



The London Neighbourhood Health Delivery Programme

Healthier Communities for London

An update on delivery – one year on

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Implementing a Neighbourhood Health Service for London

Since the joint publication of the neighbourhood health Case for Change and Target Operating Model in May 2025, London has been delivering against key commitments to establish a neighbourhood health service for all Londoners.

The neighbourhood health service in London is being developed based on a simple ambition: to deliver care that is more joined up, more responsive, and rooted in the needs of local communities.

This ambition reflects a joint recognition that we need to do things better, and we need to do better things.

In May 2025, London published the neighbourhood health Case for Change, Target Operating Model and accompanying implementation plan.

Together, these set out a clear and shared direction for developing a neighbourhood health service across the capital, as part of London's wider commitment to improving health, wellbeing, economic opportunity and addressing inequality.

It marked a joint commitment by senior leaders across London's health and care systems and wider partners to work differently in the face of growing pressures across public sector and voluntary, community, faith and social enterprise (VCFSE) organisations, and being faced by individuals, families and communities themselves.

Since publication, focus has shifted from setting out ambitions and plans to laying the foundations for delivery in each borough, and across London as a whole.

Led jointly by local authorities, the NHS, VCFSE and partners in each place across all Integrated Care Systems that make up London's health and care ecosystem – clinicians, professionals, patient and community groups, providers and commissioners of services have worked at pace to turn shared commitments into practical action, aligned to both local needs and the wider 10 Year Health Plan for England.

This has included creating the conditions needed for neighbourhood "teams of teams" and accompanying improved access to, and outcomes from, care to develop consistently; while also enabling local systems and communities to shape priorities and delivery in ways that work for them, meeting people where they are, and supporting individuals and families to play an active role in designing and managing care and support. And running the first ever simulation of neighbourhood health at scale, understanding both the experience and impact of working in new ways for residents, staff, volunteers, and systems.

London now has a strong platform for delivering a whole-person, whole-system and whole-needs model of neighbourhood working to support both better health and wellbeing, and more accessible and sustainable healthcare services for Londoners.

In 2026/27, London's ICBs have committed over £100 million of funding to enable this shift – from hospital to community, from treatment to prevention, applying digital technologies but also reflecting the behavioural and cultural changes and investments needed to transform care in homes, in communities, in our hospitals and in enhanced neighbourhood hubs across the capital.

London's health and care partners acknowledge there is still much, much more to do.

Financial and workforce challenges are real, our buildings and digital systems need to develop rapidly, and in the meantime demand for support continues to grow. The promise of neighbourhood health is not sufficient – we need to evidence the outcomes, for people and across the region.

We believe, nonetheless, that the progress in recent months – putting in place the changes required, scaling existing and emerging improvements in outcomes and care – show that by working together we can make meaningful and sustainable change a reality in London.



London's commitment to neighbourhood health for all

In May 2025, building on findings from previous London-wide deliberative engagement with communities across the capital and in preparation for the publication of the government's 10 Year Health Plan, London made a commitment to working together across health, local government and VCFSE partners, responding to the opportunity and challenge of delivering better co-ordinated, person and community-centred neighbourhood health.



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of Havering, Co-Chair of London's Health
and Care Partnership

Proposals and delivery plans were co-designed over nine months with representatives from the NHS, London Councils, the GLA, Londonwide LMCs and partners, building on existing good practice and insights from neighbourhood, place and system level.

Key Neighbourhood Developments across London

Headline developments since May 2025

- **London has established Place, co-terminus with our London boroughs, as the key layer for developing a neighbourhood health service with integrated neighbourhood teams** with our Place Partnerships providing leadership and accountability for planning, delivering and evaluating improved population health and reduced inequalities with each place.
- **100% of London is now covered by agreed neighbourhoods**, based on natural communities, making London the first NHS region to define neighbourhoods at this scale.
- **Supporting each neighbourhood, our Place Partnerships are establishing genuine “integrator” arrangements** involving partners within each place nominated to host (individually or jointly) the required functions for primary, community, mental health, acute specialist, local authority, VCFSE and other partners to work together at neighbourhood level, as described in our Neighbourhood Health Target Operating Model for London.
- **We have set up joint Task and Finish Groups to lead on a shared neighbourhood health Model of Care**, shared London Neighbourhood Estates Planning, shared London Neighbourhood Digital and Data Strategies, and Workforce Model for London, together with the development of joint strategic commissioning models; all reporting to the London Neighbourhood Health Delivery Board under an independent Chair.
- **London ICBs have committed transformational and recurrent funding in excess of £100 million to invest** in services and support to improve neighbourhood services across the capital.



Defined neighbourhood footprints

In total, 141 geographically defined neighbourhoods have been agreed across London, establishing a consistent platform for neighbourhood health delivery across the capital.

