

Partnership Southwark Strategic Board Agenda

Thursday 28th May 2026 | 13:30 – 16:30

Venue: South London Mission, Bermondsey Central Hall Methodist Church

Chair: Dr Nancy Kuchemann

Time	Ref	Item	Lead	Enc	Pages
13:30	1	<ul style="list-style-type: none"> Welcome and Introductions Apologies Declarations of Interest Minutes of the last meeting Action Log 	Chair	Enc 1 – Declarations Enc 1i – Minutes Enc 1ii – Action Log	2-18
13:40	2	Ageing Well INTs x COPSINS	Tania Kalsi / Ceri Sheppard	Enc 2	19-38
14:20	3	Neighbourhood Update from Integrator	Rebecca Dallmeyer / Nigel Smith	Enc 3 (Presentation to follow)	39-40
15:10	4	Public Questions	Chair		
Business items					
15:20	5	Strategic Director for Health & Care and Place Executive Lead Report Reports from sub-committee chairs: <ul style="list-style-type: none"> Integrated Governance and Assurance Committee (NK) (including appendix on Integrated Assurance Report) Southwark Neighbourhood Transformation Board (RJ/DS) Primary Care Committee (NK) 	Darren Summers / Nancy Kuchemann / Rebecca Jarvis	Enc 4	41-78
15:45	6	Any Other Business	All		
16:00	7	Close Meeting	Chair		

Next held in-public meeting: 23 July 2026



Declaration of Interests

Meeting Name: Partnership Southwark Strategic Board

Meeting Date: 28 May 2026

Name	Position Held	Declaration of Interest
Alasdair Smith	Director of Children's Services, Southwark Council	No interests to declare
Ami Kanabar	GP, Co-chair LMC	No interests to declare
Anood Al- Samerai	Director, Community Southwark	No interests to declare
Cedric Whilby	CCPL, VCSE representative	<ol style="list-style-type: none"> 1. Producer of 'Talking Saves Lives' public information film on black men and cancer 2. Trustee for Community Southwark 3. Trustee for Pen People CIC 4. On Black Asian Minority Ethnic (BAME) panel that challenges the causes of health inequalities for the BAME community in Southwark
Claire Belgard	Interim Director of Integrated Commissioning	No interests to declare
Cllr Evelyn Akoto	Partnership Southwark Co-Chair & Cabinet Member for Health & Wellbeing	No interests to declare
Darren Summers	Strategic Director of Health & Care & Place Executive Lead	<ol style="list-style-type: none"> 1. Member of GSTT Council of Governors (ICB representative)
David Quirke-Thornton	Strategic Director of Children's and Adult's Services	No interests to declare
Emily Finch	Clinical Lead, South London & Maudsley	No interests to declare
Eniko Nolan	Assistant Director of Finance for Children and Adult Services	No interests to declare
Jeff Levine	Regional Director for London, Agincare	No interests to declare
Josephine Namusisiriley	CCPL, VCSE Representative	No interests to declare
Julie Lowe	Site Chief Executive for Denmark Hill	No interests to declare
Louise Dark	Chief Executive Integrated and Specialist Medicine Clinical Group	No interests to declare
Monica Sibal	IHL representative	No interests to declare



Nancy Küchemann	Co-Chair Partnership Southwark and Chair of Clinical and Care Professional Leads, Deputy Medical Director, SEL ICB	<ol style="list-style-type: none"> 1. GP Partner at Villa Street Medical Centre. Practice is a member of SELDOC, the North Southwark GP Federation Quay Health Solutions and the North Southwark Primary Care Network. 2. Villa Street Medical Centre works with staff from Care Grow Live (CGL) to provide shared care clinics for people with drugs misuse, which is funded through the local enhanced service scheme. 3. Mrs Tilly Wright, Practice Manager at the practice and one of the Partners is a director of QHS. Mrs Wright is also the practice manager representative on the Local Medical Committee. 4. Mr Shaun Heath, Nurse Practitioner and Partner at the practice is a Senior lecturer at University of Greenwich. 5. Dr Joanna Cooper, GP and Partner at the practice is employed by Kings College Hospital as a GP with specialist interest in dermatology. 6. Husband Richard Leeming is councillor for Village Ward in south Southwark. 7. Deputy Medical Director at SEL ICB
Nigel Smith	Director, Improving Health London	No interests to declare
Olufemi Osonuga	PCN Clinical Director, North Southwark	<ol style="list-style-type: none"> 1. GP Partner Nexus Health Group, Director Quay Health Solutions, Director PCN, North Southwark
Rebecca Dallmeyer	Director, QHS	<ol style="list-style-type: none"> 1. Quay Health Solutions holds contracts for delivery of services through the following contracts commissioned by SEL ICB: New Mill Street GP Surgery
Rebecca Jarvis	Director of Partnership Delivery and Sustainability	<ol style="list-style-type: none"> 1. Close personal friend of Director of Operations and Partnerships (ISM), Guy's and St Thomas' NHS Foundation Trust 2. Executive Director of Quay Health Solutions is part of social network 3. Former trustee and then chair of Board of Trustees for South East London Mind
Rhyana Ebanks-Babb	Manager, Healthwatch Southwark / Community Southwark	No interests to declare
Sabera Ebrahim	Associate Director of Finance, SEL ICB, Southwark	No interests to declare
Sangeeta Leahy	Director of Public Health	No interests to declare
Sarah Kwofie	Director of Homecare (London & South) City and County Healthcare Group	No interests to declare



Sumeeta Dhir	Chair of Clinical and Care Professional Leads	No interests to declare
Winnie Baffoe	CCPL, VCSE representative	<ol style="list-style-type: none"> 1. Director of Engagement and Influence at the South London Mission, which works closely with Impact on Urban Health. The South London Mission leases part of its building to Decima Street medical practice. 2. Board Member Community Southwark. 3. Married to the Executive Director of South London Mission



PARTNERSHIP SOUTHWARK STRATEGIC BOARD MINUTES

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

Venue: South Bank Room 2, Coin Street Neighbourhood Centre, 108 Stamford Street

Chair: Dr Nancy Kuchemann

ATTENDEES

MEMBERS	TITLE AND ORGANISATION
Dr Nancy Kuchemann	GP, Co-Chair Partnership Southwark
Rebecca Jarvis	Director of Partnership Delivery & Sustainability, Partnership Southwark
Katy Porter	Independent Lay Member
Darren Summers	Strategic Director for Health & Care / Place Executive Lead, Southwark present from 13:50
Claire Belgard	Interim Director of Integrated Commissioning, Southwark Council, SELICS present from 13:50
Josephine Namusisi-Riley	Care & Clinical Professional Lead (CCPL), VCSE Representative
Rhyana Ebanks-Babb	Healthwatch Southwark
Monica Sibal	Improving Health Limited (IHL) Representative
Dr Olufemi Osonuga	GP, Clinical Director of North Southwark Primary Care Network (PCN) present from 13:50
Winnie Baffoe	Director of Engagement & Influence, South London Mission, Voluntary and Community Sector (VCS) Representative
Dr Ami Kanabar	GP, Local Medical Committee (LMC) Representative
Cedric Whilby	Voluntary and Community Sector Representative
Sangeeta Leahy	Director of Public Health, Southwark Council
David Quirke-Thornton	Strategic Director of Children's & Adult's Services, Southwark Council
Sabera Ebrahim	Associate Director of Finance, Southwark, SEL ICB
Louise Dark	Chief Executive Integrated and Specialist Medicine Clinical Group, GSTT present until 15:00
Alasdair Smith	Director of Children's Services, Southwark Council
Rebecca Dallmeyer	Executive Director, Quay Health Solutions present from 13:50
IN ATTENDANCE	
Adrian Ward	Head of Planning, Performance and Business Support, Partnership Southwark, SELICB
Isabel Lynagh	Business Support Lead, Partnership Southwark, SELICB (Minutes)
Sarah Middleton	Head of Stakeholder Relations, KCH
Liz Shutler	Director of Strategy, KCH
Katherine de Krester	Projects Manager, Community Southwark
Jason Charles	Grants Manager, United St Saviour's Charity
Rebecca Emanuel	Co-founder, JoshyBoy Legacy
Terry-King Emanuel	Co-founder, JoshyBoy Legacy
Kemi Olafare	Volunteer, Peckham Soup Kitchen
APOLOGIES	



Jeff Levine	Regional Director for London, Agincare
Julie Lowe	Deputy Chief Executive, Kings College Hospital NHS Trust
Anood Al-Samerai	CEO, Community Southwark
Dr Sumeeta Dhir	GP, Chair of Care & Clinical Professional Leads (CCPL)
Nigel Smith	Director, Improving Health Limited (IHL)
Sarah Kwofie	Director of Homecare (London & South) City & County Healthcare Group
Eniko Nolan	Assistant Director of Finance for Children and Adult Services
Dr Emily Finch	Clinical Director, South London & Maudsley NHS Trust
Winnie Bafoe	Director of Engagement & Influence, South London Mission; Voluntary and Community Sector (VCS) Representative
Cllr Evelyn Akoto	Co-Chair, Cabinet Member of Health & Wellbeing, Southwark Council

1.	Welcome & Introductions
1.1	The Chair welcomed attendees to the Partnership Southwark Strategic Board held in person.
1.2	Introductions were made and apologies noted.
1.3	Declarations of interest There were no additional declarations of interest in relation to matters in the meeting.
1.4	Minutes of last meeting Minutes of the last meeting were agreed as an accurate record, with no points of correction noted.
1.5	Action Log The action log was review, and updates were shared as follows:
1.6	Action 1 – Follow up meeting with social prescribers – action closed as meeting has taken place. Action 2 – Southwark 5-Year Strategic Plan/Neighbourhood Delivery Plan - Guidance was released last week and this will be brought back to the board once digested. The detail of the discussion will be at SNTB and update will be provided at PSSB. Action to remain ongoing . Action 3 – Immunisations and Vaccination delegation to ICBs. Rebecca Jarvis and Charlotte Keeble have written a report to clarify where responsibilities lie. This paper will be taken to SMT to look at implications and then report through to IGAC. Sangeeta Leahy noted that she is happy to discuss with ICB. Action to remain open .
2.	Kings College Hospital – Five-year Strategy (2026-2031)
2.1	Liz Shutler introduced the item, sharing that the current BOLD strategy (Brilliant people, Outstanding Care, Leaders in Research and Diversity/equality/inclusion) is closing soon and the five-year strategy is being refreshed.



2.2	Engagement has been ongoing with staff, patients, communities and partners and various meetings have been attended across the three boroughs. Engagement discussions have focussed on the values and objectives for the next five years, as well as conversations with staff about what they would like to continue or stop. Work has been ongoing to understand the local and national landscape, which has changed since the last strategy was published.
2.3	Liz shared that recent discussions have focussed on strategic objectives, adding that there has been a dedicated lead working with the VCS on this over the past year. Public meetings have been held with a promise to go back out and share what has been heard, and what KCH will be doing about it.
2.4	There has also been a meeting held with leaders from faith groups, along with a couple of surveys, with the most recent getting 1500 responses.
2.5	Liz shared that they would like to hear from the board any thoughts about further engagement pieces.
2.6	The aim is for Trust board approval in May, with Liz noting that there is a new CEO joining so the team are waiting to hear if he would like to engage on the work before approving.
2.7	Liz noted that work had begun to develop a Kings improvement method, which was a structured way to identify priorities and tie these into day-to-day work, as this was an area that hadn't been as successful in the BOLD strategy.
2.8	There is work ongoing with staff to identify areas of the biggest impact on metrics and data, with an effort to engage staff to contribute to solutions to problems.
2.9	Liz shared that original thoughts were to keep the same visions and value, but the board asked for the team to understand if staff still resonated. Feedback showed that staff didn't like or understand the current visions and values and didn't equate strong roots as strong roots into the community.
2.10	Staff also fed back that they felt behaviours in the organisation didn't match the values. The public fed back that the values were insular and not about patients.
2.11	The values have been refreshed and are proposed to be caring, inclusive, collaborative and innovative.
2.12	Over the next five years, there will be collaboration into communities, with plans to attend forums which will be developing over the next year.
2.13	The refreshed purpose focuses on communities, research, education and training, and the refreshed vision is to transform healthcare.



2.14	Liz shared the emerging objectives, each with a specific metric to measure on a monthly basis.
2.15	Liz welcomed feedback from board members.
2.16	The chair opened up to the board for comments.
2.17	Sangeeta Leahy fed back that it is helpful to see the vision has changed based on the feedback collated, adding that she would like to understand what will be different for staff and residents as a result of this. Liz responded that some work had been completed about behaviours that underpinned metrics and would like to do more work at a local level. Liz also added that there is an effort to ensure that people understand their contribution to each metric and performance management will be changing to work on the strategic objectives.
2.18	Sangeeta noted the SLaM strategy was presented at the last board and asked whether trusts are engaging with the same group of residents. Sangeeta questioned how to keep these residents engaged, particularly if they are being asked for feedback from many organisations. Liz agreed with this and shared that a public meeting was held recently in a large council estate, who shared that young people in their area are feeling left behind, as well as getting feedback about gentrification across the boroughs. Liz added that learning should be shared across organisations.
2.19	Rebecca Jarvis noted that the presentation did not reference neighbourhood health, adding that the metric for 'strong and successful partnerships' would be supported through aligning services and embedding KCH into neighbourhoods. Liz responded that within the partnership piece, the biggest area is about neighbourhoods and being more visible, adding that KCH are trying to get more clinical and managerial time allocated to this. This is important to scope within the first year.
2.20	Liz added that community leaders have fed back that KCH is a trusted organisation and is seen as an organisation who can bridge across pathways and gaps. Louise Dark added that the integrator leadership seeing KCH as an active player, with KCH staff being used in the new cohorts.
2.21	Louise asked how staff are feeling now that feedback has been listened to and the proposed strategy changed. Liz responded that people have been feeling positive, noting that there has been some scepticism of change, with a difficult financial position. Staff feel the impact of savings on the work that they are able to do. Staff are still willing to engage and Liz noted that a new CEO is a good opportunity for this too.
2.22	Rhyana Ebanks-Babb asked about Healthwatch engagement and the contribution of independent patient voices. Liz noted that as part of the next stage, she will write out to Healthwatch to understand how best to do this. Sarah Middleton noted that they have talked



	at public and community outreach events and some Healthwatch colleagues have been at these.
2.23	Alasdair Smith added that in order to have strong health systems, a strong workforce is needed. There is working ongoing to develop T-Level courses to support with this and Alasdair encouraged working with education services on this. Liz responded that ‘people’ are a strong objective in the strategy, adding that there is a strong volunteer service in place, which the team would want to strengthen further going forward.
2.24	Katy Porter shared that it has been helpful to hear honest accounts of reflection and areas for improvement, adding that the strategy felt internally focussed but noting that there is likely a need for this at times. Katy asked what assistance and help is needed from the board to work collaboratively. Liz responded that KCH have been a strong partner, but this has fallen away over time, adding that closer working with partners should follow development of the team implementing the strategy
2.25	Josephine Namusisi-Riley shared that she would have liked to have seen the staff-focused strategic objective listed first, adding that this is what is going to facilitate high quality care. Liz noted that the objectives will look more like a circle in the new piece with a bold focus on people rather than patients.
2.26	The chair noted that SLaM asked board members to complete a survey, asking if there is an equivalent way to provide feedback or other ideas for engagement. The chair also asked about reaching out in other languages. The chair also noted the importance of using the data to validate areas of concern and target strategic focus.
2.27	The chair highlighted the importance of learning from what is going on outside the organisation, noting that the ICB has been carrying out work focussing on the primary secondary care interface and adding that KCH have not been involved in this enough.
2.28	Liz shared that the next steps are to continue with engagement and then focus can be on actions and making the strategy real as an organisation. Liz thanked board members for their comment and feedback.
2.29	The chair thanked presenters and asked for an update to be shared after the KCH board sign off in three months’ time.
2.30	The board NOTED the updates provided.
3.	CYP Mental Health Action Plan
3.1	The chair noted that papers for this item had not been circulated ahead of the meeting and will be circulated after.



