Partnership Southwark

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

Partnership Southwark Strategic Board Agenda

Thursday 29th January 2026 | 13:30 – 16:30

Venue: Studio 1, The Castle Leisure Centre, Elephant and Castle

Chair: Dr Nancy Kuchemann

Time	Ref	Item	Lead	Enc	Pages
13:30	1	• Welcome and Introductions • Apologies • Declarations of Interest • Minutes of the last meeting • Action Log	Chair	Enc 1 – Declarations Enc 1i – Minutes Enc 1ii – Action Log	2-17
13:40	2	SLaM Strategy Refresh	Kat Macann / Peace Ajiboye	Enc 2	18-35
14:25	3	Public Questions	Chair		
14:35		Break			
Business items					
14:50	4	Governance Review - Terms of Reference	Rebecca Jarvis	Enc 3 (to follow)	36-42
15:20	5	Strategic Commissioning Plan	Adrian Ward	Enc 4	43-53
15:40	6	**Strategic Director for Health & Care and Place Executive Lead Report** Reports from sub-committee chairs: • Integrated Governance and Assurance Committee (KP) • Partnership Southwark Delivery Executive (RJ) • Primary Care Committee (KP)	Darren Summers / Katy Porter/ Rebecca Jarvis	Enc 5	54-66
16:00	7	Integrated Assurance Report	Adrian Ward	Enc 6	67-156
16:20	8	Any Other Business	All		
16:30	9	Close Meeting	Chair		

Next held in-public meeting: 26 March 2026

Partnership Southwark

Declaration of Interests

Meeting Name: Partnership Southwark Strategic Board

Meeting Date: 29 January 2026

Name	Position Held	Declaration of Interest
Alasdair Smith	Director of Children's Services, Southwark Council	No interests to declare
Ami Kanabar	GP, Co-chair LMC	No interests to declare
Anood Al- Samerai	Director, Community Southwark	No interests to declare
Cedric Whilby	CCPL, VCSE representative	1. Producer of 'Talking Saves Lives' public information film on black men and cancer 2. Trustee for Community Southwark 3. Trustee for Pen People CIC 4. On Black Asian Minority Ethnic (BAME) panel that challenges the causes of health inequalities for the BAME community in Southwark
Claire Belgard	Interim Director of Integrated Commissioning	No interests to declare
Cllr Evelyn Akoto	Partnership Southwark Co-Chair & Cabinet Member for Health & Wellbeing	No interests to declare
Darren Summers	Strategic Director of Health & Care & Place Executive Lead	1. Member of GSTT Council of Governors (ICB representative)
David Quirke-Thornton	Strategic Director of Children's and Adult's Services	No interests to declare
Emily Finch	Clinical Lead, South London & Maudsley	No interests to declare
Eniko Nolan	Assistant Director of Finance for Children and Adult Services	No interests to declare
Jeff Levine	Regional Director for London, Agincare	No interests to declare
Josephine Namusisiriley	CCPL, VCSE Representative	No interests to declare
Julie Lowe	Site Chief Executive for Denmark Hill	No interests to declare
Katy Porter	Independent Lay Member	1. Trustee, & Vice Chair, Depaul UK which is a national charity, working in the homelessness sector, and it's head office is based in Southwark. The organisation holds a contract with Southwark.

		2. CEO for The Loop Drug Checking Service. The Loop is a national charity developing services across the UK, including London. It operates in the substance use and health sector.
Louise Dark	Chief Executive Integrated and Specialist Medicine Clinical Group	No interests to declare
Monica Sibal	IHL representative	No interests to declare
Nancy Küchemann	Co-Chair Partnership Southwark and Chair of Clinical and Care Professional Leads, Deputy Medical Director, SEL ICB	1. GP Partner at Villa Street Medical Centre. Practice is a member of SELDOC, the North Southwark GP Federation Quay Health Solutions and the North Southwark Primary Care Network. 2. Villa Street Medical Centre works with staff from Care Grow Live (CGL) to provide shared care clinics for people with drugs misuse, which is funded through the local enhanced service scheme. 3. Mrs Tilly Wright, Practice Manager at the practice and one of the Partners is a director of QHS. Mrs Wright is also the practice manager representative on the Local Medical Committee. 4. Mr Shaun Heath, Nurse Practitioner and Partner at the practice is a Senior lecturer at University of Greenwich. 5. Dr Joanna Cooper, GP and Partner at the practice is employed by Kings College Hospital as a GP with specialist interest in dermatology. 6. Husband Richard Leeming is councillor for Village Ward in south Southwark. 7. Deputy Medical Director at SEL ICB
Nigel Smith	Director, Improving Health London	No interests to declare
Olufemi Osonuga	PCN Clinical Director, North Southwark	1. GP Partner Nexus Health Group, Director Quay Health Solutions, Director PCN, North Southwark
Rebecca Dallmeyer	Director, QHS	1. Quay Health Solutions holds contracts for delivery of services through the following contracts commissioned by SEL ICB: New Mill Street GP Surgery
Rebecca Jarvis	Director of Partnership Delivery and Sustainability	No interests to declare
Rhyana Ebanks-Babb	Manager, Healthwatch Southwark / Community Southwark	No interests to declare
Sabera Ebrahim	Associate Director of Finance, SEL ICB, Southwark	No interests to declare
Sangeeta Leahy	Director of Public Health	No interests to declare

Sarah Kwofie	Director of Homecare (London & South) City and County Healthcare Group	No interests to declare
Sumeeta Dhir	Chair of Clinical and Care Professional Leads	No interests to declare
Winnie Baffoe	CCPL, VCSE representative	1. Director of Engagement and Influence at the South London Mission, which works closely with Impact on Urban Health. The South London Mission leases part of its building to Decima Street medical practice. 2. Board Member Community Southwark. 3. Married to the Executive Director of South London Mission

PARTNERSHIP SOUTHWARK STRATEGIC BOARD MINUTES

Date: Thursday 27 November 2025 | 13:30 – 16:30
Venue: Upper Hall, Pembroke House, 80 Tatum Street, London SE17 1QR
Chair: Cllr Evelyn Akoto

ATTENDEES

MEMBERS	TITLE AND ORGANISATION
Cllr Evelyn Akoto	Co-Chair, Cabinet Member of Health & Wellbeing, Southwark Council
Dr Nancy Küchemann	GP, Co-Chair Partnership Southwark
Rebecca Jarvis	Director of Partnership Delivery & Sustainability, Partnership Southwark
Dr Ami Kanabar	GP, Local Medical Committee (LMC) Representative
Emily Finch	Clinical Lead, South London & Maudsley NHS Trust
Rhyana Ebanks-Babb	Healthwatch Southwark
Katy Porter	Independent Lay Member
Darren Summers	Strategic Director for Health & Care / Place Executive Lead, Southwark
Claire Belgard	Interim Director of Integrated Commissioning, Southwark Council, SELICS
Sabera Ebrahim	Associate Director of Finance, Southwark, SEL ICB
Nigel Smith	Director, Improving Health Limited (IHL)
Jeff Levine	Regional Director for London, Agincare
Dr Olufemi Osonuga	GP, Clinical Director of North Southwark Primary Care Network (PCN)
Winnie Baffoe	Director of Engagement & Influence, South London Mission; Voluntary and Community Sector (VCS) Representative
Sarah Kwofie	Director of Homecare (London & South) City & County Healthcare Group
Sangeeta Leahy	Director of Public Health, Southwark Council
IN ATTENDANCE	
James Fleet	Consultant Geriatrician and Clinical Director, GSTT
Dan Wilson	Consultant Geriatrician, Kings College Hospital
Kathryn Simpson	Assistant Director for Social Care, Southwark Council
Esther Agyeman	Community Health Ambassador, Healthwatch Southwark
Omotola Wonuola	Community Health Ambassador, Healthwatch Southwark
Simon Bampfylde **(on behalf of Louise Dark)**	Director of Strategy, GSTT
Adrian Ward	Head of Planning, Performance and Business Support, Partnership Southwark, SELICB
Isabel Lynagh	Business Support Lead, Partnership Southwark, SELICB (Minutes)
Louisa Lamothe	Business Support Officer, Partnership Southwark, SELICB
APOLOGIES	
Julie Lowe	Deputy Chief Executive, Kings College Hospital NHS Trust
Monica Sibal	Improving Health Limited (IHL) Representative
Dr Sumeeta Dhir	GP, Chair of Care & Clinical Professional Leads (CCPL)
David Quirke-Thornton	Strategic Director of Children's & Adult's Services, Southwark Council
Louise Dark	Chief Executive Integrated and Specialist Medicine Clinical Group, GSTT
Eniko Nolan	Assistant Director of Finance for Children and Adult Services

Josephine Namusisi-Riley	Care & Clinical Professional Lead (CCPL), VCSE Representative
Rebecca Dallmeyer	Quay Health Solutions
Anood Al-Samerai	CEO, Community Southwark

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: Revised governance diagram to be shared - closed. Action 2: The board to revisit concerns regarding implementation of the NHS 10-year plan it was agreed that this is not an action taken and is to be taken as commentary – closed. Action 3: Co-chairs to discuss ICB reform concerns - closed Action 4: Social prescribing and SLaM colleagues to meet - Emily Finch updated that initial discussions have happened - closed Action 5: Follow up meeting with social prescribers – owner to be changed to Rebecca Jarvis – action ongoing. Action 6: Delayed discharges deep dive data - closed Action 7: Healthwatch and local quality discussion - closed Action 8: Delayed discharges deep dive - closed
2.	**Delayed Discharges**
2.1	The Chair welcome presenters, Kathryn Simpson (Assistant Director for Social Care), Dan Wilson (Consultant Geriatrician Kings College Hospital), and James Fleet (Consultant Geriatrician and Clinical Director, GSTT) and thanked those who collated the presentation.
2.2	Claire Belgard introduced the item, noting that this deep dive has been requested following the Integrated Governance and Assurance Committee looking at the data in a previous Integrated Assurance Report. The data shows that the average delay for discharges are higher than comparatives. 70% of bed days are lost to a relatively small number of patients and most delays

	are connected to decision making associated with patients with complex needs seeking appropriate care home placement.
2.3	Dan Wilson shared a presentation with the board, referencing a recent audit completed by colleagues, which was completed as there had been concerns with the data being produced.
2.4	Dan shared with the board the audit results which had been gathered from three geriatric wards over a period of three months. Results showed that on average it took 49 days for a patient to be discharged to a care home from the day that they no longer met the criteria to reside. This did not include any days where the patient fell ill again.
2.5	Dan clarified that although this is a small number of patients, the system does not feel that it is working well equating the delays over a period of a year to almost £2 million in spend.
2.6	Dan shared that whilst waiting to be discharged, several patients acquire infections or have falls, which could be avoidable. There are often other sicker patients who require the medical attention of staff and there is a risk that people will fall through the net.
2.7	A breakdown of the delays showed that it takes over four days for a social worker to be allocated, three weeks for a decision to be made about whether the patient should be discharged to a care home, and an additional number of weeks for a care home assessment and correct paperwork to be completed.
2.8	Dan shared that Kings College Hospital have been using Epic EHR (Electronic Health Record) for two years and the data it produces is not yet fully trusted.
2.9	Dan shared that there are some quick wins which would help improve the discharge process. These include an electronic social worker referral, exploring barriers to effective communication and having a better understanding of the reasons why care homes 'reject' patients.
2.10	It was noted that the appendix within the papers contains further information to support the presentation.
2.11	Jim Fleet shared a presentation with the board which included data analysis for length of stays covering pathways 0, 1, 2 and 3 noting that improvements in length of stay are mainly driven by pathway 0.
2.12	Jim shared that Epic allows for real-time coding, which supports clinical decision making. Codes have been built by the team to allow further tracking of data and retrospectively look at the trends in delay.

2.13	Ongoing projects and future suggested actions for pathways 1 and 3 were shared with the board. These included ensuring patients who can go home over the weekend are discharged, ensuring the system works closely with social care and maximising the use of social work time.
2.14	Kathryn Simpson presented the final presentation for this item, starting by expressing thanks to Jeff Levine for the high standard of care homes in Southwark. Kathryn emphasised that in recent months local care homes have been full and spaces are having to be identified out of the borough.
2.15	Kathryn shared analysis of a list of patients who have recently been waiting for discharge which included reasons for the delays. Reasons listed included housing issues, family choice and awaiting equipment delivery. It noted that the system now sees more complicated situations, with more safeguarding issues, bed bugs, hoarding and cuckooing.
2.16	Kathryn noted that money has been invested, including dedicated social workers at GSTT and Kings College Hospital. There are current joint arrangements in place to minimise discharge delays, including an urgent community response, a rehab and reablement team and a number of step-down houses. The current multi-agency joint working meeting arrangements were also shared with the board for information.
2.17	The Chair thanked the presenters and remarked on the impressive level of data, noting that it allows the board to collectively try to find ways to improve. The Chair was happy to hear that 90% of patients are discharged on time and noted that of the reasons for delays captured, many relate to family choices, adding that not enough care homes are available in the borough. It was acknowledged that this was not a quick fix. Jim responded that the family choice can be an issue, questions the communication to the public about what they can expect from the NHS. If a recommended care home has availability, then patients should be discharged but this is hard to embed.
2.18	The Chair opened up to the board for questions.
2.19	Winnie Bafoe commended the team and their hard work and noted that there was no mention of the work with almshouses for people over the age of 55. Winnie added that data from this generation and below shows that they will live longer and healthier. Kathryn responded that work is happening with almshouses but this makes up a small portion of the population in the borough.
2.20	Nancy Kuchemann noted that she would like to hear about the comparison to other boroughs and asked how we can be sure that the right things are being compared.
2.21	Nancy shared concerns about the statement made that some people may not be getting the attention deserved when waiting to be discharged on the ward. Dan responded that this statement was more about wanting to provide the right care in the right place, noting the skills

	and expertise of staff at nursing homes and that these may differ from the staff caring for patients in hospital.
2.22	Nancy shared that as a GP, she is able to identify those patients who will not be able to be discharged before then are admitted and asked what is being done to identify these people. Dan agreed that more work needs to be done on prevention and Kathryn noted that there is a trial ongoing which includes manager in social care being part of MDMs to work with patients flagged by GPs.
2.23	Emily Finch shared that data shows that families can be tricky to deal with, noting that mental health discharges are often highly complex and agreed with the earlier point that patients who will be difficult to discharged can be identified easily. Jim agreed, adding that there is hope that the digital sharing agenda will support with identification of these patients.
2.24	Darren asked whether for those patients who are receiving care in hospital that could be received at home, there are housing adaptations that would allow for this to happen. For example, tech enablement. Darren noted interest in doing work across the system to quantify this and could use this to inform housing plans. Jim responded that it is key to have housing that can support function decline to allow people to stay later in life, for example, lifts.
2.25	Kathryn added to the above, noting that there is also an increase in homelessness in older people and also emphasised that another population to focus on is those in their 50s that have a major life changing event who could be discharged home if they had more appropriate housing.
2.26	The Chair asked about the low usage of discharge step down beds in the Avon Unit. Kathryn shared that it is a sign of success of the home based reablement support that the demand for reablement beds is not high.
2.27	Katy Porter thanked presenters for this, noting that the Integrated Governance and Assurance committee thought that this deep dive would be helpful and would like to hear about next steps. Dan and Jim shared targets to reduce delay by 1 day 1.5 days and would like to look for improvements across the whole system, adding that there could be a focus on pathway 1 and 3.
2.28	Sarah Kofie shared that she would like to understand, from the hospital trusts perspective, what can be done to improve discharges to care homes.
2.29	Jeff Levine shared that he has been in the care sector for a long time and services have adapted and changed to support the increasing frailty of residents, noting that this has been successful. Jeff added that cases are becoming increasingly more complicated, providing an example that care homes now open doors to those who have a background of criminal sexual activities. Risk assessments must be completed to accommodate these patients, and this can lead to delays. Jeff emphasised the importance of focussing on preventative work in the community.

2.30	Kathryn asked if Homecare is contributing to delays. Sarah Kwofie clarified that this is not the case, and the service can usually get care in the same day or next day.
2.31	The Chair noted that this is a complicated area, recognising the issue and supporting the board to work together to focus on the quick wins outlined in the papers. The Chair also asked for care home providers to get involved in ongoing conversations and asked for the item to come back to the board in the summer with an update.
2.32	**ACTION**: The issues raised will be considered at/ incorporated into the improvement work of the Discharge Operational Delivery Group. An update will be brought back to the board in summer 2026.
2.33	The board noted the updates provided in the presentations.
3.	**Healthwatch Annual Report**
3.1	Rhyana Ebanks-Babb, Healthwatch Southwark Manager, introduced the item, thanking the board for the invite to present. Esther Agyeman and Omotola Wonuola introduced themselves as Community Health Ambassadors.
3.2	Rhyana shared with the board that Healthwatch are the boroughs local independent patient voice champion, who support people to empower themselves.
3.3	Rhyana shared that 4395 individuals have has their say in the report via workshops, project work, online work, email and phone.
3.4	Rhyana noted that Healthwatch started as a commissioned team of three, which has now grown to over 200 ambassadors across the borough.
3.5	Rhyana shared that two reports have been written this year, the first was focussed on empowering voices, looking at barriers that adults with learning difficulties or autism may experience. The second report focussed on mental health services.
3.6	Healthwatch Southwark work in collaboration across the ICB landscape and use insights to influence the SEL ICS strategy.
3.7	Real stories from the community are shared at the Primary Care Collaborative meetings, which enables Healthwatch to share concerns that they are hearing and Rhyana shared that she would like to close the feedback loop with communities, showing how their voice has helped influence services.

3.8	Rhyana shared that work is ongoing to understand how to best support resident engagement, with a recent piece of work including community ambassadors wearing ID badges which show their spoken languages.
3.9	Rhyana shared examples of recent projects of work, sharing case studies and testimonials with board members, which are detailed in the presentation slides.
3.10	Case studies and feedback have shown that often people do not know where to go to access non-clinical support. From this feedback, an online directory has been created, along with booklets in different sited across Southwark for members of the community to access.
3.11	Rhyana emphasised the importance of the volunteers within the service, nothing that they are heavily relied upon. The volunteers support with delivering research, community engagement and providing administrative support. The work of volunteers and health ambassadors helps to bridge the gap between health inequalities.
3.12	Esther Agyeman and Omotola Wonuola shared their experiences and successes from their time as Community Health Ambassadors, including ambassadors being educated to inform people of the safety of vaccines, and highlighting the importance of health ambassadors in the preventative space.
3.13	Rhyana summarised the presentation, noting that the ambassador programme helps bring health closer to the door for those in the community. Future projects include temporary accommodation for asylum seekers and children and young people's mental health and social care.
3.14	The Chair and board thanked presenters for their hard work and the updates provided within the report.
4.	**Public Questions**
	There were no public questions raised in advance of or during the meeting.
BREAK	
5.	**Governance Update**
5.1	The Chair shared that discussions have been held with members of the board to get feedback on the proposed governance diagram included in the papers.
5.2	Nancy Kuchemann clarified that the board is asked to approve the revised structure, thanking Rebecca Jarvis for collating the papers. The pack contains a before and after structure and details work that will happen in proposed committees.
5.3	The Chair opened up to the board for questions.

5.4	Olufemi Osonuga thanked authors for the paper, noting that this captures feedback from questions asked. Olufemi commented that collaboration is key going forward adding that there is a need to align several strategies.
5.5	Nancy responded that the committees and group within the proposed structure are meetings filled with partner members and include a partner voice. Nancy highlighted the firm and dotted lines in the structure, showing sideways relationships as well as up/down the chart. Nancy added that consulting and agreeing the terms of reference as a partnership will help with transparency.
5.6	Nigel Smith commented on this being a transitional period and noted the need to be nimble whilst working through the evolvement.
5.7	Darren Summers clarified that the terms of reference will be developed, and it is important to confirm membership. There was a meeting today about the Integrator Delivery Board and terms of reference's need to be refreshed to allow for a better division of labour between the boards.
5.8	Darren added that there needs to be acceptance that some similar conversations will happen at different meetings adding that it is impossible to remove complete duplication.
5.9	The Chair added that by next year there may be more information, and things may need to change again, adding the importance of ensuring board members are aware of changes.
5.10	The Chair and Darren confirmed that the aim is to bring back draft terms of reference to the board meeting in January.
5.11	**ACTION:** Draft terms of reference for the revised governance structure to be shared with board members at January's board.
5.12	Katy Porter reflected that the process of review whilst working at pace has been strong, adding that learning through partnership is coming to fore.
5.13	The Chair noted that in a conversation outside of the board, Anood Al-Samerai shared concerns around the VCS involvement in neighbourhood team developed and asked for this to be noted.
5.14	Noting that the board was not quorate for this item, Darren asked for the board to give permission to go ahead with the proposed structure and to bring back the terms of reference and formalise the structure at the next board.
5.15	The board **AGREED** with the above request.
6.	**Planning Update**
6.1	Adrian Ward introduced the item, taking the papers as read.

6.2	Adrian updated that the NHS planning process for 26/27 is underway, noting that some key documents have now been received. The Medium-Term Planning Framework sets out the priorities for the next three years and includes a high-level set of targets.
6.3	Further information has been received regarding neighbourhood development and primary care, with targets around primary care access and waiting lists.
6.4	Adrian updated that the NHS England Strategic Commissioning Framework has been published and a programme is due to start for this in January.
6.5	Adrian clarified that they next steps that are key for Partnership Southwark is the South East London ICB Five Year Commissioning Strategy, which includes a Southwark borough section for which a template has been recently released. This will be a chance to update priorities in light of planning requirements and the Neighbourhood Health delivery plan.
6.6	Adrian added that the Neighbourhood Health Planning guidance has not yet been released, noting that this guidance will be key.
6.7	It was also noted that when this paper was written, revenue allocation hadn't yet been given. SE updated the board that this has now been received and is being worked through by the ICB. Growth is 2.1%, which is not significant, and efficiencies will have to be delivered.
6.8	The Chair asked when the guidance on Neighbourhood Health Centres is expected and when residents will know what this means for them. Adrian clarified that this was due out in Autumn but added that this is likely to be later. Darren Summers clarified that there are three different documents expected, one regarding model Integrated Neighbourhood Teams, a second on model Neighbourhood Health Centres and another which will cover developing a neighbourhood health plan. These have been delayed.
6.9	The Chair opened up to the board for questions.
6.10	Olufemi Osonuga asked for clarification around the plans to work towards the 26/27 targets, noting that for some of the targets, conversations will be happening elsewhere. Darren noted that there are specific targets marked within the papers which will require work at Place level and some others which will have implications at Place level. Darren added that these targets cannot be delivered without neighbourhood health teams.
6.11	The Chair noted that Southwark now have the third lowest prevalence of smoking in London which has reduced from the fourth highest in 2020, highlighting past successful work towards targets.
6.12	The board noted the updates provided.

7.	Strategic Director for Health & Care and Place Executive Lead Report
7.1	Darren Summers introduced the item, taking the papers as read, noting that the report includes updates on recent events including a 'South London Listens' assembly and a celebration of Flexicare.
7.2	Some key staff changes were also noted, acknowledging the important contribution of those staff who are leaving.
7.3	Katy Porter provided an update on the Integrated Governance and Assurance committee (IGAC), noting that key areas of focus at the last meeting were the financial pressures faced. The focus on 'ADHD' spend has been renamed to Neurodevelopmental Disorders to cover the broader focus, which is noted to also be a national focus. The committee have been thinking about whether things may need to be done differently.
7.4	Katy noted that Medicines Optimisation is another area of pressure for the ICB, and the last committee meeting saw a deep dive in regard to this with partners. This is an increasingly challenging areas, with Katy noting that it is important that the board are aware of this.
7.5	Katy Porter also provided an update on the Primary Care Committee, noting that estates have been a key area of recent discussion. There is a national fund which can be used to make improvements across estates. There is also thinking ahead to how estates will assist with neighbourhood working.
7.6	Quality and performance updates continue to focus on access, which is an ongoing priority.
7.7	Katy noted that there is an area of particular risk with single handed practices, which has been a challenge recently with the passing of a GP. Katy noted learning from this and the importance of planning effectively.
7.8	Darren Summers added that although the papers state that the new provider is due to take on the contracts for Queens Road and Silverlock on 1st April 2026, there will be a delay. This is because during the procurement stand still period, a representation was received from one of the bidders which means that there needs to be a re-evaluation of the scores that informed the provisional decision to award the contract.
7.9	Rebecca Jarvis provided an update on the Partnership Southwark Delivery Executive (PSDE), noting that the big focus area in October's meeting was the mental health priorities. There was a detailed discussion with Nicola Dykes (SLaM) with suggestions for things to consider as a partnership. There is a workshop planned for December.
7.10	Rebecca updated that Adults mental health is performing well in some areas, for example primary care mental health, however other areas are not performing so well.

7.11	Other agenda items including the frailty project initiation document, an update from the integrator and a presentation from SLaM about changes in mental health services to align with INTs.
7.12	The Wells highlight reports were postponed and will be on the next agenda.
7.13	The Chair thanked presenters for the updates, noting that the 'test and learn' had good outcomes, commending those involved.
7.14	The board noted the updates provided.
8.	**Integrated Assurance Report**
8.1	Adrian Ward introduced the item, taking the papers as read and noting that an earlier version was scrutinised at the Integrated Governance and Assurance Committee.
8.2	Adrian highlighted that the emergency admissions for over 65s were on target, and care home admissions were also staying on target.
8.3	Other areas highlighted included a new target of 78% for 18-week community health waits which will start next year. Adrian noted that a number of community health services do not meet this and IGAC will be looking into this in the near future.
8.4	Adrian noted a planning framework target for IAPT talking therapies, which needs to be further understood.
8.5	Key changes in the risk report were highlighted, with Adrian noting that the risk regarding Children's ADHD services has been escalated to 'extreme' across SEL.
8.6	Sabera Ebrahim provided an update on the finance summary report, noting that key risks being managed are prescribing and mental health. The spend in mental health relating to ADHD and ASD is rising at an alarming rate, with an even bigger increase this month.
8.7	A breakeven position is being reported, which is a requirement for both SEL and Place, but investments are still restricted and growth reduced, with Sabera emphasising that this is a big opportunity loss.
8.8	Darren added that SEL ICB is getting a lower amount of growth (2.1%) compared to others and this is due to a national formula, which SEL ICB are furthest away from. This year 0.5% growth has been taken off. Southwark Council are likely having funding removed too, which puts the system under great pressure.

8.9	The current overspend on mental health and medicines optimisations adds up to more than the growth that is due to be received, and additional savings will need to be identified on top of this.
8.10	The Chair added that there is a local government formula setting going ahead, and work is ongoing to understand yesterday's budget. The latest estimate shows that around £90m could be cut from Southwark Council.
8.11	The Chair opened up to the board for questions.
8.12	Nigel Smith highlighted the good news that the number of GP appointments offered within two-weeks have increased and asked whether the appointments offered via GP hubs are counted in a different way. Adrian clarified that that these are included in the number.
8.13	Olufemi Osonuga queried whether the GP access activity is being captured completely, noting that additional roles have been employed into in the past three years and asking if mental health and physiotherapy data is included in the data set presented. Darren clarified that the data collection is a national process that cannot be submitted in a different way and is extracted from GP systems. Darren also emphasised that one target does not reflect the overall performance of GP practices.
8.14	Adrian Ward noted that the data does count non-GP contact within the measure and does include mental health practitioners.
8.15	Nancy Kuchemann proposed this GP Access as a future deep dive item, noting that there is discretion around how practices label appointments and this varies across practices.
8.16	The board AGREED to take GP Access as a deep dive item at a future board meeting and noted updates.
9.	**Any Other Business**
9.1	The Chair shared that Sangeeta Leahy is launching the Public Health Annual Report next Wednesday at Tooley Street.
9.2	The Chair shared plans for a festive get together for board members in December, details to be confirmed.

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	25/09/2025	A follow up meeting with a smaller group to be arranged with the social prescribers to discuss how the board can support with partnership working and to identify some measures to support with evaluating the impact of social prescribing	Ongoing	Rebecca Jarvis	27/11 - Owner changed to Rebecca Jarvis, action is ongoing. 15/01 - Meeting scheduled for February and feedback will be provided following this
2	27/11/2025	**Delayed discharges:** The issues raised will be considered at/ incorporated into the improvement work of the Discharge Operational Delivery Group. An update will be brought back to the board in summer 2026.	Closed	Claire Belgard	15/01 - Board to note the Discharge Delivery Group have confirmed they are taking forward issues raised from the Deep Dive and we are scheduling an update back to the Board for July 2026
3		Draft Terms of Reference for the revised governance structure to be shared with board members at January's board.	Ongoing	Rebecca Jarvis / Darren Summers	

Partnership Southwark Strategic Board
Cover Sheet

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

Item: 2
Enclosure: 2

Title:	**SLaM Strategy Refresh**
Meeting Date:	**29 January 2026**
Author:	Amy Killen, Planning and Strategy Manager, SLaM
Executive Lead:	Kate Lillywhite, Chief Strategy Officer, SLaM

Summary of main points

This paper and accompanying slides provide an overview of South London and Maudsley NHS Foundation Trust's (SLaM) Strategy Refresh process. They set out our emerging priorities, the timeline for the refresh process and the scope. Key to this process is engaging with our partners, service users, carers, governors, staff and our communities to gain their feedback. From November 2025 to March 2026, we will be running a wide-ranging internal and public engagement process. We have carried out a strategic needs analysis and undertaken some pre-engagement work to develop a framework for the main engagement process.

We have four emerging priority areas:

1. Improving care outcomes (central focus)
   We want to maximise the positive impact of the care and support we provide, focusing on what matters to service users, carers and their families.
2. Improving experience
   Excellent experience for our service users, carers, families, and staff, is the foundation for ensuring the compassionate care and therapeutic relationships which improve outcomes.
3. Innovation and learning
   We have unique research and educational partnerships which mean we are well-placed to not just deliver high quality, evidence-based services but develop new evidence where that does not yet exist to continually improve the delivery of care. Through educating our staff and the next generation of clinicians, we spread the new learning through our services and beyond to improve outcomes.
4. Equity and inclusion
   We believe there is no quality without equity, and that the social and cultural needs of our service users should be a core part of how we work to improve outcomes.

Changes to SLaM's Vision and Mission are also in scope alongside the Strategy Refresh. It's an opportunity to consider the coming 5-10 years, and considering these alongside the Strategy Refresh allows us to ensure they are well aligned with our strategic approach.

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

Action requested of PSSB

1. Review the emerging priority areas for the refreshed strategy, and proposed options for updating our Vision and Mission, and share any initial thoughts on them.
2. Note the wider engagement opportunities for providing feedback through our engagement period.
3. The Board is also invited to join the Southwark community event which will be held on Tuesday 10 February, 3.00-5.30pm, Walworth Living Room.

Anticipated follow up

1. The engagement period on this refresh will run until 31 March, and we welcome further feedback between now and then.
2. The feedback collected from this discussion will be included in the analysis which will take place in April and May. The new strategy will then be drafted and go through governance review.
3. The refreshed strategy will be published in autumn this year at a hybrid launch event, which the Board will be welcome to attend.
4. We will share updated information as the refresh process continues.

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

Item Impact			
Equality Impact	Our strategy is still in development, and equity and inclusion is proposed to be a core priority of the refreshed strategy. *(Equality Impact assessment attached or explanation of why no equality impact assessment has been undertaken)*		
Quality Impact	Our strategy is still in development, and improving care outcomes is proposed to be the main priority of the refreshed strategy. *(Quality Impact assessment attached or explanation of why no quality impact assessment has been undertaken)*		
Financial Impact	No financial impact for Partnership Southwark *(is this cost neutral or is there financial impact)*		
Medicines & Prescribing Impact	N/A *(Does this proposal have an impact on medicines and prescribing)*		
Safeguarding Impact	Our strategy is still in development and engagement is planned with children and young people who use SLaM services. *(How have the needs of vulnerable children, young people and adults been considered in relation to this item)*		
	Neutral	**Positive**	**Negative**
Environmental Sustainability Impact (See guidance)	Yes - Once we have refreshed the Trust Strategy, this will provide a framework for reviewing our enabling strategies and plans, for example, the Green Plan 2022-2027.		

Describe the engagement has been carried out in relation to this item
1. We identified key themes and worked with our Strategy Refresh Working Group (a representative group of service users, carers, staff, governors and partners), our Executive and Board, and developed some initial ideas for what the strategy could focus on, and ideas for a new vision and mission statement.

2. Engagement activities: events, briefings, focus groups and an online survey
    a. Engagement was launched at a hybrid public event in November 2025.
    b. Two events specifically for service users and carers, one was held online in December 2025 and one will be held in person in March 2026.
    c. An event in each borough (Southwark, Croydon, Lambeth, Lewisham), co-developed with partners and local stakeholders that brings together service users, carers, communities and partners.
    d. Briefings with partners, including VCSE partners and community organisations.
    e. Commissioning focus groups to reach key communities.
    f. Internal briefings with staff led by managers, and promoted by the Interim Chief Executive, alongside drop in sessions and team / ward visits to reach clinical teams.
    g. A survey which is open to everyone and is available in English, Spanish, Portuguese, Arabic, Farsi and Tamil.

Refreshing our Trust Strategy:

Help shape how we deliver mental health care for the next 5 years

Kat Macann, Head of Strategic Planning & Partnerships
South London and Maudsley NHS FT

South London and Maudsley NHS Foundation Trust

Help us shape how we deliver mental health care for the next five years

- South London and Maudsley NHS Foundation Trust's current strategy, *Aiming High; Changing Lives*, is due to end in 2026

- We have started a process to **refresh our strategy** and at the same time think about how we could **change the Trust Vision and Mission**

- It's a good idea to do both at once, as the Trust's Vision and Mission are statements about the future we are aiming for, and our core purpose as a result - and the Strategy says what we will do to achieve this

- We are committed to involving our service users, carers, staff, governors, partners and communities in developing the new strategy, vision and mission:
  - From **November 2025 to March 2026**, we are running a variety of engagement activities so we can hear people's feedback on our initial ideas.
  - There will be **lots of ways to get involved**

How are we updating the strategy?

