

Bexley Wellbeing Partnership Committee meeting held in public

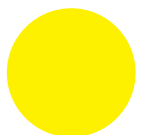
14:00 – 16:00, Thursday 26th January 2023
Venue: Council Chamber, London Borough of Bexley Civic Offices,
2 Watling Street, Bexleyheath, Kent, DA6 7AT

Agenda

No.	Item	Paper	Presenter	Time
Opening Business and Introductions				
1	Introductions and apologies		Chair	14:00
2	Declarations of Interest	A	Chair	14:03
3	Notes from the 24 th November 2022	B	Chair	14:04
Public Forum				
4	<p>Let's talk about Improving Accessibility to Services</p> <ul style="list-style-type: none"> • Challenges in accessing services for people with disabilities • Changes and improvements to support improved accessibility • Case Study: Primary Care Accessibility Project 			14:05
Bexley Local Care Partnership – Assurance				
5	Primary Care Delivery Group Report	C	Dr Clive Anggiansah/ Graham Tanner	15:00
6	Month 8 Finance Report <ul style="list-style-type: none"> • Place • ICB/ICS 	D(i) – (iii)	Julie Witherall	15:20
7	Better Care Fund Report	E	Steven Burgess	15:30
8	Place Risk Register	F	Simon Beard	15:45
Public Forum				
9	Public Questions			15:50
Closing Business				
10	Any other business			15:55
11	Glossary	G		
12	Date of the next meeting: Thursday 23 rd March 2023, London Borough of Bexley Civic Offices, 2 Watling Street, Bexleyheath, Kent, DA6 7AT			

Presenters

- Dr Sid Deshmukh, Chair, Bexley Wellbeing Partnership Committee
- Dr Clive Anggiansah, Co-chair, Bexley Primary Care Delivery Group, Clinical Lead – Primary Care & Community
- Graham Tanner, Associate Director – Primary Care (Bexley), NHS South East London Integrated Care Board
- Julie Witherall, Associate Director of Finance (Bexley), NHS South East London Integrated Care Board
- Steven Burgess, Policy and Strategy Officer Strategy, Performance and Complaints, London Borough of Bexley Council
- Simon Beard, Associate Director of Corporate Operations, NHS South East London Integrated Care Board



ITEM: 2

ENCLOSURE: A

Declaration of Interests: Update and signature list

Name of the meeting: Bexley Wellbeing Partnership Committee

Date:26.01.2023

Name	Position Held	Declaration of Interest	State the change or 'No Change'	Sign
Dr Sid Deshmukh*	Chair- Bexley Local Care Partnership Committee	<ol style="list-style-type: none"> 1. Senior Partner Sidcup Medical Centre PMS Contract - Financial Interest Materiality 50% 2. Shareholder of GP Federation – Financial interest 3. Shareholder Frogmed Limited - Financial Interest (Dormant company) 4. Chair - Frognal Primary Care Network GP Lead – Financial interest 5. Wife (Dr Sonia Khanna-Deshmukh) is Frognal PCN Clinical Director – Indirect interest 6. Non-financial personal interest in Inspire Community Trust; a) Wheelchair service; b) Joint Equipment Store; c) Personal Health Budgets; d) Information and service support for people with physical and sensory impairment. 7. Clinical Lead for Diagnostics (Bexley) – financial interest 8. Clinical Lead for Urgent Care (Bexley) – financial interest 9. Director, Bexley Health Neighbourhood Care CIC – financial interest 		
Stuart Rowbotham*	Bexley Executive Place Director, SEL ICS Director of Adult Social Care, London Borough of Bexley Council	###		
Dr Nicole Klynman*	Director of Public Health London Borough of Bexley Council	Nothing to declare.		

Yolanda Dennehy*	Deputy Director of Adult Social Care, London Borough of Bexley Council	Nothing to declare.		
Raj Matharu*	LPC Representative	<ol style="list-style-type: none"> 1. Chief Officer of Bexley, Bromley & Greenwich Local Pharmaceutical Committee 2. Chief Officer of Lambeth, Southwark & Lewisham Local Pharmaceutical Committee 3. Chair of Pharmacy London 4. Board Member of Pharma BBG LLP 5. Superintendent Pharmacist of MAPEX Pharmacy Consultancy Limited. 6. Wife is lead pharmacy technician for the Oxleas Bromley medicines optimisation service (indirect interest) 		
Keith Wood	Lay Member, Primary Care (Bexley)	Nothing to declare.		
Jennifer Bostock*	Independent Member (Bexley)	###		
Dr Pandu Balaji*	Clinical Lead – Frognal Primary Care Network	GP partner, Woodlands Surgery (financial interest)		
Dr Miran Patel*	Clinical Lead – APL Primary Care Network	<ol style="list-style-type: none"> 1. GP Partner, The Albion Surgery (financial interest) 2. Clinical director, APL PCN (financial interest) 		
Dr Nisha Nair*	Clinical Lead – Clocktower Primary Care Network	GP Partner, Bexley Group Practice (financial interest)		
Dr Surjit Kailey*	Clinical Lead – North Bexley Primary Care Network	###		
Abi Mogridge (n)	Chief Operating Officer, Bexley Health Neighbourhood Care CIC	###		
Jattinder Rai (n)	CEO, Bexley Voluntary Service Council (BVSC)	BVSC is funded by the SEL ICS to deliver Social Prescribing in Bexley.		
Sue Symmons (n)	Lead Clinical Site Manager, Dartford and Gravesham NHS Trust	###		
Rikki Garcia (n)	Chair, Healthwatch Bexley	###		
Kate Heaps (n)	CEO Greenwich and Bexley Community Hospice	1. CEO of Greenwich & Bexley Community Hospice – financial interest		

		<p>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</p> <p>3. Clinical Lead for End-of-life work for ICS</p>		
Diana Braithwaite (n)	Chief Operating Officer, NHS SEL ICB (Bexley)	A relative is employed by SLaM (NHS SEL ICS Partners) and is currently on a secondment to NHS SEL ICB		
Sandra Iskander	Acting Chief Strategy, Partnerships & Transformation Officer Lewisham and Greenwich NHS Trust	Nothing to declare.		
Andrew Hardman	Chief Commercial Officer, Bromley Healthcare	###		
Stephen Kitchman	Director of Services for Children and Young People, London Borough of Bexley Council	Nothing to declare.		
Sarah Burchell	Director Adult Health Services, Bexley Care	###		
Iain Dimond*	Chief Operating Officer, Oxleas NHS Foundation Trust	Nothing to declare.		

***voting member.**

members who have not made the annual declaration for 2022/23 will be requested to make a verbal declaration within the meeting.

ITEM: 3
ENCLOSURE: B

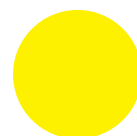
Bexley Wellbeing Partnership, Meeting in public
Thursday, 24th November 2022, 2:00pm to 4:00pm
Council Chamber, Civic Offices, 2 Watling Street, Bexleyheath, DA6 7AT
(and via Microsoft Teams)

Voting Members

Name	Title and organisation
Dr Sid Deshmukh (SD)	Chair, Bexley Wellbeing Partnership Committee, NHS South East London Integrated Care Board (NHS SEL ICB)
Iain Dimond (ID)	Chief Operating Officer – Oxleas NHS Foundation Trust
Stuart Rowbotham (SR)	Place Executive Lead (Bexley), NHS SEL ICB/Director of Adult Social Care, London Borough of Bexley (LBB)
Yolanda Dennehy (YD)	Assistant Director of Adult Social Care, LBB
Dr Nicole Klynman (NK)	Director of Public Health, LBB
Jennifer Bostock (JB)	Independent Member (Bexley), NHS SEL ICB
Dr Nisha Nair (NN)	Clinical Lead – PCN – Clocktower
Dr Pandu Balaji (PB) (via MS Teams)	Clinical Lead – PCN – Frognaal
Dr Surjit Kailey (SK) (via MS Teams)	Clinical Lead – PCN – North Bexley

In Attendance

Diana Braithwaite (DB)	Chief Operating Officer (Bexley) NHS SEL ICB
Dr Lakhbir Kailey (LK)	Clinical Lead – PCN – Clocktower
Simon Beard (SiB) (<i>presenter</i>)	Associate Director, Corporate Governance, NHS SEL ICB
Graham Tanner (GT)	Associate Director of Primary Care & Delivery (Bexley), NHS SEL ICB
Jattinder Rai (JR)	Chief Executive, Bexley Voluntary Services Council
Andrew Hardman (AH) (via MS Teams)	Commercial & Partnership Director, Bromley Healthcare
Sarah Burchell (SB)	Director of Adult Health Services – Bexley Care, Oxleas NHS Foundation Trust
Katie Farrar-Daniel (KF-D)	Children and Young Peoples Commissioning Manager (Bexley), NHS SEL ICB
Aysha Awan (AA)	Head of Comms & Engagement (Bexley), NHS SEL ICB
Patrick Gray (PG)	Communications & Engagement Manager (Bexley), NHS SEL ICB
Alison Rogers (AR)	Acting Director of Integrated Commissioning, NHS SEL ICB/LBB
Julie Witherall (JW)	Associate Director – Finance (Bexley), NHS SEL ICB
Ellie Thomas (ET)	Associate Director, Planning & Partnerships, Dartford & Gravesham NHS Trust
Rikki Garcia (RG)	Chair, Healthwatch Bexley
Abi Mogridge (AM)	Chief Operating Officer, Bexley Neighbourhood Health Care CIC
Dr Winnie Kwan (KW)	GP and Cancer Lead (Bexley)
Moses Zikusoka (MZ)	Thamesmead Men's Health & Wellbeing Forum



Kadeja Chowdhury (KC)	Thamesmead Men's Health & Wellbeing Project Officer
Emily Willey (EM)	Community Development Project Officer, Bexley Men's Shed
Munya Mangundu (MM)	Service Manager, Oxleas Adults Community Mental Health, Oxleas NHS Foundation Trust
Sue Wright (notes)	Business Support Lead (Bexley), NHS SEL ICB
Abi Mogridge (AM)	Chief Operating Officer, Bexley Neighbourhood Health Care CIC

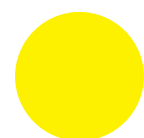
Apologies

Dr Clive Anggiansah (CA)	Clinical and Care Professional Lead - Primary & Community Care (Bexley)
Kate Heaps (KH)	Chief Executive Officer, Greenwich & Bexley Community Hospice
Raj Matharu (RaM)	Chief Officer, Local Pharmaceutical Committee
Sandra Iskander (SI)	Acting Chief of Strategy, Partnerships & Transformation Officer, Lewisham & Greenwich NHS Trust
Keith Wood (KW)	Lay Member, Primary Care (Bexley), NHS SEL ICB
Dr Mehal Patel (MeP)	Clinical Lead – PCN - APL
Stephen Kitchman (SK)	Director of Children's Services, LBB
Dr Mike Robinson (MR)	Interim Director of Public Health, LBB
Dr Richard Money (RiM)	Chair, Local Medical Committee
Basirat Sadiq (BS)	Director of Improvement, Dartford & Gravesham NHS Trust
Dr Pandu Balaji (PB)	Clinical Lead – PCN – Frogna

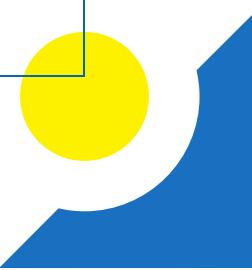
		Actioned by
1.	Introductions and apologies Introductions were made and apologies noted.	SD
2.	Declarations of Interest Dr Sid Deshmukh, Governing Body, GP Lead (Bexley), NHS SEL ICB recognised that there were no conflicts of interest on the agenda for this meeting but reminded members to complete their declarations of interest on the portal if they have not already done so. Raj Matharu, Chief Officer, Local Pharmaceutical Committee , had e-mailed some comments on the minutes from the last meeting on 20 th October 2022, as he was unable to attend on this occasion: <i>"Just for accuracy, I am still listed as Chair, Local Pharmaceutical Committee when it should be Chief Officer.</i> <i>Secondly, on page 8 of 61, "Dr Sid Deshmukh stepped down from chairing this item and Dr Raj Matharu took over as Chair."</i> <i>The tile "Dr" needs to be removed.</i>	SD RaM

	<p>Thirdly, on page 12 of 81, "RaM has recently completed a Pharmacy Needs Assessment and this highlighted a gap in the system going forward especially around increasing prescription requests from the acute sector"</p> <p>"RaM, representing the LPC was part of Pharmacy Needs Assessment Steering Group which completed the Bexley's HWB Pharmacy Needs Assessment which highlighted the potential need to review the increase in prescriptions from the acute sector."</p> <p>The minutes of the last meeting on 20th October 2022 were NOTED subject to the following comments received by RaM and which will be updated by SW.</p>	
3.	<p>Public Questions No public questions were received in advance. There will be an opportunity for members of the public to ask questions throughout the meeting.</p>	SD
4.	<p>Let's Talk about Prostrate Cancer – Dr Winnie Kwan, GP and Cancer Lead for Bexley, presented on raising awareness and the past and current statistics and ultimately the importance for men to get checked as it was recognised that men in general are reluctant to see a GP.</p> <p>Rob's Story – Robert Shaw, Director of System Development (Bexley & Greenwich), gave a verbal and poignant update on his previous and very recent cancer treatment and advised people not to ignore the warning signs.</p> <p>Moses Zikusoka and Kadeja Chowdhury, Thamesmead Men's Health & Wellbeing Forum, outlined the aims, aspirations and successes of the Thamesmead Men's Health Group and which services they provide.</p> <p>Emily Willey, Community Development Project Officer, Bexley Men's Shed, presented slides on the Bexley Men in Sheds Community project for those over 50 which has done some amazing and positive work.</p> <p>Munya Mangundu, Service Manager, Oxleas Adults Community Mental Health, updated on the Mental Health support provided in Bexley. Action: PG to link in with MM.</p> <p>All of the updates on the various projects were very well received and contributors thanked by members.</p>	<p>WK</p> <p>RS</p> <p>MZ/KC</p> <p>EW</p> <p>MM/PG</p>
5.	<p>Children and Young People's Emotional Health and Wellbeing Plan – Katie Farrar-Daniel, C&YP Commissioning Manager, Bexley presented on the draft proposals for Bexley's local transformation plan for 2022-23 onwards which includes further developing mental health support in schools and continued investment in local voluntary sector organisations who can work alongside Oxleas and offer early intervention services for C&YP with</p>	KF-D

	<p>mental health needs. There is still further discussion taking place at SEL level.</p> <p>The Bexley Wellbeing Partnership Committee RECOMMENDED to:</p> <p>(i) AGREE and ENDORSE the draft Bexley Children and Young People’s Emotional Wellbeing and CAMHS Transformation Plan (Appendix A).</p> <p>(ii) ENDORSE the prioritisation of actions set out in the plan.</p>	
6.	<p>System Winter Plan – Robert Shaw, Director of System Development (Bexley & Greenwich) presented on the proposed plan.</p> <p>Based on the national priorities and local context, system executive leads have agreed the following principles which guide the development of the Bexley winter plan:</p> <ul style="list-style-type: none"> • Maximising capacity through investment in existing provision as opposed to creating new services. • Supporting prevention through targeted vaccination and enhanced access to urgent primary care . • Supporting effective system flow through action to improve discharge planning, social work assessment, provide interim care and increase access to care in a range of community settings. • Considering mental health, alongside physical health, as a core driver of demand. • Basing decisions on data and system intelligence and acting in the interest of improved outcomes. • Supporting staff wellbeing by ensuring that staff can continue to work safely and effectively with access to timely physical, practical, and emotional wellbeing support. • Focusing on access and equity – aiming for a consistent approach with a focus on closing gaps in provision. • Deploying our finite workforce smartly – ensuring that we deploy capacity in the areas with the greatest need and potential to impact on the highest volume of patients. <p>The Priority Areas for action in the system are:</p> <ul style="list-style-type: none"> • The vaccine programme • Prevention/primary care • Community and urgent response • Ambulance handovers and Emergency Department (ED) processes • Hospital capacity and internal flow • Discharge flow into the community • Workforce <p>Delivery of plans within the current strategic context</p> <p>In addition to the specific opportunities above, system partners are engaged in work to reduce inequalities and variation in practice and process across multiple areas of provision. Programmes currently underway include:</p>	RS



	<ul style="list-style-type: none"> • Virtual wards – to provide additional specialist / acute capacity in out-of-hospital settings for adults and children. • 100-day challenge – a challenge to systems to implement 10 best discharge practices identified nationally to improve flow and discharge. • Core20PLUS5 – is a national NHS England and NHS Improvement approach to support the reduction of health inequalities at both national and system level. • Going further on our winter resilience plans – revised guidance on community falls response, acute respiratory infection hubs, care home ambulance conveyances and system control centres. <p>The Bexley Wellbeing Partnership Committee RECOMMENDED to:</p> <p>NOTE the plans which have been agreed with partners across the system for Winter 2022/23.</p>	
7.	<p>Month 6 Finance Reports – Julie Witherall, Associate Director of Finance (Bexley) presented the following reports:</p> <p><u>Bexley Position</u></p> <ul style="list-style-type: none"> • Bexley is reporting a £210k underspend year to date, this is made up of underspend on Mental Health and CHC which are offset by overspend on Prescribing, Community and Urgent Treatment Centre (UTC) costs within acute services. Most of the underspend is non-recurrent, with an updated budget profile in place from month 6. The corporate underspend is due to the level of vacancies currently being carried with no backfill support. • The two main areas of underspend are Mental Health which is due to lower cost per case costs at present and CHC where costs are being reviewed regularly to ensure compliance with budget. The main area of overspend is prescribing where there has been material increase in month is still being investigated by the Meds Optimisation Team. The prescribing QIPP is also not currently being delivered in full. Work will continue in month to determine the drivers of the increase in prescribing activity and will include targeted visits to practices with the highest levels of overspend to see how the position can be recovered and an increased focus on the delivery of the local prescribing incentive scheme to ensure all practices are participating. • The AQP contract for hearing is over performing across SE London as a whole and in Bexley. This is currently being offset by other community underspends. A discussion was undertaken at the ICB Planning and Delivery Group where it was agreed that activity would continue to be closely monitored to establish if the activity is backlog and will stabilise and the length of waiting list would be discussed with the provider to see how this can best be managed. • It is expected that Bexley overall will achieve at least an overall break-even position at the year end. • In terms of savings, plans are in place for both the initial savings targets and the additional savings target on a recurrent basis. These schemes are largely on track except for prescribing which is currently underdelivering and is overspending against budget per above. The level of achievement of the prescribing QIPP did 	JW



improve in month 6 and it is expected that improved delivery rates will be seen in the next couple of months as the schemes gain traction. This should enable savings to be delivered in full by the year end.

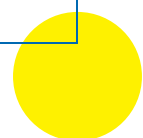
- Further investigation and discussion is still ongoing regarding an emerging cost pressure of circa £200k in relation to our community dietetics service. A meeting is now in place for the end of October to agree a way forward with the provider. This will also be reflected in our local risk register if appropriate.
- Work is ongoing to assess the year end position for Bexley and also to look at the next financial year and assess how any savings requirements may be met.

ICB Position

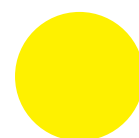
This report sets out the Month 6 financial position of the ICB.

- The ICB has a 9-month reporting period in 2022/23 which reflects its establishment on 1 July 2022. The budget for the 9 months is constructed from the CCG/ICB annual financial plan. As the CCG (as the predecessor organisation) delivered a £1,047k surplus during its final three months, the ICB is able to overspend its allocation by this amount, so that across the whole year a financial position no worse than break-even is delivered. The ICB financial allocation for the Month 4 to 12 period is £3,020,897k. Due to the carry-forward of the Q1 CCG position, the ICB is able to spend up to £3,021,944k. The ICB is reporting an overall £48k overspend to Month 6. This reflects a break-even position against its recurrent (BAU) allocation, and a (£48k) overspend on the Covid vaccination programme. The vaccination costs are expected to be reimbursed in full by NHSE, thereby generating an overall break-even position.
- The key risk within the ICB financial position relates to the prescribing budget. Prescribing data is received 2 months in arrears, so the latest information we have relates to July 2022. This reported a significant change, to the extent that activity for the first 4 months of 2022/23 compared to the same period for last year, showed an increase of around 5%. If this trend continued into future months, the full year forecast impact would be circa £3,400k before mitigations. Borough prescribing leads and the ICB Finance team have jointly reviewed the activity information during the month, and the underlying drivers of the increase relate to the growth of patients with long term conditions, reduced availability of unbranded drugs (NCSO – No Cheaper Stock available), CAT M drugs and cost of living pressures with a consequence of patients requesting over the counter drugs via FP10. This is set out later in this report. There were no other material changes in-month.
- In reporting this Month 6 position, the ICB has delivered the following financial duties:
 - 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

	<ul style="list-style-type: none"> ○ Delivered the month-end cash position, well within the target cash balance. <p>As at Month 6, and noting the risks outlined in this report, the ICB is forecasting a break-even position for the 2022/23 financial year.</p> <p><u>ICS Position</u></p> <ul style="list-style-type: none"> • At month 6 the ICS is reporting a YTD deficit of (£49.9m); £40.9m adverse to plan. • The main drivers to the adverse YTD position are under-delivery of planned efficiencies, higher than planned levels of expenditure due to COVID, unfunded inflation (including the full impact of the pay-award), and the profiling of planned non-recurrent flexibilities. • The system has delivered £59.4m of efficiency YTD against a plan of £109m. Despite the adverse YTD position, the system forecast has improved by £6.8m this month. The forecast is now £201m against a plan of £207.2m. • 4 out of 5 provider organisations are reporting an adverse variance against plan YTD. All organisations, providers and ICB, are reporting a break-even forecast for the full year. • The system is forecasting to breach the agency expenditure limit for the year. • The main risks to the forecast are ESRF claw back/underachievement, continued under-delivery against planned efficiencies, potential use of agency/bank, inflation and winter pressures. • Capital • Spend against the system capital resource limit (CRL) is £24.7m under plan YTD. FOT is £0.9m less than the confirmed system capital allocation (CRL). <p>The Bexley Wellbeing Partnership Committee:</p> <ol style="list-style-type: none"> 1. DISCUSSED & NOTED the Month 6 (September 2022) financial position for NHS South East London ICS, NHS South East London ICB and Bexley Borough. 2. NOTED the details of the 2022/23 allocations (programme and running costs) received and expenditure to date for both NHS South East London ICB and Bexley Borough. 3. DISCUSSED & NOTED the key risks identified for NHS South East London ICB and NHS South East London ICS and how they relate to Bexley Borough. 4. NOTED the details of the savings requirements for NHS South East London ICB, NHS South East London ICS and Bexley Borough. 	
8.	<p>Place Risk Register Simon Beard, Associate Director, Corporate Governance, NHS SEL ICB updated on the recent Bexley Risk Register:</p> <p>The document outlined the identified risks within Bexley Place and a snapshot of Bexley risk scores with additional context. There are 2 risks currently active on the Bexley Risk Register:</p>	SB



	<ul style="list-style-type: none"> • Winter Pressure: There is a risk that Bexley residents will have less than optimal access to primary, community and acute health services during the winter of 2022/23 due to the uncertainty caused by non-recurrent funding for winter schemes and associated recruitment difficulties. • Home First: There is a risk Bexley residents discharged under Home First arrangements will have less than optimal outcomes due to being discharged to social care and community health services which are not fully funded/staffed to manage in the community. <p>The Bexley Wellbeing Partnership Committee NOTED and ACCEPTED the Bexley System Risk Register.</p>	
9.	<p>Public Questions</p> <p>A member of the public raised a question regarding how best to access support services for homeless residents in Bexley. Dr Kailey Lakhbir pointed out that anyone who had concerns, including the homeless resident in question, could contact any GP in Bexley who could provide support.</p> <p>Another member of the public raised the issue of the closure of Meadowview and funding. SaB discussed this with him outside of the meeting.</p>	DB
10.	<p>Any Other Business</p> <p>There was no other business.</p>	SD
11.	<p>Glossary</p> <p>These were noted.</p>	
12.	<p>Date of next meeting – Thursday, 26th January 2023, 2:00pm to 4.00pm, Council Chamber, Civic Offices, 2 Watling Street, Bexleyheath DA6 7AT</p>	





Bexley Wellbeing Partnership Committee

Let's talk about **Improving Accessibility ***

Thursday 26th January 2023

**Note: The panel will present on the day for this session and it is open to members of the public to ask questions – therefore no papers are contained in this pack for this item.*

Bexley Wellbeing Partnership Committee

Thursday 26th January 2023

Item: 5

Enclosure: C

Title:	Primary Care Delivery Group Report
Author:	Graham Tanner – Associate Director Primary Care (Bexley), NHS South East London Integrated Care Board
Executive Lead:	Diana Braithwaite – Chief Operating Officer(Bexley), NHS South East London Integrated Care Board

Purpose of paper:	<p>This is the first report from the Primary Care Delivery Group to the Committee. The report provides an overview of the delegation of primary care to place via the Executive Lead effective from 1st July 2022.</p> <p>It provides both a retrospective review of some of the key achievements delivered during the last 6 months of 2022 and a forward look at plans and priorities for 2023/24.</p> <p>Additionally, the report recommends that the Bexley Wellbeing Partnership Committee approves the recommendation endorsed by the Primary Care Delivery Group to reallocate the Childhood Immunisation Personal Medical Services (PMS) Premium Key Performance Indicator. The reallocation is required as this Key Performance Indicator is now a part of the core national PMS contract.</p>	Update / Information	X
		Discussion	
		Decision	X
Summary of main points:	<p>The Primary Care Delivery Group Report addresses:</p> <ul style="list-style-type: none"> • Primary Care Delegation to Place • Primary Care Budgets • Next Steps for Integrating Primary Care (Fuller Stocktake Report) • National Enhanced Access Service • Vaccination & Winter Programme • Developing a clear vision and strategy • Overview of the priorities for next 6 months • Background to the re-allocation of Personal Medical Services (PMS) premium for childhood immunisations (Appendix 1) 		
Potential Conflicts of Interest	<p>There is a pecuniary conflict of interest for GP representatives holding national General and Personal Medical Services contracts, who will be direct recipients and beneficiaries of PMS Premium funding.</p> <p>In mitigation, the chair for this item will pass to another voting member of the committee and GP representatives will not vote on the recommendation to</p>		

	repurpose the Childhood Immunisations PMS Key Performance Indicator to rectify the double funding issue.	
Other Engagement	Equality Impact	<p>There are no equality impacts relating to the update elements of this paper as this is for information only.</p> <p>In relation to the specific request to repurpose the Childhood Immunisations Key Performance Indicator to rectify the double funding issue, this recommended change will help reduce health inequalities by GP Practices having to take additional steps to encourage parents to vaccinate their child and taking the time to address any concerns on a clinician/patient level.</p>
	Financial Impact	<p>There are no financial impacts relating to the update elements of this paper as this is for information only. In relation to the specific request to repurpose the Childhood Immunisations Key Performance Indicator to rectify the double funding issue, this is an established budget and not a request for additional funding.</p>
	Public Engagement	<p>In relation to the recommendation to repurpose the Childhood Immunisations Key Performance Indicator to rectify the double funding in the PMS premium with the national core contract, the engagement team are aware and will seek opportunities to support the public facing narrative on improving vaccine uptake. The proposal itself includes collation of first-hand evidence from parents/carers who choose not to take up the offer of routine childhood immunisations and will provide the opportunity to understand the rationale behind these decisions on a case-by-case basis.</p>
	Other Committee Discussion/Engagement	<p>17.11.2022: Reviewed at the informal liaison meeting of the Bexley Local Medical Committee and NHS SEL ICB (Bexley).</p> <p>22.11.2022: The recommendation to reallocate the Childhood Immunisations Key Performance Indicator to rectify the double funding issue was endorsed by the Primary Care Delivery Group.</p> <p>08.12.2023: Endorsed at the formal Part 2 Meeting of the Local Medical Committee.</p>
Recommendation:	<p>The Bexley Wellbeing Partnership Committee is recommended to:</p> <ul style="list-style-type: none"> (i) Accept the first report on primary care from the Primary Care Delivery Group, providing an overview of the delegation and finance. (ii) Note the success of the vaccination programme, working with primary care and community pharmacies. (iii) Note the primary care response to support winter pressures in Bexley. 	