3.2	Claire Belgard introduced the item, noting that children and young people's mental health has long been a Partnership Southwark health and care plan priority.
3.3	She reminded colleagues that there are rising levels of emotional distress in young people and an increasing need for Neurodevelopmental support, all of which have an impact on wellbeing, education and families. Despite a specific focus, waiting times have continued to increase.
3.4	A previous Children and Young Peoples Mental Health and Emotional Wellbeing steering group had been paused due to concerns that it was not delivering on its existing action plan.
3.5	A workshop was held in February, which had a strong turn out with all partners present. Data and evidence were presented with a conclusion that there were some key constraints, particularly around funding. Other challenges included workforce shortages and fragmented pathways, causing confusion for children and their families and leading to long waits for different services.
3.6	As a result of the workshop, the action plan has been updated with the aim to simplify pathways and reduce duplication. Success measures have been identified and there are a number of priority workstreams in the plan.
3.7	Claire updated that the delivery group has been stood up and they have reviewed the first draft of the action plan and will be overseeing the delivery.
3.8	The priorities will be leadership and governance, neurodevelopmental pathways, supported step-downs and key worker models, prevention and early help, front door triage and better use of data and shared intelligence. CB invited board members to provide feedback on these.
3.9	The chair opened up to the board for comments.
3.10	Katy Porter agreed that the priorities sound right, adding that the action plan needs to be connected enough. Katy asked if leaders are clear on how the actions are going to be delivered. Claire responded that named partners will be added against each action and partners are coming forward to take on particular workstreams. Timescales are also being reviewed.
3.11	Olufemi Osonuga noted the long waits to get into the system as well as multiple ways of entry, asking about the confidence to be able to do things differently. Olufemi added that if duplication is eliminated, waiting times will go down. Claire responded that the front door triage priority will aim for a single point of entrance and for appropriate signposting, adding that there are lots of services available outside the health system. Claire noted that the right partners are in the room, which provides confidence at this stage, adding that developing a good data dashboard will also help.
3.12	Rhyana Ebanks-Babb asked if there is a target for waiting lists. CB responded that the target is four weeks, adding that additional funding has been put into Groundworks to reduce the



	<p>waiting time towards this. Data shows that a number of children and young people are currently waiting over 52 weeks. Darren Summers added that the national NHS target is four weeks.</p>
3.13	<p>Rebecca Dallmeyer noted that the INT cohort for CYP has not yet been agreed, adding that it would be helpful to bring this work together and will consider how to do so once the papers have been shared.</p>
3.14	<p>Alasdair Smith welcomed the refocus, noting that it is important that the right group of people come together as this is a challenge for all. Alasdair noted challenges with schools primarily around mental health adding that the system is under pressure. This pressure exposes that services are not fit for purposes and lots of families to not get the help needed.</p>
3.15	<p>The purpose of the board item is to ensure that all relevant partner thinking and work are being brought together, noting the good attendance and energy at the recent workshop. The chair added that there has been anxiety about the impact of funding decisions being made outside the room and attempts to bring the work together has relied on individuals rather than governance structures, sharing that it is intended that this work will feed into the Southwark Neighbourhood Transformation Board (SNTB). Rebecca Jarvis added that the Terms of Reference for SNTB have not yet been agreed.</p>
3.16	<p>Darren Summers added that the way services are currently set up do not meet demand and this demand has changed dramatically over the past 5-10 years. Resources dedicated to CYP are shrinking. Darren added that once the work gets into how the targets are going to be achieved, complexities will be uncovered and this is what the group is working on. The big changes needed will need to be understood.</p>
3.17	<p>Monica Sibal noted the value of mental health advisors in place in each school and reminded the board that there are a lot of young people not in school due to mental health who also need support. Monica added that there is also a 6-week waiting time for counsellors within schools.</p>
3.18	<p>The chair thanked colleagues for a useful discussion and proposed the following actions.</p>
3.19	<p>ACTION: CYP Mental Health Action Plan paper to be circulated to board members following the meeting.</p>
3.20	<p>ACTION: A risk log analysis of the action plan, including responsibilities of the group, to be created at the next delivery group and to be fed back at the May board under matters arising.</p>
3.21	<p>ACTION: Further thinking to happen to clarify the supporting governance arrangement and what needs further facilitation by the board.</p>
3.22	<p>The board NOTED the updates provided.</p>
4.	<p>Public Questions</p>



4.1	There were no public questions raised in advance of or during the meeting.
BREAK	
5. Funding Differently	
5.1	A round of introductions was made and the chair welcomed presenters to the board.
5.2	Katherine de Krester introduced the item, noting that the Funding Differently pilot is in its third year, is having a good impact and highlights the added value when VCS representatives are involved in decision-making processes.
5.3	Katherine shared previous findings from the Community Southwark State of the Sector report confirming that funding decisions and mechanisms were the biggest issues affecting VCSE organisations. Katherine added that there is an urgent need for core and unrestricted funding to sustain grass root organisations and it is harder for smaller groups to get funding.
5.4	Katherine shared that Funding Differently pilot aimed to improve the application process by having only three questions that organisations have to answer. The VCS have been involved in the design process, and this has changed over time, but the same principals remain.
5.5	VCS groups help make decisions about where the grants go and advice is provided to organisations wanting to submit applications. Groups do not need to say what they plan to spend the money on as part of their application, and they can change their mind if they do state this. Katherine shared that from the VCS perspective, groups have found understanding the decision-making process helpful and this has also supported with writing other funding applications, as well as developing peer to peer relationships.
5.6	Jason shared that United St Saviour's is the largest place-based funder in Southwark, providing three-year core grants and strategic grants. 95 grants have been provided to 70 organisations, supporting areas such as suicide prevention, housing support, reduced isolation and impacts have included fewer GP visits.
5.7	Katherine shared that this year the VCS were asked if they wanted to keep themes and geographies the same, with the majority staying in place. The criteria are remaining broad, to ensure that applications are not being shoehorned into very specific criteria.
5.8	Katherine shared that there is now a dedicated post in Community Southwark, supporting groups to write applications, with online workshops being held for those reapplying as well as a workshop about scoring. Groups have been referred for financial support to help their journey.



5.9	Katherine noted the additional £200k of funding from Partnership Southwark, £75k from United St Saviour's and further funding from a small local funder adding that Funding Differently is on a journey and still growing.
5.10	Jason shared that there have been 118 applications with Community Interest Companies (CICs) being the largest applicant group. The £5k grant attracted more grassroots and resident-led groups and the £10k fund attracted more structured charities and CICs. Some organisations have grown to be able to apply for the £10k grant.
5.11	<p>Jason shared that the three top areas of focus based on applications were:</p> <ul style="list-style-type: none"> - Mental health and emotional wellbeing - Community connection - Youth, safety and belonging
5.12	Rebecca and Terry-King Emanuel, co-founders of JoshyBoy Legacy shared that their organisation supports families with children who have disabilities, particularly providing support with housing and EHCPs as well as advocating for parents.
5.13	Rebecca and Terry-King shared how they started their organisations because of lived experience, sharing their story of their family and son, Joshua. They wanted to start a CIC to provide a bridge between the council and private landlords to support with finding suitable housing.
5.14	Rebecca and Terry-King reflected on the process of applying for funding and also being part of the decision-making process. They were given the opportunity to look at other organisations who had applied for funding and they attended one of the workshops offered. Terry-King and Rebecca shared that it was helpful to understand what other services were available in the community to build partnerships and share resources.
5.15	Katherine shared the process of decision making, using the grant portal and decision-making panels to understand what is needed to address the highest needs. The process has equity as a fundamental principle and 82% of grantees are BAME-led, which highlights the benefits of pooling funds into this process.
5.16	Jason provided a breakdown of the communities being supported, which shows groups who experience the highest inequalities. Katherine added that the funding also supports the Partnership Southwark health priorities.
5.17	Jason shared that feedback from the process shows that 99% of groups felt it was worth their time to help with the process and groups felt that the application was designed to be user friendly. Once shortlisted, most applications are fundable.



- 5.18 Kemi Olafare reflected on her time as a volunteer in the Peckham Soup Kitchen, noting that there is not currently an active branch. There is also a back-to-school drive which provides essential items for students going back to school.
- 5.19 Kemi shared that participating in Funding Differently had been an eye opener and noted that it helps to signpost to other organisations who are working on something similar. Applications can be for a small demographic but can provide invaluable support with mental health or dignity.
- 5.20 Katherine shared plans for 2026/27, noting the £200k of funding from Partnership Southwark. Another reflection session will be held in summer to share learning and identify any areas for change. There will also be a discussion about multi-year funding and any implications of this.
- 5.21 Katherine shared that the next grants round will be launched in September 2026, and a 'giving scheme' is being explored to provide a more formal structure for pooled funding. This will be discussed with VCS groups before a decision is made.
- 5.22 Katherine urged partners to be engaged in reflection sessions, monitoring visits and panel decisions, adding that multi-year funding is essential for small groups. Katherine added that a five-year commitment would lead to capacity to coordinate, leverage funds and expand, providing consistency and sustainability.
- 5.23 The chair thanked presenters for the presentation and opened up to the board for comments.
- 5.24 Sangeeta Leahy thanked the presenters for the work that they are doing, adding that she was interested in evaluation and asked whether outcomes are being monitored. Katherine responded that this is being done for individual projects but noted that it is hard to report impact on preventative work. There is data on how many people are being supported. Monitoring visits are carried out too.
- 5.25 Jason asked if capturing data would help secure more funding, with Katherine adding that it is important to understand whether people are going to look at the data if it is collected.
- 5.26 Darren Summers suggested that the evaluation report is shared in the first instance with board members. Katherine added that two evaluation reports have been completed, one regarding process and another which focuses on group impact.
- 5.27 **ACTION:** Funding Differently impact report to be shared with PSSB members.
- 5.28 David Quirke-Thornton asked how to take the learning shared today and apply this elsewhere, referencing that Southwark Council provides £25M to the charitable sector. David added that he would be keen to see how this could work differently.



5.29	Darren Summers shared admiration for what the presenters are doing for the community and committed to join monitoring visits. Darren encouraged all to read the impact reports, noting that he can't commit to offering a five-year funding commitment. Darren added that he wouldn't want to change the nature of organisations by asking for data but noted that there needs to be a balance of trusting intuition and community reps and monitoring impact. Jason responded that collecting data remains a challenge, with organisations applying to the same funders each year and sometimes with different data monitoring requirements. Jason added that this process needs to be made simpler.
5.30	Katy Porter shared that her day-to-day role is a CEO of a charity, noting that there is a balance of recognising the eco system that you have, and the power held as a VCS. Katy added that sometimes more money can tie you into activity that a VCS may not want to do.
5.31	Rhyana Ebanks-Babb noted that it was good to see the Funding Differently process laid out, adding that it is nice to hear that positive risk taking has taken place. Rhyana added that it is important to recognise lived experience as a metric. Rhyana also commented that she would be interested to see how health ambassadors can better link up with the services mentioned in the presentation.
5.32	The board NOTED the updates provided, and the chair shared that she looks forward to next year's evaluation.

6. Strategic Director for Health & Care and Place Executive Lead Report, incorporating the subcommittee reports and integrated assurance report

6.1	The chair introduced the item, noting that feedback is always welcome from board members regarding the level of information being presented.
6.2	Taking the papers as read, Darren Summers highlighted the key theme throughout the report is neighbourhoods. The recent Health and Wellbeing Board heard discussions around different aspects of neighbourhoods and an estates workshop was held recently to start to plan where Neighbourhood Health Hubs may be located.
6.3	Darren highlighted the paragraph regarding mobilisation of neighbourhood teams, noting that these are due to go live in April.
6.4	Darren shared that the Trafalgar Practice is due to close at the end of this month. As previously shared, this practice was run by a single partner who unexpectedly passed away in 2025. Darren thanked the Primary and Community Based Care team and QHS who supported with organisation of interim arrangements for registered patients
6.5	The Better Care Fund has some increases, however the budgetary pressures are greater than the increase in funding. Work is ongoing to find alternative funding or to identify what may have to be stopped.





