Bexley Wellbeing Partnership Committee meeting held in public

Thursday 24th September 2026, 14:00 – 15:30

Venue: United Reformed Church, Geddes Place, Bexleyheath, DA6 7DJ

Agenda

No.	Item	Encl.	Presenter	Time
Opening Business and Introductions				
1.	Introductions and apologies		Chair	14:00
2.	Declarations of Interest	Encl. A	Chair	14:03
3.	Notes from 23rd July 2026 and matters arising	Encl. B	Chair	14:04
Assurance				
4.	Better Care Fund 2026/27: Update	Encl. C	Gita Prasad/Steven Burgess	14:05
5.	Primary Care Business Report: Q1 & Q2 2026/27	Encl. D	Maria Rodrigues	14:20
6.	Finance Report: Month 4	Encl. E	Asad Ahmad	14:35
7.	Local Care Partnership Performance Report	Encl. F	Maria Rodrigues/Gita Prasad	14:45
8.	Risk Register	Encl. G	Rianna Palanisamy	14:55
Public Forum				
9.	Public Questions			15:05
Let's Talk				
10.	Bexley Wellbeing Partnership Committee: Lookback		Diana Braithwaite	15:07
Closing Business				
11.	Any other business		Chair	15:30
For Information				
12.	Glossary	Encl. H		

ITEM: 2

ENCLOSURE: A

Declaration of Interests: Update and signature list

Name of the meeting: Bexley Wellbeing Partnership Committee **Date:09.09.2026**

Name	Position Held	Declaration of Interest	State the change or 'No Change'	Sign
Diana Braithwaite*	Strategic Director, Integrated Health & Care/Place Executive Lead (Bexley), NHS South East London Integrated Care Board	Nothing to declare.		
Dr Nicole Klynman*	Director of Public Health, London Borough of Bexley Council	1. Salaried GP at Leyton Healthcare		
Yolanda Dennehy*	Director of Adult Social Care & Health, London Borough of Bexley Council	Nothing to declare.		
Raj Matharu*	LPC Representative	1. Superintendent Pharmacist of MAPEX Pharmacy Consultancy Limited. 2. Wife is lead pharmacy technician for the Oxleas Bromley medicines optimisation service (indirect interest) 3. SEL Community Pharmacy Fed Ltd/SEL Pharmacy Alliance – MAPEX Pharmacy Consultancy Ltd is a member of SEL Pharmacy Alliance. (financial interest) 4. Conclusio – Consultancy work with respect to primary care community pharmacy services (financial interest) 5. Chief Executive Officer – South East London Local Pharmaceutical Committee/Community Pharmacy South East London (financial interest) 6. Chair of Community Pharmacy London 7. Editorial Board Member – PM Healthcare (financial interest)		

		8. Son is Pharmacist at Westchem Pharmacy is Community Pharmacy Neighbourhood Lead (CPNL) for Bromley. 9. Daughter-in Law is lead First Contact Practitioner for the PCN as Physiotherapist		
Keith Wood	Lay Member, Primary Care (Bexley)	Nothing to declare.		
Jennifer Bostock*	Independent Member/Vice Chair, Bexley Wellbeing Partnership (Bexley)	1. Independent Advisor and Tutor, Kings Health Partners (financial interest) 2. Patient Public involvement Co-Lead, DHSC/NIHR 3. Independent advisor and Lay Reviewer, UNIS 4. Lay co-applicant/collaborator on an NIHR funded project 5. Independent Reviewer, RCS Invited Review Mechanism 6. Lay co-applicant, HS2		
Dr Pandu Balaji*	Clinical Lead – Frognal Primary Care Network	GP partner, Woodlands Surgery (financial interest)		
Dr Miran Patel*	Clinical Lead – APL Primary Care Network	1. GP Partner, The Albion Surgery (financial interest) 2. Clinical director, APL PCN (financial interest)		
Dr Nisha Nair*	Clinical Lead – Clocktower Primary Care Network	1. GP Partner, Bexley Group Practice (financial interest) 2. Clinical director, Clocktower PCN (financial interest)		
Dr Surjit Kailey*	Clinical Lead – North Bexley Primary Care Network	1. GP Partner, Northumberland Health Medical Centre (financial interest) 2. Co-director of BHNC (financial interest) 3. Co-clinical director, North Bexley PCN (financial interest) 4. Co-medical Director Grabadoc (financial interest)		
Abi Mogridge (n)	Chief Operating Officer, Bexley Health Neighbourhood Care CIC	Nothing to declare.		
Jattinder Rai (n)	CEO, Bexley Voluntary Service Council (BVSC)	Nothing to declare.		
Kate Heaps (n)	CEO, Community Hospice	1. CEO of Greenwich & Bexley Community Hospice – financial interest 2. Chair of Share Community - a voluntary sector provider operating in SE/SW London with spot		

		purchasing arrangements with LB Lambeth – non-financial professional interest		
Andrew Hardman	Chief Commercial Officer, Bromley Healthcare	Nothing to declare.		
Stephen Kitchman	Director of Children's Services, London Borough of Bexley	Nothing to declare.		
Sarah Burchell	Director Neighbourhoods and Integration	Nothing to declare.		
Iain Dimond*	Chief Operating Officer, Oxleas NHS Foundation Trust	Nothing to declare.		
Dr Sushantra Bhadra	Clinical Director, North Bexley Primary Care Network (deputising for Dr Kailey)	1. GP Partner, Riverside Surgery – financial interest 2. Member of the London wide LMC – financial interest 3. Clinical Director, North Bexley PCN – financial interest		
Deborah Travers	Associate Director of Adult Social Care (deputising for Deputy Director of Adult Social Care), London Borough of Bexley	Nothing to declare.		
Dr Sonia Khanna	Clinical Director, Frognal PCN (deputising for Dr Pandu Balaji)	1. GP Partner, Sidcup Medical Centre – financial interest 2. Practice is member of Bexley Health Neighbourhood Care – financial interest 3. Joint Clinical Director, Frognal PCN – financial interest 4. Husband, Dr Sid Deshmukh, is Frognal PCN chair, BHNC Director, Clinical lead – Urgent Care, Senior Partner at Sidcup Medical Centre, shareholder of Frogmed Ltd (dormant company) and Chair of Bexley Wellbeing Partnership – indirect interest 5. CYP and Families Clinical Lead – Bexley – non-financial professional interest 6. Father, Mr Vinod Khanna, is Chief Executive Officer of Inspire Community Trust – non-financial personal interest. 7. Member of Bexley LMC – non-financial professional interest. 8. GP Appraiser for south east London – non-financial personal interest.		

Dr Adefolake Davies	Clinical Director – Clocktower Primary Care Network	1. Clinical Director, Clocktower PCN – Financial Interest 2. Shareholder, Bexley Health Neighbourhood Care – Financial Interest 3. Shareholder, Bexley Health LTD – Financial Interest 4. GP Principal, Dr Davies and Partner – Financial Interest		
Spencer Prosser	Chief Finance Officer, Lewisham and Greenwich NHS Trust	###		

***voting member.**

members who have not made the annual declaration for 2026/27 will be requested to make a verbal declaration within the meeting.

Agenda Item: 3
Enclosure: B

Bexley Wellbeing Partnership, Meeting in Public

Minutes of the meeting held on Thursday 23rd July 2026, 14:00 – 16:00
Venue: United Reformed Church, Geddes Place, DA6 7DJ and via Microsoft Teams

Voting Members

Name	Title and organisation
1. Jennifer Bostock (JB)	Chair, Independent Member
2. Yolanda Dennehy (YD)	Director of Adult Social Care & Health, London Borough of Bexley
3. Diana Braithwaite (DB)	Strategic Director, Integrated Health & Care/Place Executive Lead (Bexley), NHS South East London Integrated Care Board (NHS SEL ICB)
4. Katie Clare (KC)	Public Health Consultant, London Borough of Bexley
5. Raj Matharu (RM) (via MS Teams)	Chief Executive Officer, Local Pharmaceutical Committee
6. Iain Dimond (ID)	Chief Operating Officer, Oxleas NHS Foundation Trust
7. Dr Mehal Patel (MP)	APL Primary Care Network
8. Dr Pandu Balaji (via MS Teams)	Frognal Primary Care Network

In attendance

Abi Mogridge (AM)	Chief Executive Officer (CEO), Bexley Health Neighbourhood Care CIC (GP Federation)
Jon Devlin (JD)	Director of Partnerships, Data Protection Officer, Community Hospice
Lisa Cooper	Acting Joint Service Director, Oxleas NHS Foundation Trust
Sarah Burchell (SB)	Director, Neighbourhoods & Integration, Oxleas NHS Foundation Trust
Andrew Hardman	Chief Commercial Officer, Bromley Healthcare
Gita Prasad (GP)	Director of Integrated Commissioning (Bexley), NHS SEL ICB
Asad Ahmad (AsA)	Associate Director of Finance (Bexley), NHS SEL ICB
Katie Farrar-Daniel (KFD)	Children and Young People's Programme Manager, NHS South East London Integrated Care Board
Wendy Vincent (WV)	Head of Service for SEND and Inclusion Services, London Borough of Bexley
Maria Rodrigues (MR)	Interim Director of Primary & Community Care
Emma Sampson (ES)	Employment of Skills, London Borough of Bexley
David Naharnowicz (DN)	Involve Team, Oxleas NHS Foundation Trust
Councillor Janice Ward-Wilson (JWW)	Cabinet Member for Adults & Health, London Borough of Bexley
Patrick Gray (PG)	Community Voice Manager (Bexley), NHS SEL ICB
Rianna Palanisamy (RP) *(Presenter)*	Partnership Business Manager (Bexley), NHS SEL ICB

Apologies

- Annie Norton, Interim Chief Executive Officer, Bexley Voluntary Services Council
- Dr Surjit Kailey, North Bexley Primary Care Network
- Dr Miran Patel, APL Primary Care Network
- Dr Nicole Klynman, Director of Public Health, London Borough of Bexley

		Actioned by
1-2	**Welcome, apologies and declarations of interest** Apologies were noted and the meeting was confirmed as quorate. Members were reminded of their responsibility to declare any interests relevant to the business being considered. No further declarations of interest were made other than those already stated in the Register of Interests. Members were also reminded to notify Rianna Palanisamy (RP), Partnership Business Manager (Bexley), NHS South East London Integrated Care Board, of any changes to their circumstances so that the Register of Interests could be updated accordingly.	**JB**
3.	**Draft minutes of the public meeting held on 28th May 2026** The Bexley Wellbeing Partnership Committee agreed that the draft minutes of the previous public meeting were a true and accurate record and approved them on that basis. **Matters Arising** Nil.	**JB**
4.	**Special Educational Needs and Disabilities Reform Plan and the Bexley Approach** The Committee received a report setting out Bexley's approach to the national Special Educational Needs and Disabilities (SEND) Reform Plan. The presenter talked the Committee through the salient points and advised that considerable work had taken place across the local area partnership over the preceding three years to improve the quality and accessibility of the SEND offer. The Committee was advised that the former Department for Education Safety Valve Programme had ended earlier than anticipated in March 2026. Although the programme had included a financial focus, Bexley's approach had also sought to improve the quality of local provision, strengthen early help and ensure that children and young people received support at the earliest possible stage. Members noted that local areas had been required to develop an initial SEND Reform Plan within a short national timescale. The current submission represented an initial framework for the development of a more detailed three-year delivery plan. The principal components included: • Development of an expert support offer across education and health. • Strengthening SEND provision within mainstream schools. • Increasing local specialist provision and reducing reliance on placements outside the borough. • Earlier identification of need and access to appropriate support.	**WV**