- | | |
|--|---|
| | <p>(iv) Endorse the recommendation from the Primary Care Delivery Group on 22.11.2022 to reallocate the PMS Premium for childhood immunisations to commence from 1st January 2023 as set out in Appendix 1, Section 3.</p> |
|--|---|

Primary Care Delivery Group – Report

1. Introduction

- 1.1 This report provides an overview of some of the key priorities and areas of focus for Primary Care in Bexley under new delegated commissioning arrangements, effective from 1 July 2022. It provides both a retrospective review of some of the achievements delivered during the last 6 months of 2022 and a forward look at plans and priorities for 2023/24 and beyond, within an evolving and expanding commissioning landscape.
- 1.2 Within the context of delegation to ‘place’, it is increasingly important for the Bexley Wellbeing Partnership to understand the breadth and scope of primary care commissioning, the responsibilities and oversight which this entails and more importantly, the opportunities it brings to work together collectively as system partners to improve health and care outcomes for Bexley residents.
- 1.3 The report addresses:
- Primary Care Delegation to Place
 - Primary Care Budgets
 - Next Steps for Integrating Primary Care (Fuller Stocktake Report)
 - National Enhanced Access Service
 - Vaccination & Winter Programme
 - Developing a clear vision and strategy
 - Overview of the priorities for next 6 months
 - Background to the reallocation of Personal Medical Services (PMS) premium for childhood immunisations due to the double funding between the premium and the national core contract. (Appendix 1)

2. Primary Care Delegation to Place

- 2.1 The Integrated Care System (ICS) in South East London came into effect on 1st July 2022. As part of a wider review of system delegation, Boroughs had the opportunity of taking on delegation of primary care. All Boroughs have taken this up to ensure they can deliver the best possible primary care in a way that meets the needs of their local populations. This has resulted in a change of some responsibilities from the ICS to Place Executive Leads (PELs), with those PELs using Local Care Partnership (LCPs) Boards as the vehicle to engage system partners and take decisions.
- 2.2 Under the terms of the delegation, all responsibilities and budgets related to primary care and primary care prescribing are delegated to place from the Integrated Care Board (ICB) as a starting position and accountability for delivery of all national, regional and ICS requirements relating to primary care sitting at place level based on the principles of subsidiarity and ‘Standard outcomes – local delivery’. Under these arrangements:
- LCPs may agree with the ICB through the delegation agreement where it makes sense to remain at SEL.
 - LCPs may also agree collaboration/partnership arrangements with one or more boroughs.
 - All enabling functions/budgets are deemed to be in scope including digital, workforce, GP IT and estates.
- 2.3 Prior to 1st July 2022, many of the key contracting, commissioning and co-ordination functions for primary care lay with the SEL CCG Commissioning and Improvement team, led by and accountable to the Director of Commissioning Improvement. The central team provides specialist knowledge and resource to borough teams and work closely

with estates, finance and IT colleagues in relation to all primary care commissioning and contracting matters.

3. Primary Care Budgets

3.1 Primary Care funding streams are wide ranging and complex. Further detail on some of these budgets and funding streams and the potential opportunities afforded to a Primary Care system operating within an integrated Local Care Partnership will be the subject of further reports and discussion papers to this Committee.

3.2 General practice is funded to deliver care on a list-based system. This means that the funding received is to cover the primary care needs of their registered population across the spectrum of healthcare needs; from healthy individuals to people with multiple complex conditions. General practice services are split into three categories: essential, additional, and enhanced.

- **Essential services** must be delivered and are covered by baseline funding. Essential services cover the care of a patient during an episode of illness, the general management of chronic disease and care of the terminally ill.
- **Additional services** are also covered by baseline funding, but practices can choose to opt out of one or more of these. If a practice chooses not to deliver an additional service, their baseline funding is reduced accordingly. Additional services cover areas such as contraceptive services, minor surgery or out of hours services.
- **Enhanced services** attract a payment on top of the baseline funding. Directed enhanced services (DES) cover areas such as childhood immunisations and health checks for people with learning disabilities and must be commissioned. Local enhanced services (LES) are optional, discretionary and commissioned depending upon local requirements.

3.3 All general practice contractors are governed by the statement of financial entitlements (SFE) which details the payment framework and methods. The current full statement of financial entitlements was published in 2013 and subsequently amended each year. It sets out the payments due for each element of the contract (global sum, quality and outcomes framework, directed enhanced services, and additional specific payments) and the conditions attached to them.

3.4 The global sum (baseline) payment per patient is revised quarterly and paid monthly. Total practice income is calculated by multiplying the global sum payment by the weighted list size. The weighting is obtained using the Carr-Hill formula which takes account of six indices:

- additional needs; mortality rates and long-term conditions
- number of nursing and residential homes
- list turnover
- rurality
- age and sex profile of the population
- market forces, for example differing staff costs

3.5 The total payment is then reduced by a nationally agreed percentage for any additional services that the practice has opted out of providing.

3.6 The statement of financial entitlements also sets out a number of areas where general practice may receive cost reimbursements. These include, for example, GP premises where the NHS will reimburse practices for costs relating to rent, rates, clinical waste and, in some cases, assistance towards service charges. Practices that own their premises receive a notional rent payment.

- 3.7 In addition, a number of different income streams fund the development and operation of Primary Care Networks (PCNs). Each PCN will have a nominated practice which receives the payments on behalf of the network. PCNs receive an amount of core funding from Integrated Care Boards (ICB) allocations per registered patient per year. Further funding is received from the ICB to fund the clinical director role, from the primary medical care allocations. In addition, each practice that participates in a PCN receives a participation payment from NHS England. This is paid directly to the practice.
- 3.8 The PCN model also allows each network to recruit a number of additional roles. PCNs can claim 100% reimbursement of the salary costs for these roles, through the additional roles reimbursement scheme (ARRS). The funding comes from the ICB's primary medical care allocation and is subject to a maximum amount per role.
- 3.9 Enhanced Access hours have become a PCN responsibility, and the funding associated with the extended hours directed enhanced service has transferred to the network contract DES.
- 3.10 Whilst the contractual SFE payments and PCN funding streams represent the core of primary care funding, they are by no means the totality and there are a range of other sources including:
- Target driven payments e.g., PMS Premium, Impact and Investment Fund (IIF) and Local Incentive Schemes
 - System Development Funding
 - Information Technology (GPIT/Digital First) funding
 - Specific contracts and services e.g., the Care Homes Supplementary Network Service and
 - Training and Development
- 3.11 As with all parts of Health and Social Care, resources in Primary Care are stretched but the value of funding coming into the system which is aligned to primary care (including contractual entitlements and reimbursements for individual GPs) is approximately £36 million pounds per annum. It is therefore vitally important to provide full transparency of deliverables and outcomes for this investment.
- 3.12 It is the intention of the Primary Care Team to work with GP colleagues, the Local Medical Committee and the GP Federation to further increase the transparency and accountability for these funding streams and, with the support of the Bexley Wellbeing Partnership, to maximise the impact and opportunity which they provide to the system.

4. Next Steps for Integrating Primary Care – Fuller Stocktake Report

- 4.1 In May 2022 NHS England published the report from the stocktake of primary care and integrated care systems led by Dr Claire Fuller.
- 4.2 The report makes a series of recommendations for local and national leaders and articulates important ideas about the future shape of urgent care and about the further development of neighbourhood teams.
- 4.3 The stocktake report is divided into four sections, plus an annex described as a 'framework for shared action'. The sections cover:
- building integrated teams in every neighbourhood
 - improving same-day access for urgent care (This should be for all patients clinically assessed as requiring urgent care, where continuity from the same team is not a priority. Same-day access for urgent care would involve care from the most clinically appropriate local service and professional and the most appropriate modality, whether a remote consultation or face to face)
 - creating the national environment to support locally driven change; and

- ‘hard-wiring’ the system to support change.
- 4.4 The report also seeks to outline what a future system at neighbourhood level might deliver, how that approach might be staffed, and how its benefits can be supported by integrated care systems (ICSs) and national action.
- 4.5 The expectation is that the ICBs will now steer a response to important ideas within the document:
- developing neighbourhood level *team of teams*.
 - establishing a system level model of same day urgent care access.
 - delivering continuity of care by improving personalised care services
 - more preventative care, using primary care to create healthier communities.
 - three key enablers of change: workforce, estates, and data.
 - To make the neighbourhood change requires two “shifts in mindset”:
 - towards a more psychosocial model of care that takes a more holistic approach to supporting the health and wellbeing of a community; and
 - realignment of the wider health and care system to a population-based approach – for example, aligning secondary care specialists to neighbourhood teams. The major recommendation here is the creation of integrated neighbourhood ‘teams of teams’, which need to “evolve from PCNs”.
- 4.6 Access is viewed as the patient’s first contact in their community, rather than solely as an attempt to contact general practice. PCNs need to consider with partners how to best harness, and sometimes divert, patients to settings other than general practice. This will involve new approaches within NHS111, as the stocktake implies a much more integrated single point of contact is needed for patients in choosing which services are most appropriate for their immediate needs. Moving to this model is argued to require structured improvement support, and collaboration between partners locally.
- 4.7 Continuity of care for patients at higher risk or with complex needs is highlighted throughout the stocktake report as important and in want of increasing emphasis. There is a recognition that identifying who will most benefit from a different model of care is not straightforward, and personalised care requires risk stratification, professional judgement, and the view of patient at the centre in the context of shared decision making.
- 4.8 The Bexley Wellbeing Partnership has commenced work on developing its Roadmap to Health & Care in Bexley 3-year Integrated Improvement Plan, which will incorporate the Fuller recommendation.

5. Enhanced Access – Update

- 5.1 The new national Enhanced Access Service arrangements within the Network Contract DES (effective from 1 October 2022) aimed to remove variability across the country by putting in place a more standardised and better understood offer for patients. They bring the Additional Roles Reimbursement Scheme (ARRS) workforce more consistently into the offer and support Primary Care Networks (PCNs) to use the Enhanced Access (EA) capacity for delivering routine services. It provides an opportunity to develop a better blend of appointment modes including taking advantage of a more digitally enabled offer, facilitating convenient access for patients and flexible working for staff. Introducing a more multidisciplinary offer means patients can access a broader set of services including screening and vaccination.
- 5.2 The service must be offered to all patients within the PCN during ‘Network Standard Hours’ of 6.30am-8.00pm Monday to Friday and 9.00am-5.00pm Saturday and provide a minimum service of 60 mins / 1000 PCN adjusted patients per week.

- 5.3 All 4 Primary Care Networks in Bexley are delivering some of the Network Standard Hours via a sub-contracting arrangement with the GP Federation (Bexley Neighbourhood Health & Care CIC).
- 5.4 Following extensive consultation and engagement with residents, the Bexley ICB team also reached the following agreements with all 4 Primary Care Networks:
- A minimum of 75% Face 2 Face appointments will be provided during the Network Standard Hours.
 - PCNS will provide a proportion of the Network Standard appointments for same day urgent care (e.g., bookable on the day).
 - To address the challenges residents face with getting through over the phone as a part of the Enhanced Access Service, to include making available sufficient online access for booking appointments.
 - To provide 5% video consultations
- 5.5 Initial reporting for the first 2 months shows that significant additional capacity has been provided including just short of 7,000 additional appointments utilised during October and November alone. There have, however, been issues with the full deployment of EMIS Community, the principal software enabler for Enhanced Access and therefore the automation of data extraction and timely inclusion within core reports on the SEL Performance Dashboard. The team are working to resolve this to provide more 'real-time' and practice specific data on Enhanced Access appointments.

6. Vaccination & Winter Programmes

- 6.1 Alongside providing core clinical practice – primary care (including community pharmacy) has been at the forefront of the vaccination programme for the COVID19, Autumn Booster, Flu and Polio vaccinations.
- 6.2 Local health and care systems were also asked to maximise opportunities to co-administer vaccinations where possible and clinically advised (e.g. COVID19, flu and pneumococcal), especially where this improves patient experience and uptake.
- 6.3 The seasonal flu vaccination campaign also began in September 2022, with free entitlement for all those with a vulnerable health condition and those who are:
- aged 65 years or over
 - living in a residential or nursing home
 - the main carer of an older or disabled person
 - living with someone who has lowered immunity due to disease or treatment
 - a frontline health or social care worker
 - pregnant, see below
 - children of a certain age
- 6.4 From mid-October 2022 everyone aged 50 to 64 years old was also eligible for flu vaccination.
- 6.5 The Bexley campaign was highly successful with approximately 46% of the eligible cohort covered – notably the involvement of community pharmacies Aspire and Belvedere was instrumental in achieving this uptake. Bexley has the highest uptake of the 6 South East London boroughs.
- [Supplementary access](#)
- 6.6 Bexley implemented the National specification for Enhanced Access of primary care services on 1st October 2022. The National Enhanced Access Network Standard Hours does not include a requirement for Primary Care Networks to provide Sundays or Bank Holidays. Consequently, Bexley Wellbeing Partnership re-commissioned additional

services to address the gaps presented by the National Enhanced Access Standard Hours and Specification, which includes re-provision of Sundays and Bank Holidays, additional access to primary care for NHS111 until to 31st March 2023 to support with Winter pressures.

Paediatric Pressures and Strep A

- 6.7 The NHS and Primary Care continues to face significant additional pressure due to the increased numbers of children with severe side effects to the common Strep A bacterium infection. The cases over the remaining winter months are predicted to remain high, including influenza and therefore further increase pressures on the local health and care system.
- 6.8 The GP Federation, Bexley Health and Neighbourhood Care were commissioned by Bexley Wellbeing Partnership to mobilise at pace on behalf of the 4 Primary Care Networks, a phased offer to support with addressing local pressures:

Phase one (commenced on 19th December 2022): An extension of the weekday Virtual Clinical Assessment Service (vCAS) from 8.00-13.00 to 8.00-20.00 Monday to Friday. This service enables GPs to refer patients who can be seen remotely and therefore release capacity within GP practices for more urgent face-to-face reviews. This provision was extended throughout the Christmas and New Year period, creating an additional 7 hours of GP time with 28 appointments per day. The offer has been managed collaboratively between NHS 111 and Primary Care Networks e.g., providing additional Enhanced Access appointments for children during periods of higher demand.

Phase two (commenced on 6th January 2023): The provision of a face-to-face paediatric respiratory hub. The service is delivered by a GP and Advanced Care Practitioner - specialising in Respiratory care. The service is located at Queen Mary's Hospital, Sidcup and will initially run for 4 weeks (subject to review). The service will operate Monday to Friday, 09:00-17:00 and will offer up to 60 additional appointments per day. Appointments are via referrals from GPs and NHS111 who will be able to directly book into the service.

7 Developing a clear vision and strategy

- 7.1 NHS SEL ICS is in the process of developing a Five Year View Strategy, which the ICB is required to produce by the end of this financial year. This will be complemented by the draft Joint Local Health & Wellbeing Strategy being developed by Public Health and will be underpinned by the by the Bexley Wellbeing 3 year plus Integrated Improvement Plan. The Partnership has run a series of public workshops in the strategy. The draft Bexley Wellbeing Partnership Plan will be submitted to the committee in the coming months - improving access and integration for primary care will be at the heart of the plans.

Outline of key projects and priorities for next 6 months

7.2 The following table sets out some of the key strategic priorities and workstreams to be progressed by the Bexley ICB team over the next 6 months with more detailed reporting to the Bexley Wellbeing partnership on individual elements as required.

Priority Workstream	Key Deliverables	Timescale	Partners
Primary Care Community Infrastructure – Estates strategy and planning	<p>SEL ICB has completed Primary Care Network (PCN) level estates reviews in 2022. This work has included both engagement with commissioners and clinical directors to support the development of PCN clinical strategies and capacity planning to define future space requirements.</p> <p>Consultants have undertaken site visits and met with practice managers to gain an understanding of current utilisation and working practices, and to identify options to develop the Primary Care estate in the short, medium and long term to support the delivery of PCN strategies.</p> <p>These PCN level strategies are still largely undefined, and it has been challenging to get practices to think and plan at a strategic network level, beyond immediate challenges and issues (e.g., leases and capacity etc) facing their own individual premises given all the operational pressures they face on a daily basis. While this work has been helpful, it is still difficult to use the outputs as a basis for making estates decisions. The pressures across primary care estate have grown significantly and there is a need to gather and agree a set of collective priorities/ schemes to be taken forward imminently.</p> <p>In order to progress this work, SEL ICB and PCNs need to link across the Bexley Wellbeing Partnership and Local Care Networks to engage key partners and identify opportunities to enable the key building blocks of the Fuller ambitions to be delivered, including building integrated teams in every neighbourhood that provide joined up accessible care and improving same-day access for urgent care. Overcoming long standing estates risks that remain in primary care due to the estates ownership model also needs to be factored into any solutions proposed. Estates risks is posing one of the most significant risks to the resilience of primary care and hence this commission needs to help alleviate and reduce some of these risks.</p>	<p>Commence February 2023.</p> <p>Report to Bexley Wellbeing Partnership Committee in May 2023.</p>	<p>All Bexley Wellbeing Partnership members should be engaged through Local Care Networks.</p>

Priority Workstream	Key Deliverables	Timescale	Partners
	<p>ICB commissioners are seeking to utilise Practice Resilience funding to commission consultants to facilitate a series of Local Care Network focussed workshops and produce a high-level report which;</p> <p>(i) Defines a pipeline of prioritised schemes and opportunities for each Local Care Network divided into:</p> <ul style="list-style-type: none"> • short term 'quick wins' • medium term priorities (2 to 3 years) • longer term strategic priorities (5 years) • 'blue-sky' opportunities <p>(ii) Outlines a high-level overview of each scheme including an indicative capital value, space requirements, services/ providers to be included, likely funding model and deliverability.</p>		
PMS Premium and Local Incentive Reviews	<p>(i) The Personal Medical Services (PMS) Premium is payment made to practices for the provision of locally agreed services which are in addition to those provided under the core national PMS/GMS Contracts. The Bexley Borough Strategic Board on 24th March 2022 approved a 12-month extension of the premium to 31st March 2023 and therefore a review is underway to support the development of a new Premium in line with the priorities of the Bexley Wellbeing Partnership.</p> <p>(ii) The Bexley Borough Strategic Board on 24th March 2022 approved a 12-month extension of the current Local Incentive Scheme, which ends on the 31st March 2023. Any proposals for a new Scheme would need to be fully aligned with the Bexley Wellbeing Partnership priorities and plans with consideration as to whether Primary Care as a 'delivery vehicle' is best placed to deliver against the identified priorities and outcomes.</p>	<p>July 2023 – proposals presented to the Bexley Wellbeing Partnership Committee for approval</p> <p>September /October 2023 – implementation</p>	All Bexley Wellbeing Partnership members will be engaged through Local Care Networks.
Care Homes contract review	<p>(i) The Bexley Care Homes Supplementary Network Service (SNS) which is in place for older peoples care homes with an investment value of up to £177 per bed/per annum (£117 baseline & £60 incentive driven). The Bexley Borough Strategic Board on 24th March 2022 approved a 12-month extension, which expires on 31st March 2023.</p> <p>(ii) This scheme is additional to the Network DES for which practices are paid £120 per care home patient (applicable to all CQC registered homes). The SNS is intrinsically linked to the Network DES which runs until 31st March 2024.</p>	<p>March 2023 – interim recommendations to the Bexley Wellbeing Partnership Committee</p> <p>April – June 2023 – commence</p>	Primary Care Networks GP Federation Local Authority Care Homes Greenwich & Bexley Hospice BVSC Other partners as applicable.

Priority Workstream	Key Deliverables	Timescale	Partners
	(iii) Review the future shape and priorities for the SNS provision, in particular whether it should be expanded to cover all CQC registered homes.	review and engagement October 2023 – present recommendations to the Bexley Wellbeing Partnership Committee	
Practice visits	Proactive commissioner visits to GP Practices were largely curtailed during the pandemic. A series of visits are being rescheduled 2022/23 to ensure effective two-way conversations regarding key service delivery and quality priorities – notably access to core primary care.	Commences in February 2023	GPs and other Bexley Wellbeing Partnership partners where applicable.
Communications and engagement / patient voice	<p>Improving engagement and ensuring effective communication with residents is an absolute priority for 2023. This needs to be a two-way conversation to; (a) ensure co-production of primary care services where applicable; (b) ensure that access routes are clear and straightforward; (c) ensure clarity on what people can reasonably expect from their GP practice is clearly and effectively communicated.</p> <p>An interim dedicated Primary Care Communications and Engagement Manager has been employed by the GP Federation to work alongside the primary care team and deliver a range of outputs in the first part of 2023, including:</p> <ul style="list-style-type: none"> (i) An audit and review of practice websites, working in partnership with Healthwatch and the SEL Digital Change team and development of communications support plans for each of the 22 GP Practices. (ii) A public/patient review of the impact of Enhanced Access appointments working with Patient Participation Groups including a review of the successful online patient/public survey outputs on access. (iii) Gathering soft intelligence from Patient Participation Groups (aligned to each GP practice. (iv) Proactive promotion of primary care access and related provision to raise awareness of the breadth of primary care and the most appropriate pathways, including self-referral 	January – June 2023	GPs, Healthwatch and other Bexley Wellbeing Partnership partners where applicable.

Priority Workstream	Key Deliverables	Timescale	Partners
<p>SEL Remote Consultation tool (OCVC & SMS)</p>	<p>Over the last 5 years we have seen increasing interest and expectation to enhance digital channels of access to general practice. There have been a number of national initiatives under the ‘digital first programme’ to encourage this – usually with nationally defined specifications and procurement processes. This has led to a fragmented landscape of digital products with differential levels of integration into care pathways and processes offering partial solutions to the challenges faced by patients and care professionals.</p> <p>The following have been identified as key objectives and priorities:</p> <ul style="list-style-type: none"> (i) To ensure primary care has a consistent Remote consulting product that supports online consultation and video consultation (OCVC), 2-way SMS, patient questionnaire, batch messaging, booking and appointment reminders and best serves the needs of SEL Primary Care and patients. (ii) To ensure sustainable long-term funding for the product to ensure practices and patients have ‘Fit-for-purpose’ tool for the longer term. (iii) To understand how technology can be used to meet the identified requirements and enable delivery of the new model for primary care including co-terminus contracts for all existing remote consulting suppliers. 	<p>November 2022 – July 2023</p>	

APPENDIX – 1

Re-allocation of Personal Medical Services (PMS) premium for childhood immunisations

1. Background

Following the introduction of the Personal Medical Service (PMS) premium in in 2017/18, the agreed approach in Bexley included a Key Performance Indicator (KPI) to support improving the uptake of the childhood immunisation DtaP/IPV/Hib (6in1) vaccine by the child's first birthday. GP Practices were required to: (i) identify an immunisation lead; (ii) run searches on their clinical system to identify the eligible cohort; and (iii) demonstrate that eligible patients had been invited for vaccination at least three times. Defaulters from immunisation were to be read coded. When calculating performance, achievement included those patients who had been invited three times and did not attend and those who had communicated to the practice that they did not want to be contacted again.

From the introduction of the Bexley PMS premium in 2017 until 31st March 2021, the scheme was complementary to and not a duplication of, existing national incentive schemes.

