

## Partnership Southwark Strategic Board Agenda

Thursday 27th March 2025 13:30 – 16:30

Venue: Walworth Town Hall

Chair: Nancy Kuchemann

Time	Ref	Item	Lead	Enc
13:30	1	<ul style="list-style-type: none"> <li>Welcome and Introductions</li> <li>Apologies</li> <li>Declarations of Interest</li> <li>Minutes of the last meeting</li> <li>Action Log</li> </ul>	Chair	Enc 1 – Declarations  Enc 1i – Minutes  Enc 1ii – Action Log
13:40	2	Spotlight: Neighbourhood Care - Insights from the Walworth Triangle Frailty Pilot	Nancy Kuchemann	Enc 2
14:00	3	Integrated neighbourhood teams	Darren Summers/ Louise Dark	Enc 3
14:45	4	Public Questions	Chair	
15:00		Break		
Business items				
15:10	5	<b>Strategic Director for Health &amp; Care and Place Executive Lead Report</b> Reports from sub-committee chairs: <ul style="list-style-type: none"> <li>Integrated Governance and Assurance Committee (KP)</li> <li>Partnership Southwark Delivery Executive (RJ)</li> <li>Primary Care Group (KP)</li> </ul>	Darren Summers / Katy Porter/ Rebecca Jarvis	Enc 4
15:30	6	Planning update	Sabera Ebrahim/ Adrian Ward	Enc 5
16:00	7	Integrated Assurance Report	Darren Summers/ Adrian Ward	Enc 6
16:25	8	Any Other Business	All	
16:30		Close Meeting	Chair	

Next held in-public meeting: 22/05/2025

# Minutes



## PARTNERSHIP SOUTHWARK STRATEGIC BOARD

**Date:** Thursday, 30 January 2025 | 13:30 – 16:30

**Location:** St Peter's Crypt, Liverpool Grove, Walworth, SE17 2HH

**Chair:** Dr Nancy Küchemann

### ATTENDEES

MEMBERS	TITLE AND ORGANISATION
Cllr Evelyn Akoto	Co-Chair, Cabinet Member of Health & Wellbeing, Southwark Council
Dr Nancy Küchemann	GP, Co-Chair Partnership Southwark
Anood Al-Sameria	CEO, Community Southwark
Winnie Baffoe	Director of Engagement & Influence, South London Mission; Voluntary and Community Sector (VCS) Representative
Claire Belgard	Interim Director of Integrated Commissioning, Southwark Council, SELICS
Rebecca Dallmeyer	Quay Health Solutions
Dr Sumeeta Dhir	GP, Chair of Care & Clinical Professional Leads (CCPL)
Sabera Ebrahim	Associate Director of Finance, Southwark, SEL ICB
Dr Emily Finch	Clinical Lead, South London & Maudsley NHS Trust
Graham Head	Healthwatch Southwark
Rebecca Jarvis	Director of Partnership Delivery & Sustainability, Partnership Southwark
Dr Ami Kanabar	GP, Local Medical Committee (LMC) Representative
Sarah Kwofie	Director of Homecare (London & South) City & County Healthcare Group
Sangeeta Leahy	Director of Public Health, Southwark Council
Jeff Levine	Regional Director for London, Agincare
Josephine Namusisiriley	Care & Clinical Professional Lead (CCPL), VCSE Representative
Eniko Nolan	Assistant Director of Finance for Children and Adult Services
Dr Olufemi Osonuga	GP, Clinical Director of North Southwark Primary Care Network (PCN)
Katy Porter	Independent Lay Member
Monica Sibal	Improving Health Limited (IHL) Representative
Darren Summers	Strategic Director for Health & Care / Place Executive Lead, Southwark
Cedric Whilby	Voluntary and Community Sector (VCS) Representative
IN ATTENDANCE	
Peace Ajiboye	Service Director, SLaM
Sehrish (Rish) Baloch	Programme Lead, Partnership Southwark, SEL ICB
Catherine Flynn	Head of Communications and Engagement, Lambeth and Southwark
Philippa Galligan	Deputy Chief Operating Officer, SLaM
Nicola Hanson	GP and Clinical Professional Lead for Children and Young People
Alice Jarvis (on behalf of Louise Dark)	Director of Operations and Partnerships Integrated and Specialist Medicine, GSTT
Isabel Lynagh	Business Support Lead, Southwark, SEL ICB
Pauline O'Hare (on behalf of David Quirke-Thornton)	Director Adult Social Care, Southwark Council
Geetika Singh	Programme Lead, Partnership Southwark, SEL ICB
Rachel Tebay	Project Manager System Delivery, Partnership Southwark, SEL ICB
Lewis Jackson	Project Co-ordinator, Partnership Southwark, SEL ICB
Natasha Wright	Healthwatch Southwark Advisory Board Member
Louisa Lamothe	Business Support Officer, Southwark, SEL ICB (Minutes)



APOLOGIES	
Alasdair Smith	Director of Children's Services, Southwark Council
Louise Dark	Chief Executive Integrated and Specialist Medicine Clinical Group, GSTT
Julie Lowe	Deputy Chief Executive, Kings College Hospital NHS Trust
David Quirke-Thornton	Strategic Director of Children's & Adult's Services, Southwark Council
Nigel Smith	Director, Improving Health Limited (IHL)

1.	Welcome & Introductions
1.1	The Chair welcomed attendees to the Partnership Southwark Strategic Board, including new member Jeff Levine, Regional Director of Agincare, who will now be replacing Laura Coupe, Managing Director of Agincare.
1.2	The Chair provided an update to the board on changes to the agenda, including omission of the integrated governance and assurance report due to lack of the usual stages of review and governance due to staff absence.
1.3	Introductions were made and apologies noted.
1.4	<b>Declarations of Interest</b> There were no additional declarations of interest in relation to matters in the meeting.
1.5	<b>Minutes of last meeting</b> Minutes of the last meeting were agreed as an accurate record, with no points of correction noted.
1.6	<b>Action Log</b> The action log was reviewed, and updates were shared as follows:  <b>Action 1: CLOSED.</b> The Chair agreed to closure as connections between relevant representatives have now been made. Work will continue as part of the ongoing frailty project work.  <b>Action 2: CLOSED.</b> The family hub presentation was circulated to the board following the last meeting.  <b>Action 3: CLOSED.</b> A decision was taken to defer the proposed update until later in the year to allow for a more substantial update to the board on progress. Reviews will take place in the interim with links to the Integrated Neighbourhood Teams (INT) Programme Board.  <b>Action 4: OPEN.</b> Cllr Evelyn Akoto to clarify the position ahead of potential closure.
1.7	Further to discussions at the last board meeting on 7 November 2024, the following action is noted:
1.8	<b>ACTION:</b> Cllr Evelyn Akoto to email members with further detail on the Maternity Commission Working Group. Members who would like to be part of the working group to email Cllr Evelyn Akoto.



2.	<b>Community Spotlight: Adult Mental Health - How do we provide support for people with acute complex mental health needs?</b>
2.1	The Chair opened the presentation with an invitation for members to consider areas of collective action towards this priority to progress the current position.
2.2	Peace Ajiboye presented an overview of slides outlining acute mental health pathway activity and challenges over the last three months alongside Philippa Galligan. With focus on activity of the mental health liaison team at King's College Hospital (KCH) supporting information included data comparison and trends relating to Emergency Department (ED) activity; 72hr breaches; and length of stay in Lambeth and Southwark.
2.3	Key messages were explained, including less than 20% of 72hr ED breaches in SEL occurred in KCH over the last few months. Many breaches link to social factors, including, patients with no fixed abode, no recourse to public funds, or general accommodation issues impacting discharge. A gradual increase in ED presentations to the KCH liaison team since April 2022 is noted, with many patients known to services.
2.4	Over the last six months, work is progressing at South London and Maudsley Trust (SLaM) to stabilise breaches and support patients with stays longer than 72 hours following their initial ED presentation. With impact on inpatient bed capacity, Peace Ajiboye shared an overview on challenges with system flow.
2.5	Whilst a reduction in inpatient length of stay and patients who are clinically ready for discharge is noted, further work is required in reducing the number of patients with an extended length of stay over 30 days. Step Down accommodation is utilised to minimise and support extended ward stays, where a patient can wait while housing needs are progressed.
2.6	Additionally, Philippa Galligan explained that whilst the underlying length of stay on Southwark wards is low in comparison to other directorates, there is still a high number of patients with stays over 60 days and no change to associated figures. Work led by the Chief Medical Officer at SLaM is underway to investigate patients with long lengths of stay and barriers to discharge. Focused work is required to identify patients with comorbidities, including learning disabilities and autism resulting in delays in treatment optimisation.
2.7	The Chair opened discussions up to the board for comment with initial questions on ED presentations/conditions.
2.8	Cllr Evelyn Akoto commented on work to reduce impact on long stays, with questions on whether this is doable or potential obstructions in progressing plans have been identified.
2.9	Cedric Whilby shared thoughts on data collection regarding the demographic of long stay patients i.e. age, ethnicity, and socioeconomic status. Work with external agencies to support and mitigate some of the issues outlined was also raised.
2.10	Philippa Galligan confirmed demographic data is being collected and can be analysed for board information. Regarding the progression of plans, it is thought whilst some things are changeable, others relate to operational escalation e.g. inappropriate admission/escalation of



	patients within the learning disability and autism cohort. A review of various wards is taking place to identify and address key issues and drivers.
2.11	Furthermore, Peace Ajiboye gave insight on ED presentations being low mood, suicidal ideation/intent, and others accompanied by the Police due to risk of harm to self or others. Many presentations relate to people wanting to talk and often return home having done so.
2.12	Other questions and reflections from the board included understanding improvements in ED attendance following the implementation of resources via the community led transformation programme; the availability of dedicated wait spaces in ED; as well as the impact of/what can be done to help navigate difficulties associated with patients with complex comorbidities.
2.13	Echoing comments made, Anood Al-Sameria emphasised past failings and the need to support plans for a dedicated space at SLaM; and additionally, support those in the Voluntary and Community Sector (VCS). In considering flow, Monica Sibal reflected on the fact that 55% of presentations to ED are by patients known to services, questions on reasons for re-presentation and what can be done to better support this and create change via the community were raised.
2.14	Philippa Galligan updated on plans to recruit a nurse consultant in autism, with a key function of this role to support adaptations to inpatient wards to support recovery and mitigate barriers to discharge.
2.15	A case study of a patient who recently presented to ED via ambulance with suicidal intent was shared with the board for further insight on a journey from ED through to community pathways.
2.16	In summary, inadequate supported living arrangements across the borough was raised as a key takeaway, with emphasis placed on a high number of complex Southwark patients being placed out of borough.
2.17	<b>RECOMMENDATION:</b> With financial and quality implications, an <b>ASK</b> of the board to explore housing support/accommodation was raised by Peace Ajiboye.
2.18	The board thanked presenters for the comprehensive presentation and <b>NOTED</b> the findings and recommendations.
<b>3.</b>	<b>Health and Care Plan Priorities Refresh – Focus on Adult and CYP Mental Health</b>
3.1	Rebecca Jarvis introduced the item as an update on work to progress the Health and Care Plan Priorities approved by the board on 5 September 2024, with focus on Adult and Children and Young People (CYP) mental health.
3.2	Delivery plans are progressing, with intended focus on partnership working for evolution and greater impact. In recent weeks, work has also taken place to align plans with the Joint Health and Wellbeing Strategy (JHWS) action plan, which is also in the process of being refreshed.
3.3	Referring to Enclosure 2 of the meeting pack, Geetika Singh provided an overview of work to progress the CYP priority area, including an action plan for delivery over the next 12 to 18 months. Plans have been shaped by engagement meetings over recent months with partners



	and VCS representatives. A high-level mapping exercise of service offers was also completed to understand areas of strengths, improvement, and focus. With recognition of existing workstreams, intentions to build on these foundations were noted.
3.4	Triangulation of data findings include themes of improving access; reducing delays and duplication; addressing inequalities and language barriers to care; improving the wait experience for young people; strengthening partnership working across the system; and developing an integrated neurodevelopmental disorder (NDD) pathway.
3.5	An overview of the proposed CYP ambition was shared with the board, with two measures of success noted and themed areas of focus to drive work forward. Planned initiatives under each theme were highlighted with objectives and expected outcomes e.g. collaboration opportunities to enable a holistic approach to care and developing a health and wellbeing hub through co-design with the younger population in particularly deprived communities.
3.6	In continuation, Rish Baloch shared an overview of the adult mental health priority area noting similarities with CYP in terms of themes, areas of focus, and partner engagement. Nuances in the adult mental health space were highlighted, including themes of improving access and navigation of services for both partners and residents. An opportunity to connect services and address health inequalities was also shared.
3.7	Unlike CYP, three measures of success over the next 18 months and beyond were described, with areas of focus being: 1. Equity of access through an integrated community offer; 2. Enhancing the mental health offer within neighbourhoods to address health inequalities; and 3. Improving access and flow via partnership working for NDDs. Planned initiatives under each theme were also shared e.g. developing a no wrong door approach and supporting the transition period between CYP and adult mental health pathways.
3.8	Furthermore, an update on delivery plans was taken to the Partnership Southwark Delivery Executive (PSDE) on 12 December 2024, with additional feedback including a need to consider the incorporation of the Improving Access to Psychological Therapies (IAPT) service in multidisciplinary team (MDT) working and how support from home care teams could be utilised.
3.9	The Chair opened discussions up to the board for comment.
3.10	Darren Summers reflected considerations of workstreams through the lens of a parent or young person, with questions on how the proposed actions are going to deliver the described targets, particularly where data is limited. Katy Porter commented on wait times and what a good or better wait might look like.
3.11	Commenting on adult services, Dr Emily Finch observed similarities between proposed plans and a reorganisation in Lambeth some years ago that has recently been unpicked. In addition, it is understood Lewisham are participating in a national pilot to organise their adult mental services, with a SLaM programme in place to ensure learnings. A need to consider local and wider learning is noted; and more widely, a reminder to ensure equity does not negate the need for individualised responses was raised, with risks of a one size fits all approach to a complex problem.





3.12	Other questions and reflections from the board included emphasis on the initial interaction with a child or family and ensuring this works well. Aligned with earlier discussions, there is a requirement to use a holistic approach when first meeting and assessing an individual e.g. physical health and housing. The aim and benefits of a localised hub model for CYP with various youth services in one space were highlighted.
3.13	Additionally, board members raised questions on the availability of resources and capacity, as well as a need for training. Concerns regarding the hub model were also shared, with risks associated with the cutting and centralising of services. Recognising the importance of VCS collaboration and co-design and associated costs and time investment were highlighted as areas for consideration and clarity on funding sources.
3.14	Cllr Evelyn Akoto reflected positives on the CYP mapping exercise and echoed thoughts on the value of the parent voice. Concerns regarding the duplication of services such as The Nest were raised, with questions on opportunities to potentially expand their model and services. Further to Adult discussions, the consideration of wider determinants was noted, with questions on work with council departments to support a holistic approach. The absence of preventative measures within the presentation was observed and noted as a key area of work.
3.15	Josephine Namusisiriley commented on strategic collaboration with key organisations who share similar priorities e.g. the Maudsley charity and their Building Brighter Futures project. Additionally, Cedric Whilby raised the involvement of schools and education as a key area of work that seems to be missing, with rich data links on mental health support for children and parents, particularly for vulnerable groups and e.g. Pupil Referral Units (PRUs).
3.16	Sumeeta Dhir in her role as Primary Care Lead for Mental Health in Southwark gave further insight on target determinants and confirmed a lack of resources and capacity to meet demand. Additionally, wider prevention work is happening, with Public Health colleagues regularly meeting with the wider team to develop preventative resources within the community.
3.17	Geetika Singh commented on VCS co-production funding, noting this has been factored into health inequalities funding. With plans on maximising efforts between the Health and Care Plan and JHWS action plan, school, prevention, and promotion will be addressed via one of the two plans with clear deliverables.
3.18	In response to questions raised regarding The Nest, Nicola Hanson shared further insight, noting intentions to evolve, co-create, and expand upon their work in the mental health space to support the holistic service offer. Additionally, John Poyton, CEO of The Wells Centre Charity (and former CEO of Red Thread), has been leading on application for Building Brighter Futures funding. As part of this proposal, work will happen with Southwark to develop more adolescent wellbeing opportunities.
3.19	The Chair summarised comments on workforce development, noting there is further work to be done in this area.
3.20	The board thanked presenters and <b>NOTED</b> the updates.



<b>4.</b>	<b>Public Questions</b>
4.1	There were no public questions raised in advance of or during the meeting.
<b>BREAK</b>	
<b>5.</b>	<b>Strategic Director for Health &amp; Care Report</b>
5.1	Darren Summers presented the Place Executive Lead's report to the board, with papers taken as read. Key highlights included work to develop the INT model as part of the five agreed Health and Care Plan priorities, and more recently, the national government priority to create a neighbourhood NHS.
5.2	Anticipated 2025/26 NHS planning guidance was released today. Whilst this has not yet been read, expectations on INT delivery are predicted to feature strongly and further update will be shared at the next board meeting.
5.3	Darren Summers noted broad expectations of INTs to 1. Offer more holistic care to e.g. patients with multiple long-term conditions in the community; and 2. Work well in neighbourhoods, building a connection and understanding of local communities to support proactive and preventative care. A programme board has been established, with two meetings having taken place so far. Programme delivery is currently in the design phase, with plans to move into the delivery phase imminently.
5.4	Additionally, Darren Summers commented on the Joint Forward Plan (JFP), general planning, and the finance section collectively; noting the JFP will be refreshed this year in line with national planning guidance and obligations. Planning guidance will include financial allocations to SEL, and a no growth position is projected. Whilst Southwark is expected to achieve financial balance, this is largely by way of a series of non-recurrent measures. Colleagues are exploring options for addressing the underlying deficit position mainly due to deficits in delegated primary care, prescribing, and mental health.
5.5	Lastly, Darren Summers highlighted the Lower Limb Wound Care Section of the report, noting key points regarding showcasing the work underway, and the Southwark Council Peer Review section of the report, with positive reflections on the operation of Southwark's adult social care services.
5.6	The Chair opened discussions up to the board for comment.
5.7	Cedric Whilby commented on the report cover sheet noting that the impact assessment section was incomplete. Darren Summers apologised to the board for this oversight due to staff absence.
5.8	Other questions and reflections from the Board included consequences of the deficit financial position. With planning guidance expected to note an approximate 4 to 5% efficiency savings target, Darren Summers explained the impact on opportunities to invest any growth money.
5.9	As chair of the Integrated Governance Assurance Committee (IGAC), Katy Porter commented on the financial position and subsequent programmes of work being the focus at meetings of the committee. Discussions are taking place regarding spend on mental health placements and





	the subsequent level of impact on investment.
5.10	The Chair invited Katy Porter and Rebecca Jarvis to speak to reports for sub-groups of the board.
5.11	As chair of IGAC and the Primary Care Group (PCG), Katy Porter commented on key areas of focus for IGAC. Whilst most areas are financially driven, a need for overview on quality provision was highlighted. Changes in quality reporting was also noted as a result of recent management changes. The committee is working closely with the quality team to understand and streamline the quality data reported to IGAC in future.
5.12	Moreover, Katy Porter updated on recent procurement decisions and noted procurement for the interpreting services contract has now concluded with a contract awarded to DA Languages Ltd. The committee also received an update on preparations for the SEND inspection, including plans for internal assessment.
5.13	In continuation, Katy Porter shared updates from the PCG, including the review of upcoming contracting arrangements for two local GP surgeries – Silverlock Medical Centre and Queens Road Surgery. A recommendation to proceed with full procurement of the two surgeries was submitted to the group and has been supported.
5.14	Rebecca Jarvis provided an update on the PSDE, noting two meetings have taken place since the last board meeting on 7 November 2024. Most areas of focus have been covered within items on today's board agenda e.g. work to progress the Health and Care delivery plans.
5.15	Terms of reference (ToR) for the PSDE have been reviewed with the main update being the PSDE will become the programme board for delivery of the Partnership Southwark Health and Care Plan and relevant sections of the JHWS, as well as the formal subcommittee of the PSSB. A new highlight reporting template has also been introduced to strengthen links between programmes of activity.
5.16	The board <b>NOTED</b> the report and updates.
<b>6.</b>	<b>Governance Review</b>
6.1	With papers taken as read, Darren Summers shared brief context with the board. After setting out plans to review governance arrangements some months ago, work has taken place to revise governance sub structure, including streamlining the number of meetings and clarifying the responsibilities and reporting structure into the board.
6.2	Revised ToR for sub-groups of the board (IGAC, PSDE, and Primary Care Committee, formerly PCG) were highlighted for board information and approval.
6.3	Graham Head commented on the quality aspect of IGAC and the possibility of including a patient voice. Katy Porter suggested given plans for quality reporting are evolving, the question will be held until plans are further developed.
6.4	With no further comments raised, the Chair noted board <b>APPROVAL</b> of the proposed governance arrangements.



7.	Any other Business
7.1	Darren Summers noted details of a Female Genital Mutilation (FGM) conference on 6 February 2025. Members are welcome to attend and Cllr Evelyn Akoto will share further details in due course. Discussions will focus on understanding the experience of health, care, and community support and any improvements that can be made.
7.2	The Chair noted details of the next in public board meeting on 27 March 2025 and development session on 27 February 2025.

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	07/11/2024	Chair to follow up on support connections for the Healthwatch Interim Youth Programme and disseminate information via Cabinet colleagues	Open	Cllr Evelyn Akoto	30/01 - Cllr Evelyn Akoto to clarify the position ahead of potential closure
2	30/01/2025	Cllr Evelyn Akoto to email members with further detail on the Maternity Commission Working Group. Members who would like to be part of the working group to email Cllr Evelyn Akoto.	Ongoing	Cllr Evelyn Akoto	20/03 - First working group meeting held on 19/03 and membership of group in progress

# Partnership Southwark Strategic Board

## Cover Sheet

**Item: 2**  
**Enclosure: 2**

<b>Title:</b>	<b>Spotlight: Neighbourhood Care - Insights from the Walworth Triangle Frailty Project</b>
<b>Meeting Date:</b>	<b>27 March 2025</b>
<b>Author:</b>	Nancy Kuchemann, GP and Co-chair of Partnership Southwark, Deputy Medical Director SEL Integrated Care Board
<b>Executive Lead:</b>	Alice Jarvis, Director of Operations and Partnerships Integrated and Specialist Medicine, GSTT

### Summary of main points

To help introduce and illustrate the item on integrated neighbourhood team development, Nancy is going to share her insights as a GP helping adopt the frailty pilot within her practice. The intention is not to provide a programme update but to share some reflections about the key elements that need to be in place and developed for transformation of this kind to have an impact.

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

### Action requested of PSSB

For colleagues to listen and digest and take into future conversations about neighbourhood team development

### Anticipated follow up

Insights have already been shared with ageing well transformation programme leads.

### 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	

### Item Impact

Equality Impact	<i>The intention is for this to be soft intelligence to guide colleagues thinking, no direct impacts expected.</i>
Quality Impact	
Financial Impact	
Medicines & Prescribing Impact	

Safeguarding Impact			
Environmental Sustainability Impact (See guidance)	Neutral	Positive	Negative
	<i>The intention is for this to be soft intelligence to guide colleagues thinking, no direct impacts expected.</i>		

Describe the engagement has been carried out in relation to this item
Engagement has been undertaken with frailty project clinical and strategic leads.



# What does developing neighbourhood care look like?

Insights from the Walworth Triangle Frailty Project

Dr Nancy Küchemann, Villa Street Medical Centre





# Frailty Pilot: What was offered?

## Project Objectives

- To take a population management approach to identify those with mild, moderate and severe frailty living in the community to case find and proactively perform community CGAs.
- Development of integrated neighbourhood teams with a blending primary and secondary care MDT to manage the frailty needs of the population in Lambeth and Southwark.
- Outreach into non-healthcare settings to identify and proactively manage frailty.



# Defining the Frailty Offer

- Patients suitable for the frailty pilot are identified in 3 ways: discussion at a Multidisciplinary Meeting, systematic EMIS searches, or via a screening questionnaire developed by the team.
- Once identified, the frailty team will contact the patient, and if/when suitable, arrange a home visit to conduct the frailty assessment. EMIS is a key enabler to allow information sharing, with the ability to record all patient interventions with a shared summary available across providers.
- To ensure appropriate follow up post-assessment, the team will ensure they conduct all necessary activities including documentation of notes, onward referrals and are able to arrange a Frailty INT discussion as necessary to discuss any complex patients.

# Key Achievements



- **38 referrals** were made to the frailty team from both GP practices – East Street and Villa Street Medical Centre.
- The team conducted **19 home visits**, and a further **6 reviews** were booked
- **100%** of patients had a comprehensive geriatric review in their own home.
- **89%** of patients (**16 out of 18**) had an Advanced Care Plan completed.
- **27%** of patients (**5 out of 18**) were able to cancel their outpatient appointments
- **100%** of patients reviewed resulted in medication changes.
- **73%** of patients (**13 out of 18**) reviewed led to liaison with secondary care, reducing the need for outpatient referrals, improved co-ordination of care and reduced chasing up for GPs.
- Only two patients (**11%**) required a follow up with the Frailty INT team, otherwise all care was delivered in collaboration with GPs and existing community services.

# Villa Street: what were the key elements?

Partnership



Professionals seconded or employed to offer time to a new setting (via QHS)

- Physician fellow on secondment from GSTT
- Social prescribers recruited

Data that is reliable and tools that can be used to stratify to identify patient cohorts followed by a validation process to select cases

- Data sharing agreements
- IT skilled staff
- Front-line staff conversations and follow up

An understanding of and build onto existing work so that the interventions add value

- Meeting with practice nurses
- Understanding of current systems and how to evolve/adapt
- Reflection and iteration important

Socialising of the model, introducing staff and new ways of working so that trust is built with in-house teams and patients

- Meetings
- Description of model and it's proposed outputs
- Follow up emails
- Visible outputs and visible modifications

Establishing of ways of working

- Roles and responsibilities
- Meetings
- Patient lists
- Notes and clinical summaries
- Communication routes
- Expectations of follow up, or not
- Troubleshooting
- Learning and modification

Awareness of risks, consideration of unintended consequences and a framework for evaluation

- Patient outcomes
- System outcomes
- Project outcomes
- Visible next steps which lead to improved integration

# What did we need to pay attention to?

Partnership  
Southwark



Methods of communication – emailed lists, paper lists, teams, cross-org slots, meeting records, meeting scheduling, using tools such as accurx all needed thinking about

Importance of setting out aims and reviewing/refreshing – building reflection and iteration into projects – hard to do and often an after thought – how to bring in earlier?

Showing impact: importance of collecting right data at baseline and to show change – eg number of OPC cancelled, reducing waits for services

Doctor experience: letting someone else into the doc-pat relationship, new clinical decisions, sharing risk, picking up pieces

Patient experience: some loved the attention, others were confused by the duplication.

Equity – moving onto next practice – how to do?  
Tailoring next steps of the development work

# Partnership Southwark Strategic Board

## Cover Sheet

**Item: 5**  
**Enclosure: 4**

<b>Title:</b>	<b>Strategic Director for Integrated Health and Care/Southwark Place Executive Lead report</b>
<b>Meeting Date:</b>	<b>27 March 2025</b>
<b>Author:</b>	Darren Summers (Strategic Director for Integrated Health and Care/Southwark Place Executive Lead)
<b>Executive Lead:</b>	Darren Summers (Strategic Director for Integrated Health and Care/Southwark Place Executive Lead)

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

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

Action requested of PSSB
To note the report and updates.

Anticipated follow up
N/A

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

Item Impact	
Equality Impact	The report includes an update on the 'Funding Differently' programme which aims to address health inequalities by funding a range of grass roots VCSE organisations to support hard to reach groups with preventative services.
Quality Impact	The report refers to the Integrated Assurance Report from the Integrated Governance and Assurance Committee which includes a new quarterly quality reporting element for the board.



Financial Impact	The report includes information on financial planning for 2025/26 and an update on the recent additional requirement to reduce running costs by 50%.		
Medicines & Prescribing Impact	The report refers to the Integrated Assurance Report from the Integrated Governance and Assurance Committee which includes a report from the delegated lead for medicines optimisation.		
Safeguarding Impact	The report refers to the Integrated Assurance Report from the Integrated Governance and Assurance Committee which includes a summary of the Q3 safeguarding report.		
Environmental Sustainability Impact (See guidance)	Neutral	Positive	Negative
	<b>X</b> The board development seminar on environmental sustainability held in February.		

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

**N/A**



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

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

### **Reduction in Integrated Care Board running costs**

On 12 March 2025, NHS England informed ICBs they needed to make savings of 50% across management and running costs during 2025/6. Much of the detail is still not known. This announcement is in line with wider changes to the centre of our health service, in relation to the abolition of NHS England and similar sized reductions in NHS England and Department of Health and Social Care staff.

Integrated Care Boards (ICBs) were legally established on 1 July 2022 with a clear purpose: to improve outcomes in population health and healthcare, tackle inequalities, enhance productivity, and support broader social and economic development.

At the time of writing, one week after the announcement, national guidance as to how to manage this cost reduction has not been received. South East London ICB is working through options in discussion with local partners in the Integrated Care System. All options are likely to have a significant impact. The immediate response has included briefings for staff and stakeholders, question and answer sessions for staff, as well as recruitment freeze on ICB posts.

### **Community Southwark Impact Report**

Community Southwark have recently published an impact report on the 'Funding Differently' programme for 2024/25, the second year of the initiative. 30 grassroots organisations in the borough received grants of either £5,000 or £10,000. Some of the key insights detailed in the report were the value of the tailored long-term support provided by small community led groups, the importance of the power shift in this funding process to include the VCS in the decision-making process, and the sustainability challenges faced by these organisations.

The report states that the recipients of the grants are directly supporting 3,000 individuals in the borough, but also notes the 'impact beyond numbers' – the long term change and preventative work done by these organisations that is difficult to quantify.

Recommendations made by the report include multi-year funding to locally led VCS groups to improve challenges around sustainability, keeping grant processes simple and adaptable, and strengthening the partnerships between VCS groups, funders and statutory bodies.

The full report can be accessed via the following link

<https://communitysouthwark.org/funding-differently-2024-25-impact-learning-report-now-available/>



### **Planning Update**

The planning update item on the agenda includes a summary of financial planning issues for 2025/26 along with a summary of national priorities and success measures that are set out in the national Operational Plan guidance and Better Care Fund planning guidance. These will inform our local plans for 2025/26. The planning position will need to be reviewed when the recent announcement about the 50% reduction in ICB running costs is translated into changed allocations at place level.

The item also includes a draft of the Southwark section of the ICB Joint Forward Plan refresh for 2025/26, the 5 year strategic plan of the ICB from 2022/23 to 2027/28. It is a requirement for the ICB to update this plan annually and seek endorsement from the Health and Wellbeing Boards confirming the plan aligns with local health and wellbeing strategies. For the refresh process each local care partnership was asked to focus in on no more than 5 priorities and provide high level information on each, hence this was an opportunity to summarise the five priorities the board developed over 2024/25; CYP mental health, adult mental health, integrated neighbourhood teams, frailty, and prevention and inequalities. The Southwark section of the plan was endorsed by the Southwark Health and Wellbeing Board on 13.03.2025.

The revised NHS Long Term Plan is expected to be published later this year following the extensive public consultation exercise. At this point it is expected that ICBs will be asked to draw up new Joint Forward Plans setting out how they will deliver the revised national plan.

### **Better Care Fund Update**

The ICB and the council are in the process of drawing up Southwark's 2025/26 Better Care Fund plans for submission to NHSE at the end of March. The BCF is a pooled budget of £57million which funds a range of core community based health and social care services which are crucial to the objectives of supporting people to live independently and safely in their own home, avoiding admission to hospital and supporting timely and effective discharge from hospital. Given the short turnaround in the planning process it has been agreed to roll forward the vast bulk of funding for specific schemes, with an intention to review by mid-year to identify potential changes for implementing at the start of 2026/27. The revised BCF objectives and metrics are set out in the planning update item and baseline performance on the metrics is included in the Integrated Assurance Report, which will inform discussions about priorities for funding. The governance route for the BCF is that the Health and Wellbeing Board needs to agree the plan following council and ICB Chief Executive's in principle agreement, and the submission at the end of March will be subject to that approval. The plan must also be formally approved by NHSE.

### **Integrated Assurance Report**

Under the revised governance arrangements of the partnership we have now developed an Integrated Assurance Report for the board which provides a range of detailed information that relates to the delivery of our board's responsibilities delegated from the South East London Integrated Care Board. The report focusses on performance, planning, quality, safeguarding, risk, finance and delegated responsibilities around continuing healthcare and



medicines optimisation. The Integrated Governance and Assurance Committee (IGAC) has reviewed this report in detail and the covering report highlights some of the key issues that IGAC considered. It should be noted that the Integrated Assurance Report includes information and updates that were previously a part of this Place Executive Lead report, in particular the budget summary report. The new reporting framework is still in development and any comments will be welcome on how we take this forward.

