Bexley Wellbeing Partnership Committee meeting held in public

Thursday 23rd July 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 28th May 2026 and matters arising	Encl. B	Chair	14:04
Decision				
4.	Special Education Needs & Disabilities Reform Plan: Bexley Approach	Encl. C	Wendy Vincent	14:04
5.	NHS South East London Care Board Strategic Investment Fund: Bexley Plan	Encl. D	Kallie Heyburn	14:24
6.	National *WorkWell* Programme: Bexley Programme	Encl. E	Emma Sampson	14:44
Assurance				
7.	Neighbourhood Plan: Progress Report	Encl. F	Kallie Heyburn	15:05
8.	LCP Performance Report	Encl. G	Maria Rodrigues	15:20
9.	Finance Report: Month 2	Encl. H	Asad Ahmad	15:35
10.	Risk Register	Encl. I	Rianna Palanisamy	15:50
Public Forum				
11.	Public Questions			15:55
Closing Business				
12.	Any other business		Chair	15:55
For Information				
13.	Glossary	Encl. J		
14.	Date of the next meeting: Thursday 24th September 2026			

ITEM: 2

ENCLOSURE: A

Declaration of Interests: Update and signature list

Name of the meeting: Bexley Wellbeing Partnership Committee **Date:16.07.2026**

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 28th May 2026, 14:00 to 16:00
Venue: United Reformed Church

(and via Microsoft Teams)

Voting Members

No.:	Name	Title/Organisation
1.	Iain Dimond,	Chief Operating Officer, Oxleas NHS Foundation Trust
2.	Yolanda Dennehy	Director of Adult Social Care & Health, London Borough of Bexley
3.	Diana Braithwaite	Strategic Director, Integrated Health & Care/Place Executive Lead, NHS South East London Integrated Care Board
4.	Bhaval Patel	Bhaval Patel, Local Pharmaceutical Committee
5.	Dr Nicole Klynman,	Director of Public Health, London Borough of Bexley
6.	Dr Sonia Khanna	Frognal Primary Care Network
7.	Dr Mehal Patel	APL Primary Care Network

In attendance

Abi Mogridge, Chief Executive Officer, Bexley Health Neighbourhood Care CIC
Tracey Jenkins, Director of Strategic Transformations and Partnerships, Dartford & Gravesham NHS Trust
Annie Norton, Interim Chief Executive Officer, Bexley Voluntary Services Council
Jon Devlin, Director of Partnerships, Community Hospice
Lisa Cooper, Acting Joint Service Director, Oxleas NHS Foundation Trust
Dr Clive Anggiansah, Clinical & Care Professional Lead, Community Based Care (Bexley), NHS South East London Integrated Care Board
Gita Prasad, Director of Integrated Commissioning (Bexley), London Borough of Bexley
Maria Rodrigues, Interim Associate Director, Primary & Community Care (Bexley), NHS South East London Integrated Care Board
Rianna Palanisamy, Partnership Business Manager (Bexley), NHS South East London Integrated Care Board
Patrick Gray Community Voice Manager (Bexley), NHS South East London Integrated Care Board
Steven Burgess, Policy and Strategy Officer, London Borough of Bexley
Tid Page, Health & Wellbeing Volunteer Officer, Bexley Voluntary Service Council
Councillor Janice Ward-Wilson, Cabinet Member, Adults & Health, London Borough of Bexley
Terry Murphy, Resident
Bhavin Patel, Bexley Moorings
Jess Bunn, Enable LDAWM
Kamby Kamara, Volunteer TMRE
Sujatha Thaladi, Chief Executive Officer, The Mentor Ring

Apologies

Jennifer Bostock, Chair, Independent Member, NHS South East London Integrated Care Board

Asad Ahmad, Associate Director – Finance (Bexley), NHS South East London Integrated Care Board
Dr Miran Patel, APL Primary Care Network
Sarah Burchell, Director Neighbourhoods and Integration, Oxleas NHS Foundation Trust
Raj Matharu, Local Pharmaceutical Committee
Andrew Hardman, Chief Commercial Officer, Bromley Healthcare

1. **Welcome and Introductions**

   Iain Dimond welcomed attendees and members of the public to the meeting, noting that the meeting was being held in public and thanking the United Reformed Church for hosting. Mr. Dimond advised that he was chairing the meeting in place of Jennifer Bostock, who was absent.

   The Chair confirmed that apologies had been received, including from Jennifer Bostock and noted that the meeting remained quorate.

2. **Declarations of Interest**

   No declarations or conflicts of interest were made at the meeting.

3. **Minutes of the Previous Meeting and Matters Arising**

   The notes of the previous meeting held on 22nd March 2026 were approved as an accurate record.

   No matters arising were raised.

4. **Better Care Fund Assurance Return 2026/27**

   Steven Burgess, Policy and Strategy Officer, London Borough of Bexley presented the Better Care Fund Assurance Return for 2026/27. The Committee was advised that the return had been submitted on 19th May 2026 and was undergoing regional assurance.

   The Committee was asked to endorse the assurance return and to authoris Diana Braithwaite, as Strategic Director, Integrated Health & Care/Place Executive Lead for Bexley on behalf of NHS South East London Integrated Care Board (ICB), to review and agree any changes to the return in consultation with the Director of Adult Social Care & Health, should changes be required through the national approval process.

   The presentation outlined that the Better Care Fund supports integrated and preventative care, with a focus on reducing avoidable hospital admissions, supporting timely discharge, helping people remain independent for longer, and supporting the wider shift from hospital to community-based care and from treatment to prevention.

   The Committee noted that the BCF pooled fund for 2026/27 was reported as **£97 million**, comprising a provisional **£61.5 million ICB contribution** and **£35.5 million local authority contribution**.

   The Committee discussed the key delivery challenge of reducing non-elective admissions for people aged 65 and over in the context of sustained demand, frailty, long-term conditions and increasing complexity.

   The Committee also noted that most patients were discharged without delay, but that delays were concentrated among a smaller number of more complex cases, particularly in the 7–20 day range.

   The Committee noted strong performance in reablement, including that over 70% of people required no ongoing care following reablement and over 80% had reduced needs.

   A point was raised on behalf of Raj Matharu regarding the potential for greater use of community pharmacy within discharge and intermediate care pathways. The discussion highlighted the role of the NHS England Discharge Medicines Service and the potential contribution of community pharmacy to reducing medicines-related harm, supporting discharge and preventing readmissions.

   It was noted that any flexibility within the Better Care Fund was constrained by finite nationally directed funding requirements and existing commitments to services, and that

any changes would require consideration of what could be stopped or changed in order to release capacity or resources.

Decision

(i) The Committee endorsed the Better Care Fund Assurance Return 2026/27.

(ii) The Committee authorised Diana Braithwaite to review and agree to any required amendments to the return through the regional or national assurance process.

5. Primary Care Quarterly Business Report

Maria Rodrigues, Interim Assistant Director for Primary & Community Care, presented the Primary Care Quarterly Business Report, covering quarters three and four.

The Committee noted the positive work undertaken jointly by general practice and supported by the local federation on hypertension, including an increase of just over 1,300 patients identified with hypertension and further work to improve blood pressure control.

The Committee noted that the GP Premium, endorsed in January, was in mobilisation and due to go live in July 2026.

The extension of the Supplementary Network Service to 31st March 2026 was also noted.

Diana Braithwaite highlighted the hypertension work as a positive example of prevention, partnership working and reinvestment into primary care, noting the contribution of Bexley Health Neighbourhood Care (GP Federation).

Decision

(i) The Committee noted the Primary Care Quarterly Business Report.

6. Finance Year-End Position

Diana Braithwaite presented the finance year-end position for Month 12. [

The Committee was advised that Bexley had ended the financial year in a good position, with a small surplus reported.

The Committee recognised the work undertaken by teams across Bexley to remain within budget, with specific reference to the Continuing Healthcare team and prescribing team.

The Committee noted that financial risks had been highlighted throughout the year and that the year-end position did not present unexpected issues.

Decision

(i) The Committee noted the finance year-end position.

7. Bexley Risk Register

Rianna Palanisamy, Partnership Business Manager presented the Bexley Risk Register.

The Committee noted that there were eight open risks on the Bexley Risk Register, comprising one extreme risk, six high risks and one low risk.

The most significant risk remained the prolonged waiting times for autism and ADHD diagnostic assessments, driven by sustained demand, workforce constraints, backlog pressures and the financial impact of Right to Choose activity.

Other risks related to prescribing budget pressures, immunisation coverage, SMI health checks, hypertension management in primary care, safeguarding capacity and risk of overspend against delegated budgets.

The Committee noted that risks were reviewed monthly through local governance arrangements and SMT, and escalated through wider NHS South East London ICB governance where appropriate.

A question was raised regarding whether the autism and ADHD diagnostic waiting time risk was shared across South East London. It was confirmed that the risk was present across all places in South East London and that discussions on the way forward were expected to go to the NHS South East London ICB Board.

Decision

(i) The Committee noted the Risk Register and current risk position.

8. Public Questions and Resident Voice

A question was raised on how resident voice is considered in decisions made by the Committee.

The response noted that, while some decisions brought to the Committee relate to funding and governance, service design and development often involve co-production with residents and communities. The Ageing Well Hub was cited as an example of work developed with resident involvement.

The Committee acknowledged the importance of resident voice, community champions and neighbourhood-level engagement in shaping services and informing decisions.

9. Let's Talk Session: Digital Access

Patrick Gray, Community Voice Manager, Bexley Wellbeing Partnership, introduced the Let's Talk session on digital access to services.

The session was framed around the NHS 10 Year Plan shifts, including moving care from hospital to community, moving from treatment to prevention, and moving from analogue to digital.

The Committee noted that digital exclusion remains an important issue, including for people without access to devices, data, Wi-Fi or the confidence and skills to use digital services.

Support available in Bexley was described, including library-based digital buddies, the Digital Champions programme, Mind in Bexley, Age UK support at Belvedere Community Centre, Live Well Age Well, and activity through the Ageing Well Hub.

The Committee discussed the importance of ensuring that digital transformation does not create or worsen inequalities, particularly for digitally excluded residents, deaf residents, people with learning disabilities, residents requiring Easy Read information, residents requiring British Sign Language, and residents who need translated materials.

Get UBetter App: Patrick Gray presented an overview of the Get UBetter app, which supports residents to self-manage simple musculoskeletal conditions

The Committee noted that approximately **7,500 residents** had registered with the app since launch.

The Committee noted that routine physiotherapy waiting times had reduced from **25 weeks to six weeks** over approximately six months, with the Get UBetter app described as one of the contributing factors alongside wider service changes.

The Committee noted that estimated health economic benefits to the local health and care system were reported as approximately non-cash releasing **£372,000**.

The Committee discussed lower app uptake among more deprived communities and the need to consider targeted promotion, including in North Bexley.

The Committee also discussed the importance of maintaining non-digital routes for people who are unable to access digital support.

A question was raised regarding whether the app could provide information in British Sign Language. It was noted that the app is a national product, but that this issue would be followed up with the provider.

A further point was raised regarding accessibility for people with learning disabilities and the need for Easy Read resources online. The Committee acknowledged this as a wider digital accessibility issue.

A question was raised regarding whether digital services also promote prevention offers such as NHS Health Checks and blood pressure checks. It was noted that the app includes some signposting to other services, and that this would be checked further.

NHS App and Universal Care Plan: David Blows, Local Care Network Delivery provided an update on the NHS App and Universal Care Plan.

The Committee noted that the NHS App enables residents to order repeat prescriptions, view healthcare records, manage appointments, contact their GP surgery online, access their NHS number, register organ donation preferences and use NHS 111 online.

The Committee noted new and developing NHS App functions, including secondary care appointments, referral statuses, clinical documents, questionnaires, prescription status tracking, improved proxy functionality, repeat prescription reminders and the ability to download and share healthcare records with consent.

The Committee noted that NHS App uptake in Bexley had increased from **56% to 71%**, making Bexley the second highest borough in South East London behind Bromley.

The Committee noted that the proportion of patients with notifications enabled had increased to approximately **72%**, supporting secure patient messaging through the NHS App.

The Committee noted that just under half a million messaging fragments had been sent and read through the NHS App by Bexley residents over the previous five months, saving just under **£10,000** in text messaging costs.

The Committee noted that the Universal Care Plan is a shared digital care plan containing information about what matters to the residents, wishes and preferences, health conditions, planning for the future and day-to-day support needs.

The Committee noted that residents can now view and create their own Universal Care Plan through the NHS App.

The Committee noted that Bexley had the highest uptake of Universal Care Plans across the 32 London boroughs.

A question was raised regarding sections of the Universal Care Plan that are greyed out to residents and require completion with a healthcare professional. It was noted that some sections should be discussed with a healthcare professional and that the functionality remained in development.

Digital Champions and Health and Wellbeing Volunteer Role: The new Health and Wellbeing Volunteer Officer, introduced their role.