In-line with the national direction and the approach taken by other SEL boroughs, during the Coronavirus pandemic certain elements of the PMS premium specification were suspended. Practices continued to be paid at 100% of the value of the scheme. Childhood immunisations were not affected by this suspension.

2. Current Position

As of 1st July 2021, the Bexley PMS Premium KPIs are as follows:

- Patient voice: a) overall experience b) confidence & trust
- Childhood Immunisations (6in1 at year 1) call/recall x3
- Bowel Screening
- Shared care and DMARDS
- Wound Care

At the former Bexley Borough Strategic Board on 24th March 2022 the following changes were approved by the Board:

- All KPIs to be reinstated with 100% requirement.
- COVID-19 reviews to be replaced due to the significant reduction in COVID19 cases and lack of patients requiring long-COVID reviews.
- Reviewing patients with bronchodilator overuse agreed prior to the pandemic will be re-introduced.
- Introduction of Integrated Case Management meetings with reimbursement for attendance and actions required.
- One off payment for training in the introduction of the Urgent Care Plan, which will replace the Co-ordinate My Care Plan, subject to agreement with south east London urgent care task and finish group.

From 1st April 2021, national requirements for vaccination and immunisation have been included in the core GMS contract. The GP contract contains the following five core contractual standards:

- i. A named lead for vaccination service in each GP practice
- ii. Provision of sufficient convenient appointments

- iii. Standards for call/recall programmes & opportunistic vaccination offers (recall activity should be by range of channels and should continue beyond 3 contacts until vaccination has been achieved, especially for childhood immunisations)
- iv. Participation in national agreed catch-up campaigns
- v. Standards for record keeping & reporting

The PMS childhood immunisation KPI is now a duplication of the I and III core contract standards and as such, need to be re-allocated.

From 1st April 2021 an item of service (IoS) fee of £10.06 was introduced for the delivery of each dose of all routine and annual vaccines, starting with MMR in 2020/21 and including all childhood vaccinations from 2021/22. In addition to the IoS payment some routine childhood immunisations are included in the 22/23 Quality and Outcomes Framework

Vaccination and Immunisations (VI)

Indicator	Points	Thresholds	Points at lower threshold
VI001. The percentage of babies who reached 8 months old in the preceding 12 months, who have received at least 3 doses of a diphtheria, tetanus and pertussis containing vaccine before the age of 8 months	18	90-95%	3
VI002. The percentage of children who reached 18 months old in the preceding 12 months, who have received at least 1 dose of MMR between the ages of 12 and 18 months	18	90-95%	7
VI003. The percentage of children who reached 5 years old in the preceding 12 months, who have received a reinforcing dose of DTaP/IPV and at least 2 doses of MMR between the ages of 1 and 5 years	18	87-95%	7

3. Proposal

To re-allocate the Childhood Immunisation PMS KPI, value £1.00 per weighted patient, to support a 4th/ additional contact via telephone (by a clinician) to the parents/carers of children who have been invited 3 times for vaccination and; (i) either not responded; (ii) did not attend (DNA) booked appointment; or (iii) have declined. If the vaccination offer continues to be declined to record the reason for decline. The detail:

1. A healthcare professional to telephone parents/carers of eligible children, who have already been contacted at least 3 times for vaccination and either not responded to these contacts or have previously declined the offer of immunisation.
2. The outcome of all follow-up telephone calls should be recorded on the template provided (appendix 2). If the offer of vaccination is still declined, the reason for

decline to be recorded. The completed template should be submitted to the Bexley primary care team at the end of the quarter.

3. The KPI will apply to the following childhood vaccinations:
 - 6in1 DTaP/IPV/Hib/HepB primary immunisation course by age 1
 - MMR1
 - 4in1 DTaP/IPV pre-school booster
 - MMR 2
4. GP Practices should run searches on their clinical system/Ardens to identify children with incomplete immunisations. The Child Health Information System (CHIS) reports received weekly by practices provide details of all children under 5 who are overdue/yet to receive their vaccinations.
5. The KPI requirement is not intended to be onerous for practices. The numbers of active decliners for routine childhood immunisations in Bexley is relatively small and some practices already diarise protected time for their clinicians to follow up directly those patients who have declined. The opportunity for an open and non-judgmental conversation with a trusted health professional has implications for the improvement of health outcomes that may reach wider than childhood immunisation. The intelligence gained from understanding the reasons why parents chose to decline the offer of vaccination is powerful and will be used to support wider health inequalities work that targets the most deprived communities within Bexley.

In 2019 the World Health Organisation (WHO) described vaccine hesitancy as one of the 10 key threats to global health. Most people receive the recommended vaccines although many will still have understandable questions. Some will have significant concerns and want to delay vaccines requiring further support and information. A small number will refuse. The choice is often fluid and will vary between vaccines.

The reasons why people chose not to vaccinate are complex; healthcare professionals remain the most trusted advisors and influencers of vaccination decisions and they must be supported to provide trusted, credible information on vaccines (Betsch et al 2018). Skilled clinicians are able to find out what parents are concerned about, reflect on what the person has said and provide clear and accurate information to support the decision making process. Research from Public Health England (PHE) shows that 93% of parents agreed that healthcare professionals remain the most trusted source of information about vaccines

In addition to role of healthcare professionals as important, trusted sources of information the Cochrane review (2017), identified that when considering vaccination, people want clear answers, open discussion and not to be rushed. Individual, person-centred conversations provide this opportunity for the parent/carer.

Recent practice visits by the Borough Immunisation Coordinator have identified that some practices already support improving uptake of routine childhood immunisation by following up those patients, who have either not responded to, or declined the offer of vaccination from the standard call/recall process, with a telephone call from a healthcare professional. The benefits of this process are two-fold: patients are afforded the opportunity for an informed discussion and can be advised of the “door is always open” approach if they choose not to take up the offer at that time and practices embed good practice, build positive patient relationships, and potentially reduce DNAs.

In the instance where a parent/carer continues to decline the offer of vaccination following a discussion with a healthcare professional, the reasons behind the decision-making process are valuable and will provide a unique opportunity to understand patient

concerns on a case by case basis. Analysis of responses will allow themes to be identified. These themes in turn, will be used to inform the approach to communications and support tackling barriers when developing services.

Assumptions should not be made that a choice to decline one type of vaccination, at one point in time, will be reflective of a patient's decision making process for all vaccinations offers thereafter. Patients need to be given the opportunity to change their mind and maintain their access to vaccination (within the algorithm of vaccination).

To further support the availability of clear, reliable information that patients can be referred to, or a link placed on the practice website, work is underway to develop an NHS SEL ICB childhood immunisation webpage.

4. Summary

To ensure that KPIs continue to reflect commissioning intentions and remain meaningful and achievable, it is important that they are reviewed on a regular basis and if appropriate, adjusted.

Vaccination is the safest and most effective way to protect children against infectious diseases. Thanks to vaccines, life-threatening diseases that used to be common in young children in the UK are now relatively rare. However, since the start of the coronavirus (COVID-19) pandemic, in March 2020, there has been a significant drop in the numbers of children being vaccinated against MMR and other childhood diseases such as polio and diphtheria.

In London, coverage of the first dose of the MMR vaccine in 2 year olds is below 87% and coverage for two doses of MMR vaccine in 5 year olds is currently 71.3% . In Bexley the corresponding MMR uptake figures are 92% and 80.32% respectively (COVER data Qtr.1 2022/23). Although Bexley uptake rates are higher than the London average, they are significantly below the 95% World Health Organization's (WHO) target needed to achieve and sustain measles elimination and lower than pre-pandemic levels.

The drop- off in uptake is also reflected in the coverage of the 6in1 (DTaP/IPV/Hib/HepB) and the 4in1 pre-school booster (DTaP/IPV). This is of particular concern in light of the recent detection of the poliovirus in London sewage samples in consecutive months (February - June 2022). To prevent any risk to health the recommendation is that all patients, particularly children, are up to date with all their polio vaccinations.

A comprehensive overview of the Bexley uptake position as at Qtr.1 2022/23 drawn from COVER data, is detailed in Appendix 1.

While this change is needed for implementation during the remainder of 2022/23 to avoid the duplication with recent national contractual changes, the process and timeline for the review of the entire premium will be submitted to the Primary Care Delivery Group for consideration and approval by the Bexley Local Care Partnership Committee.

5. References

(Betsch et al 2018) [Beyond confidence: Development of a measure assessing the 5C psychological antecedents of vaccination](#)

[PHE Parental attitude surveys to childhood immunisation 2019](#)

[Cochrane Review 2017](#)

[gov.uk/government/statistics/cover-of-vaccination-evaluated-rapidly-cover-programme-2022-to-2023-quarterly-data](#)

Bexley Wellbeing Partnership Committee
Thursday 26th January 2023

Item: 6

Enclosure: D

Title:	Month 8 Finance Report
Author:	Julie Witherall, Associate Director of Finance (Bexley), NHS South East London Integrated Care Board
Executive Lead:	David Maloney, Director of Corporate Finance, NHS South East London Integrated Care Board

Purpose of paper:	This paper is to provide an update on the financial position of Bexley (Place) including progress against savings targets as well as the overall financial position of the Integrated Care Board and the Integrated Care System as at Month 8 (November) 2022/23.	Update / Information	
		Discussion	X
		Decision	

Summary of main points:	<p>Bexley Position</p> <p>At month 8, Bexley is reporting a £32k underspend year to date, which is a positive movement of £24k in month. This position is made up of underspends on Mental Health and CHC which are offset by overspends on Prescribing and Urgent Treatment Centre (UTC) costs within acute services. The majority of the underspend is non-recurrent. The corporate underspend is due to the level of vacancies currently being carried with no backfill support.</p> <p>The two main areas of underspend are Mental Health which is due to lower cost per case costs at present and CHC where costs are being reviewed regularly to ensure compliance with budget. The main area of overspend is prescribing where there has been another material increase in month which has been offset by income from NHS England for DOAC rebates. The main drivers continue to be Cat M increases in costs and items being out of stock together with non delivery of QIPP due to increased spend on self care drugs due to the cost of living crisis. In month the QIPP delivery was an improvement on the previous month but still an additional cost pressure cumulatively. Work will continue in month to mitigate the overspend and will include targeted visits to practices with the highest levels of overspend to see how the position can be recovered, together with an increased focus on the delivery of the local prescribing incentive scheme to ensure all practices are participating.</p> <p>The AQP contract for hearing continues to over perform across SE London as a whole and in Bexley, this is currently being offset by other community underspends. The activity continues to be closely monitored to ensure it is correctly attributed and to establish if the activity is backlog related.</p> <p>Given the prescribing pressures, there is a significant risk that Bexley will not achieve a break-even position at the year end. Meetings have taken place with budget holders to establish if there are any mitigations which can be</p>
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enacted to achieve year end breakeven and these actions will be enacted in the ledger when required. However, they are not expected to fully mitigate the prescribing overspend. A review of the balance sheet is being undertaken.

In respect of savings, plans are in place for both the initial and additional savings targets on a recurrent basis. These schemes are largely on track except for prescribing which is currently underdelivering and is overspending against budget as per above. The prescribing QIPP is resulting in additional costs due to the self-care project not delivering and Bexley has advised that limited prescribing QIPP will be delivered in year. The schemes will continue but it is unlikely that material savings will be able to be attributed in year.

ICB Position – Refer Appendix 1

This report sets out the Month 8 financial position of the ICB. The ICB has a nine month reporting period in 2022/23 which reflects its establishment on 1 July 2022. The budget for the nine months is constructed from the CCG/ICB annual financial plan. As the CCG (as the predecessor organisation) delivered a £1,047k surplus during its final three months, the ICB is able to overspend its allocation by this amount, so that across the whole year a financial position no worse than break-even is delivered.

The ICB financial allocation for the Month 4 to 12 period is £3,039,523k. Due to the carry-forward of the Q1 CCG position, the ICB is able to spend up to £3,040,570k. As at Month 8, the ICB is reporting a break-even position against its recurrent (BAU) allocation and expenditure of (£48k) on the Covid vaccination programme. The vaccination costs are expected to be reimbursed in full by NHSE, thereby generating a break-even position.

The key risk within the ICB financial position relates to the prescribing budget, which is £3,121k overspent YTD. Prescribing data is received two months in arrears, so the latest information we have relates to September 2022. The YTD overspend is driven by both activity and price pressures. Activity (based upon the number of items prescribed) for the first 6 months of 2022/23 compared to the same period for last year, has increased by circa 3.1%. The ICB is also being impacted by increases in price driven by issues outside of its direct control – including the short supply of specific drugs and the price of Category M drugs which are nationally set. All ICBs are being similarly impacted, and we have ensured that NHSE has been made aware of this pressure. We estimate that the impact upon the prescribing position resulting from Category M price and stock shortages is £3,640k YTD – namely without these the prescribing budget would be in balance. If this trend continues into future months, the full year forecast overspend would be circa £6,000k before mitigations. This is set out in greater detail later in this report in section 5. A second risk relates to Continuing Healthcare (£1,086k overspent) that has seen an increase in cost driven by additional clients. The underlying drivers of the increase are detailed later in this report. These financial pressures mean that three boroughs (Bromley, Greenwich and Lambeth) are reporting overspend positions at Month 8, for which recovery plans have been produced.

In reporting this Month 8 position, the ICB has delivered the following financial duties:

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

	<p>Delivered the month-end cash position, well within the target cash balance.</p> <p>As at Month 8, and noting the risks outlined in this report, the ICB is forecasting a break-even position for the 2022/23 financial year.</p> <p>ICS Position – Refer Appendix 2</p> <p>I&E position</p> <p>At month 8 the ICS is reporting a YTD deficit of (£59.3m); £53.6m adverse to plan (M7 £46.9m adverse to plan).</p> <p>4 out of 5 provider organisations are reporting an adverse variance against plan YTD.</p> <p>All organisations, providers and ICB, are reporting a breakeven forecast for the full year.</p> <p>The main drivers to the position are under-delivery of planned efficiencies, higher than planned levels of expenditure due to COVID, unfunded inflation (including the full impact of the pay award), and the profiling of planned non-recurrent flexibilities.</p> <p>The system has delivered £83.1m of efficiency YTD against a plan of £136.1m. Despite the adverse YTD position, the system is forecasting to broadly recover and deliver £202.9m of efficiencies (against a plan of £207.2m), with 35% forecast to be non-recurrent.</p> <p>The system is forecasting to breach the agency expenditure limit for the year.</p> <p>The main risks to the forecast are ESRF clawback/underachievement in H2, continued under-delivery against planned efficiencies, potential use of agency / bank, inflation and winter pressures.</p> <p>Capital</p> <p>Spend against the system capital resource limit (CRL) is £62.5m under plan YTD. FOT is £2.9m less than the CRL, but it is anticipated that this will be fully committed as plans are implemented.</p>	
<p>Potential Conflicts of Interest</p>	<p>None arising as a direct result of this paper.</p>	
<p>Other Engagement</p>	<p>Equality Impact</p>	<p>None, all Bexley residents have the same levels of access to healthcare</p>
	<p>Financial Impact</p>	<p>The borough is reporting a surplus of £32k at month 8, which is a slight improvement on the month 7 position. However, the prescribing numbers deteriorated again this month, although offset to some degree by DOAC rebate income from NHS England. If this trend continues which it is expected to do, then the borough is now forecasting an overspend at the year end of £167k based on the current forecast for prescribing – should this deteriorate any further then the forecast out-turn will also deteriorate by a similar amount. Work has been undertaken to see if there are any underspends elsewhere which could be utilised to offset the prescribing issue but there is very little available.</p>

		<p>The ICB as a whole is reporting an overspend of £48k which relates to Covid vaccination costs which are expected to be reimbursed by NHS England. There remain significant risks around the delivery of some of the savings programmes, namely, prescribing plus the volatility of areas of expenditure such as CHC, MH Cost per Case. Work is ongoing to review the prescribing spend and it has been established that increases in the costs of Cat M drugs plus the increased cost of alternative drugs for those which are out of stock are the main drivers of the overspend. A number of mitigations are being formulated to try to get the spend back under control but this is a national issue which has been highlighted to NHS England.</p> <p>The ICS is reporting a year to date deficit of £59.3m which is £53.6m adverse to plan. The main drivers to the adverse position are under-delivery of planned efficiencies, higher than planned levels of COVID, unfunded inflation (including the full impact of pay awards) and the profiling of planned non recurrent flexibilities. 4 out of the 5 providers are reporting an adverse variance against plan year to date but all are reporting breakeven for forecast out-turn.</p>
	Public Engagement	Finance is reported to public borough based board meetings and also the position is reported by SE London ICB at the public Governing Body Meetings
	Other Committee Discussion/ Engagement	The month 8 financial position is discussed at SE London level at the Planning and Delivery Group, locally, it has been discussed at Bexley SMT and the LCP Executive.
Recommendation:	<p>The Bexley Wellbeing Partnership Committee is asked to:</p> <ol style="list-style-type: none"> 1. DISCUSS & NOTE the Month 8 (November 2022) financial position for NHS South East London ICS, NHS South East London ICB and Bexley Borough. 2. NOTE the details of the 2022/23 allocations (programme and running costs) received and expenditure to date for both NHS South East London ICB and Bexley Borough. 3. DISCUSS & NOTE the key risks identified for NHS South East London ICB and NHS South East London ICS and how they relate to Bexley Borough. 4. NOTE the details of the savings requirements for NHS South East London ICB, NHS South East London ICS and Bexley Borough. 	

SEL ICB Finance Report

Month 8 2022/23

Item: 6
Enclosure: D(i)

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1. Bexley Place Position
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6. Southwark Place Position

- This report sets out the Month 8 financial position of the ICB. The ICB has a nine month reporting period in 2022/23 which reflects its establishment on 1 July 2022. The budget for the nine months is constructed from the CCG/ICB annual financial plan. As the CCG (as the predecessor organisation) delivered a **£1,047k surplus** during its final three months, the ICB is able to overspend its allocation by this amount, so that across the whole year a financial position no worse than break-even is delivered.
- The ICB financial allocation for the Month 4 to 12 period is **£3,039,523k**. Due to the carry-forward of the Q1 CCG position, **the ICB is able to spend up to £3,040,570k**. As at Month 8, the ICB is reporting a **break-even position** against its recurrent (BAU) allocation and expenditure of **(£48k)** on the Covid vaccination programme. The vaccination costs are expected to be reimbursed in full by NHSE, thereby generating a **break-even** position.
- The key risk within the ICB financial position relates to the **prescribing** budget, which is **£3,121k** overspent YTD. Prescribing data is received two months in arrears, so the latest information we have relates to September 2022. The YTD overspend is driven by both activity and price pressures. Activity (based upon the number of items prescribed) for the first 6 months of 2022/23 compared to the same period for last year, **has increased by circa 3.1%**. The ICB is also being impacted by increases in price driven by issues outside of its direct control – including the short supply of specific drugs and the price of Category M drugs which are nationally set. All ICBs are being similarly impacted, and we have ensured that NHSE has been made aware of this pressure. We estimate that the impact upon the prescribing position resulting from Category M price and stock shortages is **£3,640k** YTD – namely without these the prescribing budget would be in balance. If this trend continues into future months, the full year forecast overspend would be circa **£6,000k** before mitigations. This is set out in greater detail later in this report in section 5. A second risk relates to Continuing Healthcare (**£1,086k overspent**) that has seen an increase in cost driven by additional clients. The underlying drivers of the increase are detailed later in this report. These financial pressures mean that three boroughs (**Bromley, Greenwich and Lambeth**) are reporting **overspend** positions at Month 8, for which recovery plans have been produced.
- In reporting this Month 8 position, the ICB has delivered the following financial duties:
 - 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 8, and noting the risks outlined in this report, the ICB is forecasting a **break-even** position for the 2022/23 financial year.

2. Revenue Resource Limit

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL ICB
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Annual Start Budget	125,212	215,006	162,769	187,409	146,255	144,257	2,922,170	3,903,078
CCG Final Budget	31,009	53,434	40,344	46,467	36,064	35,407	721,525	964,249
ICB Start Budget	94,203	161,573	122,426	140,942	110,191	108,850	2,200,645	2,938,829
M4 allocations	1,574	3,114	2,109	1,359	1,344	1,059	(6,341)	4,220
M1-3 Carry Forward (Allocated)							1,047	1,047
M4 Budget	95,777	164,687	124,535	142,301	111,535	109,909	2,195,351	2,944,096
M5 Internal Adjustments	708	765	762	959	838	801	(4,834)	-
M5 allocations	-	-	50	26	33	30	7,741	7,880
M5 Budget	96,485	165,452	125,347	143,287	112,406	110,740	2,198,259	2,951,976
M6 Internal Adjustments	1,462	2,301	1,766	478	656	517	(7,180)	-
M6 allocations	373	1,453	646	470	241	110	66,675	69,968
M6 Budget	98,320	169,206	127,759	144,234	113,304	111,367	2,257,754	3,021,944
M7 Internal Adjustments	1,510	2,054	1,769	2,485	1,953	2,050	(11,820)	-
M7 allocations	-	-	-	-	-	-	3,717	3,717
M7 Budget	99,830	171,260	129,527	146,719	115,256	113,417	2,249,651	3,025,661
<i>M8 Internal Adjustments</i>								
Delegated Primary Care (Locum budgets)				93	41	20	(154)	-
SDF Allocations		294	13				(307)	-
<i>M8 Allocations</i>								
Discharge Funding							2,968	2,968
Primary Care Transformation							1,356	1,356
Diabetes							545	545
DOAC Rebates (Prescribing)							469	469
Historic Surplus							8,933	8,933
Other Allocations							638	638
M8 Budget	99,830	171,554	129,540	146,812	115,297	113,437	2,264,099	3,040,570

- The table sets out the Revenue Resource Limit at Month 8. The allocation is consistent with the final 2022/23 Operating Plan and reflects confirmed additional national allocations for inflationary and localised cost pressures, together with further funding for ambulance services. In addition, the ICB also received Elective Recovery Funding (ERF) and System Development Funding (SDF). The final confirmed 2022/23 start allocation is **£3,903,078k** and the ICB's share of this allocation is **£2,938,829k**. This starting allocation has been adjusted as new allocations are received in-year.
- In month, the ICB has received an additional £14,909k of allocations, giving the ICB a total allocation of **£3,040,570k** at Month 8. An assessment will be made in-month in respect of forecasted spend against additional allocations. The ICB has received an allocation of **£8,933k** in respect of the brought forward surplus from the CCG. This is a technical adjustment, in that it is highly unlikely that the ICB will be able to drawdown against this funding.

3. Key Financial Indicators

- The below table sets out the ICB’s performance against its main financial duties on both a year to date and forecast basis. As highlighted above, the ICB is reporting on plan as at Month 8, aside from £48k of expenditure relating to the Covid vaccination programme. We are expecting Covid expenditure will be fully reimbursed by NHSE as per national funding arrangements. **Once received a balanced (green rated) position will be reported.**
- All other financial duties have been delivered for the year to Month 8 period.** A balanced financial position is forecasted for the 2022/23 financial year.

