

Bexley Wellbeing Partnership Committee meeting held in public

14:00 – 16:00, Thursday 25th January 2024
Venue: Salvation Army, 41 Lion Rd, Bexleyheath DA6 8NW

Agenda

No.	Item	Encl.	Presenter	Time
Opening Business and Introductions				
1.	Introductions and apologies		Chair	14:00
2.	Declarations of Interest	A	Chair	14:03
3.	Notes from 28 th November 2023 and matters arising	B	Chair	14:04
Public Forum				
4.	<i>Public Questions</i>			14:05
Assurance				
5.	Primary Care Network Access Recovery Plans – Update	C	Graham Tanner	14:10
6.	Primary Care Quarterly Business Report	D	Graham Tanner	14:30
7.	Month 6 Finance Report	E	Opeyemi Adetokunbo-Aina	14:45
8.	Local Care Partnership Performance Report	F	Graham Tanner	15:00
9.	Place Risk Register	G	Rianna Palanisamy	15:10
Public Forum				
10.	<i>Public Questions</i>			15:15
11.	<i>Let's talk about Isolation & Loneliness</i>			15:16
Closing Business				
12.	Any other business		Chair	15:55
For Information				
13.	Glossary	H		
14.	Date of the next meeting: Thursday 28 th March 2024, Council Chamber, London Borough of Bexley, Civic Offices, 2 Watling Street, Bexleyheath, Kent, DA6 7AT			

Presenters

- Dr Sid Deshmukh, Chair, Bexley Wellbeing Partnership Committee
- Opeyemi Adetokunbo-Aina, Associate Director of Finance (Bexley), NHS South East London Integrated Care Board
- Rianna Palanisamy, Corporate Governance Lead, NHS South East London Integrated Care Board
- Graham Tanner, Associate Director, Primary Care (Bexley), NHS South East London Integrated Care Board

Let's talk about Isolation & Loneliness

- Joss Duncan, Volunteering Manager, Bexley Voluntary Service Council
- Sarah Batten, Strategic Director, Erith Exchange
- Liz Tragheim, Lay Minister, St Johns Church Sidcup
- Rachel Carder, Connecting Thamesmead Programme Manager, Peabody

ITEM: 2

ENCLOSURE: A

Declaration of Interests: Update and signature list

Name of the meeting: Bexley Wellbeing Partnership Committee

Date:25.01.2024

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	Nothing to declare.		
Dr Nicole Klynman*	Director of Public Health London Borough of Bexley Council	<ol style="list-style-type: none"> 1. Working with Leeds University who are receiving sponsorship from the Pfizer Foundation – Non-Financial Professional Interest 		

		2. Salaried GP at Leyton Healthcare		
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)	<ol style="list-style-type: none"> 1. Independent Advisor and Tutor, Kings Health Partners (financial interest) 2. Patient Public involvement Co-Lead, DHSC/NIHR 3. Independent advisor and Lay Reviewer, UNIS 4. Lay co-applicant/collaborator on an NIHR funded project 5. Independent Reviewer, RCS Invited Review Mechanism 6. Lay co-applicant, HS2 		
Dr Pandu Balaji*	Clinical Lead – Frognal Primary Care Network	GP partner, Woodlands Surgery (financial interest)		
Dr Miran Patel*	Clinical Lead – APL Primary Care Network	<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	<ol style="list-style-type: none"> 1. GP Partner, Bexley Group Practice (financial interest) 2. Clinical director, Clocktower PCN (financial interest) 		
Dr Surjit Kailey*	Clinical Lead – North Bexley Primary Care Network	<ol style="list-style-type: none"> 1. GP Partner, Northumberland Health Medical Centre (financial interest) 2. Co-director of BHNC (financial interest) 3. Co-clinical director, North Bexley PCN (financial interest) 		

		4. Co-medical Director Grabadoc (financial interest)		
Abi Mogridge (n)	Chief Operating Officer, Bexley Health Neighbourhood Care CIC	Nothing to declare.		
Jattinder Rai (n)	CEO, Bexley Voluntary Service Council (BVSC)	Nothing to declare.		
Rikki Garcia (n)	Chair, Healthwatch Bexley	Nothing to declare.		
Kate Heaps (n)	CEO Greenwich and Bexley Community Hospice	<ol style="list-style-type: none"> 1. CEO of Greenwich & Bexley Community Hospice – financial interest 2. Chair of Share Community - a voluntary sector provider operating in SE/SW London with spot purchasing arrangements with LB Lambeth – non-financial professional interest 3. Clinical Lead for End-of-life work for ICS 		
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	Nothing to declare.		
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	Nothing to declare.		
Iain Dimond*	Chief Operating Officer, Oxleas NHS Foundation Trust	Nothing to declare.		
Dr Sushantra Bhadra	Clinical Director, North Bexley Primary Care Network (deputising for Dr Kailey)	<ol style="list-style-type: none"> 1. GP Partner, Riverside Surgery – financial interest 2. Member of the Londonwide LMC – financial interest 3. Clinical Director, North Bexley PCN – financial interest 		
Deborah Travers	Associate Director of Adult Social Care (deputising for Deputy Director of Adult Social Care)	###		

Dr Sonia Khanna	Clinical Director, Frognal PCN (deputising for Dr Pandu Balaji)	<ol style="list-style-type: none"> 1. GP Partner, Sidcup Medical Centre – financial interest 2. Practice is member of Bexley Health Neighbourhood Care – financial interest 3. Joint Clinical Director, Frognal PCN – financial interest 4. Husband, Dr Sid Deshmukh, is Frognal PCN chair, BHNC Director, Clinical lead – Urgent Care, Senior Partner at Sidcup Medical Centre, shareholder of Frogmed Ltd (dormant company) and Chair of Bexley Wellbeing Partnership – indirect interest 5. CYP and Families Clinical Lead – Bexley – non-financial professional interest 6. Father, Mr Vinod Khanna, is Chief Executive Officer of Inspire Community Trust – non-financial personal interest. 7. Member of Bexley LMC – non-financial professional interest. 8. GP Appraiser for south east London – non-financial personal interest. 		
Dr Adefolake Davies	Clinical Director – Clocktower Primary Care Network	<ol style="list-style-type: none"> 1. Clinical Director, Clocktower PCN – Financial Interest 2. Shareholder, Bexley Health Neighbourhood Care – Financial Interest 3. Shareholder, Bexley Health LTD – Financial Interest 4. GP Principal, Dr Davies and Partner – Financial Interest 		
Ellie Thomas	Associate Director, Planning and Partnerships, Dartford & Gravesham NHS Trust	###		

***voting member.**

members who have not made the annual declaration for 2023/24 will be requested to make a verbal declaration within the meeting.

Agenda Item: 3
Enclosure: B

Bexley Wellbeing Partnership, Meeting in public

Minutes of the meeting held on Thursday, 23rd November 2023, 14:00 hrs to 16:00 hrs
Council Chamber, Civic Offices, 2 Watling Street, Bexleyheath, DA6 7AT
(and via Microsoft Teams)

Voting Members

Name

Title and organisation

- | | |
|---|--|
| 1. Dr Sid Deshmukh (SD) | Chair, Bexley Wellbeing Partnership Committee, NHS South East London Integrated Care Board (NHS SEL ICB) |
| 2. Stuart Rowbotham (SR) | Place Executive Lead (Bexley), NHS SEL ICB/Director of Adult Social Care, London Borough of Bexley (LBB) |
| 3. Jennifer Bostock (JD) | Chair, Independent Member, NHS SEL ICB (Bexley) |
| 4. Yolanda Dennehy (YD) | Assistant Director of Adult Social Care, LBB |
| 5. Iain Dimond (ID) | Chief Operating Officer, Oxleas NHS Foundation Trust |
| 6. Dr Nicole Klynman (NK) | Director of Public Health, London Borough of Bexley |
| 7. Dr Surjit Kailey (SK) (via MS Teams) | Clinical Lead, North Bexley Primary Care Network |
| 8. Dr Sonia Khanna-Deshmukh (SK-D) (via MS Teams) | Clinical Director, Frognal Primary Care Network |
| 9. Dr Adefolake Davies (AD) | Clinical Director, Clocktower Primary Care Network |
| 10. Dr Pandu Balaji (PB) | Clinical Lead, Frognal Primary Care Network |
| 11. Raj Matharu (RaM) | Chief Officer, Local Pharmaceutical Committee |

In attendance

- | | |
|---|--|
| Ellie Thomas (ET) via MS Teams
Keith Wood (KW) via MS Teams | Dartford and Gravesham NHS Foundation Trust
Lay Member, Primary Care (Bexley), NHS SEL ICB |
| Sarah Burchell (SB) | Service Director Adult Community Physical Health Services, Oxleas NHS Foundation Trust |
| Abi Mogridge (AM) via MS Teams | Chief Operating Officer (COO), Bexley Health Neighbourhood Care CIC (GP Federation) |
| Jattinder Rai (JR)
Aysha Awan (AA) | Chief Executive, Bexley Voluntary Services Council
Head of Comms & Engagement (Bexley), NHS SEL ICB |
| Opeyemi Adetokunbo-Aina (OA-A) | Associate Director of Finance (Bexley), NHS South East London Integrated Care Board |
| Andrew Hardman (AH) | Commercial & Partnership Director, Bromley Healthcare |
| Steven Burgess (StB) | Policy and Strategy Officer Strategy, Performance and Complaints, London Borough of Bexley Council |
| Matthew Duckworth (MD) | Scrutiny Committee Officer, London Borough of Bexley Council |
| Diana Braithwaite (DB)
Daniel Rattigan (DR) | Chief Operating Officer (Bexley) NHS SEL ICB
Associate Director of Strategy, Lewisham & Greenwich NHS Trust |
| Rianna Palanisamy (RP) (<i>Presenter</i>)
Nazima Bashir (NB) (Minutes) | Corporate Governance Lead (Bexley), NHS SEL ICB
Corporate Business Manager (Bexley) NHS SEL ICB |

Apologies

Kate Heaps (KH)

Chief Executive Officer, Greenwich & Bexley
Community Hospice

Dr Nisha Nair (NN)

Clinical Director, Clocktower Primary Care Network

Dr Mehal Patel (MeP)

Clinical Director, APL Primary Care Network

Rikki Garcia (RG)

Chair, Healthwatch, Bexley

Dr Clive Anggiansah (CA)

Clinical and Care Professional Lead - Primary &
Community Care (Bexley)

Dr Sushanta Bhadra (SuB)

Clinical Director, North Bexley Primary Care Network

Dr Miran Patel (MiP)

Clinical Director, APL Primary Care Network

Alison Rogers (AR)

Director of Integrated Commissioning (Bexley), NHS
SEL ICB/LBB

Dr Mike Robinson (MR)

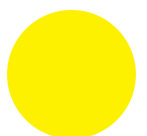
Interim Consultant in Public Health, London Borough
of Bexley

Julie Witherall (JW)

Director of Financial Management, NHS SEL ICB

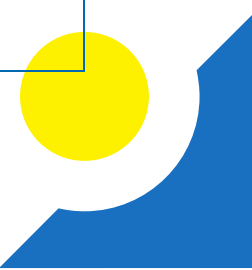
Stephen Kitchman (SK)

Director of Children's Services, LBB



		Actioned by
1.	<p>Introductions and apologies</p> <p>The Chair, SD welcomed all to the Bexley Wellbeing Partnership, Meeting in public.</p> <p>Apologies, noted on page 2.</p>	SD
2.	<p>Declarations of Interest</p> <p>The Chair, SD, addressed the group and confirmed that no new declarations of interests for this meeting were reported. Attendees were reminded that if their declarations required updating, they should promptly contact the organisation's meeting organiser.</p>	SD
3.	<p>Minutes from 28th September 2023 and matters arising.</p> <p>The minutes of the meeting held on 28th September 2023 were NOTED.</p> <p>Matters Arising</p> <p>The Chair, SD invited attendees to raise any matters arising from the previous meeting that were not included in the current agenda. No additional matters were raised.</p>	SD
4.	<p>Public Questions</p> <p>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
5.	<p>Roadmap to Health & Care in Bexley – Integrated Forward Plan</p> <p>Stuart Rowbotham, Place Executive Lead (Bexley)/Director of Adult Social Health & Care, NHS South East London Integrated Care Board/London Borough of Bexley Council, talked the group through the salient points of the agenda item 5.</p> <p>The "Roadmap to Health & Care in Bexley – Integrated Forward Plan" focuses on four key priorities: supporting children and young people, addressing mental health challenges, tackling obesity, and supporting older people with frailty. It synthesises three key strategies, involving stakeholders in co-production.</p> <p>The roadmap document is described as engaging and reader-friendly, providing insights into Bexley's vision, principles, and commitments. It emphasises a three-year timeline but acknowledges that some initiatives may require more time. The plan is presented for the second time at this meeting today for review and comments from attendees, with a submission deadline for board review in March 2024.</p> <p>SR welcomed questions from the audience.</p> <p><u>Discussion points:</u></p> <p>It was noted that changes can be made to the "Roadmap to Health & Care in Bexley – Integrated Forward Plan," but the core commitments and priorities will likely remain consistent over time.</p> <p>The document's audience includes a partnership of organisations supporting the integrated work plan, with delivery overseen by local programme boards. SR highlighted the importance of joint commitment and delegation from NHS hospital services in making the plan successful.</p>	SR

	<p>YD mentions a focus on autism within the plan and ongoing strategies related to autism and preparing for adulthood.</p> <p>Dr SK raises a question about the JSNA (Joint Strategic Needs Assessment) and its impact on the obesity strategy. SR responds, mentioning the reliance on JSNA for evidence and the prioritisation of obesity within the four key focus areas.</p> <p>Dr NK from Public Health adds that a recent workshop on obesity had significant attendance and interest. Public Health plans to invest in an obesity prevention partnership and work on health inequalities prevention, covering primary, secondary, and tertiary interventions.</p> <p>Overall, the roadmap document is seen as a comprehensive and evolving plan that involves various stakeholders in addressing key health priorities in Bexley.</p> <p>The Bexley Wellbeing Partnership Committee is to be recommended to:</p> <p>(i) NOTED the update on the development of the Draft Integrated Forward Plan; and</p> <p>(ii) In its deliberations CONSIDERED the following: (a) How can the committee support the development of integrated teams in Local Care Networks to deliver the Integrated Forward Plan; and (b) What are the enablers that each partner organisation on the committee can bring to support mobilising the Integrated Forward Plan</p>	
<p>6.</p>	<p>Community & Mental Services – Oxleas NHS Foundation Trust Partnership Report</p> <p>Iain Dimond, Chief Operating Officer, Oxleas NHS Foundation Trust, talked the group through the salient points of the agenda item 6.</p> <ol style="list-style-type: none"> 1. Oxleas NHS Foundation Trust is the provider of community and mental health services in Bexley. 2. The inaugural presentation of the partnership report in this meeting seeks feedback on its alignment with local care partnership boards and its overall presentation to the Bexley Wellbeing Partnership Committee. 3. Oxleas NHS Foundation Trust has received the HSJ Trust of the Year award. 4. The report discusses the provider's new strategy, emphasising alignment with SEL ICB aspirations and individual place relationships. 5. Capacity management during the winter is a significant focus, with successful management of new services in both community and mental health teams. 6. The report addresses the challenges in mental health capacity and the impact on urgent emergency care pathways. 7. Oxleas aims to reduce private capacity and focus on utilising existing capacity effectively. 8. Community teams are prioritising "Home first" approaches to meet people's needs and reduce the burden on provider colleagues. <p>ID welcomed questions from the audience.</p> <p><u>Discussion points:</u></p>	<p>ID</p>



	<ol style="list-style-type: none"> 1. SR emphasised joint accountability, considering Oxleas' significant budget allocation, and suggests a format for future reports. 2. Benchmarking and performance data oversight have improved, and Ian is open to sharing data with place-based colleagues. 3. ID mentions specific areas of focus, such as long waits for CAMHS patients and the impact of the pandemic on demand for mental health services. 4. ID highlighted that one of the report's notable points is the recent launch of the Right Care and Right Person programme. This programme includes considerations related to detention, specifically citing Section 136 of the Mental Health Act, which grants police powers to detain individuals in public spaces. <p>At this point due to the chat function not working, the Chair, SD instructed online attendees to email any questions to bexleycomms@selondonics.nhs.uk</p> <ol style="list-style-type: none"> 5. Yolanda expressed concerns about stretched demand and capacity, requesting data on the impact of mitigations on people's experiences in future reports. <p>Dr NK mentioned that the report addressed reducing pressure on A&E but questioned reducing pressure on Primary Care in mental health. Expressing interest in prevention, she emphasised the importance of reassurance regarding all aspects of Oxleas' cohort, including weight, substance misuse, and smoking.</p> <p>In response, ID assured Dr NK that regular data assessment occurs, aligning with programmes for smoking cessation. He expressed eagerness to actively participate in discussions about prevention.</p> <p>DB acknowledged that this is the first report from Oxleas and assures that future reports will include more data.</p> <p>The Chair, JB pointed out to ID that in the quality section of the report, it is stated as "not applicable," but she emphasised that it should be applicable given the subject.</p> <p>ACTION: Refine future report formats to include more data; focus on performance metrics, address stretched demand and capacity; data on the impact of mitigations on people's experiences.</p> <p>The Bexley Wellbeing Partnership Committee:</p> <ol style="list-style-type: none"> (I) REVIEWED and NOTED this welcome first summary report from Oxleas NHS Foundation Trust; and (II) CONSIDERED what future reporting on services might be helpful for the Committee to ensure assurance on the delegations to place for community and mental health services. 	
7.	<p>Month 6 Finance Report</p> <p>Opeyemi Adetokunbo-Aina, Associate Director of Finance – Bexley, NHS SEL ICB, talked the group through the summary of the key points of the agenda item 7.</p> <p><u>Bexley Borough Overview:</u></p>	OA-A

- Financial Status: Reporting a year-to-date overspend of £1.4m with a forecast outturn of £1.6m, showing improvement from previous figures.

Overspend Drivers:

- Half attributed to mandatory NICE Technology Appraisals, leading to increased prescriptions for chronic conditions.
- 30% due to medication shortages, resulting in higher-cost alternatives, exacerbated by the aftermath of COVID-19, increased waiting lists, and population growth.

Efficiency Savings:

- The 23/24 savings target of 4.5% of the controllable budget for Bexley (£3.899m) has been identified and is being delivered at over 90%.

ICB Financial Position:

- Reporting a year-to-date overspend of £2,218k against a financial allocation of £4,772,807k, showing improvement from the previous month.
- Reduction in prescribing run-rate contributing to the improvement.

ICS Overview:

- SEL ICS reporting a system deficit of £81.8m at month 6, adverse to a planned £1.3m surplus.
- Correcting for plan phasing misalignment, the year-to-date variance would be £64.6m adverse.
- Forecasting a break-even out-turn position, with a £16.9m surplus in ICB offsetting a provider sector deficit.

Suggestions:

- Stakeholders' expressed difficulty in understanding certain financial details, particularly on page 11 regarding the system agency spending limit.
- Calls for more straightforward, digestible information in future reports.
- Questions raised about the high cost of clinical negligence without clear context. Acknowledgment that clinical negligence figures are high, with a commitment to providing transparent context in future meetings.
- Acknowledgment that Bexley is in an overspend position, partly due to factors beyond control such as medicine costs, supply, and demand.
- Emphasis on the need for a clear, digestible summary sheet for both SEL and Bexley.

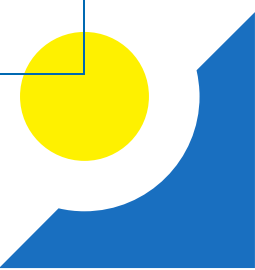
Next Steps:

- To provide a more understandable financial report, especially regarding system agency spending and clinical negligence costs.
- Plans to communicate the challenges faced, particularly in the context of Bexley's relatively small overspend compared to other SEL boroughs.

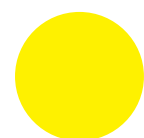
The Bexley Wellbeing Partnership Committee:

- (i) **DISCUSSED & NOTED** the Month 06 (September 2023) financial position for NHS South East London ICS, NHS South East London ICB and Bexley Place.

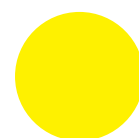
<p>8.</p>	<p>Place Risk Register</p> <p>Rianna Palanisamy, Borough Governance Lead for Bexley in the NHS South East London Integrated Care Board, talked the group through the summary of the Bexley Place risk register.</p> <p>The Bexley (Place-based) risk register highlights four key risks, two of which are:</p> <ul style="list-style-type: none"> • Overspend in aspects of delegated budgets resulting in failure to deliver in the financial constrained total of 23/24. • Lack of capacity to support community discharge demand. <p>These risks are subject to regular monthly reviews and updates by the borough senior management team. The impact of these risks extends beyond Bexley, affecting multiple boroughs across South East London (SEL), and is recorded on the wider SEL risks register.</p> <p>RP welcomed questions from the audience.</p> <p>SR mentioned that concerning the discharge issue, a comprehensive analysis has been conducted, and it continues to be a significant risk. However, there's a slight shift in what we perceive as achievable. Consequently, there's a possibility of removing the risk from the register over time, but a reassessment will be done next month.</p> <p>The Bexley Wellbeing Partnership Committee:</p> <p>(i) REVIEWED the risks and CONSIDERED the mitigations detailed.</p> <p>(ii) ASSESED whether, in the committee's view, there are other mitigations that the risk owners could enact to reduce the risk score or acknowledge acceptance of the risk if no other actions can be taken.</p> <p>(iii) NOTED that work on identification and management of risks is ongoing.</p>	<p>RP</p>
<p>9 (a)</p>	<p>Let's talk about Children and Young People</p> <p>The Chair, SD introduced the agenda item by stating that this is a public forum, and the focus today is "Let's Talk about Children and Young People." The discussion will centre around supporting the well-being of young people in the Bexley borough.</p> <p>The Chair, SD, introduced speakers for today's discussion:</p> <p>Madison Myers, CYP Support Manager for Bexley Voluntary Service Council, who will provide an overview of the services offered in Bexley.</p> <p>Alex Cooke, Artistic Co-Director from the Little Fish Theatre Company, will discuss the projects they are working on at schools in the Bexley borough.</p> <p>Simon and Paula from Blackfen Community Library, who will talk about youth programmes, including the much-needed strength course designed for teenage boys.</p> <p>MM expressed that, overall, there is a real need in Bexley for children and young people. They face a wide range of challenges, and there is a significant demand for Child and Adolescent Mental Health Services (CAMHS). MM also highlighted services in the voluntary sector that can support specific areas of demand, with a bit more emphasis on Children and Young People (CYP) and early prevention.</p>	<p>MM</p>
<p>9 (b)</p>	<p>Alex Cooke, Artistic Co-Director from the Little Fish Theatre Company, talked the group through the salient points of the projects they are working on at schools in the Bexley borough.</p>	<p>AC</p>



	<ul style="list-style-type: none"> • AC from the Little Fish Theatre Company discussed the company's extensive work focused on Bexley. • Emphasised Little Fish's mission to transform young people through theatre and arts, contributing to health and well-being. • Shared a video showcasing the support provided to individuals trained to assist young people, including clinical supervision. Video is accessible for viewing on the Little Fish Company website. • Various projects, including the Healthy Relationship Project funded by Leigh Academy, addressing domestic violence in non-violent relationships. • The Embrace Project focusing on effective prevention and support for vulnerable young men. <ul style="list-style-type: none"> • Transition After School Clubs, a free project supporting the transition to mainstream secondary school, funded by BVSC. <p>Dr NK inquired about the staff training in safeguarding and smoking cessation.</p> <p>AC highlighted in-house training, formal agreements with schools, and a code of conduct covering healthy relationships and sex education.</p> <p>The Chair, JB expressed value for adults and inquired about young participants pursuing theatrical careers.</p> <p>AC confirmed that young individuals have made transitions into careers in the arts. Moreover, numerous projects, in partnership with BVSC, concentrate on enhancing capacity, especially by engaging young individuals under 26 as facilitated workers. This proves to be particularly valuable, given the scarcity of young, facilitated workers in various initiatives.</p> <p>A public question raised concerns about access for young people not in education, citing past performances in youth centres. AC acknowledged the challenge and highlighted the cost involved in reaching a wider audience for their work.</p> <p>In conclusion Little Fish Theatre Company, deeply invested in Bexley, is actively addressing health and well-being through creative programmes. While facing challenges of funding and capacity constraints, the company is making measurable impacts through various projects. The discussion highlighted the need for increased resources to meet growing demand and emphasised the company's commitment to community well-being and prevention efforts.</p>	
9 (c)	<p>Simon and Paula from Blackfen Community Library, talked the group through the salient points of the youth programmes, including the strength course designed for teenage boys.</p> <ul style="list-style-type: none"> • Three target groups for the programme: health issues, support for families and children, and young people. • Success stories highlighted youth volunteering, leading to employment and increased confidence among participants. • Mental health issues in the community, especially among young people, led to the development of the Shine course for girls, which received positive feedback. 	Simon/Paula



	<ul style="list-style-type: none"> Recognising the need for boys' mental health support, the Strength course was created and is scheduled for implementation next year. The library plans to launch a Youth Café in the New Year, providing a safe space for young people to express themselves. <p>Project programme details are on the website. Email simon@blackfenlibrary.org for further information or questions, or email heather@blackfenlibrary.org</p> <p>In conclusion The Blackfen Community Library has demonstrated a commitment to addressing the diverse needs of its community, focusing on health, family support, and youth programmes. The success of the Shine course for girls has prompted the development of the Strength course for boys, filling a gap in mental health support for teenage boys. The library aims to continue its community-based approach, providing a safe space for youth expression and exploration. The presentation received positive feedback, acknowledging the impressive and fantastic work undertaken by the library. Future plans include the establishment of a Youth Café and continued collaboration with partner organisations to ensure financial and specialised support for young people in the community.</p>	
10.	<p>Integrated Forward plan – Enablers Discussion</p> <p>Agenda item 10 has been deferred due to insufficient time for the item to be presented and discussed.</p>	
11.	<p>Any Other Business</p> <p><u>Special Educational Needs and/or Disability (SEND): Care Quality Commission Inspection</u></p> <ul style="list-style-type: none"> Care Quality Commission (CQC) inspection on Special Educational Needs and Disability (SEND) underway. Area inspection involving all agencies ensuring support for individuals with SEND aligns with legal and national standards. <p><i>Meeting concluded at 16.04hrs.</i></p>	SR
12.	<p>Glossary</p> <p>These glossary terms were noted.</p>	
13.	<p>Date of the next meeting:</p> <p>Thursday 25th January 2023, Council Chamber, London Borough of Bexley, Civic Offices, 2 Watling Street, Bexleyheath, Kent, DA6 7AT</p>	SD



Bexley Wellbeing Partnership Committee

Thursday 25th January 2024

Item: 5

Enclosure: C

Title:	Primary Care Access Recovery Plan (PCARP) – Stocktake Review
Author(s):	Graham Tanner, Associate Director – Primary Care (Bexley), NHS South East London Integrated Care Board Abi Mogridge, Chief Operating Officer, Bexley Health Neighbourhood Care Primar Care Network Clinical Directors
Executive Lead:	Diana Braithwaite, Chief Operating Officer (Bexley), NHS South East London Integrated Care Board

Purpose of paper:	The purpose of this paper is to update the Committee in respect of progress against the key national Primary Care Access Recovery Plan (PCARP) objectives and the current trajectory in relation to the Local Capacity and Access Improvement Payment.	Update / Information	x
		Discussion	
		Decision	
Summary of main points:	<p>The Government’s ‘Delivery plan for recovering access to primary care’ (the Plan) was published on 9 May 2023. The NHS is focused on recovering core services from the significant and ongoing impact of the pandemic, and this plan sits alongside delivery plans for recovery of elective and urgent and emergency care services.</p> <p>The plan has two central ambitions:</p> <ol style="list-style-type: none"> I. To tackle the 8am rush and reduce the number of people struggling to contact their practice. Patients should no longer be asked to call back another day to book an appointment. II. For patients to know on the day they contact their practice how their request will be managed. III. If their need is clinically urgent it should be assessed on the same day by a telephone or face-to-face appointment. If the patient contacts their practice in the afternoon they may be assessed on the next day, where clinically appropriate. IV. If their need is not urgent, but it requires a telephone or face-to-face appointment, this should be scheduled within two weeks. V. Where appropriate, patients will be signposted to self-care or other local services (e.g. community pharmacy or self-referral services). <p>The majority of actions are expected to be completed by 31 March 2023, although the scope of the plan covers two years 23/24 and 24/25.</p> <p>In 23/24 the Plan seeks to support recovery by focusing on four areas:</p> <ul style="list-style-type: none"> • To empower patients to manage their own health including using the NHS App, self-referral pathways and through more services offered from community pharmacy. This will relieve pressure on general practice. 		

- To implement a 'Modern General Practice' access model to tackle the 8am rush, provide rapid assessment and response, and avoid asking patients to ring back another day to book an appointment.
- Build capacity to deliver more appointments from more staff than ever before and add flexibility to the types of staff recruited and how they are deployed.
- Cut bureaucracy and reduce the workload across the interface between primary and secondary care, and the burden of medical evidence requests so practices have more time to meet the clinical needs of their patients.

PCN deliverables within the Plan are incentivised through a Local Capacity and Access Improvement Payment, part of the Capacity and Access Payment (CAP) element of the Investment and Impact Fund (IIF), a component of the Network Contract DES (Directed Enhanced Service).

In previous years, the IIF has contained a multitude of different targets and KPIs and this year these have been substantially streamlined to provide the space, funding, and licence for PCNs to focus on making improvements to help manage demand and improve patient experience of access, so patients can access care more equitably and safely, prioritised on clinical need. It also supports the accurate recording of general practice activity, so that improvement work can be data-led.

The Local Capacity and Access Improvement Payment represents 30% of the total CAP allocation for Bexley and will be paid fully, or in part, on the basis of the ICB's assessment of PCARP engagement by PCNs and the impact on primary care access at the end of 23/24.

Assessment will be made on the basis of:

- i. Achievement against the access improvement plans as agreed with the ICB and assured by the Bexley Wellbeing Partnership Committee in July 2023, especially in relation to improving navigation, triage and workload management processes and/or patient journeys through telephony and online contact routes.
- ii. Patient experience of contact including:
 - Improvement on Friends and Family Test scores
 - Improvements in coverage of the Friends and Family Test
 - Processes within the PCN to analyse and act on feedback
 - The overall strength of the improvement plan to improve patient experience
 - Local surveys covering patient experience
 - Information from Patient Participation Groups
- iii. Ease of access and demand management
 - Cloud based telephony (CBT) in place and call-back function activated, with evidence of use of data to drive improvement
 - Where practices are using analogue telephony, a scheduled migration to CBT is in the diary, using a supplier from the national cloud-based telephony framework and time arranged to implement and understand data and drive improvements.

- Effective usage of online consultation system(s) by practices in a PCN, demonstrated by increased use of online consultation systems as a digital access route and triage support
- Online consultation usage per 1,000 registered patients

iv. Accuracy of recording in appointment books

- PCN self-certification confirming that all practices in the PCN are:
 - a) accurately recording all appointments, by all relevant roles (including ARRS), at PCN and practice level (including enhanced access) in practice/PCN appointment books; and
 - b) when recording all appointments, complying with the categorisation guidance (March 2021) and guidance (August 2020) on more accurate recording of appointments

ICB assessment will be based on self-certification and triangulation with PCN's appointment recording seen via the ICB GPAD dashboard.

In line with national timeframes, PCN level Access Improvement Plans were reviewed and assured by the Bexley Wellbeing Partnership Committee on 27 July 2023 and these plans also referenced practice level SMART action plans which are regularly monitored and reviewed through PCN Governing Body meetings.

A stocktake review is being presented to this meeting of the Committee to report on progress against key deliverables and highlight any areas of additional focus required in the final quarter of 23/24. A final report with recommendations will be made in either May or July 2024 (depending on finalised national assurance timeframes).

