

## Bexley Wellbeing Partnership Committee meeting held in public

14:00 – 16:00, Thursday 28<sup>th</sup> March 2024

Venue: Council Chambers, Council Chamber, Ground Floor, Civic Offices,  
Bexleyheath DA6 7AT

### Agenda

No.	Item	Encl.	Presenter	Time
<b>Opening Business and Introductions</b>				
1.	Introductions and apologies		Chair	14:00
2.	Declarations of Interest	A	Chair	14:03
3.	Notes from 25 <sup>th</sup> January 2024 and matters arising	B	Chair	14:04
<b>Public Forum</b>				
4.	<i>Public Questions</i>			14:05
<b>Decision</b>				
5.	Better Care Fund Progress Report – Q3 2023/24	C	Steven Burgess/Alison Rogers	14:10
6.	Primary Care Business Report Q4 2023/24	D	Graham Tanner	14:25
<b>Assurance</b>				
7.	<i>Services making a difference</i> – Diabetes Community Services	E	Sarah Burchell	14:40
8.	Month 11 Finance Report	F	Opeyemi Adetokunbo-Aina	15:00
<b>Public Forum</b>				
9.	<i>Public Questions</i>			15:15
10.	<i>Let's talk about</i> Healthy Outdoor Spaces			15:20
<b>Closing Business</b>				
11.	Any other business		Chair	15:55
<b>For Information</b>				
12.	Risk Register	G		
13.	Glossary	H		
14.	Date of the next meeting: Thursday 23 <sup>rd</sup> May 2024			

## Presenters

- Dr Sid Deshmukh, Chair, Bexley Wellbeing Partnership Committee
- Alison Rogers, Director of Integrated Commissioning, London Borough of Bexley Council/NHS South East London Integrated Care Board
- Steven Burgess, Policy and Strategy Officer, London Borough of Bexley Council
- Graham Tanner, Associate Director, Primary Care (Bexley), NHS South East London Integrated Care Board
- Sarah Burchell, Service Director Adult Community Physical Health Services, Oxleas NHS Foundation Trust
- Opeyemi Adetokunbo-Aina, Associate Director of Finance (Bexley), NHS South East London Integrated Care Board

ITEM: 2

ENCLOSURE: A

**Declaration of Interests: Update and signature list**

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

**Date:28.03.2024**

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"> <li>1. Senior Partner Sidcup Medical Centre PMS Contract - Financial Interest Materiality 50%</li> <li>2. Shareholder of GP Federation – Financial interest</li> <li>3. Shareholder Frogmed Limited - Financial Interest (Dormant company)</li> <li>4. Chair - Frognal Primary Care Network GP Lead – Financial interest</li> <li>5. Wife (Dr Sonia Khanna-Deshmukh) is Frognal PCN Clinical Director – Indirect interest</li> <li>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.</li> <li>7. Clinical Lead for Diagnostics (Bexley) – financial interest</li> <li>8. Clinical Lead for Urgent Care (Bexley) – financial interest</li> <li>9. Director, Bexley Health Neighbourhood Care CIC – financial interest</li> </ol>		
Diana Braithwaite*	Bexley Executive Place Director, SEL ICS	A relative is employed by SLaM (NHS SEL ICS Partners) and is currently on a secondment to NHS SEL ICB		
Dr Nicole Klynman*	Director of Public Health London Borough of Bexley Council	<ol style="list-style-type: none"> <li>1. Working with Leeds University who are receiving sponsorship from the Pfizer Foundation – Non-Financial Professional Interest</li> </ol>		

		2. Salaried GP at Leyton Healthcare		
Yolanda Dennehy*	Director of Adult Social Care, London Borough of Bexley Council	Nothing to declare.		
Raj Matharu*	LPC Representative	<ol style="list-style-type: none"> <li>1. Chief Officer of Bexley, Bromley &amp; Greenwich Local Pharmaceutical Committee</li> <li>2. Chief Officer of Lambeth, Southwark &amp; Lewisham Local Pharmaceutical Committee</li> <li>3. Chair of Community Pharmacy London</li> <li>4. Board Member of Pharma BBG LLP</li> <li>5. Superintendent Pharmacist of MAPEX Pharmacy Consultancy Limited.</li> <li>6. Wife is lead pharmacy technician for the Oxleas Bromley medicines optimisation service (indirect interest)</li> </ol>		
Keith Wood	Lay Member, Primary Care (Bexley)	Nothing to declare.		
Jennifer Bostock*	Independent Member (Bexley)	<ol style="list-style-type: none"> <li>1. Independent Advisor and Tutor, Kings Health Partners (financial interest)</li> <li>2. Patient Public involvement Co-Lead, DHSC/NIHR</li> <li>3. Independent advisor and Lay Reviewer, UNIS</li> <li>4. Lay co-applicant/collaborator on an NIHR funded project</li> <li>5. Independent Reviewer, RCS Invited Review Mechanism</li> <li>6. Lay co-applicant, HS2</li> </ol>		
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"> <li>1. GP Partner, The Albion Surgery (financial interest)</li> <li>2. Clinical director, APL PCN (financial interest)</li> </ol>		
Dr Nisha Nair*	Clinical Lead – Clocktower Primary Care Network	<ol style="list-style-type: none"> <li>1. GP Partner, Bexley Group Practice (financial interest)</li> <li>2. Clinical director, Clocktower PCN (financial interest)</li> </ol>		
Dr Surjit Kailey*	Clinical Lead – North Bexley Primary Care Network	<ol style="list-style-type: none"> <li>1. GP Partner, Northumberland Health Medical Centre (financial interest)</li> <li>2. Co-director of BHNC (financial interest)</li> <li>3. Co-clinical director, North Bexley PCN (financial interest)</li> </ol>		

		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	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		
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)	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)	Nothing to declare.		
Dr Sonia Khanna	Clinical Director, Frognaal PCN (deputising for Dr Pandu Balaji)	1. GP Partner, Sidcup Medical Centre – financial interest 2. Practice is member of Bexley Health Neighbourhood Care – financial interest		

		<ol style="list-style-type: none"> <li>3. Joint Clinical Director, Frognal PCN – financial interest</li> <li>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</li> <li>5. CYP and Families Clinical Lead – Bexley – non-financial professional interest</li> <li>6. Father, Mr Vinod Khanna, is Chief Executive Officer of Inspire Community Trust – non-financial personal interest.</li> <li>7. Member of Bexley LMC – non-financial professional interest.</li> <li>8. GP Appraiser for south east London – non-financial personal interest.</li> </ol>		
Dr Adefolake Davies	Clinical Director – Clocktower Primary Care Network	<ol style="list-style-type: none"> <li>1. Clinical Director, Clocktower PCN – Financial Interest</li> <li>2. Shareholder, Bexley Health Neighbourhood Care – Financial Interest</li> <li>3. Shareholder, Bexley Health LTD – Financial Interest</li> <li>4. GP Principal, Dr Davies and Partner – Financial Interest</li> </ol>		
Ellie Thomas	Associate Director, Planning and Partnerships, Dartford & Gravesham NHS Trust	Nothing to declare.		
Spencer Prosser	Chief Finance Officer, Lewisham and Greenwich 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, 25<sup>th</sup> January 2024, 14:00 hrs to 16:00 hrs  
Venue: Salvation Army, 41 Lion Rd, Bexleyheath DA6 8NW  
(and via Microsoft Teams)

**Voting Members**

<b>Name</b>	<b>Title and organisation</b>
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**

Keith Wood (KW) via MS Teams	Lay Member, Primary Care (Bexley), NHS SEL ICB
Diana Braithwaite (DB)	Chief Operating Officer (Bexley) NHS SEL ICB
Dr Clive Anggiansah (CA)	Primary & Community Care, Clinical & Care professional Lead, NHS SEL ICB
Dr Mike Robinson (MR)	Interim Consultant in Public Health, London Borough of Bexley
Sarah Burchell (SB)	Service Director Adult Community Physical Health Services, Oxleas NHS Foundation Trust
Abi Mogridge (AM)	Chief Operating Officer (COO), Bexley Health Neighbourhood Care CIC (GP Federation)
Jattinder Rai (JR)	Chief Executive, Bexley Voluntary Services Council
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
Aysha Awan (AA)	Head of Comms & Engagement (Bexley), NHS SEL ICB
Patrick Gray (PG)	Engagement Manager (Bexley), NHS SEL ICB
Rianna Palanisamy (RP) (Presenter)	Corporate Governance Lead (Bexley), NHS SEL ICB
Nazima Bashir (NB) via MS Teams (Minutes)	Corporate Business Manager, Bexley Health Neighbourhood Care CIC (GP Federation)

## **Apologies**

Kate Heaps (KH)

Chief Executive Officer, Greenwich & Bexley  
Community Hospice

Rikki Garcia (RG)

Chair, Healthwatch, Bexley

Alison Rogers (AR)

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

Julie Witherall (JW)

Director of Financial Management, NHS SEL ICB

Stephen Kitchman (SK)

Director of Children's Services, LBB

Dr Nicole Klynman (NK)

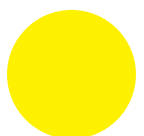
Director of Public Health, LBB

Daniel Rattigan (DR)

Associate Director of Strategy, Lewisham &  
Greenwich NHS Trust

Simon Beard (SB)

Associate Director of Corporate Operations, NHS  
SEL ICB

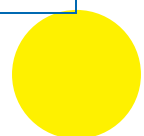




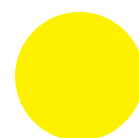
		Actioned by
<b>1.</b>	<p><b>Introductions and apologies</b></p> <p>The Chair, SD welcomed all to the Bexley Wellbeing Partnership, Meeting in public.</p> <p>Apologies, noted on page 2.</p>	<b>SD</b>
<b>2.</b>	<p><b>Declarations of Interest</b></p> <p>In relation to Agenda items 5 and 6, there is a pecuniary conflict of interest for GPs. Therefore, these two items will be chaired by Jennifer Bostock and the remaining items will be chaired by Dr Sid Deshmukh.</p>	<b>SD</b>
<b>3.</b>	<p><b>Minutes from 23<sup>rd</sup> November 2023 and matters arising.</b></p> <p>The minutes of the meeting held on <b>23<sup>rd</sup> November 2023</b> were <b>NOTED</b>.</p> <p><b>Matters Arising</b></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>	<b>SD</b>
<b>4.</b>	<p><b>Public Questions</b></p> <p>The Chair, SD reminded attendees of the usual practice of holding a public forum during agenda item 4, which is dedicated to public questions, followed by a further opportunity for public questions during agenda item 10.</p> <p>No public questions were received in advance or during agenda item 4.</p>	<b>SD</b>
<b>5.</b>	<p><b>Primary Care Network Access Recovery Plans – Update</b></p> <p><b>Graham Tanner, Associate Director, Primary Care (Bexley), NHS South East London Integrated Care Board and Abi Mogridge, Chief Operating Officer, Bexley Health Neighbourhood Care Primary Care Network Clinical Directors</b> collaboratively talked the group through the salient points of the agenda item 5.</p> <p>The update on Primary Care Network (PCN) Access Recovery Plans provides insight into the progress made in enhancing access to primary care services, particularly within the Bexley borough. The initiative is part of a broader effort by the government to recover access to primary care services across the NHS, alongside plans for elective care and urgent care.</p> <p>The PCN Access Recovery Plans involve various components, including investments in frontline services through the Investment and Impact Funds, aimed at improving access to primary care. The plans encompass empowering patients, modernising general practice operations, growing multidisciplinary teams, and cutting bureaucracy to streamline processes.</p> <p>A mid-year review stocktake indicates that overall progress is on track, with PCNs making significant strides in fulfilling their action plans. The assessment includes an analysis of patient experiences through</p>	<b>GT/AM</b>

	<p>surveys, which revealed positive feedback regarding ease of access and overall satisfaction with GP practices.</p> <p>Key highlights of the action plans include the implementation of new workforce roles, promotion of the NHS app, adoption of automated processes for patient registrations, and initiatives to improve care navigation. Additionally, a structured learning framework has been introduced to enhance practice efficiency and reflect on workforce performance.</p> <p>While there is still more work to be done, the overall trajectory is promising, with a commitment to achieving all targets by the end of the assessment period.</p> <p>The Chair, JB, at this point provided the opportunity for questions from the audience.</p> <p><b>Discussion points:</b></p> <ol style="list-style-type: none"> <li>1. The overall summary of the discussion is that there have been significant improvements in primary care access, but challenges remain in communication, coordination of additional roles, and addressing bureaucratic issues. Key messages include:</li> <li>2. There is recognition of the progress made in primary care access, with personal experiences reflecting positive changes in interactions with healthcare providers.</li> <li>3. There is a need to better communicate the improvements in primary care accessibility to dispel negative perceptions and encourage more people to utilise services.</li> <li>4. are being made to ensure that additional roles in GP practices, such as mental health workers and dietitians, are effectively integrated with wider system professionals to avoid inconsistencies and ensure coordinated care.</li> <li>5. Patients are encouraged to report bureaucratic issues through various channels, such as Integrated Care Broad, patient participation groups and the friends and family test, to facilitate improvements in service delivery and efficiency.</li> <li>6. The primary care network is committed to ongoing monitoring and improvement, including addressing anecdotal complaints and implementing training and support for reception staff to enhance patient navigation and support.</li> </ol> <p>The Chair, JB, concluded the discussion, expressing gratitude for the presentation of the agenda item and to the audience for their participation, and apologised for running over time.</p> <p>The Bexley Wellbeing Partnership Committee:</p> <p>(i) <b>NOTED</b> the report and enclosures.</p>	
6.	<p><b>Primary Care Quarterly Business Report</b></p> <p><b>Graham Tanner, Associate Director, Primary Care (Bexley), NHS South East London Integrated Care Board</b> talked the group through the salient points of the agenda item 6.</p> <p>Updates on primary care business were presented, focusing on proposals requiring endorsement:</p> <ul style="list-style-type: none"> <li>• <b>Review of the Bexley Care Homes Supplementary Network Service (SNS) Specification for Nursing &amp; Residential Care</b></li> </ul>	GT

	<p><b>Homes</b> - Recommendation to approve (see Appendix 1 for details).</p> <ul style="list-style-type: none"> <li>• <b>Proposed Options for the Future Commissioning of Bexley Phlebotomy Services</b> - Recommendation to approve (see Appendix 2 for details).</li> </ul> <p>The primary care delivery group (PCDG) has endorsed the above mentioned recommendations from the December meeting, which have been brought forward for consideration by the BWP (in Public) committee.</p> <p>The phlebotomy service had faced challenges during the pandemic, leading to the establishment of a GP-based service by the Bexley Health Neighbourhood Care (BHNC) Community Interest Company (CIC) GP Federation, to address gaps. Proposed measures included maximising capacity from Lewisham and Greenwich Acute Trust (LGT) and engaging primary care networks (PCNs) for effective commissioning. The review of the care home supplementary network service suggested maintaining the current arrangement for another 12 months due to limited evidence of improved outcomes with single-provider contracts. While there is ongoing dialogue with providers and primary care networks to refine the commissioning models, the current proposals aim to ensure efficient utilisation of resources and continuity of care for patients. Additionally, there will be discussions regarding potential changes to key performance indicators (KPIs) in the care home supplementary network service contract, with a PCDG meeting scheduled in February 2024 to address this.</p> <p>The Chair, JB expressed gratitude for the transparent discussion and thanked GT for his input.</p> <p>The committee endorsed the proposals for further consideration and potential adjustments in specifications and KPIs.</p> <p>SR emphasised the critical importance of transparency and public engagement, advocating for the ongoing adoption of this approach.</p> <p>The Bexley Wellbeing Partnership Committee:</p> <ul style="list-style-type: none"> <li>(i) <b>NOTED</b> the report.</li> <li>(ii) <b>APPROVED</b> the endorsed recommendations emanating from the PCDG (Part 2) meeting on Wednesday 6<sup>th</sup> December 2023.</li> </ul>	
7.	<p><b>Month 7 Finance Report</b>  <i>The agenda contained a typographical error stating "Month 6" instead of "Month 7."</i></p> <p><b>Opeyemi Adetokunbo-Aina, Associate Director of Finance (Bexley), NHS South East London Integrated Care Board</b> talked the group through the salient points of the Month 7 Finance Report. Bexley Place is experiencing a year-to-date overspend primarily due to prescribing and continuing healthcare budgets, although there are areas of underspending. Despite this, the Integrated Care Board (ICB) has adjusted its surplus plan and is forecasting a break-even position for the year despite ongoing challenges. The South East London Integrated Care System (ICS) is contending with a significant system deficit, with efforts underway to meet forecasted savings targets. The concept of "recovery" extends beyond COVID-19 to</p>	OA-A



