By email to:

London Region
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Sir Richard Douglas CB
Chair
South East London ICB
160 Tooley Street
London
SE12TZ

5 August 2026

Dear Richard

**Annual assessment of South East London Integrated Care Board's performance in 2025–26**

I am writing under section 14Z59 of the NHS Act 2006, as amended by the Health and Care Act 2022, which requires NHS England to conduct an annual performance assessment of each Integrated Care Board (ICB).

This has been a particularly challenging year for ICBs, marked by significant system-wide pressures and continued organisational change. In parallel, ICBs have been required to adapt to an evolving operating model, while maintaining a clear focus on statutory duties, system leadership and delivery for local populations.

Against this backdrop, I recognise the complexity of the task facing your organisation and the sustained effort required to balance immediate operational pressures with longer-term strategic priorities. I also acknowledge the additional burden created by structural changes, and the need to maintain stability and continuity across systems during a period of transition.

In reaching this assessment, I have considered evidence from the ICB's annual report and accounts, available performance and assurance data, feedback from partners and stakeholders, and the discussions my team and I have held with ICB colleagues over the course of the year.

While this annual assessment is a statutory requirement, I have sought to ensure that it is balanced and proportionate, recognising both the need to assess performance against statutory responsibilities and the realities of the organisational change that has taken place during the year.

I remain committed to working constructively with you, building on learning from the year, and supporting ICBs as roles, responsibilities and arrangements continue to evolve.

I would like to thank you, your Board and your wider team for your leadership and continued commitment during a demanding period of change. My team and I look forward to continuing to work with you in the year ahead.

Yours sincerely

**Dame Caroline Clarke**
**Regional Director**
**NHS England London**

Cc: Andrew Bland, Chief Executive Officer, South East London ICB

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**SOUTH EAST LONDON ICB**

## Performance Assessment

Elective performance improved, with RTT reaching c.66–67%, alongside reductions in the waiting list (c.229k to c.218k), reflecting sustained system effort and pathway management, although the overall list remains high. However, performance remains below national ambition in some areas and long waits persist, indicating the need for further gains in throughput and more consistent delivery.

Cancer performance improved, with faster diagnosis exceeding the 80% standard and strong delivery against 31-day standards. However, 62-day performance (c.72%) remained below standard and plan, reflecting continued pressure on diagnostic capacity and treatment pathways. Further improvement will require gains in productivity and pathway flow.

Urgent and emergency care performance improved but remained below trajectory. Four-hour performance reached c.74–75%, reflecting action to strengthen flow and discharge processes and reduce avoidable demand. However, this remained below the 78% trajectory and continued to be constrained by high demand, bed capacity and persistent flow challenges.

Performance across planned and unplanned care remained inconsistent. Diagnostic timeliness continued to present a key constraint, with 21.4% of patients waiting over six weeks against plan. Community and continuing healthcare services also faced sustained demand pressures, with variation in delivery and deterioration in some outcomes.

Delivery was stronger in several areas, particularly within mental health, including progress in reducing length of stay, strengthening discharge arrangements and delivery against Talking Therapies recovery standards. Positive delivery was also evident in learning disability care.

However, delivery remained uneven across wider pathways. This included continued reliance on inpatient care for people with a learning disability, delays in autism assessment pathways and persistent challenges in children and young people's services, indicating uneven implementation of system plans. Out of area placements remain a challenge. There are also workforce gaps within safeguarding that will require mitigation.

You prioritised improving population health through targeted, data-led approaches. This included the use of population health intelligence to identify need and target resources, targeted prevention initiatives and the continued development of neighbourhood-based models. Examples included the Plan for Baby campaign and the Act Early programme in Lambeth and Southwark, supporting earlier intervention for children and families. These approaches strengthened the alignment of prevention and long-term condition management with population need, although further work is required to translate these foundations into consistent improvement in outcomes.

During 2025/26, the system demonstrated a targeted approach to reducing health inequalities, reflected in action to improve uptake of annual health checks for people with a learning disability and targeted interventions addressing cardiovascular, maternal and mental health inequalities. This included Black maternal health and Black mental health programmes, alongside targeted cancer screening initiatives and learning from the

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Birmingham and Lewisham African and Caribbean Health Inequalities Review (BLACHIR). This reflected increasing use of data and population health insight to target support.

There continued to be some unwarranted variation in access, experience and outcomes across population groups and services. This was reflected in pressures in SEND services, neurodevelopmental pathways, delays in autism assessment pathways and wider challenges in children and young people's care. While targeted interventions were in place, further work was required to ensure improvements were consistently realised and translated into equitable outcomes at scale.

You met your statutory financial duties, delivering a balanced position against an allocation of approximately £5.9bn. The ICB also met and exceeded the requirements of the Mental Health Investment Standard, ensuring that growth in mental health investment outpaced overall programme growth.

System financial balance in 2025/26 was only achieved through receipt of £96.3m deficit funding. The system continued to carry an underlying deficit of c.£333m, reflecting a gap between recurrent income and expenditure. All providers in the system reported an underlying deficit, with the ICB reporting a balanced underlying position. The system delivered £327.8m (88%) of planned efficiencies, although delivery varied across organisations and relied significantly on non-recurrent measures. This position highlights continuing risk to financial sustainability without improved productivity and recurrent efficiencies.

