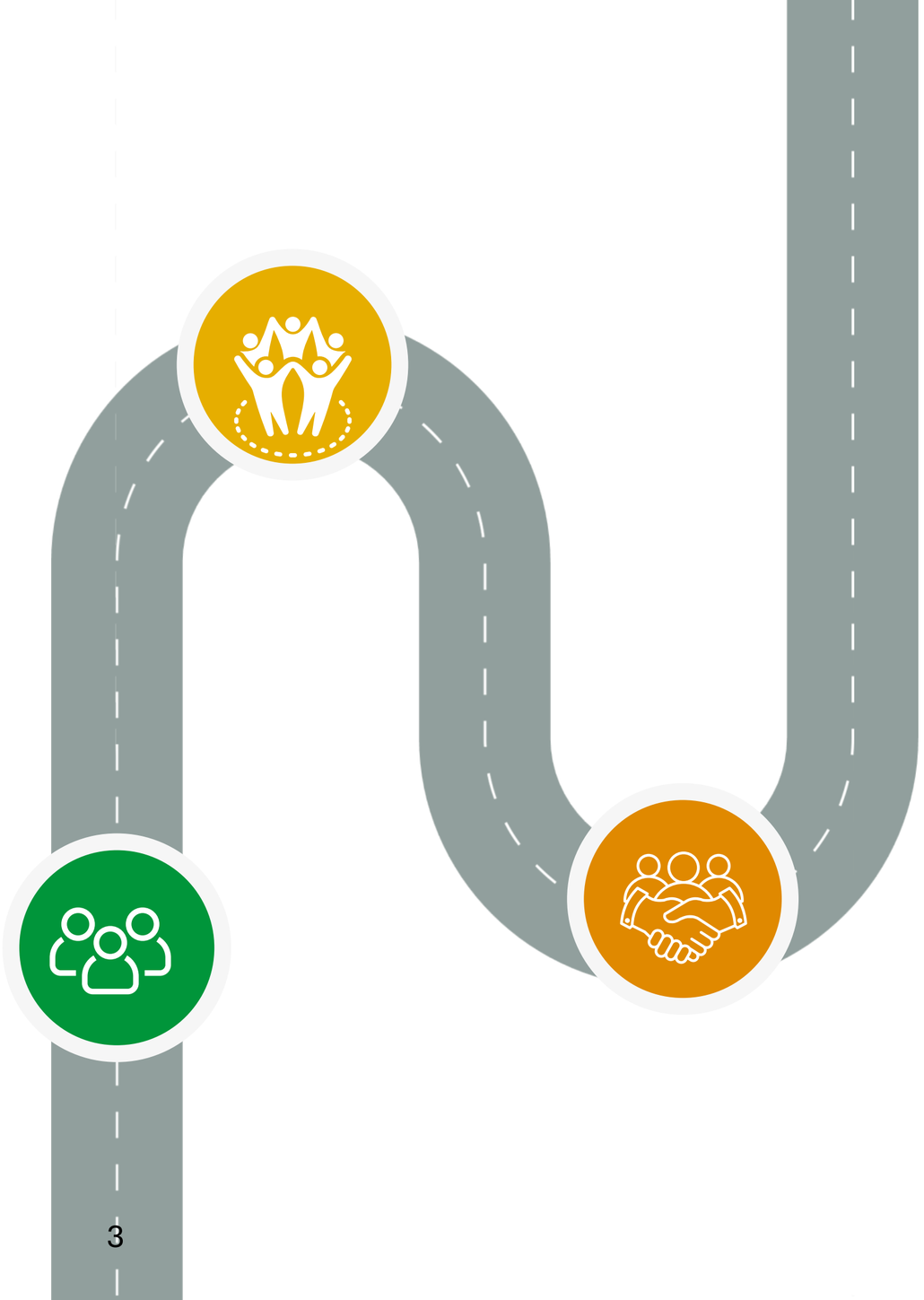
Reflect
Review our achievements and challenge

Understand
Consider the national and local care landscape

Decide
Consider what we should start, stop and continue

Define
Set our vision, objectives and metrics

Building our strategy: Engagement to date



Staff

- Workshops
- Focus groups
- Meetings
- Surveys

Patients and communities

- Dedicated VCSE Strategy Lead
- Public meetings
- Connecting with community leaders and organisations
- Surveys

Partners

- Meetings
- Workshop
- Surveys

Strategy Engagement Timeline

Nov - Dec 2025	Dec - Jan 2026	Jan 2026	Feb 2026	Mar - Apr 2026
Listen, collaborate	**Listen, involve, consider**	**Review**	**Identify, align**	**Respond, listen, involve, consider**
Initial engagement with our teams and leaders	First phase of Patient, Communities (public) and Partner, engagement Continued engagement with teams and leaders	Continued Patient, Communities (public) and partner, engagement Internal review of emerging themes and insights	Begin to identify and priorities Divisional vs Trust wide priorities Internal review of emerging themes and insights	Second phase of Patient, Communities (public), Partner, Staff and Stakeholder engagement

May 2026

Trust Board approval and launch

Delivering our strategy: using new way of working

We have rolled out a new Trust-wide improvement model, known as the **King's Improvement Method (KIM).** It embeds a structured approach in linking on our priorities into day-to-day practice and enables staff at all levels to identify and solve problems.

Improved experience and outcomes for our patients - by all working together, focussed on improving a few meaningful problems, we will make bigger improvements to the critical areas that have the greatest impact on outcomes for our patients and the experience of our patients and our staff.

Cultural Transformation – Instilling a culture of creativity, curiosity and shared purpose, where leaders model improvement behaviours and staff at all levels feel empowered and excited to experiment, innovate and learn

Strategic Alignment and Deployment – ensuring our strategy and vision are cascaded to all levels of the organisation; translating our high-level goals into actionable initiatives, creating clarity and alignment.

Sustainability of Improvements – with built-in mechanisms for tracking progress against agreed Strategic Objectives at all levels of the organisation and use of proven tools and methods to enable productivity and ensure the Trust remains agile in responding to evolving challenges.

What we've been told so far.....

- Feedback highlighted both the strengths of our current approach and opportunities to improve and evolve and in particular asked to see more of a patient focus in our values.
- The Kind Respectful Team values were understood, but behaviours did not always reflect them, and some felt they were more staff-focused than patient-facing.
- The BOLD strategy was well known and had served us well but was sometimes seen as aspirational and disconnected from day-to-day operational realities.
- It wasn't always clear how BOLD had evolved over time or how it aligned with the changing NHS context, including the 10-Year Health Plan.

Our Refreshed Values, Purpose and Vision

Using this feedback, we have refreshed the Vision, Purpose Statement and Values for 2026-31:

King's Values	Caring · Inclusive · Collaborative · Innovative
Purpose	To provide outstanding patient care and experience to our communities and deliver world-leading research, education and training
Vision	Transforming Healthcare

Our Emerging Strategic Objectives for 2026 – 31

A set of six strategic priorities sit underneath the Values, Purpose and Vision and drive the work we do, ensuring we deliver for our patients, staff, partners and the communities we serve.

King's Strategy 2026 to 2031

Our strategic objectives

High quality care for patients	Pioneering research, innovation and education	Timely and efficient patient care	A great place to work	Strong, successful partnerships	Financial sustainability
We will deliver consistently high - quality care and the best possible experience for every patient, improving outcomes for all.	We will strengthen our leadership in research, innovation and education to drive new approaches that improve care and outcomes.	We will provide timely and efficient care by improving access, reducing delays and ensuring patients receive the right care at the right time .	We will create a supportive, inclusive environment where staff feel valued, motivated and proud to work at King's.	We will build strong partnerships across the system and with our communities to improve health, care and wellbeing together.	We will use our resources responsibly to secure long-term financial sustainability

Each objective will be measured by a SMART metric, giving us a clear way to track the impact of the strategy

Tell Us What You Think

Our Refreshed Values

1. Do the refreshed values feel clear and meaningful in the context of the services we provide to residents?
2. From a public and patient perspective, what would good delivery of these values look like in practice?

Our Strategic Objectives

1. Do the strategic objectives feel aligned with the opportunities and challenges within our boroughs and communities?
2. Looking ahead to 2031, what would success look like for local people if this strategy is delivered well?
3. Where could closer collaboration help accelerate progress as we move into delivery?

Thank You & Next Steps

Your insights are invaluable and will help shape King's organisational strategy for 2026–31 and how we bring our values to life over the next five years.

What happens next:

- We will bring together feedback from all community sessions, surveys and partner stakeholder conversations.
- Common themes and priorities will be used to shape our draft strategy.
- We will share updates with follow-up conversations planned for April/May 2026.

Partnership Southwark Strategic Board
Cover Sheet

Item: 5
Enclosure: 3

Title:	**Funding Differently: Community-led preventative healthcare in Southwark's neighbourhoods**
Meeting Date:	**26th March 2026**
Author:	Jason Charles, Grants Manager at United St Saviour's Charity, and Anood Al-Samerai, Chief Executive at Community Southwark
Executive Lead:	

Summary of main points

Partnership Southwark has allocated Health Inequalities funding to small grass roots groups through Funding Differently since 2023-24. Since 2023, Funding Differently has awarded 95 grants to 70 small charities and community groups in Southwark's most deprived wards, focusing on mental health and disabilities.

This item explores the impact of this funding as it has moved from a pilot to an established part of the borough's eco-system. Southwark's charities and community groups have designed the whole process and made all the funding decisions.

The initial funding and trust from Partnership Southwark has enabled Funding Differently to a develop into a widely respected and high-profile model of equitable and transparent funding to small grass roots groups, often excluded from traditional processes.

2025-26 saw additional funds leveraged from Trusts and Foundations towards tackling the borough's health inequalities, with significant further match funding now being discussed for future years.

The United St Saviour's Charity, the borough's oldest grant-maker as well as the force behind Appleby Blue, has been involved in contributing expertise and administration support since 2023. The highlights shared at its last Board meeting included:

- 10,890 residents directly supported with health and wellbeing in 2025-26
- Funding Differently £5k and £10k rounds reviewed 118 applications and achieved a success rate of approximately 40%, significantly higher than typical sector averages (15–27%)
- Reduced fundraising burden for small organisations
- Increased transparency and peer legitimacy
- Strengthened trust and collaboration across the borough
- High degree of learning for those involved
- 100% of applicants provided positive feedback (Agree or Strongly Agree) on accessibility and clarity of the application process.
- Growth of the pooled fund by £75k to £275k in 2025, with further commitments anticipated to potentially have a combined grant of £400k to £500k for 2026.
- Opportunity to use AI and the increased data collected via FD into Flexi-Grant to influence and shape local decision making.

The meeting will also be joined by two of the over 100 groups that have been involved in Funding Differently: Rebecca and Terry-King Emanuel from JoshyBoy Legacy and Kemi Olafare from Peckham Soup Kitchen.

More information is available in the impact reports for 2023-24 and 2024-25

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

Action requested of PSSB

- To note the impact and reflections for Funding Differently 2025-26.
- To ask partners to engage with the process – through VCS reflection sessions, monitoring visits, and on panels
- To seek long-term commitment to Funding Differently, particularly given the impact of this preventative work in neighbourhoods, and the opportunities to leverage in further funding.

Anticipated follow up

- Questions, comments and further involvement from Board members.
- A commitment to long-term investment in Funding Differently

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	*NA*		
Quality Impact	*NA*		
Financial Impact	*NA*		
Medicines & Prescribing Impact	*NA*		
Safeguarding Impact	*NA*		
Environmental Sustainability Impact (See guidance)	**Neutral**	**Positive**	**Negative**

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

The pilot was a recommendation in the 2022-23 State of the Sector research carried out with 239 charities and community groups and endorsed by the council, Partnership Southwark, and 19 of the borough's major Trusts and Foundations.

The design of Funding Differently has been completely shaped by charities and community groups and their service users through focus groups and reflection sessions, quantitative and qualitative feedback at every point of the process, and the VCS making all the funding decisions through shortlisting panels and scoring each other. The next steps and call to action were agreed by 35 charities and community groups, and two community groups will be presenting the item.

Funding Differently: Community-led preventative health care in Southwark's neighbourhoods

26th March 2026

United St Saviour's Charity Southwark

Community Southwark

Southwark PECKHAM SOUP KITCHEN

Why Funding Differently?

- To reduce health inequalities at neighbourhood level through strengthening small, local charities and community groups.
- Funding for preventative, holistic work is difficult to secure
- Urgent need for core/unrestricted funding to sustain grass roots groups
- Existing processes complicated and inaccessible
- Lack of community involvement, understanding and transparency in funding processes and awards.

What is Funding Differently?

Simple

- Three questions
- Written or video applications
- Light-touch monitoring

Collaborative

- VCS designs process with input from partners
- VCS decides awards (shortlisting and scoring)
- VCS is paid for insight and reflection

Open

- All small: income <£100k
- Community Interest Companies (CICs), Tenants & Residents Associations (TRAs) included

Supportive

- Advice and workshops before, during and after applications
- Signposting to other CS services

Flexible

- Core, unrestricted grants
- Groups trusted to know best how to use funds

Learning

- Understanding decision-maker perspectives
- Personalised feedback for all
- New partnerships and collaborations

Impact since 2023

- 95 grants to 70 grass roots groups
- 16,890 residents reached
- Case studies: suicide prevention, reduced isolation, fewer GP visits, housing support, moving away from youth crime, finding employment, refugee counselling
- Service users with highest health inequalities (JSNA data)
- Wide range of activities

  (65 types in 2024-25)

Impact since 2023

"This is the first place I can be myself. I have long-term mental health problems and a diagnosis of psychosis. I trust everyone here and have made lots of friends. I have relapses and the support I get from Sporting Recovery is important to aid my recovery and maintain stability."

"J, in his 50's has been attending for nearly two years, the only place he has stayed long-term. He was suicidal when he first came - referred by GP. Exercise has been really positive - he does everything! Taught non-contact boxing and now supports others. He loves sport and meeting people. If he has lows, he seeks support from others. He is now happy to talk and share his problems."

Has the grant given you greater capacity to deliver services?

of respondents said YES

Often groups said it gave them capacity to focus more on designing and delivering support rather than fundraising.

2025-26 Changes

- VCS was asked about themes, geography, and increase in funds
- More support – online workshops for applying and scoring, advice at due diligence stage and after decisions
- More funding – from two trusts and foundations

2025-26: Who applied?

118 applications from estate-based and neighbourhood-based charities and community groups:

- Community Interest Companies (CICs) were the largest applicant group. CICs are predominantly led by BAME communities.
- The £5k fund attracted more grassroots, resident-led groups (including Tenants and Residents Associations).
- The £10k fund attracted more structured charities and CICs delivering larger or more intensive programmes.

What this tells us:

The two-tier model is reaching different parts of the community ecosystem.

2025-26: What are communities telling us about need?

Across all 118 applications, the same core needs appear consistently, regardless of organisation size or funding level.

1. Mental health and emotional wellbeing are universal needs

- Health and wellbeing is the most frequently selected priority area across both funds.
- Project descriptions consistently reference anxiety, isolation, trauma, confidence, and resilience.
- Support is largely non-clinical, community-rooted, and culturally responsive.

Key point for partners:
Community organisations are delivering frontline mental health support through everyday activities; often preventing escalation into crisis services.

2025-26: What are communities telling us about need?

2. Community connection is the foundation of almost all activity

- Nearly every application references rebuilding connection, reducing isolation, or creating safe, welcoming spaces.
- Community cohesion is not an “add-on”, it underpins all other outcomes.
- Groups routinely provide benefits help, housing support, immigration navigation and informal casework.

Key points for partners:

- Community organisations are acting as informal frontline navigators, absorbing pressure from overstretched statutory services.
- FD is funding core social infrastructure that makes other interventions possible.
- FD has led groups to explore ‘place-based’ funding initiatives such as youth opportunities in Rotherhithe.

2025-26: What are communities telling us about need?

3. Youth safety, belonging and aspiration are central

- Youth-focused work appears strongly across both rounds.
- Activities include sports, arts, mentoring, confidence-building and SEND-inclusive provision.
- Many applications explicitly link youth work to safety, prevention, mental health and emotional wellbeing.

Key point for partners:

FD is supporting community-led prevention at a time of heightened concern about youth safety and wellbeing.

Reflections from Rebecca and Terry-King Emmanuel, Joshy Boy Legacy

How did the community make decisions?

1. Decisions mirrored highest-demand areas in applications received, confirming that community panels are not skewing funding away from need, they are **producing outcomes that are directly aligned with community need**.

2. Awards show **balance, not bias**, between visible and less visible (sometimes seen as less popular) work. Community decision-makers recognise both higher-profile activities, and projects that quietly support highly marginalised residents.

3. Decisions are **equity-led in outcome**. 82% of grantees are BAME-led. Powerful evidence for funders concerned about **fairness, reach and inclusion,** and highlights the benefits of pooling funds into this process.

How did the community make decisions?

4. Community decision-makers instinctively fund **prevention**, often delivered through sport, arts or mentoring rather than enforcement or intervention language.

5. Community decision-makers see **creative expression as essential to wellbeing, identity and connection**, not as peripheral activity.

Who did communities fund?

- Ethnic minority communities (84%)
- Children and young people (70%)
- Families (59%)
- Disabled people (66%)
- Older people (48%)
- Asylum seekers and refugees (41%)
- LGBTQIA+ residents (23%)
- Carers (41%)
- People experiencing homelessness (27%)

What this tells us:
FD is strongly aligned with equity objectives and is reaching residents experiencing multiple, intersecting vulnerabilities.

What did communities fund?

Rather than traditional or clinical service models to improve health inequalities, organisations are using:

- Arts and creative practice (41%)
- Sport and physical activity (50%)
- Employment and training (27%)
- Community events and food (75%)
- Mentoring and coaching (43%)

These methods are used deliberately as **gateways to wellbeing, trust-building and sustained engagement**.

Process Matters

99% of groups said "I felt it was worth my time and effort to score applications as I gained knowledge and ideas from scoring and seeing other organisations' applications."