### **Partnership Southwark Board Development Session on Environmentally Sustainable Healthcare**

Last month the Board attended a development session led by Dr Matt Sawyer, a former GP who now runs an environmental sustainability consultancy ([SEE Sustainability](#)) working to improve human and planetary health. This was an educational session which aimed to inform board members about the importance of environmentally sustainable healthcare and to provide some practical examples of what they can do as individual and as leaders in health and care to contribute to this important agenda. A key focus of the session was how the health of the planet is intrinsically linked to the health of humans, illustrated by examples such as there are more premature global deaths due to diseases attributed to air pollution than to AIDS, TB and malaria combined. Dr Sawyer shared examples of how good healthcare benefits individuals, society and the environment, as well as reducing cost of healthcare and inequality, such as the introduction of the HPV vaccination to 12-13 year old girls to prevent cervical cancer. The main take-away from the session was that environmentally sustainable healthcare is simply 'good healthcare' and that the work we do on prevention is where we can make the greatest impact

### **Southwark Health and Wellbeing Board 13<sup>th</sup> March**

The Board received the Annual Public Health Report which this year has the theme of health inequalities. The report set out examples of key health inequalities in the borough between neighbourhoods and population groups and gave many examples of good practice of work to tackle inequalities across Southwark which are being delivered by the Council, NHS and community and voluntary sector.

The board approved Southwark Joint Health and Wellbeing Strategy action plan which covers the final two years of the five year strategy (2025-2027). The action plan has strong alignment with Southwark's vision for 2030 and the Partnership Southwark Health and Care Plan. The Health and Wellbeing Board is responsible for the strategic oversight of the plan, and will be supported by the Partnership Southwark Delivery Executive for the relevant parts of the Strategy and actions.

The Southwark section of the ICB Joint Forward Plan (which is the same content as the Partnership Southwark Health and Care Plan) was noted by the Board and confirmed that it takes proper account of the priorities and actions outlined within the Southwark Joint Health and Wellbeing Strategy.

Other agenda items included the Healthwatch report on Black Mental Health and the Connect to Work programme, and Department for Work and Pensions funded programme



of support employment whose primary objective is to support people with health and disability related barriers into good quality, sustainable employment.

**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 20 March 2025

Agenda item	Items discussed
Finance report	The committee considered a detailed report on the current financial position for 2024/25.
Procurement	The committee received an update on current and planned procurement including the re-procurement of Silverlock and Queens Road practices.
Planning Update	The committee discussed the latest position for Southwark in terms of financial planning for 2025/26 and the associated Operational Plan targets, as well as the Better Care Fund objectives and metrics and the draft Joint Forward Plan refresh for 2025/26. The details discussed are reflected in the Planning Update report for the strategic board meeting of 27 <sup>th</sup> March.
Integrated Assurance Report	The committee considered the draft Integrated Assurance Report and agreed the report to be submitted for the strategic board meeting of 27 <sup>th</sup> March. Further areas for refining the report in future were identified.





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

### Partnership Southwark Delivery Executive

#### Agenda Items of Note

Meeting date 13 February 2025

Agenda item	Items discussed
Health and Wellbeing Strategy Action Plan Refresh	<p>The group received an update on the draft Health and Wellbeing Strategy Action plan. The group was invited to review and comment on the content of the plan as well as the role of the Partnership Southwark Delivery Executive and the Wells groups in terms of supporting delivery of the plan.</p> <p>The group reviewed the actions in detail and provided feedback on the appropriateness of the actions and whether they had the right 'action owners'. Suggestions were also made for how to strengthen and clarify the relationship with the Partnership Southwark Health and Care Plan.</p> <p>The plan will be amended following feedback from the group and will be taken to the March Health and Wellbeing Board for approval.</p>
Report from each of the Wells (Start Well, Live Well, Age & Care Well)	<p>The group received a highlight report for each of the Wells. Highlights included progress on the delivery of the frailty pilot in the Walworth Triangle which has started to see patients and is showing some early promising results.</p> <p>The Delivery Exec noted the issues around obtaining mental health activity data and support was offered from the group.</p>
Mental Health update	<p>The Partnership Southwark delivery team shared a verbal update on how they are responding to the feedback received from the Partnership Southwark Strategic Board when the mental health delivery plans were presented. The group noted the update and written update will be prepared for the next meeting.</p>
Clinical and Care Professional Leads (CCPL) Workplan	<p>An update was provided on the CCPL workplans which set out how the CCPLs are being deployed across Partnership Southwark, and the work they are leading on.</p>



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

### Primary Care Committee

#### Agenda Items of Note

Meeting date 13 February 2025

Agenda item	Items discussed
Governance and terms of reference	This was the first meeting of the Committee following the formal approval of the revised TORs and as a subcommittee of the Partnership Board. It is the assurance and governance committee for primary care, where significant decisions will be made for our community and population healthcare.
Finance	<p>The Committee received an update on the quarter three financial position on delegated primary care and other primary care budgets. The delegated primary care budget is forecast to overspend by £307k for 2024/25. The borough has been working through financial recovery plans identifying opportunities for savings and reduce revenue costs.</p> <p>The group received an update on the 2024/25 System Development Fund (SDF) and confirmation that all allocated funds are intended to be spent by year end. It was noted that this funding will no longer be a ring fenced to primary care in the next financial year.</p>
Contracts	<p>Discussions took place on the contractual and succession planning for a single-handed GP practice in the Borough. This is ongoing and is continuing to be reviewed by the Committee.</p> <p>The re-procurement of Queens and Silverlock surgeries is being prepared. The specification supports the primary care long-term strategy, innovation and integration, and development of neighbourhood teams.</p> <p>A direct award process under the Provider Selection Regime regulations will be used to award the Population Health Management contract to the existing provider. The revised contract specification will focus on supporting delivery of the health and care plan priorities</p> <p>Following the procurement process, the Primary Care Interpreting Service across Lambeth, Lewisham &amp; Southwark boroughs has been awarded to DA Languages. This is the incumbent and existing provider.</p>
Estates	The Harold Moody site has now been completed, becoming operational from 10 February 2025, with East Street Surgery, Nexus



Group and GSTT providing services from the site. An opening event is planned for early April.

Regeneration plans for Canada Water include the development of a new health centre. The regeneration of the area will lead to significant population growth. Archus (a consultant group) have asked seven developers for an Expression of Interest to develop the health centre. Three bidders will go forward to the next stage of the procurement process. The primary care practices in the Rotherhithe area, that covers Canada water, have been asked to express an interest in occupying the new health centre.

The group noted the proposal for the relocation of a GP partnership to take on new premises at Pasley Park in Walworth. Work is underway to underway the full financial implications of this proposal and to work with stakeholders to understand how the space can best be used to support implementation of integrated neighbourhood working

# Partnership Southwark Strategic Board

## Cover Sheet

**Item: 6**  
**Enclosure: 5**

<b>Title:</b>	<b>Planning Update</b>
<b>Meeting Date:</b>	<b>27/03/2026</b>
<b>Author:</b>	Sabera Ebrahim, Associate Director of Finance, SELICB Adrian Ward, Head of Planning, Performance and Business Support, SELICB
<b>Executive Lead:</b>	Darren Summers, Strategic Director for Integrated Health and Care/Southwark Place Executive Lead

### Summary of main points

The purpose of part 1 of the paper is to update the board on the draft 2025/26 allocations and budgets delegated to place. The paper also highlights key risks in 2025/26 and the level of risks that are being managed within our financial plan.

The paper also provides an update on our current position of the SEL ICB requirement to deliver 5% efficiency and savings for 2025/26.

Part 2 of the report sets out non-financial aspects of the planning round including:

- key priorities and success measures from the 2025/26 Operational Plan and Better Care Fund planning guidance.
- the draft Southwark section of the SELICB Joint Forward Plan refresh for 2025/26 covering Partnership Southwark's revised health and care plan priorities and success measures.

<b>Item presented for</b> (place an X in relevant box)	<b>Update</b>	<b>Discussion</b>	<b>Decision</b>
	X	X	

### Action requested of PSSB

The board is asked to note:

- the high level summary of our draft budgets for 2025/26 and the efficiency savings plans proposed to achieve the 5% efficiency/savings requirement from SEL ICB.
- The priorities and success measures set out in the national Operational Plan and Better Care Fund guidance.
- The draft Southwark section of the SELICB Joint Forward Plan refresh for 2025/26

### Anticipated follow up

The board will receive an update on the final budget planning and related decisions at its next meeting.

The Joint Forward Plan will be published on the ICB website in early April.

### Links to Partnership Southwark Health and Care Plan priorities

Children and young people's mental health	<b>x</b>
Adult mental health	<b>x</b>
Frailty	<b>x</b>

Integrated neighbourhood teams		x	
Prevention and health inequalities		x	
Item Impact			
Equality Impact	The report does not have a direct impact on these areas but does describe the financial planning issues for 2025/26, and the planning priorities and targets. These will impact on most aspects of ICB business in 2025/26.		
Quality Impact			
Financial Impact			
Medicines & Prescribing Impact			
Safeguarding Impact			
Environmental Sustainability Impact (See guidance)	Neutral	Positive	Negative
	X - the planning guidance does not cover sustainability however consideration of sustainability issues will be built into our detailed planning process.  The delivery of the Joint Forward Plan priorities will take into account any sustainability implications or opportunities.		

Describe the engagement has been carried out in relation to this item
The contents of this report have been reviewed by the Integrated Governance and Performance Committee on 20 <sup>th</sup> March 2025.

# Partnership Southwark Strategic Board Planning Update Part 1 Financial Plan 2025/26 Southwark Place – March 2025



# Final Budgets - 2025/26

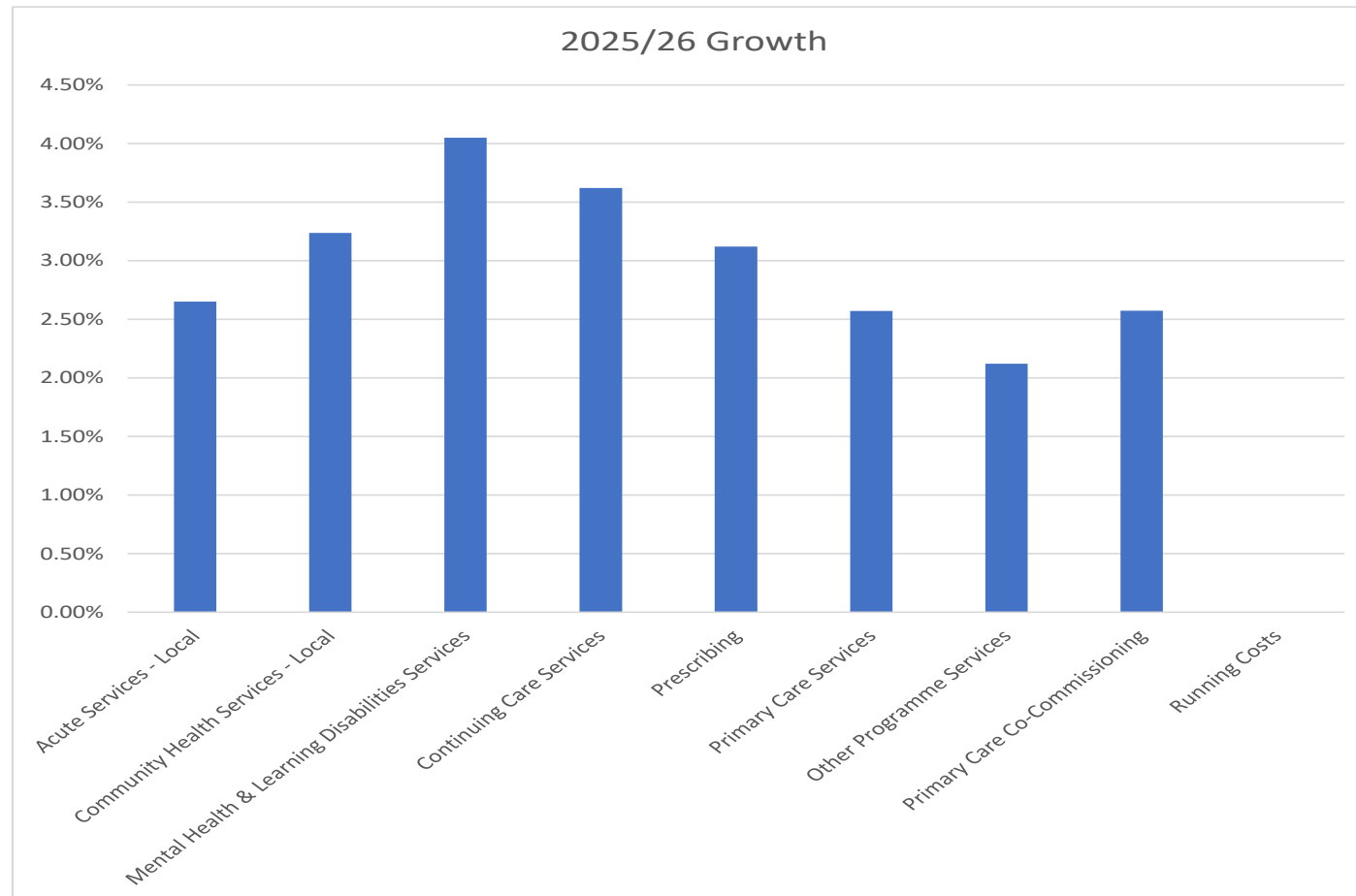
- Place budgets have been based on 2024/25 recurrent budgets brought forward. Various adjustments for tariff and growth adjustments have been made in line with national operational guidance. Total resources delegated to Southwark Place for 2025/26 amounts to £177m. This includes net growth of £5m received for 2025/26.
- Tables below shows the final recurrent budgets issued to Southwark Place. Place Executive Lead has agreed and signed off approval of these budgets on 17<sup>th</sup> March 2025 . The delegation agreement will be required to be signed once the budgets are final from a SEL ICB perspective.
- As part of finalising our budgets for 2025/26, we have sought to ensure budgets set are at the correct level and reflect likely expenditure. As a result we have transferred additional funding of £500k non recurrently to Mental Health & Learning Disability Services from Community Services. In 2024/25 we transferred £1.2m from Continuing Care to Mental Health & Learning Disability Services to support the rising costs in our placement expenditure

<b>SOUTHWARK</b>	<b>2025/26 TOTAL PLACE MANAGED BUDGET</b>
	<b>£'000</b>
Acute Services - Local	92
Community Health Services - Local	37,271
Mental Health Services & Learning Disabilities	8,047
Continuing Care Services	20,475
Prescribing	36,208
Primary Care Services	200
Other Programme Services	1,116
Primary Care Co-Commissioning	70,259
Running Costs	3,769
<b>TOTAL</b>	<b>177,438</b>

# Final Budgets - 2025/26

- Tables below shows the total growth in % per area issued to Southwark Place

Southwark Place	% Net Growth
Acute Services - Local	2.65%
Community Health Services - Local	3.24%
Mental Health & Learning Disabilities Services	4.05%
Continuing Care Services	3.62%
Prescribing	3.12%
Primary Care Services	2.57%
Other Programme Services	2.12%
Primary Care Co-Commissioning	2.57%
Running Costs	0.00%



# Risks 2025/26

- There are known inherent risks within the start position which are difficult to manage without restricting investments and growth.
- Key areas of risk continue to be Mental Health & Learning Disabilities, Prescribing and Delegated Primary Care. These areas have significant overspends in 2024/25 that will need to be managed as we move into 2025/26. Increase in activity growth and cost pressures are expected to continue. Inflationary and uplift pressures from external providers within placements and continuing health care also presents significant financial challenge to manage within budget given.
- For Prescribing a uniform uplift across SEL ICB Boroughs of 3.12% has been given however activity and price growth trend is at 6%.. This creates a cost pressure. Medicines optimization team have identified savings but these will not cover the shortfall and this risk will, need to be managed by restricting growth and investment .
- We have a budget shortfall for Delegated Primary Care going into 2025/26 of £463k. In addition the current 7.2% increase in funding to Primary Medical Services announced by government will require additional funding allocation. Currently in our budgets there is a shortfall of 4.63% of uplift which amounts to £2.4m which we are expecting will be fully funded. The borough would not be able to meet this cost from existing resources if additional allocation is not received.
- All of the above risks gives us significant challenges in containing expenditure within our delegated allocation and achieve financial balance. There will need to restrictions on investments and use of growth in order for us to achieve our delegated duty of not spending more than the resources we have been allocated.

# Efficiency Plans - 2025/26

The borough is required to deliver 5% efficiency savings for 2025/26. The borough target efficiency savings across all budget areas amount to £8.9m. Within this element there are tariff efficiency deductions and convergence adjustment deductions on budgets of £4.4m. Savings Plans have been identified by budgets holders which together with other budget reductions and uncommitted budgets make up the balance needed to meet the £8.9m.

Once plans have been reviewed and formally agreed, delivery plans will be further developed so that we can be assured plans are in place to meet savings target, A process to review delivery plan will be in place to ensure milestones and outcomes are on track.

Southwark	Recurrent Baseline	Efficiency Savings (5%) 2025/26	Total Savings Planned	Balance
	£'000	£'000	£'000	£'000
Acute Services - Local	257	13	171	158
Community Health Services - Local	37,271	1,864	1,937	74
Mental Health Services - Local	8,047	402	767	364
Continuing Care Services	20,475	1,024	1,114	91
Prescribing	36,208	1,810	2,178	368
Primary Care Services	232	12	31	19
Other Programme Services	920	46	704	658
Primary Care Co-Commissioning	70,259	3,513	1,781	-1,732
Running Costs	3,769	188	188	-0
<b>Total</b>	<b>177,438</b>	<b>8,872</b>	<b>8,872</b>	<b>0</b>

## Planning update part 2

### Planning guidance, priorities and metrics

- **NHS Operational Planning Guidance 2025/26**
- **Better Care Fund Planning Guidance 2025/26**
- **SELICB Joint Forward Plan Refresh 2025/26**

### Key objectives, priorities and targets

# Operational Planning Guidance 2025/26

The national priorities to improve patient outcomes in 2025/26 are:

- **reduce the time people wait for elective care**, improving the percentage of patients waiting no longer than 18 weeks for elective treatment to 65% nationally by March 2026, with every trust expected to deliver a minimum 5% point improvement. Systems are expected to continue to improve performance against the cancer 62-day and 28-day Faster Diagnosis Standard (FDS) to 75% and 80% respectively by March 2026
- **improve A&E waiting times and ambulance response times** compared to 2024/25, with a minimum of 78% of patients seen within 4 hours in March 2026. Category 2 ambulance response times should average no more than 30 minutes across 2025/26
- **improve patients' access to general practice**, improving patient experience, **and improve access to urgent dental care**, providing 700,000 additional urgent dental appointments
- **improve patient flow through mental health crisis and acute pathways**, reducing average length of stay in adult acute beds, **and improve access to children and young people's (CYP) mental health services**, to achieve the national ambition for 345,000 additional CYP aged 0 to 25 compared to 2019

# In delivering these priorities we also need to:

- **drive the reform that will support delivery of our immediate priorities and ensure the NHS is fit for the future.** For 2025/26 we ask ICBs and providers to focus on:
  - reducing demand through developing [Neighbourhood Health Service models](#) with an immediate focus on preventing long and costly admissions to hospital and improving timely access to urgent and emergency care
  - making full use of digital tools to drive the shift from analogue to digital
  - addressing inequalities and shift towards secondary prevention
- **live within the budget allocated, reducing waste and improving productivity.** ICBs, trusts and primary care providers must work together to plan and deliver a balanced net system financial position in collaboration with other integrated care system (ICS) partners. This will require prioritisation of resources and stopping lower-value activity
- **maintain our collective focus on the overall quality and safety of our services,** paying particular attention to challenged and fragile services including maternity and neonatal services, delivering the key actions of 'Three year delivery plan', and continue to address variation in access, experience and outcomes

# Operational Plan Priorities and Success Measures 2025/26

## (1)

Priority	Success measure
Reduce the time people wait for elective care	Improve the percentage of patients waiting no longer than 18 weeks for treatment to 65% nationally by March 2026, with every trust expected to deliver a minimum 5% point improvement*
	Improve the percentage of patients waiting no longer than 18 weeks for a first appointment to 72% nationally by March 2026, with every trust expected to deliver a minimum 5% point improvement*
	Reduce the proportion of people waiting over 52 weeks for treatment to less than 1% of the total waiting list by March 2026
	Improve performance against the headline 62-day cancer standard to 75% by March 2026
	Improve performance against the 28-day cancer Faster Diagnosis Standard to 80% by March 2026

### Local commentary

Targets set at SELICB level with trusts. Not a place level element although support to improve patient flow through admissions avoidance and discharge support and, in the longer term, ill-health prevention at place will play a role in delivery.



# Operational Plan Priorities and Success Measures 2025/26 (2)

<b>Improve A&amp;E waiting times and ambulance response times</b>	Improve A&E waiting times, with a minimum of 78% of patients admitted, discharged and transferred from ED within 4 hours in March 2026 and a higher proportion of patients admitted, discharged and transferred from ED within 12 hours across 2025/26 compared to 2024/25
	Improve Category 2 ambulance response times to an average of 30 minutes across 2025/26
<b>Improve access to general practice and urgent dental care</b>	Improve patient experience of access to general practice as measured by the ONS Health Insights Survey
	Increase the number of urgent dental appointments in line with the national ambition to provide 700,000 more

Targets set at SEL level. Not a place level element but the guidance makes specific reference to the key role of the wider urgent care system in reducing A&E demand, the role of the BCF in reducing delayed transfers and length of stay and the establishment of the neighbourhood health model.

Construction of this measure not yet known. However key Operational Plan targets relate the ICB total number of GP appointments which may be cascaded to place. There are also established measures around the time taken to get an appointment and several pertinent GP patient survey questions. See Integrated Assurance report.

Dental targets not yet delegated to place

# Operational Plan Priorities and Success Measures 2025/26 (3)

<b>Improve mental health and learning disability care</b>	Reduce average length of stay in adult acute mental health beds
	Increase the number of CYP accessing services to achieve the national ambition for 345,000 additional CYP aged 0–25 compared to 2019
	Reduce reliance on mental health inpatient care for people with a learning disability and autistic people, delivering a minimum 10% reduction
<b>Live within the budget allocated, reducing waste and improving productivity</b>	Deliver a balanced net system financial position for 2025/26
	Reduce agency expenditure as far as possible, with a minimum 30% reduction on current spending across all systems
	Close the activity/ WTE gap against pre-Covid levels (adjusted for case mix)

Places not directly responsible for targets but delivery role in supporting discharge from mental health inpatient setting including through the BCF.

Overall strong alignment with our CYP mental health priorities, but not same measures as local focus on waiting times.

SEL led delivery of this target but key role in supporting community placements.

Key local place delivery challenge – see finance section

# Operational Plan Targets 2025/26 (4)

<b>Maintain our collective focus on the overall quality and safety of our services</b>	Improve safety in maternity and neonatal services, delivering the key actions of the of the 'Three year delivery plan'	Indirect place role, link to maternity commission and start well.
<b>Address inequalities and shift towards prevention</b>	Reduce inequalities in line with the Core20PLUS5 approach for adults and children and young people	Success measure not defined. Local development of Core20 tools for adult health – see example reporting in Integrated Assurance Report. CYP model not developed locally.
	Increase the % of patients with hypertension treated according to NICE guidance, and the % of patients with GP recorded CVD, who have their cholesterol levels managed to NICE guidance	These are included in dashboards in Integrated Assurance Report. See agenda item.

Note that this represents a considerable reduction in targets from previous years, and the number of targets that will cascade to place is lower.

# Better Care Fund Planning Guidance

The Better Care Fund (BCF) planning submission is currently being agreed between the council and the ICB, for submission by 31<sup>st</sup> March. The plan is due to be agreed by the next Health and Wellbeing Board in June.

The pooled budget funds a range of core community based health and social care services and for the most part these will be rolled forward. These come to a value of £57m.

There was no growth in the funding for NHS services within the budget.

A key change to the planning guidance this year is that the Hospital Discharge Funding within it is no longer ringfenced, enabling a potential longer term shift to admissions avoidance to be considered.

Also there are 2 new targets which will be key place level targets not just for the BCF but also Integrated Neighbourhood Teams.

The objectives of the BCF have also been re-worded to reflect the changing NHS agenda, as set out overleaf.



# Better Care Fund Planning Guidance

## New BCF Objectives

### **Objective 1: reform to support the shift from sickness to prevention**

Local areas must agree plans that help people remain independent for longer and prevent escalation of health and care needs, including:

- timely, proactive and joined-up support for people with more complex health and care needs
- use of home adaptations and technology
- support for unpaid carers

### **Objective 2: reform to support people living independently and the shift from hospital to home**

Local areas must agree plans that:

- help prevent avoidable hospital admissions
- achieve more timely and effective discharge from acute, community and mental health hospital settings, supporting people to recover in their own homes (or other usual place of residence)
- reduce the proportion of people who need long-term residential or nursing home care



# New BCF Targets – will be key to place and neighbourhoods

For 2025/26, HWBs will be asked to set improvement goals against three new headline metrics, with six related supporting indicators:



## 1. Number of emergency admissions to hospital for people aged 65+ per 100,000 population

- a) Unplanned hospital admissions for chronic ambulatory care sensitive conditions
- b) Emergency hospital admissions due to falls in people over 65



## 2. Average length of discharge delay for all acute patients, derived from a combination of:

- Proportion of adult patients discharged from acute hospitals on their Discharge Ready Date (DRD).
  - For all those adult patients not discharged on DRD, average number of days from DRD to discharge.
- c) Percentage of patients not discharged on their DRD and discharged within 1 day, 2-3 days, 4-6 days, 7-13 days, 14-20 days and 21 days or more
  - d) Average length of delay by discharge pathway



## 3. Number of admissions to long-term residential and nursing home care for people aged 65+ per 100,000 population

- e) Hospital discharges to usual place of residence (P0/1)
- f) Outcomes following short-term support to maximise independence

These metrics are aligned to the two objectives of the BCF for 2025/26:

- 1) To support the shift from sickness to prevention
- 2) To support people living independently, and the shift from hospital to home

Baselines for these targets are covered in the Integrated Assurance Report, which demonstrate that the targets are areas of challenge for Southwark.

# Joint Forward Plan Refresh 2025/26

- The SELICB 5 year strategic plan 2022/23 – 2027/28 sets out how the ICB will meet the needs of the population, improve outcomes, tackle inequalities and deliver its statutory responsibilities in line with the NHS Long Term Plan
- It is a statutory requirement to have the plan published and it has to be refreshed annually and endorsed by the local Health and Wellbeing Boards. Southwark's board meeting endorsed the Southwark section on 13<sup>th</sup> March.
- The plan includes SEL level pathway and enabler plans and sections on each Local Care Partnership's priorities.
- For this refresh places were asked to focus on only 4 or 5 key priorities and address the template set out in annex 1. For Southwark a straightforward summary of the recently agreed Health and Care Plan priorities refresh was applied to populate the template:
  - CYP Mental Health
  - Adult Mental Health
  - Frailty
  - Integrated Neighbourhood Teams
  - Prevention and Health Inequalities
- Draft plan and success measures overleaf. A number of these are covered in the current Integrated Assurance report and those that are not will be developed in future drafts. The full Southwark section is attached in annex 1.
- Next steps: Following engagement with Health and Wellbeing Boards a final version of the Joint Forward Plan will be published at the start of April.
- **Note: It is anticipated that upon the publication of the renewed NHS Long Term in the summer the ICB will be required to refresh its Joint Forward Plan.** It is also anticipated that the plan will need to be reviewed to take into account recent NHSE announcements about ICBs reducing staff by 50% by October.

## Partnership Southwark – key outcomes and impact metrics

Priority Area	What are the outcomes we are aiming to achieve?	How are we measuring our impact?
<b>Children and young people's mental health</b>	For CYP who need help with their mental health to not have to wait for so long. Support will be easy to access and co-ordinated around their needs.	<ul style="list-style-type: none"> <li>• Increase in % achievement of the 4 week wait standard</li> <li>• Improvement of parent/ patient reported outcome measure</li> <li>• Reduction in number of CYP waiting more than 52 weeks</li> </ul>
<b>Adult mental health</b>	For adults who need help with their mental health to not have to wait for so long. Support will be easy to access and co-ordinated around their needs.	<ul style="list-style-type: none"> <li>• Increase in % achievement of a system wide 4 week wait standard</li> <li>• Reduction in number of patients waiting 72 hours in ED</li> <li>• Improvement in patient reported outcome measure</li> </ul>
<b>Frailty</b>	For older people living with frailty to have their needs identified sooner, to receive treatment and support at a neighbourhood level tailored to their individual needs.	<ul style="list-style-type: none"> <li>• Reduction in unplanned / emergency appointments (GP and Secondary Care)</li> <li>• Reduction in ambulance conveyances</li> <li>• Reduction in outpatient appointments</li> <li>• Patient experience – quality of life</li> </ul>
<b>Prevention and health inequalities</b>	Core20Plus5 communities to have easier access to support for the five leading causes of poor health.	<ul style="list-style-type: none"> <li>• Increase in uptake of Vital 5 checks by people from Core20Plus5 communities</li> <li>• Increase in uptake of people from Core20Plus5 communities taking up interventions</li> </ul>
<b>Integrated Neighbourhood Teams</b>	To implement an agreed model of Integrated Neighbourhood Teams that helps improve outcomes across a range of outcome metrics linked to improved prevention and management of long term conditions.	<ul style="list-style-type: none"> <li>• Reducing the rate of avoidable hospital and care home admissions from identified at risk cohorts.</li> </ul>



# **South East London 2025/26 Joint Forward Plan Refresh Partnership Southwark**

**draft 27.02.2024**

# PARTNERSHIP SOUTHWARK - PLAN ON A PAGE

<b>Our vision is:</b>	<b>Our vision is to enable every part of the health and care system in Southwark to make the borough an amazing place to be born, live a full healthy life, and spend one's final years.</b>				
<b>Our priority areas are:</b>	<b>Children and young people's mental health</b>	<b>Adult mental health</b>	<b>Frailty</b>	<b>Integrated neighbourhood teams</b>	<b>Prevention and health inequalities</b>
<b>In 2025/26, we will:</b>	Reduce waiting times for children and young people who need help with their mental health. The support will be easy to access and coordinated around their needs.	Reduce waiting times for adults who need help with their mental health. The support will be easy to access and co-ordinated around their needs.	Pilot an integrated neighbourhood team for the frailty pathway in the Walworth Triangle. Use the learning from the pilot to inform spread and scaling to other neighbourhoods.	Launch a new model of care for Integrated Neighbourhood Teams (INTs) in Southwark.	Work in partnership so that Core20Plus5 communities will be more easily able to access tailored support for the five leading causes of poor health (the Vital 5).
<b>This will support population health and inequalities by:</b>	Enabling earlier access to mental health support and interventions and reduce escalation to crises and more costly acute health and social care intervention, with a focus on harder-to-reach young people.	Bringing together existing services and increasing the involvement of the VCSE to streamline and increase capacity, providing a more holistic and accessible service for all residents.	Utilising outreach to identify vulnerable and hidden cohorts prone to health inequalities, alongside a population health based targeted approach to mild, moderate and severe frailty.	Providing proactive joined up health and care services focused on local inequalities, improving outcomes by providing services at an earlier stage before deterioration leads to hospital admission.	Tackling the leading cause of death; and driving a focus on residents most at risk of poor health outcomes in our local communities.
<b>This will support system sustainability by:</b>	Reducing demand on acute services, modernising pathways, improving system navigation, and improving the use of resources (staffing, training and estates).	Adults who need help with mental health will not have to wait as long. The support will be easy to access and co-ordinated around their needs.	Promoting independent health and wellbeing for mild frailty to focus on prevention and providing coordinated care closer to home.	Shifting the balance of care from acute to community and from treatment to prevention through efficient integrated neighbourhood care.	By early identification of high-risk residents and preventing crisis stage, it will reduce demand on high-cost acute sector services.
<b>We will measure our impact by:</b>	Increase in % achievement of a system wide 4 week wait standard.	Increase in % achievement of a system wide 4 week wait standard. Reduction in number of patients waiting 72 hours in ED..	Improved proactive care reducing need for Emergency Care. Patient outcomes – Experience and Quality of Life. Improved proactive care meeting unmet needs	Metrics to be confirmed but will focus on reducing the rate of avoidable hospital and care home admissions.	Increase in uptake of interventions for people from Core20Plus5 communities with identified Vital 5 risk factors.

# Partnership Southwark

## Vision

Our vision is to enable every part of the health and care system in Southwark to make the borough an amazing place to be born, live a full healthy life, and spend one's final years

## Deliverables / Improvements since 2023/24

**Start Well:** 1001 days project completed, and learning being taken forward in Family Hubs programme. Improvements in CYP Mental Health access and support for patients on waiting lists.

**Live well:** Vital 5 hypertension targets and health checks improvements, including via health promotion van. Community Mental Health Transformation programme complete and mainstreamed.

**Age Well:** Lower Limb Wound Care pilot successfully implemented - to be mainstreamed in 2025/26. Frailty workstream initiated focusing on an integrated pathway.

**Clinical Care and Professional Leads** recruited across all priorities.

**Partnership Southwark plans refreshed** and rationalised to focus on 5 key priorities by the newly established partnership team.

**Integrated Neighbourhood Teams** programme established to further develop integrated MDT working in line with expected government plans.

## Key Challenges / Opportunities Remaining

**Embedding system sustainability, prevention and health inequalities:** Budget pressures impact significantly on the potential to invest in community based preventative care models and address health inequalities.

**Mental health:** Too many children and adults are still waiting far too long to access mental health services. Escalating costs in the provision of complex adult mental placements remains a barrier to the joint commissioning of more appropriate local services.