- We have reviewed a wide set of information:
  - The NHS Ten Year plan and our local commissioners' priorities
  - How we have done against our current Strategy
  - Our data on access, experience and outcomes for those who use our services
  - Feedback we've received from service users, carers, partners and our communities
- We have worked with a group of service users, carers, staff and community partners to develop **some ideas** for what the Strategy could focus on, and ideas for a new vision and mission statement
- **Now we want to share these ideas and hear from you**
- After we have reviewed everyone's feedback, we will develop the updated strategy and look at how we can measure impact
- We are aiming to launch the new Strategy in autumn 2026

Options for changing our Vision

Vision: an inspirational and forward looking sense of the future we are aiming for i.e. **“where are we going?”**

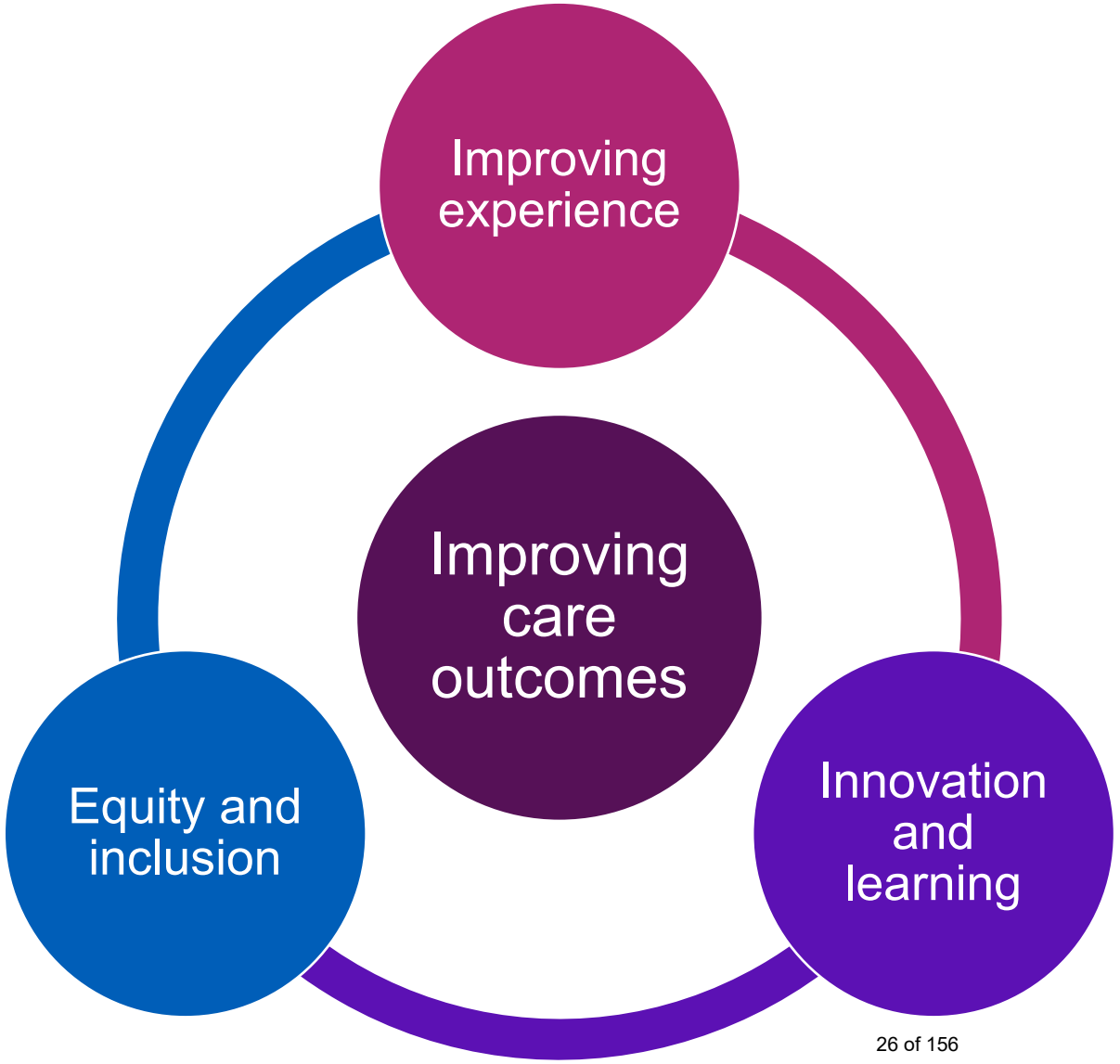
	Vision ideas
Option 1 (Current Trust vision)	Everything we do is to improve the lives of the people and communities we serve and to promote mental health and wellbeing for all - locally, nationally and internationally
Option 2	The best mental health care for all
Option 3	Excellent mental health and wellbeing, locally, nationally and internationally
Option 4	Something different?

Options for changing our Mission

Mission: the core purpose of the organisation, relates to the present but is ongoing i.e. **“what do we do and how?”**

	Mission ideas
Option 1 (Current Trust mission)	Seeking excellence in mental health and wellbeing: prevention, care, recovery, education and research
Option 2	To deliver equitable, trauma-informed mental health services that improve outcomes and trust; promote dignity; and support every individual’s wellbeing
Option 3	To improve mental health and wellbeing together, through inclusive, evidence-informed care, ground-breaking research, education and partnerships
Option 4	Something else?

What priorities should the Strategy focus on?



We think the Strategy should focus on **improving care outcomes** as this is at the heart of our purpose.

The other three priorities all contribute to this in different ways as well as connecting to each other.

Priority 1: Improving care outcomes

1. Ensuring care is **timely and effective, consistently following best practice** and evidence, reducing differences in practice

2. Collecting, measuring and using **health data across populations** (often called population health data) to help us understand how to deliver better local services and treatments

3. Making sure that the **skills & expertise** of our national and specialist services **benefit our local service users**, as well as informing national models

Care outcomes are the **measurable results of interventions and care**

Priority 2: Improving experience

Service users and carers

Staff

Excellent experience for our service users, carers, families, and staff, is the foundation

- **Get the basics right**: good communication, reducing waiting lists, more support while waiting, ensuring dignity
- **Work together:** Involve service users, carers & families in planning care that reflects what matters most to them
- **Equitable access, experience and outcomes** for all

- **Supportive and empowering** leadership and management
- **The right resources** & environment to do the job
- **Wellbeing**: safety, flexible working, autonomy
- **Equitable opportunities** to grow and contribute

Priority 3: Innovation and learning

1. Developing the **latest education and training schemes, research and innovation** to improve care and outcomes for service users locally, nationally and internationally

2. **Working with partners** to spread innovation and **advocate for mental health**

3. **Making the most of digital**: Deliver more accessible, personalised care with shared decision making and care planning with service users and carers

Educating our staff and the next generation of clinicians, spreads new learning through our services and beyond

Priority 4: Equity and Inclusion

1. Continue and **build on our Anti-Racism work** both for our workforce and our services

2. Applying what we have learned to **other areas of inequality** e.g. physical disability, LGBTQ+, neurodivergence

3. Continue to **work in partnership** with our communities and build trust

There is no quality without equity - social and cultural needs should be central to how we improve outcomes.

Your feedback

What do you think about the strategy priorities?

- Are these the right priorities?
- Is anything important missing?

What do you think about the Vision and Mission?

- Any feedback on the proposed change or options?
- Is there anything you'd like to see reflected in the Vision and / or Mission?

What next? Ways to get involved

- We are holding engagement events and activities until 31 March 2026. This includes:
  - An in person event specifically for service users and carers on March 31st, date / venue TBC
  - An event in each borough, co-developed with partners and local stakeholders that brings together service users, carers, communities and partners. The Southwark community event will be held on Tuesday 10 February, 3.00-5.30pm, Walworth Living Room
  - Targeted events and focus groups
  - An online survey which is open to everyone
- The survey link and registration information for all events is on our website: www.slam.nhs.uk/strategy
- For more information please email strategy@slam.nhs.uk

Tell us what you think

South London and Maudsley
Strategy Refresh 2025/26 Survey

South London and Maudsley
NHS Foundation Trust

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Partnership Southwark Strategic Board
Cover Sheet

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

Item: 4
Enclosure: 3

Title:	**Governance Arrangements for Partnership Southwark – Progress Update**
Meeting Date:	**29th January 2026**
Author:	Rebecca Jarvis, Director of Partnership Delivery and Sustainability
Executive Lead:	Darren Summers, Strategic Director Integrated Health and Care/ Place Executive Lead

Summary of main points

Background

Due to recent changes in the NHS and ICB, the governance arrangements for Partnership Southwark were reviewed last Autumn and changes in governance arrangements were approved in principle at the Partnership Southwark Strategic Board (PSSB) meeting in November (see appendix 1 for details on the revised structure). The reasons for the review included:

- Publication of the NHS Ten Year Health Plan for England which places a greater emphasis on delivery a Neighbourhood Health Service and sets out an expectation that Health and wellbeing Boards are responsible for the development of a Neighbourhood Health Plan.
- The ICB Blueprint and ICB reform indicates streamlined governance for ICBs and reduced capacity to support this governance, alongside a change in the role and functions of ICBs to focus on strategic commissioning, with a greater emphasis on long-term strategy, population health goals and reducing inequality.
- The establishment of the Integrator which has responsibility for setting up and delivering integrated neighbourhood teams in the first instance, with an expectation that further functions will transfer from the ICB to the integrator over time.

Following this approval, the Terms of Reference (ToR) for the Board and two proposed sub-committees are being reviewed. Any changes to the PSSB ToRs must be approved by the Southeast London ICB Board. The PSSB can approve the ToRs of the sub-committees.

Since the last PSSB SEL ICB has begun a broader review of governance, which also covers the ICB board and its sub-committees. Local Care Partnerships, including Partnership Southwark's Board, are sub-committees of the ICB board.

Whilst it has been agreed that SEL ICB will 'cluster' with South West London ICB, each ICB will retain its own board. Some 'in-common' sub-committees may be established, operating across both ICBs, though this would not include Local Care Partnerships.

In the light of this review and potential changes to ICB-wide governance, it is sensible to pause any changes to PSSB's terms of reference, and work on the terms of reference and the establishment of the proposed Integrated Assurance Committee.

However, it is proposed that the Neighbourhood Transformation Board is established, in a shadow form, promptly. Delivering neighbourhood healthcare is a local, regional and national priority, and the establishment of this Board will ensure we have appropriate oversight and participation to further develop and deliver our plans, in conjunction with the Integrator Partnership and Integrator Delivery Board.

The Neighbourhood Transformation Board will replace the two current committees – the Partnership Southwark Delivery Executive and the Integrated Neighbourhood Team Programme Executive.

There will be strong alignment with the Integrator Delivery Board (IDB) which is primarily responsible for the operational delivery of integrated neighbourhood teams and a neighbourhood health service.

The functions of the Neighbourhood Transformation Board will include:

- Oversee and provide system-wide leadership to the delivery of neighbourhood based health and care priorities.

- Supporting the Health and Well Being Board in the development of a Southwark 'Neighbourhood Health Plan'*
- Development and oversight of the implementation of the Neighbourhood Health Plan's delivery plan*
- Overseeing the delivery of Partnership Southwark's five key priorities:
    - Mental health waiting times
    - Frailty
    - Integrated Neighbourhood Health and Care
    - Prevention and Health inequalities
    - Primary care access
- The Board will comprise representatives from each partner organisation of Partnership Southwark, including the Integrator. There may be more than one representative from a partner organisation where there is clear need. Current Delivery executive members may take up membership, in agreement with their organisation, and be supplemented by partner members who are not currently part of the Delivery executive and other colleagues as the board operates in a shadow form.

*Subject to confirmation and the detail of national guidance, which is expected to describe Health and Well Being Board responsibilities around the Neighbourhood Health Plan, and the responsibilities of the ICB and place partnerships for a delivery plan.

Next Steps

The remainder of 2025/26 will be a transitional period as we move to the new formal governance arrangements. Board members will be contacted by the Partnership Southwark Leadership Team and invited to share their views in 1-1 meetings or small groups by **20 February 2026**.

The Delivery Executive meeting scheduled for **12 February** will be stood down and replaced by a **shadow meeting of the Southwark Neighbourhood Transformation Board,** which we are currently proposing to hold on 26th February (the date of the PSSB development session.)

As we are expecting the guidance on Neighbourhood Health Plans to be released by this time, we can broaden invites to members of PSSB and the Health and Well Being Board.

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

Action requested of PSSB
To note the update and to respond to the invitation to share their views on the terms of reference with specific reference to the questions outlined in this paper.

Anticipated follow up
To formally discuss revised terms of reference for PSSB and its sub-committees in tandem with any formal changes to ICB governance.

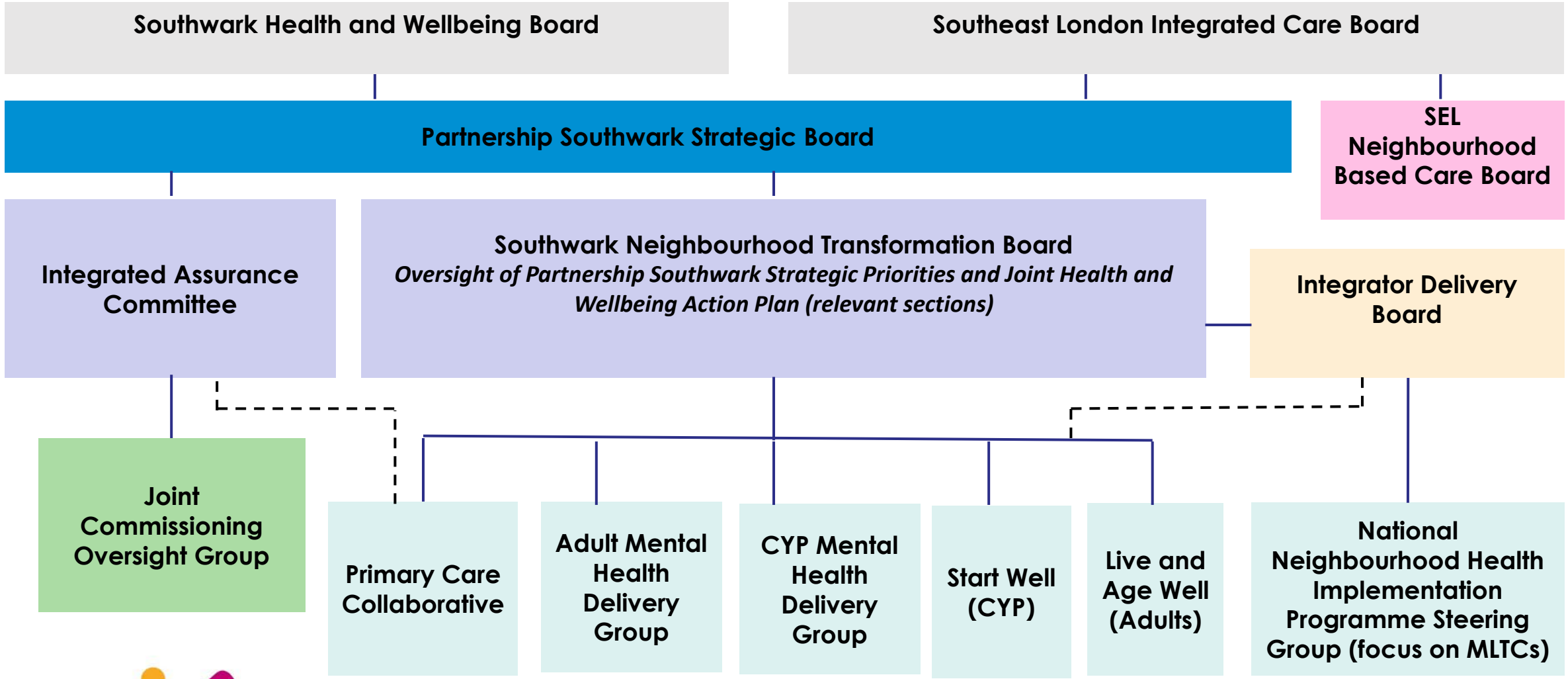
Links to Partnership Southwark Health and Care Plan priorities	
Children and young people's mental health	X
Adult mental health	X
Frailty	X
Integrated neighbourhood teams	X
Prevention and health inequalities	X

Item Impact			
Equality Impact	*No negative impact on inequalities is anticipated as a result of these changes*		
Quality Impact	*No negative impact on inequalities is anticipated as a result of these changes*		
Financial Impact	*Cost neutral*		
Medicines & Prescribing Impact	*No anticipated impact on medicines and prescribing*		
Safeguarding Impact	*The oversight and assurance of safeguarding duties will be within the remit of the Integrated Assurance Committee*		
Environmental Sustainability Impact (See guidance)	**Neutral**	**Positive**	**Negative**
	X		

Describe the engagement has been carried out in relation to this item
Board members will be invited to comment in 1-1 meetings or small group discussions. Board members and other key stakeholders (such as CCPL strategic leads and Partnership Southwark staff) contributed to shaping the proposals for the changes in governance arrangements.

Partnership Southwark Governance Arrangements from 1st April 2026

Proposed Partnership Southwark Governance



What happens where, and where decisions are made:

Group	Responsible for:	Decisions
Health and Wellbeing Board Oversees the overall health and wellbeing strategy for Southwark residents across all policies based on our JSNA; and discharges other formal statutory duties.	• Developing Neighbourhood Health plan for Southwark	Approves the health and wellbeing strategy for Southwark Agrees the Better Care Fund
SEL Integrated Care Board ICB delegates responsibilities and budget to Place Executive Lead, advised by Partnership, which in turn report to the ICB on delivery of these responsibilities.	• The Five Year Strategic Commissioning Plan – bringing together local neighbourhood health plans into a population health improvement plan (PHIP)	Decisions regarding the arranging the provision of services across the SEL system and commissioning of health services
Partnership Southwark Strategic Board (PSSB) Brings together Southwark system partners to oversee the transformation and delivery of health and care services in the borough.	• Shape and set direction in relation to our strategic priorities and delegations from the SEL ICB.	Decides strategic priorities and agrees the governance to ensure feedback on delivery
Integrated Assurance Committee A sub-committee of the PSSB	• Oversight and assurance of ICB delegated functions and budget including KPIs, finance, quality. • Shapes commissioning intentions and plans • **NB now includes Primary Care oversight and assurance**	Advises place executive lead about delegated investment, savings and use of budget, procurements etc
Southwark Neighbourhood Transformation Board A sub-committee of the PSSB	• Providing oversight of Partnership Southwark Strategic Priorities and Joint Health and Wellbeing Action Plan (relevant sections) • Delivery of the Neighbourhood Health plan for Southwark • Ensuring alignment of Southwark programmes with relevant SEL, regional and nationally led initiatives and strategies • Providing system-wide leadership, strategic direction and a collective view on transformational change required for the strategic priorities • Problem solving and escalation of issues that cannot be resolved in sub-committees	Significant strategic decisions relating to work programmes, especially where there would be an impact across the Partnership. Informs commissioning decisions.

What happens where, and where decisions are made:

Group	Responsible for:	Decisions
Integrator Delivery Board (IDB)	• Delivery of the delegated elements of the Neighbourhood Health Plan for Southwark e.g. Setting up and running INTs, NNHIP • Ensuring alignment with Lambeth where appropriate • Delivery of the National Neighbourhood Health Implementation Programme (NNHIP) • Provide strategic oversight for the integrator, fostering effective collaboration between all stakeholders	Relating to integrator business Agreement of INT cohorts and model Decision on how integrator resources are deployed
Primary Care Collaborative Promotes the interest, wellbeing and sustainability of primary care services and to ensure that the voice of primary care is properly heard in decision-making at all levels.	• To shape the primary care strategic direction • To shape and oversee the development and transformation of general practice • Provide advice and recommendations to inform decision-making	Directs attention of members to issues, opportunities, challenges affecting delivery of Partnership Southwark strategic priorities via primary care and makes recommendations to the subcommittees and the IDB
Wells, Mental Health Steering Groups, NNHIP Steering Group	• Delivery of 'work packages/programmes' as determined by subcommittees.	Agrees membership and directs attention of members to issues, opportunities, challenges affecting delivery of Partnership Southwark strategic priorities and makes recommendations to the Southwark Transformation Board and the IDB
Joint Commissioning Oversight Group	• Oversight of Section 75 and 256 agreements, Better Care Fund management and coordination of joint contracting and procurement.	
SEL Neighbourhood Based Care Board	• SEL Forum to inform, develop and agree SEL approach to neighbourhood care	Makes decisions on what degree of variation is acceptable at Place

Partnership Southwark Strategic Board
Cover Sheet

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

Item: 5
Enclosure: 4

Title:	ICB 5 Year Strategic Commissioning Plan – Southwark section
Meeting Date:	29th January 2026
Author:	Adrian Ward, Head of Planning, Performance and Business Support, Southwark, SELICB
Executive Lead:	Darren Summers, Strategic Director for Integrated Health and Care/Southwark Place Executive Lead

Summary of main points

Summary

The Southwark section of the ICB 5 Year Strategic Commissioning Plan renews the commitment to the priorities agreed by the board last year. It builds upon the strong progress that has been made on the Integrated Neighbourhood Teams priority, summarising plans to deliver the wider objectives for neighbourhood health set out in the NHS planning framework. This includes the roll out of the successful frailty pilot across all neighbourhoods.

The plan also re-affirms the commitment to work together to reduce waiting times for mental health services for adults, which is a priority on which less progress has been made. The priority to focus on prevention and health inequalities is also retained, recognising that this workstream needs further definition to drive it forward.

Resident surveys show that primary care access remains the highest priority for health services for our population. This has always been a core business priority of the ICB. The NHS planning guidance has placed a strong emphasis on improved primary care access as a key outcome from integrated neighbourhood working, and this has now been incorporated into the partnership priorities.

The board is asked to review the plan and agree to continue working together to deliver these priorities.

Background

The requirements for planning for 2026/27 and beyond in order to deliver the NHS 10 Year Health Plan for England are set out in the Medium Term Planning Framework 2026/27 to 2028/29. Within the framework a key plan is the SELICB 5 Year Strategic Commissioning Plan & Population Health Improvement Plan to be submitted by 12th February 2026. The structure of the plan includes a borough section for which the completed template for Southwark is attached **(appendix 1)**.

It should be noted that the borough template is very high level with a strict word limit, and will need to be underpinned by more detailed local delivery arrangements.

The format of the plan is as follows;

a) **Population health improvement plan:**

- **Ambition statement** – as per existing Health and Care Plan
- **Population summary / outcomes summary** – what we know about our population and the current health and wellbeing strategy priorities and outcomes
- **Partnership Southwark Priorities:** a refresh of the existing priorities of Partnership

Southwark incorporating integrated neighbourhood health and care, frailty, mental health waiting times, prevention, health inequalities and primary care access.

- **Three shifts:** How the borough priorities support the three shifts of the NHS 10 year plan: hospital to community, sickness to prevention and analogue to digital.
- **Access to quality services:** how the borough plan aligns with planning framework priorities to secure access to high quality, safe services
- **Monitoring arrangements:** how we will oversee delivery of programmes and outcomes.

b) Neighbourhood Delivery Plan

- Summary of our plans under key headings relating to the medium term planning framework NHS priorities for neighbourhood health, including neighbourhood development, access, INTs focus on higher risk cohorts, primary / secondary care interface, planned care, neighbourhood urgent care and services for children and young people.

It should be noted that the Neighbourhood Delivery Plan section is at this stage very NHS focused. In the planning framework it is intended that there will be separate guidance on a Neighbourhood Health Plan, led by health and wellbeing boards, which is broader than health. These plans should in theory inform the ICB 5 Year Commissioning Strategy, however at the time of writing the planning requirements had not yet been issued. It is now expected that this will only come into play in the Year 1 refresh of the 5 year strategy after first Neighbourhood Health Plans have been developed.

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

Action requested of PSSB
PSSB are asked to review and endorse the Southwark planning template for the ICB 5 Year Commissioning Strategy Plan and agree to continue to work together to deliver the priorities set out in it. Comments will be taken into account in the finalisation of plans.

Anticipated follow up
The SEL planning team will be finalising the SEL plan (covering SEL wide functions as well as borough sections) for approval by the ICB Board and onward submission to NHSE for assurance on 12th February. Finalised plans will be launched at the start of 2026/27. It is anticipated that the final plan will be subject to further discussion by PSSB at this time.

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

Prevention and health inequalities	**x**

Item Impact			
Equality Impact	Tackling health inequalities is a fundamental underlying principle of the strategic commissioning plan.		
Quality Impact	It is an aim of the neighbourhood health model to provide care that is co-ordinated personalised, proactive and therefore higher quality.		
Financial Impact	This plan does not cover finance. Separate financial plans have been submitted by SELICB to NHSE as part of the planning round. Borough budget allocations are to be confirmed. Clearly strategic plans will need to be delivered within available resources.		
Medicines & Prescribing Impact	The neighbourhood health model includes involvement of community pharmacy and planned improvements in prescribing and medicines optimisation.		
Safeguarding Impact	Safeguarding arrangements will continue to be prioritised within the neighbourhood model.		
Environmental Sustainability Impact (See guidance)	**Neutral**	**Positive**	**Negative**
		The neighbourhood health agenda is intended to bring care closer to communities, increase prevention and reduce use of acute hospitals.	

Describe the engagement has been carried out in relation to this item
The priorities of the plan are based on existing health and care plan priorities previously subject to board engagement. This draft of the borough template has been developed iteratively with input from programme leads, the senior management team, the Partnership Southwark Leadership Group, the SEL Planning Team and borough leads. Peer review discussions were held with the Greenwich lead. Discussions were held with Lambeth to ensure alignment on key areas where it makes sense to have a common approach for the development of neighbourhood model.

NHS
South East London

Five Year Strategic Commissioning Plan

Southwark

Draft PSSB 29.01.26

Population Health Improvement Plan (1/3) Southwark

NHS South East London

Ambition

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

What do we know about our local population and residents?

Our diverse population: Southwark has 315,520 residents; 49% are non-white, with 25% Black/Black British. Diversity is greater among children and young people. 40% were born outside the UK, and over 80 languages are spoken. 53,700 residents have a main language other than English. There are 43 religions: 43% Christian, 40% no religion. Southwark has the 4th largest LGB+ population in England.

Ageing population: Population projections show a comparatively large rise of 39% in over-65s and a 92% increase in 70 to 80 year olds by 2040.

Relative deprivation improving: The 2025 Index of Multiple Deprivation ranks Southwark 67th most deprived borough in England out of 296 local authorities (improving from 43rd in 2019). No areas remain in the most deprived decile nationally, although pockets of severe deprivation persist, especially on measures relating to children and older people.

Life expectancy, inequalities and causes of ill health: Life expectancy is 82.7 year in affluent areas vs. 79.4 in deprived ones, with little improvement over the past decade. Healthy life expectancy is 69.0 vs. 62.6. Potential gains are limited by increasing prevalence of long-term conditions, cancer, cardiovascular, respiratory, liver and kidney disease, and mental health issues. There was an increase of 2,000 residents living with 3 or more long term conditions between 2024 and 2025.

What outcomes are we looking to secure over the next five years?

Our Joint Health and Wellbeing Strategy priority outcomes are:

- **A Healthy Start in Life:** We will ensure families have access to quality maternity care and early years support, improve mental health, and reduce inequalities. Support will focus on children with SEND and families at risk of adverse experiences.
- **Healthy Work and Live:** We aim to increase access to good jobs that promote wellbeing and enable healthy lifestyles through leisure, physical activity, and cultural opportunities.
- **Support to Stay Well:** Accessible, preventive services will help people stay healthy. Unpaid carers will receive support to maintain their own wellbeing.
- **Healthy Communities:** We will strengthen the voluntary sector and create healthy environments and homes that foster social connection and wellbeing.
- **Integration of Health and Social Care:** Through South East London ICS and Partnership Southwark, we will deliver joined-up care, explore neighbourhood-level services, and involve local people.

The delivery plan includes progress on a set of associated outcome measures. These include inequalities in life expectancy and healthy life expectancy, infant mortality, excess weight, admissions, vaccinations and Vital 5 uptake.

The strategy is due for renewal in 2028.

Population Health Improvement Plan (2/3) Southwark

NHS South East London

Priority Area	What are we aiming to achieve?	Why does this matter?
Integrated Neighbourhood Health and Care	As a pilot borough in the National Neighbourhood Health Implementation Programme, partners are creating an integrated health and care model to deliver the shift of care from hospitals to communities and focusing on prevention. Initial priorities include frailty, long-term conditions, and children.	Delivering neighbourhood health at pace is central to returning patient and community trust in the NHS, breaking down siloed working among our staff and improving urgent care by providing more convenient and appropriate services. This is a central objective of the NHS 10 year plan.
Mental Health	Reduction in waiting times for adults and children who need help with their mental health. The support will be easy to access and co-ordinated around their needs.	There are unacceptable long waits for Children and Adolescent Mental Health services and adult mental health services in Southwark. The delays in diagnosis and treatment have a potentially serious impact on the health and wellbeing of our population.
Frailty	Integrated neighbourhood teams to roll out the successful frailty pilot across all neighbourhoods. This will provide proactive co-ordinated local support to people at risk of losing their independence, preventing ill-health and avoiding the need for urgent care or care home admission.	Almost half of Southwark's residents over 65 report that they are not in good health, with this cohort of residents having poorer healthy life expectancy than the national average. The ageing population in Southwark amplifies these pressures and highlights the need for coordinated care.
Prevention and Health Inequalities	Work in partnership to reduce rates of avoidable illness and inequalities in outcomes between the most and least deprived communities. The most deprived communities will be more easily able to access tailored support for the five leading causes of poor health. Prevention and health inequalities goals will be embedded across all workstreams.	People in Southwark are living 20 years in poor health from a range of long-term conditions and comorbidities. Avoidable deaths account for 44% of all deaths. Common causes are from Cancer, Cardiovascular, Respiratory and Liver disease. Significant differences exist between the least and most disadvantaged areas of Southwark.
Primary Care access	Improve our resident's access to primary care so that people who want to see a GP or other primary care professional are consistently able to make an appointment in a timely way. Unwarranted variation in the time between requesting an appointment and being seen will be tackled.	We know that one of the most frequently expressed concerns of the public about health services is that making a GP appointment can be extremely frustrating and often not lead to a timely appointment. Delays in access can lead to increased pressure on the urgent care system.

Population Health Improvement Plan (3/3) Southwark

NHS South East London

How will these priorities contribute to the NHS three shifts?

Hospital to Community: Southwark's plan focuses on improving services by developing the neighbourhood model of health and care. This approach is essential to shifting the balance of services from hospitals to the community, as outlined in the 10-Year Health Plan for England. Further details will be provided in the forthcoming Neighbourhood Health Plan, which will build on existing services that help keep people out of hospital.

Sickness to Prevention: A key aim of the neighbourhood model is to improve access to community based services and enable proactive identification of needs, allowing earlier intervention before more intensive care is required. Our prevention and health inequalities priority will directly support this shift from sickness to prevention, in line with the Health and Wellbeing Strategy.

Analogue to Digital: We will promote the adoption of digital tools across all neighbourhood service developments. This includes online access to urgent care and general practice, use of the NHS App, online consultations, shared data systems, population health analytics, and technology for monitoring and managing long-term conditions.

How will our priorities improve access to high quality, safe care?

Our priorities focus is on improving access by reducing waiting times and proactively identifying need. The neighbourhood model aims to enhance quality and safety by integrating and personalising services for people with complex needs, addressing overall individual needs and improving communication between providers.

Co-production with communities and collaboration with VCSE partners will be central to creating services that reflect the needs of our diverse populations.

Quality impact assessments and monitoring systems will remain integral to designing and implementing new service models, with the quality team providing oversight and assurance. Digital tools will support data-driven decision making.

We will adopt the transformed approach to quality outlined in the medium-term planning framework where applicable, including the forthcoming National Quality Strategy, Modern Service Frameworks, and National Care Delivery Standards.

How will we monitor and share progress?

Delivery of priority workstreams will be driven through the Partnership Southwark Start Well, Live Well, Age Well and Mental Health Delivery Groups. The programme will be overseen by the Southwark Neighbourhood Transformation Board which will report on progress to the Partnership Southwark Strategic Board. The Health and Wellbeing Board will also monitor the contribution this plan makes to the Health and Wellbeing Strategy and Action Plan.
The delivery of outcomes is already reflected in our metrics dash boards overseen through our assurance committee, and our current priorities dashboard will be expanded during 2026/27 to reflect key metrics in development for neighbourhood health services reflecting the model we are implementing.

Neighbourhood Delivery Plan (1/4)

NHS South East London

	Local Actions In Year 1	Local Actions In Year 2	Local Actions In Years 3 -5
Develop neighbourhood footprints around natural communities	• Footprints for neighbourhood health and care teams were agreed in 2025, aligned with local authority neighbourhoods, allowing development of a wider public and VCS offer around neighbourhoods • Identify health centres in each neighbourhood • Redesign community services around neighbourhoods • Determine standard approach to approaching the registered population within general practice when not resident within the neighbourhood or borough • Test ways of information sharing with grassroots voluntary and community sector organisations	• Develop all integrated neighbourhood teams in the five neighbourhoods in Southwark • Embed neighbourhood working within secondary care workplans as business as usual • Integrator to test new financial and contractual models which could allow single or multi-neighbourhood provider delivery models	• Neighbourhoods to roll out new financial and contractual models for single or multi neighbourhood provider delivery models • Embed shared data systems across all partners within neighbourhoods
Ensure good access to high quality general practice	• Build a shared understanding of current access performance • Use consistent data to identify variation and agree shared improvement priorities across practices/neighbourhoods • Devise and deliver local Quality Improvement initiatives, supported by the Federation, to improve access in line with national targets (clinically urgent patients) • Support practices to use Ardens Manager to review data on access from previous years, to set benchmark for year 1 • Expand use of Advice and Guidance • Review ARRS-funded workforce and skill mix at neighbourhood level and align roles to support INT • Use Direct Enhanced Services (DES) flexibilities to support a sustained access focus • Embed Pharmacy First pathways • Support practices to optimise digital tools (e.g. online consultations, NHS App) to improve flow and free clinical capacity.	• Expand use of digital tools to streamline demand and support timely clinical assessment • Increase use of population segmentation tools to identify patient cohorts requiring GP care, helping practices to proactively manage demand and improve equity of access • Strengthen the GP contribution to the INTs by coordinating information, referrals and follow-up within neighbourhood networks • Further develop relationships with INTs to deliver multi-disciplinary teams (MDT) and reduce reliance on formal referral processes. • Review patient cohort e.g. focussing on high primary care attenders or depression • Review and refine impact of QI initiatives	• Deliver a mature neighbourhood access model with consistent same day access performance, improved patient experience and digital maturity across practices. • Use population health insights to target unmet need and reduce inequalities. • Establish general practice as a fully integrated INT partner, sharing data and jointly supporting neighbour priorities.

Neighbourhood Delivery Plan (2/4)

NHS South East London

	Local Actions In Year 1 2026 - 2027	Local Actions In Year 2 2027 – 2028	Local Actions In Years 3 -5 2028 - 2031
Establish Integrated Neighbourhood Teams (INT) focused on people with complex needs at higher risk of hospital admissions (people living with frailty, care home residents, housebound and people at end of life).	**Scale INT delivery across all neighbourhoods**: •Expand complex case multi-disciplinary meetings (MDM) and test different Comprehensive Geriatric Assessment (CGA) approaches. **Develop workforce and leadership:** •Refocus capacity to support INTs. •Broaden INT multi-disciplinary teams (MDT) to include social care, nursing, pharmacy, community, link workers, and mental health. •Measure INT impact on key targets, e.g., hospital admissions for over 65s. **Support from SEL led enabler programme:** •Use comms, digital, training, competency frameworks, and estates to aid INT delivery. **Partner with VCSE for frailty screening in the community.**	**Strengthen the frailty INT model in each neighbourhood by:** •Embed suitable CGA interventions for assessment. •Embedding a sustainable approach to frailty identification and proactive management •Ensure full borough coverage of frailty INTs, engaging any remaining GP practices. Continuously measure outcomes and INT effectiveness. Expand workforce skills through training and competency frameworks for all staff, including VCSE.	**Achieve full maturity of the Frailty INT model in every neighbourhood, with all GP practices engaged.** • Integrated teams share leadership across health, social care, and VCSE. Identify frailty at the population level, focusing on prevention and healthy aging. • Sustain workforce through skilled neighbourhood teams, new multidisciplinary roles, and VCSE prevention staff. • Regularly monitor and evaluate long-term INT impact.
Continue to improve the primary-secondary care interface and implement the recommendations of the Red Tape Challenge (RTC) and 'Bridging the Gap'	**Integration and Process Optimisation:** Interface forum oversees SEL priorities locally. Standardise communications: discharge summaries (24h), clinic letters (10 days), fit notes by secondary care. Implement "Waiting Well": clear patient information on waiting times and points of contact. Improve advice/guidance quality. Maintain directories and apply prescribing policy	**Sustainability and Continuous Improvement**:Review KPIs for impact. Develop shared care protocols. Improve referral pathways and digital systems. Strengthen patient engagement and appointment management. Support training and cultural alignment.	**Sustainability and Continuous Improvement:** Review KPIs for impact. Embed joint health promotion initiatives. Scale best practice models. Secure ongoing funding for workforce and digital roles.