The Committee noted that the role includes promotion of the NHS App, supporting residents to register and use the app, supporting awareness and access to the Universal

Care Plan, work with Bexley Buddies to reduce social isolation, and coordination of the Digital Champions network.

The Committee noted plans to introduce Digital Health Champion volunteers to support residents with the NHS App, Universal Care Plan, Get U Better app and digital health support.

10. Any Other Business

The Committee was informed of upcoming events for Unpaid Carers Month in June, with leaflets available at the meeting.

The Committee was advised that there would also be an event for young carers being developed by Bexley Voice.

11. Date of Next Meeting

The next meeting was confirmed as **Thursday 23rd July 2026**.

12. Close

The Chair thanked attendees, members of the public and presenters for their contributions and closed the meeting.

Bexley Wellbeing Partnership Committee

Thursday 23rd July 2026

Item: 4

Enclosure: C

Title:	**Special Educational Needs & Disabilities (SEND): Bexley SEND Reform Plan Approach**
Author/Lead:	Nic Rathbone, Delivery Manager (Education Projects & Improvement), London Borough of Bexley Kevin Taylor, Deputy Director Educational Achievement & Inclusion, London Borough of Bexley
Executive Sponsor:	Stephen Kitchman, Director of Children's Services, London Borough of Bexley Diana Braithwaite, Strategic Director, Integrated Health & Care/Place Executive Lead (Bexley)

Purpose of paper:	**To seek the Committee's endorsement of Bexley's approach to the SEND Reform Plan and associated Local Partnership Maturity Assessment, developed in response to Department for Education (DfE) and NHS England (NHSE) requirements, and to provide assurance on the partnership approach, key priorities, risks and next steps for implementation.**	**Update / Information**	
		Discussion	
		Decision	***X***
Summary of main points:	The report provides an update on Bexley's SEND Reform Plan preparations and the development of the Local Partnership Maturity Assessment Tool. It explains that the Department for Education (DfE) and NHS England (NHSE) have asked local SEND and Alternative Provision partnerships to assess their current capability and maturity, using the assessment to inform local reform priorities, strengthen partnership working and support national improvement activity. The reports highlight the importance of effective, trusting local partnerships, the principles underpinning SEND reform, and the seven pillars that will shape the assessment and future delivery of the plan.		
Potential Conflicts of Interest	There are no conflicts of interest as a consequence of this report.		
Other Engagement	Equality Impact	The national aims for SEND reform are expected to have a positive equality impact for Bexley residents, particularly children and young people with SEND and their families. The reforms seek to improve early identification and intervention, strengthen inclusive local provision, reduce avoidable escalation of need, and ensure that support is fair, evidence-based and delivered through shared accountability across education, health and care partners. For Bexley, this should support more consistent access to help closer to home, improve outcomes and experiences for children and families, and reduce inequalities faced by those who may currently experience delays, fragmented	

		pathways or barriers to receiving the right support at the right time.
	Financial Impact	Funding has been allocated by the DfE to the London Borough of Bexley and where there are financial implications for NHS SEL ICB because of the plan, funding will be transferred to the ICB.
	Public Engagement	See report.
	Other Committee Discussion/ Engagement	• Bexley Health & Wellbeing Board • NHS South East London Integrated Care Board
Recommendation:	The Bexley Wellbeing Partnership Committee is recommended to: (i) Endorse the Bexley SEND Reform Plan and associated Local Partnership Maturity Assessment as the local partnership response to the requirements set out by the Department for Education and NHS England. (ii) Receive assurance on the partnership approach, key risks, mitigations and next steps for implementation of the Reform Plan.	

1. BACKGROUND

1.1 The government set out reforms of the current SEND system to improve outcomes for children and young people with SEND in the recently published school's white paper. The government's plan is to ensure opportunity for all by delivering an excellent, inclusive education for every child with a world class curriculum and highly trained, expert teachers. This will be based on an inclusive mainstream system, with specialist support for children that need it, and improved, efficient and effective local delivery.

1.2 The Department for Education (DfE) and NHS England ask that all SEND and AP partnerships (which should include local authorities, integrated care boards, education providers and representatives of families and children and young people) come together collaboratively to understand and evaluate the capability and maturity of their current practice.

2. SUMMARY OF THE OUTCOMES HIGHLIGHTED IN THIS REPORT

2.1 Following on from several documents produced in the run up to the SEND re-inspection such as the Self-Evaluation Framework (SEF) and priority position statements, the intended outcome for the partnership having drafted the assessment tool is further understanding that we 'know' ourselves, the journey we're on and where our strengths/weaknesses lay when considering responsibilities and pressures that delivering on the SEND reforms will bring;

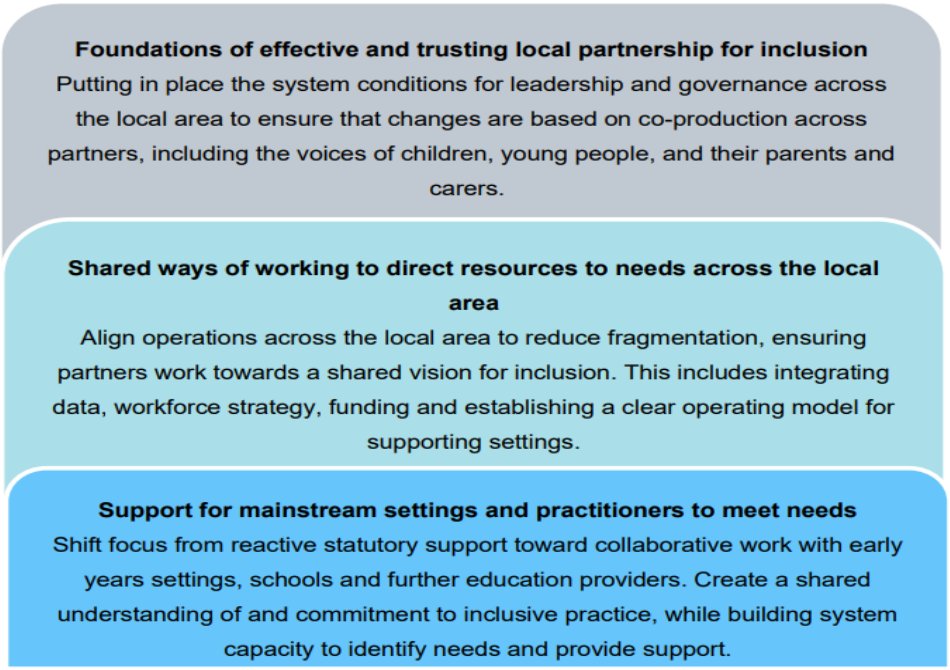
- In **February 2026**, a partnership workshop was held to commence the drafting of the maturity Assessment Tool. This was then shared more widely for comment and input:
- A SEND Reform 'kick-off' meeting took place on **16th March 2026** Chaired by the Cabinet Member brought various partners together to start a conversation on the proposed reforms.
- A consultation survey was launched on **20th March (to 30th April 2026**) to capture thoughts on the LAP's readiness to respond to the reforms, seeking responses from parent carers, young people, teachers, health colleagues and other professionals. This feedback was considered within the maturity assessment and local reforms plan.
- On **1st April 2026**, the first of six, weekly meetings took place concentrating on the data template which needs to be submitted alongside the Reform Plan and Maturity Assessment. This includes SEN and EHCP figures past, present and forecast, associated costs of resources including therapies, travel and capital spend for resource provision.
- Early outline of SEND Reform Plan to go to Children's Directorate Leadership Team (DLT on **28th April 2026**, Corporate Leadership team (CLT) on **14th May 2026**.
- Draft taken to Bexley Wellbeing Partnership (Executive) on **13th May 2026**.
- Draft Plan to SEND IA Board, DfE Advisor and DfE Finance Advisor on **18th May 2026** for comment.
- Formal response to SEND Reforms consultation **18th May 2026**.
- Report to Leader's briefing on **4th June 2026**.
- Plan to Chief Executive Officer, NHS South East London Integrated Care Board (ICB) for ICB sign off on **8th June 2026**.
- Final draft plan to CLT sign-off **11th June 2026**, report to Strategic Education Partnership Board **11th June,** report to Health & Wellbeing Board **16th June 2026,** and SEND IA Board **17th June**.
- Submission of Local SEND Reform Plan **19th June 2026.**

2.2 Meetings have taken place with children and young people, parent carers, teachers and other professionals to ensure co-production and that all voices are heard, against a backdrop of a tight timeline to complete and submit the plan.

3. HOW ASSESSMENTS WILL INFORM DFE'S WORK WITH LOCAL AREAS ON SEND IMPROVEMENT AND REFORM

3.1 The SEND Local Partnership Maturity Assessment forms a vital foundation for implementing SEND reforms in a way that reflects areas' unique contexts, is underpinned by data and evidence, and delivers improved outcomes for children and young people with SEND and their families. This will be an integral part of the Local SEND Reform Plan we are being asked to develop. The Local SEND and AP partnership should jointly consider the **7 pillars**:

3.2 **The foundations** of effective, trusting local partnerships that are crucial for enabling the other shifts that strengthen the whole system focus on inclusion are shown below:



3.3 The Secretary of State for Education set out 5 principles for special educational needs and disability (SEND) reform in her letter to the Chair of the Education Select Committee in October. Principles for SEND reform:

1. Early. Children should receive the support they need as soon as possible. This will start to break the cycle of needs going unmet and getting worse, instead intervening upstream, earlier in children's lives when this can have most impact.

2. Local. Children and young people with SEND should be able to learn at a school close to their home, alongside their peers, rather than travelling long distances from their family and community. Special schools should continue to play a vital role supporting children and young people with the most complex needs.

3. Fair. Every school should be resourced and able to meet common and predictable needs, including as they change over time, without parents having to fight to get support for their children. Where specialist provision is needed for children in mainstream, special or Alternative Provision, we will ensure it is there, with clear legal requirements and safeguards for children and parents.

4. Effective. Reforms should be grounded in evidence, ensuring all education settings know where to go to find effective practice that has excellent long-term outcomes for children.

5. Shared. Education, health and care services should work in partnership with one another, local government, families, teachers, experts and representative bodies to deliver better experiences and outcomes for all our children.

3.4 In the school's white paper, the government set out reforms of the current SEND system to improve outcomes for children and young people with SEND. The government's plan is to ensure opportunity for all by delivering an excellent, inclusive education for every child with a world class curriculum and highly trained, expert teachers. This will be based on an inclusive mainstream system, with specialist support for children that need it, and improved, efficient and effective local delivery.

3.5 Risk considerations: With the cessation of the Safety Valve Programme, considerations have been made on how resources that were coordinating and delivering the key interventions are, where possible, repurposed, mainstreamed and integral to the response to the SEND reforms and Best Start in Life programme. Conversations took place in advance of the end of the financial year on how this could be done, where possible reducing risk and including a degree of mitigation.

4. FINAL STEPS

4.1 Having received feedback from the DfE advisors following submission of the draft plan on 18th May, we are working at pace to amend the documents accordingly against their recommendations. This means that whenever a report and documents are sent to a different meeting, a newer iteration of the appendices is sent every time. However, we are now at a stage where the majority of areas are complete and minor adjustments are being made to the plan to ensure clarity and focus.

4.2 Over the next few months, the DfE will be looking at all local area partnership's SEND Reform plans and on the assumption that our plan is accepted, this will unlock associated funding to deliver against the plan from the autumn. The initial plan covers the next 3 years but these reforms are seen as a 10-year journey.

4.3 The local SEND Reforms plan remains a live document, being updated even after the submission and will also need to be submitted on an annual basis.

5. LEGAL IMPLICATIONS

a) Summary of Legal Implications

The SEND White Paper is not yet law. The Government is currently setting out their proposals, subject to consultation to change the SEND process. The White Paper does not propose any changes coming into force until September 2029.

There is no legislation proposed to amend the Children and Families Act 2014 or any proposal to suggest that existing Education Heath and Care Plans (EHCPs) cannot still be enforced by way of Judicial Review. LA's can still be challenged, for example, for failure to deliver provision in an EHCP. No rights have yet been affected. Parents can still pursue an appeal with regards to the issue and content of an EHCP.

The proposal for change is as to the threshold for support. The proposal is that pupils with SEND should generally have their needs met through a new and layered system of support, with EHCPs reserved only for the complex and severe cases. Schools will be tasked with meeting new inclusion duties to ensure that they are meeting the needs of SEND children. New inclusions standards will be published and a duty imposed on schools to create inclusion strategies. To reach these standards, mainstream settings will receive increased funding.

There is also a proposal for a universal offer for all children. The offer will set a new baseline for mainstream education settings for children and young people aged 0-25.

These comments are all subject to change and are dependent upon the outcome of the consultation and legislation in its final form.

b) Comments of the Monitoring Officer

The Monitoring Officer adopts the legal comments above.