Enclosures ii, iii and iv provide an update on the following key aspects of PCARP delivery:

- ICB Delivery Programme 'Checklist' and progress report (i)
- PCN – Access Improvement Plan Highlights (iii)
- Practice Level Plans Update (iii)
- Patient Experience (Nov 23) Survey (ii)
- Appointment data (i)
- Overall Local Capacity and Access Improvement Payment Achievement Trajectory (i)

In terms of the overall achievement trajectory relating to the specific requirements of the Local Capacity and Access Improvement Payments the ICB's interim assessment is as follows:

Access Improvement Plan Delivery and engagement with nation and local support offers

On track – further evidence required.

- Good evidence of commitment and focus in relation to delivery of assured PCN and practice level improvement plans.
- Further evidence of engagement with Support level Framework and local/national training and development opportunities required in Quarter 4 23/24.

Patient experience of contact.

On track – further evidence required

	<ul style="list-style-type: none"> • Evidence of improved patient experience based on November 2023 'local' patient survey, relative to 2023 national patient survey. • Still a small number of practices failing to regularly record Friends and Family test scores and significant variation in monthly volumes. • Further evidence of engagement with Patient Participation Groups (PPG) around access would be beneficial, together with engagement with the LBB O&S Sub-Group/Healthwatch review work in Q4 23/24. <p><i>Ease of access and demand management</i></p> <p>On track – further evidence required</p> <ul style="list-style-type: none"> • All practices are engaging with Cloud Based telephony roll-out, this will need to be maintained to achieve full implementation by the end of 23/24. • Impact of Online Consultation systems will depend on engagement with the roll out of the ICB's appointed service provider in Q4 23/24. <p><i>Accuracy of recording in appointment books</i></p> <p>On track – further evidence required</p> <ul style="list-style-type: none"> • All practices are self-certifying that appointments are being recorded correctly. • Further engagement with the ICB will be required to identify reasons for intra-PCN variation and to address recording practices based on recommendations. 				
<p>Potential Conflicts of Interest:</p>	<p>All GP Partners and PCN Clinical Directors are prospective beneficiaries of the Local Capacity and Access Improvement Payments linked to successful delivery of the local PCARP.</p> <p>This report, however, is for information/discussion, highlighting key deliverables and areas requiring additional focus in Q4 23/24.</p>				
<p>Other Engagement:</p>	<table border="1"> <tr> <td data-bbox="416 1285 743 1800"> <p>Equality Impact</p> </td> <td data-bbox="743 1285 1442 1800"> <p>Ease of access to timely advice and support from a GP practice, whether that be an appointment with a GP or other Health Care Professional, or timely advice, guidance and signposting is a fundamental component of our National Health Service. The effective management of Long-Term Conditions and early detection and prevention of serious illness is dependent on this access. There is clear evidence of unwarranted variation between Bexley GP Practices from a range of data sources which can reasonably be assumed to have a detrimental impact on health outcomes. Plans developed collaboratively with Primary Care Networks will be expected to recognise and address these variations.</p> </td> </tr> <tr> <td data-bbox="416 1800 743 2024"> <p>Financial Impact</p> </td> <td data-bbox="743 1800 1442 2024"> <p>The CAP consists of two parts: National Capacity and Access Support Payment: 70% of funding (£640,556) unconditionally paid to PCNs, proportionally to their Adjusted Population, in 12 equal payments over the 2023/24 financial year.</p> </td> </tr> </table>	<p>Equality Impact</p>	<p>Ease of access to timely advice and support from a GP practice, whether that be an appointment with a GP or other Health Care Professional, or timely advice, guidance and signposting is a fundamental component of our National Health Service. The effective management of Long-Term Conditions and early detection and prevention of serious illness is dependent on this access. There is clear evidence of unwarranted variation between Bexley GP Practices from a range of data sources which can reasonably be assumed to have a detrimental impact on health outcomes. Plans developed collaboratively with Primary Care Networks will be expected to recognise and address these variations.</p>	<p>Financial Impact</p>	<p>The CAP consists of two parts: National Capacity and Access Support Payment: 70% of funding (£640,556) unconditionally paid to PCNs, proportionally to their Adjusted Population, in 12 equal payments over the 2023/24 financial year.</p>
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		<p>Local Capacity and Access Improvement Payment: part or all of 30% of the funding (£274,524) will be paid to PCNs based on commissioner assessment of a PCN's improvement in the key areas outlined above over the course of 2023/24.</p> <p>The Local Capacity and Access Improvement Payments are a national budget for local determination and there are no financial risks/implications for the ICB.</p>
	Public Engagement	<p>PCNs and practices are required to engage with Patient Participation Groups and other appropriate forum to help determine their plan and priorities.</p> <p>A Local Patient Survey commissioned in November 2023 has assisted with this stocktake review. A further follow up survey will be commissioned in March 2024.</p> <p>The ICB will be working with an LBB Overview and Scrutiny Committee subgroup and Healthwatch in Quarter 4 23/24 to facilitate further engagement and independent evaluation of plan delivery.</p>
	Other Committee Discussion/Engagement	<p>PCN level plans were assured by the Bexley Wellbeing Partnership Committee on 27 July 2023.</p> <p>ICB level delivery was reviewed by the SEL ICB Board on 15 November 2023.</p> <p>Progress is regularly monitored through Primary Care Delivery Group, a formal sub-group of this Committee.</p>
Recommendation:	The Bexley Wellbeing Partnership Committee is recommended to note the report and enclosures.	

Primary Care Access and Recovery Plan Bexley Stocktake Review

Bexley Wellbeing Partnership Committee
Thursday 25th January 2024





AGENDA ITEM: 5

ENCLOSURE: C(i)

Background and Context

- Improving access to primary care services, particularly general practice, is one of the three overall national objectives for the NHS in 2023/24.
- On 9th May NHS England released ‘Recovering Access to Primary Care’, a major policy area [NHS England »
Delivery plan for recovering access to primary care](#) with a national commitment to ‘tackle the 8am rush’ and make it easier and quicker for patients to get the help they need from primary care.
- Some of the components of the delivery plan are the responsibility of Local Care Partnerships to assure and oversee e.g. PCN level ‘Access Improvement Plans’ and transition to ‘modern general practice’. Other aspects e.g. the primary/secondary care interface, digital enablers and expansion of community pharmacy require a more strategic ICS lead.
- It should be noted that whilst ICBs are expected to complete many actions by March 2024, the delivery of the plan is over the course of 2 years until March 2025.

The Delivery Plan for Recovering Access to Primary Care is one of three recent NHS strategic recovery plans addressing priority areas alongside elective recovery plan and urgent and emergency care recovery plan.

1		Empower patients	<ul style="list-style-type: none"> Improving NHS App functionality 	<ul style="list-style-type: none"> Increasing self-referral pathways 	<ul style="list-style-type: none"> Expanding community pharmacy
2		Implement new Modern General Practice Access approach	<ul style="list-style-type: none"> Roll-out of digital telephony 	<ul style="list-style-type: none"> Easier digital access to help tackle 8am rush 	<ul style="list-style-type: none"> Care navigation and continuity Rapid assessment and response
3		Build capacity	<ul style="list-style-type: none"> Growing multi-disciplinary teams 	<ul style="list-style-type: none"> More new doctors 	<ul style="list-style-type: none"> Retention and return of experienced GPs Priority of primary care in new housing developments
4		Cut bureaucracy	<ul style="list-style-type: none"> Improving the primary-secondary care interface 	<ul style="list-style-type: none"> Building on the 'Bureaucracy Busting Concordat' 	<ul style="list-style-type: none"> Reducing IIF indicators and freeing up resources

To help meet the challenges caused by increasing demand and complexity, general practice is changing how it delivers services. The 'Modern General Practice' Model is a tried and tested way of managing and delivering care in general practice to improve patient access and reduce pressure on staff.

The Model involves:

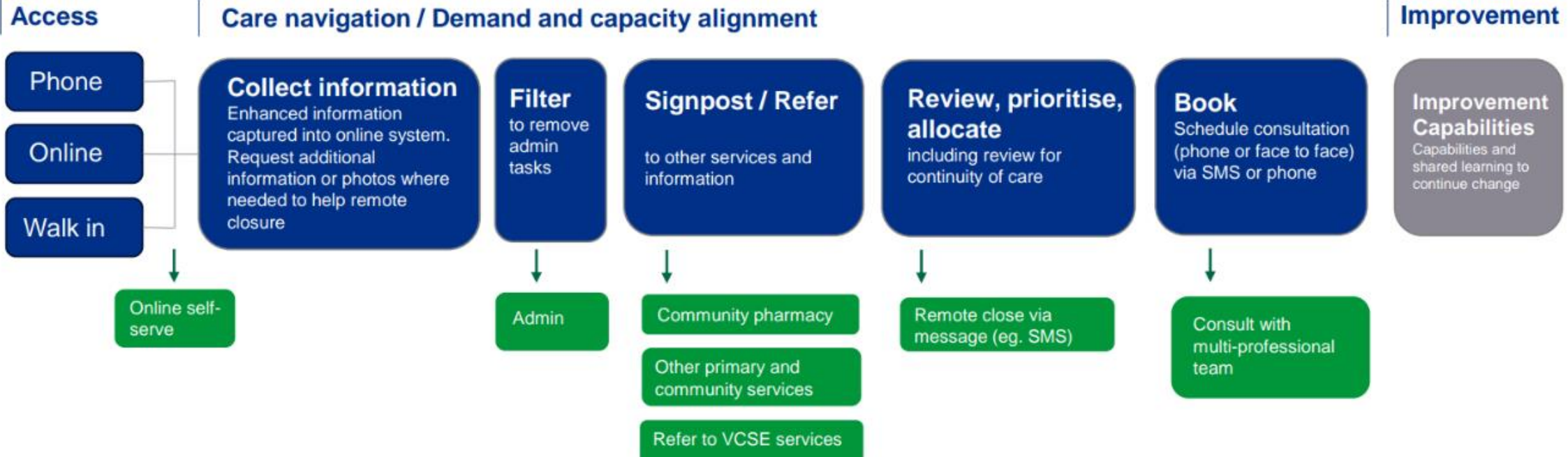
- Consistent processes for gathering structured information from patients so that practices can see and understand all demand
- Providing inclusive, straightforward online, telephone or in-person access
- Prioritising care to the right health professional in the team, or other local service, based on clinical need
- Making best use of other primary care services and the multi-professional team
- Improving processes, reducing duplication and reducing variation
- Understanding and using data to make improvements

Modern general practice model

Objectives



Modern general practice model



ICB Delivery Programme Checklist

[NHS England » Updated checklist: Delivery plan for recovering access to primary care](#)

Ref	ICB Action	Timeline	Responsible Owner	RAG
ICB1	<i>Establish all required community self-referral pathways</i>	<i>30th September 2023</i>	<i>LCPs</i>	Completed
ICB2	<i>Support expansion of community pharmacy services</i>	Ongoing	LCPs / Pharmacy	<i>On track in terms of alignment with the national programme.</i>
ICB3	<i>Sign up practices to move from analogue to digital telephony</i>	<i>1st July 2023</i>	<i>LCPs and Digital</i>	On track.
ICB4	Select digital tools from the Digital Pathway Framework lot on DCS product catalogue. Determine whether ICB wants to follow scale approach to digital products	31 st August 2023	Digital	NA - SEL System lead.
ICB5	<i>Nominate practices and PCNs for national intensive and intermediate transformation support matched to needs using the Support Level Framework.</i>	<i>Ongoing. SLF discussions are meant to be completed by end of 2023/24</i>	<i>LCPs</i>	<i>Limited engagement to date, however agreement that this will be picked up through locally led Support Level Framework conversations in Q4.</i>
ICB6	<i>Fund or provide local hands-on support to 850 practices nationally. Support should be similar to the national intermediate offer.</i>	<i>31st March 2024</i>	<i>LCPs</i>	<i>On track, subject to ongoing engagement and participation.</i>
ICB7	<i>Agree and distribute transition cover and transformation support funding</i>	<i>50% by 31st March 2024 50% by 31st March 2025</i>	<i>LCPs</i>	<i>MoUs received from 20 out of 21 practices. Plans currently being reviewed/prioritised.</i>
ICB8	<i>Co-ordinate nominations and allocations to care navigator training, digital and transformation PCN leads training and leadership improvement training.</i>	<i>50% of nominations by 31st July 2023</i>	<i>LCPs and Digital</i>	<i>3 Bexley practices have not nominated a representative for the national or Local Care Navigation training programmes.</i>
ICB9	<i>Understand and sign off PCN/practice capacity and access IIF Capacity and Access Improvement Payment (CAIP) baselines (including agreement of patient experience metrics)</i>	<i>By 30th June 2023</i>	<i>LCPs</i>	<i>Missing Friends and Family data for one or more member practices.</i>

Ref	ICB Action	Timeline	Responsible Owner	RAG
ICB10	<i>Agree with practice/PCN support needs</i>	<i>By 15th July 2023</i>	<i>LCPs</i>	<i>On track, subject to ongoing engagement and participation.</i>
ICB11	<i>Co-develop and sign off PCN/practice access improvement plans</i>	<i>By 31st July 2023</i>	<i>LCPs</i>	<i>Completed</i>
ICB12	<i>Assess improvement and pay 30% CAP IIF funding at the end of year</i>	<i>By 6th August 2024</i>	<i>LCPs / SEL</i>	<i>Retrospective review to be completed in Q1 24/25</i>
ICB13	Set up process for practices to inform of diversion to 111	Ongoing	SEL	NA - SEL System lead.
ICB14	Develop system level access improvement plans	By November 2023	SEL	NA - SEL System lead.
ICB15	<i>Support PCNs to use their full ARRS budget</i>	<i>Ongoing</i>	<i>LCPs</i>	<i>Strong overall position but marked PCN variation.</i>
ICB16	ICB CMOs to establish the local mechanism for general practice and consultant led teams to raise local issues to: improve the primary-secondary interface; jointly prioritise working with local medical committees; tackle high priority issues including those in the AoMRC report; address the four priorities in the Recovery Plan.	By November 2023	CMO	NA - SEL System lead.
ICB17	Report updates and plans for improving the primary-secondary care interface ensuring a system-wide approach to actions.	By November 2023	CMO	NA - SEL System lead.
ICB18	<i>Support practices to sign-up to “Register with a GP surgery service” to support online registration</i>	<i>By December 2023</i>	<i>Digital</i>	<i>Further work required to secure full engagement.</i>
ICB19	Co-ordinate system comms to support patient understanding of new ways of working in general practice including digital access, multidisciplinary teams and wider care.	Ongoing	SEL	NA - SEL System lead.
ICB20	Maintain an up-to-date DoS and deliver training to all practices/PCNs on DoS.	Ongoing	SEL	NA - SEL System lead.

Appointment Data (November 2023)

In consideration of The **'Local Capacity and Access Improvement Payment'** PCN self-certification is required, confirming that all practices in the PCN are:

a) accurately recording all appointments, by all relevant roles (including ARRS), at PCN and practice level (including enhanced access) in practice/PCN appointment books

and

a) when recording all appointments, complying with the categorisation guidance (March 2021) and guidance (August 2020) on more accurate recording of appointments.

At the current time, all PCNs and practices are self-certifying that they are correctly recording their appointments and have received an initial review visit from the ICB Primary Care team to review operational procedures.

ICB assessment will be based on self-certification and triangulation with the PCN's appointment recording seen via the ICB GPAD dashboard.

Latest published data (Nov 23) suggests that on the basis of information recorded on practice systems, Bexley practices offer a higher number of appointments per 1000 patients than the SEL average, slightly below London but significantly below the England average.

	October 2022	Sept 2023	October 2023	November 2023
Bexley Total Appointments	128,093	106,015	114,572	105,743
Bexley List Size	250,665	255,145	255,376	256,031
Bexley Appointments per 1000 patients	511.01	415.51	448.64	413.01
SEL Total Appointments	810,581	748,339	808,465	779,754
SEL List Size	2,055,271	2,087,050	2,067,862	2,074,915
SEL Appointments per 1000 patients	394.39	358.56	390.97	375.80
London Total Appointments	4,557,008	4,495,012	4,827,823	4,656,497
London List Size	10,700,876	10,889,130	10,876,882	10,917,614
London Appointments per 1000 patients	425.85	412.80	443.86	426.51
England Total Appointments	31,989,580	31,091,178	34,199,547	31,455,487
England List Size	61,830,658	62,608,318	62,655,246	62,811,946
England Appointments per 1000 patients	517.37	496.60	545.84	500.79

Data also evidences more of a coalescence around an average rate of appointments with fewer unexplained outliers than a year ago. Significant variation still exists within PCNs, however, much of this is still likely down to varying methods of appointment book utilisation e.g. how practices record non-patient facing interactions. A further review will be undertaken between January and March to identify inconsistencies/outliers and any remedial actions required.

PRACTICE INFORMATION				APPOINTMENTS							
GP Code	GP Name	PCN Name	List Size	Oct-22		Sep-23		Oct-23		Nov-23	
				Total	Per 1,000	Total	Per 1,000	Total	Per 1,000	Total	Per 1,000
				Appts	Patients	Appts	Patients	Appts	Patients	Appts	Patients
G83049	LYNDHURST ROAD MC	APL	11,300	5,821	547.76	6,337	568.54	6,001	536.19	6,415	567.70
G83066	SIDCUP MEDICAL CENTRE	Frogna1	20,252	23,719	1168.37	9,919	487.56	10,345	510.31	11,355	560.69
G83006	THE ALBION SURGERY	APL	15,298	10,588	704.13	8,716	570.19	7,529	492.45	7,730	505.29
G83033	DR DAVIES & PARTNER	Clocktower	5,635	2,522	443.70	2,176	384.79	3,565	631.20	2,799	496.72
G83057	WOODLANDS SURGERY	Frogna1	11,270	5,433	517.97	4,974	448.47	6,464	577.87	5,244	465.31
G83047	STATION ROAD SURGERY	Frogna1	10,132	4,727	472.84	5,064	502.73	4,920	487.71	4,541	448.18
G83004	BARNARD MEDICAL GROUP	Frogna1	13,906	6,327	447.49	5,356	384.33	6,540	469.66	6,030	433.63
G83010	NORTHUMBERLAND HEATH MC	North Bexley	13,991	6,016	431.75	6,109	438.02	5,674	406.16	5,740	410.26
G83002	THE WESTWOOD SURGERY	Clocktower	9,593	4,218	430.89	3,820	402.23	4,218	442.09	3,898	406.34
G83018	LAKESIDE MEDICAL	North Bexley	18,094	5,037	296.35	5,979	333.93	6,839	380.22	7,314	404.22
G83028	BEXLEY GROUP PRACTICE	Clocktower	13,119	5,262	411.03	5,946	454.80	6,677	510.63	5,097	388.52
G83025	WELLING MEDICAL PRACTICE	Clocktower	11,193	4,463	399.02	5,518	493.96	4,160	371.79	4,305	384.62
G83009	BELLEGROVE SURGERY	Clocktower	12,015	7,093	587.51	4,418	368.01	6,258	522.50	4,615	384.10
G83046	BURSTED WOOD SURGERY	APL	6,050	3,736	656.59	3,597	602.61	2,844	473.37	2,319	383.31
G83029	PLAS MEDDYG SURGERY	APL	7,094	3,541	494.62	3,380	475.65	3,268	460.15	2,714	382.58
G83024	INGLETON AVENUE SURGERY	Unallocated	4,908	1,866	377.20	1,781	360.09	1,782	361.90	1,834	373.68
G83630	RIVERSIDE SURGERY	North Bexley	12,484	4,896	397.60	4,181	332.86	5,211	416.88	4,582	367.03
G83053	BEXLEY MEDICAL GROUP	North Bexley	20,629	7,669	387.81	6,527	317.52	8,327	404.91	6,976	338.16
G83052	BELVEDERE MEDICAL CENTRE	North Bexley	17,880	6,919	392.43	5,595	313.73	6,087	341.30	5,713	319.52
G83062	SLADE GREEN MEDICAL CTR.	North Bexley	10,784	3,185	324.01	3,259	306.35	3,909	364.27	3,365	312.04
G83642	CRAYFORD TOWN SURGERY	North Bexley	10,404	5,055	492.45	3,363	323.21	3,954	381.26	3,157	303.44

PRACTICE INFORMATION					SAME DAY APPTS					
GP Code	GP Name	PCN Name	List Size	Total Appt	Nov-23					
					Total	%	With a GP	%	With other staff / unknown	%
G83057	WOODLANDS SURGERY	Frognal	11,270	5,244	3,356	64.0%	2,349	70.0%	1,007	30.0%
G83049	LYNDHURST ROAD MC	APL	11,300	6,415	3,463	54.0%	988	28.5%	2,475	71.5%
G83018	LAKESIDE MEDICAL	North Bexley	18,094	7,314	3,684	50.4%	2,621	71.1%	1,063	28.9%
G83006	THE ALBION SURGERY	APL	15,298	7,730	3,706	47.9%	3,166	85.4%	540	14.6%
G83066	SIDCUP MEDICAL CENTRE	Frognal	20,252	11,355	5,338	47.0%	3,793	71.1%	1,545	28.9%
G83004	BARNARD MEDICAL GROUP	Frognal	13,906	6,030	2,820	46.8%	2,545	90.2%	275	9.8%
G83002	THE WESTWOOD SURGERY	Clocktower	9,593	3,898	1,804	46.3%	1,486	82.4%	318	17.6%
G83010	NORTHUMBERLAND HEATH MC	North Bexley	13,991	5,740	2,495	43.5%	2,025	81.2%	470	18.8%
G83047	STATION ROAD SURGERY	Frognal	10,132	4,541	1,945	42.8%	852	43.8%	1,093	56.2%
G83028	BEXLEY GROUP PRACTICE	Clocktower	13,119	5,097	1,982	38.9%	1,135	57.3%	847	42.7%
G83046	BURSTED WOOD SURGERY	APL	6,050	2,319	895	38.6%	154	17.2%	741	82.8%
G83033	DR DAVIES & PARTNER	Clocktower	5,635	2,799	1,003	35.8%	357	35.6%	646	64.4%
G83029	PLAS MEDDYG SURGERY	APL	7,094	2,714	924	34.0%	334	36.1%	590	63.9%
G83630	RIVERSIDE SURGERY	North Bexley	12,484	4,582	1,364	29.8%	373	27.3%	991	72.7%
G83025	WELLING MEDICAL PRACTICE	Clocktower	11,193	4,305	1,273	29.6%	927	72.8%	346	27.2%
G83024	INGLETON AVENUE SURGERY	Unallocated	4,908	1,834	517	28.2%	403	77.9%	114	22.1%
G83053	BEXLEY MEDICAL GROUP	North Bexley	20,629	6,976	1,547	22.2%	873	56.4%	674	43.6%
G83642	CRAYFORD TOWN SURGERY	North Bexley	10,404	3,157	686	21.7%	484	70.6%	202	29.4%
G83062	SLADE GREEN MEDICAL CTR.	North Bexley	10,784	3,365	704	20.9%	348	49.4%	356	50.6%
G83052	BELVEDERE MEDICAL CENTRE	North Bexley	17,880	5,713	1,052	18.4%	513	48.8%	539	51.2%
G83009	BELLEGGROVE SURGERY	Clocktower	12,015	4,615	843	18.3%	635	75.3%	208	24.7%

PRACTICE INFORMATION					APPTS WITHIN 2 WEEKS					
GP Code	GP Name	PCN Name	List Size	Total Appt	Nov-23					
					Total	%	With a GP	%	With other staff / unknown	%
G83028	BEXLEY GROUP PRACTICE	Clocktower	13,119	5,097	5,063	99.3%	2,325	45.9%	2,738	54.1%
G83066	SIDCUP MEDICAL CENTRE	Frogna	20,252	11,355	10,947	96.4%	6,129	56.0%	4,818	44.0%
G83046	BURSTED WOOD SURGERY	APL	6,050	2,319	2,204	95.0%	488	22.1%	1,716	77.9%
G83002	THE WESTWOOD SURGERY	Clocktower	9,593	3,898	3,671	94.2%	2,316	63.1%	1,355	36.9%
G83024	INGLETON AVENUE SURGERY	Unallocated	4,908	1,834	1,708	93.1%	1,187	69.5%	521	30.5%
G83033	DR DAVIES & PARTNER	Clocktower	5,635	2,799	2,563	91.6%	1,115	43.5%	1,448	56.5%
G83057	WOODLANDS SURGERY	Frogna	11,270	5,244	4,796	91.5%	2,897	60.4%	1,899	39.6%
G83052	BELVEDERE MEDICAL CENTRE	North Bexley	17,880	5,713	5,220	91.4%	2,896	55.5%	2,324	44.5%
G83018	LAKESIDE MEDICAL	North Bexley	18,094	7,314	6,670	91.2%	3,538	53.0%	3,132	47.0%
G83630	RIVERSIDE SURGERY	North Bexley	12,484	4,582	4,175	91.1%	1,128	27.0%	3,047	73.0%
G83062	SLADE GREEN MEDICAL CTR.	North Bexley	10,784	3,365	3,040	90.3%	1,983	65.2%	1,057	34.8%
G83049	LYNDHURST ROAD MC	APL	11,300	6,415	5,733	89.4%	2,099	36.6%	3,634	63.4%
G83010	NORTHUMBERLAND HEATH MC	North Bexley	13,991	5,740	5,012	87.3%	3,487	69.6%	1,525	30.4%
G83642	CRAYFORD TOWN SURGERY	North Bexley	10,404	3,157	2,716	86.0%	1,532	56.4%	1,184	43.6%
G83029	PLAS MEDDYG SURGERY	APL	7,094	2,714	2,328	85.8%	1,292	55.5%	1,036	44.5%
G83009	BELLEGROVE SURGERY	Clocktower	12,015	4,615	3,927	85.1%	2,638	67.2%	1,289	32.8%
G83006	THE ALBION SURGERY	APL	15,298	7,730	6,569	85.0%	4,066	61.9%	2,503	38.1%
G83047	STATION ROAD SURGERY	Frogna	10,132	4,541	3,812	83.9%	1,533	40.2%	2,279	59.8%
G83025	WELLING MEDICAL PRACTICE	Clocktower	11,193	4,305	3,609	83.8%	2,170	60.1%	1,439	39.9%
G83004	BARNARD MEDICAL GROUP	Frogna	13,906	6,030	4,886	81.0%	3,300	67.5%	1,586	32.5%
G83053	BEXLEY MEDICAL GROUP	North Bexley	20,629	6,976	5,168	74.1%	1,492	28.9%	3,676	71.1%

PRACTICE INFORMATION					APPOINTMENTS BY MODE*									
GP Code	GP Name	PCN Name	List Size	Total Appt	Nov-23									
					Face to Face	%	Home Visit	%	Telephone	%	Video / Online	%	Unknown	%
G83029	PLAS MEDDYG SURGERY	APL	7,094	2,714	2,287	84.3%	73	2.7%	354	13.0%	0	0.0%	0	0.0%
G83046	BURSTED WOOD SURGERY	APL	6,050	2,319	1,784	76.9%	23	1.0%	474	20.4%	0	0.0%	38	1.6%
G83062	SLADE GREEN MEDICAL CTR.	North Bexley	10,784	3,365	2,543	75.6%	28	0.8%	709	21.1%	0	0.0%	85	2.5%
G83630	RIVERSIDE SURGERY	North Bexley	12,484	4,582	3,423	74.7%	14	0.3%	1,145	25.0%	0	0.0%	0	0.0%
G83066	SIDCUP MEDICAL CENTRE	Frognaal	20,252	11,355	8,295	73.1%	109	1.0%	2,262	19.9%	689	6.1%	0	0.0%
G83025	WELLING MEDICAL PRACTICE	Clocktower	11,193	4,305	3,023	70.2%	26	0.6%	1,252	29.1%	0	0.0%	4	0.1%
G83028	BEXLEY GROUP PRACTICE	Clocktower	13,119	5,097	3,543	69.5%	48	0.9%	1,501	29.4%	0	0.0%	5	0.1%
G83009	BELLEGGROVE SURGERY	Clocktower	12,015	4,615	3,186	69.0%	0	0.0%	1,322	28.6%	107	2.3%	0	0.0%
G83004	BARNARD MEDICAL GROUP	Frognaal	13,906	6,030	4,047	67.1%	14	0.2%	1,715	28.4%	254	4.2%	0	0.0%
G83052	BELVEDERE MEDICAL CENTRE	North Bexley	17,880	5,713	3,821	66.9%	0	0.0%	1,892	33.1%	0	0.0%	0	0.0%
G83018	LAKESIDE MEDICAL	North Bexley	18,094	7,314	4,382	59.9%	345	4.7%	2,509	34.3%	78	1.1%	0	0.0%
G83049	LYNDHURST ROAD MC	APL	11,300	6,415	3,688	57.5%	220	3.4%	604	9.4%	1,903	29.7%	0	0.0%
G83642	CRAYFORD TOWN SURGERY	North Bexley	10,404	3,157	1,813	57.4%	8	0.3%	1,033	32.7%	80	2.5%	223	7.1%
G83010	NORTHUMBERLAND HEATH MC	North Bexley	13,991	5,740	3,277	57.1%	64	1.1%	2,399	41.8%	0	0.0%	0	0.0%
G83057	WOODLANDS SURGERY	Frognaal	11,270	5,244	2,961	56.5%	74	1.4%	1,288	24.6%	921	17.6%	0	0.0%
G83053	BEXLEY MEDICAL GROUP	North Bexley	20,629	6,976	3,741	53.6%	150	2.2%	2,947	42.2%	0	0.0%	138	2.0%
G83047	STATION ROAD SURGERY	Frognaal	10,132	4,541	2,339	51.5%	26	0.6%	1,864	41.0%	312	6.9%	0	0.0%
G83033	DR DAVIES & PARTNER	Clocktower	5,635	2,799	1,327	47.4%	8	0.3%	1,422	50.8%	42	1.5%	0	0.0%
G83006	THE ALBION SURGERY	APL	15,298	7,730	3,404	44.0%	65	0.8%	3,152	40.8%	1,108	14.3%	1	0.0%
G83002	THE WESTWOOD SURGERY	Clocktower	9,593	3,898	1,491	38.3%	195	5.0%	1,395	35.8%	134	3.4%	683	17.5%

Local Capacity and Access Improvement Payment (CAIP) Achievement Trajectory

Key area	NHSE recommended criteria for assessing local improvement	Assessed Achievement Trajectory (Jan 24)
<p>Access Improvement Plan Delivery and engagement with support offers.</p>	<p>Achievement against the access improvement plans as agreed with the ICB in April-June 2023, especially in relation to improving navigation, triage and workload management processes and/or patient journeys through telephony and online contact routes.</p> <p>Where an agreement was made to participate in a support package as part of the Support Level Framework, progress made as part of this should be used by the ICB as part of the assessment for Capacity and Access Improvement Payment.</p>	<p>ON TRACK – FURTHER EVIDENCE REQUIRED</p> <p>Good evidence of commitment and focus in relation to delivery of assured PCN and practice level improvement plans.</p> <p>Further evidence of engagement with Support level Framework and local/national training and development opportunities required in Quarter 4 23/24.</p>
<p>Patient experience of contact.</p>	<p>Given the GPPS for 2024 will be published after the ICB must make the assessment regarding the Capacity and Access Improvement Payment, GPPS should only be used for preparation rather than a metric against which improvement can be tracked during financial year 2023/24. ICBs may agree with PCNs to use a range of evidence relating to patient experience, which should include a balanced assessment across a selection of the following components:</p> <ul style="list-style-type: none"> • Improvement on Friends and Family Test scores • Improvements in coverage of the Friends and Family Test • Processes within the PCN to analyse and act on feedback • The overall strength of the improvement plan to improve patient experience • Local surveys covering patient experience • Information from Patient Participation Groups 	<p>ON TRACK – FURTHER EVIDENCE REQUIRED</p> <p>Evidence of improved patient experience based on November 2023 ‘local’ patient survey, relative to 2023 national patient survey.</p> <p>Still a small number of practices failing to regularly record Friends and Family test scores and significant variation in monthly volumes.</p> <p>Further evidence of engagement with Patient Participation Groups (PPG) around access would be beneficial, together with engagement with the LBB O&S Sub-Group/Healthwatch review work in Q4 23/24.</p>
<p>Ease of access and demand management.</p>	<ul style="list-style-type: none"> • Cloud based telephony (CBT) in place and call-back function activated, with use of data to drive improvement • Where practices are using analogue telephony, a scheduled migration to CBT is in the diary, using a supplier from the national cloud-based telephony framework and time arranged to implement and understand data and drive improvements. • Effective usage of online consultation system(s) by practices in a PCN, demonstrated by increased use of online consultation systems as a digital access route and triage support • Online consultation usage per 1,000 registered patients 	<p>ON TRACK – FURTHER EVIDENCE REQUIRED</p> <p>All practices are engaging with Cloud Based telephony roll-out, this will need to be maintained to achieve full implementation by the end of 23/24.</p> <p>Impact of Online Consultation systems will depend on engagement with the roll out of the ICB’s appointed service provider in Q4 23/24.</p>
<p>Accuracy of recording in appointment books.</p>	<p>PCN self-certification confirming that all practices in the PCN are:</p> <p>a) accurately recording all appointments, by all relevant roles (including ARRS), at PCN and practice level (including enhanced access) in practice/PCN appointment books; and</p> <p>b) when recording all appointments, complying with the categorisation guidance (March 2021) and guidance (August 2020) on more accurate recording of appointments</p> <p>ICB assessment based on self-certification and triangulation with PCN’s appointment recording seen via the ICB GPAD dashboard.</p>	<p>ON TRACK – FURTHER EVIDENCE REQUIRED</p> <p>All practices are self-certifying that appointments are being recorded correctly.</p> <p>Further engagement with the ICB will be required to identify reasons for intra-PCN variation and to address recording practices based on recommendations.</p>

Questions

BEXLEY WELLBEING PARTNERSHIP COMMITTEE

Encl. ii Primary Care Access and Recovery Plan 2023 Local Survey

25 January 2024

Local GP Patient Experience Survey

As part of the access and recovery work, the 2023 GP National Survey results provided a baseline indicator as to how patients feel about their Primary Care services in the borough. It's recognised that these surveys are sent out nationally to a random group of patients who may or may not have recently accessed GP services.