92% of groups given support with applying were successful

100%

Agreed that the application form is simple and accessible

Process Matters

"We found the grant process to be refreshing and genuinely rooted in trust and values. The relationship-based approach and emphasis on lived experience made the process feel accessible and respectful, particularly for smaller, community-led organisations. The decision-making felt fair and transparent, and the communication throughout was clear and supportive."

"This process was, well, illuminating! We felt we learned a lot about the funding process and particularly about how much work is involved by decision-makers. It was clear to us how important case studies are in humanising the overall purpose of the work, and we intend to centre these stories in future applications if given the opportunity to do so."

"It is so great to be involved in the process. Even if we had not been awarded, the fact we knew the funds were going to worthwhile causes would make a 'no' result so much easier."

"The session was wonderful and all questions were answered clearly."

"The training was well taught and practical."

"Thank you very much to the team, so eloquent!"

Reflections from Kemi Olafare, Peckham Soup Kitchen

2026-27

Summer 2026: Reflection and learning session with the VCS – discussion about multi-year, geography and income thresholds.

2026: Meetings with additional match funders including businesses

2026: Advocacy for other funders to use similar processes

September 2026: Next grants launched

Early 2027: Feasibility proposal for a wider ‘Giving Scheme’

Call to Action

- Partners can engage on monitoring visits, reflection sessions, and panel decisions - the value of prevention in neighbourhoods.
- Longer-term funding essential for small grass roots groups – ‘multi-year’ strongest feedback each time. (and would be more efficient)
- A five-year commitment to £200-250k per year would lead to investment in capacity to co-ordinate, leverage more funds, and expand.

Partnership Southwark Strategic Board
Cover Sheet

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

Item: 6
Enclosure: 4

Title:	**Strategic Director for Integrated Health and Care/Southwark Place Executive Lead report**
Meeting Date:	**26/03/2026**
Author:	Darren Summers (Strategic Director for Integrated Health and Care/Southwark Place Executive Lead)
Executive Lead:	Darren Summers (Strategic Director for Integrated Health and Care/Southwark Place Executive Lead)

Summary of main points

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

- Health and Wellbeing Board Update
- Neighbourhood development including
  - A visit from the NHSE National Neighbourhood Health Implementation Lead
  - The Southwark Estates and Frailty workshops
  - Integrated Neighbourhood Team mobilisation
- The closure of Trafalgar Surgery
- The Health and Social Care Scrutiny commission
- The new 'Work Well' programme
- The South East London ICB 5 year commissioning strategy
- An update on the Better Care Fund for 2026/27
- A visit from a delegation from Japan
- The SLAM engagement event
- ICB Change Programme
- Reports from sub-committees of the board

I would also like to thank Katy Porter for her contribution to the board over the past years. Katy has played a key role in helping to establish Partnership Southwark Strategic Board, and has chaired both the Primary Care Committee and Integrated Governance and Assurance Committee. Katy's term as lay member is coming to an end, and this meeting will be her last on the board.

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

Action requested of PSSB

To note the report and updates.

Anticipated follow up
n/a

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

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

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

Partnership Southwark

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

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

Health and Wellbeing Board – March

The March Health & Wellbeing Board had a strong Neighbourhood Health focus, including presentations on the Council-led Neighbourhoods Programme and updates from ICB and Integrator leads on the development of Integrated Neighbourhood Teams. Boroughs are currently awaiting national guidance setting out the respective roles of Health & Wellbeing Boards and ICBs in developing and delivering local Neighbourhood Health Plans. The Board reaffirmed the importance of alignment, partnership working and shared leadership across the system and agreed to hold a dedicated workshop in May to progress this agenda and shape next steps locally.

Neighbourhood Development

NNHIP visit from Minal Bakhi

Dr Minal Bakhai, Director of Primary Care & Community Transformation and Neighbourhood Health Lead at NHS England, is visiting all 43 sites participating in the National Neighbourhood Health Implementation Programme (NNHIP). In February, she visited Southwark and Lambeth, providing an opportunity to showcase local progress in designing and mobilising Integrated Neighbourhood Teams (INTs) for people living with multiple long-term conditions. The visit included discussions with front-line staff and senior leaders from the ICB and the Integrator (Guy's & St Thomas' NHS Foundation Trust and Southwark Primary Care Provider Alliance). Conversations focused on key enablers and challenges, including digital innovation, use of linked datasets, workforce development, and the actions required at place, regional and national levels to support delivery at scale. Learning from the visit was further shared and built upon at the NNHIP regional event in March, where participating sites exchanged emerging insights and practice.

Estates Workshop

The Southwark INT Workshop, held on 3 February and hosted by PPL with ICB colleagues, brought together system partners to develop a shared understanding of national and South East London expectations for neighbourhood hubs, while exploring how estates can better support integrated neighbourhood working. Representatives from organisations including GSTT, LBS, the ICB, King's College, SLaM, Public Health, and the VCS collaborated in neighbourhood-based groups, using provided context on local challenges, opportunities, and guiding principles to inform discussions.

Participants worked through three structured activities focused on strengthening partnership working around estates, identifying and evaluating potential neighbourhood hub sites against agreed principles, and determining how to progress both existing and emerging hub options.

Discussions highlighted current collaboration strengths, areas for improvement, and key requirements such as space, access, digital capability, co-location, and governance. The ICB is awaiting the final workshop outputs, which will summarise key findings and recommend next steps for advancing neighbourhood hub development in Southwark.

Frailty INT Workshop

The Frailty Integrated Neighbourhood Team (INT) engagement workshop was held on 4th February 2026 to share the progress in Southwark so far. Workshop participants endorsed a neighbourhood based, jointly delivered frailty INT model to provide holistic, continuous care and reduce duplication. Key enablers highlighted included integrated working with VCSE/community partners (including faith groups), stronger outreach and a single point of coordination, supported by shared care planning and better information sharing. Main risks relate to cross-partner record sharing, inconsistent frailty identification, geography/cohort overlap and uneven workforce representation/resources. Feedback received from participants was positive and highlighted the benefit of sharing good practice and learning to date with wider stakeholders.

INT Mobilisation and Integrator Recruitment

Southwark Place is pump-priming Integrated Neighbourhood Team infrastructure, including clinical and management roles at neighbourhood level, to support the launch of teams in April 2026. Recruitment commenced in January. The response was very positive response with applications representing a mixture of professional backgrounds and experience. Clinical leads for each neighbourhood have now been appointed and will start in April. Their role will involve delivering direct patient care and continuing to develop the INT service model, in part through building close working relationships with wider health, care and VCSE services in their neighbourhood. The neighbourhood manager interviews were completed in March and start dates are being confirmed. In addition, a number of services will be aligned to neighbourhood footprints from April, including Neighbourhood Nursing, alongside named consultant leads for each of the three cohorts.

Trafalgar Surgery Closure

Following a strategic review presented to the Southwark Primary Care Committee on 11 December 2025, the Committee approved the recommendation to close Trafalgar Surgery and disperse the patient list. This decision reflected the absence of succession arrangements for the single-handed practice, the small list size, and confirmed capacity within neighbouring GP practices. Patient-facing services will cease on 31 March 2026, aligned to the end of the caretaking APMS contract delivered by Quay Health Solutions (QHS). I would like to formally thank QHS for stepping in at short notice to deliver GP services at Trafalgar Surgery.

To oversee delivery of the closure process, the ICB established a multidisciplinary Task and Finish Group supported by a formal governance framework. This includes a comprehensive mobilisation checklist covering communications, patient re-registration, safeguarding of

vulnerable patients, information governance and digital requirements, clinical system decommissioning, estates access, and records transfer. Weekly structured progress reviews provide documented task-level accountability, alongside clear audit trails for decision-making, risk escalation and contractual compliance. This programme management approach offers assurance that all statutory, operational and regulatory requirements are being met, with risks actively monitored and mitigated throughout the closure and post-closure period.

SEL 5-Year Commissioning Strategy

The first SEL ICB Five Year Strategic Commissioning Plan was approved by the ICB Board on 10th February 2026 and has been submitted to NHSE for comments. This plan includes the Southwark borough section endorsed by PSSB at its meeting in January. It is anticipated that the final draft will be launched in April. A presentation on the plan will be scheduled for the next PSSB meeting.

The plan will set out how the ICB will secure improvements for its population in line with its key responsibilities as a strategic commissioner under the NHS 10 Year Plan. Plans will focus on improving population health and outcomes, commissioning high quality, accessible and responsive services, and increasing the current level of patient satisfaction in local health services.

Focus will be on four key delivery priorities which when brought together will support the delivery of these objectives:

- A step increase in the focus on prevention
- Enhancing the community-based care offer including through the development of neighbourhood-based care, services and teams
- The optimisation of digital opportunities
- Actions to support the sustainability of acute and specialised services.

The ICB will be refreshing and updating this plan on an annual basis as the ICB matures and in the context of the evaluated impact of our commissioning actions. The first refresh will reflect emerging Neighbourhood Health plans.

Better Care Fund Update 2026/27

The Better Care Fund (BCF) is a mandatory pooled budget between the council and the ICB that supports integrated, community-based health and care services and is a key enabler of system priorities around prevention, independence and hospital avoidance. While national policy signalled a major reform of the BCF from 2026/27, embedding it within Neighbourhood Health Plans, delays to national guidance mean this change has now been largely deferred to 2027/28. For 2026/27, the BCF will continue broadly in its current form, with updated planning guidance placing a stronger emphasis on providing integrated preventative services aligned with emerging neighbourhood health models, while explicitly cautioning against disruption to critical services reliant on BCF funding. This approach is intended to provide

continuity and stability in the short term, while laying the groundwork for more significant structural and commissioning changes in 2027/28.

The total value of the BCF for 2026/27 is £58.8m, an increase of £1.2m. It funds services such as home care, residential and nursing care, community health services, VCSE services, community equipment, telecare, housing adaptations and hospital discharge related services. The schemes funded by the BCF are under significant budgetary pressure and the increase will fall short of projected spend. Plans will need to be submitted by 18th May and then endorsed by the next Health and Wellbeing Board.

Japanese Delegation Visit

In January 2026, Southwark Adult Social Care welcomed a delegation from Setagaya City, Japan, who visited Southwark to explore international best practice in integrated care and community-based support. Colleagues from Partnership Southwark shared an overview of local health and social care services and highlighted some of the innovative programmes being delivered across the borough. The delegation was especially interested in our work on hospital avoidance and early discharge support, shared care records, multi-disciplinary working, GP services, neighbourhood-based models, and specialist housing provision. It was also great to hear from the delegation and learn from their extensive experience of delivering care and support to a large older population in Japan.

SLAM Engagement Event

SLAM held an engagement event in Southwark in February where around 50 members of the local community had the opportunity to comment on and input into SLAM's future strategy. This is part of a series of engagement events, which included the discussion at the January Partnership Southwark Strategic Board.

Health and Social Care Scrutiny Commission – Improving Access to General Practice

Rebecca Jarvis and Charlotte Keeble attended the Southwark Health and Social Care Scrutiny Commission on 2nd March to provide an update on how the ICB is working with General Practice to make access quicker and easier for all. The presentation covered local delivery of the national Modern General Practice Access approach and outlined how the ICB is working with practices to ensure services remain accessible for people at risk of digital exclusion which is of particular interest to the Commission. This includes work to improve access across all channels, phone, online and in-person and to ensure residents can choose the route that best meets their needs.

Although overall performance has improved from last year the members of the Commission were concerned about the variation in performance across different practices and welcomed the approach being taken by the Primary and Community Based Care team to support practices to improve access.

Work Well

Work Well is a new, three-year government-funded programme jointly sponsored by the Department for Work and Pensions (DWP) and the Department of Health and Social Care (DHSC). Funding will be allocated at Place level, although the distribution of South East London (SEL) funding across boroughs has not yet been finalised.

The ICB was required to submit a draft proposal on 13 March, setting out delivery plans for each borough, with delivery expected to commence from November. The Southwark element of the proposal has been developed by the Employment and Skills Manager at Southwark Council and Public Health, and the ICB. The proposal is underpinned by clear principles:

- Building on existing success in integrating employment and health support (such as Connect to Work),
- Embedding Work Well within the Southwark Works employment service, and
- Aligning with Integrated Neighbourhood Teams where possible to support a neighbourhood-based approach.

The approach responds to need identified through the recent Annual Public Health Report and JSNA focusing on work and health. Funding is proposed for new roles (including work and health coaches within Southwark Works) and targeted interventions to address gaps such as Musculoskeletal (MSK) conditions, mental health and pain management support. Priority cohorts include people in work with long-term conditions, working-age young people with mental health needs, and small employers without access to occupational health provision.

Delivery of the Work Well Initiative in Southwark will be overseen by the Southwark Neighbourhood Transformation Board.

ICB Change Programme Consultation Launch

Consultation with ICB staff around proposed new structures commenced on 5th March and will run for 45 working days. The proposed new structures have been designed to deliver the reduction in running costs mandated for all ICBs by NHS England and are expected to deliver the key functions expected from ICBs in the future. In the Southwark Place team, these include be integrated commissioning with Southwark council, continuing health care, and the delivery of neighbourhood health.

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 12 March 2026

Agenda item	Items discussed
Minutes and matters arising	Under matters arising the committee was updated on work being undertaken at a South East London level to commission an improved ADHD diagnostics service to improve outcomes, reduce waits and control expenditure.
ICES contract update	An update was provided on the successful transition and bedding in of the new community equipment provider following the emergency award of the contract last summer when the incumbent provider ceased operations.
Deep dive: talking therapies	The committee welcomed SLAM colleagues and the lead commissioner who presented the deep dive undertaken on the talking therapies service. This had initially been requested as a result of performance issues in relation to the reliable recovery measure compared to neighbouring boroughs. The committee found the detailed context and analysis very useful and were assured that there are range of actions in place to address service challenges.
Southwark Wellbeing Hub Contract Award	The committee reviewed the outcome of the tender evaluation. It was noted by the committee that the whole commissioning and tendering process had clearly been extremely thorough. At the time of writing the award decision is being finalised.
Integrated Assurance Report	The committee reviewed the Integrated Assurance report covering performance, SEND, Safeguarding and Risk, noting the scaled back approach and the reduced length of report. Highlights of the report and key discussion points are attached in the Annex.
Finance Report	This report set out the latest month 11 financial position for 2025/26 of Southwark Place within the ICB. As at Month 11, Southwark Place is reporting a year-to-date underspend of £147k and a forecast underspend of £60k. The overall forecast position reported includes overspend in prescribing expenditure (£2.1m), mental health expenditure (£3m), Delegated Primary Care (£227k) with underspends in continuing care (£817k) and community services (£3.2m)

	supporting the overall position. At the end of month 11 (February 26) there are two main key risks within place financial position, and they relate to mental health and prescribing. Costs in mental health and prescribing have been increasing continuously over the first six months. Mental Health forecast position has deteriorated since month 10. Prescribing forecast had remained similar to previous months. SEL ICB reports risks within mental health and continuing health care as key risks. Southwark Place is forecasting that it will meet its duty to remain within its allocation for the year.
Finance Planning Report 2026/27	This report set out the final budgets set for 2026/27 for Southwark Place. In accordance with the ICB's scheme of reservation and delegation, the management of budgets has been delegated to individual budget holders in order to best facilitate the provision of ICB services. The accountability for Place budgets rests with the Place Executive Lead. Southwark Place is required to ensure financial risks have been identified and managed and to ensure financial balance is met for every financial year. Total budget allocation for Southwark Place amounts to £299m, of which £113.78m is managed at Place level and £185m is managed by SEL ICB. The total budgets managed by Place is a reduction from 2025/26 as a result of centralization of delegated primary care budgets.

Annex 1 to IGAC report

Integrated Assurance Report – key issues discussed at the Integrated Assurance Committee

Discussion on approach to the report

The change in approach to the report was noted. Responding to previous feedback and anticipating the impact of ICB reforms on capacity the report had been significantly reduced in size, to ensure an appropriate level of focussed detail for the committee. In developing the streamlined framework over 2026/27 it is intended to delegate specific indicators to teams in the Southwark Directorate for oversight and reporting purposes.

Summary of key issues

1. **Section 1.1 Performance metrics – SELICB place level targets report**

- **SMI physical health checks:** changed from green to red rating as the Q3 data (60%) is now behind the quarterly trajectory (62%). The year-end target of 75% will be a challenge, although the indicator does historically increase significantly in Q4 (by 12% last year). Whilst below target, it should be noted that Southwark is the highest in SEL (average 56%) and higher than this time last year (53%).

- **Childhood immunisations:** Q2 data remains below 90% target levels, in common with neighbouring Inner London boroughs. This is to be subject to a detailed report to set out:
  - Any changes in improvement actions and performance trends since the July deep-dive
  - Consideration of responsibilities at place level, including the public health role and ICB primary care delivery role
  - Consideration of potential impact of forthcoming delegation of commissioning responsibility from NHSE to the ICB.

- **Continuing Health Care:** good performance on assessments targets maintained in Q3. However the report from the CHC manager flags that the target slipped in January as a result of annual leave across health and social care.

- **Cancer Screening**: latest data shows performance remains close to local improvement targets set on these corporate objectives, with breast cancer rates meeting the target. Bowel and cervical rates are less than 1% below target.

- **Patients with hypertension**: the proportion treated in line with NICE guidance

increased to 66% in Q2, significantly short of the 76% target. Performance is however in line with SEL average and typically increases towards the end of the year.

- **Flu vaccinations**: Flu vaccination for at risk under 65's stood at 33.8% in January, meeting the SEL borough improvement target, hence now green rated – the only borough to do this. Adults over 65 increased to 54.8%, but behind corporate trajectory of 62.2% for month, and unlikely to meet the annual target.

- **Primary Care Access 2 week waits**: published performance remains at around 87% on this target. An analysis of underlying data at practice level is being undertaken that shows this data is of low quality with widespread differences in coding and appointment system impacting on the ability to use the data for identifying unwarranted variation. New GP access measures will be introduced in line with the revised GP contract that are likely to replace this metric.

