South East London Integrated Care System

Bexley Wellbeing Partnership

Bexley Wellbeing Partnership Committee meeting held in public

Thursday 28th May 2026, 14:00 – 16:00

Venue: Geddes Place 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 22nd March 2026 and matters arising	Encl. B	Chair	14:04
Decision				
4.	Better Care Fund Assurance Return 2026/27	Encl. C	Gita Prasad/Steven Burgess	14:05
Assurance				
5.	Primary Care Quarterly Business Report	Encl. D	Maria Rodrigues	14:25
6.	Finance Report: Month 12	Encl. E	Diana Braithwaite	14:40
7.	Risk Register	Encl. F	Rianna Palanisamy	14:55
Public Forum				
8.	Public Questions			15:05
Let's Talk				
9.	*About Digital Access*		Chair	15:07
Closing Business				
10.	Any other business		Chair	15:55
For Information				
11.	Glossary	Encl. G		
12.	Date of the next meeting: Thursday 23rd July 2026			

ITEM: 2

ENCLOSURE: A

Declaration of Interests: Update and signature list

Name of the meeting: Bexley Wellbeing Partnership Committee **Date:20.05.2026**

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.		
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 26th March 2026, 14:00hrs to 16:00hrs
Venue: Council Chamber, Ground Floor, Civic Offices, Bexleyheath DA6 7AT

(and via Microsoft Teams)

Voting Members

Name	Title and organisation
1. Jennifer Bostock (JB)	Vice-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. Dr Nicole Klynman,	Director of Public Health, London Borough of Bexley
5. Dr Clive Anggiansah (CA)	Clinical & Care Professional Lead, Community Based Care, Bexley, NHS SEL ICB
6. Raj Matharu (RM) (via MS Teams)	Chief Executive Officer, Local Pharmaceutical Committee
7. Iain Dimond (ID)	Chief Operating Officer, Oxleas NHS Foundation Trust
8. Mehal Patel (MP)	APL Primary Care
9. Dr Folake Davies (FD)	Clocktower Primary Care Network
10. Dr Pandu Balaji (via MS Teams)	Frognal Primary Care Network
11. Dr Nisha Nair (Via MS Teams)	Clocktower Primary Care Network

In attendance

Keith Wood (KW) (via MS Teams)	Lay Member for Primary Care (Bexley), NHS SEL ICB
Abi Mogridge (AM) (via MS Teams)	Chief Executive Officer (CEO), Bexley Health Neighbourhood Care CIC (GP Federation)
Jon Devlin (JD) (via MS Teams)	Director of Partnerships, Data Protection Officer, Community Hospice, Greenwich and Bexley
Lisa Cooper	Acting Joint Service Director, Oxleas NHS Foundation Trust
Tracey Jenkins (TJ) Via MS Teams)	Director of Strategic Transformations and Partnerships, Dartford & Gravesham NHS Trust
Jattinder Rai	Chief Executive, BVSC
Andrew Hardman	Chief Commercial Officer, Bromley Healthcare
Gita Prasad (GP)	Interim Director of Integrated Commissioning (Bexley), NHS SEL ICB
Asad Ahmad (AsA)	Associate Director of Finance (Bexley), NHS SEL ICB
Jonathan Hudson (JH)	Primary Care Contracts & Delivery Manager, Community Based Care
Katie Farrar-Daniel (KFD)	Katie Farrar- Daniel (KFD), Children and Young People's Programme Manager, NHS South East London Integrated Care Board
Patrick Gray (PG)	Community Voice Manager (Bexley), NHS SEL ICB
Rianna Palanisamy (RP) *(Presenter)*	Partnership Business Manager (Bexley), NHS SEL ICB

Nazima Bashir (NB)	Corporate Business Manager

Apologies

- Stephen Kitchman, Director of Children's Services, London Borough of Bexley
- Sarah Burchell, Director, Neighbourhoods & Integration, Oxleas NHS Foundation Trust
- Dr Surjit Kailey, North Bexley Primary Care Network
- Kate Heaps, Community Hospice
- Dr Miran Patel, APL Primary Care Network

		Actioned by
1-2	**Welcome, apologies and declarations of interest** **Jennifer Bostock (JB),** Vice-Chair, Independent Member**, Bexley Wellbeing Partnership Committee, NHS South East London Integrated Care Board (NHS SEL ICB)** opened the meeting and welcomed all present. Apologies were noted and the meeting was confirmed as quorate. No further declarations of interest were made other than those stated in the Register of Interests.	**JB**
3.	**Draft minutes of the public meeting held on 22nd January 2025** Bexley Wellbeing Partnership agreed that the draft minutes of the public meeting held on 22nd January 2025 were a true and accurate record of that meeting and approved them on that basis. **Matters Arising** Nil.	**JB**
4.	**Bexley GP Premium Proposal (2026-2029)** **Jonathan Hudson (JH), Primary Care Contracts & Delivery Manager, Community Based Care (Bexley), NHS South East London Integrated Care Board (NHS SEL ICB)** talked the group through the salient points. GPs and relevant stakeholders withdrew from the meeting for this item due to a declared financial conflict of interest. The presentation outlined: • A redesigned, activity-based and outcomes-focused contract • A focus on prevention, population health and reducing health inequalities • Alignment with local and national strategy, including neighbourhood working • Target groups including frailty, long-term conditions, and children and young people • An investment of approximately £2.2m annually The proposal included extended multidisciplinary appointments, improved community-based care and increased use of digital reporting to support delivery. <u>Questions/Comments</u>: • Questions were raised regarding how the funding would translate into improved patient outcomes, including wound care provision and extended appointments. • Clarification was sought on how services differ from core GP contract requirements; it was confirmed that the premium funds additional enhancements rather than duplication. • Concerns were raised regarding the potential impact of longer appointments on access for other patients; it was noted that practices would reorganise appointment models to deliver more proactive care and reduce reactive demand over time. • Queries were raised regarding value for money and evaluation; it was confirmed that formal evaluation and performance reporting would take place after implementation.	**JH**

	• Discussion included the size of the target cohort (approx. 24,700 patients) and phased mobilisation during the first year. • The importance of clear messaging for the public was highlighted to ensure understanding that these are enhanced services. **The Bexley Wellbeing Partnership Committee:** **(i)** **Endorsed** commissioning of the redesigned Bexley GP Premium, including the associated key performance indicators. **(ii)** **Noted** the alignment to the Joint Local Health & Wellbeing Strategy priorities, the Bexley Five Year Strategic Commissioning and NHS 10 Year Plans.	
5.	**Children & Young Peoples Integrated Neighbourhood Teams Framework** **Katie Farrar- Daniel (KFD), Children and Young People's Programme Manager, NHS South East London Integrated Care Board (Bexley)** talked the group through the salient points. The framework sets out a series of principles for multi-agency working across health, education, social care and the voluntary sector, with flexibility for local delivery. Key areas included: • Population health approach • Early identification and prevention • Multi-agency coordination • Supporting transitions across services • Engagement of voluntary and community sector <u>Questions/Comments</u>: • Clarification was sought on engagement with education partners; it was confirmed that education stakeholders had been engaged regionally and locally. • Concerns were raised around pressures in neurodevelopmental pathways; it was noted that pilot approaches are being developed to move towards a needs-led model. • Discussion included prevention activity, including vaccination uptake and addressing health inequalities. • Questions were raised regarding how success would be measured; it was noted that KPIs and delivery models are still in development. • Further discussion highlighted that commissioning, and governance arrangements are evolving. **The Bexley Wellbeing Partnership Committee:** **(i)** **Endorsed** the Children & Young People Integrated Neighbourhood Team Framework	**KFD**
6.	**Performance Assurance Report** **Gita Prasad (GP), Director of Integrated Commissioning, NHS South East London Integrated Care Board (Bexley)** talked the group through the salient points. Strong performance was reported in: • Dementia diagnosis • Talking therapies • Continuing healthcare • Learning disabilities and autism health checks	**GP**

	• Cancer screening Areas below trajectory included: • Adult talking therapies access • Childhood immunisations • Hypertension management • Flu vaccination rates • It was noted that the report reflects **quarterly data**, and therefore there can be a lag before improvements are fully reflected. • Clarification was provided regarding terminology (e.g. SMI refers to serious mental illness). • Positive partnership working was highlighted, particularly the work undertaken with **Mind in Bexley**, which has supported increased uptake of SMI health checks through targeted engagement with patients who were previously reluctant to access services. **The Bexley Wellbeing Partnership Committee:** **(I)** **Noted** the report is for information and assurance to the Bexley Wellbeing Partnership Committee.	
7.	**Finance Report: Month 10** **Asad Ahmad (AsA), Associate Director of Finance (Bexley), NHS South East London Integrated Care Board,** talked the group through the salient points of the report. Key points included: • A year-to-date underspend and forecast position close to break-even • Underspends driven by continuing healthcare and community services • Pressures within mental health (including ADHD/ASD assessments) and prescribing • The wider system position is forecast to breakeven following additional support funding. <u>Questions/Comments</u>: • Clarification was sought on the implications of underspend; it was confirmed that maintaining a balanced financial position is required, while ensuring services continue to be delivered. **The Bexley Wellbeing Partnership Committee:** **(i)** **Discussed** and **noted** the month 10 financial position for Bexley Place. **(ii)** **Received** the NHS South East London ICB and NHS South East London ICS financial position as at month 10.	**AsA**
8.	**Risk Register** **Diana Braithwaite (DB), Strategic Director, Integrated Health & Care/Place Executive Lead (Bexley), NHS South East London Integrated Care Board (NHS SEL ICB)** talked the group through the salient points. • DB noted that the Risk Register is routinely presented to the Committee and forms a core part of governance and assurance arrangements, ensuring that key risks impacting delivery of Bexley's strategic objectives are identified, monitored and appropriately managed. • Risks are reviewed regularly at both **place and system level**, including alignment across the six South East London boroughs to identify common themes and shared risks.	**DB**

	• Where risks reach a defined threshold (for example, a score indicating high impact and likelihood), they are **escalated to the ICB Board** for wider system oversight.
	• Over the preceding period, work has focused on:
	  • Reviewing risks to assess whether they remain current
	  • Identifying where risks have been **sufficiently mitigated and can be reduced or closed**
	  • Distinguishing between **ongoing risks and live operational issues**, and ensuring appropriate management routes for each
	
	Key points:
	• The risk register is reviewed every month and highlights challenges in achieving corporate objectives for the ICS/ICB.
	• It identifies risks, sets out mitigations and tracks changes in risk ratings.
	
	Current risks include:
	• Financial pressures (e.g., delivering a balanced position, BCF-related risks).
	• Corporate targets (e.g., immunisations, flu campaigns).
	• Operational issues like estates and leases.
	
	The Bexley Wellbeing Partnership Committee:
	(i) **Noted** the report is for information and assurance to the Bexley Wellbeing Partnership Committee setting out the risks and associated mitigations.	

9.	**Public Questions** No public questions were received.	**PQs**
11.	**Any other business** The Chair (JB) informed the Committee that two valued members would be stepping down from their roles and took the opportunity to formally recognise their contribution to the partnership. The Chair first acknowledged **Keith Wood (KW)**, Lay Member for Primary Care, noting his longstanding involvement in Bexley, including his contribution since the Clinical Commissioning Group (CCG) era. She warmly thanked him for his personal support, guidance and insight over time, highlighting his role in providing valuable advice, informal guidance and consistent support to the Committee. JB also recognised his contribution to partnership working more broadly, including oversight of sub-committee arrangements and support to primary care governance. KW joined the discussion remotely and thanked the Chair and the Committee for their kind words. He acknowledged the strength of the partnership and reflected positively on his time working in Bexley. The Chair then acknowledged **Kate Heaps (KH)**, noting that although she was not present at the meeting, she had been an invaluable member of the Committee. The Chair described Kate as **wise, knowledgeable, insightful and balanced**, highlighting the significant contribution she has made to the partnership over time. The Committee recorded its thanks to Kate for her commitment and contribution to partnership working in Bexley and wished her well for the future. The Chair thanked all members for their continued contribution and formally closed the meeting.	**JB**
12.	**Glossary** These glossary terms were noted.	**JB**

13.	**Date of the next meeting** Thursday 28th May 2026	**JB**

South East London Integrated Care System

Bexley Wellbeing Partnership

Bexley Wellbeing Partnership Committee

Thursday 28th May 2026

Item: 4

Enclosure: C

Title:	**Better Care Fund Assurance Return 2026–27**
Author/Lead:	Steven Burgess, Policy and Strategy Officer, London Borough of Bexley and Gita Prasad, Director of Integrated Commissioning (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 & Health, London Borough of Bexley

Purpose of paper:	**To endorse the Bexley Better Care Fund Assurance Return 2026-27.** **To authorise the Place Executive Lead (Bexley) on behalf of NHS South East London Integrated Care Board to review and agree any changes to the return in consultation with the Director of Adult Social Care & Health (London Borough of Bexley) in order to secure national approval.**	**Update / Information**	
		Discussion	
		Decision	***X***
Summary of main points:	• This paper presents Bexley's Better Care Fund (BCF) Assurance Return for 2026-27, which must be agreed by the London Borough of Bexley and NHS South East London Integrated Care Board and approved by the Bexley Health & Wellbeing Board. • The BCF is the statutory mechanism through which the London Borough of Bexley and NHS South East London Integrated Care Board pool funding to support integrated and preventative care in Bexley, underpinned by a section 75 Agreement. • The BCF Framework 2026-27 emphasises stability in core BCF-funded services, alongside progress towards neighbourhood-based care ahead of anticipated reforms from 2027-28. • The Assurance Return demonstrates compliance with national BCF conditions, sets local goals for the national metrics, and describes joint governance and monitoring arrangements. • The proposed metrics prioritise stabilisation rather than ambitious reductions. • The Assurance Return was submitted on 19 May 2026, with formal Health & Wellbeing Board sign-off to be considered in June 2026 and subsequent updates to the Section 75 schedules to be completed by September 2026.		
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 the London Borough of Bexley and NHS South East London ICB includes a section that commits the Council and ICB to comply with the Public Sector Equality Duty when they carry out their functions or services. Contracts and services under the section 75 Agreement are monitored accordingly.
	Financial Impact	The total value of the BCF Pooled Fund in 2026-27 is £97.056m of which the ICB contribution is provisionally £61.526m and the local authority contribution is provisionally £35.530m.
	Public Engagement	Engagement has been undertaken with officers and key stakeholders across the Council, the ICB, providers and partners, working within compressed planning timescales. Further engagement is anticipated throughout the year on BCF delivery. Public consultation on the Section 75 agreement was originally undertaken in 2020-21, including arrangements for the BCF Pooled Fund.
	Other Committee Discussion/ Engagement	The BCF Assurance Return 2026-27 has been considered at key partnership meetings. It is due to be presented to the Bexley Health and Wellbeing Board in June 2026.
Recommendation:	The Bexley Wellbeing Partnership Committee is recommended to: (i) To endorse the Bexley BCF Assurance Return 2026-27. (ii) To authorise the Place Executive Lead (Bexley) on behalf of NHS South East London Integrated Care Board to review and agree any changes to the return in consultation with the Director of Adult Social Care & Health (London Borough of Bexley) in order to secure national approval.	

Appendices:

- Bexley BCF 2026-27 Narrative Return
- Bexley BCF 2026-27 Numerical Template

NATIONAL REQUIREMENTS FOR THE BCF ASSURANCE RETURN 2026-27

1. PURPOSE OF REPORT

The BCF provides the statutory mechanism through which the Council and NHS South East London ICB pool resources to support integrated care for adults. In Bexley, this is delivered through established partnership arrangements underpinned by a section 75 Agreement between the Council and the ICB.

The BCF Framework 2026-27, published on 17 February 2026, required each Health and Wellbeing Board area to submit a Narrative Return and a Numerical Template by 19 May 2026. The return must demonstrate compliance with the national conditions and set out local goals for non-elective admissions, discharge delays, and care home admissions.

The purpose of this report is to seek the Bexley Wellbeing Partnership Committee's endorsement of Bexley's BCF Assurance Return for 2026-27. The BCF Assurance Return will be subject to sub-regional moderation and regional assurance, which could result in further queries or require changes to be made to the return. Therefore, this report also recommends that the Bexley Wellbeing Partnership Committee authorise the Place Executive Lead (Bexley) on behalf of NHS South East London ICB to review and agree any changes to the return in consultation with the Director of Adult Social Care and Health (London Borough of Bexley) in order to secure national approval. Following national approval, the schedules to the section 75 the BCF Pooled Fund must also be updated Agreement in respect of and signed by 30 September 2026.

Milestone / Action	Date
Submit BCF Assurance Return	19 May 2026
BWP Committee – endorsement	28 May 2026
Formal HWB sign-off	16 June 2026
Draft updated Section 75 schedules	July 26
Consult Cabinet Member for ASCH on s.75 schedules	September 26
BWP Committee Paper – Section 75 decision	24 September 2026
Authorised Officers sign Change Authorisation Form	By 30 September 2026
Updated Section 75 lodged with LBB & SEL ICB	By 30 September 2026

2. KEY CHANGES IN THE BCF FRAMEWORK FOR 2026-27

The BCF Framework 2026-27 emphasises that the current year should remain a year of stability with continuity in core BCF-funded services and proportionate steps towards neighbourhood-aligned delivery. Key features of the 2026-27 Framework include:

- a streamlined assurance process focussed on how BCF funding supports integrated and preventative care,
- a requirement to include a summary of intermediate care demand and capacity,
- updated expectations for setting local goals for non-elective admissions and discharge delays, aligned with NHS provider and ICB planning assumptions,
- continued emphasis on strong joint governance, value for money and productivity, and
- an expectation that BCF-funded services support the direction of travel towards neighbourhood-based care, without requiring structural change in 2026-27.

These requirements shape the content and structure of Bexley's Assurance Return.

a) The Numerical Template

The Numerical Template sets out the financial basis for the BCF Pooled Fund, including the total value of the fund, the contributions from the NHS and the local authority, and the planned

expenditure across all BCF schemes. It also records Bexley's trajectories for the national BCF metrics, confirms that the NHS minimum contribution to adult social care has been met, and includes the statutory assurance statements required to demonstrate compliance with national BCF financial, grant and pooling conditions.

b) The Narrative Return

The Narrative Return describes how BCF funding will support integrated and preventative care during 2026-27. It also explains the approach to setting local goals for the national metrics, describes how BCF-funded services contribute to achieving these goals, and outlines how value for money and productivity will be assured.

Both components must be agreed by the Council and the ICB, signed off by each organisation's Chief Executive, the ICB's Chief Finance Officer, the local authority section 151 officer, and agreed by the Chairman of the Health and Wellbeing Board before submission.

3. BEXLEY'S BCF ASSURANCE RETURN 2026-27

Bexley's BCF Assurance Return for 2026-27 sets out how the £97.056m Pooled Fund will be used to support integrated and preventative care across the borough. The sub-sections below show how the return meets the Key Lines of Enquiry (KLOEs) that underpin national BCF assurance.

a) How BCF funding supports integrated and preventative care

The plan shows how BCF funding is used to maintain core community-based health, social care and voluntary sector services that promote independence and prevent escalation of need. It supports rehabilitation, community nursing, therapy, carers' services, learning disability provision, equipment and end-of-life care, alongside preventative programmes such as the Prevention and Early Intervention grants, social prescribing and health inequalities work. These arrangements provide a foundation for coordinated neighbourhood-based care, whilst recognising continued pressure from increasing complexity and demand.