Neighbourhood Delivery Plan (3/4)

NHS South East London

	Local Actions In Year 1	Local Actions In Year 2	Local Actions In Years 3 -5
Improving planned care in the community (linked to work to redesign outpatient care)	• To establish models of care for Frailty, Multiple Long Term Conditions (MLTC) and CYP within each neighbourhood • To review use of all the community estates and activity at each centre • To develop a future strategy and plan informed through public and patient engagement and VSCE • Linked to existing community services	• Set key milestones to deliver against the agreed strategy • Agree beyond Frailty, MLTC and CYP what else should be delivered in the community • Understand what the independencies are and how to address these	• All chronic conditions to be supported and managed out of hospital and in local hubs where appropriate • Use of digital to support patient care and support patients to manage their own care
Agree a multi-neighbourhood urgent care plan which includes ensuring the teams supporting urgent community response, hospital at home and home-based intermediate care have the right capacity and work seamlessly in partnership with ambulances, acute care and are linked to INTs	• Fully utilise virtual ward and @Home capacity, review opportunities to maximise usage • Work with SEL to confirm future budgets for Virtual Wards, @Home and remote monitoring • Evaluate the 2025 expansion of Urgent Community Response (UCR) capacity with a view to making further investment • Develop 2026/27 winter plans with year-round focus on Urgent Emergency Care recovery and reducing A&E pressure • Develop Neighbourhood same day access plans • Work to develop Single Point of Access (SPOA) for same-day urgent care • Work with Ambulance Services on trusted assessor models and “call before convey”	• Continue to review @home capacity and move activity to business as usual • Continue to work to identify the most efficient and cost-effective remote monitoring technologies • Deliver strong multi-specialty SPOA. • Develop Neighbourhoods same day access plans • Develop 2027 winter plans • Shift to digital first in UEC pathways, including clinical prioritisation & booking patients into next day, including UTC • Prepare for 2027 111/Integrated Delivery Unit (IDU) go-live	• Annual winter planning and UEC recovery to meet targets • Collaborate with the IDU provider to enhance integration with other services, leveraging technology and AI and linking with neighbourhood teams and pathways • Further shifts to digital first UEC pathways

Neighbourhood Delivery Plan (4/4)

NHS South East London

	Local Actions In Year 1	Local Actions In Year 2	Local Actions In Years 3 -5
Improving care for children and young people (CYP) as part of neighbourhood working	• Further develop the CYP INT working group programme under the Southwark Neighbourhood Transformation Board with clear decision-making and accountability • Plan/develop the bi-borough model by linking Early Help and Early Years panels in Family Hubs and Families First Partnership Programme with GP-hosted child health MDTs using the Child Health Integrated Learning and Delivery System (CHILDS) framework • Continue delivering integrated child health teams for every GP practice in Lambeth & Southwark • Progress the agreed CYP INT pilots with relevant partners and simple evaluation plans • Identify CYP health inequality priorities with support from Act Early South London • Agree on a mid to long term plan and set milestones for rolling out CYP INTs across the five neighbourhoods	• Implement integrated working across health and social care through the bi-borough model • Evaluate the bi-borough model and the agreed CYP INT pilots and use learning to refine pathways, roles, and delivery • Expand INT pilots to more neighborhoods • Align Family Hubs, Early Help, schools, community health services, and general practice around CYP INT priorities within each neighbourhood • Reconfigure integrated child health teams to neighborhood boundaries once IT systems allow • Deploy shared care records and population health tools; build extended MDT capacity including VCSE partners • Develop enhanced metrics and reporting to monitor access, experience, and outcomes for CYP and families	• Maintain and refine the CYP INT model across all neighbourhoods, using evaluation, data and feedback to ensure it remains fit for purpose • Adjust cohorts, pathways, and access routes across Family Hubs, social care, schools, and health services) in response to emerging needs and inequalities • Align funding and commissioning to secure long-term sustainability; maintain governance and neighbourhood leadership for shared accountability • Apply routine outcome and experience measures to demonstrate impact and drive continuous improvement

Partnership Southwark Strategic Board
Cover Sheet

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

Item: 6
Enclosure: 5

Title:	**Strategic Director for Integrated Health and Care/Southwark Place Executive Lead report**
Meeting Date:	**29/01/2026**
Author:	Darren Summers (Strategic Director for Integrated Health and Care/Southwark Place Executive Lead)
Executive Lead:	Darren Summers (Strategic Director for Integrated Health and Care/Southwark Place Executive Lead)

Summary of main points

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

- Health and Wellbeing Board Update
- Integrated Neighbourhood Teams programme
- General Practice Protected Learning Time event on neighbourhood working
- Walworth Neighbourhood Meeting
- National Neighbourhood Health Implementation Programme (NNHIP)
- HSJ award for wound care
- Health event for parents and carers of children and young people with Special Educational Needs and Disabilities (SEND)
- SEND Commissioning Strategy
- Ofsted CQC Visit
- Team member awarded a distinction for her dissertation on improvements in catheter care
- Pride in Practice
- Mental Health Supported Living
- ICB Reform
- Staff changes
- Reports from sub-committees of the board

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

Action requested of PSSB

To note the report and updates.

Anticipated follow up

n/a

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

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

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

Partnership Southwark

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

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

Health and Wellbeing Board

At the Southwark Health and Wellbeing Board meeting on 11 December 2025 a significant focus was placed on the Healthy Work and Lives priority programme, which aims to embed employment support within health services and promote staff wellbeing across the borough. The Board reviewed progress on initiatives such as the Connect to Work scheme, which integrates employment advice into healthcare settings, and creative and cultural skills programmes designed to broaden opportunities for residents. The Social Value Framework was highlighted as a key driver in encouraging more employers to adopt the London Living Wage, with the number of accredited employers rising to 452. Staff engagement in wellbeing activities was strong, with 1,485 staff participating in various programmes. The Board also discussed the expansion of the Rose Voucher scheme, providing healthy food options, and the development of affordable leisure activities to further support staff and community wellbeing. Emphasis was placed on the need for continued integration of health and employment support, as well as the importance of targeted wellbeing programmes for staff.

The Health Protection Annual Report 2024/25 was discussed, which provided a comprehensive overview of communicable disease control, vaccination uptake, sexual health, screening, environmental hazards, and emergency preparedness in Southwark. The report highlighted persistent challenges, including low vaccination rates for diseases such as measles and whooping cough, which pose ongoing risks to public health. Climate change was identified as an emerging threat, with increased environmental hazards impacting vulnerable populations. The Board discussed the importance of targeted outreach and partnership working to address these issues, particularly among groups at higher risk of health inequalities. New initiatives were noted, such as the Latin American Joint Strategic Needs Assessment (JSNA), Chagas disease screening, and enhanced support for asylum seekers and homeless populations. The report also emphasized the need for robust emergency preparedness and continued innovation in health protection strategies to ensure the borough is resilient to both current and future public health challenges.

In addition to these key topics, the meeting covered updates on the Financial Shield Project, which supports residents with long-term health conditions and financial challenges, the SC1 London Life Sciences Innovation District, neighbourhood planning for integrated care, and the Health of the Borough event.

Integrated Neighbourhood Teams

The ICB is pump-priming core Integrated Neighbourhood Team (INT) infrastructure in Southwark to accelerate delivery of INTs for the three population groups: children and young

people with complex needs, people with multiple long-term conditions, and people living with frailty. Recruitment of clinical lead and neighbourhood managers roles will take place between January and March, alongside alignment of secondary care consultant capacity to neighbourhood footprints. This time-limited investment will establish an initial infrastructure, recognising the crucial role that wider health, care, voluntary and community services will play in INTs.

General Practice Protected Learning Time (PLT) Event: 15 January

On 15 January, the General Practice PLT event brought together 180 colleagues from across General Practice including: GPs, nurses, pharmacists, paramedics and care co-ordinators, and wider system partners including Social Care practitioners and Social Prescribers to build shared understanding and commitment to the next phase of integrated neighbourhood working. The session provided an opportunity to reinforce General Practice's role in a neighbourhood health service, build a shared understanding of Integrated Neighbourhood Teams (INTs) and the "integrator" function, and take stock of progress in Southwark across the three priority cohorts – frailty, adults with multiple long-term conditions (mLTC) and children and young people (CYP) with complex needs — with a particular emphasis on the importance of Ardens risk stratification as a consistent, data-led approach to prioritising residents most likely to benefit from proactive, integrated support.

The free-text feedback and group discussion themes provided insight and reflections on what else is needed to co-design and implement INTs locally including: guidance on the wider use of digital tools to support integrated working**,** the role of estates in enabling practical co-location and neighbourhood delivery, and the requirement to build and strengthen relationships at neighbourhood level through consistent and regular engagement mechanisms — including newsletters/bulletins and short "how to" guides — to help colleagues stay informed, understand what is changing, and maintain momentum. Feedback also reinforced the importance of maintaining momentum through regular communications, with colleagues keen to input and see clear and timely updates on the process, timeframe and resourcing for developing INTs across each of the three cohorts to support planning, shared accountability and sustained implementation.

Further work is underway to analyse and prioritise the PLT discussion outputs, ensuring the insights from participants are converted into practical next steps, clear timelines and actions to support the next delivery phase.

Walworth Neighbourhood Meeting

On Tuesday, 2 December, Councillor Evelyn Akoto, Rebecca Jarvis, and Emily Finch attended the Walworth Area Neighbourhood Forum at Walworth Town Hall.

The forum highlighted key themes from the North Walworth engagement survey that are particularly relevant to Partnership Southwark, including:

- Respite and support for carers
- Mental health support for vulnerable people

- Access to General Practice

Colleagues provided updates on these priority areas and participated in a Q&A session, which was well received by attendees and helped foster constructive dialogue on local needs.

National Neighbourhood Health Implementation Programme (NNHIP)

Lambeth & Southwark have been selected as one of 43 first wave sites in the National Neighbourhood Health Implementation Programme (NNHIP). This joint NHS England and Department of Health & Social Care initiative supports delivery of the neighbourhood health ambitions in the NHS Long Term Plan, initially focusing on designing and implementing Integrated Neighbourhood Teams (INTs) for people living with long term conditions. Between October and December, engagement with staff across health, care, VCSE organisations and residents through a series of workshops, informed the development of an INT service model to be tested during January – March 2026. Key workshop themes including strong existing local foundations, the critical role of the VCSE sector, the importance of holistic, person centred care and the culture change required to support new ways of working. The initial test phase will focus on people with cardiovascular related long-term conditions, with a strong emphasis on prevention, wider determinants of health and proactive outreach. Learning will inform scaling of model across Lambeth and Southwark during 2026/27.

HSJ Award for Wound Care

The Southwark Ambulatory Lower Limb Service has been shortlisted in the Health Service Journey (HSJ) – Independent Healthcare Providers Award 2026, under the category Best Provider of Community and Primary Care. The service is listed as: IHL - Improving Health, QHS - Quay Health Solutions and Guys and St Thomas Foundation Trust (Community Tissue Viability Team)- Southwark Ambulatory Lower Limb Service. Following a successful first stage selection, the service is one of nine finalists in the mentioned category. The second stage involves a virtual presentation scheduled for 29 January. The Winner will be announced at the Award Ceremony on 19th March 2026

Health event for parents and carers of children and young people with Special Educational Needs and Disabilities (SEND)

On 20 November 2025, the Southwark Inclusive Voice (SIV) Parent and Carer Forum hosted an all-day event at Rotherhithe Links Community Centre for parents and carers of children and young people with Special Educational Needs and Disabilities (SEND).

The event, attended by around 75 participants, provided an opportunity to learn more about local health services and pathways. Sessions were delivered by the ICB Designated Clinical Officer for SEND, alongside clinical staff from Sunshine House Community Paediatrics and CAMHS.

Responding to requests from SIV, the programme focused on key areas including:

- Autism and Related Disorders Pathway
- ADHD Pathway

- Avoidant/Restrictive Food Intake Disorder (ARFID) Pathway

Feedback from SIV representatives was extremely positive and was shared at the SEND and Inclusion Partnership Board meeting in December, highlighting the value of collaboration in supporting families and improving access to health services.

SEND Commissioning Strategy

The Integrated Commissioning Team have recently completed a commissioning strategy for Special Education Needs and Disabilities (SEND) which has been approved by the SEND and Inclusion Strategic Partnership Board made up of key stakeholders. The strategy establishes key principles and priorities, and detailed commissioning plans are now being developed.

Ofsted CQC Visit

In summer of 2025, Southwark was one of six local areas across the country to receive a 'thematic visit' from Ofsted and the Care Quality Commission (CQC) to explore arrangements in place for children with Special Educational Needs and Disabilities (SEND) who are not in school. The purpose of thematic visits like this is to make informed recommendations to improve national policy. The report bringing together insights from the thematic review has now been published **here**. Gratitude is extended to all of our colleagues and residents who contributed to the visit, which was also regarded as a valuable learning exercise for informing local improvement plans.

Team member awarded a distinction for her dissertation on improvements in catheter care

Lizzie Skelton in Southwark's Integrated Commissioning Age Well Team has recently been awarded a distinction in her MSC and for her Dissertation which was supported by funding from the ICB Training Request Panel. The dissertation was based around improvements to community catheter care which had been identified by clinicians as an issue across Southwark and Lambeth. Clinicians have fed back that the dissertation contains practical, evidence-based recommendations, two of which are already planned to be taken forward. Lizzie has been asked to present at the NHS England regional meeting in January 2026 and invited by the Chair of the Association of Continence Practitioners to submit an abstract to their 2026 Annual Conference. This is a great example of how ICB investment has supported personal development and is having a wider impact on system improvement.

Pride in Practice

The Inclusive Surgeries Programme has been developed by the ICB and Public Health teams with the shared aim to support primary care services in Southwark to be equitable, accessible, and inclusive for all residents. It focuses on addressing health inequalities by supporting practices to embed inclusive practices through collaboration and targeted initiatives. There are three key initiatives which practices are being supported to implement:

1. Safe Surgeries
2. Learning Disability and Autism Champions
3. Pride in Practice

The team secured money from the ICB Prevention and Equity team to fully fund the Pride in Practice initiative for all practices in Southwark over a two year period. All participating practices will receive:

- dedicated account manager from the foundation who will support them through the accreditation process and for 12 months
- Bespoke training individualised for each practice dependent on needs identified during the assessment to understand and address the unique healthcare needs of LGBTQ+ individuals.
- Support with resource development.
- Best practice guidance and patient support
- Signposting and community engagement
- Analysis of patient survey data which will include both London and local findings.

The programme went live in June 2025 (Pride Month) with 19 practices to date signed up to complete the accreditation programme, 11 are in the process of completing the programme, seven have requested to start from April 2026 and one has just completed receiving a Gold award. A Gold Award represents the highest formal level of recognition within the Pride in Practice programme and reflects a practice's exemplary approach to LGBTQ+ inclusion. It is awarded to practices that have shown sustained development and have embedded best practice throughout their systems, policies, and patient care pathways. Monthly communications are being circulated via the PCN bulletins encouraging the remaining practices to sign up.

ICB Reform

The ICB's Voluntary Redundancy (VR) scheme (round one) has now concluded and staff have been notified of the outcome of their application. Notice periods will be served from early March 2026. The staff consultation for all staff will be launched on 3rd March along with a second round VR scheme.

South East London (SEL) and South West London (SWL) ICB decided to 'cluster' in November to meet the mandated cost reduction targets from NHS England. Whilst remaining as two separate organisations, the ICBs will share a chief executive, chair and executive team. Work is underway to agree which functions will be shared across both organisations.

Staff Changes

We are pleased to confirm that Charlotte Keeble commenced in the interim role of Associate Director of Primary and Community Care in December 2025. Charlotte brings a wealth of Primary Care experience and will provide leadership and oversight across key areas of delivery during this period.

Charlotte will lead on the development of the Primary Care improvement priorities, working closely with system partners to co-design the General Practice improvement plan and support delivery.

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 15 January 2026

Agenda item	Items discussed
Minutes and matters arising	Under matters arising the committee was updated on arrangements for ensuring appropriate clinical input into mental health placements under the new operating procedure and pathways.
Integrated Assurance Report	The committee reviewed the Integrated Assurance Report which includes key performance metrics, quality and risk issues. An updated report reflecting the IGAC discussion is included on the January PSSB board agenda.
Finance Report	The committee received a detailed report on the ICB Southwark place financial position as at month 8. The overall position shows a projected £15k underspend, with overspends balanced by underspends. The report sets out risks to the delivery of the budget target. A summary of the key issues is provided in the Integrated Assurance Report, which is included on the January PSSB agenda.
Procurement update	The committee was updated on progress on procurement processes underway, including the letting of two primary care contracts for which contract award is delayed due to representations received and process of review.
Terms of reference review	Following on from the November PSSB discussion on revised governance structures, the committee considered draft terms of reference for the new sub-groups (the Integrated Assurance Committee and the Southwark Neighbourhood Transformation Board) and potential changes to PSSB terms of reference. The latest drafts of these documents are included on the agenda for the January PSSB meeting for continued consultation.

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

Partnership Southwark Delivery Executive

Agenda Items of Note

Meeting date 18 December 2025

Agenda item	Items discussed
Wells Highlight reports	Start Well: The Delivery Executive was updated on developments regarding the Integrated Neighbourhood Teams for Children and Young People (CYP) with Complex Needs, and the outputs from recent workshops to define areas of focus. Live Well: There has been significant progress made in defining the cohort and developing the service model for adults with multiple Long Term Conditions (LTC) through the National Neighbourhood Health Implementation Programme (NNHIP) which is a key driver of the work. Age Well: Highlights included completion of SEL Ageing Well Framework gap analysis which was presented later in the meeting and the learning from the frailty pilots in North Southwark which is informing plans to extend to South Southwark. It was noted that there is much greater alignment with the work of the Wells and the Integrator, which is positive, although there are still some areas where we could be better aligned in terms of scope and timescales.
Progress update from the Integrator	The group received a detailed update on Integrator developments, which covered governance arrangements and progress in core delivery domains. It was noted that work is progressing at pace and areas for development were acknowledged, such as stronger alignment with Start Well for the development of INTs for CYP with complex needs. The executive noted the approach to agreeing the cohort inclusion criteria and size in principle but has requested further detail in future reports.
Neighbourhood Health Transformation Programme Plan	The Programme Director presented the Neighbourhood Health Transformation Programme plan which covers programme activities led by Southwark Place, the SEL ICB central teams and the Integrator. It was noted that local Places will need to develop

	neighbourhood health plans in 2026, which are overseen by the Health and Wellbeing Board. It was noted that some workstreams need further development, and that timescales need to be extended into future years. It was also noted that greater alignment is needed between the neighbourhood programme metrics and the Strategic Priorities Dashboard.
Ageing Well Framework Gap Analysis	The executive received an overview of the findings from the gap analysis which had been completed in the last reporting period. Most domains are partially met; one fully met; three not met. Executive approved findings for submission to SEL ICB in March but requested greater consideration of which domains should be prioritised.
Strategic Priorities Dashboard	A summary of key indicators was provided, including plans to refresh the current set of indicators as part of the 2026/27 planning cycle. It was noted again the importance of alignment with the Neighbourhood Health Programme.

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

Primary Care Committee

Agenda Items of Note

Meeting date 12 December 2025

Agenda item	**Items discussed**
Report from the Collaborative	The committee received an update of key discussions from the primary care collaborative November and December meetings.
Quality and Performance	The committee noted the performance of Southwark GP practices, GP practice visits and CQC updates. Overall access appointments have increased compared to this time last year. GP appointments activity has dipped. Variation across practices is significant, indicating targeted support needed through SLF, improvement plans and practice visits. GP Practice Visits in Q1 25/26. 20 practices have been visited with a further 12 to be visited in Q4 25/26. Summary paper reflecting key themes from the visits and presented in October to the committee has been taken to the collaborative.
Estates	The committee received and reviewed updates on estates planning for primary care premises, including stages and timelines of related business cases and decision-making processes.
Primary Care Finance	The committee received an update and noted the paper on the M7 2025/26 financial position reported for Southwark Place. The committee was asked to note the key risks in delegated primary care budget areas and other financial risks reported. The committee noted the deep dive report into prescribing and focus on the work undertaken by the medicine's optimisation team in Southwark, to deliver efficiencies, address health inequalities, improve patient safety and health outcomes. The paper was previously presented at Southwark IGAC.
Procurement Update	The committee was asked to agree to the recommendation to extend the contracts for Silverlock Medical Centre and Queens Road Surgery for a minimum period of potentially three months to allow time for the procurement review to be completed. The committee noted that the extension period required would depend on the outcome of the review. The committee noted the update.

Risk Register	The committee reviewed the risk register.
AOB	The committee noted that future meetings will be incorporated into the integrated assurance committee as part of the new governance arrangements but noted that the next meeting would go ahead to allow for new ToRs to be approved prior through the PSSB.

Partnership Southwark Strategic Board
Cover Sheet

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

Item: 7
Enclosure: 6

Title:	**Integrated Assurance Report**
Meeting Date:	29 January 2026
Author:	Adrian Ward, Head of Planning, Performance and Business Support, SELICB
Executive Lead:	Darren Summers, Strategic Director for Integrated Health and Care/Southwark Place Executive Lead

Summary of main points

Overview

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

This last report was reviewed by the Integrated Governance and Assurance Committee (IGAC) at its meeting of 15th January and key points discussed have been highlighted in the attached executive summary and the detailed reports attached. The committee noted the performance on primary care access, community health 18 week waits and talking therapies and suggested these be subject to more analysis at a future meeting.

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

Action requested of PSSB

The board is asked to note the Integrated Assurance Report.

Anticipated follow up

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

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

Item Impact

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

Describe the engagement has been carried out in relation to this item
The contents of this report were reviewed by the Integrated Governance and Assurance Committee in January. The health and care plan priorities scorecard has been presented to the Partnership Southwark Delivery Executive in December. The Better Care Fund scorecard was discussed in the Joint Commissioning Oversight Group in November.

Integrated Assurance Report Q3 – Executive Summary

Contents

BACKGROUND INFORMATION

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

2. A draft of this report was reviewed by the Integrated Governance and Assurance Committee (IGAC) at its meeting of 15th January and key points discussed have been highlighted in the attached executive summary and the detailed reports attached.

3. This report does not include a Safeguarding update as it has been agreed that the Q3 report will be presented to the next meeting.

4. The latest available data is used for each measure which may relate to different time periods depending on the data reporting timetables.

KEY ISSUES FOR CONSIDERATION

5. The full slide pack is in **Appendix 1**. Key points to note in each section are set out below, with a focus on the changes since the November IGAC report:

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

- **Dementia Diagnosis**: rate reduced marginally by 0.4% to 70.9% of estimated prevalence in October in line with the SEL average and above the 67% target.

- **Talking Therapies (IAPT):** reliable improvement metric dropped 5% to 63% in October, below the target of 67% and SEL average of 68%. The reliable recovery metric dropped 1% to 43% and is below the target of 48% and SEL average of 47%. However the numbers discharged improved to 370 from 300 in October, meeting the monthly target of 360. A deep dive on IAPT has been requested for the March IGAC meeting.

- **SMI annual physical health checks** – Q2 data at 56% is in line with trajectory, and the highest rate in SEL. However, the year-end target of 71% is likely to be a challenge.

- **Continuing Health Care** assessments completed within the 28-day timescales increased 10% to 81% in Q2 compared to Q1, and all 3 targets are now being met.

- **Childhood immunisations:** remain below 90% target levels in common with neighbouring boroughs. Q2 data shows a reduction of 3% on MMR for 5 year olds, and 2% for DTaPIPV at 12 months and 5% for 5 year olds. Only one measure has improved since Q1, DTaPIPV at 24 months, which is up 2%. Several Q2 measures are also lower than those from Q1 when considered at the SEL level.

- **Learning Disability Annual Health Checks** increased to 718 in October and is comfortably above target of 442.

- **Personal Health Budgets** in-year total increased to 249 in Q2 although year end target is unlikely to be met.

- **Cancer Screening**: latest data shows performance remains close to local improvement targets set on these corporate objectives, with breast cancer rates increasing 0.4% in April meeting the target. Bowel and cervical rates are less than 1% below target.

- **Patients with hypertension**: the proportion treated in line with NICE guidance decreased by 6.4% to 65% in Q1 compared to Q4, significantly short of the 74% target. Performance is however in line with SEL average and typically increases towards the end of the year. More recent local data to November shows 68%, in line with the SEL average.

- **Flu vaccinations**: draft data for November shows an over 65 rate of 50.5%, an under 65 rate of 28.2%, and a children aged 2 and 3 rate of 36.8%. Immunisation rates are very similar to the same period last year and comparable to neighbouring boroughs. No boroughs have achieved their allocated trajectory for this period, although Bexley and Bromley have a significantly higher rate for over 65's.

- **Primary Care Access (2-week waits):** Appointments delivered within 2 weeks increased by 0.3% to 87.1% in October (from the August position), remaining below the SEL average of 89.1%. This metric is drawn from a nationally published dataset using locally submitted appointment system data. Work is underway to confirm all relevant activity is being recorded correctly, as variation in practice coding may be adversely affecting headline performance, including concerns that Enhanced Access Hub appointments are not fully captured.

  It should be noted that primary care access improvements are identified as a top priority in the 5 Year Strategic Commissioning Plan item on the board agenda.

- **Numbers of GP appointments:** significant increase in October to 138,731 compared to 121,797 in September and 103,730 August. The October seasonal increase is linked to the flu immunisations campaign. The rate of appointments of 383 per 1000 population is lower than the SEL average of 452. This data is taken from the same publication as the two week wait above, and similar data quality concerns may be leading to under reporting of total appointments. The work underway will seek to address this.

7. ***Section 1.2: additional Operational Plan targets***

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

- The relevant 2026/27 targets set out in the recent Medium Term Planning Framework have been added to the template in advance to enable an early view of the challenges for next year. This includes IAPT (see above), primary care same day appointments for urgent patients (no baseline to this proposed measure yet), patient experience of primary care, community health 18 weeks waits, mental health support teams in schools, and inappropriate out of area placements.

- 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 on the waiting lists showing 54.1% across GSTT in October (Lambeth and Southwark). This is a recognised challenge nationally, and further guidance is anticipated on improvement actions.

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

- The rate of emergency admission of over 65s remains in line with target.

- The targets around average discharge delays, as discussed in the deep dive item at the last board, remain a challenge. Work is being undertaken to deliver improvements following the deep dive which will be reported back to the board in the summer.

- Care home admissions remain on target for the first 9 months of the year.

- The subsidiary BCF measures for ambulatory care sensitive admissions ("avoidable admissions") has shown a significant increase on the same period last year and will be subject to further analysis in the next IGAC report if the trend continues. In the previous 2 years the rate had reduced in line with targets, however it is no longer a formal target.

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

Dashboard reviewed at PSDE on 18th December. Key points noted:

- CYP mental health first contacts within 4 weeks of referral: positive improvement to 68% noted in October for all referrals, and 78% for all referrals excluding neurodevelopmental, although still below October 2024 levels. Neurodevelopmental referrals decline to 7%. *

- Adult mental health first contact within 4 weeks of referral: Current rate reported as 80%. However no significant changes noted over 18 month period for all referrals. Neurodevelopmental referrals decline to 14%. *

- Emergency admissions over 65 year olds: remains within target

- Care home admissions over 65 years: remains on target but new DHSC benchmarking shows this is significantly above many comparable boroughs

- LAS callouts over 65s: 5% increase in year to October compared to same period last year. However the October 2024 surge has not happened this year.

- Outpatients and A&E attendances: 12 to 15% growth on same period last year.

The priorities dashboard will be refreshed in 2026/27 reflecting further work being done on priority areas, e.g. the Frailty dashboard and SEL neighbourhood health performance measures.

*Note that the Commissioning Strategy Plan on the board agenda confirms our continued commitment to the mental health waiting time priority.

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

- Steady reduction in 52 + week waiting times for CAMHS referrals continues alongside improvement in 4 week waiting target average.

- Community health Q3 data subject to further validation to confirm continued improvements in timescale measures.

11. **Section 3: Quality Report Q3**

- The attached quality report from the SELICB Quality Team provides information on a range of quality issues for board assurance which were considered by IGAC.

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

- The report sets out the latest risk register following the recent round of reviews. The highest rated risk remains that associated with ADHD diagnosis, and this risk has been extended to cover both CYP and Adults. The risk on procurement processes has been closed as strengthened controls are in place around SMT monitoring.

13. **Section 5: Finance summary**

- This section presents a high level summary of the more detailed Month 8 finance report considered by IGAC.

14. **Section 6: Delegated leads report**

- CHC and medicines reports attached. The CHC reports confirms that performance on assessment timescales reported in the SEL scorecard for Q2 remained on target during Q3.

OMG appendix 1

Integrated Assurance Report

January 2026

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

Attached is the latest full place report provided by the ICB assurance team on 31.12.25 showing the latest position on metrics, targets and benchmarking.

Trend data on areas of interest is provided in the annex.

South East London Integrated Care System

NHS South East London

Southwark Local Care Partnership
LCP performance data report

December 2025

South East London Integrated Care System

Contents

NHS South East London

Overview of report

Summary:

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

Contents and structure of report:

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

Structure

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

Definitions:

- Definitions and further information about how the metrics in this report are calculated can be found here.

South East London Integrated Care System

Southwark performance overview

NHS South East London

Standard	Trend since last period	Period covered in report	Comparator	Benchmark	Current performance
Dementia diagnosis rate	↓	Nov-25	National standard	67%	71%
IAPT discharge	↔	Oct-25	Operating plan	360	370
IAPT reliable improvement	↓	Oct-25	Operating plan	67%	63%
IAPT reliable recovery	↑	Oct-25	National standard	48%	43%
SMI Healthchecks	↑	Q2	Local trajectory	55%	56%
PHBs	↑	Q2 - 25/26	LTP indicative trajectory	431	249
NHS CHC assessments in acute	↔	Q2 - 25/26	National standard	0%	0
CHC - Percentage assessments completed in 28 days	↑	Q2 - 25/26	National standard	80%	81%
CHC - Incomplete referrals over 12 weeks	↔	Q2 - 25/26	National standard	0	0
Children receiving MMR1 at 24 months	↔	Q2 - 25/26	PH efficiency standard	90%	81%
Children receiving MMR1 at 5 years	↓	Q2 - 25/26	PH efficiency standard	90%	84%
Children receiving MMR2 at 5 years	↓	Q2 - 25/26	PH efficiency standard	90%	72%
Children receiving DTaP/IPV/Hib % at 12 months	↓	Q2 - 25/26	PH efficiency standard	90%	86%
Children receiving DTaP/IPV/Hib % at 24 months	↑	Q2 - 25/26	PH efficiency standard	90%	90%
Children receiving pre-school booster (DTaPIPV%) % at 5 years	↓	Q2 - 25/26	PH efficiency standard	90%	61%
Children receiving DTaP/IPV/Hib % at 5 years	↓	Q2 - 25/26	PH efficiency standard	90%	84%
LD and Autism - Annual health checks	↑	Oct-25	Local trajectory	442	718
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	↓	Q1 - 25/26	Corporate Objective	74%	65%
Flu vaccination rate over 65s	↑	Nov-25	Corporate Objective	57%	51%
Flu vaccination rate under 65s at risk	↑	Nov-25	Corporate Objective	29%	28%
Flu vaccination rate – children aged 2 and 3	↑	Nov-25	-	-	37%
Appointments seen within two weeks	↑	Oct-25	-	-	87%
Appointments in general practice and primary care networks	↑	Oct-25	Operating plan	-	138751
Appointments per 1,000 population	↑	Oct-25	-	-	383

Dementia Diagnosis Rate

SEL context and description of performance

- The national dementia diagnosis rate target is 66.7%. Dementia diagnosis rate is defined as the diagnosis rate for people with dementia, expressed as a percentage of the estimated prevalence.
- South east London is achieving this target. November 2025 performance was 70.9%.
- There is, though, variation between boroughs. Greenwich has not achieved the target during the previous 24 months.

		November 25						
Metric	**Target**	**Bexley**	**Bromley**	**Greenwich**	**Lambeth**	**Lewisham**	**Southwark**	**SEL**
Dementia diagnosis rate*	66.7%	71.6%	72.4%	63.6%	75.3%	69.4%	70.9%	70.9%
Trend since last report	-	↑	↑	↔	↔	↑	↓	↑

Talking Therapies

South East London Integrated Care System

NHS South East London

See local analysis of trends annex page 1

SEL context and description of performance

- The NHS Talking Therapies metrics introduced in 2024/25 have continued into 2025/26. The targets are as follows:
  - Number of patients discharged having received at least 2 treatment appointments in the reporting period.
  - Reliable improvement rate for those completing a course of treatment.
  - Reliable recovery rate for those completing a course of treatment and meeting caseness.
- SEL Talking Therapy performance for the number of people completing a course of treatment exceeded trajectory for the second month in the financial year in November. The target for improvement was met, and the reliable recovery target was narrowly missed with reported performance of 47% vs. 48% target.

	Oct-25						
Metric	Bexley - MIND	BHC	Greenwich (Oxleas)	Lambeth (SLaM)	Lewisham (SLaM)	Southwark (SLaM)	SEL
Talking Therapies discharge metric	180	220	305	565	440	370	2045
Trajectory	176	248	295	533	377	360	2035
Trend since last reporting period	↑	↑	↑	↓	↓	↔	↓

		Oct-25						
Metric	Target	Bexley - MIND	BHC	Greenwich (Oxleas)	Lambeth (SLaM)	Lewisham (SLaM)	Southwark (SLaM)	SEL
TT reliable recovery	48%	52.0%	51.0%	48.0%	44.0%	49.0%	43.0%	47.0%
Trend since last report	-	↑	↑	↓	↓	↑	↑	↑

		Oct-25						
Metric	Target	Bexley - MIND	BHC	Greenwich (Oxleas)	Lambeth (SLaM)	Lewisham (SLaM)	Southwark (SLaM)	SEL
TT reliable improvement	67%	76.0%	65.0%	69.0%	66.0%	72.0%	63.0%	68.0%
Trend since last report	-	↑	↑	↔	↑	↑	↓	↑

SMI Physical Health Checks

SEL context and description of performance

- The south east London ICB board has set Improving the uptake of physical health checks for people with SMI as a corporate objective.
- There was a significant increase in the number of AHCs undertaken for people with an SMI during 2023/24 and the SEL operating planning trajectory was achieved at the end of 2023/24. However, the proportion of people receiving an AHC during 2024/25 did not increase in line with the planned trajectory and the end of year target was not achieved.
- The proposed 2025/26 SEL corporate objectives ambition for SMI health checks is 75%. This aligns with NHSE expectations and the final year target of the Long Term Plan. Performance is reported below against an indicative trajectory to support in year tracking towards the target by Q4.
- Where annual health checks are being completed, quality can vary as can onward referral to other physical health services.

	Q2 - 25/26						
Metric	**Bexley**	**Bromley**	**Greenwich**	**Lambeth**	**Lewisham**	**Southwark**	**SEL**
SMI Healthchecks	**52%**	**51%**	**48%**	**55%**	**52%**	**56%**	**53%**
Indicative trajectory	55%	55%	55%	55%	55%	55%	55%
Trend since last report	↓	↓	↓	↓	↑	↑	↓

***NOTE:** The above figures have been calculated based on published LCP performance for Q2: Physical Health Checks for People with Severe Mental Illness - NHS England Digital.

Personal Health Budgets

SEL context and description of performance

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

	Q2 - 2025/26						
Metric	**Bexley**	**Bromley**	**Greenwich**	**Lambeth**	**Lewisham**	**Southwark**	**SEL**
PHBs	321	746	397	256	201	249	2172
Indicative LTP trajectory	394	563	488	544	450	431	2869

NHS Continuing Health Care

SEL context and description of performance

- There are a number of national standards which systems are required to achieve consistently. Where deviating from the standard, there is an expectation that performance will be addressed as a priority. Performance standards are as follows:
  - A national target was previously set to reduce the number of CHC assessments in an acute hospital setting to less than 15%. The aim, however, is that zero assessments should be completed in an acute setting and this is the benchmark that LCP and ICB teams are measured against.
  - Complete assessments of eligibility within 28 days from the date of referral in >80% cases.
  - Reduce the number of outstanding referrals exceeding 12 weeks to Zero
- All targets were achieved at the end of 2024/25.
- At the end of quarter 2 2025/26, all boroughs in SEL were achieving all standards.