	• Delivery through local clusters of schools and services. • Continued co-production with health partners, education settings, families and other stakeholders. • Greater use of data and assessment to monitor progress and support accountability. • Questions/Comments • Clarification was sought regarding coordination between Bexley, Greenwich and neighbouring boroughs. It was confirmed that further work would take place across borough boundaries, recognising that children and young people may live in one borough and attend school in another. • A question was raised regarding the potential value of the High Needs Stability Grant and the extent to which the funding was confirmed. It was explained that work would continue to manage the high-needs financial position and deliver required efficiencies. • Members discussed anticipated growth in SEND demand, the potential effect of national policy changes and the need for continued system oversight across the six South East London boroughs. • Members sought assurance regarding health-related delivery and specialist workforce availability. Detailed discussions were continuing, including consideration of additional Speech and Language Therapy and Occupational Therapy capacity and early recruitment activity. <u>Questions/Comments</u>: • Clarification was sought regarding coordination between Bexley, Greenwich and neighbouring boroughs. It was confirmed that further work would take place across borough boundaries, recognising that children and young people may live in one borough and attend school in another. • A question was raised regarding the potential value of the High Needs Stability Grant and the extent to which the funding was confirmed. It was explained that work would continue to manage the high-needs financial position and deliver required efficiencies. • Members discussed anticipated growth in SEND demand, the potential effect of national policy changes and the need for continued system oversight across the six South East London boroughs. • Members sought assurance regarding health-related delivery and specialist workforce availability. Detailed discussions were continuing, including consideration of additional Speech and Language Therapy and Occupational Therapy capacity and early recruitment activity. **The Bexley Wellbeing Partnership Committee:** • **Endorsed the Bexley SEND Reform Plan and local approach.** • **Noted that the plan represented the first stage in developing a detailed three-year delivery plan.** • **Noted the continuing financial, workforce and delivery risks associated with implementation.** • **Noted the requirement for ongoing co-production and cross-borough partnership working.**	
5.	**South East London Integrated Care Board: Strategic Investment Fund 2026/27** The Committee was advised that the Strategic Investment Fund had been established to accelerate neighbourhood working and the delivery of	**KH**

	Integrated Neighbourhood Teams. Funding had been allocated to Bexley Care Plus, comprising; London Borough of Bexley, Oxleas NHS Foundation Trust, the GP Federation and Bexley's four Primary Care Networks, with Oxleas NHS Foundation Trust acting as the host organisation. The funding was subject to defined minimum delivery requirements and focused on older people and frailty, people with high-risk and complex needs, adults with multiple long-term conditions, children and young people at risk of poorer outcomes, and prevention and early intervention. A maturity self-assessment would be undertaken in September 2026. Delivery plans had been developed through working groups, partnership discussions and local governance arrangements. <u>Questions/Comments</u> • Assurance was provided that expenditure would be managed through a robust financial framework and reported through Bexley Care Plus. • Clarification was sought regarding primary care involvement. Further operational details would be covered in the Neighbourhood Delivery Plan item. • It was confirmed that a minimum of 1.5% of Bexley's registered population, equating to just under 4,000 people, would need to receive support through Integrated Neighbourhood Teams. • The Committee noted that delivery would be phased and monitored during the year, enabling risks to be identified and escalated early. The precise consequences of under-delivery were not yet confirmed, but future funding could be affected. **The Bexley Wellbeing Partnership Committee:** **(i) Endorsed the Bexley Strategic Investment Fund Delivery Plan for 2026/27.** **(ii) Noted the minimum delivery requirements associated with the funding.** **(iii) Noted the governance and accountability arrangements.** **(iv) Noted the potential implications for future funding if delivery requirements were not achieved.**	
6.	**WorkWell Programme** The programme formed part of a national rollout following earlier pilots and would be delivered through a six-borough South East London partnership. First-year funding was confirmed, with continuation into years two and three dependent upon achievement of performance and delivery requirements. Bexley's first-year allocation was reported as £112,000, with potential allocations of approximately £290,000 in year two and £314,000 in year three. The first delivery year would run from November 2026 to March 2027. The proposed delivery model included: • Qualified employment advisers providing individual information, advice and guidance. • Support for people whose employment was at risk because of a health condition or disability. • Training and in-work support for employers and employees.	**ES**

	• Coaching, specialist referrals and routes through primary care, community services, Jobcentre Plus and self-referral. • Use of local data, including fit-note data, to target areas with the greatest need. • Bexley expected to support approximately 80 people during the first year and approximately 250 people during the second year. <u>Questions/Comments</u> • Members welcomed the combined focus on preventing people from leaving employment and supporting those moving towards work. • Success measures would include sustained employment, progression towards the labour market, employer engagement and the retention of employees who may otherwise have left work. • Members suggested that the programme should explore impacts on health service demand, including repeat fit notes and use of primary care. • The Committee welcomed links with primary care, musculoskeletal services, community organisations and support for young people aged 18 to 25 with SEND. • The short mobilisation period was recognised as challenging, although the existing workforce provided capacity to mobilise quickly. **The Bexley Wellbeing Partnership Committee:** **(i) Endorsed the proposed delivery of the Bexley WorkWell Programme.** **(ii) Noted the funding and performance requirements associated with years one to three.** **(iii) Noted the proposed integration with primary care, community services and local employment support.** **(iv) Noted the importance of demonstrating sustained employment, employer engagement and health-related outcomes.**	
7.	**Neighbourhood Delivery Plan** The programme has moved from development and design towards implementation, embedding and expansion. Progress included expansion of the Integrated Child Health Team, borough-wide rollout of the Multiple Long-Term Conditions Programme, launch of the Live Well Hub and Frailty Integrated Neighbourhood Team, and continued development of Bexley Care Plus as the local integrator. The current year would place greater emphasis on cardiovascular disease, ageing well and frailty, children and young people, prevention, population health management and shared accountability.	**KH**

	Questions/Comments • It was confirmed that obesity would be considered as a contributing factor within cardiovascular risk stratification. • Existing chronic obstructive pulmonary disease activity would not be discontinued; the programme would build on established work while meeting new minimum requirements. • The principal risks were workforce capacity, variation in neighbourhood maturity, data-sharing limitations and digital capability. • Members welcomed the Live Well Hub and a resident experience video illustrating benefits for physical activity, wellbeing, social connection, family relationships and routine. • The Committee supported the ambition to expand the model, subject to funding and evaluation. • The Bexley Wellbeing Partnership Committee: • Discussed and noted progress in implementing the Neighbourhood Delivery Plan. • Noted the specific delivery requirements for 2026/27 and the associated workforce, data, digital and delivery risks. • Noted the intention to evaluate impact for residents, the workforce and the wider system. • Supported the ambition to extend the Live Well Hub model, subject to funding and evaluation. **The Bexley Wellbeing Partnership Committee:** **(i) Discussed and noted progress in implementing the Neighbourhood Delivery Plan.** **(ii) Noted the specific delivery requirements for 2026/27 and the associated workforce, data, digital and delivery risks.** **(iii) Noted the intention to evaluate impact for residents, the workforce and the wider system.** **(iv) Supported the ambition to extend the Live Well Hub model, subject to funding and evaluation.**	
8.	**Performance Assurance Report** The Committee received the latest Performance Assurance Report, based principally on the June 2026 reporting position, noting that individual indicators were subject to different reporting periods and data lags. Positive performance was reported in elements of childhood immunisation, breast screening, talking therapies, dementia and diabetes. Areas requiring further improvement included specific childhood immunisation indicators, health checks and action plans for people with learning disabilities, bowel and breast screening measures, flu vaccination uptake and hypertension identification and management. Targeted improvement approaches included community outreach, awareness activity, work with local partners, additional support to GP practices and improved access to local performance information. Questions/Comments • Clarification was sought regarding comparison with national performance. Some measures were locally determined, and direct national comparison was not available for every indicator.	**MR**

	• Members highlighted the role of voluntary and community sector organisations in engaging residents and addressing barriers to vaccination. • A question was raised regarding childhood vaccination uptake and its effect on local services. A full response was not available and would be referred to Public Health. **The Bexley Wellbeing Partnership Committee:** **(i) Discussed and noted the Performance Assurance Report.** **(ii) Noted areas of positive performance and those requiring further improvement.** **(iii) Noted targeted improvement activity with primary care and community partners.** **(iv) Requested further information from Public Health regarding childhood vaccination uptake and associated impacts.**	
9.	**Finance Report: Month 2** The Committee received the Month 2 financial report for Bexley Place and NHS South East London ICB. Both Bexley Place and the wider ICB were forecasting a break-even position. Financial pressures continued in mental health expenditure, Right to Choose, Attention Deficit Hyperactivity Disorder (ADHD) assessments, Section 117 jointly funded mental health placements, learning disability placements and continuing healthcare. These pressures were offset by underspends within community and other programme budgets. Prescribing data was not available at Month 2 because of the two-month reporting lag and the position could not yet be reliably assessed or forecast. <u>Questions/Comments</u> • Clarification was sought regarding the relative contribution of Right to Choose assessments and mental health placements. Further information was required before the pressures could be fully disaggregated. • Members noted that the absence of a prescribing pressure at Month 2 should not be interpreted as an underspend because the underlying data was not available. • Some rebasing of budgets had taken place during budget setting to reflect known cost pressures **The Bexley Wellbeing Partnership Committee:** **(i) Discussed and noted the Month 2 financial position for Bexley Place.** **(ii) Received the NHS South East London ICB financial position at Month 2.** **(iii) Noted continuing pressures relating to mental health, Right to Choose, Section 117 placements and continuing healthcare.** **(iv) Noted that the prescribing position could not yet be assessed because of the reporting lag.**	**AA**
11.	**Bexley Place Risk Register** There were nine open risks: one extreme, seven high and one low following the application of controls and mitigations. The risk relating to lengthy waiting times for autism and ADHD diagnostic assessments had increased to a score of 16, reflecting sustained demand,	**RP**

	constrained diagnostic capacity, deterioration in performance and increasing average waiting times. The remaining risks included pressures associated with prescribing expenditure, immunisation coverage, serious mental illness health checks, estates and lease management, primary care safeguarding capacity, delegated budgets, mental health costs and continuing healthcare expenditure. Risks were reviewed monthly through local governance arrangements and escalated to wider NHS South East London governance where appropriate. <u>Questions/Comments</u> • Clarification was sought on whether the autism and ADHD risk related solely to the financial effect of Right to Choose activity or also reflected pressure within local secondary care provision. It was clarified that the risk described in the Bexley Place register primarily related to locally held budgets. • Members noted that lengthy waits affected adults and children and represented a national issue. Further delays could also arise between ADHD diagnosis and access to medication. • The Committee was advised that NHS South East London ICB had agreed to undertake a diagnostic review and that alternative, needs-led models of support would need to be considered. • Members highlighted the importance of supporting children and families while they awaited assessment and recognised the wider contribution of education, community activity, social prescribing, physical activity, diet and wellbeing support. **The Bexley Wellbeing Partnership Committee:** **(i) Discussed and noted the Bexley Place Risk Register.** **(ii) Noted the nine open risks and the increased rating associated with autism and ADHD diagnostic waiting times.** **(iii) Noted the controls, mitigating actions and gaps in assurance.** **(iv) Noted that risks would continue to be reviewed monthly and escalated where appropriate.**	
12.	**Public Questions** No formal public questions had been submitted in advance of the meeting. Members of the public	**PQs**
13.	**Any Other Business** • No additional items of business were raised. • The Chair acknowledged the technical difficulties experienced during the hybrid meeting and apologised to those attending remotely where this had affected their ability to hear the discussion. • The Chair thanked members, presenters and members of the public for their attendance and contributions and formally closed the meeting.	**ALL**
14.	**Glossary** These glossary terms were noted.	**JB**