6. FINANCIAL IMPLICATIONS

a) Summary of Financial Implications

The Government announced in March 2026 significant changes to the financial arrangements for SEND services funded from the High Needs Block of the Dedicated Schools Grant.

The Department for Education has ended the Safety Valve programme with immediate effect from April 2026. This means that Bexley will not receive the £2.560m Safety Valve funding expected for 2026/27 or future years' Safety Valve funding totalling a further £7.690m.

At the same time the DfE announced a new High Needs Stability Grant. Local authorities which get approval for their SEND Reform Plan will receive an allocation of this new grant equivalent to 90% of the (High Needs-related) Dedicated Schools Grant deficit as at 31st March 2026. The potential value of the new High Needs Stability Grant (which for Bexley exceeds £20m) is greater than the value of expected Safety Valve funding. On this basis the Government has claimed that no local authority will be worse off. However, the following caveats should be noted:

- Bexley's Safety Valve funding fulfilled a dual purpose, both to pay off part of the accumulated deficit and to fund the cost of staff in non-statutory early intervention roles which cannot be charged to the Dedicated Schools Grant. The High Needs Stability Grant will take over the element of funding related to paying off the deficit but cannot be used to fund the staff.
- The Government has not given any concrete indication of how far local authority SEND deficits which accumulate from April 2026 onwards will be paid off through further instalments of High Needs Stability Grant or under what conditions.
- The Department for Education has announced that it will be undertaking additional scrutiny of what costs have been charged to the Dedicated Schools Grant as part of its review of the statutory Section 251 outturn statement due for submission by 31st July. As there has historically been little scrutiny of this issue for many years, there is a risk that the DfE interprets regulations differently from local authorities and disallows the charging of some expenditure (as happened in the case of personal transport budgets in relation to the 2024/25 outturn).

The Council is keen to continue its existing early intervention initiatives developed under Safety Valve given positive feedback about their impact and the expectation from school leaders on Schools Forum that these will continue. It will therefore be necessary to seek alternative sources of funding for the relevant staff such as the Experts at Hand and SEND Transformation funding (allocation of £2.137m announced in April 2026, but further information about conditions awaited).

Since 2021 Dedicated Schools Grant deficits have been ignored for the purposes of assessing the reserves position and financial sustainability of local authorities under a Statutory Over-ride which has been extended twice and now expires in March 2028. The Government has decided that in April 2028 the Department for Education will take over responsibility for SEND (High Needs) expenditure. There is little further detail as yet as to what that means for commissioning arrangements. It is also worth noting that there are a significant number of staff within the Education Service whose statutory roles are fully or partly funded by contributions from High Needs, who will therefore become funded by the DfE from 2028.

At the point at which the Statutory Over-ride expires in April 2028, local authorities will need to start accounting for that element of the accumulated Dedicated Schools Grant deficit which has not been paid off by the High Needs Stability Grant. If the Government continues the approach

of expecting local authorities to pick up 10% of any deficit, this could amount to £6.543m up to 31st March 2028.

Bexley has a good starting-point for financial modelling for the SEND Reform Plan due to the work completed in recent years linked to Safety Valve. Financial records are currently being refreshed to take account of latest average unit costs and an updated assessment of future numbers of EHC Plans in different settings. This work will inform a revised view about the level of deficits expected from 2026/27 onwards.

The reform plans do not introduce any changes to the entitlement to SEN Transport, which is a Council responsibility with no contribution from the Dedicated Schools Grant. Given that the Government expects numbers of Education Health and Care Plans to continue to rise for the next few years, SEN Transport costs are also likely to continue to rise above inflation during the MTFS period.

7. RISKS AND MITIGATION MEASURES

Risk	Mitigation
Failure to complete the Local SEND Reform Plan and associated documents by 19 June	• Staff resources are in post and have commenced the drafting of the Reform Plan. • Weekly data template meetings taking place. • The process has been made easier following the preparation for the recent SEND inspection and the completion of the Self-Evaluation Framework as part of that process.
Failure to deliver the SEND Reform Plans	• Within this statutory duty, consideration of workstreams for existing staff have been made and this is essentially a ten-year programme of change. • Submission of the Local SEND Reform Plan including the data/finance template will partly mandate further central government funding received to deliver the plan subject to expected KPIs being met. • Bexley has an excellent Local Area Partnership in place including excellent relationships with education settings, who are key to successful implementation.

Bexley Wellbeing Partnership Committee

Thursday 23rd July 2026

Item: 5

Enclosure: D

Title:	**NHS South East London Integrated Care Board: Strategic Investment Fund: Bexley Plan**
Author/Lead:	Kallie Heyburn, Neighbourhood Delivery Director, NHS South East London Integrated Care Board Sarah Burchell, Director of Neighbourhoods & Integration, (Bexley & Greenwich), Oxleas NHS Foundation Trust
Executive Sponsor:	Diana Braithwaite, Strategic Director, Integrated Health & Care/Place Executive Lead (Bexley), NHS South East London Integrated Care Board

Purpose of paper:	To seek endorsement of the proposed Bexley Delivery Plan for the NHS South East London Integrated Care Board Strategic Investment Fund, including the planned approach to mobilisation, governance and oversight of delivery through Bexley Care Plus.	**Update / Information**	
		Discussion	
		Decision	***X***
Summary of main points:	The report sets out the proposed Bexley Delivery Plan for the Strategic Investment Fund, delivered through Bexley Care Plus as the local integrator partnership. The plan focuses on strengthening the integrator function and progressing priority workstreams for frailty and ageing well, multiple long-term conditions, children and young people, and prevention. It describes the core operating model, including proactive case finding, multidisciplinary working, care coordination, digital and workforce enablers, and population health management. The report also outlines the delivery timetable, governance route and financial implications.		
Potential Conflicts of Interest	There are no conflicts of interest as a consequence of this report.		
Other Engagement	Equality Impact	The SIF will support the reduction of health inequalities by enabling targeted, proactive neighbourhood delivery for people and communities experiencing the greatest risk of poor outcomes. The approach uses population health management, Core20Plus priorities, proactive case finding and prevention tools such as Vital 5+ to identify need earlier, focus support on under-served groups, and improve access to coordinated care across health, social care and VCSE partners.	
	Financial Impact	Bexley has been allocated an indicative £1.495m allocation to support implementation and mobilisation during 2026/27.	

	Public Engagement	Not applicable.
	Other Committee Discussion/ Engagement	• Bexley Health & Wellbeing Board
Recommendation:	The Bexley Wellbeing Partnership Committee is recommended to: (i) Endorse Bexley Delivery Plan for the NHS South East London Integrated Care Board Strategic Investment Fund.	

NHS South East London Integrated Care Board: Strategic Investment Fund

1. Bexley Delivery Plan

1.1 The purpose of the report is to provide the Bexley Wellbeing Partnership Committee with an update on the proposed Bexley Delivery Plan for the NHS South East London Integrated Care Board Strategic Investment Fund (SIF). NHS South East London Integrated Care Board has allocated funding to Bexley Care Plus (the Integrator), which is a partnership between Oxleas NHS Foundation (NHS 'host' organisation), the London Borough of Bexley, the four Primary Care Networks (APL, Clocktower, Frognal and North Bexley) and the GP Federation (Bexley Health Neighbourhood Care CiC).

2. Priority Delivery Areas

2.1 The Bexley Care Plus delivery plan is structured around a number of core minimum delivery requirements across several workstreams. These include the development of the integrator function, the frailty and ageing well model, the multiple long-term conditions pathway, children and young people's integrated neighbourhood teams, and a strengthened prevention offer focused on risk factor identification and management.

- **Integrator function:** A central priority is to strengthen integrator maturity across the system, including workforce development, population health management capability, leadership, digital interoperability, and home first approaches. Progress will be assessed against the South East London maturity matrix, with demonstrable improvement expected from the September 2025 baseline by the September 2026 assessment point.
- **Frailty and ageing well:** The frailty workstream is focused on people aged 65 and over with moderate to severe frailty, including those in receipt of palliative and end of life care. The model emphasises comprehensive geriatric assessment, multidisciplinary team support, coordinated care planning, and home-first approaches, including proactive post-admission support and integrated community-based care to prevent deterioration, reduce unnecessary escalation and improve patient experience.
- **Multiple long-term conditions:** The delivery plan includes a proactive model for adults aged 18 to 64 living with multiple long-term conditions, with a particular focus on cardiovascular disease risk management. This includes people with diabetes, hypertension, atrial fibrillation, and chronic kidney disease who are at high risk or whose conditions are currently under-optimised.
- **Children and young people:** At least one integrated neighbourhood team for children and young people is expected at place level in phase 1. The proposed approach focuses on Core20Plus priorities and children and young people with complex needs, supported by readiness assessment and phased delivery planning.
- **Prevention:** Prevention is positioned as a cross-cutting enabler, including a core prevention offer and a specific workstream on prevention risk factor identification and management. The approach includes proactive case finding, inequalities targeting, and the use of prevention tools such as Vital 5+, cardiovascular risk management, and population health management methods.
- **Core Operating Model and Enablers:** The proposed model is based on multidisciplinary team working across health, social care, the voluntary, community and social enterprise sector, and mental health services. It is intended to be proactive rather than referral-led, with systematic case finding, holistic assessment, unified care planning, named care coordination, and routine MDT review. Specialist support is expected to be embedded within neighbourhood delivery, with clear escalation routes to urgent community response, virtual ward, and hospital at home services where required.

2.2 Highlights include the enabling infrastructure required to support delivery. This includes shared digital records, universal care plan capability, local care record access, consistent coding through EMIS, and wider interoperability across partners. Workforce development, leadership capacity, standard operating procedures, and a single population health management function are identified as foundational elements for sustainable implementation.

2.3 The SIF will support reducing inequalities by directing investment towards proactive, data-led neighbourhood working for population groups most at risk of poorer outcomes and avoidable escalation. Through population health management, Core20Plus priorities and systematic case finding, partners will be able to identify people earlier, understand variation in access and outcomes, and target support where need is greatest. This includes a focus on frailty, multiple long-term conditions, children and young people with complex needs, and prevention risk factors, with delivery supported by multidisciplinary teams, care coordination, VCSE involvement and consistent use of prevention approaches such as Vital 5+.

3. Delivery planning and milestones

3.1 A structured planning timetable has been established across spring and summer 2026 to support development of the delivery plan. This includes workstream development sessions, template completion, draft plan compilation, review activity, and formal governance milestones. Key points in the timetable include consideration through and endorsement through the Bexley Wellbeing Partnership Committee and the Health & Wellbeing Board, alongside further development of the mental health, innovation, urgent and emergency care and primary funding elements where applicable.

3.2 The timetable demonstrates a phased approach to development, moving from initial workstream design and template completion through to review, endorsement, and mobilisation. This provides assurance that the delivery plan is being developed through an ordered process with appropriate governance oversight and clear points for scrutiny.

4. Financial Implications

4.1 The proposed delivery plan is supported by NHS South East London Integrated Care Board Strategic Investment Fund allocations across the principal workstreams. The indicative allocation of **£1.495 million** across the programme, which has been transferred to Oxleas NHS Foundation Trust. These allocations are directed towards a mixture of recurrent staffing support, non-recurrent mobilisation and programme management, community and voluntary sector delivery capacity, case finding, coordination, evaluation, and clinical leadership. For the committee, the principal financial implication is that delivery of the plan is dependent on these resources being deployed in a way that supports the agreed model of neighbourhood delivery, with appropriate financial oversight and monitoring of spend against intended outcomes.

5. Governance Implications

5.1 The delivery plan is being taken forward through partnership arrangements under Bexley Care *Plus*, with Oxleas NHS Foundation Trust acting as NHS host organisation alongside the London Borough of Bexley, the four Primary Care networks, Bexley Health Neighbourhood Care CiC, and wider delivery partners. Governance implications therefore include the need for clear accountability for delivery, transparent decision-making across partner organisations, and robust oversight of performance, finance, and risk. There are several established governance points, including endorsement through Bexley Wellbeing Partnership Committee and the Health & Wellbeing Board, which provide a framework for scrutiny as the work progresses.

5.2 For both the Bexley Wellbeing Partnership Committee and the Health & Wellbeing Board, the key governance implication is the need to maintain assurance that the delivery model remains aligned with Strategic Investment Fund requirements, that partnership responsibilities are clearly understood, and that implementation is overseen through appropriate governance and reporting arrangements.

6. Key considerations and next steps

6.1 The overall direction of travel is to establish a strong foundation layer that can be applied consistently across neighbourhood populations. This includes a single population health management function, a standard integrated neighbourhood team operating model, and delivery-level procedures tailored to specific population cohorts. For the committee, the key consideration is whether the proposed approach provides a coherent and credible framework for delivery during 2026/27.

6.2 As implementation progresses, continued attention will be required on evidencing maturity gains, embedding proactive neighbourhood delivery, strengthening partnership working, and demonstrating measurable impact on outcomes, experience, inequalities, and demand management.