- **Numbers of GP appointments:** The rate of appointments of 319 per 1000 population is lower than the SEL average of 364. However, as above, the analysis of underlying GP data shows that this data is of low quality, with inconsistent recording of appointment activity. The published data also excludes Enhanced Access hub data which would make a considerable difference to both the appointments measure and the 2 week access figure.

2. **Section 1.2: Operational Plan targets**

- Improvements continue to be seen in the % of patients with CVD who have their cholesterol levels managed to NICE guidance in the latest data to September.

- Next year's target of 78% of Community Health patients seen within 18 weeks of referral is likely to be challenging given the latest detailed data published by NHSE on the waiting lists showing only 54.1% of patients have been on the waiting list for under 18 weeks across GSTT in October (Lambeth and Southwark).

3. **Section 1.3 Better Care Fund Targets**

- Targets for non-elective admissions and care home admissions remain on track for Q3. Targets relating to average discharge delays, as discussed in the deep dive at the November board, remain a significant challenge. Average delayed days increased in December which has been linked to the discharge into care homes of a number of delayed patients.

4. **Section 1.4 Health and Care Plan Priorities Dashboard**

- CYP mental health 4 week wait declined in December after period of steady improvement between August and November.

- Adult mental health 4 week wait standard shows significant decline in November and December, although this seems to be driven by a strong increase in neurodevelopmental cases seen who have already breached the 4 week standard. The short term decrease in the measure may be of longer term benefit as backlogs are cleared.

- Dashboard to be redeveloped to correspond to neighbourhood health priorities for 2026/27, especially in relation to frailty and long term conditions.

5. **Section 2: SEND ICB dashboard report**

- Notable improvement in the provision of health related information within timescales for the EHCP process.

- 18 week waits for community paediatric services remains a challenge due to capacity issues.

6. **Section 3: Think Family Safeguarding & Looked after Children Quarter 3 Report**

- The rate of staff compliance with mandatory safeguarding training was noted and renewed efforts to address are being undertaken to achieve 100%.

7. **Section 4: Southwark Risk Register Update**

- The report sets out the latest risk register following the recent round of reviews, including new risks relating to primary care access and the change in provider of domestic abuse services. It was also noted that the risk rating in relation to financial balance had reduced as we approach the year end, whilst the risk in relation to immunisations had increased as the programme manager post is not being extended in 2026/27.

Integrated Assurance Report

IGAC March 2026

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

Attached is the latest full place report provided by the ICB assurance team on 27.02.25 showing the latest position on metrics, targets and benchmarking.

South East London Integrated Care System

Southwark performance overview

NHS South East London

Standard	Trend since last period	Period covered in report	Comparator	Benchmark	Current performance
Dementia diagnosis rate	↑	Jan-26	National standard	67%	71%
IAPT discharge	↑	Dec-25	Operating plan	360	325
IAPT reliable improvement	↓	Dec-25	Operating plan	67%	63%
IAPT reliable recovery	↓	Dec-25	National standard	48%	42%
SMI Healthchecks	↑	Q3 – 25/26	Local trajectory	62%	60%
PHBs	↑	Q3 - 25/26	LTP indicative trajectory	586	345
NHS CHC assessments in acute	↔	Q3 - 25/26	National standard	0%	0
CHC - Percentage assessments completed in 28 days	↑	Q3 - 25/26	National standard	80%	88%
CHC - Incomplete referrals over 12 weeks	↔	Q3 - 25/26	National standard	0	0
Children receiving MMR1 at 24 months	↔	Q2 - 25/26	PH efficiency standard	90%	81%
Children receiving MMR1 at 5 years	↓	Q2 - 25/26	PH efficiency standard	90%	84%
Children receiving MMR2 at 5 years	↓	Q2 - 25/26	PH efficiency standard	90%	72%
Children receiving DTaP/IPV/Hib % at 12 months	↓	Q2 - 25/26	PH efficiency standard	90%	86%
Children receiving DTaP/IPV/Hib % at 24 months	↑	Q2 - 25/26	PH efficiency standard	90%	90%
Children receiving pre-school booster (DTaPIPV%) % at 5 years	↓	Q2 - 25/26	PH efficiency standard	90%	61%
Children receiving DTaP/IPV/Hib % at 5 years	↓	Q2 - 25/26	PH efficiency standard	90%	84%
LD and Autism - Annual health checks	↑	Dec-25	Local trajectory	649	884
Bowel Cancer Coverage (60-74)	↑	Apr-25	Corporate Objective	64%	63%
Cervical Cancer Coverage (25-64 combined)	↓	Jun-24	Corporate Objective	64%	64%
Breast Cancer Coverage (50-70)	↑	Apr-25	Corporate Objective	61%	61%
Percentage of patients with hypertension treated to NICE guidance	↑	Q2 - 25/26	Corporate Objective	76%	66%
Flu vaccination rate over 65s	↑	Jan-26	Corporate Objective	62%	55%
Flu vaccination rate under 65s at risk	↑	Jan-26	Corporate Objective	34%	34%
Flu vaccination rate – children aged 2 and 3	↑	Jan-26	-	-	40%
Appointments seen within two weeks	↑	Dec-25	-	-	87%
Appointments in general practice and primary care networks	↓	Dec-25	Operating plan	-	1,644
Appointments per 1,000 population	↓	Dec-25	-	-	319

Integrated Assurance Report

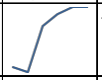
IGAC March 2026

Section 1.2

Additional Operational Plan measures

Operational Plan Priorities and Success Measures Dashboard - Place

Partnership Southwark

Operational Plan Priorities and Success Measures 25/26	23/24	24/25	24/25	24/25	24/25	25/26	25/26	25/26	25/26	period	Trend	Target 25/26	Target 26/27	Benchmark	RAG
	year end	q1	q2	q3	q4	q1	q2	q3	q4						
7.1 Increase the % of patients with hypertension treated according to NICE guidance (local BI dashboard)	71%	69%	66%	67%	70%	68.3%	67.2%	70.0%		to Dec		78.6%		70% SEL	
7.2a Increase the % of patients with GP recorded CVD, who have their cholesterol levels managed to NICE guidance - PCN South	n/a	29.5%	28.2%	38.9%	41.7%	43.1%	43.2%			To Sept		tbc		49% nat	
7.2b Increase the % of patients with GP recorded CVD, who have their cholesterol levels managed to NICE guidance - PCN North	n/a	39.2%	36.8%	34.7%	39.1%	41.9%	44.0%			To Sept		tbc		49% nat	
Medium Term Planning Framework 26/27 -28/29 success measures															
1.1 **Primary Care:** Same day appointments for all clinically urgent patients (face to face, phone or online) - subject to consultation												~	90%		
1.2 **Primary Care:** Improved patient experience of access to general practice (ONS Health Insights Survey)												~	Improve year on year		
2. 1 **Community Health:** Address long waiting times for community health services - activity within 18 weeks							54.1%			Oct		~	78% in 26/27		
3. 1 **Mental health:** Expand coverage of mental health support teams (MHSTs) in schools and colleges (including teams in training)							tbc					~	77% in 26/27		
3.2**: Mental health:** NHS Talking Therapies and Individual Placement and Support:															
3.2.1 IAPT Discharges								325		Dec		360	tbc		
3.2.2 IAPT relaible recovery								42%				48%	51%		
3.2.2 IAPT relaible imporvement								63%				68%	69%		
3.3 Individual Placement and Support													tbc		
3.4 Eliminate inappropriate out-of area placements													0%		

Updated 04.03.26

Integrated Assurance Report

IGAC March 2026

Section 1.3

Better Care Fund Targets

Better Care Fund place targets dashboard

Partnership Southwark

Better Care Fund place targets	2023/24 yr end	2024/25 yr end	2025/26 Apr	2025/26 May	2025/26 June	2025/26 July	2025/26 Aug	2025/26 Sep	2025/26 Oct	Nov	Dec	Trend	Target	Benchmark		RAG
1. Emergency admissions for 65+ years per 100,000 population	1766	1930	1935	1900	1743	1848	1813	1778	1848	1812			1855 (Nov)	1,626	London (Nov)	
2.1 Discharge delays - % discharged on discharge ready date	new	91%	89.8%	89.6%	87.4%	88.9%	90.8%	90.1%	88.7%	88.1%	87.0%		90%	86.8%	London (Dec)	
2.2 Discharge delays – average patient delay (all) - days	new	0.92	0.95	1.07	1.24	1.27	0.91	1.28	1.19	0.95	1.31		0.8	0.9	London (Dec)	
2.3 Discharge delays – average for delayed patients - days	new	9.0	9.3	10.4	9.9	11.5	9.9	12.9	10.5	8.0	10.1		8	7.04	London (Dec)	
3.3 Care Home Admissions over 65's rate per 100,000	655	622		q1	119.3		q2	169.9		Q3:	151.9	see chart	448.4 to q3	See chart		
4. Avoidable Admissions - rate (DHSC dashboard)	234	270	296	261	244	279	192	279	261	209			reduction	178	London (Nov)	
5. Discharge to usual place of residence (%) (DHSC)	86.1%	83.6%	83.6%	83.3%	85.0%	85.8%	85.6%	86.3%	84.0%				maintain	81.2%	London (Nov)	
6. Admissions due to falls over 65 years - rate per 100,000 (DHSC)	129.9	148.2	156.9	156.9	104.6	156.9	104.6	122.0	104.6	87.16			reduction	104	London (Nov)	

Key points to note:

- Emergency admissions to hospital of over 65's in line with target
- Average delays for patients not discharged on discharge ready date are significantly above target for year to date but are no longer the highest.
- Care home permanent admissions within target
- Good performance compared to 2024/25 on falls, avoidable admissions and discharge to usual place of residence.

Partnership Southwark

Integrated Assurance Report

IGAC March 2026

Section 1.4

Priorities dashboard

Note: this dashboard has been updated to reflect the addition of primary care access to the 5 priorities as set out in the Southwark section of the draft 2026/27 ICB 5 Year Strategic Commissioning Plan.

Health and Care Plan Priorities Dashboard summary updated 02.03.26

Partnership Southwark

Health and Care Plan Priority Measures	2023/24 yr end	2024/25 yr end	2025/26 Apr	2025/26 May	2025/26 Jun	2025/26 Jul	2025/26 Aug	2025/25 Sep	2025/26 Oct	2025/26 Nov	2025/26 Dec	2024/25 Trend	Target	Benchmark		RAG
Children and young people's mental health																
Increase in % achievement of the 4 week wait standard:																
1.1 First contact in 4 weeks -all	37%	57%	52%	55%	55%	61%	54%	62%	68%	70%	60%		improve	72%	SEL	
1.2 First contact in 4 weeks -neuro developmental	6%	22%	27%	26%	26%	25%	7.1%	11.1%	8.8%	8.8%	7.4%		improve	23%	SEL	
1.3 First contact in 4 weeks -all excl. neurodevelopmental (new)	56%	66%	57%	64%	65%	69%	61%	71%	78%	81%	71%		improve	74%	SEL	
Adult mental health																
Increase in % achievement of the 4 week wait standard:																
2.1 First contact in 4 weeks -all	81%	79%	77%	81%	85%	83%	84%	79%	80%	69%	65%		improve	72%	SEL	
2.2 First contact in 4 weeks -neuro developmental	58%	34%	47%	60%	17%	50%	44%	14%	14%	1.6%	1.2%		improve	23%	SEL	
2.3 First contact in 4 weeks -all excl. neurodevelopmental (new)		80%	78%	81%	85%	84%	86%	82%	83%	80%	80%		improve	72%	SEL	
Frailty																
Reduce the rate of avoidable hospital and care home admissions from at risk cohorts:																
3.1 Emergency admissions for 65+ years per 100,000	1766	1930	1918	1900	1743	1848	1813	1778	1848				1909 (Aug)	1681	London (Aug)	
3.2 Care Home Admissions over 65's rate per 1000	655	622		Q1	119.3		Q2	169.9		Q3	151.9		621 (yr)	417	London Q1	
Reduce unplanned / emergency GP appointments:																
3.3 A&E attendances over 65 yrs (actuals)	1199	1284	1334	1373	1331	1387	1403	1402	1467				Reduce		n/a	
Reduction in ambulance conveyances:																
3.4 LAS ambulance call outs Swk 65 yrs plus		1696	1688	1800	1731	1661	1675	1760	1799				Reduce		n/a	
Reduction in Outpatient Appointments:																
3.5 Outpatient Appointments 65 yrs plus (rate per 1000 list size)	35.6	41.9	45.9	46.3	48.2	53.5	45.8	51.0	52.8				Reduce		n/a	
Patient experience - quality of life																
3.6 Placeholder - Adult Social Care Survey - quality of life (1a)	17.4	18.3											Improve	18.5	London 24/5	
4. Primary Care Access																
Identify and address *unwarranted* variation in access to primary care																
4.1 GP appointments within two weeks	n/a	90%	86%	86%	86%	87%	87%	86%	87%	87%	87%		tbc	89.7%	SEL av Nov	
4.2 Monthly GP Appointments (number)	n/a	119897	114958	116787	122670	127353	103730	121797	138731	117011	115454		tbc	see slide	SEL rate	
4.3 Same day clinically urgent appointments (yet to be nationally defined)																
4.4 Patient experience of access (yet to be nationally defined)																
5. Prevention and Health Inequalities - to develop																
6. Integrated Neighbourhood Teams - in development																

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

Southwark Neighbourhood Transformation Board

Agenda Items of Note

Meeting date 26 February 2026

Please see Annex 2 (pages 77-127) for full minutes and papers from February's board.

Agenda item	Items discussed
Neighbourhood Health in Southwark	This item was taken in three parts: Looking back The board heard an update on the progress of Neighbourhood Health in Southwark, noting significant achievements over the past year which included aligning health neighbourhood geographies with the Council's neighbourhoods, appointing the integrator and being selected for the National Neighbourhood Health Implementation Programme (NNHIP). Looking forward The board also had a discussion about plans for the coming year, with INTs expected to go live in April 2026. It was also noted that national guidance is expected which will describe how partners need to work together to develop a Southwark Neighbourhood Health Plan, which will be overseen by the Health and Wellbeing Board. It was recognised that developments so far have been primarily health focussed, with an expectation that our prevention offer will be developed in 2026/27. General Practice Transformation Noting that General Practice is a key part of neighbourhood delivery, the board received a presentation on the General Practice transformation programme. There is a specific focus on improving access to General Practice and the team is working to understand why access appears to be different for different practices and neighbourhoods and how to support practices to improve, where needed.

Update on developing INTs for/Determining Cohorts for Frailty and Multiple Long-Term Conditions	The board heard about the progress made in designing INT models for Frailty and Multiple Long-Term Conditions, informed by significant engagement over the past year and learning from work already underway across Lambeth and Southwark. Proposals were presented for the initial patient cohorts for multiple Long Term Conditions and Frailty, and the methodology used to determine these cohorts. The mLTC cohort is proposed to include those with Chronic Kidney Disease, Diabetes and one other Cardiovascular condition, which is a cohort of around 1800 patients. The Frailty cohort will include residents with moderate or severe frailty PLUS over 65 and housebound OR with dementia. The cohort size is around 1850. It was emphasized that these cohorts are starting points and will be expanded over the coming year. The board supported the proposals and noted that the proposal for the Children and Young People's INT cohort will come to the next meeting.

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

Primary Care Committee

Agenda Items of Note

Meeting date: 9 February 2026

Agenda item	Items discussed
Report from the collaborative	The committee received an update of key discussions from the February primary care collaborative meeting.
Quality and Performance	The committee received an update on the GP practice visits and themes are continuing to emerge around estates, IT and workforce. The committee noted a modest improvement in appointments delivered within 2 weeks in Southwark, though significant variation exists between practices; efforts are underway to validate appointment mapping and ensure enhanced access activity is fully captured.
Estates	The committee received updates on the Utilisation and Modernisation Funding (UMF) and Local Improvement Grant (LIG) schemes for Southwark for 25/26. The LIG scheme has been delayed nationally and the timeline for the two Southwark practices awaiting letters of approval from NHSE to start work has been extended.
GP Contract Update	The committee received an update on the Trafalgar Surgery closure implementation process; the expected closure date is the 31st March 2026.
GP Premium Update	The committee received an update on the ongoing negotiations with the LMC regarding the revised GP premium specification, outlining areas of consensus, outstanding issues, and the timeline for finalisation.
Primary Care Finance	The committee received an update and noted the paper on the M9 2025/26 financial position reported for Southwark Place. The committee was asked to note the key risks in delegated primary care budget areas and other financial risks reported.
	The committee learned that growth for 26-27 is very limited, adding pressure on budget planning. Work continues with budget holders to meet efficiency requirements.

Procurement Update	The committee noted the update on the procurement process for Silverlock Medical Centre and Queens Road Surgery and approved the recommendation to extend the existing contract by an initial three months with the possibility of a further three months if required.
Risk Register	The committee reviewed the risk register.
Governance changes	The committee noted that there has been a pause to the draft changes to the primary care committee meeting TOR pending outcome of the SEL ICB governance review.
AOB	The committee learnt that the existing chair's role will end in March due to the cessation of lay member roles across SEL. An interim chair will be in place until longer term arrangements are determined.