**Capacity for change:** The capacity of partners to fully engage in transformation workstreams due to immediate delivery pressures remains a barrier to progress towards integrated solutions. System complexity adds to the challenge.

**Data:** there remain challenges with lack of robust data and analytics capacity impacting on development of comprehensive outcomes frameworks and population health approaches including Core20Plus5. Shared care records also perceived as too limited for efficient integrated working.

**Integrated Neighbourhood Teams:** the local and national drive towards the development of more integrated neighbourhood teams provides a key opportunity for addressing system challenges.

**Financial challenge:** significant shortfall in the budget means that there is limited scope for investment in growth and development opportunities.

## What are our priority areas for 2025/26

## Why has this been identified as a priority areas?

1

### Children and young people's mental health

The growing, local and national, mental health crisis for children and young people, with demands for mental health services continuing to exceed availability. Unacceptable long waits for Children and Adolescent Mental Health services (CAMHS), including for diagnostics of neurodevelopment disorders such as hyperkinetic disorders and attention deficit hyperactivity disorder (ADHD).

2

### Adult Mental Health

Waiting times for community mental health services are a challenge, with over one third of adults waiting over a year to receive treatment in 2024. We know that a significant proportion of these are referrals for neurodevelopmental problems.

3

### Frailty

Almost half of Southwark's residents over 65 report that they are not in good health, with this cohort of residents having poorer healthy life expectancy than the national average. Frailty is not an inevitable part of ageing, but it is highly prevalent and frailty healthcare costs an estimated £5.8 billion a year. The ageing population in Southwark amplifies these pressures and highlights the need for coordinated care.

4

### Integrated Neighbourhood Teams

The development of integrated care at a local level has long been recognised as a key priority for improving outcomes. However, the complexity of systems has limited progress in establishing a consistent agreed neighbourhood model. Partners have agreed that now is the time to prioritise this in the wider context of system level programmes for neighbourhood team development in line with national priorities.

5

### Prevention and health inequalities

Prevention and health inequality forms a critical part of national and local policy, with the NHS calling for systems to update plans for the prevention of ill-health and incorporate them within Joint Forward Plans, with a particular focus on improving outcomes for the Core20Plus5 populations and NHS England's high impact interventions for secondary prevention.

# Partnership Southwark

## Priority Area:

**Children and young people's mental health**

## What are the actions we will deliver in 2025/26

- Work with the Nest to identify what investment is needed to reduce waiting times.
- Use recommendations from the evaluations of the Nest and the Well Centre in Lambeth to inform how to make services easier to navigate and to improve access for less engaged groups.
- Carry out focused engagement and co-design with adolescents and early adulthood to inform future service developments.
- Work with SEL to develop the pathway for Neuro Developmental Disorders.

## Population Health and Inequalities Impact

- An aim to improve the equity of access through an integrated community offer and to reduce long waits for CYP, especially for Neurodevelopment disorders, will help to tackle health inequalities.

## System Sustainability Impact

- Likely to include a shift in investment from acute, intensive and costly health and social care, to preventative strategies through modernised pathways, co-location of services, improved navigation, and improving the use of resources such as staffing, training, facilities, and estates.

## Priority Area:

**Adult Mental Health**

## What are the actions we will deliver in 2025/26

- Improve access to community mental health services by developing a coordinated, easy-access mental health service, with input from primary care, VCSE organisations, SLAM and social care.
- Reduce waiting time for Neuro Developmental Disorders (NDD) and develop support to those whilst waiting.
- Enhance the mental health offer in neighbourhoods.

## Population Health and Inequalities Impact

- An aim to improve the equity of access through an integrated community offer and the enhancement of mental health offering at neighbourhood level will help to tackle health inequalities.

## System Sustainability Impact

- Moving to a neighbourhood approach likely to lead to improvement in system to sustainability.

# Partnership Southwark

## Priority Area:

**Frailty**

## What are the actions we will deliver in 2025/26

- Pilot an integrated neighbourhood team for the frailty pathway in the Walworth Triangle. This will involve:
  - Identifying and developing datasets to define frailty groups
  - Testing case finding tools
  - Developing mild, moderate and severe frailty pathways at local level
  - Ongoing evaluation and monitoring of success
- Use the learning from the pilot to inform spread and scaling to other neighbourhoods.

## Population Health and Inequalities Impact

- Using a population health based approach and a range of different data sources to support identification of mild, moderate and severe frailty will allow inequalities to be tackled.

## System Sustainability Impact

- Promoting healthy living and a focus on preventing frailty through moving care closer to home and earlier identification of frailty.

## Priority Area:

**Prevention and health Inequalities**

## What are the actions we will deliver in 2025/26

- Deliver a review of link workers across the NHS and Council, including Social Prescribers and Community Health Ambassadors, considering their capacity and capabilities with a view to developing a more integrated approach.
- Co-design with residents and health and social care partners interventions for people from Core20Plus5 groups with risk factors identified through a vital 5 check
- Pilot the intervention(s) in targeted areas based on population health data.
- Apply iterative learning for future scaling and spread.
- Align with and support the SEL Vital 5 initiative.

## Population Health and Inequalities Impact

Using a population health-based approach and a range of different data sources to support hard-to-reach communities.

## System Sustainability Impact

- Early detection and management of high-risk residents closer to home, will reduce demand on high-cost acute sector services.

# Partnership Southwark

## Priority Area:

**Integrated Neighbourhood Teams**

## What are the actions we will deliver in 2025/26

- Define population needs and services to include in Core INT
- Agreed Southwark INT model and defined neighbourhood footprints
- Agree INT Integrator Function within the Southwark lens
- Gap analysis from current working and shape high level 12 to 18 month Implementation Plan
- Engagement and socialisation of INT model and implementation plan to build momentum and engagement and further refine and shape a detailed implementation plan, building on existing examples of neighbourhood working and lessons learnt
- Organisational Development to organise existing staff and services into Teams and build joint visions and ways of working
- Recruitment of team managers to support each INT
- INTs launch, under a programme of iterative testing and learning

## Population Health and Inequalities Impact

Working in Southeast London to agree a population health management (PHM) approach and PHM functions and tools to address health inequalities through neighborhood working.

## System Sustainability Impact

Shifting the balance of care from acute to community and from treatment to prevention through an efficient model of integrated neighbourhood care.

# Partnership Southwark

Priority Area	What are the outcomes we are aiming to achieve?	How are we measuring our impact?
<b>Children and young people's mental health</b>	For CYP who need help with their mental health to not have to wait for so long. Support will be easy to access and co-ordinated around their needs.	<ul style="list-style-type: none"> <li>• Increase in % achievement of the 4 week wait standard</li> </ul>
<b>Adult mental health</b>	For adults who need help with their mental health to not have to wait for so long. Support will be easy to access and co-ordinated around their needs.	<ul style="list-style-type: none"> <li>• Increase in % achievement of a system wide 4 week wait standard</li> <li>• Reduction in number of patients waiting 72 hours in ED</li> </ul>
<b>Frailty</b>	For older people living with frailty to have their needs identified sooner, to receive treatment and support at a neighbourhood level tailored to their individual needs.	<ul style="list-style-type: none"> <li>• Reduce the rate of avoidable hospital and care home admissions from identified at risk cohorts.</li> <li>• Reduction in unplanned / emergency appointments (GP)</li> <li>• Reduction in ambulance conveyances</li> <li>• Reduction in outpatient appointments</li> <li>• Patient experience – quality of life</li> </ul>
<b>Prevention and health inequalities</b>	Core20Plus5 communities to have easier access to support for the five leading causes of poor health.	<ul style="list-style-type: none"> <li>• Increase in uptake of interventions for people from Core20Plus5 communities with identified Vital 5 risk factors.</li> </ul>
<b>Integrated Neighbourhood Teams</b>	To implement an agreed model of Integrated Neighbourhood Teams that helps improve outcomes across a range of outcome metrics linked to improved prevention and management of long term conditions.	<ul style="list-style-type: none"> <li>• Reduce the rate of avoidable hospital and care home admissions from identified at risk cohorts.</li> </ul>



# Partnership Southwark

## What do we need from enablers and partners to deliver?

- **Data and digital:** improved access to timely data in accessible formats which supports the development of the neighbourhood model and our population health management approach, including Core20Plus5. Solutions to data sharing to support multi agency working and the development of innovative digital approaches to support efficient health and care provision.
- **Workforce:** development of an ICS workforce strategy that supports integrated team models and improves recruitment and retention in key front-line roles.
- **Estates:** further develop our collaborative estates strategy to support integration, including the development of neighbourhood team facilities options.
- **Finance:** development of the system sustainability work to enable a shift to investment in neighbourhoods and preventative services.
- **Communications & Engagement:** support in developing our comms strategy to support the five priority workstreams.

## How will we work in collaboration with our system?

- **Wells Leadership:** develop diverse and proactive groups, impactful collaboration.
- **Community Networks:** grow these networks around each priority.
- **Professional Networks:** grow these networks around each priority.
- **Planning and delivery:** establish robust communications and engagement plans, influential working groups, and fully co-designed approaches.

We will also seek to obtain input from Health Innovation Network, Applied Research Collaborations, Kings Health Partners.

## How will we engage with our population?

- **Engagement:** build on recent community engagement (including Southwark 2030) and agree next steps as we scope and develop delivery plans.
- **Lived-experience and community panels:** establish fully co-designed approaches, embedding lived-experience and community voices in design and delivery.
- **Partnership:** work with Community Southwark and voluntary sector organisations as key partners in engaging with residents.

## How will we monitor and share progress?

- **Governance and reporting:** regular monitoring and reporting via governance structures and wider stakeholders, around a timeline and a set of agreed quantitative and qualitative measures, evidencing codesign approaches, and short-term and long-term outcomes (including for example community surveys and feedback mechanisms).
- **Communications and engagement:** establish robust plans to promote and communicate ambitions and achievements.

# Partnership Southwark Strategic Board

## Cover Sheet

**Item: 7**  
**Enclosure: 6**

<b>Title:</b>	<b>Integrated Assurance Report</b>
<b>Meeting Date:</b>	<b>27/03/2026</b>
<b>Author:</b>	Adrian Ward, Head of Planning, Performance and Business Support, SELICB
<b>Executive Lead:</b>	Darren Summers, Strategic Director for Integrated Health and Care/Southwark Place Executive Lead

### Summary of main points

#### Overview

This report provides a draft of the new Integrated Assurance Report that under the revised governance arrangements will be considered by the Integrated Governance and Assurance Committee and form the basis of an assurance report to each subsequent Partnership Southwark Strategic Board. The focus of the report is to provide assurance to the board on the delivery of delegated ICB responsibilities, other than primary care (which will be reported via the Primary Care Group) and delivery of the Health and Care Plan (which will be reported on by the Partnership Southwark Delivery Executive).

This report was reviewed in detail by the Integrated Governance and Assurance Committee at its meeting of 20<sup>th</sup> March and key points have been highlighted in the executive summary.

The report focusses on performance, planning, quality, safeguarding, risk, finance and delegated responsibilities around continuing healthcare and medicines optimisation. The report is in development and will be built upon iteratively in each quarterly reporting cycle.

The structure of the report is as follows:

#### Executive Summary:

Appendix: Integrated Assurance Report

Section 1: Performance Metrics

Section 2: ICB Southwark Operational Plan

Section 3: Quality Report

Section 4: Safeguarding Q3 report

Section 5: Risk Report

Section 6: Summary of Financial Position

Section 7: Other reports from designated leads for delegated responsibilities:

- Continuing Health Care
- Medicines Optimisation

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

### Action requested of PSSB

The board is asked to note the Integrated Assurance Report and comment on the approach taken.

### Anticipated follow up

The next board will receive a year end Integrated Assurance Report from the Integrated Governance and Assurance Committee.

### Links to Partnership Southwark Health and Care Plan priorities

Children and young people's mental health	<b>x</b>
Adult mental health	<b>x</b>
Frailty	<b>x</b>
Integrated neighbourhood teams	<b>x</b>
Prevention and health inequalities	<b>x</b>

### Item Impact

Equality Impact	The Integrated Assurance Report does not have a direct impact on services, however it is a report that provides information on a range of delegated responsibilities including aspects of quality, health inequalities, finance, safeguarding and medicines optimisation.		
Quality Impact			
Financial Impact			
Medicines & Prescribing Impact			
Safeguarding Impact			
Environmental Sustainability Impact (See guidance)	<b>Neutral</b> No direct impact but note the inclusion of a sustainable prescribing dashboard in section 1.1	<b>Positive</b>	<b>Negative</b>

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

The contents of this report have been reviewed by the Integrated Governance and Performance Committee on 20<sup>th</sup> March 2025.

## **Integrated Assurance Report**

### **Executive Summary**

#### **Background**

This report provides a draft of the new Integrated Assurance Report that under revised governance arrangements will be considered by the Integrated Governance and Assurance Committee (IGAC) and form the basis of an assurance report to each subsequent Partnership Southwark Strategic Board. The focus of the report is assurance on the delivery of delegated ICB responsibilities, other than primary care (which will be reported via the Primary Care Group) and delivery of the Health and Care Plan (which will be reported on by the Partnership Southwark Delivery Executive). The current scope of the report covers performance and key metrics, progress on delivery of operational plan priorities, quality, safeguarding, risk management, continuing health care and medicines optimisation.

The full report was considered in detail by the Integrated Governance and Assurance Committee on 20<sup>th</sup> March and this report summarises any key issues for the board to be aware of.

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

#### **Summary of key issues**

##### **1.1 Performance metrics – SELICB place level targets**

IGAC reviewed the latest scorecard showing progress against key ICB targets from the SEL Operational Plan that are delegated to place.

The scorecard reflects the successful delivery of key targets in areas including dementia diagnosis, breast cancer screening, bowel cancer screening and learning disability annual health checks.

However it also shows that a number of areas are behind target and red flagged as a result. In particular to note:

- **Talking Therapies:** the 3 targets relating to numbers of discharges, reliable improvement and reliable recovery rates are below target. This service is commissioned through the SLAM contract and performance issues are being explored with the local commissioning team. Identified factors include a reduction in online services uptake and complexity of case mix impacting on improvement and recovery rate. Additional group clinics have been established to expand capacity.
- **SMI physical health checks:** The year-end target for SMI physical health checks is 70% for 24/25 and Q3 is below trajectory at 53%. However, it is known from previous years that this is a metric that increases significantly in Q4 and it is expected that the gap with the target will be substantially narrowed by year-end. 70% was achieved last year with a similar Q3 profile.
- **CHC 28 day assessment target:** performance dipped below the Q3 target, as discussed in the report from the delegated lead in section 7 of this report.
- **Childhood Immunisations:** In common with most London boroughs the 90% efficiency standard is not met across the range of immunisations measures, and performance is in fact above the London average. Improving uptake is a key priority that is subject to an extensive action plan through the Southwark immunisations group working with the South East London immunisations programme. The

associated risk of vaccine preventable outbreaks is recorded on the Southwark risk register.

- **Flu vaccination rates:** latest published data shows that the corporate objective to increase flu immunisation rates has not been met. The last published over 65's rate for Southwark stood at 54% against a target of 60%. This is also managed by the immunisation group as per children's
- **Cervical cancer screening:** rates are very marginally below the trajectories set Southwark for this corporate objective. As previously noted, the breast cancer and bowel cancer screening rate targets are being met in Southwark following recent improvements.
- **Management of hypertension in line with NICE guidance:** in common with all SEL boroughs the December data shows that the trajectory towards the new 80% national target was not met, with performance at 68% against 71% target, a decline on previous years. However Southwark is the joint highest on this measure in South East London. As this is a corporate objective detailed analysis of performance has been undertaken, which linked the drop in performance to Synnovis data issues earlier in the year.
- **Primary care access:** latest published data shows performance on the measure of GP appointments provided within 2 weeks shows performance at 89.7%, marginally below the 91% planning target. Local data for improvement plans focuses on the extent of GP variation.

All the above areas are covered as part of operational priorities and fall under business as usual plans.

**Note: Personal Health Budgets:** this is also under trajectory and flagged red but has not been an operating plan priority for some time, and is not in the latest national operational plan guidance. Current volumes reflect the numbers of qualifying service users who are predominantly continuing health care cases, wheelchair users and mental health S117 patients. The target is not met across South East London and Southwark's levels compare favourably with neighbouring budgets.

## 1.2 Performance Metrics - Local Performance Dashboard

In addition to the SEL metrics report IGAC reviews the local analysis of additional metrics relating to key priorities. The data comes from a range of sources including the ICB BI dashboards, NHSE and other published data.

Particular metrics focussed on in the March meeting were:

- **Better Care Fund (BCF) targets set for 2025/26:** The revised BCF arrangements includes focus on 2 new targets on which baseline data suggests Southwark is facing significant challenges:
  - Rate of emergency admissions of Southwark residents aged over 65 per (third highest in London)
  - Average days of delay in hospital after discharge ready date by Southwark residents (second highest in London)

The Better Care Fund Plan will set out services that support admissions avoidance and support discharge and as these target are monitored and the data is analysed further opportunities for improvement will be identified.

- **Unplanned admissions for Ambulatory Care Sensitive Conditions:** It was noted that the latest data suggests that the 5% reduction target set in the current BCF will be safely met, with significant reductions in respiratory related admissions. However the data for **admissions due to falls** in older people has shown significant increases in 2024/25 and the reduction target will not be met.
- **Cholesterol management for people with CVD in line with NICE guidance:** this target is referenced in the new Operational Planning guidance. PCN level data shows South Southwark to be in the top quartile for SELICB whilst bottom quartile for North Southwark.
- **Core20Plus:** the data showing the main areas where performance is worse for those living in the 20% most deprived boroughs was reviewed, with progress in narrowing the gap evident in breast screening and cervical screening. The significant difference in flu uptake was also highlighted.
- **CQC inspection ratings:** two significant improvements were noted since the previous report:
  - The Acorn and Gaumont GP practice was rated “Good” after a period of being “Inadequate”. This was the borough’s only inadequate rated practice. As the practice has one of the highest proportion of Core20 patients this is welcome news.
  - The Camberwell Lodge Care Home rating improved from “Requires Improvement” to “Good”
- **Children and Young People mental health waiting times:** data for Q3 from the SEL BI dashboard suggests a significant decline in Q3, whilst **adult mental health waiting times** performance is relatively unchanged. Improving these metrics is a key priority for Partnership Southwark.

## 2 Operational Plan update

IGAC noted that the Southwark operational plan is currently being redeveloped for 2025/26 and will be presented to a future meeting, including a summary of year end 2024/25 position.

Progress on key metrics relating to the plan are covered in section 1.

## 3 Quality

IGAC reviewed the new Q3 report provide by the SEL quality team, and welcomed the development of a borough level report. More work will be done with the team to help ensure that the report focuses on priorities.

## 4 Safeguarding

IGAC reviewed a high level summary of the detailed Q3 report provide by the Safeguarding team that the Senior Management Team had reviewed, and welcomed the development of the borough level report. More work will be done with the team to help ensure that the report focuses on priorities around the delegated safeguarding responsibilities. A specific section on SEND is also in development.

## 5 Southwark Place Risk Register

IGAC noted the current risk on the register and changes since the last meeting. No risks are currently very high, and following mitigation a number of risks had been reduced in rating, including those linked to achieving financial balance in 2024/25, community equipment

services and the impact of GP collective action. The risk relating to the completion of the Harold Moody health centre has been closed.

Following the 2025/26 planning round a new set of risks will be assessed around financial pressures, management cost reductions and the delivery of priorities.

## **6. Finance summary report**

IGAC receives a detailed Finance report which is reviewed in full. The report to the board includes a summary of the key issues discussed.

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

IGAC noted the reports included in the attached report.



## Integrated Assurance Report - March 2025

## Appendix

Section 1.1:	Performance Metrics SEL scorecard	(slide 2)
Section 1.2:	Other local metrics	(slide 27)
Section 2:	ICB Southwark Operational Plan	(slide 58)
Section 3:	Quality Report	(slide 59)
Section 4:	Safeguarding Q3 report	(slide 71)
Section 5:	Risk Report	(slide 77)
Section 6:	Summary of Financial Position	(slide 81)
Section 7:	Reports from designated leads	(slide 83)





# Integrated Assurance Report - Appendix

March 2025

## Section 1.1:

### SEL ICB dashboard of key metrics and targets delegated to place

Attached is the full place report provided by the ICB assurance team on 14.3.25 showing the position on 24/25 metrics, targets and benchmarking.

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

**Introduction and summary**

Overview of report	PAGE 4
Performance overview	PAGE 5

**Reported metrics**

Dementia	<a href="#">PAGE 6</a>
IAPT	<a href="#">PAGE 7</a>
SMI physical health checks	<a href="#">PAGE 8</a>
Personal health budgets	<a href="#">PAGE 9</a>
NHS Continuing health care	<a href="#">PAGE 10</a>
Childhood immunisations	<a href="#">PAGE 11</a>
Learning disability and autism	<a href="#">PAGE 13</a>
Cancer screening	<a href="#">PAGE 14</a>
Hypertension	<a href="#">PAGE 15</a>
Flu vaccination rate	<a href="#">PAGE 16</a>
Primary care access	<a href="#">PAGE 18</a>

## Summary:

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

## Contents and structure of report:

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

## Structure

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

## Definitions:

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

# Southwark performance overview

Standard	Trend since last period	Period covered in report	Comparator	Benchmark	Current performance
Dementia diagnosis rate	↔	Jan-25	National standard	67%	72%
IAPT discharge	↓	Dec-24	Operating plan	406	295
IAPT reliable improvement	↔	Dec-24	Operating plan	67%	60%
IAPT reliable recovery	↑	Dec-24	National standard	48%	45%
SMI Healthchecks	↑	Q3	Local trajectory	68%	53%
PHBs	↑	Q3 - 24/25	Local trajectory	586	335
NHS CHC assessments in acute	↔	Q3 - 24/25	National standard	0%	0
CHC - Percentage assessments completed in 28 days	↓	Q3	Local trajectory	75%	62%
CHC - Incomplete referrals over 12 weeks	↔	Q3 - 24/25	Local trajectory	0	0
Children receiving MMR1 at 24 months	↓	Q2 - 24/25	PH efficiency standard	90%	78%
Children receiving MMR1 at 5 years	↓	Q2 - 24/25	PH efficiency standard	90%	83%
Children receiving MMR2 at 5 years	↓	Q2 - 24/25	PH efficiency standard	90%	73%
Children receiving DTaP/IPV/Hib % at 12 months	↑	Q2 - 24/25	PH efficiency standard	90%	87%
Children receiving DTaP/IPV/Hib % at 24 months	↓	Q2 - 24/25	PH efficiency standard	90%	85%
Children receiving pre-school booster (DTaPIPv%) % at 5 years	↓	Q2 - 24/25	PH efficiency standard	90%	61%
Children receiving DTaP/IPV/Hib % at 5 years	↑	Q2 - 24/25	PH efficiency standard	90%	86%
LD and Autism - Annual health checks	↑	Jan-25	Local trajectory	710	893
Bowel Cancer Coverage (60-74)	↑	Jul-24	Corporate Objective	62%	63%
Cervical Cancer Coverage (25-64 combined)	↓	Jun-24	Corporate Objective	64%	64%
Breast Cancer Coverage (50-70)	↑	Jul-24	Corporate Objective	57%	59%
Percentage of patients with hypertension treated to NICE guidance	↑	Feb-25	Corporate Objective	71%	68%
Flu vaccination rate over 65s	↑	Jan-25	Corporate Objective	60.9%	55.4%
Flu vaccination rate under 65s at risk	↑	Jan-25	Corporate Objective	33.2%	31.7%
Flu vaccination rate – children aged 2 and 3	↑	Jan-25	-	-	37.1%
Appointments seen within two weeks	↓	Jan-25	Operating plan	91%	89%
Appointments in general practice and primary care networks	↑	Jan-25	Operating plan		127,048
Appointments per 1,000 population	↑	Jan-25			351

# Dementia Diagnosis Rate

SEL context and description of performance

- The 2024/25 priorities and operational planning guidance identifies improving quality of life, effectiveness of treatment, and care for people with dementia by increasing the dementia diagnosis rate to 66.7% by March 2025 as a National NHS objective. Dementia diagnosis rate is defined as the diagnosis rate for people with dementia, expressed as a percentage of the estimated prevalence.
- South east London is achieving this target. January 2025 performance was 69.8%.
- There is, though, variation between boroughs. Greenwich has not achieved the target in 2024/25 (or during 2023/24).

		Jan-25						
Metric	Target	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Dementia diagnosis rate*	66.7%	71.9%	70.9%	64.3%	76.6%	62.3%	71.6%	69.8%
Trend since last report	-	↑	↓	↓	↓	↓	↔	↓

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

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

SEL context and description of performance

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

		Dec-24						
Metric		Bexley - MIND	BHC	Greenwich (Oxleas)	Lambeth (SLaM)	Lewisham (SLaM)	Southwark (SLaM)	SEL
Talking Therapies discharge metric		120	155	320	485	425	295	1765
Trajectory		176	261	321	585	355	406	2119
Trend since last reporting period		↓	↓	↑	↓	↑	↓	↓
		Dec-24						
Metric	Target	Bexley - MIND	BHC	Greenwich (Oxleas)	Lambeth (SLaM)	Lewisham (SLaM)	Southwark (SLaM)	SEL
TT reliable recovery	48%	48.0%	45.0%	46.0%	53.0%	47.0%	45.0%	48.0%
Trend since last report	-	↔	↓	↓	↔	↑	↑	↔
		Dec-24						
Metric	Target	Bexley - MIND	BHC	Greenwich (Oxleas)	Lambeth (SLaM)	Lewisham (SLaM)	Southwark (SLaM)	SEL
TT reliable improvement	67%	64.0%	65.0%	66.0%	70.0%	70.0%	60.0%	67.0%
Trend since last report	-	↓	↓	70 of 140	↑	↑	↔ PSSB Papers - 27 March 25	

**SEL context and description of performance**

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

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

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

**SEL context and description of performance**

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

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



## SEL context and description of performance

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

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

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

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

## Description of metric and SEL context

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

		Q2* - 24/25								
Metric	Efficiency standard	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL	London	England
Children receiving MMR1 at 24 months	90%	84.8%	86.9%	84.9%	79.5%	84.8%	78.3%	83.2%	80.0%	88.8%
Trend since last reporting period	-	↓	↓	↓	↓	↓	↓	↓	↓	↓
		Q2* - 24/25								
Metric	Efficiency standard	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL	London	England
Children receiving MMR1 at 5 years	90%	86.1%	87.1%	82.7%	79.8%	83.3%	82.6%	83.6%	81.8%	91.2%
Trend since last reporting period	-	↓	↓	↓	↓	↓	↓	↓	↓	↓
		Q2* - 24/25								
Metric	Efficiency standard	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL	London	England
Children receiving MMR2 at 5 years	90%	74.5%	81.1%	72.4%	70.0%	76.8%	72.5%	74.7%	69.5%	83.4%
Trend since last reporting period	-	↓	↓	74 of 149	↓	↓	↓	↓	PSSB Papers - 27 March 25	↓

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

# Childhood immunisations (2 of 2)

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

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

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

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

## SEL context and description of performance

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

	Jan-25						
Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
LD and Autism - Annual health checks	736	885	1128	1130	1202	893	5974
Trajectory	675	695	906	935	1094	710	4825

## SEL context and description of performance

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

Jul-24							
Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Bowel Cancer Coverage (60-74)	73.8%	75.8%	65.5%	61.8%	63.9%	62.5%	67.6%
Trajectory	72.8%	75.3%	65.2%	62.3%	63.1%	62.2%	67.3%
Trend since last reporting period	↑	↑	↑	↑	↑	↑	↑

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

Jul-24							
Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Breast Cancer Coverage (50-70)	70.1%	71.3%	57.7%	56.0%	57.7%	59.1%	62.1%
Trajectory	70.4%	73.5%	59.4%	57.5%	59.0%	57.4%	63.0%
Trend since last reporting period	↑	↓	↑	↑	↑	↑	↑

## SEL context and description of performance

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

	Feb-25 (Local data reporting)						
Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Percentage of patients with hypertension treated to NICE guidance	63.0%	65.0%	68.0%	66.0%	60.0%	68.0%	65.0%
Trajectory	69.9%	71.7%	71.4%	71.2%	68.2%	71.0%	70.6%
Trend since last report	↑	↑	↑	↑	↑	↑	↑

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

**SEL context and description of performance**

- The south east London ICB board set improving adult flu vaccination rates as a corporate objective. The ambitions for 2023/24 was as follows: improve the vaccination rate of people aged over 65 to 73.7%, improve the vaccination rate for people under 65 at risk to 46.0%.
- Performance in 2023/24 (year 1) was significantly below ambition for both metrics and represented a decrease in performance from the previous year.
- In order to ensure that 24/25 ambitions were informed by place, their knowledge of and insights into their local population, their role in commissioning services and their strategic plans for delivery, each borough team have set their own ambitions to improve uptake for the two main adult flu cohorts for the upcoming flu season.
- The below table provides targets set at borough level
- The following slide provides the published November borough level performance and the preliminary 12 January borough level performance vs trajectory

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

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

## Published January Performance

Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Over 65s vaccinated	69.7	72.9	61.5	54.2	53.7	55.4	62.7
Local December trajectory	70.0%	74.7%	66.0%	59.0%	60.8%	60.9	66.5%
Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Under 65s at risk vaccinated	35.5	39.1	35.1	29.6	28.9	31.7	32.9
Local December trajectory	40.0%	45.6%	34.0%	32.7%	32.6%	33.2%	36.0%
Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Children aged 2 and 3 vaccinated	35.7%	48.7%	38.1%	36.8%	38.4%	37.1%	39.4%

## Provisional data to 26 January 2025\*

Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Over 65s vaccinated	69.6%	72.7%	61.3%	53.8%	53.5%	55.2%	62.5%
Local January trajectory	70.0%	74.7%	66.0%	59.0%	60.8%	60.9%	66.5%
Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Under 65s at risk vaccinated	35.3%	39.0%	34.8%	29.3%	28.8%	31.3%	32.7%
Local January trajectory	40.0%	45.6%	34.0%	32.7%	32.6%	33.2%	36.0%
Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Children aged 2 and 3 vaccinated	35.9%	48.6%	38.0%	36.5%	37.6%	36.7%	39.2%

\*Borough level performance has been calculated from non-mandatory automated practice level data uploads. Coverage for all borough is >95% of practices



**SEL context and description of performance**

- The 2024/25 Priorities and Operational Planning guidance identifies the following as a national objective for 2024/25:
  - Continue to improve the experience of access to primary care, including by supporting general practice to ensure that everyone who needs an appointment with their GP practice gets one within 2 weeks and those who contact their practice urgently are assessed the same or next day according to clinical need
- The following trajectories have been agreed at an SEL level as part of the annual planning process:
  - Planned number of general practice appointments.
  - Percentage of patients whose time from booking to appointment was two weeks or less for appointment types not usually booked in advance.
- Appointments totalled 790,111 in November against the operating plan of 804,747. SEL did not achieve the planning trajectory for appointments seen within 2 weeks (89.0% vs 91.0% trajectory).

		Jan-25						
Metric	Planning trajectory	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Appointments seen within 2 weeks	91.0%	89.8%	85.3%	93.3%	91.4%	86.5%	88.8%	89.2%

		Jan-25						
Metric	Planning trajectory	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Appointments in general practice and primary care networks	727247	119408	144433	128846	186600	125724	127313	832324
Appointments per 1,000 population	-	456	401	393	412	351	351	392



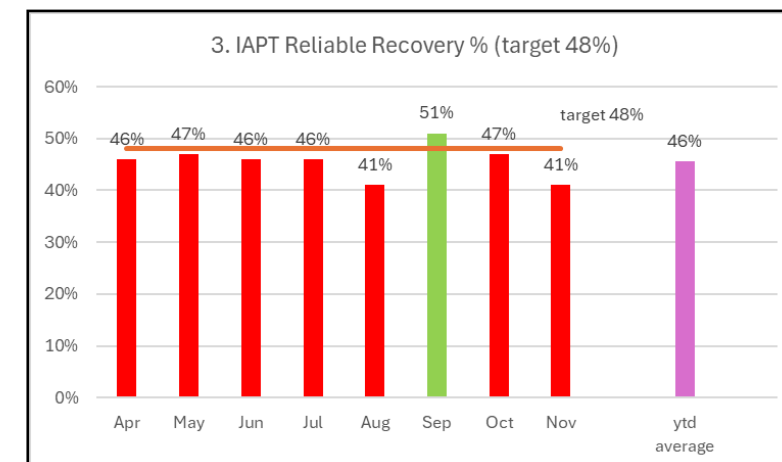
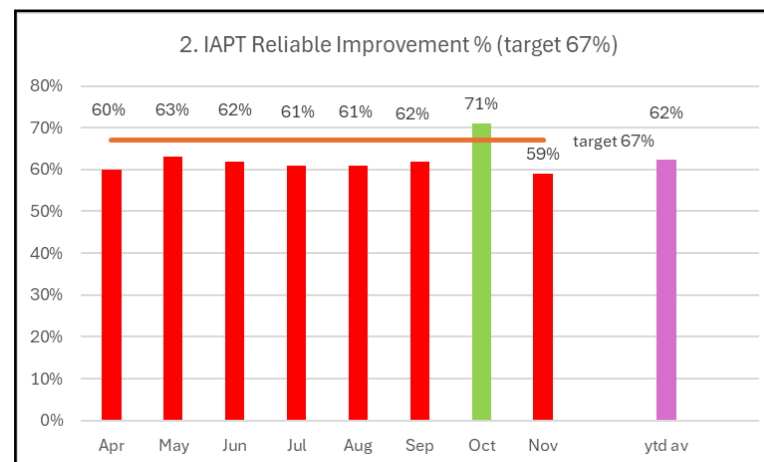
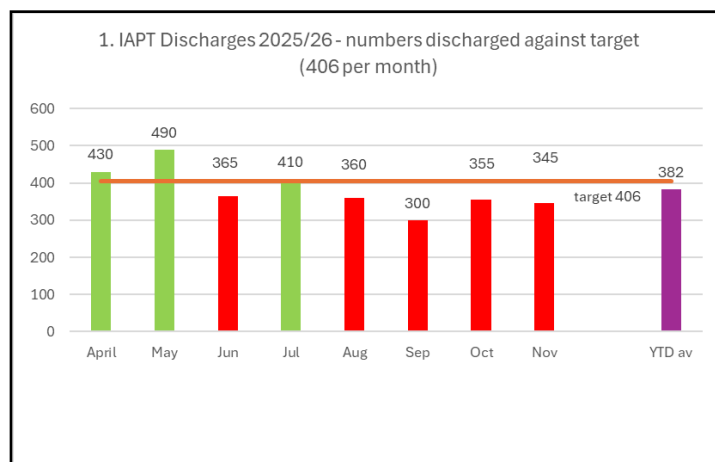
## **Section 1.1: SEL ICB dashboard of key metrics and targets delegated to place**

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

# Southwark narrative on red rated metrics highlighted in SELICB place report

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

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



1. This shows that **discharge** numbers in the year to date are below target (average of 382 against target of 406 per month). It is notable that the first 4 months of the year were higher than the last 4 months. However, it should be noted that no SEL borough has met the trajectory.
2. Aside from a notable peak in October, **reliable improvement** has been consistently averaging 62% against the 67% target and the benchmarking in the pack shows it to be below the average of neighbouring boroughs, who are on target.
3. Similarly, the **reliable recovery rate** has been consistently under target, apart from September when 51% was achieved. August and November dropped significantly below the SEL average.