6.6	Darren shared that there is some additional money coming into each ICB for the 'Work Well' programme, SEL are working with Public Health and the local authority to think about a programme to support residents who have been made recently unemployed or are at risk of being made unemployed before of health conditions.
6.7	The chair opened up to the board for comments.
6.8	Sangeeta Leahy clarified that Health and Wellbeing board intends to host a neighbourhood health plan workshop which will be held after local elections.
6.9	Sangeeta also added that it is important to view estates from the lens of the local population who will be using the service. Darren clarified that government guidance requires a Neighbourhood Health Hub to be created in each neighbourhood. Currently Southwark does not have these and there is a longer-term plan being worked on with the council to create new health facilities. The workshop is to look at utilising what the borough has in the best way possible.
6.10	Olufemi Osonuga commented on the impacts of the changes that are happening across the council and the ICB, asking if the impact risk is being shared with partners. Darren clarified that the changes in the ICB and council are separate process and acknowledged the impact of the reductions on current resources. Darren noted that the board would need to come back to this topic or clarify outside of the meeting. Olufemi highlighted the importance of being clear about the impact this may have on residents.
6.11	David Quirke-Thornton agreed that it would be useful to come back to this topic, adding that there will be a £90m reduction in funding to Southwark council from April. Following the election, there will be decisions made about what to fund and not fund.
6.12	The board committed to making sure that these organisational and funding changes are articulated via a review of our risk register.
6.13	Katy Porter provided an update from the Integrated Governance and Assurance Committee (IGAC), highlighting the challenging financial position and sharing that Sabera Ebrahim had taken the committee through the budget for the current year, as well as planning.
6.14	Katy reminded colleagues that the committee had reviewed a more streamlined Integrated Assurance Report which had been updated to reflect current ICB reporting processes.
6.15	Different areas of performance were looked at, with a deep dive into Talking Therapies to try to understand reasons behind current metrics and actions to improve.
6.16	Taking the paper as read, Adrian Ward presented the Integrated Assurance Report, providing a narrative summary of the key points and dashboards. Adrian invited any questions.



6.17	Sangeeta Leahy highlighted the ongoing concerns regarding uptake of childhood immunisations, noting the new delegation of responsibility to the ICB.
6.18	Rebecca Jarvis provided an update from the Southwark Neighbourhood Transformation Board (SNTB), noting that the first meeting was held in shadow form in February whilst the governance review is underway. The full notes and minutes are included in the board papers.
6.19	The meeting was held in two parts, with the first looking at achievements to date and plans for the coming year. This included plans to improve access to GPs. The second part of the meeting focussed on the plans to develop cohorts, with proposals for the defining criteria for these cohorts. Engagement work and methodology was also discussed.
6.20	The board supported the proposed cohorts, noting that this was a starting point. Rebecca added that the CYP cohort will be brought to the next SNTB at the end of April.
6.21	The Primary Care Committee report was taken as ready and Katy Porter offered to answer any questions.
6.22	The board NOTED the updates provided.
7.	Any Other Business
7.1	None noted.

The meeting closed at 16:20 and the Chair thanked members and guests for their time.

PARTNERSHIP SOUTHWARK STRATEGIC BOARD

ACTION LOG

No.	MEETING DATE	ACTION	STATUS	OWNER	COMMENTS
1	29/01/2026	Once guidance has been released, the board will revisit how partners work through via the Southwark Neighbourhood Transformation Board to ensure that the Southwark 5-Year Strategic Plan and the Neighbourhood Delivery Plan connect.	Ongoing	Rebecca Jarvis	05/03 - to remain open as guidance has not yet been released 18/03 - guidance has been released on 17th March and is now being reviewed for its implications. An update will be provided to PSSB via the SNTB sub-committee report.
2		IGAC to review how the ICB are preparing for the delegation from NHSE of immunisations and vaccinations.	Open	Nancy Kuchemann	18/03 - IGAC due to review in May 26/03 - Rebecca Jarvis and Charlotte Keeble have written report to clarify where responsibilities lie. This paper will be taken to SMT to look at implications and then report through to IGAC 19/05 - Report noted above will be part of the content taken July IGAC as part of a deep dive on Immunisations
3	26/03/2026	CYP Mental Health Action Plan paper to be circulated to board members following the meeting.	Closed	Business Support	
4		A risk log analysis of the action plan, including responsibilities of the group, to be created at the next delivery group and to be fed back at the May board under matters arising.	Open	Claire Belgard	
5		Further thinking to happen to clarify the supporting governance arrangement and what needs further facilitation by the board	Open	Claire Belgard	
6		Funding Differently Impact Report to be shared with PSSB members	Closed	Business Support	

Partnership Southwark Strategic Board

Cover Sheet

Item: 2
Enclosure: 2

Title:	Delivering the SEL Ageing Well Strategy Through Community Partnership: Ageing Well INTs × COPSINS
Meeting Date:	Thursday 28 th May 2026
Author:	Tania Kalsi & Ceri Sheppard
Executive Lead:	Rebecca Jarvis, Director of Partnership Delivery and Sustainability (Southwark)

Summary of main points

The presentation lays out details of the community partnership approach to deliver the SEL Ageing Well Strategy, centred on joining up integrated neighbourhood teams (INTs) with Voluntary Community & Social Enterprise (VCSE) sector partners i.e. Consortium of Older People's Services in Southwark (COPSINS). The programme is designed to build a proactive, community-based frailty pathway that identifies risk earlier, improves access for underserved residents and connects prevention with care delivery, reducing fragmentation between services. Details also include a proposal for a link-worker model embedded across neighbourhood teams to strengthen coordination with VCSE partners and targeted outreach aimed at residents most at risk of poor access.

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

Action requested of PSSB

Partnership Southwark Strategic Board are requested to discuss the following considerations:

- Support for longer-term sustainability planning
- Alignment with neighbourhood health delivery
- Potential future recurrent investment approach
- Opportunities for wider system scaling & learning for other workstreams

Anticipated follow up

To secure alignment and support for scaling a neighbourhood-based ageing well model, particularly where clinical and community services need to work as one system.

Links to Partnership Southwark Health and Care Plan priorities

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

Item Impact

Equality Impact	It is anticipated that addressing health inequalities through improving access for residents, particularly those from underserved communities, will have a positive impact on equality. Reducing inequalities is one of the five strategic priorities of the Health and Care Plan and is a key component across all priorities.		
Quality Impact	It is anticipated that quality will be improved as older adults in Southwark will have better and more timely access to the services they need.		
Financial Impact	Any initiatives will be delivered within identified budgets. Should any investment be required, this will be subject to robust business cases and available budgets.		
Medicines & Prescribing Impact	There is no negative impact on Medicines and Prescribing anticipated because of this work .		
Safeguarding Impact	There is no negative impact on Safeguarding anticipated as a result of this work.		
Environmental Sustainability Impact (See guidance)	Neutral	Positive	Negative
		The Partnership Southwark health and care plan (which includes frailty, INTs and Prevention & health inequalities as key priorities) aims to reduce the environmental impact of health and care services in the Borough by reducing activity (for example reducing the need for carbon intensive health and care services by preventing ill-health and/or the need for more intensive services) and reducing the impact of health and care activities such as through use of low carbon alternatives and the elimination of waste.	

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

The outreach work has been carried out through trusted local venues and organisations to identify frailty earlier, understand what matters most to older adults and connect people with support before they reach crisis point. The engagement to date has included direct work with residents, with INTs in Southwark and partnership building with the VCSE sector with a strong emphasis on reaching groups who may not engage through traditional clinical routes.

Partnership Southwark Board
May 2026

Tania Kalsi (Ageing Well CCPL, Consultant Geriatrician)
Ceri Sheppard (Link Age Chief Executive)

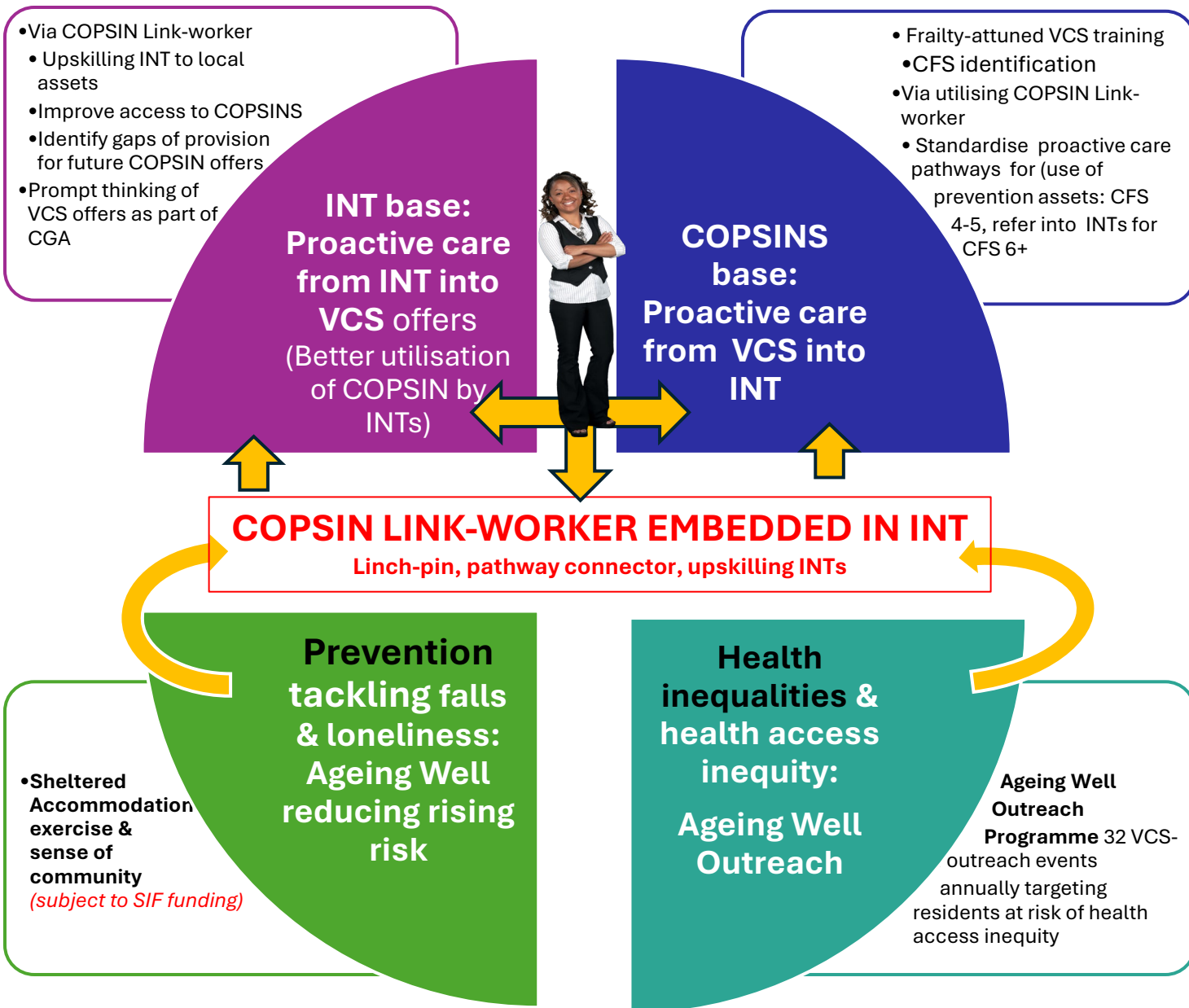
Delivering the SEL Ageing Well Strategy Through Community Partnership Ageing Well INTs × COPSINS

Core Aim: To create a proactive, community-based frailty pathway that:

- identifies frailty earlier
- improves access for underserved residents
- links prevention, community support and healthcare delivery
- reduces fragmentation between sectors

Strategic Priority	How This Programme Delivers
SEL Ageing Well Strategy	Prevention-focused neighbourhood frailty delivery
NHS England Frailty Best Practice Guidance	Proactive identification, standardised escalation and multidisciplinary community management
Neighbourhood Health Model	Integration of VCS within neighbourhood teams
Health Inequalities Priorities	Outreach to underserved and underrepresented groups
Prevention Agenda	Early intervention before crisis and admission
Community-Based Care	Supporting people closer to home and within trusted community settings

Practical Integrated Partnership of Ageing Well INTs with COPSINS (VCS)



What We Are Building & How?

Ageing Well INT work

1. VCS Frailty training & CFS use
2. Development of bi-directional care pathways: between INT & VCS

Repurposed GSTT Ageing Well underspend for VCS (circa £100k – non-recurrent)

3. Ageing Well INT COPSIN Link-worker (1 WTE - 1 day per INT per week)
4. Ageing Well Outreach programme:
 - 20 VCS-led events/year targeting residents at risk of health access inequity (e.g. faith groups, smaller community groups, ensuring diverse participation)
 - 12 joint INT/VCS events per year

Subject to SIF funding

5. Tackling loneliness & falls: Sheltered Accommodation exercise & sense of community Programme

Creating a Shared Frailty Language

Training VCS staff in:

- Frailty awareness
- Clinical Frailty Scale (CFS)
- Escalation pathways
- Prevention opportunities

Ageing Well Proactive Care Pathway

- **CFS 6+:** Routine escalation to INT pathway
- **CFS 5:** Structured preventative intervention pathway

VCS Frailty Training & Pathways

Integrating VCS into INT Delivery

Ageing Well COPSINS INT-Link Worker



Purpose

To create a bi-directional relationships of VCS & INTs

Functions

Upskill social prescribers in COPSIN pathways

- Improve navigation of COPSINs services for INTs & residents with frailty and/or their carers
- Strengthen prevention and wellbeing interventions in INT delivery
- Enable VCS escalation back into INT pathways

Alignment to NHS England Frailty Guidance

Supports

- integrated multidisciplinary working
- community-based personalised care
- prevention-focused intervention
- improved coordination across sectors

Tackling falls & loneliness: Ageing Well reducing rising risk exercise & sense of community in Sheltered Housing

Subject to Strategic Investment Fund (SIF) support

Proposal	Focus areas	Intended Outcomes	Strategic alignment
<ul style="list-style-type: none">• Developing a targeted exercise and mobility programme with community connection building within council-owned sheltered accommodation	<ul style="list-style-type: none">• Strength and balance• Falls prevention• Mobility maintenance• Confidence and independence• Social connection	<ul style="list-style-type: none">• Reduced deconditioning• Improved function• Reduced falls risk• Delayed escalation of frailty• Reduced loneliness• Better connect community	<ul style="list-style-type: none">• Prevention and proactive care• Maintaining independence• Reducing avoidable deterioration• Supporting people to age well at home

Model

- 32 outreach events annually
- Delivered through trusted VCS/community settings
- Some jointly delivered with healthcare staff

Target Populations

- Residents prone to health access inequity including:
 - Socially isolated older adults
 - Residents in sheltered accommodation
 - Underserved ethnic communities
 - Residents less likely to engage with traditional healthcare

Focus

- Identification of:
 - Frailty
 - Falls risk
 - Deconditioning
 - Cognitive concerns
 - Unmet health and wellbeing needs

Alignment to INT

- Directly supports:
 - Proactive frailty identification
 - Earlier intervention
 - Personalised care planning
 - Reducing crisis-driven care

Health inequalities & health access inequity: Ageing Well Outreach - Reaching Residents earlier



**Lambeth
together**



Why Proactive Ageing Well Outreach with COPSINs?