Bexley Wellbeing Partnership Committee

Thursday 24th September 2026

Item: 4

Enclosure: C

Title:	**Better Care Fund 2026/27: Update**
Author/Lead:	Gita Prasad, Director of Integrated Commissioning (Deputy Director), London Borough of Bexley and NHS South East London Integrated Care Board (Bexley) Steven Burgess, Policy and Strategy Officer, London Borough of Bexley
Executive Sponsor:	Diana Braithwaite, Strategic Director, Integrated Health & Care/Place Executive Lead (Bexley), NHS South East London Integrated Care Board Yolanda Dennehy, Director of Adult Social Care and Health, London Borough of Bexley

Purpose of paper:	**To consider on behalf of the NHS South East London Integrated Care Board (ICB) and endorse the proposal to update the schedules to the Section 75 Agreement between the London Borough of Bexley and NHS South East London ICB to reflect the final 2025/26 Better Care Fund position and the approved BCF Assurance Return 2026/27.**	**Update / Information**	
		Discussion	
		Decision	***X***

Summary of main points:	• On 28 May 2026, the Bexley Wellbeing Partnership Committee endorsed the Better Care Fund (BCF) Assurance Return 2026/27.
	• The Committee also authorised the Place Executive Lead (Bexley), in consultation with the Director of Adult Social Care and Health, to agree any amendments required through the assurance process in order to secure national approval.
	• Following review by regional assurance partners, a small number of amendments were agreed. The amendments provided additional clarification regarding:
	  ○ population need, frailty and urgent and emergency care demand;
	  ○ the rationale for the planned Discharge Ready Date (DRD) trajectories;
	  ○ the NHS South East London ICB-funded Health Inequalities Programme; and
	  ○ Bexley's Care Homes Task Force.
	• The amendments were explanatory in nature and did not alter the strategic direction of the plan, the approved national metric ambitions, the schemes funded through the BCF, or the value of the pooled budget.
	• On 21 July 2026, NHS England confirmed that Bexley's BCF Assurance Return 2026/27 had been classified as Approved (**Appendix A**), enabling expenditure of the NHS minimum contribution and confirming compliance with the requirements of the BCF Framework 2026/27.		

	• BCF funding streams must be pooled through a Section 75 Agreement, and the relevant agreement must be updated by 30 September 2026 to reflect approved arrangements for 2026/27. • The Change Authorisation Form (**Appendix B**) sets out the proposed amendments to the Section 75 Agreement schedules and requires signature by authorised officers of both organisations.	
Potential Conflicts of Interest	There are no conflicts of interest as a consequence of this report.	
Other Engagement	Equality Impact	The Section 75 Agreement between London Borough of Bexley and NHS South East London ICB includes a section on Equalities that commits the Council and ICB to comply with the Public Sector Equality Duty when they carry out their functions or services. The contracts and the services commissioned under the Section 75 Agreement are monitored to ensure that equalities duties are met.
	Financial Impact	Across all funding sources, the total value of the BCF Pooled Fund in 2026/27 is £97.056m, of which the ICB contribution is £61.526m and the local authority contribution is £35.530m. The Better Care Fund End of Year Return for 2025/26 reported total income of £91.784m and expenditure of £91.650m, resulting in a £0.135m Disabled Facilities Grant carry forward into 2026/27.
	Public Engagement	We consulted on the original proposals to enter into the Section 75 Agreement in 2020/21, which included the arrangements for the Bexley BCF Pooled Fund.
	Other Committee Discussion/ Engagement	Local partners and stakeholders were involved in the development of the Better Care Fund Assurance Return 2026/27. The Bexley Health and Wellbeing Board approved the BCF Assurance Return on 16 June 2026 and received an update on the outcome of the assurance process at its meeting on 8 September 2026.
Recommendation:	The Bexley Wellbeing Partnership Committee is recommended to: (i) Consider on behalf of the NHS South East London ICB and endorse the proposal to update the schedules to the Section 75 Agreement between the London Borough of Bexley and NHS South East London ICB to reflect the final 2025/26 BCF position and the approved BCF Assurance Return 2026/27, including the amendments agreed through the assurance process.	

Appendix A - BCF Approval Letter Bexley
Appendix B - Change Authorisation Form (Seq Ref No. 005)

NHS England
Wellington House
133-155 Waterloo Road
London
SE1 8UG

21 July 2026

To: Cllr David Leaf, Chair, Bexley Health and Wellbeing Board
Andrew Bland, Chief Executive, NHS South East London ICB
Paul Thorogood, Chief Executive, London Borough of Bexley

cc. Tom Luckraft, Andre Lotz, Nicole Valenzuela-Sotomayor

Better Care Fund 2026-27

Approval for 2026-27 plans and permission to spend NHS minimum contribution

Dear Colleagues,

Thank you for submitting your Better Care Fund **("BCF")** plan and for the collaborative working demonstrated by local partners throughout its development.

The BCF remains a joint programme operated by the Department of Health and Social Care ("**DHSC**"), Ministry of Housing, Communities and Local Government ("**MHCLG**") and NHS England. As set out in the Better Care Fund framework 2026 to 2027, NHS England holds responsibility for the final approval for the use of the NHS minimum contribution.

I am pleased to let you know that following the review process, which includes input from social care representatives, your plan has been classified as **'approved'**. Your local BCF leads will receive feedback from the regional review process via your regional BCF team; this feedback will provide helpful insights on your plan and links to related work taking place more widely.

BCF conditions for financial year 2026-27

The 2026–27 BCF is composed of the following funds:

- the NHS minimum contribution, including the minimum contribution to adult social care
- Local Authority Better Care Grant
- Disabled Facilities Grant

As your plan has been **'approved'**, the 2026–27 BCF funding for the NHS minimum contribution from NHS England can now be spent. This is subject to continued compliance throughout the year with the national conditions set out in the Better Care Fund framework 2026 to 2027, which in summary are:

1. Effectively support the delivery of integrated and preventative care
2. Comply with expenditure and grant conditions
3. Effective governance, reporting and engagement

The Better Care Fund Framework explains that to comply with national condition 2, you must:

- deliver in accordance with your approved return
- maintain the NHS minimum contribution to adult social care,
- pool NHS BCF contributions into one or more section 75 pooled funds.

It also explains that to comply with national condition 3 you must comply and engage with BCF planning, governance and reporting requirements, including adherence to the monitoring and reporting process, which will be made available on the Better Care Exchange. Full details regarding each national condition can be found in the 2026-27 BCF framework.

In addition to the conditions governing the use of the NHS minimum contribution, the conditions relating to the use of the Local Authority Better Care Grant and the Disabled Facilities Grant, which together form the local government contribution to the Better Care Fund, are set out in the 2026-27 to 2028-29 Core Spending Power table (Local Authority Better Care Grant Determination 2026 to 2027 - GOV.UK).

The Grant Determination Letter for the Disabled Facilities Grant for 2026–27, was published in May 2026. The list of local authority DFG allocations can be found in Annex A: Changing the way government allocates Disabled Facilities Grant funding to local authorities in England: Consultation response - GOV.UK. These determinations set out the purpose and permitted use of the funding and align directly with the Better Care Fund framework 2026 to 2027 (see section on the legal framework below).

Legal framework

NHS England makes BCF funding available to ICBs under section 223GA of the 2006 Act. MHCLG provides grants to local government (Local Authority Better Care Grant and Disabled Facilities Grant), these will be paid to local government under section 31 of the Local Government Act 2003, with a condition that they are pooled into local BCF plans.

The escalation process set out on the Better Care Exchange explains how action may be taken if an ICB or local authority does not comply with national or locally set conditions. Escalation will usually follow a period of support and oversight, but this is at the discretion of national partners. The escalation process may lead to NHS England exercising its enforcement powers under section 223GA of the NHS Act 2006.

Next steps

Now that your plan has been approved, Section 75 agreements must be in place across all HWB areas by **30 September 2026.**

Ongoing support and oversight regarding the spending of BCF funding will continue to be led by your regional BCF team. Further information on monitoring requirements is available from your regional leads.

It is expected that HWB areas will continue to work in partnership with ICB colleagues to ensure alignment to 2026-27 delivery plans, particularly how they can support relevant neighbourhood health ambitions. This may include alignment to integrated neighbourhood teams and contributing to wider strategies for priority groups, such as those living with frailty and urgent and emergency care winter planning.

Thank you for your work and best wishes with your implementation and ongoing delivery of the BCF.

Yours sincerely,

Stephanie Somerville

Director, UEC Delivery
Senior Responsible Officer, Better Care Fund
NHS England

CHANGE AUTHORISATION FORM

CHANGE AUTHORISATION FORM

SEQUENTIAL REFERENCE NUMBER: 005

TITLE: Section 75 Agreement, NHS South East London ICB and London Borough of Bexley

NUMBER OF PAGES ATTACHED:

WHEREAS the NHS South East London Integrated Care Board (formerly NHS South East London Clinical Commissioning Group) and the Authority:

A entered into an agreement (the "**Original Agreement**") dated 26 January 2022 relating to:

- integrated commissioning arrangements between the ICB (formerly the South East London CCG) and the Authority;
- services supported by the Bexley Better Care Fund; and

B wish to add, amend, remove or replace an Individual Schedule to the Original Agreement.

IT IS AGREED as follows:

1. With effect from 1 April 2026, the Original Agreement (as the same may from time to time have been amended prior to the date of this Change Authorisation Form) shall be amended as set out below:

- Replace 'Schedule 3 – Services' with an updated schedule comprising the schemes in the BCF Pooled Fund 2026/27 in line with the approved Bexley Better Care Fund Assurance Return 2026/27.

- Replace 'Schedule 4 – Contributions' with an updated schedule reflecting:
  - the final Better Care Fund outturn position for 2025/26;
  - the approved Better Care Fund Assurance Return 2026/27; and
  - the carry forward of £0.135m Disabled Facilities Grant (DFG) underspend from 2025/26 into 2026/27.

- Note that the final Better Care Fund position for 2025/26, as reported in the Better Care Fund End of Year Return, comprised total income of £91.784m and total expenditure of £91.650m.

- Note that the approved Better Care Fund Assurance Return 2026/27 comprises a pooled budget of £97.056m, including:
  - an NHS South East London ICB contribution of £61.526m; and
  - a London Borough of Bexley contribution of £35.530m.

- Update the Adult Mental Health Services Pooled and Non-Pooled Fund schedules for 2026/27.

2. Save as herein amended all other terms and conditions of the Original Agreement shall remain in full force and effect.