Southwark Neighbourhood Transformation Board
Date: 26 February 2026
Time: 14:00 – 16:00
Location: South London Mission
Chair: Darren Summers

Attendees

Darren Summers (Chair)	Strategic Director for Health & Care / Place Executive Lead, Southwark
Rebecca Jarvis	Director of Partnership Delivery & Sustainability, Partnership Southwark
Harprit Lally	Interim Southwark INT Programme Director
Sehrish Baloch	Programme Lead, Southwark
Geetika Singh	Programme Lead, Southwark
Charlotte Keeble	Associate Director of Primary and Community Based Care, Southwark
Winnie Bafoe	Director of Engagement & Influence, South London Mission; Voluntary and Community Sector (VCS) Representative
Sabera Ebrahim	Associate Director of Finance, Southwark, SEL ICB
Monica Sibal	Improving Health Limited (IHL) Representative
Josephine Namusisi-Riley	Care & Clinical Professional Lead (CCPL), VCSE Representative
Nancy Kuchemann	Care & Clinical Professional Lead (CCPL), GP
Cedric Whilby	Voluntary and Community Sector Representative
Olufemi Osonuga	GP, Clinical Director of North Southwark Primary Care Network (PCN)
Rebecca Dallmeyer	Executive Director, Quay Health Solutions
Emily Gibbs	Care & Clinical Professional Lead (CCPL), GP
Nigel Smith	Director, Improving Health Limited (IHL)
Cllr Evelyn Akoto	Cabinet Member of Health & Wellbeing, Southwark Council
Sangeeta Leahy	Director of Public Health, Southwark Council
Muktai Panchal – KCH – standing in for Julie Lowe	Senior Strategy Advisor, Kings College Hospital NHS Trust
Dr Emily Finch	Clinical Director, South London & Maudsley NHS Trust
Peace Ajiboye	Service Director, SLaM
Ami Kanabar	GP, Local Medical Committee (LMC) Representative
Isabel Lynagh	Business Support Lead, Southwark (Minutes)
Esther Okedeyi	Business Support Officer, Southwark
APOLOGIES	
Sumeeta Dhir	Care & Clinical Professional Lead (CCPL), GP
Katy Porter	Independent Lay Member

Chris Williamson	Assistant Director, Place Partnerships & Intelligence, Public Health, Southwark Council
Alice Jarvis	Director of Operations and Partnerships (ISM), GSTT
David Quirke-Thornton	Strategic Director of Children's & Adult's Services, Southwark Council
Julie Lowe	Deputy Chief Executive, Kings College Hospital NHS Trust
Aled Richards	Strategic Director for Environment, Sustainability and Leisure, Southwark Council
Anood Al-Samerai	CEO, Community Southwark
Sarah Kwofie	Director of Homecare (London & South) City & County Healthcare Group
Rhyana Ebanks-Babb	Manager, Healthwatch Southwark

1.	**Welcome, apologies and conflicts of interest.** The Chair welcomed attendees to the meeting and apologies were noted. The Chair provided some context on how this board has come about and noted that this board will aim to streamline and bring together work that has been evolving over the past 18 months. The Chair added that a decision was made at the last Partnership Southwark Strategic Board (PSSB) to pause planned governance changes, however it was agreed that the Southwark Neighbourhood Transformation Board (SNTB) will be held in shadow form, replacing the Partnership Southwark Delivery Board and INT Programme Executive. There is not yet a Terms of Reference for the board and decisions can be ratified at PSSB as necessary. The Chair recognised that the integrator had been appointed last year and there is an established Integrator Delivery Board which is led by GSTT and the Federations and dividing the labour between the two boards will be worked through.
2.	**Neighbourhood Health in Southwark** <u>Achievements over the past year:</u> Rebecca Jarvis introduced the item and shared with the board a look back at the Integrated Neighbourhood Teams (INTs) achievements to date since the addition of INTs as a strategic priority in September 2024. This included agreeing the five neighbourhood geographies, the appointment of the integrator and being selected for the National Neighbourhood Health Implementation Programme (NNHIP).

Rebecca noted that the timeline in the papers does not show the commissioning activity taking place to support neighbourhood working, and there is also a lot of work happening in the NHS trusts including a community transformation programme in SLaM.

Rebecca reflected that Southwark has been ahead of the game, making INTs a strategic priority before guidance came out.

Olufemi Olushola agreed that a lot had been achieved in a short timeframe, adding that there had been good collaboration between partners which needs to continue.

Rebecca added that so far it could be said that not a lot has changed for residents, however good foundations have been laid which supports a lot of change to come.

Emily Gibbs also agreed that a lot has been achieved, adding that the direction of work has changed at times which has been challenging, but emphasised that this is a route through time.

<u>Looking ahead:</u>
Harprit Lally shared plans for the next year with the board, including plans to develop the Southwark Neighbourhood Health Plan. Two pieces of guidance have not yet been released, and these will describe how partners need to work together. Harprit added that it is not thought that the unreleased guidance will contain anything unexpected and working is already progressing and will be discussed at the Health and Wellbeing Board in March.

It was acknowledged that the foundation steps are health focussed and local work needs to be grounded to tackle inequalities and empower residents.

Harprit shared an overview of workstreams, which included the integrator, Place and SEL. The integrator's priority has been developing and mobilising INTs and work has been focussed on three cohorts; Frailty, Adults with multiple long-term conditions and children and young people with complex needs.

Testing will begin in April with INTs in their initial form going live, with a focus on expanding and widening to improve outcomes for residents and the workforce.

Harprit highlighted the importance of data sharing for this to be successful, noting that this is currently a block and needs to be addressed.

Engagement will be happening at Council led neighbourhood forums, with borough level communication.

Harprit noted that the work is complex, with different moving parts against a backdrop of change. Data will need to be used to inform planning as well as monitoring services and the difference that the work is making.

The chair thanked Harprit for the presentation, opening up to the board for comments and questions.

Winnie Bafoe asked how flexible the resources of the scheme can be, asking if there is work to look at what is already in place. Harprit responded that there is flexibility and the team have been reaching out to services in the area to understand how to make best use of what already exists. Winnie noted that SLaM colleagues have been reaching out to neighbourhoods to see how they can join into what is already existing, noting that this has worked well. Harprit agreed that it would be helpful to explore this further and mirror this process.

ACTION: Harprit Lally to meet with Winnie Bafoe and Peace Ajiboye to understand how SLaM have been working with VCS organisations to map out existing services.

Sangeeta Leahy noted that there is concern that the model will be based on what suits the system, rather than what suits the community, adding that knowledge about populations is needed through the VCS.

Sangeeta also noted that there has been funding agreed for 'Work Well', adding that there should be thinking on how to use this as an advantage. Rebecca Jarvis added she has been working with Nick Wolff and Alice Fletcher-Etherington from Southwark Councilto put forward a borough proposal for this. Rebecca has asked that what is designed as part of this is configured around neighbourhoods and this will map onto Multiple Long-Term Conditions.

Emily Finch added that the SEL prevention framework is tricky, noting that there is a difficult decision to be made about who does what, and where decisions are made.

Cllr Evelyn Akoto added that it is important to be working together, including working towards better data sharing.

Rebecca Dallmeyer provided an update on recruitment, noting that the team are recruiting to Cohort Clinical Leads in primary care. There has been a great response to this. The applications for Neighbourhood Managers closed yesterday with 20 applicants.

Rebecca added that the cohort leads will help to work better with those who find it hard to access services. The three elements of the role will include supporting and working with community partners, skilling up the rest of the team in the neighbourhood and reaching out to the communities. These roles will bring a lot of learning.

The chair added that a pot of funding has been identified and the team will be looking to commission work in each neighbourhood to support better working with the VCSE.

Cedric Whilby noted that the VCS need to play a key role in mapping and co-design and can provide important contribution on what is going on in the borough. The chair agreed, noting that the timeline shown didn't reference all organisations involved. The chair recognised that the initial stages are health focussed, but VCS engagement will be critical.

Olufemi Osonuga noted the important of scoping what has already been done in the digital space to maintain what is already in place.

Nancy Kuchemann noted the different layers of work going on and the need to allow learning from other areas of work, for example, Lambeth. The chair agreed, adding that there is a need to connect to work going on at SEL level and the importance of hearing what is going on elsewhere.

The chair added that there had been a good meeting about bringing together health and council neighbourhood agendas and there needs to be thinking at officer level and political level how to bring this together.

<u>General Practice Transformation Portfolio</u>

Nancy Kuchemann introduced the item, noting the importance of General Practice access and identifying what will be different within the transformation portfolio.

Nancy noted that General Practice will be a key part of neighbourhood delivery, adding that there has been a lot of improvement work within general practice that now needs to be done in a more strategic way.

The vision and aim of the General Practice portfolio were shared within the papers presented.

Nancy and Charlottee Keeble shared the five strategic goals with the board:

- Empowering residents to better manage their health
- Embedding the Modern General Practice Model
- Supporting Neighbourhood Teams to Shape Access Models
- Strengthening the Primary Care Workforce
- Strengthening contract oversight

Charlotte Keeble noted that although the guidance is still awaited, in General Practice there is focus on specific areas; a clear and consistent access offer and being able to access a GP on the same day.

Charlotte added that there is a need to understand why access is different for different practices and neighbourhoods and there will be work ongoing to support practices in a transparent way.

CK shared that the team are listening to patients and surveys and can hear concerns being raised around access to GP practices. Across Southwark, there have been an extra 80,000 appointments delivered and CK acknowledged the great work that has gone into making this happen.

Evidence based work has been ongoing with clinicians to look at what the workforce may require in terms of development and support.

Charlotte noted that some metrics had been included within the presentation, adding that it is important to agree metrics going forward to be able to measure impact. Challenges on accurately reporting data were noted and it is clear that data is not always reported in the same way. Charlotte shared that work is ongoing to get an understanding of baseline position.

Charlotte shared the approach that will be offered to all practices which will be called the 'GP Support offer', which will be a more consistent offer moving forward.

Charlotte explained the three-tiered approach that will be offered. This includes universal support (which includes access to generic support and training), shared challenges and bespoke support (which will support specific issues).

Key plans are being developed, along with measures and these will be cascaded to practices.

The chair thanked Charlotte and Nancy and opened up to the board for questions.

Sangeeta Leahy noted interest in the data that isn't usually reported on, for example, residents who do not visit practices, asking if there is an opportunity to look wider at these vulnerable cohorts.

Muktai Panchal mentioned key data gaps in general practice and whether training is needed for frontline staff to be better at asking about ethnicity for better reporting. Rebecca Dallmeyer noted that there was an incentive a few years ago to boost ethnicity reporting, which went well. New registrations online must declare ethnicity.

Nancy Kuchemann added that there are dashboards which use data from other parts of the system which can be filtered to look at ethnicity, or those who do not have GP appointments.

Nancy also noted that there are 'Inclusive Surgeries' which is a clear statement that points raised above are all issues that matter and can help with supporting those who experience barriers.

Winnie Bafoe shared that VCS organisations can often offer more time to residents to unpick other problems that residents are experiencing, for example, housing.

Josephine Namusisi-Riley shared that she was pleased to hear that there are plans to improve GP access, adding that she works with a lot of people who have struggle to communicate the need for GP appointments.

Olufemi Osonuga added that he feels that the language of primary care and general practice have not been communicated well to patients. General practice access is moving to primary care access and includes accessing pharmacies and other primary care services, but it is felt that this is not clear to patients.

The chair reflected on comments shared, asking how this might adapt action plans.

Charlotte noted that action plans should be adapted. Charlotte shared that work is ongoing with Healthwatch, who have provided helpful framework for further patient engagement and communications. This may need to be socialised more to check messaging.

Charlotte shared that looking at access metrics is not popular with practices but noted that some of these are nationally dictated. There may be metrics which can be looked at

	on a local level. Charlotte clarified that part of the action plan is to decide which metrics should be used. The chair noted that it would be helpful to come back to a discussion about how the data will be utilised and how to target communities who don't have access to services. The application of population health management tools would also be useful to discuss at a future meeting. **ACTION:** Population Health Management to be added to the forward plan for the next board agenda. GP access to be added to the forward plan for a future agenda. Nancy Kuchemann added that a difference will be seen when the conversation shifts to outcomes over access. The chair thanked presenters and the board **NOTED** updates provided.
3.	**Update on Developing INTs and Cohorts for Frailty and Multiple Long Term-Conditions** Rebecca Dallmeyer introduced the item, noting that this will not include the third cohort, Children and Young People with complex needs, which will come to the next board. Rebecca noted that the item will cover the methodology and the initial service model and asked board members to think about how to broaden out and engage with wider partners. Harprit Lally noted that Southwark had been successful in bidding for the NNHIP, and work had started last September, which included developing models. This has been done at pace, and a series of workshops has been held with a range of stakeholders. The focus of these was to get a mutual understanding of the focus of INTs and which group would most benefit. It also included how these would look, who would be delivering this and measuring success. Harprit noted that the service model must be underpinned by prevention and outcome measures should include both short- and long-term measures. It was noted that this will need further refinement as work goes on. Harprit noted that available health data has been used to find the cohorts, looking at evidence base for improving outcomes, existing services that can be built on and the potential impact. It was also noted that INTs should be looking at rising risk groups.

Rebecca Dallmeyer discussed the methodology for the multiple long-term condition's cohort, noting that the cohort is proposed to include those with Chronic Kidney Disease, Diabetes and one other Cardiovascular condition, which is a cohort of around 1800 patients.

Rebecca noted that the number may seem small, but it is important to get this right to be able to expand this in the future.

The chair asked what would be different for those in the cohort and how their care would change.

Monica Sibal provided an example of how the care would look different for an example patient in this cohort, explaining the longer appointment time with the clinician, discussions about any barriers that might exist in the patient's life, referring to appropriate services/VCS organisations and speaking to colleagues in secondary care for advice. Monica noted that the patient will feel more able to manage their own health condition.

The chair thanked Monica for the explanation and asked if this could be used at the Health and Wellbeing board to bring this to life.

Geetika Singh noted that at the next meeting, there should be a live patient story to share with board members.

Cllr Evelyn Akoto asked if this was a pilot. The chair clarified that it is not. Cllr Akoto and others queried the financial sustainability of this way of working. Rebecca responded that it is the responsibility of all in the room to make this work, noting that resources will need to be refocussed and working more efficiently will release resource.

Peace Ajiboye asked what has been done so far to identify those who will be in the cohorts. Rebecca clarified that the numbers noted previously are real numbers from GP practice lists.

Harprit Lally clarified that the ask of the board is to confirm support for the current cohort, noting that this will develop over time.

The board **SUPPORTED** the proposed Multiple Long-Term Conditions cohort.
Rebecca discussed the model for the Frailty cohort, noting that it is very much the same.

	Sehrish Baloch shared that a lot of INT principal work has been happening since late 2024, which aims to support residents to live and age well. The frailty model was launched in Lambeth and Southwark and started as a small team to figure how to bring it to life. Southwark trialled this work with a practitioner supported by geriatricians and through GP referrals, home visits and a holistic approach were offered. Sehrish shared learning that neighbourhood working is important and adds value but takes time. It is key to amplify good work that is already happening and extract from the VCS. The VCS have supported by identifying frailty through existing contacts. Sehrish added that in preparation for the launch in April, a clinical operation group has been set up to keep the momentum going. Standard operating procedures have been developed which helps provide clarity on division of roles. Rebecca talked through the methodology for the frailty cohort, noted that this will include residents with moderate or severe frailty PLUS over 65 and housebound OR with dementia. The cohort size is around 1850. The chair noted that the frailty work has had a longer lead in time and is more informed from the past 18 months of work. The board **SUPPORTED** the proposed Frailty cohort.
4.	**Any Other Business** The chair reflected on the good discussions had today, noting that the board was held in shadow form and the membership is still to be finalised. The chair noted that the next board should see more full agenda items to include shaping plans, engagement, data and working with different partners.

The chair closed the meeting at 16:00 and thanked attendees for their time.

Partnership Southwark

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

Southwark Neighbourhood Transformation Board

Thursday, 26 February 2026 | 14:00-16:00

Venue: South London Mission, Bermondsey Street

Chair: Darren Summers

Time	Item	Lead	Page
14:00	Welcome & Introductions	Chair	
Items for discussion			
14:10 - 14:50	1. Neighbourhood Health in Southwark: • Achievements over the past year • Looking Ahead • General Practice Transformation Portfolio	**Rebecca Jarvis** (Director of Partnership Delivery and Sustainability) / **Harprit Lally** (Interim Southwark INT Programme Director) / **Charlotte Keeble** (Associate Director of Primary and Community Based Care) / **Dr Nancy Kuchemann** (Clinical and Care Professional Lead) **Enc 1**	2-26
14:50 - 15:30	2. A) Update on developing INTs for Frailty and Multiple Long-Term Conditions B) Determining cohorts for Frailty and Multiple Long-Term Conditions	**Sehrish Baloch** (Programme Lead) / **Harprit Lally** (Interim Southwark INT Programme Director) / **Rebecca Dallmeyer** (Executive Director, Quay Health Solutions) **Enc 2**	27-41
15:30 - 16:00	3. AOB	Chair	
16:00	4. Close Meeting	Chair	

Next meeting date: **23 April 2026 (TBC)**

Meeting Name:	Southwark Neighbourhood Transformation Board
Date:	26 February 2026
Report title:	Neighbourhood Health in Southwark: Achievements over the past year and plans for 2026/27
Report Author (s)	Rebecca Jarvis, Director of Partnership Delivery and Sustainability Harprit Lally, Programme Director Neighbourhood Health Charlotte Keeble, Associate Director Primary and Community Based Care
Responsible Director	Rebecca Jarvis

RECOMMENDATION(S)

1. Board members are recommended to:

   a) Note the significant progress achieved to date and support the proposed programme of work for the coming year.
   b) Actively contribute to shaping the strategic plan for a Neighbourhood Health Service—ensuring it meets the requirements of the Neighbourhood Health Partnership Framework and builds on current delivery to reduce health inequalities and strengthen prevention across neighbourhoods.
   c) Champion greater alignment of work programmes, resources, and leadership across partners to support coherent, system-wide delivery of a Neighbourhood Health Service.

PURPOSE OF THE ITEM

2. The purpose of this item is to provide an overview of progress made in developing INTs over the past 18 months in Southwark and to describe the plan for developing a neighbourhood health service in the coming year. This includes aligning the neighbourhood health programme with the Primary Care transformation plan, ensuring neighbourhood teams develop in a coordinated way to support consistent, proactive and accessible care across Southwark.