	<p>include addressing financial deficits and achieving stability. Plans for accelerated reporting aim to provide more current information.</p> <p>The Bexley Wellbeing Partnership Committee:</p> <p>(i) <b>DISCUSSED &amp; NOTED</b> the month 07 (October 2023) financial position for Bexley Place</p> <p>(ii) <b>NOTED</b> the NHS South East London ICB and NHS South East London ICS financial position.</p>	
8.	<p><b>Local Care Partnership Performance Report</b></p> <p><b>Graham Tanner, Associate Director, Primary Care (Bexley), NHS South East London Integrated Care Board</b> talked the group through the salient points of the agenda item 8.</p> <p>The Bexley Wellbeing Partnership Committee:</p> <p>(i) Noted 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>	
9.	<p><b>Place Risk Register</b></p> <p>The chair, SD, stated that the Risk Register item would be omitted due to time constraints, unless there were any issues to be raised related to the Risk Register. However, no issues were raised.</p> <p>The Bexley Wellbeing Partnership Committee:</p> <p>(i) <b>NOTED</b> the Risk Register.</p>	
10.	<p><b>Public Questions</b></p> <p>No public questions.</p>	
11.	<p><b>Let's talk about Isolation &amp; Loneliness</b></p> <p>The committee heard from the following groups/organisations about the support they provide to local residents:</p> <ul style="list-style-type: none"> <li>• Joss Duncan, Volunteering Manager, Bexley Voluntary Service Council</li> <li>• Sarah Batten, Strategic Director, Erith Exchange</li> <li>• Liz Tragheim, Lay Minister, St Johns Church Sidcup</li> <li>• Rachel Carder, Connecting Thamesmead Programme Manager, Peabody</li> </ul>	
12.	<p><b>Any Other Business</b></p> <p>No other business.</p> <p><i>Meeting concluded at 16.28hrs.</i></p>	
13.	<p><b>Glossary</b></p> <p>These glossary terms were noted.</p>	
14.	<p><b>Date of the next meeting:</b></p> <p>Thursday 28<sup>th</sup> March 2024, Council Chamber, London Borough of Bexley, Civic Offices, 2 Watling Street, Bexleyheath, Kent, DA6 7AT</p>	<b>SD</b>



**Bexley Wellbeing Partnership Committee**

**Thursday 28<sup>th</sup> March 2024**

**Item: 5**

**Enclosure: C**

<b>Title:</b>	<b>Better Care Fund Progress Report, Quarter 3 2023/24</b>
<b>Author/Lead:</b>	Alison Rogers, Director of Integrated Commissioning, NHS South East London Integrated Care System/London Borough of Bexley Steven Burgess, Policy and Strategy Officer, London Borough of Bexley
<b>Executive Sponsor:</b>	Yolanda Dennehy, Director of Adult Social Health & Care, London Borough of Bexley Diana Braithwaite, Place Executive Lead (Bexley), NHS South East London Integrated Care Board

<b>Purpose of paper:</b>	To present the Quarter 3 Better Care Fund (BCF) return ( <a href="#">Appendix A</a> ) and the latest available data for the BCF and winter resilience metrics ( <a href="#">Appendix B</a> ).  To set out the proposals for refreshing the BCF Plan for 2024/25.	<b>Update / Information</b>	
		<b>Discussion</b>	<b>X</b>
		<b>Decision</b>	<b>X</b>

<b>Summary of main points:</b>	<ul style="list-style-type: none"> <li>The BCF Q3 Return 2023/24 (<a href="#">Appendix A</a>) confirms that all BCF national conditions and requirements have been met. Bexley’s return was submitted to the BCF National Team on 9 February 2024.</li> <li><a href="#">Appendix B</a> shows the latest data for the BCF and winter resilience metrics. Our assessment of progress against the national BCF metrics shows that we are on track against three of the metrics (Avoidable Admissions; Discharge to usual place of residence; and Emergency hospital admissions due to falls in people aged 65 and over). We are not on track against two of the metrics (Admissions to care homes of older people aged 65+ and the proportion of older people aged 65+ who were still at home 91 days after discharge from hospital).</li> <li>The return reports on outputs and expenditure against 33 schemes in the BCF Plan. On the whole, this shows that good progress is being made.</li> <li>In preparation for 2024/25, the BCF National Team will be asking local Health and Wellbeing Board areas to refresh their BCF Plans. This is expected to cover confirmed funding allocations, updates to the BCF Expenditure Plan, Capacity and Demand Planning, narrative updates and metric ambitions for 2024/25. Officers will use the planned refresh as an opportunity to tidy up the BCF expenditure plan and this will include consideration of the contribution from the BCF Pooled Fund towards the costs of personnel to enable joint commissioning.</li> <li>The BCF Pooled Fund is governed by a section 75 Agreement between the London Borough of Bexley and NHS South East London ICB. The schedules to the Agreement will need to be updated to reflect proposed changes to the BCF Plan as a result of the planned refresh. The proposal</li> </ul>
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	<p>to update the schedules to the Agreement will need to be considered by the Bexley Wellbeing Partnership Committee on behalf of the NHS South East London ICB.</p> <ul style="list-style-type: none"> <li>• Further reports will be provided to future meeting(s) of the BWP Committee, as required.</li> </ul>
<b>Potential Conflicts of Interest</b>	None.
<b>Other Engagement</b>	<p><b>Equality Impact</b></p> <p>Our BCF Plan 2023-25 sets out local priorities for addressing health inequalities and equality for people with protected characteristics, and how BCF-funded services are being delivered to address these. The contracts and the services commissioned under the Section 75 agreement are monitored to ensure that equalities duties are met.</p>
	<p><b>Financial Impact</b></p> <p>The value of services within the scope of the BCF Pooled Fund in 2023/24 is £84.369m of which the ICB funds around £49.646m and the Council funds around £34.723m. This is estimated to increase to approximately £85.835m in 2024/25. This reflects the schedules to the section 75 Agreement between NHS South East London ICB and the London Borough of Bexley, which were updated and signed off on 31 October 2023. The schedules to the Agreement will need to be updated to reflect proposed changes to the BCF Plan as a result of the planned refresh.</p>
	<p><b>Public Engagement</b></p> <p>We consulted on the original proposals to enter into the Section 75 agreement in 2020/21, which included the arrangements for the Bexley BCF Pooled Fund.</p>
	<p><b>Other Committee Discussion/Engagement</b></p> <p>We provide regular reports on the BCF to the Bexley Health and Wellbeing Board (HWB) and Bexley Wellbeing Partnership. The latest report was considered by the <a href="#">Bexley HWB on 14 March 2024</a>. Local partners and stakeholders are involved in the development and delivery of the BCF plan.</p>
<b>Recommendation:</b>	<p>The Bexley Wellbeing Partnership Committee is asked/recommended to:</p> <ol style="list-style-type: none"> <li>Note the Quarter 3 Better Care Fund (BCF) return (<a href="#">Appendix A</a>) and the latest available data for the BCF and winter resilience metrics (<a href="#">Appendix B</a>).</li> <li>Comment on and endorse the proposals for refreshing the BCF Plan.</li> </ol>



## BETTER CARE FUND PROGRESS REPORT QUARTER 3 2023/24

### 1. INTRODUCTION

The purpose of this report is to present the Quarter 3 Better Care Fund (BCF) return ([Appendix A](#)) to the Bexley Wellbeing Partnership Committee. In order to ensure timely submission, Bexley's return was submitted to the BCF National Team on 9 February 2024 and confirmed that all BCF national conditions and requirements have been met. This report also shows the latest available data for the BCF and winter resilience metrics ([Appendix B](#)) and summarises the proposals for refreshing the BCF Plan for 2024/25 (**Section 4**).

#### 1.1 ASSESSMENT OF PROGRESS AGAINST METRICS

Our progress against the national BCF metrics is summarised below:

- Avoidable Admissions – on track: We are on track to meet target with provisional data showing a modest reduction in avoidable admissions when compared to the previous year. The opening of the Same Day Emergency Care Unit at Queen Elizabeth Hospital on 7 February 2024 should help to address ambulatory care sensitive conditions. The service gives access to specialist care and faster diagnostic tests in an appropriate setting, which will avoid the need for a hospital admission and help get patients home.
- Discharge to usual place of residence – on track: The vast majority of people go home once they have been discharged from hospital. Our performance in Bexley is better than planned and shows that over 93% of hospital discharges are to a person's usual place of residence.
- Emergency hospital admissions due to falls in people aged 65 and over – on track: The available data so far suggests that we are on track to achieve a lower rate of hospital admissions due to injuries from falls among the 65+ age group than planned (a lower rate is better).
- Admissions of older people (65+) to care homes – not on track: Provisional data for 2023/24 so far shows that there have been 192 older people whose long-term support needs were met by admission to residential and nursing care homes between April and December 2023. Our plan was to have no more than 187 new care home admissions. Some of the people, who were discharged from hospital into interim beds, have moved into permanent placement, following an assessment of their long-term care needs. Strength based assessments are used to support people to live at home where possible.
- Effectiveness of reablement – not on track: Provisional data for April – December 2023 shows that 848 out of 963 older people aged 65 and over, who were discharged from hospital into reablement, were still at home in the 91-day follow-up period for each case (88.1%). There are more people leaving hospital on a reablement pathway, often with a higher level of need, which may help to explain why outcome achievement is not on track to meet our target (90.4%).

#### 1.2 OUTPUTS DELIVERED

Table 1 gives a summary of the actual outputs delivered by scheme type during the first three quarters of 2023/24, compared to the expected outputs for the year as a whole. These outputs only relate to those scheme-types where we were required to include estimated outputs in our BCF plan. This information relates to 33 of the 67 schemes in our plan.

Table 1 – Planned and actual outputs from BCF schemes:

<b>Scheme type</b>	<b>Expected outputs 2023-24</b>	<b>Actual outputs delivered to date</b>
<b>Assistive Technologies and Equipment (Number of beneficiaries)</b>		
Assistive technologies including telecare	500	373
Community based equipment	6,190	2,071
<b>Bed based intermediate Care Services (Number of placements)</b>		
Bed-based intermediate care with reablement to support discharge	39	55
<b>Carers Services (Number of beneficiaries)</b>		
Carer advice and support related to Care Act duties	1,660	601
<b>DFG Related Schemes (Number of adaptations funded/people supported)</b>		
Adaptations, including statutory DFG grants	246	198
Discretionary use of DFG	200	76
<b>Home Care or Domiciliary Care</b>		
Hours of domiciliary care	315,848	260,192
Packages of short-term domiciliary care without reablement input	150	98
<b>Home-based intermediate care services (packages of care)</b>		
Joint reablement and rehabilitation service to prevent admission to hospital or residential care	205	379
Reablement at home to prevent admission to hospital or residential care	174	242
Reablement at home to support discharge	237	406
<b>Residential Placements (Number of beds/Placements)</b>		
Short term residential care (without rehabilitation or reablement input)	80	45
<b>Workforce recruitment and retention</b>		
WTEs gained	-	9

Assistive Technologies and Equipment: Planned outputs for 2023/24 were originally estimated based on overall activity in 2022/23. Outputs delivered to date in 2023/24 have been attributed in proportion to the level of funding contribution from the BCF.

Carers Services: We no longer receive voluntary sector carer data because this was overly bureaucratic for the VCS and we wanted them to spend their time on delivering the services. This has had an effect on the carer numbers; however, this commissioned support is still being provided even though the associated outputs are not being reported in the BCF return.

DFG Related Schemes: Overall, DFG spending (mandatory and discretionary) will exceed the grant allocation for the 2023/24 Financial Year; however, will be offset by using carried forward underspend from the Covid period. As a result of the impact of inflation on overall spend, a decision was made in December 2023 to pause most DFG-related discretionary spending for the remainder of the financial year. Smaller discretionary grants such as the



Hospital Discharge Grant continue as normal. From February 2024, non-urgent DFGs are also now being pushed into the next financial year.

Hours of domiciliary care: We have delivered more hours of homecare than planned between April – December 2023.

Packages of short-term domiciliary care without reablement input: 367 packages of short-term domiciliary care without reablement input have been delivered between April and December 2023. Of these, approximately 27% of the outputs can be attributed to the Discharge Fund (98 packages of care).

Home-based intermediate care services (packages of care): Funding from the BCF Pooled Fund has delivered a total of 1,027 reablement packages of care between 1 April and 31 December 2023. This is more activity than was originally estimated, indicating that we have been both efficient and effective in delivering reablement within existing resources.

Short term residential care without rehabilitation or reablement input: 88 people were placed in short term residential care between 1 April and 31 December 2023 with the likelihood of this being a long-term placement. Of these, approximately 51.1% of the outputs can be attributed to the Discharge Fund (45 people placed).

Workforce recruitment and retention: The BCF Planning Template did not include an estimate of the number of posts gained or retained. We have now been asked to report the number of Whole Time Equivalents in the BCF Q3 return (9 WTEs).

## 2. BCF PLAN REFRESH

In preparation for 2024/25, the BCF National Team will be asking local Health and Wellbeing Board areas to refresh their BCF Plans. This is expected to include updates to the BCF Expenditure Plan and Capacity and Demand Planning. As part of the planned refresh, officers propose to reflect the following:

- Confirmed funding allocations for 2024/25.
- A revision to 'Scheme 2 - Preventative & Early Intervention Services (ICB contribution)' from £432,123 to £396,123 so that this reflects the updated schedules to the section 75 Agreement, signed off in October 2023. This is a correction to the original BCF plan, which was submitted in July 2023.
- Tidy up the BCF expenditure plan, including how Schemes 65, 66 and 67 are being utilised. These schemes reflect uplifts in the NHS Minimum Contribution in 2022/23, 2023/24 and 2024/25 and have been previously described as meeting 'Cost and Demand' pressures in each year. We propose to update the BCF expenditure plan and scheme descriptions to better reflect how this funding is being used.
- An updated Capacity and Demand Plan. As part of this, we will review outcomes from the discharge pathways in 2023/24 to see if we want to change the assumptions and balance of investment from the Discharge Fund in 2024/25.
- The work undertaken in preparing the Q3 BCF return has been a useful exercise in looking at Year To Date unit costs and outputs. This will help inform the refresh of Bexley's BCF plan for 2024/25.

## 3. RECOMMENDATIONS

The BCF Quarter 3 Return ([Appendix A](#)) and update on the BCF and Winter Resilience Metrics ([Appendix B](#)) are reported for information and any observations the Bexley Wellbeing Partnership Committee may wish to make. The Committee is also invited to comment on and endorse the proposals for refreshing the BCF Plan (Section 4).