Signed for and on behalf of NHS South East London ICB (the ICB)

By the ICB's Authorised Officer:
Name: Diana Braithwaite
Job title: Strategic Director, Integrated Health & Care/Place Executive Lead (Bexley)
Date:

Signed for and on behalf of London Borough of Bexley (the Authority)

By the Authority's Authorised Officer:
Name: Yolanda Dennehy
Job title: Director, Adult Social Care and Health, London Borough of Bexley
Date:

CHANGE REQUEST FORM

Sequential Reference Number:	**005**
About Your Change Request	
Name of Service, Scheme or Schedule:	Schedules 3 and 4 of the Section 75 Agreement between the London Borough of Bexley and NHS South East London ICB
Reason for proposed change:	Replace
Description of proposed change: • Replace 'Schedule 3 – Services' with an updated schedule reflecting the approved Better Care Fund Assurance Return 2026/27. • Replace 'Schedule 4 – Contributions' with an updated schedule reflecting the final Better Care Fund outturn position for 2025/26 and the approved Better Care Fund Assurance Return 2026/27. • Update Disabled Facilities Grant funding and reflect the carry-forward of £0.135m DFG underspend from 2025/26 into 2026/27. • Update Adult Mental Health pooled and non-pooled fund schedules for 2026/27.	
Do you have any accompanying documents?	**Yes**
If 'Yes', please list the documents here:	• New 'Schedule 3 – Services' • New 'Schedule 4 – Contributions'
Date request made:	11/09/2026
Date that you wish the change to come into effect:	01/04/2026
Impact Assessment	
Implications, if any, of the proposed change: • Financial implications • Legal implications • Equality impact • Other impacts (e.g., health and wellbeing of the Borough, HR, Data Privacy, etc.) • Mobilisation and/or delivery of plans • Exit strategy	**Financial:** The Better Care Fund End of Year Return for 2025/26 reported total income of £91.784m and expenditure of £91.650m. Of the total pooled budget, £55.763m was funded by NHS South East London ICB and £36.021m by the London Borough of Bexley. The approved Better Care Fund pooled budget for 2026/27 is £97.056m, of which NHS South East London ICB contributes £61.526m and the London Borough of Bexley contributes £35.530m. The revised schedules reflect both the final 2025/26 Better Care Fund outturn position and the approved Better Care Fund Assurance Return 2026/27. This includes DFG expenditure of £4.064m in 2025/26 and the carry forward of £0.135m DFG underspend into 2026/27. **Legal:** The statutory and financial basis of the BCF is described in the BCF Framework 2026/27. The BCF Pooled Fund is governed by a Section 75 Agreement between the London Borough of Bexley and NHS South East London ICB. The schedules to the Agreement need to be updated by 30 September 2026. **Equalities:** The Section 75 agreement between London Borough of Bexley and NHS South East London ICB includes a section on Equalities that commits the Authority and ICB to comply with the Public Sector Equality Duty

	when they carry out their functions or services. The contracts and the services commissioned under the Section 75 Agreement are monitored to ensure that equalities duties are met. **Health and Wellbeing of the Borough:** The schemes and services in the Pooled and Non-Pooled Funds of the Section 75 Agreement are expected to have a positive impact on the health and wellbeing of the Borough. **Human Resources:** Workforce planning across the health and care system is essential. Our plans highlight the importance of a more integrated workforce and stronger collaboration between NHS staff, the Council, partners and care providers. Successful delivery also depends on having key community-based roles that support shifting care away from hospitals and on the workforce required to support Home First pathways, reablement, discharge services, community services and Integrated Neighbourhood Teams. **Mobilisation and/or delivery of plans:** Approval of the Better Care Fund Assurance Return 2026/27 was confirmed by NHS England in a letter dated 21 July 2026. The revised schedules reflect the agreed schemes, funding allocations and delivery arrangements for 2026/27. **Exit Strategy:** The Parties will develop and agree an appropriate exit strategy for schemes should this be needed, in accordance with Schedule 8 (Exit Strategy) of the Section 75 Agreement.
Key risks and mitigations:	The principal risks are that outcomes and benefits are not fully realised, Better Care Fund metric ambitions are not met and financial or operational pressures impact delivery. The Integrated Commissioning Team jointly manages contracts and performance to support delivery of agreed outcomes. Performance is monitored and reported regularly with action taken where appropriate. Capacity and demand planning, financial monitoring and established governance arrangements help ensure that funding is aligned to need and that risks are managed effectively.

Financial Information 2025/26			
Name of Service, Scheme or Schedule:	Schedules 3 and 4		
Name of Pooled or Non-Pooled Fund affected:	Better Care Fund		
Income and Expenditure 2025/26:	**Income (£m)**	**Expenditure (£m)**	**Difference (£m)**
Annual budget (final position):	91.784	91.650	(0.135)
ICB contribution:	55.763	55.763	0
Authority contribution	36.021	35.886	(0.135)
Financial year:	2025/26	2025/26	2025/26
Financial Information 2026/27			
Name of Service, Scheme or Schedule:	Schedules 3 and 4		

Name of Pooled or Non-Pooled Fund affected:	Better Care Fund		
Income and Expenditure 2026/27:	**Planned Income (£m)**	**Planned Expenditure (£m)**	**Difference (£m)**
Annual budget:	97.056	97.191	0.135
ICB contribution:	61.526	61.526	0
Authority contribution	35.530	35.665	0.135
Financial year:	2026/27	2026/27	2026/27
Your Details			
Your Name:	Steven Burgess		
Job title:	Policy and Strategy Officer		
Organisation:	London Borough of Bexley		
Pooled Fund Manager Recommendation			
Recommendation: (i) Update schedules 3 and 4 of the Section 75 Agreement between the London Borough of Bexley and NHS South East London Integrated Care Board.			

Bexley Wellbeing Partnership Committee

Thursday 24th September 2026

Item: 5

Enclosure: D

Title:	**Primary Care Delivery Group Business Update Report – Quarter 1 and 2 2026/27**
Author/Lead:	Maria Rodrigues, Interim Associate Director Primary and Community Based Care (Bexley), NHS South East London Integrated Care Board
Executive Sponsor:	Diana Braithwaite, Strategic Director, Integrated Health & Care/Place Executive Lead (Bexley), NHS South East London Integrated Care Board

Purpose of paper:	**The Bexley Primary Care Delivery Group (PCDG) is established as a sub-group of the Bexley Wellbeing Partnership Committee.** **Under adopted Terms of Reference, the PCDG has two main functions that support the Bexley Wellbeing Partnership Committee in enacting the delegated function of Primary Care services:** **(i) Supporting the Bexley Wellbeing Partnership Committee by considering all contractual matters relating to Primary Medical Service, (PMS), General Medical Service (GMS) and Alternative Primary Medical Service (APMS) contracts, together with the Primary Care Network (PCN) Network Direct Enhanced Service Contract, local premiums/incentives, locally commissioned services and contracts (delivered through Primary Care), out of hours GP services, Primary Care estate issues, Primary Care business continuity and contingency planning and all financial/budgetary issues relating to Primary Care.** **(ii) Supporting the delivery of the vision for integrated primary care as defined by the Next steps for integrated Primary Care, (Fuller Report).** **In line with the proposal endorsed by the BWP Committee at its meeting on 25th May 2023, the business of PCDG will be reported quarterly to the Committee, highlighting any decisions taken by the Place Executive Lead in line with their delegated authority within**	**Update / Information**	***X***
		Discussion	
		Decision	

	the ICB and/or endorsements or recommendations requiring formal consideration and approval by the Committee	
Summary of main points:	The enclosed paper details all items of business discussed and transacted by the Primary Care Delivery Group during Q3 and Q4 2025/26 at its meetings held on: • 8th April 2026 • 6th May 2026 • 1st July 2026 • 2nd September 2026 All the above meetings were quorate in line with the adopted Terms of Reference. All decisions noted were approved by the Place Executive Lead in line with their delegated authority for primary care services from NHS South East London Integrated Care Board.	
Potential Conflicts of Interest	This report is for information only.	
Other Engagement	Equality Impact	None directly relating to this report.
	Financial Impact	All items with financial implications are discussed and agreed in conjunction with the Associate Director of Finance.
	Public Engagement	None directly relating to this report.
	Other Committee Discussion/ Engagement	This report highlights business transacted by the Primary Care Delivery Group, in consultation with the Local Medical Committee and Local Pharmaceutical Committee where applicable.
Recommendation:	The Bexley Wellbeing Partnership Committee is recommended to: (i) Note the report; and (ii) To highlight any items for further clarification and/or future reporting to the Committee.	

Primary Care Delivery Group Business Update Summary

Q1 and Q2 2026/27

Date of Meeting	Part 1 or 2	Title and purpose of the paper	Recommendation(s)	Decision/Assurance
8th April 2026	Part 1	NO MEETING	NO MEETING	NO MEETING
	Part 2	**Sidcup Medical Centre Contractual Improvement Plan** – to review progress against the contractual improvement plan following the merger with Station Road Surgery and consider outstanding assurance requirements.	Primary Care Delivery Group was asked to note the update and provide assurance and any further steer on the contractual improvement plan.	Item for discussion and assurance only.
	Part 2	**Crayford Town Surgery – Section 106 update** – to provide an update on the Section 106 contribution and the associated estates position.	Primary Care Delivery Group was asked to note the update and the assurance required before the funding could progress.	Item for discussion and assurance only.
	Part 2	**Primary Care estates update** – to provide a verbal update on current estates matters.	Primary Care Delivery Group was asked to note the update.	Item for noting and assurance only.
6th May 2026	Part 1	**Belvedere Medical Centre: reversion from Personal Medical Services (PMS) to General Medical Services (GMS) contract** – to inform the group of the practice's statutory reversion to a GMS contract with effect from 3 July 2026 and the assurance checks being completed to maintain continuity of services.	Primary Care Delivery Group was asked to note the contents of the paper; formal approval was not required.	Item for noting and assurance only.
	Part 1	**South East London Workforce Development Hub and Bexley Training Hub update** – to provide assurance on workforce development,	Primary Care Delivery Group was asked to note the update and ongoing work to coordinate support and measure impact.	Item for noting and assurance only.

Date of Meeting	Part 1 or 2	Title and purpose of the paper	Recommendation(s)	Decision/Assurance
		training, practice support and community engagement activity.		
	Part 1	**Local Improvement Grant 2026/27 approval process** – to update on the application process, timetable, review and due diligence arrangements.	Primary Care Delivery Group was asked to note the update and next steps for assessment of applications.	Item for noting and assurance only.
	Part 1	**2025/26 Capacity and Access Improvement Payment submissions** – to consider submissions from the four Bexley Primary Care Networks (PCNs) and the recommendation for achievement and payment.	Primary Care Delivery Group was asked to approve payment against all domains for all four PCNs, conditional on continued embedding and evidence of risk stratification and support to address unwarranted variation in delivery of Modern General Practice.	Conditionally endorsed for approval by the Place Executive Lead in line with delegated authority, subject to the conditions set out by the Primary Care Delivery Group being met.
1st July 2026	**Part 1**	NO MEETING	NO MEETING	NO MEETING
	Part 2	**Local Improvement Grant 2026/27 update** – to report the Bexley expressions of interest and agree local priorities.	Primary Care Delivery Group was asked to endorse the proposed prioritisation of Local Improvement Grant schemes for progression through the approval process.	Endorsed for approval by the Place Executive Lead in line with delegation.
	Part 2	**Belvedere Family Centre Development opportunity** – to provide an update on the proposed development and next steps.	Primary Care Delivery Group was asked to note the update and provide any further steer.	Item for discussion and assurance only.
	Part 2	**Crook Log premises** – to provide an update on the estates and reimbursement position.	Primary Care Delivery Group was asked to note the update and provide any further steer.	Item for discussion and assurance only.
	Part 2	**Crayford Town Surgery: Update** – to provide an update on matters relating to sustainability and estates together with the actions being taken to support future planning and resilience.	Primary Care Delivery Group was asked to note the update and provide any further steer regarding assurance, risk management, contingency planning and continuity of services.	Item for discussion and assurance only.