		Q2 - 25/26						
Metric	Target	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
NHS CHC assessments in acute	0	0	0	0	0	0	0	0
Trend since last reporting period	-	↓	↔	↔	↓	↓	↔	↓

	Q2 - 25/26						
Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
CHC - Percentage assessments completed in 28 days	83%	86%	85%	84%	85%	81%	84%
Trajectory	80%	80%	80%	80%	80%	80%	80%
Trend since last reporting period	↑	↓	↓	↓	↓	↑	↓

	Q2 - 25/26						
Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
CHC - Incomplete referrals over 12 weeks	0	0	0	0	0	0	0
Trajectory	0	0	0	0	0	0	0
Trend since last reporting period	↔	↓	↔	↔	↔	↔	↓

Childhood immunisations (1 of 2)

Description of metric and SEL context

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

		Q2 - 25/26								
Metric	**Efficiency standard**	**Bexley**	**Bromley**	**Greenwich**	**Lambeth**	**Lewisham**	**Southwark**	**SEL**	**London**	**England**
Children receiving MMR1 at 24 months	90%	83.5%	87.4%	82.7%	77.6%	83.6%	81.3%	81.0%	79.5%	88.1%
Trend since last reporting period	-	↑	↑	↓	↔	↑	↔	↓	↓	↓

		Q2 - 25/26								
Metric	**Efficiency standard**	**Bexley**	**Bromley**	**Greenwich**	**Lambeth**	**Lewisham**	**Southwark**	**SEL**	**London**	**England**
Children receiving MMR1 at 5 years	90%	88.1%	90.6%	85.4%	85.0%	89.1%	83.5%	84.7%	84.5%	92.0%
Trend since last reporting period	-	↓	↑	↓	↑	↑	↓	↓	↑	↔

		Q2 - 25/26								
Metric	**Efficiency standard**	**Bexley**	**Bromley**	**Greenwich**	**Lambeth**	**Lewisham**	**Southwark**	**SEL**	**London**	**England**
Children receiving MMR2 at 5 years	90%	70.9%	80.8%	69.9%	73.5%	74.0%	72.0%	71.2%	69.0%	83.5%
Trend since last reporting period	-	↓	↑	↑	↑	↓	↓	↓	↑	↑

Important Note: SEL Borough level data for quarters 1 to 4 2024/25 included only children registered with a GP and did not include children not registered with a GP practice. See Quarterly vaccination coverage statistics for children aged up to 5 years in the UK (COVER programme): January to March 2025 - GOV.UK **for more details**

Childhood immunisations (2 of 2)

Metric	Efficiency standard	Q2 - 25/26 Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL	London	England
Children receiving DTaP/IPV/Hib % at 12 months	90%	85.8%	87.2%	85.9%	86.2%	87.6%	85.8%	85.8%	84.7%	90.4%
Trend since last report	-	↓	↓	↓	↓	↓	↓	↓	↓	↓

Metric	Efficiency standard	Q2 - 25/26 Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL	London	England
Children receiving DTaP/IPV/Hib % at 24 months	90%	92.0%	91.5%	89.1%	86.1%	88.9%	89.5%	88.2%	86.9%	92.3%
Trend since last report	-	↑	↔	↓	↑	↑	↑	↓	↔	↔

Metric	Efficiency standard	Q2 - 25/26 Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL	London	England
Children receiving pre-school booster (DTaPIPV%) % at 5 years	90%	66.0%	74.6%	66.2%	67.2%	70.0%	61.0%	64.9%	66.3%	81.8%
Trend since last report	-	↓	↑	↓	↑	↑	↓	↑	↑	↑

Metric	Efficiency standard	Q2 - 25/26 Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL	London	England
Children receiving DTaP/IPV/Hib % at 5 years	90%	88.3%	91.4%	87.6%	87.4%	89.4%	84.4%	86.5%	86.6%	92.7%
Trend since last report	-	↓	↑	↓	↑	↑	↓	↓	↑	↓

Important Note: SEL Borough level data for quarters 1 to 4 2024/25 included only children registered with a GP and did not include children not registered with a GP practice. See Quarterly vaccination coverage statistics for children aged up to 5 years in the UK (COVER programme): January to March 2025 - GOV.UK **for more details**

Learning disabilities and autism – annual health checks

SEL context and description of performance

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

	Oct-25						
Metric	**Bexley**	**Bromley**	**Greenwich**	**Lambeth**	**Lewisham**	**Southwark**	**SEL**
LD and Autism - Annual health checks	520	541	717	701	887	718	4084
Trajectory	412	425	566	580	667	442	3094

Cancer screening

SEL context and description of performance

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

	Apr-25						
Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Bowel Cancer Coverage (60-74)	74.5%	76.4%	65.5%	61.8%	64.1%	63.3%	67.9%
Trajectory	74.6%	76.6%	66.4%	62.9%	65.1%	63.7%	68.6%
Trend since last reporting period	↑	↑	↓	↓	↓	↑	↔

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

	Apr-25						
Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Breast Cancer Coverage (50-70)	72.2%	72.6%	60.0%	59.1%	60.2%	60.7%	64.2%
Trajectory	71.2%	72.2%	59.8%	57.8%	59.6%	60.7%	63.6%
Trend since last reporting period	↑	↑	↑	↑	↑	↑	↑

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

Management of hypertension to NICE guidance

SEL context and description of performance

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

	Nov-25 (Local data reporting)*						
Metric	**Bexley**	**Bromley**	**Greenwich**	**Lambeth**	**Lewisham**	**Southwark**	**SEL**
Percentage of patients with hypertension treated to NICE guidance	73%	70%	67%	67%	63%	68%	68%
Trajectory	76.9%	77.4%	77.3%	77.3%	76.4%	77.2%	77.1%
Trend since last report	↑	↔	↓	↔	↔	↑	↔

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

	Q1-25/26 (using published CVD prevent reporting)**						
Metric	**Bexley**	**Bromley**	**Greenwich**	**Lambeth**	**Lewisham**	**Southwark**	**SEL**
Percentage of patients with hypertension treated to NICE guidance	66.4%	68.3%	65.8%	65.1%	61.6%	65.3%	65.5%
Trajectory	73.0%	74.2%	74.0%	73.9%	71.8%	73.8%	73.5%

*Local data has been updated to include coding for self reporting of home monitoring. This affects current and historic data and has led to an increase in reported performance. Further work is taking place to confirm that local reporting is inline with the national data definitions.
**CVD prevent data published at LCP level is used to calculate overall borough level performance

Adult flu immunisation (1 of 2)

SEL context and description of performance

- The south east London ICB board has set improving adult flu vaccination rates as a corporate objective.
- Performance in 2023/24 and 2024/25 was below the ambitions agreed at the start of each year for both cohorts.
- In order to ensure that 25/26 ambitions were informed by place, their knowledge of and insights into their local population, their role in commissioning services and their strategic plans for delivery, each borough team set their own ambitions to improve uptake for the two main adult flu cohorts for the upcoming flu season.
- Borough teams have planned their targets based on improving last year's performance as published at Seasonal influenza vaccine uptake in GP patients: winter season 2024 to 2025 - GOV.UK. They may require revision should historic data be revised.
- The below table provides targets set at borough level for 2025/26.
- The following slide will be used to show uptake vs an indicative trajectory based on delivery in previous years.
- **Important note:** Due to a possible anomaly in the published borough level data, only the SEL level uptake is currently shown.

Year end targets for 2025/26 proposed by borough teams:

	65+ cohort vaccination target for 2025/26 season	<65 at risk cohort vaccination target for 2025/26 season
Bexley	75.0%	42.0%
Bromley	75.0%	41.0%
Greenwich	64.5%	36.9%
Lambeth	60.0%	32.5%
Lewisham	61.0%	34.3%
Southwark	62.6%	34.2%
SEL	67.5%	36.3%

Adult flu immunisation (2 of 2)

November 2025 Performance

Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Over 65s vaccinated	64.3%	69.1%	57.7%	49.1%	49.0%	50.5%	58.2%
Local October trajectory	70.4%	70.7%	59.9%	54.9%	55.8%	57.4%	62.6%

Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Under 65s at risk vaccinated	32.5%	35.9%	32.2%	27.2%	27.3%	28.2%	30.2%
Local October trajectory	37.3%	36.5%	32.6%	28.2%	30.5%	29.2%	31.8%

Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Children aged 2 and 3 vaccinated	34.5%	45.0%	35.7%	35.3%	39.1%	36.8%	38.0%

***Important note:** Figures for borough level uptake reflect aggregate practice level data and should be treated as provisional.

Primary care access

SEL context and description of performance

- The 2025/26 Priorities and Operational Planning guidance states that ICBs are expected to continue to support general practice to enable patients to access appointments in a more timely way and improve patient experience.
- The following trajectories have been agreed at an SEL level as part of the annual planning process:
    - Planned number of general practice appointments.
- Appointments totalled 938,712 in October against the operating plan of 805,992.

See local trend analysis and comment on data quality in annex page 2

		Oct-25						
Metric	Planning trajectory	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Appointments seen within 2 weeks	-	90.4%	85.6%	92.8%	91.0%	87.4%	87.1%	89.1%

		Oct-25						
Metric	Planning trajectory	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Appointments in general practice and primary care networks	805992	133560	179535	148350	204228	134308	138731	938712
Appointments per 1,000 population	-	529	499	448	463	407	383	452

Additional trend Data in areas of interest in SELICB place report

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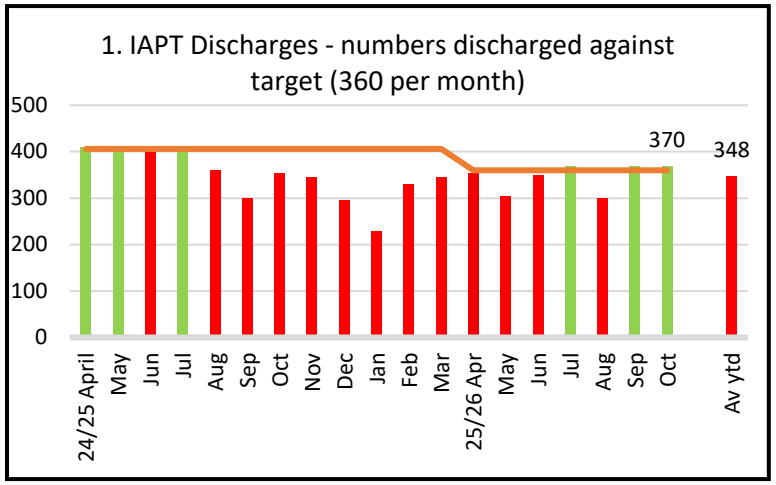
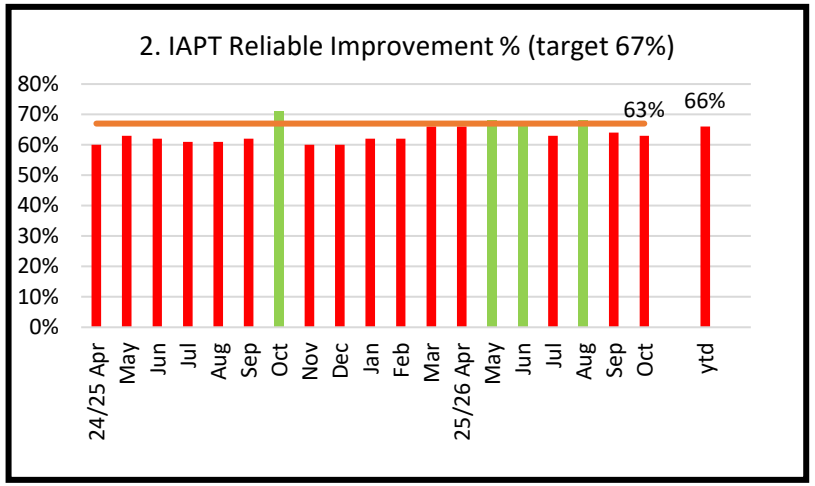
1) IAPT / Talking Therapies – discharges, reliable improvement and reliable recovery

The SEL report shows that Southwark was below targets imposed for 2 of the 3 IAPT metrics in October. As the SEL report is just a one-month snapshot, monthly in-year trends are shown below for context:





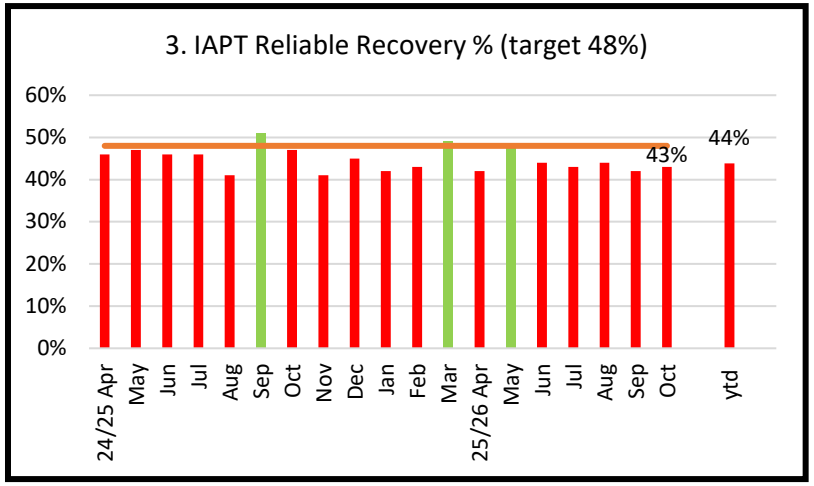


Chart 1 shows that **discharge** numbers in the year to date are marginally below target with a monthly average of 348 in 2025/26 against target of 360.
Chart 2 shows that **reliable improvement** has been averaging 66% in 2025/26, marginally below the 67% target.
Chart 3 shows that the **reliable recovery rate** has an average of 44% in 2025/26 against the target of 48% and although the target was achieved in March and May it declined to 43% in October, and this metric has been consistently below the SEL average for some time.

Oversight of performance: the IAPT service is commissioned and monitored on behalf of the borough by the SEL commissioning team as part of the overall SLAM contract. Discussions are underway to enhance the provision of place monitoring data to the Joint Commissioning Team to enable performance issues to be identified, discussed and addressed. A service review is being planned to drive up performance, summarised in the next slide.

A deep dive on Talking Therapies performance is on the March IGAC agenda.

Additional trend Data in areas of interest in SELICB place report

2) Primary Care Access data trend to October 2025

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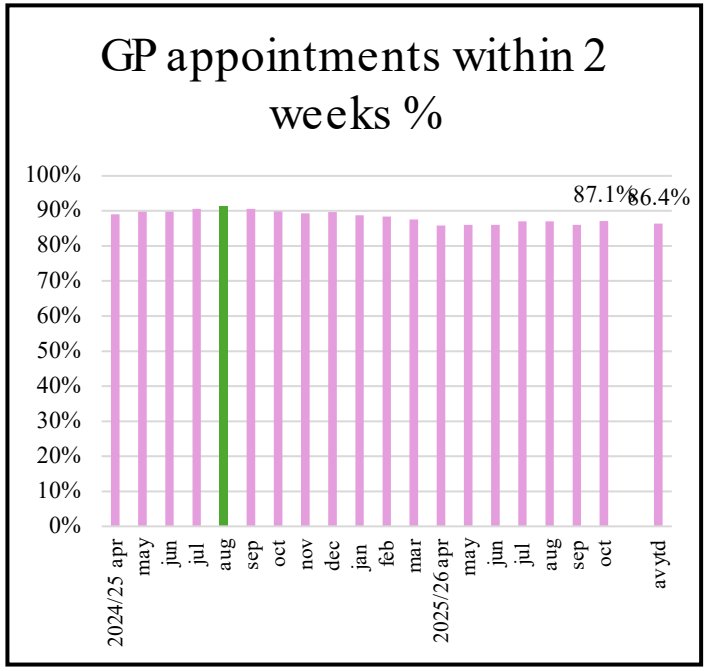
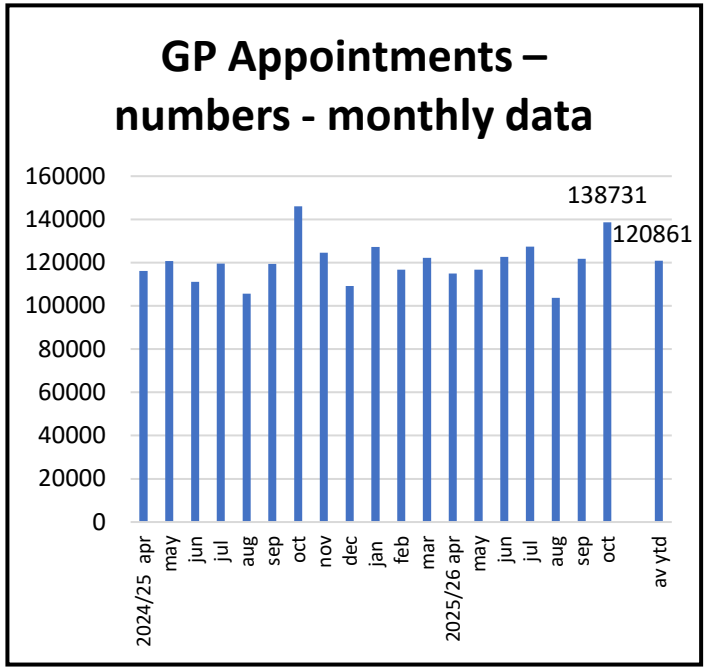
Working together to improve health and wellbeing for the people of Southwark

The charts below give more detail on the trends and GP variation in the GP access figures which in the SEL report shows a snapshot for October.

The first chart shows that on the two-week wait measure there has been little variation around the 86.4% average for 2025/26, which is lower than the 2024/25 average of 89.6%. The target for this measure was 91% in 2024/25, last achieved in August 2024. No target set for 2025/26.

The second chart shows volatility in the monthly average number of appointments. The seasonal increase in October is likely to be due to the flu immunisation campaign.





Note on data quality: This metric is drawn from a nationally published dataset using locally submitted appointment system data. Work is underway to confirm all relevant activity is being recorded correctly, as variation in practice coding may be adversely affecting headline performance, including concerns that Enhanced Access Hub appointments are not fully captured.

Mitigations

Data validation and coding review: We are working with practices and Federations to confirm appointment configuration and coding, ensuring all appointment types (including Enhanced Access Hub activity) are captured correctly in the national dataset.

Targeted practice support: Practices with the greatest variance in coding and access metrics are being prioritised for targeted support through the ICB's GP support offer.

Enhanced Access assurance: We are reviewing Enhanced Access Hub activity and mapping it against national reporting outputs to ensure it is reflected appropriately and address any reporting gaps.

Note: as with all primary care measures the level of GP variation can also be analysed to identify any unwarranted variation.

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Integrated Assurance Report

January 2026

Section 1.2 Additional Operational Plan measures

Operational Plan Priorities and Success Measures Dashboard - Place

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Operational Plan Priorities and Success Measures 25/26	23/24	24/25	24/25	24/25	24/25	25/26	25/26	25/26	period	Trend	Target 25/26	Target 26/27	Benchmark	RAG	Comment
	year end	q1	q2	q3	q4	q1	q2	q3							
7.1 Increase the % of patients with hypertension treated according to NICE guidance (local BI dashboard)	71%	69%	66%	67%	70%	68.3%	67.2%	67.8%	to Dec		76.5%		69% SEL		from BI dashboard. see also SEL report
7.2a Increase the % of patients with GP recorded CVD, who have their cholesterol levels managed to NICE guidance - PCN South	n/a	29.5%	28.2%	38.9%	41.7%	43.1%			To Jun 25		tbc		47.6% nat		No target set but above SEL average
7.2b Increase the % of patients with GP recorded CVD, who have their cholesterol levels managed to NICE guidance - PCN North	n/a	39.2%	36.8%	34.7%	39.1%	41.9%			To Jun 25		tbc		47.6% nat		No target set but above SEL average
Medium Term Planning Framework 26/27-28/29 success measures															
1.1 **Primary Care:** Same day appointments for all clinically urgent patients (face to face, phone or online) - subject to consultation											~	90%			baseline tbc - new measure
1.2 **Primary Care:** Improved patient experience of access to general practice (ONS Health Insights Survey)											~	Improve year on year			seeking baseline at place level
2. 1 **Community Health:** Address long waiting times for community health services - activity within 18 weeks							52.8%	54.1%	Oct		~	78% in 26/27			Published data. 80% by 28/29
3. 1 **Mental health:** Expand coverage of mental health support teams (MHSTs) in schools and colleges (including teams in training)							tbc				~	77% in 26/27			93% 28/29, 100% 2029
3.2**: Mental health:** NHS Talking Therapies and Individual Placement and Support:															
3.2.1 IAPT Discharges								370	Oct		370	tbc			See SEL reports on IAPT
3.2.2 IAPT relaible recovery								43%	Oct		48%	51%			
3.2.2 IAPT relaible imporvement								63%	Oct		67%	69%			
3.3 Individual Placement and Support												tbc			
3.4 Eliminate inappropriate out-of area placements												0%			0 by March 2027 baseline TBC (may not be place level)

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

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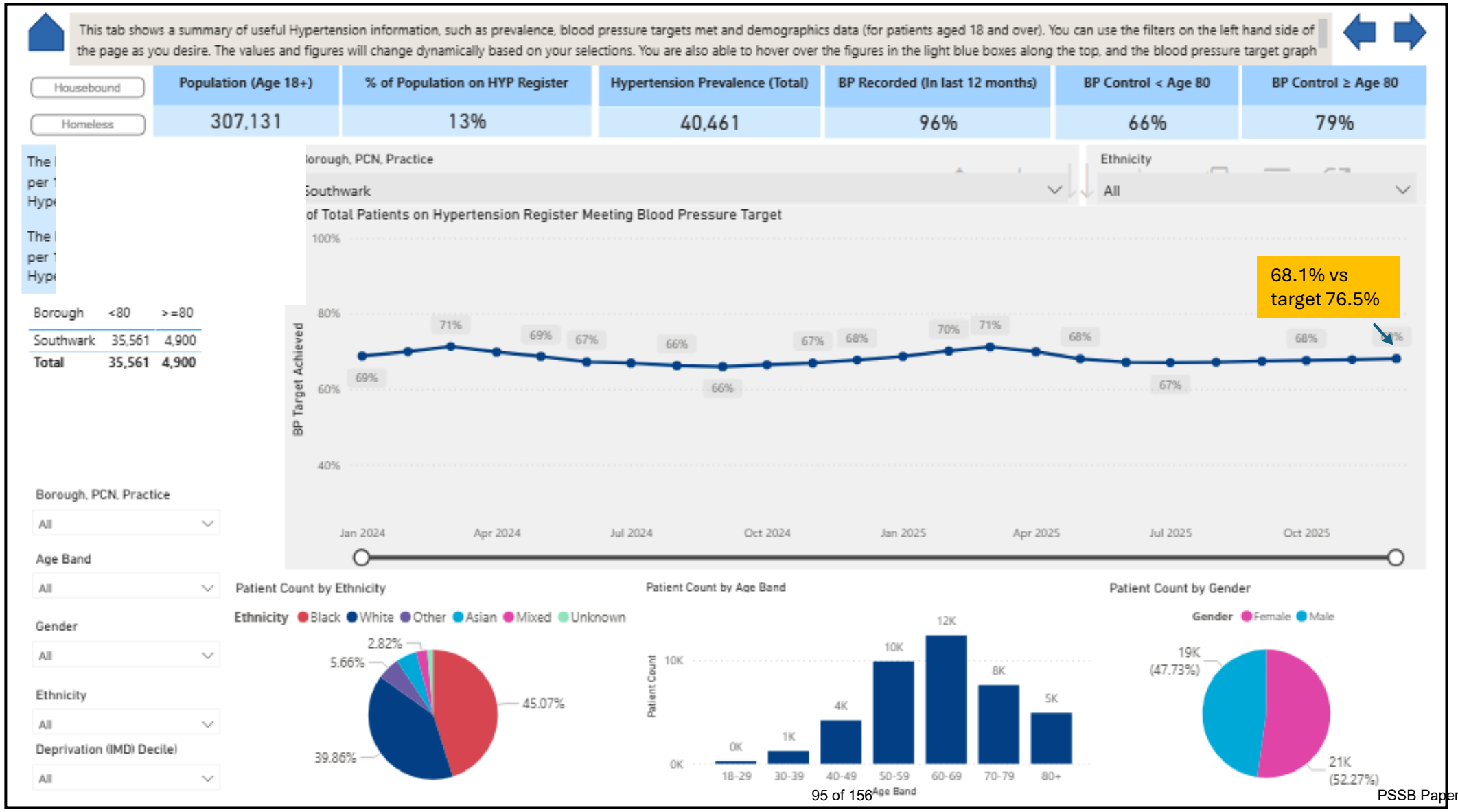

Narrative:
performance has been flat lining at around 68% in Q3, short of the increased ambition of 76.5% for this corporate objective for this period. However this is close to the SEL wide position.

It should be noted that hypertension register continues to grow at a stead rate each month, now 40,461 compared to 39,790 on April

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

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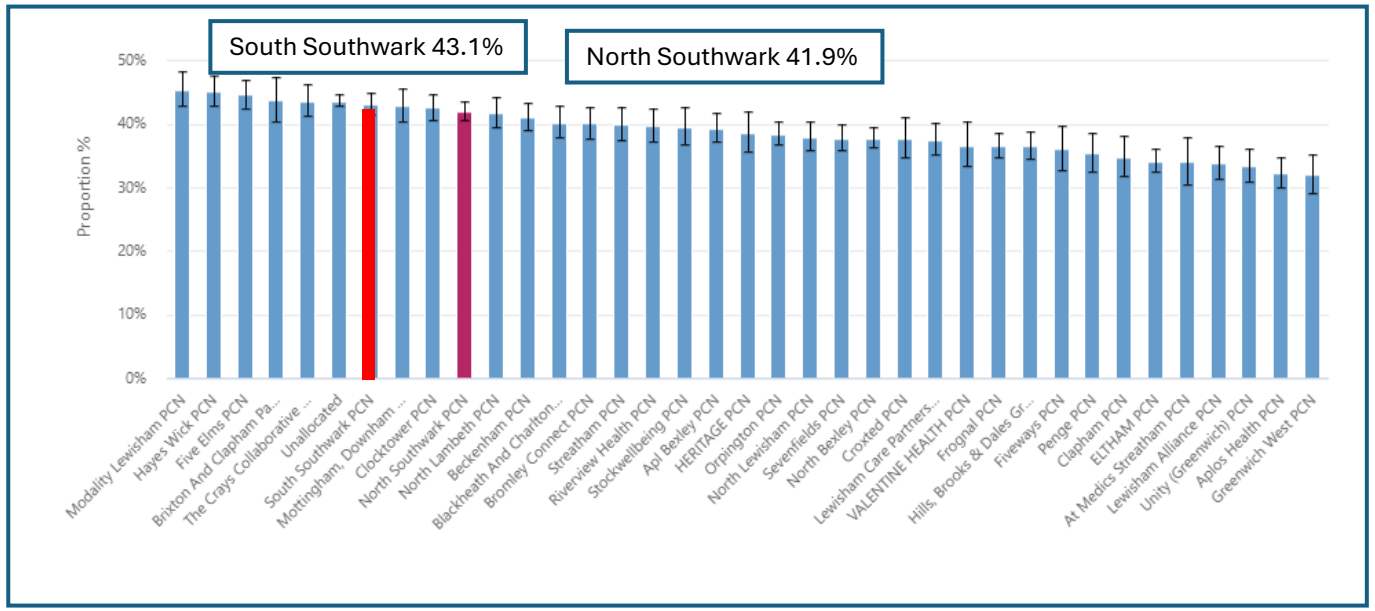
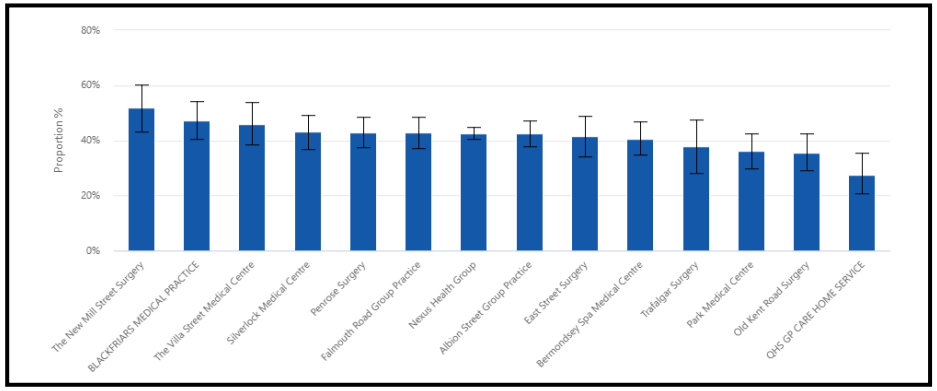
CVDP012CHOL: Patients with GP recorded CVD (narrow definition), whose most recent blood cholesterol level is LDL-cholesterol less than or equal to 2.0 mmol/l or non-HDL cholesterol less than or equal to 2.6 mmol/l, in the preceding 12 months

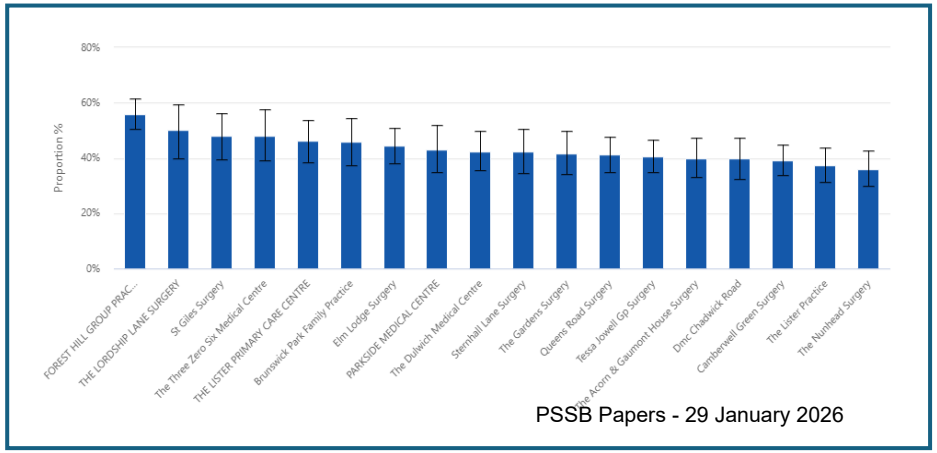
SELICB PCNs - year to June 2025 (latest data on system)



North Southwark PCN GPs



South Southwark PCN GPs



Southwark are above the SELICB average.

No targets were set for this target and it has not been included in the operating plan target set for 2026/27.

Source Data Explorer | CVDPREVENT

Data to June 2025, downloaded 07.01.26

Community Services Waiting list October 2025 - proportion under 18 weeks

New target stated in Medium Term Planning Guidance: 78% for 2026/27

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GSTT Community waits	Oct-25										
	TOTAL	0-1 week	1 -2 weeks	2-4 weeks	4-12 weeks	12-18 weeks	18-52 weeks	52-104 weeks	over 104 weeks	Total under 18 weeks	% under 18 weeks
(A) Community nursing services	185	74	43	29	27	10	2	0	0	183	99%
(A) Intermediate care and reablement	79	36	28	6	4	5	0	0	0	79	100%
(A) Nursing and Therapy support for LTCs: Continence/ colostomy	682	15	99	24	206	84	254	0	0	428	63%
(A) Nursing and Therapy support for LTCs: Falls	260	15	51	43	132	17	2	0	0	258	99%
(A) Nursing and Therapy support for LTCs: Heart failure	59	13	17	17	9	3	0	0	0	59	100%
(A) Nursing and Therapy support for LTCs: Stroke	8	5	1	0	1	1	0	0	0	8	100%
(A) Nursing and Therapy support for LTCs: Tissue viability	123	13	33	19	37	20	1	0	0	122	99%
(A) Podiatry and podiatric surgery	2,379	82	203	93	487	360	322	832	0	1,225	51%
(A) Therapy interventions: Physiotherapy	7	1	2	1	2	0	1	0	0	6	86%
(A) Urgent Community Response/Rapid Response team	6	6	0	0	0	0	0	0	0	6	100%
(CYP) Audiology	842	223	314	206	85	11	3	0	0	839	100%
(CYP) Community nursing services (planned care and rapid response teams)	216	19	19	17	44	35	82	0	0	134	62%
(CYP) Community paediatric service	4,711	81	163	186	582	578	2,148	973	0	1,590	34%
(CYP) Therapy interventions: Dietetics	42	10	1	6	24	1	0	0	0	42	100%
(CYP) Therapy interventions: Occupational therapy	62	8	10	16	15	8	5	0	0	57	92%
(CYP) Therapy interventions: Physiotherapy	49	7	9	10	17	6	0	0	0	49	100%
(CYP) Therapy interventions: Speech and language	411	45	53	63	149	80	21	0	0	390	95%
Total all	10,121	653	1,046	736	1,821	1,219	2,841	1,805	0	5,475	**54%**
Total Adults	3,788	260	477	232	905	500	582	832	0	2,374	63%
Total CYP	6,333	393	569	504	916	719	2,259	973	0	3,101	49%

October performance GSTT (Southwark and Lambeth) : 54.1%

(up from 52.8% in August.

Source: Statistics » Community health services waiting lists 08.01.265

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Integrated Assurance Report

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Section 1.3 Better Care Fund Targets

Better Care Fund place targets dashboard

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Better Care Fund place targets	2023/24 yr end	2024/25 yr end	2025/26 Apr	2025/26 May	2025/26 June	2025/26 July	2025/26 Aug	2025/26 Sep	2025/26 Oct	Nov	Dec	Trend	Target	Benchmark		RAG
1. Emergency admissions for 65+ years per 100,000 population	1766	1930	1935	1900	1743	1848	1813	1778					2039 (jul)	1,666	London (Sep)	
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%				90%	87.8%	London (Oct)	
2.2 Discharge delays – average patient delay (all) - days	new	0.9	0.9	1.1	1.2	1.3	0.9	1.3	1.2				0.8	0.8	London (Oct)	
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	7.1	London (Oct)	
3.3 Care Home Admissions over 65's rate per 100000	655	622		Q1:	119.3		Q2:	169.9		Q3:	151.9	see chart	448.4 to q3	See chart		
4. Avoidable Admissions - number	2004	1784	177	140	138	165	108	168	160				reduction	See chart	SEL	
5. Discharge to usual place of residence (%)	96.1%	95.0%	95.8%	94.7%	95.7%	95.9%	94.6%	95.6%	94.8%	96.2%			maintain	93.3%	London 24/25	
6. Admissions due to falls over 65 years - number	452	566		Q1	124		Q2	119		Q3	tbc		reduction	391	London 24/25	

Key points to note:

- Emergency admissions of over 65's in line with target
- Average delays for patients not discharged on discharge ready date are significantly above target for year to date but are no longer the highest.
- Care home permanent admissions within target
- Avoidable admissions year to date growth on last year now significant

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

RAG

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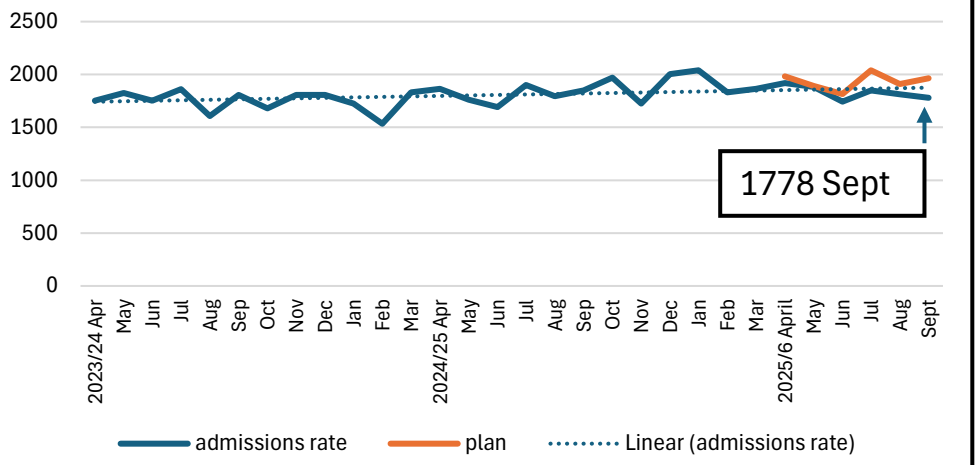

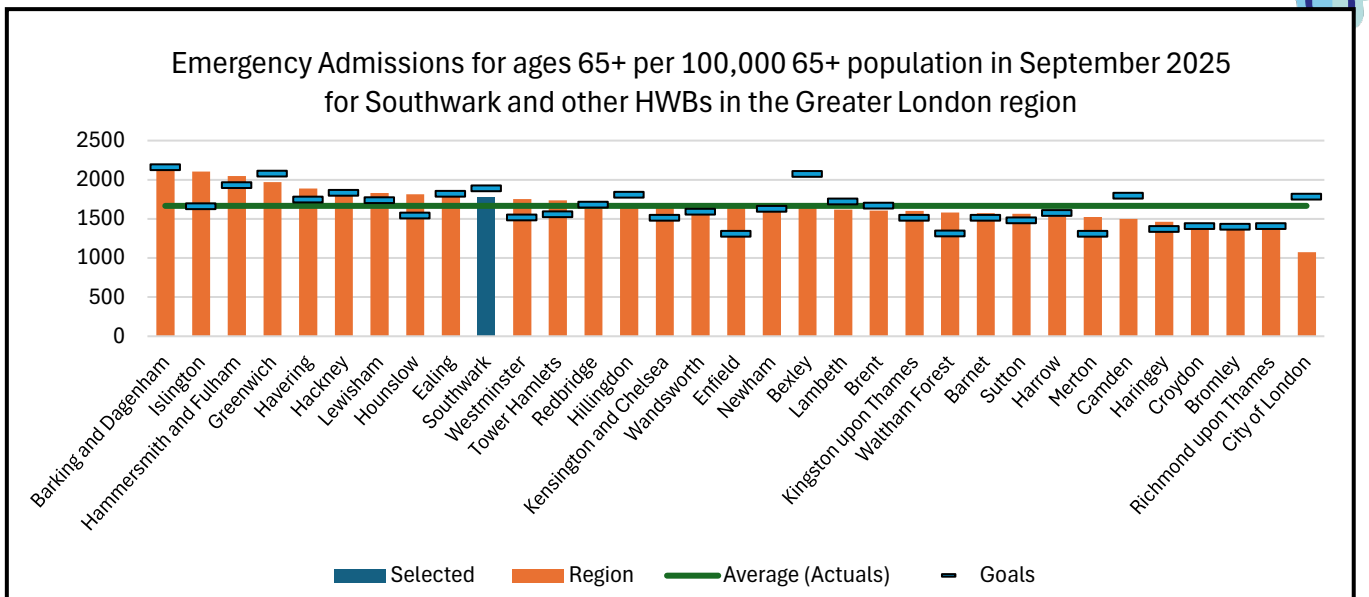

Performance narrative:

Performance has been consistently within the BCF target for each month in the year to date. The rate in September of 1788 was above the London average of 1,666 but Southwark's benchmarking position is relatively healthy compared to some months in 2024/25 when Southwark was amongst the highest.