#### 4. LEGAL IMPLICATIONS

The statutory and financial basis of the Better Care Fund (BCF) is described in the BCF Policy Framework and the BCF Planning Requirements (see **List of Background Documents**). An Addendum to the BCF Policy Framework and Planning Requirements will set out the arrangements for a required refresh of the BCF plan for 2024/25.

The BCF Pooled Fund is governed by a section 75 Agreement between the London Borough of Bexley and NHS South East London ICB. The schedules to the Agreement will need to be updated to reflect proposed changes to the BCF Plan as a result of the planned refresh. The proposal to update the schedules to the Agreement will need to be considered by the Bexley Wellbeing Partnership Committee on behalf of the NHS South East London ICB. Officers will also consult and brief the Cabinet Member for Adults' Services and Health on the proposals on behalf of the Council.

#### 5. FINANCIAL IMPLICATIONS

The value of services within the scope of the BCF Pooled Fund in 2023/24 is £84.369m of which the ICB funds around £49.646m and the Council funds around £34.723m. This is estimated to increase to approximately £85.835m in 2024/25. A summary of the funding sources is shown in Table 2 below and this reflects the schedules to the section 75 Agreement between NHS South East London ICB and the London Borough of Bexley, which were updated and signed off on 31 October 2023. Not all funding sources have been confirmed for 2024/25. The Additional Disabled Facilities Grant in 2024/25 has not yet been included in Table 2 but is estimated to be equivalent to or slightly higher than the 2023/24 allocation.

**Table 2 – Summary of Funding Sources, Bexley BCF Plan 2023-25**

<b>Funding Source</b>	<b>2023-24</b>	<b>2024-25</b>
Minimum NHS contribution	£19,499,901	£20,603,595
Discharge Fund (Integrated Care Board)	£1,085,172	£2,040,982
Additional NHS contribution	£29,060,570	£28,409,175
<b>Sub Total (ICB contribution)</b>	<b>£49,645,643</b>	<b>£51,053,752</b>
Improved Better Care Fund	£6,616,137	£6,616,137
Disabled Facilities Grant	£3,223,701	£2,964,977
Discharge Fund (Local Authority)	£927,572	£1,539,770
Additional Local Authority contribution	£23,956,000	£23,660,000
<b>Sub Total (Local Authority contribution)</b>	<b>£34,723,410</b>	<b>£34,780,884</b>
<b>Total</b>	<b>£84,369,053</b>	<b>£85,834,636</b>

The BCF Q3 return ([Appendix A](#)) reports on expenditure in the first three quarters against 33 of the 67 schemes set out in our BCF Plan 2023 to 2025. Expenditure in the return only relates to those scheme-types where we have been required to report on the number of outputs delivered in the period. Expenditure in relation to the BCF Plan as a whole will be reported in the End of Year Return.

#### 6. RISKS AND MITIGATION MEASURES

<b>Risk</b>	<b>Mitigation</b>
Outcomes and benefits are not realised.	The Integrated Commissioning Team jointly manage the contracts for

	services to support the realisation of the outcomes and benefits.
The pressure on acute hospitals and expectations around prioritising discharge do not diminish in the short term.	Use Capacity and Demand Planning to update the picture of expected demand and capacity for 2024/25.
Impact of inflation on DFG-related schemes.	To be offset by using carried forward DFG underspend from the Covid period. Pause most DFG-related discretionary spending for the remainder of the 2023/24 financial year. Push non-urgent DFGs into the next financial year (2024/25).

## 7. SUMMARY OF OTHER IMPLICATIONS

BCF-funded schemes and services are expected to have a positive impact on the health and wellbeing of the Borough. Our BCF Plan 2023-25 sets out local priorities for addressing health inequalities and equality for people with protected characteristics, and how BCF-funded services are being delivered to address these. The contracts and the services commissioned under the section 75 agreement are monitored to ensure that equalities duties are met.

Our BCF Plan 2023-25 includes funding contributions from the BCF Pooled Fund towards staffing costs to support the integrated commissioning and delivery of schemes. As part of the refresh of the BCF Plan, proposals will consider the contribution from the BCF Pooled Fund towards the costs of personnel to enable joint commissioning.

There are no other implications arising from this report.

### **Local Government Act 1972 – section 100d**

#### **List of background documents**

Update on Better Care Fund Plan 2023-25, Bexley Health and Wellbeing Board, 14 September 2023:

<https://democracy.bexley.gov.uk/ieListDocuments.aspx?CId=1744&MId=29943&Ver=4>

Better Care Fund Plan 2023-25 and BCF End of Year Return 2022-23, Bexley Health and Wellbeing Board, 15 June 2023:

<https://democracy.bexley.gov.uk/ieListDocuments.aspx?CId=1744&MId=29942&Ver=4>

Better Care Fund Planning Requirements 2023-25, NHS England, 4 April 2023:

<https://www.england.nhs.uk/publication/better-care-fund-planning-requirements-2023-25/>

Better Care Fund Policy Framework 2023 to 2025, Department of Health and Social Care and Department for Levelling Up, Housing and Communities, 4 April 2023:

<https://www.gov.uk/government/publications/better-care-fund-policy-framework-2023-to-2025>

<b>Contact Officers:</b>	Alison Rogers, Director of Integrated Commissioning, 020 8176 5365 and Steven Burgess, Policy & Strategy Officer, LB Bexley, 020 3045 5242
<b>Reporting to:</b>	Yolanda Dennehy, Director of Adult Social Care & Health

[Appendix A](#) – Bexley HWB BCF 2023-25 Quarterly Reporting Template  
[Appendix B](#) – Update on BCF and Winter Metrics

**Bexley Wellbeing Partnership Committee**

**Thursday 28<sup>th</sup> March 2024**

**Item: 6**

**Enclosure: D**

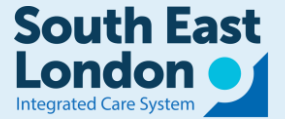
<b>Title:</b>	<b>Primary Care Delivery Group Business Update Report – Q4 2023/24</b>
<b>Author/Lead:</b>	Graham Tanner, Associate Director Primary Care, HS South East London Integrated Care Board
<b>Executive Sponsor:</b>	Diana Braithwaite, Place Executive Lead, NHS South East London Integrated Care Board

<b>Purpose of paper:</b>	<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 25<sup>th</sup> 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>	<b>Update / Information</b>	<b>x</b>
		<b>Discussion</b>	
		<b>Decision</b>	
<b>Summary of main points:</b>	<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"> <li>• Wednesday 10<sup>th</sup> January 2024</li> <li>• Wednesday 7<sup>th</sup> February 2024</li> <li>• Wednesday 6<sup>th</sup> March 2024</li> </ul> <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 item endorsed by PCDG and recommended for approval by the Bexley Wellbeing Partnership Committee.</p> <p><b>6<sup>th</sup> March 2024</b></p> <ul style="list-style-type: none"> <li>• <b>Bexley Medicines Optimisation Programme 2024-25:</b> Recommendation to approve.</li> </ul> <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>	
<b>Potential Conflicts of Interest</b>	<p>All GP voting members have pecuniary interests in the Primary Care Network DES and associated funding streams. They will therefore be excluded from voting on this item.</p>	
<b>Other Engagement</b>	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.
<b>Recommendation:</b>	<p>The Bexley Wellbeing Partnership Committee is recommended to:</p> <p>(i) Note the report.</p> <p>(ii) Approve the endorsed recommendation emanating from the PCDG (Part 1) meeting on 6<sup>th</sup> March 2024.</p>	



**Bexley Wellbeing**  
Partnership



# **Primary Care Delivery Group Business Update Report – Q4 2023/24**

Bexley Wellbeing Partnership Committee, Thursday 28<sup>th</sup> March 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 Q4 (Jan to Mar 2024), on the following dates:

- **Wednesday 10<sup>th</sup> January 2024 (Part 1 and Part 2)**
- **Wednesday 7<sup>th</sup> February 2024 (Part 1 and Part 2)**
- **Wednesday 6<sup>th</sup> March 2024 (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.

**10<sup>th</sup> January 2024 (Part 1)**

Agenda Item	Key Considerations and Recommendations	Info. only	PCDG Decision	Recommendation to BWP	Outcome and applicable mitigations/conditions
<p><b>Primary Care Access Recovery Plan (PCARP) - Stocktake Review</b></p>	<p>The purpose of this paper was to:</p> <ul style="list-style-type: none"> <li>i. update Primary Care Delivery Group 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.</li> <li>ii. discuss and agree a presentation format for the Bexley Wellbeing Partnership Committee meeting in public on 25<sup>th</sup> January 2024.</li> </ul>				<p>Primary Care Delivery Group resolved to note the report and enclosures and to agree any amendments / iterations required for the final report to the Bexley Wellbeing Partnership Committee on 25<sup>th</sup> January 2024.</p> <p>This was discussed as a standalone agenda item at the BWP Committee meeting on 25<sup>th</sup> January 2024.</p>

**10<sup>th</sup> January 2024 (Part 2)**

Agenda Item	Key Considerations and Recommendations	Info. only	PCDG Decision	Recommendation to BWP	Outcome and applicable mitigations/conditions
<p><b>Update Paper re: Options Appraisal for the Delivery of Diabetes Structured Education in Bexley from 1<sup>st</sup> April 2024</b></p>	<p>The purpose of this paper is to provide additional information which was requested following the initial presentation of the Diabetes Education Options Appraisal at the Bexley Primary Care Delivery Group (Part 2).</p>	<p>✓</p>			<p>Primary Care Delivery Group resolved to note the report.</p> <p><b>Post meeting note:</b> following further provider and stakeholder representations, it has been agreed to defer any decision to re-provide this service, pending further patient engagement.</p> <p>The service will be included within a contract awarded to Bexley Health Neighbourhood Care from 1 April 2024 – 30 September 2024.</p>
<p><b>24/25 Local Improvement Grant (LIG) Application Review</b></p>	<p>The purpose of this paper was to provide Primary Care Delivery Group with an update on Local Improvement Grant (LIG) EOI for 2024/25 and to agree the parameters for approval of proposals.</p>				<p>Primary Care Delivery Group resolved to support all LIG applications which fell within the £200k Borough budget and to ‘hold’ any submission which exceeds the grant limit.</p> <p>and</p> <p>To revisit any submissions on hold once the overall ICB costs have been calculated and to explore the potential for 50/50 funding from NHS England and the practice.</p>

**10<sup>th</sup> January 2024 (Part 2)**

Agenda Item	Key Considerations and Recommendations	Info. only	PCDG Decision	Recommendation to BWP	Outcome and applicable mitigations/conditions
<b>Lease Options Paper</b>	The purpose of this paper was to highlight the significant estates risk faced by a Bexley GP Practice and seek agreement on the options that are pursued to best mitigate. A significant amount of work has been undertaken over the last 3 years but there remains very little progress in reaching a viable solution. The paper set out an options appraisal for the future of this practice and its site with a recommended way forward for consideration by the committee.		<b>Approved</b>		Decisions and recommendations have been shared with the practice.
<b>Station Road Surgery</b>	The purpose of this paper was to update Primary Care Delivery Group with respect to the challenges faced by Station Road Surgery over the last 12 months and a proposed pathway to a formal merger with Sidcup Medical Centre, effective from 1 April 2025.				Primary Care Delivery Group resolved to note the report and the initial considerations identified, pending further information from the respective practices.

**7<sup>th</sup> February 2024 (Part 1)**

Agenda Item	Key Considerations and Recommendations	Info. only	PCDG Decision	Recommendation to BWP	Outcome and applicable mitigations/conditions
<b>Long Term Conditions Update</b>	This report provided an update regarding the primary care targets related to Cardio-Vascular Disease (CVD) and Diabetes and how Bexley Practices are performing against them. Also, an update on the Multimorbidity Model of Care Project and the development of the Respiratory Diagnostic Service in Bexley.	✓			Primary Care Delivery Group resolved to note the report.
<b>GP Premium Performance Report (Quarter 3)</b>	The purpose of this report was to provide an overview of the GP Premium Performance trajectory as at Q3 23/24.	✓			Primary Care Delivery Group resolved to note the report outlining achievement trajectories for the Bexley GP Premium as at the end of Q3 23/24.  <b>Note:</b> – the final reconciliation and outturn position will be reported to Primary care Delivery Group and this Committee in May 2024.

**7<sup>th</sup> February 2024 (Part 1)**

Agenda Item	Key Considerations and Recommendations	Info. only	PCDG Decision	Recommendation to BWP	Outcome and applicable mitigations/conditions
<p><b>Extension to the Bexley Care Homes Supplementary Network Service (SNS) Specification for Nursing &amp; Residential Care Homes for a minimum of 12 months to commence 1st April 2024</b></p>	<p>This paper sought approval from the Primary Care Delivery Group that the current Care Homes Supplementary Network Service (SNS) specification be extended (with minor variations to the KPIs) for a minimum of 12 months from 1st April 2024 until 31st March 2025. The current service expires on 31st March 2024.</p>			<p><b>Reported to the January BWP Committee (and approved) following PCDG Part 2 meeting in December.</b></p>	<p>The Primary Care Delivery Group resolved to approve:</p> <ul style="list-style-type: none"> <li>i. The extension of the Bexley Care Homes Supplementary Network Service (SNS) Specification for Nursing &amp; Residential Care Homes for a minimum of 12 months from 1st April 2024 to 31st March 2025.</li> <li>ii. Changes to the KPIs and associated funding subject to there being no duplication or overlap with the yet to be released PCN Network DES for 24/25.</li> </ul>
<p><b>Quality and Primary Care</b></p>	<p>This paper provided an update on Quality Alerts raised by General Practice within Bexley during 2023, including activity data, status/outcomes and examples of focussed and thematic review processes with associated learning.</p>	<p>✓</p>			<p>The Primary Care Delivery Group resolved to note the report and provide further comment and insight to the processes described.</p>

7<sup>th</sup> February 2024 (Part 1)

Agenda Item	Key Considerations and Recommendations	Info. only	PCDG Decision	Recommendation to BWP	Outcome and applicable mitigations/conditions
<p><b>Lantum Flexible Staffing Pool – Options Paper</b></p>	<p>The purpose of this paper was to outline options and recommendations with respect to the SEL Flexible Staffing Pool contract (provided by Lantum), including proposals for a more detailed review at 9 months and collaborative consideration of the scope for future commissioning.</p>		<p><b>Approved</b></p>		<p>With regard to Decision 1, Primary Care Delivery Group resolved to endorse option (1a) to extend the contract with Lantum for 12 months with a review at 9 months to agree next steps once the necessary guidance has been published for 2025/26. This would allow the system to seamlessly build on the already established relationship and SEL pool set up with Lantum. With regard to Decision 2, PCDG requested active place participation in the proposed service review, including consideration of future inclusion of PAYE staff within the bank.</p>
<p><b>Primary Care Risk Register</b></p>	<p>This paper is 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 reflects delegated commissioning and contracting functions within the Integrated Care System (ICS).</p>	<p>✓</p>			<p>Primary Care Delivery Group resolved to:</p> <ul style="list-style-type: none"> <li>i. Note the recorded risks and mitigations and agree scores.</li> <li>ii. Discuss whether recorded risks should remain as a substantive risks within the Register and/or whether they have been fully mitigated and can be removed.</li> <li>iii. Recommend any other risks for inclusion and consideration within the Risk Register.</li> <li>iv. Agree any risks for inclusion on the wider SEL ICB Risk Register via the Datix system.</li> </ul>