Bexley Wellbeing Partnership Committee

Thursday 23rd July 2026

Item: 6

Enclosure: E

Title:	**Bexley *WorkWell* Programme**
Author/Lead:	Emma Sampson, Service Manager Employment & Skills, London Borough of Bexley
Executive Sponsor:	Diana Braithwaite, Strategic Director, Integrated Health & Care/Place Executive Lead (Bexley)

Purpose of paper:	**To provide the Committee with an overview of the national *WorkWell* programme and the development of the local *WorkWell* programme in Bexley.** **The paper seeks the Committee's endorsement of the Bexley *WorkWell* person-centred model, to be delivered by the London Borough of Bexley on behalf of NHS South East London Integrated Care Board and asks the Committee to note the allocated and indicative funding to March 2029.**	**Update / Information**	
		Discussion	
		Decision	***X***
Summary of main points:	National guidance issued by the Department for Work and Pensions (DWP) and the Department of Health and Social Care (DHSC) describes *WorkWell* as an integrated work and health support service, providing voluntary, person-centred and early intervention support for people whose disability or health condition creates a barrier to work. The programme is intended to support people who are in work, at risk of falling out of work, recently out of work, or able to move into work with the right support. The national *WorkWell* prospectus emphasises that good quality work is an important determinant of good health, and that unemployment, economic inactivity and long-term sickness can have a harmful impact on individuals and communities. *WorkWell* is therefore designed to intervene at the earliest appropriate point, offering a single local route into employment and health-related support, including advice on workplace adjustments, employer liaison and connection to wider local services where needed. DWP and DHSC guidance sets out that *WorkWell* should be locally led and delivered through *WorkWell* Local System Partnerships, with Integrated Care Boards (ICB) working alongside Local Authorities, Jobcentre Plus networks, employers, primary care, voluntary and community sector organisations, and other local partners. Funding is intended to support local systems to design and deliver integrated work and health services that are aligned with the wider skills, employment and health support ecosystem. This approach is consistent with the proposed Bexley model, which places *WorkWell* within the local work, health and skills system and enables BBE, working with NHS South East London Inte and wider partners, to provide		

	targeted outreach, early employment advice and coordinated support for residents with health-related barriers to work.	
Potential Conflicts of Interest	There are no conflicts of interest as a consequence of this report.	
Other Engagement	Equality Impact	*WorkWell* equality impact is generally positive, as it targets groups who face structural disadvantage in the labour market. Designed to improve access to employment support for people with health conditions and disabilities, it helps address one of the largest employment gaps in the UK – the disability employment gap. *WorkWell* provides early intervention and tailored support and coordination between health and employment services. This helps reduce long-term sickness and economic inactivity due to ill health and is particularly beneficial to people with mental health conditions and musculoskeletal issues.
	Financial Impact	*WorkWell* aims to reduce flows into Universal Credit (UC), Employment Support Allowance (ESA) and long-term sickness benefits. By supporting an earlier return to work or preventing people from falling out of work, *WorkWell* will reduce benefit expenditure over time by lowering long-term welfare dependency. Improved management of health conditions partnered with employment support will support cost savings to the NHS and more efficient use of health resources. Employers will see a reduction in sick leave and staff turnover and will see a higher retention of experienced employees leading to better workplace productivity.
	Public Engagement	*WorkWell* relies on multi-agency, community-based engagement to reach individuals who may not actively seek employment support. Key engagement includes GPs and Primary Care Networks, Jobcentre Plus, voluntary and community sector (VCS) partners, employers and workplace networks. BBE will work with the ICB, build a new partner network and work with existing partner networks in Bexley to ensure targeted outreach to underrepresented groups.
	Other Committee Discussion/ Engagement	Not applicable.
Recommendation:	The Bexley Wellbeing Partnership Committee is recommended to: (i) Endorse the Bexley *WorkWell* Person-Centred model and programme, which will be delivered by the London Borough of Bexley on behalf of NHS South East London Integrated Care Board.	

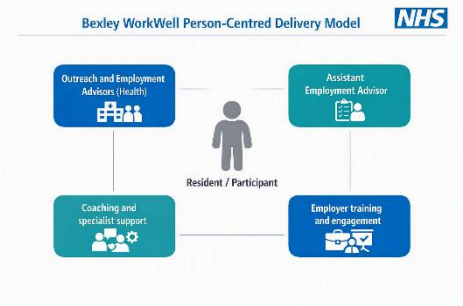
	(ii)	Note the allocated funding to the London Borough of Bexley from NHS South East London Integrated Care Board funding for 2026/27 and the indicative funding to March 2029.

1. Bexley *WorkWell* Person-Centred Model & Programme

1.1 *WorkWell* is a nationally funded health and employment programme for which Integrated Care Boards are the accountable bodies, working in close partnership with local authorities and wider system partners to design and deliver locally appropriate models. Within South East London, a place-based approach is being progressed, with each borough leading delivery in line with a shared South East London framework and agreed outcomes.

1.2 For Bexley, confirmed funding of £112,133 has been allocated for 2026/27, with indicative allocations of £290,048 for 2027/28 and £314,284 for 2028/29, subject to national confirmation and continued alignment with programme requirements.

1.3 BBE, as the London Borough of Bexley's employment and skills service, will directly deliver the *WorkWell* Programme in Bexley through four core areas of activity:



- **Outreach and Employment Advisors (Health):** a full-time, Council-employed role based within the community, working closely with primary care and other strategic partners as part of the neighbourhood working model. The role will support engagement, generate appropriate referrals into *WorkWell* and provide early employment-focused support for residents with health-related barriers to work.
- **Assistant Employment Advisor:** a full-time, Council-employed role that will support participant onboarding, initial triage and access to appropriate *WorkWell* support. The post will also provide wider employability assistance, including workshops, training opportunities and signposting to relevant specialist services.
- **Employer training and engagement:** targeted support for Bexley employers to strengthen inclusive recruitment and improve support for employees with disabilities and health conditions. This will include guidance on reasonable adjustments, job retention, workplace wellbeing and support with Access to Work applications.
- **Coaching and specialist support:** access to coaching to help residents manage work-related change, including changes to working hours, transition into a new role with an existing employer, or movement into new employment. Counselling support will also be available where individuals require additional support to address barriers linked to previous experiences and build confidence to move forward.

2. Local Benefits

2.1 The Bexley *WorkWell* model is expected to deliver a range of local benefits by providing earlier, more coordinated support for residents whose health condition or disability creates a barrier to work. By placing employment support within the local health, care and skills system, the programme will help residents access timely advice, remain in work where possible, return to work more confidently, or move towards employment with the right support in place.

2.2 For residents, the model will offer a person-centred route into practical work and health support, including early employment advice, coaching, signposting and help to address barriers that may otherwise lead to long-term sickness or economic inactivity. This will be particularly important for residents with mental health conditions, musculoskeletal conditions, disabilities or complex social circumstances who may benefit from coordinated local support.

2.3 For employers, the programme will strengthen access to advice on reasonable adjustments, inclusive recruitment, workplace wellbeing, job retention and Access to Work. This will support local businesses to retain experienced staff, reduce avoidable sickness absence and build more inclusive employment practices across Bexley.

2.4 For the local health and care system, *WorkWell* will support prevention and early intervention by linking residents to appropriate community, employment and wellbeing support before issues escalate. Over time, this has the potential to reduce pressure on health services, improve outcomes for residents and contribute to wider borough priorities around health inequalities, economic participation and inclusive growth.

3. Reporting and Governance

3.1 As the accountable body for *WorkWell*, NHS South East London Integrated Care Board will retain overall responsibility for programme assurance, financial oversight and delivery against national requirements. The London Borough of Bexley, through BBE, will provide quarterly reporting to the ICB to demonstrate progress, delivery performance, spend against allocation, risks and mitigations, and achievement against agreed South East London outcomes.

3.2 Quarterly reports will include activity and outcome data, referral routes, participant engagement, employer engagement, equality and access considerations, case studies where appropriate, and delivery issues requiring escalation. This will support transparent oversight of local delivery and ensure that the Bexley model remains aligned with the shared South East London framework and national *WorkWell* programme expectations.

3.3 Local governance will be maintained through regular operational review between BBE, the ICB and relevant system partners, with issues escalated through agreed ICB programme governance routes where required. This approach will provide assurance on delivery, enable timely resolution of risks and support shared learning across boroughs.

4. References

4.1 Department for Work and Pensions and Department of Health and Social Care, *WorkWell prospectus: guidance for Local System Partnerships*, GOV.UK, revised guidance published 12 March 2026.

4.2 Department for Work and Pensions and Department of Health and Social Care, *WorkWell grant funding agreement and grant conditions*, GOV.UK, updated 12 March 2026.

Bexley Wellbeing Partnership Committee

Thursday 23rd July 2026

Item: 7

Enclosure: F

Title:	**Bexley Neighbourhood Plan: Progress Report**
Author:	Kallie Heyburn, Neighbourhood Delivery Director, NHS South East London Integrated Care Board
Executive Lead/s:	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 Brough of Bexley

Purpose of paper:	The purpose of this report is to update the Bexley Wellbeing Partnership Committee on the progress made in implementing Bexley's Neighbourhood Health Plan and the emerging delivery requirements for 2026/27 arising from the NHS 10-Year Health Plan, the Neighbourhood Health Framework and South East London neighbourhood health priorities. The report sets out progress in developing and scaling Integrated Neighbourhood Teams, outlines the use of Strategic Investment Fund (SIF) investment to support delivery, and describes the continued development of Bexley Care Plus as the local neighbourhood integrator to enable coordinated, neighbourhood-based care and improved outcomes for residents.	Update / Information	*X*
		Discussion	*X*
		Decision	
Summary of main points:	The NHS 10-Year Health Plan and South East London's neighbourhood health programme continues to drive a shift towards prevention, neighbourhood-based care and more integrated, person-centred services delivered closer to home. Following the development of Bexley's five-year Neighbourhood Health Plan and the establishment of early Integrated Neighbourhood Team (INT) pilots, the focus has now moved from planning to delivery. Supported by Strategic Investment Fund (SIF) allocations, partners are expanding neighbourhood models for: • **Children and Young People** • **People with multiple long-term conditions** • **Older people living with frailty** In addition, the focus this year is on strengthening **prevention**, **population health management** and action to reduce **health inequalities**. The continued development of Bexley Care Plus as Bexley's local neighbourhood integrator will support greater collaboration across health, social care and the		

	voluntary sector, enabling more consistent delivery, shared accountability and the further scaling of neighbourhood-based care across the borough.	
Potential Conflicts of Interest	This report is for information only. There are no conflicts of interest.	
Other Engagement	Equality Impact	Prioritising cohorts within the population using risk stratification tools addresses inequalities by ensuring that those most affected by poor health outcomes receive proportionate support by focusing on at-risk and rising-risk groups. This approach strengthens equity by aligning resources with need.
	Financial Impact	Strategic Investment Fund allocation has been made available to Bexley's integrator (Bexley Care Plus) for 2026/27 by SEL ICB. Regular meetings will take place to review spend this year and to ensure any slippage is reallocated to neighbourhood initiatives.
	Public Engagement	Engagement undertaken during the development of the draft models of care has informed the approach, and further engagement will be built into the next phase as deliver of the plan progresses.
	Other Committee Discussion/ Engagement	Plans were endorsed by the Bexley Community Based Care Board in June 2026.
Recommendation:	The Bexley Wellbeing Partnership Committee is recommended to: (i) Note the update on the progress of implementing neighbourhood models of care and the delivery requirements for 2026/27. (ii) Provide feedback on any key areas to support successful implementation.	

2026/27 Neighbourhood Health Plan Progress Report

1. Background and Context

1.1. The NHS 10-Year Health Plan and the Neighbourhood Health Framework (2026) set out a continued and accelerating shift towards neighbourhood-based care, prevention, and greater integration across health and care systems. These national reforms reaffirm the ambition to move care closer to home, reduce reliance on hospital-based services, and improve population health outcomes through more proactive and coordinated models of care.

1.2 Health and Wellbeing Boards (HWBs) and place-based partnerships continue to play a central role in this agenda. As convenors of local health and care systems, they are responsible for ensuring that neighbourhood plans reflect population need, align with Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs), and are translated into coordinated delivery across partners. This includes oversight of key enablers such as the Better Care Fund and alignment with NHS South East London Integrated Care Board (SEL ICB) commissioning intentions.

2. Transition from Plan Development to Delivery

2.1 Since the submission of Bexley's high-level five-year Neighbourhood Health Plan in January 2026, further clarity has been provided on expectations for 2026/27. The focus has now moved beyond strategic intent to demonstrable delivery, with an increased emphasis on defined priority cohorts, measurable outcomes, and system-wide alignment to deliver neighbourhood health at scale.