Date of Meeting	Part 1 or 2	Title and purpose of the paper	Recommendation(s)	Decision/Assurance
	Part 2	**Crayford Town Surgery – Section 106 investment update** – to provide an update on the proposed capital investment and the governance arrangements required on the investment and support continued delivery of primary care services from the premises.	Primary Care Delivery Group was asked to note the update and the need for appropriate governance, legal and delivery assurances before progression of the proposed scheme.	Item for discussion and assurance only.
2nd September 2026	**Part 1**	**NHS South East London ICB Strategic Investment Fund (SIF) for Primary Care (PC)** – to seek endorsement of Bexley's proposed use of its 2026/27 allocation to expand enhanced primary care services.	Primary Care Delivery Group was asked to endorse use of the PC SIF allocation to support expansion of the existing Frailty and Multiple Long-Term Conditions schemes and recommend progression through the appropriate governance arrangements.	Endorsed for approval by the Place Executive Lead in line with delegation.
	Part 1	**NHS South East London ICB GP Support Offer** – to present the proposed tiered practice support offer covering change management, workforce development, digital transformation and targeted improvement support.	Primary Care Delivery Group was asked to note the proposed offer and support its further development and implementation.	Item for noting and assurance only.
	Part 1	**Future governance arrangements** – to provide a verbal update on planned changes to primary care governance.	Primary Care Delivery Group was asked to note the update.	Item for noting and assurance only.
	Part 2	**Crayford Town Surgery: Update –** to provide an update on matters relating to sustainability and estates together with the actions being taken to support future planning and resilience.	Primary Care Delivery Group was asked to note the update, support continued engagement and oversight, and provide any further steer regarding assurance, service sustainability and continuity planning.	Item for noting and assurance only.

Bexley Wellbeing Partnership Committee

Thursday 24th September 2026

Item: 6

Enclosure: E

Title:	**2026/27 Finance Report – Month 4**
Author/Lead:	Asad Ahmad, Associate Director of Finance (Bexley), NHS South East London Integrated Care Board
Executive Sponsor:	Diana Braithwaite, Strategic Director, Integrated Health & Care/Place Executive Lead (Bexley), NHS South East London Integrated Care Board David Maloney, Director of Corporate Finance, NHS South East London Integrated Care Board

Purpose of paper:	**To provide an update on the financial position of Bexley (Place) as well as the overall financial position of the ICB as at month 4 2026/27.**	**Update / Information**	***X***
		Discussion	***X***
		Decision	

Summary of main points:

Bexley place financial position

	Year to date Budget	Year to date Actual	Year to date Variance	Annual Budget	Forecast Outturn	Forecast Variance
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Acute Services	230	232	(2)	690	697	(7)
Community Health Services	8,720	8,155	565	26,160	24,053	2,106
Mental Health Services	3,807	4,275	(468)	11,421	12,839	(1,418)
Continuing Care Services	8,880	9,351	(471)	26,640	27,822	(1,181)
Prescribing	13,307	13,097	211	39,791	39,791	0
Other Primary Care Services	527	527	0	1,582	1,582	0
Other Programme Services	167	0	167	500	0	500
Corporate Budgets	1,060	1,060	0	3,181	3,181	0
Total	**36,699**	**36,699**	**0**	**109,965**	**109,965**	**0**

As at Month 4 (July 2026) Bexley place is reporting a breakeven position year to date and full year forecast.

South East London ICB Summary

- The ICB's financial allocation as at month 4 is £6,001,713k.
- As at month 4, the ICB is reporting a year to date (YTD) break-even position.
- Two places are reporting small overspends YTD at month 4 – Bromley (£26k – driven by MH CPC, Right to Choose and CHC pressures) and Greenwich (£44k – driven by MH CPC, Right to Choose and prescribing), with a break-even year-end position being forecast by all. All places have

	been tasked to identify additional mitigations to offset any financial risks, to ensure delivery of their financial plans. • As at month 4 the ICB is reporting an overall forecast break-even position against its financial plan.	
Potential Conflicts of Interest	There are no conflicts of interest as a consequence of this report.	
Other Engagement	Equality Impact	Not applicable.
	Financial Impact	The paper sets out the financial position as at M4 2026/27.
	Public Engagement	Not applicable.
	Other Committee Discussion/ Engagement	The finance reports are discussed at the ICB Executive meeting, locally it has been discussed at Bexley SMT and the LCP Executive.
Recommendation:	The Bexley Wellbeing Partnership Committee is recommended to: (i) DISCUSS & NOTE the month 4 financial position for Bexley Place. (ii) NOTE the NHS SEL ICB financial position as at month 4.	

Bexley Wellbeing Partnership Committee

Thursday 24th September 2026

Item: 7

Enclosure: F

Title:	**Local Care Partnership Supplementary Performance Report**
Author/Lead:	Maria Rodrigues, Associate Director, Primary and Community Based Care (Bexley), NHS South East London Integrated Care Board
Executive Sponsor:	Diana Braithwaite, Diana Braithwaite, Strategic Director, Integrated Health & Care/Place Executive Lead (Bexley), NHS South East London Integrated Care Board

Purpose of paper:	**This report has been produced by the NHS South East London Integrated Care Board (SEL ICB) assurance team for use by Local Care Partnerships in supporting local assurance processes.** **It sets out the latest position across key local performance areas, showing progress against national targets, agreed trajectories and relevant comparators, with wider SEL context to aid interpretation.** **The report supports the Bexley Wellbeing Partnership in identifying areas of underperformance and where members or teams may need to provide further explanation and assurance that issues are being addressed locally or through wider system action.**	**Update / Information**	***X***
		Discussion	
		Decision	
Summary of main points:	The report covers a range of metrics where Local Care Partnerships (LCP) 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 for LCPs. • Metrics requested for inclusion by LCP teams The August 2026 report highlights areas of strong performance for Bexley, while identifying areas requiring additional focus and assurance to support delivery against agreed trajectories. Performance at or above the relevant standard/trajectory: **Mental Health (June 2026 data)** • Dementia diagnosis rate *(National standard **66.7%** / Current performance **74.0%**)* **Continuing Healthcare (Q1 2026/27 data)**		

- CHC assessments completed in an acute setting
  *(National standard **0** / Current performance **0**)*
- CHC incomplete referrals outstanding for more than 12 weeks
  *(National standard **0** / Current performance **0**)*

Childhood Immunisations (Q4 2025/26 data)

- Children receiving MMR1 at 5 years
  *(Public Health efficiency standard **90.0%** / Current performance **90.3%**)*
- Children receiving DTaP/IPV/Hib at 12 months
  *(Public Health efficiency standard **90.0%** / Current performance **91.3%**)*
- Children receiving DTaP/IPV/Hib at 24 months
  *(Public Health efficiency standard **90.0%** / Current performance **93.6%**)*
- Children receiving DTaP/IPV/Hib at 5 years
  *(Public Health efficiency standard **90.0%** / Current performance **92.1%**)*

Cancer Screening (April 2025 data)

- Breast cancer screening coverage for people aged 50 to 70
  *(Corporate objective **71.2%** / Current performance **72.2%**)*

Performance below the relevant standard/trajectory:

NHS Talking Therapies (June 2026 data)

- Talking Therapies discharges
  *(Operating plan trajectory **197** / Current performance **170**)*
- Reliable improvement
  *(Operating plan target **69.0%** / Current performance **65.0%**)*
- Reliable recovery
  *(National standard **51.0%** / Current performance **46.0%**)*

Serious Mental Illness Physical Health Checks (Q1 2026/27 data)

- SMI physical health checks
  *(NHS Oversight Framework Band 4 threshold **below 55%** / Current performance **53.9%**)*

Personal Health Budgets (Q1 2026/27 data)

- Cumulative number of people with a Personal Health Budget
  *(Indicative Long Term Plan trajectory **253** / Current performance **184**)*

Continuing Healthcare (Q1 2026/27 data)

- CHC assessments completed within 28 days
  *(National standard **80.0%** / Current performance **74.0%**)*

Childhood Immunisations (Q4 2025/26 data)

- Children receiving MMR1 at 24 months
  *(Public Health efficiency standard **90.0%** / Current performance **86.5%**)*
- Children receiving MMR2 at 5 years
  *(Public Health efficiency standard **90.0%** / Current performance **73.3%**)*
- Children receiving the pre-school booster at 5 years
  *(Public Health efficiency standard **90.0%** / Current performance **71.5%**)*

Learning Disability and Autism Annual Health Checks and Health Action Plans (June 2026 data)

	• Number of Annual Health Checks with a Health Action Plan delivered to patients aged 14 and over on the GP Learning Disability Register *(Local trajectory **181.6** / Current performance **154**)* **Cancer Screening** • Bowel cancer screening coverage for people aged 60 to 74 *(April 2025 corporate objective **74.6%** / Current performance **74.5%**)* • Cervical cancer screening coverage for people aged 25 to 64 *(June 2024 corporate objective **72.1%** / Current performance **71.5%**)* **Hypertension Management (Q4 2025/26 data)** • Patients with hypertension treated in line with NICE guidance *(Corporate objective **80.0%** / Current performance **77.2%**)* **Adult Flu Vaccination (February 2026 data)** • Flu vaccination rate for people aged over 65 *(Local trajectory **75.0%** / Current performance **69.5%**)* • Flu vaccination rate for people aged under 65 and at risk *(Local trajectory **42.0%** / Current performance **37.2%**)* **Primary Care Access (July 2026 data)** • Clinically urgent appointments taking place on the day of booking *(Planning trajectory **74.0%** / Current performance **72.4%**)* Appendix 1 provides a short narrative on each of these metrics, including any mitigating factors and/or plans to address shortfalls or deficits within the next reporting period.	
Potential Conflicts of Interest	This report is for information only. There are no conflicts of interest.	
Other Engagement	Equality Impact	The stated mission of the South East London ICS is to help people in South East London to live the healthiest possible lives. The Bexley Wellbeing Partnership (BWP) supports this through helping people to stay healthy and well, providing effective treatment when people become ill, caring for people throughout their lives, taking targeted action to reduce health inequalities, and supporting resilient, happy communities as well as the workforce that serves them.
	Financial Impact	This report if for information only. There are no financial impacts.
	Public Engagement	The majority of the information provided in this report is publicly available via NHS England.
	Other Committee Discussion/ Engagement	This report and any required mitigations are discussed at the SEL ICB Board and Bexley Wellbeing Partnership Executive. It is being reported to the Bexley Wellbeing Partnership Committee for information.

Recommendation:	The Bexley Wellbeing Partnership Committee is recommended to: (i) Note the latest performance position. (ii) Review the report and the mitigations/actions highlighted in Appendix 1 for each of the metrics RAG rated as red based on the latest reporting period.