EXECUTIVE SUMMARY

3. The first part of this report summarises the progress made to date on developing Integrated Neighbourhood Teams (INTs) which has previously been overseen by the INT Programme Executive and the Delivery Executive. It sets out the key milestones achieved and activities undertaken in the past 18 months from the point at which developing INTs were agreed as a strategic priority for Partnership Southwark (September 2024). These include:
   - Agreement of five neighbourhood geographies (March 2025)
   - Formal appointment of the Integrator for Southwark (July 2025)
   - Selected for the National Neighbourhood Health Implementation Programme (NNHIP) with Lambeth (August 2025)
   - Investment in INT infrastructure (December 2025)

4. It describes the neighbourhood policy and planning documents which are expected in the coming months which will inform the development of a neighbourhood health plan for Southwark. Whereas much of the activity to date has been on integrating and developing NHS services, the neighbourhood health plan will establish how primary, secondary, social care, public health, community-based health services and the voluntary sector will come together to deliver a neighbourhood health services which supports the NHS key shifts of ‘from sickness to prevention’ and ‘from hospital to community’.

5. The report also describes the current workstreams and planned activities for 2026/27 which will be led by the Southwark Place team, the Southeast London ICB and the Integrator, recognising that the scope of this will expand as the plans develop.

6. Over the past year, progress has been made in developing INTs across Southwark. In parallel, the Southwark Primary and Community Based Care team, in collaboration with system partners, has developed a strategic plan to strengthen the primary care foundations required for neighbourhood working. The plan focuses on empowering residents to better manage their health, embedding the modern general practice model, shaping neighbourhood access models, strengthening the primary care workforce and improving contract oversight. Collectively, these strategic priorities directly support the ambition to deliver consistent, proactive and accessible care across Southwark's five neighbourhoods and form a core component of the Neighbourhood Health Plan for 2026/27.

BACKGROUND INFORMATION

7. The content of this report has been informed by the NHS England Neighbourhood Health Guidelines 2025/26, the SEL INT Framework, the NHS England Target Operating Model for the neighbourhood health service in London and the NHS England Medium Planning Framework 2026/27 to 2027/28.

8. Developing INTs was agreed as a strategic priority for Partnership Southwark in 2024. In addition, ensuring good access to high quality general practice was agreed as a strategic priority in Southwark's Five Year Strategic Commissioning Plan 2026/27 to 2028/29.

9. The Neighbourhood Health Partnership Framework and the Model Neighbourhood Health guidance will set out how partners should work together under the leadership of Health & Wellbeing Boards to deliver Neighbourhood Health (the release of framework is delayed but expected by March 2026).

KEY ISSUES FOR CONSIDERATION

10. To note the highly complex web of interdependent workstreams that form the approach to Neighbourhood working, and that will become even more complex as the scope of the programme is widened to include social determinants of health and non-NHS delivery partners.

11. To support the aim and vision of the Primary Care Transformation Plan as a core component of the Neighbourhood Health Plan for 2026/27 and recognise the need to align this work with the development of INTs so that Neighbourhood Teams and INTs develop in a coordinated and mutually reinforcing way.

Resource implications

12. The INT infrastructure is being funded from Jan 26 to March 27, using recurrent and non-recurrent ICB funds and contributions by the integrator.

13. The programme delivery is being resourced by the Partnership Southwark Delivery Team, SEL ICB teams, and the Integrator (partnership arrangement between Guy's and St Thomas's NHS Foundation Trust and Southwark Primary Care Provider Alliance).

Legal Implications

14. Not relevant.

Governance

15. The Southwark Neighbourhood Transformation Board is a sub-committee of the Partnership Southwark Strategic Board, currently in shadow form.

Consultation

16. Consultation is not required at this stage.

Impact assessments

17. The impact on Equality, Health Inequalities and Quality will be assessed at relevant stages of the programme. The aims of a neighbourhood health service include reducing health inequalities and improving quality of care for residents.

Environmental Sustainability Impact

18. It is anticipated that providing care closer to where people live will have a positive sustainability impact, although this will need to be assessed.

Risks

19. Delivery of neighbourhood working faces a number of cross-cutting risks across both Place the SEL ICB and the integrator. Risks are identified and managed within the relevant programme workstreams.

Next steps

20. Board members are requested to:

    a. Actively contribute to shaping the strategic plan for a Neighbourhood Health Service—ensuring it meets the requirements of the Neighbourhood Health Partnership Framework and builds on current delivery to reduce health inequalities and strengthen prevention across neighbourhoods.

    b. Champion greater alignment of work programmes, resources, and leadership across partners to support coherent, system-wide delivery of a Neighbourhood Health Service.

APPENDICES

No.	Title
Appendix 1	Neighbourhood Health in Southwark: Achievements over the past year and plans for 2026/27 which includes a set of sub-appendices which provide more detail on the key milestones achieved to date: i. **National context.** Describes the initiatives of successive governments which bring Primary and Community Care closer together, including the development of integrated care and a more place-based approach to how services are organised. ii. **Southwark Neighbourhoods.** Shows the geographies of each of the five Southwark neighbourhoods and the respective

	populations of each. iii. **The SEL Neighbourhood Model** which has informed the design of INTs in Southwark. iv. **INT Resource Structure – Planning and Coordination Resource**. Sets out the structure of INTs and how the planning and coordination functions will be resourced. v. **INT Resource Structure – Delivery Resource.** Sets out how the delivery of INTs will be resourced

Version	Final
Dated	26 February 2026

Neighbourhood Health in Southwark: Achievements over the past year and plans for 2026/27

Southwark Neighbourhood Transformation Board

26 February 2026

Purpose

Neighbourhood Health is central element of the NHS 10 year plan. Health and care partners across Southwark are committed to transforming the way care is planned and delivered at neighbourhood level, in response to increasing population need, growing health inequalities and rising pressure on services. A key component of this is Integrated Neighbourhood Teams (INTs)

This document

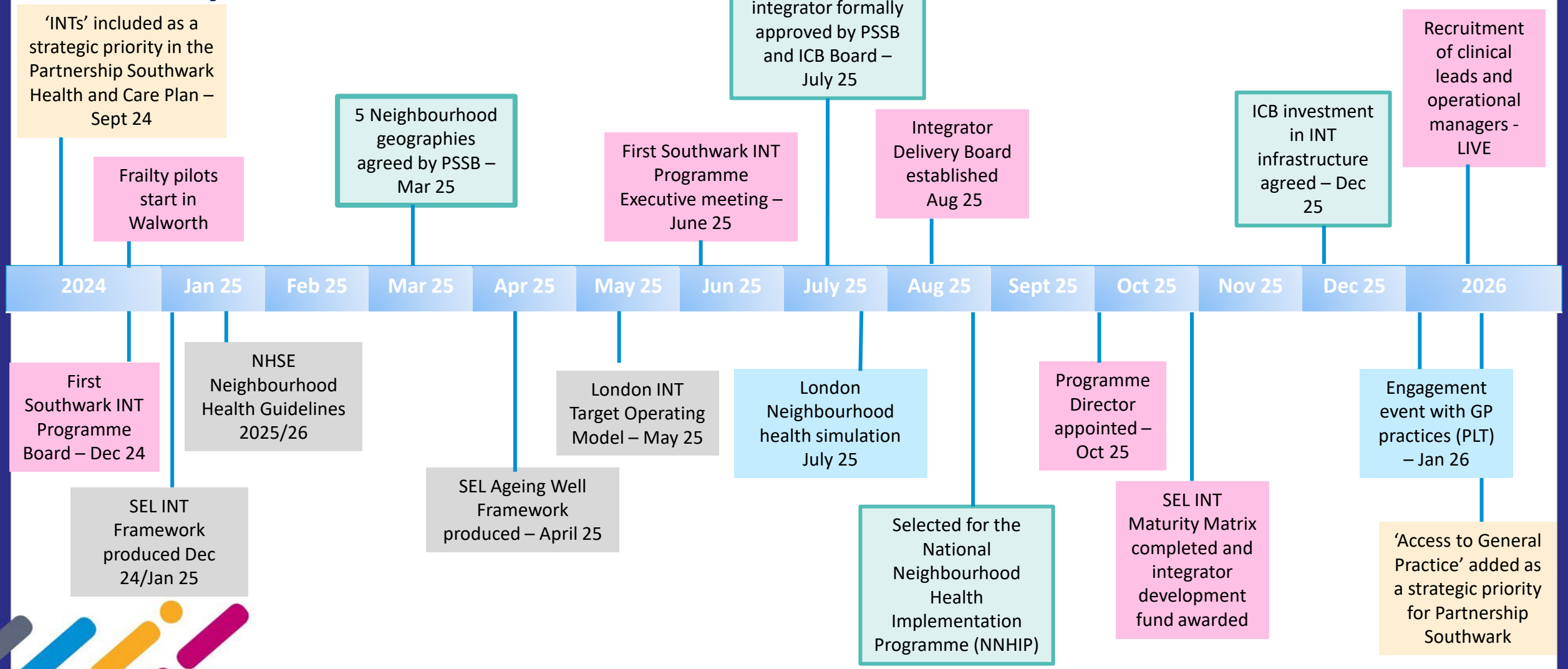
- Outlines the work done to date to develop and mobilise INTs, and how this will evolve over the next year
- Describes the emerging Neighbourhood Health agenda and plans for the coming year

Achievements to date

Integrated Neighbourhood Team (INT) Development in Southwark from September 2024 to now

Partnership Southwark

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



Looking Ahead

Context: Neighbourhood Health

- **The Neighbourhood Health Partnership Framework** for Health and Wellbeing Boards and the **Model Neighbourhood Health Guidance** for NHS systems and Primary Care leaders will set out guidance for partners to work together under the leadership of Health & Wellbeing Boards to deliver a Neighbourhood Health Service – release of framework delayed
- The guidance will require Health & Wellbeing Boards to develop and publish a single strategic plan, incorporating the previous functions of Joint Health and Wellbeing Strategies and neighbourhood plans.
- The plans should also incorporate plans for the Better Care Fund, now called the Integrated Care Funding Framework (ICFF), which was previously a separate statutory duty of Health and Wellbeing Boards
- To deliver our ambitions for Neighbourhood Health, our work must be grounded in
  - Addressing wider determinants of health and well-being
  - Reducing health inequalities
  - Strengthening prevention and improving co-ordination of care
  - Empowering residents and front line staff to shape and drive this agenda

The guidance will also set out the steps partners should take in developing neighbourhood plans, along with the required timeline. It is thought that the steps will include:

- Agree neighbourhood footprints around natural communities of around 50,000 people.
- Agree a plan for tackling unwarranted variation in access to high quality general practice.
- Continue to improve the interfaces between primary, community, mental health and secondary care.
- Agree plans, with local authority partners, to establish INTs focused on high priority cohorts at a single neighbourhood level.
- Agree an initial plan to reduce non-elective admissions and bed days by increasing the capacity of urgent, rehabilitation and reablement services at a multi-neighbourhood level.
- Start to plan for a new neighbourhood approach for elective pathways.

The ICB Five Year Strategic Commissioning Plan includes detailed plans for each of these steps.

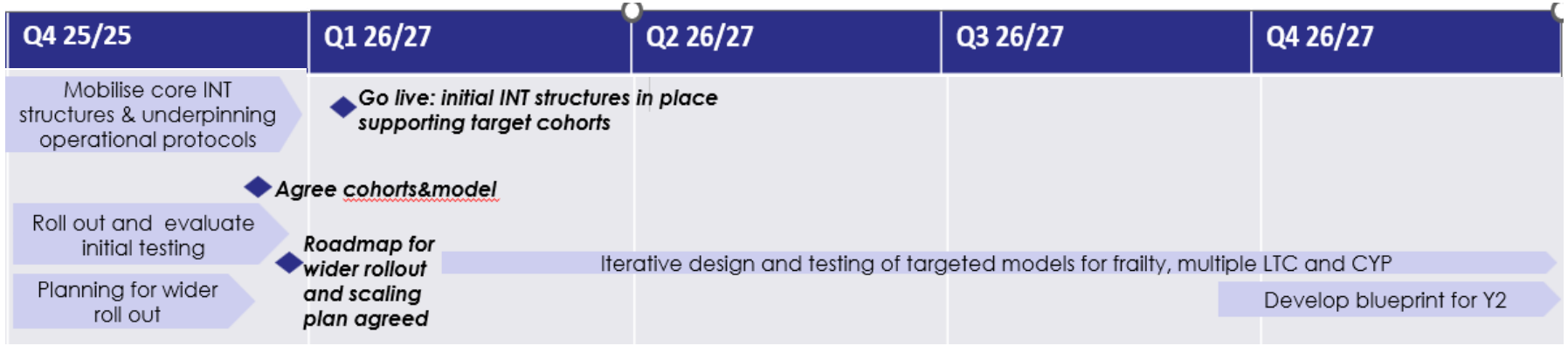
Other forthcoming neighbourhood documents expected:

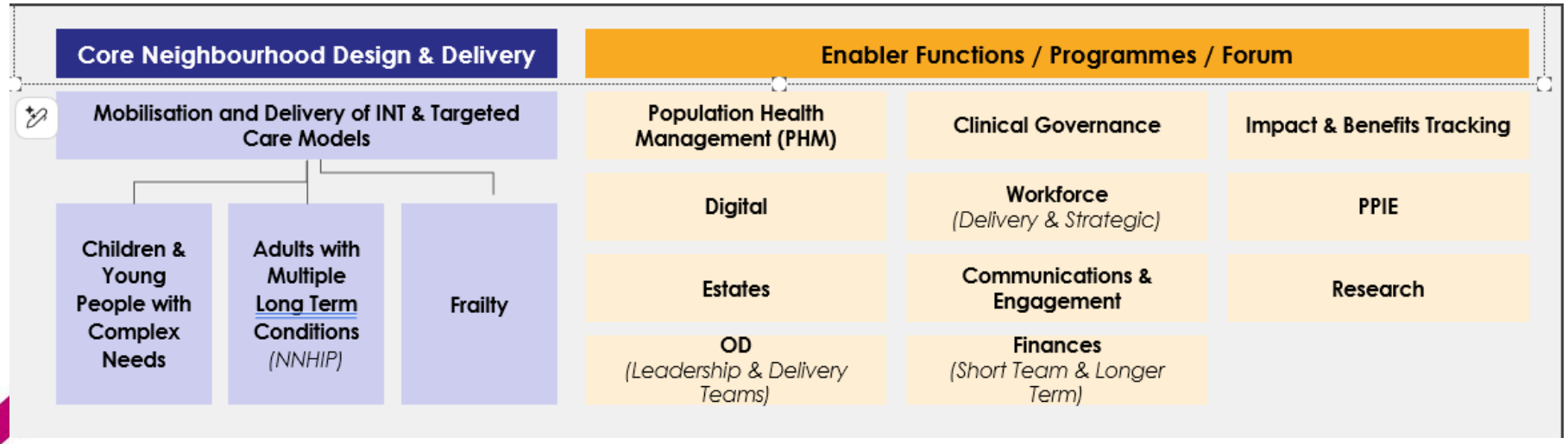
- **Model System Archetypes –** a document setting out different archetypes for the commissioning of neighbourhood health services, including the three new contract types:
  i. single neighboruhood provider (SNP) contract maps onto the primary care network (PCN) population footprint of 30 to 50,000,
  ii. multi-neighbourhood provider (MNP) contracts, used to cover populations of 250,000 or more. The ambition here is to unlock new benefits of scale through joined-up back offices, data analytics and quality improvement infrastructure.
  iii. integrated healthcare organisation contracts

- **Model Neighbourhood Health Centre Archetypes –** a document setting out different archetypes of provision of neighbourhood health centres that can be used to inform refurbishment of existing estates.

Overview of workstreams at Integrator level

The Southwark Integrator is responsible for mobilisation of INTs and leading workstreams supporting this. These are outlined below together with key activities over 2026/27.





Overview of workstreams at Place level

Area of work	Activities over 2026/27 will include
Prevention	• Locally tailored implementation of SEL Prevention Framework
Ensure good access to high level general practice	• Empowering Residents to Better Manage Their Health • Embedding the Modern General Practice Model • Supporting Neighbourhood Teams to Shape Access Models • Strengthening the Primary Care Workforce • Strengthening contract oversight
Primary/ secondary/mental health care interface	• Refresh of Southwark & Lambeth interface forum priorities, including communication, prescribing • Engaging wider partners in forum including SLaM

Engagement	• Residents: implement resident engagement activities including
	  • Understand views of local communities and provide regular updates through partners and SEL forums e.g. council-led neighbourhood forums
	  • Ensure lived experience informing INT developments
	• VCSE: commission lead VCS organisation in each neighbourhood to facilitate engagement of local services/group to shape their role in delivering Neighbourhood Health, what this could look like and what is required to support this
	• General practice: ongoing general practice engagement at neighbourhood level, supporting them to shape and effectively deliver their role within INTs

Estates	• Finalise and implement plans for Tessa Jowell • Consider and agree practical options for short to medium term INT accommodation, • Finalise the specification for INT/neighbourhood health accommodation • Review and build in the national specification for neighbourhood health hubs into planning
Commissioning and finance	• Put in place local commissioning arrangements to support INT delivery e.g. INT infrastructure • Support SEL discussions regarding ongoing contractual and finance arrangements that enable INT delivery

- There is work underway at both Place and SEL level across key enablers which more broadly supports INT development and delivery
- As expected there is overlap
- Complex and multi-faceted programme with need to ensure connectivity, plus consistency of approach and local tailoring as appropriate

Overview of SEL ICB Neighborhoods programme workstreams

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

General Practice Transformation Portfolio

Charlotte Keeble & Dr Nancy Kuchemann

General Practice Transformation Portfolio– Overview

Our **vision** is for Southwark to be a place where residents can access consistent high-quality primary care, from a dedicated, and multi-skilled workforce enabling local people to live their healthiest lives.

Our **aim** is to deliver on ambitious plans to transform general practice, offering patients with diverse needs a wider choice of personalised, and digitally enabled health services through collaboration with partners across healthcare, social care and communities.

