

Bexley Wellbeing Partnership Committee meeting held in public

14:00 – 16:00, Thursday 23rd March 2023

Venue: Council Chamber, London Borough of Bexley, Civic Offices,
2 Watling Street, Bexleyheath, Kent, DA6 7AT

Agenda

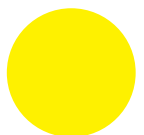
No.	Item	Paper	Presenter	Time
Opening Business and Introductions				
1	Introductions and apologies		Chair	14:00
2	Declarations of Interest	A	Chair	14:03
3	Notes from 26 th January 2023	B	Chair	14:04
Public Forum				
4	<i>Let's talk about Women's Health</i>			14:05
Decisions				
5	Personal Medical Services Premium – Amendments & Extension	C	Marina Moores/Graham Tanner	14:45
6	Care Homes Supplementary Network Service – Extension	D – D(i)	Sarah Birch	15:05
7	South East London Integrated Care Board – Joint Forward Plan: Bexley	E-E(i)	Diana Braithwaite	15:20
Assurance				
8	Month 10 Finance Report <ul style="list-style-type: none"> • Place • ICB/ICS 	G(i) – (iii)	Julie Witherall	15:30
9	Place Risk Register	H – H(i)	Simon Beard	15:40
Public Forum				
10	Public Questions			15:50
Closing Business				
11	Any other business			15:55
12	Glossary	I		
13	Date of the next meeting: Thursday 25 th May 2023, London Borough of Bexley Civic Offices, 2 Watling Street, Bexleyheath, Kent, DA6 7AT			

Presenters

- Committee Chair, Dr Sid Deshmukh
- Graham Tanner, Associate Director – Primary Care (Bexley), NHS South East London Integrated Care Board
- Sarah Birch, Head of Primary Care Development (Bexley), NHS South East London Integrated Care Board
- Julie Witherall, Associate Director of Finance (Bexley), NHS South East London Integrated Care Board
- Simon Beard, Associate Director of Corporate Operations, NHS South East London Integrated Care Board
- Diana Braithwaite, Chief Operating Officer (Bexley), NHS South East London Integrated Care Board

Let's talk Women's Health

- Sarah Cox, London Borough of Bexley – Information Hub
- Real stories from Rianna Palanisamy and Kim Teasdale



ITEM: 2

ENCLOSURE: A

Declaration of Interests: Update and signature list

Name of the meeting: Bexley Wellbeing Partnership Committee

Date:15.03.2023

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

Yolanda Dennehy*	Deputy Director of Adult Social Care, London Borough of Bexley Council	Nothing to declare.		
Raj Matharu*	LPC Representative	<ol style="list-style-type: none"> 1. Chief Officer of Bexley, Bromley & Greenwich Local Pharmaceutical Committee 2. Chief Officer of Lambeth, Southwark & Lewisham Local Pharmaceutical Committee 3. Chair of Pharmacy London 4. Board Member of Pharma BBG LLP 5. Superintendent Pharmacist of MAPEX Pharmacy Consultancy Limited. 6. Wife is lead pharmacy technician for the Oxleas Bromley medicines optimisation service (indirect interest) 		
Keith Wood	Lay Member, Primary Care (Bexley)	Nothing to declare.		
Jennifer Bostock*	Independent Member (Bexley)	<ol style="list-style-type: none"> 1. Independent Advisor and Tutor, Kings Health Partners (financial interest) 2. Patient Public involvement Co-Lead, DHSC/NIHR 3. Independent advisor and Lay Reviewer, UNIS 4. Lay co-applicant/collaborator on an NIHR funded project 5. Independent Reviewer, RCS Invited Review Mechanism 6. Lay co-applicant, HS2 		
Dr Pandu Balaji*	Clinical Lead – Frognal Primary Care Network	GP partner, Woodlands Surgery (financial interest)		
Dr Miran Patel*	Clinical Lead – APL Primary Care Network	<ol style="list-style-type: none"> 1. GP Partner, The Albion Surgery (financial interest) 2. Clinical director, APL PCN (financial interest) 		
Dr Nisha Nair*	Clinical Lead – Clocktower Primary Care Network	GP Partner, Bexley Group Practice (financial interest)		
Dr Surjit Kailey*	Clinical Lead – North Bexley Primary Care Network	###		
Abi Mogridge (n)	Chief Operating Officer, Bexley Health Neighbourhood Care CIC	Nothing to declare.		
Jattinder Rai (n)	CEO, Bexley Voluntary Service Council (BVSC)	Nothing to declare.		

Sue Symmons (n)	Lead Clinical Site Manager, Dartford and Gravesham NHS Trust	###		
Rikki Garcia (n)	Chair, Healthwatch Bexley	Nothing to declare.		
Kate Heaps (n)	CEO Greenwich and Bexley Community Hospice	<ol style="list-style-type: none"> 1. CEO of Greenwich & Bexley Community Hospice – financial interest 2. Chair of Share Community - a voluntary sector provider operating in SE/SW London with spot purchasing arrangements with LB Lambeth – non-financial professional interest 3. Clinical Lead for End-of-life work for ICS 		
Diana Braithwaite (n)	Chief Operating Officer, NHS SEL ICB (Bexley)	A relative is employed by SLaM (NHS SEL ICS Partners) and is currently on a secondment to NHS SEL ICB		
Sandra Iskander	Acting Chief Strategy, Partnerships & Transformation Officer Lewisham and Greenwich NHS Trust	Nothing to declare.		
Andrew Hardman	Chief Commercial Officer, Bromley Healthcare	Nothing to declare.		
Stephen Kitchman	Director of Services for Children and Young People, London Borough of Bexley Council	Nothing to declare.		
Sarah Burchell	Director Adult Health Services, Bexley Care	###		
Iain Dimond*	Chief Operating Officer, Oxleas NHS Foundation Trust	Nothing to declare.		

*voting member.