Lambeth & Southwark

Strategic framing

Moving frailty care upstream — from crisis response to prevention

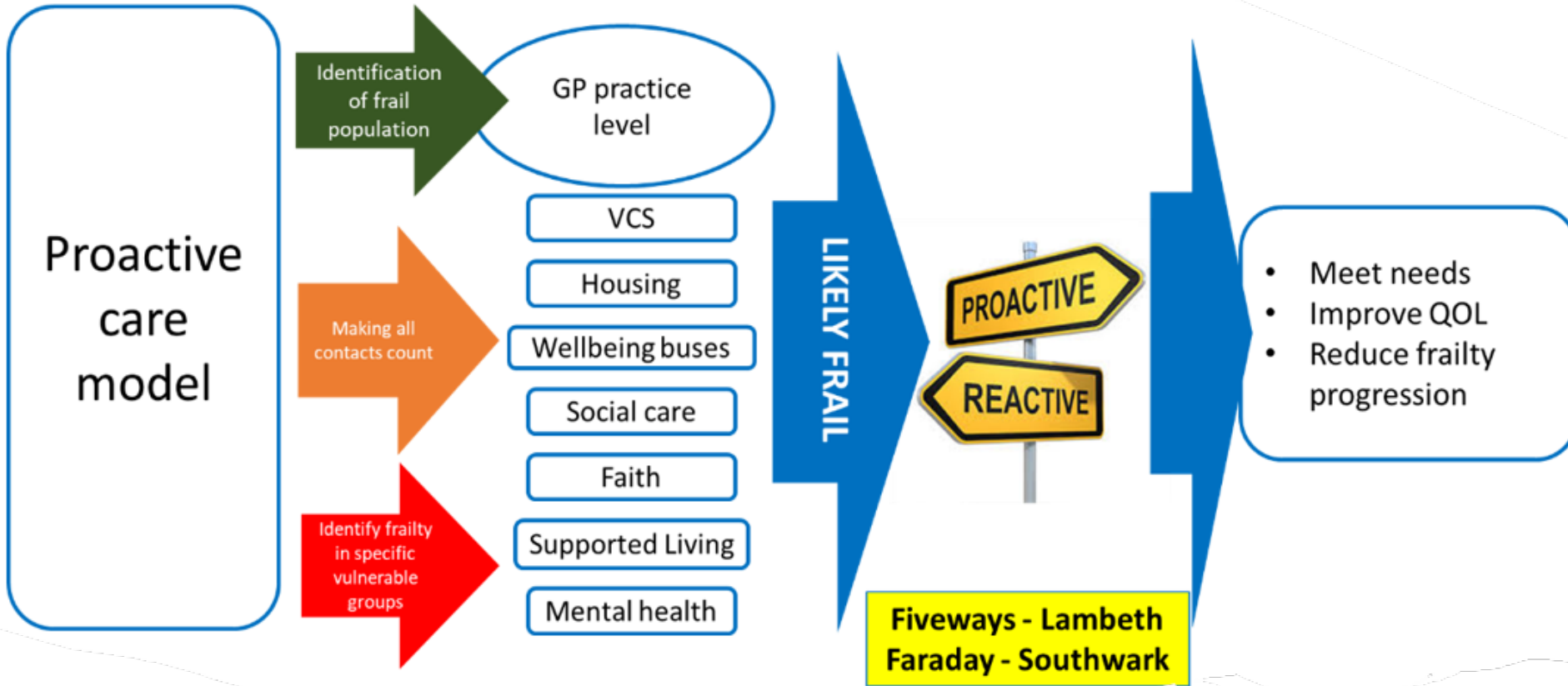
Learning so far from Ageing Well Outreach - Identifying frailty earlier in trusted community settings

Event locations

- Sheltered housing events
- Foodbanks
- MSK/community wellbeing events
- Church and mosque outreach
- IRMO/community day
- Housing estate outreach



Ageing Well Outreach - Proactive model



Nov 2024 – now

Across 24 outreach events lasting 1-3 hours

Mostly Mini-CGA offer including home-visits if house-bound in sheltered accommodation

2 Church events preferred Ageing Well connection & health discussions instead of 1:1 assessments

Ageing Well Outreach - What do we do?

What matters
to you?

- Outreach
 - Mini CGA: 182 residents
 - Education/signposting events: 2
- Mean age: **74 years** (mostly between 60-100 years, N= 8 <age 60+)
- 60% female



Ageing Well Outreach - What do we do?



Age Well: Live longer better

Name:

Date:

Date of Birth:

NHS number:

Physical wellbeing & general health

In the last 12 months...

1. Would you say your general health has been: Excellent Very good **Good** Fair Poor
2. Have you had been to A&E or been admitted to hospital? Yes No
3. Have you lost weight, noticed that your clothes are loose or been eating less? Yes No
4. Have you been troubled by fatigue that limits your normal activities? Yes No
5. Do you get regular pain that limits your activities? Yes No
6. Have you had any falls, unsteadiness or near misses? Or worry you might fall? Yes No
7. Have you had urinary urgency or any leakage when you haven't made it to the toilet in time? Yes No
8. Have you had regular difficulty with your bowels such as constipation, diarrhoea or leakage? Yes No

Healthy mind

In the last 12 months...

9. Have you noticed any problems with your memory or had episodes of feeling confused? Yes No
10. Have you often felt bothered by feeling down, hopeless or depressed? Yes No
11. Have you often felt bothered by little interest or pleasure in doing things? Yes No
12. Have you often felt lonely or isolated from others? Yes No
13. Would you like to get out more to meet people, do activities, exercise or to make friends? Yes No

Keeping independent

14. Are you currently finding any of the following difficult?

Standing from sitting <input type="checkbox"/>	Using the toilet <input type="checkbox"/>	Showering, dressing or washing <input type="checkbox"/>
Food shopping <input type="checkbox"/>	Cooking <input type="checkbox"/>	Benefits or money management <input type="checkbox"/>
Public transport <input type="checkbox"/>	Walking outdoors <input type="checkbox"/>	Walking indoors <input type="checkbox"/>

15. Do you live on your own? Yes No
16. Do you have any worries about your housing or home environment? Yes No
17. Do you ever have difficulty managing your medication and medical appointments? Yes No
18. Do you have difficulties with your finances? Yes No
19. Would you like any help managing your: eyesight hearing foot care [e.g. [sco-matix](#)]
20. Do you have any help at home from friends, family and/or carers? Yes No
21. Are you a care giver for someone who depends on you? Yes No
22. Do you have any concerns about the future you would like to discuss with us? Yes No
23. Are you comfortable using digital technology? [tick all you use] mobile phone Email Internet

Do you have any comments about your answers or is there anything else you are worried about?

Ageing Well Outreach

– reported concerns - Reaching People Earlier - Hidden Needs Identified

Frailty and complexity

- Mean Clinical Frailty Scale: **4.6**
- 74% residents CFS 3-5
- Only 3% were CFS 1-2
- Mean number of comorbidities: **6.6**
- Up to **19 comorbidities per pt** identified

Health inequalities

- 80% ethnic minority groups
- Nearly **50% Black ethnicity**
- **Majority living in areas of high deprivation**

Pain

Housing

Loneliness

Keeping independent

Falls

Health conditions

Memory

Sleep & fatigue

Medications

Ageing Well Outreach – Interventions/support arranged

Supporting older adults before crisis point

• Interventions initiated

- Falls prevention advice and referral
- Therapy and rehabilitation signposting
- Medication review
- Memory pathway signposting
- Social prescribing/community connection
- Housing and welfare support
- Long-term condition optimisation
- Functional and independence support



What proactive community outreach uncovers

Common concerns identified

- Pain and mobility problems
 - Falls and fear of falling
 - Fatigue and poor sleep
 - Memory concerns
 - Medication issues
 - Housing problems
 - Loneliness and isolation
 - Maintaining independence
- **Prevention framing:** These issues are key risk factors for:
 - hospital admission
 - worsening frailty
 - functional decline
 - falls
 - social isolation
 - loss of independence

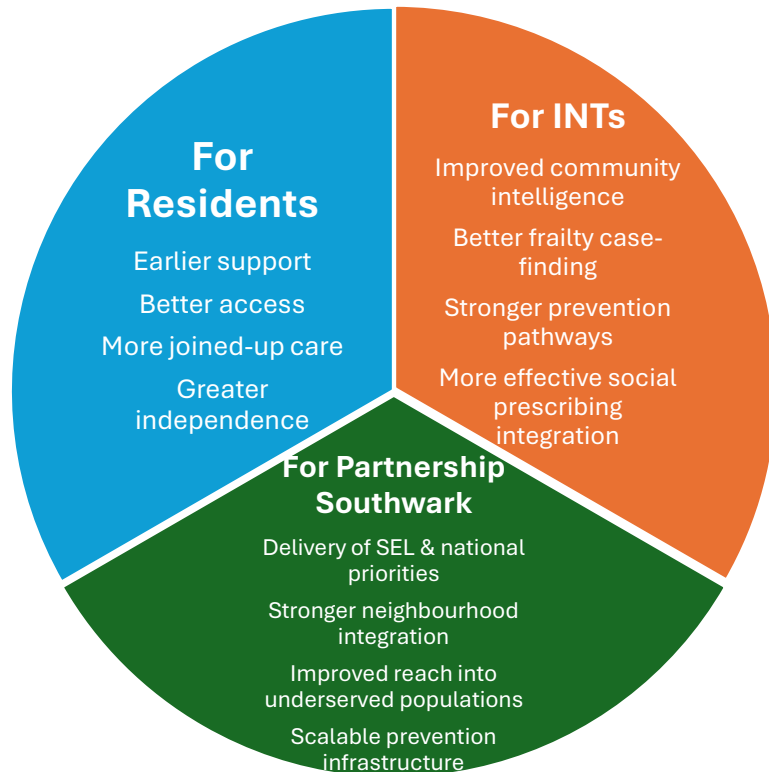
Key insight: Many residents had significant unmet need that had not previously come to clinical attention.

Preventable deterioration is often visible long before presentation to acute services.

Strategic interpretation: Prevention opportunity

- *The outreach model is successfully engaging:*
 - people with early frailty
 - residents with multimorbidity
 - underserved communities
 - individuals at risk of deterioration
 - ...while they are still living independently in the community
- *Early identification enables:*
 - falls prevention
 - medication optimisation
 - strength and balance support
 - social connection
 - earlier cognitive support
 - prevention of avoidable deterioration

System Impact: What This Enables for Southwark



Challenges: Sustainability

Current Position

Reliant on:

- non-recurrent transformation funding
- pilot funding
- short-term investment streams

Risk

Without longer-term sustainability:

- outreach capacity will reduce
- community relationships may be lost
- prevention opportunities will narrow
- integration momentum may stall

Emerging Opportunity

Beginning to demonstrate:

- practical neighbourhood integration
- delivery of national frailty priorities
- prevention at scale
- targeted inequalities delivery

Potential Partnership Southwark Support

- Longer-term sustainability planning
- Alignment with neighbourhood health delivery
- Potential future recurrent investment approach
- Opportunities for wider system scaling & learning for other workstreams

Board Discussion Areas for Consideration

Partnership Southwark Strategic Board

Cover Sheet

Item: 3
Enclosure: 3

Title:	Southwark Integrator update
Meeting Date:	28th May 2026
Author:	Rebecca Dallmeyer , Executive Director, Quay Health Solutions/Southwark Primary Care Provider Alliance/ Integrator Alice Jarvis , Director of Partnerships, Guy's & St Thomas'/Integrator
Executive Lead:	Louise Dark , Chief Executive, ISM, Guy's & St Thomas'/Integrator

Summary of main points

- Integrated Neighbourhood Teams (INTs) for Frailty and Multiple Long-Term Conditions (mLTC) became operational in April 2026. The INT for Children & Young People with complex needs will mobilise over quarter 2. Delivery will continue to evolve through 2026/27, informed by learning, quality improvement and ongoing partner engagement.
- The presentation will set out the anticipated population cohorts, learning from testing phases, recruitment to clinical and management roles, and alignment of services to agreed neighbourhood footprints.
- The Strategic Investment Fund (SIF) provides targeted investment aligned to SEL ICB strategic commissioning objectives, supporting places to meet core neighbourhood health requirements.
- SIF proposals have been co-produced with system partners, including Health Partners and the VCSE, and submitted to SEL ICB in May 2026. Further proposals (Mental Health and 'Pushing the Boundaries') are in development ahead of June deadlines.
- SIF investment supports key enablers of neighbourhood delivery, including integrator development, workforce capacity, prevention and improved coordination across services, with a strong emphasis on tackling health inequalities and strengthening community-based support.
- The presentation will provide further details of the proposals submitted.
 - Integrator development: enabling foundations including culture change, workforce development and better understanding population needs.
 - INT developments: supporting effective co-ordination between services through joint roles and considering wider determinants of health.
 - Prevention core offer: £300K allocated to each of two neighbourhoods with a focus on social isolation, financial inclusion, community development and resident engagement.
 - Management of risk factors: focus on improving access through community pharmacy, supporting behaviour change (health coaches) and a more consistent secondary prevention offer.
- SIF investment provides an opportunity to further develop the wider prevention agenda which will underpin INT delivery. The proposals seek to build on and enhance local services and community assets. Ensuring clarity on roles, responsibilities and accountability across partners will be vital to maximising the impact of SIF investment
- SIF proposals will be reviewed by SEL leads and feedback provided by mid-June after which the mobilisation phase will begin. It will be crucial to involve the right people in this stage. The Board is invited to provide feedback on proposals, what will be important for successful implementation and who should be part of these discussions.
- The next phase will focus on implementation of SIF-funded plans, strengthening partner engagement, and embedding neighbourhood delivery models.

Item presented for	Update	Discussion	Decision
	X		

(place an X in relevant box)			
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Action requested of PSSB

- Note progress on mobilisation of Integrated Neighbourhood Teams (INTs).
- Endorse the direction of travel for Strategic Investment Fund (SIF) proposals and associated priorities.
- Support engagement of relevant organisations and senior leads in mobilisation and delivery phase

Anticipated follow up

- Further update to PSSB on SIF approval outcomes and mobilisation progress (Summer 2026).
- Ongoing reporting through Integrator Delivery Board and Neighbourhood Transformation governance structures.