It was agreed to initiate a more localised survey using the 5 key indicator questions in the exact same format as the GP National Survey. Practices were asked to only send this survey link to all patients who had attended an appointment within the last 4 weeks (from the date the link was sent) this included all encounters whether face to face, telephone or e-consult. It also allowed the patient to inform us of which staff member they saw whether a GP, nurse, paramedic or other health care professional. To gather further intelligence, we included some additional sub-category questions and gave the options for free text to allow for comments to be shared anonymously along with the results.

Survey Questions

Question 1: Generally how easy or difficult is it to get through to someone at your GP practice on the phone?

1= very easy 5= very difficult

Question 2: How easy is it to use your GP practice's website to look for information or access services?

Very easy, fairly easy, not very easy, not at all easy, n/a

Question 3: Were you satisfied with the appointment (or appointments) you were offered?

Yes and I accepted / No but I accepted anyway

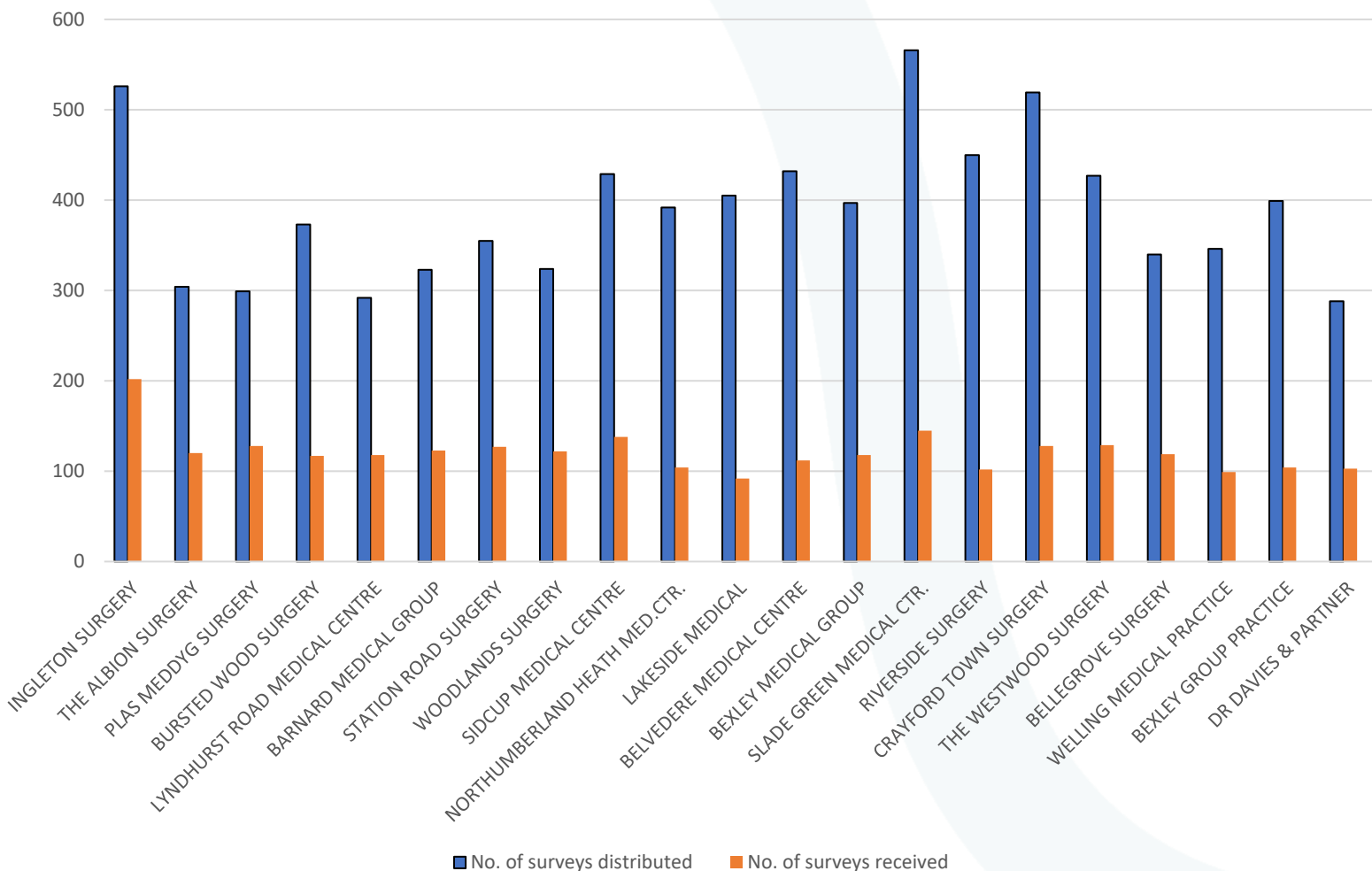
Question 4: Overall, how would you describe your experience of making an appointment?

Very good, fairly good, neither good nor poor, fairly poor, very poor

Question 5: Overall, how would you describe your experience of your GP practice?

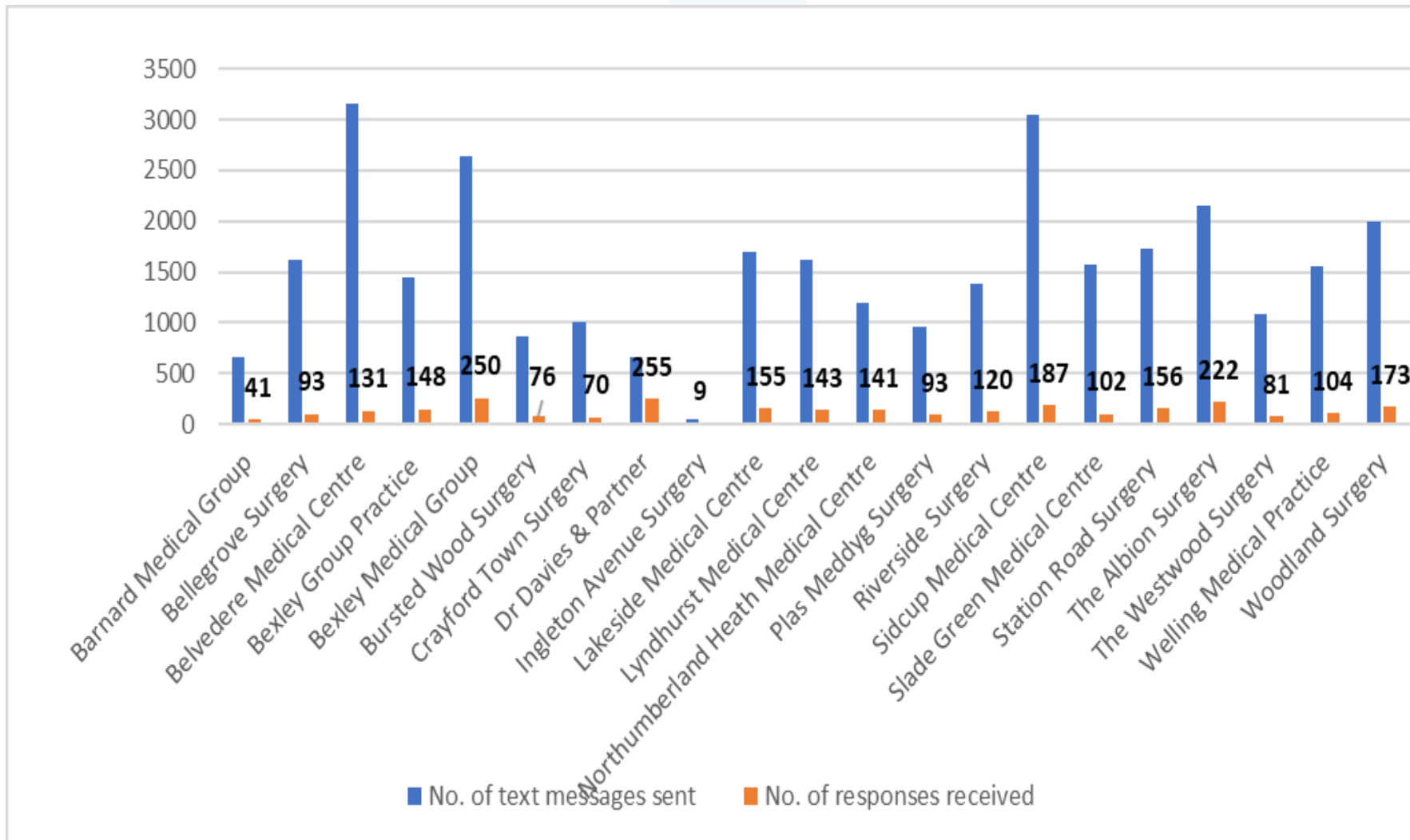
Very good, fairly good, neither good nor poor, fairly poor, very poor

Distribution and Response Rates – 2023 GP National Survey



INGLETON SURGERY	38%
THE ALBION SURGERY	39%
PLAS MEDDYG SURGERY	43%
BURSTED WOOD SURGERY	31%
LYNDHURST ROAD MEDICAL CENTRE	40%
BARNARD MEDICAL GROUP	38%
STATION ROAD SURGERY	36%
WOODLANDS SURGERY	38%
SIDCUP MEDICAL CENTRE	32%
NORTHUMBERLAND HEATH MED.CTR.	27%
LAKESIDE MEDICAL	23%
BELVEDERE MEDICAL CENTRE	26%
BEXLEY MEDICAL GROUP	30%
SLADE GREEN MEDICAL CTR.	26%
RIVERSIDE SURGERY	23%
CRAYFORD TOWN SURGERY	25%
THE WESTWOOD SURGERY	30%
BELLEGROVE SURGERY	35%
WELLING MEDICAL PRACTICE	29%
BEXLEY GROUP PRACTICE	26%
DR DAVIES & PARTNER	36%

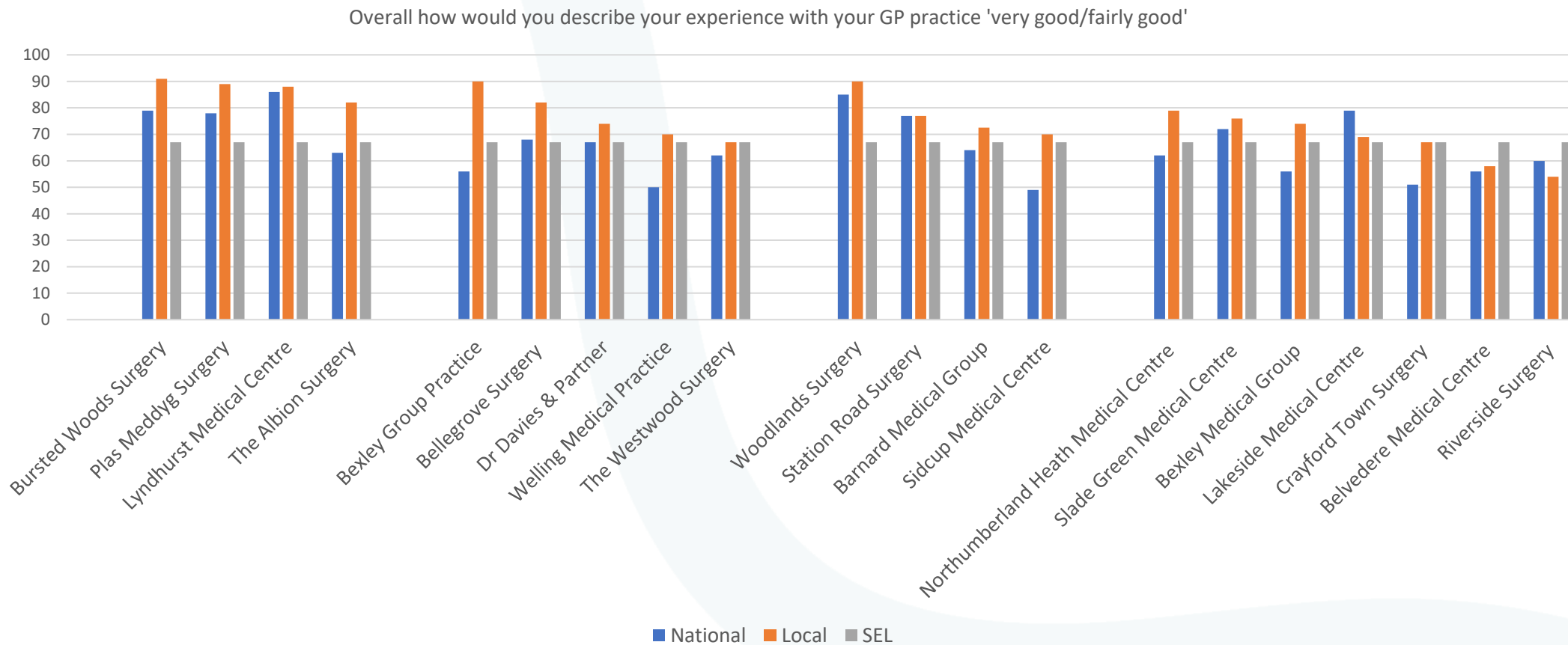
Distribution and Responses Rates-Bexley GP Practice Survey



Practice Name	%
Barnard Medical Group	6%
Bellegrove Surgery	6%
Belvedere Medical Centre	4%
Bexley Group Practice	10%
Bexley Medical Group	9%
Bursted Wood Surgery	9%
Crayford Town Surgery	7%
Dr Davies & Partner	39%
Ingleton Avenue Surgery	18%
Lakeside Medical Centre	9%
Lyndhurst Medical Centre	9%
Northumberland Heath Medical	12%
Plas Meddyg Surgery	10%
Riverside Surgery	9%
Sidcup Medical Centre	6%
Slade Green Medical Centre	6%
Station Road Surgery	9%
The Albion Surgery	10%
The Westwood Surgery	7%
Welling Medical Practice	7%
Woodland Surgery	9%

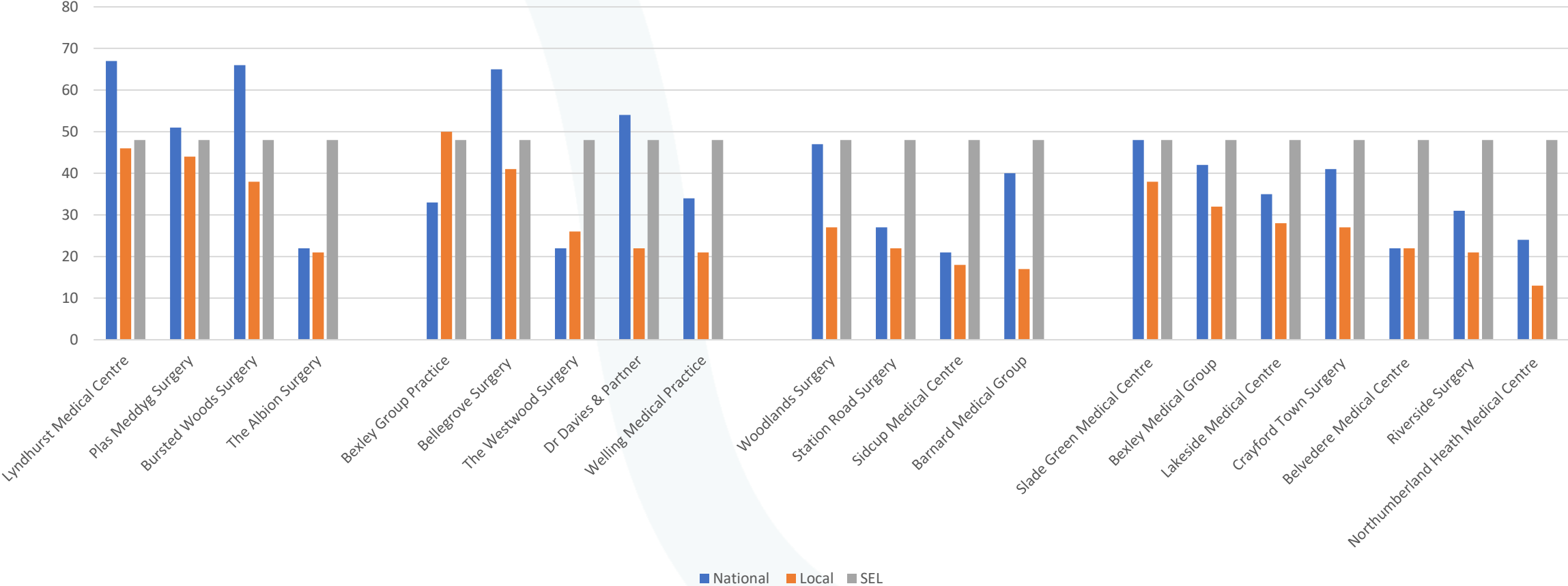
Summary of Bexley practices

The following charts are a direct comparison between National, SEL (across all 6 boroughs) and Bexley's Local GP Survey, collated in PCNs.



Summary of Bexley practices

Generally, how easy is it to get through to someone at your GP practice on the phone? 'very easy/fairly easy'



APL PCN

No. of responses / % responses received

Bursted Woods – 76 / 9%

Lyndhurst – 143 / 9%

Plas Meddyg – 93 – 10%

The Albion – 222 – 10%

Generally how easy or difficult is it to get through to someone at your GP practice on the phone? (1=very easy - 5=very difficult)"	1 very easy		2 Fairly Easy		3 Moderate		4 Fairly Difficult		5 Very difficult		Difference		
											V.Easy	f.Easy	Moderate/f.Diff/v.Diff
Local	115	21.5%	77	14.5%	147	27.5%	102	19%	93	17.5%	10.5%	-26.7%	-15.50%
National	N/A	11%	N/A	41.20%	48.50%								

When contacting practices via the phone, the local survey indicates an improvement in people finding the process 'Very Easy'. However, there is some learning and a baseline to be set for the other scores, which the PCN will apply to reflect future improvement.

Were you satisfied with the appointment (or appointments) you were offered?

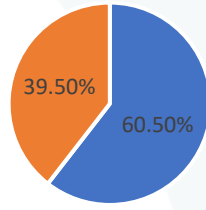


■ Yes, and I accepted ■ No, but I accepted anyway

	Overall, how would you describe your experience of making an appointment?	Very good		Fairly good		Neither good nor poor		Fairly poor		Very poor		Difference		
												V.Good	F.Good	Neither/f.Poor /V. Poor
Local		193	36.4%	191	36%	97	18%	31	6%	16	3%	15.9%	1%	17.50%
National		N/A	20.5%	N/A	35%	44.50%								

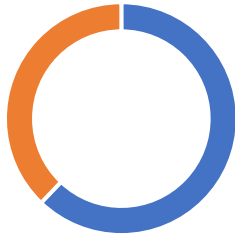
APL PCN

Do you use your practice's website?



■ Yes ■ No

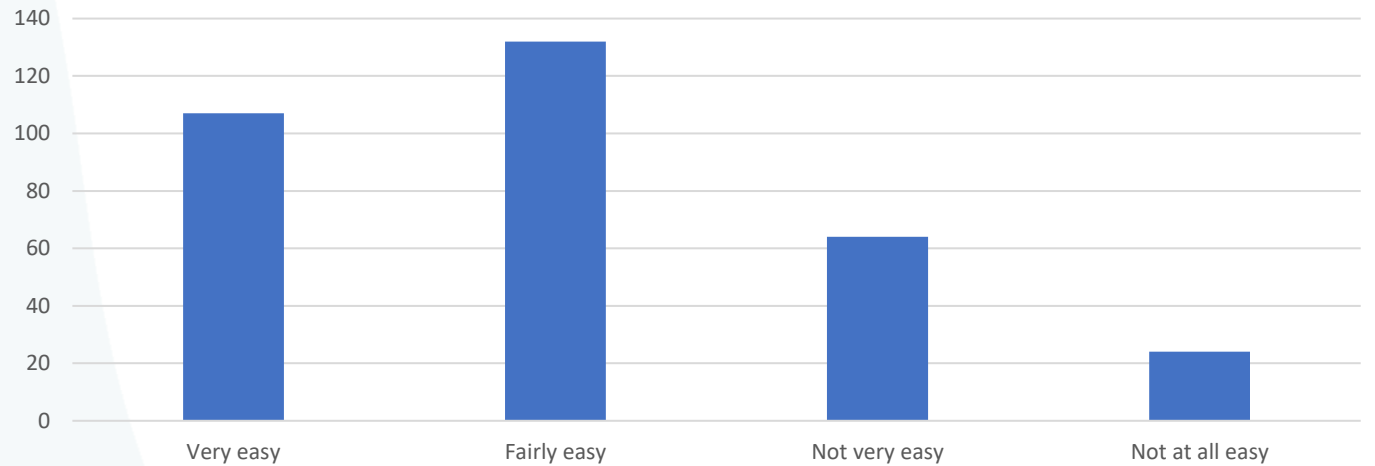
Have you ever completed an online consultation?



■ Yes ■ No

How easy is it to use your GP practice's website to look for information or access services?	Very easy		Fairly easy		Not very easy		Not at all easy	
	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage
	99	31%	174	55%	32	10%	13	4%

How easy you found the process of completing an online consultation?



Overall, how would you describe your experience of your GP practice?	National		Local		Difference
	Very good & Fairly good	Fairly good	Very good & Fairly good	Fairly good	
Bursted Woods Surgery %	79%	86%	91%	88%	12%
Lyndhurst Medical Centre %	86%	86%	88%	88%	2%
Plas Meddyg Surgery %	78%	86%	89%	88%	11%
The Albion Surgery %	63%	86%	82%	88%	19%
Average total	77%	86%	88%	88%	11%

Clocktower PCN

No. of responses/% responses received
 Bellegrave – 93 / 6%
 Bexley Group Practice – 281 – 10%
 Dr Davies & Partner – 255 – 39%
 Westwood – 81 – 7%
 Welling – 104 – 7%

Generally how easy or difficult is it to get through to someone at your GP practice on the phone? (1=very easy - 5=very difficult)"	1 very easy		2 Fairly Easy		3 Moderate		4 Fairly Difficult		5 Very difficult		Difference		
											V.Easy	f.Easy	Moderate/f. Diff/ v.Diff
Local	218	27%	126	15%	203	25%	131	16%	136	17.0%	20.2%	-20.4%	0.20%
National	N/A	6.8%	N/A	35.4%	57.80%								

When contacting practices via the phone, the local survey indicates an improvement in people finding the process 'Very Easy'. However, there is some learning and an opportunity to continue improving the score from fairly easy to very easy, which the PCN will apply to reflect future improvement.

	Overall, how would you describe your experience of making an appointment?	Very good		Fairly good		Neither good nor poor		Fairly poor		Very poor		Difference		
												V.Good	F.Good	Neither/f.Po or /V. Poor
Local		300	37.0%	252	31%	141	18%	73	9%	42	4%	26.4%	5%	32.3%
National		N/A	10.6%	N/A	26.1%	63.30%								

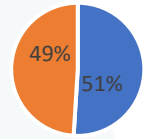
Were you satisfied with the appointment (or appointments) you were offered?



■ Yes, and I accepted ■ No, but I accepted anyway

Clocktower PCN

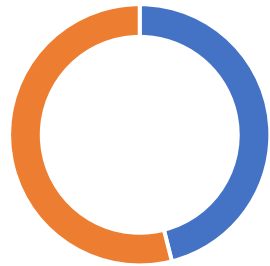
Do you use your practice's website?



■ Yes ■ No

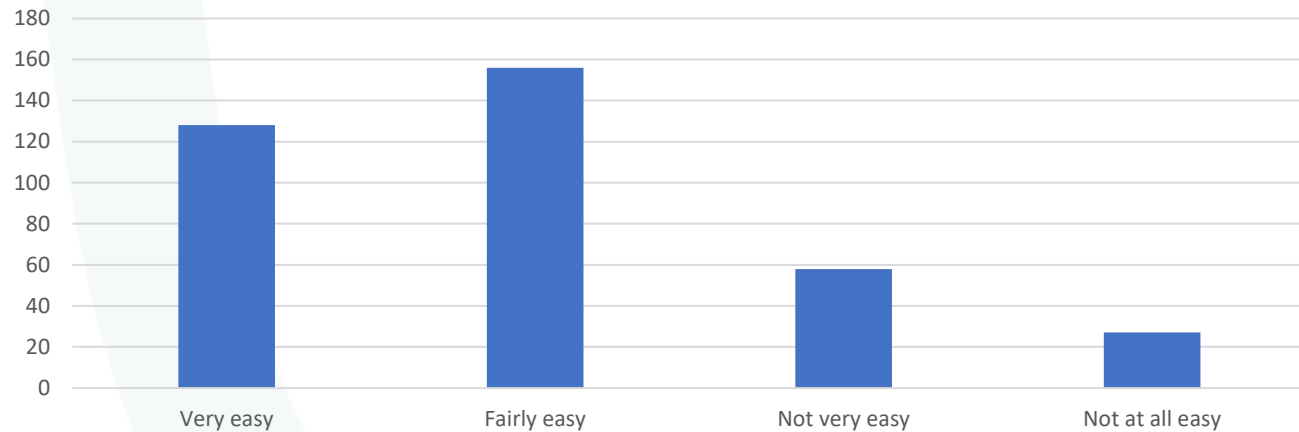
How easy is it to use your GP practice's website to look for information or access services?	Very easy		Fairly easy		Not very easy		Not at all easy	
	151	37%	185	45%	50	11%	30	7.0%

Have you ever completed an online consultation?



■ Yes ■ No

How easy you found the process of completing an online consultation?



Overall, how would you describe your experience of your GP practice?	National		Local		Difference
	Very good & Fairly good		Very good & Fairly good		
Bellegrove Surgery %	68%		82%		14%
Bexley Group Practice %	56%		90%		34%
Dr Davies & Partner %	67%		74%		7%
The Westwood Surgery %	62%		67%		5%
Welling Medical Practice %	50%		70%		20%
Average total	49	61%	77%		20%

Frognal PCN

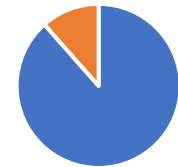
No. of responses/% responses received

Barnard – 40 / 6%
 Sidcup MC – 187 / 6%
 Station Road – 156 – 9%
 Woodlands – 173 – 9%

Generally how easy or difficult is it to get through to someone at your GP practice on the phone? (1=very easy - 5=very difficult)"	1 very easy		2 Fairly Easy		3 Moderate		4 Fairly Difficult		5 Very difficult		Difference		
											V.Easy	f.Easy	Moderate/f. Diff/ v.Diff
Local	62	11%	74	13%	168	30%	120	22%	132	24.0%			
National	N/A	4.5%	N/A	29.3%	66.50%						6.5%	-16.25%	-9.5%

When contacting practices via the phone, the local survey indicates an improvement in people finding the process 'Very Easy'. However, there is some learning and baseline to be set while ongoing improvements are being made to convert all practices over to cloud-based telephony within the PCN.

Were you satisfied with the appointment (or appointments) you were offered?

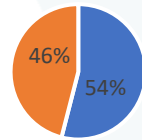


■ Yes, and I accepted ■ No, but I accepted anyway

	Overall, how would you describe your experience of making an appointment?	Very good		Fairly good		Neither good nor poor		Fairly poor		Very poor		Difference		
												V.Good	F.Good	Neither/f.Poor /V. Poor
Local		167	30%	216	39%	103	19%	50	9%	19	3%			
National		N/A	16.3%	N/A	31.0%	52%						13.8%	8%	21.0%

Frognal PCN

Do you use your practice's website?



■ Yes ■ No

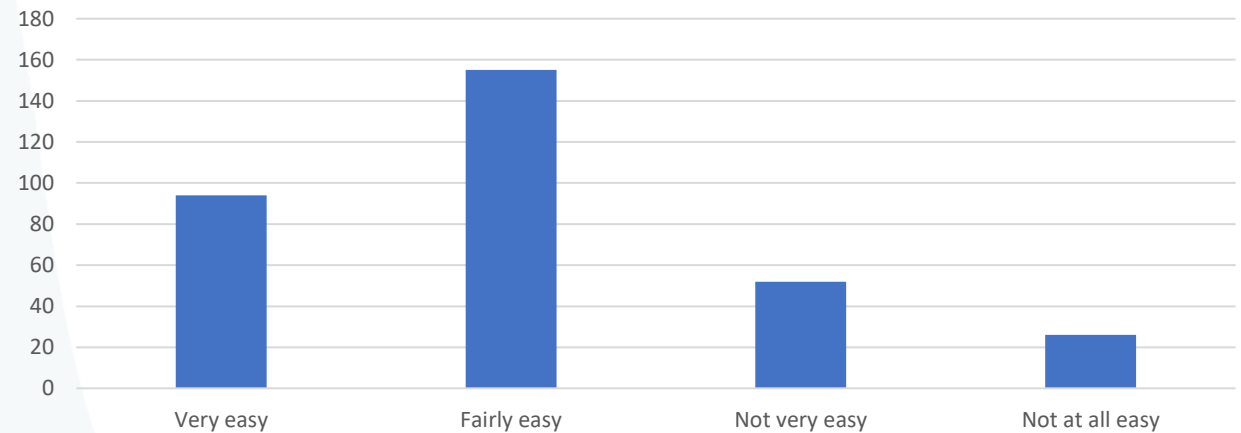
Have you ever completed an online consultation?



■ Yes ■ No

How easy is it to use your GP practice's website to look for information or access services?	Very easy		Fairly easy		Not very easy		Not at all easy	
	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage
	72	24%	167	56%	42	15%	15	5%

How easy you found the process of completing an online consultation?



Overall, how would you describe your experience of your GP practice?	National	Local	Difference
	Very good & Fairly good	Very good & Fairly good ²	
Barnard Medical Group %	64%	72.5%	9%
Sidcup Medical Centre %	49%	70%	21%
Station Road Surgery %	77%	77%	0%
Woodlands Surgery %	85%	90%	5%
Average total	69%	77%	9%

North Bexley PCN

No. of responses/ % responses received

- Belvedere – 131 / 4%
- Bexley Medical Group – 250 / 9%
- Crayford – 70 / 7%
- Lakeside – 155 / 9%
- NHMC – 141 / 12%
- Riverside – 120 / 9%
- Slade Green – 102 / 6%

Generally how easy or difficult is it to get through to someone at your GP practice on the phone? (1=very easy - 5=very difficult)"	1 very easy		2 Fairly Easy		3 Moderate		4 Fairly Difficult		5 Very difficult		Difference		
											V.Easy	f.Easy	Moderate/f. Diff/ v.Diff
Local	148	15%	136	14%	243	25%	194	20%	247	26%	6.0%	-13.0%	-45.4%
National	N/A	9%	N/A	27%	64%								

When contacting practices via the phone, the local survey indicates an improvement in people finding the process 'Very Easy'. However, there is some learning and a baseline to be set while ongoing improvements are being made to convert all practices over to cloud-based telephony within the PCN.