- **Alignment with system priorities and neighbourhood working**

The BCF plan for 2026-27 aligns with the priorities in the Joint Local Health and Wellbeing Strategy and the ICB's Five-Year Strategic Commissioning Plan, including ageing well, long-term conditions, support for carers and reducing inequalities. It also reflects the wider South East London focus on proactive, preventative and neighbourhood-based care.

BCF-funded schemes maintain the stability of the community-based services and pathways that underpin integrated working in Bexley, such as reablement, rehabilitation, community nursing, therapy, equipment, adaptations, social prescribing and voluntary sector prevention. These services support earlier response to complexity, help reduce avoidable hospital activity and enable residents to remain safely at home.

The plan also recognises that neighbourhood working, including the development of Integrated Neighbourhood Teams, is still evolving. Maintaining stability in core services is therefore essential whilst neighbourhood-level arrangements continue to mature.

- **Summary of intermediate care demand and capacity**

Intermediate care planning for 2026-27 is based on an assessment of expected activity across home-based, bed-based and community pathways. This shows that home-based reablement capacity is broadly aligned to expected activity. Bed-based reablement and short-term residential pathways remain more sensitive to length-of-stay and seasonal pressures, and these areas will require close operational oversight and mitigation. Overall, partners have a realistic understanding of the borough's intermediate care capacity and the areas that will need targeted monitoring to help manage pressures and sustain Home First delivery.

b) Rationale for national BCF metric goals

The Assurance Return sets local goals for non-elective admissions, discharge delays, and long-term care home admissions. These goals have been informed by historic performance, provider operational plans, benchmarking data and projected demographic pressures. In the context of rising acuity, population ageing and national coding changes, stabilising activity is considered a more appropriate and credible planning assumption than committing to significant reductions within a single planning year.

c) How BCF-funded services will support improvement against the national metrics

The Assurance Return sets out how BCF-funded services support performance against the national BCF metrics through their contribution towards admission avoidance, safe and timely hospital discharge, recovery-focussed reablement and alternatives to long-term care. In particular, the plan describes how:

- investment in prevention, community-based support, Urgent Community Response and frailty services strengthens alternatives to hospital attendance for people aged 65 and over, helping to reduce avoidable escalation and stabilise activity,
- BCF funding supports the capacity and coordination required for safe and timely discharge, including reablement, short-term care, therapy services, equipment provision, trusted assessment and bed-based recovery pathways,
- recovery-focussed reablement, equipment and adaptations, carer support and community-based alternatives are intended to improve independence outcomes and reduce reliance on permanent residential or nursing care.

This represents a clear approach to supporting improvement against the national metrics.

d) Value for money and productivity

The return confirms that the Council and NHS South East London ICB have confidence that BCF-funded services represent value for money. Investment decisions are based on joint planning, an understanding of local demand and capacity, and evidence of activity and outcomes. BCF funding is targeted at community-based services that support independence, manage demand and reduce reliance on higher-cost hospital and long-term care. Productivity is supported through a focus on prevention, reablement and home-based pathways, alongside collaborative management of the Pooled Fund.

e) Joint governance arrangements

The plan sets out established joint governance arrangements through the section 75 Agreement between the Council and NHS South East London ICB. This provides clear shared accountability for pooled fund management and financial stewardship. Strategic oversight is provided by the Bexley Health and Wellbeing Board and Bexley Wellbeing Partnership Committee, which agree priorities, receive assurance on delivery and can consider any required in-year changes. Operational governance of integrated pathways sits within agreed system structures, including the Home First Operations Group and Bexley Urgent and Emergency Care Board. These arrangements ensure clarity of roles, accountability and escalation across partners.

f) Monitoring of delivery, performance and continuous improvement

Delivery of the BCF plan will be monitored through established BCF reporting arrangements. Activity, expenditure and progress against the national BCF metrics will be reviewed routinely to ensure that BCF-funded services are operating within agreed capacity and budgets and contributing to the intended outcomes.

Monitoring will focus on the performance of BCF-funded pathways, including reablement, discharge support and community provision. This will enable partners to identify emerging pressures and take proportionate in-year management action where required.

4. BCF METRIC GOALS FOR 2026-27

Bexley's goals for the national BCF metrics have been jointly developed by the Council and NHS South East London ICB. They are based on local activity trends, provider operational plans and benchmarking data.

a) Non-elective admissions for people aged 65 and over

Non-elective admissions among older residents continue to be driven by frailty, long-term conditions and wider system pressures. Activity over recent years shows no sustained downward trend and provider operational plans do not indicate significant reductions for 2026-27. National counting and coding changes may increase the number of admissions recorded.

Benchmarking shows that Bexley is not an outlier when compared to London boroughs or statistical neighbours. In this context, the goal for 2026-27 is to stabilise demand, with plan trajectories set below recent activity levels and therefore requiring effective demand management to achieve, rather than assuming significant reductions within a single planning year.

BCF-funded prevention and community-based services, such as Urgent Care Response, community therapies, social prescribing, falls support and equipment, will continue to help moderate growth by providing alternatives to hospital attendance and supporting earlier intervention.

b) Discharge delays (Discharge Ready Date metrics)

Analysis of 2025-26 performance indicates that most Bexley residents are discharged with no delay, but longer delays can arise at periods of high pressure or when matching residents to appropriate support is more challenging.

Providers have not planned for a large improvement in the proportion of people discharged on their DRD. The planned trajectories for 2026-27 reflect the impact of an improvement in the accuracy of data capture for DRDs across our sites, alongside a realistic assessment of current discharge performance in line with provider operational plans. The goals for 2026-27 therefore anticipate:

- a modest reduction in the proportion discharged on their DRD; and
- a modest increase in the average number of days from DRD to discharge.

BCF-funded services provide the core capacity required to support timely and safe hospital discharge, including reablement, short-term homecare, equipment and adaptations, therapy provision, discharge coordination and bed-based recovery pathways. Monitoring will be maintained through the Home First Operations Group, with oversight provided through Bexley's Urgent and Emergency Care governance arrangements.

c) Long-term admissions to residential and nursing care homes (ASCOF 2C)

Bexley has reduced long-term admissions over the past two years. Demand is expected to increase during 2026-27 due to population growth in older age groups, particularly among residents aged 80 and over. This is likely to place upward pressure on long-term care needs. The ambition for the ASCOF 2C metric is to have no more than 200 adults aged 65 and over whose long-term support needs were met through admission to residential and nursing care homes. This represents a realistic and appropriate goal for 2026-27 in the context of complexity and need in the older population. BCF-funded services will continue to play an important role in helping residents remain independent and avoid unnecessary long-term care.

d) Reablement outcomes (ASCOF 2A and 2D)

Reablement continues to support recovery and reduces long-term dependence. Provisional 2025-26 data shows that most new service users required no further support or only lower-level support following short-term intervention. In addition, most people, who require ongoing support, end reablement with a reduction in need.

For ASCOF 2D (% of older people discharged from hospital into reablement, who remained in the community in the 12 weeks following discharge), the BCF Framework does not require a set goal. However, performance will continue to be monitored locally.

For the year ahead, our aim is to maintain our strong, recovery-focussed practice in reablement. This will be supported by strengthened discharge screening, enhanced rehabilitation capacity and an expanded reablement offer across mental health and Preparing for Adulthood pathways.

5. LEGAL IMPLICATIONS

The BCF Framework 2026-27 constitutes the legal framework and national planning requirements for the BCF for this period, including the national conditions, assurance process and the requirement to pool specified funding streams. The Local Authority Better Care Grant and the DFG will be paid to the Council under section 31 of the Local Government Act 2003, with the conditions that they are pooled into local BCF budgets and the national funding conditions will be met. The Framework must be read alongside the NHS (Expenditure on Service Integration) Directions 2026 given to NHS England, the NHS Act 2006 (requiring an ICB to transfer designated amounts into pooled fund provisions), and the grant conditions for the Local Authority Better Care Grant and Disabled Facilities Grant.

The BCF Assurance Return for 2026-27 (Narrative Return and Numerical Return) must be submitted by 19 May 2026 and be agreed by the Health and Wellbeing Board (HWB). The national cover sheet requires confirmation by the Local Authority Chief Executive, the ICB Chief Executive and the HWB Chairman that BCF expenditure is agreed and aligned with wider neighbourhood health and social care objectives. In addition, finance sign-off is required from the Council's s151 Officer and the ICB Chief Finance Officer/Finance Director.

To meet this requirement locally, the BCF Assurance Return will be submitted in accordance with the HWB's BCF Protocol. Where the HWB meeting schedule does not align, the HWB Chairman will approve submission under delegation with formal HWB sign-off at the next scheduled meeting.

Under the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, the HWB may delegate operational responsibilities. Locally, the HWB's BCF protocol delegates the submission of BCF plan updates and monitoring returns to the Council's Director of Adult Social Care & Health in consultation with the ICB's Strategic Director, Integrated Health & Care/Place Executive Lead (Bexley) and the HWB Chairman.

The BCF Pooled Fund continues to be governed by the existing section 75 Agreement between the Council and NHS South East London ICB. Following national approval of the 2026-27 submission, the section 75 schedules must be updated by 30 September 2026 to reflect the confirmed contributions, planned expenditure and schemes.

In-year reporting through the Bexley HWB is required to demonstrate ongoing compliance with national conditions and to monitor delivery of schemes funded through the BCF. Both the Local Authority Better Care Grant and DFG must be spent in accordance with an agreed BCF spend, goals and assurance return. If the Council does not comply with any of the national funding conditions set out within the section 31 grant determination, the government may (a) reduce, suspend or withhold grant payments by notification in writing to the authority or (b) require the repayment of the whole or any part of the grant.

6. FINANCIAL IMPLICATIONS

Bexley's BCF submission aligns with the published national allocations and applies them in full in the numerical return. For 2026-27, Bexley's BCF allocations are, as overleaf:

Table 1 - Bexley Better Care Fund – Allocations (£m)

Funding Source	2026-27 (£m)
Total NHS minimum contribution, of which:	**23.637**
Minimum contribution to Adult Social Care	9.047
Discharge element (consolidated)	2.065
Remaining minimum contribution	12.525
Additional NHS Contribution	**37.889**
Sub-total ICB contribution	**61.526**
Local Authority Better Care Grant	8.162
Disabled Facilities Grant	3.679
Additional Local Authority Contribution	23.689
Sub-total Local Authority contribution	**35.530**
Total Pooled Fund	**97.056**

Across all funding sources, the total value of the BCF Pooled Fund in 2026-27 is £97.056m of which the ICB contribution is provisionally £61.526m and the local authority contribution is provisionally £35.530m.

In previous years, the ICB and the Local Authority have pooled more than the minimum through additional contributions, reflecting existing commitments. The value of the Additional Contribution from the ICB in 2026-27 is £37.889m and the Additional Contribution from the Council is £23.689m.

The numerical return includes assurance statements confirming compliance with national funding conditions. Following national approval, partners must place funds into the section 75 Agreement by 30 September 2026.

7. RISKS AND MITIGATION MEASURES

Table 2 – Risks and Mitigation

Risk	Mitigation
Delay in submitting the narrative or numerical returns.	Maintain clear timelines and oversight to ensure both returns are completed, agreed and submitted by 19 May 2026.
Risk that Bexley's BCF Assurance Return is not approved through national BCF assurance.	Ensure the Narrative Return and Numerical Return meet all BCF requirements and seek support from regional BCF colleagues where needed.
Changes in national coding of non-elective admissions and improved DRD recording may affect reported performance against the BCF metrics.	Provide clear explanation in the Narrative Return, jointly monitor DRD data, treat the NEA trajectory as a planning assumption with rebasing if required, and use established review and escalation processes to address emerging issues.
Intermediate care capacity pressures may affect delivery of recovery and discharge pathways at times of peak demand.	Maintain close operational oversight through the Home First Operations Group and apply flexible commissioning and placement approaches to manage peaks in demand.

Risk that cost and demand exceed the available BCF uplift, placing pressure on funded capacity.	Jointly manage demand and prioritise across the system to operate within the available BCF funding.
Delay in updating the section 75 Agreement by 30 September 2026.	Maintain clear timelines and oversight to update the schedules to the section 75 Agreement on time.

8. SUMMARY OF OTHER IMPLICATIONS

Equal Opportunities

The section 75 Agreement between the London Borough of Bexley and NHS South East London ICB includes a section that commits the Council and ICB to comply with the Public Sector Equality Duty when they carry out their functions or services. Contracts and services under the section 75 Agreement are monitored accordingly. Any proposals to change BCF-funded services would need to consider potential impacts on people with protected characteristics and an Equality Impact Assessment would be undertaken, where appropriate.

Local Government Act 1972 – section 100d

List of background documents

- Better Care Fund framework 2026 to 2027, Ministry of Housing, Communities and Local Government (MHCLG) and Department of Health and Social Care (DHSC), 17 February 2026: https://www.gov.uk/government/publications/better-care-fund-framework-2026-to-2027/better-care-fund-framework-2026-to-2027
- Bexley Health and Wellbeing Board, Protocol for the management and monitoring of the Better Care Fund, 20 March 2025: https://democracy.bexley.gov.uk/ieListDocuments.aspx?CId=1744&MId=30190&Ver=4
- Authority to Enter into a Section 75 Agreement Between the London Borough of Bexley and NHS South East London CCG, Cabinet Member for Adults' Services, London Borough of Bexley, 17 December 2021: https://democracy.bexley.gov.uk/ieDecisionDetails.aspx?ID=3037

Contact Officers:	Gita Prasad, Director of Integrated Commissioning (Bexley), Tel.: 020 8176 5330 Steven Burgess, Policy and Strategy Officer, Tel.: 020 3045 5242
Reporting to:	Yolanda Dennehy, Director of Adult Social Care and Health. Diana Braithwaite, Strategic Director, Integrated Health & Care/Place Executive Lead (Bexley) Sarah Cox, Policy and Strategy Manager, LB Bexley

Appendix A: BCF Narrative Return 2026–27
Appendix B: BCF Numerical Template 2026–27

Better Care Fund 2026-27 Numerical Template

Data Sharing Statement

Data Sharing Statement

Please see below important information regarding data sharing and how the data provided during this collection will be used. This statement covers how NHS England will use the information provided.

Purpose of data collection

NHS England is collecting data on behalf of Better Care Fund (BCF) partners to fulfil statutory duties, including improving healthcare quality, efficiency, and transparency. The data supports operational and strategic planning, financial management, workforce planning, and system feedback, as mandated by the NHS Act 2006 and relevant regulations.

Type and scope of data

Patient-level data, including identifiable information like NHS numbers, is not required.
Data includes finance, activity, workforce, and planning information as specified in the national guidance documents.
The BCF numerical template is categorised as "Management Information," and aggregated data, including narrative sections, will be published on the NHS England website and gov.uk.

Access, sharing, and publication

The BCF numerical template is categorised as 'Management Information' and data submitted will be published in an aggregated form on the NHS England website and gov.uk. This will include a narrative section. Please also note that all BCF information collected here is subject to Freedom of Information requests.
Internal Access: Data will be accessed by NHS England national and regional teams on a "need-to-know" basis and may be shared internally to support statutory responsibilities.
External Sharing: Data and information from this numerical template and associated narrative return may be shared with partner organisations and Arm's Length Bodies (ALBs) including BCF partners (i.e. Ministry of Housing, Communities and Local Government (MHCLG), Department of Health and Social Care (DHSC) and NHS England) for joint working and policy development.
Publication: Local Health and Wellbeing Boards (HWBs) are encouraged to publish local plans. Until publication, recipients of BCF reporting data (including those accessing the Better Care Exchange) cannot share it publicly or use it for journalism or research without prior consent from the HWB (for single HWB data) or BCF national partners (for aggregated data).

Storage and security

Data will be securely stored on NHS England servers. Shared data will be minimised and handled per confidentiality and security requirements.
The BCF template is password-protected to ensure data integrity and accurate aggregation. Breaches may require resubmission.

Data analysis and use

NHS England will analyse data submissions for feedback, reporting, benchmarking, and system improvement.
Triangulation with other data may be conducted to support deeper analysis and insights and inform decision-making.

Concerns

For any questions about data sharing, please contact your regional Better Care Managers or the national Better Care Fund team england.bettercarefundteam@nhs.net

Better Care Fund (BCF) 2026-27 Numerical Template

1. Guidance

Overview

The numerical return is designed to capture planned BCF spend, goals and assurance statements. Together with the narrative return these will enable local areas to demonstrate how they meet the national funding conditions, in line with the published BCF 2026-27: https://www.gov.uk/government/publications/better-care-fund-framework-2026-to-2027/better-care-fund-framework-2026-to-2027.

Completed numerical returns are due by Tuesday 19 May 2026 (noon)

Submissions should be sent to the national BCF team at england.bettercarefundteam@nhs.net, as well as to regional Better Care Managers.

This guidance provides an overview of how to complete this numerical return. Further guidance is provided in the BCF Planning Principles guidance and and supporting documents which can be found on the Better Care Exchange - https://future.nhs.uk/bettercareexchange/view?objectID=70716560

Functional use of the template

We are using the latest version of Excel in Office 365, an older version may cause an issue.
Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a blue background, as below:

Data needs inputting in the cell
Pre-populated cells

This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

2. Cover

The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off. To view pre-populated data for your area and begin completing your template, you should select your HWB from the top of the sheet.

Governance and sign-off
National condition one (refer to tab 6) outlines the expectation for the local sign off of plans. Plans must be jointly agreed and be signed off in accordance with organisational governance processes across the relevant ICB and local authorities. Plans must be accompanied by signed confirmation from local authority and ICB chief executives that they have agreed to their BCF plans, including the goals for performance against headline metrics. Please enter date of expected sign off if not yet signed off. **This accountability must not be delegated**.

Data completeness and data quality:
- Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells in this table are green should the template be sent to the BCF team: england.bettercarefundteam@nhs.net (please also copy in your better care manager).
- The checker column, which can be found on each individual sheet, updates automatically as questions are completed. It will appear red and contain the word 'No' if the information has not been completed. Once completed the checker column will change to green and contain the word 'Yes'.
- The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
- Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'. Please ensure that all boxes on the checklist are green before submission. Please contact your regional BCF team if you have any issues.

3. Income

This sheet should be used to specify all funding contributions to the HWBs BCF plan and pooled budget for 2026-27. This section will be pre-populated with the NHS minimum contributions, Disabled Facilities Grant (DFG) and Local Authority Better Care Grant (LABCG). For any questions regarding the BCF funding allocations, please contact england.bettercarefundteam@nhs.net (please also copy in your better care manager).

Additional Contributions
This sheet also allows local areas to add in additional contributions from both the NHS and local authority. You will be able to update the value of any additional contributions (local authority and NHS) income types locally. If you need to make an update to any of the funding streams, select 'Yes' in the boxes where this is asked and cells for the income stream below will turn yellow and become editable. Please use the comments boxes to outline reasons for any changes and any other relevant information as this will ensure section is marked as complete.

Unallocated funds
Plans should account for full allocations meaning no unallocated funds should remain once the template is complete.

4. Expenditure

Please see tab '4a. Expenditure guidance' for further information.

5. Metrics

For 2026-27, local authorities, integrated care boards (ICBs) and HWBs will be expected to monitor performance and improvement for the four metrics listed in the Metrics Handbook https://future.nhs.uk/bettercareexchange/view?objectID=277641413, available on the Better Care Exchange:

It is a national requirement for partners to set local goals in relation to the following two metrics:

- Non elective admissions to hospital for people aged 65 and over per 100,000 population
- Average length of discharge delay for all acute adult patients

HWBs are also encouraged to set goals for the metric on long-term admissions to residential and nursing homes for people aged 65 and over per 100, 000 population.