**7<sup>th</sup> February 2024 (Part 2)**

Agenda Item	Key Considerations and Recommendations	Info. only	PCDG Decision	Recommendation to BWP	Outcome and applicable mitigations/conditions
<p><b>Lakeside Medical Practice - Delegated Rent Reimbursement</b></p>	<p>The purpose of this paper was to provide Primary Care Delivery Group with an update on the rent and rates reimbursement impact of a proposal for Lakeside Medical Practice to occupy additional space in the Community Health Partnerships (CHP) building it occupies on Yarnton Way, Thamesmead.</p>		<p><b>Approved</b></p>		<p>In light of the growth opportunities within this practice site and the rationale set out by the practice and endorsed by the Primary Care Team, Primary Care Delivery Group resolved to approve the additional space request and increased rent reimbursement figure for Lakeside Medical Practice. This will be included within the borough's recurrent core rent and rates allocation for 24/25 onwards.</p>



6<sup>th</sup> March 2024 (Part 1)

Agenda Item	Key Considerations and Recommendations	Info. only	PCDG Decision	Recommendation to BWP	Outcome and applicable mitigations/conditions
<p><b>SEL Special Allocation Service Contract Extension</b></p>	<p>The purpose of this paper was to seek agreement to a recommendation to extend the contract for an additional 5 years, following a strategic review of the service after the initial 5-year period.</p> <p>Special Allocation Schemes were created to ensure that patients who have been removed from a practice patient list can continue to access healthcare services at an alternative, specific GP practice. NHS England has a responsibility to ensure that all patients can access good quality GP services and that patients are not refused healthcare following incidents that are reported to the police.</p> <p>The current SEL Provider is One Health Lewisham (The Lewisham GP Federation).</p>		<p><b>Approved</b></p>		<p>Primary Care Delivery Group resolved to endorse the recommendation for Option 3 - Extend the contract for an additional 5 years.</p>
<p><b>Provision of Bexley Phlebotomy Services from 1st April 2024</b></p>	<p>The purpose of this paper was to provide assurance with respect to the ongoing provision of phlebotomy services within Bexley borough from 1 April 2024, following expiry of the current contract with BHNC.</p>	<p>✓</p>			<p>Primary Care Delivery Group resolved to note the report provided for assurance purposes and to raise any further points of clarification.</p>

**6<sup>th</sup> March 2024 (Part 1)**

Agenda Item	Key Considerations and Recommendations	Info. only	PCDG Decision	Recommendation to BWP	Outcome and applicable mitigations/conditions
<p><b>Bexley Medicines Optimisation Programme 24-25</b></p>	<p>The purpose of this paper was to recommend the endorsement of this year's Medicines Optimisation Programme (M.O.P.) for Bexley Borough General Practices, 24-25 (this follows consideration and approval by the approved by the Bexley Medicines Implementation Group in February 2024).</p> <p>The paper details the key areas of focus for this financial year aiming to improve best practice and cost-effective/best value prescribing in Bexley borough.</p> <ul style="list-style-type: none"> <li>• It is proposed that the Medicines Optimisation Programme (M.O.P.) is continued in Bexley to help with the implementation of the Bexley savings and efficiencies plan for 2024-25.</li> <li>• The scheme is expected to assist in realising the Bexley savings of £336,609 if all indicators are achieved.</li> <li>• The Medicines Optimisation Programme also aims to improve prescribing safety and quality through a clinical audit.</li> <li>• The scheme has been developed and approved by the Bexley Medicines Implementation Group in February 2024</li> <li>• A total of £160k has been identified for this scheme for GP practices in Bexley.</li> </ul>			<p><b>Recommended to approve.</b></p>	<p>Primary Care Delivery Group resolved to endorse the 2024/25 Prescribing Improvement Scheme – noting that formal ratification will be required by the Bexley Wellbeing Partnership Committee at its next meeting in public.</p>

**6<sup>th</sup> March 2024 (Part 1)**

Agenda Item	Key Considerations and Recommendations	Info. only	PCDG Decision	Recommendation to BWP	Outcome and applicable mitigations/conditions
<p><b>National Measles, Mumps and Rubella (MMR) vaccination catch-up campaign 2023/24. Overview and Bexley position</b></p>	<p>This assurance paper provided details of the National MMR (Measles Mumps and Rubella) catch-up campaign 2023/24 and the work that is ongoing in Bexley to support delivery of the campaign with the aim of improving levels of MMR coverage amongst eligible populations.</p>	<p>✓</p>			<p>Primary Care Delivery Group resolved to:</p> <ul style="list-style-type: none"> <li>• Note the situation outlined in the report</li> <li>• Support the planned response at a system and local level</li> <li>• Encourage and support, at every opportunity, all health care professionals across the system engaging with residents who are either eligible or have responsibility for the eligible population to consider vaccination.</li> </ul>

**6<sup>th</sup> March 2024 (Part 2)**

Agenda Item	Key Considerations and Recommendations	Info. only	PCDG Decision	Recommendation to BWP	Outcome and applicable mitigations/conditions
<p><b>Bursting Wood Surgery APMS 5 Year Contract Review</b></p>	<p>This paper provided a review of the performance of this contract ahead of the five-year contract coming to an end on 31st December 2024. The contract was procured on an initial term of 5 years followed by an optional extension of 5 years at the discretion of the commissioner and followed by a further optional extension of up to five years.</p> <p>The paper appraised options for the contract and recommends that it is extended for a further five years on renegotiated terms.</p>		<p><b>Approved</b></p>		<p>Decisions and recommendations will be shared with the practice in line with upcoming contract negotiations with any final recommendation reported to this Committee for discussion and approval.</p>

# Thank you.

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

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**Bexley Wellbeing Partnership Committee**

**Thursday 28<sup>th</sup> March 2024**

**Item: 7**

**Enclosure: E**

<b>Title:</b>	<i>Services making a difference</i> – Community Based Diabetes Services
<b>Author/Lead:</b>	Sarah Burchell, Service Director Adult Community Physical Health Services, Oxleas NHS Foundation Trust
<b>Executive Sponsor:</b>	Iain Dimond, Chief Operating Officer, Oxleas NHS Foundation Trust

<b>Purpose of paper:</b>	<b>The purpose of this papers is to update the Bexley Wellbeing Partnership Committee on the investments made by the Partnership to improve Community Based Diabetes Care for Bexley residents.</b>	<b>Update / Information</b>	<b>x</b>
		<b>Discussion</b>	
		<b>Decision</b>	
<b>Summary of main points:</b>	<ul style="list-style-type: none"> <li>• In 2021/22 Bexley, South East London Clinical Commissioning Group (now the Bexley Wellbeing Partnership) invested £523,000 in the provision of community-based Diabetes care.</li> <li>• The services are provided by Oxleas NHS Foundation Trust.</li> <li>• Diabetes is a long-term (chronic) condition caused by too much glucose (sugar) in the blood. It is also known as diabetes mellitus. There are two types of diabetes - type 1 and type 2.</li> <li>• In Bexley 16,546 (7% of population) people have diabetes on GP Registers, 15,468 (95%) have type 2 diabetes mellitus. The number of people with type 2 diabetes is rapidly increasing as it commoner in the overweight and obese, which is itself a growing problem; 68% of those with diabetes on GP Registers are either overweight or obese.</li> <li>• 89% of those with diabetes on GP Registers are aged between 40-79 years.</li> <li>• Bexley has the second highest rate of adult obesity in London (28%), and almost a quarter of Year 6 pupils are obese.</li> <li>• The remainder 898 (5%) on GP Registers have type 1 diabetes mellitus</li> <li>• It's recognised that the sooner the blood sugar levels are brought under control, the better the long-term prospects of preventing damage.</li> <li>• Lifestyle advice about diet, weight management and regular activity is the first step.</li> </ul>		
<b>Potential Conflicts of Interest</b>	None directly relating to this report.		
<b>Other Engagement</b>	Equality Impact	None directly relating to this report.	
	Financial Impact	None directly relating to this report.	
	Public Engagement	None directly relating to this report.	

	Other Committee Discussion/ Engagement	None directly relating to this report.
<b>Recommendation:</b>	The Bexley Wellbeing Partnership Committee is recommended to note the presentation from partner organisation Oxleas NHS Foundation Trust on the services they provide for community-based Diabetes care.	

# Oxleas Community Diabetes Service

Sarah Burchell

Service Director Adult  
Community Physical Health  
Services, Oxleas NHSFT

March 2024

Oxleas  
**NHS**  
Improving lives



# Diabetes overview

The prevalence and diagnosis rate of residents with diabetes is increasing across Bexley.

- Total Diabetes population = 16,546
- Type 2 population = 15,648 (95%)

High numbers of people living with poor diet leading to being overweight or obese, translates into increased number of residents being diagnosed with type 2 diabetes

Bexley prevalence of obesity is significantly higher than in London and England. 1 in 3 (38.5%) children leave primary school obese.

The diagnosis and ongoing support to diabetic patients requires multiple partners to work together. Oxleas is one partner in these pathways.

# Oxleas Community Diabetes Investment

Pre formation of the Integrated Care System (ICS) there was significant variation across South East London (SEL) in community specialist diabetes team provision with Bexley having the smallest community team. In addition to capacity issues there were gaps in provision including:

- Dietetics
- Psychology support
- Consultant Support
- Limited access to Podiatry High risk foot service
- No Specialist Diabetes support/training for wider staff groups

Staffing levels in 2019/20:

- 0.8 WTE Band 7 Diabetes Specialist Nurse (DSN)
- 1.0 WTE Band 7 DSN funded non recurrently from 5 year 3TT funding which ended 22/23
- 0.6 WTE Band 6 DSN

The Diabetes team are supported by their Podiatry colleagues as the risk to diabetic patients of foot problems is well documented. The following is the podiatry staffing level in 2019/20 in which diabetes foot care is only one element of the provision

- 3.6 WTE Podiatrist
- 1.0 WTE Podiatry Admin

# Current Staffing following Home First investment

As part of our Bexley Home First programme, new investment from the Local Care Partnership, 3-year investment programme was implemented.

## Diabetes Team

- 1.0 WTE Band 8a Nurse
- 1.0 WTE Band 7 Nurse
- 1.0 WTE Band 7 Dietitian
- 3.0 WTE Band 6 Nurse
- 1.0 WTE Band 4 PCAP
- 1.0 WTE Band 3 Administrator
- 0.6 WTE Psychologist (to be recruited)
- 0.5 WTE Consultant Diabetologist (Employed by LGT, started Nov 23)

## Podiatry Team

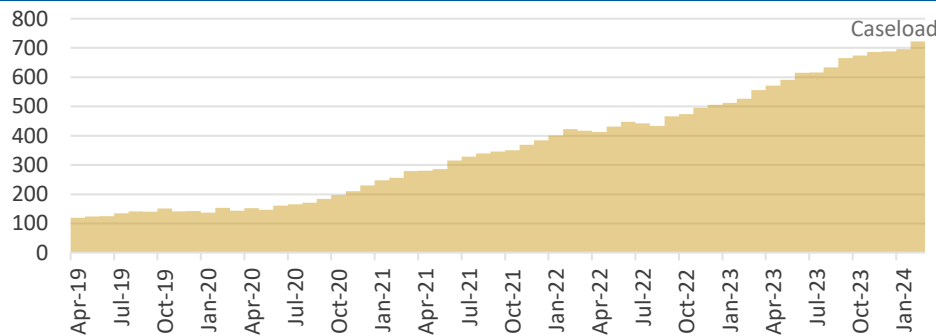
- 1.5 WTE band 7 Podiatrist
- 3.8 WTE Band 6 Podiatrist
- 0.5 WTE Podiatrist
- 1.0 WTE Administrator

# Demand & Activity Trends

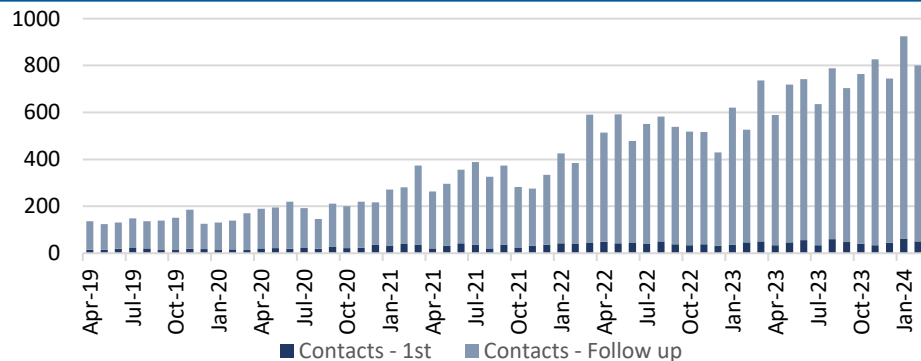
## 2019-24, Bexley Diabetes Nursing



- Referrals have increased by **160%**
  - **232** in 2019/20
  - **612** in 2023/24

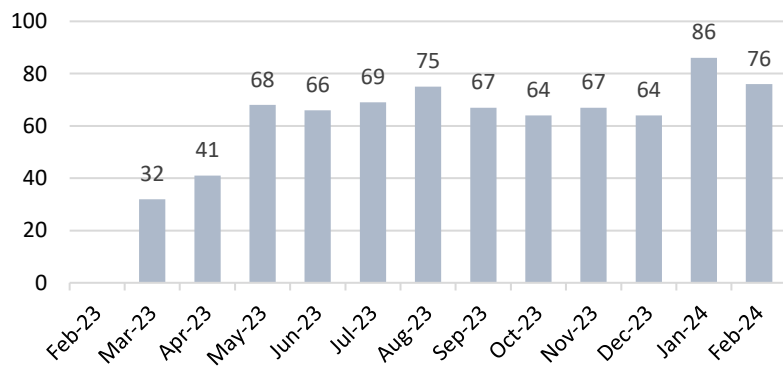


- Caseload has increased by **370%**
  - **138** in 2019/20 (avg.)
  - **651** in 2023/24 (avg.)



- Contacts have increased by **420%**
  - First contacts by 175%
  - Follow up contacts by 450%
  - **1,720** in 2019/20
  - **8,968** in 2023/24

## Diabetes Dietetics pathway



- **Dietitian Contacts** have averaged 70 per month since May 23
- **Dietitian Referrals:** 180 patients seen since our new staff member came into post

## Podiatry service

\*From 1<sup>st</sup> April 2023– 11<sup>th</sup> March 2024

	3 Year investment				
	2019/20	2020/21	2021/22	2022/23	23/24*
Referrals	1,062	949	1,114	1,348	1,509
Total appointments	Impacted by covid	Impacted by Covid	5,895	6,582	6,437

- Referrals have increased by **142%**
  - **1,062** in 2019/20
  - **1,509** in 2023/24

The Oxleas podiatry service is for high-risk patients only and this includes those with diabetes. The table above shows the increase in referrals to the team. The figures for appointments in 2019 to 2021 were impacted by redeploying MSK staff to the podiatry team as part of the national response to close some services during the pandemic in order to keep hospital beds free for covid patients.