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

This is expected to be a key measure in the neighbourhood health metrics dashboard.

Data source: DHSC BCF dashboard, 12.01.26

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

RAG

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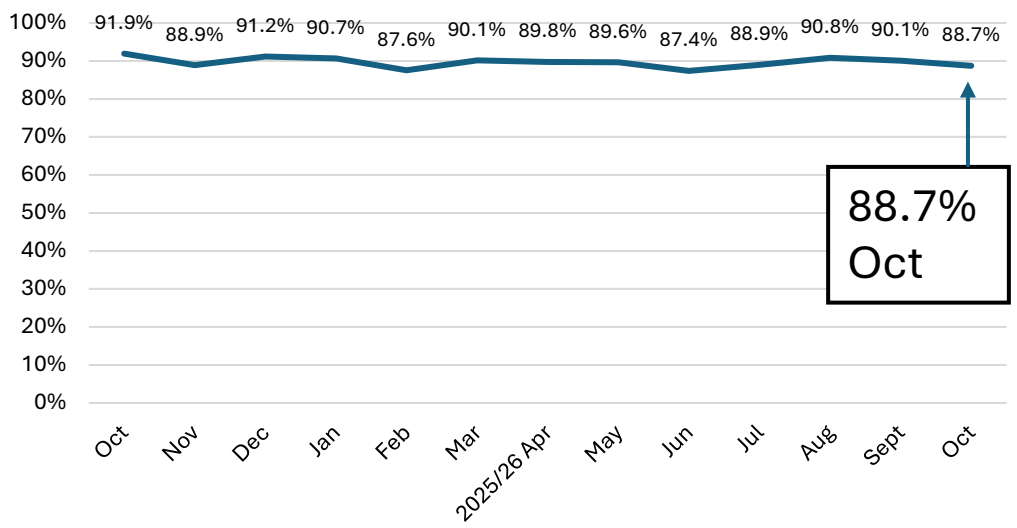
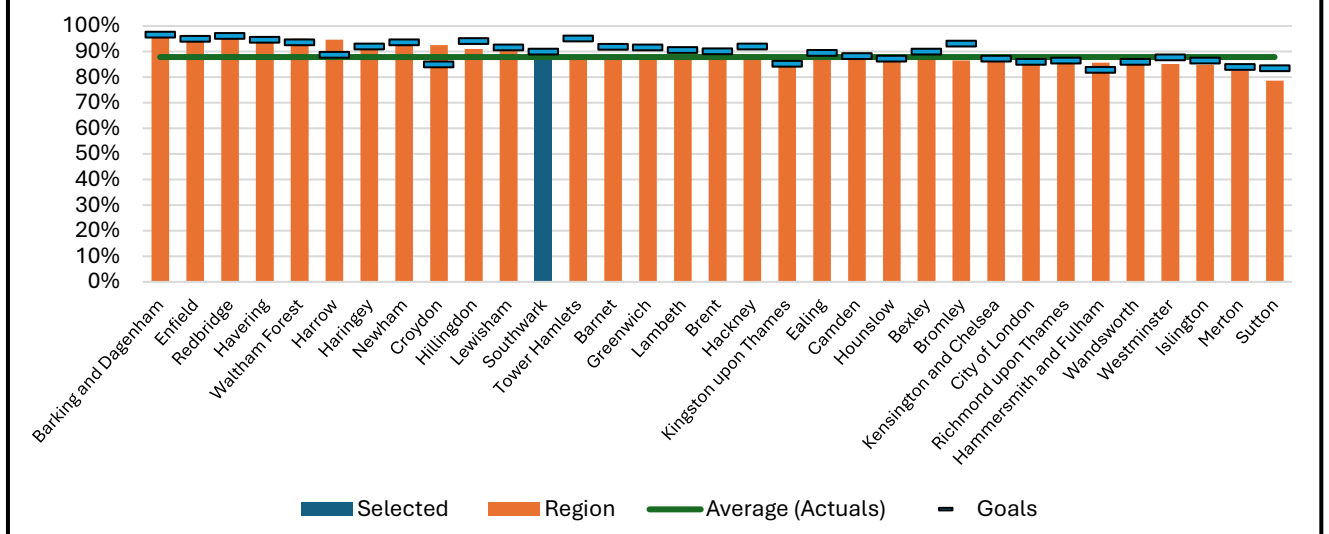




October monthly rate of 88.7% fell marginally below the 90% target. This was above the London average of 87.8%. Year to date is 89.3% hence still amber but very marginal and not an area of concern, unlike the average delay messages (2.2, 2.3).
This is relatively new data at borough level with recognised data quality issues.

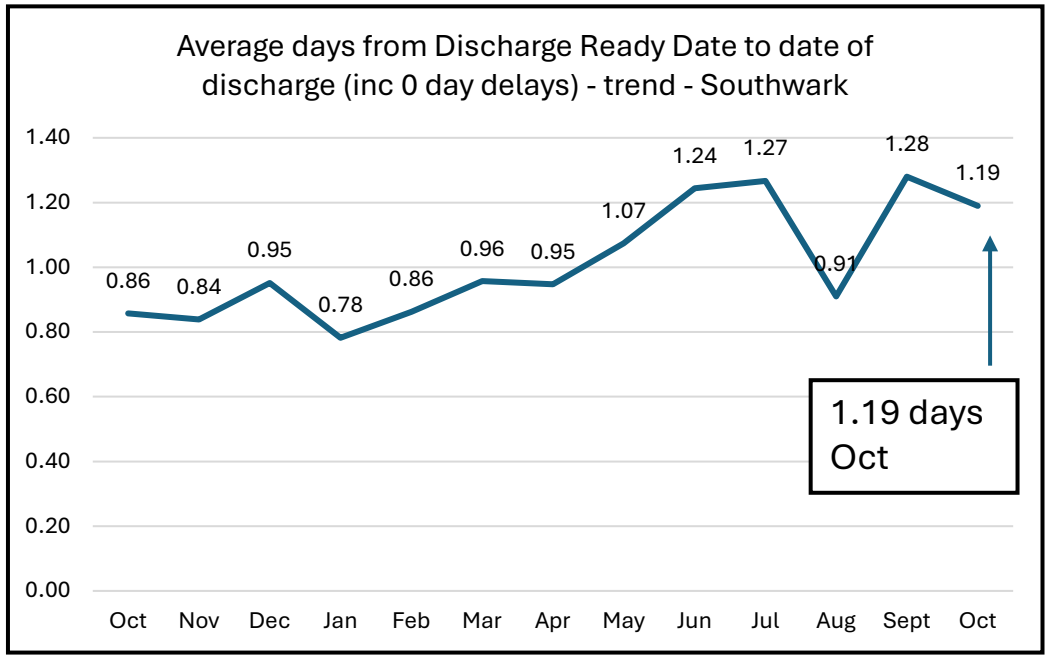
The BCF funds a wider range of services that support timely discharge from hospital. There remain problems with long delays for people requiring high needs dementia nursing care. This was subject to a deep dive at the November board. Issues around discharge delays are addressed at system level through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

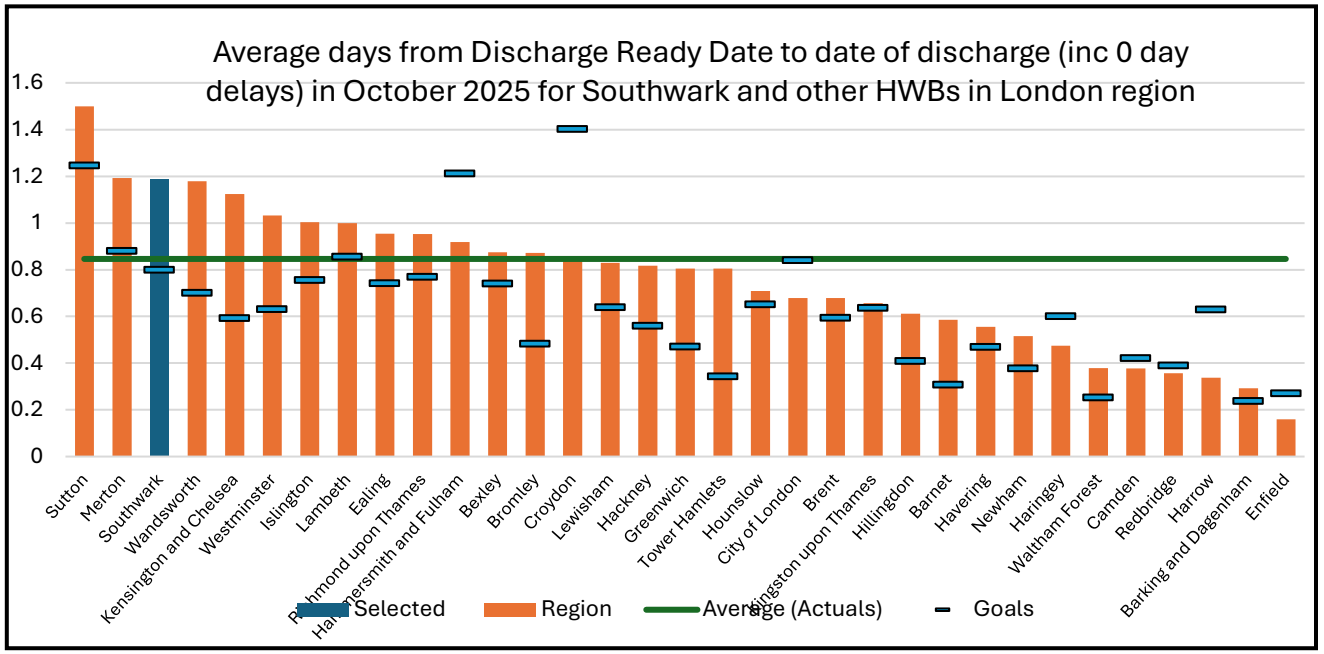
Data source: DHSC BCF dashboard, 12.01.26

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

RAG

Partnership Southwark





Continues to exceed 0.8 day target. Year to date average of 1.13.

London average October 0.84 days, although some low values in other boroughs potentially associated with low data quality. National and local data quality exercise underway.

Remains key area of concern as examined by board deep dive in November.

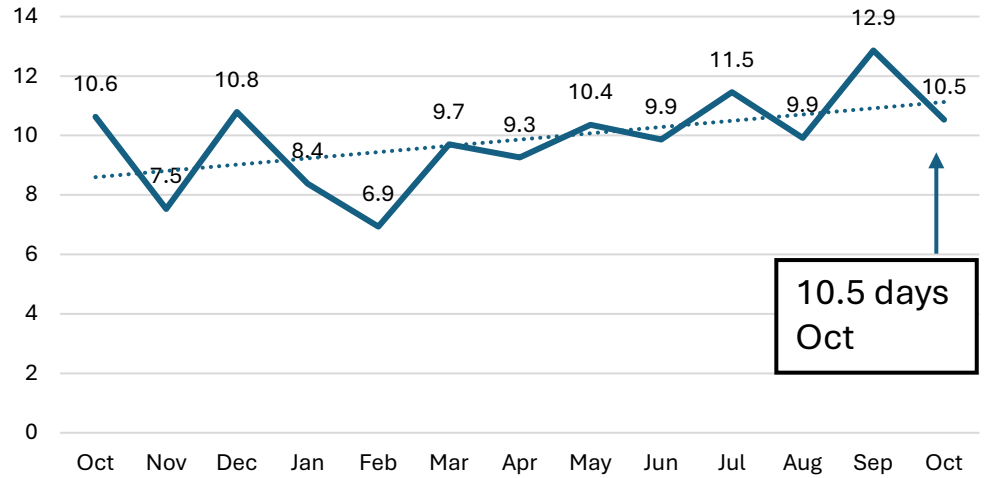
The BCF funds a wider range of services that support timely discharge from hospital. There remain problems with long delays for people requiring high needs dementia nursing care. This was subject to a deep dive at the November board. Issues around discharge delays are addressed at system level through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

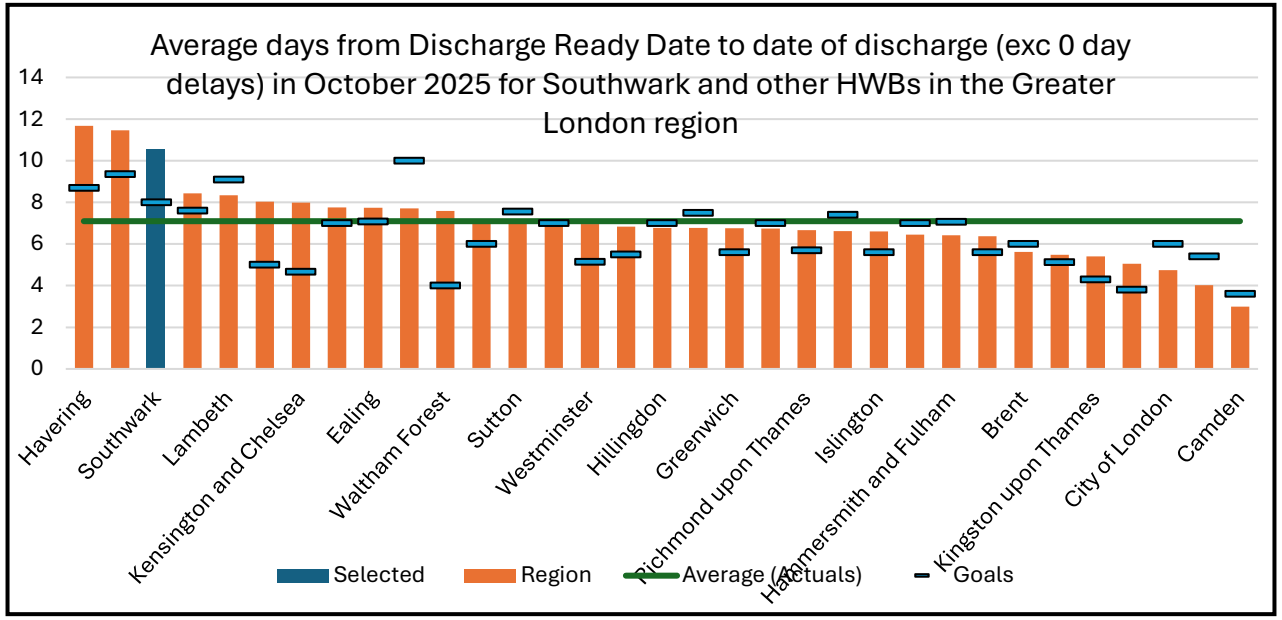
Data source: DHSC BCF dashboard, 12.01.26

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

RAG

Partnership Southwark





October average of 10.5 days against target of 8 days. London average 7.1 days.

Year to date 10.6 days. Data quality caveats apply as per previous DRD indicators, subject to national data quality re-launch and local deep dive.

Remains key area of concern as examined by board deep dive in November.

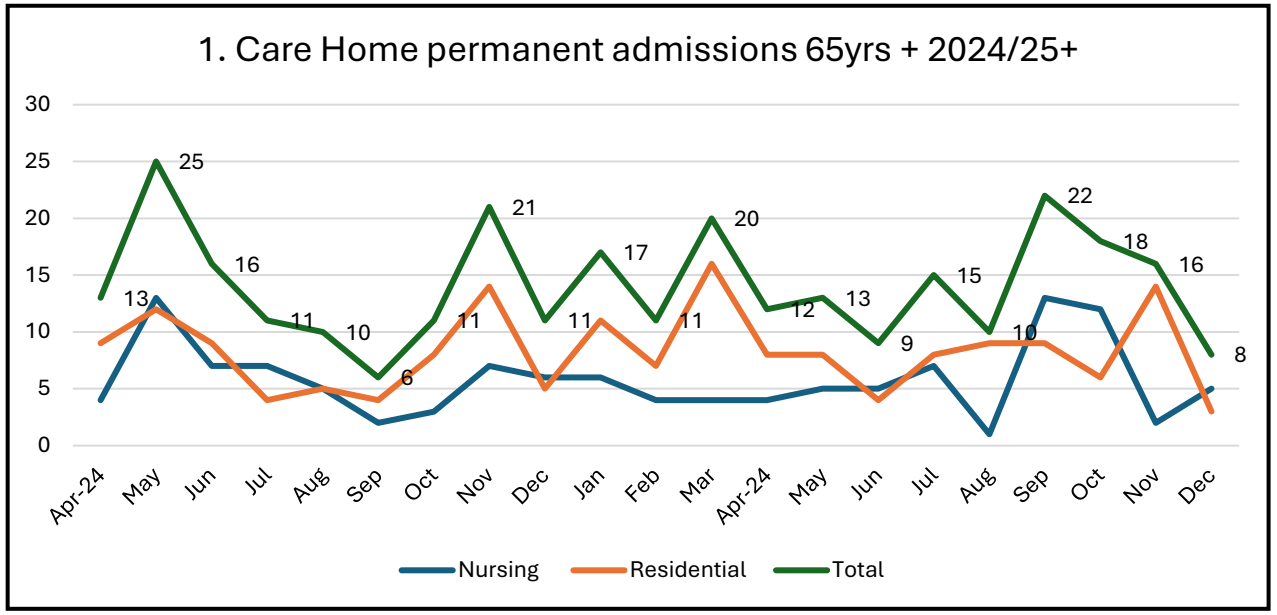
The BCF funds a wider range of services that support timely discharge from hospital. There remain problems with long delays for people requiring high needs dementia nursing care. This was subject to a deep dive at the November board. Issues around discharge delays are addressed at system level through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

Data source: DHSC BCF dashboard, 12.01.26

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

RAG

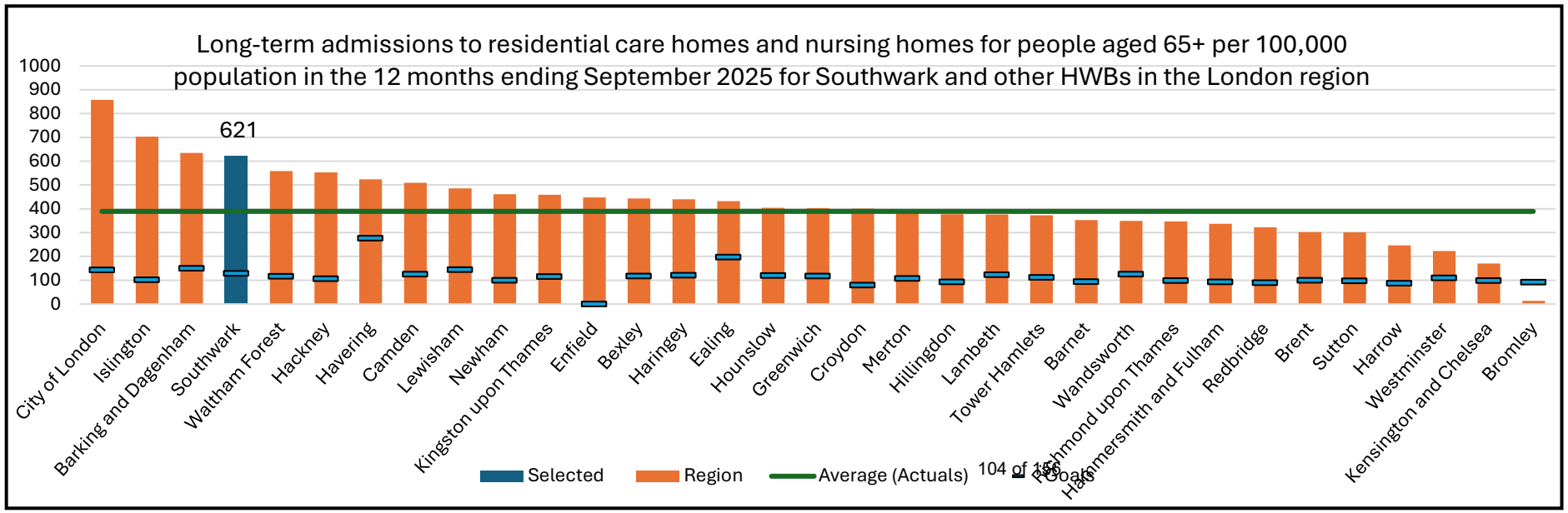
Partnership Southwark



The 2025/26 target is still just on track with 123 admissions in year to December against a target of 124.

However, whilst on target, the benchmarking chart (newly provided on DHSC BCF dashboard) shows that the Southwark rate is still comparatively high at 621 (12 months to September). This reflects the high baseline the target was based on.

A range of home based health and care services are geared towards supporting people to live safely and independently in their own home as set out in the BCF plan. The frailty pathway workstream and INT model should help improve co-ordinated services for the group most at risk of avoidable permanent care home admission.



Data source: (1) social care 12.01.26 H.Butt (2) DHSC BCF dashboard

4 BCF "Avoidable Admissions" (ambulatory care sensitive conditions)

RAG

Partnership Southwark

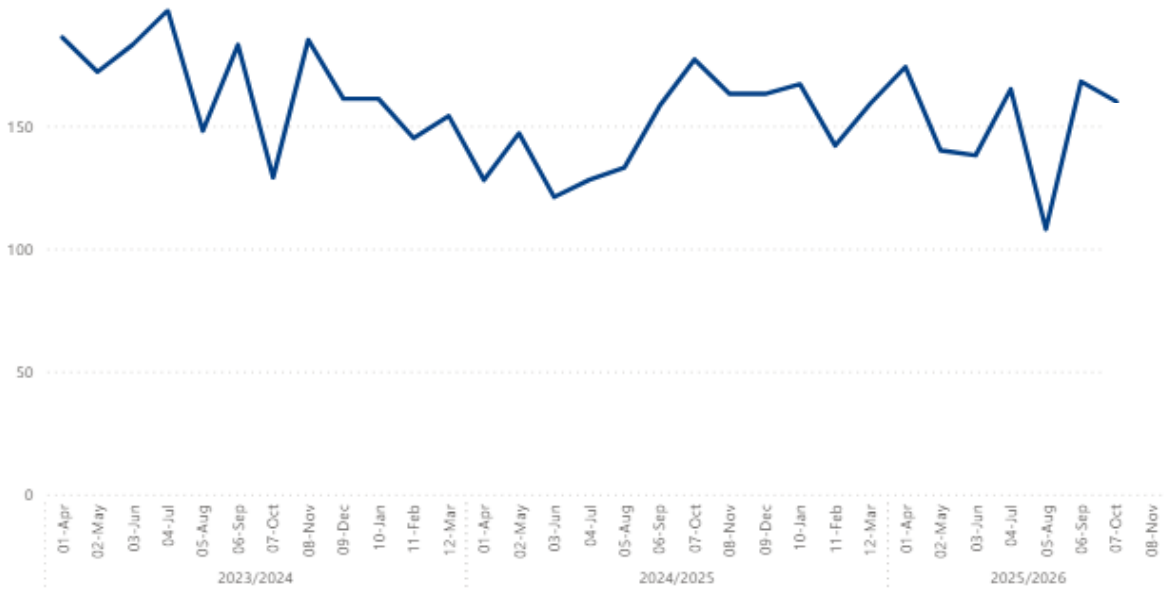
Unplanned ACSC Admissions Summary

South East London Integrated Care System

Borough of Residence

Bexley | Bromley | Greenwich | Lambeth | Lewisham | Southwark

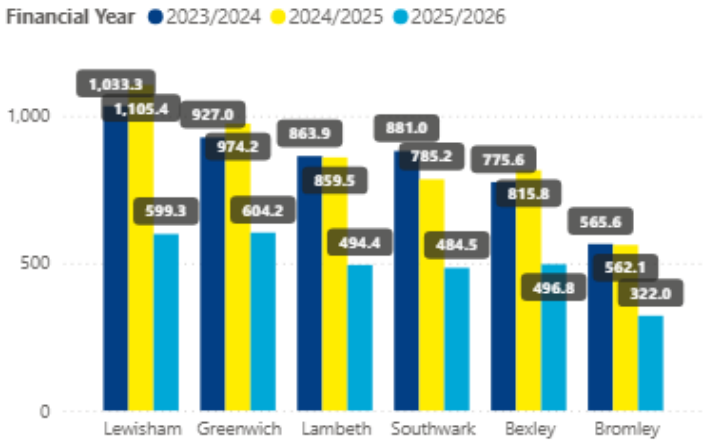
Number of Unplanned Admissions Related to Ambulatory Care Sensitive Conditions



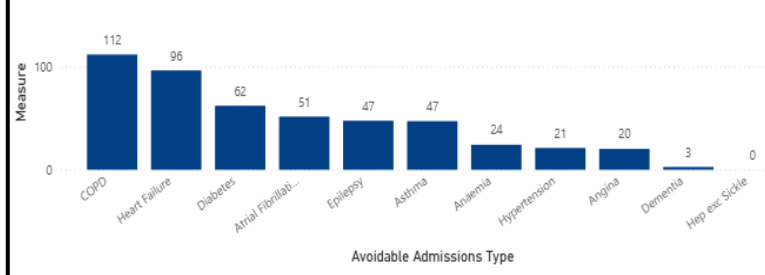
Financial Year	01-Apr	02-May	03-Jun	04-Jul	05-Aug	06-Sep	07-Oct	08-Nov	09-Dec	10-Jan	11-Feb	12-Mar	Total
2023/2024	186	172	183	197	148	183	129	185	161	161	145	154	2,004
2024/2025	128	147	121	128	133	158	177	163	163	167	142	159	1,786
2025/2026	174	140	138	165	108	168	160	49					1,102
Total	**488**	**459**	**442**	**490**	**389**	**509**	**466**	**397**	**324**	**328**	**287**	**313**	**4,892**

For SEL, there have been 49 admissions related to Unplanned ACSC Conditions in the latest month.
Compared to **previous month**, this is **111 Less.**
Compared to **same month last year**, this is **114 Less.**

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

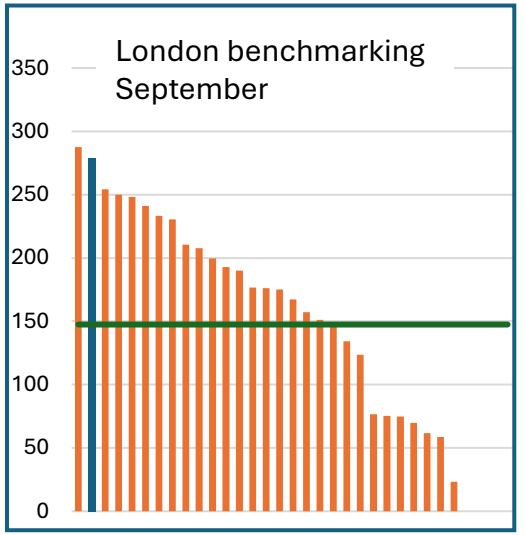


Avoidable Admissions Condition Type



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

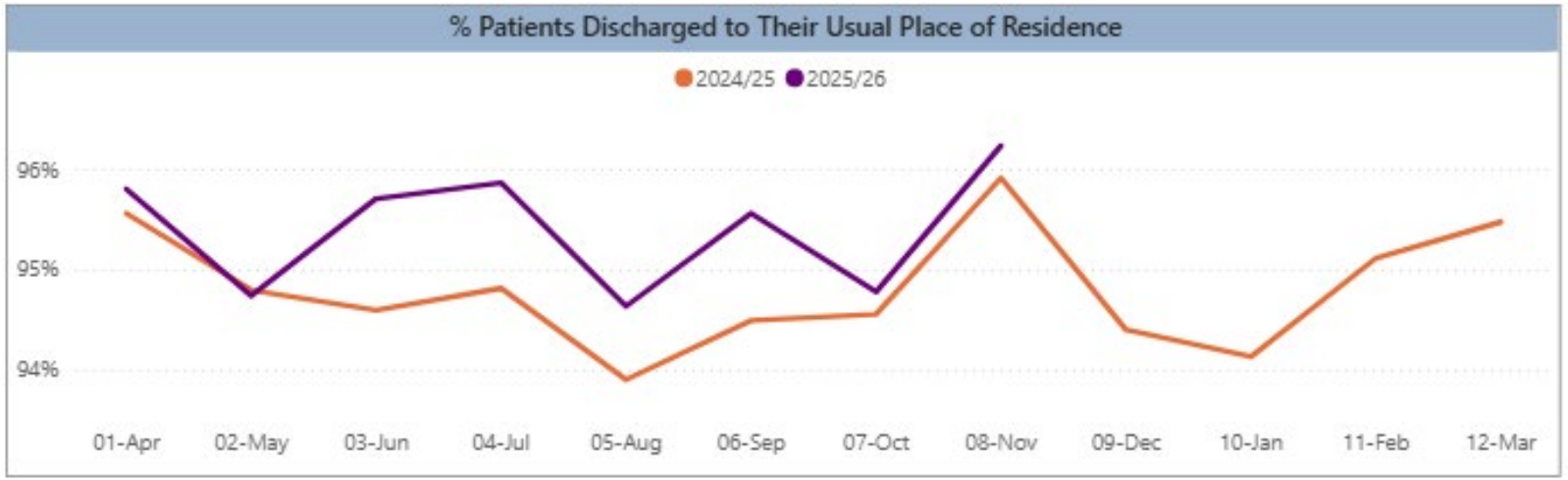
The measure for 2025/6 is 30% higher than the same period last year, hence this requires further examination. It is also of note that Southwark was second highest in London in October. COPD and heart failure are key drivers.



Data source: SELICB BI unplanned care dashboard, 13.01.26, benchmarking from DHSC BCF dashboard

Partnership Southwark

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



RAG

This is an area of comparatively strong performance for Southwark reflecting the strength of the home first service model. Current year performance improving on last year. (4th best in London in Sept)

6 BCF target – admissions due to falls aged over 65

RAG

Accurate Q3 data not available. Updated 2024/25 data reflects 566 falls, a 24% increase on 2023/24, compared to the 5% reduction target. However Q1 and Q2 showing encouraging decrease on 24/25 and benchmarking shows Southwark now mid-range.

Updated 13.01.25
Source SEL BI dashboard unplanned care BCF.

Partnership Southwark

Section 1.4

Integrated Assurance Report

Health and Care Plan Priorities Dashboard

Jan 2026

Health and Care Plan Priorities Dashboard – December update

Partnership Southwark

Summary of key changes since the October scorecard:

CYP mental health first contacts within 4 weeks of referral: positive improvement to 68% noted in October for all referrals, and 78% for all referrals excluding neurodevelopmental, although still below October 2024 levels. Neurodevelopmental referrals decline to 7%.

Adult mental health first contact within 4 weeks of referral: No significant changes noted over 18 month period for all referrals. Neurodevelopmental referrals decline to 14%.

Frailty:

- **Emergency admissions over 65 year olds:** remains within target to August.
- **Care home admissions over 65 years:** Q2 remains on target but note new DHSC benchmarking shows this is significantly above many comparable boroughs
- **LAS callouts over 65s:** 5% increase in year to October compared to same period last year**.** However the October 2024 surge has not happened this year.
- **Outpatients and A&E attendances:** 12 to 15% growth on same period last year.

Health and Care Plan Priorities Dashboard summary updated 08/12/25

Partnership Southwark

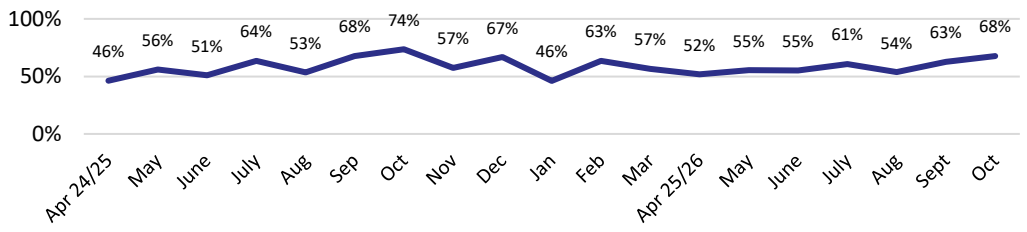
Health and Care Plan Priority Measures	2023/24 yr end	2024/25 yr end	2025/26 Apr	2025/26 May	2025/26 Jun	2025/26 Jul	2025/26 Aug	2025/25 Sep	2025/26 Oct	period	2024/25 Trend	Target	Benchmark		RAG	Comment
Children and young people's mental health																
Increase in % achievement of the 4 week wait standard:																
1.1 First contact in 4 weeks -all	37%	57%	52%	55%	55%	61%	54%	62%	68%	at end of month		improve	72%	SEL		Encouraging Q2
1.2 First contact in 4 weeks -neuro developmental	6%	22%	27%	26%	26%	25%	7%	11%	7%	at end of month		improve	23%	SEL		Decline in Q2
1.3 First contact in 4 weeks -all excl. neurodevelopmental (n	56%	66%	57%	64%	65%	69%	61%	71%	78%	at end of month		improve	74%	SEL		Encouraging Q2
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%	at end of month		improve	72%	SEL		no significant improvement
2.2 First contact in 4 weeks -neuro developmental	58%	34%	47%	60%	17%	50%	44%	14%	14%	at end of month		improve	23%	SEL		no significant improvement
2.3 First contact in 4 weeks -all excl. neurodevelopmental (new)		80%	78%	81%	85%	84%	86%	82%	83%	at end of month		improve	72%	SEL		no significant improvement
Frailty																
Reduce the rate of avoidable hospital and care home admissions from at risk cohorts:																
3.1 Emergency admissions for 65+ years per 100,000	1766	1930	1918	1900	1743	1848	1813			Monthly rate		1909 (Aug	1681	London (Aug)		4% below target max ytd
3.2 Care Home Admissions over 65's rate per 1000	655	622		Q1	119.3		Q2	169.9		Quarterly rate		621 (yr)	417	London Q1		25/26 on track
Reduce unplanned / emergency GP appointments:																
3.3 A&E attendances over 65 yrs (actuals)	1199	1284	1334	1373	1331	1387	1403	1402	1467	Monthly		Reduce		n/a		Increasing
Reduction in ambulance conveyances:																
3.4 LAS ambulance call outs Swk 65 yrs plus		1696	1688	1800	1731	1661	1675	1760	1799	Monthly total		Reduce		n/a		decreasing from May
Reduction in Outpatient Appointments:																
3.5 Outpatient Appointments 65 yrs plus (rate per 1000 list s	35.6	41.9	45.9	46.3	48.2	53.5	45.8	51.0	52.8	Monthly		Reduce		n/a		Increasing
Patient experience - quality of life																
3.6 Placeholder - Adult Social Care Survey - quality of life (1a	17.4											Improve	18.4	Inner London		to consider
4. Prevention and Health Inequalities - to develop																
5. Integrated Neighbourhood Teams - in development																

1. Children and young people's mental health: Increase in % achievement of the 4 week wait standard

RAG

Partnership Southwark

1.1 CYP referrals with 1+ contacts within 4 weeks: April 2024 - October 2025 (All referral types)



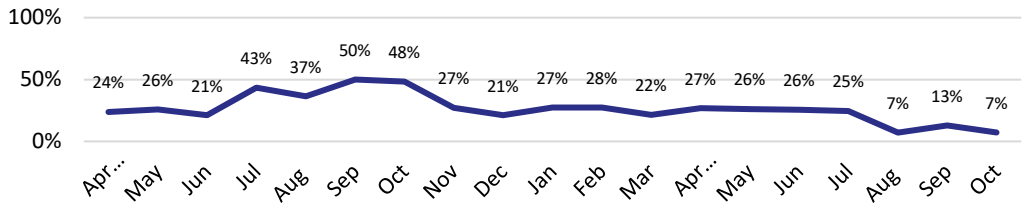
Oct 2025 – all referral types

% in four weeks: **67.8%**

Referrals with 1+ contacts recorded within 4 weeks: **250**

Referrals with 1+ contacts: **369**

1.2 Referrals with 1+ contacts within 4 weeks: April 2024 - October 2025 (Neurodevelopmental referrals)



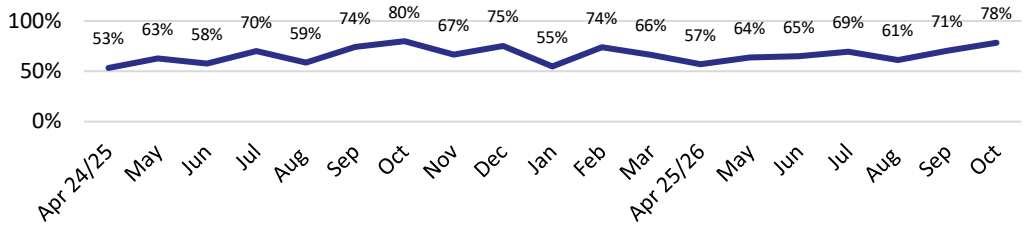
Oct 2025 – NDD referrals

% in four weeks: **7.3%**

Referrals with 1+ contacts recorded within 4 weeks: **4**

Referrals with 1+ contacts: **55**

1.3 Referrals with 1+ contacts within 4 weeks: April 2024 - October 2025 (All excluding Neurodevelopmental referrals)



Oct 2025 – all excluding NDD referrals

% in four weeks: **78.3%**

Referrals with 1+ contacts recorded within 4 weeks: **246**

Referrals with 1+ contacts: **314**

Narrative on performance:

Performance in October on all referrals (67.8%), and all referrals excluding neurodevelopmental (78.3%) are at their highest level since October 2024. Overall this is an improving position but needs further consolidation.