We also expect HWBs to monitor and drive improvements for the metric on the proportion of people aged 65 and over discharged from hospital with reablement provided partly or solely by local authorities who remained in the community within 12 weeks of discharge.

Further details on the metrics, can be found below:

1. Non-elective admissions to hospital for people aged 65 and over per 100,000 population. (monthly)
- This is a count of non-elective inpatient spells at English hospitals with a length of stay of at least 1 day, for specific acute treatment functions and patients aged 65+
- This requires inputting of both the planned count of emergency admissions. The population figure is pre-populated using the latest available mid-year estimates.
- This will then auto populate the rate per 100,000 population for each month
Source statistics: https://digital.nhs.uk/supplementary-information/2026/non-elective-inpatient-spells-at-english-hospitals-occurring-between-1-april-2020-and-30-november-2025-for-patients-aged-18-and-65

2. Average number of days from Discharge Ready Date to discharge (all adult acute patients). (monthly)
- This is calculated as the sum of all bed days between the Discharge Ready Date and discharge (bed days lost) for patients discharged in a given month, divided by the total number of patients discharged in that month.
In completing the table for 2026-27 we ask areas to set out these two components and sheet automatically calculates the average figure:
- In a given month, the total number of patients discharged on the same day as their Discharge Ready Date, divided by the total number of patients discharged in that month.
- The sum of all bed days between the Discharge Ready Date and discharge (bed days lost) for patients discharged in a given month, divided by the total number of patients delayed by at least 1 day and discharged in that month.
Source statistics: https://www.england.nhs.uk/statistics/statistical-work-areas/discharge-delays/discharge-ready-date/

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3. Long term admissions to residential and nursing care homes for people aged 65 and over per 100,000 population
- Admissions data is taken from the Client Level Data (CLD) source published on a quarterly basis and presents admissions as a rolling 12 month total, calculated to the end of each quarter and reported as a rate per 100,000 population.
- Population are based on a calendar year using the latest available mid-year estimates.

Any improvement planned in reablement can be noted in the narrative template but does not need to be included in this numerical template.

For missing pre-populated actuals data from November 2025 to date, please check the BCF dashboard on the DHeXchange which will have more recent data as it becomes available.

6. National conditions

This section requires local authorities, ICBs and HWBs to confirm whether the three BCF national conditions and planning requirements detailed in the published BCF 2026-27 guidance will be met. The assurance statements in this section refer to specific planning requirements, supplementing the information provided in the narrative template and this numerical template.

This sheet requires the local authories, ICBs and HWBs to confirm 'Yes' or 'No' to the assurance statements. Should 'No' be selected, please note the actions in place towards meeting the requirement and outline the timeframe for resolution.
In summary, the national conditions are as below:

- ***National condition 1:*** ICBs and local authorities must develop joint plans, agreed by health and wellbeing boards, outlining how ICBs and local authorities intend to use BCF funding.
to deliver more integrated and preventative care, linked to the wider development of neighbourhood health and social care services.
- ***National condition 2:*** ICBs and local authorities must comply with all national grant and funding conditions and deliver in accordance with their approved return. ICBs must
maintain the NHS minimum contribution to adult social care and pool NHS BCF contributions into a section 75 (of the NHS Act 2006) pooled fund.
- ***National condition 3:*** ICBs and local authorities must comply and engage with BCF planning, governance and reporting requirements including adherence to any assurance and oversight processes.

Better Care Fund 2026-27 Numerical Template

2. Cover

Version 1.0

Please Note:
- The BCF numerical template is categorised as 'Management Information' and data from them will be published in an aggregated form on the NHS England website and gov.uk. This will include any narrative section. Some data may also be published in non-aggregated form on gov.uk. Also a reminder that as is usually the case with public body information, all BCF information collected here is subject to Freedom of Information requests.
- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the Better Care Exchange) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.
- All information will be supplied to BCF partners (MHCLG, DHSC, NHS England) to inform policy development.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Governance and Sign off

Health and Wellbeing Board:	Bexley	
Confirmation that the plan has been signed off by Health and Wellbeing Board ahead of submission - Plans should be signed off ahead of submission.	No	
If no indicate the reasons for the delay.	The deadlines for submitting the BCF Assurance Return do not al	
If no please indicate when the HWB is expected to sign off the plan:	Tue 16/06/2026	<< Please enter using the format, DD/MM/YYYY

Submitted by:	Steven Burgess
Role and organisation:	Strategy & Policy Officer
E-mail:	steven.burgess@bexley.gov.uk
Contact number:	020 3045 5242
Documents submitted (please select from drop down) **In addition to this template the HWB are submitting the following:**	Narrative

	Role:	Professional title (e.g. Dr, Cllr, Prof)	First-name:	Surname:	E-mail:	Organisation
Health and wellbeing board chair(s) sign off	Health and wellbeing board chair	Cllr	David	Leaf	David.Leaf@bexley.gov.uk	
	Health and wellbeing board chair					
Named accountable person	Local authority chief executive	Mr	Paul	Thorogood	paul.thorogood@bexley.gov.uk	
	ICB chief executive 1	Mr	Andrew	Bland	andrew.bland@selondonics.nhs.uk	NHS South East London ICB
	ICB chief executive 2 (where required)					
	ICB chief executive 3 (where required)					
Finance sign off	LA section 151 officer	Mr	Ross	Brown	ross.brown@bexley.gov.uk	
	ICB finance director 1	Mr	Mike	Fox	mike.fox@selondonics.nhs.uk	NHS South East London ICB
	ICB finance director 2 (where required)	Mr	David	Maloney	david.maloney@selondonics.nhs.uk	NHS South East London ICB
	ICB finance director 3 (where required)					
Area assurance contacts	Local authority director of adult social services	Ms	Yolanda	Dennehy	yolanda.dennehy@bexley.gov.uk	
	DFG lead	Mr	Cameron	Laity	cameron.laity@bexley.gov.uk	
	ICB place lead 1	Ms	Diana	Braithwaite	diana.braithwaite@selondonics.nhs.uk	NHS South East London ICB
Please add any additional key contacts who have been responsible for completing the plan	ICB place lead 2 (where required)					
	ICB place lead 3 (where required)					
	Director of Integrated Commissioning (Bexley)	Ms	Gita	Prasad	gita.prasad@selondonics.nhs.uk	London Borough of Bexley & NHS SEL ICB

Question Completion - When all questions have been answered and the validation boxes below have turned green, please send the template to the Better Care Fund Team england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'. Please also copy in your better care manager(s).

	Complete:
2. Cover	Yes
3. Income	Yes
4. Expenditure	Yes
5. Metrics	Yes
6. National Conditions	No

^^ Link back to top

Better Care Fund 2026-27 Numerical Template

3. Income

Selected HWB: Bexley

Local authority contribution	
Disabled Facilities Grant (DFG)	Gross Contribution
Bexley	£3,679,055
DFG breakdown for two-tier areas only (where applicable)	
Total Minimum local authority contribution (exc local authority BCF grant)	**£3,679,055**

Local authority better care grant (LABCG)	Contribution
Bexley	£8,162,090
Total Local authority better care grant	**£8,162,090**

Are any additional local authority contributions being made in 2026-27? If yes, please detail below	Yes

Local authority additional contribution	Contribution	Comments - Please use this box to clarify any specific uses or sources of funding
Bexley	£23,688,877	Supports local authority funded prevention and early intervention services (mainly third sector), community equipment and personalised Learning Disability services, including day opportunities, transport, supported living and residential care.
Total additional local authority contribution	**£23,688,877**	

NHS minimum contribution	Contribution
NHS South East London ICB	£23,636,930
Total NHS minimum contribution	**£23,636,930**

Are any additional NHS contributions being made in 2026-27? If yes, please detail below	Yes

Additional NHS contribution	Contribution	Comments - Please use this box clarify any specific uses or sources of funding
NHS South East London ICB	£37,889,023	Supports NHS commissioned community health, intermediate care, end of life care and jointly funded s117 Learning Disability packages, as set out in the relevant schemes.
Total additional NHS contribution	**£37,889,023**	
Total NHS contribution	**£61,525,953**	

	2026-27
Total BCF pooled budget	**£97,055,975**

Funding contributions comments For any useful details please use the text box below (for no additional comments, insert 'NA')
NA

Better Care Fund 2026-27 Numerical Template

4. Expenditure

Selected Health and Wellbeing Board: Bexley

	2026-27		
Running Balances	Income	Expenditure	Balance
DFG	£3,679,055	£3,679,055	£0
NHS Minimum Contribution	£23,636,930	£23,636,930	£0
Local Authority Better Care Grant	£8,162,090	£8,162,090	£0
Additional LA Contribution	£23,688,877	£23,688,877	£0
Additional NHS Contribution	£37,889,023	£37,889,023	£0
Total	**£97,055,975**	**£97,055,975**	**£0**

Required spend on adult social care from NHS minimum allocations

	2026-27	
	Minimum required spend	Planned Spend
Adult Social Care services spend from the NHS minimum allocations	£9,046,716	£12,966,436

Checklist

Column complete:

Yes	Yes	Yes	Yes	Yes

Number	Category of scheme	Description of scheme	Source of funding	Adult Social Care Spend	Expenditure for 2026-27 (£)
1	Support to carers, including unpaid carers	Care Act - Carers: This scheme contributes towards the provision of a range of direct support to unpaid carers.	NHS Minimum Contribution	Yes	£463,000

2	Wider local support to promote prevention and independence	Prevention and Early Intervention (PEI) Services: ICB contribution to the jointly commissioned PEI grant programme, mainly delivered by the third sector, providing early help, advice and advocacy to prevent escalation into statutory services.	NHS Minimum Contribution	Yes	£396,123
3	Wider local support to promote prevention and independence	Prevention and Early Intervention (PEI) Services: LB Bexley contribution to the jointly commissioned PEI grant programme, mainly delivered by the third sector, providing early help, advice and advocacy to prevent escalation into statutory services.	Additional LA Contribution	Yes	£438,877
4	Wider local support to promote prevention and independence	Prevention: Local Authority Better Care Grant contribution to the jointly commissioned PEI grant programme, mainly delivered by the third sector, supporting early intervention to prevent escalation into statutory services.	Local Authority Better Care Grant	Yes	£200,000
5	Wider local support to promote prevention and independence	Social Prescribing in Practices to help people find support for many non-medical issues, outside of the usual care that a GP or nurse may be able to provide.	Local Authority Better Care Grant	Yes	£50,000
6	Wider local support to promote prevention and independence	Social Prescribing in Practices to help people find support for many non-medical issues, outside of the usual care that a GP or nurse may be able to provide.	NHS Minimum Contribution	No	£151,500
7	Wider local support to promote prevention and independence	Health Inequalities (ICS Funded Projects): Funding has been allocated to the Bexley Wellbeing Partnership by the ICB. Local Care Networks form recommendations for targeting the funding at those parts of Bexley where health inequalities are greatest.	Additional NHS Contribution	No	£536,000
8	Assistive technologies and equipment	Integrated Community Equipment Services: ICB contribution to the ICES, which provides a range of high quality, responsive, cost effective equipment to people with health and social care needs, who live in Bexley or have a Bexley GP.	NHS Minimum Contribution	No	£571,000

9	Assistive technologies and equipment	Integrated Community Equipment Services: LB Bexley contribution to the ICES, which provides a range of high quality, responsive, cost effective equipment to people with health and social care needs, who live in Bexley or have a Bexley GP.	Additional LA Contribution	Yes	£644,000
10	Assistive technologies and equipment	Community Equipment: Provides the Bexley Emergency Link Line (BELL) alarm monitoring service.	NHS Minimum Contribution	Yes	£163,000
11	Assistive technologies and equipment	Assistive Technologies: LB Bexley employs an Assistive Technology Coordinator.	NHS Minimum Contribution	Yes	£60,000
12	Assistive technologies and equipment	Equipment: A pressure relieving equipment service that responds to local need and ensures that residents living with physical impairments are receiving the equipment that they need.	NHS Minimum Contribution	Yes	£199,520
13	Assistive technologies and equipment	Wheelchair Service: We assess for, purchase and provide wheelchairs and associated mobility equipment in line with NHS criteria to meet the postural and independent mobility needs of the population served by NHS South East London ICB (Bexley).	NHS Minimum Contribution	No	£600,000
14	Disabled Facilities Grant related schemes	DFG: The DFG allocation supports the delivery of major home adaptations for disabled people to enable them to live independently in their own homes for longer.	DFG	Yes	£3,429,055
15	Disabled Facilities Grant related schemes	DFG: Discretionary assistance provided under the Council's Housing Assistance Policy.	DFG	Yes	£250,000
16	Urgent community response	Integrated Crisis & Rapid Response to situations where an individual requires an urgent intervention. MDT produces multi-disciplinary assessments & care planning. Provides an expert resource to other community and hospital clinicians in managing crisis.	NHS Minimum Contribution	Yes	£736,000

17	Discharge support and infrastructure	Early Supported Discharge: Provision of personal care packages to facilitate early supported hospital discharge.	NHS Minimum Contribution	Yes	£2,285,000
18	Discharge support and infrastructure	D2A: Discharge to Assess has streamlined the care pathway and ensures patients do not stay in hospital for longer than necessary. The BCF contributes to staff and care package costs (with funding split 50:50 between staff and care costs).	NHS Minimum Contribution	Yes	£690,000
19	Discharge support and infrastructure	D2A: Discharge to Assess has streamlined the care pathway and ensures patients do not stay in hospital for longer than necessary. This scheme pays for care package costs.	Local Authority Better Care Grant	Yes	£700,000
20	Short-term home-based social care (excluding rehabilitation, reablement or recovery services)	Former Discharge Fund: To maintain as far as possible the number of packages of care at times of peak demand, enabling social care to respond to fluctuating levels of hospital discharge. This funding is for Care at Home restarts.	Local Authority Better Care Grant	Yes	£74,825
21	Short-term home-based social care (excluding rehabilitation, reablement or recovery services)	Former Discharge Fund: To maintain as far as possible the number of packages of care at times of peak demand, enabling social care to respond to fluctuating levels of hospital discharge. This funding is for Care at Home restarts.	NHS Minimum Contribution	Yes	£97,895
22	Home-based intermediate care (short-term home-based rehabilitation, reablement and recovery services)	Former Discharge Fund: This scheme will be used to pay towards the on-going increase in reablement activity in response to demand.	Local Authority Better Care Grant	Yes	£465,482
23	Home-based intermediate care (short-term home-based rehabilitation, reablement and recovery services)	Former Discharge Fund: This scheme will be used to pay towards the on-going increase in reablement activity in response to demand.	NHS Minimum Contribution	Yes	£609,001
24	Bed-based intermediate care (short-term bed-based rehabilitation, reablement and recovery services)	Former Discharge Fund: The funding will maintain as much community capacity as possible to facilitate quicker discharges from hospital of people with dementia, delirium and other complex care and support needs.	Local Authority Better Care Grant	Yes	£337,908

25	Bed-based intermediate care (short-term bed-based rehabilitation, reablement and recovery services)	Former Discharge Fund: The funding will maintain as much community capacity as possible to facilitate quicker discharges from hospital of people with dementia, delirium and other complex care and support needs.	NHS Minimum Contribution	Yes	£475,536
26	Long-term residential/nursing home care	Former Discharge Fund: The funding will help to meet placement pressures, including the demand for short term/interim residential care home placements (i.e., respite and interim placements).	Local Authority Better Care Grant	Yes	£303,251
27	Long-term residential/nursing home care	Former Discharge Fund: The funding will help to meet placement pressures, including the demand for short term/interim residential care home placements (i.e., respite and interim placements).	NHS Minimum Contribution	Yes	£413,549
28	Discharge support and infrastructure	Former Discharge Fund: Maintaining the additional or redeployed workforce capacity to prioritise discharge support, including social care assessments for people being discharged from hospital.	Local Authority Better Care Grant	Yes	£285,295
29	Discharge support and infrastructure	Former Discharge Fund: Maintaining the additional or redeployed workforce capacity to prioritise discharge support, including social care assessments for people being discharged from hospital.	NHS Minimum Contribution	Yes	£373,259
30	Assistive technologies and equipment	Former Discharge Fund: Where necessary the funding will be used to pay for the bulk purchasing of stock to secure continuous supplies to support timely hospital discharge.	Local Authority Better Care Grant	Yes	£79,192
31	Assistive technologies and equipment	Former Discharge Fund: Where necessary the funding will be used to pay for the bulk purchasing of stock to secure continuous supplies to support timely hospital discharge.	NHS Minimum Contribution	Yes	£103,608

32	Long-term residential/nursing home care	Care Homes Local Enhanced Services: This ensures care home residents receive dedicated medical services and supports a more proactive approach to care planning that helps prevent inappropriate prescribing, conveyances and admissions to hospital.	NHS Minimum Contribution	No	£247,875
33	Long-term residential/nursing home care	Care Homes Trusted Assessment: HID Team and social workers work with Care Home Trusted Assessor(s) to coordinate assessments and support timely care home placements.	Local Authority Better Care Grant	Yes	£100,000
34	Short-term home-based social care (excluding rehabilitation, reablement or recovery services)	Plaster of Paris: Joint funding arrangements for Plaster of Paris cases to help get people out of hospital with support. Offers a short term package of care until the plaster comes off or until the person is transferred onto a long term package of care.	NHS Minimum Contribution	No	£50,512
35	Long-term home-based community health services	Integrated Care (LBB): Investment in integrated care, which provides Integrated rapid response, hospital discharge, intermediate care, integrated rehabilitation, and Community Geriatrician Service.	NHS Minimum Contribution	Yes	£758,000
36	Bed-based intermediate care (short-term bed-based rehabilitation, reablement and recovery services)	Home First funding contribution to bed-based intermediate care (Marlborough Court).	Additional NHS Contribution	Yes	£613,500
37	Home-based intermediate care (short-term home-based rehabilitation, reablement and recovery services)	Home First funding contribution towards discharge support with 100% of the scheme funding being used towards additional staffing in support of home-based intermediate care provision.	Additional NHS Contribution	Yes	£320,500
38	Long-term home-based social care services	Winter Care Packages: Additional homecare hours that enable our integrated teams to provide responsive care packages.	Local Authority Better Care Grant	Yes	£928,000
39	Long-term home-based social care services	Care Act: Contribution to help off-set increase in home care provision since Care Act 2014 came into force.	NHS Minimum Contribution	Yes	£545,000

40	Home-based intermediate care (short-term home-based rehabilitation, reablement and recovery services)	Other preventative reablement: Contribution towards reablement packages of care. This maintains current reablement capacity to help people regain their independence and reduce the need for ongoing care.	NHS Minimum Contribution	Yes	£304,000
41	Home-based intermediate care (short-term home-based rehabilitation, reablement and recovery services)	Reablement funding to Oxleas: Part of Older People Integrated Care Contract. This maintains current reablement capacity to help people regain their independence and reduce the need for ongoing care.	NHS Minimum Contribution	No	£105,000
42	Home-based intermediate care (short-term home-based rehabilitation, reablement and recovery services)	Reablement funding to LB Bexley: Staffing and reablement care packages (with funding split 50:50 between staff and care costs). This maintains current reablement capacity to help people regain their independence and reduce	NHS Minimum Contribution	Yes	£716,000
43	Home-based intermediate care (short-term home-based rehabilitation, reablement and recovery services)	Reablement additional contribution to care costs: This maintains current reablement capacity to help people regain their independence and reduce the need for ongoing care.	NHS Minimum Contribution	Yes	£121,000
44	Home-based intermediate care (short-term home-based rehabilitation, reablement and recovery services)	Reablement additional contribution to staff costs: This maintains current reablement capacity to help people regain their independence and reduce the need for ongoing care.	NHS Minimum Contribution	Yes	£50,000
45	Long-term home-based social care services	Additional ASC packages of care: Enables the home care market to accommodate the increased volume of care resulting from less care home placements and earlier discharge from acute hospitals. Supports people to live in their homes for longer.	Local Authority Better Care Grant	Yes	£2,865,000
46	Long-term home-based social care services	Additional contribution to care package costs funded from the Local Better Care Grant.	Local Authority Better Care Grant	Yes	£304,516
47	Long-term home-based social care services	Maintaining eligibility criteria: Personal care packages (contribution) plus inflation.	NHS Minimum Contribution	Yes	£794,638