Appendix 1 – Bexley Local Care Partnership (LCP): performance exception report

Performance Metric	Reporting Period	Expected Standard / Trajectory	Latest Performance Position	Trend Since Last Report	SEL context and description of performance	Mitigations and Improvement Actions
NHS Talking Therapies	Jun-26	Discharges 197 Reliable improvement 69.0% Reliable recovery 51.0%	170 65.0% 46.0%	↓	The targets for the three NHS Talking Therapies metrics were updated for 2026/27. Bexley performance was below target for discharges, reliable improvement and reliable recovery.	Discharges target was missed by 27 clients. Underperformance is related to staff absences, including staff on long term sick leave and maternity leave. The service has encouraged remaining staff to work overtime to cover the gap and will recruit up to four Psychological Wellbeing Practitioners to cover the gap. Additional measures, such as recruiting staff on fixed term contracts are being considered. Clinical recovery rates have fallen recently. A deep dive has identified, and remedial processes are being implemented. The service anticipates underperformance will persist until Q3 when new staff and remedial actions will take effect. The service further anticipates annual target will be met.
SMI Physical Health Checks	Q1 2026/27	NHS Oversight	53.9% (Band 4)	↓	The proportion receiving an annual health check did not increase in line with planned	SMI annual health checks are incentivised through QOF; however, QOF rewards

Performance Metric	Reporting Period	Expected Standard / Trajectory	Latest Performance Position	Trend Since Last Report	SEL context and description of performance	Mitigations and Improvement Actions
		Framework banding: Band 1 ≥68%; Band 2 60–67%; Band 3 55–59%; Band 4 <55%			trajectories in 2024/25 and 2025/26. The report also notes variation in check quality and onward referral.	individual elements of the health check and permits exception reporting, whereas the NHS Oversight Framework metric does not. To support improvement, practice-level performance data, including performance without exception reporting, will be presented through PCN Governing Body meetings to raise awareness of the metric and variation in achievement across practices. This will provide an opportunity to engage with practices to understand any barriers to delivery, identify areas requiring additional support, and share learning from higher-performing practices. Performance and data quality will continue to be monitored, with targeted support provided where required to increase uptake and improve the completeness and quality of annual health checks.
Personal Health Budgets (PHB)	Q1 2026/27	Indicative LTP trajectory: 253	184	↓	Regional targets and trajectories for 2026/27 are not in place. The historic LTP trajectory is shown for	The CHC team is promoting awareness of PHB options during assessments and reviews, supporting eligible

Performance Metric	Reporting Period	Expected Standard / Trajectory	Latest Performance Position	Trend Since Last Report	SEL context and description of performance	Mitigations and Improvement Actions
					comparison and is not used as the basis for RAG rating.	individuals to consider whether a PHB is appropriate to meet their assessed needs. Work is ongoing to identify and address barriers to implementation and to maximise patient choice and control where suitable.
CHC assessments completed within 28 days	Q1 2026/27	80.0%	74.0%	↓	SEL and Bexley were below the national standard at the end of Q1 2026/27. Bexley remained at 0 for acute assessments and referrals outstanding over 12 weeks.	Performance against the 28-day standard is monitored through regular operational meetings and waiting-list reviews. The team continues to prioritise the timely completion of assessments, with specific focus on managing the oldest outstanding cases and maintaining assessment capacity. Regular monitoring and escalation processes are in place to minimise delays, and there were no acute assessments or referrals outstanding beyond 12 weeks at the end of Q1.
Childhood immunisations: MMR1 at 24 months	Q4 2025/26	90.0%	86.5%	↑	The 90% efficiency standard is used as the comparator for RAG rating. Performance remains below this level for the three listed measures.	A targeted childhood immunisation improvement programme is being delivered across Bexley to improve uptake of MMRV1, MMRV2

Performance Metric	Reporting Period	Expected Standard / Trajectory	Latest Performance Position	Trend Since Last Report	SEL context and description of performance	Mitigations and Improvement Actions
MMR2 at 5 years Pre-school booster at 5 years		90.0% 90.0%	73.3% 71.5%	↓ ↓		and pre-school booster vaccinations. The programme supports practices to proactively identify and contact eligible children, provide dedicated vaccination conversations for parents with questions or concerns, and address vaccine hesitancy through trusted clinical discussions. This approach is supported by national evidence demonstrating that healthcare professionals are the most trusted source of vaccine information for parents and can positively influence vaccination decisions. Additional support includes practice engagement, staff training, communication resources, community outreach activity and targeted interventions informed by local population insight.

Performance Metric	Reporting Period	Expected Standard / Trajectory	Latest Performance Position	Trend Since Last Report	SEL context and description of performance	Mitigations and Improvement Actions
Number of Annual Health Checks with a Health Action Plan delivered to patients aged 14+ on the GP Learning Disability Register.	Jun-26	181.6	154	↑	The 2026/27 metric measures the number of people receiving both an Annual Health Check and a Health Action Plan. Bexley was below trajectory.	The national Learning Disability Health Check Scheme incentivises practices to increase annual health checks and Health Action Plans for patients on the Learning Disability Register.
Bowel cancer screening coverage (60–74)	Apr-25	74.6%	74.5%	↑	At an SEL level, bowel cancer screening coverage is currently below the revised nationally defined optimal level of screening of 76%.	Bexley was marginally below its indicative LCP trajectory. Improving bowel and breast screening in people with Learning Disabilities and Serious Mental Illness is an indicator metric in the Bexley GP Premium for 2026-27. This indicator incentivises practices to make reasonable adjustments for these groups of patients who have a lower rate of uptake of cancer screening.
Cervical cancer screening coverage (25–64 combined)	Jun-24	72.1%	71.5%	↓	Bexley was below its indicative LCP trajectory. Screening is commissioned by NHS England and delivered through regional teams.	Expression of Interest has been submitted to the South East London Cancer Alliance for project funding to improve cancer awareness and screening uptake in neighbourhoods in Bexley, pending further discussion.

Performance Metric	Reporting Period	Expected Standard / Trajectory	Latest Performance Position	Trend Since Last Report	SEL context and description of performance	Mitigations and Improvement Actions
						Six Bexley practices with the lowest cervical screening coverage have been selected to participate in the Human Papilloma Virus self-sampling Phase 2 pilot for non-responders to invitations for cervical screening. The self-sampling procedure enables people to take the swab at home and negates the need for the intrusive speculum insertion which is a significant barrier to cervical screening. The Place Cancer CCPL works closely with the ICB Cancer Facilitator to focus attention and support to practices with the lower screening coverage and to mitigate coding issues which affect the screening data. The Cancer CCPL chairs a quarterly Bexley Roundtable updating practices on cancer screening. The Bexley Cancer Working Group in association with the Public Health team and other stakeholders meet quarterly to work on community cancer and screening awareness.

Performance Metric	Reporting Period	Expected Standard / Trajectory	Latest Performance Position	Trend Since Last Report	SEL context and description of performance	Mitigations and Improvement Actions
						Raising awareness with the general public regarding the importance of cervical, bowel and breast screening, through community engagement events. North Bexley is raising awareness through outreach work with local community groups. Cancer data packs sent quarterly to Practices so they can track their performance against their peers and the borough target. Practices encouraged to pro-actively engage with patients, contacting them several times if they do not respond to their cervical screening invitation.
Hypertension treated to NICE guidance	Q4 2025/26 published CVD Prevent data; Jul-26 local data	80.0%	77.2% 75.0%	↑ published data ↓ local data	Published Q4 data shows improvement but remains below 80%. The July local figure is 75%; local data has been updated to include coding for self-reported home monitoring.	Collaboratively working with 'Clinical Excellence South East London' (CESEL) alongside BHNC who work with practices and PCNs, to ensure that the CVD investment funding is focused on supporting the improvement of the hypertension target – there is currently a CVD Health Inequalities project focusing on patients with the highest

Performance Metric	Reporting Period	Expected Standard / Trajectory	Latest Performance Position	Trend Since Last Report	SEL context and description of performance	Mitigations and Improvement Actions
						blood pressures and support to manage and reduce this. Increasing awareness with the general public about the importance of having blood pressure checked and controlled - through community engagement events with blood pressure monitoring available. Community Pharmacy are carrying out blood pressure checks and offer Ambulatory Blood Pressure Monitoring. Quarterly data packs sent to Practices with their achievement, benchmarked against other Bexley Practices and SEL. All practices identify a dedicated team (champions) and Lead GP to take charge of hypertension management and set criteria/ priorities to recall relevant patients. A Care Coordinator will ensure appropriate patients are contacted, follow-ups arranged, missed appointments rescheduled, and continuous engagement through phone calls or digital platforms.

Performance Metric	Reporting Period	Expected Standard / Trajectory	Latest Performance Position	Trend Since Last Report	SEL context and description of performance	Mitigations and Improvement Actions
						Increasing awareness with the public about the importance of having blood pressure checked and controlled - through community engagement events with blood pressure monitoring available. The ICB made an incentive investment to the Practices in 25/26 (in addition to the GP Premium) to ensure that as many practices as possible meet or exceed 80% of eligible patients treated to NICE guidance standards, this enabled Practices to hold drop-in blood pressure check sessions and other initiatives, which helped to drive up the hypertension achievement – the learning from this work has continued and Bexley has maintained its position as best performing borough in SEL
Adult flu vaccination: **Over 65s** **Under 65s at risk**	Feb-26	75.0% 42.0%	69.5% 37.2%	↑ ↑	Both cohorts improved but remained below local trajectories. Uptake for children aged 2 and 3 was 37.3%	The 25/26 flu vaccination programme ended in March 2025. Key 25/26 actions taken included: • Operational Vaccination Oversight Group

Performance Metric	Reporting Period	Expected Standard / Trajectory	Latest Performance Position	Trend Since Last Report	SEL context and description of performance	Mitigations and Improvement Actions
						• Borough tailored comms & engagement to support national campaigns such as 'why we get vaccinated' • Focused engagement with community groups representing underserved communities • Work with Community Champions to share key messaging • Bexley Winter Wellbeing messaging in the Bexley magazine - pull out and keep booklet • Encourage practices to maximise the potential for flu & COIVD-19 co-administration, where feasible and in line with patient choice • Support focused thinking on how to encourage uptake amongst cohorts with historically low uptake (such as Immuno Suppressed, asthma & diabetes where their disease is well-managed)
Clinically urgent appointments seen on the day of booking	Jul-26	74.0% planning trajectory	72.4%	↑	The Medium-Term Planning Framework identifies same-day appointments for clinically urgent patients as a	Bexley's performance has shown a gradual improvement over the last three months but

Performance Metric	Reporting Period	Expected Standard / Trajectory	Latest Performance Position	Trend Since Last Report	SEL context and description of performance	Mitigations and Improvement Actions
					key success measure, with a trajectory towards 90% by March 2027.	remains marginally below the July 2026 planning trajectory. Monthly practice-level data is shared with practices to support performance monitoring, raise awareness of the metric and identify variation across the borough. Targeted support is being provided through the SEL Workforce Development Hub to practices performing below 60%.

Bexley Wellbeing Partnership Committee

Thursday 24th September 2026

Item: 8

Enclosure: G

Title:	**Place Risk Register**
Author/Lead:	Rianna Palanisamy, Partnership Business Manager, NHS South East London Integrated Care Board
Executive Sponsor:	Diana Braithwaite, Strategic Director, Integrated Health & Care/Place Executive Lead (Bexley), NHS South East London Integrated Care Board

Purpose of paper:	**To update the committee on the current risks on the Bexley place risk register and actions to mitigate those risks in the context of the boroughs risk appetite.**	**Update / Information**	***X***
		Discussion	
		Decision	

Summary of main points:	The Bexley Wellbeing Partnership Committee are asked to note that there are currently 9 open risks on the Bexley Place risk register. Of the 9 risks on the Bexley Place risk register: • one risk is rated as “extreme risk” after mitigations are put in place • seven risks are rated as “high risk” after mitigations are put in place • one risk is rated as “low risk” after mitigations are put in place The underlying causes of these risks are: • financial pressures, including prescribing costs, Bexley Place delegated budget pressures, mental health cost per case activity and continuing healthcare expenditure • capacity issues in meeting demand, particularly in relation to autism and ADHD diagnostic pathways, where demand continues to exceed available capacity • performance challenges in immunisation uptake, SMI health checks and hypertension management • safeguarding capacity pressures, including the continued reliance on interim cover for the designated safeguarding children doctor function	
Potential Conflicts of Interest	There are no conflicts of interest.	
Other Engagement	Equality Impact	None identified.
	Financial Impact	The finance risks reported concern prescribing, delegated budget, mental health cost per case activity and continuing healthcare expenditure pressures, which may impact the ICB’s ability to meet its statutory duties.