	Overall, how would you describe your experience of making an appointment?	Very good		Fairly good		Neither good		Fairly poor		Very poor		Difference		
												V.Good	F.Good	Neither/f.Poor /V. Poor
Local		243	25%	309	33%	207	21%	105	11%	96	10%	11.50%	5%	17.0%
National		N/A	13.5%	N/A	28%	59%								

Were you satisfied with the appointment (or appointments) you were offered?



■ Yes, and I accepted ■ No, but I accepted anyway

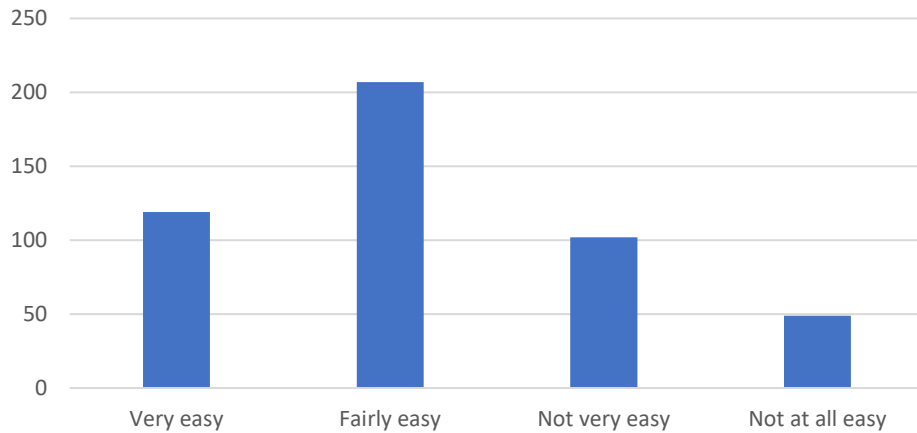
North Bexley PCN

Have you ever completed an online consultation?

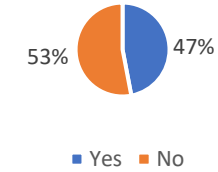


■ Yes ■ No

How easy you found the process of completing an online consultation?



Do you use your practice's website?



■ Yes ■ No

How easy is it to use your GP practice's website to look for information or access services?	Very easy		Fairly easy		Not very easy		Not at all easy	
	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage
	120	27%	207	46%	82	19%	38	8%

Overall, how would you describe your experience of your GP practice?	National	Local	Difference
	Very good & Fairly good	Very good & Fairly good ²	
Belvedere Medical Centre %	56%	58%	2%
Bexley Medical Group %	56%	74%	18%
Crayford Town Surgery %	51%	67%	16%
Lakeside Medical Centre %	79%	69%	-10%
Northumberland Heath %	62%	79%	17%
Riverside Surgery %	60%	54%	-6%
Slade Green Medical Centre %	72%	76%	4%
Average total	62%	68%	6%

This local survey allows a starting point for individual practices to reflect on the data and to apply improvements ahead of the next local survey in March.

Questions

BEXLEY WELLBEING PARTNERSHIP COMMITTEE

Encl iii - Primary Care Access and Recovery Plan PCN and Practice Improvement Plans Self - assessment

25 January 2024



Delivery of Bexley PCNs Smart Actions

(1 Of 4)



REF	Action	Progress update	Rag Rating																								
APL:1 CT:1 Frog:1 NB:1	Increase the number of clinical and admin staff incorporating ARRS staff to increase appointment capacity for all types of appointments. To maximise ARRS spend.	All 4 PCNs have utilised or have plans to utilise their funds <table border="1" data-bbox="1049 321 2102 511"> <thead> <tr> <th>PCN</th> <th>% of funding used</th> <th>No. of WTE</th> <th>No. of ARRS</th> </tr> </thead> <tbody> <tr> <td>APL</td> <td>93%</td> <td>19.44</td> <td>27</td> </tr> <tr> <td>Clocktower</td> <td>96%</td> <td>27.07</td> <td>35</td> </tr> <tr> <td>Frogal</td> <td>83%</td> <td>34.14</td> <td>39</td> </tr> <tr> <td>North Bexley</td> <td>99.9%</td> <td>59.14</td> <td>72</td> </tr> </tbody> </table>	PCN	% of funding used	No. of WTE	No. of ARRS	APL	93%	19.44	27	Clocktower	96%	27.07	35	Frogal	83%	34.14	39	North Bexley	99.9%	59.14	72	Ongoing and on Target until March 24				
PCN	% of funding used	No. of WTE	No. of ARRS																								
APL	93%	19.44	27																								
Clocktower	96%	27.07	35																								
Frogal	83%	34.14	39																								
North Bexley	99.9%	59.14	72																								
APL:2 CT:2 Frog:2 NB:2	PCN to work with LCN to identify suitable estates solutions for local population.	All the PCNs in Bexley engaged with LCN, Estates team & commissioners to collectively develop LCN estates strategies. PCNs are working closely with commissioners and wider partners to develop plans to deliver strategy	Complete																								
APL:3 CT:3 Frog:3 NB:3	NHSApp: <ul style="list-style-type: none"> • Increase the number of pts using NHSApp • To review how NHSApp can be expanded to offer wider range of appointments • Encourage all practices and local community pharmacies to promote NHSApp to re-order repeat prescriptions 	National soft target to achieve at least 60% of all 13+ patients registered on the NHS APP. <table border="1" data-bbox="863 982 2313 1208"> <thead> <tr> <th colspan="4">Patients over 13 with NHS APP installed on smart device</th> </tr> <tr> <th>PCN</th> <th>September Average</th> <th>October Average</th> <th>November Average</th> </tr> </thead> <tbody> <tr> <td>Apl</td> <td>60.95%</td> <td>61.35%</td> <td>61.25%</td> </tr> <tr> <td>CT</td> <td>61.96%</td> <td>62.38%</td> <td>62.44%</td> </tr> <tr> <td>Frog</td> <td>62.20%</td> <td>62.53%</td> <td>62.58%</td> </tr> <tr> <td>NB</td> <td>53.33%</td> <td>54.06%</td> <td>54.17%</td> </tr> </tbody> </table> <p>This work is going until march and will be supported by national campaigns that are due in early 2024</p>	Patients over 13 with NHS APP installed on smart device				PCN	September Average	October Average	November Average	Apl	60.95%	61.35%	61.25%	CT	61.96%	62.38%	62.44%	Frog	62.20%	62.53%	62.58%	NB	53.33%	54.06%	54.17%	Ongoing and on Target. Action for 4 th Quarter. Review promotional methods
Patients over 13 with NHS APP installed on smart device																											
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Delivery of Bexley PCNs Smart Actions

(2 Of 4)



	Action	Progress update	Rag Rating
APL:4 CT:4 Frog:4 NB:4	To work with ICB comms and engagement team to increase patient engagement and determine how to further improve methods of engagement.	<p>Comms & Engagement team attended PCN development afternoon to agree priorities</p> <ul style="list-style-type: none"> • Increase awareness of NHS App • Increase awareness of primary care services (GPs / Pharmacists, appropriate use of 111. UTC..) • Promotion of Care navigator role • Agreed for Primary care to have a half-page section within the Bexley Newsletter Magazine. 	Complete
APL:5 CT:5 Frog:5 NB:5	To improve acute, community (inc MH) and primary care interface in order to improve access.	<ul style="list-style-type: none"> • Oxleas MH team invited to all PCN GB meeting to build stronger relations / pathways and how best to use MH practitioners (3/4 PCN have MHPs) • LMC in support with each PCN have set up a focused group with MH AD and ICB to review Shared care protocols & long waiting times. 	Ongoing and on target
APL:6 CT:6 Frog:6 NB:6	To undertake a 6 monthly survey to gather patients views regarding ease of access To undertake a 6 monthly survey to gather patients views regarding ease of access	<p>It was agreed between the PCNs and ICB that 2 patient surveys would be conducted in the 2023/24 period.</p> <ul style="list-style-type: none"> • Survey co-developed between ICB and PCNs • First survey completed between October – November 23, see later slides • Second survey planned Feb – March 2024 	Ongoing: 2 nd survey to be sent out February
APL:7 CT:7 Frog:7 NB:7	To test the website to determine if the website is user friendly.	<ul style="list-style-type: none"> • NHSE approved website review tool agreed by all PCNs • Website review tool used by all practices (Practice managers and wider team) to assess how friendly the website is for users. • Plans being developed to use PPG to assess the website using the same tool. 	Ongoing & on Target
APL:8 CT:8 Frog:8 NB:8	Ensure EMIS community data is accurately reflected within the GPAD	<ul style="list-style-type: none"> • All practices have completed data quality review with ICB to ensure data is recorded in a consistent manner • July 2023 - ICB confirmed data is being received in consistent manner from all 21 practices • GPAD data reports received regularly and reviewed to compare local activity • ICB using GPAD data to benchmark access cross all Bexley practices and with wider SEL boroughs 	Complete

Delivery of Bexley PCNs Smart Actions

(3 Of 4)




REF	Action	Progress update	Rag Rating
APL:9 CT:9 Frog:9 NB:9	Explore novel Artificial Intelligence (AI) solutions to develop efficient systems <i>such as</i> <ul style="list-style-type: none"> Automated patient registration Automated filing of normal blood results with automatic messaging to patients etc 	<p>Automated patient registration Current status is: 15 out of 21 practice that signed up are live:</p> <ul style="list-style-type: none"> Ingleton excluded as using Vision 2 practices declined (one in NB and One in CT) – Did not want to deskill their staff 15 have gone live 3 are in the final stages of set up <p>Early data from late September – December shows:</p> <ul style="list-style-type: none"> 2000 digital registrations have been applied for via online 1988 have successfully gone through, which reflects 95.5% success rate <p>Automated filing of normal blood results with automatic messaging to patients current status: All PCNs considered however opinion from clinical leads is; currently high risk as number of factors to evaluate if results are normal. Further governance needs to be undertaken before implemented.</p>	Ongoing & On target:
APL:10	To implement remote LTC service for all practices across the PCN.	All practices have agreed on target group of patients and have agreed clear processes/ pathways to align with practice. Searches have been complete Service to commence early 2024	Ongoing & on target
CT:10	To implement additional Saturday service to increase capacity and improve access.	The additional Saturday GP service has been implemented from Saturday 16 th September, the session run from 9am – 4pm. Additional data will follow shortly	Complete
Frog:10	To imbed new ARRS roles (Dietitian & First Contact Physio) in to PCN practices	Frogna added 2 new additional roles; first contact physio & community dietitian. Both roles have now been fully embedded in to the PCN with full governance in place.	Complete
NB:10	To set up additional clinics on Sundays to increase capacity to manage the increased demand	The GP service started on Sunday 11 th June 23, theses session were between 9am – 5pm. After reviewing feedback and utilisation of the clinic the PCN decided to moved the service to a Saturdays from 14 th October and are now 9-1pm sessions. Additional data will follow shortly.	Complete

Delivery of Bexley PCNs Smart Actions

(4 Of 4)



REF	Action	Progress update	Rag Rating																												
APL:11 CT:11 Frog:11 NB:11	Improve Care navigation within the PCN.	<p>Care Navigation has been offered and supported locally in Bexley as well as Nationally through NHSE.</p> <table border="1"> <thead> <tr> <th colspan="2">Local offered Basic CN training</th> <th colspan="2">Local offered Advance CN training</th> </tr> <tr> <th>PCN</th> <th>Completed Candidates</th> <th>PCN</th> <th>Completed Candidates</th> </tr> </thead> <tbody> <tr> <td>APL</td> <td>5</td> <td>APL</td> <td>3</td> </tr> <tr> <td>Clocktower</td> <td>17</td> <td>Clocktower</td> <td>1</td> </tr> <tr> <td>Frognaal</td> <td>6</td> <td>Frognaal</td> <td>1</td> </tr> <tr> <td>North Bexley</td> <td>22</td> <td>North Bexley</td> <td>3</td> </tr> <tr> <td>Total</td> <td>50</td> <td>Total</td> <td>8</td> </tr> </tbody> </table> <p>Next steps:</p> <ul style="list-style-type: none"> • Providing mentorship and support to build confidence in our current CNs • Developing training skills for our advanced CNs to become “train the trainer” • Working with Comms and Engagement team to promote CN to Bexley residents • Build consistent and stable workforce so to deliver equitable service 	Local offered Basic CN training		Local offered Advance CN training		PCN	Completed Candidates	PCN	Completed Candidates	APL	5	APL	3	Clocktower	17	Clocktower	1	Frognaal	6	Frognaal	1	North Bexley	22	North Bexley	3	Total	50	Total	8	<p>Ongoing & on Target</p>  <p>Bexley Care gation Progress Re</p>
Local offered Basic CN training		Local offered Advance CN training																													
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North Bexley	22	North Bexley	3																												
Total	50	Total	8																												
APL:12 CT:12 Frog:12 NB:12	To use the intelligence from the cloud based telephony system reports to plan staff rotas	<p>CBT current position.</p> <p>10 practices on analogue or Hybrid (Part Analogue & Part CBT), on track to change to full CBT between Jan – March 2024</p> <p>3 practices is on ICB not approved system – 1 practice has agreed new contract, implementation between Jan – March 2024. Other 2 practices have very long contracts (5 years) therefore financial implications.</p> <p>2 practices currently have full CBT but do not have all features switched on. Receiving support to be fully compliant between Jan - March 2024.</p> <p>6 practices are fully cloud based and all features switch on</p>	<p>Ongoing & on Target – Deadline for contracts signed meet with new deadline of rollout by end of March</p>																												
APL:13 CT:13 Frog:13 NB:13	To work with ICB urgent care commissioners and ICB primary care team to determine specific actions to support 111 performance	<ul style="list-style-type: none"> • All PCNs and BHNC have engaged with ICB workshops to help develop / improve service models for 111 and UTC. • The above work identified the need for a new local group with all stakeholders involved in same day emergency care to help address day to day operational challenges as a system. 	<p>Complete</p>																												
APL:14 CT:14 Frog:14 NB:14	To embed learning from GPIIP	<ul style="list-style-type: none"> • All PCNs explored the GPIIP opportunity and it was deemed to be very similar to productive general practice and therefore low uptake. • PCNs are working with Training Hub to access Support level frame work (SLF). <p>Current data received from training hub:</p> <ul style="list-style-type: none"> - 10 practices reference SLF in their MGP MOUs - 5 practices are booked in for Jan - 1 practice is complete 	<p>Ongoing</p>																												



Bexley PCN

Delivery of Practice level Smart Actions



Bexley PCN	Total Number of Actions	Number of Actions completed	Progress update from Q3	Projection for 31 st March 2024
APL PCN	30	19	<p>APL is currently 64% complete of it's practice level actions.</p> <ul style="list-style-type: none"> Practices are in the process of repeating and completing actions with regard to Call data audits Awaiting the mobilisation of the new online consultation provider. Recruitment and training. 	<p>The current outstanding actions have a due date of 31st March.</p> <p>As a PCN, APL is on track and target to meet deadlines</p>
Clocktower PCN	39	21	<p>Clocktower is currently 56% complete of it's practice level actions.</p> <ul style="list-style-type: none"> Awaiting Mobilisation of the new online consultation provider. Ensuring all mapping for appointment slots are correct Working with the LCN on estates 	<p>The current outstanding actions have a due date of 31st March.</p> <p>As a PCN, Clocktower is on track and on target to meet current deadlines</p>
Frognal PCN	32	24	<p>Frognal is currently 77% complete of it's practice level actions.</p> <ul style="list-style-type: none"> Awaiting the mobilisation of the new online consultation provider Installation of Cloud based telephony Improving website and testing 	<p>The current outstanding actions are awaiting rollout and mobilisation of new systems with a due date of 31st March</p> <p>As a PCN Frognal is on track and on target to meet current deadlines</p>
North Bexley PCN	36	24	<p>North Bexley is currently 67% complete of it's practice level actions.</p> <ul style="list-style-type: none"> Awaiting the mobilisation of the new online consultation provider. Installation of Cloud based telephony. Moving over to total triage towards Modern General Practice. Redesign of website & testing 	<p>The current outstanding actions are awaiting rollout and mobilisation of new systems.</p> <p>All actions have a due date of 31st March, the PCN is currently on track and target to meet that deadline.</p>

Questions

Bexley Wellbeing Partnership Committee

Thursday 25th January 2024

Item: 6

Enclosure: D

Title:	Primary Care Delivery Group Business Update Report – Q3 2023/24
Author/Lead:	Graham Tanner, Associate Director – Primary Care (Bexley), NHS South East London Integrated Care Board
Executive Sponsor:	Diana Braithwaite, Chief Operating Officer (Bexley), NHS South East London Integrated Care Board

Purpose of paper:	<p>The Bexley Primary Care Delivery Group (PCDG) is established as a sub-group of the Bexley Wellbeing Partnership (BWP) Committee.</p> <p>Under adopted Terms of Reference, the PCDG has two main functions that support the Bexley Wellbeing Partnership Committee in enacting the delegated function of primary care services:</p> <p>(i) To Support the delivery of the vision for integrated primary care as defined by the Next steps for integrated Primary Care, Fuller Report</p> <p>(ii) Support the Bexley Wellbeing Partnership Committee by considering all primary medical services (PMS), general medical services (GMS), alternative medical services (APMS) primary care network (PCN), local premium/incentives, out of hours GP services, and contractual matters and providing recommendations for decision.</p> <p>In line with the proposal endorsed by the BWP Committee at its meeting on 25th May 2023, the business of PCDG will be reported quarterly to the Committee, highlighting any endorsements or recommendations requiring formal approval by the Committee</p>	Update / Information	x
		Discussion	
		Decision	
Summary of main points:	<p>The enclosed paper details all items of business discussed and transacted by the Primary Care Delivery Group during Q3 2023/24 at its meetings held on:</p> <ul style="list-style-type: none"> • Wednesday 4th October 2023 • Wednesday 1st November 2023 • Wednesday 6th December 2023 <p>All the above meetings were Quorate in line with the adopted Terms of Reference (Part 1 and Part 2).</p>		

	<p>The Committee’s attention is drawn to the following decision items endorsed by PCDG and recommended for approval by the Bexley Wellbeing Partnership Committee 6th December 2023</p> <ul style="list-style-type: none"> • Review of the Bexley Care Homes Supplementary Network Service (SNS) Specification for Nursing & Residential Care Homes - Recommendation to approve (see Appendix 1 for details). • Proposed Options for the Future Commissioning of Bexley Phlebotomy Services - Recommendation to approve (see Appendix 2 for details). <p>All other items were deemed to be within reasonable scope for Primary Care Delivery Group and/or the Bexley Wellbeing Partnership Executive Group to approve (as indicated) but are open for additional scrutiny and review by this committee at a future meeting.</p>	
Potential Conflicts of Interest	<p>All GP voting members have pecuniary interests in the Primary Care Network DES, associated funding streams. The mitigation is that GPs will therefore be excluded from voting on this item.</p>	
Other Engagement	Equality Impact	None directly relating to this report.
	Financial Impact	All items with financial implications are deliverable within existing delegated primary care budgets.
	Public Engagement	None directly relating to this report.
	Other Committee Discussion/ Engagement	This report highlights business transacted by the Primary Care Delivery Group, in consultation with the Local Medical Committee and Local Pharmaceutical Committee as applicable.
Recommendation:	<p>The Bexley Wellbeing Partnership Committee is recommended to:</p> <ol style="list-style-type: none"> Note the report. Approve the endorsed recommendations emanating from the PCDG (Part 2) meeting on Wednesday 6th December 2023. 	



Bexley Wellbeing
Partnership

**South East
London**
Integrated Care System

Primary Care Delivery Group Business Update Report – Q3 2023/24

Bexley Wellbeing Partnership Committee, Thursday 25th January 2024

Graham Tanner – Associate Director, Primary Care

AGENDA ITEM: 6

ENCLOSURE: D(i)

The Bexley Primary Care Delivery Group [PCDG] is established as a sub-group of the Bexley Wellbeing Partnership Committee.

Under adopted Terms of Reference, the PCDG has two main functions that support the Bexley Wellbeing Partnership Committee in enacting the delegated function of primary care services:

- i. To Support the delivery of the vision for integrated primary care as defined by the Next steps for integrated Primary Care, Fuller Report
- ii. Support the Bexley Wellbeing Partnership Committee by considering all primary medical services (PMS), general medical services (GMS), primary care network (PCN), local premium/incentives, out of hours GP services, alternative medical services (APMS) and contractual matters and providing recommendations for decision.

Primary Care Delivery Group convened on three occasions during Q3 (Oct to Dec 2023), on the following dates:

- **Wednesday 4th October 2023 (Part 1 only)**
- **Wednesday 1st November 2023 (Part 1 and Part 2)**
- **Wednesday 6th December 2023 (Part 1 and Part 2)**

All meetings were quorate in terms of representation and voting members. In accordance with the adopted Terms of Reference, a Part 2 meeting is scheduled where there are significant conflicts of interest and/or items of a commercially sensitive nature.

Key decisions made during PCDG meetings are reported through the Primary Care Business Update report at the Bexley Wellbeing Partnership Committee. Where PCDG does not have the authority to decide, it will vote on agreement with a recommendation to the Bexley Wellbeing Partnership Committee for consideration

The following table sets out the core business of those meetings and highlights any associated decisions or endorsements/recommendations for determination by the BWP committee.

Questions or points of clarification relating to this report and enclosures are invited from BWP Committee members and members of the public in line with the BWP Terms of Reference.

4th October 2023 (Part 1)

Agenda Item	Key Considerations and Recommendations	Info. only	PCDG Decision	Recommendation to BWP	Outcome and applicable mitigations/conditions
<p>Enhanced Access First Year Delivery Update</p>	<p>The purpose of this paper was to provide a high-level assessment and review of the delivery and impact of Enhanced Access across Bexley during the first year of implementation.</p> <p>This included:</p> <ul style="list-style-type: none"> • a review of the mobilisation process • assessment of outstanding operational issues • changes to the assured proposals • analysis of performance data • review of survey insights and • an overall assessment of delivery in line with the PCN Network DES Specification <p>The paper then made a series of recommendations to address any identified shortcomings for further reporting to PCDG in November 2023.</p>		<p>Approved</p>		<p>Primary Care Delivery Group endorsed the following recommendations that:</p> <ol style="list-style-type: none"> i. All PCNs to be asked to review and provide further assurance against the Specification items outlined in and to report back to the November PCDG with a progress update and plan for 'Full Delivery' against the key Service Specification requirements ii. Frogna and APL PCNs to be asked to review their appointment slots to ensure that they are offering 100% of required hours and provide further assurance that any deficits in appointments will be routinely made up within the specified 2 week window iii. All PCNs to be asked to initiate a deep dive into their 'unbooked' capacity and identify trends/patterns in relation to appointment times and appointment type and provide assurance that the available capacity is best tailored to the needs and preferences of their population iv. All PCNs to be asked to review DNA rates and ensure appropriate mitigations like SMS reminders are consistently deployed

4th October 2023 (Part 1)

Agenda Item	Key Considerations and Recommendations	Info. only	PCDG Decision	Recommendation to BWP	Outcome and applicable mitigations/conditions
					<ul style="list-style-type: none"> vi. All practices must be utilising EMIS Community for the purpose of EA from 1 October 2023; vii. ICB and PCNs/BHNC to work together to ensure that EMIS Community is interfacing with GPAD and the SEL BI dashboard <p>PCNs to be asked to review messaging on member practice websites to ensure consistency of messaging re. EA and that EA forms part of planned Care Navigation training and wider Access and Recovery plans.</p>
<p>Clinical Effectiveness in South East London (CESEL) – 23/24 Memorandum of Understanding (MOU)</p>	<p>This paper sought Primary Care Delivery Group endorsement of a Memorandum of Understanding (MOU) between: 1) NHS SEL Integrated Care Board and 2) Bexley Wellbeing Partnership covering the period of 1 April 2023 to 31 March 2024.</p>		<p>Approved</p>		<p>Primary Care Delivery Group endorsed the following recommendations that:</p> <ul style="list-style-type: none"> i. the Place Executive Lead should sign the 23/24 MoU on behalf of the Bexley Wellbeing Partnership and commit the proposed £19,544 from the place-based SDF allocation. ii. PCN CDs should be asked to nominate a Bexley Clinical Lead for the CESEL Steering Group.



4th October 2023 (Part 1)

Agenda Item	Key Considerations and Recommendations	Info. only	PCDG Decision	Recommendation to BWP	Outcome and applicable mitigations/conditions
Primary Care – Winter Resilience	<p>The purpose of this paper was to provide assurance with respect to Primary Care’s preparedness for winter in Bexley and specifically the set of recommended winter roles and responsibilities for Primary Care outlined in the NHSE winter letter (published 27th July).</p> <p>The paper also detailed two costed proposals put forward by BHNC and GP colleagues:</p> <ol style="list-style-type: none"> i. For the establishment of an Acute Respiratory Infection (ARI) hub for 8 weeks between 4 December 2023 and 26 January 2023 utilising £100K of place-based winter planning funding. ii. For opportunistic Atrial Fibrillation Checks in conjunction with the winter flu vaccination campaign and other appropriate opportunities. Funding source/contribution to be determined. 		Approved		<p>Primary Care Delivery Group resolved to:</p> <ol style="list-style-type: none"> i. Note the assurances against the key primary care responsibilities and accountabilities outlined in the NHSE winter letter (27th July 2023) ii. Endorse the overarching proposal for an Acute Respiratory Infection hub in line with Primary Care responsibilities outlined in NHS England Working together to deliver a resilient winter – system roles and responsibilities iii. To not proceed with the proposal for opportunistic Atrial Fibrillation checks
Quarterly Quality Update	<p>The purpose of this paper is to provide a regular Quarterly update to PCDG on current issues relating to ‘Quality’ within Primary Care.</p> <p>This paper summarised:</p> <ul style="list-style-type: none"> • The CQC’s new Self-Assessment Framework • Quality Improvement in Darent Valley Hospital highlighted via Bexley Quality Alerts and GP discussions • Primary Care Infection, Prevention & Control Lead updates • Practice visit updates 	✓			



4th October 2023 (Part 1)

Agenda Item	Key Considerations and Recommendations	Info. only	PCDG Decision	Recommendation to BWP	Outcome and applicable mitigations/conditions
Primary Care Risk Register	Item deferred to November.		N/A		Item deferred to November.

1st November 2023 (Part 1)

Agenda Item	Key Considerations and Recommendations	Info. only	PCDG Decision	Recommendation to BWP	Outcome and applicable mitigations/conditions
Bexley Integrated Forward Plan	<p>The purpose of this paper was to update PCDG as part of wider engagement on the Integrated Forward Plan.</p>				<p>Primary Care Delivery Group resolved to note the report and that the membership would further review the Plan and consider any supporting enablers within the demise of Primary Care which would support delivery.</p>
Local Estates and London Improvement Grant (LIG) Update	<p>The purpose of this paper was to provide Primary Care Delivery Group with an update on GP Estate priorities for Bexley and an update on London Improvement Grant (LIG) processes for 2024/25. The LIG is a small capital grants programme targeted at individual GP practices.</p> <p>In October 2024, Primary Care teams were emailed information to share with GPs for the 2024/25 LIG Application process. The LIG schemes have been brought forward to ensure practices which are applying for funding have enough time to complete the due diligence work required to secure the funding.</p> <p>Conditions apply, including:</p> <ul style="list-style-type: none"> • Schemes must have a minimum value of £7,500 inclusive of VAT • Funding may not be utilised for works that have already started or completed. • Practices are required to self-finance 34% of the total scheme value • Leasehold premises must have a valid lease/agreement in place (a copy of which needs to be supplied) • Landlord consent must be provided for all leasehold premises. 				<p>Primary Care Delivery Group resolved to note the report.</p> <p>PCN representatives were recommended to ensure that all member practices were fully sighted on the 24/25 LIG opportunities and that submissions were made in line with the PCNs wider clinical strategy and priorities with appropriate collaboration.</p>

1st November 2023 (Part 1)

Agenda Item	Key Considerations and Recommendations	Info. only	PCDG Decision	Recommendation to BWP	Outcome and applicable mitigations/conditions
Winter Vaccination Programme Update	<p>The purpose of this assurance paper was to provide detail of the roll out of the 23/24 Autumn/Winter Covid-19 and Flu campaigns in Bexley, including some of the key issues and challenges associated with the accelerated campaign timeframe and changes to the operational model, particularly in relation to coadministration and vaccine supply and delivery processes.</p>				<p>Primary Care Delivery Group resolved to:</p> <ul style="list-style-type: none"> i. Note the report and the significant efforts from across Primary Care to respond to the demands of the accelerated vaccination schedule. ii. Note some of the specific identified challenges and resolutions and consider any further escalations or representations the partnership may wish to make in this regard.
Primary Care Risk Register	<p>This paper was presented as a regular standing item at Primary Care Delivery Group and is intended to track and monitor any identified risks which have the potential to negatively impact the delivery of universal and good-quality Primary Care within Bexley in the short, medium and long term. The scope will reflect delegated commissioning and contracting functions within the Integrated Care System (ICS).</p> <p>The Risk Register sets out the current controls in place to mitigate the identified risks and any gaps in those controls, requiring further action and assurance. The Risk Register is owned collectively by the Primary Care Delivery Group and will be subject to periodic reporting to the Bexley Wellbeing Partnership Committee.</p>				<p>Primary Care Delivery Group resolved to note the report.</p> <p>PCN representatives were recommended to ensure that all member practices were fully sighted on the 24/25 LIG opportunities and that submissions were made in line with the PCNs wider clinical strategy and priorities with appropriate collaboration.</p>

1st November 2023 (Part 1)

Agenda Item	Key Considerations and Recommendations	Info. only	PCDG Decision	Recommendation to BWP	Outcome and applicable mitigations/conditions
<p>GP Transition and Transformation Funding</p>	<p>This paper and enclosures outline the agreed process for the allocation and distribution of GP transition and transformation funding made available to ICBs as part of the national delivery plan for recovering access to primary care.</p> <p>To support achievement of the aspirations in the national delivery plan for recovering access to primary care, GP practices are entitled to receive a share of national transition cover and transformation support funding over 2023/24 & 2024/25, to create capacity for change management and quality improvement within their teams to implement the 'Modern General Practice Model' as defined by NHSE.</p> <p>Under a process agreed across the 6 SEL boroughs and shared with Londonwide and local LMCs, there will be an initial upfront payment of £5,000 to all practices on receipt of the completed and signed Memorandum of Understanding (MoU). Then, following a review of plans that have been submitted, an allocation of further funding will be made, either for 23/24 or 24/25, depending on the status of the plans received, relative to those submitted by practices across the SEL boroughs. Practices will need to ensure supporting evidence is available for all committed expenditure.</p> <p>Under the Terms of the MoU, Practices are asked to use the funding to support the transition to the modern general practice operation model described in the access recovery plan. The operating model covers:</p> <ul style="list-style-type: none"> • seeing all patient need, by providing inclusive, straightforward online and telephone access • understanding all need through structured information gathering • prioritising and allocating need safely and equitably (including continuity of care) • making best use of other primary care services and the multiprofessional team • improving the efficiency of processes and reducing duplication. <p>A Covering Letter and MoU were distributed to all practices on 20th October 2023 with a request to return them by 1st December 2023.</p>	<p>✓</p>			<p>Primary Care Delivery Group resolved to note the report and the proposed methodology for allocating and distributing funding available to General Practices in Bexley.</p>

1st November 2023 (Part 2)