48	Long-term home-based social care services	Develop Social Care Market: Maintains prior fee uplift commitments and manages cost pressures to maintain care hours, secure home care supply, support the workforce and help providers overcome operational barriers.	Local Authority Better Care Grant	Yes	£1,000,000
49	Long-term home-based social care services	Additional ASC Packages of Care funded from Minimum NHS Contribution: Maintains fee uplifts and care hours, manages cost pressures, sustains care supply and workforce, and helps providers address barriers.	NHS Minimum Contribution	Yes	£842,247
50	Long-term home-based community health services	Oxleas Community Contract: Integrated Adult Community Nursing; LTC Management and Therapy Services (respiratory, diabetes, continence, podiatry, SALT); Community Health Rehab to prevent admissions and support discharge; Bexley MSK MDT clinics.	Additional NHS Contribution	No	£32,598,032
51	Long-term home-based community health services	Oxleas Community Contract: This is part of Oxleas contract and subject to block financial regime at present. NHS minimum contribution towards: • Integrated Care Services (Oxleas); • Meadow View Intermediate Care Services; • Oxleas Neuro Rehabilitation.	NHS Minimum Contribution	No	£8,441,968
52	Long-term home-based community health services	Pulmonary rehabilitation: A 6 week exercise and education programme for people with respiratory conditions, improving fitness, daily functioning and breathlessness management, using British Lung Foundation self management materials.	Additional NHS Contribution	No	£206,486
53	Long-term home-based community health services	Community Dietetics - Bromley Healthcare: A community-based nutrition and dietetic service to prevent avoidable infections and complications in Bexley patients with enteral feeding.	Additional NHS Contribution	No	£516,338

54	Personalised budgeting and commissioning	Learning Disabilities - cost per case: s117 aftercare packages for people with a learning disability, jointly funded 50:50, provided through residential care, supported living or personalised options, such as Personal Budgets, ISFs or direct payments.	Additional NHS Contribution	No	£1,404,207
55	Personalised budgeting and commissioning	LB Bexley - Learning Disabilities: ICB's contribution to providing personalised services for Bexley people with a learning disability. It covers a range of provision as detailed below (see Scheme 56).	NHS Minimum Contribution	Yes	£418,876
56	Personalised budgeting and commissioning	LB Bexley - Personalised Learning Disability services: Day opps, transport, supported living, residential care. Supports people to remain local & offers choice through ISFs; out of borough placements only when no local provision exists.	Additional LA Contribution	Yes	£22,606,000
57	Personalised budgeting and commissioning	Learning Disability Modernisation: Alternatives to day care, such as the day opportunities provided by Charlton Athletic and other providers.	Local Authority Better Care Grant	Yes	£44,000
58	Personalised budgeting and commissioning	Enhancement to support personalisation: Contribution towards integrated mental health commissioning capacity at place level to support the commissioning, monitoring and coordination of mental health services in Bexley.	NHS Minimum Contribution	Yes	£53,000
59	End of life care	The Community Hospice: Hospice care delivered at home, in care homes, QEH and at the Hospice, funded in part by the ICB, supporting palliative patients and carers and enabling people to remain in their preferred place at end of life.	Additional NHS Contribution	No	£1,599,960

60	End of life care	End of Life Care: Enables adult community health services in Bexley to provide high quality end of life care, incl out of hours, by working with GPs, Rapid Response and hospice to support people in their preferred place and avoid unnecessary admissions.	NHS Minimum Contribution	No	£246,000
61	End of life care	Home First funding contribution towards End of Life provision.	Additional NHS Contribution	No	£94,000
62	Evaluation and enabling integration	Home Care Commissioning: Commissioning capacity to manage the 'Care at Home' procurement, implementation, and contract management.	Local Authority Better Care Grant	Yes	£40,000
63	Evaluation and enabling integration	Additional staff costs: Staff in integrated commissioning. Also, additional costs of management arrangements in Bexley Care (AD Bexley Care).	Local Authority Better Care Grant	Yes	£325,000
64	Evaluation and enabling integration	Flexible Fund: A contingency fund for unforeseen costs, enabling integrated commissioners to secure appropriate care in specific cases by contributing to costs above usual rates.	Local Authority Better Care Grant	Yes	£59,621
65	Long-term home-based social care services	Additional Home Care Hours: Contribution towards the cost of home care provision.	NHS Minimum Contribution	Yes	£702,364
66	Evaluation and enabling integration	Additional staff costs: Contribution towards the costs of personnel in the NHS SEL ICB (Bexley) Team that enable joint commissioning.	NHS Minimum Contribution	No	£256,639
67	Evaluation and enabling integration	Supporting Adult Social Care Resilience: Meets staffing and care costs, including: a 3.3% uplift to staffing funded through BCF; provision for BCF delivery management; and placement pressures.	NHS Minimum Contribution	Yes	£595,820

4a. Expenditure Guidance

Guidance for completing expenditure sheet

1. Please enter spend information in the bottom table starting cell B30 including the category of spend which is a dropdown containing the categories listed in the table below. You must also enter scheme-level detail for the line of spend in 'Description of Scheme' with the appropriate level of information keeping this relatively succint, for example 'Community Health Rehabilitation' or 'MSK services' or 'Integrated Crisis and Rapid Response' would be sufficient. Please also enter source of funding which determines the total spend appearing in the source of funding table at the top. Ensure a 'Number' is entered in the 'Expenditure for 2026-27 (£)' so that the validation boxes can be marked as complete.

2. Please ensure 'Adult Social Care Spend' is marked 'Yes' when the money is spent on Adult Social Care across any funding source.

Scheme Types

Number	Category of scheme	Description
1	Assistive technologies and equipment	Using technology in care processes to support self-management, maintenance of independence and more efficient and effective delivery of care. (eg. Telecare, Wellness services, Community based equipment, Digital participation services).
2	Housing related schemes	This covers expenditure on housing and housing-related services other than adaptations; eg: supported housing units.
3	DFG related schemes	The DFG is a means-tested capital grant to help meet the costs of adapting a property; supporting people to stay independent in their own homes. The grant can also be used to fund discretionary, capital spend to support people to remain independent in their own homes under a Regulatory Reform Order, if a published policy on doing so is in place.
4	Wider support to promote prevention and independence	Services or schemes where the population or identified high-risk groups are empowered and activated to live well in the holistic sense thereby helping prevent people from entering the care system in the first place. These are essentially upstream prevention initiatives to promote independence and wellbeing.

5	Short-term home-based intermediate care (rehabilitation, reablement and recovery services)	Short-term (up to 6 weeks), therapy-led services in the person's usual residence (home or care home), following the 'Home First' principle. For adults 18+ to regain independence post-illness/injury/discharge (step-down) or prevent admissions/long-term care (step-up). Person-centred, with initial assessment and regular reviews; led by registered therapists (physiotherapists, occupational therapists, speech/language therapists) plus support from unregistered workers and other professionals (nurses, doctors, social workers). Outcomes: better function, confidence, wellbeing; less carer reliance and long-term care demand. Domiciliary social care (personal care, domestic help) included only within a rehab/reablement-focused package.
6	Short-term home-based social care (excluding rehabilitation, reablement and recovery services)	Short-term domiciliary social care (e.g. personal care, help with domestic tasks, voluntary sector support), except where it is provided as part of a package that also includes rehabilitation, reablement and/or recovery services.
7	Long-term home-based social care services	Ongoing social care services (e.g. personal care, help with domestic tasks), helping people continue to live at home and maintain independence.
8	Long-term home-based community health services	Ongoing health services provided in people’s own homes or in other non-residential community-based settings.
9	Bed-based intermediate care (short-term bed-based rehabilitation, reablement or recovery)	Short-term (up to 6 weeks), therapy-led services in a community bed-based setting (e.g. community hospital, care home bed or designated facility). For adults 18+ to regain independence post-hospital stay (step-down) or prevent avoidable admission/long-term residential care (step-up from community). Person-centred, with initial assessment and regular reviews; led by registered therapists (physiotherapists, occupational therapists, speech/language therapists) plus multi-disciplinary support (unregistered workers, nurses, doctors, others as needed). Where safe and appropriate, transition to home-based intermediate care is required to continue recovery at usual residence. Outcomes: improved function, confidence, wellbeing; reduced acute admissions, readmissions and long-term social care demand. May include mixed health and social care interventions.
10	Long-term residential or nursing home care	Ongoing care provided in a residential care home or nursing home for people who need more intensive or specialised support than can be provided at home.
11	Discharge support and infrastructure	Services and activity to enable discharge. Examples include multi-disciplinary/multi-agency discharge functions or Home First/ Discharge to Assess process support/ core costs.
12	End of life care	Schemes specifically designed to provide care and support for people nearing the end of life.
13	Support to carers, including unpaid carers	Supporting people to sustain their role as carers and reduce the likelihood of crisis. This might include respite care/carers breaks, information, assessment, emotional and physical support, training, access to services to support wellbeing and improve independence.

14	Evaluation and enabling integration	Schemes that monitor or evaluate the impact of integrated care schemes. Schemes or services that enable integrated care, such as (but not necessarily limited to): - Joint commissioning arrangements - Integrated care planning - Helping people navigate services - Workforce development or recruitment and retention
15	Urgent Community Response	Urgent community response teams provide urgent care to people in their homes which helps to avoid hospital admissions and enable people to live independently for longer. Through these teams, older people and adults with complex health needs who urgently need care, can get fast access to a range of health and social care professionals within two hours.
16	Personalised budgeting and commissioning	Various person centred approaches to commissioning and budgeting, including direct payments.
17	Other	This should only be selected where the scheme is not adequately represented by the above scheme types.

Better Care Fund 2026-27 Numerical Template

5. Metrics for 2026-27

Selected Health and Wellbeing Board: Bexley

5.1 Non-Elective admissions

		Apr 25 Actual	May 25 Actual	Jun 25 Actual	Jul 25 Actual	Aug 25 Actual	Sep 25 Actual	Oct 25 Actual	Nov 25 Actual	Dec 25 Actual	Jan 26 Actual	Feb 26 Actual	Mar 26 Actual
Non elective admissions to hospital for people aged 65 and over per 100,000 population	Rate	1,743	1,767	1,755	1,731	1,720	1,637	1,955					
	Number of admissions 65+	740	750	745	735	730	695	830					
	Population of 65+*	42,451	42,451	42,451	42,451	42,451	42,451	42,451					
		Apr 26 Plan	May 26 Plan	Jun 26 Plan	Jul 26 Plan	Aug 26 Plan	Sep 26 Plan	Oct 26 Plan	Nov 26 Plan	Dec 26 Plan	Jan 27 Plan	Feb 27 Plan	Mar 27 Plan
	Rate	1,588	1,656	1,668	1,668	1,771	1,597	1,861	1,552	1,585	1,665	1,510	1,637
	Number of admissions 65+	674	703	708	708	752	678	790	659	673	707	641	695
	Population of 65+	42,451	42,451	42,451	42,451	42,451	42,451	42,451	42,451	42,451	42,451	42,451	42,451

Source: https://digital.nhs.uk/supplementary-information/2025/non-elective-inpatient-spells-at-english-hospitals-occurring-between-01-04-2020-and-30-11-2024-for-patients-aged-18-and-65

5.2 Discharge delays

*Dec Actual onwards are not available at time of publication

	Apr 25 Actual	May 25 Actual	Jun 25 Actual	Jul 25 Actual	Aug 25 Actual	Sep 25 Actual	Oct 25 Actual	Nov 25 Actual	Dec 25 Actual	Jan 26 Actual	Feb 26 Actual	Mar 26 Actual
Average length of discharge delay for all acute adult patients (this calculates the % of patients discharged after their DRD, multiplied by the average number of days)	0.56	0.57	0.72	0.65	0.82	1.10	0.88	0.71				
Proportion of adult patients discharged from acute hospitals on their discharge ready date	91.4%	91.1%	90.9%	90.9%	90.3%	86.2%	86.8%	86.2%				

For those adult patients not discharged on DRD, average number of days from DRD to discharge	6.5	6.4	7.9	7.1	8.4	8.0	6.6	5.2				
	Apr 26 Plan	May 26 Plan	Jun 26 Plan	Jul 26 Plan	Aug 26 Plan	Sep 26 Plan	Oct 26 Plan	Nov 26 Plan	Dec 26 Plan	Jan 27 Plan	Feb 27 Plan	Mar 27 Plan
Average length of discharge delay for all acute adult patients	0.98	0.97	0.97	0.97	0.97	0.96	0.95	0.94	0.93	0.92	0.92	0.92
Proportion of adult patients discharged from acute hospitals on their discharge ready date	85.7%	85.6%	85.6%	85.6%	85.5%	85.5%	85.6%	85.7%	85.7%	85.8%	85.7%	85.7%
For those adult patients not discharged on DRD, average number of days from DRD to discharge	6.80	6.77	6.74	6.70	6.67	6.63	6.60	6.56	6.52	6.48	6.44	6.40

Source: https://www.england.nhs.uk/statistics/statistical-work-areas/discharge-delays/discharge-ready-date/

5.3 Admissions to residential and nursing care homes

		Rolling 12 month total until end of quarter date indicated							
		Actual Ending 31-12-2024	Actual Ending 31-03-2025	Actual Ending 30-06-2025	Actual Ending 30-09-2025	2026-27 Plan Ending 30-06-2026	2026-27 Plan Ending 30-09-2026	2026-27 Plan Ending 31-12-2026	2026-27 Plan Ending 31-03-2027
- Long term admissions to residential and nursing care homes for people aged 65 and over per 100,000 population	Rate	475.8	461.7	440.5	442.9	471.1	471.1	471.1	471.1
	Number of admissions	202	196	187	188	200	200	200	200
	Population of 65+*	42,451	42,451	42,451	42,451	42,451	42,451	42,451	42,451

*Population of people aged 65 and above are based on the latest available mid-year estimates from the ONS

Better Care Fund 2026-27 Numerical Template

6: National Condition Planning Requirements

Health and wellbeing board: Bexley

HM Government

National Condition	Planning requirement	Assurance statement	Yes/No to assurance statement	Where the planning requirement or assurance statement is not met, please note the actions in place towards meeting the requirement	Timeframe for resolution
National Condition 1: effectively support the delivery of integrated and preventative care ICBs and local authorities must develop joint plans, agreed by health and wellbeing boards, outlining how ICBs and local authorities intend to use BCF funding to deliver more integrated and preventative care, linked to the relevant areas of neighbourhood health and social care services.	ICBs and local authorities must have considered how to use the BCF most effectively to support the delivery of more integrated and preventative services, particularly supporting those with more complex health and social care needs. This must include setting out how the funding will be used to develop the quality, efficiency and outcomes from intermediate care.	Named ICB and local authority chief executives and named HWB chair must confirm that BCF expenditure is agreed and aligned with wider strategic objectives for neighbourhood health and social care.			
	ICBs and local authorities must set out plans that: - show reasonable progress in the metrics of non-elective admissions (for people aged 65 and over) and delayed discharges - show how they will monitor and drive progress in preventing avoidable long-term care home admissions and improving outcomes from reablement - include the specific contribution of BCF-funded services.				
	ICBs and local authorities must demonstrate that their plans for the use of the BCF represent value for money and improve overall productivity				
National Condition 2: comply with expenditure and grant conditions ICBs and local authorities must comply with all national grant and funding conditions and deliver in accordance with their approved return. ICBs must maintain the NHS minimum contribution to adult social care	ICBs and local authorities must pool their designated minimum contribution (in the case of ICB partners) and the Local Authority Better Care Grant and DFG (in the case of local authority partners). ICBs and local authorities are able to voluntarily pool additional funding through the BCF where they consider this is likely to lead to an improvement in the services being funded.				

and pool NHS BCF contributions into a section 75 (of the NHS Act 2006) pooled fund.	The NHS minimum contribution to adult social care must be met and maintained by the ICB in line with the published BCF allocations. This represents an increase of 4.4% in each health and wellbeing board area.	ICBs and local authorities confirm compliance with BCF national grant and funding conditions, and that they will deliver in accordance with approved spend and BCF numerical return, including maintaining the NHS minimum contribution to adult social care.	Yes		
	Local authorities must comply with the grant conditions of the Local Authority Better Care Grant and the DFG, including the pooling of funding.	ICBs and local authorities confirm they will pool funds through Section 75 agreements by 30th September 2026.	Yes		
National Condition 3: - effective governance, reporting and engagement ICBs and local authorities must comply and engage with BCF planning, governance and reporting requirements including adherence to any assurance and oversight processes.	ICBs and local authorities must have effective joint governance is in place to ensure local accountability for delivery of outcomes, including reviewing performance against plan objectives and local goals, and taking action if necessary to bring delivery back on track.				
	ICBs, local authorities and health and wellbeing boards are required to engage with BCF reporting, oversight and support processes	ICBs and local authorities confirm full compliance with BCF planning and reporting requirements and will adhere to the BCF oversight and support processes.	Yes		

Department of Health & Social Care | Ministry of Housing, Communities & Local Government | NHS England

Better Care Fund 2026-27 Narrative return

Introduction and guidance

This return has been designed to enable ICBs and local authorities, working with Health and Wellbeing Boards (HWBs), to submit information which demonstrates how their plans for the Better Care Fund (BCF) meet the national conditions and planning requirements for 2026-27. Completing and submitting the BCF narrative return is a required part of the overall BCF submission process. Planning leads should ensure that all questions within this narrative return are fully addressed.

This year, the length of the narrative return has been reduced. This reflects feedback on the benefits of a more focused BCF assurance process. In completing the return, HWBs, ICBs and local authorities may wish to develop more detailed joint plans for BCF expenditure for their own use and/or draw on other joint plans.

Each question in the return has a suggested length of around a page (around 500 words) and we would generally expect the overall submission to be around 2500 words. These act as a guide to support a more focused assurance process rather than strict limits.

The narrative provided in this return should align with the expenditure plans and the ambitions for the national metrics set out in your BCF excel numerical return.

When completing the narrative return, please use the following documents for guidance and support, these can be found on the BCF Exchange:

- **Planning Principles:** outlines what good practice looks like in relation to each narrative question and aligns with the relevant national conditions.
- **Metrics Handbook:** provides the formal technical specifications for the national metrics within the framework, including the rationale, methodology, required data inputs and worked examples.

Submission Requirements:

- Each HWB area must have its own BCF excel numerical return, but a single narrative BCF return covering multiple HWBs may be submitted where this reflects local integrated working arrangements.
- Each HWB area included in a combined narrative return should provide clarity and state any specific details relevant to the separate HWBs within the narrative questions (and more words may be required for this than a single HWB return). Local

authorities, ICBs and HWBs for each area should formally sign off the shared narrative return and their individual numerical excel BCF return.

- The deadline for completing this narrative return is **19 May 2026.**
- Please submit this return to both: england.bettercarefundteam@nhs.net and your regional better care manager(s).