	Public Engagement	These risks are highlighted in the regular report which is provided to the Bexley Wellbeing Partnership Committee at their meetings held in public.
	Other Committee Discussion/ Engagement	Risks as a whole are considered at the ICBs risk forum, which meets quarterly. The Board reviews the Board Assurance Framework at each meeting and is provided with an update on actions taken by other committees in relation their specialty associated risks.
Recommendation:	This report is for information and assurance to the Bexley Wellbeing Partnership Committee setting out the risks and associated mitigations.	

Bexley Place Risks – Report to the Bexley Wellbeing Partnership Committee

September 2026

1. Introduction

NHS South East London Integrated Care Board (NHS SEL ICB) manages its risk through a robust risk management framework, which is based on stratification of risk by reach and impact to identify:

- Risks to the achievement of corporate objectives which require Board intervention
- Risks which impact activity across multiple boroughs or directorates in south east London
- Place specific risks

The purpose of this report is to highlight to the Bexley Wellbeing Partnership Committee members the risks currently reported in the Bexley Place Risk Register.

2. Governance and risk management

Risk ownership is assigned to the most appropriate person within the relevant Bexley team at the time of raising the risk.

Risk review is a four-tier process comprising:

i. **Individual risk owner management** and review of the risk on a regular basis to ensure the risk register reflects the current status of the risk and any changes in circumstances are reflected in the score. This process includes a monthly scheduled review of all Bexley risks by the senior management team.

ii. The opportunity **to benchmark against risks held on risk registers for other boroughs** in south east London, and against risks held on the south east London risk register in a monthly risk forum, which comprises risk owners and risk process leads from across the ICB to discuss and challenge scoring of risks and the mitigations detailed.

iii. **Monthly review of the Bexley borough risk register** by members of the Bexley Wellbeing Partnership Committee, which holds a meeting held in public every other month, ensuring transparency of risks.

iv. **Regular review of the Board Assurance Framework** risks by the ICB Board at meetings held in public, together with **review of directorate risks** by Board committees.

Risk scores are calculated using a 5 x 5 scoring matrix which combines likelihood of occurrence by impact of occurrence. A summary of the potential grades for risks is shown in the table below:

Grade	Definition	Risk Score
Red	Extreme Risk	15-25
Amber	High Risk	8-12
Yellow	Moderate Risk	4-6
Green	Low Risk	1-3

Risks scoring 15 and above should therefore be given priority attention.

3. Bexley Place Risks

The Bexley Place risk register is reviewed on a monthly basis by the Senior Management Team, with risks discussed further with individual risk owners through facilitated conversations led by the local governance and business support team. This report has been updated to reflect the current open risks on the register as at 16 September 2026.

The committee is asked to note the following current position:

There are 9 open risks on the Bexley Place risk register after controls and mitigations are applied:

- **One** risk is rated as extreme.
- **Seven** risks are rated as high.
- **One** risk is rated as low.

The open risks currently relate to the following issues:

- Risk of overspend within the prescribing budget, driven by medicines cost pressures, reduced capacity to deliver in-year quality, innovation, productivity and prevention schemes, new drug entries, increased prescribing demand and the gap between forecast outturn and budget.
- Risk that inadequate immunisation coverage could increase the likelihood of outbreaks of vaccine-preventable diseases, particularly where uptake remains below expected standards and recent changes to the national routine vaccination schedule require time to fully embed.
- Risk that the continued shortfall in SMI health checks, relative to the SEL Operating Plan target, may worsen health inequalities and reduce quality of care for a high-need group.
- Risk that poor hypertension management within primary care may increase cardiovascular risk, worsen outcomes for residents and drive avoidable demand on secondary and acute care services.
- Risk that, while the designated safeguarding children doctor post remains vacant, practitioners and providers may not be able to access the advice and support they need to safeguard children, although interim support arrangements remain in place.
- Risk that residents experience excessively prolonged waiting times for autism and ADHD diagnostic assessments because demand continues to exceed available capacity, with associated quality, access and financial pressures. The current rating has increased to 16, reflecting adverse performance in Quarter Three and increasing average waited times.
- Risk that Bexley Place may overspend against its delegated budget in 2026/27 because of financial pressures across several areas, including mental health, prescribing, continuing care and delivery of the efficiency plan.
- Risk that mental health cost per case activity is not reviewed, clearly attributed to the correct funding allocations or supported by timely data processing, which may affect the accuracy of budget tracking and increase the risk of overspend.
- Risk that expenditure for continuing healthcare services will exceed the 2026/27 budget because growth funding is lower than Funded Nursing Care and Any Qualified Provider rates, with further pressure from non-AQP providers and home care provider rates.

For further details on the risks, please see the below Bexley risk register in full.

4. Proposed actions for the committee

In relation to the above, the committee is recommended to consider the following actions:

- Review the risk register and assure itself as a committee that this accurately and comprehensively reflects the risks the borough currently holds.

- Review the controls in place and assure itself that these are underway.
- Consider the gaps in control and gaps in assurance and how the Committee can support the risk owners to ensure they are addressed.

Rianna Palanisamy
Partnership Business Manager, Bexley
NHS South East London Integrated Care Board

16th September 2026

South East London Integrated Care System

Bexley Wellbeing Partnership

Risk ID	Risk Description	Initial Rating	Control Summary	Current Rating	Assurance in Place	Gaps in Assurance	Target Rating
535	There is a risk that the prescribing budget may overspend due to: 1- Medicines supplies and costs increase No Cheaper Stock Obtainable/price concessions and Category M 2- Reduced capacity in the team to implement in year Quality, Innovation, Productivity & Prevention schemes by borough medicines optimisation teams due to a reduction in whole time equivalents following the management cost reduction programme. This is expected to have an additional impact on delivery given the latest ask for another restructure of the organisation 3- Entry of new drugs with increased cost pressure to prescribing budget. 4- Increased patient demand for self care items to be prescribed rather than purchased as cost of living increases 5- Prescribing budget although uplifted for 26/27 a gap remains with regards to forecast outturn and budget, especially factoring new NICE TA's being approved for medicines which will be initiated or end up being continued in primary care	12	Monthly monitoring of spend (ePACT and PrescQIPP), Review PPA budgets, Borough QIPP plans, and incentive schemes developed, SEL rebate schemes	12	Budget monitoring and continuous review of efficiency plans, Bexley Wellbeing Partnership ; Bexley Wellbeing Executive ; SEL ICB Board Assurance Framework. Actions regarding the prescribing budget are completed by Taher Esfandiari, Monthly practice prescribing dashboard, Monthly QIPP tracker, SEL ICB Primary Care Medicines Value Group for discussion and dissemination of supportive information to help with QIPP delivery/budgetary stewardship, SEL rebate scheme ensures savings are still realised, Prescribing support software harmonisation for SEL in place	Control over national guidance and price changes	6
582	There is a risk that inadequate immunisation coverage may increase the risk of outbreaks of vaccine-preventable diseases, especially measles and whooping cough.	12	The Borough Immunisation Coordinator works closely with practices to support improvement in uptake., Raising awareness on programme changes & signposting to associated supporting resources & toolkits	12	A targeted childhood immunisation improvement programme is being delivered across Bexley to improve uptake of MMRV1, MMRV2 and pre-school booster vaccinations. The programme supports practices to proactively identify and contact eligible children, provide dedicated vaccination conversations for parents with questions or concerns, and address vaccine hesitancy through trusted clinical discussions, This approach is supported by national evidence demonstrating that healthcare professionals are the most trusted source of vaccine information for parents and can positively influence vaccination decisions. Additional support includes practice engagement, staff training, communication resources, community outreach activity and targeted interventions informed by local population insight., Following an in-depth analysis of practice level delivery against SMI physical health checks, MIND has been working closely with targeted practices performing below trajectory throughout March to help improve uptake and support system-wide improvement. This includes targeted support for practices with larger SMI registers and lower completion rates, alongside strengthened recall processes, prevention initiatives	Some key vaccination indicators are below the 90% efficiency standard, e.g. MMR2 at 5 years is at 74.5%, and pre-school booster coverage is only 73%., Significant changes to the national routine vaccination schedule from July 2025 and also January 2026 are likely to require time to fully embed, potentially leading to further reduced coverage in the short term.	6
584	There is a risk that the continued shortfall in SMI health checks, relative to the SEL Operating Plan target, may worsen health inequalities and reduce quality of care for a high-need group.	12	Joined up working and approach through the borough Mental Health Board., Practices are incentivised within the Bexley GP Premium for delivery over and above the ICB's Operating Plan target.	12	SMI annual health checks are incentivised through the Quality and Outcomes Framework (QOF); however, QOF rewards completion of the individual components of the health check rather than a holistic annual review. In addition, QOF reporting allows exception reporting, whereas the NHS Oversight Framework metric does not, which may contribute to differences between reported QOF achievement and performance against the ICB measure., To support improvement, practice-level performance data, including performance without exception reporting, will be presented through PCN Governing Body meetings to raise awareness of the metric and variation in achievement across practices. This will provide an opportunity to engage with practices to understand any barriers to delivery, identify areas requiring additional support, and share learning from higher-performing practices. Performance and data quality will continue to be monitored, with targeted support provided where required to increase uptake and improve the completeness and quality of annual health checks	In the last 12 months 52% of people with SMI have had physical health check vs an SEL operating plan target of 70% (24/25). November reporting shows Bexley slightly behind the expected trajectory of 55%., Significant practice level variation (34% lowest and 93% highest) representing a clear health inequality., SMI Health checks do not currently feature in plans for the new 2026 Bexley GP Premium (duplication of QOF) at a time when other boroughs are looking to include from April 26.	6
585	There is a risk that poor hypertension management within primary care may increase cardiovascular risk and contribute to poorer health outcomes for residents and future avoidable demand on secondary and acute health care services.	15	\Clinical Excellence South East London' (CESEL) work with practices and PCNs to ensure that CVD investment funding is focused on supporting the improvement of the hypertension target., Increasing awareness with the general public through community outreach events concerning the importance of having blood pressure checked and controlled., The 2024/25 priorities and operational planning guidance identifies increasing the percentage of patients with hypertension treated to NICE guidance to 80% by March 2025 as a national objective. For 2024/25, this will remain the primary aspirational goal for SEL. SEL will also pursue a 'minimum achievement' target (which will serve as the revised SEL ICB corporate objective) to achieve 85% over a 2 year time period (i.e. by end March 2026). This approach has been agreed by the PELs., Additional investment agreed by Primary Care Delivery Group in 25/26 targeted at rapid improvement to reach mid / upper 60% by May/June 2025 and achievement of the SEL 80% target by the end of March 2026.	12	Clear plans in place to recover position to target by 31 March 2026, including rapid improvement to reach mid / upper 60% by end of Q1 25/26 and 80% by end of March 2026., All practices to identify a dedicated team (champions) and Lead GP to take charge of hypertension management and set criteria/ priorities to recall relevant patients., A Care Coordinator will ensure appropriate patients are contacted, follow-ups arranged, missed appointments rescheduled, and continuous engagement through phone calls or digital platforms., Increasing awareness with the general public about the importance of having blood pressure checked and controlled - through community engagement events with blood pressure monitoring available., As at September 2025, the achievement figure for <80 years was 68.77% and for >80 years 80.83% which represents an improvement on 24/25 data.	The 2025/26 priorities and operational planning guidance identifies increasing the percentage of patients with hypertension treated to NICE guidance to 85% by March 2026 (for both <80 and >80) as a national objective which will be challenging to achieve for most practices based on current levels of achievement.	9
627	There is risk that with no designated safeguarding children doctor in post SEL ICB practitioners and providers will not be able to access the advice and support they may need to safeguard children This has been caused by the post becoming vacant This is a statutory post. If this post remains vacant there is a risk that the SEL ICB will non compliant with their statutory functions	3	As a statutory post agreement has been given by Chief Executive that post can be filled. Vacancy due to be advertised shortly. One designated safeguarding children doctor has made themselves available to provide advice and support. Several other designated doctors across the ICB SEL would also be available but on a limited basis	4	Designated Dr for Greenwich as agreed to cover. Named GP in Bexley providing support . If both are on leave at the same time support can be accessed by one of the other Designated Drs in SEL ICB or away at the same time support can be accessed by contacting one of the other Designated Drs in SEL ICB, Designated Dr for Greenwich continues to support but forward she may not have the capacity to continue supporting but will advise if this does occur. Named GP continues to support	None	3

