By email to:

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Sir Richard Douglas CB
Chair, South West London ICB
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5 August 2026

Dear Richard

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

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

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

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

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

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

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

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

Yours sincerely

Dame Caroline Clarke
Regional Director
NHS England London

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

SOUTH WEST LONDON ICB

Performance Assessment

Urgent and emergency care performance remained relatively strong. A&E four-hour performance reached 77.8%, narrowly below plan. While performance remained below the 78% national ambition, the system continued to strengthen flow, discharge processes and management of avoidable demand.

Cancer performance remained strong overall, with 62-day performance at 81.5% and 31-day performance at 97.2%. While 62-day performance fell marginally short of plan, delivery compared favourably with peers and reflected effective pathway management.

Elective recovery remained challenging. Performance against the 18-week standard improved and long waits reduced further, including continued reductions in patients waiting over 52 weeks. However, demand continued to outpace activity and the overall waiting list increased to almost 200,000 patients. This reflected effective management of the longest waits, although overall backlog pressures persisted.

Diagnostic performance improved during the year, supported by sustained increases in diagnostic activity and additional capacity, including the opening of the New Addington Community Diagnostic Centre. The proportion of patients waiting more than six weeks for a diagnostic test reduced to 9.9%, significantly better than plan. However, increased diagnostic capacity was insufficient to offset growth in elective demand and overall waiting list pressures.

Primary care access remained a relative strength, supported by investment in digital access and service transformation. This contributed to improved appointment availability and patient access, helping support delivery of wider system objectives through earlier intervention and management of demand.

Quality and safety performance was mixed. The ICB demonstrated strong delivery across key national mental health priorities, including achievement of Long Term Plan access standards, delivery of Talking Therapies requirements and improvements in perinatal access. Average length of stay in adult acute mental health beds also reduced during the year.

However, these strengths were offset by weaker performance in some core quality and safety standards, including breaches of healthcare-associated infection thresholds and incomplete delivery of programmes such as LeDeR. Risks also remained within children and young people's pathways and transition arrangements and long waits for autism assessment. There are also emerging workforce gaps impacting safeguarding resilience. Taken together, performance reflected strong delivery in targeted clinical programmes but less consistent delivery against system-wide quality and safety objectives.

You demonstrated a clear commitment to improving population health through prevention, neighbourhood health development and population health management. Croydon was selected as one of the first national neighbourhood health implementation sites, while South West London participated in the NHS England Frailty Discovery Collaborative. Initiatives included expansion of annual health checks for people with a learning disability, integrated neighbourhood teams, proactive respiratory case-finding in Merton and an Integrated Care Co-ordination Hub. Together, these initiatives strengthened prevention and proactive care,

although further work was required to translate activity into consistent improvements in outcomes.

You demonstrated a clear focus on addressing health inequalities through targeted, partnership-led interventions across your system. This included action to improve uptake of annual health checks for people with a learning disability, targeted community outreach to improve cancer screening uptake within South Asian communities, and work to identify and address barriers to accessing primary care for underserved groups. These interventions were supported by population health intelligence and place-based prevention approaches. While targeted interventions are well established, their impact is not yet consistently demonstrated across all priority cohorts. Building on clustering arrangements with South East London ICB will provide opportunities to reduce unwarranted variation and strengthen population health approaches across south London.

You met your statutory financial duties and maintained effective financial control, delivering a breakeven against an allocation of approximately £4.5 billion. The ICB also exceeded its efficiency target, delivering £37.6 million of efficiencies against a £37.1 million target, and met the Mental Health Investment Standard with a £43.4 million increase in mental health expenditure.

At system level, partners delivered a surplus of £24.6 million through coordinated financial management and delivery of £255.5 million of efficiencies against a £296.2 million target. However, this relied on £126.7 million of deficit support funding and almost half of efficiencies were non-recurrent, highlighting continuing sustainability risks. The system also carried an underlying structural deficit of approximately £262.5 million, demonstrating the scale of the longer-term financial challenge facing the system.