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

ITEM: 3
ENCLOSURE: B

Bexley Wellbeing Partnership, Meeting in public
Thursday, 26th January 2023, 2:00pm to 4:00pm
Council Chamber, Civic Offices, 2 Watling Street, Bexleyheath, DA6 7AT
(and via Microsoft Teams)

Voting Members

Name	Title and organisation
Dr Sid Deshmukh (SD)	Chair, Bexley Wellbeing Partnership Committee, NHS South East London Integrated Care Board (NHS SEL ICB)
Stuart Rowbotham (SR)	Place Executive Lead (Bexley), NHS SEL ICB/Director of Adult Social Care, London Borough of Bexley (LBB)
Yolanda Dennehy (YD)	Assistant Director of Adult Social Care, LBB
Dr Mike Robinson (MR)	Interim Consultant in Public Health, LBB
Dr Mehal Patel (MeP)	Clinical Lead, APL Primary Care Network
Keith Wood (KW)	Lay Member, Primary Care (Bexley), NHS SEL ICB
Sarah Burchell (SB)	Director of Adult Health Services, Oxleas NHS Foundation Trust
Dr Surjit Kailey (SK) – <i>via MS Teams</i>	Clinical Lead, North Bexley Primary Care Network
Dr Sonia Khanna-Deshmukh (SK-D) – <i>via MS Teams</i>	Clinical Lead, Froggnal Primary Care Network

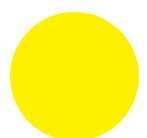
In Attendance

Diana Braithwaite (DB)	Chief Operating Officer (Bexley) NHS SEL ICB
Dr Clive Anggiansah (CA)	Clinical and Care Professional Lead - Primary & Community Care (Bexley)
Simon Beard (SiB) (<i>presenter</i>)	Associate Director, Corporate Governance, NHS SEL ICB
Graham Tanner (GT)	Associate Director of Primary Care & Delivery (Bexley), NHS SEL ICB
Jattinder Rai (JR)	Chief Executive, Bexley Voluntary Services Council
Kavita Trevena (KT)	Community Connect/Social Prescribing Manager, Bexley Voluntary Services Council
Andrew Hardman (AH)	Commercial & Partnership Director, Bromley Healthcare
Sarah Burchell (SB)	Director of Adult Health Services – Bexley Care, Oxleas NHS Foundation Trust
Aysha Awan (AA)	Head of Comms & Engagement (Bexley), NHS SEL ICB
Patrick Gray (PG)	Communications & Engagement Manager (Bexley), NHS SEL ICB
Ben Tunstall (BT)	Primary Care Communications & Engagement Manager (Bexley), NHS SEL ICB
Alison Rogers (AR)	Acting Director of Integrated Commissioning, NHS SEL ICB/LBB
Tania Bushell (TB) - <i>present for Item 4</i>	Chief Executive, Bexley Deaf Centre
Lauren Yeomans (LY) – <i>presented on Item 4</i>	Bexley Deaf Centre
Simon Goldsmith (SG) – <i>presented on Item 4</i>	Bexley Mencap

Amanda Challinor (AC) – interpreter for <i>Item 4</i>	BSL Interpreter
Helen Hatfield (HH) <i>via MS Teams</i>	Practice Manager, Northumberland Heath Medical Practice
Steven Burgess (StB) – <i>presented on item 7</i>	Policy & Strategy Officer, LBB
Ellie Thomas (ET) – <i>via MS Teams</i>	Associate Director, Planning & Partnerships, Dartford & Gravesham NHS Trust
Debra King (DK) – <i>via MS Teams</i>	Practice Manager, Bexley Medical Group
Jayne Garfield-Field (JG-F)	Joint Healthwatch Bexley Manager
Simone Kerr (SK)	Joint Healthwatch Bexley Manager
Kate Heaps (KH) – <i>via MS Teams</i>	Chief Executive Officer, Greenwich & Bexley Community Hospice
Councillor Daniel Francis (DF) - <i>via MS Teams</i>	Councillor, Bexley
Councillor Zainab Asunramu (ZA) - <i>via MS Teams</i>	Councillor, Bexley
Sarah Birch (SaB) - <i>via MS Teams</i>	Head of Primary Care (Bexley), NHS SEL ICB
Catherine Littlejohns (CL) - <i>via MS Teams</i>	Alzheimer's Society
Sam Baxter (SmB) - <i>via MS Teams</i>	Imago Community
Rianna Palanisamy (RP) <i>via MS Teams</i>	Interim Corporate Business Support Manager, NHS SEL ICB
Sue Wright (notes)	Business Support Lead (Bexley), NHS SEL ICB

Apologies

Abi Mogridge (AM)	Chief Operating Officer, Bexley Neighbourhood Health Care CIC
Iain Dimond (ID)	Chief Operating Officer, Oxleas NHS Foundation Trust
Dr Lakhbir Kailey (LK)	Clinical Lead, Clocktower Primary Care Network
Jennifer Bostock (JB)	Independent Member (Bexley), NHS SEL ICB
Rikki Garcia (RG)	Chair, Healthwatch Bexley
Dr Pandu Balaji (PB)	Clinical Lead, Frogna Primary Care Network
Dr Nisha Nair (NN)	Clinical Lead, Clocktower Primary Care Network
Raj Matharu (RaM)	Chief Officer, Local Pharmaceutical Committee
Sandra Iskander (SI)	Acting Chief of Strategy, Partnerships & Transformation Officer, Lewisham & Greenwich NHS Trust
Julie Witherall (JW)	Associate Director – Finance (Bexley), NHS SEL ICB
Dr Nicole Klynman (NK)	Director of Public Health, LBB
Stephen Kitchman (SK)	Director of Children's Services, LBB
Basirat Sadiq (BS)	Director of Improvement, Dartford & Gravesham NHS Trust



Notes

		Actioned by
1.	<p>Introductions and apologies</p> <p>Introductions were made and apologies noted.</p>	SD
2.	<p>Declarations of Interest</p> <p>Dr Sid Deshmukh, Governing Body, GP Lead (Bexley), NHS South East London Integrated Care Board (NHS SEL ICB) recognised that there was a conflict of interest with the Primary Care Delivery Group Report (Item 5 on the agenda) and therefore Dr Mike Robinson was asked to step in as Chair.</p> <p>The minutes of the last meeting on 24th November 2022 were NOTED.</p> <p>Alison Rogers, Acting Director of Integrated Commissioning, NHS SEL ICB, gave a verbal update on Item 5 from the last meeting relating to the CAMHS transformation plan in that funding has now been extended until April 2026 to meet both the trajectory for CAMHS wait times and to avoid an effect on the funding required to meet the core priorities.</p> <p>Keith Wood, Lay Member, Primary Care (Bexley), NHS SEL ICB, followed up on Jennifer Bostock's previous queries around C&YP mental health and the evidence base which AR confirmed was substantiated by the JSNA +25.</p>	SD
3.	<p>Public Questions</p> <p>No public questions were received in advance. There will be an opportunity for members of the public to ask questions throughout the meeting.</p>	SD
4.	<p>Let's Talk about Improving Accessibility to Services</p> <ul style="list-style-type: none"> Challenges in accessing services for people with disabilities Changes and improvements to support improved accessibility Case Study: Primary Care Accessibility Project <p>Simon Goldsmith, Bexley Mencap, and Lauren Yeomans, Bexley Deaf Centre presented on this item and extolled the virtues and amazing success of this collaborative project.</p> <p>Background:</p> <ul style="list-style-type: none"> Work started in July 2021 to support access to healthcare by people on the Learning Disability and Severe Mental Health Registers Funding from Digital First following an application by BVSC, Mencap, Mind and NHS. Funding from Bexley Council for work with the deaf community Over 1,000 people on the GP Learning Disability Registers. Estimates of people with a learning disability up to 3,000+ Joined by Bexley Deaf Centre Autumn 2022 to support access to GP services by people with a hearing impairment Approx 24,000 people with a hearing impairment in Bexley Populations known to have significant health inequalities 15,442 people accessed Bexley Deaf Centre services in the past 12 months 	SG/LY

- 36,083 residents in Bexley reported having a disability as defined by the Equalities Act

The funding is due to run out in September 2023 and it is hoped that there will be further funding to continue this worthwhile and rewarding project.