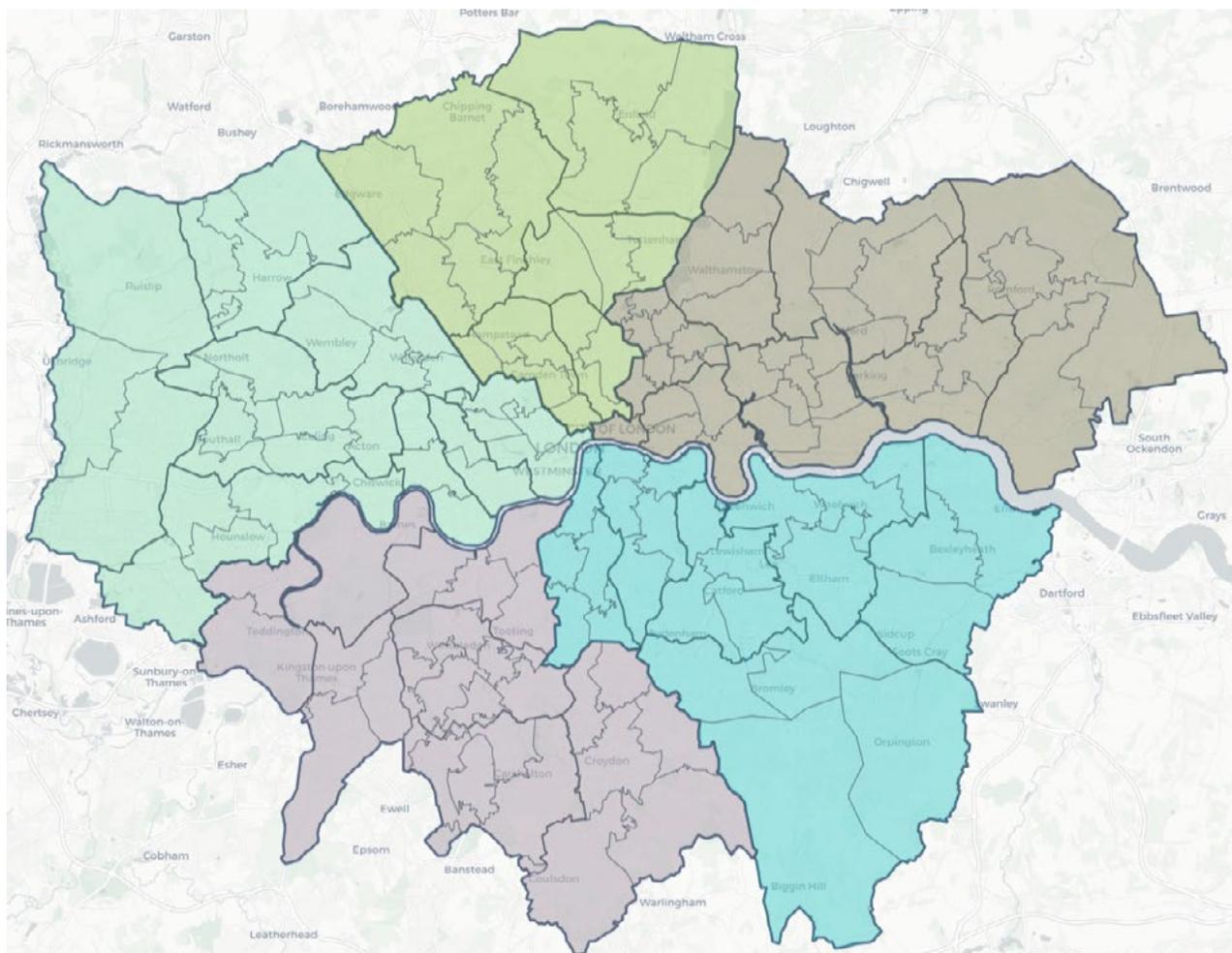
In line with the Neighbourhoods Target Operating Model, Integrated Care Systems and Place Partnerships were tasked with agreeing neighbourhood footprints based on local evidence and data.

This ensured neighbourhoods were defined in a way that reflects natural geographies and how communities experience services, while remaining consistent with London-wide expectations.

All London systems have now confirmed their neighbourhood footprints by Place and System, making London the first NHS region to define neighbourhoods at this scale.

Neighbourhoods in London range in size based on local circumstances and needs, but have a mean population of 61,000.

These boundaries are designed based on natural geographies and areas that communities themselves would recognise, providing a clear and comprehensible foundation for neighbourhood delivery.



The London Neighbourhood Health Delivery Board

Chaired by former London Local Authority Chief Executive Paul Najsarek, the London Neighbourhood Health Delivery Board brings together senior leaders from across London, including NHS Acute, Community and Mental Health Providers; the Londonwide Local Medical Committees; Community Pharmacy; the London Ambulance Service; the NHS England Regional Team; all of London's Integrated Care Boards; London Councils; Directors of Adults, Children Services and Public Health; the Greater London Authority; and London's VCFSEs.

London's integrator model

Defining neighbourhoods in London and the London integrator model represents a means to an end, not an end in itself.

Whilst the term "integrator" has understandably raised queries, a core part of the London model is a recognition first, that if we are to improve care at scale then we need to put real organisational resources behind it (not as a one-off, but in empowering staff and teams on a daily basis); and secondly, that we need to separate out leadership of neighbourhood health (which sits within place partnerships and communities) from the infrastructure needed to support delivery.

Our agreed integrators, developed within each Place Partnership, include Community and Mental Health Providers, Acute Trusts, Local Authorities and Community Interest Companies (CICs), working in partnership with GP Federations, Primary Care Networks (PCNs) and Alliances.



Learning and developments through National Neighbourhood Health Implementation Programme sites

London has been proud to host 5 of the 43 National Neighbourhood Health Implementation Programme wave 1 sites. Aligned with neighbourhood development at regional, system, place and neighbourhood level, shared areas of focus have included:



1. Developing population health and data-driven approaches

All sites are strengthening their Population Health Management (PHM) capability and using shared data to identify priority cohorts and manage care:

Key activities include:

- Implementing risk stratification tools and population segmentation
- Developing shared dashboards and data packs for neighbourhood teams
- Linking data across primary care, community, acute and local authority systems
- Using data to prioritise frailty, rising-risk and proactive care cohorts

Examples:

- Barking and Dagenham launch of Optum tools and new neighbourhood data packs.
- Bi-Borough risk stratification model and neighbourhood dashboards.
- Croydon triangulating risk stratification data with clinical and operational insight.
- Hillingdon integrated data via the WSIC platform to support frailty care pathways.
- Lambeth and Southwark priority cohorts via a PHM approach led jointly by general practice and secondary care clinicians.

2. Building multidisciplinary neighbourhood teams

All sites are developing integrated neighbourhood teams (INTs) models and strengthening multidisciplinary working:

Key activities include:

- Running multi-disciplinary teams (MDTs) and neighbourhood workshops
- Defining neighbourhood footprints
- Introducing clinical decision makers into MDTs
- Testing new collaborative working models

Examples:

- Barking and Dagenham organisational development workshops to build MDT relationships and trust.
- Bi-Borough multi-agency neighbourhood models of care.
- Croydon “ultra-huddles” bringing together GPs, community services, mental health and social care to manage complex patients.
- Hillingdon integrated MDTs with urgent community response clinicians to manage risk more effectively in the community.
- Lambeth and Southwark new integrated neighbourhood teams for people with multiple long-term conditions and frailty.