However performance on Neuro developmental (NDD) disorders at 7.3% is similar to the low levels since August.

Note on numbers waiting: It should be noted that children waiting over 4 weeks who have yet to have first contact (858 in October of whom 369 are NDD, reduced from 1,195 of whom 432 NDD in March) are not picked up in this indicator. When they are seen they are and this adversely effects the indicator. i.e. indicator can decrease in short term as backlogs are cleared.

Note: Data for BI dashboard is taken from published national mental health services data set. Data quality caveat - local provider data can show different picture of lower waits.

Note on what constitutes a first contact within 4 weeks. National definition is "Where the referral has its first attended CONTACT recorded between the start and end of the month, where this first CONTACT took place less that 28 days after the referral start date This includes all attended contacts where the consultation mechanism is either face to face, telephone, talk type or video consultation and indirect activity". SLAM may not report "indirect activity" in this return which may impact on final value.

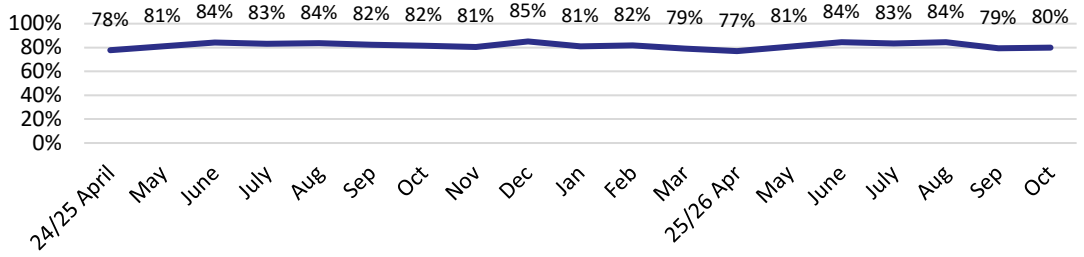
Updated 05.12.25
source SELICB CYP BI dashboard

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

RAG

Partnership Southwark

Adult Mental Health Referrals with 1+ contacts within 4 weeks: April 2024 - Sept 2025 (all referrals)



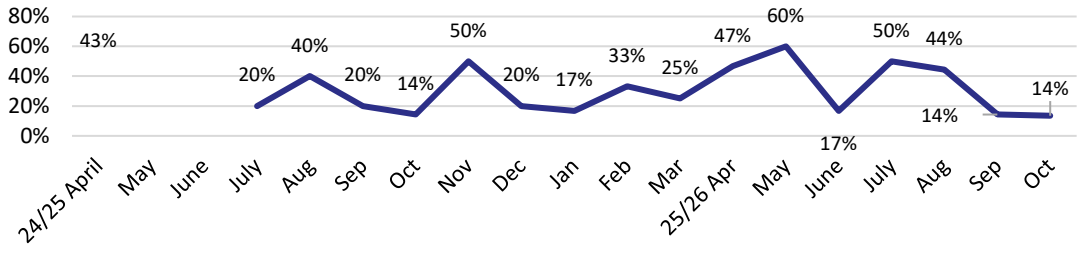
Oct 2025 – all referral types

% in four weeks: **79.9%**

Referrals with 1+ contacts recorded within 4 weeks: **671**

Referrals with 1+ contacts: **840**

Adult Mental Health Referrals with 1+ contacts within 4 weeks: April 2024 - Oct 2025 (NDD referrals)



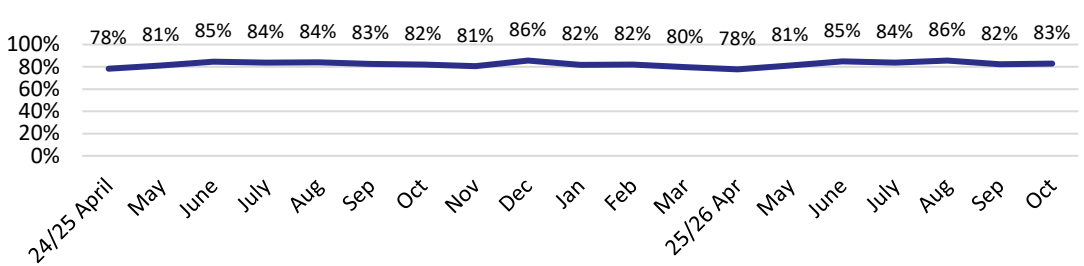
Oct 2025 – neurodevelopmental referrals

% in four weeks: **13.5%**

Referrals with 1+ contacts recorded within 4 weeks: **5**

Referrals with 1+ contacts: **37**

Adult Mental Health Referrals with 1+ contacts within 4 weeks: April 2024 - Oct 2025 (All referrals exc NDD)



Oct 2025 – all excluding neurodevelopmental referrals

% in four weeks: **82.9%**

Referrals with 1+ contacts recorded within 4 weeks: **666**

Referrals with 1+ contacts: **803**

Narrative on performance:

Overall, the performance has not improved significantly since the priority was agreed in 2024.

NDD is shown separately for the first time as numbers are more significant than previously with a low rate of performance on the 4 week standard..

Excluding NDD the average performance was 83% in October (compared to 74% across SEL)

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

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

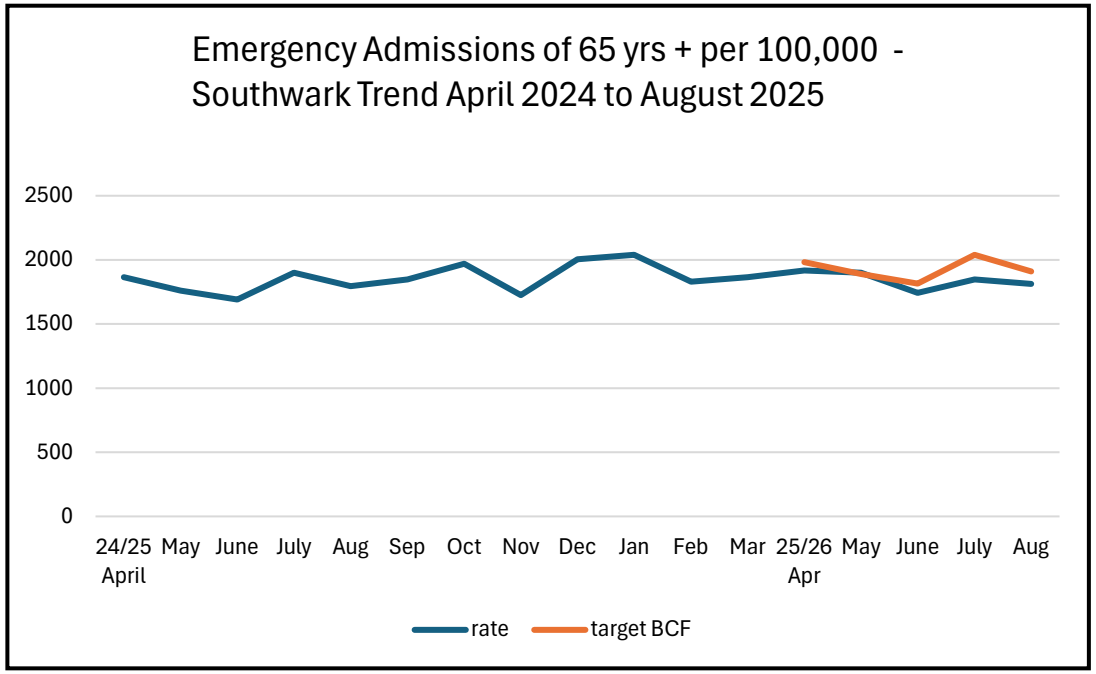
Note on what constitutes a first contact within 4 weeks. Definition is "Where the referral has its first attended CONTACT recorded between the start and end of the month, where this first CONTACT took place less that 28 days after the referral start date This includes all attended contacts where the consultation mechanism is either face to face, telephone, talk type or video consultation and indirect activity". SLAM may not report "indirect activity" in this return which may impact on final value.

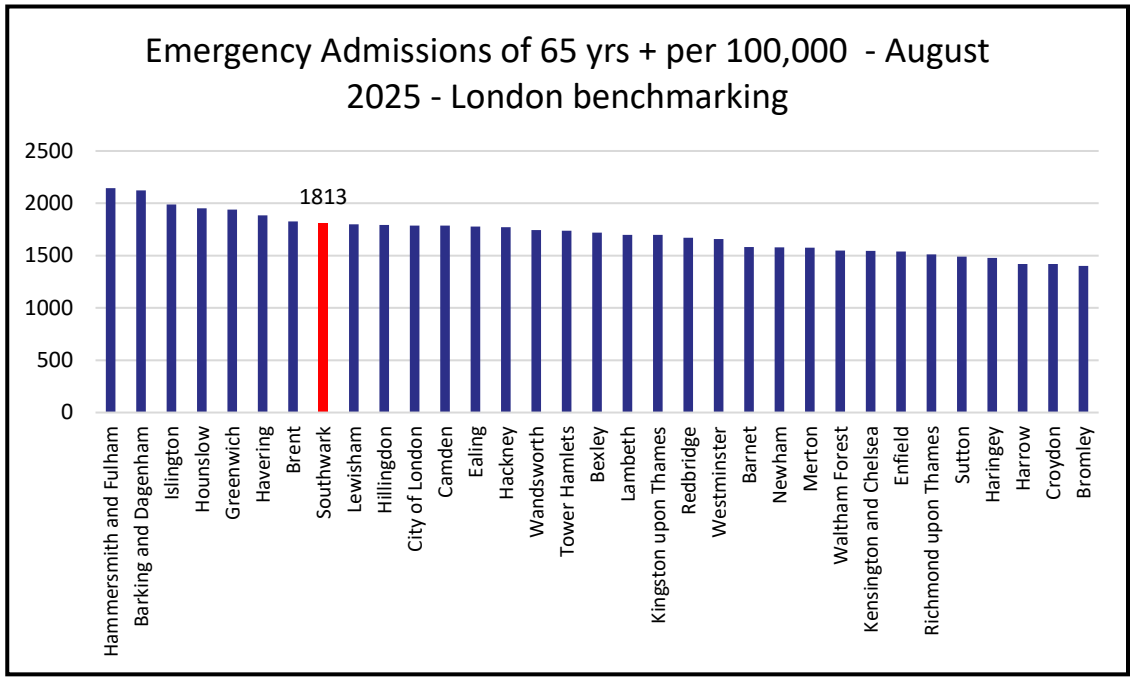
Updated 05.12.25
source SELICB AMH BI dashboard

3 Frailty: Reduce the rate of avoidable hospital and care home admissions from at risk cohorts:

RAG

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





Performance narrative:

Performance rating has moved from amber to green since April, when the rate was 2% above target.

The year to August is now 4.3% below the target maximum. i.e. target met

London average 1,681 in August but Southwark's position is closer to London median, a significant improvement on December 2024 when Southwark was highest.

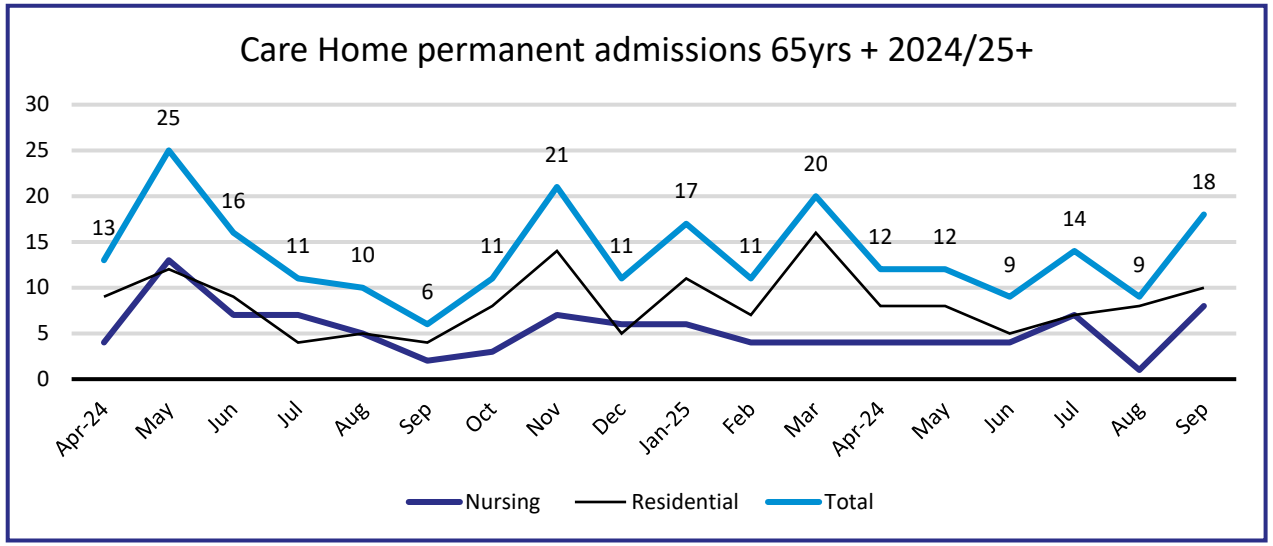
A range of services contribute directly and indirectly to admissions avoidance, including primary care, urgent community response, step up intermediate care, same day emergency care, ambulance services etc, hence is a key whole system measure.
PSSB considered a deep dive into admissions avoidance at the July board.

Data source: DHSC BCF dashboard, 05.12..25

3.2 Frailty: Permanent Care Home admissions – up to September 2025 - activity

RAG

Partnership Southwark



The 2025/26 target is on track with 74 admissions in the first 6 months of the year against a target of 84. This is a promising start although it is an indicator which can be volatile with significant monthly changes, and September was significantly above average.

However, whilst on target, the benchmarking chart (newly provided on DHSC BCF dashboard) shows that the Southwark rate is still comparatively high. This reflects the high baseline the target was based on.

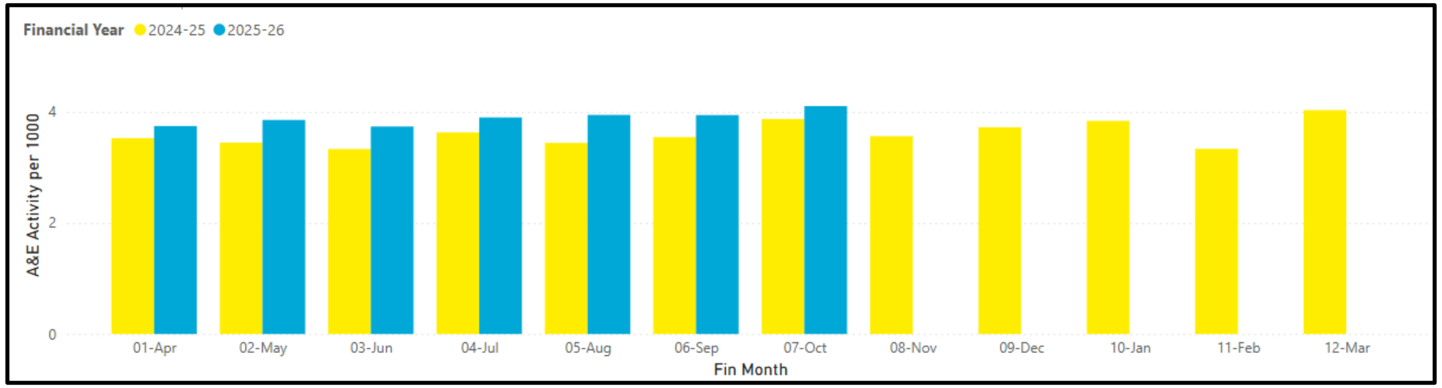
A range of home-based health and care services are geared towards supporting people to live safely and independently in their own home as set out in the BCF plan. The frailty pathway workstream and INT model should help improve co-ordinated services for the group most at risk of avoidable permanent care home admission.

It is recognised that beyond a certain level of needs a care home setting can be the best option.

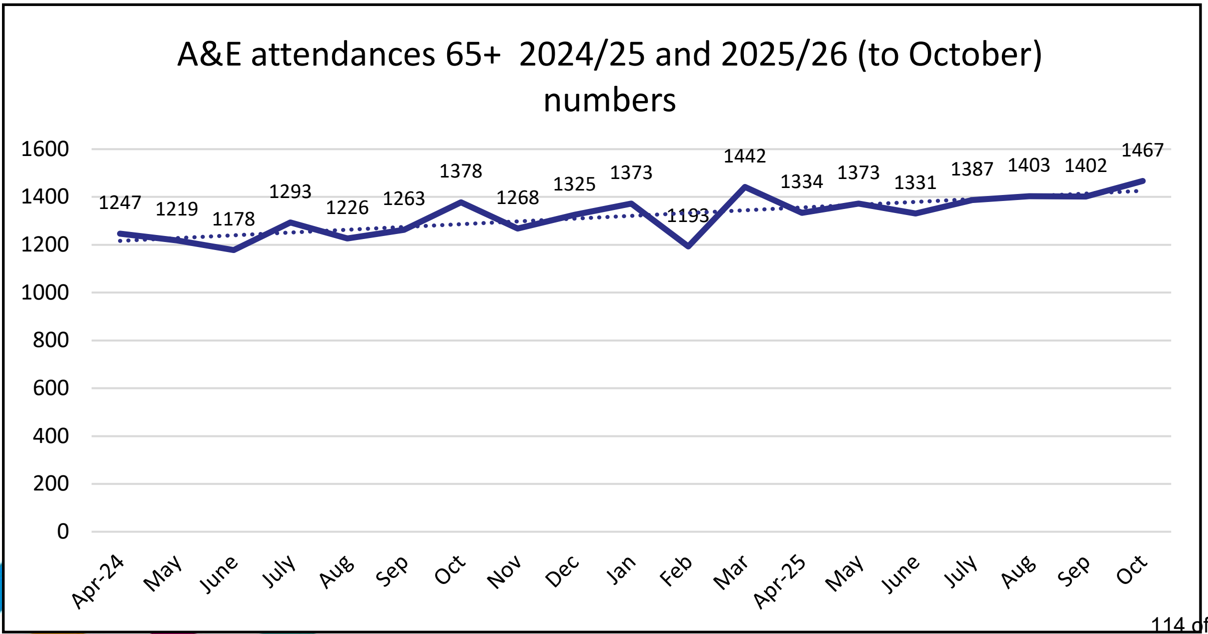
Data source: numbers, social care 17.10.25 C.Omudo, DHSC, benchmarking rates, 12.12.25 DHSC dashboard temporary

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

RAG



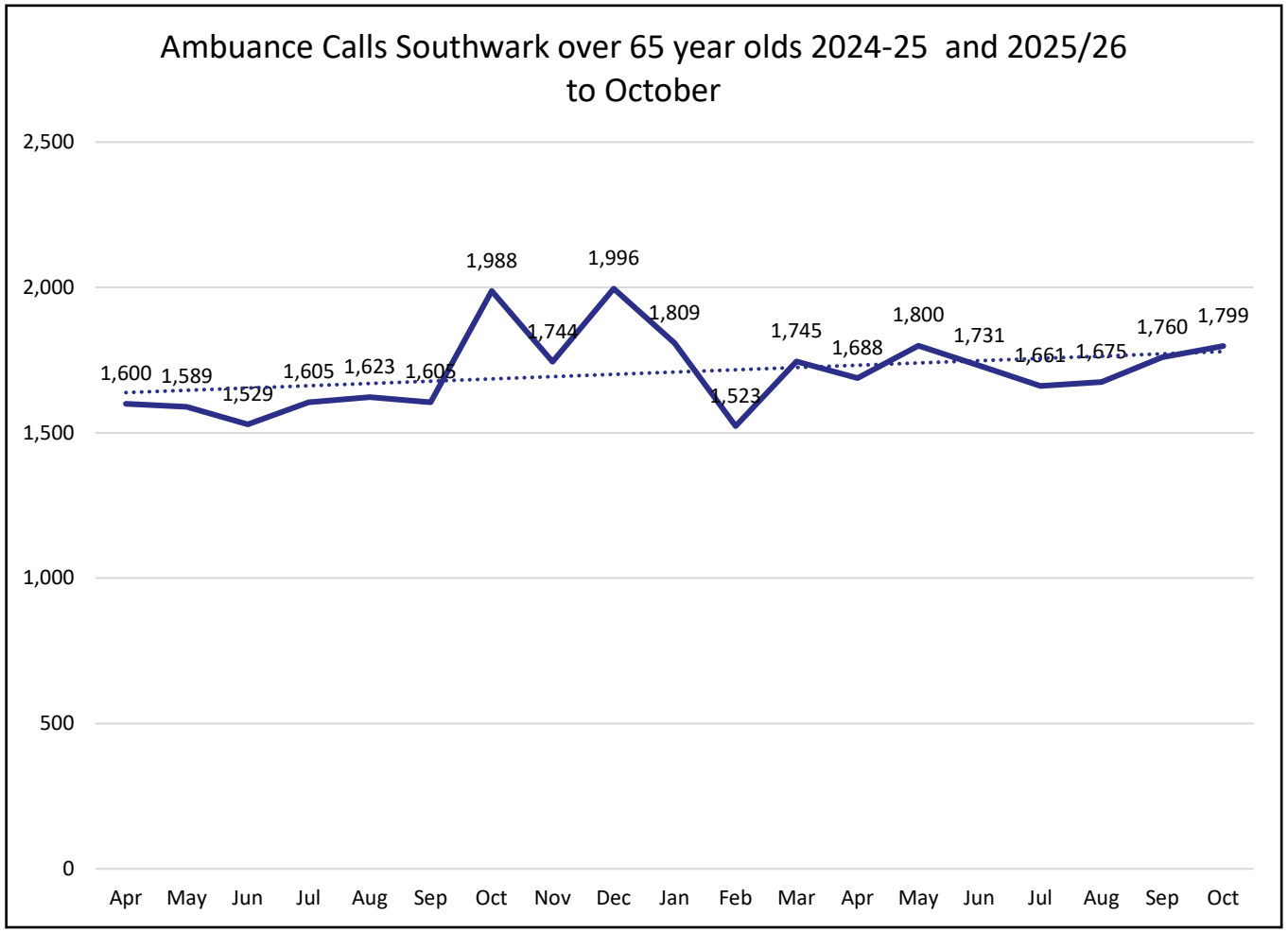
Performance narrative: 2025/26 to date is 10% higher than the same period in 2024/25 and on an upward trend.



Data source: SELICB practice dashboard; 08.12.25

3.4 Frailty: Reduction in ambulance calls over 65 yrs

RAG



Performance narrative:

Number of call outs has increased steadily since July.

The April to October figures this year are 5% above last year. However it is encouraging that the Oct 2024 spike was not repeated this October.

Key test will be November to January which peaked significantly last year and whether the same will occur.

Note includes all call outs, not all conveyed to hospital.

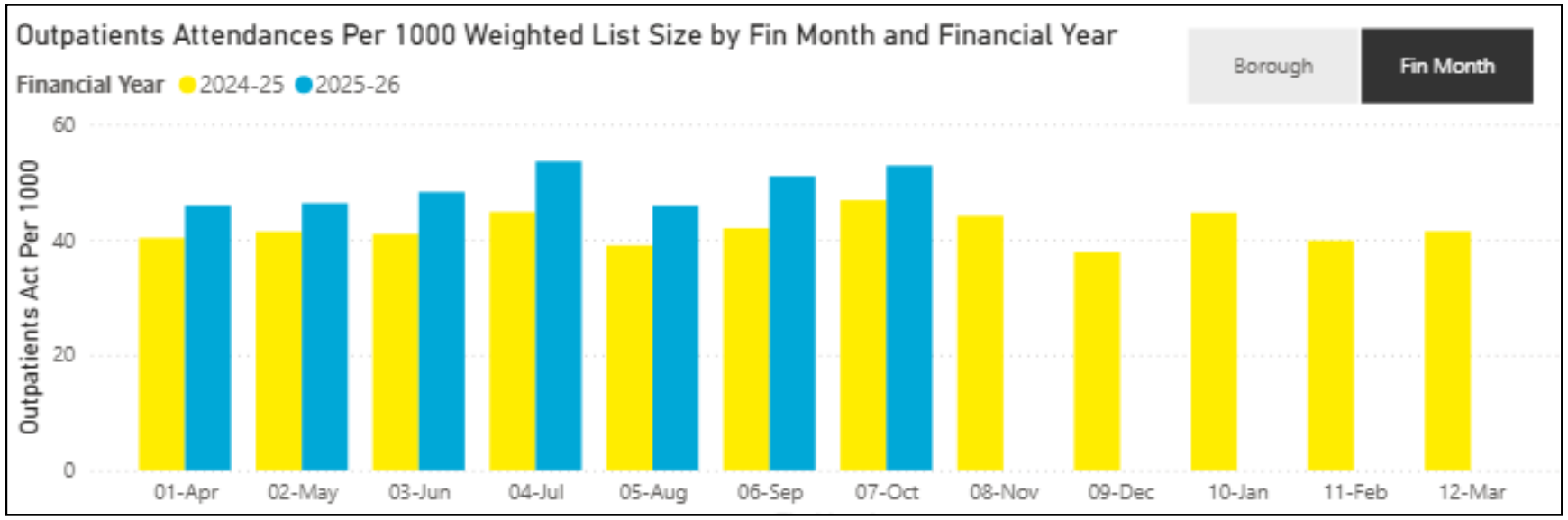
(Oct data is draft / flex data)

Source LAS: julian.williams1@nhs.net 08/12/2025

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

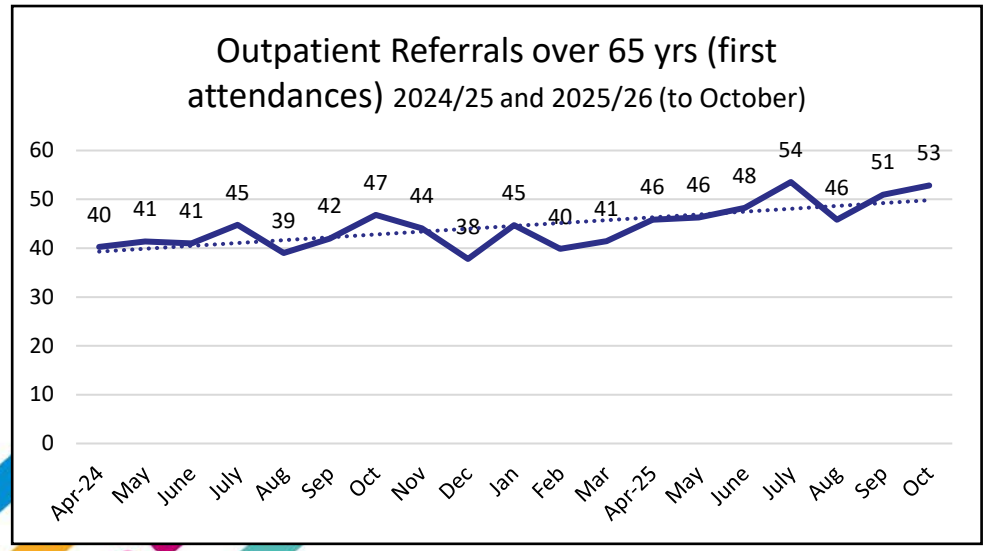
RAG

Partnership Southwark



Performance narrative: appears to be significant increase on same period last year (12.5%). Requires detailed drill down analysis with acute commissioners to understand context.

.



Data source:SELICB practice/planned care dashboard, 12.12.25

Integrated Assurance Report

January 2026

Section 2: SEND Q3 - ICB related measures

SEND Southwark ICB Dashboard Q3 2025/26

Contents:

1. Summary of key developments – Q3

Partnership Southwark

- The DCO and partners from Community Paediatrics, clinical psychology, CAMHs and LA continue to meet to operationalise the 1 yr pilot of increasing LD diagnoses for children and young people with SEND in Southwark. The pilot will commission psychology time within an existing service at Sunshine House. We are hoping to have this pilot service in place by April this year.

- On 20th November our DCO for SEND, therapies lead from Sunshine House, Community Paediatrics team and wider health partnership team and CAMHs facilitated a parent/carer (SIV) health event. This was well received by our parent carer forum and topics that were presented and discussed included ASD, ARFID and ASHD.

- In November, OFSTED and CQC held an annual SEND engagement meeting with Southwark SEND partnership. During this meeting they discussed our self evaluation framework and any action plans we have in place for SEND. They wanted to know how we are working as a partnership, looking at good practice and any barriers and how leaders are addressing these. The meeting seemed to be positive that we have identified our areas for improvement, which includes our joint (LA & ICB) commissioning arrangements. The health representatives at this meeting were the DCO and SRO for SEND in Southwark.

- In December the Southwark SEND Partnership Board approved the updated SEND Joint Commissioning Strategy which formally commits partners to prioritise joint actions to improve the experience and outcomes of children and families with special educational needs and disabilities. Detailed delivery plans will be developed for the agreed priority areas of Speech and Language Therapy, Autism and ADHD, developing in-borough provision, joint funding for individual care packages, improved co-production and improving partnership collaboration and governance.

2. Southwark ICB SEND Scorecard summary Q3

Partnership Southwark

	2023/24	2024/25 Q1	2024/25 Q2	2024/25 Q3	2024/25 Q4	2025/26 Q1	2025/26 Q2	2025/26 Q3		Trend	time period	Target	RAG	slide
Number of section 23 notifications	31				93						academic year	n/a	n/a	3
Return of health information for EHCNA within 6 weeks														4
Community Paediatrics		64%	77%	76%	33%	68%	91%				average for qtr	100%		4
Speech & Language		82%	97%	84%	87%	76%	82%				average for qtr	100%		4
Occupational Therapy		86%	77%	55%	83%	50%	80%				average for qtr	100%		4
Physio		100%	50%	89%	100%	50%	88%				average for qtr	100%		4
% seen within 18 weeks														
Community Paediatric Services		55%	45%	41%	38%	31%	34%				average for qtr			5
Speech and Language Therapy		100%	100%	100%	100%	100%	98%				average for qtr			5
Occupational Therapy		100%	100%	100%	100%	100%	100%				average for qtr			5
Physiotherapy		100%	100%	100%	100%	100%	100%				average for qtr			5
Average waiting time - weeks														
Community Paediatric Services		32	29	33	32	25	26				average for qtr	tbc		5
Speech and Language Therapy		13	15	12	14	15	16				average for qtr	tbc		5
Occupational Therapy		16	14	8	11	10	12				average for qtr	tbc		5
Physiotherapy		8	8	3	3	5	6				average for qtr	tbc		5
Mental health services														
52+ week waiters - all	159	159	168	243	254	245	217	216	(Oct)		at end of qtr	0		6.1
52+ week waiters - neuro developmental	97	101	101	145	158	141	110	101	(Oct)		at end of qtr	0		6.1
First contact in 4 weeks -all	37%	51%	68%	66%	56%	55%	62%	68%	(Oct)		at end of qtr	100%		6.2
First contact in 4 weeks -neuro developmental	6%	22%	50%	21%	22%	26%	11%	7%	(Oct)		at end of qtr	100%		6.2
First contact in 4 weeks -all excl. neurodevelopmental (new)	56%	58%	74%	75%	66%	65%	71%	78%	(Oct)		at end of qtr	100%		6.2
Reviews														
Learning Disability Annual Health Check (14-25 yrs)	75%	12%	35%	44%	78%	14%	25%	43%	Oct		at end of qtr			7.1
Continuing care														
New referrals				year-end:	8	2	2				quarter			8
How many continuing care eligible					17	17	17				quarter			8
How many had a care act referral					100%	100%	100%				quarter			8
Personal health budget in the year to date					31	20	20				quarter			8
New born hearing screening														
Coverage	98.8%	99.1%	98.4%	98.5%	99.0%	99.1%					quarter			9
Diagnosis or intervention, % babies in time	94.6%	94.7%	94.4%	94.9%	95.5%	94.7%					quarter			9

Updated 09.01.26

3. Duty to notify the Local Authority of CYP who are likely to have a SEND need

Partnership Southwark

Number of section 23 notifications:

Academic year

2022/23: 95 (including 41 ASD, 40 SLCN)

2023/24: 31 (including 16 ASD, 8 SLCN)*

2024/25: 93 (including 71 ASD, 14 SLCN) (final academic year data)

2025/26: autumn term data due for next report

*Note: the dip in 2023-24 has been linked to problem in NHS data systems so may not be strictly comparable

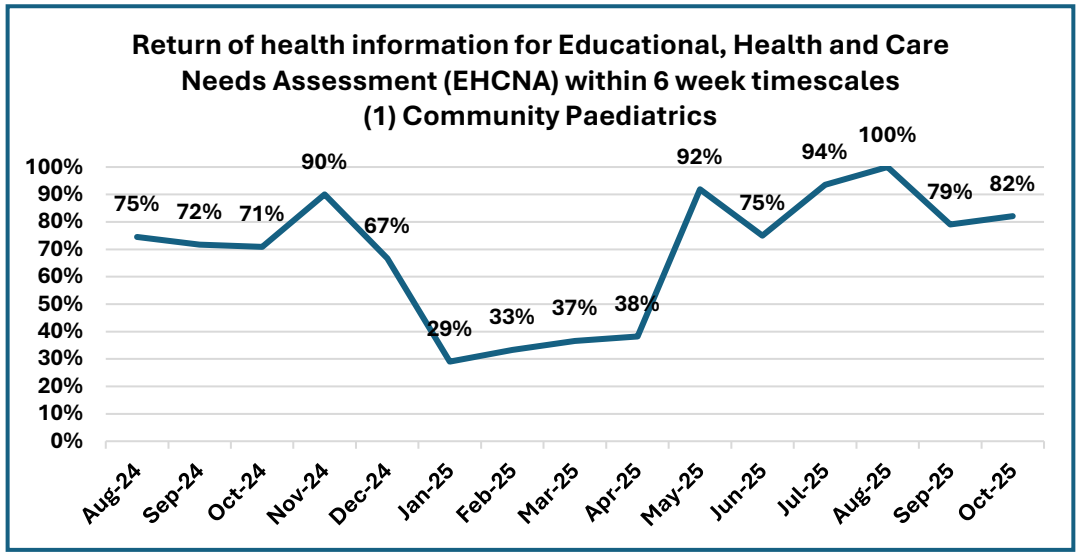
Source: Johanna.Hancock@southwark.gov.uk

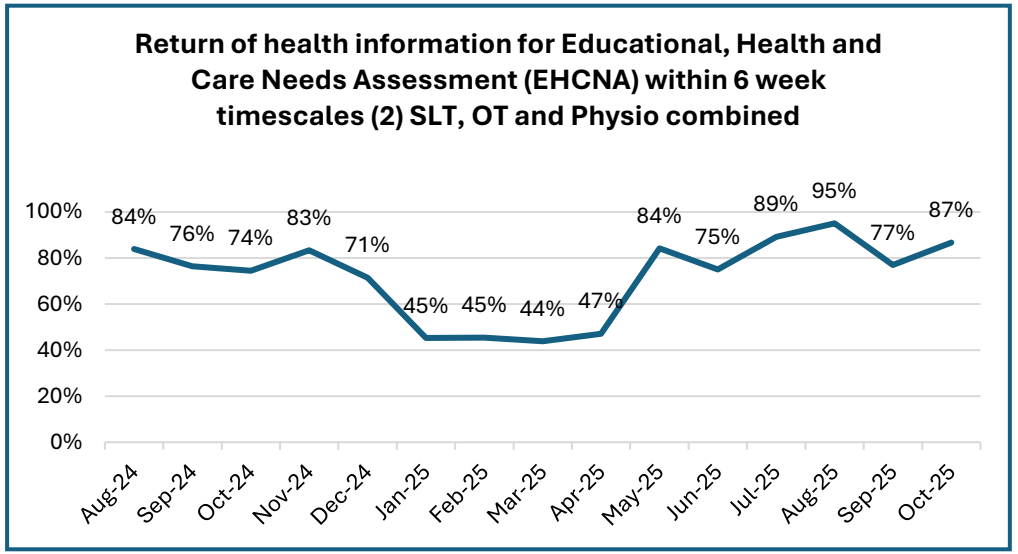
Updated 06.01.26 - no update for 25/26: Autumn term data due for next report

4. Duty to Diagnose and Assess

Return of health information for Educational, Health and Care Needs Assessment (EHCNA) within 6 week timescales – Evelina Community Services – to October 2025

% within timescales	Aug-24	Sep-24	Oct-24	Nov-24	Dec-25	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Number of cases
Community Paediatrics	75%	72%	71%	90%	67%	29%	33%	37%	38%	92%	75%	94%	100%	79%	82%	440
Evelina Community SLT	97%	94%	88%	82%	83%	100%	100%	60%	67%	91%	71%	84%	87%	76%	93%	275
Evelina Community OT	100%	71%	40%	50%	75%	50%	100%	100%	0%(1 case)	50%	100%	80%	100%	60%	100%	65
Evelina Community Physiotherapy	100%	50%	100%	100%	67%	100%	none	none	100%	0%	none	100%	75%	none	100%	23





This data covers Evelina Services only. It does not include independent providers.