Key Indicator Performance	Year to Date		Forecast		
	Target	Actual	Target	Actual	
	£'000s	£'000s	£'000s	£'000s	
Agreed Deficit	-	(1,095)	-	(1,095)	
Expenditure not to exceed income	1,693,897	1,694,992	3,052,969	3,054,064	
Operating Under Resource Revenue Limit	1,681,464	1,682,559	3,030,590	3,031,685	
Not to exceed Running Cost Allowance	15,140	14,587	27,251	26,271	
Month End Cash Position (expected to be below target)	3,963	919	4,125	3,918	
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%	95.0%	100.0%	
95% of non-NHS creditor payments within 30 days	95.0%	98.1%	95.0%	98.1%	
Mental Health Investment Standard (Annual)	221,871	224,839	399,368	404,710	

4. Budget Overview



South East London

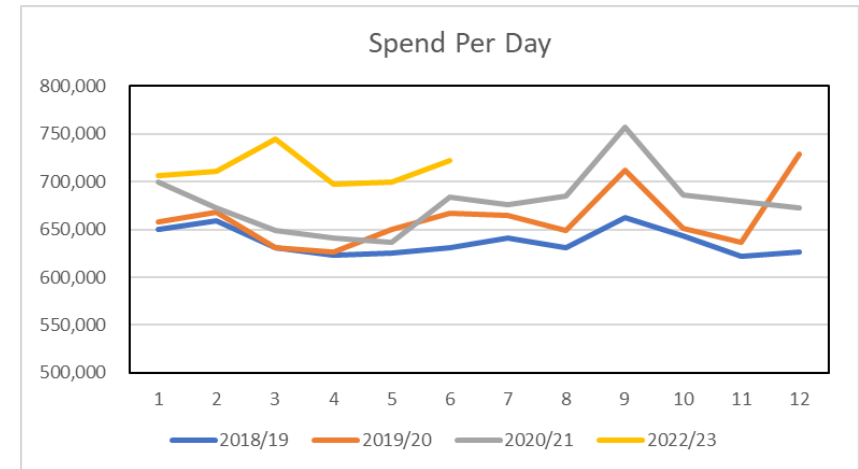
	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCGs (Non Covid)	CCG Surplus brought forward	Covid-19	Total SEL CCGs
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Year to Date Budget											
Acute Services	1,951	2,727	9,960	652	816	409	917,091	933,606	-	-	933,606
Community Health Services	7,245	32,388	11,237	9,621	10,663	12,112	92,612	175,878	-	-	175,878
Mental Health Services	4,382	5,439	3,533	8,279	2,617	2,533	188,031	214,813	-	-	214,813
Continuing Care Services	9,874	10,031	10,715	12,380	8,407	8,062	-	59,469	-	-	59,469
Prescribing	13,804	18,855	13,604	15,826	16,007	13,103	771	91,970	-	-	91,970
Other Primary Care Services	1,129	1,163	959	1,191	513	207	9,395	14,557	-	-	14,557
Other Programme Services	10	15	19	142	138	143	29,100	29,567	-	-	29,567
Delegated Primary Care Services	15,316	22,404	19,597	30,468	22,804	24,237	2,029	136,854	-	-	136,854
Corporate Budgets	1,473	1,963	1,999	2,590	1,806	1,881	13,037	24,750	-	-	24,750
Total Year to Date Budget	55,183	94,985	71,622	81,150	63,770	62,687	1,252,067	1,681,464	-	-	1,681,463
Year to Date Actual											
Acute Services	1,984	2,660	9,979	336	785	399	916,878	933,020	-	-	933,020
Community Health Services	7,249	32,343	11,202	9,497	10,597	11,965	92,631	175,485	-	-	175,485
Mental Health Services	4,247	5,407	3,150	8,328	2,400	2,703	188,121	214,356	-	-	214,356
Continuing Care Services	9,668	9,851	11,763	12,990	8,391	7,891	-	60,556	-	-	60,556
Prescribing	14,280	19,787	14,355	16,108	16,472	13,313	775	95,091	-	-	95,091
Other Primary Care Services	1,129	1,162	959	1,191	513	207	9,712	14,871	-	-	14,871
Other Programme Services	15	15	19	167	49	196	26,870	27,331	1,047	48	28,426
Delegated Primary Care Services	15,316	22,404	19,597	30,468	22,804	24,237	2,029	136,854	-	-	136,854
Corporate Budgets	1,263	1,851	1,833	2,473	1,719	1,650	13,111	23,901	-	-	23,901
Total Year to Date Actual	55,151	95,481	72,856	81,559	63,730	62,561	1,250,127	1,681,465	1,047	48	1,682,559
Year to Date Variance											
Acute Services	(33)	67	(19)	316	31	11	213	586	-	-	586
Community Health Services	(4)	44	35	125	66	147	(18)	394	-	-	394
Mental Health Services	134	32	383	(49)	217	(169)	(90)	457	-	-	457
Continuing Care Services	206	180	(1,048)	(610)	15	171	-	(1,086)	-	-	(1,086)
Prescribing	(476)	(932)	(751)	(282)	(465)	(210)	(4)	(3,121)	-	-	(3,121)
Other Primary Care Services	0	1	0	0	0	(0)	(316)	(315)	-	-	(315)
Other Programme Services	(6)	(0)	(0)	(25)	89	(53)	2,230	2,235	(1,047)	(48)	1,140
Delegated Primary Care Services	-	-	-	-	-	-	-	-	-	-	-
Corporate Budgets	210	112	166	117	87	230	(74)	849	-	-	849
											41
Total Year to Date Variance	32	(496)	(1,234)	(408)	40	126	1,940	(0)	(1,047)	(48)	(1,096)

- At Month 8, the ICB is reporting an overall **balanced position** against its **22/23 BAU budgets**. Main financial risks for the delegated borough budgets relate to prescribing and continuing care (CHC).
- The ICB is reporting a **£3,121k overspend** against its **prescribing position**. This position is based upon M01-06 2022/23 data and represents a like for like **deterioration of the position in-month** of £796k. Prescribing activity has increased by 3.1% compared to the same period in 2021/22. A deep dive of the position has been undertaken and the underlying drivers relate to largely national issues including the availability of unbranded drugs (NCSO – No Cheaper Stock available), CAT M drugs, the growth of patients with long term conditions and cost of living pressures with a consequence of patients receiving over the counter drugs via FP10. This is set out in detail later in this report.
- Across the ICB’s Acute, Community and Mental Health budgets, the YTD **underspend** is **£1,437k** relating to non-block activity. **This is partially offsetting the overspend in prescribing highlighted above.**
- The overall **continuing care** financial position is **£1,086k overspent** and the underlying pressures are variable across the boroughs. Whilst most boroughs are seeing a slight increase in activity in year, this is being offset by lower than anticipated price pressures. An Increase in the client base for Greenwich and Lewisham coupled with higher package prices for these two boroughs are driving their adverse position. Benchmarking of activity and price differentials for the boroughs is set out later in this report.
- The Other Primary Care services overspend of £315k relates to activity and price pressures within the Home Oxygen therapy budget.
- The underspend of **£849k** against corporate budgets, reflects vacancies in ICB staff establishments. This is a non-recurrent underspend.
- More detail regarding the individual borough (Place) financial positions is provided later in this report.

5. Prescribing – Analysis of Activity Growth

- The prescribing budget currently represents the largest financial risk facing the ICB. The Month 8 prescribing position is based upon M01-06 2022/23 data as the information is provided two months in arrears. Based on the latest available data, the ICB is showing a **£3,121k overspend** year to date (YTD). When a comparison is made using 2022/23 activity to the same period for last financial year, there has been an **increase in items of around 3.1%**. On a borough basis, the increase range from Lewisham (2.5%) to Bexley (4.4%). This is set out in the table below:

Items Prescribed	South East London		Bexley		Bromley		Greenwich		Lambeth		Lewisham		Southwark	
	2021/22	2022/23	2021/22	2022/23	2021/22	2022/23	2021/22	2022/23	2021/22	2022/23	2021/22	2022/23	2021/22	2022/23
April	81,269	82,558	12,829	13,428	13,875	14,257	12,522	12,885	16,987	16,748	11,396	11,716	13,655	13,523
May	78,660	82,488	12,211	13,077	13,588	14,197	12,202	12,773	16,064	16,987	11,326	11,966	13,266	13,486
June	78,757	85,007	12,456	13,876	13,546	14,681	12,458	13,114	15,902	17,340	11,326	12,038	13,067	13,954
July	74,153	78,104	11,883	12,481	12,742	13,379	11,569	12,159	15,147	16,055	10,569	10,885	12,242	13,143
August	75,862	78,131	12,167	12,726	12,943	13,499	11,989	11,931	15,586	15,942	10,774	11,071	12,402	12,961
September	78,128	78,425	12,736	12,522	13,377	13,741	11,862	12,389	16,097	15,780	11,151	11,028	12,903	12,963
October	77,572	-	12,703	-	13,883	-	11,880	-	15,659	-	10,799	-	12,647	-
November	79,855	-	12,873	-	14,021	-	12,078	-	16,371	-	11,556	-	12,954	-
December	86,720	-	14,383	-	15,281	-	13,320	-	17,350	-	12,483	-	13,901	-
January	84,291	-	13,212	-	14,616	-	13,411	-	17,282	-	11,912	-	13,857	-
February	77,645	-	12,554	-	13,099	-	12,187	-	15,778	-	11,196	-	12,829	-
March	78,664	-	12,442	-	13,660	-	12,163	-	16,019	-	11,399	-	12,981	-
Average	79,298	80,786	12,704	13,018	13,719	13,959	12,303	12,542	16,187	16,475	11,324	11,451	13,059	13,338
YTD Average Comparison	77,805	80,786	12,380	13,018	13,345	13,959	12,100	12,542	15,964	16,475	11,090	11,451	12,923	13,338



- If this increase in activity and high acuity continues, then the full year forecast impact would be circa **£5,973k**, before mitigations. The table to the right is showing the borough level impact. This is circa **£855k** higher compared to last month's forecast as a result of increased spend on NCSO and CAT-M drugs. This is a national cost pressure and the underlying drivers of the increase are set out in the following slide.
- The differential position per borough is largely determined by local demographics and prescribing patterns. One of the areas being investigated is a drug for osteoporosis which is in short supply and therefore seeing a large increase in price. This is impacting upon boroughs where there is an older demographic, including Bromley.

Borough	Budget £000	FOT £000	FOT Variance - (over)/under £000
BEXLEY	24,621,995	25,511,699	(889,704)
BROMLEY	33,645,508	35,404,672	(1,759,164)
GREENWICH	24,144,054	25,513,413	(1,369,359)
LAMBETH	28,540,306	28,989,126	(448,820)
LEWISHAM	27,822,713	28,917,007	(1,094,294)
SOUTHWARK	23,472,795	23,876,979	(404,184)
SOUTH EAST LONDON	0	7,723	(7,723)
Total	162,247,371	168,220,619	(5,973,248)

5. Prescribing – Key Drivers of Growth and Mitigations

- The primary care prescribing budget across SEL is seeing unexpected activity pressures in a number of areas and predominantly in NCSO (No Cheaper Stock available) and Cat-M. The latter consists of a group of drugs for which prices are managed and controlled by central government. These have a direct impact on branded product usage, availability and consequently on NCSO. The local system has no control over the aforementioned.
- There are also areas of significant growth in long term conditions driven by the need to optimise medicines in patients (as per NICE guidance) as they are now being reviewed post Covid. This is especially in diabetes and CVD.
- The total Prescribing overspend is **£3,121k YTD**. The table below shows that of this, **£3,640k** is the impact of national pressures on Cat-M and NCSO drugs. In addition, the prescribing QIPP is currently under-delivering by **£890k**. This is as set out later in this report.

2022/23 M08 YTD Cat-M & NCSO spend

Borough	M8 YTD Budget £	M8 YTD Actuals £	M8 Variance £
BEXLEY	133,054	736,077	(603,023)
BROMLEY	196,102	964,265	(768,163)
GREENWICH	132,534	767,856	(635,322)
LAMBETH	159,750	746,233	(586,483)
LEWISHAM	163,028	718,154	(555,125)
SOUTHWARK	141,559	633,507	(491,948)
Total	926,027	4,566,092	(3,640,065)

- Actions being implemented to best mitigate the growth in prescribing activity include:
 - Implementation of PCN medicines optimisation plans;
 - Actions to ensure maximum delivery of the 2022/23 QIPP prescribing plan;
 - Borough medicines optimisation teams working with overspending practices to identify and implement recovery actions.

6. NHS Continuing Healthcare - Overview

Overview:

- The underlying financial position of the Continuing Care (CHC) budgets has been materially impacted by the pandemic, both in terms of patient numbers (due to the impact of initiatives such as the Hospital Discharge programme) together with the cost of packages as a result of the impact of the pandemic on wider price inflation.
- To mitigate these risks, 2022/23 budgets were built off an agreed patient activity baseline for each borough. Adjustments were then made to fund the impact of expected price inflation (3.05% at the time of the budget setting) and activity growth (1.80%).
- The overall CHC financial position at Month 8 is an overspend of **£1,086k**, although underlying financial and activity pressures are variable across the individual boroughs. Lambeth and Greenwich are reporting overspends of **£610k** and **£1,048k**, respectively. Both boroughs have recently implemented recovery plans with a focus to both minimise year-end overspends but also to ensure recurrent run-rate balance in the Q4 period.
- Generally, boroughs are experiencing some increase in activity in year, although this is currently being offset by lower than anticipated price pressures. As part of the overall 2022/23 NHS funding settlement, the ICB received additional recurrent funding of **£1,800k** to offset anticipated price increases for CHC care packages. The allocation of this funding to each Borough was completed in the Q2 period.
- A piece of work is ongoing to analyse CHC expenditure across the Boroughs on a price and activity basis. Results from this are set out on the following slide.

6. NHS Continuing Healthcare – Benchmarking

	Bexley		Bromley		Greenwich		Lambeth		Lewisham		Southwark	
	No Of Clients	Average Price £	No Of Clients	Average Price £	No Of Clients	Average Price £	No Of Clients	Average Price £	No Of Clients	Average Price £	No Of Clients	Average Price £
Budget	587	3,334	741	2,613	481	4,391	469	5,342	388	4,277	356	4,538
Month 2	650	2,912	723	2,522	461	4,879	377	6,875	422	3,824	340	4,517
Month 3	501	3,783	826	2,432	405	8,348	348	7,080	458	3,627	381	3,406
Month 4	600	3,153	865	2,122	498	4,331	590	4,525	449	3,739	406	3,760
Month 5	805	2,380	919	1,980	521	4,417	617	4,516	427	3,976	421	3,618
Month 6	689	2,756	954	1,903	527	4,315	577	4,732	448	3,770	446	3,392
Month 7	755	2,550	999	1,794	556	4,792	585	4,684	465	3,607	490	3,087
Month 8	817	2,360	1055	1,732	534	4,476	628	4,266	481	3,523	527	2,897

- The tables to the left, set out monthly numbers of CHC clients and the average price of care packages. The first table also includes both the activity baseline and average care package price upon which the 2022/23 budgets were set. The second table shows the number of care packages > £1,500 per week per borough for the 4 months – July to October 2022.
- The tables shows that whilst Bromley has the highest number of clients (which is in line with its demographic profile), the Lambeth and Greenwich average prices are the highest. Both boroughs had average prices greater than £4,000 in November. The number of client costs > £1,500 a week emphasises this. Therefore, it is price rather than activity increases which is driving the Lambeth and Greenwich positions.
- Lambeth has high levels of cases of individuals with complex and multiple needs cases, this is resulting in high-cost specialist care packages. There are also ongoing challenges in recruiting to vacancies in the CHC team.
- Lambeth and Greenwich have produced recovery plans to mitigate the overperformance. Key actions include:
 - Reviewing the conversion rate of applications to funded cases, and the operation of the panels
 - Targeting robust reviews of high-cost packages
 - Ensuring that internal procedures are reviewed and tightened where needed

	Active Number of clients cost > £1,500/WK					
	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark
	No Of Clients	No Of Clients	No Of Clients	No Of Clients	No Of Clients	No Of Clients
Month 4	65	49	81	123	71	62
Month 5	65	47	77	129	73	65
Month 6	62	49	76	132	75	64
Month 7	64	47	80	137	71	62

7. Provider Position

Overview:

- This is the most material area of ICB spend, and relates to contractual expenditure with NHS and Non NHS acute, community and mental health providers.
- In year, the ICB is forecasting to spend circa **£2,842,079k** of its total allocation on NHS block contracts, with payments to our local providers as follows:
 - Guys and St Thomas **£689,770k**
 - Kings College Hospital **£748,046k**
 - Lewisham and Greenwich **£591,427k**
 - South London and the Maudsley **£277,760k**
 - Oxleas **£212,181k**
- In month, the ICB position is showing a **£586k** underspend overall on Acute services, with activity lower than anticipated with the ICB's acute independent sector providers and in the community position due to a slight underperformance against minor eye condition (MECs) activity. This position is anticipated to be driven by seasonal factors, with the year end position likely to be at **break-even**.

8. QIPP - Overview

- The ICB has a total QIPP savings ask of **£29,305k** for 2022/23. The table below shows the latest position as at Month 8 and provides a breakdown of both recurrent and non recurrent savings. The savings identified include the impact of the NHS wide 1.1% tariff efficiency requirement. The position reported below includes both the Month 1-3 CCG and the YTD ICB positions. The budgets for the individual savings schemes have been phased equally, with the exception of Prescribing which is based upon the expected impact of the specific schemes.
- Overall, the ICB savings plan is reporting an adverse variance of circa **£1,208k** at Month 8. This is primarily due to slippage in both Prescribing and Continuing Care savings plans. The main causes of the slippage are set out in the following slide. Currently of the **£17,757k** delivered as at Month 8, **£13,388k** has been delivered on a recurrent basis. Forecast recurrent savings at the year-end are **£21,335k**. Borough and central teams have been asked to recurrently identify savings which will have a full year recurrent effect of circa £29,000k going into 2023/24.

SEL Boroughs	Target £'000	Year to Date plan £'000	Year to Date Delivery £'000	Year to Date Variance £'000	Year to Date Recurrent £'000	Year to Date Non Recurrent £'000	Forecast Delivery £'000	Forecast Variance £'000	Forecast Delivery Recurrent £'000	Forecast Delivery Non Recurrent £'000
Bexley	2,013	1,275	1,054	-220	973	81	1,581	-432	1,460	121
Bromley	3,841	2,431	2,218	-212	2,057	161	3,523	-318	3,282	241
Greenwich	2,891	1,881	1,467	-414	1,282	185	2,367	-524	2,090	277
Lambeth	2,555	1,636	1,378	-258	1,378	-	2,555	0	2,555	-
Lewisham	2,623	1,532	1,512	-20	1,383	129	2,623	0	2,429	194
Southwark	1,963	1,264	1,180	-84	1,059	121	1,776	-187	1,638	138
SEL Central	13,419	8,946	8,946	0	5,254	3,692	13,419	0	7,881	5,538
Total	29,305	18,965	17,757	-1,208	13,388	4,369	27,844	-1,461	21,335	6,509

- The forecast outturn is an **under-delivery of £1,461k**, mainly due to prescribing. Whilst work is being undertaken by boroughs to mitigate slippage and maximise savings potential it is unlikely these will be delivered in full by the end of the year. Where boroughs are showing slippages on savings and reporting a deficit position, financial recoveries are being implemented to identify plans either through non-recurrent measures or further QIPP plans to ensure that each borough minimises financial overspends by March 2023.

8. QIPP – Update on Prescribing and Continuing Care Savings

- The table below shows the delivery of savings by budget areas. Current slippage in the YTD savings plan is **£1,208k**, driven primarily by Prescribing and Continuing Healthcare. Additional narrative is provided below and to the right.

Budget Area	Target Savings £'000	Year to Date Plan £'000	Year to Date Actual £'000	Year to Date Variance £'000	Forecast Delivery £'000	Forecast Delivery Variance £'000
Additional System Savings Requirement	7,000	4,667	4,666	-1	7,000	0
Central budgets	491	327	327	-0	491	0
Community Services	2,541	1,880	1,880	0	2,820	279
Continuing Care Services	3,429	2,000	1,519	-481	3,264	-165
Corporate/Running Cost	2,727	1,818	1,982	164	2,727	0
Mental Health Services	601	351	351	0	601	0
Other Acute Services	812	543	543	0	813	1
Other Primary Care Services	194	267	267	0	401	207
Other Programme	8,349	5,240	5,240	0	7,861	-488
Prescribing	3,161	1,535	645	-890	1,865	-1,296
Total	29,305	18,628	17,420	-1,208	27,843	-1,461

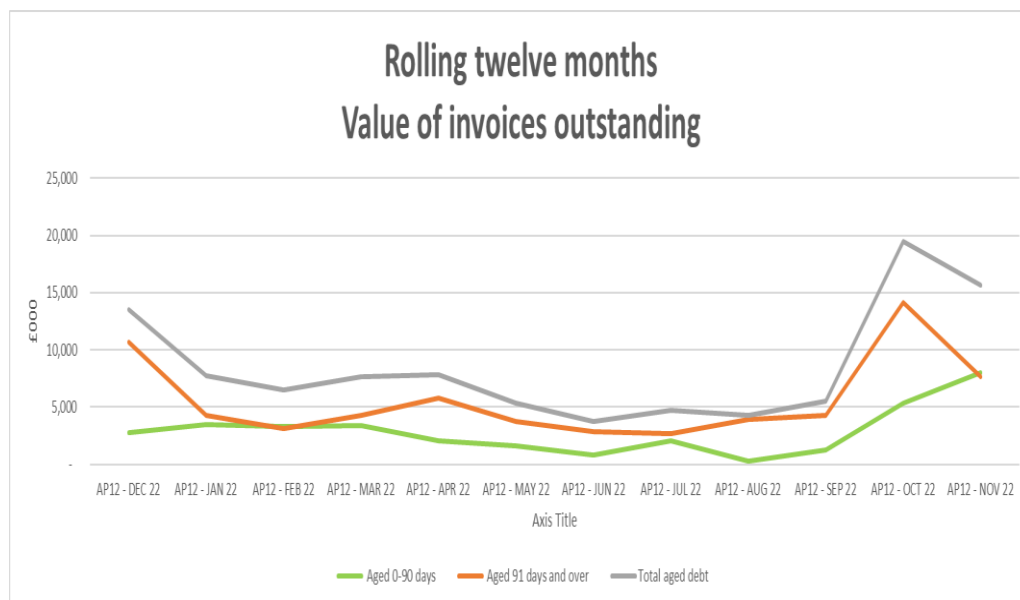
Continuing Care

- Continuing Healthcare under delivery (**£481k**) is primarily in Lambeth and Greenwich. Deep dive exercises have been completed in both boroughs. Within Lambeth a review of all care packages to assess eligibility, value of care input and end date is being undertaken. Within Greenwich a review of the database at client level is being done. Recovery plans have been developed to ensure cost increases can be kept within budget.

Prescribing

- Current under delivery is **£890k**. There is a risk to one of the high impact QIPP areas of reducing spend in self care medicines. The intention of this savings plan is that people manage their own medical condition and buy any medications they require to treat their symptom's instead of being given a prescription. Due to cost of living crisis and more patients on low income/ receiving free prescriptions this savings plan is not delivering in full. 57% of the SEL QIPP plan was across self care and low priority prescribing.
- A number of actions have been implemented since last month and further actions planned are shown below:
- Implementation of PCN medicines optimisation plans – these are in progress with the majority of practice/PCN visits completed. Second visits are being undertaken over the coming months for key overspending practices to identify and implement recovery actions.
- Actions to ensure maximum delivery of the 2022/23 QIPP prescribing plan:
 - Continuing to ask practices to engage with the medicines incentive schemes in borough
 - Southwark Borough targeting all those who are projected to be overspent by >1% of allocated budget
 - Launch PCN/GP Pharmacist forum for added engagement
 - Collaboration with acute and mental health pharmacy colleagues on primary care QIPP areas to ensure system working
 - Promoting GP-CPCS
 - Working with trusts to co-design dry eye pathway and vitamin D guidelines and explore most cost effective options
 - Q2 deep dive reports being written and communicated to practices
 - Reminder articles in GP Bulletin on high areas of spend on low value medicines
 - Continued promotion of NHS Community Pharmacy BP Check Service and Healthier You
 - NHS Diabetes Prevention Programme to improve prevention of LTCs
 - Actions around miscoded prescribers

9. Debtors Position



Overview:

- The ICB has an overall debt position of **£15,600k** at Month 8 that is **£3,900k** lower compared to last month. Of the current debt circa £200k or 1.2% relates to debt over 3 months old. Following the work undertaken to resolve debt queries prior to the transition to the new ledger, the ICB has implemented a more BAU approach to debt management, focusing on ensuring recovery of its larger debts, and in minimising debts over 3 months old. Regular meetings with SBS are assisting in the collection of debt, with a focus on debt over 90 days which is continuing to reduce.
- The top 10 aged debtors are provided in the table below, with the main balances remaining with Circle Clinical Services (MSK services in Greenwich), Bromley and Southwark local authorities, Health Education England (HEE) and other local NHS ICB organisations (largely relating to pan-London levies hosted by SEL ICB). These are being actively chased on a weekly basis by ICB finance colleagues.

Customer Group	Aged 0-30 days £000	Aged 1-30 days £000	Aged 31-60 days £000	Aged 61-90 days £000	Aged 91-120 days £000	Aged 121+ days £000	Total £000
NHS	4,666	3,077	56	20	23	139	7,981
Non-NHS	750	2,236	3,318	1,347	22	6	7,679
Unallocated	0	(22)	0	0	0	0	(22)
Total	5,416	5,291	3,374	1,367	45	145	15,638

Supplier Name	Total Value £000	Total Volume	Aged 0-90 days Value £000	Aged 91 days and over Value £000	Aged 0-90 days Volume	Aged 91 days and over Volume
HEALTH EDUCATION ENGLAND	4,317	3	4,300	17	2	1
CIRCLE CLINICAL SERVICES LTD	4,193	4	4,193	-	4	-
NHS NORTH WEST LONDON ICB	1,324	5	1,324	-	5	-
LONDON BOROUGH OF BROMLEY	1,232	8	1,224	8	6	2
NHS NORTH CENTRAL LONDON ICB	911	6	911	-	6	-
SOUTHWARK LONDON BOROUGH COUNCIL	905	9	905	-	9	-
NHS SOUTH WEST LONDON ICB	828	7	827	1	6	1
GREENBROOKS HEALTHCARE (HOUNSLOW) LTD	407	2	407	-	2	-
LEWISHAM LONDON BOROUGH COUNCIL	293	5	293	-	5	-
KINGS COLLEGE LONDON	264	1	264	-	1	-

10. Cash Position

- The Maximum Cash Drawdown (MCD) as at Month 8, after accounting for payments made on behalf of the ICB by the NHS Business Authority (largely relating to prescribing expenditure) was **£3,844k**.
- As at month 8, the ICB had drawn down 55.13% of the available cash compared to the budget cash figure of 55.6%. In November, there was no requirement to make a supplementary draw down and the ICB expects to utilise its cash limit in full by the year end.
- The cash key performance indicator (KPI) has been achieved in all months so far this year, showing continued successful management of the cash position by the ICB’s Finance team to achieve the target cash balance. The actual cash balance at the end of Month 6 was **£919k**, well within the target set by NHSE.
- ICBs are expected to pay 95% of all creditors within 30 days of the receipt of invoices. To date the ICB is met the BPPC targets each month and it is expected that these targets will be met in full at the end of the year.