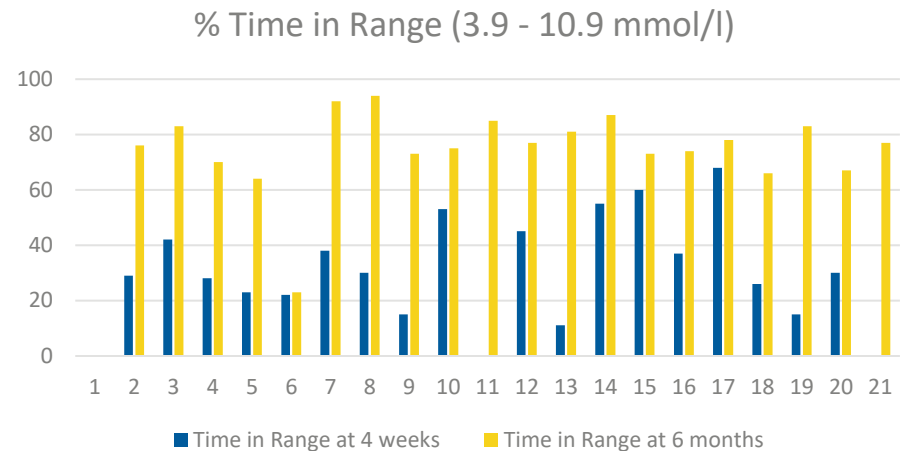
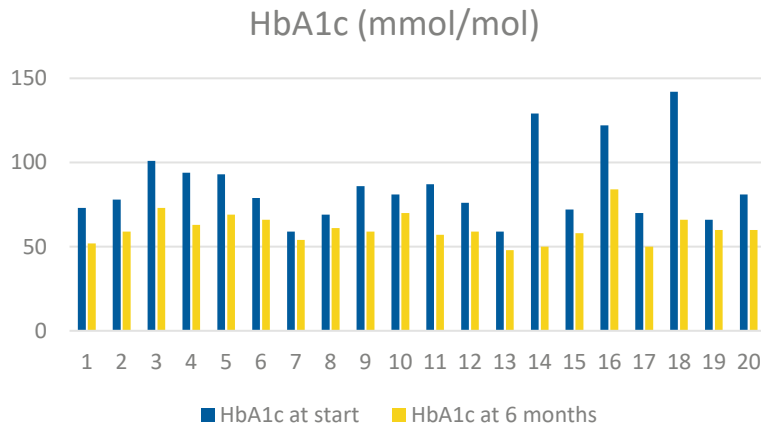
# Investment - New Model

The new investment allowed us to work towards a standard diabetes core offer across SE London. We are now able to provide:

- One stop clinic centred around patient need - Dietitian, DSN, Podiatry, Consultant Diabetologist (at the Oval clinic on a Monday)
- Regular Multi-Disciplinary Team (MDT's) meetings with secondary care to transfer patients to community teams
- Independent non-medical prescribers supporting with Insulin and GLP1 (medication to treat diabetes and obesity) initiation
- Daily advice and guidance for GP's and Practice Nurses to support GP with non-complex insulin initiation
- Personalised dietitian support for diabetes patients including weight management
- Community consultant clinics. The consultant is employed by LGT and works half their time in QE and the other half with Oxleas in the community
- Greater support for patients with diabetes living in care homes or who are housebound
- Report to GP results of blood pressure, HbA1c and yearly cholesterol (as part of 3TTT's)
- Podiatry and Dietitian running peer support groups
- Rolling training programme to upskill nurses on diabetes management

# Use of Technology

- Team rolling out and supporting the use of Continuous blood glucose monitoring technology
- Currently over 200 patients supported by team.
- Team following national NICE guidelines
- Continued QI project monitoring effectiveness and patient experience using technology



Note: HbA1c – is a measure of your blood glucose levels. An ideal is 48mm01/m0l or below

The graphs show significantly improved HbA1c readings at 6 months and patients are within the recommended ranges for longer

# Partnership working

## Support to partners:

- Virtual Primary Care Network (PCN) drop-in sessions for GP practices
- Providing clinical expertise to 3 Integrated Case Management (ICM) monthly meetings
- Support Non-Medical Prescribers across borough
- Support GP Practices with competencies post Pitstop (diabetes education programme)
- Work with CESEL (Clinical Effectiveness SEL) team for 8 care process that support patients with diabetes. More information is available via this link [PowerPoint Presentation \(selondonccg.nhs.uk\)](https://selondonccg.nhs.uk)

## Joint Pathways:

- Shared Care Pathways with GSST Podiatry high risk ulcer service for direct vascular input including virtual MDT's
- Pathway development with MIND and IAPT's to ensure patients or psychological support
- Onward referral for patients requiring a structured diabetes education programme

## Training:

- Lunch and learn education sessions jointly with Greenwich and Lewisham diabetes teams
- Diabetes management training as needed across services including hospice, care home, carers, GP practices



# Patients story – Part 1

Patient A is a 52 year old male, he rides a motorbike and is shift worker. He was hypo unaware, this means he lacked the ability to perceive the onset of his hypoglycaemia.

Referral information:

Medical history: Diabetes type 2 (since 2009), Mixed Hyperlipidaemia. Retinopathy and high Cardiovascular risk. His HbA1c was 101mmol/mol, BMI 36, his cholesterol and blood pressure was elevated.

He was offered an appointment at the Oval MDT clinic for review by the Diabetes Specialist Nurse (DSN), Diabetes Specialised Dietitian and Consultant Diabetologist.

He was first seen by the DSN where his diabetes medication was reviewed and titrated. He was given advice and support on management of his oral and injectable medication which consisted of; Metformin 1g twice daily , Humulin M3 insulin twice daily and Empagliflozin 25mg once daily.

He was also commenced on Freestyle Libre continuous blood glucose monitoring device as he was at risk of hypoglycaemia due to shift work. He was supported to manage his insulin in a way that suits his work and personal lifestyle.

# Patients story – Part 2

Our Diabetes Specialist Dietitian developed a plan with Patient A to achieve a goal of 5-10% weight loss. He was provided with dietary and lifestyle education support and advice, with particular focus on carbohydrate awareness, and dietary advice for heart health. His personalised management plan for weight loss included advice to increase protein sources and reducing alcohol.



The Consultant Diabetologist commenced Patient A on GLP1 medication to support with weight loss and his diabetes management. His blood pressure and cholesterol management was reviewed, and medication titration completed.

This multi-disciplinary team approach provided Patient A with a person-centred holistic approach thereby improving his diabetes control, providing information and advice to improve his cardiovascular health to reduce the risk of a cardiovascular event through weight management.






Prior to the new investment Patient A would have been referred to the Community Diabetes team. Once they had seen him, they would have referred him to Queen Elizabeth for an appointment with a Consultant. As there was no previous commissioned diabetes dietetic service in Bexley he would have been given general advice on healthy eating which could be followed up by the GP.

# User Feedback Diabetes Team (Jan 23 – Dec 23)

## 1. Did staff treat you with kindness and care?

Answer Choices			Response Percent	Response Total
1	Yes		98.91%	273
2	Sometimes		1.09%	3
3	No		0.00%	0

## 9. Overall, how was your experience of our service? Was it.....

Answer Choices			Response Percent	Response Total
1	Very good		86.18%	237
2	Good		10.55%	29
3	Okay		2.18%	6
4	Poor		0.36%	1
5	Very poor		0.00%	0
6	Don't know		0.73%	2

Answered all the questions I had

Good communication

Staff are friendly and helpful

Fulfil all my diabetic needs and as a result I am far more positive about my condition

The nurse was very knowledgeable and able to suggest a plan that meets that meets my needs

I got lots of help and information and feel that someone is helping. Someone at the end of a line if in need.

I've always been cared for by the nurses I've seen

Felt listened to

Quick call back when needed

Brilliant service

Excellent service

Supportive

Well informed kind specialists

It was a friendly personalised appointment

Monitored closely. Totally focused on me as an individual with sensitive responses in medication adjusted accordingly.

It helped me in my Diabetes and control my sugar and lose weight

Answered all my questions

Professional and extremely helpful

# Challenges

The additional investment has been very much welcomed but there remain some challenges for the team as follows:

- The team are supporting more patients with increasing complexity:
  - those with Chronic Kidney Disease (CKD)/renal failure
  - type 3c diabetes (pancreatic insufficiencies, alcoholism, pancreatitis, pancreatic cancer) higher prevalence
- Recruitment of Physical Health Psychologist.
  - We have advertised several times using different recruitment strategies, but these are very hard to fill posts and currently remains vacant
- Recruitment of Consultant
  - We advertised a number of times for this post and whilst we are delighted Dr Loumpardia joined us in Nov 23, we need to consider a SEL approach for the future.

## Future plans

- Further develop community Consultant pathway to include :
  - virtual diabetes MDT's aligned to Primary Care Networks
  - multi-morbidity model of care via virtual MDT
  - continue to review most effective model of transfer patients from acute to community (known as Tier 3)
- Continue to roll out digital technology and evaluate impact on service model
- Work with our Head of Psychology on recruitment of vacant psychology post
- Consideration of how to manage the increasing number of housebound diabetic patients unable to manage their own care

Questions.

**Bexley Wellbeing Partnership Committee**

**Thursday 28<sup>th</sup> March 2024**

**Item: 8**

**Enclosure: F**

<b>Title:</b>	<b>Month 11 Finance Report</b>
<b>Author:</b>	Opeyemi Adetokunbo-Aina, Associate Director of Finance (Bexley), NHS South East London Integrated Care Board
<b>Executive Lead:</b>	David Maloney, Director of Corporate Finance, NHS South East London Integrated Care Board

<b>Purpose of paper:</b>	<b>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 11 (February) 2023/24.</b>	Update / Information	
		Discussion	<b>X</b>
		Decision	

<b>Summary of main points:</b>	<p><b>Bexley Position</b></p> <p>At month 11, Bexley Place reported a year to date underspend of £503k and forecast underspend of £846k against budget. The position aligns with the established control total subsequent to the allocation of £2.4m from the £14.7m ICB reserve designated for Places, with the objective of mitigating cost pressures within Prescribing and Continuing Health Care Services.</p> <p>The position is driven by:</p> <ul style="list-style-type: none"> <li>• Prescribing budget overspent by £3m year to date, a reduction in run rate from last month of £93k. This reflects the impact of the recovery plans. Deceleration of the run rate closes the recovery gap to £148k, required to deliver the control total. The key drivers to the overspend remains the effect of the Implementation of NICE Technology Appraisals (TAs) or Guidelines and medications being out of stock, necessitating the use of higher-cost alternatives.</li> <li>• CHC budget reports a year to date overspend of £0.79m. an improvement of £204k in the run rate from previous month. The impact of the recovery plan is seen in the expenditure reduction. The key drivers to the overspend remains, increased activities coupled with increase in the FNC, AQP and non-specialist home care weekly rates.</li> <li>• £1.1m is underspent in Community Health Services year to date. This is the delivery of efficiencies within various community contract.</li> <li>• Other Primary Care Services reports underspend of £505k. 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.</li> <li>• £385k is underspent in Mental Health Services. Although this is a favourable position, there has been an increase in activity in learning disabilities and mental health cost per case increasing the year to date run rate by £68k.</li> </ul>
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- £512k is underspent in Corporate Budgets due to existing vacancies without backfill.
- £39k is underspent in Acute Services, driven by the reduction in requirement for patient transport.
- Other Programme Services year to date underspend of £1.7m is the reserves funding of £2.4m to offset the cost pressures and deliver the control total.

Efficiency savings – At M11, 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 and local providers, the ICB plan for 2023/24 was revised from a surplus of £64.100m to a surplus of £16.873m. This movement of £47.227m has been represented by equal and opposite changes in the plan values for NHS providers within the South East London ICS. Therefore, no overall impact upon the overall 2023/24 plan for the ICS.

During month 11, the ICB made additional planned payments to local providers. An element of these payments deteriorated the ICB position with a corresponding improvement in provider positions. Accordingly, at month 11, the ICB reported a year to date overspend of £15,467k against plan, which is break-even against its revenue resource limit (**RRL**). Reflected within the ICB's financial position are the favourable impacts of independent sector ERF (£7,943k) and ICB financial recovery actions.

The ICB continues to be adversely impacted by overspends in prescribing (£17,855k) and continuing healthcare (CHC) (£4,827k). At present there are nine months **prescribing data** available as it is produced 2 months in arrears.

Second Focus meetings with all 6 boroughs were held in December to review recovery actions and de-risk financial positions. Forecast year-end positions were agreed with each borough. As at month 11, all boroughs are on target to deliver these positions.

In reporting this month 11 position, the ICB has delivered the following financial duties:

- Underspending (**£3,545k**) 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 11, and noting the risks outlined in this report, the ICB is forecasting that it will deliver a year-end position of **break-even against the Revenue Resource Limit**.

### ICS Summary Position At month 11

**Revenue Expenditure (I&E):** South East London ICS reported a system deficit of £108.5m, £101m adverse to the planned £7.5m deficit. This compares to a £78m deficit and £68.6m adverse variance at month 10.

	<p>The system is <b>reporting a £63.7m deficit forecast outturn position</b>. In line with NHSE direction, the forecast at M11 reports the detailed reforecasts that organisations carried out during month 8 and M10 adjusted for the impact of industrial action and a deterioration in the forecast position at KCH.</p> <p>The system has delivered £201.6m of efficiencies, which is c. £61.8m behind the YTD plan. Continuous effort is required to deliver forecast savings levels.</p> <p>The system has <b>identified £263.5m (81%) of its £323.6m revised annual efficiency target</b>. At month 11 £140.8m (44%) of the identified efficiencies is rated as a low risk of not being delivered.</p> <ul style="list-style-type: none"> <li>Further details on the ICB and highlights on the ICS positions at month 11 are included in Appendix A and B to the finance report. Additional details can be provided upon request.</li> </ul>	
<p><b>Potential Conflicts of Interest</b></p>	<p>None arising as a direct result of this paper.</p>	
<p><b>Other Engagement</b></p>	<p>Equality Impact</p>	<p>None, all Bexley residents have the same levels of access to healthcare</p>
	<p>Financial Impact</p>	<p>There is no known risk to these numbers as they have now been published.</p>
	<p>Public Engagement</p>	<p>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</p>
	<p>Other Committee Discussion/ Engagement</p>	<p>The month 11 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.</p>
<p><b>Recommendation:</b></p>	<p>The Bexley Wellbeing Partnership Committee is asked to:</p> <ol style="list-style-type: none"> <li>DISCUSS &amp; NOTE the Month 11 (February 2024) financial position for Bexley Place.</li> <li>NOTE the NHS South East London ICB and NHS South East London ICS financial position.</li> </ol>	

# Bexley Wellbeing Partnership Committee

## Finance Report – Month 11

Thursday 28<sup>th</sup> March 2024

V1.0

AGENDA ITEM: 8

ENCLOSURE: F(i)

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2. Bexley Delegated Budget - Efficiency report	<a href="#"><u>4</u></a>
3. Updates from other Boroughs	<a href="#"><u>5-10</u></a>
4. Appendix A - SEL ICB Finance Report	<a href="#"><u>11-19</u></a>
5. Appendix B - SEL ICS Finance Highlights	<a href="#"><u>20-23</u></a>

# Bexley Position

**Month 11 (M11) Financial overview** – Underspend reported year to date (YTD) - £503k, forecast outturn (FOT) underspend - £846k. The YTD position is a significant improvement from prior month of £618k while the FOT expectedly remains the same, delivering the control total.

**Key Drivers:**

- Prescribing budget reports an overspend YTD of £3m and FOT of £3.43m, inclusive of the prescribing reserves. There is a reduction in run rate from last month of £93k YTD and FOT of £123k. This reflects the impact of the recovery plans and efficiency savings. Deceleration of the run rate closes the recovery gap to £148k, required to deliver the control total. The key drivers to the overspend remains the effect of the Implementation of NICE Technology Appraisals (TAs) or Guidelines and medications being out of stock, necessitating the use of higher-cost alternatives.
- The overspend reported within CHC of £786k YTD and FOT of £761k is a £204k and £391k improvement from previous month on YTD and FOT positions, respectively. The positive impact of the recovery plan is seen in the run rate reduction. The key drivers to the overspend remains, increased activities coupled with increase in the FNC, AQP and non-specialist home care weekly rates.
- Community Health Services is underspent by £1.1m and £1.2m YTD and FOT respectively, attributable to continuous increase in efficiencies within several contracts.
- Other Primary Care Services reports an underspend of £505k YTD and a static FOT underspend of £552k. This is a proactive action to support the recovery plan as mobilisation of the local care network schemes are delayed.
- Mental Health Services underspent by £385k YTD and FOT of £459k. Although this is a favourable position, there has been an increase in activity in learning disabilities and mental health cost per case increasing the run rate by £68k and £140k YTD and FOT, respectively.
- Other underspends are: Corporate budgets - £512k YTD and FOT of £553k, due to existing vacancies without backfill, expected to continue till year end. Other Programme Services is mostly the reserves funding of £1.87m to offset some of the cost pressures and deliver the control total.