**Oversight of performance:** the IAPT service is commissioned and monitored on behalf of the borough by the SEL commissioning team as part of the overall SLAM contract. Discussions are underway to enhance the provision of place monitoring data to the Joint Commissioning Team to enable performance issues to be identified, discussed and addressed.

## Southwark narrative on red rated metrics highlighted in SELICB place report

### 2) SMI Healthchecks

The year end target for SMI physical health checks is 70% for 24/25 and Q2 is 49%. It has been red lit in the SEL report as the Q1 target was set at 66%. However it is known that from previous years this is a metric that increases significantly in Q4. In 2023/24, when the final year performance was strong at 71% against a 60% target, Q2 performance was at 52%.

Note that Q3 data recently publish shows the rate as 53.4%.(against 56% in Q3 last year). This suggests the performance has slightly declined from last year but the extent of Q4 review activity may still mean the target will be met. Hence overall this is not yet an area of significant concern.

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

### 3) Personal Health Budgets (PHB)

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

### 4) CHC assessments with 28 days

Performance is below the 75% target. See CHC delegated report slide (87) for details.

## Southwark narrative on red rated metrics highlighted in SELICB place report

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

### MMR2 at 5 yrs – London benchmarking

Verifying metrics: [Southwark MMR2 at 5 years](#)

☐ CIPFA nearest neighbours to Southwark  
[Nearest Neighbour Model \(CIPFA.org\)](#)

Area: [All in London region \(statistical\)](#) [All in England](#) Display: [Table](#) [Table and chart](#) Benchmarking against goal: 90% 85% to 90% 95%

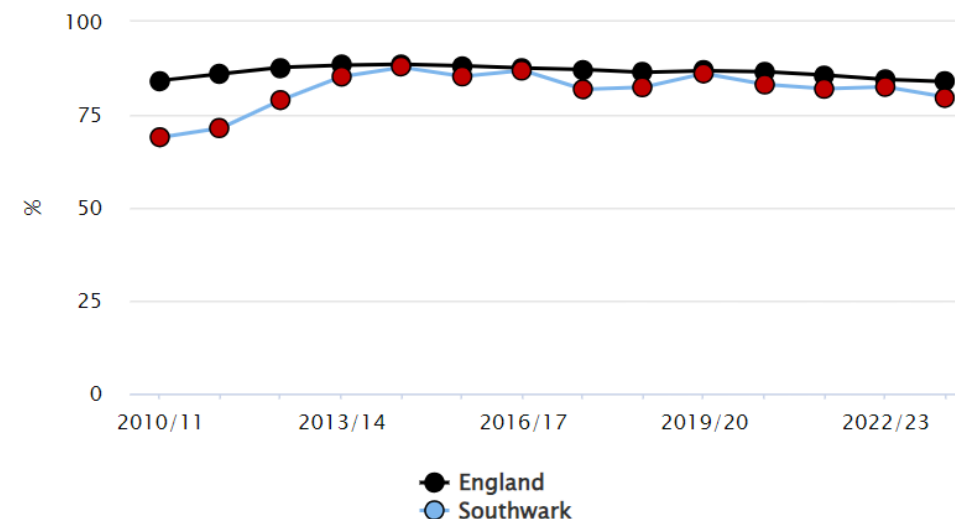
[Show 99.9% CI values](#)

Area	Recent Trend	Count	Value	90% Lower CI	90% Upper CI
England	Red	552,626	83.8	83.8	84.0
London region (statistical)	Red	88,324	73.1	73.1	73.6
Bromley	Red	3,499	66.1	66.0	67.1
Bexley	Red	2,583	62.9	61.6	64.2
Hillingdon	Red	3,362	61.0	59.8	62.2
Southwark	Red	2,033	60.7	59.1	62.2
Southwark	Red	2,087	79.7	78.3	81.1
Levensham	Red	3,058	79.6	78.3	80.8
Edling	Red	4,088	79.4	78.3	80.5
Hewling	Red	3,077	79.3	78.0	80.5
Greenwich	Red	2,872	79.2	77.9	80.5
Lambeth	Red	2,874	77.8	76.5	79.2
Harrow	Red	2,527	77.8	76.4	79.2
Kingston upon Thames	Red	1,812	77.1	75.4	78.8
Hounslow	Red	3,131	75.8	74.6	77.2
Brent	Red	3,281	75.0	73.7	76.3
Wandsworth	Red	3,163	74.6	73.2	75.8
Tower Hamlets	Red	2,884	73.9	72.5	75.2
Barnet	Red	4,628	72.9	71.7	74.1
Richmond upon Thames	Red	1,813	72.3	70.5	74.0
Merton	Red	1,914	72.2	70.5	73.9
Waltham Forest	Red	3,088	72.0	70.6	73.3
Redbridge	Red	3,471	69.8	68.5	71.1
Barking and Dagenham	Red	2,682	68.5	67.1	70.0
Croydon	Red	3,685	68.1	66.8	69.3
Newham	Red	3,863	67.7	66.5	68.8
Hammersmith and Fulham	Red	1,472	67.6	66.6	68.5
Erlam	Red	3,161	65.8	64.4	67.2
Camden	Red	1,717	65.7	63.9	67.5
Havering	Red	2,386	64.5	62.9	66.1
Warrington and Cheshire	Red	1,487	64.5	62.5	66.4
Westminster	Red	1,108	64.3	62.0	66.5
Hillingdon	Red	1,518	63.8	61.8	65.7
Walsley	Red	2,437	60.8	59.2	62.3
City of London	Red	-	-	-	-

Source: HSE England  
[Indicator Definition and Supporting Information](#)

Southwark  
6th

### MMR2 5 at years - Southwark trend vs England



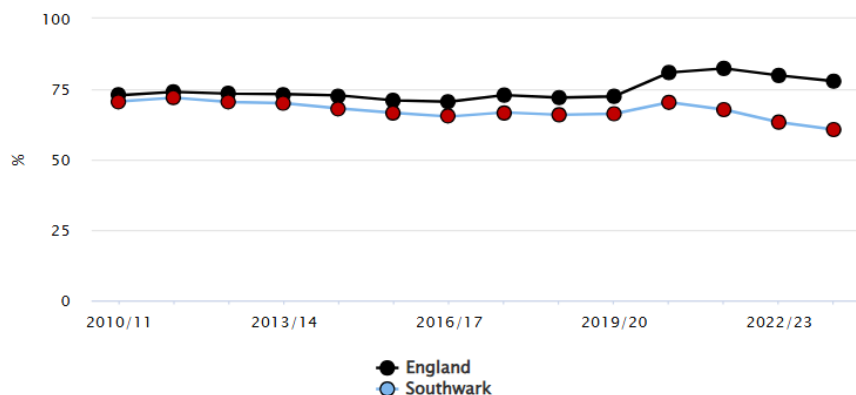
## Southwark narrative on red rated metrics highlighted in SELICB place report

### 6) Flu immunisation

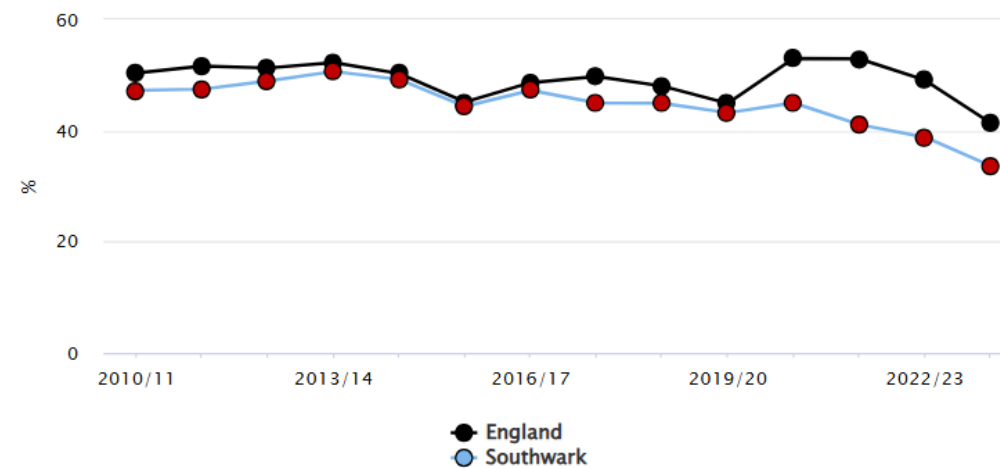
Southwark underperformed on the trajectory set on this corporate objective with 55.4% achieved against the target 60.9% for over 65 year olds, and no further significant growth likely under the current campaign which started in October. This is significantly below the final rate for 2023/24 of 60.6%. The rate for under 65 year olds at risk was closer to the target set at 31.7% vs 33.2%. This is a slightly higher level of coverage to Lewisham and Lambeth, but significantly lower than Bromley and Bexley. Detailed local data (see section 1.2) shows that vaccine hesitancy remains a key issue with 15% of the targeted cohort declining the vaccination offer. The graphs below show the longer term downward trend over the last 5 years.

As with childhood immunisations this has been added to the risk register and subject to an action plan to seek improvements in the next campaign.

Over 65's flu immunisation trends to 23/24



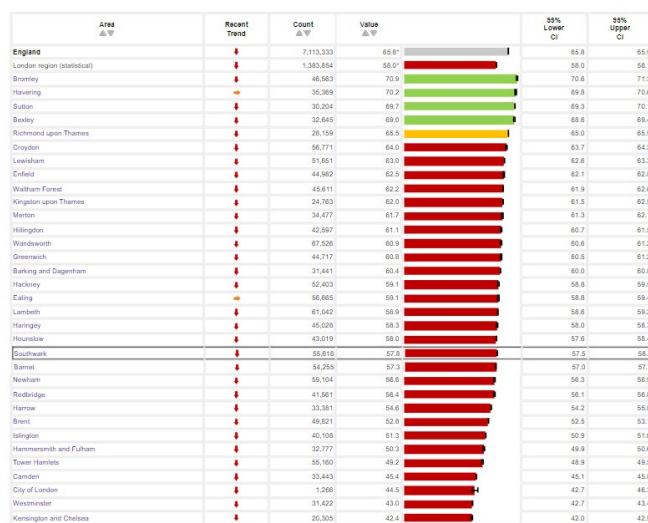
Over 65's flu immunisation trends to 23/24



# Southwark narrative on red rated metrics highlighted in SELICB place report

**7) Cervical Cancer screening:** Southwark is below the corporate objectives improvement targets set locally for cervical screening but recent improvements in bowel and breast screening rates have bought these within target. For context the public health outcomes benchmarking charts below that London is challenged on targets with few in the green zone, and Southwark tending towards the bottom third. Cancer screening uptake is a key area of health inequalities and prevention workstreams.

## Cervical



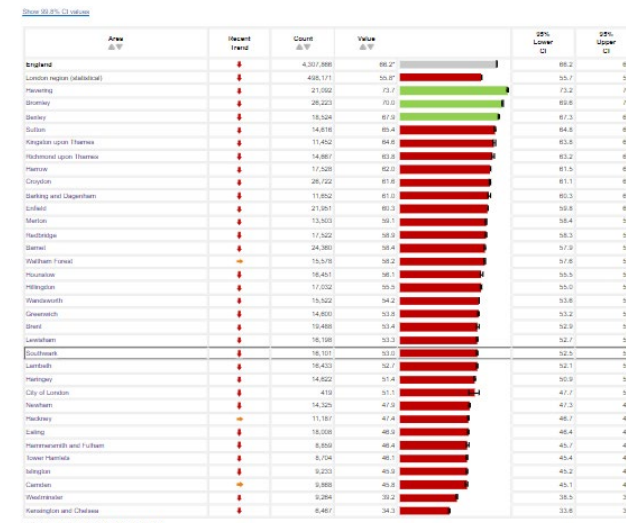
Source: NHS England Cervical Screening Programme

## Bowel



Source: NHS England Bowel Cancer Screening Programme

## Breast



Source: NHS England Breast Cancer Screening Programme



## Southwark narrative on red rated metrics highlighted in SELICB place report

**8. Management of hypertension to NICE guidance:** in common with all SEL boroughs the October data shows that the trajectory towards the new 80% national target was not met, with performance at 68% against 71% target in February. The detailed trend data below (chart 1) shows that performance has dropped off since March and can be expected to pick up again – although the 80% target is clearly challenging. Further context is the ongoing monthly increase in the hypertension register (chart 2) (growth of 3% to 39,952 from April to February). It is also encouraging to see the over 80 yr old metric continues to be close to the 80% target (chart 4).

See slide 2.05 for more detail.



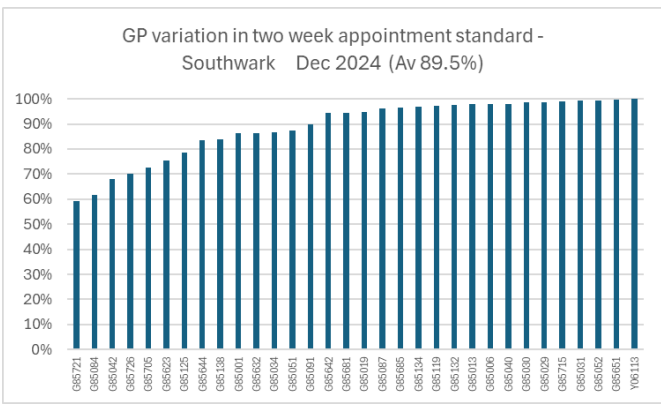
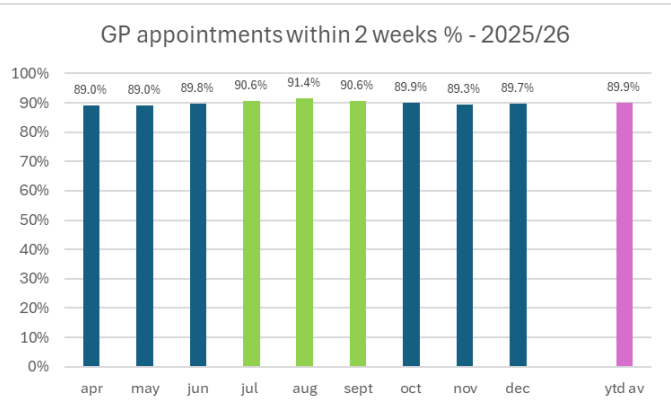
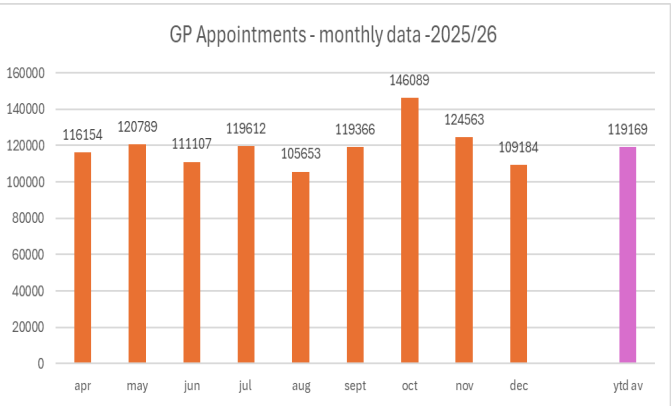
# Southwark narrative on other highlighted in SELICB place report



8) **Primary Care Access (not rag rated)** The charts below give more detail on the trends and GP variation in the new GP access figures which in the SEL report shows a snapshot for December.

The first chart shows some volatility in the monthly level of appointments. The high figure in October is clearly linked to the winter flu campaign.

The second chart shows that Southwark is marginally under the 91% target for appointments made within 2 weeks, whilst the 3<sup>rd</sup> chart shows a high level of GP variation against this target.



To be updated with January data



# Integrated Assurance Report

March 2025

## Section 1.2: Local metrics – additional data pack

Measures taken from a range of sources including published data and SELICB BI dashboards that relate to our key objectives, in addition to those in the SEL Southwark report (1.1)

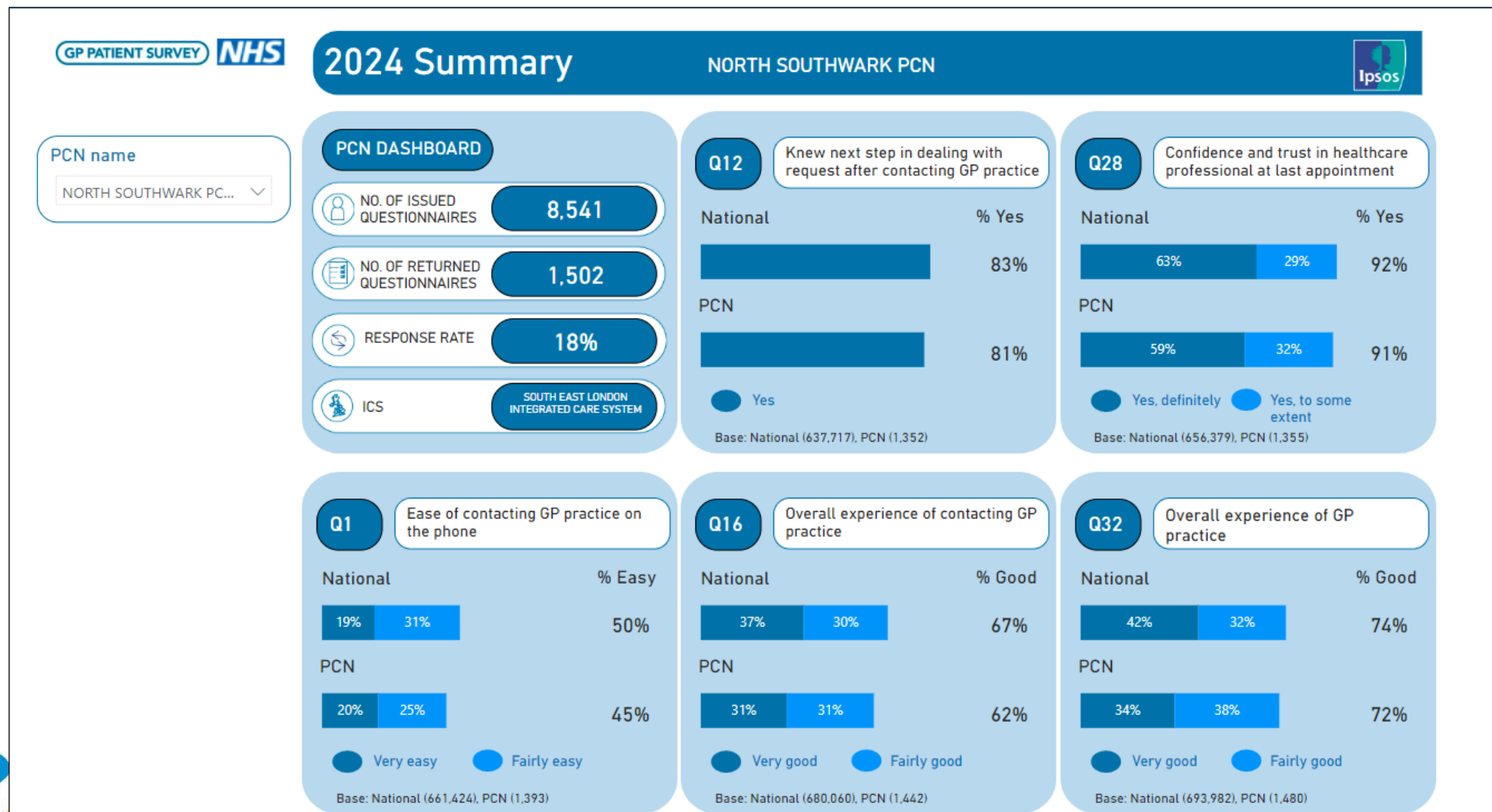
## Southwark performance overview – additional local metrics (1)

Metric	2022/23	2023/24	2024/25	period	Trend	Target / benchmark	Link to Op Plan	Latest Details
CQC survey: overall experience of contacting GP practice	-	-	64.5% av	2024 survey	-	SELICS: 64%	Primary Care Access	2.01
ARRS posts – FTE (source PCN dashboard)	97	171	198	To Dec 2024	better (up)		Primary Care Access	-
A&E attendances per 1000 weighted list size (SEL practice dashboard)	346	307	201	to Jan 2025	better (down)		Frailty/INTs	2.03
GP appointments – face to face (SEL GP access dashboard)		Data issue	776,118	To Feb 2025	up		Primary Care Access	2.04
GP appointments – telephone (SEL GP access dashboard)		Data issue	334,945	To Feb 2025	down		Primary Care Access	2.04
Patients on Hypertension Register	36,737	37,668	39,952	To Feb 2025	better (up)	tbc	Prevention/INTs	2.05
Hypertension blood pressure control all ages (OP target)	67.5	71.2	68%	To Feb 2025	worse	71%	Prevention/INTs	2.05
Hypertension blood pressure control over 80 yr olds	70.6%	79.8%	78%	To Feb 2025	Worse		Prevention/INTs	2.05
Hypertension blood pressure control under 80 yr olds	63.5%	65.6%	62.4%	To Feb 2025	Worse		Prevention/INTs	2.05
Cholesterol / CVD management (OP target)	-	-	32.7% av	To Sept	Tbc	tbc	Prevention/INTs	2.06
Diabetes 3 Treatment Tests	34.9%	33.1%	24.4%	Tbc	y/e tbc	above SEL av	Prevention/INTs	2.08
Diabetes 8 Care Processes	72.6%	79.6%	64.9%	Tbc	y/e tbc	above SEL av	Prevention/INTs	2.08
Vital 5 coding completeness	n/a	n/a	Misc	To March 2025	-	-	Prevention	2.09
Core 20 - key metric inequalities – focus on cancer screening and COPD	n/a	n/a	Misc	To	better	reduce gap	Health Inequalities	2.10-12
Unplanned Admissions Ambulatory Care Sensitive Conditions rate (BCF)	858	882	601	To Dec 2024	Better	5% reduction	Frailty/INTs	2.13
Discharge to usual place of residence (BCF)	96.7%	96.1%	95%	To Dec 2024	worse	96.7%	multiple	2.14
Admissions for falls in over 65s (BCF)	481	434	438	To Dec 2024	worse	5% reduction	multiple	2.14
Permanent admissions to care homes (rate per 100,00 over 65's) (BCF)	499	492	377	To Dec 2024	worse	473 (n=154)	multiple	2.14
Non-elective admissions (total) over 65s (New BCF target)	tbc	tbc	1903	To Nov 2024	worse	Tbc	Frailty/INT	2.15
Discharge delays - % discharged on discharge ready date (New BCF target)	-	-	91.4%	Sept-Dec 2025	-	Lond 90.1 Dec.	Frailty/INT	2.16
Discharge delays – average patient delay (all) (new)	-	-	0.95 days	Sept-Dec 2025		Lond 0.65 Dec.	Frailty/INT	2.16
Discharge delays – average patient delay if discharge after ready date (new)	-	-	10.7 days	Sept-Dec 2025		Lond 6.7 Dec.	Frailty/INT	2.16
Sustainability: Carbon footprint per salbutamol inhaler prescription (C02kgE)	18.09	18.24	17.87 (Oct)	Feb 2025	better		Sustainability	2.17
Immunisations dashboard Flu, Covid – BI dashboard – supplementary data			See page	March 2025			Prevention	2.18
Childhood Immunisations BI dashboard – MMR – fully vaccinated %			See page		worse	95%	Prevention	2.19
CQC ratings % practice good	-	-	84%	March	better		multiple	2.20
Reduction in patients over 75 prescribed 10 or more unique medicines	12.1% <small>91 of 149</small>	12.5%	13.25%	May 2024	worse	To be updated	Frailty	-

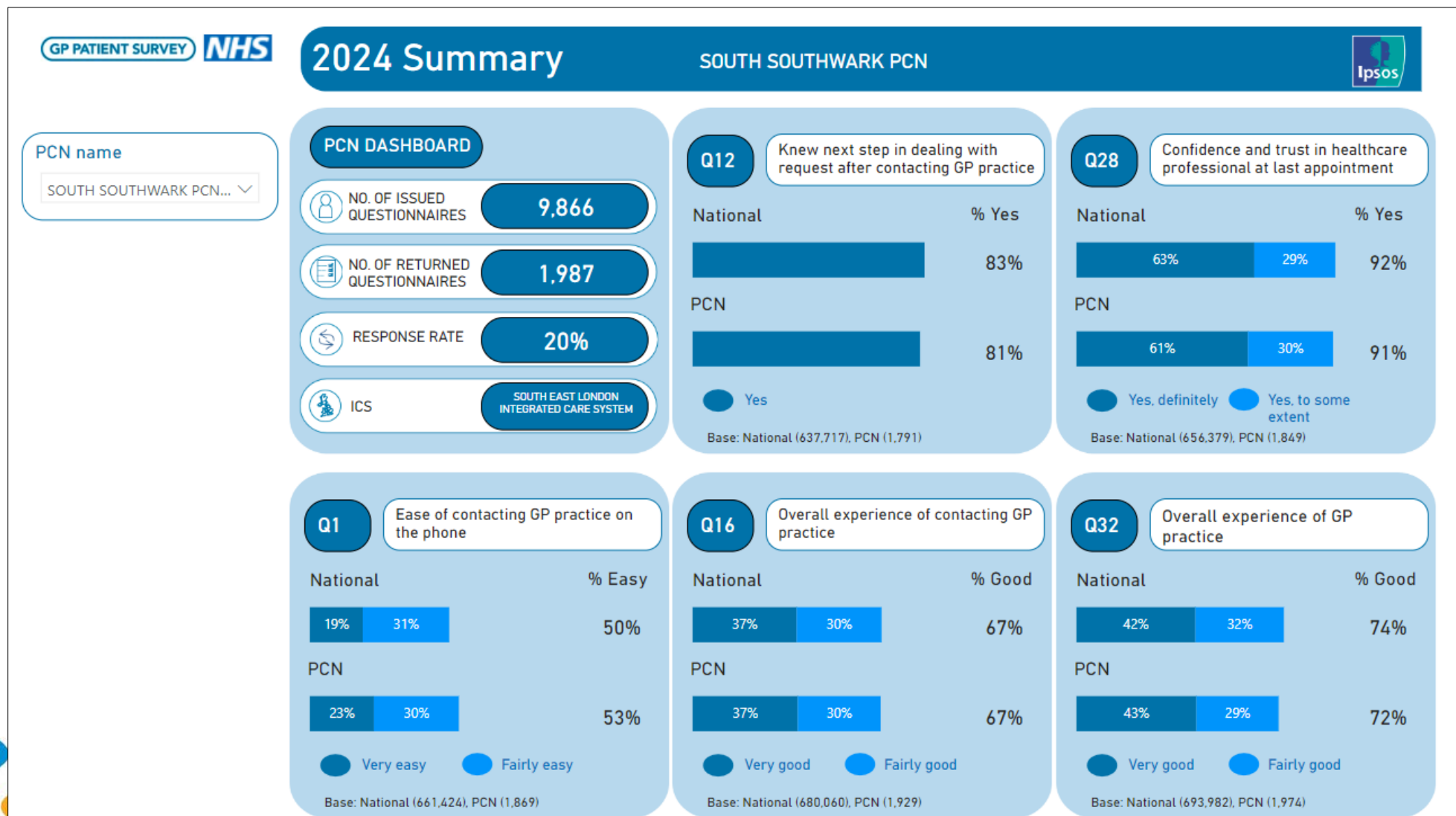
Southwark performance overview – additional local metrics (2)

Metric	2022/23	2023/24	2024/25	period	Trend	Target / benchmark	Link to Op Plan	Latest Details
CYP Mental Health Waits > 52 weeks (all referrals)	72	159	243	Dec 2024	worse	0	CYP MH	2.21
CYP Mental Health Waits > 52 weeks (neurodevelopmental)	8	97	145	Dec 2024	worse	0	CYP MH	2.22
CYP Mental Health referrals with contacts in 4 weeks %	68.5%	37.3%	66.0%	Dec 2024	better	Tbc	CYP MH	2.23
Adult Mental Health Waits > 52 weeks (all referrals)	199	256	297	Dec 2024	worse	0	Adult MH	2.24
Adult Mental Health Waits > 52 weeks (excluding neurodevelopmental)	43	84	109	Dec 2024	worse	0	Adult MH	2.25
Adult mental health referrals with contacts in 4 weeks %	80.6%	81.9%	85.2%	Dec 2024	better	Tbc	Adult MH	2.26

## 2.01 Primary Care Access / GP Patient Survey 2024 North Southwark PCN



Updated 14.03.25 Source  
GP survey website  
[gp-patient.co.uk/pcn-dashboard](https://gp-patient.co.uk/pcn-dashboard)

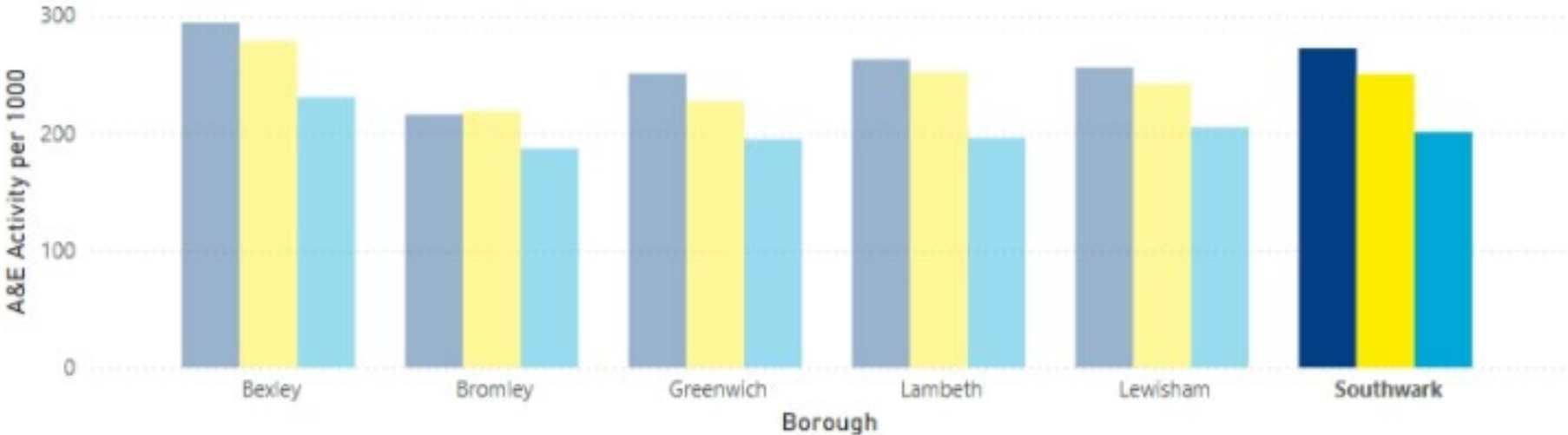


Updated 14.03.25  
Source GP survey website  
[gp-patient.co.uk/pcn-dashboard](https://gp-patient.co.uk/pcn-dashboard)

## 2.03 A&E Attendances per 1000 weighted list size – data to January 2025

A&E Attendances Per 1000 Weighted List Size by Borough/PCN/Practice and Financial Year

Financial Year ● 2022-23 ● 2023-24 ● 2024-25



This data shows the comparative position of Southwark on A&E attendance weighted for list size.

