South East London Integrated Care System

NHS South East London

Annual Report - summary

Our Year 2024/25

Welcome to our Annual Report summary 2024/25

The purpose of the Annual Report is to show how we have discharged our functions and statutory duties in the last financial year.

Our operational performance improved in 2024/25 on most key metrics compared with the previous year. But it is still nowhere near where we would all wish it to be. Waiting times improved broadly in line with plans, but only 59% (54% in 2023/24) of patients are receiving elective care within 18 weeks with the NHS standard of 92%. 74% (72% in 2023/24) of patients waited four hours or less in A&E compared with the NHS standard of 95%. Our cancer work has focused on improving performance against the 28 day Faster Diagnosis Standard to 77% by March 2025 as part of achieving the 80% ambition by March 2026, and improving performance against the 62-day referral/upgrade to treatment target to 70%. We are on track on both of these metrics. For mental health, we have seen consistent improvement in performance, particularly relating to children and young people and access to community services.

Sir Richard Douglas, Chair

Andrew Bland CEO

Our financial position remains difficult but is improving. As a health system, we spent a total of £4,886m in 2024-25. We are the most over-target system in the country in terms of our fair share of resources and received funding outside normal allocations of £100 million to cover the deficit at King's College Hospital NHS Foundation Trust. For these reasons, we cannot expect our financial issues to be resolved through additional income, as our allocation will grow at less than the average for the NHS for the foreseeable future. In 2024/25 we met all our financial duties but did this in a manner consistent with our long-term financial strategy of ensuring financial sustainability while re-balancing spending from physical to mental health, from hospital to community and from cure to prevention.

Both operational and financial performance were affected in 2024/25 by industrial action across the NHS and specifically in south east London by a cyberattack on our main pathology provider.

It is important that we do not just focus on in-year performance – important though this is – and this report also aims to show how we are working with our partners to improve health and care in the future through our Integrated Care Strategy and other work focused on long-term sustainability and transformation.

2025/26 will be a year of both continuity and change.

Continuity, as we press on with our programme of work to improve operational performance and financial sustainability supported by the government's three shifts: from hospital to community; cure to prevention and; analogue to digital.

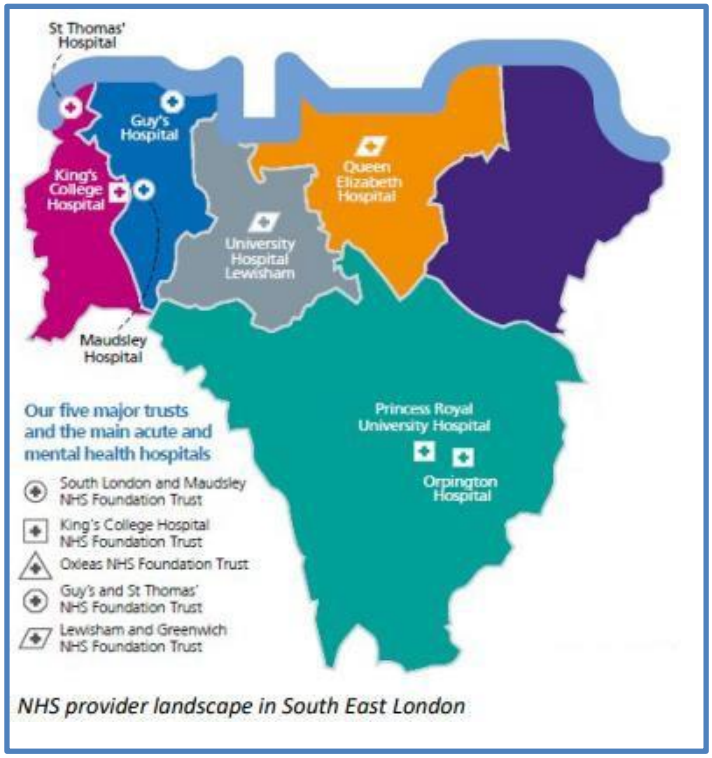
Change, as we respond to the planned refocusing of ICBs and associated reductions in our management costs announced by the government.