3. Strengthening community and VCFSE partnerships

All sites share a priority around moving away from purely medical models towards holistic community-based care:

Key actions:

- Expanding social prescribing
- Developing partnerships with voluntary and community organisations
- Creating community engagement and co-production structures
- Running community health events and outreach

Examples:

- Barking and Dagenham use of community connectors and co-production to design neighbourhood interventions.
- Bi-Borough new participation framework led by VCFSE organisations.
- Croydon empowering VCFSE partners and social prescribers to manage appropriate patients outside formal MDT structures.
- Hillingdon community wellness events and AI-supported social prescribing tools.
- Lambeth and Southwark, resident and VCFSE partners co-design workshops and Public and Patient Engagement programme.

4. Developing integrated care infrastructure

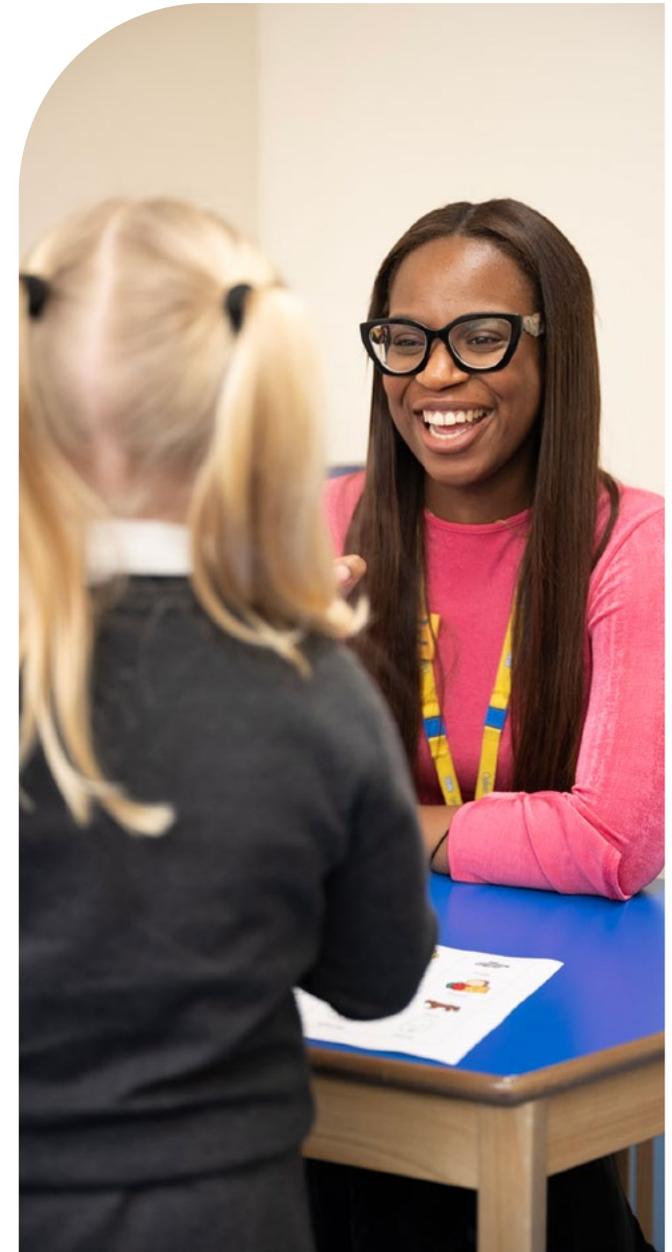
Sites are putting in place the systems and infrastructure needed to scale and spread integrated care at neighbourhood and place.

This includes:

- Shared case management systems
- Workforce passports
- Digital tools for cross-organisation working
- Co-location of staff in neighbourhood hubs

Examples:

- A review of data sharing agreements in Barking and Dagenham with the aim of consolidation.
- Croydon single case management system across health and social care and weekly co-location of MDT members.
- Hillingdon use of Blinx to reduce duplicate record-keeping across different electronic systems.
- Hillingdon development of neighbourhood hub buildings and co-locating teams.
- Lambeth and Southwark estates mapping to identify neighbourhood-level NHS, VCFSE and local authority facilities to support neighbourhood health centres.



5. Governance and leadership for neighbourhood health

Sites are establishing clearer governance to support integrated neighbourhood working.

This includes:

- Updated partnership boards
- Integrated leadership models
- Alignment with ICB strategy and funding

Examples:

- Barking and Dagenham INT operational and executive groups.
- Bi-Borough alignment of neighbourhood work with place-level strategy and transformation funding.
- Croydon leadership triumvirate across community health, general practice and social care.
- Hillingdon strengthened governance through Hillingdon Health and Care Partners.
- Lambeth and Southwark Local Care Partnership Boards and system-wide partner engagement forums.

6. Focus on prevention and health inequalities

Sites are taking forward initiatives aimed at preventing deterioration and reducing inequalities.

This includes:

- Frailty models to support people to stay healthy and well outside of hospital
- Community diagnostics and home-based testing
- Targeted work on long-term conditions such as diabetes and cardio-vascular disease
- Population cohort management

Examples:

- Barking and Dagenham diabetes inequality interventions.
- Croydon Patient Reported Outcome Measures (PROMs) and service utilisation evaluations for proactive care.
- Hillingdon home diagnostics and mobile X-ray services.
- Lambeth and Southwark's WorkWell programme supporting residents with long-term conditions to return to employment.



London neighbourhood health simulation

The London neighbourhood health simulation was conducted in-person over two days (5 to 6 June 2025).

It involved over 70 professionals drawn from 35+ organisations representing health, local government, wider public services and the VCFSE sector in London. Alongside professionals, people with lived experience were recruited as residents in the simulation, based on profiles developed from real population health data reflecting the age profile, health conditions and needs across the capital. This included children and young people, working-age adults and older people.

The simulation was conducted in two neighbourhoods over three “cycles” of activity, covering a total of 12 months of simulated time. Each cycle included residents interacting with health and care services at neighbourhood level, and a Place Board making decisions around those services. Each cycle was designed such that actions taken in one cycle would impact resident trajectories and the simulated world in future cycles.

Professionals in leadership and operational delivery roles were invited to play themselves, such that pharmacists were engaged as pharmacists, GPs as GPs, paramedics as paramedics, council chief officers as council chief officers.

Two fictional neighbourhoods (Brookhill and Thistledown) were modelled in two neighbouring boroughs, each borough forming part of a different Integrated Care System. These included primary care; community, mental health and acute services; adult’s and children’s social services; schools; care homes; wider local authority and VCFSE partners.