	M11					
	YTD Budget	YTD Actual	YTD Variance	FOT Budget	FOT Actual	FOT Variance
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Acute Services	4,447	4,408	39	4,851	4,809	42
Community Health Services	18,637	17,518	1,119	20,331	19,133	1,198
Mental Health Services	9,573	9,188	385	10,443	9,984	459
Continuing Care Services	23,023	23,809	(786)	25,116	25,877	(761)
Prescribing	31,103	34,495	(3,391)	33,835	37,795	(3,960)
Prescribing Reserves	398	-	398	531	-	531
Other Primary Care Services	3,008	2,503	505	3,299	2,747	552
Other Programme Services	1,769	46	1,723	1,930	(148)	2,078
PROGRAMME WIDE PROJECTS	-	-	-	-	(155)	155
Delegated Primary Care Services	38,919	38,919	-	42,459	42,459	(0)
Corporate Budgets	3,245	2,733	512	3,540	2,987	553
<b>Total FOT</b>	<b>134,122</b>	<b>133,619</b>	<b>503</b>	<b>146,334</b>	<b>145,488</b>	<b>846</b>

# Bexley Delegated Budget – Efficiencies Month 11

- This table summarises the Bexley position at month 11.
- The borough has identified efficiencies of £4.1m (over 100%) compared to a target of £3.9m. Over above target was identified to replace slipping schemes.
- Efficiencies delivered to month 11 total £3.8m, 4% above year to date plan of £3.6m.
- 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
<b>Year-to-date efficiencies</b>	At M11 Bexley have reported YTD efficiencies of £3.8m	This is work in progress	This is delivering 4% above YTD plan of £3.6m. Monitoring will continue to maintain trend.
<b>Forecast efficiencies</b>	At M11 Bexley is forecasting to deliver a full year plan of £3.7m efficiencies recurrently and £0.3m non-recurrently. The planned delivery for the year is £3.9m	Target is 100% attained	There is an increased risk that prescribing savings may not fully deliver, progress to be continuously monitored and mitigations are already in place.
<b>Progress on identifying efficiencies</b>	£4.1m of efficiency schemes have been identified, with a remaining gap of £-0.2m.	No further gap in efficiency target as slipping plans were replaced with low risk ones.	Continuous monitoring of efficiency plans to ensure full delivery
<b>Progress on derisking efficiencies</b>	£2.9m of efficiency schemes have been classified as low risk, with a remaining gap of £1m.	All others are medium risks and being monitored.	This is 74% of the identified schemes. Mitigations are in place on high risk schemes and also replaced with low risk schemes.
<b>Full-year effect</b>	The full-year effect of efficiencies is £3.7m	Target is 93% attainment	Continuous monitoring of efficiency plans to ensure delivery

# Updates from other Boroughs

## Month 11

Description	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	6,358	6,250	108	6,936	6,828	108
Community Health Services	32,732	32,825	(93)	35,708	35,809	(101)
Mental Health Services	8,380	8,006	374	9,142	8,628	514
Continuing Care Services	25,147	26,046	(899)	27,433	28,471	(1,038)
Prescribing	30,942	34,453	(3,510)	33,755	37,717	(3,961)
Other Primary Care Services	2,596	2,194	402	2,817	2,379	439
Other Programme Services	2,826	195	2,630	3,083	(173)	3,256
Programme Wide Projects	0	0	0	0	0	0
Delegated Primary Care Services	49,378	49,195	183	53,870	53,670	200
Corporate Budgets	4,792	4,115	677	5,228	4,645	583
<b>Total</b>	<b>163,152</b>	<b>163,278</b>	<b>(127)</b>	<b>177,971</b>	<b>177,972</b>	<b>(0)</b>

- The overall Greenwich borough position is £127k adverse year-to-date, principally attributable to pressures reported within Prescribing and Continuing Care Services (CHC).
- The financial control total set for Greenwich is a breakeven position. The forecast position is aligned with this.
- The Prescribing pressures within Greenwich are consistent with the wider trends reported across SEL.
- CHC is £899k overspent to date and is attributable to the fully funded LD cohort of patients within Adults CHC. This cohort is current being independently assessed to ensure the packages of care are appropriate cognisant of wider financial constraints.
- The overspend within Community is an increasing pressure with the community equipment contract outweighing the slippage in other project schemes (e.g. Virtual Wards).
- The Primary Care underspend of £402k is associated with non-recurrent slippage in schemes.
- The £108k 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 £677k favourable Corporate Budget position is a combination of underspend due to vacancies within the staffing establishment, and a freeze within non-pay expenditure lines.
- Mental Health is £374k favourable to date attributable to lower (Children) cost per case activity than scheduled. Female PICU spot placement activity has been variable, with an overall projected spend in year of £1m. Discussions are ongoing with Oxleas in respect to a block arrangement for 2024/25 to provide increased financial certainty hereon.



## Overall Position

	Year to date Budget £'000s	Year to date Actual £'000s	Year to date Variance £'000s	ICB Budget £'000s	Forecast Outturn £'000s	Forecast Variance £'000s
Acute Services	6,289	6,031	258	6,861	6,580	281
Community Health Services	76,651	75,289	1,362	83,602	82,112	1,490
Mental Health Services	13,212	13,633	(421)	14,413	14,871	(458)
Continuing Care Services	22,955	23,325	(370)	25,042	25,446	(404)
Prescribing	42,663	46,231	(3,568)	46,343	50,672	(4,329)
Prescribing - Reserves	485	-	485	728	-	728
Other Primary Care Services	3,386	3,232	154	3,694	3,526	168
Other Programme Services	1,792	249	1,542	1,954	31	1,923
Delegated Primary Care Services	55,650	55,515	135	60,711	60,564	147
Corporate Budgets	3,961	3,619	342	4,321	3,947	374
<b>Total</b>	<b>227,043</b>	<b>227,124</b>	<b>(81)</b>	<b>247,669</b>	<b>247,749</b>	<b>(80)</b>

- The borough is reporting an overspend of £81k at Month 11 and is forecasting a £80k overspend at year end. The variances stated in the report relate to the year-to-date position.
- The Prescribing budget is £3,083k overspent after factoring in the additional funding that was received in month 8 and represents a continuation of the activity and price pressures that have been occurring during the year. These are due to NCSO price pressures, NICE implementation and an increase in overall activity.
- The Mental Health budget is £421k overspent. The number of section 117 cost per case (CPC) placements has increased in year and is impacting upon the 2023/24 financial position. The growth in S117 activity is due to more cases coming to joint funding panels with more clients being identified as partially health funded. This trend has continued over the last few months.
- The Continuing Healthcare budget is £370k overspent. Since the beginning of the year the number of FNC [funded nursing care] clients has increased by approximately 15%. Bromley have a significant number of new Care Home beds that have recently opened as well as homes that will be opening in the next two years. The annual cost of each FNC client is over £11k per annum. As this cohort's health deteriorates, they will often become eligible for CHC, causing additional financial pressure on the budget.
- The 2023/24 borough savings requirement is £7,429k. The forecast year end position is a £1k shortfall. £1.35m of the savings are non-recurrent so for 2024/25 these schemes will need to be reviewed and made permanent or additional recurrent savings will need to be identified.
- The forecast overspend is £80k and is consistent with the position agreed as part of the financial focus meetings that were held earlier in the financial year. This position is very challenging due to the level of the overspends in the Prescribing, CHC and Mental Health Directorates. The borough continues to identify savings opportunities and mitigations to ensure the financial position is delivered.

### 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	1,100	747	353	1,200	815	385
Community Health Services	23,516	22,520	996	25,654	24,502	1,152
Mental Health Services	19,374	19,369	4	21,135	21,080	55
Continuing Care Services	29,298	29,810	(512)	31,961	32,516	(555)
Prescribing	35,594	38,557	(2,963)	38,664	42,233	(3,569)
Prescribing Reserves	405		405	607	0	607
Other Primary Care Services	3,461	3,310	151	3,776	3,611	165
Other Programme Services	2,428	239	2,188	2,648	261	2,387
Delegated Primary Care Services	76,147	76,147	0	83,072	83,072	0
Corporate Budgets	5,326	4,656	670	5,811	5,117	694
<b>Total</b>	<b>196,648</b>	<b>195,356</b>	<b>1,293</b>	<b>214,528</b>	<b>213,207</b>	<b>1,321</b>

- The borough is reporting an overall £1.3m year to date underspend position and a forecast year-end position of £1.3m favourable variance at Month 11 (February 2024). The reported year to date position includes £0.5m overspend on Continuing Healthcare and £2.6m overspend on Prescribing (inclusive of reserve), offset by underspends in other budget lines and includes the impact of recovery action (£2.9m) and implementing freeze on new financial commitments.
- The underlying key risks within the reported position relate to the Prescribing and Continuing Healthcare budgets and further risk against the Integrated Community Equipment Service 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 and FNC clients at M11 is 572.
- Prescribing month 11 position is based on M09 2023/24 actual data as the PPA information is provided two months in arrears. The year to date overspend of £2.6m 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 M11 is £0.3m 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	965	890	75	1,053	971	81
Community Health Services	22,645	22,088	557	24,703	24,108	595
Mental Health Services	6,431	5,938	493	7,015	6,469	546
Continuing Care Services	19,252	22,260	(3,009)	21,002	24,288	(3,286)
Prescribing	35,711	39,361	(3,649)	38,792	43,145	(4,353)
Prescribing Reserves	406	0	406	609	0	609
Other Primary Care Services	1,920	1,753	168	2,095	1,912	183
Other Programme Services	6,562	(862)	7,424	7,160	(844)	8,003
Delegated Primary Care Services	58,154	58,442	(288)	63,443	63,757	(314)
Corporate Budgets	3,838	3,635	203	4,187	4,011	176
<b>Total</b>	<b>155,884</b>	<b>153,505</b>	<b>2,379</b>	<b>170,058</b>	<b>167,818</b>	<b>2,240</b>

- At month 11, the borough is reporting an underspend of £2,379k (month 10 £1,722k) and forecasting an underspend for the full year of £2,240k (month 10 £2,240k). The year to date and forecast outturn positions reflect the release of ICB reserves at month 8 (prescribing £609k, inflation funding £1,566k to Other Programme – total £2,175k). As part of ICS system financial recovery measures neither of these reserves can be committed to expenditure. Hence the month 11 forecast surplus is £2,240k compared with £65k at month 7 before the reserves were released.
- The main overspend is on prescribing costs. Based on December's data (as data is available 2 months in arrears), the position shows an overspend of £3,649k reflecting activity and price pressures. This comprises two elements: CATM/NCSO pressures (YTD £1,239k), and other prescribing pressures including treatment of long-term conditions such as diabetes, CVD and Chronic Kidney Disease (YTD £2,410k). The forecast overspend for prescribing at month 11 is £4,353k (month 10 £4,847k). This improvement of £521k largely reflects the delivery of medicines management efficiencies weighted in the latter part of the year.
- There is also an overspend on continuing care services of £3,009k driven by price and activity pressures. This reflects children's CHC £385k and adult's £2,624k. The YTD position reflects efficiencies delivered of £889k, and further efficiencies of £100k have been identified for delivery in month 12, a total forecast of £989k compared to a plan of £595k.
- The Place Executive Lead and Associate Director of Finance are meeting with the senior CHC team every week to track financial recovery actions to try to further mitigate this financial position and to plan for 2024/25.
- There is a forecast overspend on the delegated primary care services budget of £314k reflecting the anticipated full year cost of locum reimbursement claims.
- All other budget lines are close to breakeven or showing underspends as referenced in previous reports. The borough efficiency target of £4,208k is forecast to over deliver at £4,658k, reflecting recovery actions relating to prescribing and continuing care services.

	M11					
	YTD Budget	YTD Actual	YTD Variance	FOT Budget	FOT Actual	FOT Variance
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Acute Services	507	91	416	553	99	454
Community Health Services	29,930	28,913	1,018	32,651	31,509	1,142
Mental Health Services	6,956	8,492	(1,536)	7,589	9,261	(1,673)
Continuing Care Services	18,046	17,297	749	19,687	18,846	841
Prescribing	29,486	32,289	(2,802)	32,030	35,327	(3,297)
Prescribing Reserves	335	-	335	503	-	503
Other Primary Care Services	1,096	1,047	49	1,196	1,142	54
Other Programme Services	1,499	187	1,311	1,635	204	1,431
Programme Wide Projects	275	275	-	300	260	40
Delegated Primary Care Services	59,182	59,182	(0)	64,564	64,564	(0)
Corporate Budgets	4,044	3,511	533	4,411	3,832	579
<b>Total FOT</b>	<b>151,357</b>	<b>151,284</b>	<b>74</b>	<b>165,119</b>	<b>165,045</b>	<b>74</b>

- The borough is reporting a YTD surplus of £74k at month 11 and forecasting a surplus of £74k for the year. This includes the release of reserves (prescribing £503k, inflation funding £1,468k to Other Programme – total £1,971k). As part of ICS system financial recovery measures neither of these reserves can be committed to expenditure.
- Prescribing - The forecast overspend of £3.3m reflects activity and cost pressures. This is a £385k improvement from previous month. The borough has seen an increase in costs in cardiovascular disease and management of other long-term conditions. Some of this increase is due to a quality improvement review. The borough has seen an increase in cost of 13% and activity increase of 4% compared to last year. The current reported position is an improvement from the previous month by £385k . The Prescribing position is currently very volatile.
- The forecast overspend on mental health (£1.7m) relates to mental health placements and is due to increased costs for mental health and Learning disability placements. The position has deteriorated in month 11 due to additional mental health placements cost incurred..
- Underspend in Continuing Healthcare is due to a combination of factors, including maximising the AQP provision and regularly reviewing the database to ensure forecasting is as accurate as possible. Some of the underspend reflects changes made where CHC funding is not eligible.
- The community services underspend position includes many of the recovery actions. A key risk relates to the NRS contract (Community Equipment Service) which is reporting an overspend of £1,079k against a budget of £1.5m.
- Borough had identified £3.6m of recovery action plans as mitigations to support the financial challenges in the borough. Of these plans £207k (6%), is no longer achievable. The forecast position includes recovery actions achieved.
- Borough has efficiency target of 4.5% which amounts to £4.0m. As at month 11 borough is reporting a forecast under delivery of savings of £404k (9.87%) mainly due to the under delivery in both the Mental health and Prescribing savings plans.