In south east London, we believe we are well placed to respond to the challenges and opportunities created by these changes and look forward to continuing our work to improve the health and care of all our population.

Sir Richard Douglas, Chair
Andrew Bland, Chief Executive

Who we are

- NHS South East London Integrated Care Board was established on 1 July 2022.
- We are responsible for allocating public money and planning and delivering a wide range of health and care services.
- Part of the South East London Integrated Care System covering six local authorities, five trusts and 196 GP practices.
- Highly diverse population of two million people with significant health inequalities.
- Life expectancy can vary up to nine years between the most and least deprived areas of individual boroughs.



NHS provider landscape in South East London

Our vision for future health

Our vision is to deliver against six core principles across five priority areas:

Delivering against our six core principles

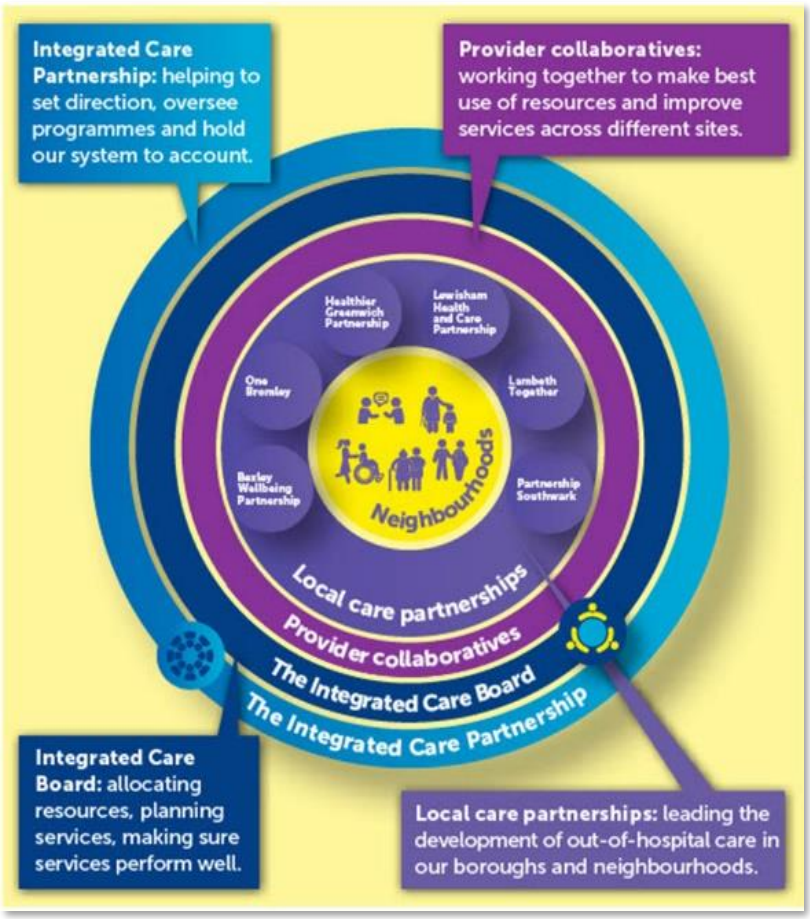
Being a system that is excellent at protecting health and wellbeing as well as treating illness, through investing in more joined-up and effective preventative health services and working in partnership to create healthier environments and support healthier living.

Our Integrated Care System is built on the principles of:

- partnership: working together
- subsidiarity: allowing local decisions and action
- accountability: being open and taking responsibility.

We have embedded a truly collaborative approach involving NHS organisations, local authorities, patient groups and the voluntary, community and social enterprise (VCSE) sector through a 'system of systems' approach.

This is driven at the highest level by the Integrated Care Partnership, a broad alliance of leaders who set strategic direction, provide leadership and support of key south east London-wide programmes. The ICP also ensure governance is in place to enable us to hold each other to account for the delivery of the ICB's priorities.