Note Q3 data being subject to further validation due to drop in referrals recorded

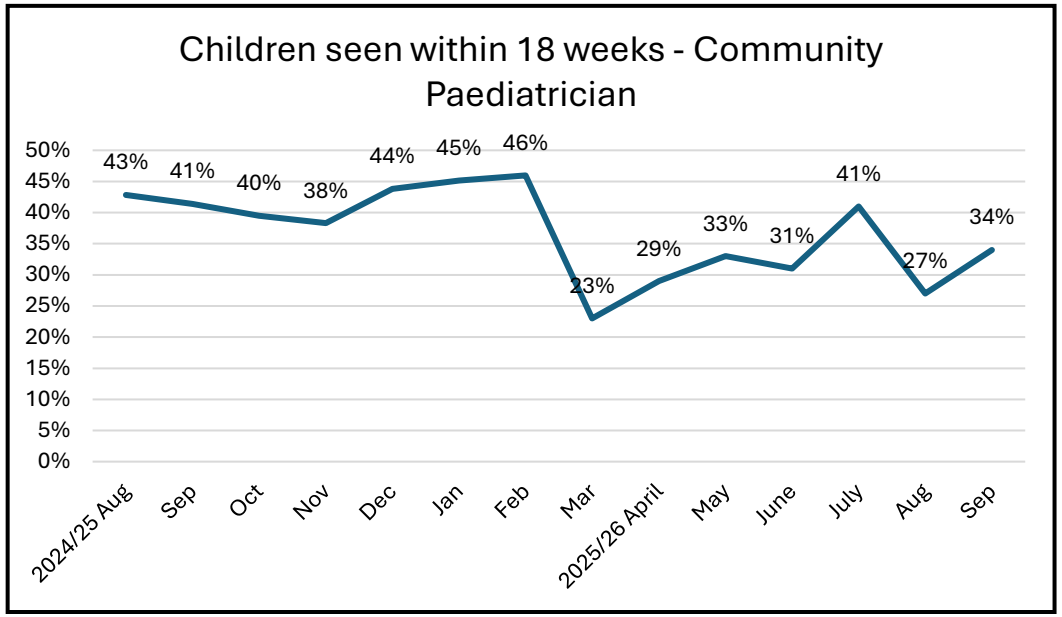
Narrative: clear improvements since April with a peak in August after which a partial decline.

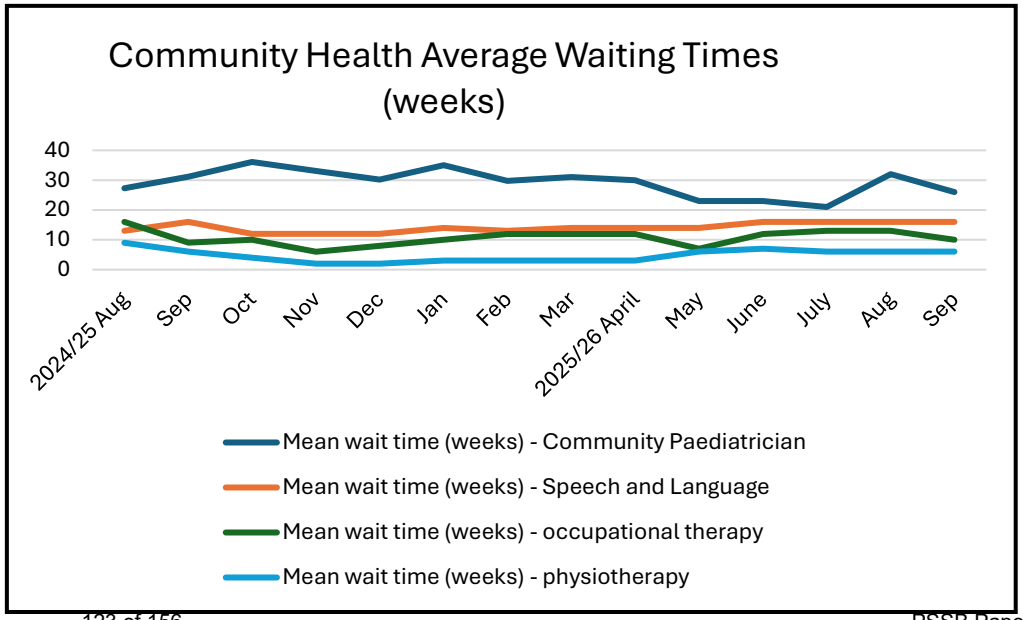
Updated 5/11/25 source GSTT (Nilly Omar)

5. Community Health waiting times

Partnership Southwark

% seen within 18 weeks	2024/25 Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2025/26 April	May	June	July	Aug	Sep
Children seen within 18 weeks - Community Paediatrician*	43%	41%	40%	38%	44%	45%	46%	23%*	29%	33%	31%	41%	27%	34%
Children seen within 18 weeks - Speech and Language	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	95%
Children seen within 18 weeks - Occupational therapy	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Children seen within 18 weeks - physiotherapy	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Average waiting time (weeks)	**2024/25 Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**2025/26 April**	**May**	**June**	**July**	**Aug**	**Sep**
Mean wait time (weeks) - Community Paediatrician	27	31	36	33	30	35	29.	31	30	23	23	21	32	26
Mean wait time (weeks) - Speech and Language	13	16	12	12	12	14	13	14	14	14	16	16	16	16
Mean wait time (weeks) - occupational therapy	16	9	10	6	8	10	12	12	12	7	12	13	13	10
Mean wait time (weeks) - physiotherapy	9	6	4	2	2	3	3	3	3	6	7	6	6	6





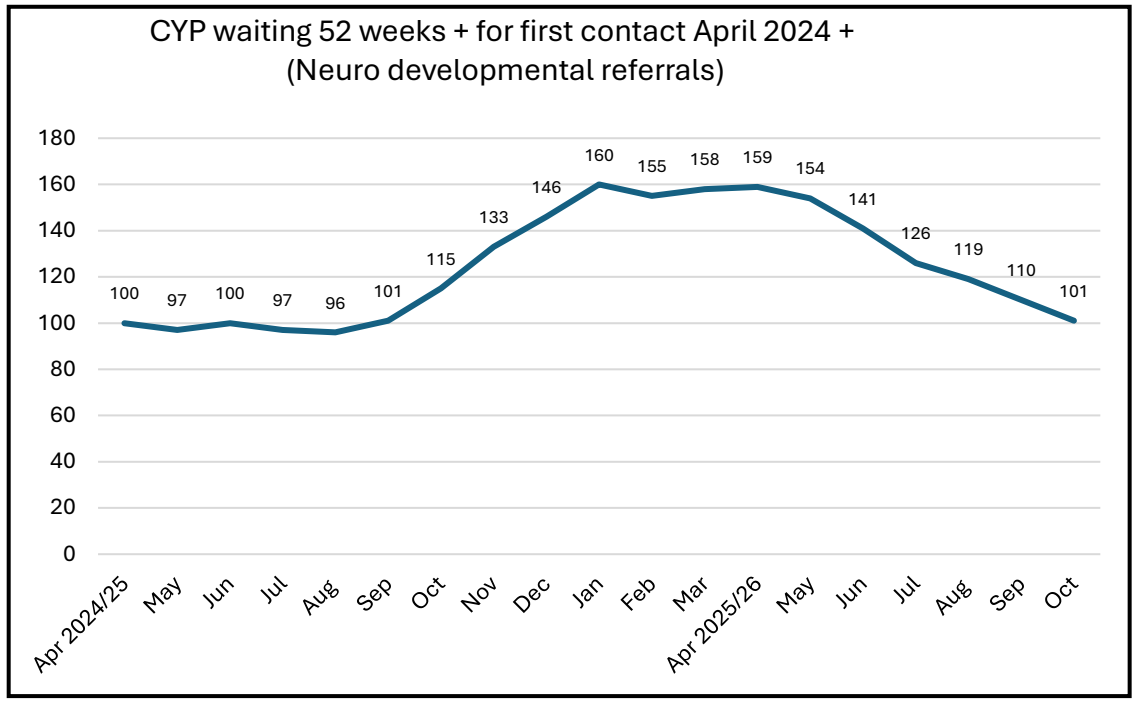
*Community paediatrician: reduction since February linked to better data reporting,

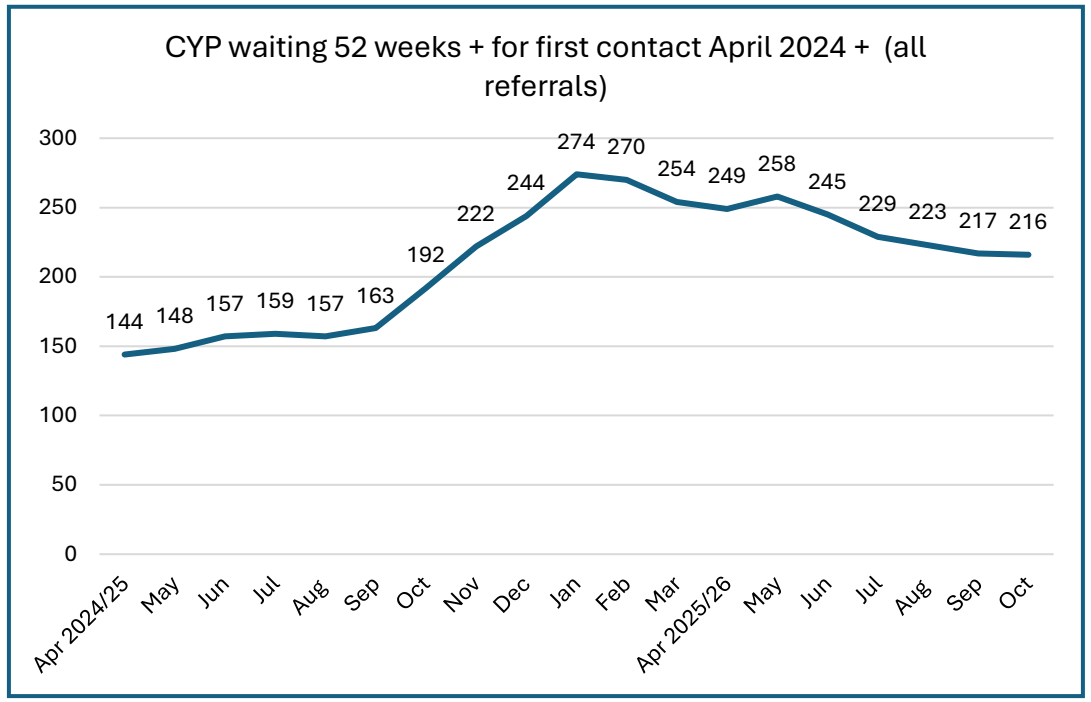
Note Q3 data received being subject to further validation to address gaps

Updated 05.11.25 source GSTT (Nilly Omar)

6.1 Children and Young People Mental Health BI dashboard: Waiting times for first contact – all referrals and neurodevelopmental referrals April 2024 – October 2025 (all children, not just SEND)

Partnership Southwark





Narrative: There is a steady decline in 52 week waiters during the current financial year

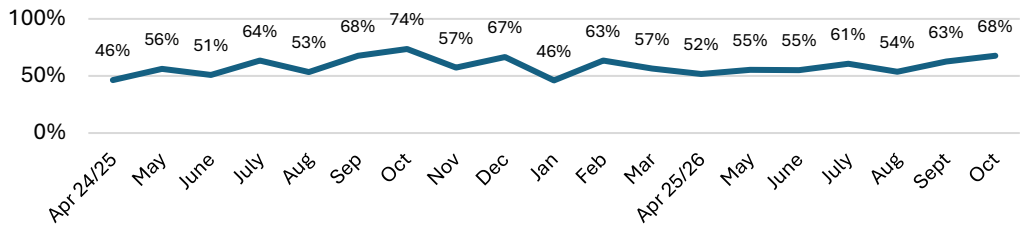
Note: source of data is SELICB BI Dashboard CYP mental health (all children) and corresponds to national published data. Some data quality issues with SLAM data and differences with provider reports are possible.

Updated 17/12/25 source SELICB CYP BI dashboard

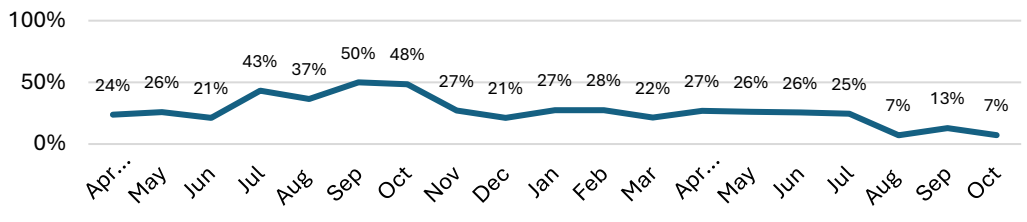
6.2 CYP Mental Health BI dashboard: Referrals with 1+ contacts in four weeks April 2024 – Sept 2025 (all children, not just SEND)

Partnership Southwark

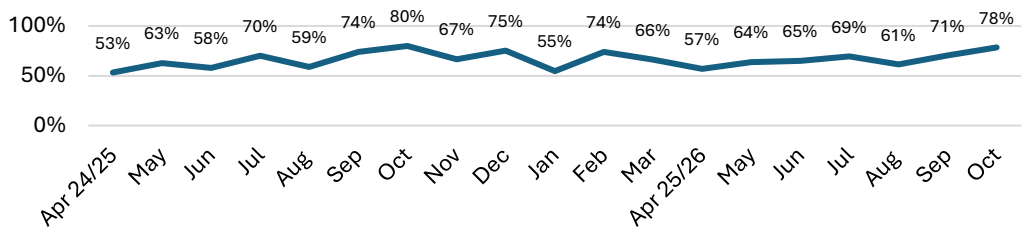
1.1 CYP referrals with 1+ contacts within 4 weeks: April 2024 - October 2025 (All referral types)



1.2 Referrals with 1+ contacts within 4 weeks: April 2024 - October 2025 (Neurodevelopmental referrals)



1.3 Referrals with 1+ contacts within 4 weeks: April 2024 - October 2025 (All excluding Neurodevelopmental referrals)



Oct 2025 – all referral types

% in four weeks: **67.8%**

Referrals with 1+ contacts recorded within 4 weeks: **250**

Referrals with 1+ contacts: **369**

Oct 2025 – NDD referrals

% in four weeks: **7.3%**

Referrals with 1+ contacts recorded within 4 weeks: **4**

Referrals with 1+ contacts: **55**

Oct 2025 – all excluding NDD referrals

% in four weeks: **78.3%**

Referrals with 1+ contacts recorded within 4 weeks: **246**

Referrals with 1+ contacts: **314**

Narrative on performance:

Performance in October on all referrals (67.8%), and all referrals excluding neurodevelopmental (78.3%) are at their highest level since October 2024. Overall this is an improving position but needs further consolidation.

However performance on Neuro developmental (NDD) disorders at 7.3% is similar to the low levels since August.

Note on numbers waiting: It should be noted that children waiting over 4 weeks who have yet to have first contact (858 in October of whom 369 are NDD, reduced from 1,195 of whom 432 NDD in March) are not picked up in this indicator. When they are seen they are and this adversely effects the indicator. i.e. indicator can decrease in short term as backlogs are cleared.

Note: Data for BI dashboard is taken from published national mental health services data set. Data quality caveat - local provider data can show different picture of lower waits.

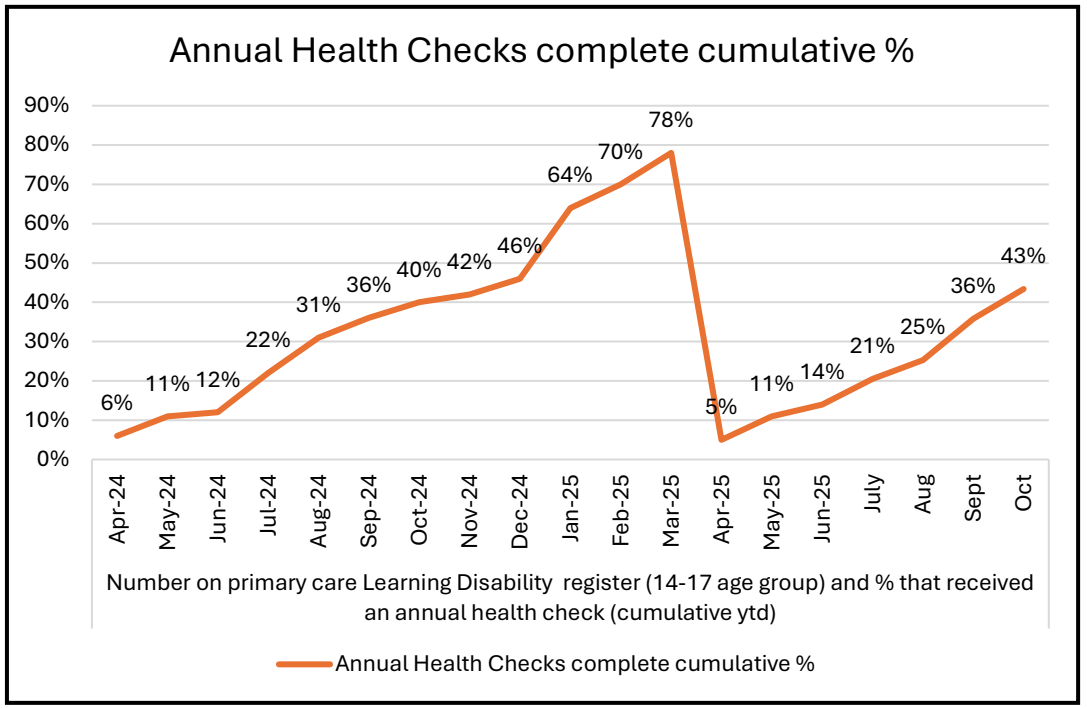
Note on what constitutes a first contact within 4 weeks. National definition is "Where the referral has its first attended CONTACT recorded between the start and end of the month, where this first CONTACT took place less that 28 days after the referral start date This includes all attended contacts where the consultation mechanism is either face to face, telephone, talk type or video consultation and indirect activity". SLAM may not report "indirect activity" in this return which may impact on final value.

Updated 05.12.25
source SELICB CYP BI dashboard

7.1 Duty to carry out reviews – learning disability annual health checks (14 - 17 year olds) cumulative year to date

Partnership Southwark

	Number on primary care Learning Disability register (14-17 age group) and % that received an annual health check (cumulative ytd)																		
	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mr-25	Apr-25	May-25	Jun-25	July	Aug	Oct	Nov
LD register 14-17 yrs	77	81	81	82	83	83	83	84	86	86	83	83	73	75	76	78	79	81	83
Annual Health Checks complete cumulative %	6%	11%	12%	22%	31%	36%	40%	42%	46%	64%	70%	78%	5%	11%	14%	21%	25%	36%	43%



2025/26 rates exceeded target requirements (34% by October)

Note on 18-25 year olds: SEL BI Dashboard reports 68.4% rate in Q2 (rolling 12 months).

Updated 17.12.2025
Source: Alex Pearson
&SEL dashboard data recd to be input 6.1

8. Children's Continuing Care

Measure	2024/25	Q1 25/26	Q2 25/26	Q3 25/26
New referrals	8	2	2	Tbc
How many continuing care eligible (on caseload)	17	17	17	Tbc
Proportion with a care act referral following transition if not eligible for CHC	100%	100%	100%	Tbc
How many children receiving continuing care had a personal health budget in the year to date	31	20	20 (3 Direct Payment)	tbc

Source Catherine Egan 15.10

9. New born baby hearing screening

a) New born screening coverage (NH1)

	2023/24	Q1 2024/25	Q2 2024/25	Q3 2024/25	Q4 2024/25	Q1 2025/26
SELICB	98.8%	99.1%	98.4%	98.5%	99.0%	99.1%
London	98.8%	98.9%	98.8%	98.8%	99.0%	98.9%

b) Diagnosis or intervention – time from screening outcome to attendance at an audiological appointment – babies bought to assessment in time (NH2)

	2023/24	Q1 2024/25	Q2 2024/25	Q3 2024/25	Q4 2024/25	Q1 2025/26
SELICB	94.6%	94.7%	94.4%	94.9%	95.5%	94.7%
London	91.1%	92.1%	93.8%	92.9%	91.8%	92.1%

NHS newborn hearing screening programme (NHSP) - GOV.UK

Updated 17/12/25

Integrated Assurance Report

Southwark Q3 Quality Update

Report from ICB Quality Team presented to IGAC on 15.01.26

South East London Integrated Care System

Contents

NHS South East London

Southwark Q2 Quality Updates

PATIENT SAFETY STRATEGY IN PRIMARY CARE (Patient Safety Incident Response Framework PSIRF)

Rollout of the Patient Safety Strategy Pilot

Work is continuing with practices participating in the pilot. **No Southwark practices signed up for the pilot team** however, learning and progress will be shared. Currently, the focus is on recording information on the NHS Learning from Patient Safety Events (LFPSE) with all practices being encouraged to sign up. Link to sign up Learn from patient safety events

Kings College Hospital

The trust is currently piloting a new pulse oximetry machine in haematology, particularly on sickle cell patients to reduce racial bias.

CQC

CQC have raised general concerns about services being provided by Hazeldene who have started to provide care in some areas of SEL, without prior knowledge to existing practices. The concern relates to patients being transferred to the 'hub' without concern from either existing practices and/or patients.

Southwark Q2 CQC Published Reports

Provider	Date of Publication	Overall Rating	Key Findings	Link to Report
Agincare (Southwark) Limited Tower Bridge Care Centre	8 October 2025	Requires Improvement	RI in Safe: Iinfection prevention and control; Learning Culture; Involving people to manage risks RI in Caring: Kindness, Compassion and Dignity; Independence choice & Control	Tower Bridge Care Centre - Care Quality Commission
Dental Beauty Dulwich	8 September 2025	Regulations met		Dental Beauty Dulwich - Care Quality Commission
Malmin Orthodontic Group	26 September	Regulations met		Southwark Urgent Dental Care - Care Quality Commission
Liral Veget and Training Ltd	29 August 2025	Requires Improvement	CQC issued warning notices on Liral Veget Training and Recruitment Limited on 29/04/2025 for failing to provide safe effective leadership and governance and failing to meet the requirements of the Mental Capacity Act 2005 (MCA) and associated code of practice at Liral Veget	Liral Veget Training and Recruitment Ltd - Care Quality Commission
Agincare (Southwark) Limited Rose Court Care Home	12 August 2025	Requires Improvement	RI in Safe: Peoples medicines were not always managed safely, lack of risk assessments for high risk medicines RI in Well-led: Management leadership inconsistent	Rose Court Care Home - Care Quality Commission

South East London Integrated Care System

NHS South East London

Southwark Q2 Quality Alerts

Q2 Learning from Southwark QAs

Quality Alert	Description	Learning
QA 10441 (Red) Inappropriate request to GP re medication	Pt's GP was asked to prescribe Amber 2 Drug in error	• Increase Enhanced Communication with Clinical Teams • Encourage prescribers to use secure chat to communicate with pts clinical team • Prescribers to write better notes to assist clinical screening to make sure what is dispensing in the pharmacy is enough quantity and safe for pts • Share learning around issue across Haematology for directions and supply information
QA 10940 (Red) Test results not shared with GP	GP request on ICE system for chest x ray diagnostic KCH Person attended for walk in investigation plain film x ray Reporting radiographer 7.4.25 no return for chest xray report to general practice system resulting in delay to patient treatment & care.	• Review of logs shows the requestor (GP) has not followed the guidance provided within the request screen • The statement at the bottom around PCN or Federation, the requestor must select the Patients' home practice otherwise the results will not go to the correct place

Southwark Q2 Quality Alerts

NHS 111 (Multiple Quality Alerts)

There has been an increase in the number of Quality Alerts received by LAS/NHS 111 about patients calling the service to request an ambulance following the advice of the GP. Following this, the Quality Team, along with NHS 111/LAS have developed a generic response and information leaflet to all Quality Alerts relating to this problem. The information and leaflet will be sent to Practices once a Quality Alert has been received, and the information and leaflet has been uploaded to SEL.net.

Key Message from LAS/111: See leaflet on next slide

If a healthcare professional requires an ambulance for a patient, they need to call the HCP line number themselves in order to request the ambulance response they determine is necessary. Any call to 999 or 111 by a member of the public will be processed according to national triage protocols and may not result in the outcome anticipated by a healthcare professional who has made a clinical assessment and advised a patient to make that call.

If your patient does not require emergency treatment before arrival at hospital, please consider the options they may have of getting there by other means than an emergency ambulance, such as transport with family or friends or calling a taxi.

Quality Alert Theming

Since January 2025, a weekly SEL ICB Quality Alert Huddle was implemented to ensure the timely review and theming of all reported quality alerts.

Alignment of the SEL ICB Quality Alert review process to PSIRF continues with a new category called the Level of Concern being included within the Quality Alert form. The category was introduced to identify any wider learning opportunities independent to the level of harm caused.

As part of this work the Quality Team have expanded the provider list within our Quality Alert form to ensure alignment to our local Integrated Care System.

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Southwark Q2 Quality Alerts

NHS
London Ambulance Service
NHS Trust

Healthcare Professional Admissions (version 1.0 winter 2025)

This guidance is intended for patients who require an ambulance response in a community setting following a clinical assessment by a Healthcare Professional (HCP).

0203 162 7525

Your call will be answered by a 999 Emergency Call Handler. You may also speak to a clinician.
A clinician responsible for the patient's care must be immediately available to discuss the patient's needs.

Use this service:

- ✓ Following a clinical assessment to determine the type and speed of response required
- ✓ The patient requires clinical management on the way to hospital

This service should not be used when:

- × The patient can safely make their own way to the hospital, for example in a taxi or with relatives
- × Management can be facilitated in the community (e.g. by Urgent Community Response or Mental Health Crisis team).
- × The patient does not wish to be transported to hospital and is able to make this decision (mental capacity)

7 minute target (Critical assistance) Category 1

For exceptional circumstances when immediate assistance is required to provide a life-saving clinical intervention like resuscitation or adrenaline for anaphylaxis. A solo responder on a car may be sent to provide immediate assistance.

Do you need our clinical help right now to deliver an immediate life-saving intervention or are you declaring an obstetric emergency?

18 minute target (Emergency) Category 2

This level of response is based on the clinical condition of the patient and the need for immediate additional clinical care in hospital. Examples include patients with a NEWS2 score of 7 or more, a NEWS2 of 5 or 6 with a potential diagnosis of sepsis or meningitis, an overdose requiring immediate treatment, or a stroke within the treatment window. The response time target is to arrive within 18 minutes on average, and 9 out of 10 times within 40 minutes.

Is there a threat to life, limb or sight requiring immediate emergency admission?

NEWS2 score:
- 7 or more
- 5 or 6 with potential sepsis (or meningitis)

120 minute target (Urgent) Category 3

This level of response is for patients who do not require immediate life, limb or sight saving interventions, but require an urgent admission to hospital. Examples include patients who require urgent investigations (such as CT, MRI or ultrasound) to inform their ongoing care.

There is a clinical reason why an urgent response is appropriate

240 minute target (Less Urgent) Category 4

This level of response is for patients who require admission to hospital by ambulance for ongoing care but do not need to be managed as an emergency. Assessment and management can wait until arrival at the receiving facility.

Patient does not fit the above definitions

NHS
London Ambulance Service
NHS Trust

HCP Admissions FAQ

0203 162 7525

Why have I been given a response time that doesn't align with nationally defined response time targets (7, 18, 120, 240 minutes)?

The London Ambulance Service will always aim to respond with nationally defined response time targets. However when it is unlikely we will be able to do this we will give you an expected response time. If an ambulance isn't available to respond a clinician will review the details provided on the call to ensure the call is appropriately prioritised against other emergency calls in the area. In some cases this may require us calling you back to gain more detailed information.

How do I discuss individual clinical needs or escalate a concern about a live case?

To discuss the individual clinical needs of the patient or discuss clinical risks request to speak to a clinician. If a clinician is not immediately available the Emergency Call Handler will arrange for a clinician to call back. Please provide a direct dial number (not a switchboard number).

Why do I need to repeat information on the emergency call?

Emergency Call Handlers are specifically trained to ask callers to repeat information to make sure it has been taken correctly. This is especially important for calls from healthcare practitioners as it common for calls to route through switchboards/reception which prevent verifying information by other means. Expect the call to last around 5 minutes. Please answer all questions even if they don't seem relevant as otherwise it can slow the process.

Can I delegate the call to a colleague?

Wherever possible the responsibility for calling for an ambulance should not be delegated. Experience has shown that a clear transfer of information is needed, including information like the onset time of symptoms if a stroke is suspected and whether the patient is unable to get up from the floor. You may also be asked to discuss the individual clinical needs of the patient with a clinician to determine the appropriate response.

What is the difference between an emergency ambulance and non-emergency transport?

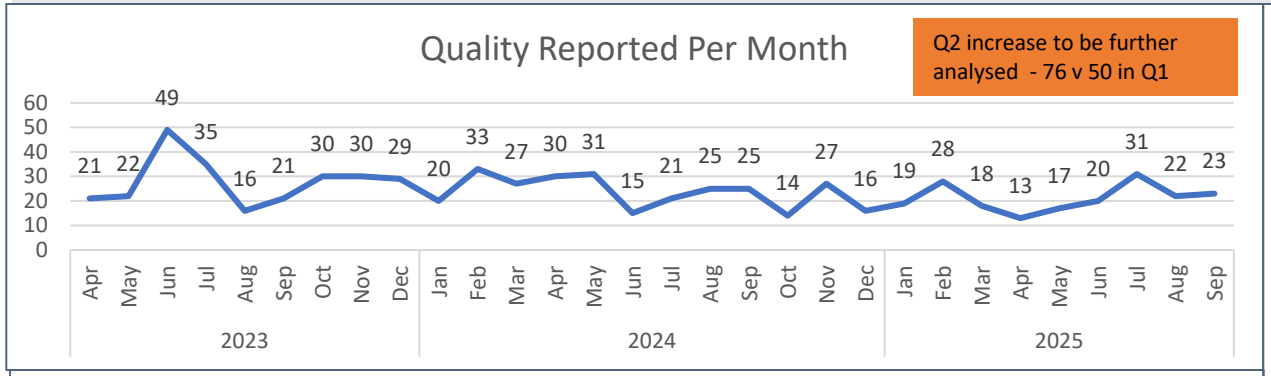
An emergency ambulance will attend all critical and emergency calls in order to provide immediate management. Non-Emergency Transport may attend urgent and less urgent calls. As these patients do not require immediate life, limb or sight saving interventions, further assessment and treatment can be undertaken on arrival at hospital. Non-emergency transport can provide Entonox, oxygen and assistance getting to the ambulance.

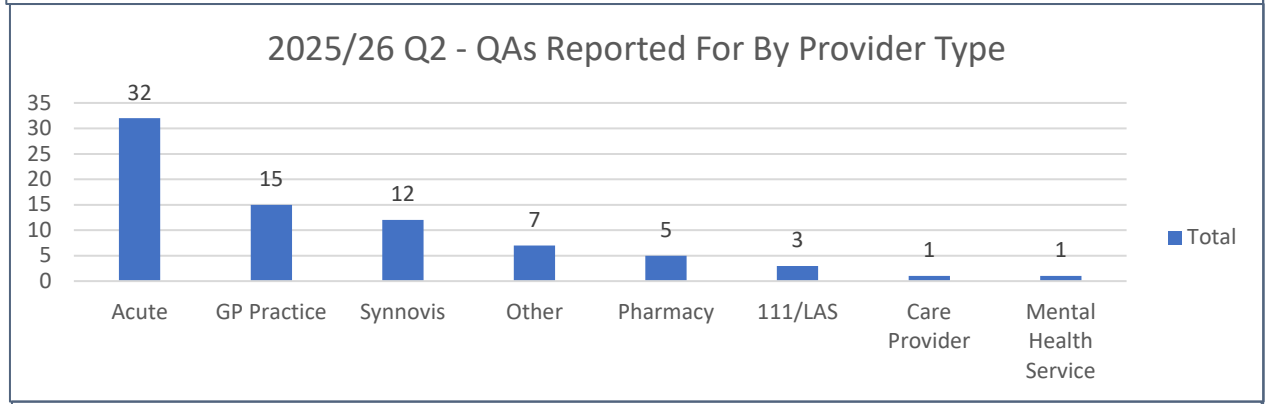
Who are the recognised HCPs that can use this number and when can it be used?