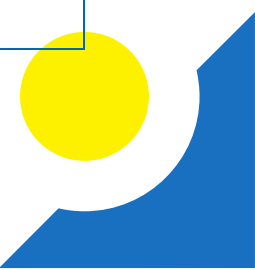
LY pointed out that the Bexley Deaf Centre is a very small organisation and that many residents within the deaf community approach them before going through their GPs with hearing impairment, hearing aids, implants, being profoundly deaf or hearing impacted by illness as they feel more comfortable discussing this with the organisation directly. Work has been carried out with the Council and other organisations such as around mental health and housing and also with Primary Care colleagues (currently working with 14 practices within 17 surgeries) to make accessibility easier and introduce even small improvements such as having a loop system, taking away background noise, installation of moveable chairs and having eye-level signage in an attempt to make practices more patient and environmentally friendly using a cross-cutting approach. A lot of patients dealt with by the Deaf Centre are not necessarily deaf but may just have hearing aids. Hearing aid clinics are held in public areas, such as libraries, where staff are on hand on different days for patients who have been referred by Queen Mary's Hospital for tubing, batteries, general advice, etc and this is all free of charge. The Deaf Centre can offer advice and take away pressure from GPs. SG and LY have learned that, in conjunction with the voluntary sector, community care, certain GP practices and practice managers, there are simple and practical measures that can be implemented to make life easier for patients and improve communication by way of deaf awareness training in GP surgeries. SG will carry out similar training for the Learning Disability cohort.

Four new videos have been developed – namely, Burstwood Wood Surgery has produced one around the Learning Disabilities register and how to access an annual health check to improve uptake, The second is around pharmacies, access to flu jabs and the provision of pharmacy services without having to see a GP. There has also been extensive work with the Deaf Centre and QMH around Audiology and a third video has been launched about looking after your hearing. The fourth video covers the aim to increase accessibility of GP premises as some practices are old residential buildings with access difficulties. Surgeries can make alternative arrangements if there is an access issue. All practices have signed up to having an access statement posted on their websites, to meet good practice. This is currently unique amongst other SEL practices.

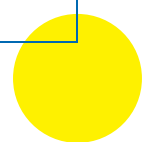
It was recognised that Debra King (Practice Manager, Bexley Medical Practice) has been heavily involved with work regarding the link to community pharmacists, the SEL LDA programme and a pharmacy specialist who can deal with medication reviews and tie that in with the annual health check programme.

An annual health check questionnaire has been adopted throughout the borough to obtain patient perspective/feedback. There have been positive findings, health check uptake has increased, and it was noted

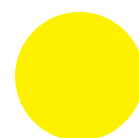
	<p>that this will exceed the 75% national target by the end of the financial year.</p> <p>Parties have been working with David Blows in the Digital Team to facilitate online accessibility to GP websites for those with a disability of any type to access information online. The current stage is the creation of a template which residents can hand as a package to practices. One of the Primary Care Networks has agreed to be a pilot to test this project.</p> <p>A video was then shown involving Ranjit Bharna, Artist - funded by Digital First at the integrated Care Service.</p> <p>As a public member from the Deaf Community, Alan Paull (AP) said that he was not overly aware of the work that the Bexley Deaf Centre was responsible for and expressed a desire to know more. AP also questioned how SG/LY had decided upon which GP practices they were going to work with to pilot this project, as there were not many residents registered as deaf/hard of hearing on surgeries' books in any event. AP also pointed out that only certain surgeries had staff who can 'sign' or help deaf residents in practices. It was recognised that the practices' training element in this area was important in order to raise awareness about helping surgeries, involving interpreters (in person with or without families involved or otherwise), and recognising the lack of support in this area and to generally improve communication in this particular cohort in order to access services.</p> <p>SD and SR both praised the work carried out by all parties. It was noted that the meeting had a good turn-out from residents, with most of the attendance from Bexley members of the deaf community.</p> <p>The Bexley Wellbeing Partnership Committee NOTED the collaborative working between the Bexley Deaf Centre and Bexley Mencap, as outlined above.</p>	
<p>5.</p>	<p>Primary Care Delivery Group Report</p> <p>Dr Sid Deshmukh, Governing Body, GP Lead (Bexley), NHS SEL ICB handed over the chairing of this conflicted item to Dr Mike Robinson, Interim Consultant in Public Health, who was deputising for Dr Nicole Klynman.</p> <p>Graham Tanner, Associate Director of Primary Care and Dr Clive Anggiansah, Clinical and Care Professional Lead - Primary & Community Care (Bexley) presented on the first report from the Primary Care Delivery Group (PCDG) which was initiated from 1st July 2022.</p> <p>The PCDG is a sub-group of this Committee and the Terms of Reference have been approved here previously.</p> <p>The first section of the report outlined what work the PCDG been carrying out since its formation, and summarised what its key aims and areas of work will be for first 6 months. The second part of the report covered the proposal for the Committee to consider a small amount of funding for the Personal Medical Services (PMS) premium.</p> <p>GT outlined that the Primary Care delegation to Bexley at place provides a huge opportunity for more integrated working across practices, but other aspects, such as Pharmacy, Dentistry and</p>	<p>MR</p> <p>GT/CA</p>