An illustration of our 'system of systems'

Our system approach is underpinned by the collaborative working that takes place at a local level through the borough-based Local Care Partnerships, which bring together NHS, Local Authority, other statutory and voluntary sector partners, to plan and deliver healthcare at a local level.

Making it as easy as possible for people to interact with our services, tackle long waiting times and offer more convenient and responsive care, delivering more care in or close to people's homes and using the power of technology.

Service performance - how we did

Our headline performance is showing an improving trend upwards, but with ongoing work to do to achieve national standards in some areas.

Requirement	*Delivered*	*Mvmt to 2023/24*	*Target*
Cancer 28 day waits (faster diagnosis standard)	76.8%		75%
Dementia diagnosis	69.8%	↑	66.7%
CYP eating disorder wait times – urgent	100%		95%
Cancer 31-day decision to treat	92.2%	↑	96%
Cancer 62-day referral/upgrade to first treatment	66.8%	↑	85%
A&E four-hour performance	74.0%	↑	95%
Number of A&E 12 hour waits	2,184	↑	0
Elective referral to treatment within 18 weeks	58.7%	↑	92%

Note: Upward arrow indicates an increase / downward arrow a decrease – green arrow indicates this movement is an improvement, red arrow indicates the movement is an deterioration in performance.

These are examples of our performance against national standards. The full performance report is available in our full annual report.

We have achieved this in the context of:

- A national focus on reducing or eliminating long waits together with reducing overall waiting list size and improving productivity
- Industrial action and a cyberattack on a key supplier, which affected performance

We delivered on:

- Decreasing the number of people waiting 104, 78, 65 and 52 weeks for elective care.
- Improving length of stay and moving people through hospital.
- A continued focus on improving performance and moving people through hospitals through implementing system level urgent and emergency care recovery plans.
- Improving performance of cancer services against the 28 day faster diagnostic standard and 62-day referral / upgrade to treatment target.
- Consistently achieving the national dementia diagnosis rate target during 2024/25.
- Consistently meeting the target for children and young people accessing NHS-funded mental health services.
- Meeting the target for the number of people accessing specialist community mental health and maternal mental health services.
- Exceeding the target for the percentage of people with learning disability receiving an annual health check in 2024/25.
- Significantly delivering over target for the number of people accessing transformed community mental health services.
- Implementation of a SEL Autism Strategic Framework.
- Delivery of Oliver McGowan training across south east London.

We need to do more work on:

- Achieving the national standard targets for acute services.
- Eliminating 52, 65, 78 and 104 week waits from referral to treatment.
- Delivering a minimum of 95% of patients receiving a diagnostic test within six weeks.
- Tackling the high number of mental health attendances in SEL acute emergency departments.
- Improving inter-trust transfers and shared pathways flow.
- Achieving the planned improvement in the percentage of people with severe mental illness receiving an annual physical health check.

Moving care closer to home

We have continued to develop our Hospital@Home projects within our boroughs this year, supported by the six programmes in our digital, data and system intelligence strategy to drive digital innovation and use data-driven intelligence. Successes include:

- Increasing the number of our residents who are using the NHS app on a regular basis to over 1 million, representing over 60% of our population.
- Increasing digitalisation of virtual wards to keep people out of hospital unless necessary.

- Projects, in collaboration with local authority colleagues, to provide people with assistive technology to support living at home.
- Increasing access to the London Care Record to social care, care homes and community pharmacies, making an individual's record available (with permission) across health providers.
- Increasing cyber security and resilience.
- Transitioning GP pathology to a single ordering system.

Bringing together professions and services to deliver joined-up, team-based care, ensuring core teams of staff make shared decisions with people and their carers and deal with the issues that matter most to them.

Quality

Quality of care continues to be a focus, with the SEL quality team implementing weekly reviews of patient safety events, incidents and quality alerts. We analyse and discuss key themes at cross-organisational forums and formal committees.