The simulation was conducted simultaneously on two layers: the delivery layer, where professionals and residents interacted in range of typical neighbourhood settings from homes to community centres, hubs to hospitals; and the planning layer, where a Place Board made up of senior leaders oversaw and made decisions which were informed by, and impacted, the delivery layer.

London Councils’ offices provided the physical environment within which participants worked over three cycles across the two days, each cycle representing 3-4 months in time. All interactions were recorded through a shared online platform, supported by an underlying data model which extrapolated these to examine impact across organisations and systems; and regular formative evaluation, involving professionals, patients and residents, and the Place Board reviewing what had happened and the impact of each simulated cycle.



The simulation demonstrated the importance of both enabling individuals, communities and teams to work together including through shifting funding, co-ordinating support, improving information sharing, co-location (in schools, care homes and children's hubs) and involving people directly in their own care. As a result, over 12 months health outcomes improved and the need for high-cost, high acuity services (including emergency / non-elective admissions) reduced.

"I've had a lived experience [including] how disjointed and drawn-out my treatment was; if this is what health and care can look like in the future, it fills me with hope" – London resident

"More connected, more co-ordinated, more patient first." – Healthcare professional



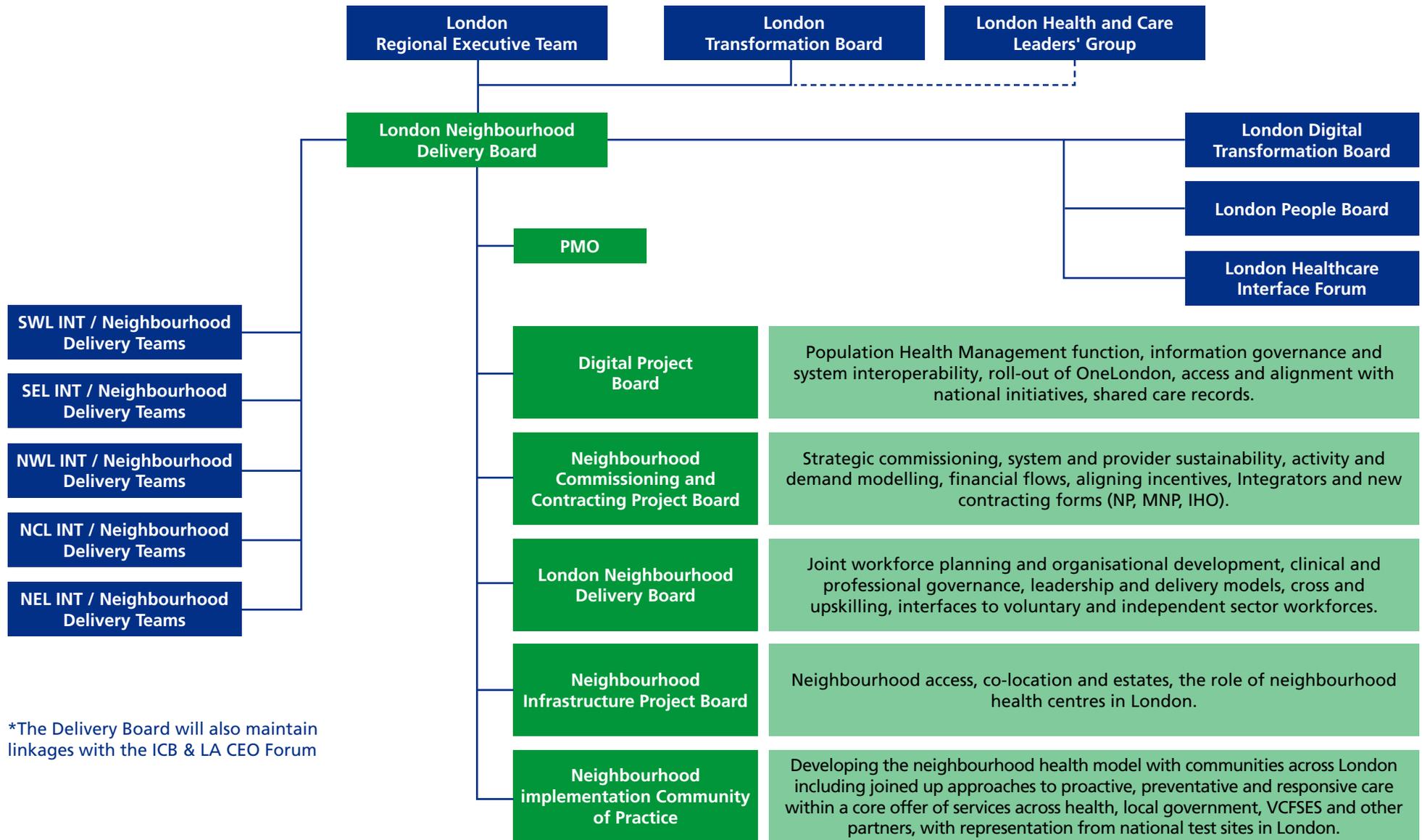
Governance to support delivery

The Neighbourhood Health Delivery Board provides London-level oversight, assurance and coordination to support consistent implementation of the **Neighbourhood Target Operating Model**. Alongside specific programme governance, the programme works through existing London-wide, system and place-based governance with partners including ICBs, Local Authority, VCFSE and NHSE.

Purpose

1. **Support implementation** of the London Neighbourhood Health Target Operating Model at regional, system and neighbourhood level.
2. **Align with the National Neighbourhood Health Implementation Programme** and wider policy environment, following the Government's 10 Year Health Plan.
3. **Ensure consistency of approaches** whilst respecting the need for local adaptation and autonomy.
4. **Share learning from across the London systems** and Place Partnerships.
5. **Embed patient and community voices** in the delivery of neighbourhood health services, building on the London Deliberative Engagement.
6. **Manage progress, risks, issues and develop opportunities** working with London's Health and Care Partners and key stakeholders including London's VCFSEs and Londonwide LMCs.
7. **Oversee the delivery of pan-London pieces of work**, including the agreed outcomes from Transformation Fund funding through aligned Task and Finish Groups.