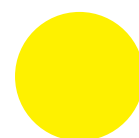
	<p>Optometry and collaborative working with the voluntary sector. There is, however, a level of financial and contractual complexity, especially around what is available within the core contract and what additional funding filters down via the pipeline.</p> <p>CA thanked the Primary Care Team on behalf of General Practice and recognised that this item was here for decision and has been through the PCDG and LMC for endorsement. The PMS premium paid to GPs contains some KPIs as there was a change in the contract around child immunisations and subsequent changes to the QOF indicators. There is a small pot of money to be reallocated to a new KPI to support this work which involves helping us to better understand the reasoning behind decliners, non-attenders, and lack of take-up and gathering that information.</p> <p>The five non-conflicted voting members (YD, SR, KW, SB and MR) moved to approve the recommendations and:</p> <ul style="list-style-type: none"> (i) ACCEPTED the first report on primary care from the Primary Care Delivery Group, providing an overview of the delegation and finance. (ii) NOTED the success of the vaccination programme, working with primary care and community pharmacies. (iii) NOTED the primary care response to support winter pressures in Bexley. (iv) ENDORSED the recommendation from the Primary Care Delivery Group on 22.11.2022 to reallocate the PMS Premium for childhood immunisations to commence from 1st January 2023 as set out in Appendix 1, Section 3. 	
<p>6.</p>	<p>Month 8 Finance Reports</p> <p>Diana Braithwaite, Chief Operating Officer (Bexley) presented on behalf of Julie Witherall, Associate Director of Finance (Bexley).</p> <p>DB relayed the key messages:</p> <p>Bexley Position: Bexley is reporting an underspend of c. £32k. The prescribing challenge remains a national issue and not within local control. There has been a mitigation within M8 due to some reimbursements, but the position is likely to worsen.</p> <p>South East London Integrated Care Board Position: Currently in a good position due to the carry-over from the former NHS SEL Clinical Commissioning Group position.</p> <p>South East London Integrated Care System Position: Not a particularly healthy position, and all providers are looking at adverse position. Everything is being done locally to address the situation.</p> <p>Stuart Rowbotham, Place Executive Lead (Bexley), NHS SEL ICB/Director of Adult Social Care, London Borough of Bexley (LBB) noted that the prescribing issue is due to the cost of medicines and worldwide inflation which resulted in the budget we were asked to manage within our delegation is not achievable and has affected the underspend. Although there are delegations to place, if the whole system across SEL is in a stretched position, SR feared we may be asked as to what we can contribute to bring back that balance and inter-dependency.</p>	<p>DB</p>



	<p>The Bexley Wellbeing Partnership Committee:</p> <ul style="list-style-type: none"> (i) DISCUSSED & NOTED the Month 8 (November 2022) financial position for NHS South East London ICS, NHS South East London ICB and Bexley Borough. (ii) NOTED the details of the 2022/23 allocations (programme and running costs) received and expenditure to date for both NHS South East London ICB and Bexley Borough. (iii) DISCUSSED & NOTED the key risks identified for NHS South East London ICB and NHS South East London ICS and how they relate to Bexley Borough. (iv) NOTED the details of the savings requirements for NHS South East London ICB, NHS South East London ICS and Bexley Borough. 	
<p>7.</p>	<p>Better Care Fund Report</p> <p>Steven Burgess, Policy and Strategy Officer, London Borough of Bexley presented and told the group that the paper has been brought here for endorsement, having gone through many amendments and various governance routes.</p> <p>StB highlighted a few key areas:</p> <ul style="list-style-type: none"> • Agreement signed and sealed in January 2022 by both parties • On 05/01/2023, approval received from NHS England and notification that additional funding would help to support those who require hospital discharge • Financial impact and total value of services in 2022/23 is between £81.9 and £83.9m. This may be extended or varied. • £200m discharge fund <p>SR commented that the amendments put forward reflect the reality of the new situation and pointed out that the Better Care Fund (BCF) is a key method in which health and care can work together and break down some silos which prevent us from working in partnership. The Section 75 Agreement is a legal way to help us work more collaboratively and move money amongst ourselves and pool budgets.</p> <p>KW fully supported this but queried the higher level of reporting of funding to this Committee. StB confirmed that his team is required to submit quarterly reports to the national team at the end of the financial year, following which the Committee will be fully informed at possibly May 2023.</p> <p>The Bexley Wellbeing Partnership Committee:</p> <ul style="list-style-type: none"> (i) NOTED the BCF Approval Letter dated 5 January 2023 (Appendix A). (ii) CONSIDERED and ENDORSED the proposal to update the schedules to the section 75 Agreement between the London Borough of Bexley (LBB) and NHS South East London Integrated Care Board (ICB) for 2022/23. 	<p>StB</p>



8.	<p>Place Risk Register</p> <p>Simon Beard, Associate Director, Corporate Governance, NHS SEL ICB updated on the Bexley Risk Register.</p> <p>There are currently 4 risks relating to Bexley, 2 of which are scored very high at 20 and SB noted that the inherent risk is the same as the residual risk which means these are outside of the control of the ICB to manage. In addition, the ICB risk team is carrying out a very in-depth review of the Board Assurance Framework and the ICB Execs are undertaking a SEL borough risk register review which may result in scoring changes.</p> <p>The Bexley Wellbeing Partnership Committee NOTED and ACCEPTED the Bexley System Risk Register.</p>	SB
9.	<p>Public Questions</p> <p>There were no further questions received from the public, in addition to those asked in Item 4 above.</p>	DB
10.	<p>Any Other Business</p> <p>No other items were raised under this section and the chair closed the meeting.</p>	SD
11.	<p>Glossary</p> <p>These glossary terms were noted.</p>	
12.	<p>Date of next meeting</p> <p>Thursday 23rd March 2023, 2:00pm to 4.00pm, Council Chamber, Civic Offices, 2 Watling Street, Bexleyheath, DA6 7AT.</p>	



Bexley Wellbeing Partnership Committee

Wednesday 23rd March 2023

Item: 5

Enclosure: C

Title:	Personal Medical Services Premium Extension & 2023/24 GP Premium Development Plan
Author:	Marina Moores, Primary Care Service Delivery Manager (Bexley), NHS South East London Integrated Care Board
Executive Lead:	Diana Braithwaite, Chief Operating Officer (Bexley), NHS South East London Integrated Care Board

Purpose of paper:	<p>The purpose of this paper is to seek Bexley Wellbeing Partnership Committee’s approval of the interim GP Premium changes 1st April to 30th June 2023. The proposal describes the short-term interim arrangements required to maximise value for money from the GP Premium payments from 1st April until 30th June 2023, whilst the Bexley Wellbeing Partnership undertakes a more comprehensive review of funding and KPIs currently allocated within the PMS Premium.</p> <p>The Primary Care Delivery Group held on 1st March 2023 endorsed the interim changes proposed in this paper and therefore recommends approval to the committee.</p>	Update / Information	
		Discussion	
		Decision	X
Summary of main points:	<p>On 24th March 2022 the Bexley Strategic Board approved a 12-month extension on the Personal Medical Services (PMS) Premium from 1st April 2022 to 31st March 2023.</p> <p>Consequently, work has commenced on developing a new three-year GP Premium, which is planned to commence on 1st July 2023 (subject to approval by the Bexley Wellbeing Partnership Committee) and the following interim extension and changes are recommended from 1st April to 30th June 2023:</p> <ul style="list-style-type: none"> • Equally distribute the PMS premium funding across all contract types which will amount to a new GP premium of £9.15 per weighted patient. • Extend the existing PMS Premium KPIs at the same funding level of £4.99 per weighted patient. • Introduce additional KPIs commensurate with the additional amount of investment (£4.16 per weighted patient after equal distribution) that is currently not specified, to ensure value for money is secured from this funding stream. <p>The total funding envelope remains unchanged. All figures are presented as annual amounts, but these arrangements will only apply on a pro rata basis for the first three months of the year. No changes to the funding levels are</p>		