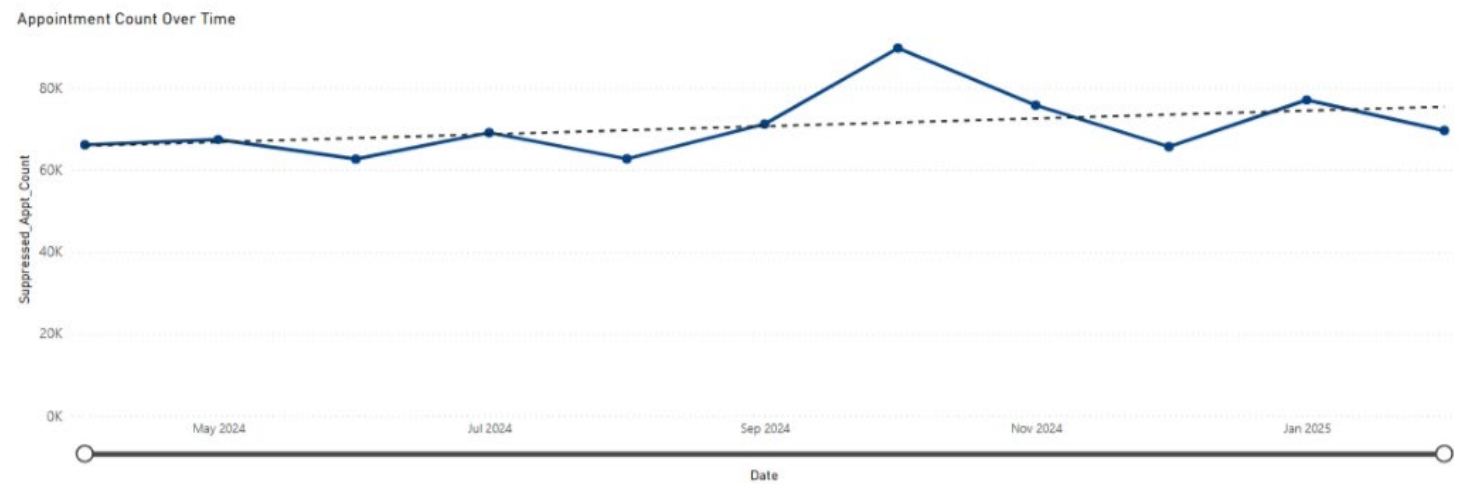
Extrapolating 2024/25 to year end suggests an A&E attendance rate of 241 per 1000, which would constitute a reduction on 2023/24, which in turn was a reduction on 2022/23.

Financial Year	North Southwark	South Southwark	Total
2022-23	285.89	254.66	272.22
2023-24	261.23	236.58	250.36
2024-25	206.37	193.83	200.84
Total	753.17	684.74	723.07

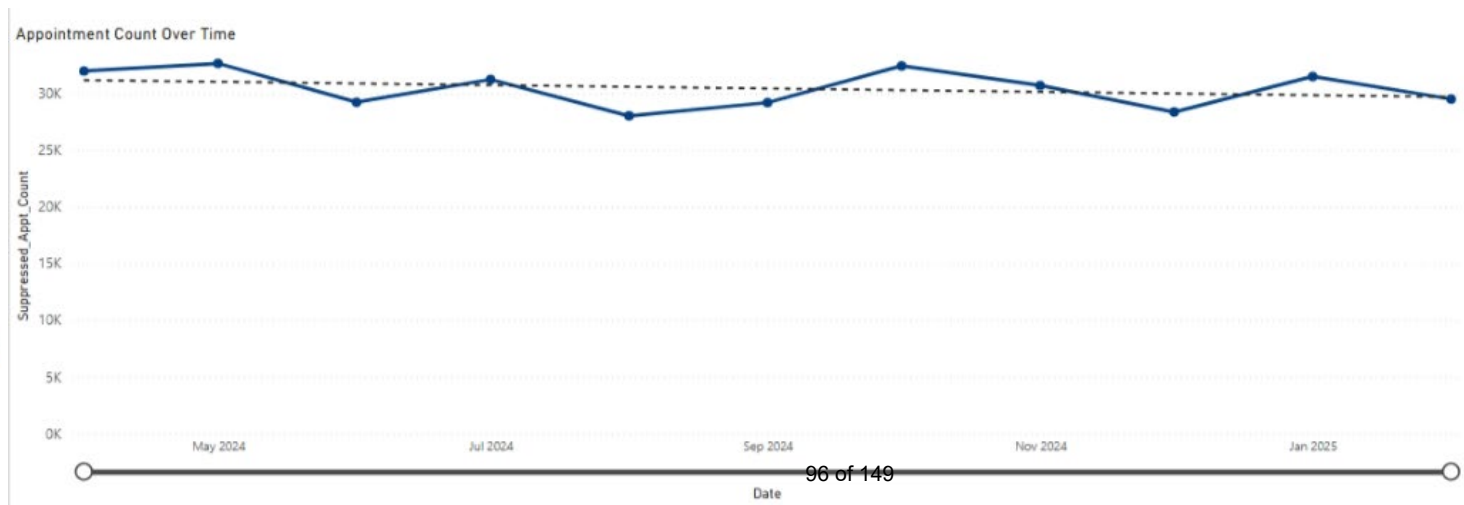


## 2.04 Primary Care Access – GP Appointments (face to face and telephone) 2024/25 data to February

### Face to Face – year to date (Feb) 776,118



### Telephone – year to date (Feb) 334,945



Updated 14.03.25  
Source SEL BI dashboard  
primary care access



## 2.05 Management of hypertension to NICE guidance – data to February 2025



The trajectory towards the new 80% national target was not met, with performance at 68% against 71% target in February. The detailed seasonal trend data below (chart 1) shows that performance has dropped off since March 2024 and can be expected to pick up again in March. Further context is the ongoing monthly increase in the hypertension register (chart 2) (growth of 3% to 39,952 from April to February). It is also encouraging to see the over 80 yr old metric continues to be close to the 80% target (chart 4).

Chart 1 – long term trend – all age – latest value 68%

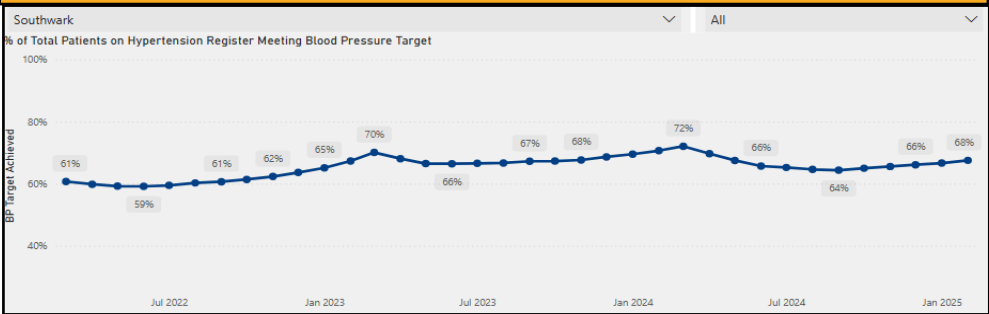


Chart 2 - Numbers on hypertension register - latest value 38,681

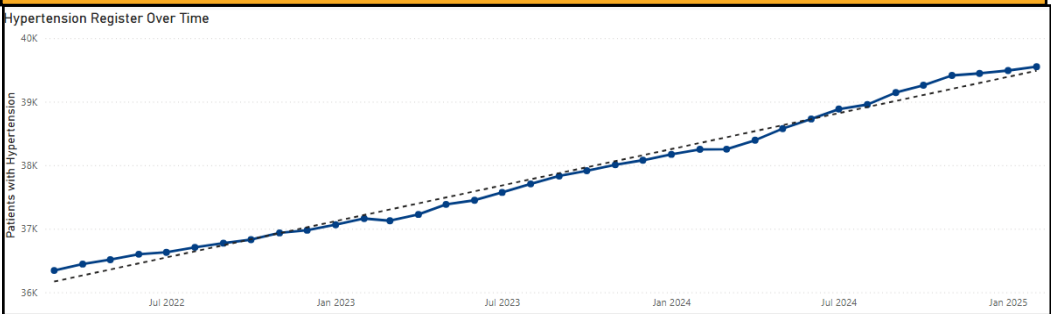


Chart 3 – long term trend under 80 yr old – latest value 65%

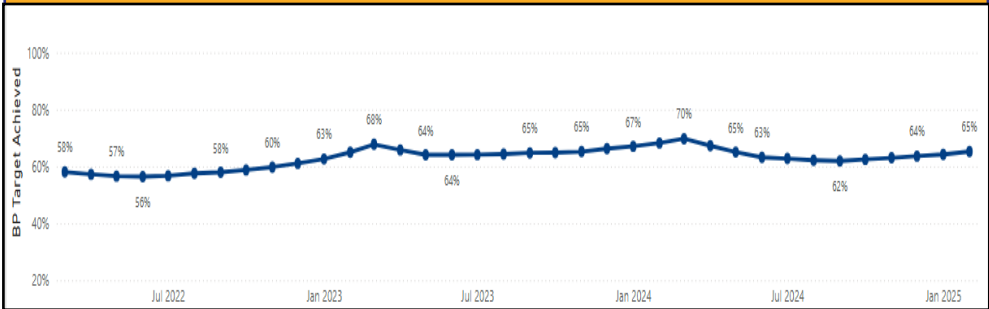
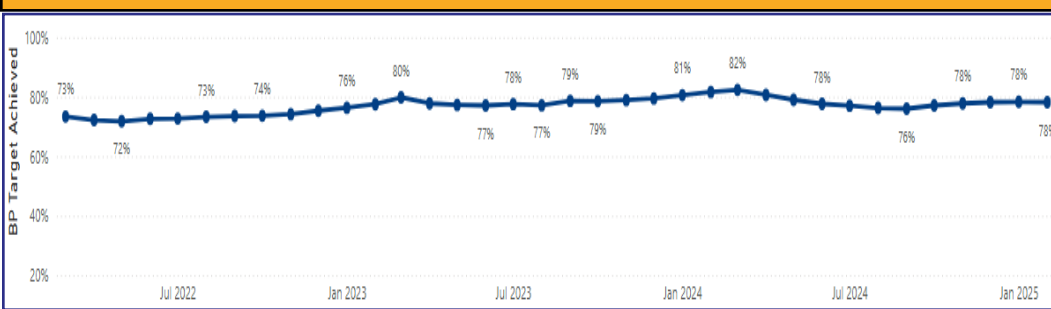
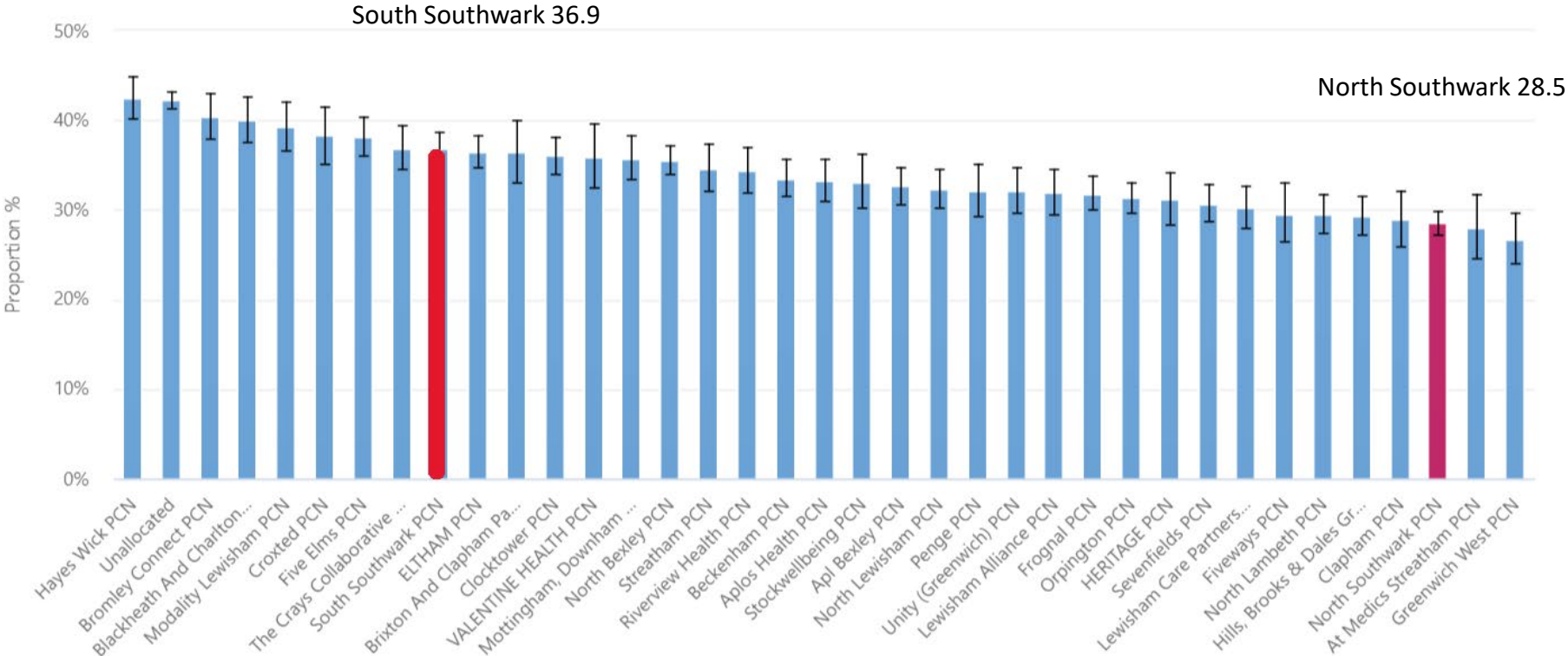


Chart 4 – long term trend over 80 yr old – latest value 78%



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

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



This metric appears in the 25/26 Operational planning guidance. Further clarification of target value to be sought.

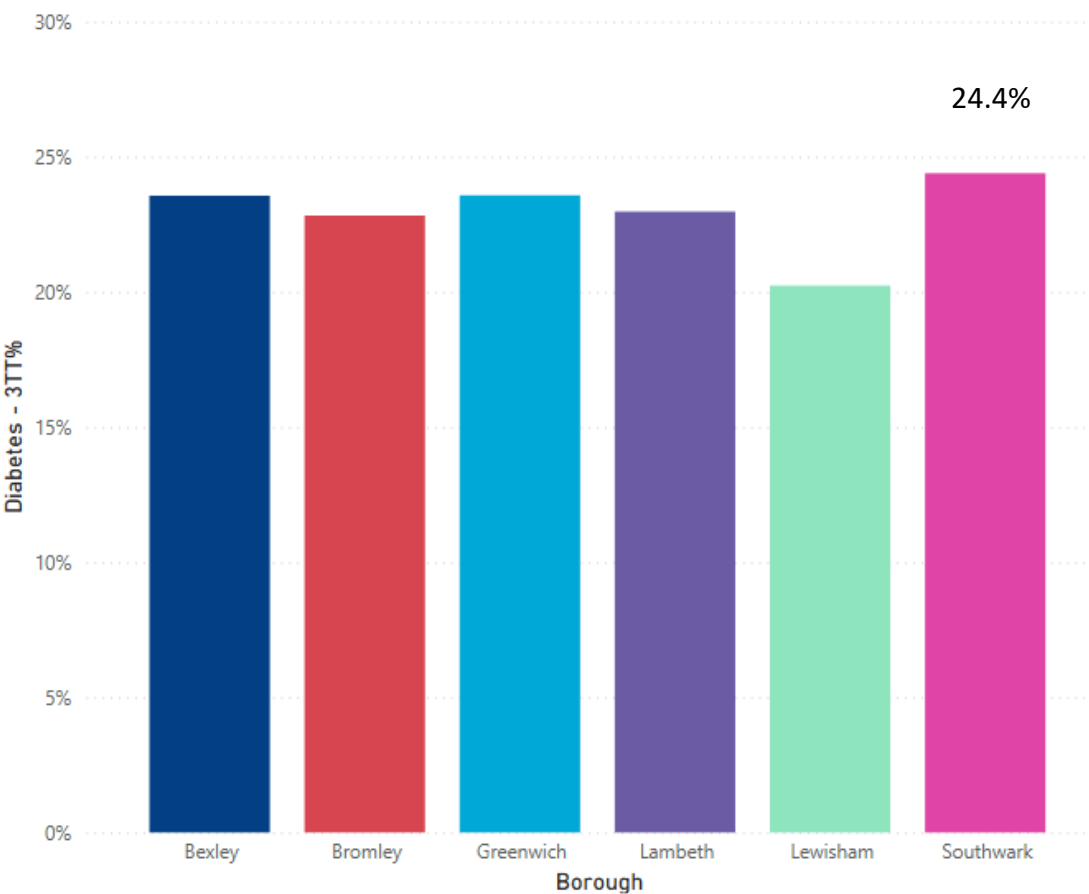
Source: <https://www.cvdprevent.nhs.uk/data-explorer?period=20&level=7&area=8059&indicator=54>

Data to Sept  
2024,  
downloaded  
14.3.25

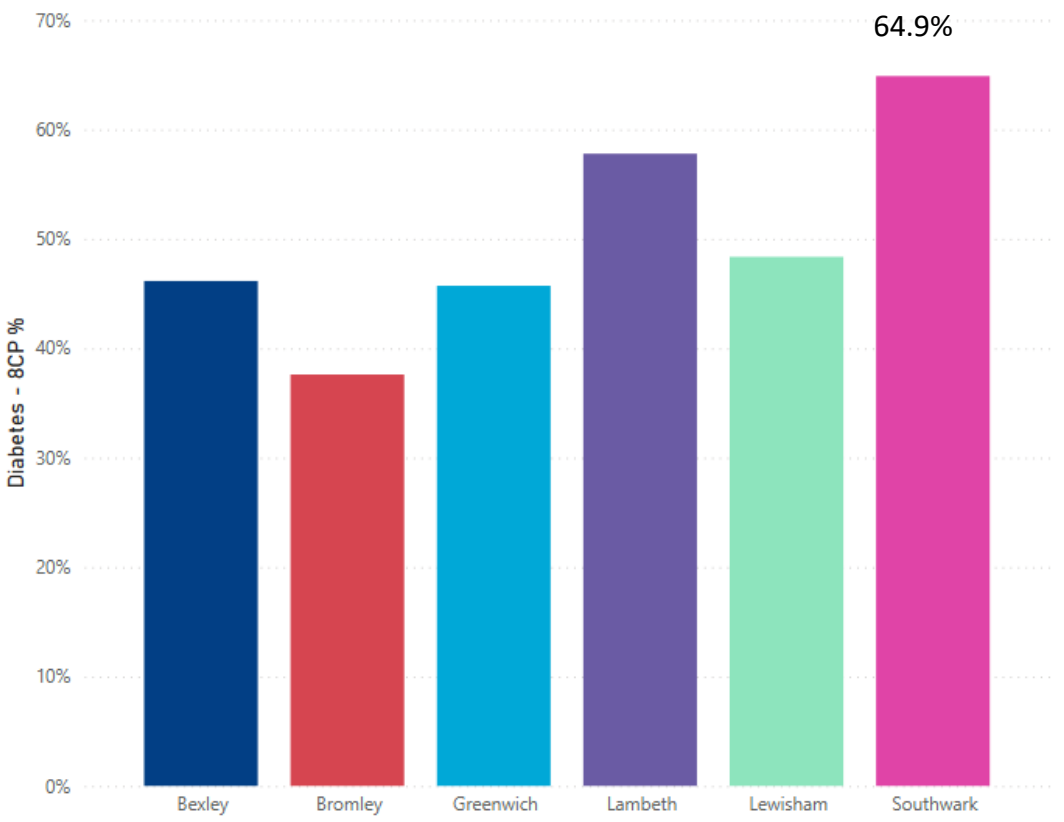
## 2.08 Diabetes: 3 Treatment Targets and 8 Care Processes 2024/25 - SEL benchmarking (Primary Care Quality Dashboard)

This data shows that Southwark practices are performing well compared to South East London boroughs.

Diabetes - 3TT% by Borough



Diabetes - 8CP % by Borough



Updated 14.03.25 source SELICB BI dashboard, primary care quality. Dashboard refreshed 14.3.25  
Data period to be confirmed.  
PSSB Papers - 27 March 25

## 2.09 Vital 5 – coding completeness – example report (smoking status focus)

Updated 14.03.25 source  
BI dashboard Vital5

**V5 - Completeness**

Borough > PCN > Practice: **Southwark** | Age Bands: **All** | Ethnic Group > Ethnicity: **All** | Gender: **All**

Of **278,920** people based on selection, the below shows for each Vital 5 category, how populated these are in the last 5 years up to **Feb-2025** based on the criteria and codes used to capture these (see report definitions).

Period Covered: **5 Years** | Vital 5 Group: **Smoking Value**

Core20 Flag: **Core20** | LD Patient: **No** | Autism Patient: **No**

### Population % Coded

Audit-C Score	28.2%
Fast Score	11.2%
Drinking Value	38.05%
Alcohol Intervention	5.7%
Smoking Value	64.81%
BMI Value	59.67%
BP Value	58.25%
GAD2 Score	0.43%
GAD7 Score	1.70%
PHQ2 Score	0.39%
PHQ9 Score	5.28%

### Smoking Value % recorded by Practice

Southwark

Practice Name	% of V5
QHS GP Care Home Service	~95%
New Mill Street Surgery	~90%
Park Medical Centre	~85%
The Gardens Surgery	~80%
Sternhall Lane Surgery (Hu...	~75%
3-Zero-6 Medical Centre	~70%
St Giles Medical Practice	~65%
Camberwell Green Surgery	~60%
DMC (Dulwich Medical Ce...	~55%
Acorn and Gaumont Hous...	~50%
Bermondsey Spa Medical ...	~45%
The Nunhead Surgery	~40%
Forest Hill Road Group Pra...	~35%
Elm Lodge Surgery	~30%
DMC (Dulwich Medical Ce...	~25%
Albion Street Group Practice	~20%
Brunswick Park Family Prac...	~15%
301 East Street Surgery	~10%
Nexus Health Group	~5%
Blackfriars Medical Centre	~2%
Old Kent Road Surgery	~1%
Penrose Surgery	~0%

### Smoking Value % recorded by Selected Demographic

Age Bands	% of V5
80+	~90%
65-79	~85%
40-64	~70%
19-39	~55%

### Smoking Value % recorded by Selected Demographic

Ethnicity

Ethnicity	% of V5
Black	~55%
White	~55%
Mixed	~55%
Asian	~55%
Other	~50%
Unkno...	~35%

### Smoking Value by Date\_run and Core20 Flag

Core20 Flag: **Core20** (Blue), **Other** (Red)

Date_run	Core20 %	Other %
Mar-24	~64.5%	~66.0%
Apr-24	~64.0%	~65.5%
May-24	~63.5%	~65.0%
Jun-24	~63.0%	~64.5%
Jul-24	~63.5%	~64.0%
Aug-24	~63.0%	~63.5%
Sep-24	~62.5%	~63.0%
Oct-24	~62.0%	~62.5%
Nov-24	~61.5%	~62.0%
Dec-24	~61.0%	~61.5%
Jan-25	~60.5%	~61.0%
Feb-25	~60.0%	~60.5%

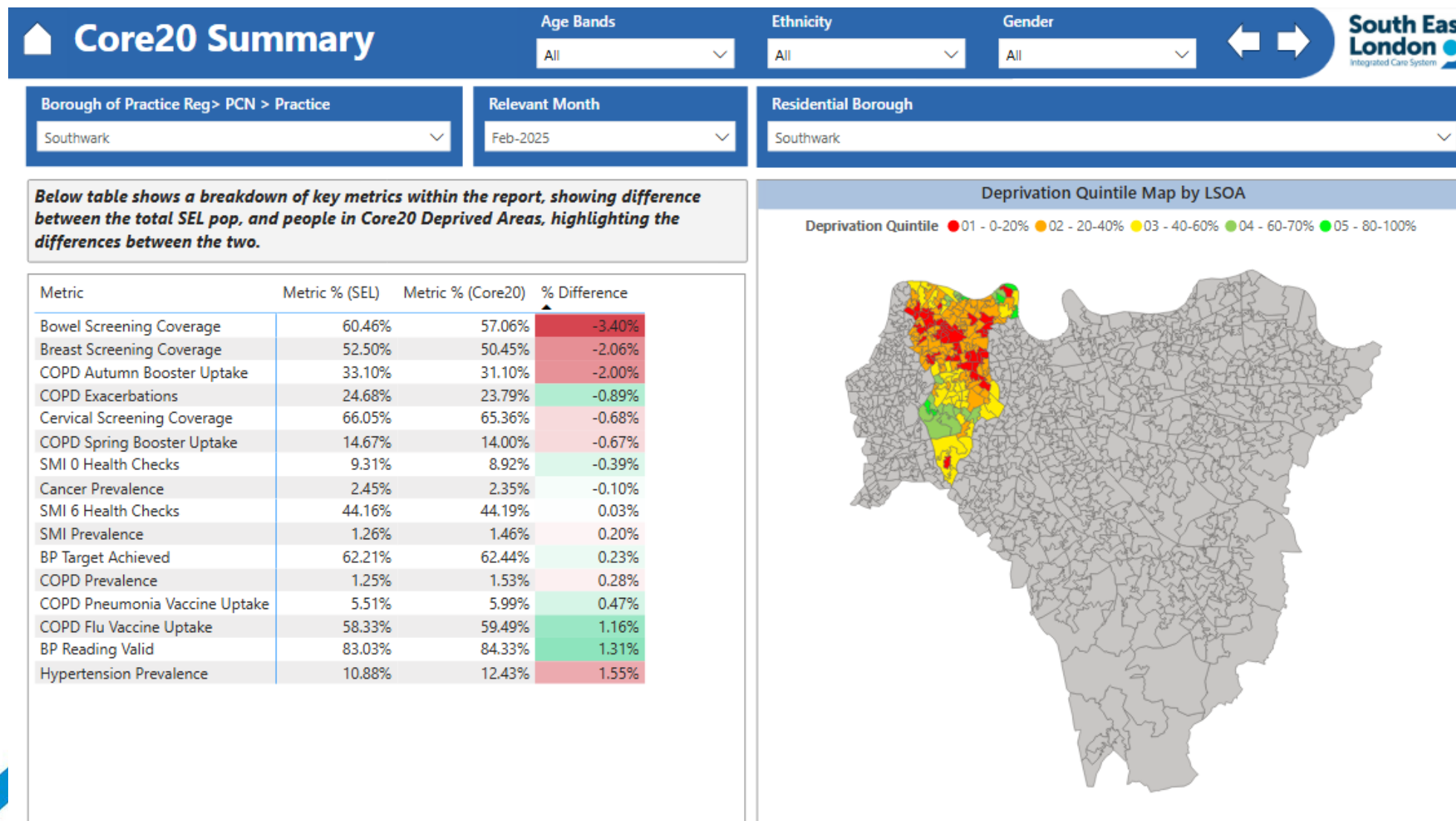
Note GP variation range from 0% to 100% (0% = no data, 100% = all data captured)

It can be seen that smoking status recording is around 2% lower for Core20 populations, and the trend data shows that difference has been similar over the year.

This data can be used by commissioners to target vital 5 uptake initiatives.

## 2.10 Core 20 - key metrics – difference between Core 20 cohort and overall population

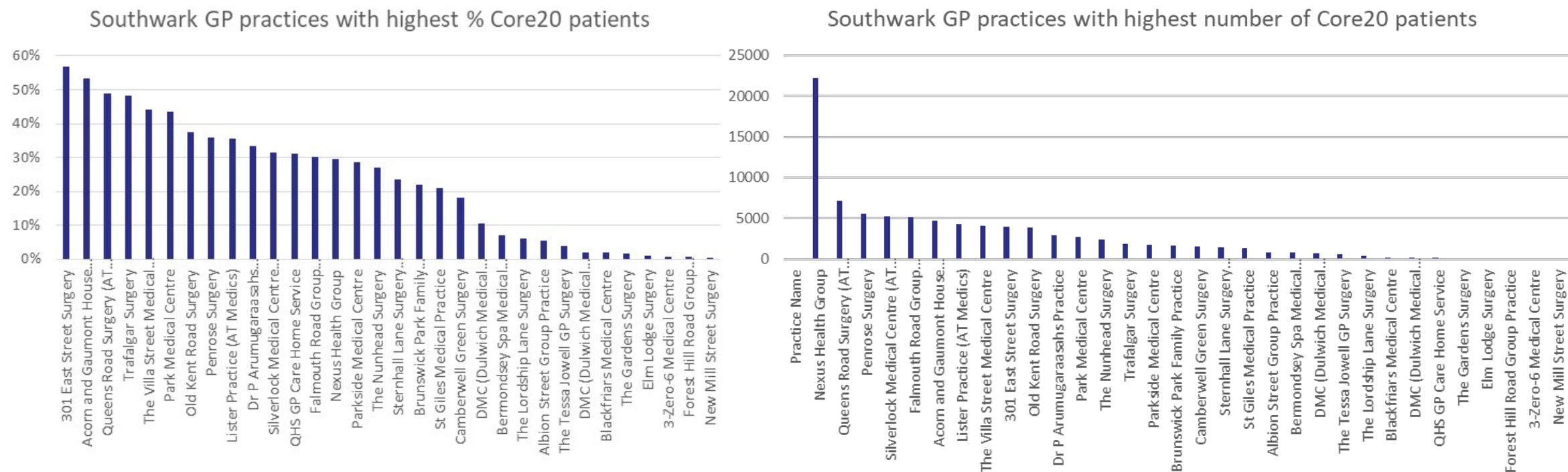
Updated 14.03.25  
Source SEL BI dashboard  
Core20



This data shows the difference on key Core20plus indicators between Southwark areas falling into the top 20% most deprived nationally and the overall Southwark population. The top 3 differences relate to bowel cancer screening, breast cancer screening and autumn covid boosters for people with COPD. However the differences are relatively minor.



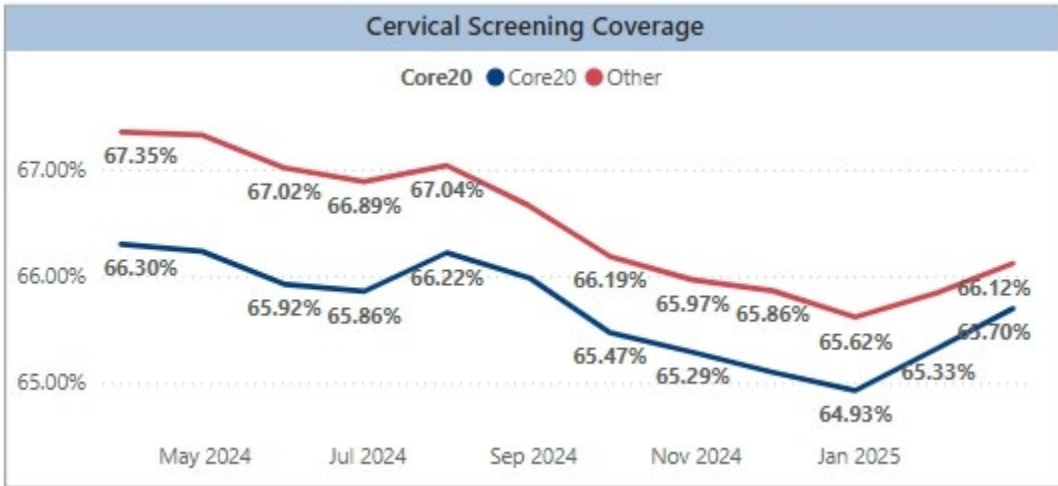
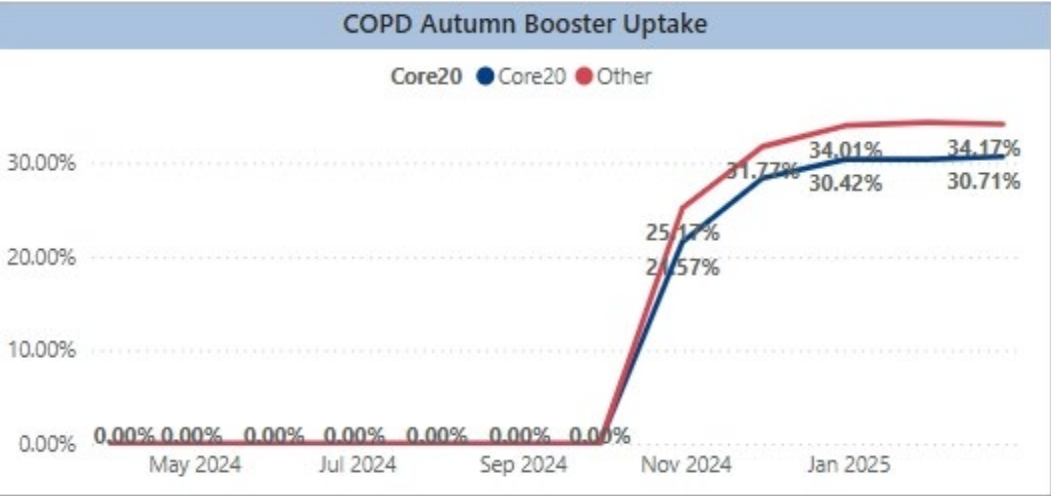
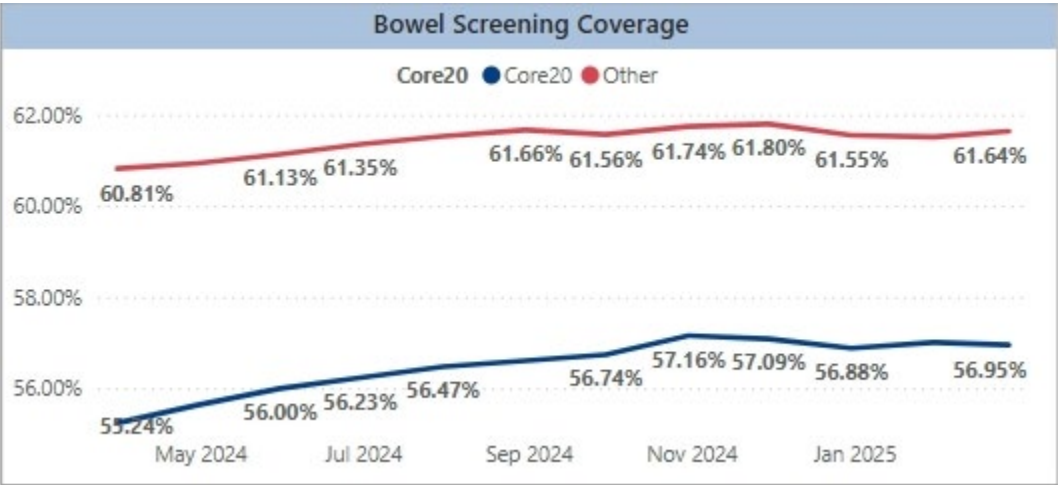
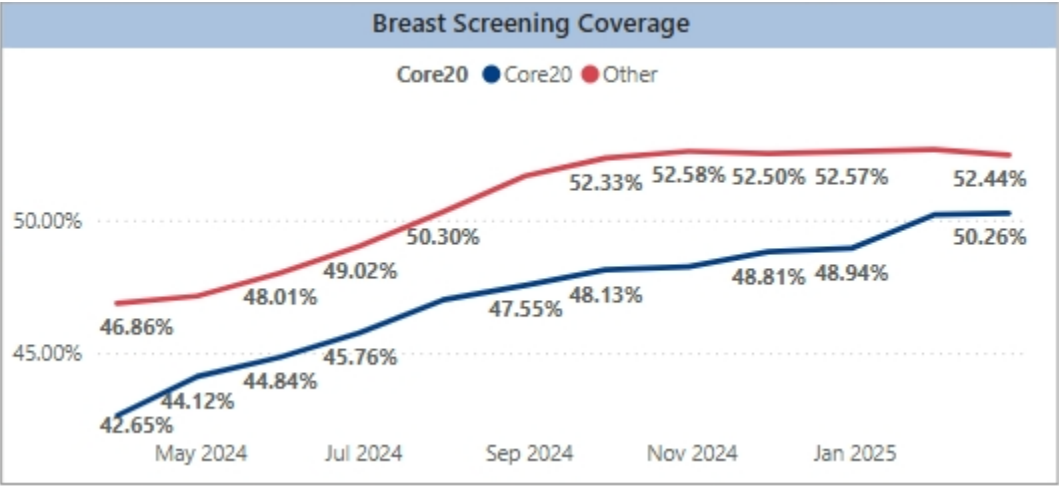
## 2.11 Core 20 - key metrics – GP distribution of Core20 patients



This data shows which practices have the highest proportion of Core20 patients and which have the highest number overall. This can be used for targeting resources in a Core20 approach to inequalities.