Submission details

Mandatory to complete, please do not submit a return without completing the details below:

Adapt as necessary	**HWB area 1**	**HWB area 2**
HWB	**Bexley**	
ICB		
ICB		
ICB		

1. Please provide a short statement setting out the rationale for using BCF funding to maximise delivery of integrated and preventative care linked to the relevant areas of neighbourhood health and social care services.

1.1 Strategic context and alignment with neighbourhood health and system priorities (KLOE 1)

Bexley's Better Care Fund Plan for 2026-27 continues to build on the long-established integrated arrangements across the Council, NHS South East London ICB, Oxleas NHS Foundation Trust, primary care, and the voluntary and community sector. Our shared ambition remains to promote independence, prevent avoidable hospital activity, and ensure that people receive coordinated, personalised care in their neighbourhoods, particularly those with more complex health and social care needs.

This approach aligns directly with the Joint Local Health and Wellbeing Strategy (JLHWS), the Five Year Strategic Commissioning Plan for Bexley and the strategic priorities of the South East London Integrated Care System. The South East London Joint Forward Plan sets out the ICB's medium-term objectives at both borough level and across key care pathways, embedding a system-wide focus on improving population health outcomes, reducing inequalities, enhancing productivity and shifting resources towards community-based and preventative care.

The Bexley Wellbeing Partnership's Integrated Joint Forward Plan has supported the delivery of the ICB's system-wide goals, aligning with the four priorities set out in the JLHWS:

- Supporting Children & Young People Throughout Life,
- Ageing Well - Supporting Older People Living with Frailty,
- Supporting People living with Mental Health Challenges, and
- Supporting People to maintain a Healthy Weight.

For 2026-27 onwards, we have developed our Neighbourhood Delivery Plan in partnership with the local health and care system, which reflects Bexley's response to the national drive to deliver a Neighbourhood Health Service, working in more integrated ways at neighbourhood level through developing Integrated Neighbourhood Teams (INTs). This direction of travel is directly supported by the London Target Operating Model (TOM), published in May 2025, which provides a London-wide blueprint for how neighbourhood-level services should be designed and integrated across health and care. The TOM also establishes the concept of an Integrator - a local organisation responsible for hosting and enabling the core functions needed to make INTs work effectively across health, social care and wider community services.

The 10-Year Health Plan for England, 'Fit for the Future', reinforces this direction by setting a national ambition for proactive, coordinated, community-based care delivered at neighbourhood scale, typically aligned with PCN populations of 30,000 to 50,000. The plan emphasises anticipatory and preventative approaches, multidisciplinary working, and the

integration of primary care, community health, mental health, adult social care and the voluntary sector to support people with long-term conditions and complex needs.

Within this national and regional context, Bexley is progressing its programme of Integrated Neighbourhoods to deliver more proactive, coordinated and preventative care to residents. The Bexley Integrated Neighbourhoods Roadmap was formally endorsed by the Bexley Health & Wellbeing Board in December 2024 and approved by the South East London ICB in July 2025. A Memorandum of Understanding sets out a shared commitment to delivering an integrated neighbourhood model and forms the governance foundation for neighbourhood-level collaboration.

Bexley already delivers an integrated operating model via the well-established Bexley Care partnership between the Council and Oxleas NHS Foundation Trust, working across three virtual Local Care Networks (Clocktower, Frognal and North Bexley). Building on this, the integrator role required by the London TOM will be fulfilled locally by Bexley Care Plus - a partnership between the Council, Oxleas NHS Foundation Trust, Bexley Health Neighbourhood Care CIC (GP Federation) and Primary Care Networks. Bexley Care Plus will coordinate shared functions across neighbourhoods, support teams to work collaboratively, and enable population health-driven service planning and delivery at neighbourhood scale.

These strategies and plans provide a coherent and mutually reinforcing direction for integrated care in Bexley. The BCF serves as a core delivery mechanism by securing the stability of key community and intermediate care services; supporting the shift to neighbourhood-based reablement, rehabilitation and frailty care; enabling Home First pathways and discharge arrangements; and investing in prevention and early intervention.

1.2 How BCF funding supports integrated and preventative services (KLOE 1)

The pooled budget of £97.056m in 2026-27 supports a broad range of schemes across prevention, community-based health services, intermediate care, discharge support, reablement, the care home sector, carers' support, learning disability services, and end-of-life care. The strategic rationale for this investment is to shift activity from hospital to home, prevent escalation of need, and provide joined-up support across pathways.

Key areas of investment include prevention and early intervention (social prescribing, early intervention grants, and ICS-funded health inequalities schemes), a strengthened community equipment and assistive technology offer, and robust support for carers. A large proportion of the BCF continues to fund home-based intermediate care and reablement services, which are essential to Bexley's Home First model. There is also continued investment in the Urgent Community Response / Rapid Response service, trusted assessment, rehabilitation beds, and discharge infrastructure.

For 2026-27, the partners have made targeted adjustments to the allocation of funding to ensure continuity of critical services. This includes the planned shift of funding from D2A

homecare to reablement, reflecting observed demand patterns and the importance of sustaining capacity that enables people to regain independence at home.

A summary of scheme-level and partner funding contributions is set out in the accompanying BCF Numerical Template for 2026-27. Further detail on the planned impact of this investment on national BCF metrics is set out in Section 3 of this Narrative Return.

1.3 Summary of intermediate care demand and capacity (KLOE 1)

A joint assessment by the London Borough of Bexley and Oxleas NHS Foundation Trust shows that overall BCF-funded intermediate care capacity is broadly aligned with projected demand for 2026-27, although pressures can arise at times within parts of the bed-based pathways and short-term residential provision, particularly during periods of increased demand or from extended lengths of stay. The Capacity & Demand Plan is informed by 2025-26 activity and financial data from the BCF Power BI Services & Delivery report, the ASC Management Information Pack, and the Home First dashboard. These sources provide a consistent view of activity, throughput and unit costs across discharge and community pathways and have been used to estimate BCF-funded capacity for 2026-27. Planning for discharge and associated assessment activity is undertaken in line with Discharge to Assess and Home First principles. In line with our five-year Neighbourhood Delivery Plan, we will be reviewing our intermediate care pathway.

Adult Social Care Capacity and Demand - London Borough of Bexley:

Pathway 1 – Home First: Reablement and Short-Term Support at Home

London Borough of Bexley Adult Social Care demand for step-down reablement is estimated at 1406 to 1528 episodes per year, based on 2025-26 full-year equivalent activity. BCF-funded capacity for 2026-27 is approximately 1587 episodes, providing a modest surplus and enabling some flexibility during peak periods. Short-term domiciliary care (D2A homecare) is forecast to require around 281 packages, against funded capacity of 300 packages, indicating sufficient provision.

Reablement capacity has been strengthened through enhanced therapy provision and the prioritisation of reablement over D2A homecare. This supports earlier, recovery-focussed interventions in line with Bexley's Home First strategy.

Reablement capacity estimates are based on actual hours delivered. Where block contracted hours are under-used, the effective cost per delivered hour increases, which may influence capacity assumptions in the plan.

Pathway 2a - Reablement in a bedded setting

Marlborough Court's 15-bed block contract provides capacity for around 118–120 D2A recovery placements a year based on an average length of stay of 46 days. If length of stay

increases, annual throughput reduces and generates a potential shortfall of placements. For example, if length of stay increases to 53 days, annual throughput reduces to around 103 D2A recovery placements, creating a potential shortfall of 15 to 17 placements. This pathway is sensitive to fluctuations in demand and length of stay and will, therefore, need to be monitored closely.

Pathway 2b – Other short-term bedded care

Demand for other short-term bedded care is estimated at approximately 27 short-term placements. This pathway supports people who are medically optimised for discharge but unable to return home immediately, for example due to housing needs or unsuitable housing conditions, and who do not require bed-based reablement or slow-stream rehabilitation.

BCF funding will be used to support short-term placements within funded capacity, enabling hospital discharge whilst housing-related issues are addressed. Complex or unresolved housing issues can result in extended lengths of stay within short-term bedded provision, which may give rise to cost pressures. This risk is mitigated through active length-of-stay oversight and joint working with housing services to support timely resolution.

Once an individual no longer requires intermediate care or short-term recovery support, financial charging will apply, where applicable, in accordance with London Borough of Bexley policy, subject to a means-tested financial assessment.

Pathway 3 – Short-term residential and nursing care

This pathway relates to discharges to a new residential or nursing care setting for people with high and complex needs who are considered likely to require long-term residential or nursing care, consistent with Discharge to Assess Pathway 3. Demand for Pathway 3 is estimated at around 68 placements.

BCF funding will help to meet placement pressures, including demand for short-term residential and nursing care placements. Capacity pressures will be managed through targeted spot purchasing and ongoing market management. Financial charging will apply, where applicable, in accordance with London Borough of Bexley policy, subject to a means-tested financial assessment.

ASC community step-up pathways

ASC community reablement demand is estimated at 295 episodes with funded capacity estimated at 333 episodes, providing sufficient headroom. Other ASC short-term social care activity includes rapid response homecare and emergency respite.

Capacity and Demand – Oxleas NHS Foundation Trust:

Discharge Pathways

Oxleas delivers hospital discharge-related intermediate care through the Community Health Rehabilitation Team (CHRT) and bed-based rehabilitation at the Meadow View Unit (MVU) at Queen Mary's Hospital, Sidcup. These services provide rehabilitation and recovery-focussed support.

CHRT receives referrals throughout the year with referral volumes varying from month-to-month, as reflected in routinely collected activity data. Funded capacity is commissioned to support this ongoing level of activity with access managed through agreed pathways and referral criteria.

Actual data for 2025-26 shows that there were 1137 Step Down episodes (approximately 95 per month). Projections for 2026-27 are 1170 Step Down episodes (approximately 98 per month), allowing for +3% growth.

MVU provides bed-based rehabilitation for people who are not yet able to return home following an acute hospital stay. Activity is monitored through admissions, occupancy and average length of stay data, all of which vary over time. Occupancy levels fluctuate month-to-month with periods of higher and lower utilisation observed.

Average length of stay at MVU is monitored as part of routine service oversight and reflects the rehabilitation needs of people admitted to the unit.

Weekly case discussion meetings with acute therapy teams support appropriate referral decisions, supporting the management of available bed capacity. MVU continues to deliver bed-based intermediate care in line with its service model, including same-day transfers where clinically appropriate.

Activity and capacity across CHRT and MVU are kept under ongoing review through established operational and discharge governance arrangements involving Oxleas and system partners.

Community Pathways (Step-Up)

Oxleas provides community-based support for Bexley residents through CHRT and Urgent Community Response (UCR). These services are part of the local Home First approach and support people outside hospital.

CHRT provides a structured rehabilitation service for adults to support recovery, independence and functional ability. Capacity is commissioned based on a block contract with access managed through agreed referral pathways and clinical criteria. Demand varies

month-to-month, based on referral activity. Actual data for 2025-26 shows that there were 878 Step Up episodes (approximately 73 per month). Projections for 2026-27 are 904 Step Up episodes (approximately 75 per month), allowing for +3% growth. Waiting times are monitored through routine operational arrangements, and Oxleas works with acute and community partners to coordinate referrals within available capacity.

UCR provides a rapid, short-term community response for people requiring urgent assessment and intervention following a sudden deterioration in health or care needs. Referral volumes vary month-to-month. Performance against the two-hour response standard is monitored through established reporting arrangements, with activity and capacity managed in line with the commissioned service model and agreed response criteria. Actual data for 2025-26 shows that there were 1965 episodes (approximately 164 per month). Projections for 2026-27 are 2023 episodes (approximately 169 per month), allowing for +3% growth.

Activity across community step-up pathways is kept under regular review through established operational and Home First governance arrangements involving Oxleas and system partners.

Overall System Position

Across the system, home-based intermediate care capacity is sufficient to meet expected demand for 2026-27 across both ASC and Oxleas provision. However, UCR, reablement and short-term residential/nursing pathways remain vulnerable to seasonal surges and increases in demand and length of stay. Continued joint oversight between London Borough of Bexley and Oxleas NHS Foundation Trust will be required to manage these pressures and maintain alignment with Home First expectations.

2. Please provide a brief explanation of the rationale for how you have set out goals for the metrics of non-elective admissions (for those 65 years old and over) and delayed discharges. Please also set out how you will monitor and drive progress in preventing avoidable long-term care home admissions and improving outcomes from reablement, including through any locally agreed goals for long-term admissions to residential care and nursing homes.

Bexley's goals for 2026-27 have been jointly developed by the Council and NHS South East London ICB, working closely with NHS providers and wider system partners. The proposed trajectories reflect what we believe is achievable in the context of current performance, provider forecasts, demographic pressures and insights from our capacity and demand planning. They build directly on learning from 2025-26 and align with the underlying operational plans of our acute and community providers.

Performance will be routinely monitored by the Council and ICB. Progress will be reported to our Home First Partnership, the Bexley Urgent and Emergency Care Board, the Bexley Wellbeing Partnership (BWP), the Bexley Health and Wellbeing Board (Bexley HWB), and through national BCF reporting arrangements.

2.1 Method for developing the metric trajectories (KLOE 2)

To ensure consistency across South East London, the ICB and boroughs have adopted a shared methodology for setting 2026-27 BCF trajectories. South East London provider non-elective operational plans have been used as the starting point for deriving the BCF non-elective admissions plan for 2026/27. This approach was taken in order to set BCF trajectories in line with the forecast delivery of our local providers. An estimate of non-South East London provider activity has also been included based on historic activity splits (as per the national BCF dashboard).

We will continue to work closely with Business Intelligence and Performance colleagues to further develop our existing reporting tools to ensure we can report progress against all relevant metrics locally.

The recent release of 'Model Emergency Department (ED)' has highlighted a potential change in counting and coding for some ED Type 5 activity. As Trusts introduce new Extended Emergency Ambulatory Care (EEMAC) models, which will be coded as ED Type 5 attendances, existing medical and surgical activity (currently ED Type 5 attends) is likely to shift into non-elective admissions. This could have a negative effect on non-elective admissions performance or rates. We will monitor actual performance against plan regularly throughout the year and will seek to re-base plans if activity shifts are significant.

Metric development has drawn on multiple datasets, including SUS, ASCOF and Client Level Data (CLD). Benchmarking for non-elective admissions and discharge delays draws on nationally published data from NHS England and the DHSC Better Care Fund dashboard,

including regional and statistical neighbour comparisons, supplemented by South East London ICB and borough-level analysis. Peer benchmarking for care home admissions and reablement is based on the latest published ASCOF data for 2024-25. Full-year benchmarking for 2025-26 is not yet available.

2.2 Non-elective admissions (65+) (KLOE 2)

Activity for emergency admissions among people aged 65 and over varies across the year. Respiratory conditions, neurological issues and trauma (often linked to frailty, instability and falls), cardiac problems and gastrointestinal presentations account for a substantial proportion of admissions. These pressures occur throughout the year, contributing to winter peaks as well as periods of high activity in other months. Although monthly volumes fluctuate, the data does not show a sustained downward trend in admissions between 2023-24 and 2025-26 (YTD), reflecting the influence of long-term conditions, frailty, population ageing and rising clinical complexity.

Benchmarking provides helpful context. Within its statistical neighbour group (i.e., areas with similar population characteristics), Bexley's emergency admission rate for people aged 65 and over tends to be towards the higher end of the peer range but does not stand out as an outlier. Looking across London, where rates vary even more widely, Bexley also sits within the overall pattern rather than at either extreme. This means that, although Bexley's rate tends to be higher than some of its statistical neighbours, it remains broadly in line with what is seen in comparable areas.

For 2026-27, Bexley's planned trajectory for non-elective admissions is based on the activity plans submitted by South East London providers, as outlined in Section 2.1. Local analysis and advice from the ICB indicate that actual activity may differ from the planned profile during the year, particularly due to potential national changes in counting and coding that could increase the number of episodes recorded as non-elective admissions. In this context, the trajectory should be viewed as a system-aligned planning assumption rather than a forecast.

Overall, this analysis shows that Bexley's activity trends are consistent with those seen in comparable areas and that significant short-term reductions are unlikely given existing pressures and national changes. The priority for 2026-27 is therefore to stabilise demand, strengthen community-based support and monitor emerging trends closely so that plans can be adapted as required.

2.3 Discharge delays (KLOE 2)

Analysis of Bexley's DRD performance from April 2025 to February 2026 shows that most Bexley patients continue to be discharged with no delay. However, during higher-pressure periods, particularly during winter 2025-26, there has been an increase in delays in the 7 to

20-day bands. In addition, a small number of 21+ day delays continue to account for a disproportionately high share of post-DRD bed days.

Delay patterns vary by provider, reflecting differences in patient volumes. Shorter delays of 1-3 days are more common at Lewisham & Greenwich NHS Trust, whereas Dartford & Gravesham NHS Trust shows a broader spread across delay lengths. Delays are less frequent for Bexley residents at King's College Hospital and Guy's & St Thomas', but because Bexley patient volumes at these sites are smaller, even a few longer delays can result in a disproportionately high share of post-DRD bed days for Bexley's cohort.

These delays reflect factors observed over the period reviewed, including higher clinical complexity, seasonal fluctuations in demand and occasions when identifying the right type of community-based or short-term recovery provision is more challenging at peak times.

Throughout 2025-26, Bexley has undertaken regular benchmarking and analysis of DRD performance, including monthly monitoring, provider-level analysis for Bexley's cohort, and quarterly reporting to the Bexley HWB and the BWP Committee. Variations have been reviewed through the Home First Operations Group, and insight has informed targeted operational actions, such as Super March improvement activity at Queen Elizabeth Hospital.

To support planning for 2026-27, BCF leads across all South East London boroughs have worked with the South East London ICB to ensure borough-level trajectories reflect provider operational plans and the wider system position. South East London providers have not planned for a large improvement in the proportion of people discharged on their DRD and this is reflected in individual borough plans. The recommended trajectories for Bexley anticipate a modest reduction in the proportion of patients discharged on their DRD, alongside a modest increase in the average number of delay days. The reason for this is not a deterioration in performance but an improvement in the accuracy of data capture for DRDs across our provider sites.

Alongside this, wider system pressures also shape what level of improvement is realistically achievable in 2026-27. These include:

- the complexity and acuity of patients being discharged,
- demand patterns that now extend beyond traditional winter peaks,
- pressures on inpatient length of stay,
- the need to match people to appropriate community-based or short-term recovery provision at peak periods.

Planned activity will focus on improving coordination across discharge pathways to mitigate delay risk and support Home First delivery. BCF-funded reablement, Home First staffing,

discharge coordination, equipment provision and short-term support will continue to support timely and safe discharge.

2.4 Long-term admissions to care homes (KLOE 2)

During 2024-25 and 2025-26, Bexley has achieved a significant reduction in the number of adults aged 65 and over whose long-term support needs were met through admission to residential and nursing care homes, expressed as a rate per 100,000 population. This has been supported by effective discharge planning, strong reablement outcomes, trusted assessment and the wider use of community-based alternatives to permanent placement.

However, demographic and complexity pressures are expected to continue to influence trends. ONS subnational population projections indicate that Bexley's population aged 65 and over is expected to increase from 42,800 in 2025 to 45,700 by 2029 (approximately +6.8%), with the largest growth in the 80-84 age group. Between 2025 and 2026 alone, Bexley is projected to see an increase of around 800 additional residents aged 65 and over (approximately +1.9%), which may influence demand during the 2026-27 planning period. Although year-on-year population growth is moderate, the increase remains material in the context of rising complexity and the higher-need older cohorts who are most likely to require long-term care. Many long-term care home admissions arise following hospital treatment or deterioration in the community, and rates of admission may also be affected by carer breakdown or self-funders whose financial circumstances change.