642	There is a risk that residents experience 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 non-contracted activity. Prolonged waits also undermine public confidence and impact delivery of national and local improvement commitments for mental health and neurodevelopmental services.	12	SEL Commissioning leads on the ASD and ADHD diagnostic pathways are developing an Assessment Hub to support priority screening and support for patients referred for a diagnosis. Locally, Bexley has expanded access to pre-and post-diagnostic support for ADHD and autism to support CYP and families while they wait for a diagnosis and post diagnosis. Oxleas our provider has sub-contracted an independent provider Healios to increase capacity and support with increased demand for autism assessments., Clear targets identified by the ICB with SLaM to reduce 52+week waiting times, , SEL-wide 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	16	This has been raised as a concern across the local partnership and work is underway to consider how we can collectively support CYP based on presenting need rather requiring a formal diagnosis. Pre-and -post diagnostic workshops are available and have been scheduled. Other than ADHD prescribing, CYP can access health services without a diagnosis and waiting times for most health services are within national targets. The pilot assessment hub is due to start in Q3 for 2025/26 and will support with expediting access to assessments for ADHD and autism and alleviate some of the demand on the core commissioned pathway. Oxleas has increased output for autism assessments and is working to streamline their processes to meet increased demand., Oversight through the SEND Improvement Board, , Place SEND Partnerships, and the SEL CYP MH and Wellbeing Partnership Board., Monthly contract and performance meetings with key providers., Regular reporting through ICB performance and finance structures on diagnostic activity, spend and trajectories., Periodic deep dives and review sessions through SEL CYPMH Delivery Group and borough governance., Autism Partnership Board reporting into Learning Disability and Autism Oversight Board and Mental Health Oversight and Co-ordination Board when appropriate	Demand is still outstripping capacity and data indicates demand has significantly increased in recent months. This is likely to impact CYP who would require ADHD medication the most as other treatment pathways can be referred to without a diagnosis. Staff sickness in community paediatrics may further compound capacity concerns and negatively impact waiting times further., Quarter Three performance report on the ASD diagnostic pathways shows adverse performance with the number of ASD assessments completed decreasing from 172 in Q2 to 146 in Q3 and the average waited time of those seen increasing. Therefore overall risk is raised to 16.	6
653	There is a risk that Bexley place may overspend against its delegated budget in 2026/27. Significant financial risks exist across several budget areas, including Mental Health, Prescribing and Continuing Care, together with risks associated with delivering the efficiency plan. If these risks materialise, this is likely to impact the ICB's ability to maintain delivery within its revenue resource limit, which is a statutory requirement.	12	Expenditure and efficiency plan will be monitored closely to manage spend and achieve cash releasing savings	8	The Place's strategic objective to deliver a balanced budget is clearly articulated and embedded across teams and key stakeholders. Robust financial controls are in place, with expenditure closely monitored on an ongoing basis and corrective recovery actions implemented where variances emerge, in order to mitigate the risk of overspend against the overall Place allocation. Financial performance and risks are routinely reviewed through senior management team and executive-level forums, providing appropriate management oversight and assurance.	None	4
666	If Mental Health cost per case activity is not reviewed, clearly attributed to the correct funding allocations and behind in data processing, then there is a risk that this budget will not keep an accurate track of spending and could potentially be overspent.	12	When cases are reviewed by the Mental Health Team, some cases can be stepped down and placed on lower levels of care, thus resulting in a lower cost package.	12	Mental Health cost per case reviews are continuing and the spend of section 117 cases is being monitored, An independent formal review of section 117 cases, taking into account learning across South East London, is being initiated for the autumn period.	Governance processes for decision making on mental health cost per case assessments require strengthening.	4
667	Risk that expenditure for continuing health care services will exceed the 26/27 set budget. The growth funding received is lower than Funded Nursing Care & Any Qualified Provider rates and non AQP providers are requesting even higher rates. Also, increase in home care providers rates is likely for providers on Bexley Council's domiciliary care framework	8	The CHC Team continue to monitor high cost cases which are contributing to the overspend position.	8	The CHC Team undertake a review programme of the case load, leading to reduced packages of care or a step down in provision. Each high cost case has been accounted for.	There are no gaps in assurance at this time.	3

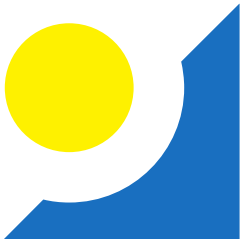
Agenda Item: 12
Enclosure: H

Bexley Wellbeing Partnership Committee

Glossary of NHS Terms

A&E	Accident & Emergency
AHC	Annual health Checks
AAU	Acute Assessment Service
ALO	Average Length of Stay
AO	Accountable Officer
APMS	Alternative Provider Medical Services
AQP	Any Qualified Provider
ARRS	Additional Roles Reimbursement Scheme
ASD	Autism Spectrum Disorder
BAME	Black, Asian & Minority Ethnic Group
BBB	Borough Based Board
BMI	Body Mass Index
CAMHS	Child and Adolescent Mental Health Services
CAN	Accountable Cancer Network
CAG	Clinical Advisory Group
CCG	Clinical Commissioning group
CEG	Clinical Executive Group
CEPN	Community Education Provider Networks
CHC	Continuing Healthcare
CHD	Coronary Heart Disease
CHYP	Children and Young People's Health Partnership
CIP	Cost Improvement Plan
CLDT	Community Learning Disability Team
CMC	Coordinate My Care
CoIN	Community of Interest Networks
CoM	Council of Members
COPD	Chronic Obstructive Pulmonary Disease
Covid-19	Coronavirus
CRG	Clinical Review Group
CRL	Capital Resource Limit
CQC	Care Quality Commission
CQIN	Commissioning for Quality and Innovation
CSC	Commissioning Strategy Committee
CSU	Commissioning Support Unit
CTR	Care Treatment Review
CSP	Commissioning Strategy Plan
CVD	Cardiovascular disease
CVS	Cardiovascular System
CWG	Clinical Working Group
CYP	Children and Young People
DBL	Diabetes Book & Learn
DES	Directed Enhanced Service
DH	Denmark Hill
DHSC	Department of Health and Social Care
DPA	Data Protection Act
DVH	Darent Valley Hospital

DSE	Diabetes Structured Education
EA	Equality Analysis
EAC	Engagement Assurance Committee
ECG	Electrocardiogram
ED	Emergency Department
EDS2	Equality Delivery System
EIP	Early Intervention in Psychosis
EoLC	End of Life Care
EPR	Electronic Patient Record
e-RS	e-Referral Service (formerly Choose & Book)
ESR	Electronic Staff Record
EWTD	European Working Time Directive
FFT	Friends and Family Test
FOI	Freedom of Information
FREDA	Fairness, Respect, Equality, Dignity and Autonomy
GB	Governing Body
GDPR	General Data Protection Regulation
GMS	General Medical Service
GP	General Practitioner
GPPS	GP Patient Survey
GPSIs	General Practitioner with Special Interest
GSF	Gold Standard Framework
GSTT	Guy's & St Thomas' NHS Trust
GUM	Genito-Urinary Medicine
HCA	Health Care Assistant
HCAI	Healthcare Acquired Infection
HEE	Health Education England
HEIA	Health and Equality Impact Assessment
HESL	Health Education England – South London region
HLP	Healthy London Partnership
HNA	Health Needs Assessment
HP	Health Promotion
HWBB	Health and Wellbeing Board
IAF	Improvement Assessment Framework
IAPT	Improving Access to Psychological Therapies
ICB	Integrated Care Board
ICS	Integrated Care System
ICU	Intensive Care Unit
IFRS	International Reporting Standards
IG	Information Governance
IS	Independent Sector
JSNA	Joint Needs Assessment
KCH	King's College Hospital Trust
KHP	Kings Healthcare Partnership
KPI	Key Performance Indicator
LA	Local Authority
LAS	London Ambulance Service



LCP	Local Care Provider
LD	Learning Disabilities
LES	Local Enhanced Service
LGT	Lewisham & Greenwich Trust
LHCP	Lewisham Health and Care Partnership
LIS	Local Incentive Scheme
LOS	Length of Stay
LMC	Local Medical Committee
LQS	London Quality Standards
LTC	Long Term Condition
LTP	Long Term Plan
MDT	Multi-Disciplinary Team
NAQ	National Audit Office
NDA	National Diabetes Audit
NHS	National Health Service
NHSLA	National Health Service Litigation Authority
MH	Mental Health
MIU	Minor Injuries Unit
NHSE	NHS England
NHSI	NHS Improvement
NICE	National Institute of Clinical Excellence
NICU	Neonatal Intensive Care Unit
OHSEL	Our Healthier South East London
OoH	Out of Hours
PALS	Patient Advice and Liaison Service
PBS	Positive Behaviour Support
PHB	Personal Health Budget
PPE	Personal Protective Equipment
PPI	Patient Participation Involvement
PPG	Patient Participation Group
PRU	Princess Royal university Hospital
PCNs	Primary Care Networks
PCSP	Personal Care & Social Planning
PHE	Public Health England
PMO	Programme Management Office
PTL	Patient Tracking list
QEH	Queen Elizabeth Hospital
QIPP	Quality, Innovation, Productivity and Prevention
QOF	Quality and Outcomes Framework
RTT	Referral to treatment
SEL	South East London
SELCA	South East London Cancer Alliance
SELCCG	South East London Clinical Commissioning Group
SELDOC	South East London doctors On Call
SLaM	South London and Maudsley Mental Health Foundation Trust
SLP	Speech Language Pathologist
SMI	Severe Mental Illness

SMT	Senior Management Team
SRO	Senior Responsible Officer
STPs	Sustainability and Transformation Plans
TCP	Transforming Care Partnerships
TCST	Transforming Cancer Services Team
THIN	The Health Improvement Network
TOR	Terms of Reference
UHL	University Hospital Lewisham
UCC/UTC	Urgent Care Centre of Urgent Treatment Centre
VCS	Voluntary and Community Sector/Organisations
WIC	Walk-in-Centre