## 2.12 Core20 gap – trend analysis – Bowel, Breast Cancer Screening and COPD autumn booster

Updated 14.03.25  
Source SEL BI dashboard  
Core20



This data shows recent trends in the difference in the gap between Core20 and other populations in 4 areas of concern. The gap can be seen to have narrowed on breast and cervical screening.

## 2.13 BCF “Avoidable Admissions” - overall trend

(ambulatory care sensitive conditions)

Updated 14.03.25  
Source SEL BI dashboard  
unplanned care.

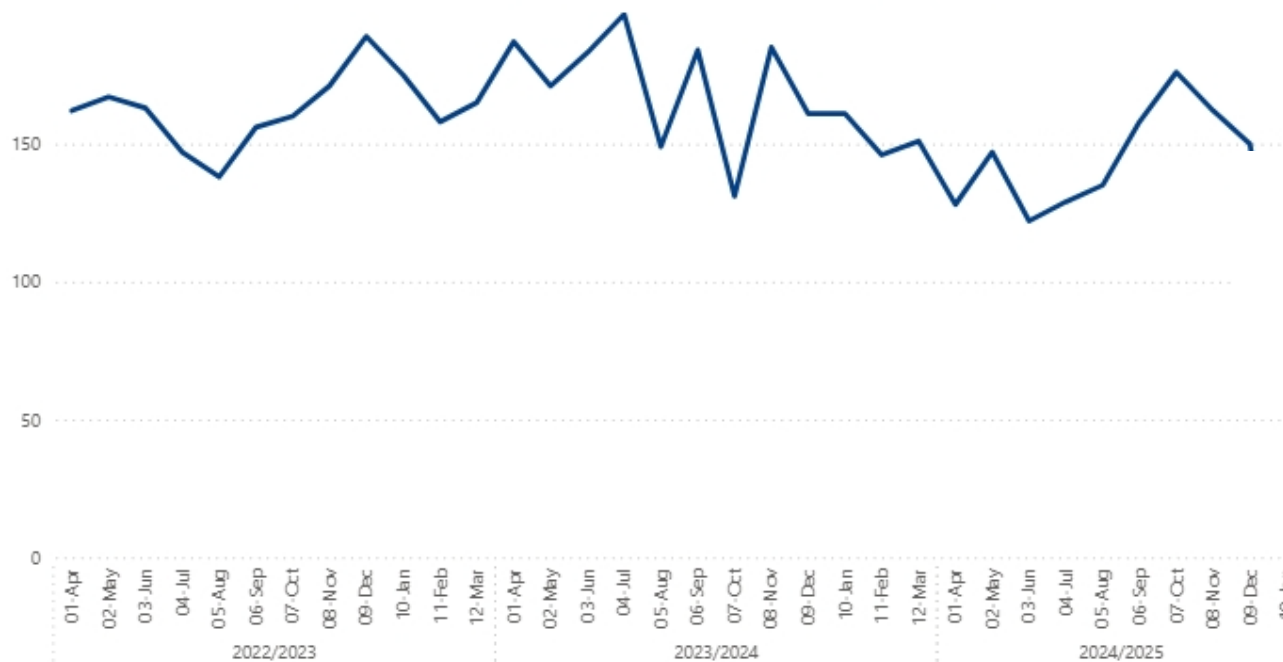
### Unplanned ACSC Admissions Summary



Borough of Residence

- Bexley
Bromley
Greenwich
Lambeth
Lewisham
Southwark

Number of Unplanned Admissions Related to Ambulatory Care Sensitive Conditions (Rate)



Financial Year	01-Apr	02-May	03-Jun	04-Jul	05-Aug	06-Sep	07-Oct	08-Nov	09-Dec	10-Jan	11-Feb	12-Mar	Total
2023/2024	187	171	183	197	149	184	131	185	161	161	146	151	2,006
2022/2023	162	167	163	147	138	156	160	171	189	175	158	165	1,951
2024/2025	128	147	122	129	135	158	176	162	150	61	304	316	1,368
<b>Total</b>	<b>477</b>	<b>485</b>	<b>468</b>	<b>473</b>	<b>422</b>	<b>498</b>	<b>467</b>	<b>518</b>	<b>500</b>	<b>397</b>	<b>304</b>	<b>316</b>	<b>5,325</b>

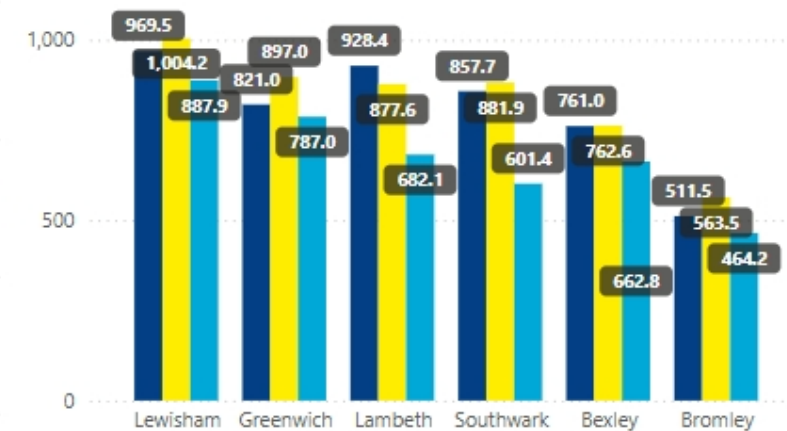
For SEL, there have been 61 admissions related to Unplanned ACSC Conditions in the latest month.

Compared to **previous month**, this is **89 Less**.

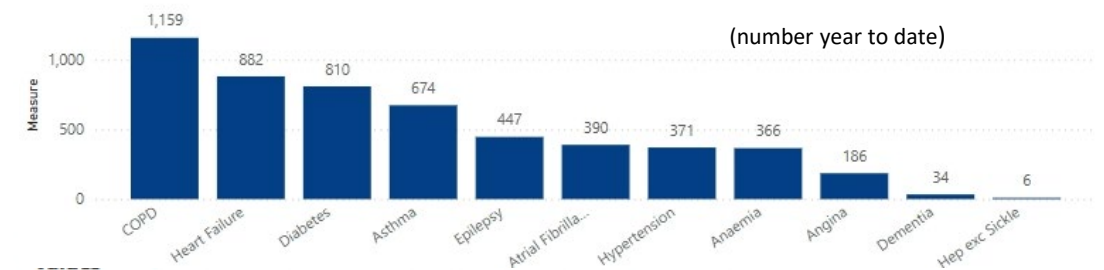
Compared to **same month last year**, this is **100 Less**.

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

Financial Year ● 2022/2023 ● 2023/2024 ● 2024/2025



Avoidable Admissions Condition Type



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

Note: Frailty outcome metric.



2.14a BCF target – discharges to usual place of residence (%)

Updated 14.03.25  
Source SEL BI dashboard  
BCF.



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

2.14b BCF target – admissions due to falls aged over 65



Not on track to meet 5% reduction target Q1 to 3 data suggest a 33% increase. Q3 year to date total 438, total in 23/24 434.

Potential frailty outcomes metric.

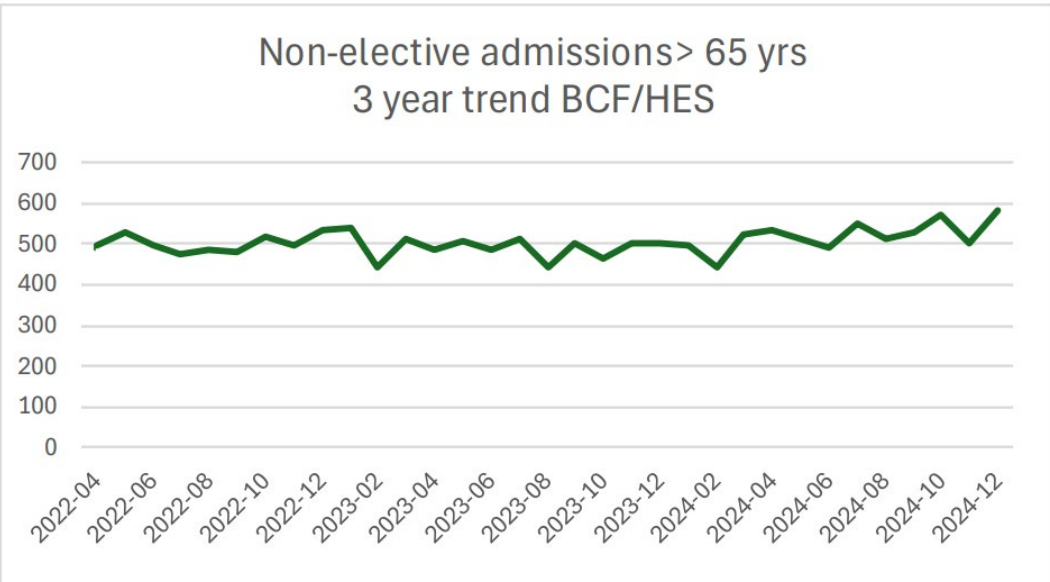
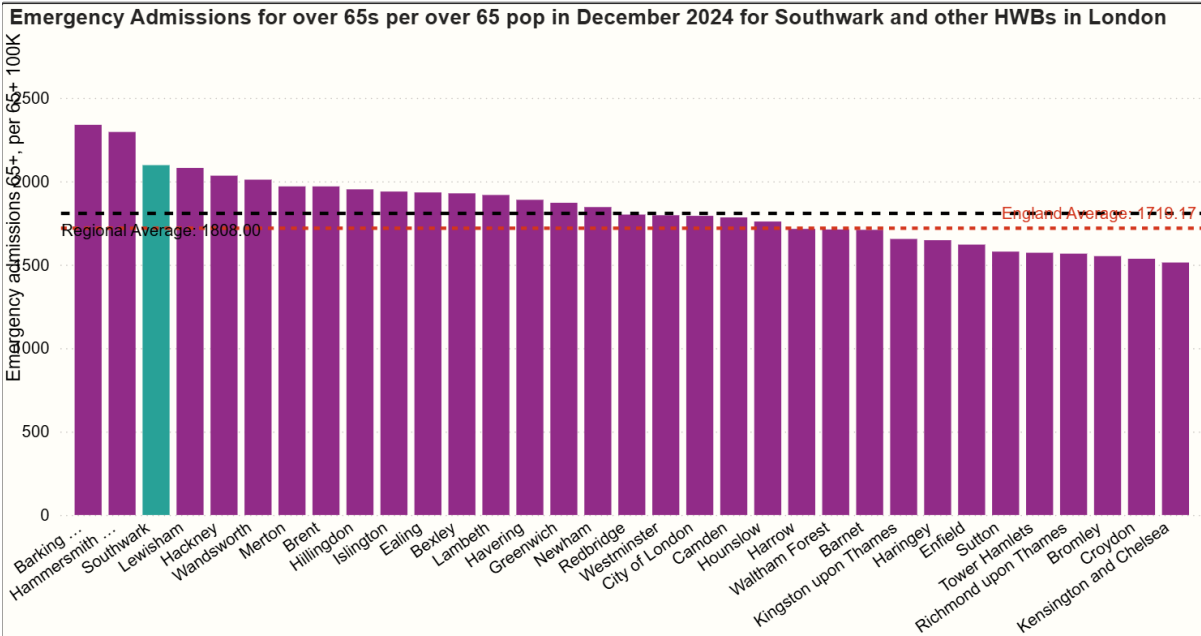
Note: **2.14c**: BCF target on council permanent care home admissions: Q3 forecast to exceed target of no more than 154 placements by 10.

Frailty outcome metric

(source Q3 BCF return)

2.15 NEW BCF TARGETS 2025/26 – London Benchmarking – Non-elective admissions > 65 yrs

(new BCF dashboard DHSC, HES 6/3/25)



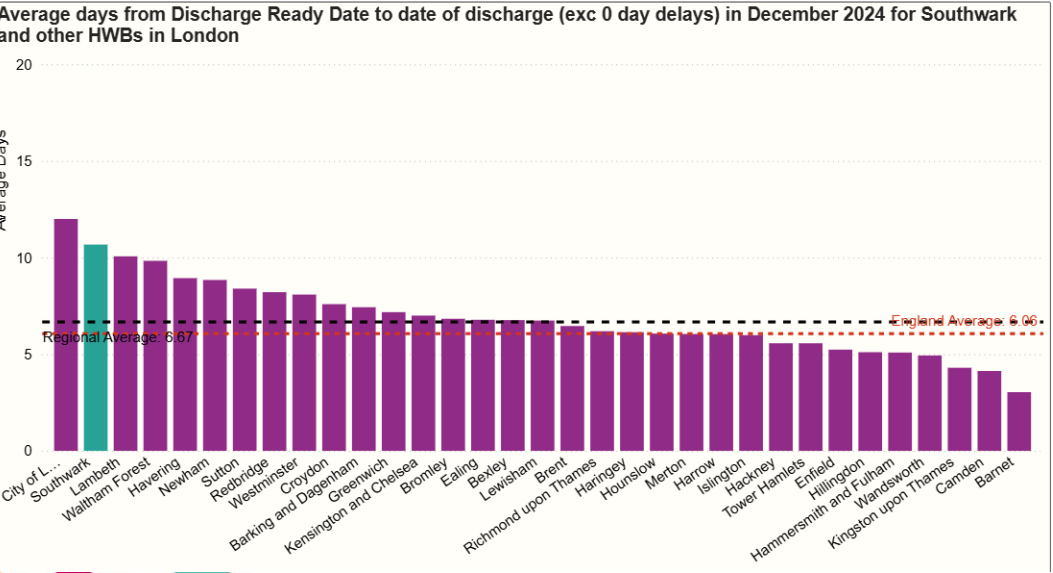
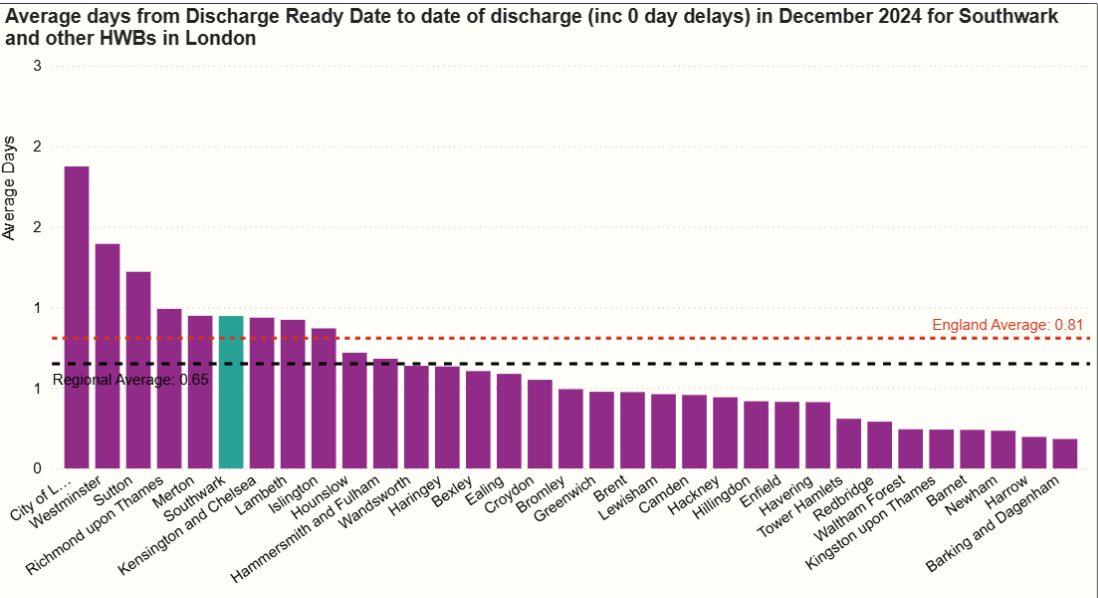
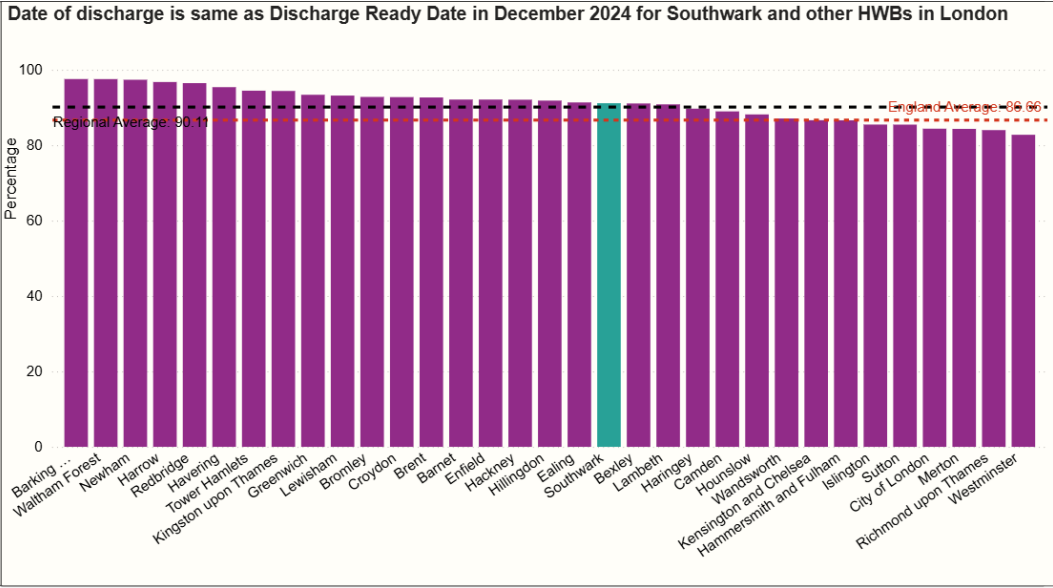
One of 3 key BCF targets on which places will be expected to make progress.

Poor comparative position may lead to challenges, especially on basis of December data above. . Rate of 1903 in year to date vs regional average of 1808 in December. 2024/25 trend is significantly upward.

To be a key outcome metric for frailty and Integrated Neighbourhood Teams

# 2.16 NEW BCF TARGETS 2025/26 – London Benchmarking – Discharge Delays

(new BCF dashboard DHSC 6/3/25)



This data shows that although the proportion of people discharged on their discharge ready date is in line with benchmarks, for those who are not the average days delay is high – 2<sup>nd</sup> highest in London.

This is a new data set with just 4 months of borough level data and there are significant concerns nationally about data accuracy. More work to be done with trusts to understand data.

## 2.17 NEW BCF TARGETS 2025/26 – London Benchmarking – Discharge Delays

(source NHSE published data 6/3/25)

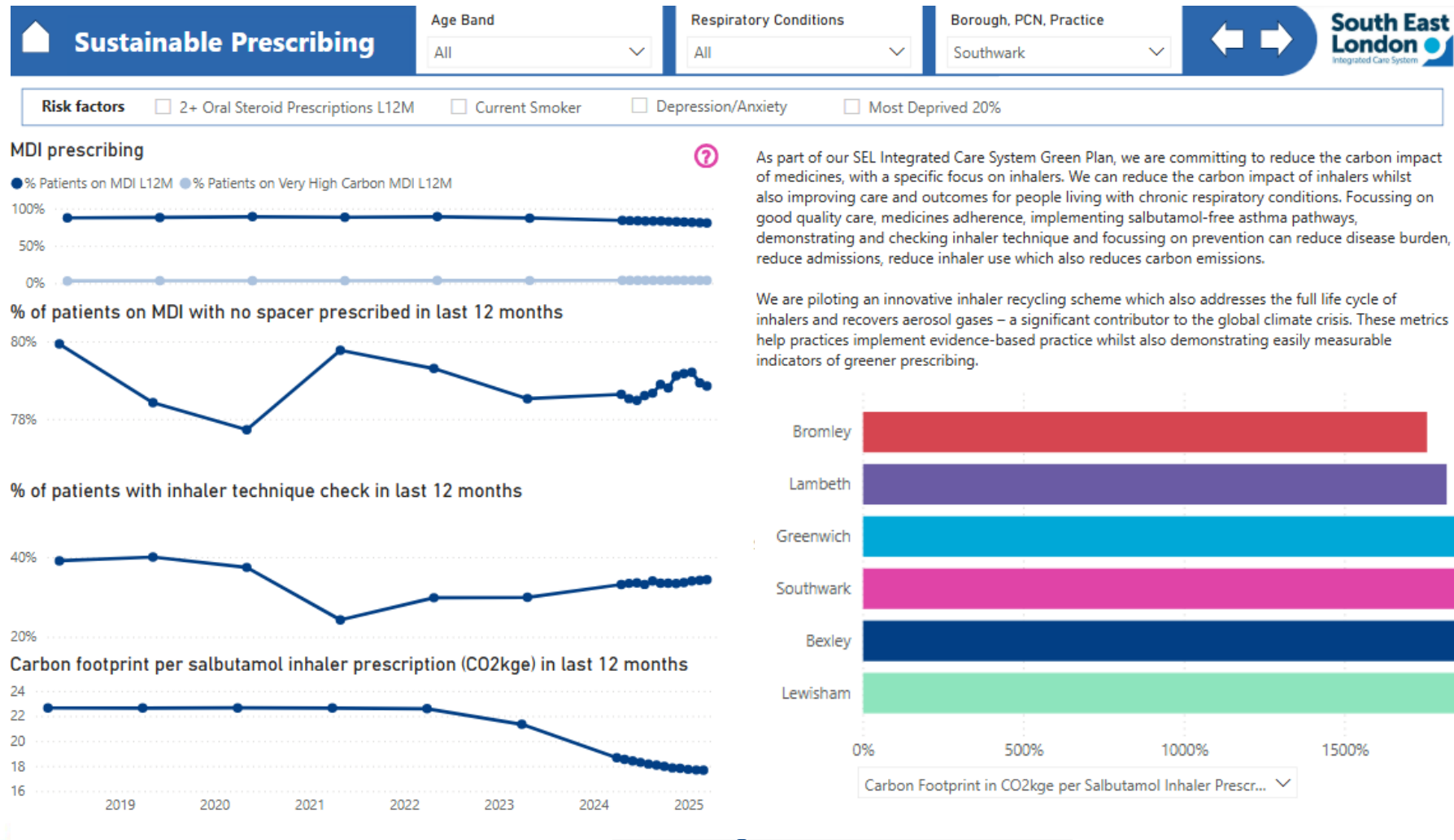
Dec-24	% patients discharged where, between the Discharge Ready Date and Discharge Date								Total bed days after Discharge Ready Date for patients discharged within -					
	No delay	1 day delay	2-3 day delay	4-6 day delay	7-13 day delay	14-20 day delay	21 days or more		1 day	2-3 days	4-6 days	7-13 days	14-20 days	21 days or more
Bexley	90.8%	3.9%	2.1%	1.2%	1.0%	0.3%	0.6%		60	76	92	141	90	417
Bromley	92.9%	3.2%	0.9%	1.3%	0.9%	0.4%	0.4%		64	42	128	153	112	264
Greenwich	90.9%	4.1%	2.3%	1.0%	0.5%	0.6%	0.6%		70	94	86	67	165	391
Lambeth	90.7%	2.8%	1.6%	1.6%	1.4%	0.4%	1.4%		45	64	116	196	98	825
Lewisham	91.8%	2.6%	1.8%	1.0%	1.3%	0.4%	1.1%		46	74	80	230	121	853
Southwark	92.1%	1.4%	2.2%	1.0%	1.2%	0.7%	1.3%		25	94	96	194	215	889
Average	91.6%	3.0%	1.8%	1.2%	1.0%	0.5%	0.9%		52	74	100	164	134	607

This detailed data shows that Southwark have a significantly higher % of patients waiting over 21 days leading to the highest number of lost bed days from this small cohort.



## 2.17 Sustainable prescribing – including carbon footprint per salbutamol inhaler prescription

Update 14.03.25  
Source SEL  
BI dashboard,  
Respiratory



28/02/2025

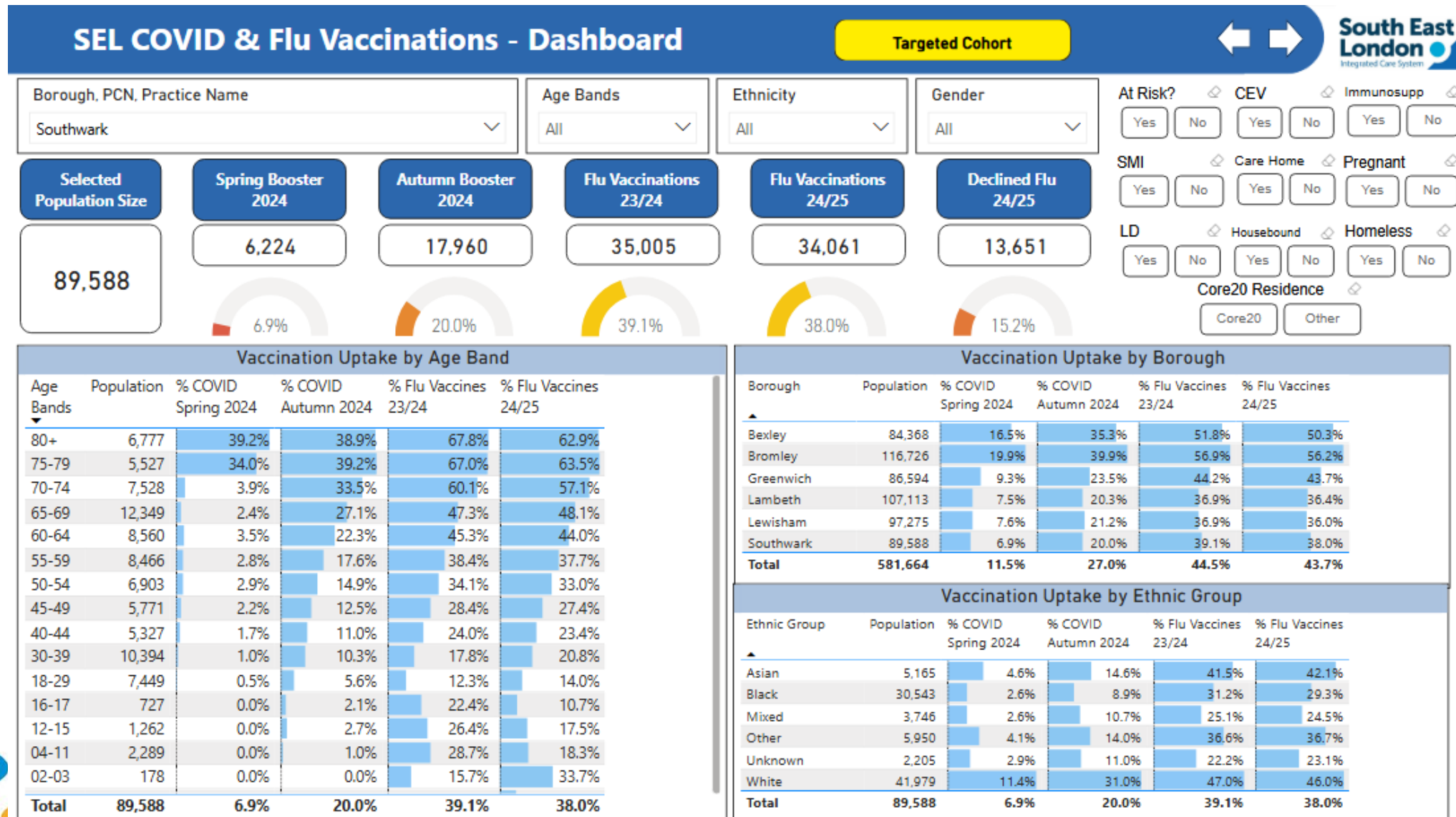
● Carbon Footprint in CO2kge per Salbutamol 17.67  
Inhaler Prescription L12M 109.6149

Data shows steady progress on inhaler prescribing carbon footprint.



## 2.18a Immunisations dashboard Flu, Covid – supplementary data - BI dashboard

Updated 14.03.25 SEL BI  
flu covid

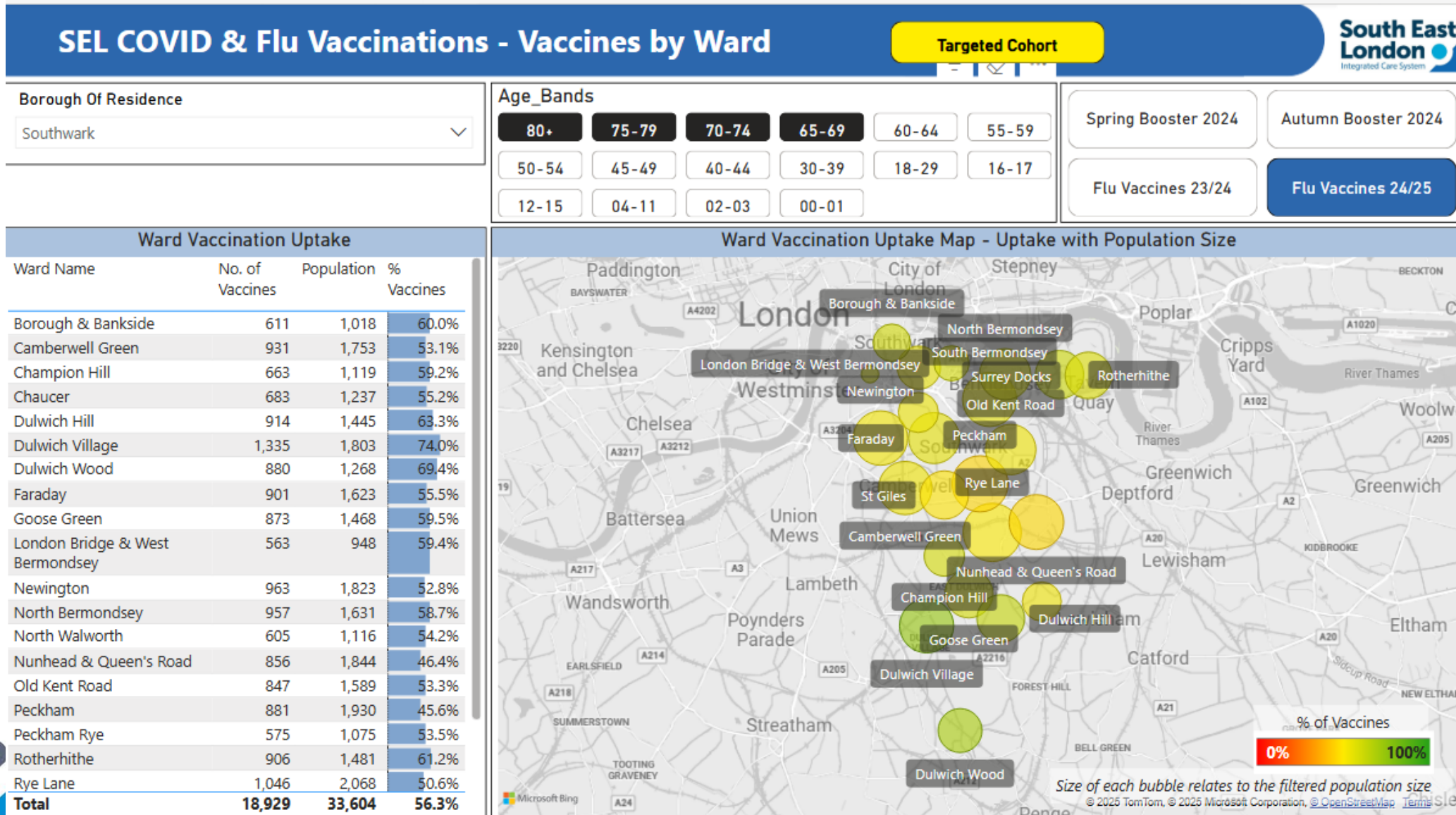


Data highlights year on year decline on adult uptake of flu immunisations.