ASCOF 2C is a rate-based measure derived from Client Level Data (CLD) and is sensitive to demographic growth and increasing discharge acuity. A growing older population means that long-term admissions must be managed in line with demographic change in order to keep the rate stable. This reinforces the rationale for maintaining performance at current levels in 2026-27. The ASCOF 2C rate uses the ONS Mid-Year 2024 population estimate for the denominator, whereas demographic projections are sourced from ONS 2022-based projections; these datasets serve different purposes and do not need to align.

Our aim for 2026-27 is, therefore, to maintain stability in the rate of long-term admissions and avoid the higher levels seen in 2023-24. Maintaining stability in this metric represents a challenging but appropriate goal, given demographic growth, rising frailty, dementia-related needs and complexity.

Benchmarking using the 2024-25 ASCOF dashboard provides important context. Bexley's long-term admissions rate of 461.7 per 100,000 is better than the England average (592.5) and sits within the normal range for London boroughs (London average 433.3; Bexley ranked 19/33) and statistical neighbours (ranked 6/16). This indicates that Bexley is not an outlier and that current performance is consistent with what might be expected in areas with

similar demographics and levels of need, supporting the rationale for maintaining a stable trajectory in 2026-27.

BCF-funded services - including reablement, carers' support, community equipment, Home First pathways and short-term recovery options - will continue to help sustain independence and provide alternatives to long-term care. Monitoring will continue through Adult Social Care's Management Information Pack, internal Power BI dashboards, brokerage reporting and regular placement reviews, supported by the BCF and ASCOF dashboards for external benchmarking.

2.5 Reablement outcomes (KLOE 2)

Reablement performance remains a core component of Bexley's Home First approach and the prevention of avoidable long-term dependence. Provisional data for 2025-26 shows:

- 71.2% of new adult clients receiving reablement required no ongoing support (ASCOF 2A),
- 82.3% of clients ended reablement with a reduction in need,
- an average episode length of 4.3 weeks.

Published 2024-25 ASCOF data shows Bexley's ASCOF 2A performance (75%) closely aligned with the London average (75.3%) and within the expected range for statistical neighbours (i.e., not an outlier and consistent with areas with similar demographics). Slightly lower performance than the England average (77.1%) may reflect Bexley's inclusive reablement model and the higher acuity of the cohort supported, rather than weaker service practice.

The provisional YTD position in 2025-26 and published outcomes for 2024-25 indicate that Bexley continues to deliver strong, recovery-focussed reablement. Maintaining ASCOF 2A performance at around current levels would therefore be a realistic and appropriate ambition for 2026-27, particularly given increasing discharge complexity and neighbourhood-level prevention priorities.

The new CLD-based reablement metric (ASCOF 2D) measures the proportion of people aged 65 and over, discharged from hospital into reablement, who remained in the community in the 12 weeks following discharge. This is still an official statistic in development and cannot yet be used reliably for target setting. It is not directly comparable with the previous reablement measure due to changes in methodology, including the use of NHS numbers to track outcomes across NHS and social care datasets. This linkage now identifies outcomes that were not visible in previous local authority-reported measures, including hospital readmissions and deaths within 12 weeks, which are treated as negative outcomes and therefore tend to produce lower figures than under the previous definition. DHSC has only released partial client-level data for the 2024-25 ASCOF measures and full Client Level Data

for ASCOF 2D has not yet been made available. As a result, local replication of ASCOF 2D1 is not currently possible and national ASCOF 2D figures may not fully align with local monitoring. In line with the BCF Framework, Bexley will monitor ASCOF 2D for insight but will not set a formal target for 2026-27.

Benchmarking from the 2024-25 ASCOF dashboard provides important context. ASCOF 2D2, which measures the proportion of people aged 65+ discharged from hospital into reablement, showed that Bexley offered reablement to a higher proportion of older people than the regional and national averages (Bexley 10.8%; London 7.1%; England 5.7%) and most statistical neighbours. This reflects an inclusive, therapy-led reablement model that prioritises offering recovery-focussed support to a broad cohort rather than selectively targeting those most likely to achieve favourable outcomes.

This inclusive reach helps explain Bexley's lower relative performance on ASCOF 2D1 (Bexley 56.9%; London 63.3%; England 60.7%) because results are likely influenced by case mix, frailty, readmissions and mortality within 12 weeks. Therefore, high ASCOF 2D2 and lower ASCOF 2D1 figures do not necessarily indicate weaker performance but reflect the profile of people Bexley supports. The system's priority is to maximise access to reablement for all who may benefit within the available resources.

For 2026-27, Bexley aims to maintain strong reablement performance and support further improvements through enhanced discharge screening, community rehabilitation, expanded reablement capacity and therapy provision, and the targeted neighbourhood frailty programme. We also plan to extend the reablement offer across mental health and Preparing for Adulthood pathways to improve independence outcomes for young people moving into adulthood and individuals with mental health needs.

BCF-funded reablement capacity will continue to support Home First delivery by helping residents return home safely, maximise independence and avoid unnecessary long-term care.

3. Please provide a short explanation of the planned impact of BCF funding on achievement of goals.

3.1 Clear rationale for how BCF achieves impact (KLOE 3)

Bexley's BCF-funded services operate within a context of rising complexity, a growing older population, and a multi-acute footprint spanning four different hospital trusts. Residents frequently require coordinated input across adult social care, community health and the voluntary sector, and a significant proportion of unplanned activity is driven by frailty, functional decline, dementia and long-term conditions.

In a complex and high-demand system, progress toward greater productivity and efficiency is often seen not in headline reductions in activity but in stabilised pressures, mitigated escalation and avoided deterioration. BCF-funded adult social care, community health, primary care and voluntary-sector services support the South East London ICS ambition to improve productivity, efficiency and outcomes by helping to manage demand safely, reduce avoidable escalation into higher-cost settings, and enable more coordinated and preventative approaches to care.

Neighbourhood health reforms, including INTs, Bexley Care Plus and the Integrator functions described in the London TOM, will continue to develop during 2026-27. Whilst these arrangements remain in formation, the BCF provides the stability required to maintain the day-to-day services that INTs will depend upon. The section 75 Agreement between the Council and the ICB provides a shared governance framework for the BCF pooled fund, and the section 75 Agreement between the Council and Oxleas NHS Foundation Trust continues to support integrated delivery across adult social care, community physical health and adult mental health through Bexley Care.

Across the system, the BCF enables practical impact by sustaining the core components of Bexley's out-of-hospital model: Home First and D2A pathways, reablement, community rehabilitation, Urgent Community Response, equipment and adaptations, social care assessment capacity, care home-related support, learning disability services, end-of-life care coordination and preventative VCSE-led activity. In combination, these services provide the capacity and capability required to prevent avoidable admissions, support timely discharge, maintain independence and avoid premature reliance on long-term care.

3.2 Contribution of BCF-funded services to system priorities (KLOE 3)

The 2026-27 BCF plan supports the delivery of Bexley's strategic priorities by investing in community-based services that promote prevention, independent living, personalisation and safe, timely transfers of care from hospital. The JLHWS and Joint Forward Plan emphasise the importance of proactive and coordinated support, delivered as close to home as possible. Across a broad range of scheme types, the BCF helps people to access the

support they need in the most appropriate setting, supporting recovery, independence and improved outcomes, whilst reducing reliance on hospital and residential care.

Preventative and early intervention schemes (£1.773m) invest in community-based support that addresses wider factors affecting health, wellbeing and independence. Delivered primarily through trusted voluntary and community sector partners, these schemes provide early help, information, advice and practical support to prevent needs from escalating into crisis or statutory intervention. Funding supports social prescribing, community connection and targeted support for people with learning disabilities, autistic people, carers, and others experiencing isolation, bereavement, mental health challenges, sensory loss or financial pressure. This investment also supports community capacity and resilience, helping to reduce health inequalities across the borough.

Support to unpaid carers (£0.463m) Carers play a critical role in sustaining people at home and preventing avoidable escalation of need, yet are themselves at risk of ill-health, stress and burnout. By funding breaks, advice and practical support, the BCF helps carers maintain their own wellbeing, sustain caring relationships and navigate health and care services more effectively. This scheme supports independence at home for the person being cared for, reduces the risk of crisis for both parties, and complements wider preventative and personalised approaches across services.

Assistive technology, equipment and home adaptations (£2.420m equipment and £3.679m DFG) are central to Bexley's approach to supporting independent living and healthy ageing. Timely access to equipment, telecare, wheelchairs and home adaptations reduces falls risks, supports mobility and enables people to live safely at home for longer, even as their needs change.

DFG funding supports both major and more flexible adaptations. Mandatory DFG funding enables significant works such as bathroom to wet room conversions, stair and through-floor lifts, access ramps, car hard standings and extensions to facilitate ground floor living. Discretionary assistance, delivered through the Council's Housing Assistance Policy, provides additional flexibility including top-up grants, support with client contributions, dementia-friendly adaptations, hospital discharge grants, moving grants and safe and secure measures.

These schemes ensure that the home environment is fit for purpose, enabling recovery, independence and ongoing support in the community. By addressing environmental risks early, we can reduce reliance on hospital care, residential placements and other intensive services.

Home-based intermediate care and reablement (£2.691m) provide structured, time-limited support to help people recover, regain independence and avoid unnecessary escalation of care needs. Services can be accessed following illness, injury or a hospital stay, as well as through community referrals, where early intervention can prevent deterioration or admission.

BCF funding sustains reablement and community rehabilitation capacity, including staffing and care packages delivered jointly by the Council and Oxleas NHS Foundation Trust through integrated care arrangements. This enables timely, coordinated support at home, helping people either return safely from hospital or receive early rehabilitative support identified through community routes.

By promoting effective early recovery and independence at home, these schemes support Bexley's Home First approach, reduce the risk of hospital admission or readmission, and help manage longer-term demand on adult social care and community health services.

Urgent Community Response (£0.736m) enables rapid clinical and social care input during episodes of sudden deterioration, such as falls or frailty-related crises. By providing timely assessment and stabilisation in the community, the service reduces the need for emergency conveyance and supports people to remain safely at home wherever possible. The UCR function complements wider integrated community services.

Discharge support and infrastructure (£4.334m) provides the practical capacity required to support safe, timely and well-coordinated transfers of care from hospital into community settings. Investment supports Early Supported Discharge through the provision of short-term personal care packages, enabling people to leave hospital earlier and continue their recovery at home with appropriate support in place.

Funding also sustains discharge pathways, contributing to both staffing and care package costs. This enables assessments and longer-term decisions about care and support to take place in more appropriate, community-based settings rather than acute hospitals, helping to avoid unnecessary length of stay.

The BCF maintains additional and redeployed workforce capacity to prioritise discharge activity, including social care assessment, brokerage and coordination. These schemes reduce delayed discharges and ensure that people experience safe, supported transitions from hospital, aligned with Bexley's Home First approach and wider neighbourhood health ambitions.

Bed-based intermediate care (£1.427m for schemes 24, 25 & 36) provides short-term, community-based rehabilitation and recovery support for people who are not yet able to

return home safely following a period of illness or hospital treatment. Funding maintains dedicated local capacity to support people with dementia, delirium or other complex health and care needs who require a period of stabilisation, assessment or rehabilitation outside an acute hospital setting.

Investment through the Former Discharge Fund and Home First funding sustains bed-based provision, including capacity at Marlborough Court, enabling timely transfer from hospital into a more appropriate recovery environment. This supports people to continue their recovery with therapeutic input and tailored support, whilst avoiding unnecessary prolonged stays in hospital. By providing an alternative to acute care for people with more complex needs, bed-based intermediate care supports safe onward movement from hospital, contributes to the Home First approach, and helps reduce pressure on both hospital and longer-term care services. The Meadow View Intermediate Care Unit at Queen Mary's Hospital, Sidcup is funded separately through the Oxleas Community Contract (scheme 51).

Short-term home-based social care excluding rehabilitation, reablement or recovery services (£0.223m) supports the system's ability to respond flexibly at points of transition, particularly during periods of heightened demand on hospital and community services. This funding provides short-term resilience within the wider discharge, community support and Home First arrangements. By maintaining access to time-limited personal care at critical moments, BCF funding helps ensure people can return home safely when longer-term support is not yet in place or when needs are expected to resolve. This reduces the risk of delayed discharge, prevents avoidable readmission and provides stability whilst assessment, recovery or longer-term planning takes place. In doing so, this funding contributes to system priorities around timely transitions of care, continuity of support and effective use of community capacity.

Long-term home-based social care (£7.982m) supports residents with ongoing care needs to live well at home. The BCF contributes to the overall cost of home care provision, helping to sustain care hours, stabilise the provider market, and support the workforce alongside wider Adult Social Care funding. This contribution has enabled the home care market to accommodate increased volumes of care arising from earlier discharge from acute hospitals and reduced reliance on care home placements.

In addition, Bexley's Care at Home transformation means that provision is increasingly organised around defined Local Care Network neighbourhoods. By delivering care within smaller local footprints, providers can work more efficiently, including through reduced travel time between visits, improved continuity of care and more effective use of care hours. This supports better value for money and helps improve the responsiveness and reliability of care for people receiving support at home.

Long-term community health services (£42.521m) support people with long-term and complex health needs to receive care, treatment and rehabilitation outside acute hospital settings. This includes provision for people who are housebound, living with multiple conditions, experiencing deterioration, or recovering following illness or injury.

The Oxleas Community Contract delivers the core of this provision through adult community nursing, long-term condition management, therapy provision, community health and rehabilitation services, neuro-rehabilitation and musculoskeletal multidisciplinary services. The planned impact of this integrated approach is timely assessment, continuity of clinical oversight and proactive management of need in the community, particularly for people at risk of deterioration, emergency attendance or delayed discharge. By providing coordinated clinical support outside hospital, this provision reduces escalation that might otherwise result in emergency admission or prolonged hospital stays.

Complementing this core provision, integrated care services commissioned by the London Borough of Bexley play a key role in preventing unnecessary hospital admission and supporting safe, timely discharge. These services provide rapid assessment, triage, care planning and support for people experiencing crisis, helping to stabilise situations in the community and avoid escalation to the Emergency Department (ED) or inpatient care. They also ensure that people who do require hospital treatment are supported to leave hospital as soon as clinically appropriate. Time-limited reablement and integrated rehabilitation support people to regain skills, confidence and independence at home, reducing ongoing care needs and supporting measurable improvements in outcomes.

Additional NHS contributions in the BCF pooled fund also support specialist services delivered by other providers, including pulmonary rehabilitation and community dietetics. These services address specific clinical risks - such as respiratory disease and complex nutritional needs - that are known contributors to unplanned hospital use and poorer outcomes. The planned impact is improved function, symptom management, self-management and quality of life, helping prevent avoidable deterioration.

Overall, investment in long-term community health services supports system priorities around preventing avoidable ED attendances and hospital admissions, supporting timely discharge, reducing length of stay and enabling recovery and long-term condition management outside hospital.

Long-term residential and nursing home care (£1.065m) helps manage system pressures by ensuring proactive support within care home settings and appropriate placement when residential or nursing care is required.

Care Home Local Enhanced Services provide dedicated medical input and proactive care planning for residents, helping reduce inappropriate prescribing, avoidable conveyances and unplanned hospital admissions.

Care Home Trusted Assessment arrangements support coordinated health and social care decision-making, reducing delays when a care home placement is needed and minimising unnecessary time spent in hospital. BCF funding also provides flexibility to meet placement pressures, including short-term and interim residential placements.

These schemes support timely discharge, appropriate placement and reduced reliance on acute hospital care.

Personalised support and commissioning (£24.526m) support the delivery of personalised learning disability provision, including supported living, day opportunities, transport and residential care. Personal budgets, Individual Service Funds and direct payments provide people with greater choice and control over how support is arranged. Local provision is prioritised, wherever possible, and out-of-borough placements are used only where suitable local options are not available, helping people remain close to their communities and support networks. Modernisation of learning disability services, including alternatives to traditional day care, further expands choice and supports meaningful activity and participation in community life.

The BCF also includes provision to manage complex and higher-cost packages, including jointly funded section 117 aftercare arrangements, ensuring that people with the most complex needs can access appropriate, personalised support.

Integrated mental health commissioning capacity at place level supports the commissioning, monitoring and coordination of mental health services across the Council and NHS in Bexley. This includes oversight of commissioned and grant-funded mental health services, management of section 117 aftercare arrangements, and close working with providers to ensure that pathways operate effectively across organisational boundaries.

Overall, personalised budgeting and commissioning supports BCF objectives around personalisation, prevention of escalation, and value for money by enabling tailored support, reducing reliance on institutional care, and helping people with a learning disability live fulfilling lives in their local communities.

End-of-life care (£1.940m) supports the delivery of high quality palliative and end-of-life care in Bexley, enabling people to be supported in line with their needs and preferences. The focus is on care being provided in people’s preferred place with appropriate clinical support, whilst avoiding unnecessary hospital admissions at the end of life.

BCF funding enables adult community health services to work closely with GPs, Rapid Response services and hospice providers, including out-of-hours support to provide timely and responsive care. This coordinated approach supports symptom management, anticipatory planning and continuity of care for people and their families.

The Community Hospice provides specialist palliative care across a range of settings, including people's homes, care homes, Queen Elizabeth Hospital and the hospice. This provision is funded in part by the ICB as an additional NHS contribution, helping people remain in their preferred place of care and providing support to carers and families.

Overall, these schemes support BCF priorities by improving experience at the end of life, reducing avoidable hospital admissions and ensuring care is delivered in the most appropriate setting.

Evaluation and enabling integration (£1.277m) support staffing and management capacity across the local authority and NHS, enabling joint decision-making, oversight and delivery of integrated services. This includes capacity to manage commissioning activity, such as Care at Home contract management, ensuring services are effectively planned and monitored.

Flexible funding within this category allows commissioners to respond to unforeseen pressures or individual cases where additional support is required. This enables timely solutions, including contributing to costs above usual rates where necessary to secure appropriate care and maintain system resilience.

The uplift in the NHS minimum contribution meets the costs of a 3.3% uplift in BCF grant-funded staff and makes provision for BCF delivery management. The funding also supports additional care provision and responds to placement pressures, helping maintain capacity, continuity and resilience in support of our strategic goals and operational priorities.

We have established a planned, responsive and well-governed approach to the use of BCF resources by strengthening commissioning capacity and improving coordination across organisations. This supports delivery that remains focussed on prevention, independence and timely access to care.

3.3 Planned impact of BCF funding on national BCF metrics and system outcomes (KLOE 3)

The BCF-funded services described above are designed to work together to influence the BCF metrics, whilst also delivering wider benefits for Bexley residents and the local system. The planned impact of BCF funding on each metric is set out below:

Non-elective admissions for people aged 65 and over

BCF investment in prevention, UCR, integrated community health services, reablement, carers' support, assistive technology and enhanced care home provision supports admission avoidance by offering earlier intervention and practical alternatives to hospital attendance. These services enable timely stabilisation of frailty-related deterioration and exacerbations of long-term conditions and provide rapid assessment and support following falls within the community. Although demographic pressures mean that significant reductions in admissions are not realistic in the short term, the BCF helps to moderate growth in non-elective activity and supports the system to respond more proactively to risk.

Delayed discharges and DRD performance

Home First and Discharge to Assess pathways funded through the BCF provide the infrastructure required to support residents to leave hospital once clinically ready. Investment in discharge coordination, social care assessment capacity, reablement, equipment provision, short-term home-based care and bed-based intermediate care help address the most common causes of delay, including availability of care, assessment capacity and environmental readiness at home. These services support safer, more timely transitions from hospital to community settings for Bexley residents across all partner acute trusts.