- The south east London Local Maternity and Neonatal System operates as a collaborative network with membership from care providers, commissioners, service users and other key stakeholders, with the aim of overseeing and enhancing the quality, safety and transformation of services. This collaboration enables knowledge sharing and cross-system learning and implementation of improvements with an ultimate goal of reducing unwarranted variation in the care that women and birthing people receive in SEL.
- The SEL Infection Prevention and Control group meets monthly to provide a platform for organisations to share learning, identify risks and implement guidance in a consistent way across SEL sector care settings.
- The safeguarding team recognises, and complies with, its statutory responsibilities and has developed system-wide ways of working to share insight and learning.
- We led one of the transformational All Age Continuing Care (AACC) Pioneer projects, designed to support delivery of the national vision to support and embed positive cultural change to:
    - improve experience and transparency
    - reduce unwarranted variation across all forms of continuing care, children's and adults' joint funded packages of care, and adults' NHS-funded nursing care.

- We developed a digital capability assessment tool, now adopted and published as the national AACC Digital Capability Assessment Tool following regional and national endorsement.

Development of neighbourhood-based care

This will further contribute to a joined-up approach to meeting the health and care needs of local residents. All boroughs have now identified their local neighbourhood geographies and are working on developing their plans to use the neighbourhood-based approach to deliver better, more integrated and proactive care to residents.

Targeting resources at those most in need to tackle gaps in access, quality of care and health outcomes for different social groups.

Addressing health inequalities

This remains a golden thread within our system Joint Forward Plan (JFP). Embedded in the JFP is the delivery of the Core20PLUS5 framework for adults and children and young people (CYP), which includes:

- Improving access to early cancer diagnosis, working towards the national ambitions of diagnosing 75% of cases at stage 1 or 2 by 2028.
- Delivery of physical health checks for people with severe mental illness.
- Interventions and service improvements which optimise blood pressure and minimise the risk of myocardial infarction and stroke.
- Delivery of the national asthma bundle of care for CYP.
- Improving access to CYP mental health services.

In September 2024, we published our first Health Inequalities Report in response to NHS England's Statement on Information on Health Inequalities which places a duty on NHS organisations to report information on health inequalities.

To address some of the health inequalities identified in our data, we have:

- Carried out engagement and information sharing with communities where flu and Covid vaccination uptake is below average, leveraging grass roots community groups and the voluntary sector to maintain dialogue

- Acting on mental health detention data to provide earlier intervention and prevention in community mental health services for working age adults, invest in community services, and increase the focus on CYP mental health.

Digital Inclusion

Activity has been led by a dedicated resource, working to develop a digital inclusion strategy for the ICB, create a digital register of barriers to digital inclusion and the tools to support access to digital health. They have also been working closely with digital inclusion charities, social enterprises, NHS England, and other system partners to maximise digital access.

Access

Access to services has seen a general increase in performance in terms of reduced sizes of waiting lists, achievement of targets for people accessing services, and all age continuing care assessment targets. However, we acknowledge there remains more to be done in some service areas.

Supporting our staff to improve services and join up care, and to work in close partnership with local people, patients and service users to make full use of the strengths of our communities to improve health and wellbeing.