Driven by five strategic goals

1. Empowering Residents to Better Manage Their Health

Helping people understand their choices and get the right help easily

- Empowering residents to utilise the NHS APP, Pharmacy First and Southwark's self-referral pathways, by widening choice and making it easier to access the right support
- Enhanced signposting for residents to get the right care first time

2. Embedding the Modern General Practice Model

Developing new, digital tools to support responsive quality care

- Improving self-referral pathways
- Optimising digital telephony, online consultations, NHS App use,
- Using data and tools to design better access/care models tailored to need
- Expanding Advice and Guidance

3. Supporting Neighbourhood Teams to Shape Access Models

Developing shared understanding to improve local access models

- Use consistent ways to look at and understand access patterns to determine what is working well and where support is needed
- Work with Federations/PCNs and wider partners to develop same-day access plans for urgent care

4. Strengthening the Primary Care Workforce

Building a skilled, workforce to support sustainable care

- Review, refine and align the local workforce mix to ensure support is aligned to neighbourhood priorities and patient needs
- Re-fresh the training and development support offer for General Practice teams

5. Strengthening contract oversight

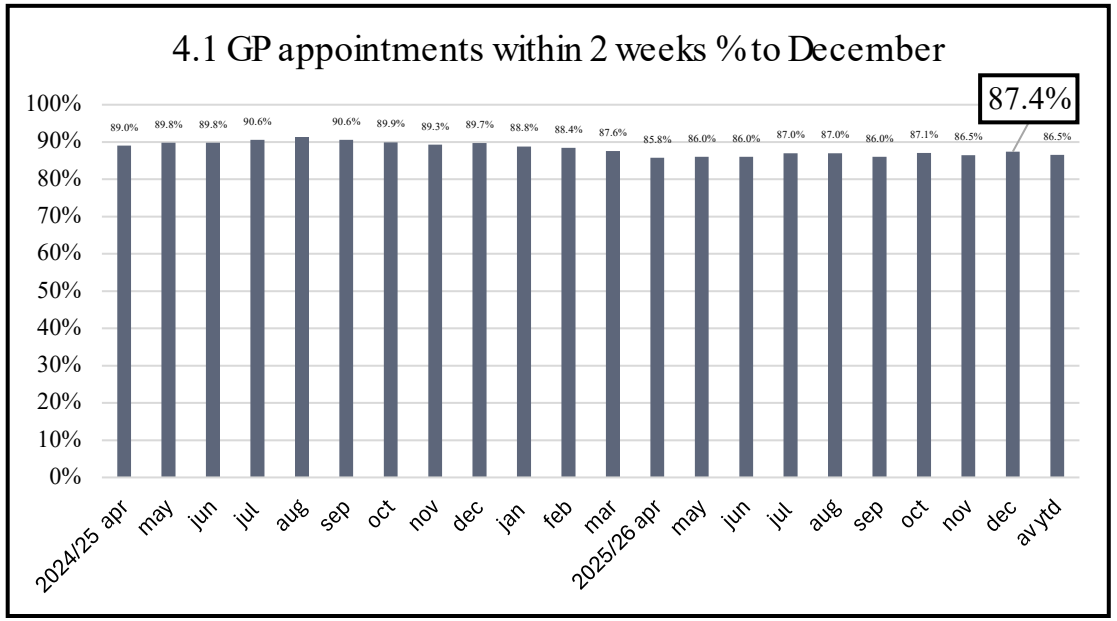
Ensuring oversight coordination across primary care functions

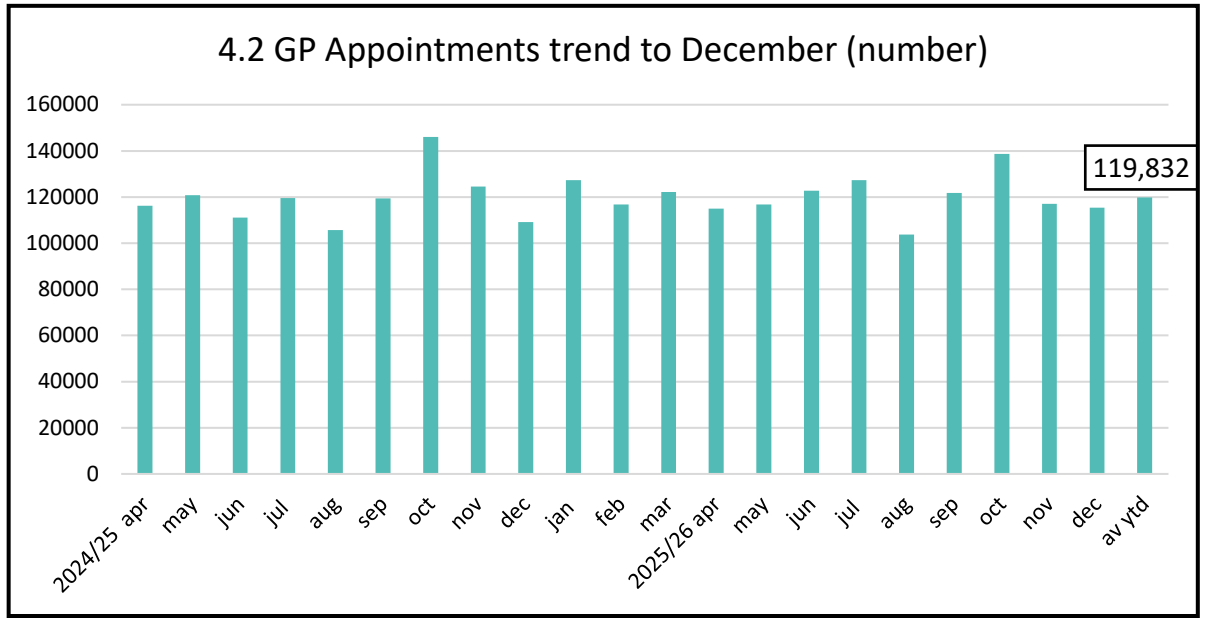
- Focus effort on the work that matters most for patient care, reviewing BAU activity to stop lower impact task to free up capacity
- Strengthen governance contract oversight so practices get timely support and issues are addressed

Delivered through six enablers

- **Digital Infrastructure and Interoperability**
- **Neighbourhood Infrastructure**
- **Data Driven Insight**
- **Workforce Development**
- **Estates and Premises**
- **Service Review & Procurement**

Measuring Primary Care Access – proposed metrics for Southwark





Benchmarking (Nov)

Metric	Nov-25 Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Appointments seen within 2 weeks	91.2%	88.4%	92.0%	90.9%	88.4%	86.5%	89.7%

Benchmarking (Nov)

Metric	Nov-25 Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Appointments in general practice and primary care networks	105,306	141,089	122,650	168,723	112,829	117,011	767,608
Appointments per 1,000 population	401	393	370	383	342	323	368

Note on data quality: Extensive practice level variation - although analysis of underlying data indicates some of this clearly data consistency issues. Data validation and coding review underway, working with practices and Federations to confirm appointment configuration and coding, ensuring all appointment types (including Enhanced Access Hub activity) are captured correctly in the national dataset.
Targeted practice support: Practices with the greatest variance in coding and access metrics are being prioritised for targeted support through the ICB's GP support offer.
Enhanced Access assurance: We are reviewing Enhanced Access Hub activity and mapping it against national reporting outputs to ensure it is reflected appropriately and address any reporting gaps.

Source GPAD monthly data NHS digital 11.02, SEL assurance report Jan (benchmarking)

Appendicies

List of Appendices

1) **National context**. Describes the initiatives of successive governments which bring Primary and Community Care closer together, including the development of integrated care and a more place-based approach to how services are organised.
2) **Southwark Neighbourhoods.** Shows the geographies of each of the five Southwark neighbourhoods and the respective populations of each.
3) **The SEL Neighbourhood Model** which has informed the design of INTs in Southwark
4) **INT Resource Structure – Planning and Coordination Resource**. Sets out the structure of INTs and how the planning and coordination functions will be resourced.
5) **INT Resource Structure – Delivery Resource.** Sets out how the delivery of INTs will be resourced.

1. National context

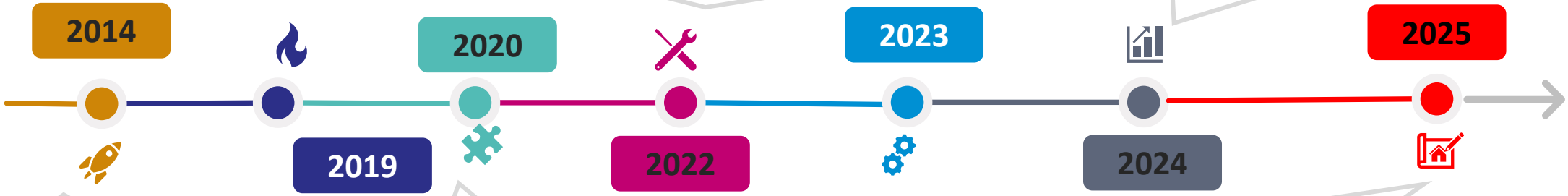
Successive governments have supported initiatives which bring Primary and Community Care closer together, including the development of integrated care and a more place-based approach to how services are organised.

Fuller Stocktake

Stocktake undertaken by Dr Claire Fuller, Chief Executive-designate Surrey Heartlands Integrated Care System and GP on integrated primary care, looking at what is working well, why it's working well and how we can accelerate the implementation of integrated primary care (incorporating the current 4 pillars of general practice, community pharmacy, dentistry and optometry) across systems.

NHS 'Shifts'

New government set out 3 'strategic shifts' for the NHS, including 'hospital to community', 'analogue to digital' and 'treatment to prevention'



Long Term Plan

NHS set out a widely supported vision for the future, describing the need for "triple integration" between hospitals and GPs, the NHS and social care, physical and mental health, and kicked off vanguard projects around the country.

COVID

The COVID-19 pandemic accelerated integrated working as health and care leaders joined forces to support people at risk, offer each other mutual aid, and deliver the vaccine programme.

2024 Darzi Report

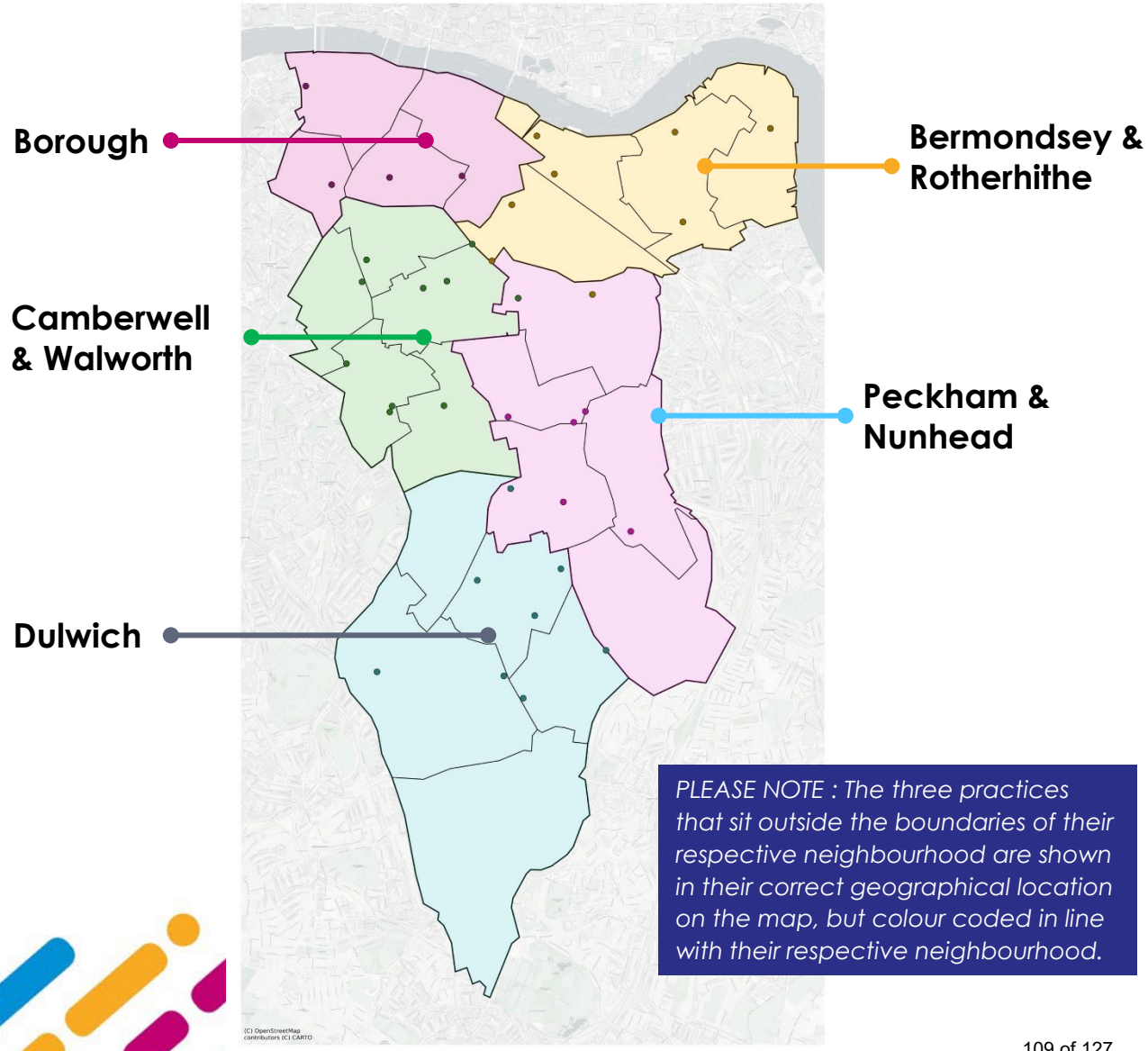
Simplify and innovate care delivery for a neighbourhood NHS. The best way to work as a team is to work in a team: we need to embrace new multidisciplinary models of care that bring together primary, community and mental health services.

Neighbourhood Health Guidelines 2025/26

Recognise the urgent need for radical change in England's health and care delivery, building on existing efforts. Systems must advance consistent, system-wide population health management, anticipating local needs by segmenting populations and using insights to design and deliver care in the most suitable settings.

The formation of Integrated Neighbourhood Teams has been a central movement within the NHS for a number of years and will continue into the foreseeable future.

2. Southwark Neighbourhoods



PLEASE NOTE : The three practices that sit outside the boundaries of their respective neighbourhood are shown in their correct geographical location on the map, but colour coded in line with their respective neighbourhood.

Neighbourhood	Population estimates	
	GP Practice List Sizes, Mar 25[1]	Census, 2021
Borough	61,220	47,300
Bermondsey & Rotherhithe	72,813	59,800
Camberwell & Walworth	95,612	73,100
Peckham & Nunhead	64,707	74,100
Dulwich	67,270	53,300
	361,622	**307,600**

[1] *South PCN List sizes: NHSE, Patients Registered at a GP Practice Report, 31 March. North PCN List Sizes: NSPCN Group per Branch Site Report, 31 Mar 2025.*

Notes:

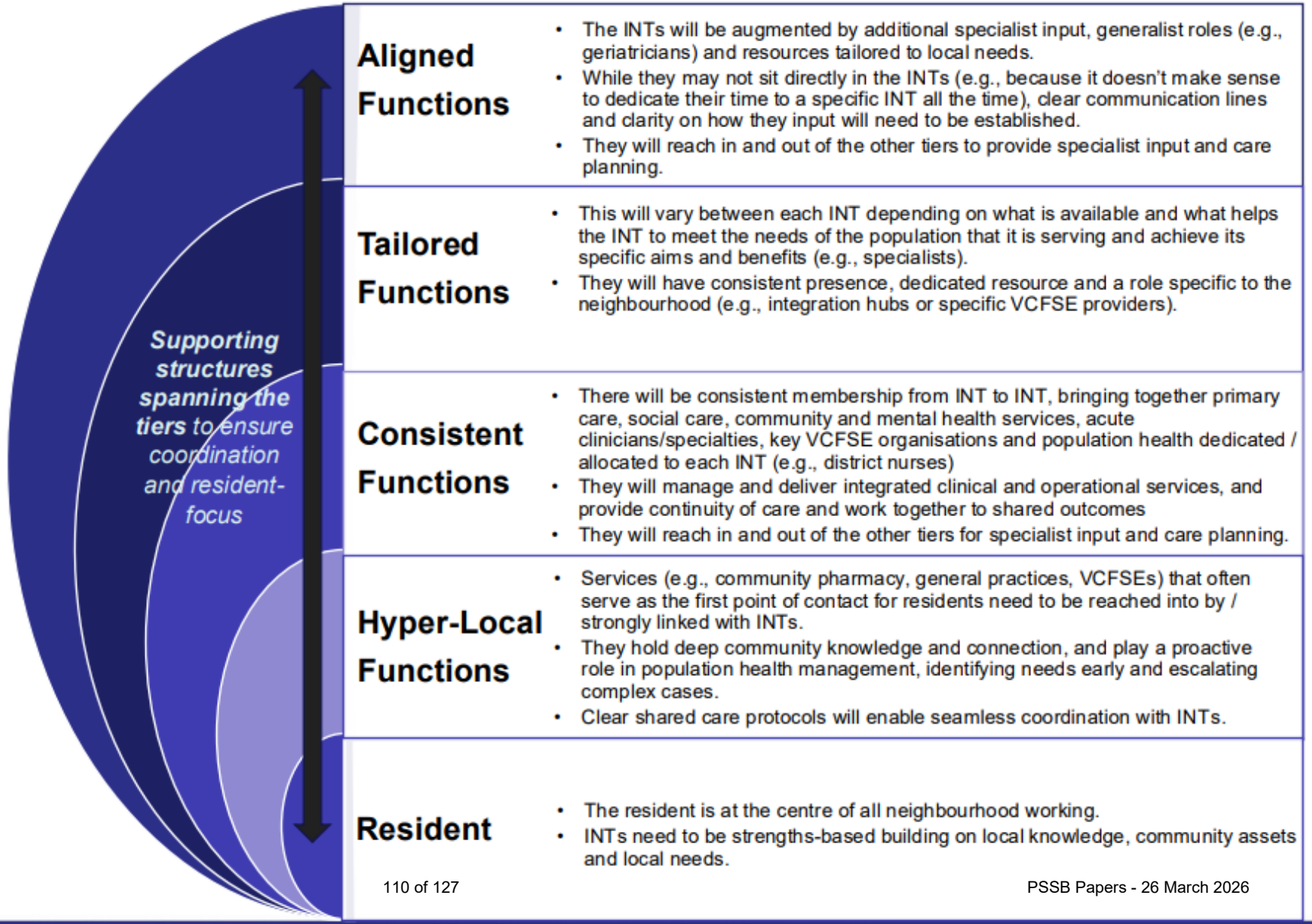
Nexus Health Group practices share one ODS code and have a collective list size of 75.000 across 8 GP practices, which span 4 of the 5 neighbourhoods. Nexus patients can attend any site. These population estimates use Nexus Health Group associated list sizes for each practice.