Over 65s total 56% vs 60.6% last year.

## 2.18b Immunisations dashboard Flu, Covid – supplementary data - BI dashboard

Updated  
14.03.25  
SEL BI flu  
covid



Data available  
by council ward  
to assist  
neighbourhood  
targeting.

## 2.18c Immunisations dashboard Flu, Covid – supplementary data - BI dashboard

### SEL COVID & Flu Vaccinations - Vaccines by LSOA

Targeted Cohort

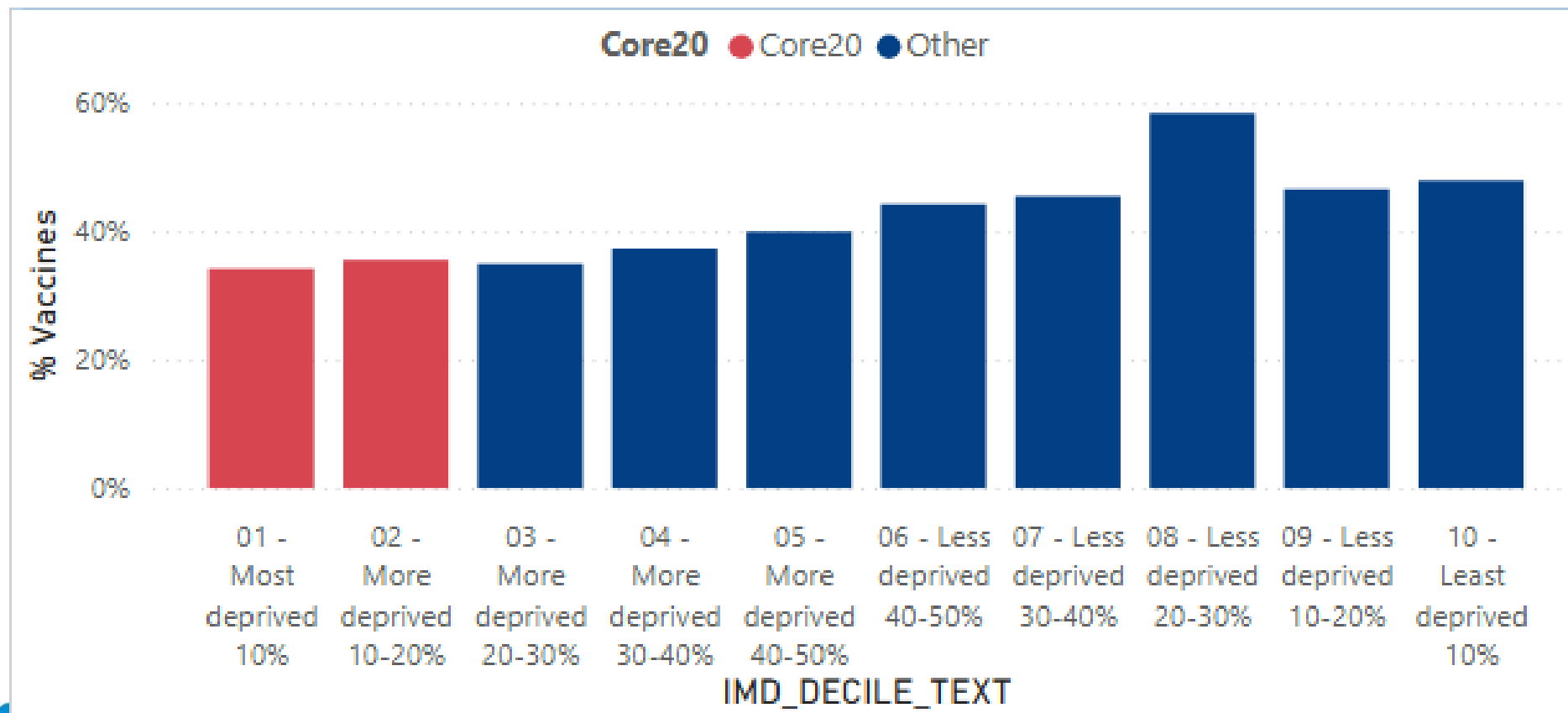
Click to show filters

Tables and Maps filtered to exclude Non-SEL LSOAs



Southwark Flu 24/25

Updated 14.03.25 SEL BI  
flu covid



Data show a significant Core20 difference (although is not a CORE20 main indicator).



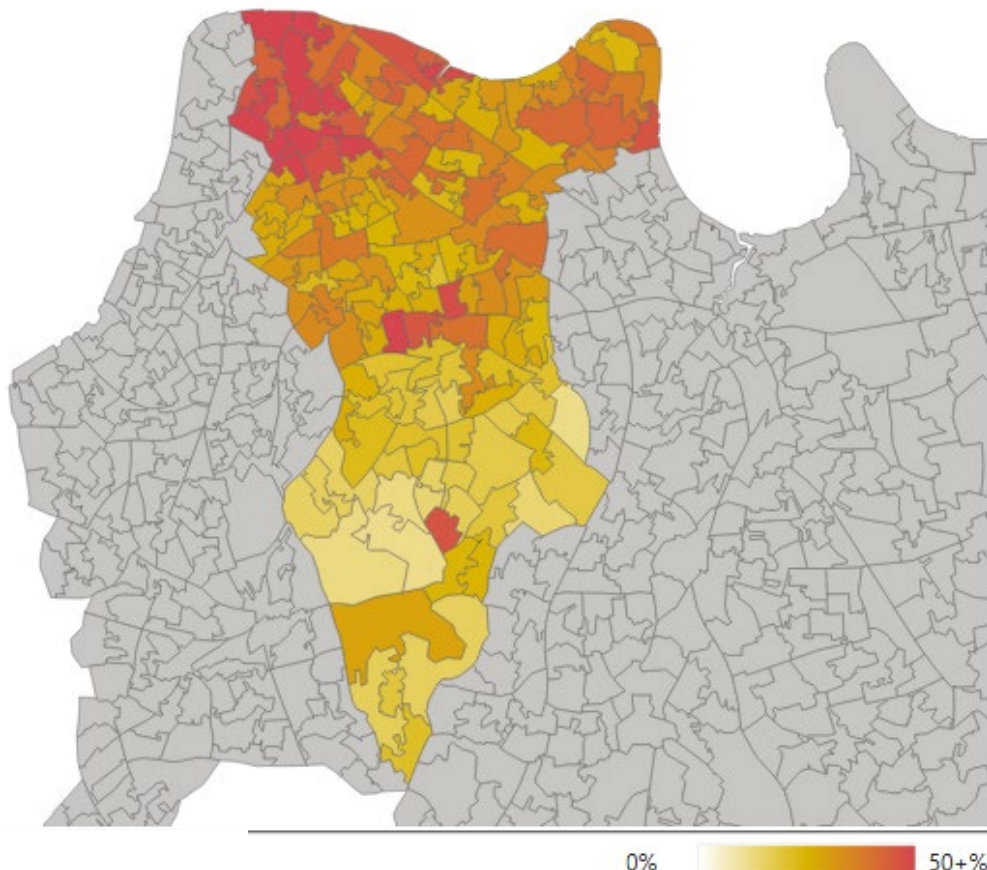
## Summary of MMR Vaccination uptake for ages 1 to 29 yrs.

Latest data refresh : 12/03/2025



Updated 14.03.25 source  
SELICB BI dashboard  
childhood immis

MMR Unvaccinated % by LSOA - SEL Map



Borough

Southwark

Gender

All

Ethnic Group

All

Age Band

All

## MMR Summary Breakdown

Gender	
	Female
Unvaccinated %	35.0%
MMR Unvaccinated	23,226
Population Count	66,397

Age Band				
	01-04	05-10	11-17	18-29
Unvaccinated %	20.6%	13.1%	14.5%	47.6%
MMR Unvaccinated	2,413	2,554	3,650	34,606
Population Count	11,741	19,517	25,245	72,734

\* Children whose gender is 'unknown' or 'other' have been omitted from the table above due to statistically insignificant numbers

## Borough of GP Registration

Southwark	
Unvaccinated %	33.4%
MMR Unvaccinated	43,226
Population Count	129,241

## Ethnicity

	Asian	Black	Mixed	Other	Unknown	White
Unvaccinated %	50.2%	23.6%	28.5%	58.7%	43.3%	27.6%
MMR Unvaccinated	5,517	7,894	3,156	9,228	3,825	13,606
Population Count	10,997	33,396	11,061	15,712	8,833	49,242

## Index of Multiple Deprivation

	1	2	3	4	5	6	7	8	9	10
Unvaccinated %	44.5%	32.5%	32.0%	37.6%	35.5%	31.0%	25.0%	26.7%	29.5%	48.6%
MMR Unvaccinated	2,393	8,842	12,359	8,469	4,278	3,804	1,115	1,140	497	154
Population Count	5,375	27,166	38,647	22,505	12,041	12,281	4,454	4,273	1,684	317

\* Children whose IMD decile is unknown have been omitted from the table above

Data available by area to assist neighbourhood targeting.

Unvaccinated cohort over 18 most significant.

IMD data shows interesting pattern with the least deprived decile having lowest uptake.

## 2.20 CQC ratings updated 14.03.25

GP practices	Outstanding	Good	Requires Improvement	Inadequate
GP Practices	0% (0/32)	84% (27/32)	16% (5/32)	0%
Patients list	0% (0)	69% (250,742)	30% (110,987)	0%

- One new report since November meeting: **Acorn and Gaumont – moved up from Inadequate to Good**
- Inadequate: Acorn & Gaumont. Requires Improvement: Tessa Jowell, DMC, DMC Chadwick, Lordship Lane, Nexus

Home care agencies commissioned by Southwark	Rating	change
Core providers:		
Supreme Care	Good	n/c
London Care*	Good	n/c
Sage Care	Requires Improvement	n/c
Medacs	Requires Improvement	n/c
Supplementary providers:		
Unique Personnel	Good	n/c
Care Outlook	Requires Improvement	n/c
Carepoint*	Good	n/c
MiHomecare	Good	n/c
Thames Homecare	Good	n/c

\*no updates

Care Homes	Latest Rating	change	beds
Tower Bridge Care Ctre	Requires improvement	n/c	128
Camberwell Lodge	Good	Up from RI	98
Greenhive House	Good	n/c	64
Rose Court Care Home	Good	n/c	64
Bluegrove House	Good	n/c	48
Waterside	Good	n/c	48
Aspinden Care Home	Requires improvement	n/c	26
The Elms	Requires improvement	n/c	26
Athol House	Good	n/c	21
Three C's Support	Good	n/c	7
Glengarry Road	Good	n/c	6
Mundania	Good	n/c	6
Gaywood Street	Good	n/c	5
Orient St Adult Respite	Good	n/c	5
Fenwick	Good	n/c	3

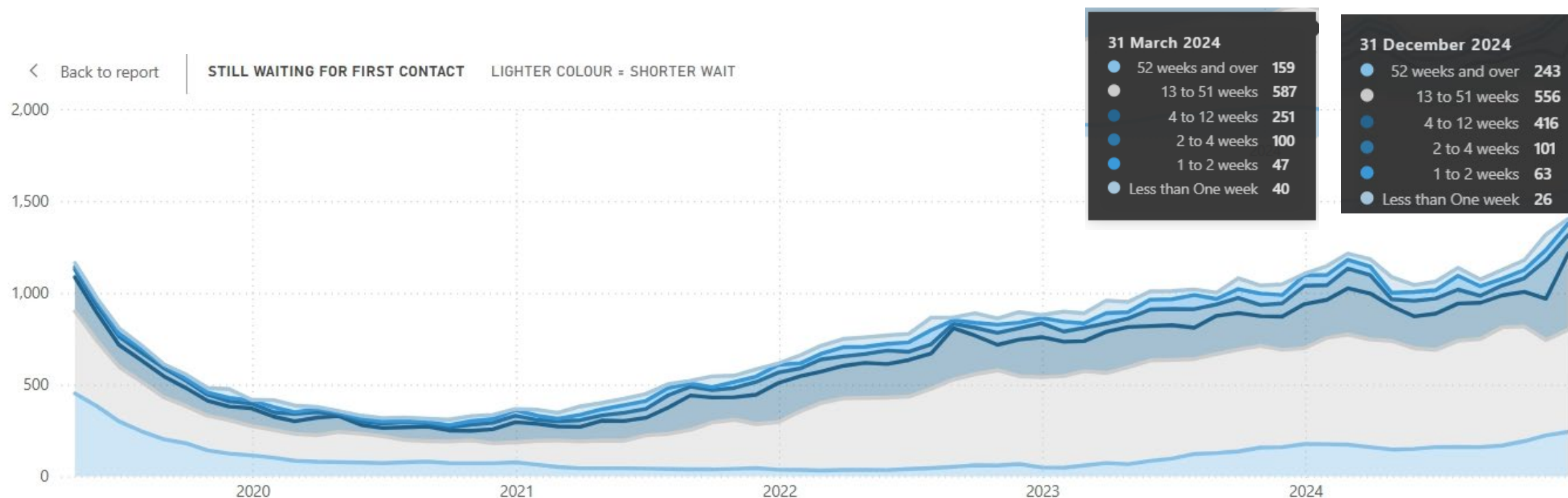
Camberwell Lodge report issued 4/12/24 – upgraded from RI to Good

Hospital Trusts	Latest Rating	change
SLAM	Good	n/c
KCH	Requires improvement	n/c
GSTT	Good	n/c

No reports issued, KCH (RI on effective, responsive and safe domains) 27 March 25

## 2.21 Children and Young People Mental Health BI dashboard: Waiting times for first contact – all referrals

Updated 14.03.25 source  
SELICB CYP BI dashboard



Data caveat: some differences with local trust data, and published data being investigated.

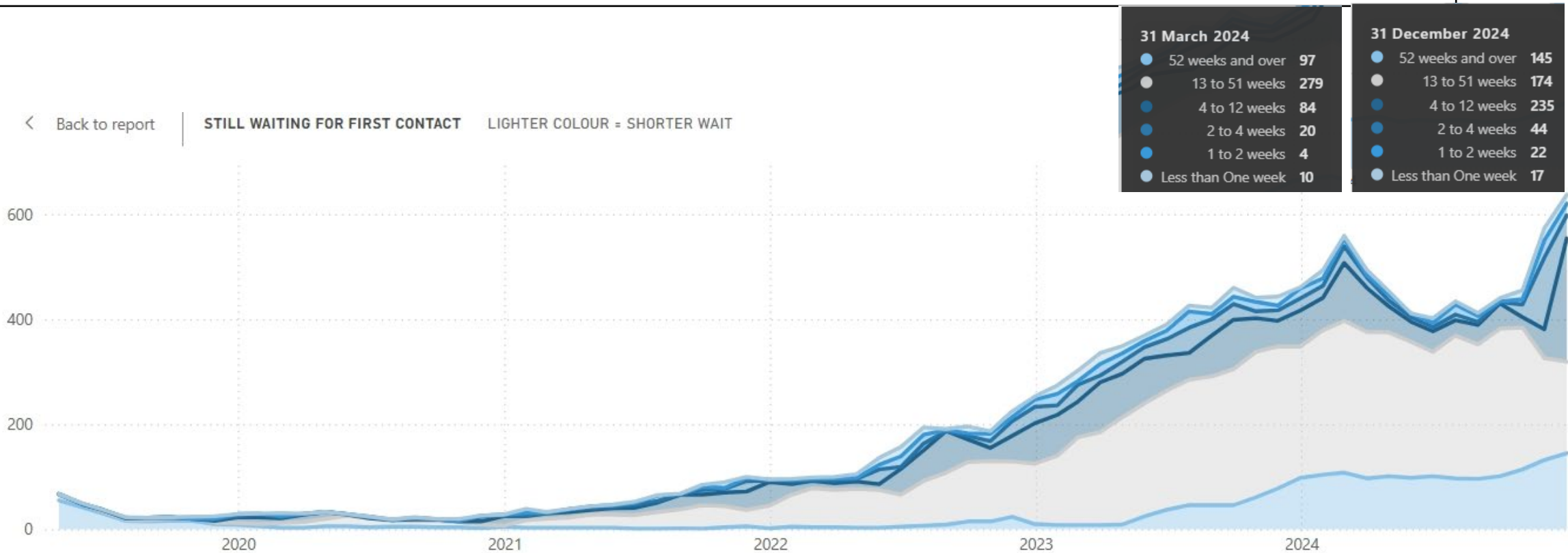
Data shows an increase in CYP waiting especially the 52 week plus and the 4 to 12 week category since March.

2.22

CYP Mental Health BI dashboard

Waiting time for first contact: neurodevelopmental referrals (excluding autism)

Updated 14.03.25  
source SELICB CYP BI  
dashboard



Data caveat: some differences with local trust data, and published data being investigated.

Data shows an increase in CYP waiting for neurodevelopment services especially the 52 week plus and the 4 to 12 week category since March – but reductions in 13 to 51 weeks group

PSSB Papers - 27 March 25

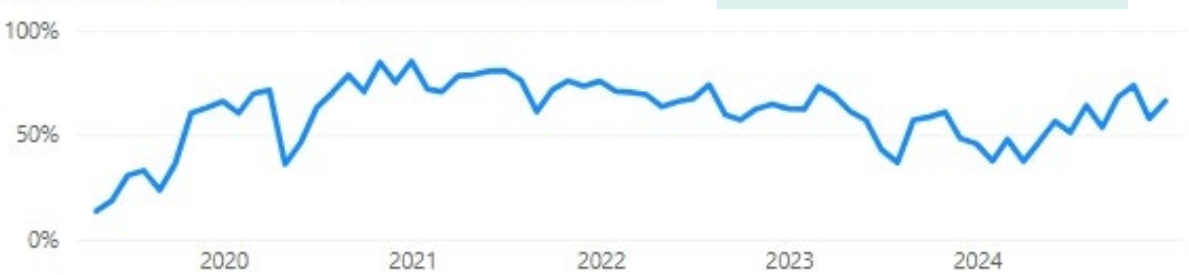


## 2.23 CYP Mental Health BI dashboard: Referrals with 1+ contacts in four weeks

Updated 14.03.25  
source SELICB CYP BI  
dashboard

Referrals with 1+ contacts recorded in 4 weeks

All referrals



31 December 2024

% in four weeks:

66.0%

Referrals with 1+ contacts recorded in four weeks:

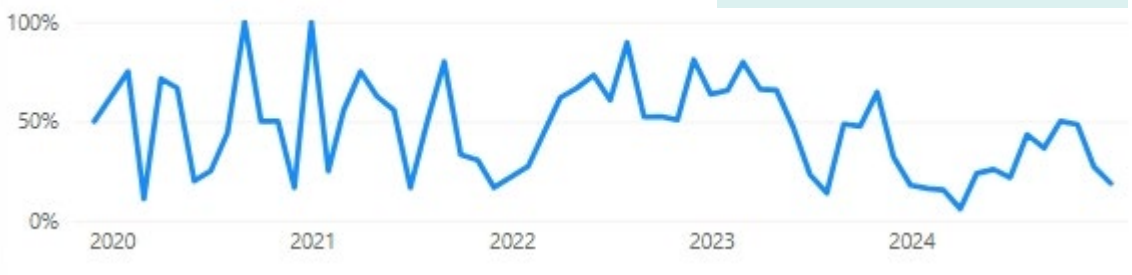
134

Referrals with 1+ contracts recorded:

203

Referrals with 1+ contacts recorded in 4 weeks

Neurodevelopmental referrals



31 December 2024

% in four weeks:

18.8%

Referrals with 1+ contacts recorded in four weeks:

6

Referrals with 1+ contracts recorded:

32

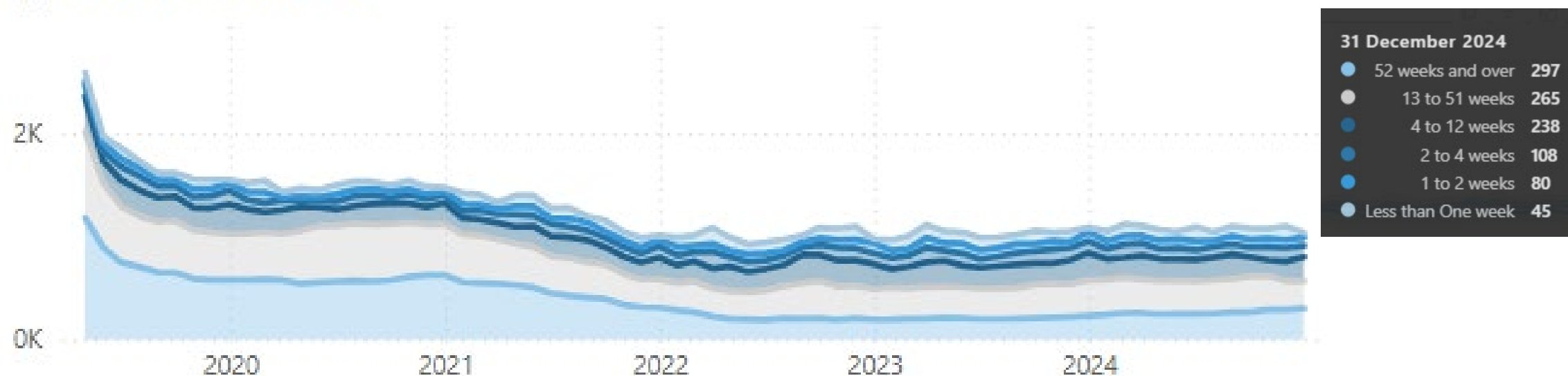
Data caveat: some differences with local trust data, and published data being investigated.

## 2.24 Adult Mental Health BI dashboard: Waiting time first contact - all referral reasons

Updated 14.03.25  
source SELICB Adult MH  
BI dashboard

### Still waiting for first contact

*lighter colour = shorter wait*



Data caveat: some differences with local trust data, and published data being investigated.

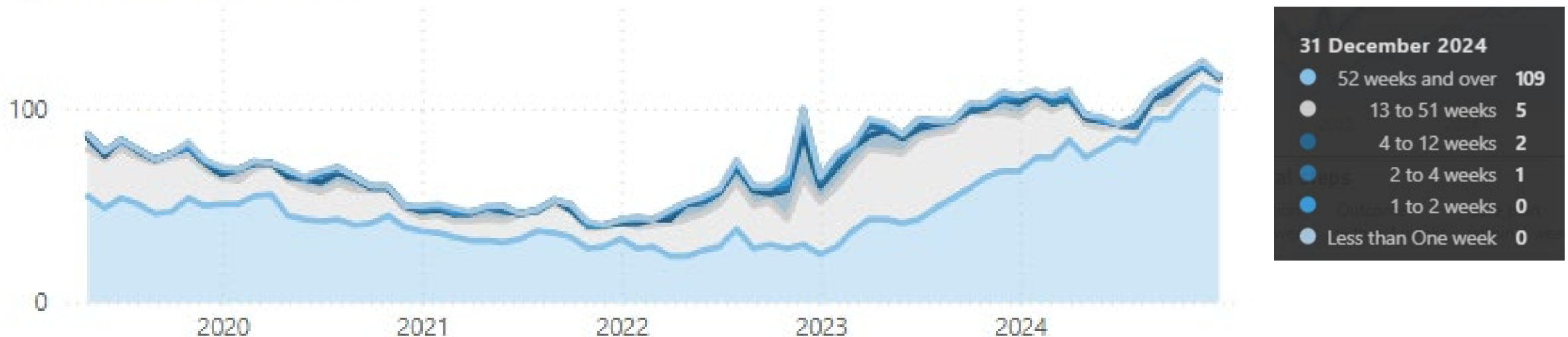
Data shows a relatively unchanged position during the year overall.

## 2.25 Adult Mental Health BI dashboard: Waiting time first contact – Neurodevelopmental referrals

Updated 14.03.25  
source SELICB Adult MH  
BI dashboard

### Still waiting for first contact

*lighter colour = shorter wait*



Data caveat: some differences with local trust data, and published data being investigated.

Data shows an increase in 52 week waiters

# 2.26 Adult Mental Health BI dashboard: Referrals with 1+ contacts in four weeks

Updated 14.03.25  
source SELICB Adult MH  
BI dashboard



31 December 2024	
% in four weeks:	85.2%
Referrals with 1+ contacts recorded in four weeks:	581
Referrals with 1+ contracts recorded:	682



31 December 2024	
% in four weeks:	25.0%
Referrals with 1+ contacts recorded in four weeks:	1
Referrals with 1+ contracts recorded:	4

Data caveat: some differences with local trust data, and published data being investigated.





# Integrated Assurance Report

March 2025

## Section 2: Operational Plan update

**Note:** the Southwark operational plan is currently being redeveloped for 2025/26 and will be presented to a future meeting, including a summary of year end 2024/25 position.

Progress on key metrics relating to the plan are covered in section 1.



## **Integrated Assurance Report**

**March 2025**

### **Section 3: Quality Report**

**The attached draft format of the quality report for Q3 will be subject to further discussion with the quality team to ensure the focus is on key delegated responsibilities and objectives.**

# SEL System Quality Summary Report

Prepared for the Southwark Integrated Governance and Assurance  
Committee 20 March 2025

## Contents

1. Southwark Q3 Key updates
2. Southwark – Tri-borough Child Death Overview Panel updates
3. Southwark – Infection Prevention & Control updates
4. Southwark Q3 Patient Safety Incident & Quality Alert updates
5. SEL System Quality Group Learning from deaths
6. SEL Learning from Deaths Themes and concerns
7. SEL Themes and Concerns updates
8. SEL System wide improvement updates

# Southwark Q3 Key updates

## Quality Updates

### Quality In Primary Care

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

### Rollout of the Patient Safety Strategy in Primary Care

Primary Care colleagues were invited to join a session facilitated by the HiN to learn about the implementation of the Pilot project and there was a further meeting with ICBs across the South East. Currently, the focus is on the guiding practices to sign up to the Learning from Patient Safety Events platform to commence reporting of incidents and development of specific learning tools. A plan on how best to encourage this across SEL is currently being considered with initial thoughts to engage the Primary Care Networks and Primary Care Teams. Villa Street practice are involved in the pilot with the HiN

### Quality Alert Learning in Southwark

Incident affecting an elderly frail Care home resident without adequate information included in the discharge letter when being transferred from GSTT back to the Care home. The patient missed a number of medication doses. GSTT apologised for their oversight error and the case is being highlighted to all staff at daily briefings and weekly meetings to ensure discharge information is accurate. This will be monitored for improvement.

## Escalations

### NRS Healthcare:

NRS is a private provider that supplies several local authorities with equipment for patients in the community and contracts directly with NHS Trusts providing community services. NRS was awarded a unavailable, London contract in April 2023 by the Borough of Kensington & Chelsea on behalf of 20 London local authorities.

Several concerns across the Region, including serious incidents, have been raised in relation to numerous and ongoing delays and problems in the provision of equipment in the service provided by the company and they have recently been issued with a Prevention of Deaths Notice by a Coroner.

**Impact for Southwark Residents:** KCH has identified an issues with equipment being provided by NRS in the community that have resulted in patient harm. Pressure relieving equipment was ordered for patients on discharge but was replaced by a 'close technical equivalent' by NRS. The equipment provided did not have the correct pressure relieving components required.

The concerns have been escalated to NHSE and Chelsea & Westminster who are leading on improving the service provided by NRS who have been invited to SEL ICB's System Quality Group.

Trust experienced a range of issues with NRS against the KPIs of the contract but were well supported by the Equipment Leads in Bromley, Lambeth and Southwark in addressing these incidents

# Southwark Q3 Key updates

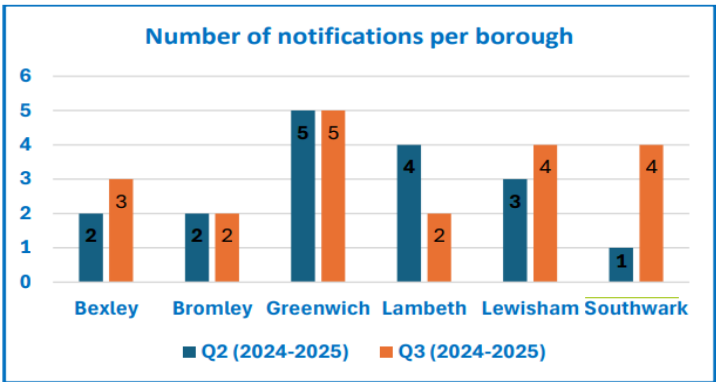
## Quality Updates

### Learning from lives and deaths – People with a learning disability and autistic people (LeDeR) learning from Annual & Q3 Report for Southwark

The LeDeR team have carried out a programme of delivering training to GPs in Southwark, other boroughs and Kings College Hospital End of Life Care (EOLC) Stakeholder committee and Oxleas' Community Mental Health Team Development Group meeting.

The annual report highlights 1406 Southwark residents with a learning disability, 86% of whom have had an annual health check. The leading Cause of Death for people with an LD in Southwark was Cancer. Bromley and Southwark both had the highest number of cancer related deaths. The Lambeth, Lewisham, and Southwark community team for adults with learning disabilities together with South London and Maudsley and St Christopher's hospice, have set up a Living and Dying Well Group for people to come together to think and talk about Life and Death. The group is incorporating the 'No Barriers Here' arts-based approach to Advance Care Planning. The Oliver McGowan Training Programme in Southwark was highlighted as a positive initiative to improve staff understanding of learning disabilities and autism, ensuring that healthcare providers are better equipped to meet diverse patient needs

Figure 2: Number of notifications received per borough



Southwark
Number of notifications: 4
Type of Review:
3 x Initial
1 x Focused
Type of Patient:
4 x Learning Disability
Gender:
2 x Female
2 x Male
Ethnicity:
4 x White

**Learning from Focused Reviews for Southwark:** There was one focused review involving a Southwark Resident in relation to care concerns. The cause of death has been recorded as aspiration pneumonia and acute myocardial ischaemia. Several concerns were identified including unsafe swallow, delayed safeguarding referral and a local of documentation of the patient's mental capacity. An action plan has been developed to address the concerns raised.

Positive practice identified was the Learning Disability Acute Liaison Nurses knew the patient well.