Annual Cash Drawdown Requirement for	2022/23	2022/23	2022/23
	AP8 - NOV 22	AP7 - OCT 22	Month on month movement
	£000s	£000s	£000s
ICB ACDR (M4-12)	3,030,590	3,020,897	9,693
CCG ACDR (M1-3)	964,003	964,003	0
Capital allocation			
Less:			
Prescription Pricing Authority	(147,773)	(128,380)	(19,393)
Other Central / BSA payments-HOT	(1,626)	(1,426)	(200)
Pension uplift 6.3%	(454)	(454)	0
Add back PCSE			0
System Error			0
Remaining Cash limit	3,844,740	3,854,640	(9,900)

Cash Drawdown	Monthly Main Draw down £000s	Supplementary Draw down £000s	Cumulative Draw down £000s	Proportion of CCG cash requirement %	KPI - 1.25% or less of main drawdown £000s	Month end bank balance £000s	Percentage of cash balance to main draw
CCG							
Apr-22	290,000	27,000	317,000	34.93%	3,625	2,830	0.98%
May-22	292,000	0	609,000	67.10%	3,650	1,254	0.43%
Jun-22	287,000	0	896,000	98.72%	3,588	856	0.30%
ICB							
Jul-22	295,000	15,000	310,000	10.51%	3,688	253	0.09%
Aug-22	310,000	0	620,000	21.03%	3,875	197	0.06%
Sep-22	335,000	0	955,000	32.39%	4,188	690	0.21%
Oct-22	305,000	12,000	1,272,000	44.10%	3,813	1,918	0.63%
Nov-22	317,000	0	1,589,000	55.13%	3,963	919	0.29%
Dec-22							
Jan-23							
Feb-23							
Mar-23							
	50						

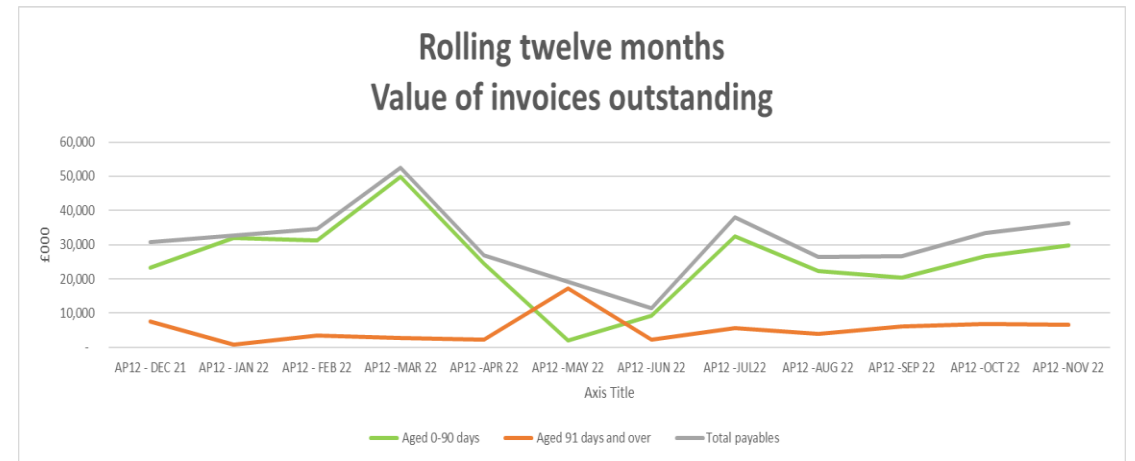
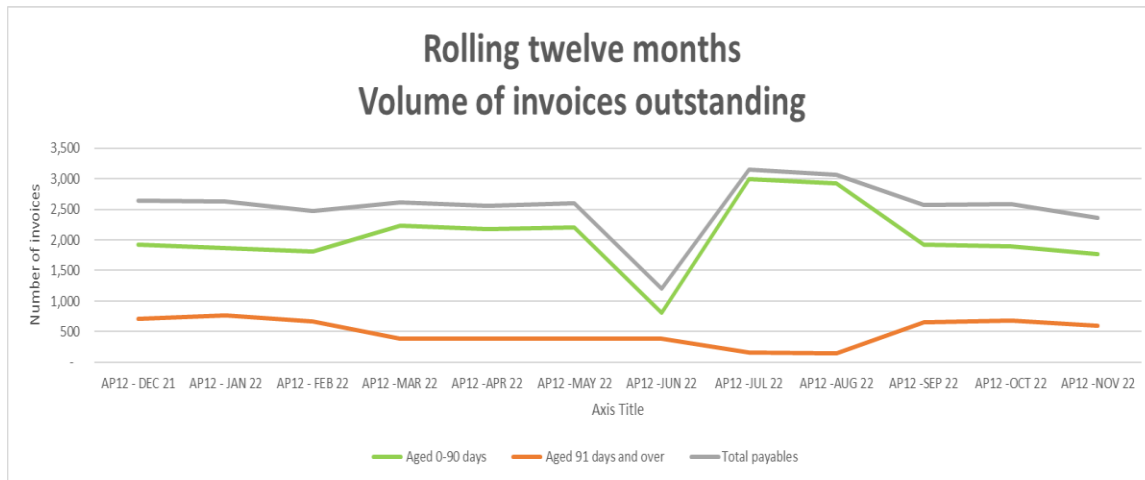
11. Aged Creditors

Following the implementation of the new financial ledger for the ICB, there was an increase in July in the volume of invoices outstanding. This was due to the work undertaken to reduce volumes for the end of June, followed by a period of no invoices being scanned and then, the opening of the new ledger for suppliers to submit invoices.

The volume of outstanding invoices decreased in November 2022, whilst the value of invoices increased. The proportion of items over 91 days has decreased since last month and now accounts for a sixth of all outstanding invoices in terms of volume and a fifth in terms of value.

Work is ongoing to clear all the items over 91 days and to maintain a reduced level of outstanding invoices following the good work undertaken in the lead up to the transition to the new ICB ledger.

As part of routine monthly reporting for 2022/23, high value invoices are being reviewed to establish if they can be settled quickly and budget holders are being reminded on a constant basis to review their workflows.



SEL ICB Finance Report

Updates from Boroughs

Month 8

Appendix 1 - Bexley

South East London

Overall Position

	Year to date budget	Year to date actual	Year to date variance	Bexley Budget	Forecast Out-turn	Forecast Variance
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Acute Services	1,951	1,984	(33)	3,511	3,571	(60)
Community Health Services	7,245	7,249	(4)	13,041	13,041	0
Mental Health Services	4,382	4,247	134	7,887	7,687	200
Continuing Care Services	9,874	9,668	206	18,051	17,751	300
Prescribing	13,804	14,280	(476)	24,831	25,721	(890)
Other Primary Care Services	1,129	1,129	0	2,032	2,032	0
Other Programme Services	10	15	(6)	18	18	0
Delegated Primary Care Services	15,316	15,316	0	27,810	27,810	0
Corporate Budgets	1,473	1,263	210	2,652	2,369	283
Total	55,183	55,151	32	99,832	100,000	(167)

- At month 8, Bexley is reporting a £32k underspend year to date, which is a positive movement of £24k in month. This position is made up of underspends on Mental Health and CHC which are offset by overspends on Prescribing and Urgent Treatment Centre (UTC) costs within acute services. The majority of the underspend is non-recurrent. The corporate underspend is due to the level of vacancies currently being carried with no backfill support.
- The two main areas of underspend are Mental Health which is due to lower cost per case costs at present and CHC where costs are being reviewed regularly to ensure compliance with budget. The main area of overspend is prescribing where there has been another material increase in month which has been offset by income from NHS England for DOAC rebates. The main drivers continue to be Cat M increases in costs and items being out of stock together with non delivery of QIPP due to increased spend on self care drugs due to the cost of living crisis. In month the QIPP delivery was an improvement on the previous month but still an additional cost pressure cumulatively. Work will continue in month to mitigate the overspend and will include targeted visits to practices with the highest levels of overspend to see how the position can be recovered, together with an increased focus on the delivery of the local prescribing incentive scheme to ensure all practices are participating.
- The AQP contract for hearing continues to over perform across SE London as a whole and in Bexley, this is currently being offset by other community underspends. The activity continues to be closely monitored to ensure it is correctly attributed and to establish if the activity is backlog related.
- Given the prescribing pressures, there is a significant risk that Bexley will not achieve a break-even position at the year end. Meetings have taken place with budget holders to establish if there are any mitigations which can be enacted to achieve year end breakeven and these actions will be enacted in the ledger when required. However, they are not expected to fully mitigate the prescribing overspend. A review of the balance sheet is being undertaken.
- In respect of savings, plans are in place for both the initial and additional savings targets on a recurrent basis. These schemes are largely on track except for prescribing which is currently underdelivering and is overspending against budget as per above. The prescribing QIPP is resulting in additional costs due to the self care project not delivering and Bexley has advised that limited prescribing QIPP will be delivered in year. The schemes will continue but it is unlikely that material savings will be able to be attributed in year.

Appendix 2 – Bromley



South East London

Overall Position

	Year to Date Budget £'000s	Year to Date Actual £'000s	Year to date Variance £'000s	ICB Budget £'000s	Forecast Outturn £'000s	Forecast Variance £'000s
Acute Services	2,727	2,660	67	4,908	4,788	120
Community Health Services	32,388	32,343	44	58,298	58,218	80
Mental Health Services	5,439	5,407	32	9,789	9,766	23
Continuing Care Services	10,031	9,851	180	18,303	17,979	324
Prescribing	18,855	19,787	(932)	33,939	35,115	(1,176)
Other Primary Care Services	1,163	1,162	1	2,093	2,093	1
Other Programme Services	15	15	(0)	27	27	0
Delegated Primary Care Services	22,404	22,404	0	40,661	40,661	0
Corporate Budgets	1,963	1,851	112	3,534	3,365	169
Total	94,985	95,481	(496)	171,553	172,013	(460)

- The borough is reporting an overspend of £496k at Month 8. The position includes a £932k overspend on prescribing. This is offset by underspends in Acute, Community, Mental Health, Continuing Healthcare and Corporate budgets.
- The Prescribing position is £932k overspent year to date and the unmitigated forecast overspend is £1,759k (compared to £1,556k last month), based on the Month 6 PPA data. Within this position the cost of Cat M & NCSO drugs for the period from July to November 2022 is £940k. The cost of these drugs in the same period last year was £153k. This is a year-on-year increase of £787k. Mitigations have been identified and along with the impact of the savings target in the latter part of the year are planned to reduce the overspend. The mitigations relate to QIPP, DOAC rebates, other rebates and drug patents, however the impact of these have now reduced. The mitigated overspend is forecast to be £1,176k.
- Within the Community budget the AQP contract for hearing is over performing and is overspent by £398k, this is currently being offset by other underspends within community budgets. Within the Mental Health budget there has been a significant increase in cost per case spend, compared to last year, due to an increase in the number of s117 clients that are jointly funded with the Local Authority. This overspend is being mitigated and budget has been transferred within the directorate to resolve the issue.
- The 2022/23 borough savings requirement is £3,841k. The savings schemes have been identified and at Month 8 all schemes are on target except for prescribing which is reporting both a year to date (£212k) and forecast overspend (£318k).
- The likely year end forecast position is now an overspend of £460k compared to the previous forecast breakeven position last month. The key movements in the position relate to the deteriorating prescribing position, as set out above. The forecast has been adjusted to reflect the increased costs and reduced rebates and savings. Best and worst-case forecast scenarios have also been modelled and the variances range from breakeven at best case to £872k overspent as worst case.

Appendix 3 - Greenwich

Overall Position

Greenwich	Year to Date Budget	Year to Date Actual	Year to Date Variance	Ledger Forecast	Borough Forecast
	£'000s	£'000s	£'000s	£'000s	£'000s
Acute Services	9,960	10,000	(19)	(34)	-
Community Health Services	11,237	11,202	35	62	40
Mental Health Services	3,533	3,150	383	393	260
Continuing Care Services	10,715	11,685	(1,048)	(1,886)	(1,000)
Prescribing	13,604	14,355	(751)	(1,369)	(1,253)
Other Primary Care Services	959	959	0	-	0
Other Programme Services	19	19	(0)	-	(0)
Delegated Primary Care Services	19,597	19,597	-	-	-
Corporate Budgets	1,999	1,879	166	298	200
TOTAL	71,622	72,846	(1,234)	(2,536)	(1,753)

- The overall borough position is £1,234k adverse, with an underspend in Mental Health and Corporate Budgets partially mitigating the significant pressures reported within Prescribing and Continuing Care Services (CHC). The unmitigated forecast overspend is £1,753k.
- The primary care prescribing pressures within Greenwich are consistent with the wider trend reported across SEL. The pressures are focussed on Cat M & NCSO (No Cheaper Stock available) drugs; these are subject to national (Government) pricing decisions.
- CHC is £1,048k overspent to date, with the pressure focussed in Adults. The in-month movement is due to additional clients appended to the Care Track database within the scope of commissioned care, but with significant retrospective costs for prior periods. An initial database review had been undertaken, and this is now being re-examined at individual client level to ensure the robustness of reported numbers. In parallel, a financial recovery plan has been finalised with actions ongoing to identify and implement the recovery actions to bring CHC back to plan. The following additional measures are being implemented – review of frequency in reviews of existing care packages, AQP framework compliance and the assessment of personal health budgets (PHB) at individual case level to ensure the recovery of unspent funds from clients can be implemented.
- The Corporate Budget underspend is due to vacancies within the staffing establishment. This trend is projected to continue due to the tightened controls in place on recruitment.
- The delegated budgets at M8 include the initial tranche of non recurrent allocations for Mental Health⁵⁵(SDF/CMH), Winter Pressures and Virtual Wards.

Appendix 4 - Lambeth



South East London

Overall Position

	Year to Date Budget	Year to Date Actual	Year to Date Variance	ICB Budget	Forecast Outturn	Forecast Variance
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Acute Services	652	336	316	1,174	604	570
Community Health Services	9,621	9,497	125	17,319	17,094	225
Mental Health Services	8,279	8,328	(49)	14,903	14,913	(10)
Continuing Care Services	12,380	12,990	(610)	22,667	23,765	(1,098)
Prescribing	15,826	16,108	(282)	28,487	28,936	(449)
Other Primary Care Services	1,191	1,191	0	2,143	2,143	-
Other Programme Services	142	167	(25)	256	301	(45)
Delegated Primary Care Services	30,468	30,468	-	55,202	55,202	-
Corporate Budgets	2,590	2,473	117	4,663	4,452	211
Total	81,150	81,559	(408)	146,813	147,410	(598)

- The borough is reporting an overall year to date position of £408k overspend and forecast of £598k at Month 8. The reported position includes overspends on Continuing Healthcare, Prescribing and Mental Health, offset by underspends in Acute, Community, and Corporate budgets.
- The Acute Services reported position reflects the level of borough's Urgent Care Centre spend and activity mainly due to services no longer commissioned from the Clapham Junction Walk In Centre.
- The Continuing Healthcare position is driven by increase in the number of clients (38 additional clients in month) and cost of care packages. Fortnightly meetings have been arranged to monitor actions and progress against the recovery action plan and on how cost can be kept within budget on a recurrent basis.
- The Prescribing month 8 position is based upon M01-06 2022/23 actual data and represents an adverse in-month movement as the PPA information is provided two months in arrears. The borough Medicines Optimisation team are undertaking visits to outlier practices. This is being linked with the wider SEL work being undertaken.
- The 2022/23 borough savings requirement is £2,555k. As at month 8 the borough is reporting an under delivery of £258k driven by Continuing Healthcare position (£261k) and Prescribing (£132k) and forecasting a break-even outturn against the overall target. Actions to mitigate under delivery of the savings requirement is linked in with the work being done to address the adverse variance on the Continuing Healthcare and Prescribing budgets.

Overall Position

	YTD Budget	YTD Actual	YTD Variance	Q2 to Q4 Budget	Q2 to Q4 Forecast	Q2 to Q4 Forecast Variance
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Acute Services	816	785	31	1,469	1,413	56
Community Health Services	10,663	10,597	66	19,193	18,966	228
Mental Health Services	2,617	2,400	217	4,710	4,710	0
Continuing Care Services	8,407	8,391	15	15,373	15,346	27
Prescribing	16,007	16,472	(465)	28,812	29,369	(557)
Other Primary Care Services	513	513	0	923	923	-
Other Programme Services	138	49	89	248	88	160
Delegated Primary Care Services	22,804	22,804	-	41,315	41,315	-
Corporate Budgets	1,806	1,719	87	3,251	3,094	157
Total Year to Date Variance	63,770	63,730	40	115,296	115,223	72

- At month 8, the borough is overall reporting an underspend of £40k against the delegated budget. However, there is a significant prescribing overspend at month 8 of £465k reflecting 6 months to September PPA data. The position continues to be driven by activity with prescribed items per day 4.1% higher than in the same period last year, and also price pressures impacting from CAT M and NCSO drugs. All other budgets are showing underspends which together mitigate the prescribing over spend.
- The forecast outturn overall is a £72k underspend. With the exception of prescribing all budgets are forecast to be breakeven or better at the end of the year and where underspends are forecast these are being utilised to offset the forecast prescribing overspend. The forecast outturn is broadly in line with run rate at month 8 for most budget areas. The exceptions to this are prescribing where greater utilisation of non PPA mitigations will be applied in the remaining months of the year, mental health where as referenced in earlier reports investment is weighted to the latter part of the year and is forecast to breakeven to support the MHIS standard and community where investment will be restricted to help offset the prescribing over spend.
- Although the prescribing budget is overspending, actual savings achieved are broadly on target, a small under achievement of £20k showing at month 8. Actual savings have been recorded on a very prudent basis and only reported when confirmed by PPA data. The borough has achieved £393k of savings over the first six months of the year April to September compared to a YTD target of £413k. Prescribing savings and planned actions to achieve have been weighted to the latter part of the year and based on achievement for the first six months, the borough is expecting to achieve its full year savings target.
- The overall savings requirement of £2,623k for 2022/23 has been fully identified. The YTD position at month 8 shows this is on track to being delivered (£2,429k recurrently and £194k non recurrently).

Appendix 6 - Southwark

Overall Position

	Year to Date Budget £'000	Year to Date Actuals £'000	Year to Date Variance £'000	ICB Budget £'000	Forecast Outturn £'000	SE Forecast £'000
Acute Services	409	399	11	737	718	19
Community Health Services	12,112	11,965	147	21,801	21,408	393
Mental Health Services	2,533	2,703	-169	4,560	5,033	-473
Continuing Care Services	8,062	7,891	171	14,750	14,443	307
Prescribing	13,103	13,313	-210	23,585	23,989	-404
Other Primary Care Services	207	207	-0	372	372	0
Other Programme Services	143	196	-53	258	352	-94
Delegated Primary Care Services	24,237	24,237	0	43,987	43,987	0
Corporate Budgets	1,881	1,650	230	3,385	3,013	372
Total	62,687	62,561	126	113,435	113,315	120

- The borough is reporting an underspend of £126k as at the end of month 8. The forecast outturn based on month 8 is expected to be an underspend of £120k. The key variances relate to Prescribing, Mental Health and Community Services with significant underspends reported in Corporate budgets which is absorbing other overspends.
- The Prescribing overspend has deteriorated significantly since previous month with current overspend of £210k. Latest data shows an even further deterioration expected. The main reason for the overspend is medicine shortages - Cat M increases in costs and (NCSO) drugs in short supply. Non delivery of QIPP due to increased spend on self care drugs is also having an impact. The medicine optimisation team continues to work to mitigate the overspend. Practices who are projected to be overspent by > 1% of allocated budget are being targeted.
- The Mental Health position is an overspend of £169k. Mental Health represents a key area of risk to the borough position. Cost and activity continues to increase for placements. Forecast outturn is expected to an overspend of £473k. MH placements has improved this month due to a reduction in activity. The borough will be undertaking a review of all placements as part of its planning for 2023/24.
- The Continuing Health Care position is an underspend of £171k and this is a deterioration from month 7. The adverse movement is due new appeals on retrospective continuing care which have been included in the month 8 position. Within community services, the borough is overspending significantly on its audiology budget, this is due primarily to an increase in activity. The borough is also overspending significantly on its Interpreting budget – this is being reviewed to understand the key drivers.
- The Borough is required to deliver savings of £1,963k. As at month 8, the borough is reporting an under delivery on prescribing savings of £113k. The YTD target overall is an under delivery of £84k. The medicine optimisation team are targeting practices who are overspending. Forecast savings is an under delivery of £187k – this is entirely due to prescribing. .

South East London ICS Finance Report – Month 8

21 December 2022

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Appendix

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Executive summary

I&E position

- At month 8 the ICS is reporting a YTD deficit of (£59.3m); £53.6m adverse to plan (M7 £46.9m adverse to plan).
- 4 out of 5 provider organisations are reporting an adverse variance against plan YTD. All organisations, providers and ICB, are reporting a breakeven forecast for the full year.
- The main drivers to the position are under-delivery of planned efficiencies, higher than planned levels of expenditure due to COVID, unfunded inflation (including the full impact of the pay award), and the profiling of planned non-recurrent flexibilities.
- The system has delivered £83.1m of efficiency YTD against a plan of £136.1m. Despite the adverse YTD position, the system is forecasting to broadly recover and deliver £202.9m of efficiencies (against a plan of £207.2m), with 35% forecast to be non-recurrent.
- The system is forecasting to breach the agency expenditure limit for the year.
- The main risks to the forecast are ESRF clawback / underachievement in H2, continued under-delivery against planned efficiencies, potential use of agency / bank, inflation and winter pressures.

Capital

- Spend against the system capital resource limit (CRL) is £62.5m under plan YTD. FOT is £2.9m less than the CRL, but it is anticipated that this will be fully committed as plans are implemented.

Month 8 I&E summary

- At month 8 the ICS is reporting a **YTD deficit of (£59.3m)**, £53.6m adverse to plan.
- Providers have **assumed full receipt of ESRF income** in positions. Assurance has been received that there will be no ESRF clawback for H1. NHSE is clarifying the position for H2.
- The **main drivers to the adverse YTD position are the under-delivery of efficiencies**, the impact of **higher than planned levels of COVID patients** and **unfunded inflation**.
- Despite being behind plan at month 8, **each organisation is forecasting to deliver a breakeven outturn**.
- An **unmitigated risk of £16m** to the breakeven forecast has been reported.

	YTD Actual	Variance
	£m	£m
GSTT	(24.9)	(18.1)
KCH	(24.9)	(24.9)
LGT	(7.3)	(7.3)
Oxleas	1.9	1.9
SLaM	(4.1)	(5.1)
Providers	(59.3)	(53.6)
ICB	(0.0)	(0.0)
ICS total	(59.3)	(53.6)

	M08 Year-to-date			Commentary	2022/23 Out-turn			Turnover
	Plan	Actual	Variance		Plan	Forecast	Variance	
	£m	£m	£m		£m	£m	£m	
GSTT	(6.8)	(24.9)	(18.1)	The in-month position shows an improvement in the Trust's financial position compared with prior months	0.0	0.0	0.0	£2,593.4
KCH	0.0	(24.9)	(24.9)	YTD deficit driven by CIP non-achievement and unplanned COVID; unmitigated risk to FOT of £35m	(0.0)	(0.3)	(0.3)	£1,621.3
LGT	0.1	(7.3)	(7.3)	£0.4m deficit in-month; YTD deficit driven by efficiency under-delivery and escalation costs	0.1	0.1	0.0	£735.8
Oxleas	0.0	1.9	1.9	Forecasting to break-even. Concerns remain about rising agency spend related to new contracts	(0.0)	(0.0)	0.0	£418.2
SLaM	1.1	(4.1)	(5.1)	Several risks to FOT have been identified, including staffing/agency pressures, private beds, and CIPs	0.0	0.0	0.0	£562.7
SEL Providers	(5.7)	(59.3)	(53.6)		0.1	(0.3)	(0.3)	£5,931.2
SEL ICB	£0.0	(£0.0)	(£0.0)	Significant financial pressures in the ICB prescribing budget, forecast of £6m over and above 2021/22	£0.0	£0.0	£0.0	£1,517.0
SEL ICS total	(£5.7)	(£59.3)	(£53.6)		£0.1	(£0.3)	(£0.3)	£7,246.6

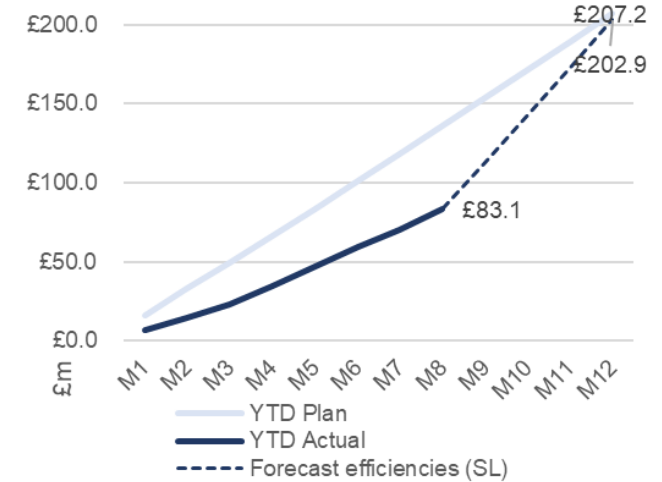
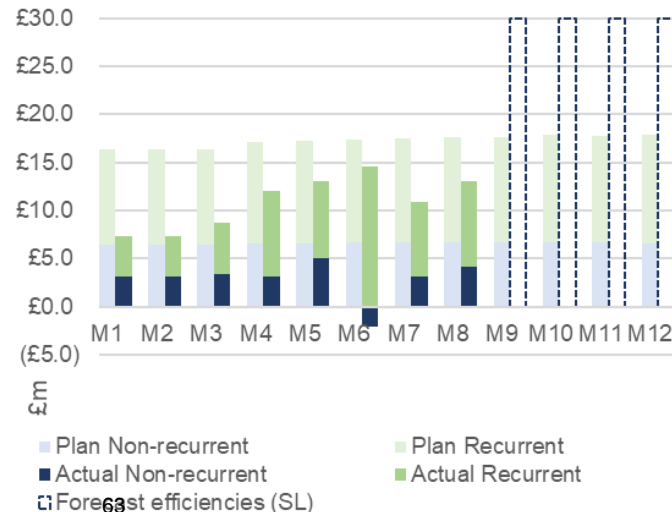
Efficiencies

- The SEL ICS breakeven plan included an efficiency savings plan of £207.2m. At month 8 the **ICS is forecasting to deliver £202.9m of efficiencies.**
- Year-to-date the system has delivered £83.1m of efficiencies against a plan of £136.1m;** 39.0% (£53.1m) behind the YTD plan. At month 7 system efficiencies were (£48.4m) behind plan.
- In order to deliver the forecasted £202.9m of efficiencies, the **system will have to deliver, on average, £30m of efficiencies per month.** In month 8 the system delivered £11.2m of efficiencies and the average delivery per month is £10.2m.
- £68m of the efficiencies are forecast to be delivered non-recurrently,** which has consequences to the exit run-rate and the challenge for 2023/24.
- The **estimated FYE of efficiencies delivered this year is currently £138.5m;** 1.9% of the system turnover. It is expected that the FYE of efficiencies will increase by year-end.
- Additional detail on efficiencies is available in the [appendix 3b](#).