Long-term admissions to residential and nursing care

Reablement, community rehabilitation, home-based social care, carers' support, adaptations and assistive technology work together to help residents regain independence or stabilise at home following illness, injury or deterioration. Short-term residential and bed-based intermediate care options provide recovery and assessment without default escalation to permanent placement. These approaches support Bexley's ambition to maintain stability in long-term admission rates despite increasing acuity and population ageing.

Reablement outcomes

BCF-funded reablement in Bexley is delivered through integrated arrangements between the Council and Oxleas NHS Foundation Trust and is supported by coordinated discharge screening, equipment-enabled care, and community-based therapy capacity. Discharge screening supports early identification of residents who will benefit from reablement, ensuring continuity from any therapy received in hospital into a structured, goal-focussed reablement episode at home. Rapid access to equipment-enabled care helps overcome functional and environmental barriers to independence, whilst targeted therapy input focusses on consolidating recovery and restoring everyday skills. These elements support residents to achieve meaningful improvements in independence and function, contributing to strong reablement outcomes and reduced need for ongoing care. Maintaining reablement capacity remains central to preventing longer-term dependency and supporting the management of future demand.

Wider system benefits

In addition to the national metrics, BCF-funded services contribute to wider system outcomes by supporting independence, improving transitions between hospital and community services, reducing pressure on acute and residential provision, stabilising the homecare market and maintaining capacity within community health and social care. These benefits support the overall effectiveness of out-of-hospital and community-based care in Bexley as neighbourhood health arrangements continue to develop.

Together, these services represent a coordinated and appropriate use of the BCF to support Bexley's integrated care priorities and national BCF objectives.

4. Please outline how ICBs and local authorities have confidence that the services funded through the BCF represent value for money, and how they will seek to raise the productivity of services.

4.1 How the Council and ICB assure value for money (KLOE 4)

The London Borough of Bexley and NHS South East London ICB have confidence that services funded through the BCF represent value for money because commissioning and investment decisions are based on joint planning, an understanding of local demand and capacity, and evidence of outcomes.

The BCF pooled fund does not represent the full range of health and care expenditure within the borough. However, it does provide funding for existing community-based services that are recognised as being critical to influencing outcomes for Bexley residents and supporting the effective functioning of the wider health and care system. These include prevention and early intervention, UCR, discharge pathways, reablement and recovery-focussed support. Value for money is therefore assessed by considering the contribution of BCF-funded capacity within the wider health and care system, rather than treating the pooled fund in isolation. This assessment is supported by:

- demand and capacity modelling across intermediate care, discharge and community pathways,
- analysis of activity, throughput and outcomes within BCF-funded services such as reablement, discharge support, equipment provision and UCR,
- the use of average unit costs, length of stay data and care package costs to understand the relative cost-effectiveness of community-based interventions when compared with acute or long-term care alternatives, and
- benchmarking against statistical neighbours and regional comparators, alongside national BCF and ASCOF datasets.

In addition, the Council draws on sector-led intelligence, including the LG Inform Adult Social Care Use of Resources reports produced through the LGA Partners in Care and Health programme, as a structured self-assessment tool. These reports help to build an understanding of how Bexley's patterns of spend, activity and outcomes compare with those of other London boroughs and the national position, whilst clearly recognising the limits of direct comparability and the importance of local demographic, deprivation and service context.

For example, LG Inform analysis for 2024-25 indicates that adult social care spend per adult in Bexley is below England averages, alongside lower reliance on residential and nursing care and a higher proportion of people supported in the community. This evidence is considered alongside local complexity, demand growth and performance information to

inform commissioning decisions and ensure that investment is proportionate to need and risk.

The Council and ICB use operational evidence, trend analysis and an understanding of relative unit costs across pathways to inform how the BCF is targeted. This includes prioritising investment in services with a strong evidence base for preventing escalation, supporting timely discharge and maintaining independence, recognising that the benefits of these interventions are often realised at a system level rather than as discrete, cash-releasing savings attributable to individual schemes.

Decisions to adjust BCF funding allocations are evidence-based. For example, the priority given to reablement reflects observed demand patterns and evidence that recovery-focussed interventions deliver stronger outcomes and reduce longer-term dependency. This demonstrates active management of the pooled fund to improve value and effectiveness over time.

4.2 How BCF-funded services improve productivity (KLOE 4)

BCF-funded services support productivity across health and social care by enabling people to receive care in the most appropriate setting and by reducing avoidable reliance on higher-cost forms of support. Productivity benefits arise through:

- Prevention and early intervention that reduce escalation of need,
- UCR and integrated community services that stabilise people at home and reduce unnecessary emergency conveyance,
- Home First, reablement and discharge support that enable people to leave hospital once clinically ready,
- Strong reablement outcomes that reduce ongoing care hours and long-term support requirements, and
- Stabilisation of the homecare market, improving reliability, continuity and efficiency of care delivery.

Integrated operational delivery through Bexley Care supports productivity by reducing duplication, improving coordination at points of transition and enabling health and social care teams to work more flexibly around individual need. This supports more effective use of workforce capacity across adult social care and community and mental health services.

BCF-funded services contribute to improved productivity by reducing time spent in hospital where care is no longer clinically required, minimising premature reliance on residential care and supporting recovery-focussed pathways that reduce repeat demand.

4.3 Review and continuous improvement (KLOE 4)

Value for money and productivity are reviewed on an ongoing basis through integrated commissioning, contract management and system oversight arrangements. Performance, activity and expenditure are monitored regularly. Emerging pressures, such as seasonal demand, increased acuity or market fragility, are considered jointly by partners.

Use of Resources analysis, demand and capacity modelling, service-level performance information and operational intelligence support decision-making, including where targeted re-prioritisation or short-term mitigation may be required. Learning in-year and from previous years, including from participation in improvement initiatives, such as the BCF Support Programme, Multi-Agency Discharge Events and system surge periods (e.g., Super March), is used to refine commissioning approaches and operational practice. This approach to continuous improvement ensures that BCF-funded services remain focussed on prevention, independence and the most effective use of local system capacity.

5. Please outline your robust joint governance for managing the expenditure of BCF funding, including assessing impact of funding, value for money and continuous improvement.

5.1 Statutory accountability for the Better Care Fund (KLOE 6)

Delivery of the BCF operates under a formal section 75 agreement between the London Borough of Bexley and NHS South East London ICB, which sets out shared objectives, financial contributions, governance arrangements and risk-sharing. This agreement provides the legal and accountability framework within which the pooled fund is managed and overseen.

The Bexley Health and Wellbeing Board (Bexley HWB) is the statutory accountable body for the BCF in line with its Orders of Reference and the Health and Social Care Act 2012. Bexley HWB is responsible for approving the BCF Plan, providing strategic oversight of integration activity delivered under the section 75 agreement and ensuring compliance with national BCF requirements.

In line with the section 75 agreement, the HWB receives assurance on the performance and effectiveness of the pooled fund through formal reporting arrangements. This includes receiving regular updates on progress against agreed outcomes, financial position and risks, and approving the BCF plan and associated returns. Bexley HWB therefore fulfils a strategic oversight and assurance role, rather than exercising operational control of services.

Current governance arrangements may evolve over time to reflect the HWB's accountable role in overseeing and supporting neighbourhood-based delivery and the ICB's transition towards a more strategic commissioning role. Oversight will therefore be through existing governance arrangements, with scope for these to adapt over time as system roles and responsibilities evolve.

5.2 Delegated place-based delivery and system coordination (KLOE 6)

Operational responsibility for the planning, delivery and monitoring of place-based health and care services, including many BCF-funded schemes, is exercised through the BWP operating via the BWP Committee. This committee functions as a formal joint committee of the NHS South East London ICB and the London Borough of Bexley, with delegated executive responsibilities for place-based delivery.

In line with the governance and performance management arrangements described in the section 75 agreement, the BWP Committee provides oversight of delivery, performance and use of delegated resources, supports in-year management of pressures and variation, and enables coordinated action across health, social care, primary care and the voluntary sector.

The BWP Committee is accountable to the ICB Board for the discharge of its delegated functions and reports to the Bexley HWB on progress in delivering the JLHWS and associated outcomes. In this way, executive decision-making at place is aligned with statutory accountability and democratic oversight, without duplication of roles.

5.3 Operational management, performance monitoring and escalation (KLOE 7)

Day-to-day management of the BCF pooled fund is led by the Pooled Fund Manager (Director of Integrated Commissioning), supported by the Integrated Commissioning Team. In accordance with the section 75 agreement, this role is responsible for managing the pooled fund on behalf of the Council and ICB, maintaining open book financial arrangements, and preparing regular financial and performance reports. This work is supported by finance and performance leads from the Council and the ICB, helping to inform decision making in line with the section 75 agreement.

Performance management follows a structured cycle of planning, monitoring, review and learning. This includes regular monitoring of activity, performance and expenditure against agreed plans, identification and escalation of risks or significant variance, and consideration of corrective or mitigating action, where required.

Operational oversight of discharge, intermediate care and community pathways is supported through established system forums, including the Home First Partnership and Urgent and Emergency Care governance arrangements. These forums provide early visibility of capacity pressures and delivery risks and support coordinated responses across partners.

Bexley Wellbeing Partnership Committee

Thursday 28th May 2026

Item: 5

Enclosure: D

Title:	**Primary Care Delivery Group Business Update Report – Q3 & Q4 2025/26**
Author/Lead:	Maria Rodrigues, Associate Director Primary and Community Based Care, South East London Integrated Care Board
Executive Sponsor:	Diana Braithwaite, Director, Strategic Integrated Health & Care/Place Executive Lead (Bexley), NHS South East London Integrated Care Bard

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 shours 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 the ICB and/or endorsements or**	**Update / Information** **Discussion** **Decision**	***X***

	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: • 1st October 2025 • 5th November 2025 • 3rd December 2025 • 7th January 2026 • 4th March 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.	
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) Review 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

Q3 and Q4 2025/26

Date of Meeting	Part 1 or 2	Title and purpose of the paper	Recommendation(s)	Decision/Assurance
1st October 2025	Part 1	**Hypertension & MSK First Contact Practitioner Investment** - to update on progress and delivery relating to the reinvestment of £317,402 of 2023/24 GP Premium funding to: (i) improve the borough's position relating to patients with hypertension managed in accordance with NICE guidelines and in line with national targets (ii) the employment of additional MSK First Contact Practitioner resource	Primary Care Delivery Group was asked to note the report and agree ongoing assurance requirements in relation to this funding.	Noted the report and agreed ongoing assurance requirements in relation to this funding.
	Part 1	**Lantum Flexible Staffing Pool Contract** - to set out future options and recommendations for the SEL Flexible Staffing Pool contract provided by Lantum	It was recommended that Bexley, withdraw from the SEL contract with effect from 2026/27 and practices continue to have the option to register with Lantum and pay the standard management fee of 15% per filled session.	Endorsed for approval by Place Executive Lead in line with delegation.
	Part 1	**Month 5 25/26 Finance update** – to update on the Delegated Primary budgets and the overall financial position of the borough, ICB and ICS.	Primary Care Delivery Group was requested to note the report.	Item for discussion and assurance only.
	Part 2	**Belvedere Family Centre – Development Opportunity** - Primary Care Delivery Group to note and endorse the draft Outline Business Case and recommendations as set out and propose any further additions or	The Primary Care Delivery Group was asked to note the contents of the report and the renewed focus required upon the north of the borough.	Item for discussion and assurance only.

Date of Meeting	Part 1 or 2	Title and purpose of the paper	Recommendation(s)	Decision/Assurance
		amendments prior to presentation to the BWP Exec Group.		
	Part 2	**Crayford Town Surgery S106 Funding** – to update on Crayford Town Surgery and the Section 106 contribution associated with the Electoral Base Suite Sheaf development.	The Primary Care Delivery Group was asked to note the project agreement, including the process for releasing funds, and the separate risk relating to Crayford Town Surgery's resilience and sustainability.	Item for discussion and assurance only.
	Part 2	**Risk Register** – to provide an update on the risk register with further details for Part 2	The Primary Care Delivery Group was asked to note the update provided against the risk register.	Item for noting and assurance only.
5th November 2025	**Part 1**	**Lantum Flexible Staffing Pool** - to provide a brief update on follow up queries raised at Primary Care Delivery Group on 25 October 2025.	It was recommended that Bexley, withdraw from the SEL contract with effect from 26/27 and practices continue to have the option to register with Lantum and pay the standard management fee of 15% per filled session.	Endorsed for approval by Place Executive Lead in line with delegation.
	Part 1	**Blood Pressure / Ambulatory Blood Pressure Monitoring (ABPM) checks in Bexley – Community Pharmacy Support -**	Primary Care Delivery Group was asked to note the report and endorse the principle of encouraging increased referrals to Community Pharmacy for ABPM.	Endorsed for approval by Place Executive Lead in line with delegation.
	Part 1	**2024/25 Primary Care Network DES delivery –** to provide an update on the Key Lines of Enquiry raised at the PCDG meeting in June 2025, to support assurance on delivery of the 24/25 Primary Care Network DES.	Primary Care Delivery Group was asked to note the report and enclosures including responses to the additional Key Lines of Enquiry (KLOE) as set out.	Item for noting and assurance only.
	Part 2	**Belvedere Family Centre – Draft Outline Business Case -** to review and comment on the Outline Business Case as set out and recommend any further additions or amendments prior to presentation to the Executive	Primary Care Delivery Group Part 2 was asked to note and endorse the Draft Outline Business Case and recommendations as set out and propose any further additions or amendments prior to presentation to the Executive	Endorsed for approval by Place Executive Lead in line with delegation.

Date of Meeting	Part 1 or 2	Title and purpose of the paper	Recommendation(s)	Decision/Assurance
3rd December 2025	**Part 1**	**Housebound Standard Operating Procedure (SOP)** - to propose a consistent and equitable approach to identifying, recording, and supporting residents who are deemed housebound.	Primary Care Delivery Group was asked to endorse the SOP for implementation across Primary Care and system partners.	Endorsed for approval by Place Executive Lead in line with delegation.
	Part 1	**Profiling Childhood Vaccinations** - to set out the proposed actions to implement the recommendations from the project undertaken by the Public Health Registrar at London Borough of Bexley, exploring the factors contributing to the decline in childhood vaccine uptake in Bexley and identifying locally tailored solutions to improve coverage.	A recommendation was made to distribute the available funding to all Bexley practices based on the proportion of children aged 2 and 5 years olds requiring MMR vaccination.	Endorsed for approval by Place Executive Lead in line with delegation.
	Part 1	**Bexley GP Premium 2026/27 -** to invite feedback on the new proposed Bexley GP Premium.	Primary Care Delivery Group was asked to: • Provide feedback on the proposed Bexley GP Premium indicators. • Note and feedback on engagement to date, planned engagement, and the collaborative development approach undertaken to inform the redesigned Bexley GP Premium contract.	Item for noting and assurance only.
	Part 1	**PCN Estates Strategy -** to provide an update on the PCN Estate Strategy opportunities	Primary Care Delivery Group was asked to note the report and confirm that, following discussion at recent meetings, the opportunities list as set out, represents an agreed position across the PCNs for the purposes of the upcoming January workshop and future prioritisation of schemes.	Item for noting and assurance only.

Date of Meeting	Part 1 or 2	Title and purpose of the paper	Recommendation(s)	Decision/Assurance
	Part 1	**Special Allocation Service (SAS) – contractual uplift -** to inform the Primary Care Delivery Group of a 16.5% uplift to the SEL SAS contract delivered by One Health Lewisham (OHL), effective from 3 November 2024.	Primary Care Delivery Group was asked to note the 16.5% uplift to the SEL SAS contract, effective from 03 November 2024 for the continuation of the current contract, subject to an improvement plan being agreed and implemented.	Item for noting and assurance only.
	Part 2	NO MEETING	NO MEETING	NO MEETING
7th January 2026	**Part 1**	**Hypertension & MSK First Contact Practitioner – GP Premium investment update and progress report –** to update on progress and delivery relating to the reinvestment of £317,402 of the GP Premium funding to: (i) improve the borough's position relating to patients with hypertension managed in accordance with NICE guidelines and in line with national targets (ii) the employment of additional MSK First Contact Practitioner resource	Primary Care Delivery Group was asked to note the report and agree any further ongoing assurance requirements in relation to this funding.	Item for noting and assurance only.

Date of Meeting	Part 1 or 2	Title and purpose of the paper	Recommendation(s)	Decision/Assurance
	Part 1	**2026/27 GP Premium Proposal (for BWP Partnership Committee on 22 Jan 2026)** - to seek endorsement on the new proposed Bexley GP Premium	Primary Care Delivery Group was asked to • Endorse the redesigned Bexley GP Premium and the key performance indicators GP practices will be commissioned to achieve. • Note that final technical details currently being agreed and finalised throughout Q4 ahead of the Bexley GP Premium going live on 1 April 2026. • Note that the Bexley GP Premium proposal will be brought to the public Bexley Wellbeing Partnership Committee meeting on 22 January 2025 for final approval.	Endorsed for approval by Place Executive Lead in line with delegation.
	Part 1	**Lewisham and Greenwich Trust - Inappropriate Requests of GPs analysis** - to provide an update on some thematic analysis of inappropriate request letters received to date from Greenwich and Bexley GPs, together with actions taken to address issues raised.	Primary Care Delivery Group was asked to note the report and agree any further ongoing assurance requirements in relation to this funding.	Item for noting and assurance only.
	Part 1	**General Practice Enhanced Service Specification COVID–19 and Adult Influenza Vaccination programmes: 1 April 2026 to 31 March 2027** - to provide an overview of the significant aspects of the NHS England publication, and to highlight any possible risks of programme delivery for Bexley patients.	Primary Care Delivery Group was asked to note the changes.	Item for noting and assurance only.

Date of Meeting	Part 1 or 2	Title and purpose of the paper	Recommendation(s)	Decision/Assurance
	Part 2	NO MEETING	NO MEETING	NO MEETING
4th March 2026	**Part 1**	**2026 + GP Premium Proposal (for BWP Partnership Committee on 22 Jan 2026)** - in line with the Place Executive Lead's delegated authority within NHS South East London Integrated Care Board, to seek endorsement from the PCDG for the new Bexley GP Premium key performance indicators (KPIs) from 1 July 2026 until 31 March 2029.	The Primary Care Delivery Group was asked to endorse commissioning of the redesigned Bexley GP Premium, including the associated key performance indicators, noting alignment to the Bexley Wellbeing Partnership priorities, NHS South East London Integrated Care Board priorities, and the NHS 10 Year Plan.	Endorsed for approval by Place Executive Lead in line with delegation.
	Part 1	**Care Homes SNS extension –** to seek endorsement that the current Care Homes Supplementary Network Service (SNS) specification be extended for a minimum of 12 months from 1st April 2026 until 31st March 2027.	The Primary Care Delivery Group was asked to approve: (i) The extension of the Bexley Care Homes Supplementary Network Service (SNS) Specification for Nursing & Residential Care Homes for a minimum of 12 months from 1st April 2026 to 31st March 2027. (ii) The changes to the KPIs and associated funding.	Endorsed for approval by Place Executive Lead in line with delegation.
	Part 1	**Utilisation & Modernisation Fund (UMF) & Local Improvement Grant (LIG) 2025/26 –** to provide an update on UMF and LIG investment fund for 2025/26.	The Primary Care Delivery Group was recommended to: (i) Note the update on Utilisation and Modernisation Funding (UMF) and the Local Improvement Grant (LIG) investment fund for 2025/26.	Item for noting and assurance only.
	Part 1	**Medicines Optimisation Plan 2026/27** (i) to share the South East London Medicines Optimisation Plan 2026-27 (final draft)	The Primary Care Delivery Group was recommended to approve 2026/27 SEL MO Plan to enable all boroughs to launch the Plan in April 2026.	Endorsed for approval by Place Executive Lead in line with delegation.