The GP practice list size for the Borough neighbourhood includes the list for the Artesian Health Centre in the Bermondsey and Rotherhithe neighbourhood as this is a shared list with the Decima Street Surgery.

The SEL neighbourhood model

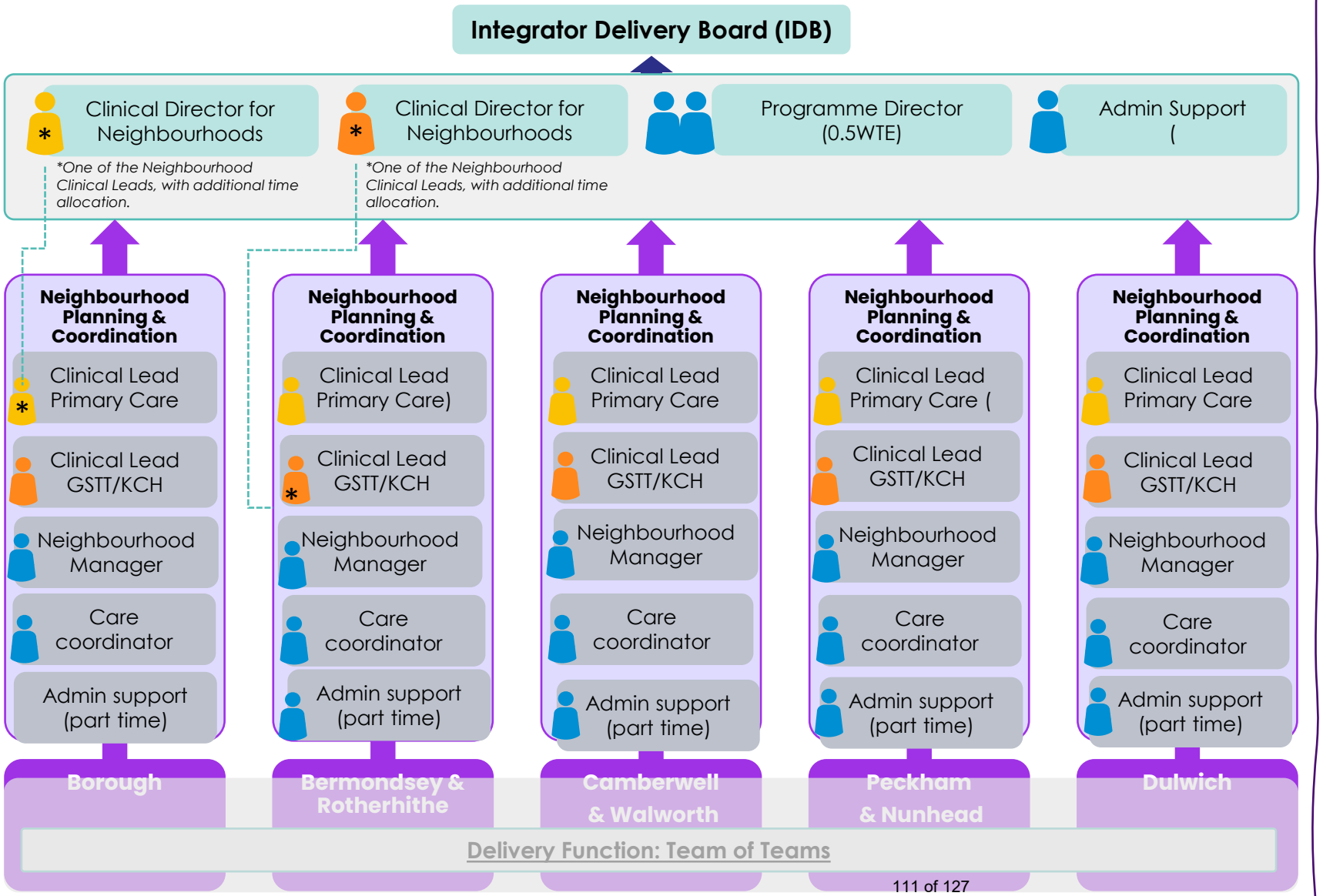
The SEL INT model aims to:

- **Enable local variation while maintaining a consistent foundation across all neighbourhoods in SEL.** Investment levels will vary depending on each neighbourhood's starting position and specific needs.
- **Organise INTs using a tiered system**, acknowledging that different functions and services are delivered to residents a range of different scales.
- **Leverage population health data** to proactively identify individuals and populations who would benefit from support earlier and prioritising populations experiencing greatest levels of health inequalities



DRAFT

4. INT Resource Structure| Planning & Coordination Resource



This diagram shows the **clinical leadership and operational management in the planning and coordination function**. These roles will interface with other professionals and partners from across the system to successfully deliver neighbourhood health.

Borough level resource

Borough-wide clinical and operational oversight is provided by two **Clinical Directors for Neighbourhoods** (one primary care, one secondary care) and a **Programme Director. Administrative support** at this level supports the IDB and management of neighbourhood admin roles. The Integrator has also allocated resource to support organisational development.

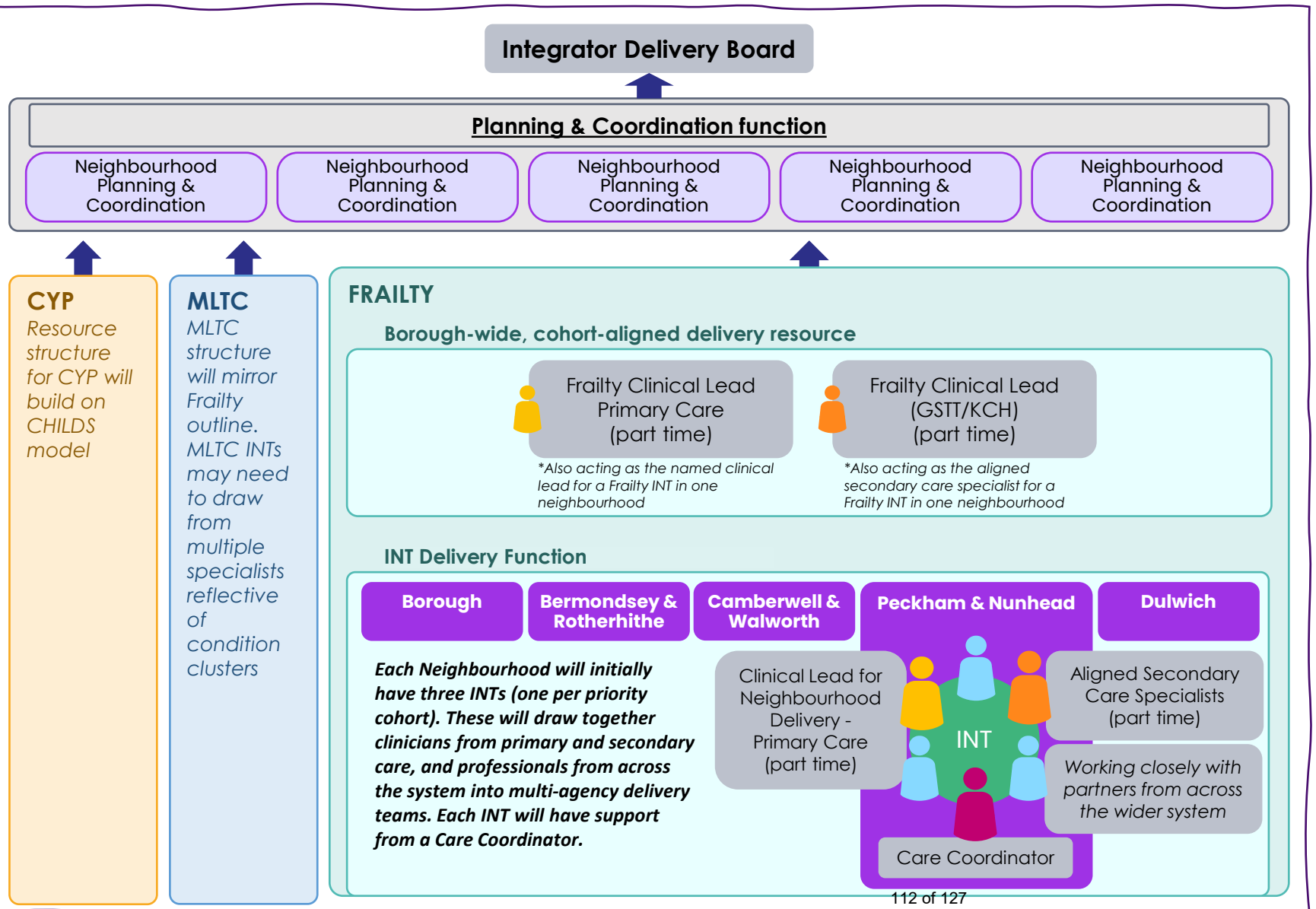
Neighbourhood level resource

Each Neighbourhood will have a **Clinical Lead from Primary Care,** a **Clinical Lead from GSTT or KCH**, a **Neighbourhood Manager** and **administrative support**. These roles are responsible for planning and coordinating INTs and delivery within the respective neighbourhood.

- Clinical lead (primary care)
- Clinical lead (GSTT/KCH)
- Operational management/ support

DRAFT

5. INT Resource Structure | Delivery Resource



Cohort-aligned delivery resource

For each priority cohort, there is **a Clinical Lead for Primary Care** (e.g. a GP with a special interest in Frailty) and a **Clinical Lead from GSTT or KCH** (e.g. a Geriatrician)**.** Operational management for each cohort will be the responsibility of the **Neighbourhood Managers**. These roles sit at a borough-wider level and provide clinical oversight and operational management for the three priority cohorts.

Neighbourhood delivery resource

Each neighbourhood will bring together existing resource across health, care and the VCSE to deliver joined-up proactive, preventative and reactive care for the local population. This will include **clinicians from primary care and secondary care**, as well as support from **care coordinators**.

Weighted resourcing

Neighbourhood delivery resource will be weighted, with more time allocated for those supporting the two larger neighbourhoods (i.e. Bermondsey & Rotherhithe, and Camberwell & Walworth).

- Clinical lead (primary care)
- Clinical lead (GSTT/KCH)
- Operational management/ support

Meeting Name:	Southwark Neighbourhood Transformation Board
Date:	26 February 2026
Report title:	Developing Integrated Neighbourhood Teams (INT) for Frailty and Multiple Long-term Conditions
Report Author (s)	Harprit Lally, Interim INT Programme Director Sehrish Baloch, Programme Lead Rebecca Dallmeyer, Southwark Integrator
Responsible Director	Rebecca Jarvis

RECOMMENDATION(S)

1. To note the progress made to date and confirm support for the proposed Integrated Neighbourhood Team (INT) cohorts for the two population groups.

PURPOSE OF THE ITEM

2. This item summarises work to date to develop INTs for frailty and multiple long-term conditions, including the initial proposed cohorts.

EXECUTIVE SUMMARY

3. This item provides a summary of work to develop Integrated Neighbourhood Teams (INTs) for frailty and multiple long-term conditions (mLTC), which has been informed by stakeholder engagement. The Southwark Integrated Delivery Board, which includes representation from system partners, has considered and approved the approach. The summary describes
    - methodology for identifying cohort to be supported by INT
    - emerging service model
    - measures of success in short and longer-term

BACKGROUND INFORMATION

4. The Southwark Age Well workstream has overseen the developments within frailty. Work on mLTC has been driven through the National Neighbourhood Health Implementation Programme (NNHIP) which Southwark (in partnership with Lambeth) successfully bid to be part of.

KEY ISSUES FOR CONSIDERATION

5. The proposed cohorts for frailty and mLTC in 2026/27 and how this and the service model will develop.

Resource implications

6. The INT infrastructure (including frailty and mLTC clinical leads) is being funded from Jan 26 to March 27, using recurrent and non-recurrent ICB funds and contributions by the integrator.

7. The programme delivery is being resourced by the Partnership Southwark Delivery Team, SEL ICB teams, and the Integrator (partnership arrangement between Guy's and St Thomas's NHS Foundation Trust and Southwark Primary Care Provider Alliance).

Legal Implications

8. Not relevant.

Governance

9. The Southwark Neighbourhood Transformation Board is a sub-committee of the Partnership Southwark Strategic Board.

Consultation

10. Consultation is not required at this stage.

Impact assessments

11. The impact on Equality, Health Inequalities and Quality will be assessed at relevant stages of the programme.

Environmental Sustainability Impact

12. It is anticipated that providing care closer to where people live will have a positive sustainability impact, although this will need to be assessed.

Risks

13. INT mobilisation faces a number of cross-cutting risks across both Place the SEL ICB and the integrator e.g. data sharing, inter-operability and estates. Risks are identified and managed within the relevant workstreams.

Next steps

14. Southwark Integrator to continue work to mobilise INTs for frailty and mLTC in April, subject to Board support.

APPENDICES

No.	Title
Appendix 1	Developing INTs for frailty and multiple long-term conditions (mLTC).

Version	Final
Dated	26 February 2026

Partnership Southwark

Developing INTs for frailty and multiple long-term conditions (mLTC)

Southwark Neighbourhood Transformation Board

Thursday 26th February 2026

Purpose

Work has been underway to design INTs for three population groups: frailty, mLTC and children & young people with complex needs.

This pack summaries work done to date within frailty and mLTC to develop

- methodology for identifying the cohort to be supported by INT
- initial INT service model
- short-term and longer-term measures to measure success

This work has been underpinned by strong stakeholder engagement

The Board are asked to confirm their support for the proposed cohort

Partnership Southwark

Developing INT for people with multiple long-term conditions

Our approach

- Southwark (partnering with Lambeth) were one of 43 sites that successfully bid to participate in the National Neighbourhood Health Implementation Programme (NNIHP). The INT model for mLTC has been developed through this national accelerator programme
- Monthly workshops held with staff across general practice, community pharmacy, community, acute, local authority and VCSE, including resident input

Monthly workshops held with staff across general practice, community pharmacy, community, acute, local authority and VCSE, including resident input

Oct

- Engage stakeholders and describe plans
- Present **cohort** methodology and discuss
- Consider core components of service model

Nov

- Refine service model
- Consider proposed cohort
- Review short-term and longer-term outcome measures

Dec

- Finalise cohort and service model
- Develop clear testing plans for Quarter 4, with focus on process measures

'you said, we did': incorporation of feedback

Through the multi-stakeholder workshops we agreed…

Target Cohort

Agreed that the focus should be adults with **cardiometabolic multimorbidity**, including those with **SMI** and **LD**, with **Type 1& 2 diabetes** and **CKD** mandated as part of the core cluster, being strong predictor of outcomes.

Moderate-severe frailty will continue to be supported through existing frailty INT pathways.

Testing should be underpinned by intentional VCSE and community partnerships.

Service Model

Agreed the service model will continue to evolve through iterative learning across delivery – we will phase our rollout to make sure we are working in partnership to get this right.

The model will seek to bring together **targeted outreach** and **community-based support** with appropriate clinical input, underpinned by care coordination, a **prevention-led** approach, and strong integration across **local partners.**

Outcome Measures

Agreed that outcome measures should balance demonstrating **early progress** and maintaining a clear focus on **longer-term impact.**

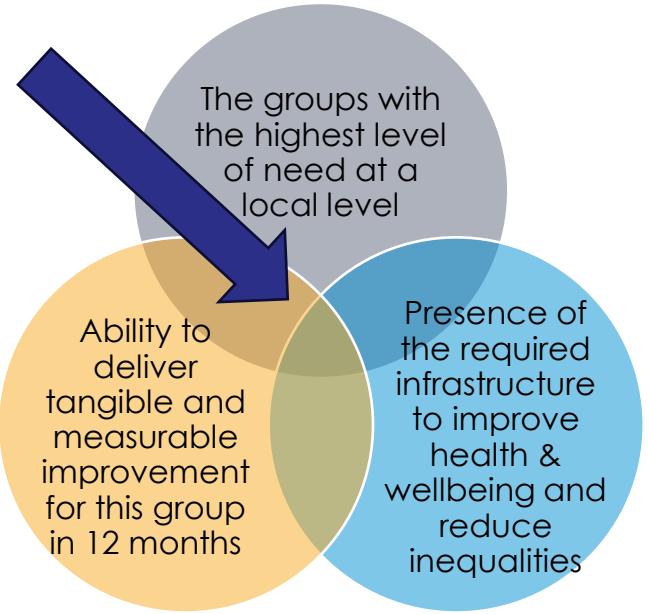
Success was defined in terms of what matters most **to residents, staff and partners:** people feeling **heard and supported**, staff working in more joined-up ways, and a model that learns quickly, reduces duplication, improves flow and demonstrates system value over time.