Links to Partnership Southwark Health and Care Plan priorities

Children and young people's mental health	x
Adult mental health	x
Frailty	x
Integrated neighbourhood teams	x
Prevention and health inequalities	x
Access to General Practice	x

Item Impact

Equality Impact	No specific assessment required at this stage. SIF prevention workstream has a focus on reducing health inequalities and improving outcomes across different population groups.		
Quality Impact	Improved coordination of care and neighbourhood-based working is expected to support quality of care and patient outcomes. SEL leads have issued outcome measures which are being incorporated into implementation plans.		
Financial Impact	SIF funding allocations for 2026/27 support delivery of INTs, integrator development and prevention programmes.		
Medicines & Prescribing Impact	SIF plans include focus on improved risk factor identification and management, including community pharmacy and secondary prevention initiatives.		
Safeguarding Impact	Safeguarding considerations will be incorporated through INT delivery models and outreach to vulnerable populations.		
Environmental Sustainability Impact (See guidance)	Neutral	Positive	Negative
	x		

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

- SIF proposals have been co-produced with system partners, including ICB, provider organisations and VCSE representatives.
- Engagement has taken place through Integrator Delivery Board, SIF Steering Group and wider partnership forums.
- A Patient and Public Engagement workstream is being established to ensure lived experience informs ongoing development of INT models.

Partnership Southwark Strategic Board

Cover Sheet

Item: 5
Enclosure: 4

Title:	Strategic Director for Integrated Health and Care/Southwark Place Executive Lead report
Meeting Date:	28/05/2026
Author:	Darren Summers (Strategic Director for Integrated Health and Care/Southwark Place Executive Lead)
Executive Lead:	Darren Summers (Strategic Director for Integrated Health and Care/Southwark Place Executive Lead)

Summary of main points

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

- A Neighbourhood Programme update including INT mobilisation, Strategic Investment Funding (SIF) and Voluntary & Community sector engagement
- RIBA award for Harold Moody Health Centre
- Better Care Fund Update 2026/27
- SEND Reform
- Child Health Integrated Learning and Delivery system (CHILDs) win at NHS Excellence Awards
- CCPL forum on 14th May 2026
- Improving the Primary-Secondary Care Interface
- Reports from sub-committees of the board

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

Action requested of PSSB

To note the report and updates.

Anticipated follow up

n/a

Links to Partnership Southwark Health and Care Plan priorities

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

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

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

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.

CCPL Forum

Partnership Southwark organised an enjoyable CCPL Forum on 14th May 2026 which brought CCPLs and wider partners together to review and celebrate progress over the previous year, share updates across core workstreams, and align on priorities for the next coming months. The event focused on collaboration across neighbourhood based services and integrated working, with discussion spanning the three cohorts - Children and Young people, Multiple Long-term Conditions (MLTCs) and Frailty. Alongside updates on progress made thus far, the forum created space to reflect on achievements, explore group insights, and strengthen partner relationships through networking. It was encouraging to reflect on how far the work has progressed and to see this vision increasingly becoming an operational reality. These achievements provide a strong foundation for the next phase of work, and there was clear enthusiasm and momentum across partners to build on this progress.

SEND Reform

Start Well Integrated Commissioning and the Director of Partnership Delivery and Sustainability as Senior Responsible Officer have been working with the Council's Children's Services Team on a joint response to the Government's request for SEND reform plans. The first draft was submitted on 19 May which included a jointly agreed maturity assessment. We expect feedback on 1 June which will inform the final draft plan which is due to be submitted on 19 June. Additional government guidance is expected over the summer before final plans are due for submission in January 2027. The draft plan describes where the Local SEND Partnership expects to be in three years, it is based on a vision to "create good lives together" around six goals of intervention and support that is early, local, fair, effective, shared and sustainable. Details of plans will be worked up over the coming months alongside agreement of allocation of government funding to deliver reforms.

Neighbourhood Programme Update

INT Mobilisation

The INT programme has transitioned from planning into delivery, with INTs supporting people with frailty and multiple long-term conditions (mLTC) going live in April. Initial feedback from patients has been positive and there is work underway to develop a structured report on activity, staff and resident feedback. This represents a starting point and the service model will continue to evolve to include wider teams across health, care and VCSE partners.

As previously advised, Southwark Place is pump-priming INT infrastructure, including clinical and management roles at neighbourhood level. All roles have now been recruited, with a



number already in post, and a full complement in place by the end of June. Neighbourhood-based roles will play a key convening function, actively engaging local organisations to establish shared ways of working and strengthen integrated delivery at neighbourhood level.

Strategic Investment Funding (SIF)

South East London ICB have allocated Strategic Investment Funding (SIF) to support places to meet core neighbourhood health requirements, focusing on integrator and INT developments plus the wider prevention agenda and mental health. Proposals have been co-designed with health, care and VCSE partners and refined through iterative feedback, and this partnership approach will be crucial as this moves to mobilisation. A more detailed update will be provided in the next PEL report.

Voluntary & Community Sector Engagement

The VCS will play a crucial role in delivering the neighbourhood health agenda, offering trusted relationships, local knowledge, and culturally sensitive services that statutory partners often cannot. The ICB has identified funding to support VCS engagement in Southwark during 2026, through appointing a lead organisation within each neighbourhood that will:

- Facilitate discussions to define the role of the VCS in delivering neighbourhood health services
- Propose how the VCS could work with, and as part of, INT in a sustainable way, and what is needed to make this happen
- Help to connect health and care services with local communities and community assets and organisations more effectively

An information session was held on 15th May, and further details of how to submit an expression of interest will be shared shortly.

CHILDs (Child Health Integrated Learning and Delivery system) win at NHS Excellence Awards

The neighbourhood-based CHILDs health programme in Lambeth and Southwark has been named London regional winner in the NHS Excellence Awards 2026, recognising its success in improving care for children and young people while reducing health inequalities. Further details can be found here: [Lambeth and Southwark children's health programme wins NHS Excellence Awards - South East London ICS](#)

RIBA award for Harold Moody Health Centre

Harold Moody Health Centre has been recognised with a Royal Institute of Architects (RIBA) London Award 2026. The award highlights both the quality of the building's design and the collaborative effort behind its delivery, across Southwark Council, NHS South East London, NHS Property Services, local GP practices and Guy's and St Thomas' NHS Foundation Trust. Designed by Morris+Company as part of the Aylesbury Estate regeneration, the centre brings



together two GP practices, community health services and an early years nursery in an integrated hub rooted in the local neighbourhood.

RIBA praised the building as “civic yet warmly human”, noting it was “designed with patient experience at its core”, and described it as “a long-term investment in people and place”.

Its people-centred design features a light-filled atrium, natural materials and flexible, accessible spaces that support dignity, calm and evolving community health needs, alongside its role as a welcoming social anchor within a new public square. The centre enables a more joined-up approach to care, and strengthens links between clinical and community support. Recognition from RIBA reflects not only architectural excellence but also the shared ambition across partners to invest in high-quality neighbourhood health infrastructure that improves access, experience and outcomes for local residents. The project now progresses to consideration for a national award later this year.

Better Care Fund Update 2026/27

The ICB and the Council have agreed a proposed plan for the 2026/27 Better Care Fund (BCF) pooled budget, a key funding source for community-based health and care services. The BCF’s overarching aim is to support the delivery of integrated, preventative, out-of-hospital care, and it serves as a critical enabler of system priorities including promoting independence, prevention, admission avoidance, and timely discharge.

The plan sets out how BCF funding supports the broader objectives of the Neighbourhood Health Framework, particularly the frailty priority. It is anticipated that the BCF will be fully incorporated into the Neighbourhood Health Plan in future.

The total value of the BCF for 2026/27 is £58.8m, representing an increase of £1.2m. The fund supports a wide range of services, including intermediate care and reablement, domiciliary care, residential and nursing care, extra care housing, community health services, VCSE provision, community equipment, telecare, housing adaptations, and hospital discharge services. However, BCF-funded schemes continue to face significant financial pressures, and the planned increase is expected to fall short of rising costs in these areas.

The plan commits to three key performance targets: reducing non-elective admissions for people aged 65 and over, minimising hospital discharge delays, and limiting permanent admissions to care homes.

The plan has been submitted as a draft to the national assurance process and remains subject to formal approval by the Health and Wellbeing Board at its next meeting, currently scheduled for 18 June.

Improving the Primary-Secondary Care Interface

The interface between primary and secondary care remains a critical determinant of patient experience and clinical outcomes. However, it does not always function as effectively as required. To address this, the SEL ICB Medical Directorate, supported by the Health Innovation Network South London, has led a programme of work focused on improving quality across this interface. As the programme concludes, there is now a clear emphasis on



supporting providers and ICB colleagues to embed and apply the outputs, which are available via the *Connected* website.

Key outputs include:

- A co-designed consensus document setting out shared principles to guide effective working across primary, secondary, community and mental health services
- A patient charter outlining what individuals can expect when moving between services
- Agreed standards for discharge summaries and outpatient letters
- An updated SEL interface prescribing policy
- Best practice guidance on clear and accessible points of contact for patients
- A training package to support uptake and implementation of the interface principles

Engagement and local implementation

The programme has brought colleagues together through a SEL-wide group and four local interface forums to coordinate improvement activity and share best practice.

Locally, the Lambeth and Southwark forum has focused on practical improvements, including:

- Improved processes for issuing Fit Notes
- Strengthening onward referral pathways from secondary care
- Enhanced use of Trust EPIC functionality to support better patient experience

Future sessions will focus on:

- Development of Trust single point of access pathways
- Improvement work led by Neighbourhood Nursing Teams

Next steps

A summary of the programme was presented to the SEL ICB Board and received positively. The priority now is to ensure consistent adoption of the outputs across the system. Colleagues are encouraged to continue engaging with and utilising the resources available on the website [Connected - South East London ICS](#).

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 14 May 2026

Agenda item	Items discussed
Minutes and matters arising	Under matters arising the committee was updated on mental health placement panel arrangements. It was noted that there is no standing primary care representation under these arrangements. It was agreed to review the arrangements and clarify governance.
Integrated Assurance Report	The committee reviewed the Integrated Assurance report covering performance, SEND, Quality and Risk. Highlights of the report and key discussion points are attached in Annex 1 .
Finance Report <ul style="list-style-type: none"> • 2025/26 year end • Financial Planning 26/27 	<p>The committee received a detailed report on the ICB Southwark place financial position for Month 12 confirming the budget target was met with a small surplus of £63k. The overall financial position reflects overspends in prescribing and mental health expenditure. Southwark also reported an overspend in delegated primary care. These pressures were partially offset by underspends in continuing healthcare (CHC), corporate, and community services, which supported the overall position.</p> <p>The Financial Plan for 2026/27 was also presented to the committee, highlighting several risk areas within the overall budget of £113m including Right to Choose ADHD, prescribing, mental health, CHC, hospice care, Pharmacy First. The report also set out the plans to meet the savings target of 5%. It was also noted that the budget for delegated primary care has transferred from Place to SEL ICB.</p> <p>A summary of the finance report is also included in the Integrated Assurance Report in Annex 1.</p>
Procurement update	The committee received a verbal update on procurement processes underway including for 111, Wellbeing Hub, ADHD and Silverlock and Queen’s Road Medical Centre.



Annex 1 to IGAC report

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

The summary dashboards for sections 1.1 to 1.4 and the SEND dashboard are attached. The key point raised at IGAC and during the discussion are set out below:

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

- **Talking Therapies (IAPT):** latest data for February for reliable recovery and improvement is at a very similar levels to that set out in the deep dive at the March IGAC meeting. However the numbers discharged increased by 50 to 375, meeting the monthly target for this metric.
- **SMI physical health checks:** As previously reported the data dropped below trajectory in Q3. Q4 data is due to be released on 21st May. It has been agreed to consider tabling a recent SELICB deep dive report on this subject at a future IGAC meeting.
- **Childhood immunisations:** Q3 data remains below 90% target levels, in common with neighbouring Inner-London boroughs. The latest data confirms the downward trend in MMR2 for 5 year olds, which at 69% is 8% below the Q4 position last year. A deep dive on immunisations is planned for the July IGAC.
- **Continuing Health Care:** Q4 data that Southwark fell marginally below the target for assessment timescales. This is linked to staffing and was expanded upon in the delegated officer report for CHC.
- **Cancer Screening:** latest data shows performance remains close to local improvement targets set on these corporate objectives, with breast cancer rates meeting the target. Bowel and cervical rates are less than 1% below target. A recent SEL ICB deep dive into this area provides useful insights and will be presented to IGAC in the July meeting.
- **Patients with hypertension:** the proportion treated in line with NICE guidance increased 3% to 69% in Q3 published data, with the unvalidated year end position 74%, but remains significantly short of the 78% target.
- **Primary Care Access: 2 week waits:** published performance has improved 5% to 92% on this metric and is above the SEL average. However an analysis of underlying data at practice level has been undertaken jointly with PCN North which demonstrates that wide variations in appointment systems and coding mean that this is not a reliable indicator. New GP same day access measures are being introduced in line with the revised GP contract which will replace this



metric, and it will be important to address any legacy data quality issues in this new framework.

- **Numbers of GP appointments:** The rate of appointments of 331 per 1000 population is lower than the SEL average of 370. However, the analysis of underlying GP data shows that this data is of low quality, with inconsistent recording of appointment activity. The published data also excludes local Enhanced Access hub data which would have increased the rate by 6% in February.

2. Section 1.2: Operational Plan targets

- Improvements continue to be seen in the % of patients with CVD who have their cholesterol levels managed to NICE guidance in the latest data to December.
- Next year's target of 78% of Community Health activity within 18 weeks of referral is likely to be challenging given the latest detailed data published by NHSE for February on the waiting lists showing 56.4% across GSTT in October (Lambeth and Southwark), although this is showing a 2.3% increase on October data.

3. Section 1.3 Better Care Fund Targets

- All targets on track apart from those relating to average discharge delays, as discussed in the deep dive at the November board. A sharp improvement in published performance in February has been found to be linked to extensive under-reporting of discharge to Southwark by local trusts and are likely to be corrected.
- It is notable that year end target for permanent care home admissions has been met based on latest data.
- Non-elective admissions spiked in December but this had been predicted in the modelling trajectory and remained within target.