2.2 In Bexley, the Partnership has built on existing Integrated Neighbourhood Team (INT) pilots and partnership arrangements to develop a neighbourhood model of care aligned to these national priorities. Initial work focused on establishing shared priorities, testing models of care, and developing a high-level strategic framework. The next phase requires progression to consistent delivery across neighbourhoods, supported by clear accountability, strengthened partnership working, and a greater focus on outcomes and impact.

2.3 This report reflects the transition from planning to delivery. It provides an update on progress made to date, outlines the emerging delivery requirements for 2026/27, and highlights the further work required to embed neighbourhood working, scale priority programmes, and support the continued development of Bexley Care Plus as our local 'integrator'.

2.4 Significant progress has been made in translating the ambitions set out within the five-year Neighbourhood Health Plan into operational delivery. This includes the further rollout of the Integrated Child Health Team model across additional neighbourhoods, borough-wide expansion of the Multiple Long-Term Conditions programme, mobilisation of the Ageing Well/Frailty pilot in Frognal, establishment of weekly partnership planning arrangements to develop 2026/27 delivery plans, and continued development of Bexley Care Plus as Bexley's neighbourhood integrator.

3. 2026/27 Delivery Requirements

3.1 Investment to deliver neighbourhood health and care across South East London has been made available by SEL ICB via its ICB Strategic Investment Fund (SIF). In April 2026, these allocations were issued to integrator host organisations (Oxleas NHS Foundation Trust for Bexley), together with a defined set of minimum standards and delivery requirements for 2026/27.

3.2 Delivery plans aligned to these requirements were developed collaboratively across the partnership and refined through a weekly working group, ensuring collective oversight, input, and feedback ahead of submission to SEL ICB on 22 May 2026.

3.3 Bexley's local health and care system commenced the rollout of INTs in 2025, representing a deliberate shift from a disease-specific model to a holistic, person-centred approach. This has been advanced through targeted initiatives spanning children and young people, adults with multiple long-term conditions, and those living with frailty. By integrating primary care, community services, adult social care, the VCSE sector, and secondary care, the model supports proactive,

personalised care delivery and positions Bexley well to successfully meet the SIF requirements for 2026/27.

Integrated Child Health Team

3.4 Bexley's current Integrated Child Health model provides neighbourhood-based, multi-disciplinary support for children and young people. At its core is an Integrated Child Health Team—bringing together a GP, community paediatric nurse and paediatric consultant—to jointly triage referrals, deliver community-based clinics, and coordinate care more effectively across services. The model aims to improve access, reduce unnecessary hospital referrals, and ensure children are seen in the most appropriate setting.

3.5 Delivery was prioritised in areas of highest need, with the model initially established in North Bexley and scaled across additional neighbourhoods during May and June 2026. In 2026/27, the programme will build on the existing model and move into 'Phase One' of delivery for Children and Young People Integrated Neighbourhood Teams (CYP INTs) across South East London. The focus will be on establishing at least one CYP INT locally, targeting priority cohorts, initially children and young people within the Core20 population and those with complex needs, identified through risk stratification. This phase will test and refine the model using demand and capacity modelling, agreed outcomes and continuous quality improvement approaches, while building a more proactive, data-driven and neighbourhood-based model of care.

3.6 CYP INTs are expected to deliver a defined set of core functions, including proactive identification and early intervention, coordinated multi-agency care through multi-disciplinary team (MDT) working, and integrated community-based support, with clear pathways to prevent escalation and support children to "wait well."

3.7 Key delivery requirements this year include embedding population health approaches, defining an operating model that builds on existing services and VCSE partners, and ensuring robust governance and continuous improvement. Progress will be measured through a shared outcomes

framework focused on earlier identification of need, reducing inequalities, improving access to preventative support, and delivering a more coordinated and positive experience for children and families.

People with Multiple Long-Term Conditions

3.8 The Bexley Long-Term Conditions model focuses on improving outcomes and reducing inequalities for residents with multiple conditions, specifically those with three or more long-term conditions including cardiovascular disease and chronic obstructive pulmonary disease (COPD). Targeting around 10% of the adult population, the model prioritises a rising risk cohort to enable earlier intervention and more effective use of resources.

3.9 The model is currently in delivery, having launched as a pilot in the Clocktower neighbourhood in May 2025. Phase 2 saw the model scaled across the borough earlier this year. It is delivered with a strong partnership between primary care and the voluntary sector where the approach centres on holistic, face-to-face reviews, supporting shared decision-making and personalised care planning, with access to social prescribing and specialist services as needed. Early feedback indicates strong patient engagement and positive workforce experience.

3.10 In 2026/27, the Multiple Long-Term Conditions programme will move into Phase Three, with the focus on achieving full neighbourhood coverage and embedding the model as business as usual. The scope of the model will expand to include people with Serious Mental Illness from July 2026, supported by additional investment.

3.11 Delivery will continue to target adults aged 18–64 with three or more conditions, with capacity prioritised through risk stratification, focusing initially on those with unoptimised or undiagnosed cardiovascular-related conditions and highest risk of hospital admission, identified using population health management tools.

3.12 Integrated Neighbourhood Teams will be expected to deliver a proactive, population health–driven model of care, including case finding and outreach (particularly to underserved groups), holistic assessment, personalised care planning using the Universal Care Plan, and named care coordination. Care will be delivered through integrated MDT working, with regular case reviews, access to specialist input, and clear escalation pathways to avoid hospital admission. Additional expectations include ongoing monitoring and review of patient needs, embedding community and voluntary sector support, and strengthening pathways for rapid community-based intervention as resident needs escalate.

Ageing Well/Frailty

3.13 The current Ageing Well/Frailty delivery model in Bexley is centred on supporting people to age well, with a particular focus on timely, proactive and reactive care for those living with frailty, in line with both local priorities and the wider South East London programme.

3.14 The model brings together an ageing well community hub, offering physical, social, emotional and creative health interventions to support independence, with a multidisciplinary integrated neighbourhood team for those with more complex or rising needs. The team delivers coordinated, holistic assessment and personalised care planning, working across health, social care and the voluntary sector to reduce avoidable hospital admissions and improve outcomes. The pilot went live with a soft launch in the Frognal neighbourhood in January 2026 followed by a formal launch on 5th March.

3.15 During 2026/27, Frailty and Ageing Well INTs will move into Phase Two, with a focus on refining, standardising and scaling the model across a greater number of neighbourhoods and a larger population cohort. The model is centred on people aged 65 and over across the frailty continuum, including those in care homes, housebound, or approaching end of life.

3.16 The INT is expected to use risk stratification tools to prioritise those at greatest risk of unplanned admission, with an initial focus on moderate to severe frailty and end of life care. The core delivery model requires INTs to operate a proactive, multidisciplinary and coordinated approach to care which includes systematic case finding, increased use of the Clinical Frailty Scale, and delivery of holistic assessments such as comprehensive geriatric assessments, followed by co-produced personalised care plans recorded within the Universal Care Plan.

3.17 Each individual will have a named coordinator and lead clinician, with care delivered through structured multidisciplinary team working, including regular case reviews and integrated case management addressing key risks such as falls, polypharmacy, dementia and social isolation. The INT will also ensure access to specialist input, including geriatricians, palliative care and wider therapy and nursing teams, alongside clear pathways to step-up and step-down care via services such as urgent community response and virtual wards. Ongoing monitoring, review and workforce training in frailty will underpin delivery, ensuring a consistent and high-quality model across the system.

Prevention

3.18 Prevention is a core priority for 2026/27 and is being positioned explicitly within the INT model, aligning with the national 10-year ambition to shift care towards prevention, early intervention and community-based support. This includes a strengthened focus on both primary prevention, supporting people to stay well for longer, and secondary prevention, targeting those at risk of deterioration to reduce escalation of need and avoidable admissions.

3.19 Delivery will be underpinned by population health management approaches to identify and stratify risk, alongside stronger partnership working with the voluntary, community and social enterprise (VCSE) sector and greater utilisation of community assets. To support this shift, a more defined set of prevention-focused delivery requirements has been established for 2026/27, setting out the expectations for how systems will operationalise this approach at neighbourhood level.

3.20 Building on the South East London (SEL) Prevention Framework, delivery in 2026/27 includes a targeted neighbourhood prevention offer in North Bexley as an area experiencing the greatest

health inequalities and will focus on supporting residents who are at risk, or experiencing rising risk of poorer health outcomes, with the aim of preventing escalation into more complex need. The approach adopts a life-course perspective and is centred on the *Vital 5 Plus* priorities: hypertension, unhealthy weight and associated lifestyle factors, mental health and wellbeing, tobacco dependency, alcohol harm, and the wider determinants of health including financial security, employment, housing and social connectivity.

3.21 Funding will also support a renewed focus on the proactive identification and management of cardiovascular, renal and metabolic (CVRM) risk factors. The model includes undertaking proactive outreach, strengthening engagement with underserved communities and ensuring timely access to coordinated preventative support. Delivery plans focus on strong partnership working with primary care, community services, community pharmacy, VCSE organisations and wider neighbourhood assets, creating integrated pathways that address both clinical and non-clinical needs.

4. Integrator Development: Bexley Care Plus

4.1 NHS SEL ICB approved Bexley Care Plus as Bexley's 'integrator' – a partnership framework hosted by Oxleas NHS Foundation Trust to coordinate local health, social, and voluntary care. Its core function is to build the infrastructure needed so that GPs, community teams, social workers, and voluntary sector organisations can coordinate more effectively around individual patients, reduce emergency hospital admissions and streamline service delivery.

4.2 Bexley Care Plus operates through a strategic partnership and Memorandum of Understanding endorsed by the Bexley Wellbeing Partnership Committee in 2025 between the London Borough of Bexley, Oxleas NHS Foundation Trust, Bexley Health Neighbourhood Community Interest Company (CIC), and four local Primary Care Networks Partners. Progress to date includes the partner organisations establishing shadow governance arrangements and finalising a maturity matrix assessment resulting in a development plan for delivery during 2026/27

4.3 The plan for this year focuses on strengthening Bexley Care Plus's role as leader of neighbourhood integration, further developing both the functional and relational aspects of the delivery model. To support the continued development of neighbourhood-based working, Bexley Care Plus is investing in collaborative leadership development across neighbourhood partnerships with a formal maturity review to be undertaken in September to identify areas of progress and development

4.4 Building on the priority domains established in 2025/26, delivery in 2026/27 places additional emphasis on developing integrated and shared workforce planning, strengthening the use of population segmentation and risk stratification in line with SEL-wide approaches, and further embedding integrated intermediate care through a *Home First* model.

4.5 The continued development of Bexley Care Plus is critical to delivering the ambitions set out within the NHS 10-Year Health Plan and Bexley's local Neighbourhood Health Plan. As neighbourhood models mature and scale, the integrator will play an increasingly important role in supporting shared leadership, aligned decision-making, resource coordination and system-wide accountability for delivery.

5. Additional Strategic Investment Funds

5.1 In addition to the baseline neighbourhood allocations received for 2026/27, SEL ICB has allocated further funding for integrated Mental Health and Primary Care**.** The funding for mental health is intended to strengthen the delivery of holistic "mind and body" care through INTs, ensuring mental health is embedded alongside existing frailty and multi-morbidity pathways. Key priorities include improving support for people living with Severe Mental Illness (SMI), enhancing access to physical health checks and preventative interventions, integrating psychological and dementia support within neighbourhood teams, and developing closer working between primary care, community, mental health and voluntary sector services to improve outcomes and reduce health inequalities. Delivery plans are currently being developed.

5.2 Primary care funding for 2026/27 will reflect part year delivery and is intended to address historic inequalities in flexible funding within delegated primary care budgets. The programme will support a phased 3–5-year implementation of a new Strategic Commissioning Framework, initially focused on improving consistency and fairness across general practice funding before expanding to wider primary care services, including community pharmacy. Investment will underpin INT development and delivery of the Neighbourhood Health Framework, prioritising improved access and capacity, proactive population health management, coordinated care, long-term condition management, reduction of unwarranted variation, and targeted action on health inequalities through neighbourhood-based, population-focused commissioning approaches and stronger partnership working with the VCFSE sector.

5.3 Alongside this, the ICB has invited local systems to submit proposals to secure SIF investment for 'Pushing the Boundaries' – initiatives that support innovation, services transformation and accelerated delivery of neighbourhood health priorities. More recently, boroughs have also been asked to submit an expression of interest in funding for Urgent and Emergency Care (UEC). The aim of this is to support transformation in the UEC space to improve outcomes for patients accessing urgent and emergency care, focusing on implementing technologies to digitally enable access, navigation and flow and/or improving the quality and safety of UEC environments.

5.4 Bexley partners have worked collaboratively to develop proposals aligned to local population need, the priorities set out within the Bexley Neighbourhood Health Plan, and the wider South East London vision for integrated neighbourhood working. The Pushing the Boundaries bid focuses on areas where additional investment could support scaling successful models, address identified gaps in provision and strengthen neighbourhood-based delivery, specifically expanding the Live Well, Age Well hub currently operating in the Sidcup Storyteller library.