Overall, you made progress across a number of priority areas during 2025/26, particularly in elective recovery, targeted action to improve population health and reduce inequalities, and delivery of your statutory financial duties, while operating in a challenging and complex environment. However, performance remained uneven across several key pathways, including urgent and emergency care, cancer, neurodevelopmental services and wider children and young people's services. Capacity and flow constraints continued to limit the pace and consistency of improvement, while underlying system financial challenges persisted. Sustained focus on recovery, productivity and reducing unwarranted variation will be required to deliver more consistent and equitable outcomes.

**Capability Assessment**

You demonstrated effective system leadership, including through the development of clustering arrangements with South West London, which strengthened strategic commissioning capacity and enabled closer alignment of planning and delivery across south London. You worked with partners to set shared priorities, coordinate delivery and support integrated models of care, including neighbourhood-based approaches.

Partnership working was a clear strength. The development of provider collaboratives, place-based partnerships and neighbourhood models strengthened alignment across the system and enabled more coordinated planning and delivery. These arrangements provide a strong foundation for addressing demand and variation.

Feedback we have received from Health and Wellbeing Boards HWBs indicates that the ICB was a committed and constructive partner in supporting delivery of local health and wellbeing priorities. Respondents highlighted the ICB's active engagement with the HWBs, joint leadership of local Health and Wellbeing Strategies and implementation plans, and its contribution to neighbourhood development and integrated models of care. Examples

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included support for integrated neighbourhood teams, maternity improvement, frailty and long-term condition programmes, and action to address health inequalities through prevention and community-based approaches. Feedback also recognised the ICB's role in bringing partners together around shared priorities and delivery. Looking ahead, HWBs highlighted the importance of sustaining investment in prevention and inequalities and supporting the continued development of neighbourhood health plans.

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Your governance arrangements were well established, with clear structures for oversight of performance, finance, quality and risk, supported by systematic assurance, escalation and risk management processes. Regular oversight through Board and committee structures, supported by system-wide performance and quality reporting, provided confidence in your ability to discharge statutory responsibilities and maintain visibility of key risks.

You had well-established arrangements to support quality governance, including oversight through Board and system governance structures, supported by quality and performance reporting, system quality forums and improvement programmes. These arrangements enabled continued focus on patient safety, learning disability and autism services, and SEND delivery. However, assurance and consistency across some pathways remained variable.

Despite these governance arrangements, some important quality and safety challenges remained. These included variation in SEND provision, delays in autism assessment pathways, below national performance in LeDeR reviews and the need to accelerate inpatient quality transformation for people with a learning disability and autistic people. Together, these issues indicated areas where greater consistency of delivery and assurance was still required.

You put in place clear and multifaceted routes to obtain and apply clinical advice, drawing on clinical leadership from primary care, providers and neighbourhood teams through formal governance arrangements and provider collaboratives. This helped ensure that commissioning and transformation decisions were informed by professional expertise and clinical evidence.

You maintained a structured and increasingly mature approach to patient and public engagement, working with local communities, Healthwatch, VCSE partners and people with lived experience to inform commissioning and service design. During the year, engagement activity increasingly focused on co-production and community-led approaches, including the Creative Health programme, which engaged more than 300 residents from underserved communities, alongside lived-experience panels informing investment decisions and programme design. This strengthened community influence over commissioning and service redesign.

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You demonstrated your role as an anchor institution through actions to support local employment, skills development and wider social value objectives, working with partners to ensure commissioning and procurement generated broader community benefit. This complemented wider action to address inequalities across South East London.

You supported research and innovation through collaboration with academic, clinical and system partners, alongside the application of digital and data-enabled approaches to service improvement, pathway redesign and operational productivity. This included collaboration through the Act Early programme and other population health research partnerships to apply evidence and innovation to prevention, early intervention and service improvement. These approaches supported evidence-based commissioning and transformation.

You supported delivery of the Greener NHS agenda through implementation of the South East London Green Plan, sustainability initiatives, estate optimisation and the integration of environmental objectives within planning, commissioning and transformation activity. These activities contributed to embedding environmental sustainability within wider system transformation and service redesign.

Overall, you demonstrated increasing maturity as a strategic commissioner, supported by strong partnerships, established governance and an increasing focus on population health and system transformation. You continued to strengthen the foundations for system-wide improvement, including implementing clustering arrangements with SWL ICB. Further progress will depend on improving consistency across pathways, reducing unwarranted variation and translating strategic intent into more consistently improved outcomes for patients and communities across south London.

## Conclusion

In forming this assessment, I have sought to take a balanced and proportionate view of your performance, recognising both what has been delivered and the complexity of the operating environment in which ICBs continue to function. I am encouraged by progress towards a more mature system of integrated care, with decision-making increasingly informed by, and responsive to, the needs of local people and communities.

I ask that you share this assessment with your board and senior leadership team and consider publishing it alongside your annual report at a public meeting. In line with our statutory responsibilities, NHS England will also publish a summary of the outcomes of all ICB annual performance assessments.

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