London's Neighbourhood Delivery Model

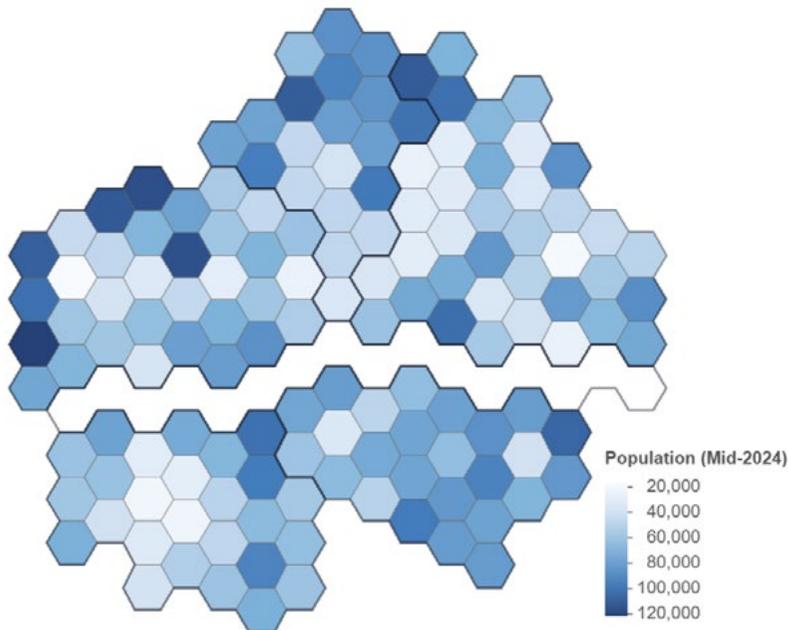


*The Delivery Board will also maintain linkages with the ICB & LA CEO Forum

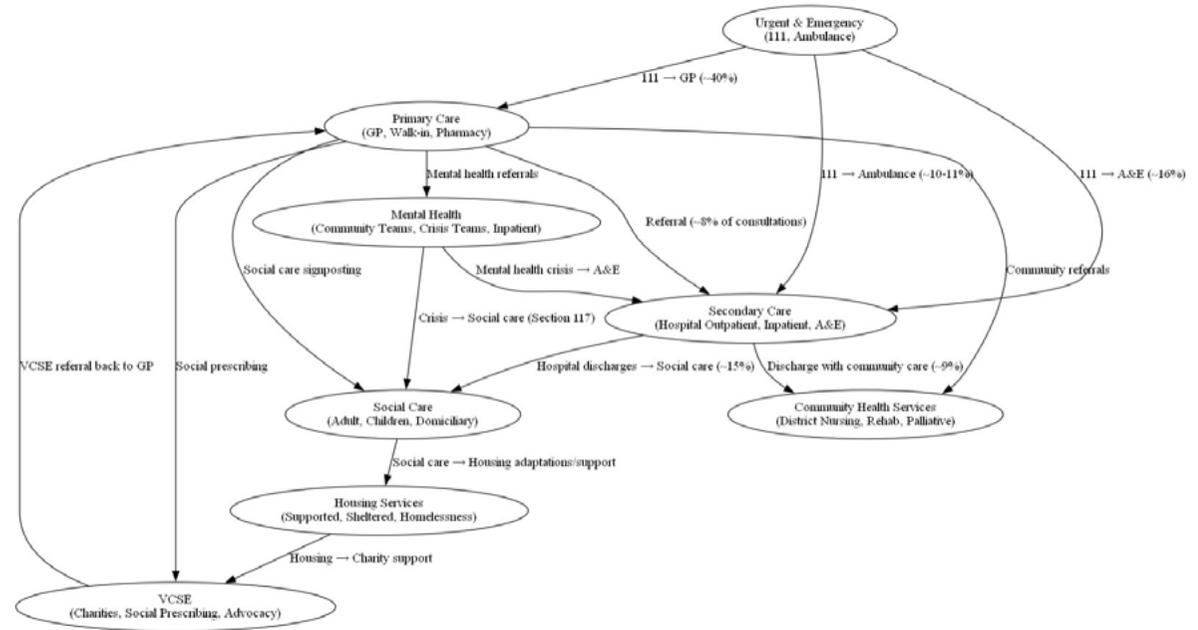
Delivering neighbourhood health at scale

Delivering neighbourhood health at scale in London means moving beyond principles into how the neighbourhood health service will work in practice – how people will access care, how services wrap around them and what the implications are for our workforce, activity, finances and infrastructure. Across London, partners have been sharing data and insights to build a shared health and care model which will ensure that resources can flow to where they are needed.

London's Agreed Neighbourhoods



Example of current flow in London



Team of Teams and the Target Operating Model

The Target Operating Model for neighbourhood health in London has been designed around a Team of Teams approach.

This provides the operational structure that enables INTs to respond flexibly to local population health needs while maintaining consistency across London; and provides a different way of answering questions such as what we mean by integration, how we define neighbourhoods, and who is on the team.

Neighbourhood health services will only be as effective as the teams of people delivering them — this model sets out how those teams could form, connect laterally, and respond to individual and community opportunities and needs.

The resident is at the centre of concentric circles formed of professionals and carers from different organisations and backgrounds, working at different spatial levels, coming together to deliver as required.



Modelling future impact

Linked resident / episode level data

NHS Commissioning Datasets (linked)
Primary Care Data (linked)
Social Care Data

Core Model Engine
Models the impact of patient flow and distribution of demand across health & care at LSOA level

Population segmentation & risk stratification
Population growth & need profile change adjustments
Cross-system patient flow analysis
Assumptions on the impact of the shift to Neighbourhoods
Assumptions on second- and third-order effects

Output: projections of shifts in demand (SR/MR/LR) due to shift to Neighbourhood Health Service

Input from commissioner & provider workforce teams

Assumptions on skills required to meet specific needs
Data on current capacity linked to activity for baselining
Data & assumptions on future workforce constraints

Workforce Model
Models the impact of patient flow and distribution of demand across the health & care system

Population segmentation & mapping need to activity
Baseline demand & capacity analysis, including backlogs
Modelling impact of shifts in demand on skills required
Converting change in skill demand to WTE requirements
Assumptions on changes to workforce productivity

Output: modelling of impact of shifts in demand on skills & capacity requirements in the future system

Input from provider finance & planning teams

Assumptions on skills required to meet specific needs
Data on current capacity linked to activity for baselining
Data & assumptions on future workforce constraints

Financial Model
Models the impact of shifts in demand & capacity across the system

'Commissioning perspective' analysis (tariff costs)
Analysis of impact on acute finances, accounting for fixed costs over SR/MR/LR, backlogs, corridor care, etc.
Analysis of impact on general practice financial position, accounting for national and local contract arrangements
Analysis of financial impact on other partners (primary care, community services, councils, ind providers, VCFSEs...)