	<p>anticipated from 1st July 2023 onwards but the service specifications are anticipated to change.</p>	
Potential Conflicts of Interest	<p>There is a <i>pecuniary</i> conflict of interest for GP representatives holding national General and Personal Medical Services contracts, who will be direct recipients and beneficiaries of PMS Premium funding.</p> <p>In mitigation, the chair for this item will pass to another voting member of the committee and GP representatives/Care Networks Clinical Leads will not vote on this item.</p>	
Other Engagement	Equality Impact	<p>The purpose of the PMS Premium is to deliver improved patient outcomes, over and above the requirements of core PMS/GMS/APMS contracts, specifically targeting known health inequalities within Bexley. It is therefore anticipated that the proposals will have a positive impact on reducing health inequalities at a population level and any unwarranted variation between practices.</p>
	Financial Impact	<p>The funding for this scheme is within the allocated budget for 2023/24 and therefore there are no additional financial impacts for the NHS SEL ICB</p>
	Public Engagement	<p>Not required for the purposes of this paper, however commissioners will seek to ensure engagement with patient group representatives and people with lived experience in finalising proposals for any revised GP Premium.</p>
	Other Committee Discussion/Engagement	<p>The scheme has been designed with the support and input of relevant stakeholders including clinicians, commissioners, and others. The changes have been discussed at the following meetings:</p> <ul style="list-style-type: none"> • 8th November 2022 – Local Medical Committee Liaison Meeting • 8th December 2022 – Local Medical Committee Formal Part 2 • 19th January 2023 – Primary Care Development & Transformation Group • 25th January 2023 – meeting with Bexley clinical leads with further communication via email as agreed • 6th, 10th and 22nd February 2023 – meeting with commissioners and specific elements clinical leads • 25th January 2023 – meeting with Bexley clinical leads with further communication via email as agreed • 6th, 10th & 22nd February 2023 – meeting with commissioners and specific elements clinical leads #

		<ul style="list-style-type: none"> • 16th February 2023 – Local Medical Committee Formal Part 2 • Primary Care Delivery Group held on 1st March 2023 endorsed the interim changes proposed in this paper
<p>Recommendation:</p>	<p>The Primary Care Delivery Group recommends that the Bexley Wellbeing Partnership Committee approves the following:</p> <ul style="list-style-type: none"> (i) The interim extension of the PMS Premium from 1st April to 30th June 2023. (ii) Equal distribution of the PMS premium funding across all contract types which will amount to a new GP premium of £9.15 per weighted patient. (iii) Extension to the existing PMS Premium KPIs at the same funding level of £4.99 per weighted patient. (iv) Introduction of additional KPIs commensurate with the additional amount of investment (£4.16 per weighted patient after equal distribution) that is currently not specified, to ensure value for money is secured from this funding stream. 	

Appendix 1 - Report

Personal Medical Services Premium Extension & 2023/24 GP Premium Development Plan

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Background

In May 2017, Bexley Primary Care Commissioning Committee approved the Personal Medical Services (PMS) premium Key Performance Indicators (KPIs) that would be included in all primary care contract types (Personal, Alternative or General Medical Service) for the period, April 2017 to March 2021. This formal approval followed an extensive period of engagement with the Local Medical Committee on commissioning intentions, the associated specifications, monitoring arrangements and payments. PMS Premium pays practices for work that goes exceeds the requirements of the core contract.

The table below summarises the broad areas that were covered through these specifications and the associated payments that were earned through achievement.

Table 1: PMS Premium KPIs

Category	Services	17/18 Funding (pwp)	18/19 Funding (pwp)	19/20 Funding (pwp)	20/21 Funding (pwp)
London KPIs	<ul style="list-style-type: none"> • Imms & Vacs • Childhood Imms Yr1 	£1.00 £1.00	£1.00 £1.00	£1.00 £1.00	£1.00 £1.00
	<ul style="list-style-type: none"> • Screening • bowel screening 	£1.00 £1.00	£1.00 £1.00	£1.00 £1.00	£1.00 £1.00
	<ul style="list-style-type: none"> • Patient voice • Overall experience 	£1.00 £0.50	£1.00 £0.50	£0.50	£0.50
	<ul style="list-style-type: none"> • Confidence & trust in the GP 	£0.50	£0.50	£0.50	£0.50
Local priorities	Dementia search	£1.05	£0.64	£0.57	
Contractor priorities	Wound care	£1.50	£1.50	£1.50	£1.50
	Shared Care	£0.99	£0.99	£0.99	£0.99
	• ADHD	£0.22	£0.22	£0.22	£0.22
	• DMARDs	£0.43	£0.43	£0.43	£0.43
	• Gonadorelin analogues	£0.34	£0.34	£0.34	£0.34
TOTAL		£6.54	£6.13	£5.56	£4.99

*Reduction in PMS premium funding reflected the transfer of the minimum practice income guarantee (MPIG) into the GMS global sum

During the COVID pandemic, elements of the PMS KPIs were suspended or adapted to support practices to focus on the pandemic response during the period from April 2020 to July 2021. The PMS premium KPIs were fully re-instated from July 2021 and subsequently extended until March 2023 as agreed at the meeting of the Bexley Wellbeing Partnership held in March 2022.

The purpose of this paper is to seek PCDG endorsement of a proposal to be determined by the Bexley Wellbeing Partnership Committee on 23rd March 2023. The proposal describes the short-term interim arrangements required to maximise value for money from the GP Premium payments from 1st April until 30th June 2023, whilst the Bexley Wellbeing Partnership undertakes a more comprehensive review of funding and KPIs currently allocated within the PMS Premium.

Current Position

The current PMS Premium (summarised earlier in Table 1) has been costed at £4.99 per weighted patient (pwp) but there has been an additional £0.30, with no KPIs. This means the base PMS Premium that all contract types (GMS, PMS, APMS) have been receiving is £5.29.

In April 2022 it became apparent that PMS practices only were receiving an extra premium of £4.33 since 2017/18; for which there have been no KPIs against this for the past 5 years. This information

was shared with the Local Medical Committee on 08.11.2022 (Borough Liaison Meeting) and 08.12.2022 (Formal Part 2).