Date of Meeting	Part 1 or 2	Title and purpose of the paper	Recommendation(s)	Decision/Assurance
		(ii) To seek approval of the SEL Medicines Optimisation Plan to support launch in April 2026		
	Part 2	NO MEETING	NO MEETING	NO MEETING

Bexley Wellbeing Partnership Committee

Thursday 28th May 2026

Item: 6

Enclosure: E

Title:	**2025/26 Finance Report – Month 12**
Author/Lead:	Asad Ahmad, Associate Director of Finance (Bexley), NHS South East London Integrated Care Board
Executive Sponsor:	Diana Braithwaite, Director, Strategic 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 NHS South East London Integrated Care Board (ICB) and the Integrated Care System (ICS) as at Month 12 2025/26.**	**Update / Information**	***X***
		Discussion	***X***
		Decision	

Summary of main points:

**Please note the Month 12 financial position is subject to statutory audit.*

Bexley place financial position

	Year to date Budget	Year to date Actual	Year to date Variance
	£'000s	£'000s	£'000s
Acute Services	5,295	5,253	42
Community Health Services	26,114	25,946	168
Mental Health Services	11,149	12,063	(914)
Continuing Care Services	26,709	25,715	994
Prescribing	39,134	39,799	(665)
Other Primary Care Services	1,534	1,559	(25)
Other Programme Services	1,225	1,082	143
Delegated Primary Care Services	49,722	49,722	0
Corporate Budgets	3,029	2,730	299
Total	**163,911**	**163,869**	**42**

As at Month 12 (March 2026) Bexley place reported a full year underspend of £42k.

NHS South East London Integrated Care Board (ICB) Summary

- The ICB's financial allocation as at month 12 is £5,929,573k.
- As at month 12, the ICB is reporting a £117k surplus position against its revenue resource limit (RRL) and against the ICB's planned surplus.

<table>
<tr><td></td><td colspan="2">

- All boroughs delivered year-end financial positions in line with their agreed targets of breaking even.

South East London Integrated Care System (ICS) Summary

- The 2025/26 ICS control total has been delivered. The draft (pre-audited) financial position is that the ICS delivered a year-end surplus of £22,900k against a break-even target.

</td></tr>
<tr><td>Potential Conflicts of Interest</td><td colspan="2">There are no conflicts of interest as a consequence of this report.</td></tr>
<tr><td rowspan="4">Other Engagement</td><td>Equality Impact</td><td>Not applicable.</td></tr>
<tr><td>Financial Impact</td><td>The paper sets out the financial position as at M12 2025/26.</td></tr>
<tr><td>Public Engagement</td><td>Not applicable.</td></tr>
<tr><td>Other Committee Discussion/ Engagement</td><td>The finance reports are discussed at the ICB Executive meeting, locally it has been discussed at Bexley Senior Management Team and the Executive.</td></tr>
<tr><td>Recommendation:</td><td colspan="2">The Bexley Wellbeing Partnership Committee is recommended to:
(i) Review the Month 12 financial position for Bexley Place.
(ii) Receive the NHS South East London ICB and NHS South East London ICS financial position as at Month 12.</td></tr>
</table>

South East London Integrated Care System

Agenda Item: 6

Enclosure: E(ii)

Bexley Wellbeing Partnership Committee

Finance Report

Month 12 (March 2026) – FY 2025/26

Thursday 28th May 2026

Bexley Wellbeing Partnership

2025/26 Month 12 Bexley Place Financial Position

Overall Position

	Year to date Budget	Year to date Actual	Year to date Variance
	£'000s	£'000s	£'000s
Acute Services	5,295	5,253	42
Community Health Services	26,114	25,946	168
Mental Health Services	11,149	12,063	(914)
Continuing Care Services	26,709	25,715	994
Prescribing	39,134	39,799	(665)
Other Primary Care Services	1,534	1,559	(25)
Other Programme Services	1,225	1,082	143
Delegated Primary Care Services	49,722	49,722	0
Corporate Budgets	3,029	2,730	299
Total	**163,911**	**163,869**	**42**

- As at Month 12 (March 2026) Bexley place reported a full year underspend of £42k.
- Mental Health Services reported an overspend of £914k full year outturn. The overspend is driven by an increase in spend relating to section 117 mental health and learning disabilities cost per case placements. The position also includes a material overspend on the right to choose ADHD and ASD assessments conducted by private providers. This activity has been increasing significantly over time and creating a cost pressure which has impacted all boroughs in South East London. Work is being undertaken across all boroughs to identify options to mitigate the cost pressure going into the next financial year.
- Continuing Care reported an underspend of £994k full year outturn. Continuing Care has seen a reduction in costs this financial year and this is due to the number of care packages reducing as well as savings achieved following Continuing Care reviews conducted by the team.
- Prescribing reported an overspend of £665k full year outturn. Prescribing data is provided two months in arrears; therefore, the financial position includes an estimate for this period. The main drivers for the current position are increased costs relating to endocrine (especially diabetes and GLP-1s such as tirzepatide), flash glucose monitoring and appliances such as catheters. Prescribing outturn included the favourable financial impact of the drug Dapagliflozin coming off patent during the year.
- Delegated primary care is a ring-fenced allocation across South East London ICB, therefore any variances at individual places have been equalised to reflect a breakeven position. Without equalisation of budgets across the ICB, Bexley place had an underspend of £32k for the year based on the latest list size data.
- Other Programme services budget reported a full year underspend of £143k. This is following the release of uncommitted growth funding to mitigate the cost pressures seen in the overall Bexley place budgets.
- Corporate budgets reported an underspend of £299k full year outturn. The underspend is a result of vacant posts which cannot be recruited to due to the recruitment freeze as per the current ongoing ICB change programme.
- Acute and Community Services reported small underspends against several services.
- Bexley place had an annual efficiency plan of £7,750k which was delivered in full for the year.

South East London Integrated Care System

Appendix A

SEL ICB Finance Summary

Month 12 2025/26

Bexley Wellbeing Partnership

Key Financial Indicators

NHS South East London

- The below table sets out the ICB's performance against its key financial duties as at the end of 2025/26. As highlighted below in the Executive Summary, the ICB is reporting a **£117k surplus position against the revenue resource limit (RRL) excluding the historic surplus.**
- The table below shows the in-year allocations, excluding the historic surplus figure.
- In reporting this month 12 position, **all financial duties have been achieved by the ICB for the financial year 2025/26.**
- The draft 2025/26 annual accounts were presented and approved at the Audit & Risk Committee on 23 April prior to their submission to NHSE by the 27 April deadline. The accounts are now subject to the usual external audit process.

	Target	Actual		
	April 25 to March 26 (£'000's)	April 25 to March 26 (£'000's)		
Agreed Surplus	0	117		Achieved
Expenditure not to exceed income	5,991,757	5,991,640		Achieved
Operate Under resource Revenue Limit	5,929,573	5,929,456		Achieved
Not to exceed Running Cost Allowance	46,819	37,679		Achieved
95% of NHS creditor payments within 30 days	95%	99.95%		Achieved
95% of non-NHS creditor payments within 30 days	95%	98.82%		Achieved
Mental Health Investment Standard (Annual)	537,494	550,303		Achieved

Executive Summary

NHS South East London

- This report sets out the month 12 financial position of the ICB. The financial reporting is based upon the final plan submission. This included a **planned break-even position** for the ICB.
- The ICB's final financial allocation as at month 12 is **£5,929,573k.** In month, the ICB received an additional **£28,530k** of allocations. These related mainly to the following - £21,297k of national deficit support funding (DSF) for provider trusts, £9,953k for a capital grant to Bromley Healthcare CIC, less a £6,000k adjustment to winter surge funding and some other minor allocations.
- As at month 12, the ICB is reporting a **£117k surplus position against its revenue resource limit (RRL)** and against the ICB's planned surplus.
- Due to the usual time lag in receiving current year information from the PPA, the ICB has received ten months of prescribing data, with an estimate made for the last two months. The ICB is reporting an overspend of **£2,153k** which was generally a positive movement in-month for most boroughs when the PPA and non PPA budgets are aggregated. Details of the drivers and actions are set out later in the report.
- Continuing healthcare (CHC) services expenditure is under budget **(£1,866k)** overall**,** an improvement from last month. Lewisham **(£1,263k)** and Bromley **(£1,097k)** are reporting overspends, with the other four boroughs reporting underspends.
- **All boroughs delivered year-end financial positions in line with their agreed targets of breaking even.**
- In reporting this month 12 position, the ICB has delivered the following financial duties:
    - Underspend of **£117k** against the revenue resource limit (RRL).
    - Underspend of **£9,140k** against the management costs allocation **(£46,819k)**, with the monthly cost of staff at risk being charged against programme costs in line with the relevant definitions. The year-end underspend is due to the allocation for redundancy costs **(£12,600k)** all being issued as running costs when some costs are programme expenditure, plus the current underlying level of staff vacancies.
    - Delivering all targets under the **Better Practice Payments code**;
    - Subject to the annual review (which is now part of the year-end audit process), delivered its commitments **(exceeded the target by £12,809k)** under the **Mental Health Investment Standard**; and
    - Delivered the **month-end cash position**, well within the target cash balance – **a year-end cash balance of £1,664k, against a target of £6,375k.**
- **The 2025/26 ICS control total has been delivered.** The draft (pre-audited) financial position is that the ICS delivered a year-end surplus of **£22,900k** against a break-even target. The main driver of the improvement was the national DSF funding of **£21,297k** referenced above.

Bexley Wellbeing Partnership

3. Budget Overview

NHS South East London

	M12 YTD								
	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	PCD Team	South East London	Total SEL CCG
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Year to Date Budget									
Acute Services	5,295	8,344	7,091	646	882	242	3,369,397	-	**3,391,897**
Community Health Services	26,114	95,929	41,190	30,692	35,440	38,351	276,711	-	**544,426**
Mental Health Services	11,149	15,571	8,920	24,758	7,984	11,173	648,133	6,705	**734,392**
Continuing Care Services	26,709	28,137	30,307	35,911	25,418	20,517	-	-	**166,999**
Prescribing	39,134	52,642	38,454	43,998	43,928	36,208	-	3,071	**257,435**
Other Primary Care Services	1,534	2,031	1,929	3,999	2,147	972	-	17,370	**29,984**
Other Programme Services	1,225	0	1,795	0	(0)	872	19,752	11,186	**34,831**
Programme Wide Projects	-	-	-	-	26	259	-	20,647	**20,931**
Delegated Primary Care Services	49,722	71,252	63,611	96,619	72,669	77,672	-	(883)	**430,661**
Delegated Primary Care Services DPO	-	-	-	-	-	-	62,954	173,267	**236,221**
Corporate Budgets - staff at Risk	-	-	-	-	-	-	-	-	-
Corporate Budgets	3,029	3,785	3,522	4,666	3,325	4,140	-	59,361	**81,829**
Total Year to Date Budget	**163,911**	**277,691**	**196,818**	**241,288**	**191,819**	**190,407**	**4,376,948**	**290,724**	**5,929,605**

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	PCD Team	South East London	Total SEL CCG
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Year to Date Actual									
Acute Services	5,253	7,654	7,325	566	884	327	3,368,052	-	**3,390,060**
Community Health Services	25,946	95,507	41,209	30,864	30,421	35,102	276,697	-	**535,746**
Mental Health Services	12,063	17,483	11,715	27,003	10,101	14,282	648,809	5,072	**746,529**
Continuing Care Services	25,715	29,234	29,560	33,742	26,681	19,701	-	500	**165,132**
Prescribing	39,799	51,420	39,808	44,374	45,841	38,062	-	283	**259,587**
Other Primary Care Services	1,559	1,573	1,925	3,279	1,901	918	-	16,942	**28,096**
Other Programme Services	1,082	-	-	-	-	100	19,752	25,109	**46,042**
Programme Wide Projects	-	-	(1,600)	-	26	263	-	19,885	**18,574**
Delegated Primary Care Services	49,722	71,252	63,611	96,619	72,669	77,672	-	(903)	**430,641**
Delegated Primary Care Services DPO	-	-	-	-	-	-	62,955	173,139	**236,093**
Corporate Budgets - staff at Risk	-	-	-	-	-	-	-	(675)	**(675)**
Corporate Budgets	2,730	3,539	3,264	4,603	3,291	3,916	1,295	51,026	**73,662**
Total Year to Date Actual	**163,868**	**277,660**	**196,817**	**241,050**	**191,814**	**190,344**	**4,377,560**	**290,375**	**5,929,488**

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	PCD Team	South East London	Total SEL CCG
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Year to Date Variance									
Acute Services	42	689	(234)	80	(2)	(85)	1,346	-	**1,837**
Community Health Services	168	423	(19)	(173)	5,019	3,249	13	-	**8,680**
Mental Health Services	(914)	(1,912)	(2,796)	(2,246)	(2,117)	(3,109)	(676)	1,633	**(12,137)**
Continuing Care Services	995	(1,097)	747	2,169	(1,263)	816	-	(500)	**1,866**
Prescribing	(665)	1,222	(1,354)	(377)	(1,913)	(1,854)	-	2,789	**(2,153)**
Other Primary Care Services	(25)	459	5	720	247	54	-	428	**1,888**
Other Programme Services	143	0	1,795	0	(0)	772	0	(13,922)	**(11,212)**
Programme Wide Projects	-	-	1,600	-	(0)	(4)	-	762	**2,358**
Delegated Primary Care Services	(0)	0	0	(0)	0	0	-	20	**20**
Delegated Primary Care Services DPO	-	-	-	-	-	-	(0)	128	**128**
Corporate Budgets - staff at Risk	-	-	-	-	-	-	-	675	**675**
Corporate Budgets	299	246	259	64	34	224	(1,295)	8,336	**8,167**
Total Year to Date Variance	**43**	**31**	**2**	**238**	**5**	**63**	**(612)**	**348**	**117**

- At month 12, the ICB is reporting a **£117k surplus** against its agreed break-even plan and RRL. This position reflects prescribing and mental health overspends, with offsetting underspends in other budgets.
- The ICB is reporting a **£2,153k overspend** against its **prescribing position**. This is based on ten months actual data. Savings schemes have partly mitigated the growth, but there continued to be pressures, the impact of which was differential.
- **Mental Health** budgets were **overspent** by **£12,137k** at year-end. The main areas of financial pressure have been in cost per case activity, and Right To Choose ASD and ADHD assessments which have seen significant increases in activity across all boroughs.
- The final **continuing care** financial position was an overall **£1,866k underspend.** Underlying pressures were variable across the boroughs with Bromley and Lewisham reporting overspends.
- The ICB is continuing to incur pay costs for the remaining displaced staff following the original MCR process. All associated costs are charged to the balance sheet provision which was set up for this purpose. Some staff left the ICB in June, which still leaves a small number of impacted staff who remain at the ICB. The impact of the recent blind VR scheme is included as an accrual in the accounts with all other restructure costs included as a provision due to the uncertainties and required estimations, given the ICB is still in the consultation process.
- **All boroughs delivered year-end financial positions in line with their agreed targets of breaking even.**

South East London Integrated Care System

Appendix B

SEL ICS Finance Summary

Month 12 2025/26

Bexley Wellbeing Partnership

ICS Financial Position at Month 12

NHS South East London

Organisation	Including NR DSF		
	Plan	Actual	Variance
	£m	£m	£m
GSTT	0.0	5.0	5.0
KCH	0.0	5.0	5.0
LGT	0.0	4.9	4.9
Oxleas	0.0	4.5	4.5
SLaM	0.0	3.4	3.4
Provider total	**0.0**	**22.8**	**22.8**
SEL ICB	**0.0**	**0.1**	**0.1**
System total	**0.0**	**22.9**	**22.9**

- At month 12, the SEL ICS delivered a **£22.9m surplus against plan,** representing a **£21.6m improvement** since the month 11 forecast. This movement is primarily driven by:
  - **Receipt of national Deficit Support Funding of £21.3m** across the providers; and
  - **Non-material in-month improvements totalling £0.3m**, comprising **£0.1m each** at GSTT, SLaM and the ICB.
- These figures are **draft** and subject to the **usual external audit process**.

Bexley Wellbeing Partnership Committee

Thursday 28th May 2026

Item: 8

Enclosure: F

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 8 open risks on the Bexley Place risk register. Of the 8 risks on the Bexley Place risk register: • one risk is rated as “extreme risk” after mitigations are put in place • six 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: • concerns around financial pressures, including prescribing costs and delegated budget overspend • capacity issues in meeting demand, particularly in relation to autism and ADHD diagnostic pathways • performance challenges in immunisation uptake, SMI health checks and hypertension management • safeguarding capacity pressures, including the vacancy in the designated safeguarding children doctor post	
Potential Conflicts of Interest	There are no conflicts of interest.	
Other Engagement	Equality Impact	None identified.
	Financial Impact	The finance risks reported concern financial risks which may impact the ICBs 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

Thursday 28th May 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 May 2026.

The committee is asked to note the following current position:

- There are 8 open risks on the Bexley Place risk register.
- Based on current ratings after controls and mitigations are applied:
  - **One** risk is rated as extreme.
  - **Six** 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 medicines optimisation savings, new drug entries and growing prescribing demand.
- Risk that inadequate immunisation coverage could increase the likelihood of outbreaks of vaccine-preventable diseases, particularly where uptake remains below expected standards.
- Risk that the continued shortfall in SMI health checks, relative to operating plan expectations, 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 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.
- Risk that residents experience excessively prolonged waiting times for autism and ADHD diagnostic assessments because demand continues to outstrip available capacity, with associated quality, access and financial pressures.
- 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.

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

28th May 2026

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	Public Health has led a piece of work to better understand the barriers to childhood immunisation uptake in Bexley. The findings have been collated and used to inform the development of a targeted programme to improve MMR uptake and strengthen staff confidence in discussing the benefits of all vaccinations with patients. The main phase of the project is planned to roll out in Q1 2026; however, three vaccine confidence training sessions were delivered across South East London in late February and early March, with the Bexley session held on 3 March., Following the implementation of the new MMRV vaccine from 1st Jan 2026, SELWDH hosted a webinar to support practices with the rollout of the programme in accordance with the accelerated 2nd dose schedule adopted by SEL, Updated local & national literature to support the MMRV programme rollout has been developed and is available to practices, A bespoke Immunisation & Vaccination page has been developed for BexleyNet, Making Every Contact Count (MECC) continues to be the approach for all community & outreach events, Practices and local authority early years & education colleagues have been given the opportunity to order vaccine leaflets and timeline cards in multiple community languages to share with patients and support conversations.	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	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, and shared learning from higher-performing practices., The Clinical Care Professional Lead has also been working closely with practices to create awareness of current performance of SMI health checks and promoting improvement in achievement.	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	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	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	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, advice and support before diagnosis SEND Improvement Board oversight with joint leadership from local authorities and Directors of Children's Services to drive delivery of local improvement plans and monitor performance trajectories., New integrated diagnostic pathway from April 2025 enabling movement between ADHD and Autism	16	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., The diagnostic pathways for adults and CYP are being monitored at both Place and SEL-levels.	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	12	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.		4

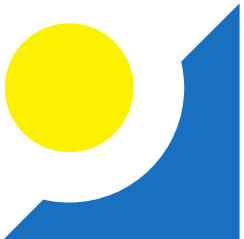
Agenda Item: 11
Enclosure: G

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