Output: projections of shifts in demand (SR/MR/LR) due to shift to Neighbourhood Health Service

Establishing shared digital enablers

- **The London Secure Data Environment (SDE)** is one of the largest data assets in the world for proactive care, service improvement and research.
- **Following extensive engagement with the public on the governance and data access models**, at the end of February 2026, 97% (1097/1131) of GP practices across the capital have signed up to the data sharing agreement and 90% (1013/1131) have data flowing to the SDE.
- **With over 29 million views of the London Care Record in 2025**, our regional shared care record aims to give a unified view of a person's relevant health and care information – valued at equivalent of £56 million in efficiency savings through time saved. This is a 22% increase on 2024 figures, with monthly views now well over 2.5 million per month.
- **There are now over 85,000 Londoners with a Universal Care Plan (UCP)** - London's digital personalised care and support plan, enabling every Londoner to have their care preferences, needs, and "what matters to them" recorded once and shared in real time.
- **Since the UCP expanded to new care pathways in January**, London has now supported over 11,000 people with frailty and/or dementia and over 1,000 with learning disabilities and/or autism with a UCP.
- **Our newest digital system - eMHA by Thalamos - for administering electronic mental health assessments** went live in 2025 supporting around 1,700 patients a month across London. The system was used 225,000 times in 2025, now linked and sharing data into the London Care Record.



Understanding and addressing the big issues

The London Health and Care Partnership is working through the practicalities of neighbourhood health across a range of key lines of enquiry, with support from national, regional, system and place colleagues, with the intention of learning from and share learning with other regions:

What is the clinical model for neighbourhood health and how does this relate to our overall **model of care**?

What is the relationship between neighbourhood health in London and emerging national priorities e.g. **GP Access**?

What are the implications and priority actions for neighbourhood health in London in relation to **Urgent and Emergency Care**?

What do we see as being the future model of **outpatient care** in London and what will this mean for all partners?

How do we ensure that neighbourhood health works for the whole population model e.g. **Children and Young People, Mental Health**?

How do we ensure that our move to a neighbourhood health service reflects and delivers our commitments to address **health inequality**?

How do we ensure that we put **co-production** and the voices of communities at the heart of neighbourhood health at all levels?

What does this mean for existing Place and neighbourhood governance including the role of **Health and Wellbeing Boards**?

How do we start to develop funding flows that support **sustainable funding** across health, local government and VCFSEs?

In this context, what is the future of **Better Care Fund** and the impact for existing services including social care in London?

What is the role of **Integrated Health Organisations and Single / Multi Neighbourhood** Providers and what impact will these have?

How will we ensure **neighbourhood health centres** address gaps whilst also getting the best from existing public sector estate?

What will the impact of **neighbourhood health be** on capacity and demand across London's health, care and wider services?

How will we balance the need for both **consistency and variation** in our neighbourhood health model in London?

How will we manage **cross-boundary / cross-system** flow within and around the boundaries of London?

How will we navigate the **transition** from current to future ways of working in the absence of new funding?

Where do we start – how are we determining our **priority cohorts**, across London, within each system place and neighbourhood?

What is our **model / theory of change** for the neighbourhood health service in London?

What is the **Return On Investment (ROI)** /are the financial implications for systems and individual organisations?

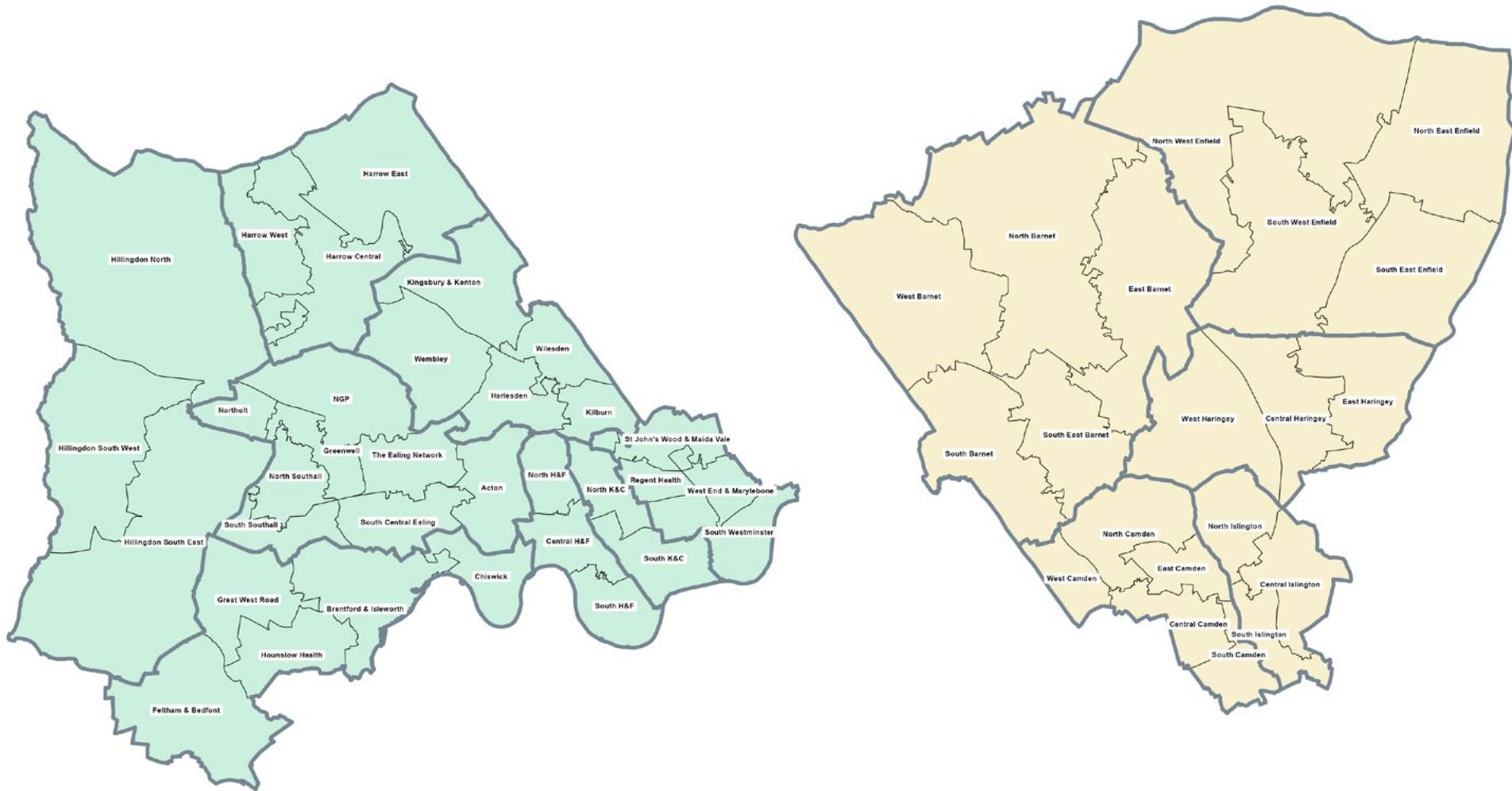
How do we transition to **shared approaches and infrastructure** (e.g. a single Population Health approach) building on existing investment?