Agenda Item	Key Considerations and Recommendations	Info. only	PCDG Decision	Recommendation to BWP	Outcome and applicable mitigations/conditions
<p>Bexley Phlebotomy Services</p>	<p>The purpose of this paper was to present a comprehensive overview of the current position with regard to phlebotomy service provision in Bexley, explore potential future options, and provide an informed recommendation for the continuation of high quality, accessible, and efficient phlebotomy services in Bexley.</p> <p>The current landscape for commissioned phlebotomy services in Bexley reflects a transition from historical arrangements under which Lewisham and Greenwich NHS Trust (LGT) were the primary provider. The COVID-19 pandemic necessitated operational changes within that service, leading to a significant capacity reduction in July 2020.</p> <p>To address this reduction and surging demand, Bexley allocated funds to commission a short-term GP phlebotomy service through Bexley Health Neighbourhood Care (BHNC), which was extended as part of a wider contract and set to expire on 31 March 2024.</p> <p>In light of markedly improved stability and resilience in the LGT service and additional capacity created within the Queen Mary's CDC hub from December 2023, it is necessary to consider an optimal future delivery model which ensures resources are deployed in a complementary way and do not duplicate service provision and/or associated investment.</p>		<p>Deferred to December meeting</p>		<p>PCDG resolved to note the report but requested further work to fully quantify the service offer from LGT from 1st April 2024, prior to endorsing any particular recommendation.</p>

1st November 2023 (Part 2)

Agenda Item	Key Considerations and Recommendations	Info. only	PCDG Decision	Recommendation to BWP	Outcome and applicable mitigations/conditions
<p>Rent and Rates Update – Lyndhurst Medical Centre</p>	<p>The purpose of this paper was to provide Primary Care Delivery Group with an update on the impact of a LIG investment scheme at Lyndhurst Medical Centre on the delegated Primary Care budget for Bexley.</p> <p>Each borough in SEL has been allocated a delegated rent increase budget of £100k, this budget takes account of the following:</p> <ul style="list-style-type: none"> • Increases in rental charges from the landlord • Changes in rent paid if a practice moves premises, with new rent charged at a higher amount than what was originally being paid • Any additional works completed which increase rental payments to the practice e.g. extensions to current premises. • Where a practice increases its footprint in a health building and takes on more demised space <p>The £100K allocation is recurrent and is essentially a 'buffer' to enable any necessary changes to be committed in year, in excess of the rent and rates allocation within the core primary care budget. Anything committed against the £100K in any given year will form part of the following year's core rent and rates allocation.</p> <p>Anything not committed from this year's allocation will contribute to overspend in other areas. It is therefore important, where possible, to maximise the utilisation of this allocation.</p> <p>Lyndhurst Medical Centre will be creating an extension to its premises funded through the 23/24 LIG scheme. This will provide additional clinical rooms and admin/triage space. Following the report from district valuer, the additional space created at Lyndhurst Medical Centre would increase the annual rent.</p>		<p>Approved</p>		<p>Primary Care Delivery Group resolved to approve the increased rent reimbursement figure for Lyndhurst Medical Centre based on the District Valuer's estimations. This was noted to be achievable within the existing delegated Primary Care budget.</p>

6th December 2023 (Part 1)

Agenda Item	Key Considerations and Recommendations	Info. only	PCDG Decision	Recommendation to BWP	Outcome and applicable mitigations/conditions
<p>Primary Care Access Recovery Plan (PCARP) stocktake</p>	<p>The purpose of this paper was to provide a mid-year stocktake review of progress against the key priorities set out within NHS England's 'Recovering Access to Primary Care' delivery Plan.</p> <p>The paper covered key actions and deliverables progressing at various levels within South East London, ranging from ICS wide strategic interventions to local delivery linked to PCN and practice level Access Improvement Plans.</p> <p>The paper provided an opportunity for Group discussion and feedback, which will inform a more formal progress report to the Bexley Wellbeing Partnership Committee in January 2024.</p>	✓			<p>Primary Care Delivery Group resolved to note the report.</p>
<p>PCARP Community Pharmacy Update - New and expanded services</p>	<p>The purpose of this paper was to update Primary Care Delivery Group in relation to the planned roll-out and implementation of key community pharmacy components of the Delivery Plan for recovering access to primary care, including:</p> <ul style="list-style-type: none"> • Commissioning community pharmacies to deliver a Pharmacy First service by enabling the supply of NHS medicines for seven conditions • Increased provision of the community pharmacy NHS Pharmacy Contraception Service and the Blood Pressure Checks Service. • Investment to significantly improve the digital infrastructure between general practice and community pharmacy. <p>The briefing also introduced the Neighbourhood Pharmacy Leads as key points of liaison to support integration between Primary Care/GP Practice and Community Pharmacy and agree further actions and assurance.</p>	✓			<p>Primary Care Delivery Group resolved to note the report.</p>

6th December 2023 (Part 1)

Agenda Item	Key Considerations and Recommendations	Info. only	PCDG Decision	Recommendation to BWP	Outcome and applicable mitigations/conditions
<p>Primary Care Delegated Finance Report</p>	<p>The purpose of this paper was to update Primary Care Delivery Group with regard to the delegated borough-based budgets for Primary Care.</p>	<p>✓</p>			<p>Primary Care Delivery Group resolved to note the report.</p>

6th December 2023 (Part 2)

Agenda Item	Key Considerations and Recommendations	Info. only	PCDG Decision	Recommendation to BWP	Outcome and applicable mitigations/conditions
<p>Review of the Bexley Care Homes Supplementary Network Service (SNS) Specification for Nursing & Residential Care Homes</p>	<p>This paper sought endorsement of a recommendation to the Bexley Wellbeing Partnership Committee that PCNs continue to be commissioned via a Care Homes Supplementary Network Service to the PCN Network DES providing that contract is extended.</p> <p>The current SNS service expires on 31st March 2024. This locally commissioned service supplements the national Enhanced Health in Care Homes (EHCH) service specification which is one of the seven service specifications that forms part of the Network Directly Enhanced Service (DES).</p> <p>The Network DES ends on 31st March 2024 and (at time of reporting) details of the subsequent scheme were yet to be published. During 2023/24 a review of the SNS service has been undertaken to determine the optimum model from April 2024 onwards.</p> <p>Unfortunately (at time of reporting), there remained no clarity on the future requirements of the national Network Contract DES, from 1st April 2024. If there is no DES in place, then this care homes contract will resort to being a local commissioned service as it was prior to the DES being commissioned.</p> <p>While there is no significant change recommended to the service model, the paper sought support to the direction of travel to ensure that the new contract leads to enhancements and improvements in the following areas of the contract in 24/25:</p> <ul style="list-style-type: none"> i. Quality improvement in personalised care and ii. Support planning making better use of the potential for Universal Care Plans to serve as an integrated record of an individual's wishes 			<p>Recommend approval</p>	<p>Primary Care Delivery Group resolved to endorse the recommendation to the Bexley Wellbeing Partnership Committee to continue with the current model of commissioning a Bexley Care Homes Supplementary Network Service (SNS) Specification for Nursing & Residential Care Homes for 24 months from 1st April 2024 to 31st March 2026.</p> <p>Also, to note that the contract extension and amendments to the current KPIs will be made during Q4 of 23/24 based on the findings from the service review and once there is greater clarity on the future of nationally commissioned enhanced services requirements that relate to the delivery primary care support to care homes from April 2024.</p>

6th December 2023 (Part 2)

Agenda Item	Key Considerations and Recommendations	Info. only	PCDG Decision	Recommendation to BWP	Outcome and applicable mitigations/conditions
<p>Proposed Options for the Future Commissioning of Bexley Phlebotomy Services</p>	<p>The purpose of this paper was to present an overview of the current arrangements for phlebotomy services in Bexley, explore potential future options, and provide a recommendation for the future delivery of an accessible and efficient phlebotomy service offer within Bexley.</p> <p>The current landscape for commissioned phlebotomy services in Bexley reflects a transition from arrangements under which Lewisham and Greenwich NHS Trust (LGT) were the primary provider. The COVID-19 pandemic necessitated operational changes within that service, leading to a significant capacity reduction in July 2020.</p> <p>To address this reduction and surging demand, Bexley allocated funds to commission a short-term GP phlebotomy service through Bexley Health Neighbourhood Care (BHNC), which has since been incorporated within a wider contract which is due to expire on March 31, 2024.</p> <p>This paper explores options for the future of Bexley's phlebotomy services in light of the need for a process which is compliant with procurement regulations from 1 April 2024.</p> <p>The current phlebotomy provision is split across two services:</p> <ul style="list-style-type: none"> • LGT's service with multiple locations across Bexley, Greenwich and Lewisham, which are accessible to Bexley patients through online or telephone bookings. • BHNC's service which operates across approximately 26 sites in GP surgeries, with a focus on morning availability for patients registered with that practice. <p>The lack of synergy between the two delivery models emphasises the need for a more co-ordinated and streamlined approach to phlebotomy services in Bexley, balancing accessibility with clear communication and efficient booking systems which ensure residents receive care that is both accessible and represent value for money.</p>			<p>Recommended for approval.</p>	<p>Primary Care Delivery Group endorsed the following recommended approach to commissioning phlebotomy service provision from 1 April 2024:</p> <ol style="list-style-type: none"> That maximum capacity be sought from a core LGT commissioned service for Bexley patients, including additional capacity through the Clinical Diagnostic Centre (CDC) hub at Queen Mary's Hospital and to pursue options for one or more additional clinic sites in Clocktower PCN to address evident geographic disparity That the ICB engages further with the PCNs and BHNC to agree the preferred commissioning route to secure the necessary resource that would be required to provide for circa. 200 bleeds per week, estimated to be the likely service gap. Based on the outcomes of that dialogue, that the ICB identifies the most expedient option for direct funding through PCNs or, (criteria permitting) a Direct Award to BHNC, utilising the Provider Selection Regime. A competitive process only to be considered if the criteria for Direct Award cannot be fully satisfied. That significant discretion be afforded to PCNs to deploy resources in the most targeted and effective way and to minimise any direct duplication with the LGT commissioned service.

Thank you.

If you have any questions, please contact Graham Tanner on the details below.

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Bexley Wellbeing Partnership Committee

Thursday 25th January 2024

Item: 7

Enclosure: E

Title:	Month 7 Finance Report
Author:	Opeyemi Adetokunbo-Aina, 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) as well as the summary of the financial position of the ICB and the ICS as at Month 7 (October) 2023/24.	Update / Information	
		Discussion	X
		Decision	

Summary of main points:	<p><i>Bexley Position</i></p> <p>At month 7, Bexley Place reported a year to date and forecast overspend against budget of £1.56m. The forecast position is as agreed at the focus meeting to achieve a recovery plan.</p> <p>The position is driven by:</p> <ul style="list-style-type: none"> • Prescribing budget overspent by £2.24m year to date. The main drivers are the implementation of NICE Technology Appraisals (TAs), increase in prescriptions for long-term conditions and respiratory diseases. Medications being out of stock, requiring switches to different high-cost alternatives. Most of these are within CAT M and NCSO (No Cheaper Stock available), which are subject to national pricing policies. Note that actual data are received two months in arrears, but activity trends are higher than prior year. The implementation of the medicine management recovery plans and efficiency savings are being monitored monthly. • CHC budget reports a year to date overspend of £0.54m. The main drivers are increased activities coupled with increase in weekly rates. The implementation of the recovery plan is being monitored monthly to mitigate the position. • £0.63m is underspent in Community Health Services year to date. This is the delivery of efficiencies within various community contract. • A near breakeven is reported year to date in Other Primary Care. In support of the financial recovery plan, this is a part release of the in-year provision for local care network schemes, due to delayed mobilisation. The network is expected to be in full operation next financial year. • £250k is underspent in Mental Health Services, driven by the reduction in activity within MH cost per case. • £260k is underspent in Corporate Budgets due to existing vacancies without backfill.
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- £83k is underspent in Acute Services, driven by the reduction in requirement for patient transport.

Efficiency savings –. At M7, all target of £3.9m has been identified and delivering at 100%. More details on the financial position are included in the finance report.

ICB Summary Position

As agreed with NHSE colleagues and local providers, the ICB plan for 23/24 has been revised from a surplus of £64.100m to a surplus of £16.873m. This movement of £47.227m is represented by equal and opposite changes in the plan values for NHS providers in the south east London ICS. There is no net impact upon the ICB nor the overall 23/24 plan for the ICS.

The ICB is reporting a year to date overspend against plan of **£1,656k**. This compares to an equivalent overspend at month 06 of £2,218k. The improvement is largely a result of the implementation of Place recovery actions plus the impact of independent sector ERF funding.

The financial position continues to be driven by overspends in prescribing (£11,838k) and continuing healthcare (CHC) (£4,905k), which are being partially offset by underspends in other budgets.

The above financial pressures mean that **5 out of 6 boroughs** are reporting **overspend** positions at month 07.

- In reporting this month 7 position, the ICB has delivered the following financial duties:
 - Underspending (**£2,473k**) against its management costs allocation.
 - 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 07, and noting the risks outlined, the ICB is **forecasting a break-even position for the 23/24 financial year**.

ICS Summary Position At month 7:

Revenue Expenditure (I&E): South East London ICS reported a system deficit of £98.1m, £84m adverse to the planned £14.1m deficit.

The system is **reporting a break-even forecast out-turn position**: The ICB is forecasting a £16.9m surplus against the revenue resource limit, offsetting a (£16.9m) deficit in the provider sector in line with the final plan.

The system has delivered £134.3m of efficiencies, which is c. £41m behind the YTD plan. Continued effort is required to deliver forecast savings levels.

Despite the system agency spend forecast being £1.3m lower than plan, forecast spend on agency staff is £121.1m, exceeding by £12.3m, the £108.8m system agency spending limit, set by NHSE.

Capital: Year to date, the system capital expenditure is £158.7m against a planned £161.4m. The system is currently forecasting to spend the total system allocation of £228.9m.

- Further details on the ICB and highlights on the ICS positions at month 7 are included in Appendix A and B to the finance report. Additional details can be provided upon request.

Potential Conflicts of Interest	None arising as a direct result of this paper.	
Other Engagement	Equality Impact	None, all Bexley residents have the same levels of access to healthcare
	Financial Impact	There is no known risk to these numbers as they have now been published.
	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 07 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 07 (October 2023) financial position for Bexley Place 2. Note the NHS South East London ICB and NHS South East London ICS financial position. 	

Finance Report – Month 7

Bexley Wellbeing Partnership Committee

Thursday 25th January 2024

V1.0

AGENDA ITEM: 7

ENCLOSURE: E(i)

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Bexley Overall Position at Month 7

	Year to date Budget £'000s	Year to date Actual £'000s	Year to date Variance £'000s	Annual Budget £'000s	Forecast Outturn £'000s	Forecast Variance £'000s
Acute Services	2,830	2,747	83	4,851	4,734	117
Community Health Services	11,657	11,025	632	19,983	18,900	1,083
Mental Health Services	6,033	5,786	247	10,330	9,840	490
Continuing Care Services	14,651	15,194	(544)	25,116	26,174	(1,058)
Prescribing	19,737	21,973	(2,236)	33,835	37,701	(3,866)
Other Primary Care Services	1,786	1,790	(4)	3,061	2,510	551
Other Programme Services	33	28	5	57	(694)	751
Delegated Primary Care Services	23,784	23,784	-	40,774	40,774	()
Corporate Budgets	1,948	1,692	256	3,340	2,966	374
Total	82,458	84,018	(1,560)	141,347	142,905	(1,558)

At month 7, Bexley borough is reporting a year to date (YTD) and forecast outturn (FOT) position of £1.56m overspent. The YTD position is a deterioration of £0.2m while the FOT remains static. The position is driven by the following:

Prescribing budget reports an overspent YTD and FOT of £2.24m and £3.87m respectively, being a slight deterioration in the YTD position of £340k while the FOT remains similar. The implementation of the medicine management recovery plans and efficiency savings are being monitored monthly and these plans are shown within the Other Programme Services line (£0.75m FOT underspend). The key drivers of the overspend are as follows:

- Half of the overspend relates to the implementation of NICE Technology Appraisals (TAs) or Guidelines, which are mandatory. This has increased prescriptions for long-term conditions such as CVD, CNS, diabetes and respiratory diseases.
- 30% relates to medications being out of stock, with higher-cost alternatives. Some of these are within CAT M and NCSO (No Cheaper Stock available), which are subject to national pricing policies. There are other significant switches not captured as such but are equally expensive.
- CHC reports an overspend YTD and FOT of £0.54m and £1.06m respectively. This is a deterioration of £250k from prior month. The position is driven by increased activity in 1:1 support in care homes, learning disability service, and very complex service users in FNC. This is coupled with increase in the FNC, AQP and non-specialist home care weekly rates. The implementation of the recovery plan is being monitored monthly to mitigate the position.
- Other drivers are aftermath of COVID pandemic, increased waiting lists and population growth.

Community Health Services underspent by £0.63m and £1.08m YTD and FOT respectively. This is an improved position by £200k from prior months due to efficiencies within various community contract at renewal to support the financial recovery plan. More contracts due for renewal will continue to be explored for more efficiencies.

Other Primary Care Services reports a near breakeven position YTD and £0.55m FOT underspend. As part of the financial recovery plan, the in-year provision for local care network schemes has been partly released due to delayed mobilisation but the network is expected to be in full operation next financial year. Mental Health Services is underspent by £250k YTD and forecast to underspend by £0.5m at year end. This is an improvement from last month driven by reduction in activity within MH cost per case. The Corporate Budgets underspent by £260k YTD and FOT is an underspend of £370k. This is mainly due to existing vacancies without backfill which is expected to continue till year end.

Bexley Delegated Budget – Efficiencies Month 7

- This table summarises the Bexley position at month 7.
- The borough has identified efficiencies of £4.3m (over 100%) compared to a target of £3.9m. Over above target was identified to replace slipping schemes.
- Efficiencies delivered to month 7 total £3m, 93.5% of year to date plan.
- The forecast outturn for efficiencies for the full year is full delivery on plan of £3.9m, 100% attainment.
- Monitoring will continue to ensure full delivery.

Area	Key figures	Current progress	Actions being taken
Year-to-date efficiencies	At M7 Bexley have reported YTD efficiencies of £3m	This is work in progress	This is 93.5% of YTD plan and slipping plans have been replaced with more sustainable ones.
Forecast efficiencies	At M7 Bexley is forecasting to deliver a full year plan of £3.9m efficiencies recurrently and £0.3m non-recurrently. The planned delivery for the year is £3.9m	Target is 100% attained	Continue to monitor progress
Progress on identifying efficiencies	£4.3m of efficiency schemes have been identified, with a remaining gap of £-0.4m.	No further gap in efficiency target as slipping plans have been replaced.	Continuous monitoring of efficiency plans to ensure full delivery
Progress on derisking efficiencies	£2.9m of efficiency schemes have been classified as low risk, with a remaining gap of £1m.	This is work in progress	This is 74% of the identified schemes. Work is being done to mitigate the risk on delivering some of the schemes or replace high risk schemes with low risk ones, as high priority.
Full-year effect	The full-year effect of efficiencies is £3.9m	Target is 100% attained	Continuous monitoring of efficiency plans to ensure delivery

Updates from other Boroughs

Month 7

Appendix 3 - Greenwich

Overall Position

	Year to date Budget £'000s	Year to date Actual £'000s	Year to date Variance £'000s	Annual Budget £'000s	Forecast Outturn £'000s	Forecast Variance £'000s
Acute Services	4,046	3,945	101	6,936	6,802	134
Community Health Services	20,582	20,311	272	35,284	34,639	645
Mental Health Services	5,352	5,220	132	9,129	8,574	555
Continuing Care Services	16,002	17,434	(1,432)	27,433	28,855	(1,423)
Prescribing	19,386	22,151	(2,765)	33,233	38,030	(4,796)
Other Primary Care Services	1,537	1,368	169	2,518	2,230	289
Other Programme Services	605	124	480	1,037	213	823
Programme Wide Projects	0	0	0	0	(361)	361
Delegated Primary Care Services	30,318	30,202	117	51,976	51,776	200
Corporate Budgets	3,050	2,667	382	5,228	4,584	644
Total	100,878	103,422	(2,544)	172,774	175,342	(2,568)

- The overall Greenwich borough position is £2,544k adverse year-to-date, principally attributable to pressures reported within Prescribing and Continuing Care Services (CHC). The forecast position is reported as £2,568k.
- The Prescribing pressures within Greenwich are consistent with the wider trend reported across SEL. The pressures include Cat M & NCSO (No Cheaper Stock available) drugs; these are subject to national (Government) pricing decisions, alongside pricing pressures with the uptake in NICE approved drugs. Work will continue to mitigate the overspend and will include an increased focus on the delivery of the local prescribing saving schemes to ensure maximum traction of the schemes which encompass an array of initiatives.
- CHC is £1,432k overspent to date and is attributable to the fully funded LD cohort of patients within Adults CHC. A piece of work has been commissioned by a 3rd party to review LD packages and identify any potential opportunities therein. There is ongoing work with the CHC team to assure on the robustness of the database information that informs the report. Further, the inclusion of efficiencies for work to date in tracking reduced spend on domiciliary clients, ensuring Local Authority placement costs are recovered and the recovery of unutilised funds for PHB clients.
- The £272k underspend within Community is slippage in project schemes to support the wider financial recovery plans, most notably on the Virtual Wards programme. The Primary Care underspend of £169k is similarly associated with slippage in schemes.
- The £101k underspend in Acute Services is primarily due to income for non-SEL 'out-of-area' patient attendances within the Urgent Treatment Centre located at the QEH site. This is a non-recurrent benefit with new contractual arrangements embedded from Q2.
- The £382k favourable Corporate Budget position is a combination of underspend due to vacancies within the staffing establishment, and a freeze within non-pay expenditure lines.
- Further efficiencies were quantified to further mitigate the forecast position, this is now reported as £2,568k contrast to the prior month position of £4,664k. Within this overall reduction, there is a balance of £361k of efficiencies to be fully identified and attributed to the appropriate budget line in advance of M8 reports.

Appendix 2 – Bromley

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	4,002	3,943	60	6,861	6,759	102
Community Health Services	48,621	48,363	258	83,351	82,844	507
Mental Health Services	8,366	8,656	(289)	14,331	14,636	(305)
Continuing Care Services	14,608	15,205	(597)	25,042	25,843	(801)
Prescribing	27,034	29,574	(2,540)	46,343	50,715	(4,372)
Other Primary Care Services	1,958	1,889	69	3,356	3,238	118
Other Programme Services	51	15	36	87	(1,374)	1,461
Delegated Primary Care Services	34,337	34,215	123	58,866	58,656	210
Corporate Budgets	2,567	2,309	258	4,400	3,993	407
Total	141,544	144,168	(2,624)	242,637	245,310	(2,673)

- The borough is reporting an overspend of £2,624k at Month 7 and is forecasting a £2,673k overspend at year end.
- The Prescribing budget is £2,540k overspent and represents a continuation of the activity and price (category M/NCSO) pressures that were impacting upon the 22/23 position. The Cat M/NCSO spend reported at Month 7 is £1,168k.
- The Mental Health budget is £289k overspent. The number of section 117 cost per case (CPC) placements increased during 22/23 and this pressure is continuing to impact upon the 23/24 position. The average number of CPC clients in Quarter 1 of 22/23 was 46 and this has increased to an average of 78 in Quarter 2 of 23/24. The growth in S117 activity is due to more activity coming to joint funding panels and more clients being identified as partially health funded. The borough team continue to attend every joint funding panel to ensure that the NHS are only funding the costs where it is required to do so.
- The Continuing Healthcare budget is £597k overspent. Since the beginning of the year the average monthly cost of a CHC client has increased by over 15%. Bromley have a significant number of new Care Home beds that have recently opened in the borough. This means that Bromley are importing more patients into the borough who might not initially need CHC but as their health deteriorates and they are now registered with a Bromley GP, they become the responsibility of Bromley. This impacts on both FNC and CHC activity as the clients in the home deteriorate and become eligible for CHC, after they have been placed.
- The 2023/24 borough savings requirement is £7,429k. The variance against plan at Month 7 is a shortfall of £100k due to a small under-delivery of prescribing savings, this position is expected to improve during the year as more schemes are implemented.
- The forecast overspend is £2,673k and reflects the position agreed as part of the financial focus meetings that were held during September. This position has become increasingly challenging since the focus meeting as the prescribing forecast outturn has increased by £842k and the CHC forecast outturn by £551k and both are caused by a combination of activity and price pressures as set out above. The borough continues to identify savings opportunities and mitigations to ensure the financial position is delivered.

Appendix 4 – Lambeth

Overall Position

	Year to date Budget £'000s	Year to date Actual £'000s	Year to date Variance £'000s	Annual Budget £'000s	Forecast Outturn £'000s	Forecast Variance £'000s
Acute Services	700	266	434	1,200	456	744
Community Health Services	14,937	13,421	1,516	25,606	23,219	2,387
Mental Health Services	12,533	12,494	39	21,428	21,428	0
Continuing Care Services	18,644	19,675	(1,031)	31,961	33,729	(1,768)
Prescribing	22,554	24,877	(2,323)	38,664	42,730	(4,066)
Other Primary Care Services	1,976	1,878	99	3,388	3,189	199
Other Programme Services	154	149	6	264	255	9
Delegated Primary Care Services	46,689	46,689	0	80,040	80,040	0
Corporate Budgets	3,390	2,863	526	5,811	4,987	824
Total	121,577	122,312	(735)	208,363	210,033	(1,670)

- The borough is reporting an overall £0.7m year to date overspend position and forecast £1.7m adverse variance at Month 7 (October 2023). The reported year to date position includes £1.0m overspend on Continuing Healthcare and £2.3m overspend on Prescribing, offset by underspends in some budget lines which includes the impact of recovery action and implementing freeze on new financial commitments (e.g., Virtual Ward, Health Inequalities, Discharge Funding, Winter Resilience, etc).
- The key risks within the reported position relate to the Prescribing and Continuing Healthcare budgets and further risk against the Integrated Equipment Contract (Health and Social Care) with NRS . In addition to the reported position there are risks against implementation of self-referral for the Community Adult Audiology Service, increasing demand/significant waiting times of ADHD service and cost of Primary Care Estate projects.
- The CHC team continues to deliver on reducing packages for high-cost cases including for 1:1 care, LD clients and transitions cases. The team is also working locally with Adult Social Care commissioning colleagues to develop provision particularly in context of place-based needs. Lambeth has been subject to disproportionate rates for some services but work at place is ongoing to establish better value costs. The number of active CHC/FNC clients in M07 is 648.
- Prescribing month 7 position is based on M05 2023/24 actual data and represents an adverse in-month position. The PPA information is provided two months in arrears. The year to date overspend of £2.3m is driven by increase in demand, price/supply pressures due to Cat M/ NCSO and Long-Term Condition drug prescribing. All ICBs are experiencing similar impact. The borough Medicines Optimisation team are working on saving initiatives via local improvement schemes including undertaking visits to outlier and selected practices to identify further opportunities around prescribing efficiencies, working with community pharmacy to reduce waste and over-ordering, etc. The team is delivering the savings plan as practices progress with local improvement plans in-year.
- The 2023/24 borough minimum savings requirement is £4.7m and has a savings plan of £5.8m. In addition to the embedded efficiency (£2.3m) as part of the budget setting process, the borough has saving plans for both Continuing Healthcare (£1.8m) and Prescribing (£1.6m) budgets. Year to date delivery at M07 is £0.5m above plan mainly due to additional vacancy factor. All existing and future expenditure/investment is being scrutinised to ensure key priorities are delivered within confirmed budgets.

Overall Position

	Year to date Budget £'000s	Year to date Actual £'000s	Year to date Variance £'000s	Annual Budget £'000s	Forecast Outturn £'000s	Forecast Variance £'000s
Acute Services	614	598	16	1,053	1,026	27
Community Health Services	13,994	13,523	471	23,989	23,148	841
Mental Health Services	4,088	3,784	304	6,992	6,501	491
Continuing Care Services	12,251	13,874	(1,623)	21,002	23,704	(2,702)
Prescribing	22,629	25,099	(2,470)	38,792	43,057	(4,265)
Other Primary Care Services	1,059	1,003	56	1,816	1,720	96
Other Programme Services	3,263	123	3,140	5,593	210	5,383
Delegated Primary Care Services	35,019	35,019	0	60,034	60,034	0
Corporate Budgets	2,396	2,252	145	4,108	3,914	194
Total	95,313	95,275	38	163,379	163,314	65

- At month 7, the borough is reporting an underspend of £38k and forecasting an underspend for the full year of £65k. Within this overall position there are overspends and underspends.
- The main overspend is on prescribing costs. Based on August's data (as data is available 2 months in arrears), the position shows an overspend of £2,470k reflecting activity and price pressures. The overspend comprises two elements: CATM/NCSO pressures (YTD £938k), and prescribing pressures associated with treatment of long-term conditions including diabetes, CVD and Chronic Kidney Disease (YTD £1,532k). The forecast overspend for prescribing has marginally worsened at month 7 to £4.3m (month 6 £4.2m).
- In addition to focussing on the delivery and de-risking of the prescribing efficiency plan, the medicines management team is trying to identify further mitigations to the additional pressures associated with long term conditions.
- There is also an overspend on continuing care services of £1,623k driven by price and activity pressures. This reflects children's CHC £304k and adult's £1,319k. The YTD position reflects efficiencies delivered of £370k, and further efficiencies of £225k have been identified and profiled from month 8. There remains however further risk to this position which will need to be managed reflecting AQP rate increases of c.17% compared to a budget uplift of c. 3.5%
- All other budget lines are close to breakeven or showing underspends. The main underspend is on other programme services £5,383k. This reflects financial recovery actions taken to mitigate prescribing and continuing care services overspends as well as delivery of the borough's efficiency programme.
- The borough has an efficiency target of 4.5% which on applicable budgets equates to c.£4.2m. At month 7 this is fully identified. The YTD delivery is marginally behind plan reflecting an under achievement of £68k on continuing care services.
- The current forecast outturn for borough efficiencies is 93%, £290k behind plan. This reflects the prescribing target being weighted to the second half of the year, and the rate of achievement to month 7 suggests the target will not be fully achieved for the full year. The medicines management team is taking action to try to address this forecast under achievement.
- The borough is focussed on delivery and de-risking these efficiencies as a key priority.

Overall Position

Month 7						
Budget Area	YTD Budget	YTD Actual	YTD Variance	FOT Budget	FOT Actual	FOT Variance
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Acute Services	323	60	263	553	103	450
Community Health Services	19,001	18,455	546	32,573	31,350	1,223
Mental Health Services	4,416	5,050	(634)	7,524	8,706	(1,181)
Continuing Care Services	11,484	11,162	322	19,687	19,172	515
Prescribing	18,684	20,766	(2,082)	32,030	35,685	(3,656)
Other Primary Care Services	519	490	29	891	841	50
Other Programme Services	97	119	(21)	167	204	(37)
Programme Wide Projects	175	196	(21)	300	260	40
Delegated Primary Care Services	37,398	37,398	-	64,113	64,113	-
Corporate Budgets	2,573	2,230	344	4,411	3,712	699
Total FOT	94,671	95,926	(1,255)	162,249	164,146	(1,896)

- The borough is reporting an overspend of £1.3m in month 7 and forecasting an overspend of £1.9m for the year. Within this overall position there are underspends and overspends in budget areas.
- Reported prescribing position shows a deterioration between month 6 and month 7 of £300k adverse variance on our forecast. This was unexpected as it was felt prescribing position had stabilised and was improving. It is still expected that some of the saving's plan in prescribing will have an impact over the coming months.
- The position on mental health placements is consistent with the previous month. We were expecting further improvements to the overspend position due to an additional discharge, however this planned discharge into a community placement has been unsuccessful and so the savings will not be achieved.
- The new integrated equipment service consortium contract with NRS has highlighted several issues and concerns about NRS' operational performance in delivery of the ICES contract and the detrimental impact this is having for residents, officers, partners, and the hospital discharge pathway. Latest data received shows further deterioration with overspend at £613k (42%), (month 5 £400k- 27%) and likely to increase. This has been included within our Community Services position.
- Underspends in Corporate, acute and other community services are absorbing some of the overspends in prescribing and mental health.
- Borough had identified £3.6m of recovery action plans as mitigations to support the financial challenges in the borough. Currently £1.8m of these recovery actions have been actioned and savings delivered. Of the remainder £1.7m, £1.3m are still being discussed as these have wider system impact. Other plans (£245k) require external discussions and implementation by quarter 4 to realise those savings. Some of these plans have already been implemented and reflected in the Year to date and forecast position. Uncommitted budgets in all areas have been frozen as part of this recovery process.
- Borough has efficiency target of 4.5% which amounts to £4.0m. As at month 7 borough is reporting an under delivery of savings in both Mental health and Prescribing. Delivery at month 7 shows £1.8m achieved against a plan of £1.85m. Under delivery of £50k. Forecast position shows under delivery of £477k. The borough is focused on delivery and de risking these plans. Risk is mainly in Prescribing and Mental health savings.