4. Section 1.4 Health and Care Plan Priorities Dashboard

- CYP mental health 4 week waits (first contacts seen who were seen within 4 weeks) improved to 71% from 62% in January which is the highest this year and an improvement on the 2024/25 year end.
- Adult mental health waits improved slightly but remain below previous levels |



Q1 and Q2, although this is linked to an increase in neurodevelopmental cases seen who have already breached the 4 week standard. The short term decrease in the measure may be of longer term benefit as backlogs cleared.

- Dashboard to be redeveloped to correspond to neighbourhood health priorities for 2026/27.

5. Section 2: SEND ICB dashboard report

- Continued improvement in the provision of health related information within timescales for the EHCP process. However it was noted that there had been a decline in Speech and Language Therapy performance on this measure and that the Designated Clinical Officer has been asked to follow this up with Evelina to support performance improvement.
- Key improvement area of 18 week waits for community paediatric services have increased from 33% to 46% in Q4.

6. Section 3: Q4 Quality Report

- The report sets out key messages from the quality team to the committee, including an update on the Patients Safety Incident Response Framework (PSIRF) in Southwark, CQC ratings, Quality Alerts and Patient Safety Incident Investigations (PSIIs).
- IGAC discussed the issues around PSIRF implementation and asked for a further report in 6 months to ensure clear implementation arrangements are in place.
- Further detail on the SLAM CQC action plan was requested.
- The report highlights that there will be further discussions on the approach to quality reporting at place level under the ICB reforms, aligned to the new structure in which there is reduced resources within a joint team with South West London ICB.

7. Section 4: Southwark Risk Register Update

- The report sets out the latest risk register and key changes following the recent round of reviews.
- It was noted that whilst ICB Reform is not a risk on place risk registers as these are held on the corporate risk register as high priority risks. However, where an individual priority may be at risk due to transitional capacity issues that priority should have an increased risk scoring or be registered as a new risk.



8. Section 5: Finance summary

- This slide gives a high level summary of the key issues discussed in the detailed finance report presented to IGAC.

9. Section 6: Delegated leads report

- Reports from the CHC and medicines optimisation leads were received and noted by the committee.



Integrated Assurance Report

IGAC / PSSB May 2026

Section 1.1

SEL ICB dashboard of key metrics and targets delegated to place

Attached is a summary slide from the latest place report provided by the ICB assurance team on 30.04.26.

Southwark performance overview

Standard	Trend since last period	Period covered in report	Comparator	Benchmark	Current performance
Dementia diagnosis rate	↓	Mar-26	National standard	67%	71%
IAPT discharge	↔	Feb-26	Operating plan	360	375
IAPT reliable improvement	↓	Feb-26	Operating plan	67%	62%
IAPT reliable recovery	↔	Feb-26	National standard	48%	42%
SMI Healthchecks	↑	Q3	Local trajectory	62%	60%
PHBs	↑	Q4 - 25/26	LTP indicative trajectory	741	403
NHS CHC assessments in acute	↔	Q4 - 25/26	National standard	0%	0
CHC - Percentage assessments completed in 28 days	↓	Q4 - 25/26	National standard	80%	77%
CHC - Incomplete referrals over 12 weeks	↔	Q4 - 25/26	National standard	0	0
Children receiving MMR1 at 24 months	↑	Q3 - 25/26	PH efficiency standard	90%	82%
Children receiving MMR1 at 5 years	↑	Q3 - 25/26	PH efficiency standard	90%	84%
Children receiving MMR2 at 5 years	↓	Q3 - 25/26	PH efficiency standard	90%	69%
Children receiving DTaP/IPV/Hib % at 12 months	↑	Q3 - 25/26	PH efficiency standard	90%	89%
Children receiving DTaP/IPV/Hib % at 24 months	↓	Q3 - 25/26	PH efficiency standard	90%	89%
Children receiving pre-school booster (DTaPIPv%) % at 5 years	↓	Q3 - 25/26	PH efficiency standard	90%	61%
Children receiving DTaP/IPV/Hib % at 5 years	↑	Q3 - 25/26	PH efficiency standard	90%	86%
LD and Autism - Annual health checks	↑	Feb-26	Local trajectory	897	1048
Bowel Cancer Coverage (60-74)	↑	Apr-25	Corporate Objective	64%	63%
Cervical Cancer Coverage (25-64 combined)	↓	Jun-24	Corporate Objective	64%	64%
Breast Cancer Coverage (50-70)	↑	Apr-25	Corporate Objective	61%	61%
Percentage of patients with hypertension treated to NICE guidance	↑	Q3 - 25/26	Corporate Objective	78%	69%
Flu vaccination rate over 65s	↑	Feb-26	Corporate Objective	63%	55%
Flu vaccination rate under 65s at risk	↑	Feb-26	Corporate Objective	34%	34%
Flu vaccination rate – children aged 2 and 3	↑	Feb-26	-	-	40%
Appointments seen within two weeks	↑	Feb-26	-	-	92%
Appointments in general practice and primary care networks	↓	53 of 78 Feb-26	Operating plan	-	11362
Appointments per 1,000 population	↓	Feb-26	-	-	331

Integrated Assurance Report

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Section 1.2

Additional Operational Plan measures

Operational Plan Priorities and Success Measures Dashboard - Place



Operational Plan Priorities and Success Measures 25/26	23/24	24/25	24/25	24/25	24/25	25/26	25/26	25/26	25/26	period	Trend	Target 25/26	Target 26/27	Benchmark	RAG
	year end	q1	q2	q3	q4	q1	q2	q3	q4						
7.1 Increase the % of patients with hypertension treated according to NICE guidance (local BI dashboard)	71%	69%	66%	67%	70%	68%	67%	70%	74%	to March		78.6%		74% SEL	Red
7.2a Increase the % of patients with GP recorded CVD, who have their cholesterol levels managed to NICE guidance - PCN South	n/a	29.5%	28.2%	38.9%	41.7%	43.1%	43.2%	46.1%		To Dec		tbc		50.6% nat	Green
7.2b Increase the % of patients with GP recorded CVD, who have their cholesterol levels managed to NICE guidance - PCN North	n/a	39.2%	36.8%	34.7%	39.1%	41.9%	44.0%	45.8%		To Dec		tbc		50.6% nat	Green
Medium Term Planning Framework 26/27 -28/29 success measures															
1.1 Primary Care: Same day appointments for all clinically urgent patients (face to face, phone or online) - subject to consultation												~	90%		
1.2 Primary Care: Improved patient experience of access to general practice (ONS Health Insights Survey)												~	Improve year on year		
2. 1 Community Health: Address long waiting times for community health services - activity within 18 weeks							52.8%	54.1%	56.40%	Feb-26		~	78% in 26/27		Red
3. 1 Mental health: Expand coverage of mental health support teams (MHSTs) in schools and colleges (including teams in training)							tbc					~	77% in 26/27		
3.2: Mental health: NHS Talking Therapies and Individual Placement and Support:															
3.2.1 IAPT Discharges									375	Feb-26		360	tbc		Green
3.2.2 IAPT reliable recovery									42%			48%	51%		Red
3.2.2 IAPT reliable improvement									62%			68%	69%		Red
3.3 Individual Placement and Support													tbc		
3.4 Eliminate inappropriate out-of area placements													0%		

Integrated Assurance Report

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Section 1.3

Better Care Fund Targets

Better Care Fund place targets dashboard



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

Key points to note:

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



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Section 1.4

Priorities dashboard 2025/26

Health and Care Plan Priorities Dashboard summary updated 07.05.26



Health and Care Plan Priority Measures	2023/24 yr end	2024/25 yr end	2025/26 Apr	2025/26 May	2025/26 Jun	2025/26 Jul	2025/26 Aug	2025/25 Sep	2025/26 Oct	2025/26 Nov	2025/26 Dec	2025/26 Jan	2025/26 Feb	2025/26 Mar	Trend	Target
Children and young people's mental health																
Increase in % achievement of the 4 week wait standard:																
1.1 First contact in 4 weeks -all	37%	57%	52%	55%	55%	61%	54%	62%	68%	70%	60%	62%	71%			improve
1.2 First contact in 4 weeks -neuro developmental	6%	22%	27%	26%	26%	25%	7.1%	11.1%	8.8%	8.8%	7.4%	20%	15%			improve
1.3 First contact in 4 weeks -all excl. neurodevelopmental (new)	56%	66%	57%	64%	65%	69%	61%	71%	78%	81%	71%	69%	78%			improve
Adult mental health																
Increase in % achievement of the 4 week wait standard:																
2.1 First contact in 4 weeks -all	81%	79%	77%	81%	85%	83%	84%	79%	80%	69%	65%	64%	69%			improve
2.2 First contact in 4 weeks -neuro developmental	58%	34%	47%	60%	17%	50%	44%	14%	14%	1.6%	1.2%	1.8%	2.6%			improve
2.3 First contact in 4 weeks -all excl. neurodevelopmental (new)		80%	78%	81%	85%	84%	86%	82%	83%	80%	80%	77%	80%			improve
Frailty																
Reduce the rate of avoidable hospital and care home admissions from at risk cohorts:																
3.1 Emergency admissions for 65+ years per 100,000	1766	1930	1883	1865	1726	1830	1796	1761	1830	1796	2057					2151 (Dec)
3.2 Care Home Admissions over 65's rate per 1000	655	622		q1	134		q2	181		q3:	170			105		621 (yr)
Reduce unplanned / emergency GP appointments:																
3.3 A&E attendances over 65 yrs (actuals)	1199	1284	1,334	1,373	1,330	1,387	1,402	1,401	1,462	1,356	1,400	1,453	1,194			Reduce
Reduction in ambulance conveyances:																
3.4 LAS ambulance call outs Swk 65 yrs plus		1696	1688	1800	1731	1661	1675	1760	1799							Reduce
Reduction in Outpatient Appointments:																
3.5 Outpatient Appointments 65 yrs plus (rate per 1000 list size)	35.6	41.9	45.9	46.3	48.2	53.5	45.8	51.0	52.8	48.3	44.8	51.3	47.8			Reduce
Patient experience - quality of life																
3.6 Placeholder - Adult Social Care Survey - quality of life (1a)	17.4	18.3														Improve



Integrated Assurance Report

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Section 2:

SEND Q4 - ICB related measures

2. Southwark ICB SEND Scorecard summary Q4



	2023/24	2024/25 Q1	2024/25 Q2	2024/25 Q3	2024/25 Q4	2025/26 Q1	2025/26 Q2	2025/26 Q3	2025/26 Q4	Trend	time period
Number of section 23 notifications	31				93				32		academic year
Return of health information for EHCNA within 6 weeks											
Community Paediatrics		64%	77%	76%	33%	68%	91%	87%	95%		average for qtr
Speech & Language		82%	97%	84%	87%	76%	82%	66%	78%		average for qtr
Occupational Therapy		86%	77%	55%	83%	50%	80%	100%	89%		average for qtr
Physio		100%	50%	89%	100%	50%	88%	100%	100%		average for qtr
% seen within 18 weeks											
Community Paediatric Services		55%	45%	41%	38%	31%	34%	33%	46%		average for qtr
Speech and Language Therapy		100%	100%	100%	100%	100%	98%	95%	91%		average for qtr
Occupational Therapy		100%	100%	100%	100%	100%	100%	81%	80%		average for qtr
Physiotherapy		100%	100%	100%	100%	100%	100%	95%	99%		average for qtr
Average waiting time - weeks											
Community Paediatric Services		32	29	33	32	25	26	30	19		average for qtr
Speech and Language Therapy		13	15	12	14	15	16	14	14		average for qtr
Occupational Therapy		16	14	8	11	10	12	7	16		average for qtr
Physiotherapy		8	8	3	3	5	6	6	6		average for qtr
Mental health services											
52+ week waiters - all	159	159	168	243	254	245	217	216	275		at end of qtr
52+ week waiters - neuro developmental	97	101	101	145	158	141	110	101	120		at end of qtr
First contact in 4 weeks -all	37%	51%	68%	66%	56%	55%	62%	68%	71%		at end of qtr
First contact in 4 weeks -neuro developmental	6%	22%	50%	21%	22%	26%	11%	7%	15%		at end of qtr
First contact in 4 weeks -all excl. neurodevelopmental (new)	56%	58%	74%	75%	66%	65%	71%	78%	78%		at end of qtr
Reviews											
Learning Disability Annual Health Check (14-25 yrs)	75%	12%	35%	44%	78%	14%	25%	43%	76%		at end of qtr
Continuing care											
New referrals				year-end:	8	2	2	2	5		quarter
How many continuing care eligible					17	17	17	17	16		quarter
How many had a care act referral					100%	100%	100%	100%	100%		quarter
Personal health budget in the year to date					31	20	20	20	20		quarter
New born hearing screening											
Coverage	98.8%	99.1%	98.4%	98.5%	99.0%	99.1%	98.90%				quarter
Diagnosis or intervention, % babies in time	94.6%	94.7%	94.4%	94.9%	95.5%	94.7%	93.90%				quarter