Appendix - London's Neighbourhoods



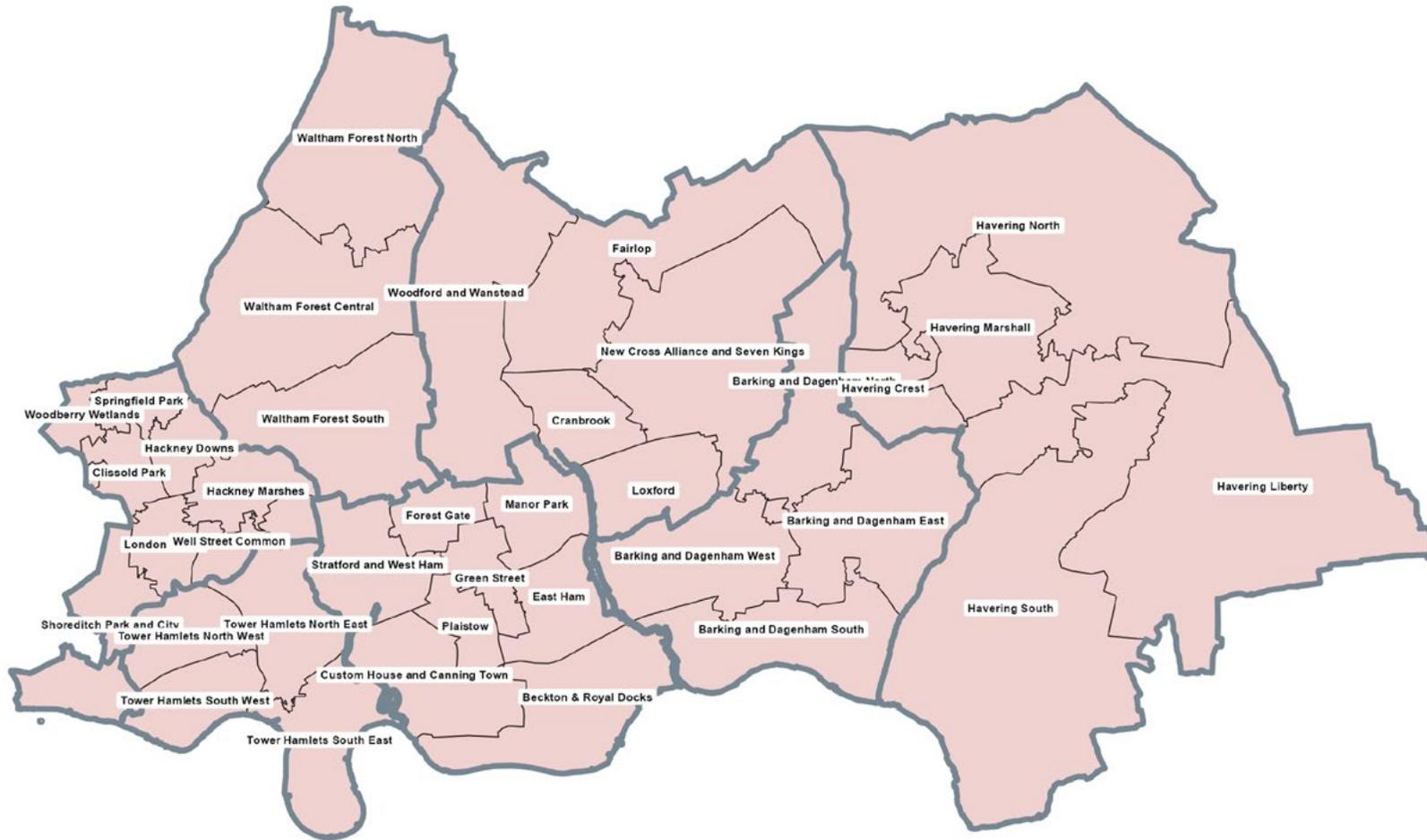
West and North London



West and North London

System	Neighbourhoods per System	Place	Neighbourhoods per Place	Neighbourhood
NWL	33	Brent	5	Harlesden, Kilburn, Kingsbury & Kenton, Wembley, Willesden
		Ealing	8	Acton, Greenwell, NGP, North Southall, Northolt, South Central Ealing, South Southall, The Ealing Network
		Hammersmith & Fulham	3	Central H&F, North H&F, South H&F
		Harrow	3	Harrow Central, Harrow East, Harrow West
		Hillingdon	3	Hillingdon North, Hillingdon South East, Hillingdon South West
		Hounslow	5	Brentford & Isleworth, Chiswick, Feltham & Bedfont, Great West Road, Hounslow Health
		Kensington and Chelsea	2	North K&C, South K&C
		Westminster	4	Regent Health, South Westminster, St John's Wood & Maida Vale, West End & Marylebone
NCL	20	Barnet	5	East Barnet, North Barnet, South Barnet, South East Barnet, West Barnet
		Camden	5	Central Camden, East Camden, North Camden, South Camden, West Camden
		Enfield	4	North East Enfield, North West Enfield, South East Enfield, South West Enfield
		Haringey	3	Central Haringey, East Haringey, West Haringey
		Islington	3	Central Islington, North Islington, South Islington
Total	53	Average	4	