5.5 At the time of writing, the outcome of the funding process is awaited. Updates on any successful allocations and associated delivery plans will be provided through existing governance arrangements once confirmed.

6. Risks and Challenges

6.1 Delivery of the Neighbourhood Programme during 2026/27 will take place within a complex and evolving system environment, characterised by increasing demand, workforce pressures and the continued requirement to deliver service transformation alongside day-to-day operational priorities. While significant progress has been made in establishing the foundations of integrated neighbourhood working across Bexley, a number of risks and challenges remain that could impact the pace, consistency and sustainability of implementation. The following section outlines the key risks identified for the year ahead and the mitigating actions that will support continued delivery of programme objectives and the further development of Integrated Neighbourhood Teams across the borough**.**

6.2 **Workforce Capacity:** The successful delivery and scaling of Integrated Neighbourhood Teams across multiple programmes is dependent on sufficient workforce capacity across primary care, community services, adult social care, mental health services and the voluntary sector. Increasing demand, current capacity and competing operational priorities may impact the pace of implementation and the ability to deliver the full range of proactive interventions envisaged within the INT model. Mitigation will include continued workforce planning through Bexley Care Plus, the development of multidisciplinary and skill-mix approaches, and prioritisation of delivery through population health management and risk stratification.

6.3 **Variation Across Neighbourhoods**: Neighbourhoods within Bexley continue to operate with differing levels of maturity, existing infrastructure, workforce availability and community assets. While this reflects local circumstances and strengths, there is a risk of variation in delivery, access and outcomes as programmes are scaled. A key priority during 2026/27 will be balancing consistency of core INT functions and standards with the flexibility required to respond to local population need. Regular performance monitoring, shared learning and neighbourhood maturity reviews will support the reduction of unwarranted variation.

6.4 **Data and Digital Capability**: Effective delivery of neighbourhood-based care relies on timely access to high-quality data, population health intelligence and interoperable digital systems. Current challenges include variation in data quality, limitations in real-time information sharing across organisations and inconsistent access to analytical capacity. These factors may impact the identification of priority cohorts, care coordination and the ability to demonstrate outcomes. Delivery during 2026/27 will therefore include continued development of population health management capabilities as part of SEL wide roll out, improvement of data-sharing arrangements and greater utilisation of shared digital tools such as the Universal Care Plan and London Care Record.

6.5 **Integrator Maturity**: As a relatively new arrangement, Bexley Care Plus continues to develop the governance, leadership, capabilities and relationships required to fulfil its role as the local integrator. Whilst significant progress has been made through formal partnership arrangements and the establishment of a shared development plan, there remains a risk that the pace of integrator development does not fully match the scale of transformation required. Delivery in 2026/27 will therefore focus on strengthening strategic leadership, embedding neighbourhood governance arrangements, developing shared accountability and monitoring progress through the agreed maturity framework.

7. Next Steps

7.1 To support successful delivery of the 2026/27 neighbourhood requirements and continued development of Bexley Care Plus, the following key next steps are proposed:

i) Mobilisation and Delivery of 2026/27 Programmes

- Commence delivery of the approved 2026/27 neighbourhood workstreams in line with the South East London minimum standards and delivery requirements.
- Establish programme oversight arrangements to monitor implementation of the Children and Young People, Multiple Long-Term Conditions, Frailty and Ageing Well, and Prevention programmes.

ii) Neighbourhood Scale-Up and Service Development

- Continue the expansion of Integrated Neighbourhood Team models across Bexley to achieve greater neighbourhood coverage and consistency of delivery.
- Develop plans for extending successful neighbourhood approaches into additional priority cohorts and populations, informed by emerging learning and outcomes.

iii) Outcomes, Evaluation and Continuous Improvement

- Implement agreed outcomes frameworks for each programme and establish routine reporting arrangements to monitor delivery, activity, impact and inequalities.
- Continue to utilise quality improvement methodologies to test, refine and standardise delivery models across neighbourhoods.
- Capture and share learning across partners to support continuous improvement and reduction of unwarranted variation.

iv) Population Health Management

- Strengthen the use of population segmentation, risk stratification and population health management approaches to identify priority cohorts and target interventions proactively.

v) Data, Digital and Intelligence Development

- Improve access to shared data, analytics and population health intelligence to support neighbourhood teams in identifying risk, coordinating care and measuring outcomes.
- Continue to embed the use of the Universal Care Plan and other shared digital tools to support integrated working across organisational boundaries.
- Work with SEL partners to strengthen data quality, reporting and information-sharing arrangements.

vi) Integrator Development and System Leadership

- Deliver the Bexley Care Plus development plan, including actions arising from the partnership maturity assessment.
- Continue to develop shared leadership, governance arrangements and workforce planning across partner organisations to support the long-term sustainability of neighbourhood-based care.

vii) Workforce and Organisational Development

- Support the development of multidisciplinary neighbourhood teams through workforce planning, training and shared learning opportunities.
- Identify opportunities to reduce duplication, maximise existing resources and strengthen collaborative working across health, social care and VCSE partners.
- Monitor workforce capacity and capability risks and implement mitigating actions where required to support delivery.

Bexley Wellbeing Partnership Committee

Thursday 23rd July 2026

Item: 8

Enclosure: G

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

Purpose of paper:	**This report has been produced by the NHS SEL ICB assurance team for use by Local Care Partnerships in supporting local assurance processes.** **It sets out the latest position across key local performance areas, showing progress against national targets, agreed trajectories and relevant comparators, with wider SEL context to aid interpretation.** **The report supports the Bexley Wellbeing Partnership in identifying areas of underperformance and where members or teams may need to provide further explanation and assurance that issues are being addressed locally or through wider system action.**	**Update / Information**	***X***
		Discussion	
		Decision	
Summary of main points:	The report covers a range of metrics where LCPs either have a direct delegated responsibility for delivery or play a key role in wider SEL systems. It covers the following areas: • Areas of performance delegated by the ICB board to LCPs • Metrics aligned to the six ICB corporate objectives that fall within delegated responsibilities for LCPs. • Metrics requested for inclusion by LCP teams The latest available report (June 2026) presents a balanced overall position for Bexley but with some areas of strong performance and others requiring additional focus over the remainder of the year to ensure trajectories are achieved. Based on the latest available data Bexley is performing at or above the required trajectory on mental health (Dementia diagnosis and Talking Therapies), Continuing Health Care (CHC), Childhood Immunisations (Children receiving pre-school booster (DTaPIPV%) % at 5 years, MMR1 at 5 years, DTaP/IPV/Hib % at 12 and 24 months) and Breast Cancer screening. Performance is below the required trajectory for: **Mental Health (Q4 25/26 data)**		

	• SMI Healthchecks *(Local trajectory **70%** / Current Performance **63%**)* **Continuing Healthcare (Q4 25/26 data)** • CHC Percentage assessments completed within 28 days *(Local trajectory **80%** / Current Performance **79%**)* **Childhood Immunisations (Q425/56 data)** • Children Receiving MMR1 at 24 months *(PH efficiency standard **90%** / Current Performance **86.5%**)* • Children Receiving MMR2 at 5 years *(PH efficiency standard **90%** / Current Performance **73.3%**)* • Children receiving pre-school booster (DTaPIPV%) % at 5 years *(PH efficiency standard **90%** / Current Performance **71.5%**)* • Children receiving DTaP/IPV/Hib % at 5 years *(PH efficiency standard **90%** / Current Performance **86%**)* **Learning Disability and Autism - Annual Health Checks (AHC) and Health Action Plan (new metric)** • Number of AHC with a Health Action Plan *(Local trajectory 54 / Current performance 38)* **Cancer (Apr 25 and Jun 24 data)** • Bowel Cancer Coverage (60-74) *(Corporate objective **74.6%** / Current Performance **74.5%**)* • Cervical Cancer Coverage (25-64 combined) *(Corporate objective **72.1%** / Current Performance **71.5%**)* **Hypertension (Q3 25/26 data)** • Patients with hypertension recorded as being treated in line with NICE Guidance *(Corporate objective **77.7%** / Current Performance **72.7%**)* **Flu vaccination (Feb 26 data)** • Flu vaccination rate over 65s *(Corporate objective **75%** / Current Performance **69.5%**)* • Flu vaccination rate under 65s at risk *(Corporate objective **42%** / Current Performance **37.2%**)* **Appendix 1** provides a short narrative on each of these metrics, including any mitigating factors and/or plans to address shortfalls or deficits within the next reporting period.	
Potential Conflicts of Interest	This report is for information only. There are no conflicts of interest.	
Other Engagement	Equality Impact	The stated mission of the South East London ICS is to help people in South East London to live the healthiest possible lives. The Bexley Wellbeing Partnership (BWP) supports this through helping people to stay healthy and well, providing effective treatment when people become ill, caring for people throughout their lives, taking targeted action to

		reduce health inequalities, and supporting resilient, happy communities as well as the workforce that serves them.
	Financial Impact	This report if for information only. There are no financial impacts.
	Public Engagement	The majority of the information provided in this report is publicly available via NHS England.
	Other Committee Discussion/ Engagement	This report and any required mitigations are discussed at the SEL ICB Board and Bexley Wellbeing Partnership Executive. It is being reported to the Bexley Wellbeing Partnership Committee for information.
Recommendation:	The Bexley Wellbeing Partnership Committee is recommended to: (i) Review the report and the mitigations/actions highlighted in Appendix 1 for each of the metrics RAG rated as red based on the latest reporting period.	

Appendix 1 – Bexley Local Care Partnership - LCP performance exception report

Performance Metric	Reporting Period	Expected Standard / Trajectory	Latest Performance Position	Trend Since Last Report	SEL context and description of performance	Mitigations and Improvement Actions
SMI Physical Healthchecks	Q4 25/26	75%	65.9%	↑	There was a significant increase in the number of AHCs undertaken for people with an SMI over the last 12 months and the SEL operating planning trajectory was achieved at the end of 2023/24. The proposed 2025/26 SEL corporate objectives ambition for SMI health checks was 75%. This aligns with NHSE expectations and the final year target of the Long Term Plan. The end of year target for 2025/26 was not achieved.	Bexley's final Q4 position was the second best of the 6 SEL boroughs. In common with the other 5 boroughs, there was a marked in-year increase from the 24/25-year end position however performance remains below target. The final Q4 position, however, is a significant improvement on Q3 (52%) and there is an upward trajectory in performance. MIND worked directly with practices performing below trajectory to improve uptake and support system-wide improvement. SMI health checks are currently incentivised through the Quality and Outcomes Framework (QOF).

Performance Metric	Reporting Period	Expected Standard / Trajectory	Latest Performance Position	Trend Since Last Report	SEL context and description of performance	Mitigations and Improvement Actions
Childhood Immunisations, including: Children Receiving MMR1 at 24 months	Q4 – 25/26	90%	86.5%	↑	The 25/26 operational guidance states that it remains critical that ICSs explicitly agree local ambitions and delivery plans for vaccination and services aimed at addressing the leading causes of morbidity in all age groups, including CYP. The performance indicators have an efficiency standard of 90% and an optimal performance standard of 95% for childhood immunisations. Based on current performance for South East London (and London more widely), the 90% efficiency standard was used as the comparator for RAG rating.	Public Health 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 project is currently being implemented by the GP Federation. 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.
Children Receiving MMR2 at 5 years		90%	73.3%	↓		
Children receiving pre-school booster (DTaPIPV%) % at 5 years		90%	71.5%	↓		

Performance Metric	Reporting Period	Expected Standard / Trajectory	Latest Performance Position	Trend Since Last Report	SEL context and description of performance	Mitigations and Improvement Actions
						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.
Number of Annual Health Checks with a Health Action Plan delivered to patients aged 14+ on the GP Learning Disability Register.	Apr-26	54	34	-	The South East London ICB board has set improving the uptake of physical health checks for people with LDA as a corporate objective. South East London has consistently achieved the annual targets set. This metric has been updated in the 2026/27 Medium Term Planning Framework submission which sets a target for the number of people who receive an Annual Health Check AND a Health Action Plan.	The national Learning Disability Health Check Scheme incentivises practices to increase annual health checks and Health Action Plans for patients on the Learning Disability Register.