**Appendix A**  
**SEL ICB Finance Report**  
**Month 11 2023/24**

- 1. Executive Summary**
- 2. Key Financial Indicators**
- 3. Prescribing Overview**
- 4. NHS Continuing Healthcare Overview**
- 5. Corporate Costs**
- 6. Cash Position**
- 7. MHIS performance**

# 1. Executive Summary

- This report sets out the month 11 financial position of the ICB. As agreed with NHSE and local providers, the ICB plan for 2023/24 was revised from a surplus of £64.100m to a surplus of £16.873m. This movement of £47.227m has been represented by equal and opposite changes in the plan values for NHS providers within the South East London ICS. Therefore, no overall impact upon the overall 2023/24 plan for the ICS. A further re-forecasting exercise was undertaken in November as part of the national H2 planning process which was reflected in month 09 accounts onwards.
- The ICB's financial allocation as at month 11 is **£4,926,056k**. In month, the ICB has received an additional **£37,571k of allocations**, which included industrial action (£21,018k), primary care Additional Roles Reimbursement Scheme (ARRS) (£12,315k), primary care transformation (£719k), plus some smaller allocations.
- During month 11, the ICB made additional planned payments to local providers. An element of these payments deteriorated the ICB position with a corresponding improvement in provider positions. Accordingly, at month 11, the ICB reported a year to date (YTD) overspend of **£15,467k** against plan, which is **break-even against its revenue resource limit (RRL)**. Reflected within the ICB's financial position are the favourable impacts of independent sector **ERF (£7,943k)** and ICB financial recovery actions. The ICB continues to be adversely impacted by **overspends in prescribing (£17,855k) and continuing healthcare (CHC) (£4,827k)**.
- At present there are nine months **prescribing data** available as it is produced 2 months in arrears. Prescribing expenditure continues to be driven 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. Efficiency savings schemes are in place which are mitigating this overspend.
- The overspend on CHC relates partially to the impact of 2023/24 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.
- Second Focus meetings with all 6 boroughs were held in December to review recovery actions and de-risk financial positions. Forecast year-end positions were agreed with each borough. As at month 11, all boroughs are on target to deliver these positions.
- In reporting this month 11 position, the ICB has delivered the following financial duties:
  - Underspending (**£3,545k**) 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 11, and noting the risks outlined in this report, the ICB is forecasting that it will deliver a year-end position of **break-even against the RRL**.

## 2. 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 is reporting a year to date (YTD) overspend against plan of £15,467k which represents a **break-even position against the revenue resource limit (RRL)**. This position reflects an updated ICB forecast with a corresponding improvement in the ICS provider positions. **This position is consistent with the November 2023 plan re-submission for the ICS.**
- All financial duties have been delivered for the year to month 11 period.
- A **break-even position** against the RRL 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	4,544,981	4,560,448	4,991,509	4,991,509
Operating Under Resource Revenue Limit	4,493,700	4,509,167	4,926,056	4,926,056
Not to exceed Running Cost Allowance	36,147	32,602	39,433	33,279
Month End Cash Position (expected to be below target)	4,938	582		
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%	98.4%		
Mental Health Investment Standard (Annual)			439,075	439,934



### 3. Prescribing – Overview

- The prescribing budget represents the largest financial risk facing the ICB. The month 11 prescribing position is based upon M09 2023/24 data as the information is provided two months in arrears. **This month, the rate of overspend has reduced as the savings programme continues to mitigate growth.** Overall, the ICB is reporting a PPA prescribing position of an **£18,186k overspend** year to date (YTD). This is after 11 months of the borough 1% Risk Reserve and £3,500k Prescribing Reserve have been reflected into the position. Non PPA budgets are underspent by £331k giving an **overall overspend of £17,855k YTD.**
- If this trend continues for the full year, this will generate an unmitigated overspend of around **£20,857k.**

M11 Prescribing	Total PMD (Excluding Cat M & NCSO)	Cat M & NCSO	Central Drugs	Flu Income	PY (Benefit)/Cost Pressure	QIPP Savings	Difference between PMD & IPP Report	Total PPA YTD Spend	YTD PPA Budget (Includes 1% Risk Reserve budget)	YTD Variance - (over)/under	Annual Budget (Includes Flu Income & Annual 1% Risk Reserve budget)	FOT Actual	FOT Variance - (over)/under
BEXLEY	32,691,463	1,023,982	1,112,610	(407,139)	(34,988)		98,410	34,484,337	31,459,208	(3,025,129)	34,319,141	37,778,960	(3,459,820)
BROMLEY	44,139,878	1,248,163	1,497,805	(652,734)	(23,718)		132,454	46,341,849	43,195,061	(3,146,788)	47,121,897	50,806,272	(3,684,375)
GREENWICH	32,311,830	1,187,286	1,105,471	(299,652)	(79,790)		98,078	34,323,223	30,800,576	(3,522,647)	33,600,653	37,574,149	(3,973,496)
LAMBETH	36,692,300	1,113,104	1,247,578	(397,209)	(116,496)		110,165	38,649,442	36,073,900	(2,575,542)	39,353,371	42,332,594	(2,979,223)
LEWISHAM	36,643,426	1,201,942	1,248,897	(218,665)	(42,378)		109,748	38,942,970	35,682,938	(3,260,032)	38,926,856	42,687,882	(3,761,027)
SOUTHWARK	30,291,416	997,468	1,032,533	(200,976)	(122,341)		91,489	32,089,590	29,433,611	(2,655,979)	32,109,399	35,108,404	(2,999,005)
SOUTH EAST LONDON	0							0	-	0			
<b>Grand Total</b>	<b>212,770,313</b>	<b>6,771,945</b>	<b>7,244,895</b>	<b>(2,176,375)</b>	<b>(419,711)</b>	<b>0</b>	<b>640,344</b>	<b>224,831,411</b>	<b>206,645,293</b>	<b>(18,186,118)</b>	<b>225,431,316</b>	<b>246,288,262</b>	<b>(20,856,946)</b>

- The table above shows that of the YTD overspend, approximately **£6,772k** is related to Cat M and NCSO (no cheaper stock) pressures. An additional **£11,083k** 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.
- The financial position is differential per borough and is determined by local demographics and prescribing patterns.

## 4. NHS Continuing Healthcare – Overview

### Overview:

- The Continuing Care (CHC) budgets have been built from the 2022/23 budgets with uplifts made to fund price inflation (1.8%), activity growth (3.26%) and ICB allocation convergence adjustments (-0.7%).
- The overall CHC financial position as at month 11 **is an overspend of £4,827k, which is a £329k favourable movement in month and an improved run rate position.** This is largely due to **an improvement in the Greenwich and Lambeth positions.** Except for Southwark, all boroughs are reporting YTD overspends. The Lewisham position has remained stable. Generally, boroughs are overspending on Fully Funded, Palliative, Joint Funded and FNC care settings. The borough teams have fully identified and implemented savings plans and are working collaboratively to identify replacement savings for any slippage. 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 care expectations. The 1% risk reserve is being released into borough financial positions to partially mitigate the overspend. All boroughs, except for Southwark, are forecasting overspend positions at year-end, which are estimated to total around £5,202k. This is an improvement on last month's position.
- An additional piece of work which was requested by the Place Executives (PELs) has been completed which has highlighted specific areas where there are borough variations – including enhanced care, respective costs of CHC teams and CHC performance. This work was completed with input from central finance, CHC teams and the Nursing and Quality Directorate. This work was shared with Place Executive Leads and each borough is now taking this work forward, specifically where their borough is an outlier.
- This month we have seen an overall reduction in active client numbers. Greenwich, Lambeth, and Lewisham continue to have the highest number of high-cost packages and highest average package costs. The exception of Greenwich and Lewisham, all other boroughs high-cost client numbers are below the budgeted levels. The ICB has had 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. This process has now been concluded as providers have reached an agreement with ICB regarding uplifts. However, we are now starting to receive uplift requests for the next financial year. The YTD and forecast position reflect current year price uplifts for all providers.

# 5. 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 **£4,670k**, which consists of an **£1,125k** underspend on programme costs and an underspend of **£3,545k** 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 **£39,433k** for the year, with no movement 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
	<b>PROGRAMME</b>							
929002	ACUTE SERVICES B	0	41	(41)		0	0	0
929085	NON MHIS MENTAL HEALTH SERVICES B	409	1,479	(1,070)		446	1,613	(1,168)
929095	COMMUNITY SERVICES E	0	67	(67)		0	73	(73)
929157	CONTINUING HEALTHCARE ASSESSMENT & SUPPORT	3,334	2,625	710		3,637	2,889	748
929173	MEDICINES MANAGEMENT - CLINICAL	4,145	3,574	571		4,522	3,881	641
929181	PRIMARY CARE PROGRAMME ADMINISTRATIVE COSTS	4,238	3,518	720		4,623	4,785	(162)
929219	PRIMARY CARE TRANSFORMATION	0	71	(71)		0	77	(77)
929245	SAFEGUARDING	2,803	2,563	240		3,058	2,797	261
929248	NURSING AND QUALITY PROGRAMME	2,336	1,958	378		2,548	2,122	426
929249	CLINICAL LEADS	4,669	3,639	1,030		5,093	3,964	1,128
929272	PROGRAMME WIDE PROJECTS	(872)	688	(1,561)		(952)	440	(1,391)
929273	PROGRAMME ADMINISTRATIVE COSTS	802	516	286		875	490	385
	<b>PROGRAMME TOTAL</b>	<b>21,863</b>	<b>20,738</b>	<b>1,125</b>		<b>23,850</b>	<b>23,132</b>	<b>718</b>
	<b>ADMIN</b>							
929561	ADMINISTRATION & BUSINESS SUPPORT	783	732	51		854	859	(5)
929562	ASSURANCE	481	465	16		525	507	17
929563	BUSINESS DEVELOPMENT	432	364	68		471	397	74
929564	BUSINESS INFORMATICS	3,402	2,911	492		3,712	3,207	505
929565	CEO/ BOARD OFFICE	0	25	(25)		0	0	0
929566	CHAIR AND NON EXECS	246	231	15		269	260	9
929570	PRIMARY CARE SUPPORT	900	997	(98)		982	1,052	(71)
929571	COMMISSIONING	6,069	5,458	611		6,620	6,168	453
929572	COMMUNICATIONS & PR	1,707	1,627	81		1,863	1,789	74
929574	CONTRACT MANAGEMENT	931	755	176		1,015	765	250
929575	CORPORATE COSTS & SERVICES	1,676	1,362	314		1,828	1,489	339
929576	CORPORATE GOVERNANCE	4,896	4,343	553		5,341	4,822	519
929578	EMERGENCY PLANNING	500	421	79		546	459	86
929580	ESTATES AND FACILITIES	2,677	2,530	147		2,921	2,762	159
929581	FINANCE	(399)	(1,108)	709		(435)	(1,163)	728
929585	IM&T	1,159	443	717		1,265	509	756
929586	IM&T PROJECTS	936	936	0		1,021	1,021	0
929591	OPERATIONS MANAGEMENT	474	478	(4)		517	496	21
929593	PERFORMANCE	756	686	70		825	723	102
929599	STRATEGY & DEVELOPMENT	6,391	4,871	1,520		6,972	5,187	1,785
929600	ADMIN PROJECTS	(1,744)	27	(1,771)		(1,902)	48	(1,950)
929601	SERVICE PLANNING & REFORM	116	113	3		127	127	(1)
929669	OPERATIONS MANAGEMENT TEAM	1,686	1,676	10		1,840	1,795	44
	CORPORATE - FINANCE	2,071	2,259	(188)		2,259	0	2,259
	<b>ADMIN TOTAL</b>	<b>36,147</b>	<b>32,602</b>	<b>3,545</b>		<b>39,433</b>	<b>33,279</b>	<b>6,154</b>
	<b>CORPORATE TOTAL</b>	<b>58,010</b>	<b>53,340</b>	<b>4,670</b>		<b>63,283</b>	<b>56,411</b>	<b>6,872</b>



## 6. Cash Position

- The ICB's cash limit as at month 11 was **£4,893,249k**. The maximum cash drawdown (MCD) available, 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 **£459,896k**.
- As at month 11 the ICB had drawn down 90.6% of the available cash compared to the budget cash figure of 91.7%. 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 ICS plan together the uncertainty around the timing of income from local councils. In December supplementary funding was required to pay providers for the impact of Industrial Action as part of the national H2 planning process. No supplementary funding requests have made since then. The ICB will drawdown the maximum cash available in March.
- 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 11 was **£582k**, well within the target set by NHSE (**£4,938k**). **The ICB expects to utilise its cash limit in full by the year end.** The ICB's cash position for the remainder of the financial year is challenging, in part due to prescribing pressures, and the clearance of creditor balances in anticipation of the implementation of ISFE2. This will require careful cash management in March.
- 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 AP11 - FEB 24	2023/24 AP10 - JAN 24	2023/24 Month on month movement	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
Annual Cash Drawdown Requirement for 2023/24	£000s	£000s	£000s								
ICB ACDR	4,893,249	4,855,678	37,571	Apr-23	310,000	15,000	325,000	9.30%	3,875	3,250	1.05%
Capital allocation	0	0	0	May-23	310,000	0	635,000	18.20%	3,875	3,423	1.10%
Less:				Jun-23	317,000	0	952,000	22.50%	3,963	2,955	0.93%
Cash drawn down	(4,100,000)	(3,705,000)	(395,000)	Jul-23	360,000	0	1,312,000	30.50%	4,500	817	0.23%
Prescription Pricing Authority	(245,745)	(223,571)	(22,174)	Aug-23	385,000	0	1,697,000	39.20%	4,813	1,771	0.46%
HOT	(2,262)	(2,129)	(133)	Sep-23	396,000	0	2,093,000	48.30%	4,950	2,052	0.52%
POD	(79,312)	(71,657)	(7,655)	Oct-23	367,000	15,000	2,475,000	62.30%	4,588	3,561	0.97%
22/23 Pay Award charges	(1,733)	(1,733)	0	Nov-23	390,000	0	2,865,000	64.20%	4,875	470	0.12%
PCSE POD charges adjustment	(2,043)	(2,053)	10	Dec-23	370,000	15,000	3,250,000	72.70%	4,625	927	0.25%
Pension Uplift	(2,259)	(2,259)	0	Jan-24	455,000	0	3,705,000	82.60%	5,688	358	0.08%
				Feb-24	395,000	0	4,100,000	90.60%	4,938	582	0.15%
				Mar-24	390,000	0	4,490,000		4,875		
<b>Remaining Cash limit</b>	<b>459,896</b>	<b>849,536</b>	<b>(387,381)</b>		<b>4,445,000</b>	<b>45,000</b>					

# 7. 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
- The ICB is forecasting that it will deliver the MHIS target value of **£439,075k** with a forecast of **£439,934** (£859k, 0.2% over delivery). This over-delivery is partly the result of increased spend on prescribing resulting from price increases over the 2023/24 plan, noting however that we are seeing a reduction in spend as the year progresses, driven by a reduction in the price of some antidepressant drugs.

## Risks to delivery

- We continue to see challenges in spend in some boroughs on mental health, for example on S117 placements and plans to mitigate this include improving joint funding panel arrangements and developing new services and pathways.
- ADHD is outside the MHIS definition and is therefore excluded from this reported position, however there is significant and increasing independent sector spend with a forecast outturn of £2m compared to the 22/23 outturn position of £1.6m. The SEL task and finish group is working with providers to review and define care pathways to maximise resources and capacity. Pan-London work is underway to develop best practice principles for ADHD assessment and treatment. ADHD along with ASD waits for both adults and CYP are a key priority for 2024/25 operational planning.
- 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 December 2023) is £10.5m.

**Appendix B**  
**SEL ICS Finance Highlights**  
**Month 11 2023/24**



- At month 11 **SEL ICS reported a system deficit of £108.5m, £101m adverse to a planned £7.5m deficit.** This compares to a £78m deficit and £68.6m adverse variance at month 10.
- At month 8 the system submitted a break-even reforecast for 2023/24, following confirmation of £45m non-recurrent national funding (primarily to compensate for costs of the industrial action in months 1 – 7) and adjustments to ERF targets. The funding was allocated on the assumption that there would be no further industrial action in 2023/24. Subsequently there was further IA in December, January and February and NHSE allocated additional funding to systems. The impact of the recent IA is higher than the additional funding received, creating a pressure to the M8 reforecast.
- In M11 KCH and LGT are reporting forecasts which has deteriorated the overall system position by a further £33.8m and £1.7m respectively, compared to the M8 reforecasts.
- The most significant risks to delivery of the M8 reforecast are the impact of a loss of ERF due to ongoing issues reporting activity from EPIC, further IA and efficiency under-delivery.