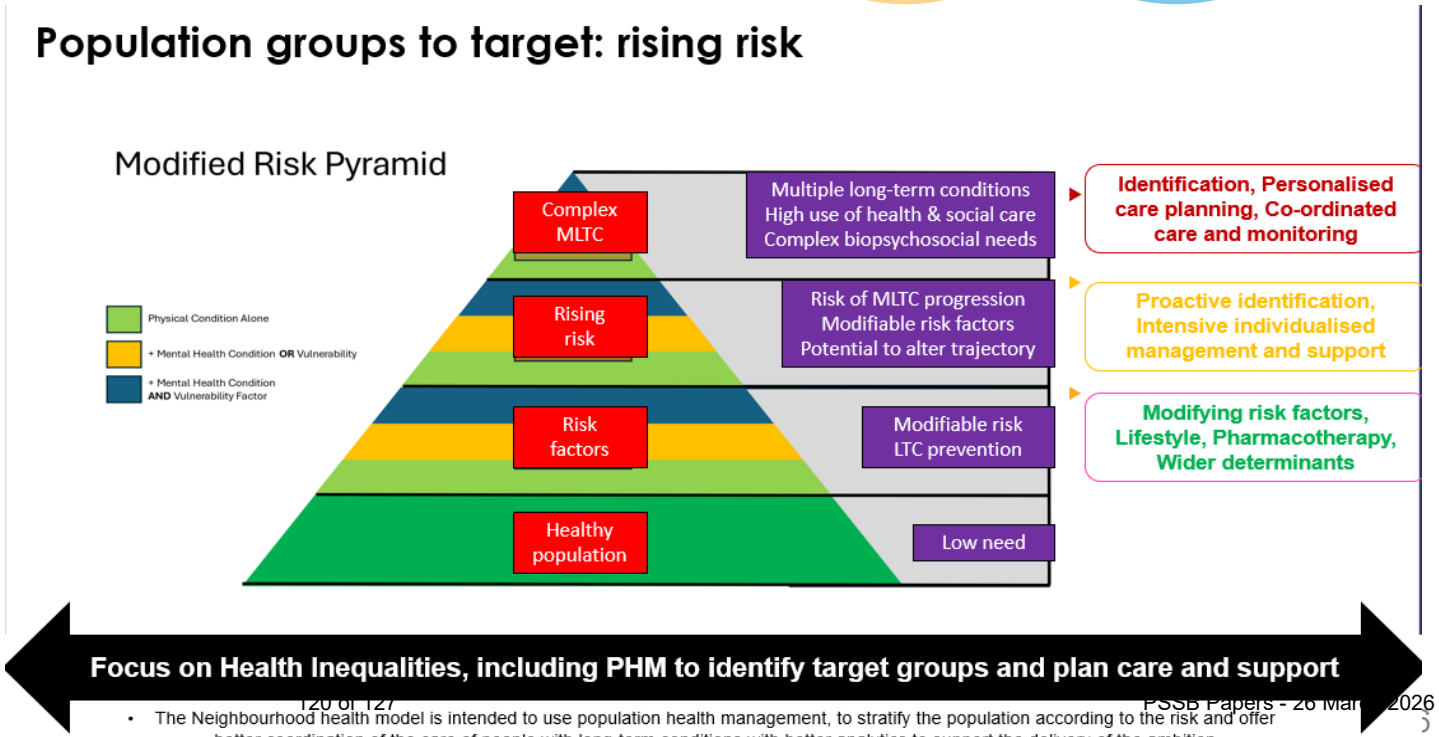
This is merely the starting point and key focus over 2026/27 will be to refine, develop and expand this approach so it delivers intended benefits for residents, staff and the system

Cohort methodology

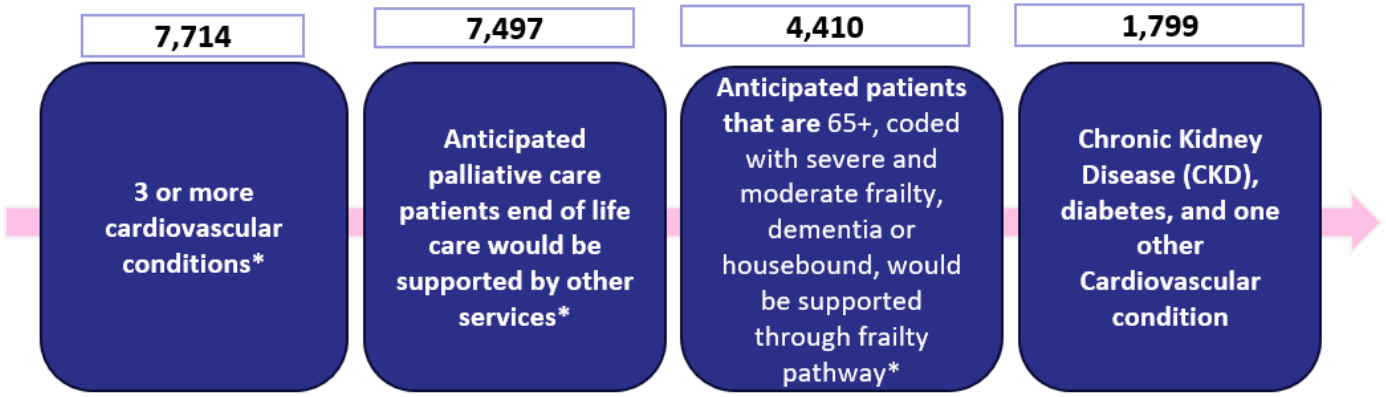
Following principles used to review the data:

1. Cohorts that have potential to benefit – an evidence base for intervention and existing services to build on
2. Opportunity = impact (population size, time to impact, activity, quality, equity) + deliverability
3. A scale that can work for neighbourhood teams – large enough to make a difference but small enough to manage effectively
4. Supporting rising risk
5. Address health inequalities





Proposed cohort



Governance

- considered and developed through stakeholder workshops
- approved by NNHP Steering Group and Southwark Integrator Delivery Board
- **Southwark Neighbourhood Transformation Board asked to confirm their support**

Rationale

- **Starting point only** and assumptions (*) will be tested and cohort refined in response to learning
- The cohort is tailored to a neighbourhood model, focusing on **medium-acuity** residents where proactive MDT support can meaningfully change outcomes.
- pathways to **avoid duplication**.
- It prioritises **high-need cardiometabolic conditions** where improving one condition benefits others.

Future developments

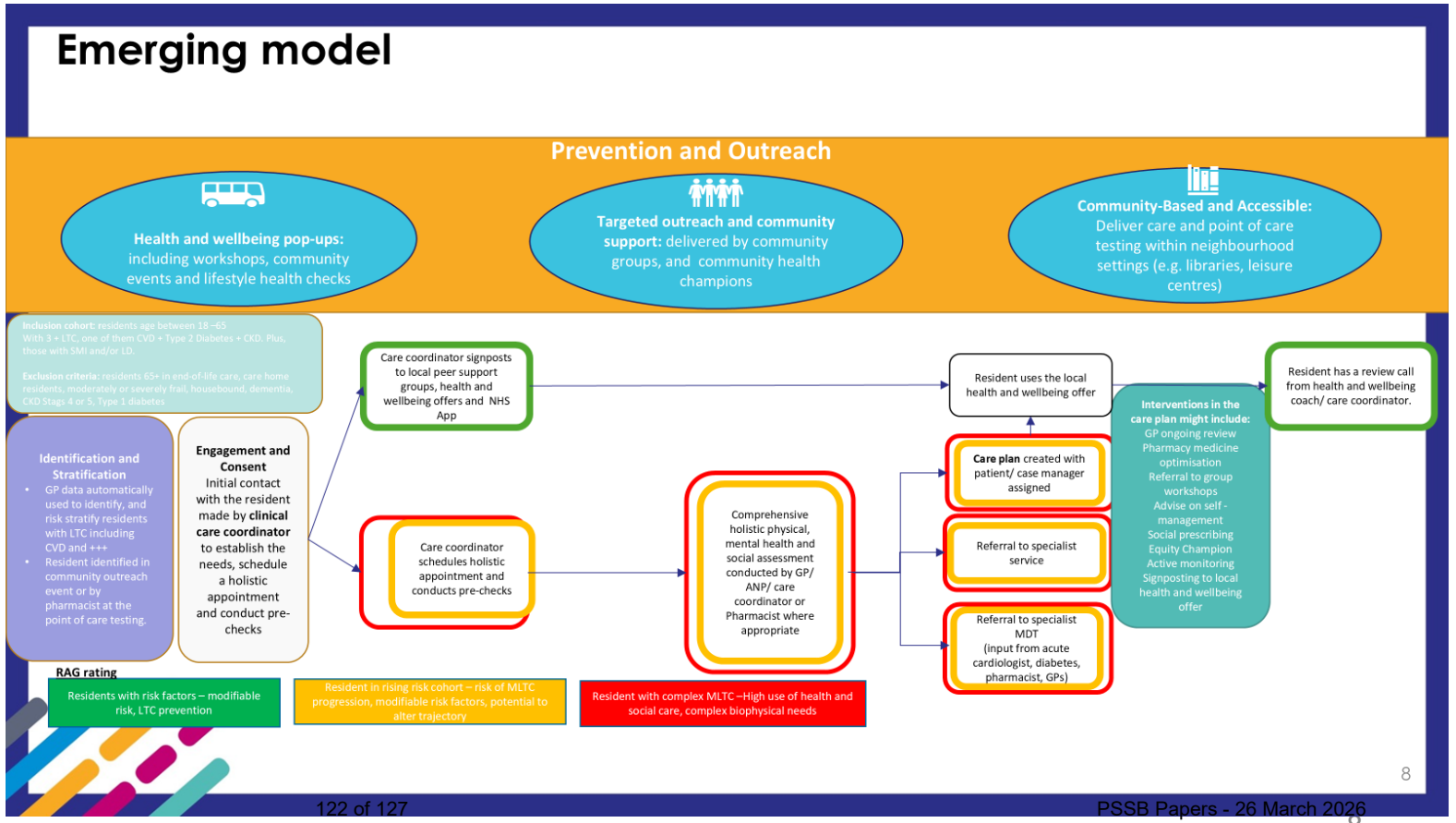
- Strong message from stakeholder workshops was the **importance of capturing information on social factors**
- Currently capture of this data is limited/variable – this will be considered as part of longer-term work on information sharing

NNHIP: developing service model

- The model will seek to bring together **targeted outreach** and **community-based support** with appropriate clinical input, underpinned by care coordination, a **prevention-led** approach, and strong integration across **local partners.**
- Key elements include proactive identification, holistic assessment, care planning, MDT review – with care co-ordinator acting as a 'golden thread' supporting continuity

- Acknowledgement that initially a more health-led model but neighbourhood level leads will actively engage local partners to support a more holistic focus

- Agreed the service model will continue to evolve through iterative learning across delivery – we will make sure we are working in partnership to get this right.



Outcomes

	Outcome
Population health, prevention & inequalities	Improved prevention coverage and earlier detection for high-risk conditions Better control of risk factors in priority cohorts (e.g., mLTCs, frailty)
	Reduced avoidable admissions and unwarranted variation (equity narrows) Residents' mental wellbeing supported with timely access and recovery
Resident experience & community impact	Residents get the right care, first time, closer to home Residents able to self-manage and navigate their care; improved activation
	VCSE and community assets integrated; co-production embedded
	Neighbourhoods foster healthy, sustainable environments
Workforce impact & staff experience	Improved work-life balance; reduced burnout and stress
	Culture of partnership and trust across organisations and professions
	Staff feel affiliation with neighbourhood(s) and have autonomy to act preventively
	Leadership and governance support MDT ways of working; regular shared learning
System resource & sustainability	System functions aligned; effective Integrator in each Place enabling 'shift-left' and shared risk
	Interoperable digital tools and shared care records enable joined-up care and flow
	Greater prevention, community, and out-of-hospital capacity reduces avoidable acute demand

- Draft SEL neighbourhood metrics developed considering **how we could measure success and impact for residents, staff and the wider system alongside**
- Metrics discussed with wider stakeholders and feedback highlighted importance of capturing qualitative data that shows how this 'feels' on the ground, and ensuring outcomes are meaningful/relevant to different parts of system and residents

- Through testing plans, a set of measures being developed to consider feasibility of model
- Ongoing work on national metrics and Neighbourhood index

Feedback on process, proxy and outcome measures to consider

Person-centred impact

- People feeling **heard, understood and culturally respected.**
- Patients showing increased activation, confidence, engagement in their care.
- Smoother access and **earlier identification.**
- Better support for **housing and financial needs.**
- Personal goal-setting and progress on **"what matters to me"**

Workforce & Partnership Effectiveness

- Staff reporting **greater clarity** on roles, improved training/mutual upskilling and more time for meaningful conversations.
- Stronger **multi-agency collaboration** across NHS, Local Authority, VCSE, and community partners
- Closer involvement of **key partners** (e.g. housing, leisure, community services)

Model Performance & Continuous Learning

- Regular **patient and staff feedback** demonstrating improvements in experience and flow.
- Ability to identify and address **unintended consequences** (e.g. referral patterns, access barriers).
- Evidence of **reduced duplication**, enhanced continuity, and an **adaptable model** responsive to changing circumstances.

Partnership Southwark

Developing Frailty INT

Frailty Integrated Neighbourhood Teams (INT) Development

Our **vision:** We want to take a holistic and wellbeing approach to proactively support residents and improve outcomes for our frail older people in Southwark.

Our **aim** is to help older people in Southwark to stay well for longer by identifying frailty earlier and providing joined up and proactive care closer to home. We will test and develop neighbourhood working across health, social care and the voluntary sector to give the right support at the right time.

Testing, learning and refining our frailty approach: progress to date

Finding people living with frailty earlier

- Improving how we identify mild, moderate and severe frailty across Southwark
- Using a shared language (Clinical Frailty Score) across the system
- Testing and improving ways of identifying people at risk using data and existing services (including those known to services or outreaching into communities)

Prioritise the right support in the right place

- Agreeing how different frailty groups should be prioritised
- Decide who should receive a full Comprehensive Geriatric Assessment (holistic review)
- Create a clear starting point for consistent decision-making across system

Testing joined up proactive care for moderate & severe frail

- Testing community-based proactive care for those aged 65+ starting in one neighbourhood
- Using the CGA as the main way of delivering person-centred care
- Identify barriers to joined-up working and recommend system shift needed for INT development

Prevent Frailty and reduce inequalities

- Developing community outreach to support people with mild frailty and rising risk
- Testing outreach in various settings to reach underserved and vulnerable groups
- Involve residents and carers in co-design, monitoring outcomes from initial cohort and feedback from residents

Building system capacity and reducing duplication

- Understand where frailty-type assessment is already happening Reduce duplication to enhance use of existing skills and resources
- Identifying training needs to strengthen frailty capability
- Develop a scalable model that works across all neighbourhoods

What have we learnt so far and what is next

Integrated neighbourhood working takes time but adds value

Frailty identification needs different approaches

MDT working improves care but varies across Southwark

Joined up pathways must be co-designed with partners (e.g. VCSE)

Workforce flexibility and non-clinical roles are critical

Through this learning, the development of the emerging frailty model focuses on providing expert frailty advice through coordinated, relationship-based multidisciplinary teams. It offers access to geriatrician and wider MDT advice, shared decision making and risk mitigation together. Coordinated care can be provided through linked professionals (including clinical and non-clinical) with home visits where appropriate, supported by ongoing frailty education and training to identify frailty in a variety of settings.

Southwark Ageing Well (Frailty) Integrated Neighbourhood Teams

Delivery to date

- Emerging Ageing Well (Frailty) INT Model has been agreed by all partners
- Lambeth and Southwark Clinical Operational Group has been stood up bringing together key partners to drive delivery
- Southwark Ageing Well INT Engagement workshop held 4th February with good representation of attendees across the system
- Delivery of Holistic Assessments for dementia cohort underway by primary care colleagues
- Dulwich trial of delivering Holistic Assessments using social prescribing workforce underway (evaluation expected in April)

Current focus (including cohort)

- **Cohort:**
  - Southwark residents ages 65+ with moderate and severe frailty (associated Clinical Frailty Score 6+)
  - These residents will be identified initially using the primary care database
  - People who are housebound or have a diagnosis of dementia will be prioritised initially
- **Preparation for April 2026 launch**
  - Refocusing of workforce (geriatricians from KCH + GSTT; Allied Health Professionals from GSTT Integrated Local Services; Neighbourhood Nursing from GSTT Integrated Local Services; primary care leads)
  - Development of Standard Operating Procedure for Ageing Well INT
  - Division of roles and responsibilities for INT members

Key challenges

- Varying readiness of key stakeholders
- Workforce availability and skills
- Data sharing and varying EPR systems across partners
- Competing priorities – partners overstretched by asks of delivery of multiple changes as well as BAU work

Proposed cohort

7,907	6,691	1,846
Moderate or severe frailty, or 65+ housebound or dementia	Moderate or severe frailty only	Moderate or severe frailty + Dementia or 65+/ housebound

Rationale

- The cohort is tailored to a neighbourhood model, focusing on Southwark residents ages 65+ with moderate or severe frailty (associated Clinical Frailty Score 6+) **and** housebound or have a diagnosis of dementia
- Residents 65+ to avoid duplication with the MLTC cohort
- Initially residents will be identified using the primary care database
- Work has started with the VCS to screen for frailty

Governance

- Leadership: SEL and Southwark CCPL is joint SRO with Alice Jarvis (GSTT/integrator)
- This means cohort is consistent with national and ICB definitions
- Emerging Ageing Well (Frailty) INT Model agreed by all partners through Southwark Integrator Delivery Board
- Lambeth and Southwark Clinical Operational Group stood up to drive delivery
- **Southwark Neighbourhood Transformation Board asked to confirm their support**

Future developments

- **Stronger and meaningful links** with Social Care and VCS
- **Incorporating wider determinants of health into methodology** to identify residents that would most benefit from INT support.
- Capture of data / information across **the wider system** and **particularly at interfaces of care**
- **Sharing data and agreed care plan** with resident and wider care network