Efficiencies by organisation

	Year-to-date			Full-year			Recurrent FYE £m
	Plan	Actual	Variance	Plan	Forecast	Variance	
	£m	£m	£m	£m	£m	£m	
GSTT	52.9	27.4	(25.5)	80.1	80.5	0.4	27.6
KCH	36.7	17.4	(19.3)	55.0	55.0	0.0	50.0
LGT	14.4	9.9	(4.5)	21.6	21.6	0.0	21.6
Oxleas	9.0	9.0	0.0	13.5	13.5	0.0	7.5
SLaM	9.0	6.4	(2.6)	15.0	11.8	(3.2)	9.8
SEL Providers	122.0	70.2	(51.8)	185.2	182.4	(2.8)	116.5
SEL ICB	14.1	12.9	(1.2)	22.0	20.5	(1.5)	22.0
SEL ICS	136.1	83.1	(53.1)	207.2	202.9	(4.3)	138.5

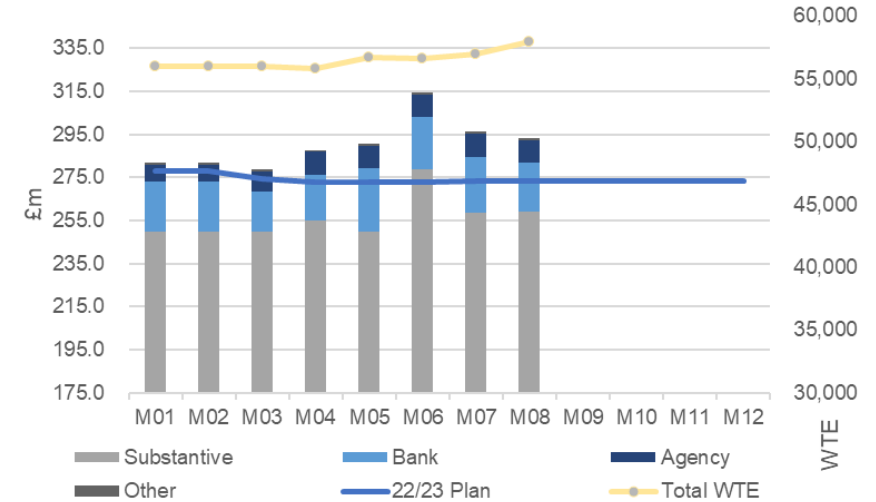
Phasing of efficiency delivery



Provider pay and workforce run-rate

- At month 8 pay expenditure is £129.4m above plan YTD, compared to an adverse variance at month 7 of £109.5m. £54m of this variance is attributable to the pay award that was not known at planning stage.
- The £129.4 variance is broken down: £70.8m (54.8%) overspent on substantive, £37.8m (29.2%) on bank, £13.9m (10.7%) on agency, and £6.8m (5.3%) on other.
- 1.7% of the pay award was not provided for in plans. While funding has been adjusted for the pay award in M7 there will be a variable impact. The estimated net impact of the pay award is YTD (£9.9m) adverse and forecast (£12m) adverse.
- £16.5m of the £129.4m overspend is driven by under-delivery of pay efficiencies. Providers are currently forecasting to broadly recover the under-delivery of pay efficiencies by year-end.
- In month 8 there were 1,015 more WTEs (1.8%) compared to month 7 with an overall trend of a growth in WTE. The change was split by substantive +429 (+0.8%), bank +615 (+13.5%), agency -30 (-2%).
- Despite in-month provider agency spend declining by 2.3% in month 8, the forecast spend increased by £8.2m from the month 7 forecast. The forecast provider agency spend at month 8 is £117m, £21.4m above the system spending limit. More detail on agency is available on the agency limit slide.
- Additional comparators to the 2020/21 pay run-rate is available in the appendix 2b.

Monthly pay vs monthly WTE



		In-month				YTD		
		M6 Sep	M7 Oct	M8 Nov	In-month change	Actual	Run-rate	Change from M7 YTD
Total Costs (£m)	Substantive	278.8	258.5	259.1	0.2%	2,051.4	256.4	0.2%
	Bank	24.3	25.9	22.5	(13.0%)	187.8	23.5	(0.6%)
	Agency	10.2	10.8	10.5	(2.3%)	77.9	9.7	1.2%
	Other	1.1	1.0	1.0	1.3%	7.9	1.0	0.5%
	SEL Providers	314.4	296.2	293.2	(1.0%)	2,325.0	290.6	0.1%
Total WTE #	Substantive	50,170	50,894	51,324	0.8%		50,140	0.3%
	Bank	5,123	4,548	5,164	13.5%		5,020	0.4%
	Agency	1,278	1,501	1,471	(2.0%)		1,330	1.5%
	Other	0	0	0	0.0%		0	0.0%
	SEL Providers	56,571	56,944	57,958	1.8%		56,490	0.4%

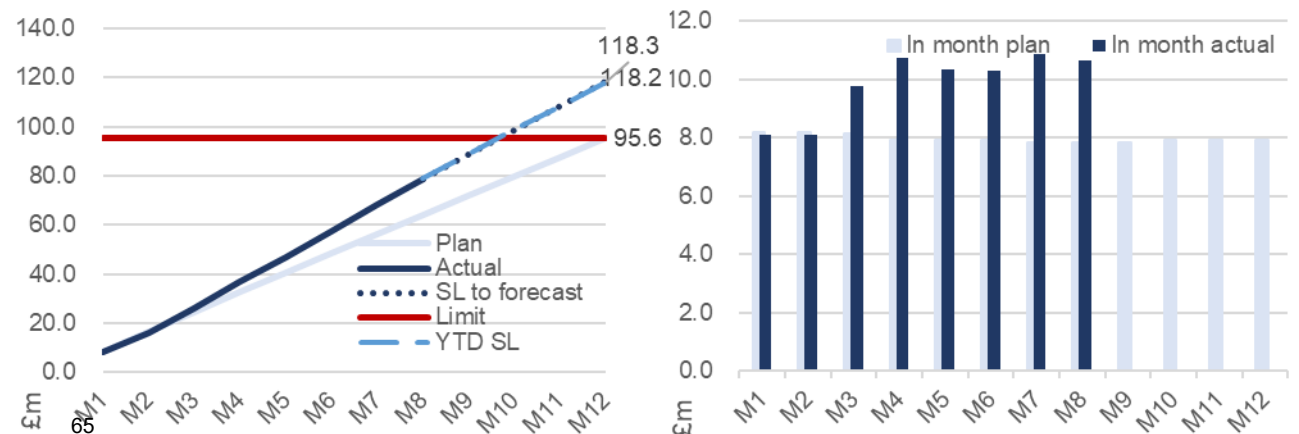
System agency spending limit

- In July NHS England re-introduced controls on agency expenditure for 2022/23 for every system in England.
- Each system has been set a limit on their agency costs in line with 2022/23 plans or with a **minimum 10% reduction from 2021/22 levels of expenditure.**
- The **limit for South East London ICS for 2022/23 is £95.593m**, which is equal to the aggregate provider planned agency spend. This is a **12% reduction from the 2021/22 agency spend of £108.3m.**
- SEL CFOs have agreed to use the 2022/23 organisational plan values, which the system limit was calculated from, as individual provider limits.
- At month 8 the **providers in SEL are forecasting to spend £117m on agency** (an increase of £8.2m from the forecast at month 7). This **exceeds the system expenditure limit by £21.4m**
- The forecast spend for agency across the ICS, including the ICB expenditure, is £118.2m.
- Some 2022/23 expenditure relates to new services, which are not reflected in the calculation of the SEL limit.
- Provider agency spend is £13.9m overspent YTD and the ICB is £0.9m overspent YTD.** If the YTD run-rate continues, the ICS outturn for agency would be £118.3m, in line with the forecast.

Agency expenditure by organisation

	Plan £m	Actual £m	Variance £m	Plan £m	Forecast £m	Variance £m
GSTT	19.4	22.9	(3.5)	29.7	36.0	(6.3)
KCH	11.2	16.6	(5.4)	16.8	20.8	(4.0)
LGT	11.2	11.2	0.0	16.8	16.0	0.8
Oxleas	7.7	9.8	(2.1)	11.5	18.1	(6.6)
SLaM	14.5	17.4	(3.0)	20.7	26.1	(5.3)
SEL Providers	64.0	77.9	(13.9)	95.6	117.0	(21.4)
Agency spend limit	67%	81%	(15%)	95.6	95.6	Non-compliant
		% of limit		0.0	(21.4)	
SEL ICB	0.0	0.9	(0.9)	0.0	1.2	(1.2)
SEL ICS total	64.0	78.8	(14.8)	95.6	118.2	(22.6)

Profile of agency spend run-rate



Key Risks

- Less than full recovery of planned ESRF income
- Inability to deliver efficiency plans in full
- Continued waves of COVID patients above planned levels, incurring cost and leading to operational inefficiency and negatively impacting on delivery of planned savings
- Future inflation
- The full-year net impact of the pay-award
- Use of bank and agency
- Use of private MH capacity

Mitigations

- Full receipt of ESRF income assumed
- Maximise elective activity
- Deploy additional capability and capacity to identify improvement opportunities and increase delivery of current efficiency plans.
- Apply more non-recurrent flexibilities than planned.
- More stringent operational and management controls on recruitment and spending.

Reported risks to forecast at M8

SEL system is reporting an **unmitigated net risk to the system forecast of £16m**. It is important to note that the system is assuming full receipt of planned levels of ESRF in H2 and that there are no further inflationary pressures in addition to those already included in the forecast position.

- SEL ICS system Capital Resource Limit (CRL) for 2022/23 has been revised to £231m from £229m.
- The change in the CRL is additional funding allocated to KCH for neonatal project (£2.2m) and the GFFW (Going Forward For Winter) project (£0.36m).
- The reported FOT is £228m, £2.9m below the system CRL. It is anticipated that the CRL of £231m will be spent in full by year end.
- The FOT includes £10m relating to QEH essential infrastructure works, with a further £18m expected to be spent in 2023/24. It is unlikely that SEL will receive any additional funding for this in 2022/23.
- 65% of the system's FOT spend is classified as transformational with 35% on operational priorities, such as maintenance. See table 2 for details.
- At M8, spend against the system capital plan is under plan by £62.5m YTD. This is mainly driven by the plan being higher than CRL and differences in profiling of plans against schemes with spends significantly increasing and aligning with plans from the end of Q3.
- In addition to the system CRL, SEL has received confirmation of £66.5m and we are anticipating a further £25.2m in additional capital resources (PDC) for the year. This PDC falls outside system CRL but counts against the NHS Capital Departmental Expenditure Limit (CDEL).
- Trusts are co-operating to manage potential over- and underspends with the intention of keeping within the overall system CDEL.

Capital spend against CRL (table 1)

	Year to date (YTD)			Full-year (FY)		
	Plan	Exp	Variance	Plan	FOT	Variance
	£m	£m	£m	£m	£m	£m
GSTT	79.3	65.8	13.5	111.0	111.2	(0.2)
KCH	28.5	8.0	20.4	50.0	48.0	2.1
LGT	20.3	21.0	(0.7)	38.5	30.6	7.9
Oxleas	9.6	4.2	5.5	16.0	15.2	0.8
SLAM	36.6	12.8	23.8	24.6	23.4	1.2
Total	174.3	111.9	62.5	240.1	228.4	11.7
System Allocation				231.3	228.4	2.9

Capital spend split - transformation and maintenance (table 2)

Provider	Type	Year to date (YTD)			Full-year (FY)		
		Plan	Exp	Variance	Plan	FOT	Variance
		£m	£m	£m	£m	£m	£m
SEL Total	Transformation	130.1	64.2	65.9	164.5	149.0	15.5
	Maintenance	44.2	47.7	(3.4)	75.6	79.4	(3.8)
Total		174.3	111.9	62.5	240.1	228.4	11.7
GSTT	Transformation	63.6	38.7	24.8	87.1	78.0	9.1
	Maintenance	15.8	27.1	(11.3)	23.9	33.2	(9.3)
Total		79.3	65.8	13.5	111.0	111.2	(0.2)
KCH	Transformation	23.9	4.2	19.8	41.5	37.0	4.5
	Maintenance	4.5	3.9	0.6	8.5	10.9	(2.4)
Total		28.5	8.0	20.4	50.0	48.0	2.1
LGT	Transformation	7.7	7.9	(0.2)	14.3	12.4	1.9
	Maintenance	12.7	13.2	(0.5)	24.2	18.2	6.0
Total		20.3	21.0	(0.7)	38.5	30.6	7.9
Oxleas	Transformation	3.9	2.0	1.9	5.9	6.0	(0.2)
	Maintenance	5.7	2.2	3.5	10.1	9.2	0.9
Total		9.6	4.2	5.5	16.0	15.2	0.8
SLaM	Transformation	31.0	11.5	19.5	15.7	15.6	0.2
	Maintenance	5.6	1.3	4.2	8.9	7.9	1.0
Total		36.6	12.8	23.8	24.6	23.4	1.2

- SEL Providers have £541.2m of cash as of the end of month 8. **This is equivalent to 33 days of operating expenditure**, on average.
- Days of cash on hand varies across organisations in the system, ranging from 16 days at KCH to 102 days at Oxleas.
- The Better Payment Practice Code (BPPC) sets out an expectation that at least 95% of invoices are paid within 30 days. As of month 8 the **system paid 75% within 30 days in terms of value and 81% in terms of volume**.
- Cash balances are in aggregate lower than at 2021/22 year end with the most notable differences at GSTT.

Cash balances by organisation

Cash balances at 31/3/22	Organisation	Cash balances	Days of cash on hand
£m		£m	Days
220.9	GSTT	126.2	18
93.0	KCH	70.0	16
137.9	LGT	126.0	64
144.1	Oxleas	115.8	102
132.5	SLaM	103.2	67
728.4	SEL Providers	541.2	33
	SEL ICB		
728.4	SEL ICS total	541.2	33

BPPC Performance - Non-NHS invoices paid within 30 days

	Volume		Value	
	000s	%	£m	%
GSTT	155.6	68%	711.7	70%
KCH	120.0	73%	658.8	84%
LGT	38.9	93%	249.4	97%
Oxleas	27.2	91%	106.8	90%
SLaM	23.6	97%	179.4	96%
SEL Providers	365.2	75%	1,906.0	81%
SEL ICB				
SEL ICS total	365.2	75%	1,906.0	81%

Appendix

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Appendix 1: Income and Expenditure by organisation

Month 8 YTD Income and Expenditure by organisation

	Operating income			Operating Expenditure			Adjustments			Surplus/(deficit)		
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
GSTT	1,722.1	1,727.1	5.0	(1,702.3)	(1,727.1)	(24.7)	(26.5)	(24.9)	1.6	(6.8)	(24.9)	(18.1)
KCH	1,042.0	1,079.8	37.7	(1,013.1)	(1,073.7)	(60.6)	(28.9)	(31.0)	(2.1)	0.0	(24.9)	(24.9)
LGT	481.3	489.9	8.6	(461.9)	(480.7)	(18.7)	(19.4)	(16.6)	2.8	0.1	(7.3)	(7.3)
Oxleas	277.1	277.1	0.0	(275.6)	(274.7)	0.9	(1.5)	(0.5)	0.9	0.0	1.9	1.9
SLaM	347.4	372.3	24.9	(342.4)	(373.6)	(31.2)	(3.9)	(2.8)	1.1	1.1	(4.1)	(5.1)
SEL providers	3,869.9	3,946.3	76.4	(3,795.4)	(3,929.7)	(134.3)	(80.2)	(75.9)	4.3	(5.7)	(59.3)	(53.6)
SEL ICB	2,646.2	2,646.2	0.0	(2,646.2)	(2,646.2)	(0.0)	0.0	0.0	0.0	0.0	(0.0)	(0.0)
<i>Intra-SEL adjustment</i>	<i>(1,652.2)</i>	<i>(1,652.2)</i>	<i>0.0</i>	<i>1,652.2</i>	<i>1,652.2</i>	<i>0.0</i>	<i>0.0</i>	<i>0.0</i>	<i>0.0</i>	<i>0.0</i>	<i>0.0</i>	<i>0.0</i>
SEL ICS	4,863.9	4,940.2	76.4	(4,789.3)	(4,923.7)	(134.4)	(80.2)	(75.8)	4.4	(5.7)	(59.4)	(53.7)

Full-year Income and Expenditure by organisation

	Operating income			Operating Expenditure			Adjustments			Surplus/(deficit)		
	Plan	Forecast	Variance	Plan	Forecast	Variance	Plan	Forecast	Variance	Plan	Forecast	Variance
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
GSTT	2,586.9	2,593.4	6.5	(2,547.1)	(2,554.7)	(7.6)	(39.8)	(38.6)	1.1	0.0	0.0	0.0
KCH	1,563.0	1,621.3	58.2	(1,519.7)	(1,577.6)	(57.9)	(43.4)	(44.1)	(0.7)	(0.0)	(0.3)	(0.3)
LGT	722.4	735.8	13.4	(693.3)	(709.0)	(15.7)	(29.0)	(26.7)	2.4	0.1	0.1	0.0
Oxleas	415.7	418.2	2.5	(413.5)	(417.3)	(3.9)	(2.2)	(0.8)	1.4	(0.0)	(0.0)	0.0
SLaM	521.3	562.7	41.3	(515.4)	(558.9)	(43.5)	(6.0)	(3.7)	2.2	0.0	0.0	0.0
SEL providers	5,809.3	5,931.2	121.9	(5,688.9)	(5,817.5)	(128.7)	(120.35)	(113.93)	6.4	0.1	(0.3)	(0.3)
SEL ICB	3,995.3	3,995.3	0.0	(3,995.3)	(3,995.3)	(0.0)	0.0	0.0	0.0	0.0	0.0	0.0
<i>Intra-SEL adjustment</i>	<i>(2,478.3)</i>	<i>(2,478.3)</i>	<i>0.0</i>	<i>2,478.3</i>	<i>2,478.3</i>	<i>0.0</i>	<i>0.0</i>	<i>0.0</i>	<i>0.0</i>	<i>0.0</i>	<i>0.0</i>	<i>0.0</i>
SEL ICS	7,326.3	7,448.2	121.9	(7,205.9)	(7,334.6)	(128.7)	(120.4)	(113.9)	6.5	0.1	(0.3)	(0.3)

Appendix 2a: Provider run-rate comparators - summary

The following four tables aim to summarise two key things: a snapshot for the aggregate provider run-rate in each of the previous 3 months, and a summary of various run-rates, with a % change from 2021/22 outturn run-rate next to the value. The 2021/22 outturn run-rate is included at the far right of each of the tables

Summary of run-rate comparators (£m)

	Previous 3 months actuals			Run-rate comparators (% compared to 2021/22 out-turn)										
	Sep	Oct	Nov	YTD plan		YTD actual		Previous 3 months		Full-year plan		Forecast out-turn		2021/22
Operating income	£529.4	£501.8	£495.3	£483.7	↓ -2%	£493.3	↓ -0%	£508.8	↑ 3%	£484.1	↓ -2%	£494.3	↑ 0%	£493.7
Pay	£314.4	£296.2	£293.2	£274.5	↓ -2%	£290.6	↑ 3%	£301.2	↑ 7%	£274.1	↓ -3%	£288.1	↑ 2%	£281.5
Non-pay	£207.3	£200.5	£197.1	£200.0	↓ -1%	£200.6	↓ -0%	£201.6	↑ 0%	£200.0	↓ -1%	£196.7	↓ -2%	£201.6
Operating expenditure	£521.7	£496.7	£490.2	£474.4	↓ -2%	£491.2	↑ 2%	£502.9	↑ 4%	£474.1	↓ -2%	£484.8	↑ 0%	£483.1
Operating surplus/(deficit)	£7.7	£5.1	£5.1	£9.3		£2.1		£5.9		£10.0		£9.5		£10.6
Net finance costs	(£8.6)	(£9.2)	(£9.9)	(£10.0)	↑ 9%	(£9.4)	↑ 3%	(£9.2)	↑ 0%	(£10.0)	↑ 9%	(£9.4)	↑ 3%	(£9.2)
Capital donations/grants	£0.0	£0.0	£0.0	£0.0	↓ -100%	£0.0	↓ -100%	£0.0	↓ -100%	£0.0	↓ -100%	£0.0	↓ -100%	(£1.0)
Other adjustments	(£0.0)	(£0.4)	(£0.0)	(£0.0)	↓ -93%	(£0.1)	↓ -78%	(£0.2)	↓ -59%	(£0.0)	↓ -93%	(£0.1)	↓ -81%	(£0.4)
Adjusted financial position	(£0.9)	(£4.5)	(£4.8)	(£0.7)		(£7.4)		(£3.4)		£0.0		(£0.0)		£0.1

Appendix 2b: Provider run-rate comparators - detail

Detailed run-rate comparators (£m)

	Previous 3 months actuals			Run-rate comparators (% compared to 2021/22 out-turn)															
Income	Sep	Oct	Nov	YTD plan			YTD actual			Previous 3 months		Full-year plan		Forecast out-turn		2021/22			
CCG	£268.8	£258.9	£247.8	£249.1	↓	-2%	£251.4	↓	-1%	£258.5	↑	2%	£249.1	↓	-2%	£252.2	↓	-1%	£254.3
NHSE	£196.6	£173.3	£167.0	£170.7	↑	2%	£173.1	↑	4%	£178.9	↑	7%	£171.0	↑	2%	£173.8	↑	4%	£167.2
Other NHS income	£2.3	£3.8	£4.5	£6.0	↑	13%	£5.0	↓	-6%	£3.5	↓	-34%	£6.0	↑	13%	£5.6	↑	5%	£5.3
Private & overseas	£6.3	£8.8	£11.5	£6.1	↑	13%	£7.4	↑	38%	£8.9	↑	65%	£6.1	↑	13%	£7.6	↑	42%	£5.4
Other patient care	£7.5	£6.9	£13.7	£7.1	↑	24%	£8.1	↑	43%	£9.4	↑	65%	£7.1	↑	24%	£8.0	↑	41%	£5.7
R&D	£10.3	£6.1	£9.5	£9.2	↑	4%	£9.5	↑	7%	£8.6	↓	-3%	£9.2	↑	4%	£9.3	↑	5%	£8.9
E&T	£14.1	£15.7	£15.1	£14.4	↓	-5%	£14.5	↓	-5%	£14.9	↓	-2%	£14.4	↓	-5%	£13.8	↓	-9%	£15.2
Other operating income	£23.5	£28.3	£26.3	£21.1	↓	-33%	£24.2	↓	-24%	£26.1	↓	-18%	£21.2	↓	-33%	£23.9	↓	-25%	£31.7
Total Income	£529.4	£501.8	£495.3	£483.7	↓	-2%	£493.3	↓	-0%	£508.8	↑	3%	£484.1	↓	-2%	£494.3	↑	0%	£493.7
	Previous 3 months actuals			Run-rate comparators (% compared to 2021/22 out-turn)															
Pay	Sep	Oct	Nov	YTD plan			YTD actual			Previous 3 months		Full-year plan		Forecast out-turn		2021/22			
Substantive	£279.5	£259.7	£259.9	£247.6	↑	3%	£257.2	↑	7%	£266.4	↑	11%	£247.2	↑	3%	£256.3	↑	7%	£239.9
Bank	£24.3	£25.9	£22.5	£18.8	↓	-15%	£23.5	↑	6%	£24.2	↑	10%	£18.7	↓	-15%	£21.8	↓	-1%	£22.1
Agency	£10.2	£10.8	£10.5	£8.0	↓	-11%	£9.7	↑	8%	£10.5	↑	16%	£8.0	↓	-12%	£9.8	↑	8%	£9.0
Other	£0.4	(£0.2)	£0.3	£0.1	↓	-99%	£0.2	↓	-98%	£0.2	↓	-99%	£0.1	↓	-99%	£0.2	↓	-98%	£10.5
Total Pay	£314.4	£296.2	£293.2	£274.5	↓	-2%	£290.6	↑	3%	£301.2	↑	7%	£274.1	↓	-3%	£288.1	↑	2%	£281.5
	Previous 3 months actuals			Run-rate comparators (% compared to 2021/22 out-turn)															
Non-pay	Sep	Oct	Nov	YTD plan			YTD actual			Previous 3 months		Full-year plan		Forecast out-turn		2021/22			
Purchase of care	£22.2	£23.2	£23.3	£19.3	↓	-12%	£22.0	↑	0%	£22.9	↑	4%	£19.2	↓	-13%	£21.8	↓	-1%	£22.0
Supplies & services	£44.7	£50.9	£47.5	£50.6	↓	-0%	£48.5	↓	-4%	£47.7	↓	-6%	£50.4	↓	-0%	£48.9	↓	-3%	£50.6
Drugs	£52.2	£47.1	£55.8	£48.6	↑	1%	£50.0	↑	4%	£51.7	↑	7%	£48.9	↑	1%	£47.9	↓	-1%	£48.2
Consultancy	£2.0	£1.2	£1.6	£1.1	↑	5%	£1.2	↑	11%	£1.6	↑	50%	£1.1	↑	5%	£1.2	↑	8%	£1.1
Premises	£22.8	£28.0	£23.5	£21.9	↓	-4%	£23.3	↑	2%	£24.8	↑	9%	£21.9	↓	-4%	£23.8	↑	4%	£22.8
Dep'n & amortisation	£16.0	£16.2	£16.2	£16.3	↑	16%	£16.0	↑	14%	£16.1	↑	15%	£16.4	↑	16%	£15.8	↑	12%	£14.1
CNST	£9.4	£9.4	£9.4	£9.7	↑	5%	£9.4	↑	2%	£9.4	↑	2%	£9.7	↑	5%	£9.5	↑	4%	£9.2
Other non-pay	£38.0	£24.5	£19.7	£32.5	↓	-4%	£30.2	↓	-10%	£27.4	↓	-19%	£32.4	↓	-4%	£27.7	↓	-18%	£33.7
Total Non-Pay	£207.3	£200.5	£197.1	£200.0	↓	-1%	£200.6	↓	-0%	£201.6	↑	0%	£200.0	↓	-1%	£196.7	↓	-2%	£201.6