Appendix A
SEL ICB Finance Report
Month 07 2023/24

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1. Executive Summary

- This report sets out the month 07 financial position of the ICB. As agreed with NHSE colleagues and local providers, the ICB plan for 23/24 has been revised from a surplus of £64.100m to a surplus of £16.873m. This movement of £47.227m is represented by equal and opposite changes in the plan values for NHS providers in the south east London ICS. There is no net impact upon the ICB nor the overall 23/24 plan for the ICS.
- The ICB's financial allocation as at month 07 is **£4,785,068k**. In month, the ICB received additional allocations of **£12,261k**, which included Primary Care Global Sum Uplift (£5,004k), Charge Exempt Overseas Visitors (£5,950k), Community Diagnostic Centre revenue (£712k), Quarter 1 DOAC (prescribing) rebate (£440k) plus some smaller allocations. This is as set out on the next slide.
- As at month 07, the ICB is reporting a **year to date overspend** against plan of **£1,656k**. This compares to an equivalent overspend at month 06 of **£2,218k**. The improvement is largely a result of the implementation of Place recovery actions plus the impact of independent sector ERF funding. The financial position continues to be driven by **overspends in prescribing (£11,838k) and continuing healthcare (CHC) (£4,905k), which are being partially offset by underspends in other budgets**.
- At present there are five months **prescribing data** available for 23/24 as it is produced 2 months in arrears. Prescribing expenditure continues to be impacted by national price and supply pressures with all ICBs being impacted. The overspend is also driven by new NICE recommended drugs together with local activity growth related to Long Term Conditions. As described in this report, efficiency schemes are underway to mitigate this.
- The overspend on CHC relates partially to the impact of 23/24 prices, which have increased significantly above the level of NHS funding growth. In addition, all boroughs have increased activity since the start of the year.
- The above financial pressures mean that **5 out of 6 boroughs** are reporting **overspend** positions at month 07.
- **Focus meetings with all 6 boroughs have taken place in September/October to agree recovery actions to de-risk as far as possible financial positions. This process has been helpful with the implementation of recovery plans now underway, which will support the delivery of the forecast year-end balanced position.**
- In reporting this month 07 position, the ICB has delivered the following financial duties:
 - Underspending (**£2,473k**) against its management costs allocation;
 - 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 07, and noting the risks outlined in this report, the ICB is **forecasting a break-even position for the 23/24 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
ICB Start Budget	135,661	233,559	165,890	203,003	158,836	157,251	3,075,121	4,129,321
M2 Internal Adjustments	1,308	3,618	2,309	574	527	1,134	(9,470)	-
M2 Allocations							65,867	65,867
M2 Budget	136,969	237,177	168,199	203,577	159,363	158,385	3,131,518	4,195,188
M3 Internal Adjustments	1,316	1,924	1,608	2,644	1,885	1,813	(11,190)	-
M3 Allocations							467,001	467,001
M3 Budget	138,285	239,101	169,807	206,221	161,248	160,198	3,587,329	4,662,189
M4 Internal Adjustments	203	200	170	312	330	247	(1,462)	-
M4 Allocations	-	4	42	32	21	50	75,838	75,987
M4 Budget	138,488	239,305	170,020	206,564	161,599	160,495	3,661,706	4,738,176
M5 Internal Adjustments	573	605	591	559	463	405	(3,198)	-
M5 Allocations	57	-	-	-	-	-	33,221	33,278
M5 Budget	139,118	239,910	170,611	207,124	162,062	160,900	3,691,729	4,771,454
M6 Internal Adjustments	393	1,812	895	383	338	312	(4,133)	-
M6 Allocations	-	-	-	-	-	-	1,353	1,353
M6 Budget	139,511	241,722	171,506	207,507	162,400	161,212	3,688,949	4,772,807
M7 Internal Adjustments								
Home First	1,183		378				(1,561)	-
Community Diabetes Service				(541)			541	-
Primary Care Transformation	57	81	74	103	82	84	(481)	-
Community Violence	16	16	64	80	23	64	(264)	-
M7 Allocations								
Primary Medical Care - Global Sum Uplift	580	819	753	1,089	874	889		5,004
TTP Service Baseline Transfer ICB to NHSE							(104)	(104)
Charge Exempt Overseas Visitors Adj							5,950	5,950
Community Diagnostic Centre revenue							712	712
Q1 DOAC rebates							440	440
Early Diagnosis Liver Cancer Primary Care Pilots				124				124
Other							135	135
M7 Budget	141,346	242,638	172,775	208,363	163,379	162,250	3,694,317	4,785,068

- The table sets out the Revenue Resource Limit at month 07.
- The start allocation of **£4,129,321k** is consistent with the final 2023/24 Operating Plan.
- During month 07, internal adjustments were actioned to ensure allocations were aligned to the correct agreed budgets. These had no overall impact on the overall allocation. The main adjustments related to Home First, community diabetes, primary care transformation and community violence programmes, with much of the budgets being moved to Place.
- In month, the ICB has received an additional **£12,261k** of allocations, giving the ICB a total allocation of **£4,785,068k** at month 07. The additional allocations included Primary Care Global Sum Uplift (**£5,004k**), Charge Exempt Overseas Visitors (**£5,950k**), Community Diagnostic Centre revenue (**£712k**), Quarter 1 DOAC rebate (**£440k**) plus some smaller allocations. Each of the allocations is listed in the table to the left. These will be reviewed and moved to the correct budget areas as required.
- Further allocations both recurrent and non-recurrent will be received as per normal throughout the year each month.

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 in the Executive Summary, the ICB reporting an overspent position (**£1,656k**) against plan as at Month 7 mainly due to the prescribing and CHC pressures which are continuing into this financial year.
- All other financial duties have been delivered for the year to Month 7 period.
- A break-even position against plan is forecasted for the 2023/24 financial year.

Key Indicator Performance	Year to Date		Forecast		
	Target	Actual	Target	Actual	
	£'000s	£'000s	£'000s	£'000s	
	Expenditure not to exceed income	2,728,613	2,730,269	4,818,814	
Operating Under Resource Revenue Limit	2,718,770	2,720,426	4,801,941	4,801,941	
Not to exceed Running Cost Allowance	21,685	19,211	37,174	33,992	
Month End Cash Position (expected to be below target)	4,588	3,561			
Operating under Capital Resource Limit	n/a	n/a	n/a	n/a	
95% of NHS creditor payments within 30 days	95.0%	100.0%			
95% of non-NHS creditor payments within 30 days	95.0%	98.1%			
Mental Health Investment Standard (Annual)			439,075	439,522	

4. Prescribing – Overview

- The prescribing budget currently represents the largest financial risk facing the ICB. The month 7 prescribing position is based upon m05 23/24 data as the information is provided two months in arrears. **This month, the rate of overspend has reduced as the savings programme starts to impact; this will be monitored over the next couple of months to establish if this is a sustained position.** The ICB is reporting a PPA prescribing position of **£11,958k overspend** year to date (YTD). This is after 7 months of the borough 1% risk reserve and the central (£3,500k) risk reserve have been reflected into the position. In addition, the non PPA budgets are underspent by £120k giving an **overall overspend of £11,838k YTD.**
- If this trend continued for the full year, this would generate an unmitigated overspend of circa **£19,108k.**

M07 Prescribing	Total PMD (Excluding Cat M & NCSO)		Central Drugs	Flu Income	PY (Benefit)/Cost Pressure		Difference between PMD & IPP Report	YTD PPA Budget (Includes 1% Risk Reserve budget)		YTD Variance - (over)/under	Annual Budget (Includes Flu 1% Risk Reserve)		FOT Actual (S/L)	FOT Variance - (over)/under
	Cat M & NCSO	Cat M & NCSO			QIPP Savings	Total PPA YTD Spend		Total PPA YTD Spend	Income & Annual 1% Risk Reserve		FOT Actual			
BEXLEY	20,525,906	900,198	707,061	(174,777)	(34,988)		33,981	21,957,381	19,709,746	(2,247,636)	33,788,141	37,666,217	(3,878,076)	
BROMLEY	27,699,579	1,168,064	952,632	(238,898)	(23,718)		45,744	29,603,404	27,063,099	(2,540,304)	46,393,897	50,765,633	(4,371,736)	
GREENWICH	20,522,696	951,473	708,648	(76,404)	(79,790)		33,946	22,060,569	19,295,868	(2,764,701)	33,078,653	37,875,111	(4,796,458)	
LAMBETH	23,372,642	917,512	801,575	(88,866)	(116,496)		38,692	24,925,058	22,602,036	(2,323,023)	38,746,371	42,811,883	(4,065,513)	
LEWISHAM	23,167,811	938,355	795,503	(75,341)	(42,378)		38,357	24,822,308	22,352,075	(2,470,233)	38,317,856	42,582,798	(4,264,943)	
SOUTHWARK	19,301,480	830,343	664,350	(79,030)	(122,341)		32,040	20,626,842	18,437,063	(2,189,779)	31,606,399	35,447,687	(3,841,288)	
SOUTH EAST LONDON	0					(535,712)		(535,712)	2,041,667	2,577,379	3,500,000	(2,610,000)	6,110,000	
Grand Total	134,590,114	5,705,945	4,629,770	(733,316)	(419,711)	(535,712)	222,760	143,459,851	131,501,553	(11,958,297)	225,431,316	244,539,329	(19,108,014)	

- The table above shows that of the YTD overspend, approximately **£5,706k** related to Cat M and NCSO (no cheaper stock) pressures. An additional **£6,252k** relates to a local growth in prescribing.
- The growth has been identified as partly relating to NICE recommendations for new and existing drugs, which are mandatory for the NHS. Specifically, key elements of the growth relate to hormone replacement therapy, medicines for attention deficit hyperactivity disorder, melatonin (sleep disorder), antibiotics, catheters, wound care, and promethazine. An element of this growth, is amenable to change. Community provider engagement would be crucial for progress to be made.
- Of the overall annual forecast unmitigated pressure of circa £19,108k, around **£9,782k** relates to **national Cat M and NCSO factors.**
- The position is differential per borough and is determined by local demographics and prescribing patterns.
- A joint finance and medicines optimisation meeting took place on 27 June to discuss these matters in greater detail, where mitigating actions (including the identification of additional savings areas) were agreed.

Risks and Issues for Prescribing: actions underway

- Use of clinically and cost-effective medicines is key in delivering improved outcomes for people with **long term conditions**, where much of the cost of medicines lies. Medicines optimisation approaches must be embedded within wider pathways and services to improve uptake of these medicines, using a shared decision making and personalised care approach, working alongside quality improvement and clinical effectiveness programmes. The medicines QIPP group will be reviewing respiratory prescribing during Q3, to assess opportunities across the boroughs.
- In August 2023, the NHS England Medicines Optimisation Executive Group (MOEG) issued 16 national medicines optimisation opportunities for the NHS in 2023/24 to deliver on integrated care boards (ICBs) four key objectives **NHS England » National medicines optimisation opportunities 2023/24**. These are being reviewed through our medicines governance for prioritisation and implementation and the national data dashboard for the opportunities is expected in autumn. Active work on all of them is already underway in SEL.
- A SEL position on **branded generics switches** will be discussed and agreed at the SEL primary care medicines value group. Some branded generic switches are included in 2 borough QIPP plans, and DHSC advice is that whilst it may appear that the ICB at an individual level is achieving cost efficiency savings through branded generic prescribing, this has a detrimental effect on the overall costs to the NHS.
- By the end of October 2023, stocktake progress on our high value **oral direct acting anticoagulant prescribing** work with benchmarking of uptake of edoxaban use and switching programmes.
- Reducing **medicines waste** is crucial to ensuring value from our medicines spend. We have a work programme to tackle **overprescribing**, to promote shared decision making and personalised care in prescribing so that people understand the risks and benefits of their medicines, and how to get the most from them. We also plan some work on improving **repeat prescribing systems** for 24/25 particularly in view of remote consultations and wider use of the NHS app since the C-19 pandemic.
- The **Prescribing Support Dietetics (PSD) Service** for Lambeth and Southwark, based at GSTT will be mainstreamed for Bromley, Bexley and Lewisham for 24/25. Greenwich has an existing comprehensive community dietetic service for both adults and children delivered by Oxleas, which will be scaled up to provide a PSD service (practice-level review and RAC) to reduce variation and provide the same model of care across SEL.
- Work on cost effective prescribing of **dressings and wound care** with the community provider collaborative is ongoing and now unlikely to impact in 23/24, having focussed initially on progressing a lower limb core offer including the education and training element.

5. NHS Continuing Healthcare – Overview

Overview:

- The Continuing Care (CHC) budgets have been built from the 2022/23 budgets with adjustment made to fund the price inflation (1.8%), activity growth (3.26%) and to reflect ICB convergence savings (-0.7%).
- The overall CHC financial position as at Month 07 is **an overspend of £4,905k. Except for Southwark, all other boroughs are reporting YTD overspends.** Like last month, there are notable overspends in Greenwich, Lambeth, and Lewisham. The overspend in Greenwich is driven by fully funded Learning Disability clients (<65), in Lambeth it is due to fully funded Physical Disability (<65) clients, FNC and palliative clients, and in Lewisham it is fully funded Learning Disability clients (<65), rehabilitation and palliative clients. The borough teams are actively looking and identifying potential savings where appropriate and other ways of containing costs. The 1% risk reserve is being released into borough financial positions monthly to partially mitigate the overspend. All boroughs have actively participated in the CHC Summits and Task and Finish Groups which are now looking at high-cost clients including 1:1 care, transition arrangements and communications with clients and their relatives with regards to managing expectations. All boroughs, except for Southwark, are forecasting overspend positions at the year end.
- An additional piece of work which was requested by the Place Executives (PELs) has been completed which has highlighted specific areas where there is borough variations – including enhanced care, respective costs of CHC teams and CHC performance. This work was completed collaboratively with central finance, CHC teams and the Nursing and Quality Directorate. This work has been shared with Place Executive Leads and each borough will be taking this work forward, specifically where their borough is an outlier.
- As reported last month, boroughs continue to experience an increase in activity. Greenwich and Lambeth continue to have the highest numbers of high-cost packages and highest average package costs. The ICB has a panel in place to review price increase requests above 1.8%, to both ensure equity across SE London and to mitigate large increases in cost. Most providers have now reached agreement with the ICB regarding uplifts, leaving just a few smaller organisations to agree on an uplift. CHC budgets are now seeing this pressure come through, all agreed uplifts are now updated on databases to reflect this, and so costs will be included within actuals.
- Results of the analysis of CHC expenditure across the boroughs on a price and activity basis is set out on the following slides.

Number Clients (Excluding FNC) and monthly average cost per clients by Borough												
	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	295	£6,018	339	£4,818	255	£7,857	333	£7,060	220	£7,100	237	£6,263
Month 2	313	£5,650	221	£6,561	248	£9,079	319	£7,659	230	£6,778	212	£6,982
Month 3	342	£5,203	251	£5,923	268	£8,731	351	£7,127	240	£6,604	233	£6,137
Month 4	387	£4,693	298	£5,208	277	£8,593	375	£6,714	265	£6,059	251	£5,814
Month 5	438	£4,308	332	£4,665	281	£8,568	403	£6,230	289	£5,838	268	£5,359
Month 6	467	£4,024	368	£4,224	284	£8,417	417	£5,955	309	£5,554	283	£5,115
Month 7	509	£3,710	399	£3,943	296	£8,239	440	£5,583	340	£5,231	304	£4,680
Month8												
Month9												
Month10												
Month11												
Month12												

Please Note: Average cost excludes FNC and one off costs

	Active Number of clients cost > £1,500/WK @ the end of this period					
	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark
	No Of Clients	No Of Clients	No Of Clients	No Of Clients	No Of Clients	No Of Clients
March 2023 (M12)	72	62	92	147	75	71
Month2	71	62	87	126	68	70
Month3	75	71	87	123	73	69
Month4	77	70	94	119	72	71
Month 5	83	65	94	119	75	66
Month 6	82	64	94	106	79	64
Month 7	83	65	98	113	84	69
Month 8						
Month 9						
Month 10						
Month 11						
Month 12						

- The tables set out the monthly numbers of CHC clients and the average price of care packages excluding FNC and one-off costs. The first table also includes both the activity baseline and average care package price upon which the 2023/24 budgets were set. The second table shows the number of care packages above £1,500 per week per borough for the month 7 YTD position.
- This year we have excluded FNC (generally low-cost packages) to improve comparability. The first table shows that, for all boroughs, the average prices show a downward trend this year. However, the Lambeth and Greenwich average prices are higher than for the other boroughs. The number of client costs > £1,500 a week emphasises this.
- All but 2 boroughs are showing an increase in the number of high-cost packages compared to the end of the last financial year.
- Boroughs have agreed recovery plans with the SE London ICB senior management team, as part of the Focus Meetings process.

6. 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, much of which is within block contracts.
- In year, the ICB is forecasting to spend circa **£3,423,543k** of its total allocation on NHS block contracts, with payments to our local providers as follows:
 - Guys and St Thomas **£898,234k**
 - Kings College Hospital **£881,611k**
 - Lewisham and Greenwich **£635,191k**
 - South London and the Maudsley **£306,709k**
 - Oxleas **£230,178k**
- In month, the ICB position is showing a break-even position on these NHS services and a break-even position has also been reflected as the forecast year-end position.
- An underspend (£3,450k) is being reflected YTD for the Independent Sector Providers Elective Recovery Fund (ERF) position in line with NHS England guidance and requirements.

7. ICB Efficiency Schemes

South East London ICB Place - Efficiency Savings								
	Full Year 2023/24				Month 7			Month 6
	Annual	Identified	Unidentified	Unidentified	Plan YTD	Actual YTD	Variance	Variance
	Requirement	Month 7	Month 7	Month 6				
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Bexley	3,899	3,899	0	(41)	3,154	2,952	(202)	(221)
Bromley	7,429	7,429	0	(322)	3,546	3,447	(99)	(108)
Greenwich	4,857	4,857	0	0	4,668	4,606	(62)	(118)
Lambeth	4,690	5,770	1,080	1,080	3,154	3,642	488	332
Lewisham	4,208	4,208	0	0	2,254	2,186	(68)	(104)
Southwark	3,967	4,095	128	128	1,837	1,787	(50)	14
Total	29,050	30,258	1,208	845	18,613	18,620	7	(205)

Commentary

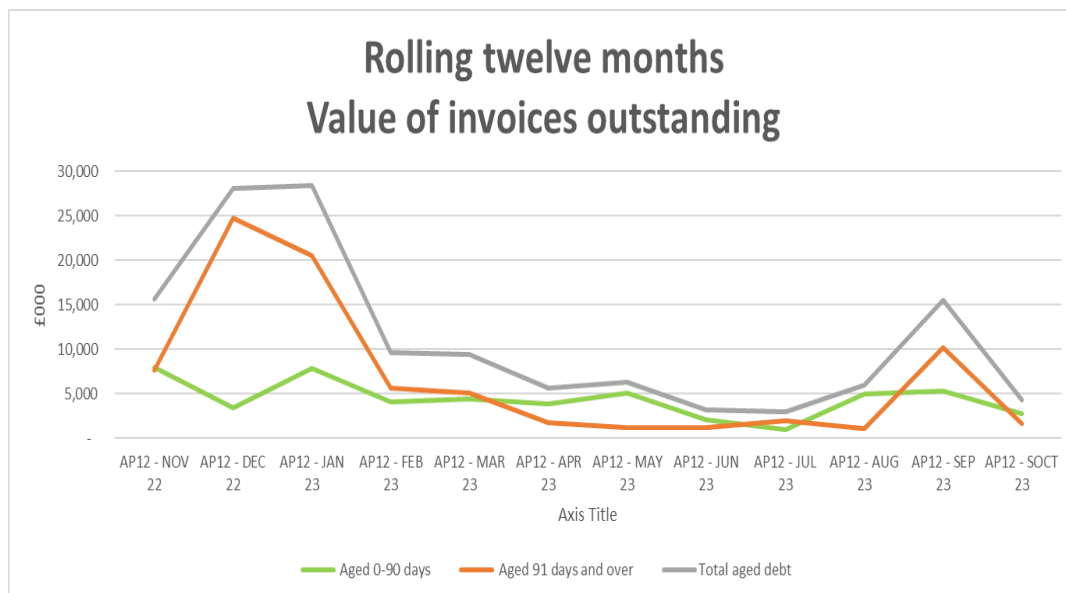
- The above table sets out the position of the ICB efficiency schemes for both month 7 YTD and the full year 23/24.
- The 23/24 total efficiency target for the Places within the ICB is £29.05m. The most significant areas for Place efficiency schemes are prescribing and CHC. The target is based upon an efficiency requirement of 4.5% of start 23/24 applicable recurrent budgets. As at Month 7, saving schemes above the overall target have been identified.
- At month 7, actual delivery (£18.62m) is on plan. Places are continuing to identify and implement actions to improve savings run-rates, especially for prescribing and CHC expenditure. At this stage in the financial year, we are forecasting that the savings plan of £29.05m will be delivered albeit with a significant degree of risk.
- The reporting against the ICB efficiency plan will continue to be refined.

8. Corporate Costs – Programme and Running Costs

- The table below shows the current position on corporate pay and non-pay costs. Year to date there is a combined underspend of **£2,818k**, which consists of an **£345k** underspend on programme costs and an underspend of **£2,473k** on administrative costs which is a direct charge against the ICB's **running cost allowance (RCA)**. Vacant posts are key driver for the underspend. The RCA is **£37,174k** for the year, with no change in-month. The current run-rate is beneficial in respect of the required reductions (30%) that need to be delivered over the next two financial years.

SOUTH EAST LONDON ICB TOTAL							
Cost Centre	Cost Centre Description	YTD Budget	YTD Actual	YTD Variance	Annual Budget	Forecast Outturn	Forecast Variance
		£000s	£000s	£000s	£000s	£000s	£000s
	PROGRAMME						
929002	ACUTE SERVICES B	0	22	(22)	0	0	0
929085	NON MHIS MENTAL HEALTH SERVICES B	260	933	(673)	446	1,556	(1,110)
929157	CONTINUING HEALTHCARE ASSESSMENT & SUPPORT	2,122	1,628	494	3,637	2,840	797
929173	MEDICINES MANAGEMENT - CLINICAL	2,638	2,251	387	4,522	3,903	618
929181	PRIMARY CARE PROGRAMME ADMINISTRATIVE COSTS	2,657	2,760	(103)	4,555	4,818	(263)
929219	PRIMARY CARE TRANSFORMATION	0	146	(146)	0	251	(251)
929245	SAFEGUARDING	1,784	1,625	159	3,058	2,792	265
929248	NURSING AND QUALITY PROGRAMME	1,426	1,233	194	2,445	2,004	441
929249	CLINICAL LEADS	2,971	2,196	775	5,093	3,774	1,319
929272	PROGRAMME WIDE PROJECTS	(672)	256	(927)	(1,152)	440	(1,591)
929273	PROGRAMME ADMINISTRATIVE COSTS	510	302	209	875	559	315
	PROGRAMME TOTAL	13,696	13,351	345	23,479	22,937	542
	ADMIN						
929561	ADMINISTRATION & BUSINESS SUPPORT	498	481	17	854	831	23
929562	ASSURANCE	306	296	10	525	507	17
929563	BUSINESS DEVELOPMENT	275	231	43	471	397	74
929564	BUSINESS INFORMATICS	2,165	1,817	348	3,712	3,148	563
929566	CHAIR AND NON EXECs	157	142	14	269	257	11
929570	PRIMARY CARE SUPPORT	573	638	(65)	982	1,052	(71)
929571	COMMISSIONING	3,862	3,456	406	6,620	5,987	633
929572	COMMUNICATIONS & PR	1,087	1,055	31	1,863	1,779	84
929574	CONTRACT MANAGEMENT	592	454	138	1,015	773	242
929575	CORPORATE COSTS & SERVICES	1,150	931	218	1,971	1,596	375
929576	CORPORATE GOVERNANCE	3,032	2,701	332	5,198	4,673	525
929578	EMERGENCY PLANNING	318	263	55	546	429	117
929580	ESTATES AND FACILITIES	1,704	1,633	71	2,921	2,797	124
929581	FINANCE	(254)	(666)	412	(435)	(1,179)	744
929585	IM&T	738	283	455	1,265	489	776
929586	IM&T PROJECTS	596	596	(0)	1,021	1,021	0
929591	OPERATIONS MANAGEMENT	302	290	12	517	497	21
929593	PERFORMANCE	481	418	63	825	742	84
929599	STRATEGY & DEVELOPMENT	3,950	3,147	803	6,772	5,312	1,460
929600	ADMIN PROJECTS	(993)	(89)	(904)	(1,702)	953	(2,655)
929601	SERVICE PLANNING & REFORM	74	74	(0)	127	127	(1)
929602	EXECUTIVE MANAGEMENT TEAM	1,073	1,060	13	1,840	1,805	35
	ADMIN TOTAL	21,685	19,211	2,473	37,174	33,992	3,182
	CORPORATE TOTAL	35,381	32,563	2,818	60,653	56,929	3,724

9. Debtors Position



The ICB has an overall debt position of **£4.3m** at month 7. This is **£11.3m lower** when compared to last month due to a significant number of agreed invoices to local councils being settled in month. Of the current debt, there is approximately £279k of debt over 3 months old which is a slight deterioration on the month 6 position. **The largest debtor values this month are with partner organisations and the ICB does not envisage any risk associated with settlement of these items.**

The ICB has implemented a BAU approach to debt management, focusing on ensuring recovery of its larger debts, and in minimising debts over 3 months old. This will be especially important as we move to a new ISFE2 ledger in April 2024. Regular meetings with SBS are assisting in the collection of debt, with a focus on debt over 90 days which will need to reduce before the ledger transition.

The top 10 aged debtors are provided in the table below:

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	668	110	66	1,653	133	105	2,735
Non-NHS	135	664	745	20	0	41	1,605
Unallocated	0	(28)	0	0	0	0	(28)
Total	803	746	811	1,673	133	146	4,312

Number	Supplier Name	Total Value £000	Aged 0-90 days Value £000	Aged 91 days and over Value £000
1	NHS NORTH WEST LONDON ICB	1,577	1,577	-
2	BROMLEY LONDON BOROUGH COUNCIL	885	885	-
3	NHS ENGLAND	572	520	52
4	SOUTHWARK LONDON BOROUGH COUNCIL	387	387	-
5	SOUTH LONDON AND MAUDSLEY NHS FOUNDATION TRUST	95	95	-
6	GREAT ORMOND STREET HOSPITAL FOR CHILDREN NHS FT	91	41	50
7	LEWISHAM AND GREENWICH NHS TRUST	81	21	60
8	LEWISHAM LONDON BOROUGH COUNCIL	80	80	-
9	GUY'S AND ST THOMAS' NHS FOUNDATION TRUST	79	50	29
10	NHS NORTH CENTRAL LONDON ICB	72	79	-

10. Cash Position

- The Maximum Cash Drawdown (MCD) as at month 7 was **£4,300,503k**. The maximum cash drawdown (MCD) available as at month 07, after accounting for payments made on behalf of the ICB by the NHS Business Authority (largely relating to prescribing, community pharmacy and primary care dental expenditure) was **£1,621,263k**. During month 7, the cash limit was reduced in error by NHSE by £450,000k relating to the Pathfinder Specialist Commissioning allocation. It has been subsequently agreed that this will be re-instated in month 8, however this will affect our metrics this month.
- As at month 7 the ICB had drawn down 62.3% of the available cash compared to the budget cash figure of 58.3% but this is against an incorrect cash limit per above. The ICB is where possible not using the supplementary drawdown facility due to improved cash flow forecasting. The facility was used in month 1 due to high volumes of year end creditors to be paid and again in October due to the re-phasing of the surplus to providers together the uncertainty around the timing of income from local councils. No supplementary drawdown has been required in November.
- 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. The actual cash balance at the end of Month 7 was **£3,561k**, well within the target set by NHSE (**£4,588k**). **The ICB expects to utilise its cash limit in full by the year end.**
- ICBs are expected to pay 95% of all creditors within 30 days of the receipt of invoices. To date the ICB has met the BPPC targets each month, and it is expected that these targets will be met in full both each month and cumulatively at the end of the financial year.

ICB	2023/24 AP7 - OCT 23	2023/24 AP6 - SEP 23	2023/24 Month on month movement
Annual Cash Drawdown Requirement for 2023/24	£000s	£000s	£000s
ICB ACDR	4,300,503	4,692,773	(392,270)
Capital allocation	0	0	0
Less:			
Cash drawn down	(2,475,000)	(2,093,000)	(382,000)
Prescription Pricing Authority	(155,086)	(132,244)	(22,843)
HOT	(1,510)	(1,313)	(197)
POD	(44,208)	(36,925)	(7,283)
22/23 Pay Award charges	(1,733)	(1,733)	0
PCSE POD charges adjustments	(1,703)	(352)	(1,352)
Remaining Cash limit	1,621,263	2,427,207	(805,944)

Cash Drawdown	Monthly Main Draw down £000s	Supplementary Draw down £000s	Cumulative Draw down £000s	Proportion of ICB ACDR %	KPI - 1.25% or less of main drawdown £000s	Month end bank balance £000s	Percentage of cash balance to main draw
Apr-23	310,000	15,000	325,000	9.30%	3,875	3,250	1.05%
May-23	310,000	0	635,000	18.20%	3,875	3,423	1.10%
Jun-23	317,000	0	952,000	22.50%	3,963	2,955	0.93%
Jul-23	360,000	0	1,312,000	30.50%	4,500	817	0.23%
Aug-23	385,000	0	1,697,000	39.20%	4,813	1,771	0.46%
Sep-23	396,000	0	2,093,000	48.30%	4,950	2,052	0.52%
Oct-23	367,000	15,000	2,475,000	62.30%	4,588	3,561	0.97%
Nov-23	390,000		2,865,000		4,875		
Dec-23							
Jan-24							
Feb-24							
Mar-24							
	2,835,000	30,000					

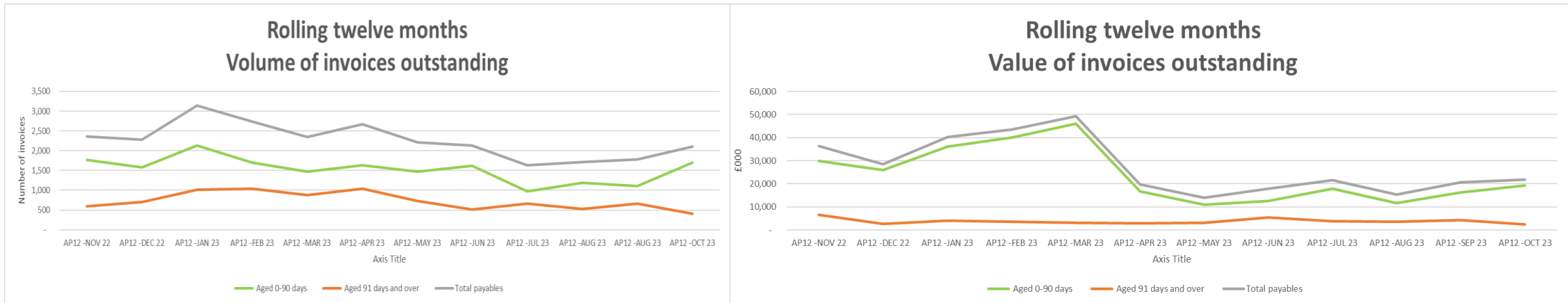
11. Aged Creditors

The ICB will be moving to a new ledger ISFE2 on 1st April 2024 and so as with previous transitions, the ICB needs to reduce the volume and value of outstanding invoices on the ledger.

The **volume of outstanding invoices has continued to increase this month reversing the previous trend.** This is shown below in the upward trend for invoices over 0-90 days old. However, the volume of items aged 91 days + is starting to reduce again which is encouraging. A deadline for clearing all pre-April 2023 invoices had been set for the end of October and the results have been positive – as referenced in the next paragraph. The value of the invoices outstanding is now starting to increase for invoices in the 0–90-day category, with the over 90-day items reducing. The borough Finance leads, and the central Finance team are supporting budget holders to resolve queries with suppliers where required.