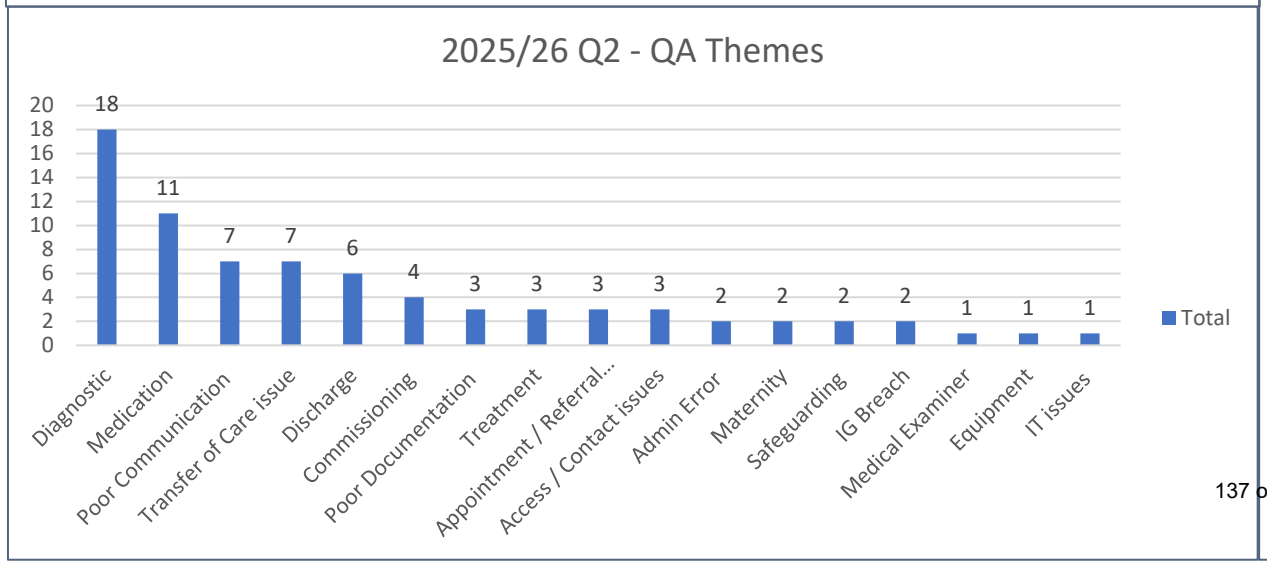
For the purposes of this framework, HCPs are defined as a registered healthcare professionals working in general practice, advanced practitioners, paramedics, community matrons, community and district nursing teams, community midwifery teams, dentists and approved mental health professionals (mental health admissions only). Part of the reason for this is to ensure alternatives to admission like SDEC and UCR are considered where appropriate.

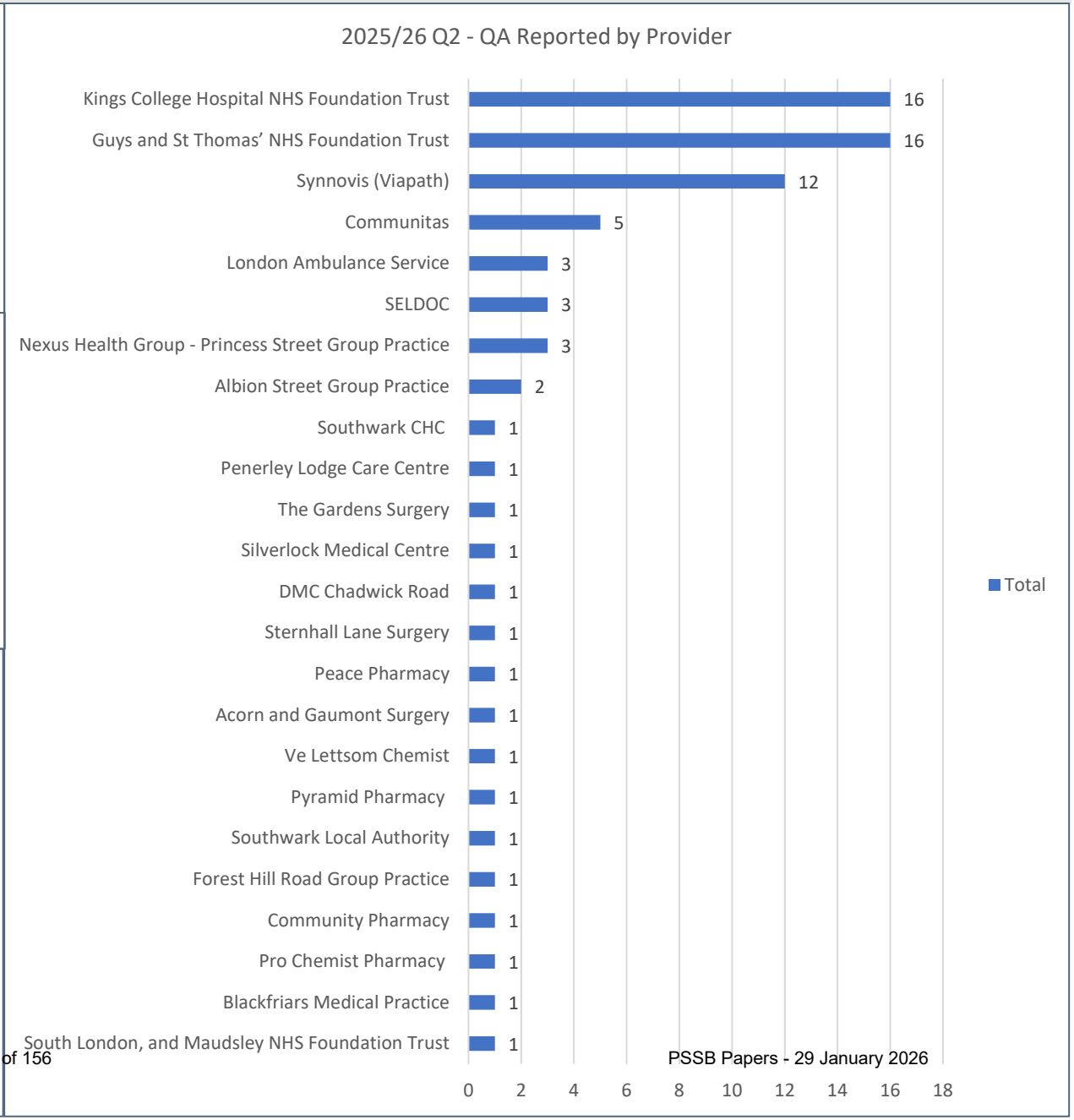
Scan the QR codes for videos on the ambulance categories and tips for calling an ambulance

Q2 QAs – Southwark

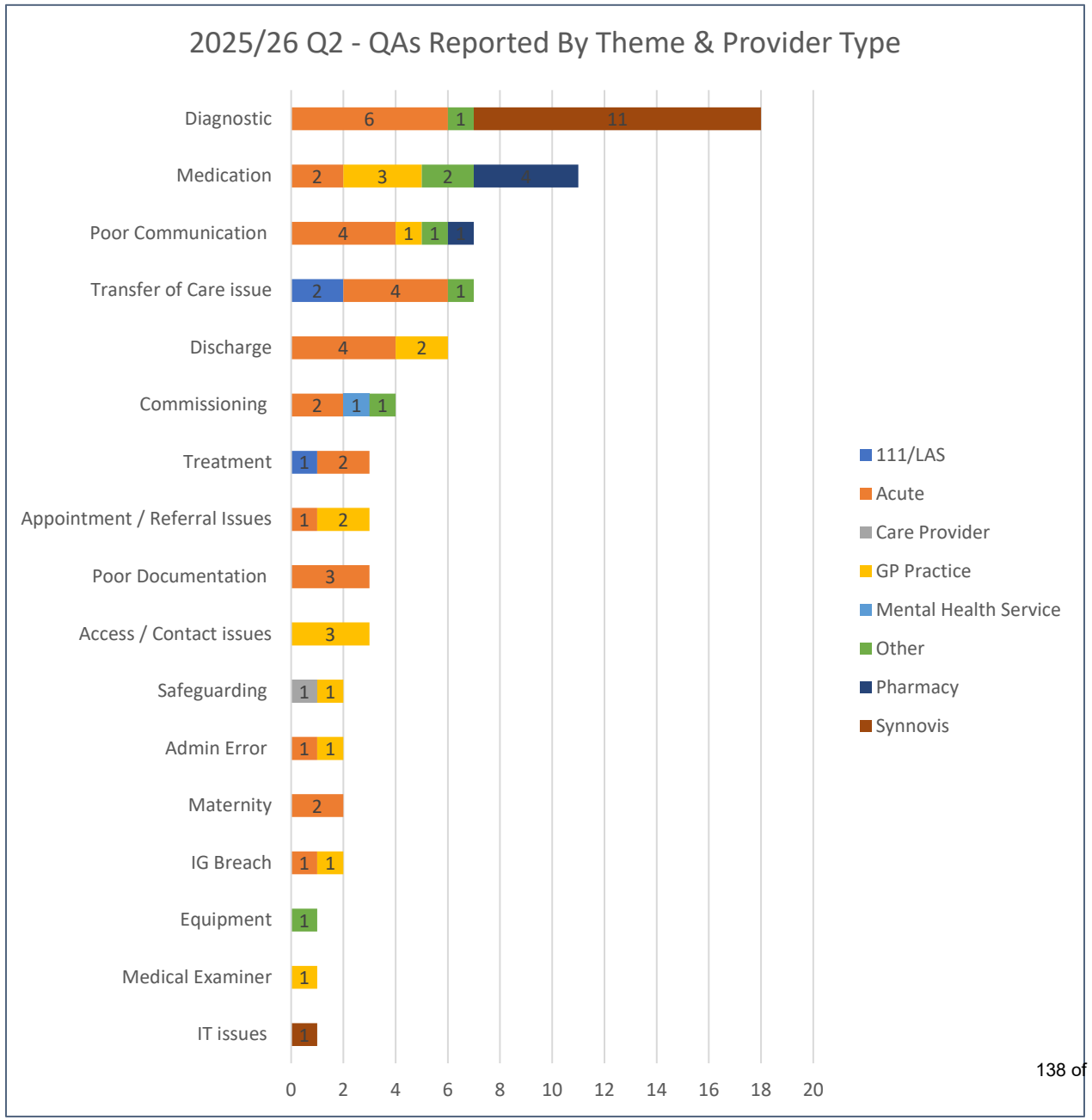


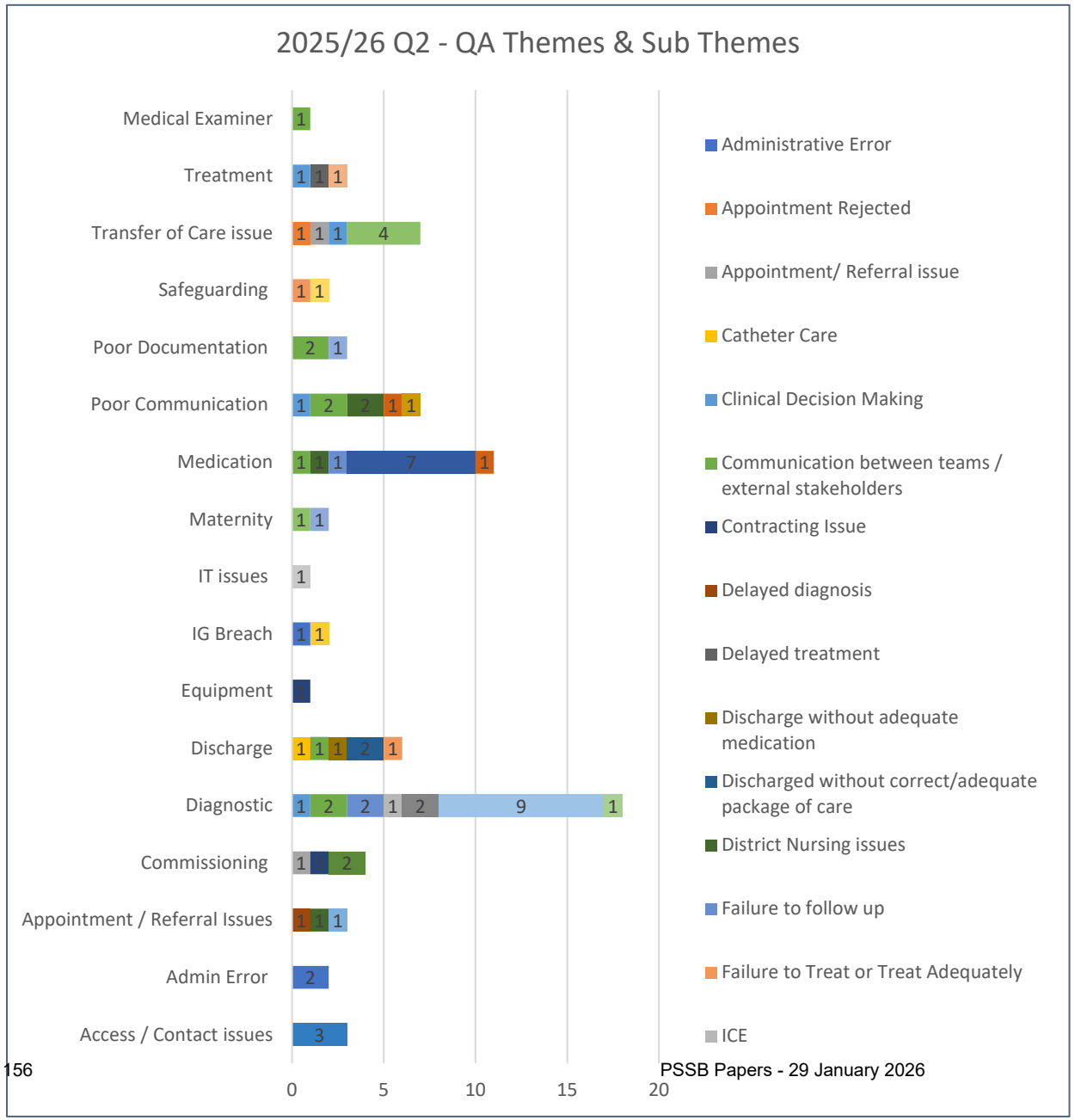






Q2 QAs – Southwark





Q2 Learning from closed QAs

GSTT Learning from Quality alerts about Rejected Appointments

GSTT reviewed 16 Quality . The Quality Alerts were distributed across various services and directorates, and 6 of the 16 were found to be appropriate rejections. The services involved have provided this update and a rationale in their original QA responses. For the others:

2 QA's found the referral was closed in error-these seem to be related or referred to as due to human error.
1 cannot be located by the reference provided (10703)
1 is in the process of being reviewed (11682)

Overall, the main learning was around departments reviewing and updating their processes around rejection criteria / how to cancel a referral. Additionally, there was some mention of not communicating with GPs very effectively when cancelling a referral/appointment.

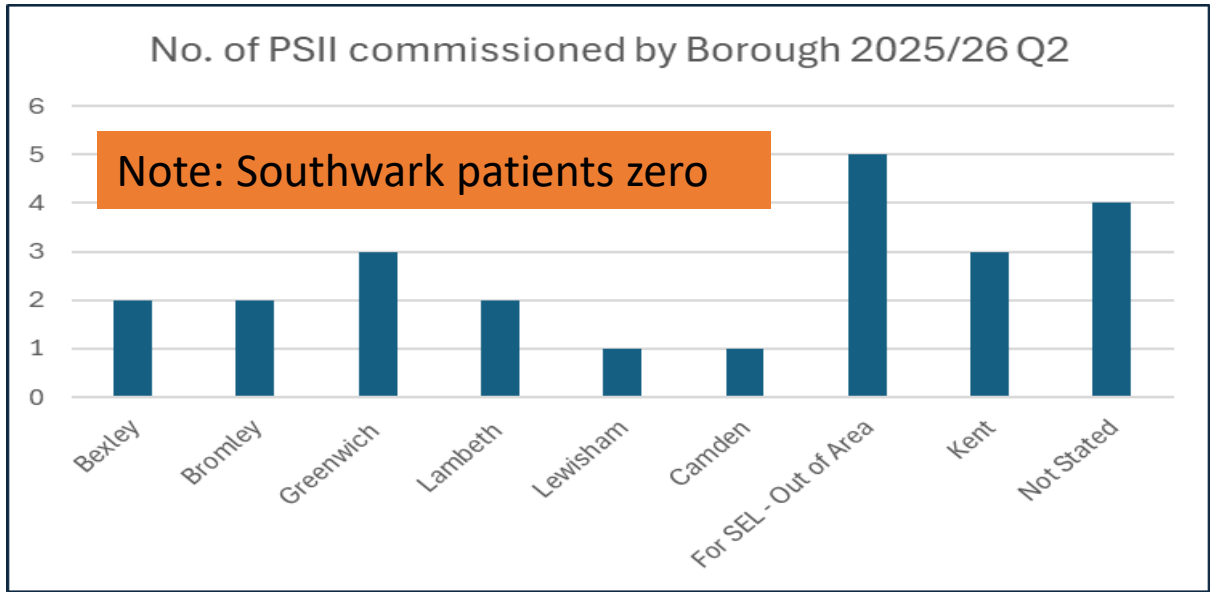
South East London Integrated Care System

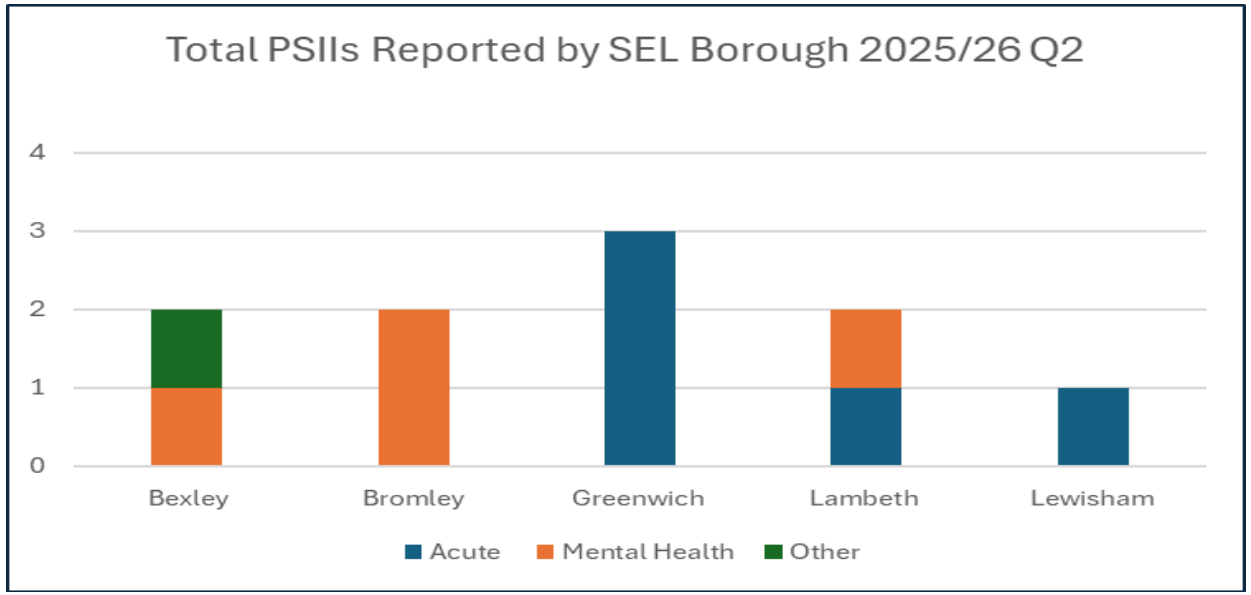
NHS South East London

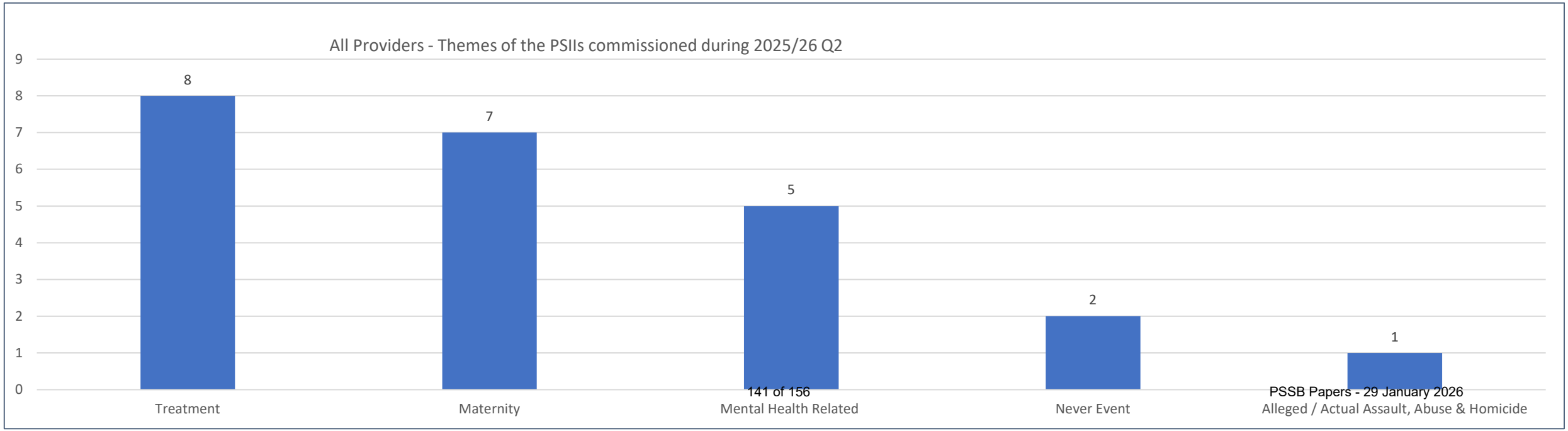
Southwark Q2 PSIIs

(Patient Safety Incident Investigations)

PSIIs – All


No. of PSII commissioned by Borough 2025/26 Q2
Note: Southwark patients zero
6
5
4
3
2
1
0
Bexley
Bromley
Greenwich
Lambeth
Lewisham
Camden
For SEL - Out of Area
Kent
Not Stated


Total PSIIs Reported by SEL Borough 2025/26 Q2
4
3
2
1
0
Bexley
Bromley
Greenwich
Lambeth
Lewisham
Acute
Mental Health
Other


All Providers - Themes of the PSIIs commissioned during 2025/26 Q2
9
8
7
6
5
4
3
2
1
0
8
7
5
2
1
Treatment
Maternity
Mental Health Related
Never Event
Alleged / Actual Assault, Abuse & Homicide

SEL ICB Quality Impact Assessments (QIA)

Key changes

- Introduction of an initial QIA (iQIA) so teams can initially assess the impact of the decision/change rather than completing a full QIA for everything
- A new risk score has been introduced helping to decide if a full QIA is required
- Risk scores of 9 or below, do not need a full QIA
- Risk score above 9 require a full QIA
- Risk scores of 15- 25 will need to be presented at the QIA panel

Expected outcomes

A more streamlined process
QIA signed-off in a timelier manner
Decreased administration time
Improved feedback to Commissiong Teams
Increased overall understanding of the SEL ICB QIA process and requirements

Next Steps

- Share policy and toolkit via a communication plan
- Test the Toolkit and refreshed QIA template with Commissioning Colleagues and Place based teams
- SEL ICB QIA Policy, QIA Template, and QIA Toolkit will be accessible via SEL.net

SEL Q2 System Quality Group

SEL Palliative & End of Life Care Programme:

Update provided on the programme and the ongoing campaign to address some of the misconceptions of palliative care and to inform the public of the benefits of being referred to the service at an earlier stage of their care. The key messages were to ensure all patients of all ages at the end of their lives are:

- Identified early so they can be supported to make informed choices
- Receive 24/7 care in the place of their choice
- Receive the best quality, personal care, with people close to them supported by people who are empowered, skilled, confident and timely

The presentation also covered the campaign to:

- Challenge misconceptions
- Improve awareness
- Improve confidence
- All resources signpost to www.selondonics.org.uk/palliativecare

National Patient Safety Alerts:

Bumetanide 1 mg tablets

Antimicrobial agents used in TB treatment

An update was provided by the Medicines Optimisation team on the above safety alerts and the actions taken to date. These include

- Ensuring primary care clinicians are supported in completing the actions outlined in the safety alert including collaboration with Medicines Safety Officers across acute and mental health trusts
- Patients prescribed rifampicin for non-TB conditions in primary care are being reviewed and referred to specialists for appropriate alternatives
- Action is being taken al all levels to ensure prompt resolutions for shortages to minimise the impact on patients

Cross system Patient Safety Incident Investigation (Delay in Cancer Diagnosis):

The investigation involved multiple providers across SEL and Kent & Medway. The care provided to a 70-year-old female with learning difficulties whose presenting symptoms of facial swelling was misdiagnosed as an infection but later diagnosed as metastatic breast cancer was reviewed. **See Appendix 2 for the full report.**

The case highlighted gaps in care coordination, communication, safety netting, and access to electronic records.

The report makes several recommendations for system improvement including:-

•Develop a system-wide vulnerable patient pathway with robust safety netting and follow-up.

•Improve communication for patients with learning disabilities, including clearer appointment letters and verbal follow-ups.

- Expand access to shared medical records via the London Care Record to include Dentists
- Ensure the roll out of the digital flag for reasonable adjustments to support people with a learning disability and those with additional needs is implemented across the system and increase awareness of learning disability acute liaison nurses.
- King's College Hospital to implement a Special Care Dentistry remote follow up appointment at one week post discharge for vulnerable and learning disability patients.
- Embedding the legal literacy of the clinical workforce in relation to understanding and implementation of the Mental Capacity Act.

SEL Q2 Learning from Deaths

Length of Stay - LGT

A review of Lewisham and Greenwich Trust (LGT) mortality data showed the following learning:

- The trust's SHMI (Summary Hospital-level Mortality Indicator) values are within expected range and decreasing, but there is a consistent difference between Lewisham Hospital and Queen Elizabeth Hospital (QEH), with QEH showing higher crude mortality rates.
- No significant difference was found in day of admission or hospital length of stay between sites, but patients who died at QEH had longer stays in the Emergency Department (ED) compared to Lewisham Hospital, with 44% staying over 17 hours. This is being addressed by trust management to improve patient flow.
- Next steps include increasing targeted case reviews, developing a dynamic mortality dashboard, and ongoing process improvements.

Medical Examiner Report

The Medical Examiner report gave an overview of Q1 progress across SEL

What's Going Well:

- Improved engagement with GPs, including regular advice, positive quality alerts, and better communication about coroner referrals.
- Significant improvement in receiving death certification forms from the coroner's office, now also copied to local GPs.
- All faith deaths are completed promptly, with positive feedback from bereaved families.
- Community newsletters and audits have been produced to support learning and engagement.
- Induction for doctors has clarified processes and improved awareness of coroner referral requirements.
- Performance metrics show average time from death to registration is 3 days, and from referral to registry office is 1 day, which is within NHS England's average.

Areas for Improvement:

- Ongoing issues with MCCD quality (errors, corrections, spelling), especially with Bromley Registry Office, requiring further meetings and webinars.
- Inconsistent documentation of medical devices (e.g., pacemakers) on MCCDs, despite guidance sent to GPs.
- EMIS system transition has caused login issues for some medical examiners, with ongoing work to resolve inconsistencies.
- Staff turnover and vacancies have impacted service delivery, though full recruitment is expected soon.
- The figures reported may not always reflect operational realities due to how referral receipt dates are calculated.

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Section 4: Southwark Place Risk Report (ICB)

Introduction

- The Southwark borough risk register is populated from risks identified by teams and programmes. Risks above the SEL risk appetite levels from the borough register will be included in the SEL risk register or SEL Board Assurance Framework, as appropriate.
- Risks are logged on the corporate Datix risk management system and reviewed with risk owners on a regular basis followed by review with the Senior Management Team. All risk reviews are currently up to date.
- Following scrutiny of the full risk register by SMT and IGAC committee this summary is included in the integrated assurance report from IGAC to the Partnership Southwark Strategic Board.
- Borough risk registers are discussed regularly at the corporate risk forum and comparative information is used to help ensure a consistent approach between boroughs.
- The Senior Management Team will undertake a detailed review of risks pertaining to the delivery of 26/27 plans, in the context of ICB reforms and the NHS 10-year plan.

Summary of Southwark place ICB risk register

Partnership Southwark

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
454	Integrated Community Equipment Service Performance Issues	3	3	**9**	⟺	01/12/25
519	CAMHS waiting times	3	3	**9**	⟺	18/12/25
520	Diagnostic waiting times for children and young people and adults (ADHD and Autism)	4	4	**16**	⟺	11/12/25
589	Achieve financial balance for 2025/26	3	3	**9**	⟺	11/12/25
590	Delivery of QIPP Savings for 2025/26	4	3	**12**	⟺	11/12/25
573	Increase in vaccine preventable diseases due to not reaching coverage across the population	3	3	**9**	⟺	08/12/25
553	Southwark Mental Health, Learning Disabilities and Autism placement costs	4	3	**12**	⟺	16/12/25
637	Procurement and contract management system failings impact on services.	1	3	**3**	CLOSED	12/12/25
638	Integrated Neighbourhood Teams not delivered as planned.	2	3	**6**	⟺	23/12/25
639	ICB meeting SEND statutory responsibilities	3	3	**9**	⟺	12/12/25
640	Market failure in social care provision impacts on whole system flow and quality of care.	3	3	**9**	⟺	18/12/25

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

Partnership Southwark

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

This risk has been elevated from a rating of 9 to 16 following a decision by the 6 Place Executive leads that this should be a high priority risk treated consistently across South East London boroughs. Since the last review, this risk has been expanded to cover adults as well as children and young people.

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.

Closed risks

Procurement and contract management system failings impact on services

It was decided that this risk could be close as the likelihood score had been reduced due to all contracts having been recently reviewed. As part of the decision to close the risk, it was agreed that the ICB and Council contract registers will be reviewed at SMT on a quarterly basis.

Reduced/increased risk ratings

No risk ratings were reduced or increased during the last round of reviews.

Heat Map

Partnership Southwark

Heat Map	Consequence				
Likelihood	Negligible	Minor	Moderate	Major	Catastrophic
Almost Certain					
Likely			2 (see a)	1 (see b)	
Possible			6 (see c)		
Unlikely			1 (see d)		
Rare					

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

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Section 5: ICB Southwark Finance Summary Report

Summary of detailed finance papers considered by IGAC

Author: Sabera Ebrahim, AD Finance ICB

Financial Position – 2025/26 - Month 9 December 2025

NHS South East London

Overall Position

Service Area	Year to Date Budget £'000s	Year to Date Actual £'000s	Year to Date Variance £'000s	Annual Budget £'000s	Forecast Outturn £'000s	Forecast Variance £'000s
Acute Services	181	211	(30)	242	281	(40)
Community Health Services	28,811	26,813	1,998	38,414	35,391	3,024
Mental Health Services	8,175	10,080	(1,904)	10,900	13,544	(2,644)
Continuing Care Services	15,388	14,823	565	20,517	19,837	680
Prescribing	27,186	28,593	(1,407)	36,208	38,309	(2,101)
Prescribing Reserves (Non PPA)	-	-	-	-	-	-
Other Primary Care Services	710	687	23	947	916	30
Other Programme Services	654	-	654	872	-	872
Programme Wide Projects	194	194	-	259	259	-
Delegated Primary Care Services	58,177	58,226	(49)	77,569	77,634	(66)
Corporate Budgets	3,105	2,884	221	4,140	3,897	243
Total	**142,581**	**142,511**	**69**	**190,068**	**190,069**	**(1)**
Delegated P/Care Equalisation			**49**			**66**
Revised Total			**118**			**65**

- As at month 9 the borough is reporting a year to date underspend of £118k and forecast outturn underspend of £65k. Material overspends continue to be reported in mental health and prescribing with smaller overspend in acute services. These are offset by underspends in continuing healthcare, corporate budgets, other programme and other community services.
- The boroughs most significant risk continues to be in Mental Health and Prescribing. For Mental Health we are reporting a year to date overspend of £1.9m and a forecast overspend of £2.6m. The forecast position is similar to previous month. This is driven mainly by overspends in two area
- Right to Choose adult ADHD/Autism pathways. Increased expenditure with independent providers on mainly adult ADHD/ASD. Our forecast overspend in mental health of £2.6m includes an overspend of £2.5m on Right to Choose adult ADHD/ASD. 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 forecast overspend of £2.1m as at month 9. This forecast position is similar to previous months and appears to have stabilised. 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.
- Continuing care forecast position is an underspend of £680k and this reflects the 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 identified in full. As at month 9 (December) we are forecasting full delivery of savings. To mitigate the cost pressures in Southwark, reserves, and uncommitted budgets have been released and growth in community services has been restricted to manage the overall position.

Partnership Southwark

Integrated Assurance Report

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Section 6: Delegated leads report

1. Continuing Healthcare (CHC)
2. Medicines Optimisation

Delegated Statutory Duties: NHS Continuing Healthcare

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

Quality Premium Indicators

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

Quality Premium Metric	National Target	SEL Trajetory	Nov 2025	Dec 2025
Assessments completed in hospital	0%	0%	0%	0%
Assessments completed within 28-days	80%	80%	82%	100%
Incomplete referrals over 12 weeks	0	SEL <4 Borough <1	0	0
Incomplete referrals over 28-days – length of delay	-	-	0 up to 2 wks	1 up to 2 wks

Appeals

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

Indicator	Measure
Total appeals open at month end (December)	3
Local resolution	2
Independent review panel	1

Patient numbers

Category	Patients
Adults receiving NHS Continuing Healthcare – snapshot end of Dec	108
Children and young people receiving Continuing Care - snapshot Dec	19
Adults receiving NHS-funded nursing care* - snapshot end of Dec	183

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

Team update

Performance against the national target for completion of assessments within the 28-day timeframe was achieved during November and December 2025.

11 new assessments were completed in November, 9 of which were completed within 28 days. As of the 18th December, 5 new assessments have been completed all of which have been completed within 28 days.

We are continuing to work closely with Southwark Local Authority colleagues to improve access to social workers and improve the CHC process.

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

3.5 Medicines Optimisation – delegated lead update

Updated 5/12/2025

- **Finance Update:** SEL ICB Finance department has allocated a prescribing budget to Southwark for 2025/26. NICE TAs and long term condition management continue to be a cost-pressure. Medicines shortages, price increases and introduction of new medicines continue to create cost pressures over and above our savings plan.
- **SEL Medicines Optimisation Plan (MOP) 25/26:** The MOP for 25/26 has been developed across South East London, where all practices across the six places will be asked to focus on the same clinical priorities and work to deliver the same prescribing targets. The scheme is designed to support the implementation of national guidance published by NHS England and is developed through collaboration with our primary care colleagues. The plan is now approved and practice visits currently being undertaken, aiming to be completed by 12th Decemebr 2025 so the 5% savings can be delivered in H2. Additional visits to the PCN pharmacists have been conducted by the Southwark team to support the implementation of the SEL MO Plan.

- **Community Pharmacy update:** To improve primary care access, work is continuing with community pharmacy colleagues and GP practices to increase delivery of the National Pharmacy First services. These include: the blood pressure check service, the contraception service, minor ailments, and assessment and treatment for 7 common clinical conditions, which all divert activity away from general practice. The MO team is currently supporting implementation. The Community Pharmacy Neighbourhood Leads (CPNLs) programme has been refreshed for the upcoming year. In 2025–26, the Southwark Medicines Optimisation Team will prioritise this workstream and collaborate closely with the appointed lead to support the programme and drive an increase in referrals from GP practices to community pharmacies. The IP pathfinder neighbourhood model is also currently in place within Southwark, which is a unique pharmacy-led prescribing model that has been developed in North Southwark through an integrated collaboration between three community pharmacies and Quay Health Solutions (QHS). This holistic neighbourhood approach to BP optimisation through combining lifestyle advice, medication adherence and prescribing, has the potential to significantly improve outcomes for patients at high risk of preventable cardiovascular events, particularly those not currently reached by general practice

- **Workforce update:** Two senior pharmacists have resigned from the Medicines Optimisation Team. Due to the ongoing change management programme, recruitment to these positions has not been possible. However, an extension of a fixed-term post, shared with Lambeth colleagues has been approved by the VR panel. Given the reduced staffing, the team is reassessing its current workstreams to ensure that urgent and high-priority matters are addressed first.

- **Medicines value –** Southwark is particularly 'lean' with regards to prescribing cost per population size and also has a more deprived population compared to other boroughs. Development of neighbourhood health services to reduce health inequalities and tackle rising risk, multimorbidity and an ageing population will require investment in medicines to improve outcomes and reduce system costs associated with reduced hospital admissions and outpatient activity