Overall, the ICB demonstrated strong delivery across urgent and emergency care, cancer services, mental health priorities and primary care access, alongside effective financial management and delivery of its statutory financial duties. There was also continued focus on population health and reducing health inequalities. However, performance remained uneven, with ongoing challenges in elective recovery, diagnostic waiting times and aspects of quality and safety delivery, while the wider system financial position remained fragile. Taken together, this indicates further work will be required, including through the clustering opportunities with South East London ICB, to reduce variation, improve consistency across priority pathways and address the significant underlying financial challenge facing the wider system.

Capability Assessment

You demonstrated effective leadership as a strategic commissioner, maintaining focus on delivery of system priorities within a complex operating environment. You aligned partners around shared objectives and coordinated delivery across organisational boundaries.

You continued to demonstrate mature partnership working across providers, local authorities, place-based partnerships and wider stakeholders. Clustering with South East London ICB supported shared learning, strengthened commissioning capability and enabled coordinated action on system priorities. During the same period, South West London progressed neighbourhood health and place-based transformation, including Croydon's selection as an early national neighbourhood health implementation site and participation in the NHS England Frailty Discovery Collaborative.

Feedback we have received from Health and Wellbeing Boards (HWBs) indicates that the ICB was a constructive and valued partner in supporting delivery of local health and wellbeing priorities through strong place-based collaboration. Respondents highlighted the ICB's support for neighbourhood health development, integrated neighbourhood teams and local partnership arrangements, including work to strengthen prevention, population health and action on health inequalities. Examples included support for the Sutton Alliance, Richmond's neighbourhood health and care programme, and the continued development of local health and care partnerships. Looking ahead, HWBs highlighted the importance of maintaining strong place-based leadership, strengthening joint commissioning and governance arrangements, and addressing ongoing pressures associated with Continuing Healthcare processes.

You demonstrated effective governance, with clear arrangements for oversight of performance, finance, quality and risk. Programme boards, escalation mechanisms and a refreshed Board Assurance Framework strengthened oversight of performance, finance, quality and risk.

You demonstrated a mature approach to quality and safety governance, supported by established leadership, surveillance arrangements and system-wide forums for oversight of quality and safety risks. These arrangements supported coordinated responses to emerging issues and facilitated shared learning across organisations. However, while improvement capability is evident, the challenge remains to translate this more consistently into reliable improvements in quality and safety outcomes across the system.

You established mechanisms to obtain and apply clinical advice through clinical leadership arrangements, provider collaboratives and nine clinical networks. These arrangements ensured commissioning and transformation decisions reflected professional expertise and evidence.

You established structured arrangements for public and patient engagement, including the systematic use of insight to inform commissioning and service design. These approaches were strengthened through partnership with Healthwatch, VCSE organisations and community stakeholders. The ICB demonstrated how engagement was translated into decision-making and service development, including involving people with lived experience in the South West London crisis café model, community outreach informing plans for the New Addington Community Diagnostic Centre, and engagement with parents and carers to improve neurodevelopment pathways and support for families. This was supported by community grant programmes, VCSE partnerships and a system-wide insight repository.

You continued to support wider social and economic development through your role as an anchor institution. This included widening participation in NHS careers and targeted recruitment for underrepresented groups. The ICB also introduced a values-based recruitment approach for care leavers, resulting in appointments into safeguarding apprenticeship roles, reflecting a practical commitment to improving employment opportunities for local people.

You demonstrated continued commitment to environmental sustainability through delivery of the South West London Green Plan and wider infrastructure strategy. More than £32 million of decarbonisation investment supported estate improvements, including LED lighting, solar generation and electric vehicle infrastructure, contributing to a reduction of more than 5,000 tonnes of carbon emissions. These initiatives supported both carbon reduction objectives and the development of more sustainable models of care.

You continued to support research and innovation through collaboration across the system, including establishment of the South West London Health Research Collaborative and hosting the first South West London Research Summit. Innovation included participation in the NHS England Frailty Discovery Collaborative and leadership of a digital frailty pilot designed to improve integration of health and care information. These initiatives strengthened research capability and supported service improvement.

Taken together, the ICB demonstrated strong organisational capability, characterised by effective leadership, mature governance, strong partnership working and well-established mechanisms for quality oversight, clinical engagement and public involvement. These foundations strengthened the ICB's role as a strategic commissioner which can be supported further by clustering opportunities with South East London ICB. The principal challenge for the next phase will be translating these strengths more consistently into improved delivery and outcomes across all priority areas.

Conclusion

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

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