Section 3 – Integrated Assurance Report

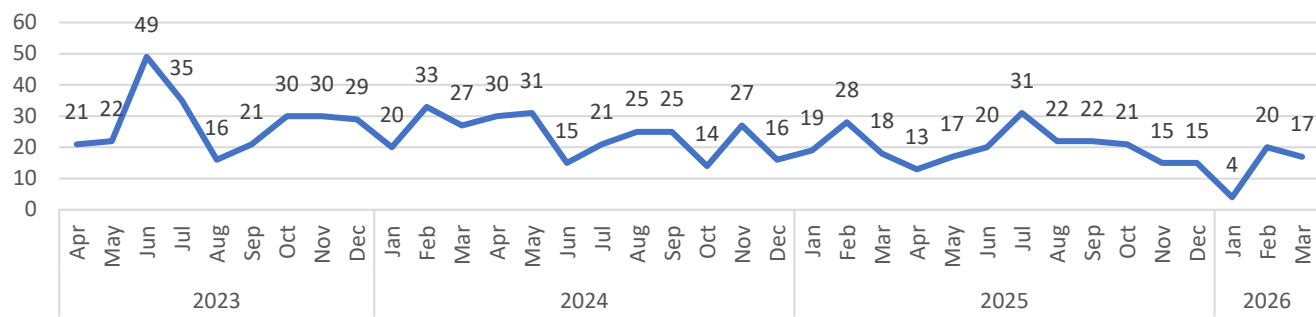
Southwark Q4 Quality Update

**For the Integrated Governance and Assurance Committee
14 May 2026**

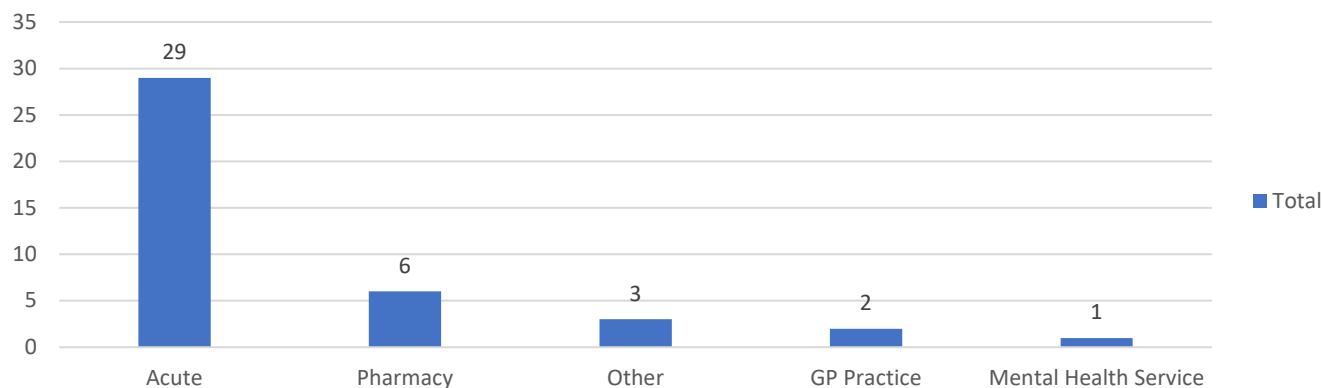
Extract for PSSB on Quality Alerts

QAs Q4– Southwark

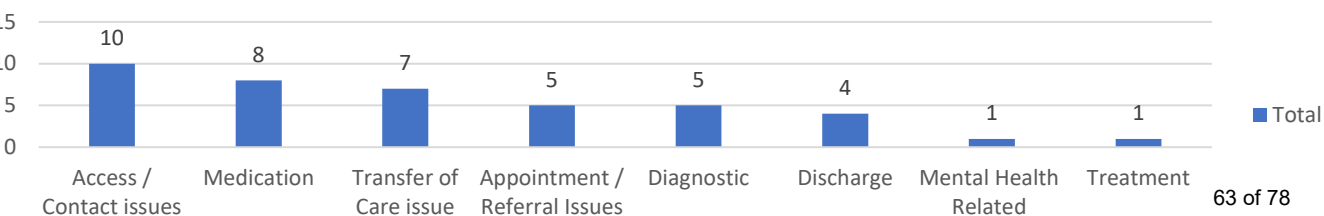
Quality Reported Per Month



2025/26 Q4 - QAs Reported For By Provider Type

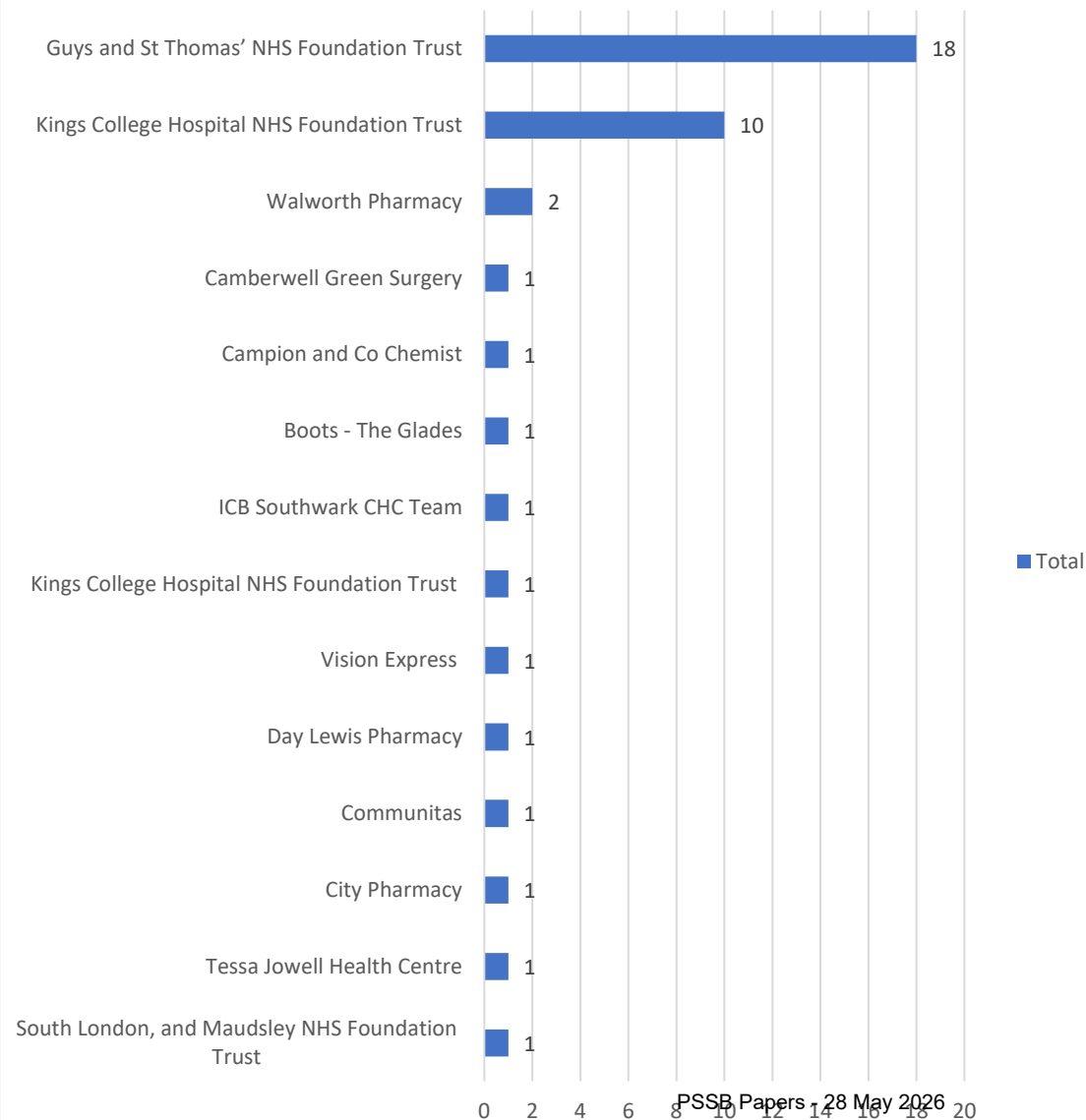


2025/26 Q4 - QA Themes



63 of 78

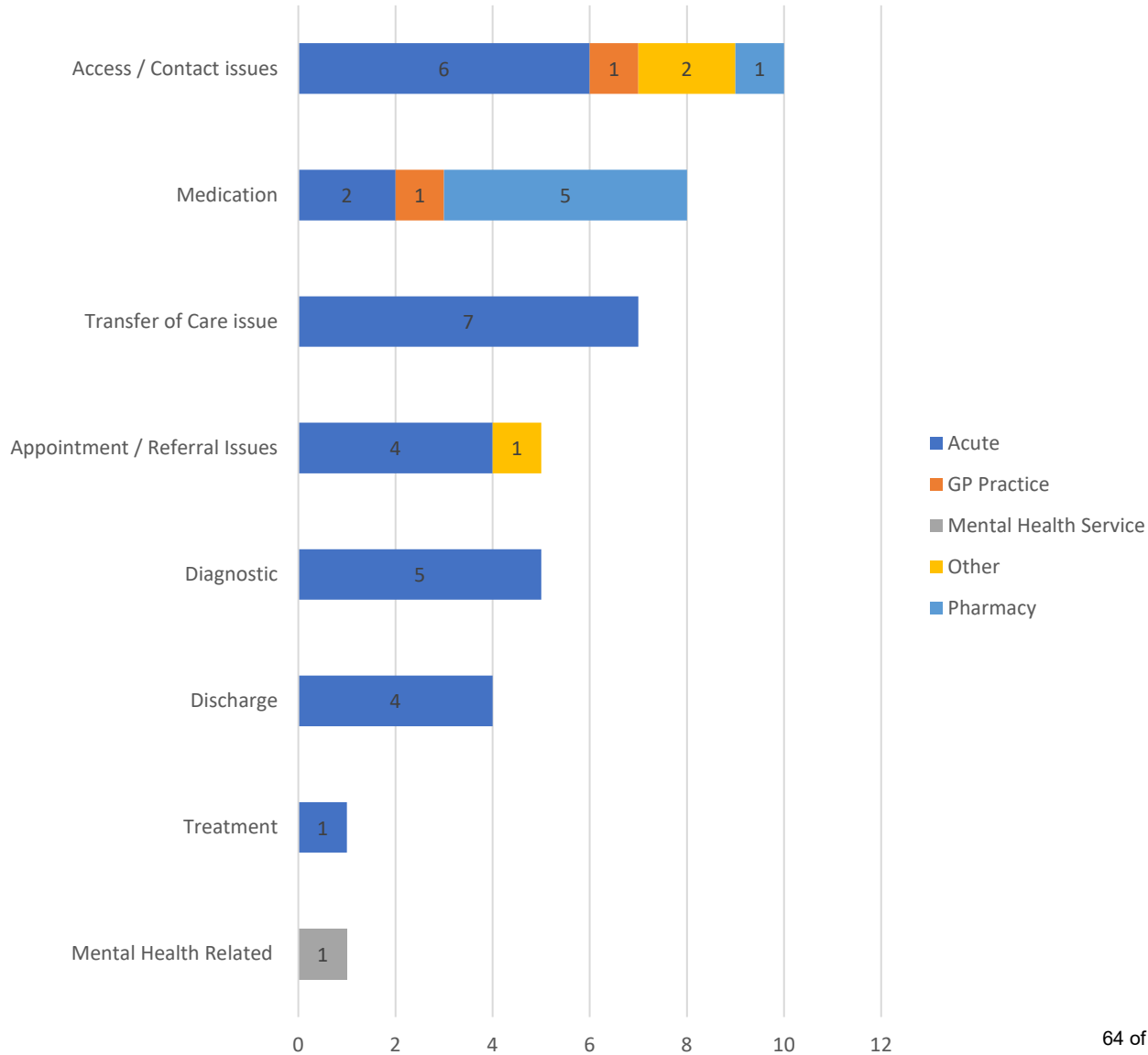
2025/26 Q4 - QA Reported by Provider



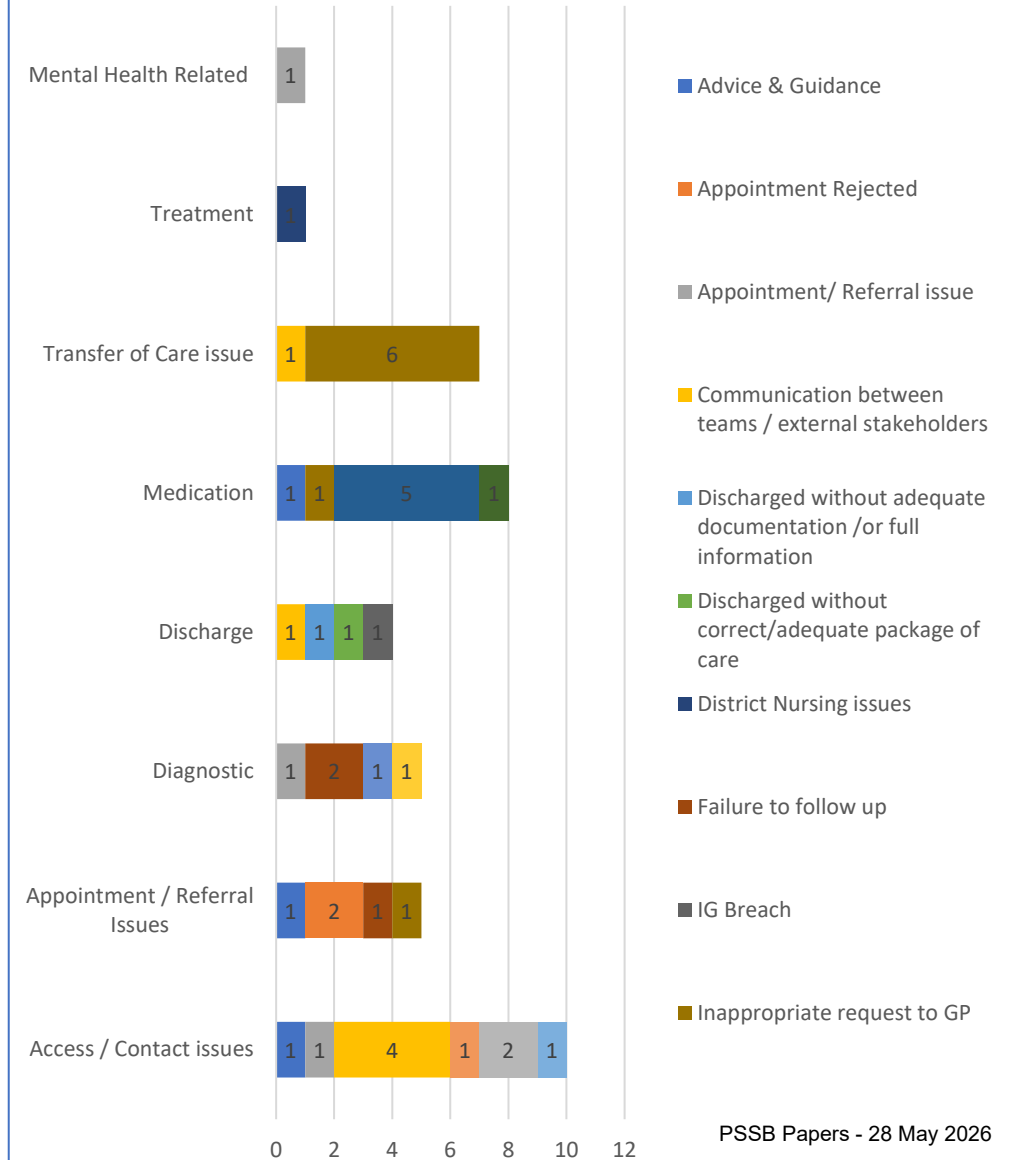
PSSB Papers 28 May 2026

QAs Q4 – Southwark

2025/26 Q4 - QAs Reported By Theme & Provider Type



2025/26 Q4 - QA Themes & Sub Themes





Integrated Assurance Report

IGAC / PSSB May 2026

Section 4:

Southwark Place Risk Report (ICB)

Summary of Southwark place ICB risk register



There are currently 10 risks on the register, with one having been closed following the latest review.