Appendix 3a: YTD efficiencies by recurrence, organisation and I&E area

		Pay			Non-Pay			Income			Total		
		Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
		£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Recurrent	GSTT	3.9	3.4	(0.5)	6.6	10.8	4.3	2.0	2.2	0.2	12.5	16.4	3.9
	KCH	13.3	3.1	(10.3)	10.0	10.5	0.5	13.3	1.1	(12.3)	36.7	14.6	(22.0)
	LGT	6.4	3.0	(3.4)	4.4	4.6	0.2	0.0	0.0	0.0	10.8	7.6	(3.2)
	Oxleas	1.2	2.5	1.3	0.5	1.9	1.4	0.0	0.6	0.6	1.8	5.0	3.3
	SLaM	1.4	0.8	(0.6)	6.2	4.2	(2.0)	0.3	0.3	0.0	7.9	5.3	(2.6)
	SEL Providers	26.2	12.7	(13.5)	27.7	32.1	4.4	15.7	4.2	(11.5)	69.7	49.0	(20.7)
	SEL ICB										14.1	11.1	(3.0)
	SEL ICS	26.2	12.7	(13.5)	27.7	32.1	4.4	15.7	4.2	(11.5)	83.8	60.1	(23.7)
Non-recurrent	GSTT	8.0	6.5	(1.5)	32.4	3.7	(28.7)	0.0	0.8	0.8	40.4	11.0	(29.4)
	KCH	0.0	1.6	1.6	0.0	0.6	0.6	0.0	0.6	0.6	0.0	2.7	2.7
	LGT	2.1	0.2	(1.9)	1.5	2.1	0.7	0.0	0.0	0.0	3.6	2.3	(1.3)
	Oxleas	5.1	3.9	(1.1)	2.2	0.0	(2.1)	0.0	0.0	0.0	7.2	4.0	(3.3)
	SLaM	0.8	0.8	0.0	0.3	0.3	0.0	0.0	0.0	0.0	1.1	1.1	0.0
	SEL Providers	16.0	13.0	(3.0)	36.3	6.7	(29.6)	0.0	1.4	1.4	52.3	21.2	(31.2)
	SEL ICB										0.0	1.8	1.8
	SEL ICS	16.0	13.0	(3.0)	36.3	6.7	(29.6)	0.0	1.4	1.4	52.3	23.0	(29.3)
Total	GSTT	11.9	9.9	(2.1)	39.0	14.6	(24.4)	2.0	3.0	1.0	52.9	27.4	(25.5)
	KCH	13.3	4.6	(8.7)	10.0	11.1	1.1	13.3	1.6	(11.7)	36.7	17.4	(19.3)
	LGT	8.5	3.2	(5.3)	5.9	6.8	0.9	0.0	0.0	0.0	14.4	9.9	(4.5)
	Oxleas	6.3	6.5	0.2	2.7	2.0	(0.8)	0.0	0.6	0.6	9.0	9.0	0.0
	SLaM	2.2	1.6	(0.6)	6.5	4.5	(2.0)	0.3	0.3	0.0	9.0	6.4	(2.6)
	SEL Providers	42.2	25.7	(16.5)	64.1	38.9	(25.2)	15.7	5.6	(10.1)	122.0	70.2	(51.8)
	SEL ICB										14.1	12.9	(1.2)
	SEL ICS	42.2	25.7	(16.5)	64.1	38.9	(25.2)	15.7	5.6	(10.1)	136.1	83.1	(53.1)

Appendix 3b: Forecast efficiencies by recurrence, organisation and I&E area

		Pay			Non-Pay			Income			Total		
		Plan	Forecast	Variance	Plan	Forecast	Variance	Plan	Forecast	Variance	Plan	Forecast	Variance
		£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Recurrent	GSTT	6.0	5.2	(0.7)	10.5	16.6	6.2	3.1	3.6	0.5	19.5	25.5	5.9
	KCH	20.0	18.4	(1.6)	15.0	14.4	(0.6)	20.0	19.4	(0.6)	55.0	52.3	(2.7)
	LGT	9.6	7.4	(2.2)	6.6	11.9	5.3	0.0	0.0	0.0	16.2	19.3	3.1
	Oxleas	1.8	3.8	1.9	0.8	2.9	2.1	0.0	0.9	0.9	2.6	7.5	4.9
	SLaM	2.6	1.2	(1.5)	9.9	8.1	(1.7)	0.5	0.5	0.0	13.0	9.8	(3.2)
	SEL Providers	40.0	36.0	(4.1)	42.7	54.0	11.2	23.6	24.4	0.8	106.4	114.4	8.0
	SEL ICB										22.0	18.0	(4.0)
	SEL ICS	40.0	36.0	(4.1)	42.7	54.0	11.2	23.6	24.4	0.8	128.4	132.4	4.0
Non-recurrent	GSTT	12.0	15.0	3.0	48.6	39.1	(9.6)	0.0	1.0	1.0	60.6	55.0	(5.6)
	KCH	0.0	1.6	1.6	0.0	0.6	0.6	0.0	0.6	0.6	0.0	2.7	2.7
	LGT	3.2	0.2	(3.0)	2.2	2.1	(0.1)	0.0	0.0	0.0	5.4	2.3	(3.1)
	Oxleas	7.6	5.9	(1.7)	3.3	0.0	(3.2)	0.0	0.0	0.0	10.9	6.0	(4.9)
	SLaM	1.5	1.5	0.0	0.5	0.5	0.0	0.0	0.0	0.0	2.0	2.0	0.0
	SEL Providers	24.3	24.2	(0.1)	54.6	42.3	(12.3)	0.0	1.6	1.6	78.9	68.0	(10.8)
	SEL ICB										0.0	2.5	2.5
	SEL ICS	24.3	24.2	(0.1)	54.6	42.3	(12.3)	0.0	1.6	1.6	78.9	70.5	(8.3)
Total	GSTT	17.9	20.2	2.3	59.1	55.7	(3.4)	3.1	4.6	1.5	80.1	80.5	0.4
	KCH	20.0	20.0	0.0	15.0	15.0	0.0	20.0	20.0	0.0	55.0	55.0	0.0
	LGT	12.8	7.6	(5.2)	8.8	14.0	5.2	0.0	0.0	0.0	21.6	21.6	0.0
	Oxleas	9.4	9.7	0.2	4.1	2.9	(1.1)	0.0	0.9	0.9	13.5	13.5	0.0
	SLaM	4.1	2.7	(1.5)	10.4	8.6	(1.7)	0.5	0.5	0.0	15.0	11.8	(3.2)
	SEL Providers	64.3	60.1	(4.2)	97.3	96.3	(1.1)	23.6	26.0	2.4	185.2	182.4	(2.8)
	SEL ICB										22.0	20.5	(1.5)
	SEL ICS	64.3	60.1	(4.2)	97.3	96.3	(1.1)	23.6	26.0	2.4	207.2	202.9	(4.3)

Appendix 4a: Provider pay efficiencies by scheme category

Pay efficiency schemes

	Year-to-date			Full-year			Full-year variance by organisation				
	Plan	Actual	Variance	Plan	Forecast	Variance	GSTT	KCH	LGT	Oxleas	SLaM
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Agency - price cap compliance	0.9	0.6	0.3	1.4	1.1	0.3	0.0	0.3	(0.6)	0.0	0.0
Agency - improved procurement	1.2	0.5	0.8	1.9	2.1	(0.2)	1.0	0.0	(0.8)	0.0	0.0
Agency - eliminate off framework supply	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Bank - collaborative working	1.7	0.6	1.0	2.5	1.5	1.0	0.0	0.0	(1.0)	0.0	0.0
Bank - rate review	3.7	0.1	3.6	5.6	5.3	0.2	0.0	0.0	(0.2)	0.0	0.0
Skill mix reviews	24.5	14.4	10.2	36.8	30.2	6.7	(3.6)	0.0	(1.3)	(1.7)	0.0
E-Rostering	2.2	2.0	0.1	3.5	3.5	(0.1)	0.4	0.0	(0.4)	0.0	(0.0)
Corporate services transformation	1.6	1.1	0.5	3.0	1.6	1.4	(0.0)	0.0	0.0	0.1	(1.5)
Digital transformation	0.1	0.8	(0.7)	0.2	0.8	(0.7)	0.0	0.7	0.0	0.0	0.0
Service re-design	0.0	3.3	(3.3)	0.0	3.7	(3.7)	0.0	2.3	0.0	1.4	0.0
Managing sickness and absences	1.5	0.6	1.0	2.3	1.4	0.9	0.0	0.0	(0.9)	0.0	0.0
Pay Other	4.7	1.8	2.9	7.1	8.8	(1.7)	4.5	(3.3)	(0.0)	0.5	0.0
Total Pay	42.2	25.7	16.5	64.3	60.1	4.2	2.3	0.0	(5.2)	0.2	(1.5)

Appendix 4b: Provider non-pay and income efficiencies by scheme category

Non-pay efficiency schemes

	Year-to-date			Full-year			Full-year variance by organisation				
	Plan	Actual	Variance	Plan	Forecast	Variance	GSTT	KCH	LGT	Oxleas	SLaM
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Medicines optimisation	6.1	5.0	1.1	9.1	11.3	(2.2)	1.9	0.0	0.3	0.0	0.0
Procurement (excl drugs) -non-clinical	8.1	7.5	0.6	12.1	12.8	(0.7)	(1.6)	(0.8)	1.2	2.2	(0.3)
Procurement (excl drugs) - medical devices	5.5	4.7	0.8	8.3	7.1	1.3	(2.0)	0.4	0.2	0.1	0.0
Estates and Premises transformation	2.6	1.9	0.7	4.3	3.3	1.1	(2.6)	0.9	0.3	0.3	0.0
Fleet optimisation	2.1	0.6	1.5	3.1	0.6	2.5	(3.1)	0.6	0.0	0.0	0.0
Pathology & imaging networks	2.4	3.6	(1.2)	3.7	5.5	(1.8)	1.8	0.0	0.0	0.0	0.0
Net zero carbon	2.1	0.0	2.0	3.1	0.0	3.0	(3.0)	0.0	0.0	0.0	0.0
Corporate services transformation	8.9	5.6	3.3	13.8	10.8	3.0	(2.4)	0.0	0.4	0.0	(0.9)
Digital transformation	8.0	3.8	4.2	11.7	7.8	3.9	(2.9)	0.1	2.8	(3.9)	0.0
Provider collaborative:(NHS subcontracted)	2.1	0.6	1.5	3.1	0.6	2.5	(3.1)	0.6	0.0	0.0	0.0
Provider collaborative: (non-NHS)	2.1	2.9	(0.8)	3.1	2.9	0.2	(3.1)	2.9	0.0	0.0	0.0
Non-pay Other (bal)	14.3	2.8	11.5	22.0	33.8	(11.8)	16.6	(4.5)	0.0	0.2	(0.5)
Total Non-Pay	64.1	38.9	25.2	97.3	96.3	1.1	(3.4)	0.0	5.2	(1.1)	(1.7)

Income efficiency schemes

	Year-to-date			Full-year			Full-year variance by organisation				
	Plan	Actual	Variance	Plan	Forecast	Variance	GSTT	KCH	LGT	Oxleas	SLaM
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Income Private Patient	3.4	2.1	1.3	5.1	8.4	(3.3)	3.3	0.0	0.0	0.0	0.0
Income Overseas Visitors	0.0	0.4	(0.4)	0.0	0.5	(0.5)	0.0	0.1	0.0	0.4	0.0
Income Non-Patient Care	8.5	2.3	6.2	12.8	11.6	1.1	(1.6)	0.0	0.0	0.5	0.0
Spare row	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Income Other	3.8	0.8	3.0	5.8	5.5	0.3	(0.2)	(0.1)	0.0	0.0	0.0
Total Income	15.7	5.6	10.1	23.6	26.0	(2.4)	1.5	0.0	0.0	0.9	0.0

Bexley Wellbeing Partnership Committee

Financial Year 2022/23

Month 8 Finance Report – November 2022

Thursday 26th January 2023

Item: 6

Enclosure: D(iii)

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1. Summary of Bexley Borough's Financial Position as at Month 8

Overall Position

	Year to date budget	Year to date actual	Year to date variance	Bexley Budget	Forecast Out-turn	Forecast Variance
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Acute Services	1,951	1,984	(33)	3,511	3,571	(60)
Community Health Services	7,245	7,249	(4)	13,041	13,041	0
Mental Health Services	4,382	4,247	134	7,887	7,687	200
Continuing Care Services	9,874	9,668	206	18,051	17,751	300
Prescribing	13,804	14,280	(476)	24,831	25,721	(890)
Other Primary Care Services	1,129	1,129	0	2,032	2,032	0
Other Programme Services	10	15	(6)	18	18	0
Delegated Primary Care Services	15,316	15,316	0	27,810	27,810	0
Corporate Budgets	1,473	1,263	210	2,652	2,369	283
Total	55,183	55,151	32	99,832	100,000	(167)

- At month 8, Bexley is reporting a £32k underspend year to date, which is a positive movement of £24k in month. This position is made up of underspends on Mental Health and CHC which are offset by overspends on Prescribing and Urgent Treatment Centre (UTC) costs within acute services. The majority of the underspend is non-recurrent. The corporate underspend is due to the level of vacancies currently being carried with no backfill support.
- The two main areas of underspend are Mental Health which is due to lower cost per case costs at present and CHC where costs are being reviewed regularly to ensure compliance with budget. The main area of overspend is prescribing where there has been another material increase in month which has been offset by income from NHS England for DOAC rebates. The main drivers continue to be Cat M increases in costs and items being out of stock together with non delivery of QIPP due to increased spend on self care drugs due to the cost of living crisis. In month the QIPP delivery was an improvement on the previous month but still an additional cost pressure cumulatively. Work will continue in month to mitigate the overspend and will include targeted visits to practices with the highest levels of overspend to see how the position can be recovered, together with an increased focus on the delivery of the local prescribing incentive scheme to ensure all practices are participating.
- The AQP contract for hearing continues to over perform across SE London as a whole and in Bexley, this is currently being offset by other community underspends. The activity continues to be closely monitored to ensure it is correctly attributed and to establish if the activity is backlog related.
- Given the prescribing pressures, there is a significant risk that Bexley will not achieve a break-even position at the year end. Meetings have taken place with budget holders to establish if there are any mitigations which can be enacted to achieve year end breakeven and these actions will be enacted in the ledger when required. However, they are not expected to fully mitigate the prescribing overspend. A review of the balance sheet is being undertaken.
- In respect of savings, plans are in place for both the initial and additional savings targets on a recurrent basis. These schemes are largely on track except for prescribing which is currently underdelivering and is overspending against budget as per above. The prescribing QIPP is resulting in additional costs due to the self care project not delivering and Bexley has advised that limited prescribing QIPP will be delivered in year. The schemes will continue but it is unlikely that material savings will be able to be attributed in year.

2. Summary of Bexley Borough's Financial Position as at Month 8 re: Savings Targets

Bexley has a total recurrent savings target of £2,013k which includes the £399k of additional savings requested. Plans are in place for all of the savings targets and these are largely on track except for prescribing which is currently underdelivering and is overspending against budget per previous page. Given the prescribing issues with Cat M and NCSO pressures, it is unlikely that the QIPP will be delivered at the levels anticipated as much is predicated on the delivery of a self care QIPP which is proving difficult to deliver due to the cost of living crisis. The QIPP plans and the incentive scheme will continue with the hope that things will improve into the new financial year. Overall, Bexley is £220k behind plan at month 8 and is forecasting non delivery of £432k of prescribing QIPP by the year end. Budget holder meetings have taken place to see if there are any further mitigations which can be offset against this for future months as it is expected that a recovery plan will be required for Bexley in month 9 if the prescribing pressures continue at the same rate.

Monitoring of the prescribing and CHC savings will be undertaken on a monthly basis, with an agreed process now in place locally for prescribing. In delivering these additional savings, to date the borough has not has to impact upon front line services but looking forward, the borough is looking at 2023/24 financial year and reviewing contracts which expire, looking at VFM in contracts which are in place as some services may need to be reviewed if savings targets are set which are significant.

SEL Boroughs	Target £'000	Year to Date plan £'000	Year to Date Delivery £'000	Year to Date Variance £'000	Year to Date Recurrent £'000	Year to Date Non Recurrent £'000	Forecast Delivery £'000	Forecast Variance £'000	Forecast Delivery Recurrent £'000	Forecast Delivery Non Recurrent £'000
Bexley	2,013	1,275	1,054	-220	973	81	1,581	-432	1,460	121
Bromley	3,841	2,431	2,218	-212	2,057	161	3,523	-318	3,282	241
Greenwich	2,891	1,881	1,467	-414	1,282	185	2,367	-524	2,090	277
Lambeth	2,555	1,636	1,378	-258	1,378	-	2,555	0	2,555	-
Lewisham	2,623	1,532	1,512	-20	1,383	129	2,623	0	2,429	194
Southwark	1,963	1,264	1,180	-84	1,059	121	1,776	-187	1,638	138
SEL Central	13,419	8,946	8,946	0	5,254	3,692	13,419	0	7,881	5,538
Total	29,305	18,965	17,757	-1,208	13,388	4,369	27,844	-1,461	21,335	6,509

3. Summary of Bexley Borough's Financial Position as at Month 8 – Other Issues

Staffing Position

As at month 7, Bexley Borough has a number of vacancies against the borough based structure which are as follows;

1 Band 8c Head of Integrated Commissioning CYP (Joint role) – to be advertised when VR Panel advise – joint interim started mid October

1 Band 8b Head of Integrated Commissioning MH (Joint role) – to be advertised when VR Panel advise – joint interim started mid October

1 Band 8b Partnership Manager (Joint role) – to be advertised when VR panel advise.

These posts are not generally being backfilled and so there is additional pressure on the remaining staff to cover these roles to the best of their ability. It should be noted however that a number of posts have now been recruited into and the people are now in post.

Balance Sheet / Financial Services Issues

In the 10 highest value debtors of the CCG, there are no items which relate to Bexley which is positive. To assist providers with cash flow, all invoices are currently paid within 7 days of approval. The finance team in conjunction with budget holders are now actively working to clear all pre ICB invoices from the system which Bexley has achieved.

Governance Arrangements

NHS SE London has a Schedule of Matters in place which sets out limits of delegation for staff. This document has been updated to reflect the move to ICB status and a revised set of financial policies and governance documents are available from 1st July 2022. All staff have been made aware of these arrangements and the documents are available on the intranet.

Financial Management Arrangements

Month 8 budget holders meetings have taken place and the meetings for the remainder of the financial year have also been arranged. New coding books have been issued to budget holders for the new ledger which took effect from 1st July 2022. Work has also taken place with all budget holders on any budgets which can be used to offset our prescribing position in 2022/23 to ensure that the borough achieves breakeven. At present, the goal of breakeven seems unlikely.

2023/24 Budget Setting

Budget setting guidance is expected to be issued shortly and will be shared with the committee when available. In the meantime, the baseline budgets for 23/24 have been agreed as at month 6 22/23, this will provide a starting point for the budget setting process for 2023/24. Work has also started to identify cost pressures and any potential savings in the next financial year. A paper has been shared with SMT and will be shared with the Exec early in the New Year.

4. Summary of Key Messages for NHS SE London ICB's Financial Position as at Month 8

- This report sets out the Month 8 financial position of the ICB. The ICB has a nine month reporting period in 2022/23 which reflects its establishment on 1 July 2022. The budget for the nine months is constructed from the CCG/ICB annual financial plan. As the CCG (as the predecessor organisation) delivered a **£1,047k surplus** during its final three months, the ICB is able to overspend its allocation by this amount, so that across the whole year a financial position no worse than break-even is delivered.
- The ICB financial allocation for the Month 4 to 12 period is **£3,039,523k**. Due to the carry-forward of the Q1 CCG position, **the ICB is able to spend up to £3,040,570k**. As at Month 8, the ICB is reporting a **break-even position** against its recurrent (BAU) allocation and expenditure of **(£48k)** on the Covid vaccination programme. The vaccination costs are expected to be reimbursed in full by NHSE, thereby generating a **break-even** position.
- The key risk within the ICB financial position relates to the **prescribing** budget, which is **£3,121k** overspent YTD. Prescribing data is received two months in arrears, so the latest information we have relates to September 2022. The YTD overspend is driven by both activity and price pressures. Activity (based upon the number of items prescribed) for the first 6 months of 2022/23 compared to the same period for last year, **has increased by circa 3.1%**. The ICB is also being impacted by increases in price driven by issues outside of its direct control – including the short supply of specific drugs and the price of Category M drugs which are nationally set. All ICBs are being similarly impacted, and we have ensured that NHSE has been made aware of this pressure. We estimate that the impact upon the prescribing position resulting from Category M price and stock shortages is **£3,640k** YTD – namely without these the prescribing budget would be in balance. If this trend continues into future months, the full year forecast overspend would be circa **£6,000k** before mitigations. This is set out in greater detail later in this report in section 5. A second risk relates to Continuing Healthcare (**£1,086k overspent**) that has seen an increase in cost driven by additional clients. The underlying drivers of the increase are detailed later in this report. These financial pressures mean that three boroughs (**Bromley, Greenwich and Lambeth**) are reporting **overspend** positions at Month 8, for which recovery plans have been produced.
- In reporting this Month 8 position, the ICB has delivered the following financial duties:
 - 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 8, and noting the risks outlined in this report, the ICB is forecasting a **break-even** position for the 2022/23 financial year.

4. Summary of Key Messages for NHS SE London ICB's Financial Position as at Month 8

- The below table sets out the ICB's performance against its main financial duties on both a year to date and forecast basis. As highlighted above, the ICB is reporting on plan as at Month 8, aside from £48k of expenditure relating to the Covid vaccination programme. We are expecting Covid expenditure will be fully reimbursed by NHSE as per national funding arrangements. **Once received a balanced (green rated) position will be reported.**
- All other financial duties have been delivered for the year to Month 8 period.** A balanced financial position is forecasted for the 2022/23 financial year.