Table 2 below shows current PMS Premium funding distribution for 2022/23.

Table 2: Current Premium by practice

Contract type	Practice Name	Premium £ pwp 2022/23 value	£ total 22/23 based on January 2022 list size
PMS	BARNARD MEDICAL GROUP	9.62	132,100.38
PMS	BELLEGGROVE SURGERY	9.62	102,982.82
PMS	BELVEDERE MEDICAL CENTRE	9.62	154,815.07
PMS	BEXLEY GROUP PRACTICE	9.62	105,394.52
PMS	BEXLEY MEDICAL GROUP	9.62	171,892.60
APMS	BURSTED WOOD SURGERY	5.29	27,692.59
GMS	CRAYFORD TOWN SURGERY	5.29	46,854.59
PMS	DR DAVIES & PARTNER	9.62	51,765.26
GMS	INGLETON AVENUE	5.29	22,447.98
PMS	LAKESIDE MEDICAL	9.62	141,714.88
PMS	LYNDHURST MEDICAL CENTRE	9.62	100,899.19
PMS	NORTHUMBERLAND HEATH MEDICAL CENTRE	9.62	130,291.80
GMS	PLAS MEDDYG SURGERY	5.29	35,638.13
PMS	RIVERSIDE SURGERY	9.62	108,355.75
PMS	SIDCUP MEDICAL CENTRE	9.62	189,641.72
PMS	SLADE GREEN SURGERY	9.62	85,656.85
PMS	STATION ROAD SURGERY	9.62	87,793.72
PMS	THE ALBION	9.62	134,595.11
PMS	THE WESTWOOD SURGERY	9.62	80,374.05
PMS	WELLING MEDICAL	9.62	104,616.91
PMS	WOODLANDS SURGERY	9.62	91,108.12
			2,106,632.04

KPIs & Impact

As noted, the current PMS Premium KPIs were agreed in 2017/18 and since then, no significant changes have been made until a minor amendment was approved by the Bexley Wellbeing Partnership in January 2023 to the childhood immunisation specification. This commenced from 1st February 2023. This amendment corrected a duplication with national core contract changes previously issued by NHS England in April 2021.

Currently KPIs are as follows:

1. **GP patient survey** – Payment based on reaching a required achievement threshold on the national survey results for the two elements: confidence & trust; overall experience.
2. **Childhood immunisations** – Payment based on demonstrating either 4th contact where the previous 3 contacts have failed to result in vaccination or for those that have actively indicated they wish to decline. Where a patient has declined, the reason for the decision to be recorded and shared with the commissioners on a quarterly basis. The information gained from the reasons for declining will be used to inform approach to patient education and engagement.

3. **Bowel Screening** – Payment based on achievement of:
 - a) the number of patients in the relevant age cohort, that have had bowel screening during the reporting period and
 - b) the number of patients demonstrated as having been invited for screening 3 times at 2 weekly intervals that do not attend and
 - c) the number of patients demonstrated as having been invited and who communicate to the contractor that they do not want to be contacted again.
4. **Shared Care & DMARDs** – Practices are asked to submit a summary of all patients prescribed medication for Attention Deficit Hyperactivity Disorder.
5. **Wound Care** – Payment made based on the delivery of the service; compliance monitored via audit. No regular submission requirement.

The original specifications were designed using a high trust methodology and therefore have not required a high level of contract monitoring or data collection from practices. However, it has been possible to evidence impact of the KPIs through tracking publicly available statistics including GP patient survey results, immunization uptake, bowel screening uptake, prescribing data and clinical system searches. There is clear evidence of a Borough wide increase in the bowel screening uptake since 2017/18 when this KPI was introduced. Where practices did not achieve the thresholds needed for the GP patient survey, they were required to submit improvement plans.

Recommended Interim Changes

Whilst work is undertaken by the Bexley Wellbeing Partnership on developing a new three-year GP Premium, commencing on 1st July 2023, the following changes are proposed from 1st April to 30th June 2023:

- ✓ Equally distribute the PMS premium funding across all contract types which will amount to a new GP premium of £9.15 per weighted patient.
- ✓ Extend the existing PMS Premium KPIs at the same funding level of £4.99 per weighted patient.
- ✓ Introduce additional KPIs commensurate with the additional amount of investment (£4.16 per weighted patient after equal distribution) that is currently not specified, to ensure value for money is secured from this funding stream.

Table 3 overleaf shows the impact of the proposed changes at a practice level. The total funding envelope remains unchanged. All figures are presented as annual amounts, but these arrangements will only apply pro-rata for the first three months of the year. No changes to the funding levels are anticipated from 1st July 2023 onwards but the service specifications are anticipated to change.

Table 3: Impact of changes

Practice Name	£ total 2022/23 based on January 2022 list size	PMS Premium	NEW GP Premium	NEW £ total 2023/24 based on January 2022 list size
BARNARD MEDICAL GROUP	132,100.38	9.62	9.148	125,618.94
BELLEGROVE SURGERY	102,982.82	9.62	9.148	97,930.03
BELVEDERE MEDICAL CENTRE	154,815.07	9.62	9.148	147,219.15
BEXLEY GROUP PRACTICE	105,394.52	9.62	9.148	100,223.40
BEXLEY MEDICAL GROUP	171,892.60	9.62	9.148	163,458.78
BURSTED WOOD SURGERY	27,692.59	5.29	9.148	47,888.81
CRAYFORD TOWN SURGERY	46,854.59	5.29	9.148	81,025.67
DR DAVIES & PARTNER	51,765.26	9.62	9.148	49,225.43
INGLETON AVENUE	22,447.98	5.29	9.148	38,819.30
LAKESIDE MEDICAL	141,714.88	9.62	9.148	134,761.72
LYNDHURST MEDICAL CENTRE	100,899.19	9.62	9.148	95,948.63
NORTHUMBERLAND HEATH MEDICAL CENTRE	130,291.80	9.62	9.148	123,899.10
PLAS MEDDYG SURGERY	35,638.13	5.29	9.148	61,629.04
RIVERSIDE SURGERY	108,355.75	9.62	9.148	103,039.33
SIDCUP MEDICAL CENTRE	189,641.72	9.62	9.148	180,337.06
SLADE GREEN SURGERY	85,656.85	9.62	9.148	81,454.15
STATION ROAD SURGERY	87,793.72	9.62	9.148	83,486.17
THE ALBION SURGERY	134,595.11	9.62	9.148	127,991.28
THE WESTWOOD SURGERY	80,374.05	9.62	9.148	76,430.54
WELLING MEDICAL	104,616.91	9.62	9.148	99,483.94
WOODLANDS SURGERY	91,108.12	9.62	9.148	86,637.95
	2,106,632.04			2,106,508.41

Extending the Existing KPIs

The following KPIs are proposed to be extended with minimal or no changes for the period 1st April until 30th June 2023.