Performance Metric	Reporting Period	Expected Standard / Trajectory	Latest Performance Position	Trend Since Last Report	SEL context and description of performance	Mitigations and Improvement Actions
Bowel Cancer Coverage (60-74)	Apr-25	74.6%	74.5%	↑	Bowel cancer screening coverage is currently below the revised nationally defined optimal level of screening of 76% SEL set overall ambitions for improving breast, bowel and cervical screening a corporate objective. Indicative LCP level annual targets have also been shared via the six Place Executive Leads (PELs). These are based on a standard proportional reduction in the unscreened population at an LCP level for each cancer cohort. This means that there is an expectation that all LCPs will improve uptake but those with a lower baseline uptake would have a slightly larger stretch for the year. Thus, supporting a reduction in inequality between boroughs.	Improving bowel and breast screening in people with Learning Disabilities and Serious Mental Illness is an indicator metric in the Bexley GP Premium for 2026-27. This indicator incentivises practices to make reasonable adjustments for these groups of patients who have a lower rate of uptake of cancer screening.
Cervical Cancer Coverage (25-64 combined)	Jun 24	72.1%	71.5%	↓	Cervical cancer screening is currently below the nationally defined optimal level of screening of 80%. Bexley is the second highest performing borough in SEL and is just marginally below the expected standard trajectory. Screening is directly commissioned by NHS England, and delivery is through regional teams. Changes to	Expression of Interest has been submitted to the South East London Cancer Alliance for project funding to improve cancer awareness and screening uptake in neighbourhoods in Bexley, pending further discussion. Six Bexley practices with the lowest cervical screening coverage have been selected to participate in the Human

Performance Metric	Reporting Period	Expected Standard / Trajectory	Latest Performance Position	Trend Since Last Report	SEL context and description of performance	Mitigations and Improvement Actions
					programme, workforce, capacity etc. require NHS England to action. Given this, we rely on a joint approach with other London ICBs on common issues within these areas and advocate for regional solutions such as addressing workforce and capacity challenges within programmes, improving processes and operational pressures, and coordinating potential mutual between screening providers. Local actions for SEL require focus on improvements within the current programme structure/resource.	Papilloma Virus self-sampling Phase 2 pilot for non-responders to invitations for cervical screening. The self-sampling procedure enables people to take the swab at home and negates the need for the intrusive speculum insertion which is a significant barrier to cervical screening. The Place Cancer CCPL works closely with the ICB Cancer Facilitator to focus attention and support to practices with the lower screening coverage and to mitigate coding issues which affect the screening data. The Cancer CCPL chairs a quarterly Bexley Roundtable updating practices on cancer screening. The Bexley Cancer Working Group in association with the Public Health team and other stakeholders meet quarterly to work on community cancer and screening awareness. Raising awareness with the general public regarding the importance of cervical, bowel

Performance Metric	Reporting Period	Expected Standard / Trajectory	Latest Performance Position	Trend Since Last Report	SEL context and description of performance	Mitigations and Improvement Actions
						and breast screening, through community engagement events. North Bexley is raising awareness through outreach work with local community groups. Cancer data packs sent quarterly to Practices so they can track their performance against their peers and the borough target. Practices encouraged to pro-actively engage with patients, contacting them several times if they do not respond to their cervical screening invitation.
Management of hypertension treated to NICE Guidance	Q3 – 25/26	80%	78%	↑	The 2025/26 priorities and operational planning guidance identifies increasing the percentage of patients with hypertension treated to NICE guidance to 80% by March 2026 as a national objective. Bexley has made a significant improvement, as can be seen in the data. 2025/26 performance will be reported against straight line trajectories for	Local data reporting (May 26) shows Bexley as the best performing borough in SEL with <80 years was 74.75% and for >80 years 84.94%. Collaboratively working with 'Clinical Excellence South East London' (CESEL) alongside BHNC who work with practices and PCNs, to ensure that the CVD investment funding is focused on supporting the

Performance Metric	Reporting Period	Expected Standard / Trajectory	Latest Performance Position	Trend Since Last Report	SEL context and description of performance	Mitigations and Improvement Actions
					each LCP to achieve the 80% target by March 2026. There is a significant time lag (of approximately 4 months) in the publishing of national reporting (CVD PREVENT) of this metric. To support local monitoring of performance, the SEL LTC team have used the local data as the basis for trajectories up to March 2026. Hypertension is predominantly managed in general practice and there is wide variation in achievement across practices, not always explained by demography.	improvement of the hypertension target. Increasing awareness with the general public about the importance of having blood pressure checked and controlled - through community engagement events with blood pressure monitoring available. Community Pharmacy are carrying out blood pressure checks and offer Ambulatory Blood Pressure Monitoring. Quarterly data packs sent to Practices with their achievement, benchmarked against other Bexley Practices and SEL. All practices identify a dedicated team (champions) and Lead GP to take charge of hypertension management and set criteria/ priorities to recall relevant patients. A Care Coordinator will ensure appropriate patients are contacted, follow-ups arranged, missed appointments rescheduled, and continuous

Performance Metric	Reporting Period	Expected Standard / Trajectory	Latest Performance Position	Trend Since Last Report	SEL context and description of performance	Mitigations and Improvement Actions
						engagement through phone calls or digital platforms. Increasing awareness with the public about the importance of having blood pressure checked and controlled - through community engagement events with blood pressure monitoring available. The ICB made an incentive investment to the Practices in 25/26 (in addition to the GP Premium) to ensure that as many practices as possible meet or exceed 80% of eligible patients treated to NICE guidance standards, this enabled Practices to hold drop-in blood pressure check sessions and other initiatives, which helped to drive up the hypertension achievement.
Adult Flu Vaccination (over 65s)	Feb 25	70%	69.5%	↑	The South East London ICB board set improving adult flu vaccination rates as a corporate objective. The ambition for 2023/24 was to improve the vaccination rate of people aged over 65 to 73.7%.	The 25/26 flu vaccination programme ended in March 2025. Key 25/26 actions taken included: • Operational Vaccination Oversight Group • Borough tailored comms & engagement to support
Adult Flu Vaccination (over 65s)	Feb 25	42%	37.2%	↑		

Performance Metric	Reporting Period	Expected Standard / Trajectory	Latest Performance Position	Trend Since Last Report	SEL context and description of performance	Mitigations and Improvement Actions
					Performance in 2023/24 and 2024/25 was below the ambitions agreed at the start of each year for both cohorts. In order to ensure that 25/26 ambitions were informed by place, their knowledge of and insights into their local population, their role in commissioning services and their strategic plans for delivery, each borough team set their own ambitions to improve uptake for the two main adult flu cohorts for the upcoming flu season. Borough teams have planned their targets based on improving last year's performance as published at Seasonal influenza vaccine uptake in GP patients: winter season 2024 to 2025 - GOV.UK. They may require revision should historic data be revised.	national campaigns such as 'why we get vaccinated' • Focused engagement with community groups representing underserved communities • Work with Community Champions to share key messaging • Bexley Winter Wellbeing messaging in the Bexley magazine - pull out and keep booklet • Encourage practices to maximise the potential for flu & COIVD-19 co-administration, where feasible and in line with patient choice • Support focused thinking on how to encourage uptake amongst cohorts with historically low uptake (such as Immuno Suppressed, asthma & diabetes where their disease is well-managed)

Bexley Wellbeing Partnership Committee

Thursday 23rd July 2026

Item: 9

Enclosure: H

Title:	**2026/27 Finance Report - Month 2**
Author/Lead:	Asad Ahmad, Associate Director of Finance (Bexley), NHS South East London Integrated Care Board
Executive Sponsor:	Diana Braithwaite, Strategic Director, Integrated Health & Care/Place Executive Lead (Bexley), NHS South East London Integrated Care Board David Maloney, Director of Corporate Finance, NHS South East London Integrated Care Board

Purpose of paper:	**To provide an update on the financial position of Bexley (Place) as well as the overall financial position of the ICB as at month 2 2026/27.**	**Update / Information**	***X***
		Discussion	***X***
		Decision	

Summary of main points:

Bexley place financial position

	Year to date Budget	Year to date Actual	Year to date Variance	Annual Budget	Forecast Outturn	Forecast Variance
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Acute Services	113	113	0	676	676	0
Community Health Services	4,390	4,074	316	26,340	25,788	552
Mental Health Services	1,904	1,997	(93)	11,421	11,973	(552)
Continuing Care Services	4,440	4,746	(306)	26,640	27,140	(500)
Prescribing	6,327	6,327	0	39,791	39,791	0
Other Primary Care Services	264	264	0	1,582	1,582	0
Other Programme Services	83	0	83	500	0	500
Corporate Budgets	530	530	0	3,181	3,181	0
Total	**18,050**	**18,050**	**0**	**110,131**	**110,131**	**0**

As at Month 2 (May 2026) Bexley place is reporting a breakeven position year to date and full year forecast.

South East London ICB Summary

- The ICB's financial allocation as at month 2 is £5,950,393k.
- As at month 2, the ICB is reporting a year to date (YTD) break-even position.
- Two places are reporting small overspends YTD at month 2 – Bromley (£161k – driven by MH CPC and Right to Choose overspends) and Greenwich (£122k – driven by MH CPC and Right to Choose overspends), with a break-even position being forecast by all. All Places have been tasked to identify additional mitigations to offset financial risks.

	• As at month 2 the ICB is forecasting an overall break-even position against its annual financial plan.	
Potential Conflicts of Interest	There are no conflicts of interest as a consequence of this report.	
Other Engagement	Equality Impact	Not applicable.
	Financial Impact	The paper sets out the financial position as at M2 2026/27.
	Public Engagement	Not applicable.
	Other Committee Discussion/ Engagement	The finance reports are discussed at the ICB Executive meeting, locally it has been discussed at Bexley SMT and the LCP Executive.
Recommendation:	The Bexley Wellbeing Partnership Committee is recommended to: (i) Discuss the month 2 financial position for Bexley Place. (ii) Receive the NHS SEL ICB financial position as at month 2.	

South East London Integrated Care System

Bexley Wellbeing Partnership Committee

Finance Report

Month 2 (May 2026) – FY 2026/27

Thursday 23rd July 2026

AGENDA ITEM: 9 H(i)

Bexley Wellbeing Partnership

2026/27 Month 2 Bexley Place Financial Position

Overall Position

	Year to date Budget	Year to date Actual	Year to date Variance	Annual Budget	Forecast Outturn	Forecast Variance
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Acute Services	113	113	0	676	676	0
Community Health Services	4,390	4,074	316	26,340	25,788	552
Mental Health Services	1,904	1,997	(93)	11,421	11,973	(552)
Continuing Care Services	4,440	4,746	(306)	26,640	27,140	(500)
Prescribing	6,327	6,327	0	39,791	39,791	0
Other Primary Care Services	264	264	0	1,582	1,582	0
Other Programme Services	83	0	83	500	0	500
Corporate Budgets	530	530	0	3,181	3,181	0
Total	**18,050**	**18,050**	**0**	**110,131**	**110,131**	**0**

- As at Month 2 (May 2026) Bexley place is reporting a breakeven position year to date and full year forecast.
- Mental Health Services is reporting an overspend of £93k year to date and £552k full year forecast. The overspend is primarily driven by spend on the "Right to Choose" ADHD and ASD assessments conducted by private providers. Bexley is working with other areas of South-East London to develop a common approach to managing this ongoing and increasing cost pressure. The position also includes an overspend on the Section 117 cost per case placements.
- Continuing Care is reporting an overspend of £306k year to date and £500k full year forecast. The overspend is driven by an increase in CHC placements in the last few months. There is ongoing work as per the Bexley place efficiency plans to review CHC placements which is expected to improve the position during the year. Further work is required in the coming weeks to assess the expected impact from these reviews to accurately forecast the year end position.
- Community Health Services is reporting an underspend of £316k year to date and £552k full year forecast. The underspend is due to some non-recurrent savings on budgets.
- Prescribing is reporting a breakeven position year to date and full year forecast. Prescribing data is provided two months in arrears; therefore, the financial position includes an estimate for this period.
- Other Programme services budget is reporting an underspend of £83k year to date and £500k full year forecast. This is following the release of uncommitted growth funding to mitigate the cost pressures being seen in the overall Bexley place budgets.
- Corporate budgets are reporting a breakeven position year to date and full year forecast. Until the new structure from the ICB change programme is implemented, any variances on the pay budgets will be managed centrally and not reported at place.
- Acute and other Primary Care services are reporting a breakeven position year to date and full year forecast.