As mentioned above, work has been ongoing to clear all the items pre-April 2023 by the end of October and to maintain a reduced level of outstanding invoices following the good work undertaken in the last financial year. As of 13th November, there are only 17 invoices still to be cleared with a value of circa £0.1m which is good progress compared to last month. Progress will continue to be closely monitored over the next couple of weeks. The focus going forward will be on clearing all agreed invoices over 30 days old, to reduce the levels of invoices which would otherwise need to be cut over to the new system.

As part of routine monthly reporting for 2023/24, high value invoices are being reviewed on a regular basis to establish if they can be settled quickly and budget holders are being reminded on a constant basis to review their workflows.



12. Mental Health Investment Standard (MHIS) – 2023/24

Summary

- SEL ICB is required to deliver the Mental Health Investment Standard (MHIS) by increasing spend over 22/23 outturn by a **minimum of the growth uplift of 9.22%**. This spend is subject to annual independent review.
- MHIS excludes:
 - spending on Learning Disabilities and Autism (LDA) and Dementia (Non MHIS eligible).
 - out of scope areas include ADHD and the physical health elements of continuing healthcare/S117 placements
 - spend on SDF and other non-recurrent allocations
- Slide 2 summarises the SEL ICB reported YTD and FOT position for the delivery of the Mental Health Investment Standard (MHIS) for M07. The ICB is forecasting that it will deliver the target value of **£439,075k** with a forecast of **£439,522** (£447k over delivery). This over-delivery is mainly because of increased spend on prescribing resulting from price increases over the 2023/24 plan, noting the volatility of spend as described below.
- Slide 3 sets out the position by ICB budgetary area.

Risks to delivery

- The current YTD and forecast spend assumes that baseline MHIS and SDF allocations are spent in full. We are currently reviewing the SDF forecast as part of the 23/24 FOT template for NHSE.
- We are continuing to see challenges in spend in some boroughs on mental health, for example on S117 placements and plans include improving joint funding panel arrangements and developing new service and pathways.
- For ADHD, although it is outside the MHIS definition and is therefore excluded from this reported position, there continues to be significant and increasing independent sector spend with a forecast spend of approximately £2m compared to the 22/23 outturn position of £1.6m. The SEL task and finish group is working with providers to maximise resource and capacity in pathways, improving data quality and consider contracting options. We are working with the London Region and other ICBs to benchmark services and develop shared principles for ADHD assessment and treatment.
- Prescribing spend is volatile within and across years. Spend in 20/21 of £11.4m reduced to £9.4m in 21/22 mainly because of a reduction in spend on sertraline of £2m and then increased to an outturn of £10.7m (14%) in 22/23 because of Cat M and NCSO drug supply issues. For 23/24 the forecast spend based on the latest BSA data (to July 2023) is £11.0m, an increase of 2.7% over 22/23.

Summary MHIS Position – Month 07 (October) 2023/24

Mental Health Spend By Category	Category Reference Number	Total Mental Health	Mental Health - NHS	Mental Health - Non-NHS	Total Mental Health	Mental Health - NHS	Mental Health - Non-NHS	Total Mental Health	Total Mental Health
		Plan 31/03/2024 Year Ending £'000	Actual 31/10/2023 YTD £'000	Actual 31/10/2023 YTD £'000	Actual 31/10/2023 YTD £'000	Forecast 31/03/2024 Year Ending £'000	Forecast 31/03/2024 Year Ending £'000	Forecast 31/03/2024 Year Ending £'000	Variance 31/03/2024 Year Ending £'000
Children & Young People's Mental Health (excluding LD)	1	41,002	21,146	2,482	23,628	36,251	4,150	40,401	601
Children & Young People's Eating Disorders	2	2,726	1,594	0	1,594	2,732	0	2,732	(6)
Perinatal Mental Health (Community)	3	9,285	5,427	0	5,427	9,304	0	9,304	(19)
Improved access to psychological therapies (adult and older adult)	4	34,993	16,469	3,710	20,179	28,232	6,361	34,593	400
A and E and Ward Liaison mental health services (adult and older adult)	5	18,139	10,603	0	10,603	18,176	0	18,176	(37)
Early intervention in psychosis 'EIP' team (14 - 65yrs)	6	12,478	7,293	0	7,293	12,503	0	12,503	(25)
Adult community-based mental health crisis care (adult and older adult)	7	32,673	18,901	198	19,099	32,402	336	32,738	(65)
Ambulance response services	8	1,146	670	0	670	1,148	0	1,148	(2)
Community A – community services that are not bed-based / not placements are not delivered in hospitals	9a	119,100	61,767	7,202	68,969	105,886	12,021	117,907	1,193
	9b	22,839	8,019	5,624	13,643	14,232	9,641	23,873	(1,034)
Mental Health Placements in Hospitals	20	5,548	1,884	740	2,624	3,229	1,307	4,536	1,012
Mental Health Act	10	6,567	0	4,543	4,543	0	7,765	7,765	(1,198)
SMI Physical health checks	11	890	391	69	460	670	118	788	102
Suicide Prevention services (adult and older adult)	12	0	0	0	0	0	0	0	0
Adult and older adult acute mental health out of area placements	13	112,743	65,901	0	65,901	112,973	0	112,973	(230)
	14	8,811	4,798	275	5,073	8,225	469	8,694	117
Sub-total MHIS (exc. CHC, prescribing, LD & dementia)		428,941	224,863	24,843	249,706	385,963	42,168	428,131	810
Mental health prescribing	16	9,585	0	6,417	6,417	0	11,000	11,000	(1,415)
Mental health in continuing care (CHC)	17	549	0	228	228	0	391	391	158
Sub-total - MHIS (inc CHC, Prescribing)		439,075	224,863	31,488	256,351	385,963	53,559	439,522	(447)
Learning Disability	18a	11,525	6,723	678	7,401	11,525	1,158	12,683	(1,158)
Autism	18b	2,594	680	904	1,584	1,166	1,547	2,713	(119)
Learning Disability & Autism - not separately identified	18c	79,485	2,710	44,314	47,024	4,646	74,994	79,640	(155)
Sub-total - LD&A (not included in MHIS)		93,604	10,113	45,896	56,009	17,337	77,699	95,036	(1,432)
Dementia	19	14,671	7,403	1,128	8,531	12,691	1,953	14,644	27
Sub-total - Dementia (not included in MHIS)		14,671	7,403	1,128	8,531	12,691	1,953	14,644	27
Total - Mental Health Services		547,350	242,379	78,512	320,891	415,991	133,211	549,202	(1,852)

Summary MHIS Position M07 2023/24 - position by budget area

Mental Health Investment Standard (MHIS) position by budget area M07 2023/24	Category number	Year to Date position for the seven months ended 31 October 2023						Forecast Outturn position for the financial year ended 31 March 2024						
		Year To Date	SEL Wide Spend	Borough Spend	All Other	Total	Variance (over)/under	Annual Plan	SEL Wide Spend	Borough Spend	All Other	Total	Variance (over)/under	
		£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	
Mental Health Investment Standard Categories:														
Children & Young People's Mental Health (excluding LD)	1	23,918	21,146	2,482	0	23,628	289	41,002	36,251	4,150	0	40,401	601	
Children & Young People's Eating Disorders	2	1,590	1,594	0	0	1,594	(3)	2,726	2,732	0	0	2,732	(6)	
Perinatal Mental Health (Community)	3	5,416	5,427	0	0	5,427	(11)	9,285	9,304	0	0	9,304	(19)	
Improved access to psychological therapies (adult and older adult)	4	20,412	16,469	3,710	0	20,179	234	34,993	28,232	6,361	0	34,593	400	
A and E and Ward Liaison mental health services (adult and older adult)	5	10,581	10,603	0	0	10,603	(22)	18,139	18,176	0	0	18,176	(37)	
Early intervention in psychosis 'EIP' team (14 - 65yrs)	6	7,279	7,293	0	0	7,293	(15)	12,478	12,503	0	0	12,503	(25)	
Adult community-based mental health crisis care (adult and older adult)	7	19,060	18,901	198	0	19,099	(40)	32,673	32,402	336	0	32,738	(65)	
Ambulance response services	8	668	670	0	0	670	(1)	1,146	1,148	0	0	1,148	(2)	
Community A – community services that are not bed-based / not placements	9a	69,475	61,767	7,202	0	68,969	506	119,100	105,886	12,021	0	117,907	1,193	
Community B – supported housing services that fit in the community model, that are not delivered in hospitals	9b	13,323	8,019	5,502	122	13,643	(320)	22,839	14,232	9,432	209	23,873	(1,034)	
Mental Health Placements in Hospitals	20	3,236	1,884	740	0	2,624	613	5,548	3,229	1,307	0	4,536	1,012	
Mental Health Act	10	3,831	0	4,543	0	4,543	(712)	6,567	0	7,765	0	7,765	(1,199)	
SMI Physical health checks	11	519	391	69	0	460	59	890	670	118	0	788	102	
Suicide Prevention	12	0	0	0	0	0	0	0	0	0	0	0	0	
Local NHS commissioned acute mental health and rehabilitation inpatient services (adult and older adult)	13	65,767	65,901	0	0	65,901	(134)	112,743	112,973	0	0	112,973	(230)	
Adult and older adult acute mental health out of area placements	14	5,140	4,798	275	0	5,073	67	8,811	8,225	469	0	8,694	117	
Sub-total MHIS (exc. CHC, prescribing, LD & dementia)		250,215	224,862	24,721	122	249,705	511	428,941	385,963	41,959	209	428,131	809	
Other Mental Health Services:		0	0	0	0									
Mental health prescribing	16	5,592	0	0	6,417	6,417	(825)	9,585	0	0	11,000	11,000	(1,415)	
Mental health continuing health care (CHC)	17	320	0	0	228	228	92	549	0	0	391	391	158	
Sub-total - MHIS (inc. CHC and prescribing)		256,127	224,862	24,721	6,767	256,350	(223)	439,075	385,963	41,959	11,600	439,522	(447)	
Learning Disability	18a	6,723	6,723	678	0	7,401	(678)	11,525	11,525	1,158	0	12,683	(1,158)	
Autism	18b	1,513	680	511	393	1,584	(71)	2,594	1,166	874	673	2,713	(119)	
Learning Disability & Autism - not separately identified	18c	46,366	2,710	6,699	37,615	47,024	(658)	79,485	4,646	11,448	63,546	79,640	(155)	
Learning Disability & Autism (LD&A) (not included in MHIS) - total		54,602	10,113	7,888	38,008	56,009	(1,407)	93,604	17,337	13,480	64,219	95,036	(1,432)	
Dementia	19	8,558	7,403	775	353	8,531	27	14,671	12,691	1,348	605	14,644	27	
Sub-total - LD&A & Dementia (not included in MHIS)		63,160	17,516	8,663	38,361	64,540	(1,380)	108,275	30,028	14,828	64,824	109,680	(1,405)	
Total Mental Health Spend - excludes ADHD		319,288	242,378	33,384	45,128	320,890	(1,602)	547,350	415,991	56,787	76,423	549,202	(1,852)	

- Approximately 88% of MHIS eligible (excluding LDA and Dementia) spend is delivered through SEL wide contracts, the majority of which is with Oxleas and SLaM
- Borough based budgets include voluntary sector contracts and cost per case placements spend
- Other spend includes mental health prescribing and a smaller element of continuing health care net of physical healthcare costs

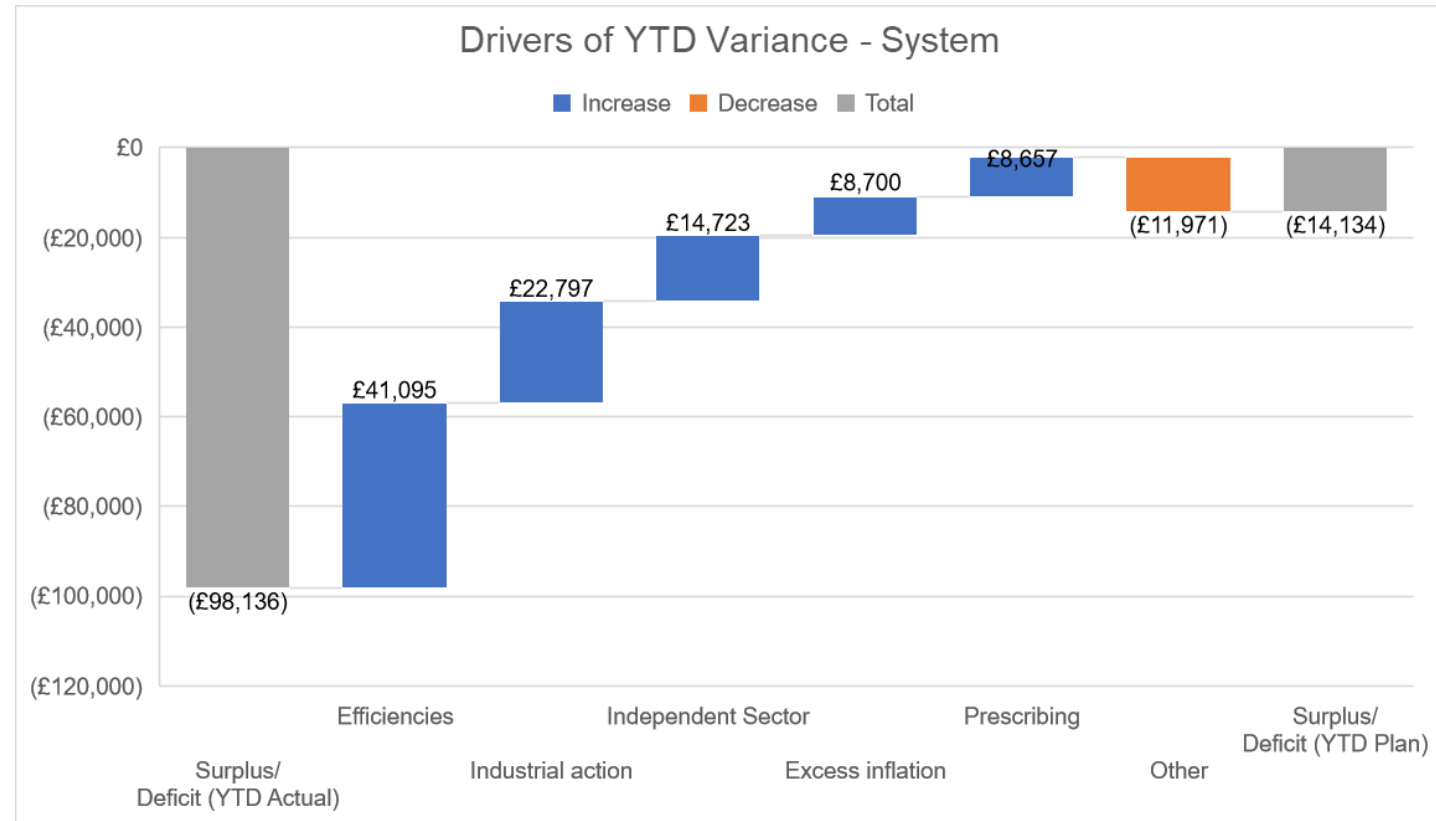
Appendix B
SEL ICS Finance Highlights
Month 07 2023/24

- At month 7 **SEL ICS reported a system deficit of £98.1m against a planned £14.1m deficit.**
- **Operational risks relating to the non-elective acute and mental health pathway continue to lead to significant unplanned costs** for the system and, along with the financial **impact of industrial action**, has a knock-on impact on CIP development, de-risking and delivery.
- The current assessment of **risk, currently without a mitigation, against delivery of the plan is c. £139.9m** although the future impact of these known issues mean this risk assessment has significant uncertainty.

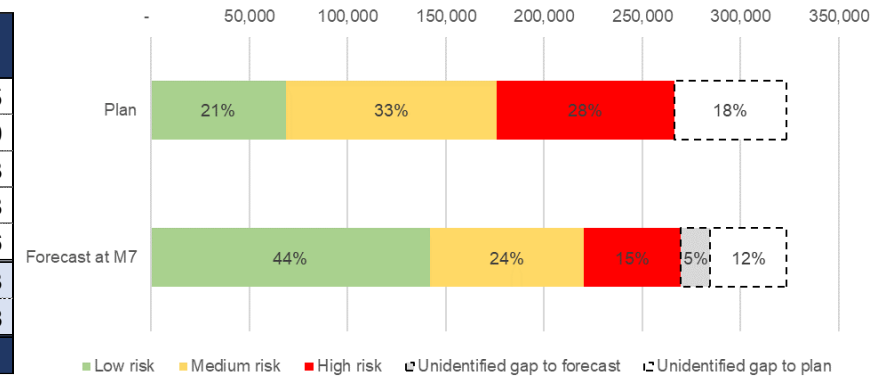
	M7 Year-to-date			Commentary	2023/24 Out-turn		
	Plan £m	Actual £m	Variance £m		Plan £m	Forecast £m	Variance £m
GSTT	1.5	(34.6)	(36.2)	The key drivers of the in month and YTD performance are industrial action (£8.2M), and efficiencies not yet realised (£22.5M).	(0.0)	0.0	0.0
KCH	(26.2)	(63.1)	(36.8)	The main drivers of the YTD variance are under performance of efficiencies (£10.5m), industrial action (£6.5m), nursing support staff (£4.3m) and overspend in PBU (£5m).	(17.5)	(17.5)	0.0
LGT	0.0	(11.1)	(11.1)	The key drivers of the in month and YTD performance are industrial action (£6.9M), and efficiencies not yet realised (£4.7M).	0.4	0.4	0.0
Oxleas	0.1	2.6	2.5	The Trust delivered a YTD surplus (inclusive of a profit on sale of asset and vacancies not covered by agency).	0.2	0.2	0.0
SLaM	0.6	(0.1)	(0.7)	Costs of £0.9m incurred due to industrial action	0.0	0.0	0.0
SEL Providers	(24.0)	(106.3)	(82.3)		(16.9)	(16.9)	0.0
SEL ICB	9.8	8.2	(1.7)	Key driver to adverse variance in ICB is impact of prescribing (£9.0m), CHC cost pressures (1m) and mental Health placement risk (£2.4m)	16.9	16.9	(0.0)
SEL ICS total	(14.1)	(98.1)	(84.0)		0.0	0.0	0.0

Analysis of M7 YTD position

- The SEL ICS system set a breakeven operational financial plan for 2023/24 and aims to deliver plans at individual organisation and at system levels. £47m of the £64.1m ICB planned surplus was redistributed to SEL providers for M6 and plans formally changed by NHSE for reporting purposes.
- The main drivers of the position at month 7 are:
 - Impact of industrial action on costs c. £22.8m. We have not forecast any further impact at this point due to uncertainty.
 - Performance against planned and required efficiencies is c £41.1m behind plan and further behind plan than at month 6. CIP savings delivery in month 7 is less than the average of months 1 to 6. It is important to continue the focus to drive improvement and deliver the year end savings forecasts.
 - Maintaining independent sector capacity to support elective recovery targets and mental health bed pressures £14.7m
 - The system has continuing operational challenges in mental health pathways. In response to the levels of private mental health bed use, the system block contracted 30 additional private beds for SEL usage for 6 months, and has recently agreed plans to expand future local bed capacity.



Organisation	Plan	Forecast	Identified	Gap	High risk	Medium risk	Low risk	Recurrent	Non-recurrent	FYE
GSTT	105.5	77.0	77.5	(28.0)	7.4	36.6	33.5	57.9	19.6	75.5
King's	72.0	72.0	58.0	(14.0)	16.6	3.0	38.4	47.0	11.0	61.0
LGT	34.9	31.3	31.1	(3.9)	2.7	7.3	21.0	16.6	14.4	31.3
Oxleas	20.3	12.7	13.1	(7.2)	0.0	5.0	8.1	5.6	7.5	5.8
SLaM	26.1	26.1	26.1	0.0	4.2	14.8	7.1	7.6	18.4	7.6
SEL Providers	258.7	219.0	205.7	(53.0)	30.9	66.7	108.1	134.8	70.9	181.3
SEL ICB	64.8	64.8	63.7	(1.1)	18.4	11.4	34.0	40.8	22.9	40.8
SEL ICS	323.6	283.8	269.4	(54.1)	49.3	78.1	142.0	175.6	93.8	222.1



- **The initial system financial plan included provider efficiencies of £290.3m (the target was a minimum of 4.5% of influenceable spend).** Following internal review, GSTT has increased its efficiency target at month 6 to £105.5m, giving a revised **system efficiency plan of £323.6m**
- **At month 7**, the system is forecasting to deliver £283.8m of efficiencies of which **£269.4m is identified**
- Progress has been made since month 6 at de-risking the efficiency programmes: At month 6 £139.2m of the identified efficiencies were rated as low risk compared to £142m low risk at month 7.
- At month 7 the system has **delivered £134.3m of efficiencies, £39.8m behind the YTD plan of £174.1m**
- £266.8m of the £323.6m efficiencies programme was planned to be recurrent. At month 7, £175.6m is forecast to be recurrent, compared to £190.4m forecast recurrent efficiencies at month 6.

- **GSTT:** The trust has revised its efficiencies plan up to £105.5m of efficiencies from £72.2m, to achieve breakeven and deal with underlying financial pressures.
- **King's:** The trust has identified £58m of cost out savings at month 7. In addition to progress in identifying CIPs, progress has been made at de-risking efficiencies with £38.4m of efficiencies schemes rated as low risk, compared to £55.5m at month 6.
- **LGT:** At month 7, of the **£34.9m** target, a total of **£31.1m** has been identified. In addition to the £31.1m of identified budget releasing saving, a **further £3.1m has been identified in productivity and cost avoidance savings**. Whilst these do not count toward the £34.9m target as they do not result in the release of budget, they do represent an improvement in activity and reduction in unbudgeted spend.
- **Oxleas:** The trust directorate CIP plans for 2023/24 are £20.3m. Of this, £7.1m worth of schemes have been identified and RAG rated as low. Another £5m relating to potential vacancy factor has been identified and RAG rated medium. The remaining unidentified gap is £7.5m
- **SLaM:** While 100% of the £26.1m efficiency programme is reported to be identified, only 27% of this is rated as low risk of not being delivered.

Bexley Wellbeing Partnership Committee
Thursday 25th January 2023

Item: 8

Enclosure: F

Title:	Local Care Partnership Supplementary Performance Data Report
Author:	Graham Tanner, Associate Director, Primary Care (Bexley), NHS South East London Integrated Care Board Alison Rogers, Director of Integrated Commissioning (Bexley), NHS South East London Integrated Care Board/London Borough of Bexley
Executive Lead:	Diana Braithwaite, Chief Operating Officer (Bexley), NHS South East London Integrated Care Board

Purpose of paper:	<p>This report is produced by the SEL ICB assurance team and is intended to be used by Local Care Partnerships as part of their local assurance processes.</p> <p>The latest position against key areas of local performance is presented, highlighting achievement against national targets, agreed trajectories and other comparators. An overview of performance and wider SEL context is provided to support interpretation of the data.</p> <p>This report is intended to be used by the Bexley Wellbeing Partnership to identify areas where performance is not in line with expectations and where members/teams may be required to provide additional explanation and assurances that issues are being addressed either locally or as part of a wider system approach.</p>	Update / Information	X
		Discussion	
		Decision	
Summary of main points:	<p>The report covers a range of metrics where LCPs either have a direct delegated responsibility for delivery or play a key role in wider SEL systems. It covers the following areas:</p> <ul style="list-style-type: none"> • Areas of performance delegated by the ICB board to LCPs • Metrics aligned to the six ICB corporate objectives that fall within delegated responsibilities for LCPs. • Metrics requested for inclusion by LCP teams <p>The latest available report (December 2023) presents a good overall position for Bexley with performance above trajectory against the majority of metrics.</p> <p>Performance is, however, below the required trajectory for:</p> <ul style="list-style-type: none"> • Talking therapies (IAPT) – access <i>(Benchmark Trajectory 457 / Current Performance 235)</i> • SMI Healthchecks <i>(Local trajectory 1011 / Current Performance 823)</i> • Personal Health Budgets <i>(Local trajectory 394 / Current Performance 378)</i> • Children Receiving MMR1 at 24 months <i>(England average 89% / Current Performance 87%)</i> 		

	<ul style="list-style-type: none"> • Children Receiving MMR1 at 5 years (England average 92% / Current Performance 91%) • Children receiving DTaP/IPV/Hib % at 24 months (England average 93% / Current Performance 90%) • Children receiving pre-school booster (DTaPIPV%) % at 5 years (England average 83% / Current Performance 82%) • Children receiving DTaP/IPV/Hib % at 5 years (England average 93% / Current Performance 91%) • Patients with hypertension recorded as being treated in line with NICE Guidance (Corporate objective 70% / Current Performance 65%) <p>Appendix 1 provides a short narrative on each of these metrics, including any mitigating factors and/or plans to address shortfalls or deficits within the next reporting period.</p>	
Potential Conflicts of Interest	This report is for information only. There are no conflicts of interest.	
Other Engagement	Equality Impact	The stated mission of the South East London ICS is to help people in South East London to live the healthiest possible lives. The Bexley Wellbeing Partnership (BWP) supports this through helping people to stay healthy and well, providing effective treatment when people become ill, caring for people throughout their lives, taking targeted action to reduce health inequalities, and supporting resilient, happy communities as well as the workforce that serves them.
	Financial Impact	This report is for information only. There are no financial impacts.
	Public Engagement	The majority of the information provided in this report is publicly available via NHS Digital.
	Other Committee Discussion/Engagement	This report and any required mitigations are discussed at the SEL ICB Board and Bexley Wellbeing Partnership Executive. It is being reported to the Bexley Wellbeing Partnership Committee for information.
Recommendation:	<p>The Bexley Wellbeing Partnership Committee is recommended to:</p> <p>(i) Note the report and the mitigations/actions highlighted in Appendix 1 for each of the metrics RAG rated as red based on the latest reporting period.</p>	

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

Performance Metric	Reporting Period	Expected Standard / Trajectory	Latest Performance Position	Trend Since Last Report	SEL context and description of performance	Mitigations and Improvement Actions
IAPT Access	O 23	457	285	↓	Data still refers to Q4 22/23 (latest available published data at time of reporting).	<p>The provider remains committed to achieving the best possible access figure for Bexley and has been working on a number of initiatives to increase outturn. These include:</p> <ul style="list-style-type: none"> - a leaflet drop to every household in the borough - a GP supported menopause awareness raising event - completion of the NHS driven rebranding exercise from IAPT to Talking Therapies - a timetable of visits to all GP practices has been agreed and implemented - leaflet drop and visits to pharmacies - awareness raising through contact with barber shops, gyms etc - promotion of the service throughout Mental Health Awareness Week (daily, in person information stands)

Performance Metric	Reporting Period	Expected Standard / Trajectory	Latest Performance Position	Trend Since Last Report	SEL context and description of performance	Mitigations and Improvement Actions
						There is some potential for these national prevalence-based targets to be revised on the basis that all providers are some way short of achievement.
IAPT Recovery	Oct 23	50%	49%	↓	<p>Variation is within a reasonable tolerance.</p> <p>Two of the six individual IAPT services reported recovery rates below the required 50.0%.</p>	<p>Recovery rate performance can be negatively affected if access rates increase, this is due to service slots being utilised by those entering treatment rather than by those continuing their course of treatment.</p> <p>Month by month fluctuation either side of the 50% threshold is typical.</p>
SMI Physical Healthchecks	Q2 23/24	1011 (60%)	823 (43.9%)	↓	<p>The south east London ICB board have set Improving the uptake of physical health checks for people with SMI as a corporate objective for 2023/24.</p> <p>There was a significant increase in the number of AHCs undertaken for people with an SMI over the last 12 months. However, the SEL operating plan trajectory for 2022/23 was not achieved and SEL remains the lowest performing ICB in London in terms of percentage of SMI register receiving all elements of the health check.</p>	<p>Within Bexley, there remains significant variation in relation individual practice performance, although all but two of our practices have evidenced year on year improvement. 4 practices have exceeded the 60% target based on the latest reporting data with the highest reporting practice at 76%.</p> <p>Performance is routinely discussed at scheduled practice meetings to learn from and share good practice and the GP Premium incentive scheme has</p>

Performance Metric	Reporting Period	Expected Standard / Trajectory	Latest Performance Position	Trend Since Last Report	SEL context and description of performance	Mitigations and Improvement Actions
						<p>been designed to reward GP Practice performance over and above the 60% threshold (recognising that delivery at 60% is already part of the Quality Outcomes Framework – QOF – schedule).</p> <p>Borough level improvement has been underpinned by the development of ICS wide key lines of enquiry to set the relevant standards and expectations and the establishment of a steering group to review individual borough progress/issues and share areas of good practice.</p> <p>In recent months Oxleas community mental health leads have liaised with the Clocktower PCN Clinical Directors as this PCN (overall) has some of the lowest uptake. A plan is progressing with one of the practices to look at how more joined up working which can then be rolled out to other practices.</p>
Personal Health Budgets	Q2 23/24	394	378	↑	As part of the NHS Long Term Plan, annual borough level targets were submitted for the total number of PHBs to be delivered annually up to	Bexley fell 37 short of the quarterly target, achieving 85% of the required 253 PHBs. Generally PHB performance has

Performance Metric	Reporting Period	Expected Standard / Trajectory	Latest Performance Position	Trend Since Last Report	SEL context and description of performance	Mitigations and Improvement Actions
					the end of 2023/24. To support LCPs and the ICB in year tracking of delivery towards the overall LTP annual plan for SEL, quarterly trajectories have been shared with LCP PHB leads. In 2022/23, SEL did not achieve the annual plan. 3,477 were delivered against a plan of 4,105 PHBs across the year. Bexley and Bromley achieved their individual LCP level plans.	remained steady whilst the target has increased from 140 to 253 per quarter (an increase of 55%) Unfortunately due to the significant vacancy factor in the team there has not been the capacity to focus on increasing PHBs especially in S117 mental health services which are a gap. Commissioners of Oxleas mental health services have recently met with the Trust to develop an action plan to accelerate the offer to all new recipients of S117 aftercare, building on good practice elsewhere.
Childhood Immunisations, including: Children Receiving MMR1 at 24 months Children Receiving MMR1 at 5 years Children receiving DTaP/IPV/Hib % at 12 months Children receiving DTaP/IPV/Hib % at 24 months	See main report for detail	See main report for detail	See main report for detail	See main report for detail	SEL ICS has a strong strategic drive to reduce inequalities through a focus on prevention and well-being. Vaccination and Immunisation are key priorities within this strategy. There are 10 high impact actions that <ul style="list-style-type: none"> • Call & Recall • Making every contact count • Up to date on latest information about vaccines • Making it easy to make appointments • Understanding data & insights including inequalities in uptake 	The borough Immunisation Coordinator works closely with practices to support improvement in uptake. Key actions include the timely & regular distribution of vaccination programme updates at meetings/via written communications with the aims of: <ul style="list-style-type: none"> • Raising awareness on programme changes & signposting to associated supporting resources & toolkits • Publicising training opportunities

Performance Metric	Reporting Period	Expected Standard / Trajectory	Latest Performance Position	Trend Since Last Report	SEL context and description of performance	Mitigations and Improvement Actions
Children receiving DTaP/IPV/Hib % at 5 years					<ul style="list-style-type: none"> Tailor messages & information to our population Utilise all available assets in the boroughs Early engagement Evaluation <p>Since the last report, Bexley has seen an upward trend in all the reported performance metrics except MMR1 at 24 months which is slightly down on the previously reported figures. Reassuringly uptake of MMR1 at 5 years has improved to 91.6% which is the highest across the SEL boroughs. Uptake of MMR2 at 5 years has also improved, which is in contrast to the position of other SEL boroughs</p> <p>Bexley sees the highest uptake figures in SEL for the 6in1 vaccine at 12 months, 5 years and the pre-school booster</p> <p>The position in Bexley is strong when compared to the other SEL boroughs and the London picture. However, we are below England averages and the WHO target of 95% coverage for all childhood immunisation programmes.</p>	<ul style="list-style-type: none"> Encouraging staff to build a library of resources & knowledge to support healthy conversations with patients who are unsure about accepting a vaccine offer <p>Following approval at the Primary Care Delivery Group on 06.09.2023 Bexley has now aligned with the other SEL boroughs and adopted an accelerated schedule for the delivery of the 2nd dose of MMR2 at 18months, from 1st November 2023.</p>

Performance Metric	Reporting Period	Expected Standard / Trajectory	Latest Performance Position	Trend Since Last Report	SEL context and description of performance	Mitigations and Improvement Actions
Management of hypertension treated to NICE Guidance	Q1 23/24	69.7%	65.2%	↓	<p>The south east London ICB board has set improving the percentage of patients with hypertension treated to NICE guidance as a corporate objective for 2023/24. The board have agreed a ‘floor’ level ambition of 69.7% as a minimum by March 2024 with the intention to achieve 77% as soon as possible.</p> <p>Hypertension is predominantly managed in general practice and there is wide variation in achievement across practices, not always explained by demography.</p>	<p>Q1 23/24 data shows Bexley is currently short of the floor level ambition for 23/24 but performing above the SEL average.</p> <p>Management of hypertension features prominently within the PCN Network DES specification for 23/24 and as such all PCNs are funded to improve diagnosis of patients with hypertension, in line with NICE guideline NG136 and alsoto undertake activity to improve coverage of blood pressure checks, including opportunistic checks, targeted outreach and improved join up with Community Pharmacy.</p> <p>CESEL (Clinical Effectiveness South East London) continue their work to improve hypertension management in primary care through producing data packs showing practice and PCN variation, meeting practices and supporting them to identify hypertension improvement priorities and associated actions, and facilitate sharing of best</p>

Performance Metric	Reporting Period	Expected Standard / Trajectory	Latest Performance Position	Trend Since Last Report	SEL context and description of performance	Mitigations and Improvement Actions
						<p>practice across and between PCNs.</p> <p>Bexley PCNs received £23,364 in March 23 to enhance hypertension improvement work, to support the detection, management and reduction in inequalities in hypertension in care, and support COVID recovery.</p> <p>CESEL, Health Innovation Network (HIN), and the South London Cardiovascular Network (Cardiac ODN) continue to work together to support PCNs and practices in SEL to deliver the best possible hypertension care to their patients and achieve the targets set through the QOF and PCN DES.</p>

Local Care Partnership Performance Data Report – December 2023

Bexley Wellbeing Partnership Committee
Thursday 25th January 2024

AGENDA ITEM: 8
ENCLOSURE: F(i)

Introduction and summary

Overview of report

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Flu vaccination rate

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Summary:

- This report is produced by the SEL ICB assurance team and is intended to be used by LCPs as part of their local assurance processes.
- The latest position against key areas of local performance is presented, highlighting achievement against national targets, agreed trajectories and other comparators. An overview of performance and wider SEL context is provided to support interpretation of the data.
- This report is intended to be used by the responsible LCP committee/sub-committee to identify areas where performance is not in line with expectations and where members/teams may be required to provide additional explanation and assurances that issues are being addressed either locally or as part of a wider system approach.