- ✓ GP patient survey – supports the improved patient experience outcomes especially with the recent low satisfaction with reduced access. This KPI will be extended without any change.
- ✓ Childhood immunisations – Supports the improvement of uptake. This KPI will be extended with no change to the recently approved amendments.
- ✓ Bowel Screening – Supports early cancer diagnosis with increased uptake. This KPI will be extended with no change.
- ✓ Shared Care & DMARDs – Patients treated in primary care, reducing the pressure on secondary care. This KPI will be extended with no change.
- ✓ Wound Care – Patients treated in primary care, reducing the pressure on secondary care. This KPI will be extended but with a requirement for uniform coding that will enable robust data collection of the work undertaken that is needed to inform future commissioning models.

Additional KPIs

We are currently working with clinicians and key stakeholders to review KPIs, which could be included in the new GP Premium that were formerly in the Referral Management Optimisation Scheme (ReMOS) Local Incentive Scheme (LIS). The REMOS scheme ends on 31st March 2023 but has been in place since 2019 and therefore requirements are well known to all Bexley practices.

GP Premium Development Plan 2023/24

The proposed PMS premium extension arrangements are an interim measure, whilst a wider development programme will be undertaken collaboratively with system partners to thoroughly review and design a new GP Premium incentive. This new premium will be aligned with the Joint Local Bexley Health & Wellbeing Strategy, the Bexley Wellbeing Partnership Health & Social Care Roadmap and the Three-year Improvement Plan priorities and to support the implementation of the Fuller Stocktake Report recommendations.

The new GP Premium will be redesigned to accurately reflect the key areas of focus for primary care and to strategically align with the wider system priorities. During the development process we will engage with the relevant stakeholders through series of individual meetings, task and finish groups and engage with wider partners by joining the existing forums such as Local Care Partnership Forum and Primary Care Transformation & Development Group.

Conflicts of Interest

Whilst it is important to ensure there is clinical input into schemes of this nature – it is important that the correct and proportionate balance is struck and demonstrated to manage what are essentially pecuniary conflicts of interest for all GPs.

There is a *pecuniary* conflict of interest for GP representatives holding national General and Personal Medical Services contracts, who will be direct recipients and beneficiaries of PMS Premium funding.

In mitigation, the chair for this item will pass to another voting member of the committee and GP representatives/Care Networks Clinical Leads will not vote on this item.

Bexley Wellbeing Partnership Committee

Thursday 23rd March 2023

Item: 6

Enclosure: D

Title:	Extension to the Bexley Care Homes Supplementary Network Service (SNS) Specification for Nursing & Residential Care Homes for 12 months to commence 1st April 2023
Author:	Sarah Birch, Head of Primary Care Development (Bexley), NHS South East London Integrated Care Board Lisa Luxford, Bexley Immunisations Coordinator, NHS South East London Integrated Care Board
Executive Lead:	Diana Braithwaite, Chief Operating Officer (Bexley), NHS South East London Integrated Care Board

Purpose of paper:	<p>Following endorsement at the meeting of the Primary Care Delivery Group on 1st March 2023, this paper seeks approval of the recommendation to the Bexley Wellbeing Partnership Committee that the current Care Homes SNS specification be extended with a minor variation, for a further 12 months from 1st April 2023 until 31st March 2024. The current service expires on 31st March 2023.</p> <p>This locally commissioned service supplements the national Enhanced Health in Care Homes (EHCH) service specification which is one of the seven service specifications that forms part of the Network Directly Enhanced Service (DES).</p> <p>The Network DES ends on 31st March 2024 and details of the subsequent scheme are yet to be published. During 2023/24 the commissioning intention is to undertake a more comprehensive review of the SNS service to determine the optimum model from April 2024 onwards. This review can only be undertaken once there is greater clarity on the future requirements of the scheme that supersedes the national Network Contract DES, from 1st April 2024.</p> <p>This paper also seeks for approval for the financially incentivised KPIs that form part of the SNS to be modified to ensure further quality improvements in the delivery of the SNS during its final year.</p>	Update / Information	X
		Discussion	X
		Decision	X

Summary of main points:

Background

In Bexley there has been a locally commissioned enhanced service for primary care support to older peoples care homes, since 2015. This is in recognition of the work undertaken by practices that goes above and beyond core primary care provision, through a proactive model of care, to support this frail and vulnerable group.

Current provision of the SNS Specification as a service supplementary to the Network Contract Directed Enhanced Service (DES) commenced on 1st October 2020 and is undertaken by five individual practices on behalf of the four Primary Care Networks in Bexley.

On 24th March 2022 the Bexley Strategic Board approved a 12-month extension on the SNS Specification from 1st April 2022 to 31st March 2023.

The national Network DES ends on 31st March 2024 and details of the subsequent scheme are yet to be published. The aspiration is to align the local care homes incentive scheme with the requirements of the scheme that supersedes the Network Contract DES, from 1st April 2024.

An extension to the current arrangements is being sought to align with the national DES and to allow sufficient time to assess the effectiveness of the current operating model (delivered by multiple providers) and consider options for alternative evidence-based models e.g., whether a single provider model would improve patient care and provide value for money in the longer term for Bexley. The other 5 SEL boroughs all deliver enhanced primary care support to their care homes using a single provider model.

Current arrangements

At the time of writing there are 1,304 nursing and residential care home beds in Bexley. Prior to 30th December 2022 there were 1,320 beds. However, the number has decreased following the closure of Lyndhurst Nursing Home on 30th December 2022. St Marys Nursing home is scheduled to close by 28th February 2023, resulting in a further reduction of bed numbers in the borough to 1,288.

The EHCH Network DES funds PCNs £120 per care home bed, per annum.

The Bexley Care Homes SNS specification pays PCNs (who in turn pass the funding to the relevant member practice/s) £177 per care home bed, per annum. £60 of this payment is incentive driven. Achievement of the incentive driven payment is measured by key performance indicators. Service providers are required to report twice a year against the Key Performance Indicator (KPI) requirements of the scheme.

KPIs 1-3 are not financially incentivised and relate to the completion, publishing and review of an urgent care plan for care home residents. The KPI targets are 100% with a threshold requirement of 90%.

Apart from a minor tweak to the timescale for KPI 2, to increase the timescale for completion of the Urgent Care Plan for new residents from two to four weeks to allow for a meaningful set of decisions to be formulated, there is no intention to vary these KPIs for 2023/24. This additional time frame will allow a more comprehensive new resident review with greater liaison with the formerly registered GP.