North East London



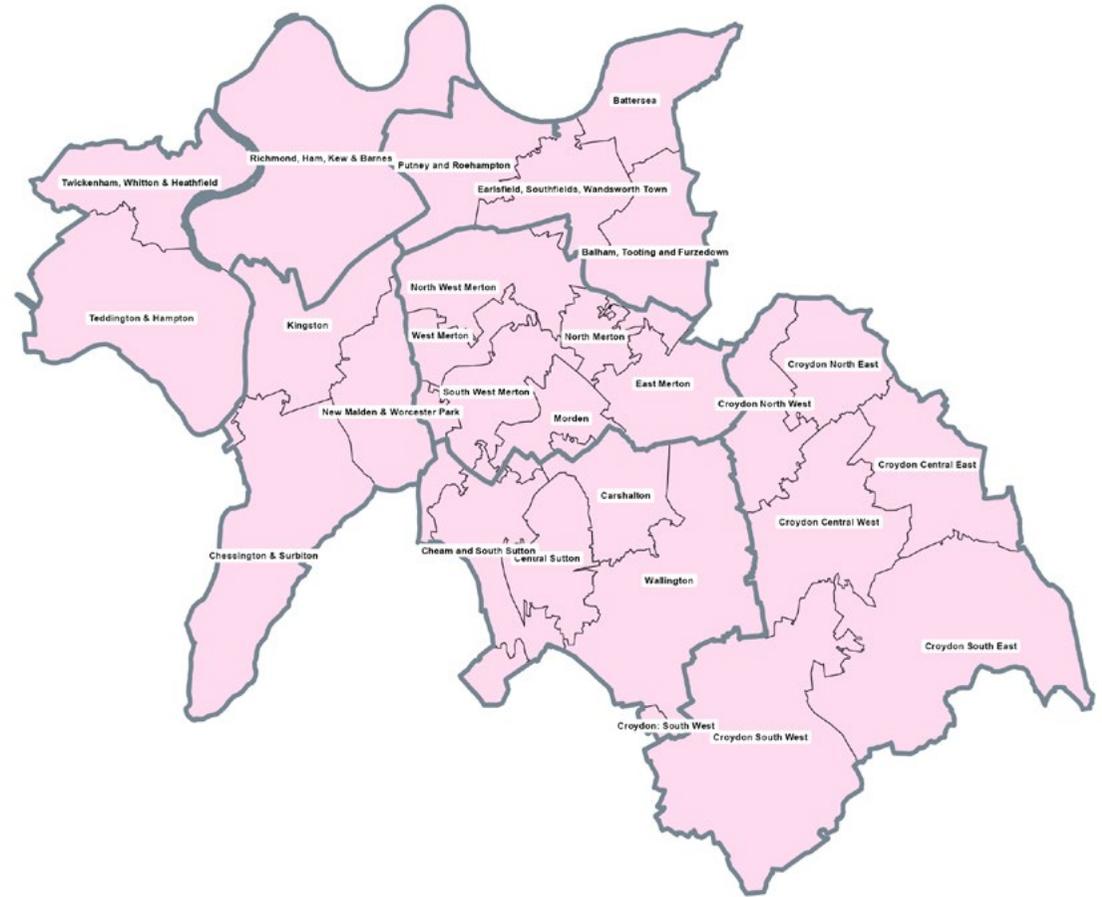
North East London

System	Neighbourhoods per System	Place	Neighbourhoods per Place	Neighbourhood
NEL	37	Barking & Dagenham	4	Barking and Dagenham East, Barking and Dagenham North, Barking and Dagenham South, Barking and Dagenham West
		Hackney	8	Clissold Park, Hackney Downs, Hackney Marshes, London Fields, Shoreditch Park and City, Springfield Park, Well Street Common, Woodberry Wetlands
		Havering	5	Havering Crest, Havering Liberty, Havering Marshall, Havering North, Havering South
		Newham	8	Beckton & Royal Docks, Custom House and Canning Town, East Ham, Forest Gate, Green Street, Manor Park, Plaistow, Stratford and West Ham
		Redbridge	5	Cranbrook, Fairlop, Loxford, New Cross Alliance and Seven Kings, Woodford and Wanstead
		Tower Hamlets	4	Tower Hamlets North East, Tower Hamlets North West, Tower Hamlets South East, Tower Hamlets South West
		Waltham Forest	3	Waltham Forest Central, Waltham Forest North, Waltham Forest South
Total	37	Average	5	

South East London



South West London



South East and South West London

System	Neighbourhoods per System	Place	Neighbourhoods per Place	Neighbourhood
SEL	25	Bexley	3	Clocktower, Frogna, North Bexley
		Bromley	4	Bromley North East, Bromley North West, Bromley South East, Bromley South West
		Greenwich	4	North Central Greenwich, North East Greenwich, South Greenwich, West Greenwich
		Lambeth	5	Brixton and Herne Hill, Clapham, North Lambeth and Stockwell, Norwood, Streatham
		Lewisham	4	Lewisham North, Lewisham Central, Lewisham South, Lewisham West
		Southwark	5	Bermondsey & Rotherhithe, Borough, Camberwell & Walworth, Dulwich, Peckham
SWL	26	Croydon	6	Croydon Central East, Croydon Central West, Croydon North East, Croydon North West, Croydon South East, Croydon South West
		Kingston upon Thames	3	Chessington & Surbiton, Kingston, New Malden & Worcester Park
		Merton	6	East Merton, Morden, North Merton, North West Merton, South West Merton, West Merton
		Richmond upon Thames	3	Richmond, Ham, Kew & Barnes, Teddington & Hampton, Twickenham, Whitton & Heathfield
		Sutton	4	Central Sutton, Wallington, Carshalton, Cheam and South Sutton
		Wandsworth	4	Battersea, Putney and Roehampton, Balham Tooting and Furzedown, Earlsfield, Southfields, Wandsworth Town
Total	51	Average	4	

This document is part of London's broader strategy to deliver integrated, person-centred care at neighbourhood level. It should be read alongside the London Case for Change.

Accessibility

If you would like this document in an alternative format, please email communications@selondonics.nhs.uk