Key Indicator Performance	Year to Date		Forecast		
	Target	Actual	Target	Actual	
	£'000s	£'000s	£'000s	£'000s	
Agreed Deficit	-	(1,095)	-	(1,095)	
Expenditure not to exceed income	1,693,897	1,694,992	3,052,969	3,054,064	
Operating Under Resource Revenue Limit	1,681,464	1,682,559	3,030,590	3,031,685	
Not to exceed Running Cost Allowance	15,140	14,587	27,251	26,271	
Month End Cash Position (expected to be below target)	3,963	919	4,125	3,918	
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%	95.0%	100.0%	
95% of non-NHS creditor payments within 30 days	95.0%	98.1%	95.0%	98.1%	
Mental Health Investment Standard (Annual)	221,871	224,839	399,368	404,710	

5. Summary of NHS SE London ICB's Financial Position as at Month 8

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCGs (Non Covid)	CCG Surplus brought forward	Covid-19	Total SEL CCGs
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Year to Date Budget											
Acute Services	1,951	2,727	9,960	652	816	409	917,091	933,606	-	-	933,606
Community Health Services	7,245	32,388	11,237	9,621	10,663	12,112	92,612	175,878	-	-	175,878
Mental Health Services	4,382	5,439	3,533	8,279	2,617	2,533	188,031	214,813	-	-	214,813
Continuing Care Services	9,874	10,031	10,715	12,380	8,407	8,062	-	59,469	-	-	59,469
Prescribing	13,804	18,855	13,604	15,826	16,007	13,103	771	91,970	-	-	91,970
Other Primary Care Services	1,129	1,163	959	1,191	513	207	9,395	14,557	-	-	14,557
Other Programme Services	10	15	19	142	138	143	29,100	29,567	-	-	29,567
Delegated Primary Care Services	15,316	22,404	19,597	30,468	22,804	24,237	2,029	136,854	-	-	136,854
Corporate Budgets	1,473	1,963	1,999	2,590	1,806	1,881	13,037	24,750	-	-	24,750
Total Year to Date Budget	55,183	94,985	71,622	81,150	63,770	62,687	1,252,067	1,681,464	-	-	1,681,463
Year to Date Actual											
Acute Services	1,984	2,660	9,979	336	785	399	916,878	933,020	-	-	933,020
Community Health Services	7,249	32,343	11,202	9,497	10,597	11,965	92,631	175,485	-	-	175,485
Mental Health Services	4,247	5,407	3,150	8,328	2,400	2,703	188,121	214,356	-	-	214,356
Continuing Care Services	9,668	9,851	11,763	12,990	8,391	7,891	-	60,556	-	-	60,556
Prescribing	14,280	19,787	14,355	16,108	16,472	13,313	775	95,091	-	-	95,091
Other Primary Care Services	1,129	1,162	959	1,191	513	207	9,712	14,871	-	-	14,871
Other Programme Services	15	15	19	167	49	196	26,870	27,331	1,047	48	28,426
Delegated Primary Care Services	15,316	22,404	19,597	30,468	22,804	24,237	2,029	136,854	-	-	136,854
Corporate Budgets	1,263	1,851	1,833	2,473	1,719	1,650	13,111	23,901	-	-	23,901
Total Year to Date Actual	55,151	95,481	72,856	81,559	63,730	62,561	1,250,127	1,681,465	1,047	48	1,682,559
Year to Date Variance											
Acute Services	(33)	67	(19)	316	31	11	213	586	-	-	586
Community Health Services	(4)	44	35	125	66	147	(18)	394	-	-	394
Mental Health Services	134	32	383	(49)	217	(169)	(90)	457	-	-	457
Continuing Care Services	206	180	(1,048)	(610)	15	171	-	(1,086)	-	-	(1,086)
Prescribing	(476)	(932)	(751)	(282)	(465)	(210)	(4)	(3,121)	-	-	(3,121)
Other Primary Care Services	0	1	0	0	0	(0)	(316)	(315)	-	-	(315)
Other Programme Services	(6)	(0)	(0)	(25)	89	(53)	2,230	2,235	(1,047)	(48)	1,140
Delegated Primary Care Services	-	-	-	-	-	-	-	-	-	-	-
Corporate Budgets	210	112	166	117	87	230	(74)	849	-	-	849
Total Year to Date Variance	32	(496)	(1,234)	(408)	40	126	1,940	(0)	(1,047)	(48)	(1,096)

- At Month 8, the ICB is reporting an overall **balanced position** against its **22/23 BAU budgets**. Main financial risks for the delegated borough budgets relate to prescribing and continuing care (CHC).
- The ICB is reporting a **£3,121k overspend** against its **prescribing position**. This position is based upon M01-06 2022/23 data and represents a like for like **deterioration of the position in-month** of £796k. Prescribing activity has increased by 3.1% compared to the same period in 2021/22. A deep dive of the position has been undertaken and the underlying drivers relate to largely national issues including the availability of unbranded drugs (NCSO – No Cheaper Stock available), CAT M drugs, the growth of patients with long term conditions and cost of living pressures with a consequence of patients receiving over the counter drugs via FP10. This is set out in detail later in this report.
- Across the ICB's Acute, Community and Mental Health budgets, the YTD **underspend** is **£1,437k** relating to non-block activity. **This is partially offsetting the overspend in prescribing highlighted above.**
- The overall **continuing care** financial position is **£1,086k overspent** and the underlying pressures are variable across the boroughs. Whilst most boroughs are seeing a slight increase in activity in year, this is being offset by lower than anticipated price pressures. An Increase in the client base for Greenwich and Lewisham coupled with higher package prices for these two boroughs are driving their adverse position. Benchmarking of activity and price differentials for the boroughs is set out later in this report.
- The Other Primary Care services overspend of £315k relates to activity and price pressures within the Home Oxygen therapy budget.
- The underspend of **£849k** against corporate budgets, reflects vacancies in ICB staff establishments. This is a non-recurrent underspend.
- More detail regarding the individual borough (Place) financial positions is provided later in this report.

6. Revenue Resource Limit as at Month 8

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL ICB
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Annual Start Budget	125,212	215,006	162,769	187,409	146,255	144,257	2,922,170	3,903,078
CCG Final Budget	31,009	53,434	40,344	46,467	36,064	35,407	721,525	964,249
ICB Start Budget	94,203	161,573	122,426	140,942	110,191	108,850	2,200,645	2,938,829
M4 allocations	1,574	3,114	2,109	1,359	1,344	1,059	(6,341)	4,220
M1-3 Carry Forward (Allocated)							1,047	1,047
M4 Budget	95,777	164,687	124,535	142,301	111,535	109,909	2,195,351	2,944,096
M5 Internal Adjustments	708	765	762	959	838	801	(4,834)	-
M5 allocations	-	-	50	26	33	30	7,741	7,880
M5 Budget	96,485	165,452	125,347	143,287	112,406	110,740	2,198,259	2,951,976
M6 Internal Adjustments	1,462	2,301	1,766	478	656	517	(7,180)	-
M6 allocations	373	1,453	646	470	241	110	66,675	69,968
M6 Budget	98,320	169,206	127,759	144,234	113,304	111,367	2,257,754	3,021,944
M7 Internal Adjustments	1,510	2,054	1,769	2,485	1,953	2,050	(11,820)	-
M7 allocations	-	-	-	-	-	-	3,717	3,717
M7 Budget	99,830	171,260	129,527	146,719	115,256	113,417	2,249,651	3,025,661
<i>M8 Internal Adjustments</i>								
Delegated Primary Care (Locum budgets)				93	41	20	(154)	-
SDF Allocations		294	13				(307)	-
<i>M8 Allocations</i>								
Discharge Funding							2,968	2,968
Primary Care Transformation							1,356	1,356
Diabetes							545	545
DOAC Rebates (Prescribing)							469	469
Historic Surplus							8,933	8,933
Other Allocations							638	638
M8 Budget	99,830	171,554	129,540	146,812	115,297	113,437	2,264,099	3,040,570

- The table sets out the Revenue Resource Limit at Month 8. The allocation is consistent with the final 2022/23 Operating Plan and reflects confirmed additional national allocations for inflationary and localised cost pressures, together with further funding for ambulance services. In addition, the ICB also received Elective Recovery Funding (ERF) and System Development Funding (SDF). The final confirmed 2022/23 start allocation is **£3,903,078k** and the ICB's share of this allocation is **£2,938,829k**. This starting allocation has been adjusted as new allocations are received in-year.

- In month, the ICB has received an additional £14,909k of allocations, giving the ICB a **total allocation of £3,040,570k** at Month 8. An assessment will be made in-month in respect of forecasted spend against additional allocations. The ICB has received an allocation of **£8,933k** in respect of the brought forward surplus from the CCG. This is a technical adjustment, in that it is highly unlikely that the ICB will be able to drawdown against this funding.

7. Summary of Key Messages for NHS SE London ICS's Financial Position as at Month 8

I&E position

- At month 8 the ICS is reporting a YTD deficit of (£59.3m); £53.6m adverse to plan (M7 £46.9m adverse to plan).
- 4 out of 5 provider organisations are reporting an adverse variance against plan YTD. All organisations, providers and ICB, are reporting a breakeven forecast for the full year.
- The main drivers to the position are under-delivery of planned efficiencies, higher than planned levels of expenditure due to COVID, unfunded inflation (including the full impact of the pay award), and the profiling of planned non-recurrent flexibilities.
- The system has delivered £83.1m of efficiency YTD against a plan of £136.1m. Despite the adverse YTD position, the system is forecasting to broadly recover and deliver £202.9m of efficiencies (against a plan of £207.2m), with 35% forecast to be non-recurrent.
- The system is forecasting to breach the agency expenditure limit for the year.
- The main risks to the forecast are ESRF clawback / underachievement in H2, continued under-delivery against planned efficiencies, potential use of agency / bank, inflation and winter pressures.

Capital

- Spend against the system capital resource limit (CRL) is £62.5m under plan YTD. FOT is £2.9m less than the CRL, but it is anticipated that this will be fully committed as plans are implemented.

8. Summary of NHS SE London ICS's Financial Position as at Month 8

- At month 8 the ICS is reporting a **YTD deficit of (£59.3m)**, £53.6m adverse to plan.
- Providers have **assumed full receipt of ESRF income** in positions. Assurance has been received that there will be no ESRF clawback for H1. NHSE is clarifying the position for H2.
- The **main drivers to the adverse YTD position are the under-delivery of efficiencies**, the impact of **higher than planned levels of COVID patients** and **unfunded inflation**.
- Despite being behind plan at month 8, **each organisation is forecasting to deliver a breakeven outturn**.
- An **unmitigated risk of £16m** to the breakeven forecast has been reported.

	YTD Actual	Variance
	<i>£m</i>	<i>£m</i>
GSTT	(24.9)	(18.1)
KCH	(24.9)	(24.9)
LGT	(7.3)	(7.3)
Oxleas	1.9	1.9
SLaM	(4.1)	(5.1)
Providers	(59.3)	(53.6)
ICB	(0.0)	(0.0)
ICS total	(59.3)	(53.6)

	M08 Year-to-date			Commentary	2022/23 Out-turn			
	Plan	Actual	Variance		Plan	Forecast	Variance	Turnover
	<i>£m</i>	<i>£m</i>	<i>£m</i>		<i>£m</i>	<i>£m</i>	<i>£m</i>	<i>£m</i>
GSTT	(6.8)	(24.9)	(18.1)	The in-month position shows an improvement in the Trust's financial position compared with prior months	0.0	0.0	0.0	£2,593.4
KCH	0.0	(24.9)	(24.9)	YTD deficit driven by CIP non-achievement and unplanned COVID; unmitigated risk to FOT of £35m	(0.0)	(0.3)	(0.3)	£1,621.3
LGT	0.1	(7.3)	(7.3)	£0.4m deficit in-month; YTD deficit driven by efficiency under-delivery and escalation costs	0.1	0.1	0.0	£735.8
Oxleas	0.0	1.9	1.9	Forecasting to break-even. Concerns remain about rising agency spend related to new contracts	(0.0)	(0.0)	0.0	£418.2
SLaM	1.1	(4.1)	(5.1)	Several risks to FOT have been identified, including staffing/agency pressures, private beds, and CIPs	0.0	0.0	0.0	£562.7
SEL Providers	(5.7)	(59.3)	(53.6)		0.1	(0.3)	(0.3)	£5,931.2
SEL ICB	£0.0	(£0.0)	(£0.0)	Significant financial pressures in the ICB prescribing budget, forecast of £6m over and above 2021/22	£0.0	£0.0	£0.0	£1,517.0
SEL ICS total	(£5.7)	(£59.3)	(£53.6)		£0.1	(£0.3)	(£0.3)	£7,246.6

Bexley Wellbeing Partnership Committee

Thursday 26th January 2023

Item: 7

Enclosure: E

Title:	Proposal to update the London Borough of Bexley and NHS South East London Integrated Care Board Section 75 Agreement
Author:	Alison Rogers, Acting Director of Integrated Commissioning, NHS South East London Integrated Care System/London Borough of Bexley Steven Burgess, Policy and Strategy Officer, London Borough of Bexley
Executive Lead:	Stuart Rowbotham, Bexley Place Executive Director/Director of Adult Social Care and Health, NHS South East London Integrated Care Board/London Borough of Bexley

Purpose of paper:	To consider and endorse the proposal to update the schedules to the section 75 Agreement between the London Borough of Bexley (LBB) and NHS South East London Integrated Care Board (ICB).	Update / Information	
		Discussion	
		Decision	X

Summary of main points:	<ul style="list-style-type: none"> • Our Better Care Fund (BCF) plan 2022/23 has now been approved by NHS England. The funds in our BCF plan are subject to a pooling arrangement governed by the section 75 agreement between LBB and NHS South East London ICB. The schedules in the section 75 Agreement need to be updated by the end of January 2023. The Adult Social Care Discharge Fund, announced in September 2022, also needs to be pooled into the local BCF plan and section 75 agreement. The plans and funding allocations cover a period which is already in progress. • It is proposed to include the Health Inequalities Funding, allocated to the Bexley Wellbeing Partnership by the ICB, in the local BCF section 75 agreement (£0.357m for 2022/23 and £0.536m thereafter). • In addition to existing funding routes, the ICB has been allocated £6.5m across South East London in 2022/23 for the purposes of discharging patients from hospital beds into step down beds to improve patient care and system flow. • Where the ICB and Council agree, further changes to the existing section 75 agreement may be necessary for the purpose of commissioning health and social care activity from the new National Discharge Fund in 2022/23. • A Change Authorisation Form will need to be signed by the Council's Authorised Officer (Deputy Director, Adult Social Care) and the ICB's Authorised Officer (Borough Director Operations – Bexley). The documents will be placed with the original section 75 agreement in the Council's deed packet and a copy will be retained by the ICB.
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Potential Conflicts of Interest	None identified.
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Other Engagement	Equality Impact	<p>Our plans have included consideration of the Core20 PLUS5 framework, where required.</p> <p>The section 75 agreement between LBB and NHS South East London ICB includes a section on Equalities that commits the Council and ICB to comply with the public sector equality duty when they carry out their functions or services. The contracts and the services commissioned under the section 75 agreement are monitored to ensure that equalities duties are met.</p>
	Financial Impact	<p>The total value of services within the scope of the BCF Pooled Fund in 2022/23 will increase from £81.9m to approximately £83.9m of which the ICB funds around £49.9m and the Council funds around £34.0m. Schedules to the section 75 Agreement will be updated to reflect the approved BCF Plan 2022/23 (£81.9m in 2022/23), the agreed ASC Discharge Fund 2022/23 (£1.7m in 2022/23), and the Health Inequalities Fund (£0.357m in 2022/23).</p> <p>Existing section 75 agreement(s) may be extended or varied for the purpose of commissioning additional health and social care activity in 2022/23 on behalf of the system from the National Discharge Fund.</p>
	Public Engagement	<p>We consulted on the original proposals to enter into the section 75 agreement in 2020/21, which included the arrangements for the Bexley BCF Pooled Fund.</p>
	Other Committee Discussion/ Engagement	<p>The Draft Bexley BCF plan for 2022/23 was signed off by the Bexley Health and Wellbeing Board (HWB) on 5 September 2022 and the decision about the BCF plan was recorded at the September meeting of the Bexley Wellbeing Partnership Committee.</p> <p>On 6 December 2022, the Bexley HWB agreed the arrangements for the submission and reporting of activity in relation to the ASC Discharge Fund. The ASC Discharge Fund spending plan was prepared on behalf of the Council and ICB via the Home First Operations Group and Project Board. The ICB Executive also reviewed and endorsed the overall South East London submission.</p> <p>Officers will report back to Bexley Health and Wellbeing Board and the Bexley Wellbeing Partnership Committee on the delivery of the plans at the end of the financial year.</p>
Recommendation:	<p>The Bexley Wellbeing Partnership Committee is recommended to:</p> <ul style="list-style-type: none"> (i) note the BCF Approval Letter dated 5 January 2023 (Appendix A). (ii) consider and endorse the proposal to update the schedules to the section 75 Agreement between the London Borough of Bexley (LBB) 	

and NHS South East London Integrated Care Board (ICB) for
2022/23.

NHS England
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E-mail:
england.pcpc@nhs.net

To: *(by email)*
Cllr Baroness Teresa O'Neill OBE, Chair,
Bexley Health and Wellbeing Board
Andrew Bland, Accountable Officer, Integrated
Care Board
Jackie Belton, Chief Executive, London Borough
of Bexley

05 January 2023

Dear Colleagues,

BETTER CARE FUND 2022-23

Thank you for submitting your Better Care Fund (BCF) plan for regional assurance and approval. We recognise that the BCF has again presented challenges in preparing plans at a late stage and at pace and we are grateful for your commitment in providing your agreed plan.

I am pleased to let you know that, following the assurance process, your plan has been classified as '**Approved**'. The relevant NHS funding can therefore now be formally released subject to the funding being used in accordance with your final approved plan, and in accordance with the conditions set out in the BCF policy framework for 2022-23 and the BCF planning requirements for 2022-23, including the transfer of funds into a pooling arrangement governed by a Section 75 agreement.

You will also be aware of the recent announcement regarding the Adult Social Care Discharge Fund and the conditions requiring that the funding allocations be pooled into the BCF. This additional funding has been made available to help you reduce delays in discharge from hospitals and support those who are fit to leave hospital so that they can continue their recovery in the most appropriate location. As you already do with the BCF, it is crucial that health and care systems and providers work together to meet the care needs of people and make the best use of this additional funding.

The Disabled Facilities Grant (DFG) and the improved Better Care Fund (iBCF) grant are paid directly to local authorities via a grant by the Department of Levelling Up, Housing and Communities. Local authorities are also receiving additional grant allocations through the Adult Social Care Discharge Fund. These grants are pooled together with the NHS BCF allocations and are subject to grant conditions set out in their respective grant determinations, as specified in the BCF planning requirements.

Your Section 75 agreement covering the whole of the BCF plan including the Adult Social Care Discharge Fund monies should be developed and agreed by all parties by the end of January 2023.

Ongoing support and oversight with regards to the spending of BCF funding will continue to be led by your local Better Care Manager (BCM). Following the assurance process, we are asking all BCMs to feed back to local systems where the assurance process identified areas for improvement in plans and share where systems may benefit from conversations with other areas. BCMs will also review the Capacity and Demand plans that areas were asked to complete to identify support needs and inform requirements for future years. Nationally, we will also be reflecting on what the data tells us and what more we need to consider in the future.

Local systems must remain compliant with the conditions set out in the BCF policy framework for 2022-23 and the BCF planning requirements for 2022-23 (including the addendum published for the Adult Social Care Hospital Discharge Fund). Where an area is not compliant with one or more conditions of the BCF, or if the funds are not being utilised in accordance with the agreed plan or are being utilised in a way which creates a risk that the conditions will not be met, then the BCF team, in consultation with national partners, may make a recommendation to initiate the intervention and escalation process as outlined in the BCF planning requirements 2022-23. Any intervention will be proportionate to the risk or issue identified. The intervention and escalation process is outlined in the BCF Planning Requirements 2022-23.

Reporting on the overall BCF programme for 2022-23 will be limited to an End of Year return. However, there are additional planning and reporting requirements for the Adult

Social Care Discharge Fund which must be complied with including the submission of the planning template and fortnightly reporting. Further information on End of Year reporting will be confirmed in due course.

Once again, thank you for your work and best wishes with implementation and ongoing delivery.

Yours sincerely,



Dr Amanda Doyle OBE, MRCGP

National Director, Primary Care and Community Services, NHS England

Copy (by email) to:

Helen Pettersen, Interim Regional Director, NHS England

James Sanderson, Director of Community Health Services and Senior Responsible Officer for the Better Care Fund

Jennifer Keane, National Director, Intermediate Care and Rehabilitation, NHS England

Rosie Seymour, Programme Director, Better Care Fund Team, Better Care Fund Programme, NHS England

Andre Lotz and Nicole Valenzuela-Sotomayor, Better Care Managers, Better Care Fund Programme, NHS England

Bexley Wellbeing Partnership Committee

Thursday 26th January 2023

Item: 8

Enclosure: F

Title:	Bexley Risk Register
Author:	Simon Beard, Associate Director for Corporate Operations, NHS South East London Integrated Care Board
Executive Lead:	Stuart Rowbotham, Place Executive Lead, NHS South East London Integrated Care Board

Purpose of paper:	To provide the Bexley Wellbeing Partnership Committee members with an update on the current risks held on the Bexley risk register.	Update / Information	
		Discussion	
		Decision	

Summary of main points:	<p>Currently the Bexley risk register holds four risks which have been identified as issues that either:</p> <ol style="list-style-type: none"> 1) Impact the standard of provision of health services in the borough, principally due to resourcing or funding. Being: <ul style="list-style-type: none"> • risk 315 – impact of resourcing on Learning Disability Continuing Healthcare (CHC) services • risk 401 – uncertainty caused by non-recurrent funding for winter schemes • risk 402 – funding/ staffing challenges impacting provision of social care/ community services for discharged patients 2) Place at risk the achievement of a breakeven budget position for borough delegated services (risk 423 – prescribing pricing) <p>Of these risks, two are scored at 12 (medium risk), with two risks scored as “very high”, at 15 and above.</p> <p>Mitigated actions are underway and comments on the assurance provided by these actions is detailed in the report, however it should be noted that the current assessments on the risk register indicate that the mitigations are not reducing the risk score at this time as a number of the issues are outside the control of the borough team.</p> <p>One risk has been closed in the month, which was a specific risk around lack of heating at Erith Urgent Treatment Centre; this issue has now been resolved.</p> <p>Risk owners are asked to review risks on a regular basis to ensure the scoring accurately reflects the current position. A monthly Risk Forum meeting also takes place involving representatives from across the ICB boroughs to benchmark risks across boroughs and provide an opportunity for challenge and information sharing.</p> <p>Where risks are identified which either affect the delivery of corporate objectives of the ICB or have an impact across a number of boroughs within</p>
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	the ICB area, there is the opportunity escalate risks to the corporate risk register, or Board Assurance Framework for the attention of the ICB committees and Board members.	
Potential Conflicts of Interest	None identified.	
Other Engagement	Equality Impact	None identified from the risk process.
	Financial Impact	No financial impact from the risk process. It should be noted that one risk on the register refers to achievement of the financial position.
	Public Engagement	The Board Assurance Framework is reviewed at each Board meeting held in public and the borough risk register is reviewed at each meeting held in public of the Bexley Wellbeing Partnership Committee.
	Other Committee Discussion/ Engagement	Risks are reviewed/ benchmarked on a monthly basis by the ICB Risk Forum, and subject specific corporate risks are reviewed at each relevant committee of the ICB.
Recommendation:	The Bexley Wellbeing Partnership Committee is asked to NOTE the risks on the risk register.	

Risk ID	Risk Owner	Risk Sponsor	Risk Title	Opened Date	Risk Description	Risk Type	Risk Subtype	Services	Initial Subcontrol Performance Initial Rating	Current Subcontrol Performance Current Rating	Control Summary	Plans in Control Summary	Assurance in Place	Plans in Assurance	Current Subcontrol Performance Current Rating	Next Review Date	Next Review Target Performance Target Rating			
315	Alison Rogers	Diana Brathwaite	Learning Disability OHC	09/05/2022	There is a risk that the NHS SEL does not have adequate staffing resource to monitor the quality and safety of out of area placements for people with learning disabilities and complex needs. This could potentially lead to LD Clients being in unsafe circumstances with poor quality of care and subject to safeguarding risks	Assurance	Statutory obligations	Learning Disability: Safeguarding	3	4	13	All risk assessments for out of borough placements reviewed and updated. Face to face review visits re-established and people with no family visitors prioritised. SEL Chief Nurse has overview of risk for advice and guidance. There are well established partnerships both within Bexley and at system level where we work together to optimise the use of limited resources to best effect.	Review and risk assessment of all out borough placements completed. Face to face review visits re-established and people with no family visitors prioritised. Risk escalated to Chief Nurse and support and advice on Bexley action plan received.	Caselead is very complex and needs and demands of some family members can be very intense. This impacts on the capacity and emotional resilience of a small number of key staff, which is unsustainable. Additional short term funding has been announced this week (wb 21/1/22) which exacerbates the issue further.	3	4	31/01/2023	2	1	
401	Alison Rogers	Stuart Rowbottom	Non-Recurrent funding for winter schemes	14/10/2022	There is a risk that Bexley residents will have less than optimal access to primary, community and acute health services during the winter of 2022/23 due to the uncertainty caused by non-recurrent funding for winter schemes and associated recruitment difficulties	Casualty	Third party casualty	Other	5	4	14	Arrangements are in place to temporarily redeploy staff where we can and we use agency and interim staff when we are able to recruit them. We also aim to be flexible with staff mix. We closely monitor metrics such as readmission outcomes and % still at home 91 days after discharge and take steps to redirect resources when we can to address reduced performance. We use discharge to assess bedded capacity where appropriate to optimise outcomes before returning home	Short term funding affects the ability to recruit to roles permanently. Partnerships have been proven to work well across Bexley and the wider system to make best use of resources (positive assurance). Close monitoring of metrics enables timely redirection of resources when we can to address reduced performance (positive). Improvements in outcomes can be evidenced with adult social care measures (positive)	Despite the above mitigations workforce issues are a barrier to achieving the outcomes we are accountable for	5	4	16/12/2022	3	4	12
402	Alison Rogers	Stuart Rowbottom	Discharge Under Home First Arrangements	14/10/2022	There is a risk Bexley residents discharged under Home First arrangements will have less than optimal outcomes due to being discharged to social care and community health services which are not fully funded/staffed to measure in the community	Casualty	Third party casualty	Supported Discharge and Rapid Response Team	5	4	14	The prescribing budget will be showing an underspend were it not for the Cat M and MCS0 changes - ensuring that the Medic Management Team do have a grip on that budget and this is a nationally driven position. The medicines management team are continuing to work with practices to reduce/certain spend on drugs to reduce the overspend. Medicines management team are continuing to implement QIPP schemes and also look for rebate opportunities and this may help in this financial year and beyond. Medicines management team are working across SE London to see if there are actions which they can take to mitigate this overspend	We do not have adequate therapy resources in the community to address the shortfall caused by people being discharged from hospital when not therapeutically optimised	Workforce capacity/availability impacts the ability to quick respond to performance issues	5	4	18/11/2022	3	4	12
423	Julia Withrall	David Maloney	Achievement of Financial Balance in Bexley Place	23/12/2022	There is a risk that Bexley Place will be unable to deliver a breakeven position on its designated budgets which may with other Place budgets lead to the CBS not meeting the statutory duty to break even due to national pricing and out of stock drugs increasing the spend on the prescribing budget so significantly that it is unable to be managed at a local level	Finance	Budget overspend	Financial Planning & Management	4	3	10					4	3	28/02/2023	4	2



Bexley Wellbeing Partnership Committee

Public Forum*

Thursday 26th January 2023

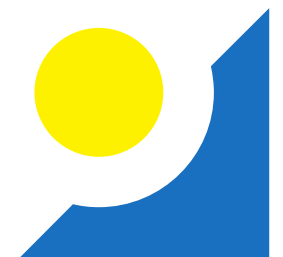
**Note: This is an opportunity for members of the public to ask questions and therefore, no papers are contained in this pack for this item.*

Item: 11

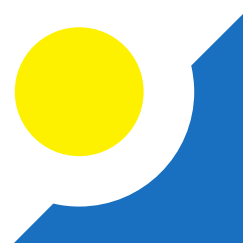
Enclosure: G

Bexley Wellbeing Partnership Committee

Glossary of NHS Terms



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



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



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



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