## Southwark, Lambeth and Bromley

CDOP	<ol style="list-style-type: none"> <li><b>Parental Complaint:</b> Received a complaint from parents of a child who died at home in February 2024. Parents reported not having been assigned a keyworker and had not been informed of the child death review process. Moreover, parents had specific concerns about the medical care their child received during life, which they were expecting the CDR process to investigate. Individuals acting as the parents' keyworkers were not appropriately informed about the CDR process to manage the parents' expectations.</li> <li><b>Outstanding Child Death Review Meetings (CDRM):</b> Have 10 Southwark and Lambeth cases, now several years old. Issues have arisen relating to the responsibility for organising CDRMs and further investigation has revealed a disconnect between the intended resourcing allocated to Designated Doctors and what happens in practice. Designated Doctors were intended to receive 1.5 PAs (6-hours per week) to fulfil their Child Death Review duties, but in practice only have 0.25 PAs (1-hour per week). There appears to be no written job description that outlines the role and responsibility of the Designated Dr, nor a written agreement on the resourcing. The issue only concerns the Southwark and Lambeth Designated Drs.</li> <li><b>Mortuary Visitation Policies:</b> Disconnect between local mortuary policies and the recommendations of the pan-London MoU regarding family visitation while their child is in the mortuary. The regional MoU permits parents to visit their children in the mortuary without the glass window if the police or consultant deem the death as non-suspicious. However, local mortuary policy dictates that the deceased is viewed through the glass in all cases involving a referral to the Coroner.</li> <li><b>No transfer to the ED following death:</b> There have been four instances in Bromley where, following a death in the community, the Police have not transferred a child to A&amp;E. While the SUDI/C guidance does make provision for Police to transfer older children straight to the mortuary where the cause of death is clear, Joint Agency Response (JAR) process rely on children being conveyed to hospital in order for the process to be triggered.</li> </ol>	<p><b>Issues to be addressed</b></p> <ol style="list-style-type: none"> <li>Lack of a dedicated provision for a community-based CDR keyworker, who can support and signpost families of children who die outside of hospital.</li> <li>Lack of awareness among key community partners (primary care and hospice).</li> <li>Lack of a complaints process within the CDR process.</li> <li>Several cases are severely delayed in completing the CDR process, meaning that any learning associated with their cases is also delayed in feeding back to the system. A lack of a CDRM also deprives parents with their main opportunity to input into the CDR process.</li> <li>Risk of future cases being affected by the uncertainty over roles and responsibilities when it comes to organising the CDRM.</li> <li>Designated Doctor's have insufficient resources to fulfil their CDR responsibilities.</li> <li>Parents are not allowed to have physical contact with their child at the mortuary and are only permitted to view their child through a glass window. This denies parents the opportunity to grieve and say goodbye to their child.</li> <li>Lack of clarity on how key investigations and samples for a JAR process are taken when a child is conveyed straight to the mortuary.</li> </ol>
NDOP	<ol style="list-style-type: none"> <li><b>Obstetrician and Neonatologist attendance at Neonatal Death Overview Panel (NDOP):</b> There has been consistent absence of obstetricians and an irregular attendance from Neonatologists at NDOP meetings for several months. Previous requests have been made for these professionals to attend, but the issue remains unresolved. It would be helpful to understand what is funded at each hospital in terms of time in the job descriptions of these professionals (Obstetricians and Neonatologist) to attend NDOP.</li> </ol>	<ol style="list-style-type: none"> <li>NDOP meetings are not quorate, causing delays, cancelled meetings and increasing the case backlog.</li> </ol>

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

- SEL worked with GSTT and Partnership Southwark leads to map numbers, locations and reasons individuals in community settings had a urinary catheter, and the support services available to them. The report was circulated widely in November and with recommendations for improvement. The group met in January to discuss next steps.

## General Practice audit visits

- Southwark Practices had an annual IPC audit during Q3. IPC processes and protocols were of good standard overall with recommendations mainly around cleaning and environmental issues

## Outbreaks

- Incidence of influenza in the general population rose sharply in December and comms campaigns continued to promote vaccination. Several clusters and small outbreaks of influenza, COVID and norovirus were reported across acute and mental health settings in December with no incidents of service disruption.
- Respiratory Syncytial Virus (RSV) activity continued to rise, with increases seen in most age groups.

## Mpox update

- UKHSA updated [Clade 1b Mpox guidance](#) late December. Key to note is the risk of importation of Mpox cases has been revised from low to medium. SEL net [Mpox page](#) has been updated to include UKHSA recommendations.

## FFP3 fit testing masterclasses for primary care staff

- A series of FFP3 fit testing masterclasses for primary care staff throughout and the sessions formed a 'train the trainer' model where staff were trained how to fit test others working in primary care. Two sessions per borough were scheduled and details circulated through primary care networks. A December Q&A webinar was arranged so masterclass attendees could raise queries or get more information about fit testing in their setting.

## World Antimicrobial Awareness Week (WAAW) 18-24 November

- Electronic packs were widely circulated ahead of WAAW with information, posters, email banners, MS teams backgrounds and links to the antibiotic guardian pledge page. SEL ICB communications team promoted WAAW with written information and video clips.



# Southwark Q3 Patient Safety Incidents

## Incident Learning shared at Southwark Care Home Forum

Learning from an After Action Review was shared at the Southwark Care Home Forum in February 2025. Several issues were identified by members of the group around the Universal Care Plan rollout and patients with missing medication/documentation when returning to their Care homes from Hospital.

A Care home resident was conveyed to hospital with a DNACPR in place and the paperwork went with the patient, however, it was not returned following discharge. When the patient arrested in the Care Home, no attempts to resuscitate, in line with the DNACPR were made. However, due to the documentation not being present at the time of arrest the death was escalated to the Police as an unexpected death.

### Key Learning Points

- The need for a clinical pathway for patients in the community, especially for those at the end of their life
- The involvement and support of St Christopher's Hospice.
- Recording of personal preferences for current and future care needs
- Ability for all relevant and appropriate health and care professionals to be able to access a patient's record in a timely way
- Use of the Universal Care Plan
- Improved co-ordination of care between services

## Incident Learning

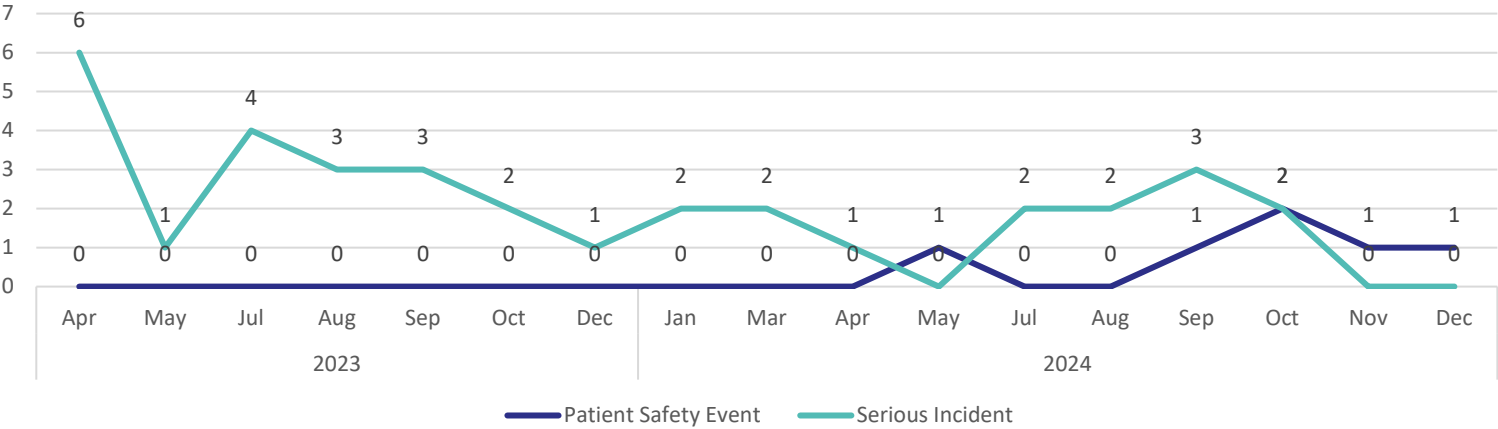
Following a number of After Action Reviews (AARs) related to Emergency Department (ED) Breaches linked to Mental Health waits, several areas for improvement have been identified including: the following areas for improvement which will support improvements for Southwark residents.

### Areas for Improvement

- Local and National standards for CYP in ED to be reviewed, mapped and refreshed - especially for out of hours
- Safeguarding – including options for PAN London trigger plan agreement
- SLaM – To ensure senior review of decision to admit to Tier 4 admission before approval
- Sharing contact information for local CAMHS services
- Safe spaces for Children & Young People presenting to ED
- Reinforcement of protocols/policies relating to sedation and restraint of Children & Young People
- Documentation of rationale for not admitting to a ward after 72 hours
- Mechanisms for patients presenting and unable to engage and police support with identification and information
- Utilisation of the Discharge at St Thomas's Hospital

It is anticipated that the majority of actions will be implemented by March 2025.

Southwark - SIs & PSIIs Reported By Patient GP Borough



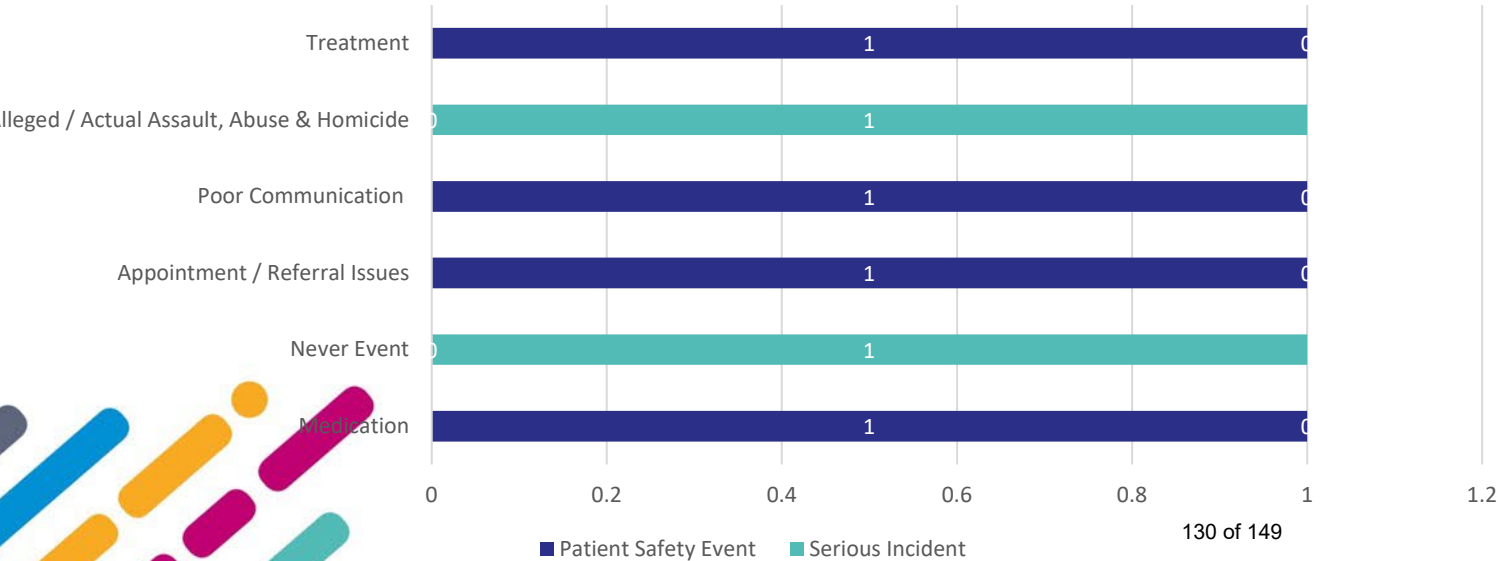
2 SIs / PSIIs are reported on average per month from April 2023 to December 2024.

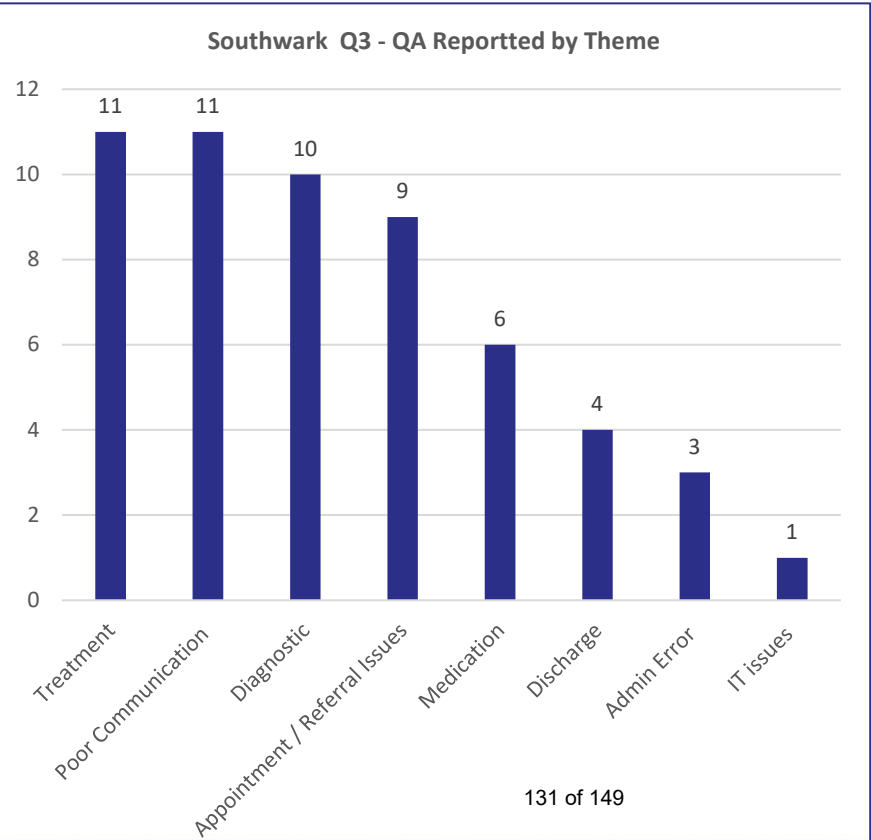
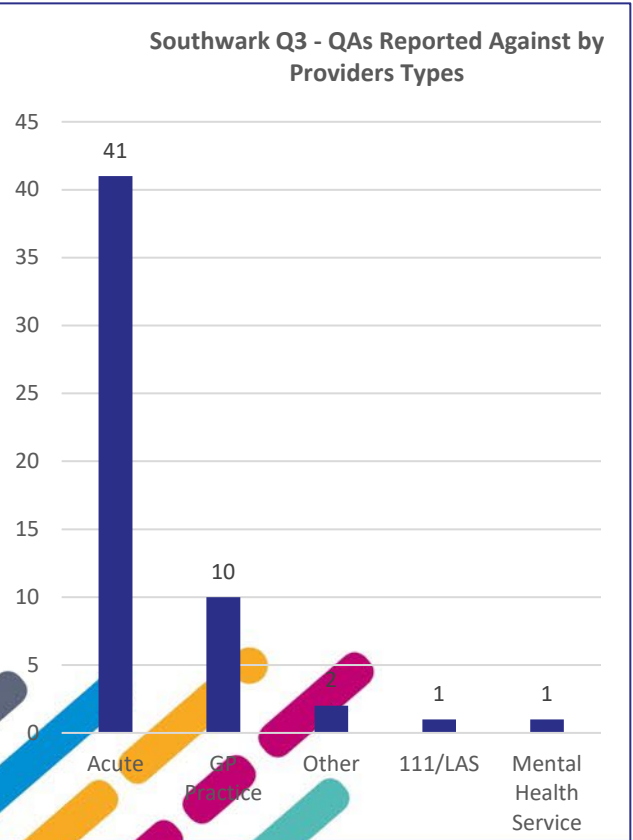
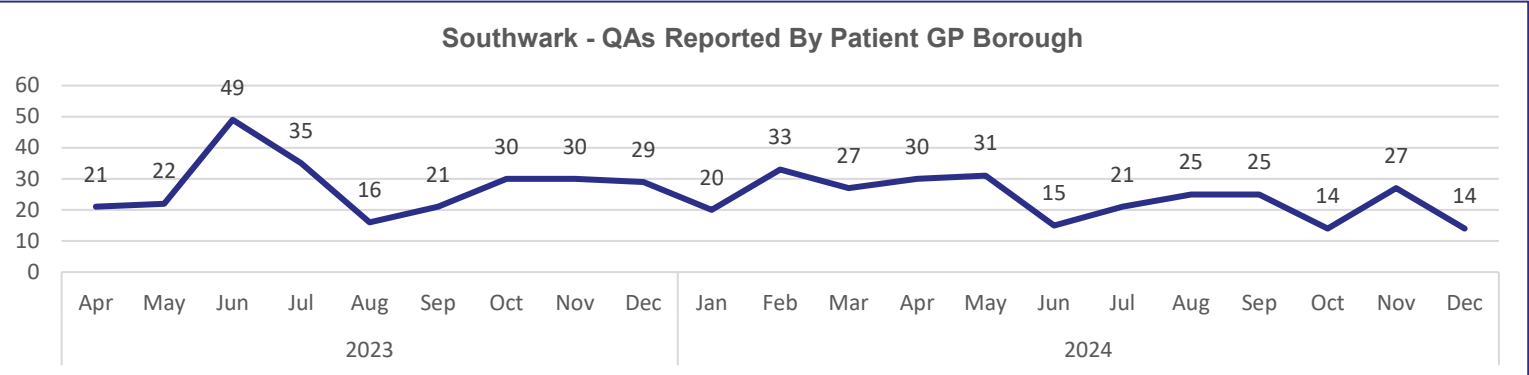
6 SIs / PSIIs was reported in 2024/25 Q3.

**Q3 Sub-Themes Reported:**

1. Failure to follow up (1)
2. Test Results Not Shared With GP or Patient (1)
3. Never Event - Retained foreign object post procedure (1)
4. Appointment Rejected (1)
5. Alleged physical assault to third party (1)
6. Discharge without adequate medication (1)

Southwark Q3 - SIs & PSIIs Reported By Theme





25 QAs are reported on average per month from April 2023 to December 2024. the numbers being reported each month is not seeing a significant increase or decrease.

55 Quality Alerts was reported in 2024/25 Q3.

**Q3 Sub-Themes Reported:**

1. Communication between teams / external stakeholders (9)
2. Inappropriate Request to GP (6)
3. Delayed treatment(6)
4. Appointments Rejected (4)
5. Medication Supply issue (3)

KCH and GSTT have convened Task & Finish Groups to improve primary and secondary care interface issues at the local Interface group chaired by the Deputy Medical Director.

Synnovis is currently investigating the difficulties being experienced with the tQuest system such as freezing and slow running of the application. A planned upgrade was undertaken on 16th February 2025, which should support the resolution of the issues. Monitoring will continue with daily meetings between Synnovis, EMIS, ICB and GSTT. Staff are encouraged to raise concerns at [tquest@synnovis.co.uk](mailto:tquest@synnovis.co.uk)

# SEL Quality Alert System

## What are the key changes?

Once reported, each QA will be reviewed by the ICB Quality Team, themed and sent through to providers. Responses will be aligned with provider improvement plans. Some QAs may require an individual response or be responded to using PSIRF.

- Reporting will continue to be encouraged by all providers to ensure themes are collected and collated.
- Each QA will be acknowledged to the reporter who will be advised on the categorised theme.
- Monthly reports by theme will be sent through to providers.
- Providers will add the themes to their existing and/or new workstreams in line with PSIRF and their Patient Safety priorities.
- Individual patient clinical concerns should be raised directly with the provider and the reporter will be advised of this.
- Oversight of systemic and pathway themes will be monitored through the ICB's Themes & Concerns Group

## Expected outcomes

- Thematic analysis
- System/local improvements
- Key learning streams
- Improved feedback to reporters

# Key updates for Quarter 3

Quality area	Key updates and issues to note
PSII	Two cross system PSII's are in progress. One involves a delayed cancer diagnosis in a patient with learning disabilities and the other involves a failure to follow up of two brothers who are prone to self-neglect.
Quality Alerts	The current process is under review and consultation launched to align it with the Patient Safety Strategy
NRS	There are issues with equipment across the system provided in the community via the NRS contract. A Coroner has issued a Prevention of Future Deaths notice (Reg 28) to NHSE who are leading on the monitoring of the contract.
Sodium Valproate	A paper in response to the NPSA alert has been submitted for review and approval.
Synnovis cyber incident	To note the increase in moderate harms as a result of further investigation. A total of 13 moderate harms have been reported (to Dec 2024)
Paediatric Audiology	Site visits with an SME, NHSE London and the ICB had been scheduled for January in line with the Paediatric Audiology National Improvement Programme; however, one has been rescheduled due to lack of SME availability. Will look to reschedule for February.



## Integrated Assurance Report – Option1

March 2025

### Section 4: Safeguarding Report

A summary of the more detailed Q3 Safeguarding report reviewed by SMT is attached. The format is to be reviewed for 2025/26

# Safeguarding & Looked After Children – Q3 Overview

- Child Protection & MASH Referrals: 271 children under Child Protection Plans (71 under age 5); emotional abuse being the top concern, followed by Neglect.
- 1 ongoing child safeguarding practice review with key learning identified; use of technology, gender identity, family connections and care planning, mental health, education and disruptions to this and the impact of adverse childhood experiences.
- Domestic Abuse & Health Services: 56 families discussed at MARAC; increase in maternity referrals due to domestic abuse & homelessness.
- Safeguarding Training & Supervision: Compliance issues due to misalignment with training requirements; action plans in place.



# Key Safeguarding Challenges & Developments

- Extra-Familial Harm & Exploitation: Looked After Children (LAC) vulnerable to grooming, gangs, and exploitation with additional vulnerabilities of undiagnosed learning needs and missing from education.
- Primary Care supporting the fostering team to promote the foster carer role across Southwark utilising the GP waiting room, alongside liaison with North and South extended primary care hub sites.
- Multi-Agency Safeguarding Strategy: Launch of Neglect Strategy & Toolkit in March 2025.
- Training & EPIC System Challenges: Issues aligning safeguarding training; technical challenges with EPIC in health systems.
- Thinking Family and understanding and identifying risks posed by parental mental illness across the health economy continues to be areas for improvement.
- Delay in the delivery of the Multi Agency Safeguarding Hub (MASH) Strategic Leadership meeting continues to hinder oversight of the performance and functions of the Hub

# Safeguarding Adults at Risk

- Contributing to **4** Southwark Domestic Abuse Related Death Reviews (DARDR) (formally DHRs) 3 in Borough and 1 out of Borough, emerging themes - Cuckooing, language barrier/communication, Mental Capacity Assessments, Drugs and Alcohol, Mental ill health, No Recourse to Public Funds, Elder Abuse, and lack of professional curiosity
- Challenges with the new DARDR re information sharing information when an alleged perpetrator has not been convicted.
- Development of Pan-London and ICB health dataset for reporting and monitoring which will enable to identify and trends and gaps in services.
- Participated in Southwark Council Peer Review, themes identified – Supporting residents to support healthier lifestyles, working in partnership with the community, understanding safeguarding issues and supporting residents and building good leadership, being innovative and cultivate a learning environment.

- Refugee and Asylum Seekers – This cohort have increasing complex needs (physical, mental, psychological health and language barriers) and can be challenging for them and staff to sometimes navigate the health and social care system. An area for development is better information of Carers/Staff and Partners about the full range of support available and partnership working .

# Next Steps & Strategic Actions

- Strengthening Multi-Agency Partnerships: Work alongside safeguarding partners in representing health in co-designing our Multi-Agency Child Protection Teams as part of the new reforms for Children's Social Care
- Continue to gather assurance that there are sufficient mitigation plans in provider services that address any issues EPIC has been causing.
- Enhancing Training & Compliance: Align safeguarding training with roles; address gaps in workforce alignment.
- Addressing Looked After Children Health Gaps: Improve immunization rates and engagement with adolescent health services.
- Gaining further assurance from health providers that routine enquiry into domestic abuse is being embedded further into practice.
- Primary care contribution to multi-agency safeguarding partnership audits, in relation to domestic abuse, 'stop and search', alongside sharing key learning back to primary care.



# **Integrated Assurance Report**

**March 2025**

## **Section 5: ICB Southwark Place Risk Report**

- The Southwark borough risk register has been populated from risks identified by teams and programmes. Risks escalated or above the SEL risk appetite levels from the borough register will be included in the SEL risk register or SEL Board Assurance Framework, as appropriate.
- Risks are reviewed with risk owners on a regular basis followed by regular review with the Senior Management Team. At the time of drafting this report all risk reviews were up to date.
- The report summarises the risk register changes since the last report to the Integrated Governance and Assurance Committee in November 2024, which had previously been reviewed by the Senior Management Team.
- Following scrutiny of the full risk register by SMT and IGAC committee this summary is included in the integrated assurance report from IGAC to the Partnership Southwark Strategic Board.
- Borough risk registers are discussed regularly at the corporate risk forum and comparative information is used to help ensure a consistent approach between boroughs.
- The risk register will be subject to a detailed review to reflect 2025/26 budget and priority delivery risks.
- In the next round of reviews, it is likely that the GP collective action risk will be closed given recent contractual resolution.

# Summary of Southwark place ICB risk register

Risk ID	Risk Title	Current Likelihood	Current Consequence	Current Rating	Change since last report	Last review date
454	Integrated Community Equipment Service Performance Issues	3	2	6	↓	05/02/25
485	Growth in demand for independent sector Autism and ADHD diagnostic services affecting financial sustainability.	3	2	6	↔	10/02/25
519	CAMHS waiting times	3	3	9	↔	10/02/25
520	Diagnostic waiting times for children and young people	3	3	9	↔	10/02/25
522	Achieve financial balance for 2024/25	2	2	4	↓	06/02/25
523	Delivery of QIPP Savings	3	2	6	↓	06/02/25
540	Prescribing Budget Overspend	5	2	10	↓	25/02/25
553	Southwark Mental Health, Learning Disabilities and Autism placement costs	4	3	12	↔	10/02/25
566	Primary Care GP Collective Action	3	2	6	↓	11/02/25
573	Increase in vaccine preventable diseases due to not reaching coverage across the population	3	3	9	new	n/a New risk

Heat Map	Consequence				
Likelihood	Negligible	Minor	Moderate	Major	Catastrophic
Almost Certain					
Likely		1	1		
Possible		4	3		
Unlikely		1			
Rare					



# Summary – extreme risks, new and closed risks

## Extreme risks

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

## New risks

- ❖ A risk has been added relating to Increase in vaccine preventable diseases.

## Closed risks

- ❖ The risk relating to the delayed completion of building works for the Harold Moody Health Centre has been closed as the building is now complete.

## Changes in risk rating

- ❖ The risk relating to the quality of the Integrated Community Equipment service has been reduced to 6 reflecting progress in delivery performance.
- ❖ The risk relating to GP collective action has been reduced reflecting confidence that this issue is being managed without significant consequences for patient access.
- ❖ The 3 finance risks relating to achieving year end balance have been reduced as the end of the financial year approaches and the risks have reduced.

## Outstanding risk reviews

- ❖ All risk reviews are up to date as at 14/3/25.



# Integrated Assurance Report

March 2025

## Section 6: ICB Southwark Finance Summary Report

## 2. Financial Position – Month 11 February 2025

	Year to Date Budget	Year to Date Actual	Year to Date Variance	Annual budget	Forecast Outturn	Forecast Variance
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Acute Services	78	82	(4)	85	90	(5)
Community Health Services	33,389	32,256	1,133	36,424	34,858	1,566
Mental Health Services	9,402	10,617	(1,215)	10,257	11,878	(1,621)
Continuing Care Services	18,114	17,570	544	19,760	19,065	696
Prescribing	32,130	33,049	(919)	35,112	36,352	(1,240)
Other Primary Care Services	1,243	1,260	(17)	1,356	1,375	(19)
Other Programme Services	730	-	730	796	-	796
Programme Wide Projects	237	268	(30)	259	308	(49)
Delegated Primary Care Services	58,140	58,350	(210)	71,330	71,559	(229)
Corporate Budgets	3,159	2,939	220	3,480	3,276	204
<b>Total</b>	<b>156,622</b>	<b>156,392</b>	<b>230</b>	<b>178,860</b>	<b>178,760</b>	<b>100</b>

- Total resources the borough has for 2024/25 in its management amounts to £179m. Community mental health and physical health contracts with local trusts are managed across SEL ICB by the Planning directorate.
- We are reporting a year to date underspend of £230k and forecast underspend of £100k as at month 11. The forecast position is a deterioration from month 10. This position includes overspends in mental health, prescribing and delegated primary care with underspends in continuing healthcare, community and corporate budgets absorbing the overspend. The forecast position on all the three main areas of risk mental health & learning disability services, prescribing and delegated primary care services budget has deteriorated from month 10.
- For mental health we are reporting a forecast overspend of £162m as at month 11. This is a deterioration of £118k from month 10 relating to increased costs for Psychiatry UK and section 12 collaborative fees. The reported position also includes our contribution to mental health placement overspends with South London & Maudsley Trust (SLAM) contract. Most of the overspends within mental health are primarily driven by placements, Right to Choose adult ADHD/Autism pathways, and LD placements. There is a risk of increased pressure in tri-partite Children and Young People mental health costs. We have seen more requests for health contribution on children placements this year at significant costs. The borough will be undertaking a review of all placements paid from place budgets as part of its recovery plan for 2024/25 and planning for 25/26. South London Partnership (SLP) have completed their review of SLAM placements. This has been a beneficial piece of work for Southwark in particular ensuring costs are accurate.
- For Prescribing the borough is reporting a year to date overspend of £919k and forecast overspends of £1.2m at month 11. This is a significant deterioration (£241k) from month 10. The largest drivers for the increased spend in Mth 11 relates to respiratory and endocrine, infections, CVD, High number of repeat prescriptions and impact of NICE approved tech such as Mounjaro.
- Underspends in corporate and continuing care budgets are absorbing some of the overspends.
- Delegated Primary Care forecast overspend has deteriorated this month and our forecast overspend is £228k. This position is after non recurrent solutions (£325k) have been identified to manage some of this risk for 24/25. The borough is undertaking a review to identify recurrent solutions to manage this deficit and risks for 25/26.
- The borough is forecasting an overall underspend of £100k and has had to implement some non-recurrent solutions in order to mitigate cost pressures in prescribing, delegated primary care and mental health. Growth in community services has been restricted to manage the overall position. The borough has an underlying deficit position, and a series of financial recovery meetings have been held by Place Executive lead focused on opportunities and recurrent savings proposals to support its underlying position and minimise the risk going into 2025/26.
- The borough has received its draft allocation for 2025/26 of £177m delegated to Place Executives. The borough is required to sign off these budgets and we are currently in the process of agreeing these budgets and formal sign off.

# Final Budgets - 2025/26

- Place budgets have been based on 2024/25 recurrent budgets brought forward. Various adjustments for tariff and growth adjustments have been made in line with national operational guidance.
- Tables below shows the final recurrent budgets delegated to Southwark Place. Place Executive Lead is expected to sign off approval of these budgets by 14<sup>th</sup> March 2025 . The delegation agreement will be required to be signed once the budgets are final from a SEL ICB perspective.

<b>SOUTHWARK</b>	<b>2025/26 TOTAL PLACE MANAGED BUDGET</b>
	<b>£'000</b>
Acute Services - Local	92
Community Health Services - Local	37,271
Mental Health Services & Learning Disabilities	8,047
Continuing Care Services	20,475
Prescribing	36,208
Primary Care Services	200
Other Programme Services	1,116
Primary Care Co-Commissioning	70,259
Running Costs	3,769
<b>TOTAL</b>	<b>177,438</b>



# Integrated Assurance Report

March 2025

## Section 7: Delegated leads report

1. CHC
2. Medicines Optimisation

# Delegated Statutory Duties: NHS Continuing Healthcare

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

## Quality Premium Indicators

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

Quality Premium Metric	National Target	SEL Trajectory	Jan 2025	Feb 2025
Assessments completed in hospital	0%	0%	0%	0%
Assessments completed within 28-days	80%	Q4 80%	64%	57%
Incomplete referrals over 12 weeks	0	SEL <4 Borough <1	0	0
Incomplete referrals over 28-days – length of delays	-	-	1 2 –4 weeks	1 Up to 2 wks

## Appeals

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

Indicator	Measure
Total appeals open at month end (February)	4
Local resolution	2
Independent review panel	2

Updated 25/02/2025

## Patient numbers

Category	Patients
Adults receiving NHS Continuing Healthcare – snapshot end of Feb	105
Children and young people receiving Continuing Care - snapshot Feb	27
Adults receiving NHS-funded nursing care* - snapshot end of Feb	154

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

## Team update

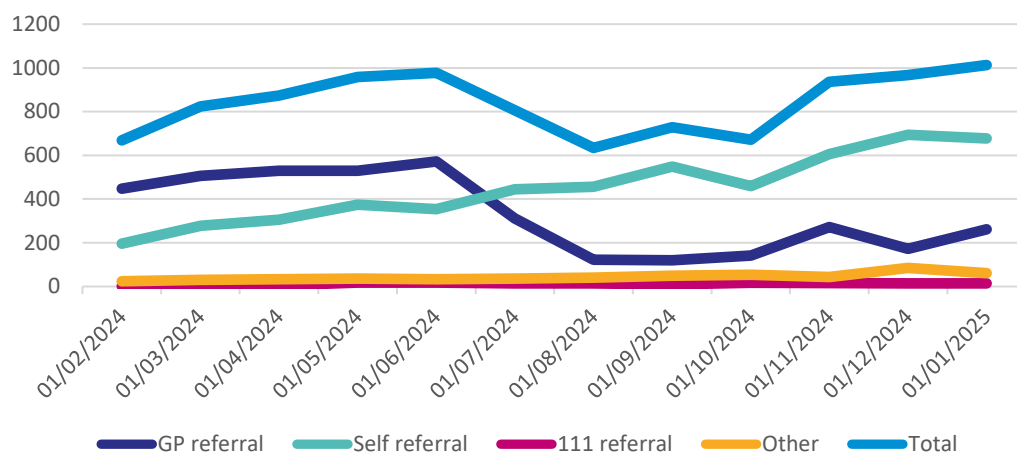
As part of a service transformation project, the CHC Assessment, Review and Case Management functions previously part of GSTT ILS transferred to the ICB joining the existing ICB CHC Commissioning Team on the 1<sup>st</sup> November 2024 to create a complete in-house CHC offer for the borough of Southwark.

Performance against the SEL trajectory for completion of assessments within the 28-day timeframe has not been achieved during this quarter, which has been a result of a combination of staff leave, the availability of social workers for the completion of assessments, and family delays.

Performance is being closely monitored with relevant actions identified to ensure performance improves.

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

Pharmacy First Activity Southwark 24-25



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

Referrals for Ambulatory BP Measurements by Borough SEL 24-25