Contents and structure of report:

- The report covers a range of metrics where LCPs either have a direct delegated responsibility for delivery or play a key role in wider SEL systems. It covers the following areas:
 - Areas of performance delegated by the ICB board to LCPs
 - Metrics aligned to the six ICB corporate objectives that fall within delegated responsibilities LCPs.
 - Metrics requested for inclusion by LCP teams

Structure

- A dashboard summarising the latest position for the LCP across all metrics is included on page 4
- This is followed by a series of more detailed tables showing performance across south east London with explanatory narrative
- Metrics are RAG rated based on performance against national targets, agreed trajectories or national comparators (where included in the tables). Arrows showing whether performance has improved from the previous reporting period is also included.

Bexley performance overview

Standard	Trend since last period	Period covered in report	Comparator	Benchmark	Current performance
Dementia diagnosis rate	↑	Nov-23	National standard	67%	71%
IAPT access	↑	Oct-23	Operating plan	457	235
IAPT recovery rate	↓	Oct-23	National standard	50%	49%
SMI Healthchecks	↓	Q2 - 23/24	Local trajectory	1011	823
PHBs	↑	Q2 - 23/24	Local trajectory	394	378
NHS CHC assessments in acute	↔	Q2 - 23/24	National standard	0%	0%
CHC - Percentage assessments completed in 28 days	↓	Q2 - 23/24	Local trajectory	60%	73%
CHC - Incomplete referrals over 12 weeks	↔	Q2 - 23/24	Local trajectory	1	0
Children receiving MMR1 at 24 months	↓	Q2 - 23/24	England average	89%	87%
Children receiving MMR1 at 5 years	↓	Q2 - 23/24	England average	92%	91%
Children receiving MMR2 at 5 years	↑	Q2 - 23/24	England average	84%	84%
Children receiving DTaP/IPV/Hib % at 12 months	↓	Q2 - 23/24	England average	91%	89%
Children receiving DTaP/IPV/Hib % at 24 months	↓	Q2 - 23/24	England average	93%	90%
Children receiving pre-school booster (DTaPIPv%) % at 5 years	↑	Q2 - 23/24	England average	83%	85%
Children receiving DTaP/IPV/Hib % at 5 years	↓	Q2 - 23/24	England average	93%	91%
LD and Autism - Annual health checks	↑	Oct-23	Local trajectory	356	423
Bowel Cancer Coverage (60-74)	↓	Apr-23	Corporate Objective	67%	71%
Cervical Cancer Coverage (25-64 combined)	↓	Jul-23	Corporate Objective	69%	71%
Breast Cancer Coverage (50-70)	↑	Apr-23	Corporate Objective	57%	66%
Percentage of patients with hypertension treated to NICE guidance	↓	Q1 - 22/23	Corporate Objective	70%	65%
Flu vaccination rate over 65s	-	31/12/2023	Previous year	72%	73%
Flu vaccination rate under 65s at risk*	-	31/12/2023	Previous year	41%	36%
Flu vaccination rate – children aged 2 and 3	-	31/12/2023	Previous year	35%	36%

Performance data

SEL context and description of performance

- The 2023/24 priorities and operational planning guidance identifies recovery of the dementia diagnosis rate to 66.7% as a National NHS objective. Dementia diagnosis rate is defined as the rate expressed as a percentage of the estimated dementia prevalence.
- South east London as a whole is currently achieving this target. During 2022/23, SEL performance varied between 65.9% and 68.4%.
- There is, though, considerable variation between boroughs. Greenwich did not achieve the target in November 2023 (or during any of the previous 12 months).
- The average waiting time for the Oxleas memory services is 121 days and the average waiting time for the SLaM memory services is 125 days.

		Nov-23						
Metric	Target	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Dementia diagnosis rate	66.7%	71.3%	67.8%	65.0%	75.0%	69.2%	69.5%	69.4%
Trend since last report	-	↑	↓	↓	↑	↓	↓	↓

SEL context and description of performance

- The November 2023 trajectory for IAPT access was not achieved by any of the six boroughs in SEL ICB
- All providers has developed plans and communication strategies to increase the number of people accessing talking therapies services. These plans include improving and maintaining their relationships with their local GPs and Health Care providers.
- Service leads have previously raised concerns about their ability to meet the agreed 2023/24 access target, with reduced capacity due to the level of vacant positions and the recruitment process of new PWP Trainees into post. They have also identified an increase in requests for face to face appointments.
- The 50% IAPT recovery rate was met in October 2023. Four of the six individual IAPT services reported recovery rates above the required 50%.

	Oct-23						
Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
IAPT access	235	415	545	940	755	795	3710
Trajectory	457	674	624	1118	905	966	4744
Trend since last report	↑	↑	↑	↑	↑	↓	↑

		Oct-23						
Metric	Target	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
IAPT recovery rate	50.0%	49.0%	53.0%	51.0%	50.0%	49.0%	50.0%	50.0%
Trend since last report	-	↓	↓	↑	↓	↔	↑	↓

SEL context and description of performance

- The south east London ICB board have set Improving the uptake of physical health checks for people with SMI as a corporate objective for 2023/24.
- There was a significant increase in the number of AHCs undertaken for people with an SMI over the last 12 months. However, the SEL operating plan trajectory for 2022/23 was not achieved and SEL remained the lowest performing ICB in London in terms of percentage of SMI register receiving all elements of the health check.
- Borough level improvement has been supported by the development of ICS wide key lines of enquiry to set the relevant standards and expectations, establishment of a steering group to review individual borough progress/issues and share areas of good practice, non-recurrent funding in 2022/23 to support delivery of borough level improvement plans, and development of an SEL dashboard which enables more frequent review of progress and drill down to monitor by PCN, gender, ethnicity identify opportunities, and review progress post actions
- Indicative quarterly borough level trajectories have been set for 2023/24 to support delivery of the overall SEL target and enable closer in year borough level tracking.
- No boroughs achieved their indicative local target for Q2 2023/24. It should be noted, though, that historic data indicates that more checks are done towards the end of the financial year.
- A deep dive with recommendations to improve performance has been produced by the central SEL mental health teams and shared with place-based teams via the SMI PHC Task and Finish Group.
- Work is underway with Oxleas to identify the number of checks performed at secondary mental health and to ensure the activity is accurately recorded in primary care systems.
- Where annual health checks are being completed, quality can vary as can onward referral to other physical health services.

Metric	Q2 - 23/24						
	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
SMI Healthchecks	823	1207	1387	2713	2021	2077	10228
Trajectory	1011	1345	1762	2773	2483	2126	11500
% of current SMI register	43.9%	48.5%	42.3%	51.9%	43.8%	52.4%	47.7%
Trend since last report	↓	↓	↓	↓	↓	↓	↓

SEL context and description of performance

- As part of the Long Term Plan, annual borough level targets were submitted for the total number of PHBs to be delivered annually up to the end of 2023/24. To support LCP and ICB in year tracking of delivery towards the overall LTP annual plan for SEL, quarterly trajectories have been shared with LCP PHB leads.
- The total number of PHBs that have been in place YTD to end of Q2 2023/24 is 1,955 which is below the overall SEL ICB Q2 trajectory of 2,869. There is large variation in individual LCP level performance.
- The personal wheelchair budgets offer is in place across SEL and PHBs for mental health service users. This has been introduced through the South London Partnership.
- S117 PHBs have been a 'right to have' since December 2019, but this still needs implementing through SLAM and Oxleas. There have been some challenges with encouraging SLAM and Oxleas to move forward with this offer.
- Preventative small PHBs are being introduced, linked to social prescribing in Lewisham for people with low level mental health needs, where an immediate solution or intervention isn't available. In Bromley, an offer of a PHB will be introduced alongside annual health checks for people with LD&A, linking into social prescribing to provide additional support.
- There is ongoing support to LCPs to implement the personalisation agenda and expand their PHB provision. A 'Community of Practice' has been developed to support the workforce to implement personalised care across the ICS.
- It should be noted that there was an error in the nationally published data for Q1 due to a counting error in Bromley. Corrected Q1 data was reported in the previous report, and it does not impact the reported position for Q2 below

	Q2 2023/24						
Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
PHBs	378	558	343	280	133	263	1,955
Trajectory	394	563	488	544	450	431	2,869
Trend since last report	↑	↑	↑	↑	↑	↑	↑

SEL context and description of performance

- There are a number of national standards which systems are required to achieve consistently. Where deviating from the standard, there is an expectation that performance will be addressed as a priority. Performance standards are as follows:
 - A national target was previously set to reduce the number of CHC assessments in an acute hospital setting to less than 15%. The aim, however, is that zero assessments should be completed in an acute setting and this is the benchmark that LCP and ICB teams are measured against.
 - Complete assessments of eligibility within 28 days from the date of referral in >80% cases. A recovery trajectory for SEL has been agreed with NHSE/I
 - Reduce the number of outstanding referrals exceeding 12 weeks to Zero
- A CHC audit was completed in December 2022. The completion of overdue three- and twelve-month reviews was identified as the high priority action. Place Executive Leads have agreed to commission an external provider to complete the backlog of reviews. Procurement is underway
- A financial review of CHC borough functions has been circulated to Place Executive Leads and key stakeholders. Identified areas for further review include: high cost packages, enhanced care costs and enquiries and complaints.
- An overarching CHC action plan has been developed and includes actions from all existing workstreams, the internal audit report and CHC/Finance Summits. The action plan is reviewed regularly at the CHC Review Group and updated with borough leads at monthly assurance meetings.

		Q2 - 2023/24						
Metric	Target	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
NHS CHC assessments in acute	0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Trend since last report	-	↔	↓	↔	↔	↓	↔	↓

		Q2 - 2023/24						
Metric		Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
CHC - Percentage assessments completed in 28 days		73%	86%	84%	35%	57%	61%	65%
Trajectory	60%	60%	60%	60%	60%	60%	60%	60%
Trend since last report		↓	↓	↑	↑	↓	↑	↓

		Q2 - 2023/24						
Metric		Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
CHC - Incomplete referrals over 12 weeks		0	0	0	2	0	0	2
Trajectory	1	1	1	1	1	1	1	9
Trend since last report		↔	↔	↔	↓	↓	↓	↓

Description of metric and SEL context

- Ensuring that Children and Young People are immunised against preventable diseases is identified as a key objective by a number of boroughs in the SEL 2023/24 Joint Forward Plan. The ICP Integrated Care Strategy for 2023/24 to 2027/28 also identifies early years and ensuring that children have the best start to life as one of its key priorities.
- The following tables provide the borough and SEL level performance compared to London and England. For all metrics SEL is above the London average but below the England position. The World Health Organisation (WHO) has a target of 95% coverage for all childhood immunisation programmes. The NHS oversight framework also has a target of 95% coverage for MMR2 at 5 years old. Neither of these targets are being achieved.

	Q2 - 23/24								
Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL	London	England
Children receiving MMR1 at 24 months	86.6%	91.6%	87.2%	83.3%	86.6%	85.7%	86.9%	82.9%	89.4%
Trend since last report	↓	↑	↑	↓	↓	↑	↑	↓	↓

	Q2 - 23/24								
Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL	London	England
Children receiving MMR1 at 5 years	91.4%	92.5%	86.7%	87.8%	87.0%	87.3%	88.8%	85.6%	92.3%
Trend since last report	↓	↑	↓	↑	↓	↓	↑	↓	↓

	Q2 - 23/24								
Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL	London	England
Children receiving MMR2 at 5 years	84.0%	86.6%	77.2%	79.0%	79.3%	78.1%	80.8%	72.8%	83.8%
Trend since last report	↑	↑	↓	↑	↓	↑	↑	↓	↓

Childhood immunisations (2 of 2)

Q2 - 23/24									
Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL	London	England
Children receiving DTaP/IPV/Hib % at 12 months	89.5%	92.9%	88.4%	87.8%	88.9%	85.3%	88.7%	86.4%	91.3%
Trend since last report	↓	↑	↑	↑	↑	↓	↑	↓	↓

Q2 - 23/24									
Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL	London	England
Children receiving DTaP/IPV/Hib % at 24 months	90.4%	93.9%	89.2%	88.0%	90.0%	90.0%	90.2%	88.8%	92.9%
Trend since last report	↓	↑	↓	↓	↑	↑	↓	↓	↑

Q2 - 23/24									
Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL	London	England
Children receiving pre-school booster (DTaPIPv%) % at 5 years	85.0%	82.3%	76.1%	76.8%	75.2%	73.8%	78.2%	72.4%	82.7%
Trend since last report	↑	↑	↓	↑	↓	↓	↑	↓	↓

Q2 - 23/24									
Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL	London	England
Children receiving DTaP/IPV/Hib % at 5 years	90.8%	92.3%	88.0%	88.4%	89.5%	88.4%	89.6%	87.3%	92.8%
Trend since last report	↓	↑	↓	↑	↓	↓	↓	↓	↓

SEL context and description of performance

- The south east London ICB board has set improving the uptake of physical healthchecks for people with LDA as a corporate objective for 2023/24
- SEL is currently meeting the November trajectory with 3082 healthchecks delivered against a plan of 2735.
- Where annual health checks are being completed, quality can vary as can onward referral to other physical health services.
- There is an LDA Clinical and Care Professional Lead (CCPL) supporting AHCs.
- Five of the six boroughs are implementing an AHC co-ordinator role for 12 months. Increasing the number of people on registers by finding “the missing” will allow more people with a learning disability to access AHCs

Metric	Oct-23						
	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
LD and Autism - Annual health checks	423	355	528	718	562	496	3082
Trajectory	356	438	470	518	549	404	2735

SEL context and description of performance

- The south east London ICB board has set improving breast, bowel and cervical screening a corporate objective for 2023/24.
- Screening is directly commissioned by NHS England, and delivery is through regional teams. Changes to programme, workforce, capacity etc. require NHS England to action. Given this, we rely on a joint approach with other London ICBs on common issues within these areas and advocate for regional solutions such as addressing workforce and capacity challenges within programmes, improving processes and operational pressures, and coordinating potential mutual between screening providers. Local actions for SEL require focus on improvements within the current programme structure/resource.
- There are a number of challenges to achieving improvements across the programmes, including:
 - Mistrust of NHS services
 - Fear of cancer and a positive diagnosis
 - Health beliefs and ‘fatalism’
 - People with disabilities and non-English speakers have lower uptake.
- Programme specific challenges include:
 - **Breast screening** - Test requires attendance at unfamiliar locations
 - **Bowel screening** - Acceptance of test and a reluctance to take sample of ‘poo’
 - **Cervical screening** – Discomfort of test. Younger patients joining the eligible cohort are increasingly likely to have had HPV vaccination and therefore may find less value in cervical screening (a national trend).
- The network contract DES for Supporting Early Cancer Diagnosis specifies a number of requirements/recommendations for PCNs
- SEL cancer facilitators are working with practices to provide specialist, individualised intervention resources

SEL context and description of performance

- Bowel cancer screening coverage is currently above the nationally defined optimal level of screening of 60% for south east London. As part of the corporate objective setting an ambition to achieve 67.3% by March 2024 has been set.
- Cervical cancer screening is currently below the nationally defined optimal level of screening of 80%. The ambition set in the corporate objectives is to achieve 68.5% by March 2024.
- Breast cancer screening is currently below the nationally defined optimal level of screening of 70-80%. The ambition set in the corporate objectives is to achieve 56.7% by March 2024

		Apr-23						
Metric	SEL ambition	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Bowel Cancer Coverage (60-74)	67.3%	71.2%	74.1%	64.0%	60.5%	61.1%	60.7%	65.8%
Trend since last report	-	↓	↓	↓	↓	↓	↓	↓

		Jul-23						
Metric	SEL ambition	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Cervical Cancer Coverage (25-64 combined)	68.5%	71.2%	73.5%	65.3%	62.7%	66.9%	63.1%	66.5%
Trend since last report	-	↓	↓	↓	↓	↓	↓	↓

		Apr-23						
Metric	SEL ambition	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Breast Cancer Coverage (50-70)	56.7%	65.8%	69.9%	53.4%	52.6%	51.8%	53.5%	58.1%
Trend since last report	-	↑	↑	↑	↑	↑	↑	↑

SEL context and description of performance

- The south east London ICB board has set improving the percentage of patients with hypertension treated to NICE guidance as a corporate objective for 2023/24. The board have agreed a 'floor' level ambition of 69.7% as a minimum by March 2024 with the intention to achieve 77% as soon as possible.
- The 2023/24 priorities and operational planning guidance also identifies increasing the percentage of patients with hypertension treated to NICE guidance to 77% by March 2024 as national objective.
- The percentage of patients managed to NICE guidance fell in quarter one in all boroughs. Overall for SEL, this reduced from 67.1% to 64.1%. Local data available via the SEL pathfinder hypertension dashboard indicates that there has been some improvement in performance since then. The local performance data for the end of December was 65.2% .
- Prior to Q1, there had been consistent improvement in the level of hypertension control as part of the process of Covid recovery. The achievement variation between practices, PCNs and boroughs persists.
- Hypertension is predominantly managed in general practice and there is wide variation in achievement across practices, not always explained by demography.
- All boroughs have access to the BP at home and community pharmacist schemes.
- All boroughs receive facilitator visits from CESEL and have access to QI data
- People at risk may not have sufficient support to understand the importance of detecting and managing raised blood pressure.

Metric	SEL ambition	Q1 - 23/24						
		Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Percentage of patients with hypertension treated to NICE guidance	69.7%	65.2%	65.0%	64.2%	63.7%	60.4%	66.0%	64.1%
Trend since last report	-	↓	↓	↓	↓	↓	↓	↓

SEL context and description of performance

- The south east London ICB board has set improving adult flu vaccination rates as a corporate objective. The ambitions for 2023/24 are as follows: improve the vaccination rate of people aged over 65 to 73.7% (an increase of 5 percentage points from 2022/23), improve the vaccination rate for people under 65 at risk to 46.0% (increase of 6 percentage points from 2022/23). These ambitions are based on the nationally published data.
- The SEL ICB Vaccination and Immunisation Board has co-produced a strategy which outlines the approach and the principles we will collectively take to tackling the uptake of all types of vaccinations. Recognising the roles that different parts of the system will need to take to develop the trust and confidence in our communities.
- Each borough has a winter vaccination plan and a dedicated group focusing on delivery and uptake in SEL’s core 20 plus 5 population. Plans identify areas where populations are most at risk of inequalities (of access, experience and outcomes), and addresses these.
- The SEL vaccination dashboard is updated daily and is available to teams to support planning of outreach and engagement events.
- The table below summarises the SEL position of the two adult cohorts included in the corporate objectives, and the children aged 2 and 3 cohort. This uses ImmForm data.
- An indicative planning trajectory for SEL to reach the corporate ambition (this is based on the improvement needed from 22/23) is included as a comparator.
- The next slide also provides the LCP level uptake.

Metric	SEL summary		
	Over 65s	Under 65s at risk	All aged 2 and 3
Week 52 (31/12/2023)	65.7%	33.0%	39.0%
Indicative SEL planning trajectory to reach corporate objective ambition	71.5%	43.4%	N/A

Borough level uptake

- The following tables provide the individual borough level flu vaccination uptake based on the most recent ImmForm data.
- The uptake for the same period in 2022/23 is provide as a comparator

Vaccination rate over 65s: Week 52 (31/12/2023)							
Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
2023/24	72.5%	75.0%	64.9%	56.4%	56.7%	59.2%	65.7%
2022/23	72.3%	76.7%	65.5%	56.8%	56.5%	60.9%	66.5%

Vaccination rate of under 65s at risk: Week 52 (31/12/2023)							
Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
2023/24	36.4%	39.3%	34.7%	29.2%	29.0%	31.6%	33.0%
2022/23	40.9%	45.2%	39.3%	33.0%	32.9%	36.2%	37.4%

Vaccination rate children aged 2 and 3: Week 52 (31/12/2023)							
Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
2023/24	35.7%	49.4%	37.6%	37.4%	36.3%	35.7%	39.0%
2022/23	34.8%	47.2%	37.8%	34.3%	35.3%	36.1%	37.8%

Bexley Wellbeing Partnership Committee

Thursday 25th January 2024

Item: 9

Enclosure: G

Title:	Place Risk Register
Author/Lead:	Rianna Palanisamy, Borough Governance Lead (Bexley), NHS South East London Integrated Care Board
Executive Sponsor:	Stuart Rowbotham, Place Executive Lead (Bexley)/Director of Adult Social Care/NHS South East London Integrated Care Board/London Borough of Bexley

Purpose of paper:	To update the committee on the current risks on the Bexley place risk register and actions to mitigate those risks in the context of the boroughs risk appetite.	Update / Information	
		Discussion	X
		Decision	
Summary of main points:	<p>The Bexley Place risk register is currently reporting 4 open risks specifically relating to borough activities.</p> <p>The risks principally arise due to two issues – risk of overspend against aspects of the borough delegated budgets resulting in failure to deliver within the financial control total for 23/24 and lack of capacity to support community and discharge demand.</p> <p>The risks are reviewed on a monthly basis by the borough Senior Management team. Where risks impact across several boroughs they are also recorded on the SEL-wide corporate risk register.</p> <p>Further detail, mitigating actions, and gaps in control measures that require further work to address, are detailed in the attached report and appendix.</p>		
Potential Conflicts of Interest	There are no conflicts of interest.		
Other Engagement	Equality Impact	None identified.	
	Financial Impact	The finance risks reported concern financial risks which may impact the ICBs ability to meet its statutory duties.	
	Public Engagement	These risks are highlighted in the regular report which is provided to the BWPC at their meetings held in public.	
	Other Committee Discussion/ Engagement	<p>Risks as a whole are considered at the ICBs risk forum, which meets monthly.</p> <p>The Board reviews the Board Assurance Framework at each meeting and is provided with an update on</p>	

		actions taken by other committees in relation their specialty associated risks.
Recommendation:	<p>The Bexley Wellbeing Partnership Committee is recommended to:</p> <ul style="list-style-type: none"> (i) Review the risks and consider the mitigations detailed. (ii) Assess whether, in the committee’s view, there are other mitigations that the risk owners could enact to reduce the risk score or acknowledge acceptance of the risk if no other actions can be taken. (iii) Note that work on identification and management of risks is ongoing. 	

Bexley Place Risks – Report to the Bexley Wellbeing Partnership Committee

Thursday 25th January 2024

1. Introduction

NHS South East London ICB manages its risk through a robust risk management framework, which is based on stratification of risk by reach and impact to identify:

- Risks to the achievement of corporate objectives which require Board intervention
- Risks which impact activity across multiple boroughs or directorates in south east London
- Place specific risks

The purpose of this report is to highlight to the Bexley Wellbeing Partnership Committee members the risks currently reported in the Bexley Place Risk Register.

2. Governance and risk management

Risk ownership is assigned to the most appropriate person within the relevant Bexley team at the time of raising the risk.

Risk review is a four tier process comprising:

1. **Individual risk owner management** and review of the risk on a regular basis to ensure the risk register reflects the current status of the risk and any changes in circumstances are reflected in the score. This process includes a monthly scheduled review of all Bexley risks by the senior management team.
2. The opportunity **to benchmark against risks held on risk registers for other boroughs** in south east London, and against risks held on the south east London risk register in a monthly risk forum, which comprises risk owners and risk process leads from across the ICB to discuss and challenge scoring of risks and the mitigations detailed.
3. **Monthly review of the Bexley borough risk register** by members of the Bexley Wellbeing Partnership Committee, which holds a meeting held in public every other month, ensuring transparency of risks.
4. **Regular review of the Board Assurance Framework** risks by the ICB Board at meetings held in public, together with **review of directorate risks** by Board committees.

Risk scores are calculated using a 5 x 5 scoring matrix which combines likelihood of occurrence by impact of occurrence. A summary of the potential grades for risks is shown in the table below:

Grade	Definition	Risk Score
Red	Extreme Risk	15-25
Amber	High Risk	8-12
Yellow	Moderate Risk	4-6
Green	Low Risk	1-3

Risks scoring 15 and above should therefore be given priority attention.

3. Bexley Place Risks

The Bexley Place risk register is reviewed on a monthly basis by the Senior Management Team, with a plan to further discuss on a one-to-one basis with the risk owner through a facilitated conversation led by the local governance and business support team.

The committee is asked to note the following:

- Of the four risks on the boroughs risk register, two are scored at 15 or above for their initial rating (i.e., the risk before any mitigation actions are put in place).
- Of the four risks on the Place based risk register:
 - **Two** risks remain scored at 15 or above following mitigating actions being put in place (residual risk score).
 - **One** risk is rated as “high” (amber) after mitigations are put in place
 - **One** risk is rated as “moderate” due to the ongoing cost pressures in prescribing and continuing healthcare budgets.

The underlying cause of these risks is:

- Concerns around achieving financial targets/ funding available.
- Capacity issues, either to meet demand within the borough or within the wider system.

For further details on the risks, please see **Appendix F(ii)** for the Bexley risk register in full.

4. Proposed actions for the committee

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

- Review the risk register and assure itself as a committee that this accurately and comprehensively reflects the risks the borough currently holds.
- Review the controls in place and assure itself that these are underway.
- Consider the gaps in control and gaps in assurance and how the Committee can support the risk owners to ensure they are addressed.
- Continued focus on the one risk that remains “extreme” (i.e. scored at 15 or over as their current rating) as a priority.

Rianna Palanisamy

Borough Governance Lead, Bexley

NHS South East London ICB

17 January 2024

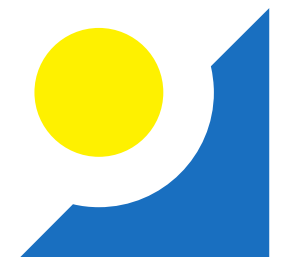
Appendix F(ii): Bexley Risk Register @ 17.01.2024

Bexley Place Risk Register							
Risk ID	Risk Description	Initial Rating	Control Summary	Current Rating	Assurance in Place	Gaps in Assurance	Target Rating
444	<p>There is a risk that Bexley residents will not be discharged from hospital when medically fit. This risk is caused by reduced financial allocations for adult social care support in the community, meaning that there is insufficient capacity to enable the demand for supported discharge to be met in a timely way. The likely impact of this is a poor experience for patients who remain in hospital despite not needing to be there, and the consequent delay in accessing hospital beds for patients who require them.</p>	25	<p>Bexley LCP has established governance arrangements to discuss the situation with provider sector and colleagues at SEL ICB., Bexley LCP has escalated the need for additional secure funding arrangements to SEL ICB central teams.</p>	12	<p>Home First Board meetings and Resplendent work on prioritisation of resources., ASC escalation of resource shortfall and associated risks to ICB and NHSE, ASC use of MSIF grant now estimated to enable current level of provision to be maintained until January/February 24</p>	<p>Acute system remains under very significant pressure and partners have no additional capacity to draw on when Opal 4 status declared, Position beyond February 24 unclear as at November 23</p>	9
450	<p>There is a risk that planned changes, and efforts to increase capacity to support urgent and emergency care services, will not be successful due to;</p> <ul style="list-style-type: none"> * Reductions in funding, such as the discharge funds, which mean that established services / pilots must be reduced or stopped * The reliance on short-term, non-recurrent funding of discharge programmes, winter schemes etc which result in a reliance on short-term contracts which are less appealing to colleagues seeking a substantive appointment. * The availability of colleagues locally across many professions and disciplines and the inequity in the London weighting. There is a risk that planned changes, and efforts to increase capacity to support urgent and emergency care services, will not be successful due to; * Reductions in funding, such as the discharge funds, which mean that established services / pilots must be reduced or stopped * The reliance on short-term, non-recurrent funding of discharge programmes, winter schemes etc which result in a reliance on short-term contracts which are less appealing to colleagues seeking a substantive appointment. * The availability of colleagues locally across many professions and disciplines and the inequity in the London weighting when compared to inner London boroughs <p>This would impact the ICBs ability to deliver on national performance standards and local quality improvements in service of providing Bexley residents with the satisfactory health and wellbeing outcomes.</p>	16	<p>Commencement of winter planning earlier in the year, Programme impact monitoring to understand which programme are making a difference and therefore require business cases for long-term investment, Identification of key programmes requiring long-term funding to incorporate into planning rounds, Collaboration with system partners to identify opportunities for joint appointments / joint business cases to enable risk sharing</p>	16	<p>Programme monitoring within Home First programme ops group and boards, with escalation to Bexley Wellbeing Partnership as required.</p>	<p>Control over national guidance</p>	9
475	<p>There is a risk that the CHC budget may not delivery on plan thereby impacting on the Bexley Place and the ICB to delivering on it's statutory financial duties.</p>	9	<p>Recovery plan developed and being monitored on a monthly basis by the Senior Management Team</p>	9	<p>Bexley Wellbeing Partnership Committee and SEL ICB Board</p>	<p>No gaps</p>	3
480	<p>There is a risk that Bexley Place may not deliver against the agreed control total due to the ongoing costs pressures in prescribing and continuing health care budgets. This can result in an impact for the ICB to deliver it's statutory financial duties.</p>	6	<p>deliver within the financial control total is now in place., Additional recovery action put in place to achieve revised financial control total</p>	6	<p>Bexley Wellbeing partnership Committee and SEL ICB Board</p>	<p>No gaps</p>	3

Agenda Item: 13
Enclosure: H

Bexley Wellbeing Partnership Committee

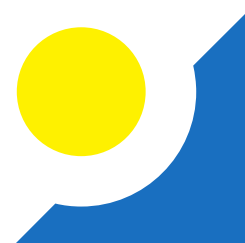
Glossary of NHS Terms



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