South East London Integrated Care System

Appendix A

SEL ICB Finance Summary

Month 2 2026/27

Bexley Wellbeing Partnership

1. Key Financial Indicators

NHS South East London

- The below table sets out the ICB's performance against its main financial duties on both a year to date (YTD) and forecast basis.
- As at month 02, the ICB is reporting a year to date (YTD) and forecast out-turn (FOT) **break-even position** against its revenue resource limit (RRL) and financial plan.
- **All boroughs are reporting that they will deliver a minimum of financial balance at the year-end.**
- The ICB is showing a **break-even** position for YTD and forecast out-turn position against the **running cost allowance (RCA)**. Any YTD underspends against running cost and programme corporate budgets are being used to mitigate the reduction to the ICB's overall allocation **(£21,400k)** in respect of the Change Programme.
- The ICB is reporting that YTD its efficiencies plan is on track and the forecast is for the annual plan to be delivered.
- **All financial duties have been delivered for the year to month 02 period.**

Key Indicator Performance

	Year to Date		Forecast	
	Target	Actual	Target	Actual
	£'000s	£'000s	£'000s	£'000s
Expenditure not to exceed income	989,201	989,201	5,950,393	5,950,393
Operating Under Resource Revenue Limit	989,201	989,201	5,950,393	5,950,393
Not to exceed Running Cost Allowance	5,342	5,342	31,717	31,717
Month End Cash Position (expected to be below target)	5,563	3,231		
Operating under Capital Resource Limit	n/a	n/a	n/a	n/a
95% of NHS creditor payments within 30 days	95.0%	100.0%		
95% of non-NHS creditor payments within 30 days	95.0%	99.7%		
Mental Health Investment Standard (Annual)			560,171	561,171

Bexley Wellbeing Partnership

2. Executive Summary

NHS South East London

- This report sets out the month 2 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 financial allocation as at month 2 is **£5,950,393k**. In month, the ICB has received an additional **£48,587k** of allocations. These are as detailed on the following slide. **As at month 2, the ICB is reporting a year to date (YTD) break-even position.**
- Due to the routine time lag, the ICB has not yet received any 2627 prescribing data. After the usual accrual for two months of estimated prescribing expenditure, the ICB is reporting a **break-even position YTD across PPA and non PPA**. Once information is available the usual slide will be presented.
- Given that reporting for dental, ophthalmic and community pharmacy is subject to same time lag, a YTD breakeven position is reported. Again, when information is available, the usual slide will be included within the monthly reporting pack.
- The CHC financial position is **£126k overspent** at month 2. The boroughs which are most impacted are Lewisham and Bexley, further work will be undertaken to validate the clients in month to ensure the reporting is correct and any mitigations can be identified. The YTD position for **Mental Health services** is an overall **overspend of £974k.** This is generated by pressures on cost per case services and Right to Choose costs with all boroughs impacted. **ADHD and ASD assessments** continue to be a significant financial pressure for all boroughs. Additional analysis of these MH pressures is being undertaken in month as well as identifying potential mitigations against these pressures. Work is due to be undertaken around the ASD and ADHD pathways, and progress regarding this work will be followed up on and reported back in future reports.
- Two places are reporting a small overspends YTD at month 2 – **Bromley (£161k – driven by MH CPC and Right to Choose overspends) and Greenwich (£122k – driven by MH CPC and Right to Choose overspends), with a break-even position being forecast by all.** All Places have been tasked to identify additional mitigations to offset financial risks.
- In reporting this month 2 position, the ICB has delivered the following financial duties:
  - An **overall break-even** YTD financial position.
  - Breakeven against its management costs allocation. YTD underspends **(£1,680k)** are being used to offset the allocation reduction **(£21,400k)** due to the national assumption that staff restructures arising from the Change Programme were implemented by 1st April 2026 which is not true for the ICB. The redundancy costs of the programme were included as either provisions (Voluntary Redundancy Scheme 2 and any compulsory Redundancies) or accruals (Voluntary Redundancy Scheme 1) in the ICB's 2025/26 annual accounts, so will not be a charge against the 2026/27 position.
  - Delivering all targets under the **Better Practice Payments code**;
  - Subject to the usual annual review, delivered its commitments under the **Mental Health Investment Standard**; and
  - Delivered the **month-end cash position**, well within the target cash balance.
- As at month 2 the ICB is forecasting an overall **break-even position** against its annual financial plan.

Bexley Wellbeing Partnership

4. Budget Overview

NHS South East London

	M02 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	113	1,129	993	79	111	12	559,972	-	**562,409**
Community Health Services	4,390	16,406	6,121	5,319	5,320	6,125	54,276	-	**97,958**
Mental Health Services	1,904	2,668	1,883	4,175	1,764	2,076	112,515	874	**127,858**
Continuing Care Services	4,440	4,927	5,348	5,928	4,229	3,436	-	-	**28,307**
Prescribing	6,327	8,298	6,375	7,129	7,517	6,031	-	553	**42,230**
Other Primary Care Services	264	356	319	664	306	137	-	2,621	**4,667**
Other Programme Services	83	-	-	-	-	121	3,220	1,151	**4,574**
Programme Wide Projects	-	-	-	-	4	-	-	637	**642**
Delegated Primary Care Services	8,259	11,830	10,568	16,043	12,080	12,901	-	440	**72,120**
Delegated Primary Care Services DPO	-	-	-	-	-	-	11,248	26,009	**37,257**
Corporate Budgets - staff at Risk	-	-	-	-	-	-	-	-	**-**
Corporate Budgets	530	733	623	813	578	750	-	7,153	**11,179**
Total Year to Date Budget	**26,309**	**46,347**	**32,230**	**40,150**	**31,909**	**31,588**	**741,231**	**39,438**	**989,201**

	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	113	1,129	993	79	111	12	559,797	-	**562,234**
Community Health Services	4,074	16,249	6,076	5,319	5,245	6,125	54,299	-	**97,388**
Mental Health Services	1,996	2,985	2,046	4,335	1,794	2,144	112,665	867	**128,833**
Continuing Care Services	4,746	4,927	5,351	5,768	4,274	3,368	-	-	**28,434**
Prescribing	6,327	8,298	6,375	7,129	7,517	6,031	-	553	**42,230**
Other Primary Care Services	264	356	319	664	306	137	-	2,621	**4,667**
Other Programme Services	-	-	-	-	-	121	3,220	875	**4,215**
Programme Wide Projects	-	-	-	-	4	-	-	637	**642**
Delegated Primary Care Services	8,259	11,830	10,568	16,043	12,080	12,901	-	440	**72,120**
Delegated Primary Care Services DPO	-	-	-	-	-	-	11,251	26,009	**37,260**
Corporate Budgets - staff at Risk	-	-	-	-	-	-	-	-	**-**
Corporate Budgets	530	733	623	813	578	750	-	7,153	**11,179**
Total Year to Date Actual	**26,308**	**46,508**	**32,352**	**40,150**	**31,908**	**31,588**	**741,232**	**39,156**	**989,201**

	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	0	(0)	(0)	0	0	0	175	-	**175**
Community Health Services	316	157	45	(0)	75	(0)	(23)	-	**570**
Mental Health Services	(93)	(318)	(163)	(160)	(30)	(68)	(149)	6	**(974)**
Continuing Care Services	(306)	(0)	(4)	160	(45)	68	-	-	**(126)**
Prescribing	-	-	-	-	-	-	-	-	**-**
Other Primary Care Services	0	0	(0)	0	0	-	-	(0)	**0**
Other Programme Services	83	-	-	-	-	-	(0)	275	**359**
Programme Wide Projects	-	-	-	-	-	-	-	(0)	**(0)**
Delegated Primary Care Services	-	-	-	-	-	0	-	-	**0**
Delegated Primary Care Services DPO	-	-	-	-	-	-	(3)	-	**(3)**
Corporate Budgets - staff at Risk	-	-	-	-	-	-	-	-	**-**
Corporate Budgets	(0)	0	0	(0)	0	0	-	0	**0**
Total Year to Date Variance	**1**	**(161)**	**(122)**	**(0)**	**0**	**0**	**(0)**	**282**	**(0)**

- As at month 2, the ICB is reporting a YTD **break-even position**, albeit with **pressures in specific budgets.** The main area of financial pressure is in **mental health services.**
- Due to the routine time lag, the ICB has not yet received any 2627 prescribing data. After the usual accrual for two months of estimated prescribing expenditure, the ICB is reporting a breakeven position YTD across PPA and non PPA budgets.
- The **CHC** financial position is **£126k** overspent at month 2. The boroughs which are most impacted are Lewisham and Bexley, further work will be undertaken to validate the clients in month to ensure the reporting is correct and any mitigations can be identified.
- The YTD position for **Mental Health services** is an overall overspend of **£974k**. This is generated by pressures on cost per case services and Right to Choose costs with all boroughs impacted. **ADHD and ASD assessments** continue to be a significant financial pressure for all boroughs. Additional analysis of these MH pressures is being undertaken in month, as well as identifying potential mitigations.
- The ICB is now settling the Voluntary Redundancy 1 claims which are being charged against year end accruals and shortly costs for the Voluntary Redundancy 2 scheme will be coming through which will be offset against a year end provision, so neither of these schemes will impact upon the 2026/27 financial position.
- Two places are reporting a small overspends YTD at month 2 – **Bromley (£161k – driven by MH CPC and Right to Choose overspends) and Greenwich (£122k – driven by MH CPC and Right to Choose overspends)**, with a break-even position being forecast by all. All places have been tasked to identify additional mitigations to offset any financial risks, to ensure delivery of their financial plans.

Bexley Wellbeing Partnership Committee

16th July 2026

Item: 10

Enclosure: I

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

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

Summary of main points:	The Bexley Wellbeing Partnership Committee are asked to note that there are currently 9 open risks on the Bexley Place risk register. Of the 9 risks on the Bexley Place risk register: • one risk is rated as “extreme risk” after mitigations are put in place • seven risks are rated as “high risk” after mitigations are put in place • one risk is rated as “low risk” after mitigations are put in place The underlying causes of these risks are: • financial pressures, including prescribing costs, Bexley Place delegated budget pressures, mental health cost per case activity and continuing healthcare expenditure • capacity issues in meeting demand, particularly in relation to autism and ADHD diagnostic pathways, where demand continues to exceed available capacity • performance challenges in immunisation uptake, SMI health checks and hypertension management • safeguarding capacity pressures, including the continued reliance on interim cover for the designated safeguarding children doctor function
Potential Conflicts of Interest	There are no conflicts of interest.

Other Engagement	Equality Impact	None identified.
	Financial Impact	The finance risks reported concern prescribing, delegated budget, mental health cost per case activity and continuing healthcare expenditure pressures, which may impact the ICB’s ability to meet its statutory duties.

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

Bexley Place Risks – Report to the Bexley Wellbeing Partnership Committee

July 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 July 2026.

The committee is asked to note the following current position:

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

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

The open risks currently relate to the following issues:

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

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

4. Proposed actions for the committee

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

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

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

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

16th July 2026

South East London Integrated Care System

Bexley Wellbeing Partnership

Risk ID	Risk Description	Initial	Control Summary	Current	Assurance in Place	Gaps in Assurance	Targ
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	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	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	None	3
642	There is a risk that residents experience excessively prolonged waiting times for autism and ADHD diagnostic assessments. This is due to sustained increases in demand, historical backlogs, and limited diagnostic workforce capacity. The delays adversely affect children and adults, increase reliance on private providers through 'Right to Choose', and create financial pressures for the ICB arising from non-contracted activity. Prolonged waits also undermine public confidence and impact delivery of national and local improvement commitments for mental health and neurodevelopmental services.	12	SEL Commissioning leads on the ASD and ADHD diagnostic pathways are developing an Assessment Hub to support priority screening and support for patients referred for a diagnosis. Locally, Bexley has expanded access to pre-and post-diagnostic support for ADHD and autism to support CYP and families while they wait for a diagnosis and post diagnosis. Oxleas our provider has sub-contracted an independent provider Healios to increase capacity and support with increased demand for autism assessments., Clear targets identified by the ICB with SLaM to reduce 52+week waiting times, . SEL-wide neurodevelopmental improvement programme established under the CYP MH and Wellbeing Partnership Board to oversee ASD and ADHD diagnostic pathways, waiting times, and consistency of the core offer across SEL boroughs / places. New integrated diagnostic pathway from April 2025 enabling movement between ADHD and Autism assessments, reducing duplication and re-referral delays. Targeted capacity investment including non-recurrent and recurrent funding to providers to expand assessment capacity, weekend clinics, and workforce recruitment initiatives. Waiting well and early support offers publicised through local offers and all-age autism services to provide information,	16	This has been raised as a concern across the local partnership and work is underway to consider how we can collectively support CYP based on presenting need rather requiring a formal diagnosis. Pre-and -post diagnostic workshops are available and have been scheduled. Other than ADHD prescribing, CYP can access health services without a diagnosis and waiting times for most health services are within national targets. The pilot assessment hub is due to start in Q3 for 2025/26 and will support with expediting access to assessments for ADHD and autism and alleviate some of the demand on the core commissioned pathway. Oxleas has increased output for autism assessments and is working to streamline their processes to meet increased demand., Oversight through the SEND Improvement Board, . Place SEND Partnerships, and the SEL CYP MH and Wellbeing Partnership Board., Monthly contract and performance meetings with key providers., Regular reporting through ICB performance and finance structures on diagnostic activity, spend and trajectories., Periodic deep dives and review sessions through SEL CYPMH Delivery Group and borough	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.	None	4

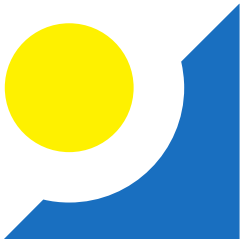
Agenda Item: 13
Enclosure: J

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