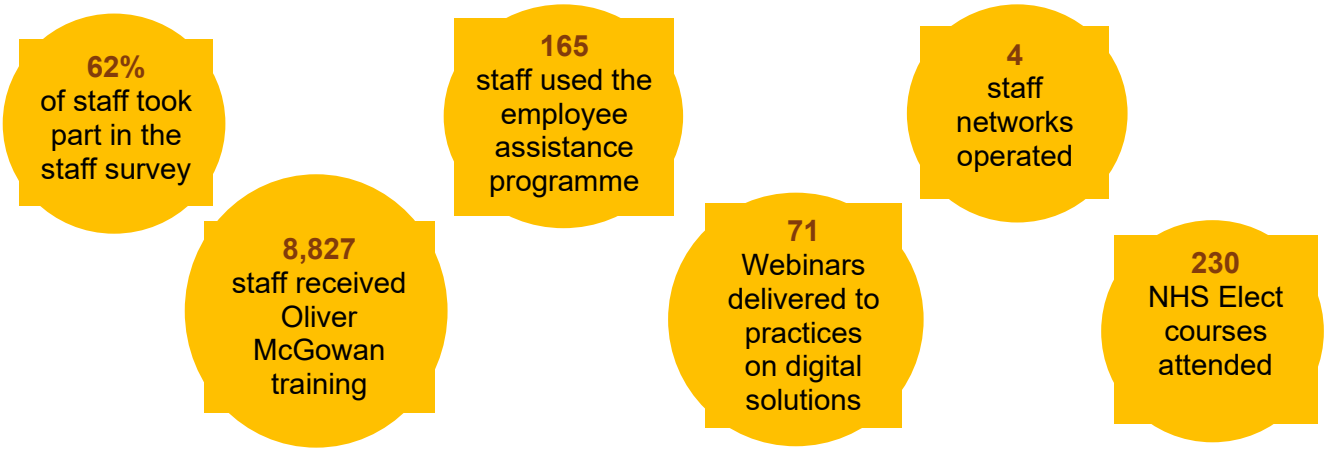
Working with people and our communities

This is an important priority for the ICS, utilising our Engagement Assurance Committee, comprising members of the public to form the majority membership and oversee engagement activity. Highlights of our work in the year include:

- Development of women's and girls' health hubs to provide more accessible integrated care to women and girls in the community.
- Engagement work to inform the redesign of the NHS 111 service in south east London.
- Supporting the national conversation on Change NHS to inform the development of the national 10-year plan.
- Ongoing development of the "Let's talk health and care in south east London" online platform.
- A review and refresh of the south east London People's Panel.

Our staff

We have supported our staff with a four-pillar organisational development workplan, looking at our culture, New Ways of Working, talent and development, and staff engagement and experience. In numbers:



Staff and teams across SEL have been publicly recognised throughout the year for their contributions to support the health and wellbeing of the people of south east London, through receipt of a variety of awards including:

- HSJ Award for NHS Communications initiative of the year
- LaingBuisson Award for best in primary care and diagnostics
- General Practice Awards “Pharmacy of the Year” award
- King’s Coronation Medal for work on emergency preparedness
- Our Chair, Richard Douglas, receiving a knighthood for services to the NHS
- Shortlisting for the driving efficiency through technology HSJ award

As the shape and size of the ICB changes in response to Government reforms, even greater emphasis is placed on supporting and developing our staff through a variety of ways including:

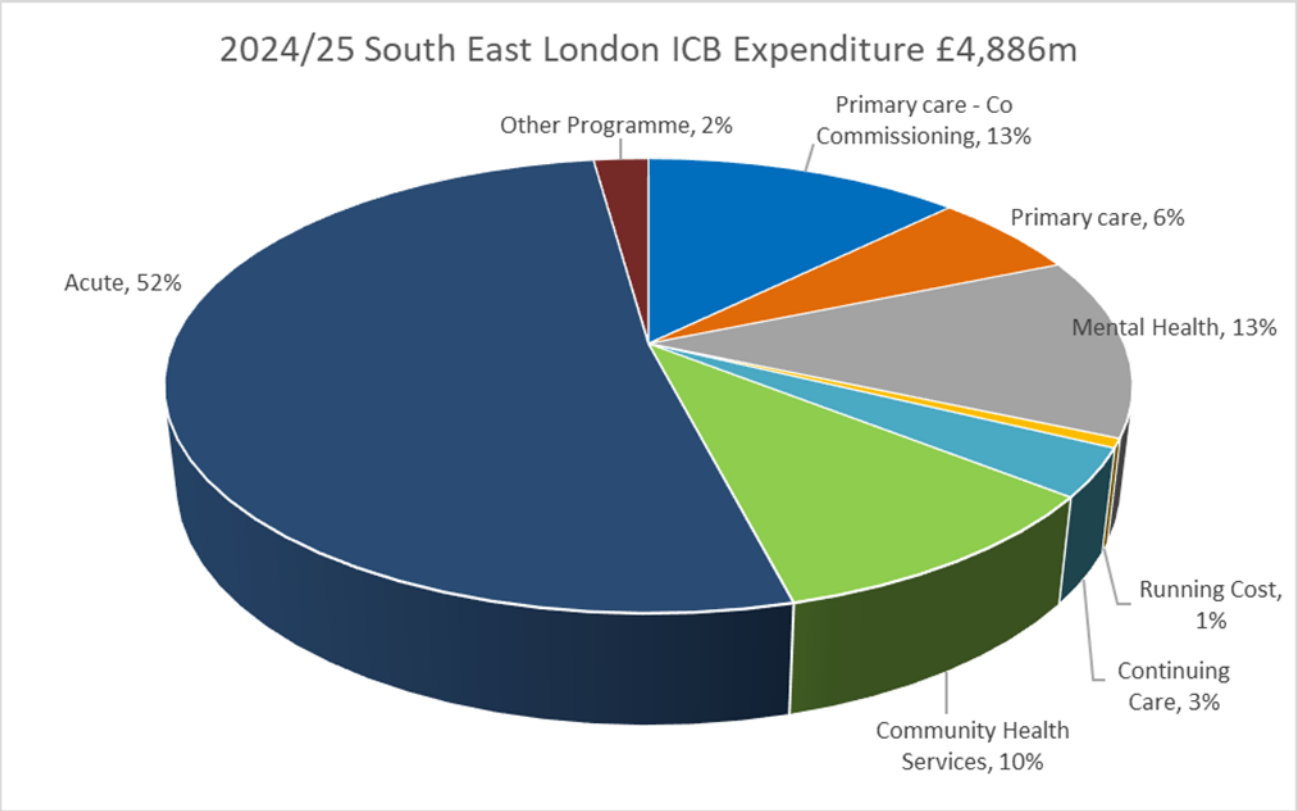
- Supporting mandatory and personal development training
- Delivering workshops to explore New Ways of Working
- Ensuring the ICB and wider SEL health system workforce receive Oliver McGowan training on learning disability and autism
- Providing pensions seminars
- Promoting inclusive recruitment training
- Recruiting and developing over 100 clinical and care professional leads.

Delivering effective support for the health and wellbeing of the residents of south east London whilst staying within our financial means and reducing our environmental impact.

How we spent our money

We were given £4,486m in 2024/25 to fund the following services for our population:

- Hospital
- Community
- Primary care
- Mental health
- Community care
- Continuing care
- Running costs



We fund the prescribing costs of GP practices and hold delegated responsibility, from NHS England, for commissioning primary care, dental, pharmacy and ophthalmic services within south east London.

We use primary care co-commissioning funds to jointly plan and manage primary healthcare services to deliver more integrated and effective services.

Read our full accounts in our annual report at www.selondonics.org.uk

Caring for our environment

2024/25 was the third year of delivery for our three-year Green Plan, marking the first year that all 122 objectives of the plan were worked on. The plan has covered 11 areas of focus, being workforce and system leadership, air quality, travel and transport, estates and facilities, sustainable models of care, digital transformation, medicines, supply chain and procurement, food and nutrition, adaptation and green /blue space and biodiversity. Along with all other NHS organisations, we are now working on the next phase of the Green Plan.

There is more information in the full annual report on the achievements and our actions against Department of Health and Social Care Task Force on climate-related financial disclosures.

Corporate information

Complaints data

This is an important indicator, used to measure and assess our performance. Most commonly complained about areas are:

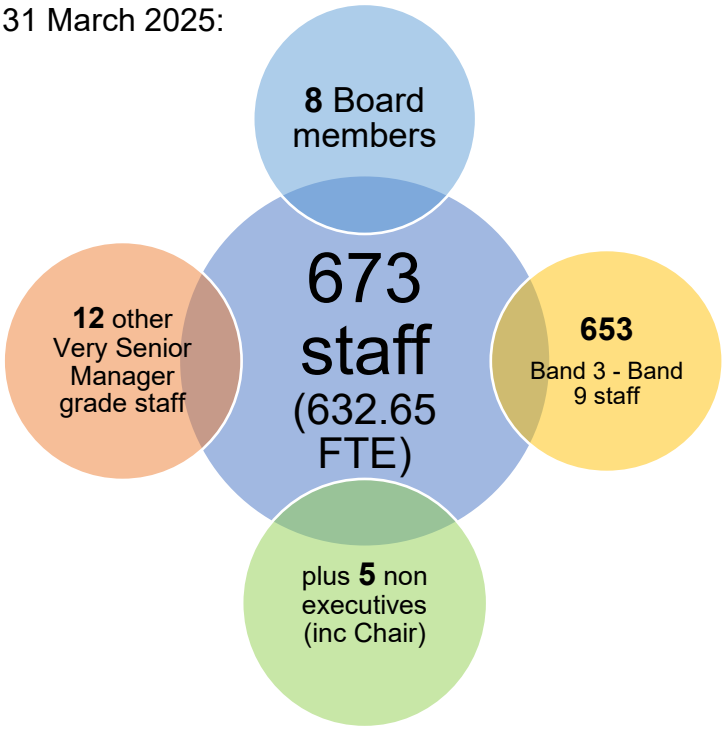
- Continuing healthcare
- Mental health commissioning

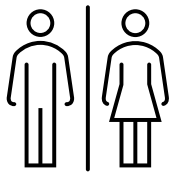
The themes in primary care related complaints are:

- Access and appointments
- Prescribing
- Aspects of clinical care and treatment
- Attitude of staff

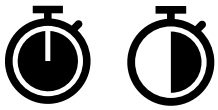
Staff report

As at 31 March 2025:





185 488
Male Female



557 116
Full time Part time

Some other facts and figures:

- Average pay increase in year (NHS pay award and career progression pay increments): 5%
- Remuneration range: £24k - £249k
- 21% (116) of the workforce are on part-time contracts
- Total cost of wages: £41,699,458
- Absence rate: 2.71%

Risk management

Emergency planning: the Chief of Staff is our Accountable Emergency Officer. For 2024/25 we were assessed as a providing a fully compliant level of assurance against NHS England core standards.

Counter fraud: the Chief Financial Officer is our executive lead for counter fraud and the Counter Fraud Champion. We met counter fraud standards for commissioners in 2024/25.

Key risks on our Board Assurance Framework where the current risk score exceeds the tolerance are detailed below:

Risk Category	Risk ID	Risk title / summary of risk	Max tolerance score	Residual risk score
Finance	**543**	ICS revenue financial plan 2024/25	12	25
Data and Information Management	**435**	SEL will not meet the AACC (All Age Continuing Care) Data Set submission due to variation in digitalisation across the six boroughs by the deadline of 1st April 2025.	9	12
Strategic commitments and delivery priorities: Implementation of ICB strategic commitments, approved plans, and delivery priorities	**384**	Delivering successful elective care transformation programmes to support the delivery of elective recovery and waiting times objectives.	12	16
	385	Competing priorities for non-admitted and admitted capacity, resulting in a negative impact on elective recovery across the ICB/its providers, with a consequence increase in waiting times for diagnosis and treatment.		16
	386	Ongoing pressures across SEL UEC services		16
	504	Cancer performance targets		16
Clinical, Quality and Safety	**391**	Increased waiting times for autism diagnostics assessments	9	16
	404	New and emerging High Consequence Infections Diseases (HCID) & pandemics		12
	437	Disruption to IT/ Digital systems across provider settings due to external factors		15
	468	Risk of variation in performance across SEL with FNC (funded nursing care) reviews		12
	528	Access to primary care services		12
	561	Increase in vaccine preventable diseases due to not reaching herd immunity coverage across the population - Seasonal Vaccinations		12

Freedom to Speak Up: we have appointed a Freedom to Speak Up Guardian and Freedom to Speak Up Champions, managed under the executive leadership of the Chief of Staff and supported by a non-executive member. Five Freedom to Speak Up concerns were raised in the year.

Our full annual report is available on our website.