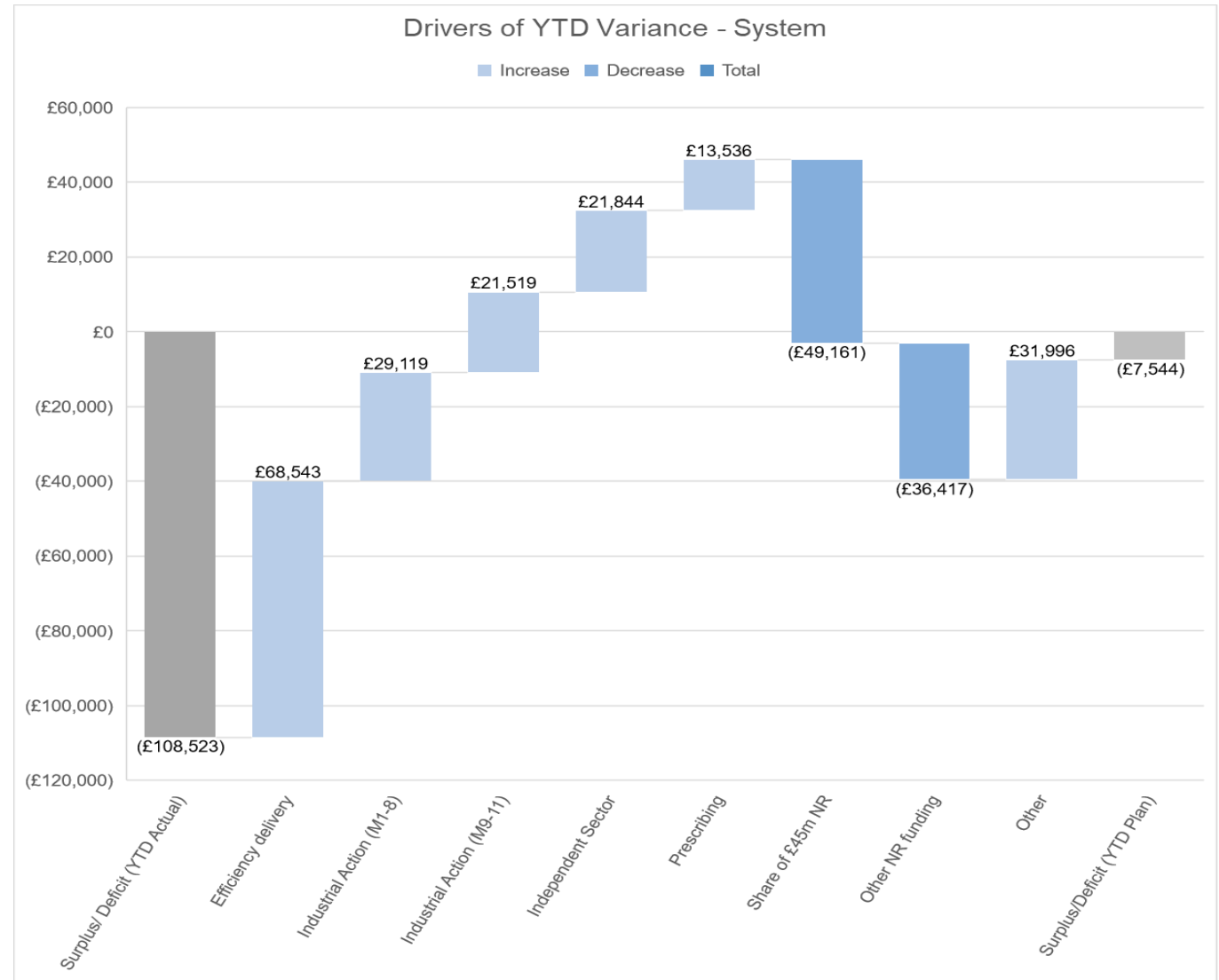
	M11 Year-to-date			Commentary	2023/24 Out-turn		
	Plan £m	Actual £m	Variance £m		Plan £m	Forecast £m	Variance £m
GSTT	(0.7)	(16.7)	(15.9)	The key drivers of the in month and YTD performance are due industrial action (£18M) and non-pay mainly driven by independent sector spend (£10.5M), efficiencies not yet realised (£28.2M).	(0.0)	10.1	10.1
KCH	(22.3)	(84.8)	(62.5)	The main drive of the YTD variance is under performance of efficiencies (£26.4m), industrial action (£12.8m) and pay award funding shortfall (£8.2m).	(17.5)	(78.7)	(61.2)
LGT	0.0	(9.5)	(9.5)	£6.9m M9-11 industrial action costs including impact on IURP delivery and loss of ERF income are causing the biggest variance to plan.	0.4	(0.1)	(0.5)
Oxleas	0.1	3.5	3.3	The Trust delivered a YTD surplus (inclusive of a profit on sale of asset and B/S flex used to offset underdelivery of efficiencies).	0.2	4.2	4.0
SLaM	(0.1)	(1.0)	(0.9)	Deficit driven by the cost of IA	0.0	0.7	0.7
<b>SEL Providers</b>	<b>(23.0)</b>	<b>(108.5)</b>	<b>(85.5)</b>		<b>(16.9)</b>	<b>(63.7)</b>	<b>(46.9)</b>
<b>SEL ICB</b>	<b>15.5</b>	<b>(0.0)</b>	<b>(15.5)</b>	The ICB continues to be adversely impacted by overspends in prescribing (£17.855m) and continuing healthcare (CHC) (£4.827m), which are being offset by underspends in other budgets.	<b>16.9</b>	<b>(0.0)</b>	<b>(16.9)</b>
<b>SEL ICS total</b>	<b>(7.5)</b>	<b>(108.5)</b>	<b>(101.0)</b>		<b>0.0</b>	<b>(63.7)</b>	<b>(63.7)</b>

# Analysis of M11 YTD position

- The reported YTD deficit of £108.5m is adverse to plan by £101m.

The main drivers to the variance are

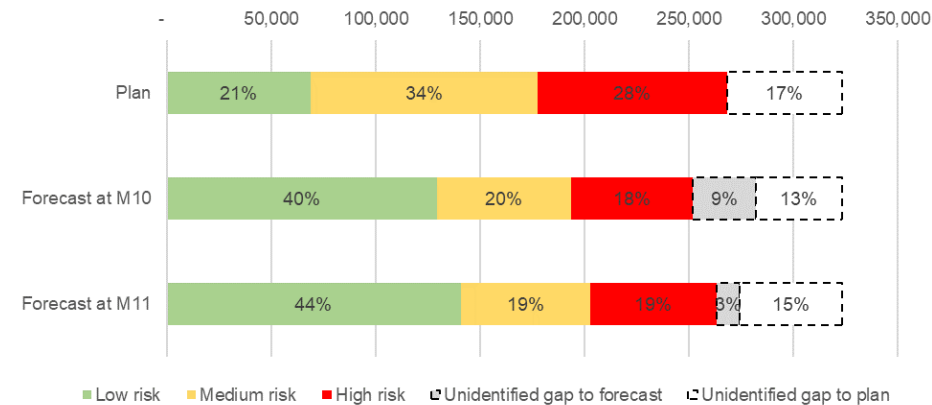
- Performance against planned and required efficiencies is c £68.5m behind plan. It is important to continue the focus to drive improvement and deliver the year end savings forecasts although this has been significantly impacted by ongoing industrial action.
- Impact of industrial action in months 1 to 8 of £26.1m. This is offset by NR funding, of which SEL received £45.0m.
- Impact of further IA in months 9 to 11. £21.5m.
- Maintaining independent sector capacity to support elective recovery targets and mental health bed pressures £21.8m.
- A YTD cost-pressure of £13.5m on prescribing in the ICB





nisation	Revised Plan	Forecast	Identified	Gap	High risk	Medium risk	Low risk	Recurrent	Non-recurrent	FYE
GSTT	105.5	75.0	75.0	30.5	6.9	30.6	37.5	54.2	20.8	91.4
King's	72.0	63.2	70.4	1.6	22.3	3.5	44.6	59.3	11.1	0.0
LGT	34.9	31.3	31.3	3.6	7.9	3.3	20.1	13.7	17.6	0.0
Oxleas	20.3	14.2	14.2	6.1	0.0	0.0	14.2	6.7	7.5	8.9
SLaM	26.1	26.1	26.1	(0.0)	5.3	14.8	6.0	8.7	17.3	26.1
<b>SEL Providers</b>	<b>258.7</b>	<b>209.7</b>	<b>216.9</b>	<b>41.8</b>	<b>42.4</b>	<b>52.2</b>	<b>122.3</b>	<b>142.7</b>	<b>74.3</b>	<b>126.3</b>
<b>SEL ICB</b>	<b>64.8</b>	<b>64.8</b>	<b>46.6</b>	<b>18.3</b>	<b>18.2</b>	<b>9.9</b>	<b>18.5</b>	<b>24.6</b>	<b>22.0</b>	<b>42.8</b>
<b>SEL ICS</b>	<b>323.6</b>	<b>274.6</b>	<b>263.5</b>	<b>60.1</b>	<b>60.6</b>	<b>62.1</b>	<b>140.8</b>	<b>167.2</b>	<b>96.2</b>	<b>169.1</b>

- 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 increased its efficiency target at month 6 to £105.5m, giving a revised system efficiency plan of £323.6m
- At month 11, the system is forecasting to deliver £274.6m of efficiencies, of which £263.5m is identified
- At month 11 £140.8m of the identified efficiencies were rated as low risk compared to £129.3m low risk at month 10.
- At month 11 the system has delivered £224.7m of efficiencies, £68.5m behind the YTD plan of £293.3m
- £266.8m of the £323.6m efficiencies programme was planned to be recurrent. At month 11, £167.2m is forecast to be recurrent, compared to £157.1m forecast recurrent efficiencies at month 10.



**Bexley Wellbeing Partnership Committee**

**Thursday 28<sup>th</sup> March 2024**

**Item: 12**

**Enclosure: G**

<b>Title:</b>	<b>Place Risk Register</b>
<b>Author/Lead:</b>	Rianna Palanisamy, Borough Governance Lead (Bexley), NHS South East London Integrated Care Board
<b>Executive Sponsor:</b>	Diana Braithwaite Place Executive Lead (Bexley), NHS South East London Integrated Care Board/London Borough of Bexley

<b>Purpose of paper:</b>	<b>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.</b>	<b>Update / Information</b>	<b>X</b>
		<b>Discussion</b>	
		<b>Decision</b>	
<b>Summary of main points:</b>	<p>The Bexley Place risk register is currently reporting 6 open risks specifically relating to borough activities.</p> <p>The risks principally arise due to three issues – risk of overspend against aspects of the borough delegated budgets resulting in failure to deliver within the financial control total for 2023/24, lack of capacity to support community and discharge demand and Primary care insecure lease arrangements.</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>		
<b>Potential Conflicts of Interest</b>	There are no conflicts of interest.		
<b>Other Engagement</b>	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.
<b>Recommendation:</b>	<p>The Bexley Wellbeing Partnership Committee is recommended to:</p> <ul style="list-style-type: none"> <li>(i) Review the risks and consider the mitigations detailed.</li> <li>(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.</li> <li>(iii) Note that work on identification and management of risks is ongoing.</li> <li>(iv) A review of the 2023/24 risks with regard to development of the 2024/25 Risk Register will be submitted to the committee in May.</li> </ul>	

## Bexley Place Risks – Report to the Bexley Wellbeing Partnership Committee

Thursday 28<sup>th</sup> March 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:

- 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.
- 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.
- 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.
- 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 six 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).
  - **Three** risks are 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.
- Insecure lease arrangements with a small number of practices within Bexley.

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

#### **4. Proposed actions for the committee**

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

- Review the risk register and assure itself as a committee that this accurately and comprehensively reflects the risks the borough currently holds.
- Review the controls in place and assure itself that these are underway.
- Consider the gaps in control and gaps in assurance and how the Committee can support the risk owners to ensure they are addressed.
- 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

21<sup>st</sup> March 2024

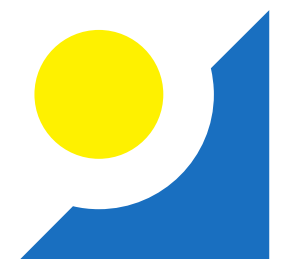
**Bexley Risk Register @ 21.03.2024**

Risk ID	Risk Owner	Risk Sponsor	Risk Category	Risk Appetite	Risk Title	Risk Description	Initial Likelihood	Initial Consequence	Initial Rating	Current Likelihood	Current Consequence	Current Rating	Assurance in Place
444	Director of Integrated Commissioning - Alison Rogers	Place Executive Lead (Bexley) - Stuart Rowbotham	Strategic commitments and delivery priorities: Implementation of ICB strategic commitments, approved plans, and delivery priorities	10 - 12	Insufficient capacity to meet the demand for supported discharge	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.	5	5	25	3	4	12	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.
450	Gemma O'Neil	Diana Braithwaite	Strategic commitments and delivery priorities: Implementation of ICB strategic commitments, approved plans, and delivery priorities	10 - 12	Delivery of change and increased capacity	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. 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 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.	4	4	16	4	4	16	Programme monitoring within Home First programme ops group and boards, with escalation to Bexley Wellbeing Partnership as required.
475	Opemeyi Adetokunbo-Aina & Alison Rogers	David Maloney	Finance	10 - 12	Cost pressure building up with Bexley CHC budget	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.	3	3	9	3	3	9	Bexley Wellbeing partnership Committee and SEL ICB Board
480	Opemeyi Adetokunbo-Aina	David Maloney	Finance	10 - 12	Failure to deliver within the financial control total for the 23/24	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.	3	2	6	3	2	6	Bexley Wellbeing partnership Committee and SEL ICB Board
503	Graham Tanner	Diana Braithwaite	Operational: relating to the effective day to day running of the ICB organisation.	13 - 15	Primary Care Estate - Insecure lease arrangements	A small number of practices within Bexley have insecure lease arrangements and/or unresolved issues with landlords that have the potential to lead to loss of premises within a relatively short time frame (6 months). There is the risk of a reactive and unplanned dispersal of those lists if appropriate premises cannot be secured and/or alternative arrangements (e.g. co-location or merger) cannot be agreed.	4	4	16	4	4	16	Some legal protection afforded to the practices where the terms of the lease are being adhered to.
507	Clare Fernee	Stuart Rowbotham	Finance	10 - 12	Prescribing budget overspend	There is a risk that the prescribing budget may overspend due to: 1- Medicines supplies and costs increase NCSO/price concessions and Category M 2- lack of capacity to implement in year QIPP schemes by borough medicines management teams following recruitment freeze at ICB. 3- Entry of new drugs with increased cost pressure to prescribing budget. 4- Increased patient demand for self care items to be prescribed rather than purchased as cost of living increases 5- The priority has shifted to prioritising patient safety issues in Meds Management and supporting hospital avoidance or discharge.	3	4	12	3	4	12	Monthly monitoring of spend ensures the risk is monitored with exceptions discussed at SEL level Meds management and finance meetings. Implementation of QIPP plans in all boroughs, SEL MM teams linking with practices ensures there is oversight of spend, IMOC meetings, SEL rebate scheme ensures savings are still realised, Prescribing support software harmonisation for SEL in place, Developed a prescribing improvement scheme (PIS).

**Agenda Item: 13**  
**Enclosure: H**

## **Bexley Wellbeing Partnership Committee**

Glossary of NHS Terms



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





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



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



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