Risk ID	Risk area	Current Likelihood	Current Consequence	Current Rating	Change	Last review date
519	CAMHS waiting times	3	3	9	↔	20/04/26
520	Diagnostic waiting times for children and young people and adults (ADHD and Autism)	4	4	16	↔	27/04/26
589	Achieve financial balance for 2026/27	4	3	12	New	06/05/26
590	Delivery of QIPP Savings for 2026/27	4	3	12	New	06/05/26
573	Increase in vaccine preventable diseases due to not reaching coverage across the population	4	3	12	↔	29/04/26
553	Southwark Mental Health, Learning Disabilities and Autism placement costs	4	3	12	↔	27/04/26
638	Integrated Neighbourhood Teams not delivered as planned.	2	3	6	↔	29/04/26
639	ICB meeting SEND statutory responsibilities	4	3	12	↑	29/04/26
640	Market failure in social care provision impacts on whole system flow and quality of care.	3	3	9	↔	27/04/26
649	Failure to address unwarranted variation undermining Neighbourhood based care	3	3	9	↔	29/04/26

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



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

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

The mitigations in place include:

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



There are two new risks on the register:

- **Achieve financial balance for 2026/27**
- **Delivery of QIPP savings for 2026/27**

These update and replace the previous equivalent risk for the 2025/26 financial year and have a similar range of mitigations.

At this stage the risk are graded at 12, moderate risk.



Closed risks

- Integrated Community Equipment Service: new contract bedded in sufficiently to be managed as part of business as usual
- Change in provider of Domestic Abuse Services from Refuge to Bede: information on making referrals to the new provider now fully rolled out and risk mitigated.
- The finance risks relating to delivery of budget and savings targets for 2025/26 have been updated as new risks for the new financial year.

Increased risk ratings

The risk relating to meeting required standards for SEND has been increased from 9 to 12 reflecting further delays in developing joint commissioning delivery plans.

Reduced risk ratings

No risks ratings were reduced.



Heat Map	Consequence				
	Negligible	Minor	Moderate	Major	Catastrophic
Almost Certain	Yellow	Orange	Red-Orange	Red	Dark Red
Likely	Yellow	Orange	5 (see a)	1 (see b)	Dark Red
Possible	Light Green	Yellow	3 (see c)	Orange	Red-Orange
Unlikely	Light Green	Yellow	1 (see d)	Orange	Yellow-Orange
Rare	Light Green	Light Green	Light Green	Yellow	Yellow

Key

- (a) Vaccination coverage, Mental Health & LDA Placements, SEND, Financial Balance, Delivery of QIPP Savings
- (b) CYP and Adults ADHD diagnostic waits
- (c) CAMHS waiting times, Market Failure – Social care Provision, Unwarranted Variation
- (d) INT Delivery

Integrated Assurance Report

May 2026

Section 6: ICB Southwark Finance Summary Report

Summary of detailed finance papers considered by IGAC

Author: Sabera Ebrahim, AD Finance ICB

Financial Position – 2025/26 - Month 12 March 2026



South East London

Overall Position

Commissioned Areas	Annual Budget £'000s	Final Outturn £'000s	Variance £'000s
Acute Services	242	327	-85
Community Health Services	38,351	35,102	3,249
Mental Health Services	11,173	14,282	-3,109
Continuing Care Services	20,517	19,701	816
Prescribing	36,208	38,062	-1,854
Other Primary Care Services	972	918	54
Other Programme Services	872	100	772
Programme Wide Projects	259	263	-4
Delegated Primary Care Services	77,672	77,672	0
Corporate Budgets	4,140	3,916	224
Total	190,407	190,344	63

The finance table shows the final position reported for the year 2025/26 for Southwark Place.

- Southwark Place met its delegation agreement duty to ensure it does not spend more than the allocation given for the year. The borough reported an underspend of £63k as at the end of March 26. Material overspends continue to be reported in mental health and prescribing. These are offset by underspends in continuing healthcare, corporate budgets and other community services.
- The boroughs most significant risk continues to be in Mental Health and Prescribing. For Mental Health we are reported a year end overspend of £3.1m. The position in mental health has deteriorated from previous month mainly as a result of increase spend on ADHD/Autism.
- Right to Choose adult ADHD/Autism pathways. Increased expenditure with independent providers on mainly adult ADHD/ASD. Our final position in mental health of £3.1m overspend includes an overspend of £2.7m on Right to Choose adult ADHD/ASD. The final outturn for 2025/26 is 3.09 times actual for 2024/25. The rapid growth in number of patients being assessed and receiving a formal diagnosis of ADHD has led to additional demand for prescribing and ongoing management of patients on ADHD medication, including completion of annual reviews. This presents immediate and long-term implications for SEL commissioned ADHD services with parallel waiting lists for medication initiation increasing alongside ADHD assessment waiting list. It is hoped in 2026/27 that the triage system implemented from November 2025 and the work to agree activity plans with providers will bear down on the multiplier for 2026/27. This pressure is being mitigated from other budget lines particularly community services.
- Placements costs for Learning disability continues to be a cost pressures. Increase in placements and additional enhanced support results in significant costs. Savings plans in mental health have delivered some savings which is supporting the overall position.
- Prescribing actual data is provided two months in arrears and the borough is reporting a final outturn of £1.9.1m overspend for the year. Prescribing continues to be impacted by increase in expenditure relating to long term conditions drug prescribing, case finding and active health programmes identifying patients eligible for treatment in each borough. There are also some national price increases due to shortages for some specific drugs.
- The above cost pressures and overspends have been offset by underspends in continuing care, corporate , community and other programme. Underspend in continuing care reflect savings delivered in high cost packages and other planned savings. However, continuing healthcare is a volatile area with ongoing retrospective reviews and appeals.
- The Borough's 5% efficiency savings amounts to £8.8m and has been achieved for the year. Some planned savings scheme were not achieved. To mitigate this underachievement , reserves, and uncommitted budgets have been released and growth in community services has been restricted to manage the overall position.

Southwark	2026/27 Total Place Budget
	£'000
Other Acute Services	73
Other Community Health Services	36,650
Mental Health Services	12,455
Continuing Care Services	20,615
Prescribing	37,942
Other Primary Care Services	822
Other Programme Services	982
Corporate	4,241
Total Place Managed Budget	113,778

Net inflation uplift of 0.03% for 2026/27 inclusive of 2% embedded efficiency and reducing to 0% thereafter
 Convergence has been treated as a reduction to growth

SEL ICB Budget Area	2026/27
Primary Care Prescribing	2.22%
Continuing Care	2.26%
Community	1.17%
Mental Health	1.27%
Other Primary Care	0.50%
Non Local Acute Uplifts	1.50%
Delegated Primary Care	1.06%
Other Programme	0.50%
Total (exc. PCD)	1.44%

Place allocations have been issued for 2026/27. The table shows the latest final 2026/27 delegated budgets to Southwark Place.. The second table shows the level of growth received from SEL ICB for each budget area.

- As part of finalising our budgets for 2026/27, we have sought to ensure known budgetary pressures and issues are taken into account including under commitments across Place budgets.
- The borough has continued to manage a number of risks particularly in Mental Health, and Prescribing since 2024/25, these risks have continued into 2025/26 and are likely to continue in 2026/27.
- Mental health budgets have been adjusted to reflect likely expenditure as much as possible. The most significant risk to Southwark is the rate of increase in expenditure in right to choose (RTC) ADHD/ASD assessments.
- Prescribing - Uplift for Prescribing has been applied based on weighted capitation. For Southwark 2.2% has been given however activity and price growth trend is at 4%.. Implementation of the new NICE drugs is likely to cost more. This creates a cost pressure which will need to be managed.. Medicines optimization team have identified savings to meet the target efficiency of 5%..
- Risk in Community Services relates to increasing activity in our integrated community equipment service and other demand led services like audiology. Hospices are also seeking higher uplifts for 26/27 given the significant financial challenges faced by the sector
- All of the above risks gives us significant challenges in containing expenditure within our delegated allocation and achieve financial balance.
- The borough is required to deliver 5% efficiency savings for 2026/27. The borough targets savings amount to £5.5m. Within this element there are tariff efficiency deductions on budgets of £2.2m. Savings Plans have been identified by budgets holders to meet the remaining savings target of £3.3m. These plans will be monitored closely during the year.

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

Southwark Neighbourhood Transformation Board

Agenda Items of Note

Meeting date 22 April 2026

Agenda item	Items discussed
<p>Integrator Update</p>	<p>The programme is moving from design into early delivery, with Integrated Neighbourhood Teams (INTs) beginning to take shape across priority cohorts and tangible progress reported across enablers (workforce, estates, data). For example:</p> <ul style="list-style-type: none"> • Early implementation underway for multiple long-term conditions (mLTCs) and frailty, using MDT models and care coordination approaches. • Frailty pathway prioritising dementia as an initial focus. • The work to align the neighbourhood nursing teams across Southwark is progressing rapidly, with plans to link to primary care once they are in place. <p>Board consensus is that momentum is positive, but there is a need to strengthen communication, engagement with frontline services, and celebration of achievements.</p> <p>Integrator colleagues also provided an overview of how proposals for the ICB Strategic Investment Fund (SIF) are being developed.</p> <p>SIF proposals cover INT delivery, prevention, CYP, mLTCs, frailty, and integrator development, with submission deadline of 22 May 2026.</p> <p>The prevention funding includes:</p> <ul style="list-style-type: none"> • £600k/year for targeted neighbourhood prevention (2 neighbourhoods) • £460k/year for cardiovascular/renal/metabolic risk <p>Funding will be phased to full borough coverage over ~3 years.</p> <p>Board members were invited to feedback on how the proposals are developing and the approach taken to identifying the two neighbourhoods to prioritise in the first phase.</p>



<p>Proposal for the CYP INT cohort</p>	<p>The Board received an update on the development of Integrated Neighbourhood Teams (INTs) for children and young people (CYP) with complex needs in Southwark, building on a series of multi-agency workshops to define the target cohort and shape the model over the past year.</p> <p>The existing CHILDS model will transition to align with the new neighbourhood structure from 1 June 2026, providing a foundation for delivery. Four priority cohorts were proposed:</p> <ol style="list-style-type: none"> 1. Young people with cerebral palsy and learning difficulties (aged 17–18), focusing on transition into adulthood. 2. Frequent A&E attenders (aged 0–15), defined as 5+ attendances in 12 months and 3+ in the last 90 days. 3. Integrated CHILDS, Best Start Family and FFP cohort (aged 0–15) with intersecting physical health, social care, education, housing and mental health needs. 4. CYP Emotional Wellbeing INT (aged 9–14) with emerging emotional wellbeing needs, suspected or confirmed NDD, and reduced school attendance. <p>A strong emphasis was placed on the emotional wellbeing cohort, highlighting the need for early, coordinated intervention across education, health, social care, and community services, with a model rooted in lived experience and designed around need.</p> <p>Next steps include further co-design through a workshop in June involving parents, carers and partners, alongside mobilisation supported by Strategic Investment Fund resources.</p> <p>This approach was supported by the Southwark Neighbourhood Transformation Board. The Partnership Southwark Strategic Board as asked for formally endorse this approach.</p>
<p>Population Health Management (PHM)</p>	<p>The board heard about the Development of the South East London-wide data infrastructure (Snowflake environments) linking primary, secondary care and longer-term, mental health, local authority, and VCSE data.</p> <p>The integrator role will focus on:</p>





- Evidence-based decision making
- Translating insight into delivery
- Driving system-wide outcomes

Ongoing challenges include data quality and completeness, Inclusion of mental health datasets and the need for proxies or triangulation with other datasets.

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

Primary Care Committee

Agenda Items of Note

Meeting date: 30 April 2026

Agenda item	Items discussed
Matters Arising	<ul style="list-style-type: none"> The committee was asked to note contract extensions were completed in March for the SELDOC OOH contract, The Bridge Clinic and the Extended Primary Care contracts. The committee noted that the SEL Medicines Optimisation Plan was approved via chairs action.
Report from the collaborative	<ul style="list-style-type: none"> The committee received an update of key discussions from the primary care collaborative March and April meetings. Highlights included a deep dive on lower limb wound care, the community pharmacy independent pathfinder programme and reflections on a neighbourhood focused protected learning time event for practices.
Quality and Performance	<ul style="list-style-type: none"> The committee received an update on the establishment of the unwarranted variation dashboard in Southwark and were able to understand the picture that is starting to emerge and how the Primary and Community Based care team are using the dashboard alongside other data sources to provide targeted support to practices. The committee received an update on the access report for February 2026. Activity was up compared to the previous February for performance delivered within 2 weeks. There was a dip in same-day access, however noted that the data relates to a single month and should therefore be treated with caution.
GP Contract Update	<ul style="list-style-type: none"> Trafalgar Surgery: The Committee noted the work being done to finalise the closure of the practice within the allotted timescale and assist patients to register at seven local practices. GP Premium: The final proposals for the 2026-29 GP premium contract have been finalised, subject to sign off by the Place Executive Lead. The committee noted that significant engagement had taken place with the LMC but that they had



	not been able to fully support the final package of metrics which includes the Medicines Optimisation Plan.
Silverlock and Queens Road Procurement	<ul style="list-style-type: none"> The committee noted that further representations have been received from the incumbent provider regarding the outcome of the procurement process. The ICB is currently awaiting legal advice before responding.
Risk Register	<ul style="list-style-type: none"> The committee reviewed the risk register.
Governance update	<ul style="list-style-type: none"> The committee noted that the planned review of TORs will be delayed as arrangements will need to align with the outputs of the SEL ICB governance review.
AOB	<ul style="list-style-type: none"> The committee noted that work to develop a Long-Acting Antipsychotic Injections pathway is underway and it is expected that the model will be supported by SEL SIF funding, held by the mental health trusts.