KPIs 4-7 attract a maximum incentive payment of £60 per bed that is linked to the completion of activities and submission of evidence. KPI 5 (development of a standard operating procedure) and KPI 7 (provision of a direct telephone

number/email and designated contact at the practice) were one-off activities to support collaborative cross-system working. Now these have been established is it appropriate that the allocated funding is re-routed to another improvement area.

Table 1 details the 2022/23 KPI requirements and Qtr.1/2 2022/23 achievement.

KPI	Table 1: Performance Indicators	Achievement Qtr.1/2 22-23
1	Proportion of residents who have a published and complete Urgent Care Plan that has been prepared in accordance with the SNS care home specification.	90.30%
2	Number of new residents to the home within the last 6 months who had an Urgent Care Plan record published within 2 weeks of admissions to the home.	83.58%
3	Number of residents who have had their Urgent Care Plan reviewed within the last 6 months.	82.28%
4	Visiting lead or deputy clinician and Administration Lead to attend and fully participate in the sharing best practice workshops. Sessions to be held in Q1/2 and Q3/4.	83%
5.	The practice/PCN to develop a Standard Operating Procedure that will be discussed, agreed and shared with each individual Care Home served by the PCN/practice.	100%
6	Two meetings per care home per annum to discuss what works well, what could be improved and agreed actions.	91%
7.	To support system working and admission avoidance practices are to provide a direct route (either secure email address or telephone number & designated contact name) that can be used by the Rapid Response Team to make direct contact with the practice.	100%

Proposed amendments to the Key Performance Indicators

From the 1st April 2023 the proposal is to introduce two new KPIs to replace KPIs 5 and 7. These are:

- To provide an opportunity for families to meet and engage with the GP, the named visiting GP to attend a resident/ family meeting, in person at the care home, twice per year.
- The practice to undertake a survey of experiences of residents, residents' families and care home staffs in regard to the primary care support provided to the care home. The survey will be developed by the Bexley Primary Care Team to ensure consistency in approach. An agreed minimum number of responses will be required based on the size/occupancy of the home.

It is also proposed that a fairer payment model for the incentivised KPIs is adopted and that the scheme moves from a "per bed" allocation to a "per care home" allocation. This enhances value for money from the contract given that the resource required to deliver these KPIs is no different for practices irrespective of the size of the care homes they serve.

	A full summary of the KPI amendments is provided in the supporting slide pack. The changes proposed have been designed with clinical input from Bexley's Frailty Clinical Lead, Dr Lesley Bull.	
Potential Conflicts of Interest	<p>There is a <i>pecuniary</i> conflict of interest for GP representatives holding national General and Personal Medical Services contracts, who will be direct recipients and beneficiaries.</p> <p>In mitigation, the chair for this item will pass to another non-conflicted voting member of the committee and GP representatives/Care Networks Clinical Leads will not vote on this item.</p>	
	Equality Impact	The SNS recognises that the high level of primary care workload associated with older people care homes and hence remunerates practices for work that focuses on proactive management and planning to prevent a deterioration that could lead to a hospital admission.
	Financial Impact	Cost neutral. This is an established budget and not a request for additional funding.
	Public Engagement	Not applicable.
Other Engagement	Other Committee Discussion/ Engagement	<ul style="list-style-type: none"> • Primary Care Delivery Group 1st March 2023 • Local Medical Committee are members of the Primary Care Delivery Group • Oxleas Adult Community Services • Bexley Local Authority Quality Assurance Team. • Head of Bexley Local Authority Integrated Commissioning for Older People
Recommendation:	<p>The Primary Care Delivery Group recommends that the Bexley Wellbeing Partnership Committee:</p> <p>(i) Approves the recommendation to extend the Bexley Care Homes Supplementary Network Service (SNS) Specification for Nursing & Residential Care Homes for 12 months from 1st April 2023 to 31st March 2024.</p> <p>(ii) Approves the extension of the completion timeframe requirement from two to four weeks for KPI 2.</p> <p>(iii) Approves the amendments to the incentive driven KPIs as detailed in Appendix 2.</p> <p>(iv) Approve the change in payment models for incentive driven KPIs from a "per bed" to "per home basis".</p> <p>(v) Support the intention to undertake a wider review of the contract and service model during 2023/24 once there is greater clarity on the future of nationally commissioned enhanced services requirements that relate to the delivery primary care support to care homes from April 2024.</p>	

Agenda Item: 6

Encl. D(i)

**Supplementary Network Service (SNS) Specification for
Nursing and Residential Care Homes
Extension of existing arrangements to 31/03/2024**

Bexley Wellbeing Partnership Committee 23rd March 2023

The purpose of this document is to set out a process, governance and indicative timeline for

1. A one year extension of the current arrangements for the Supplementary Network Service (SNS) Specification for Nursing and Residential Care Homes as a Service Supplementary to the Network Directed Enhanced (DES). Extension period 01/04/2023 to 31/03/2024
2. A review of the current service model to scrutinise its effectiveness and value for money versus the option of single provider model of delivery favoured in other SEL boroughs

This document contains the following:

- Details of the current Supplementary Network Service (SNS) Specification**
- Rationale for extension of the current arrangements, for 1 year**
- Proposed approach for review of the current scheme and options for delivery model from 1st April 2024**

Background

In Bexley there has been a locally commissioned enhanced service for primary care support to older peoples care homes, since 2015. This is in recognition of the work undertaken by practices above and beyond core primary care provision, through a proactive model of care, to support this frail and vulnerable group.

The current arrangements of the Supplementary Network Service (SNS) Specification as a service supplementary to the Network Directed Enhanced Service (DES), commenced on 1st October 2020 and initially ran until 31st March 2022.

On 24th March 2022 the Bexley Strategic Board approved a one year extension to the existing Care Homes SNS specification from 1st April 2022 to 31st March 2023.

Current Arrangements

- ❑ There are 1304* older people care home beds in Bexley, spread across 19 care homes
- ❑ The care homes vary in size ranging from 16 to 131 beds
- ❑ 5 individual practices provide primary care services on behalf of 4 PCNs
- ❑ For Frognal, Clocktower and APL PCNs, a single GP practice delivers the SNS Specification to the care homes within their respective PCNs
- ❑ In North Bexley PCN 2 practices deliver the SNS Specification to the care homes
- ❑ The SNS offers funding of **£177 per bed/per annum**, £60 of which is incentivised
- ❑ *Lyndhurst Nursing Home closed on 30/12/2022. Up until its closure, the 16-bedded home was served by Plas Meddyg Surgery. St Marys Nursing Home is scheduled to close by 28/02/2023

The supplementary service is designed to ensure that in *addition* to the requirements set out in the PCN Network DES, practices will support their care home residents to achieve better outcomes, including the following

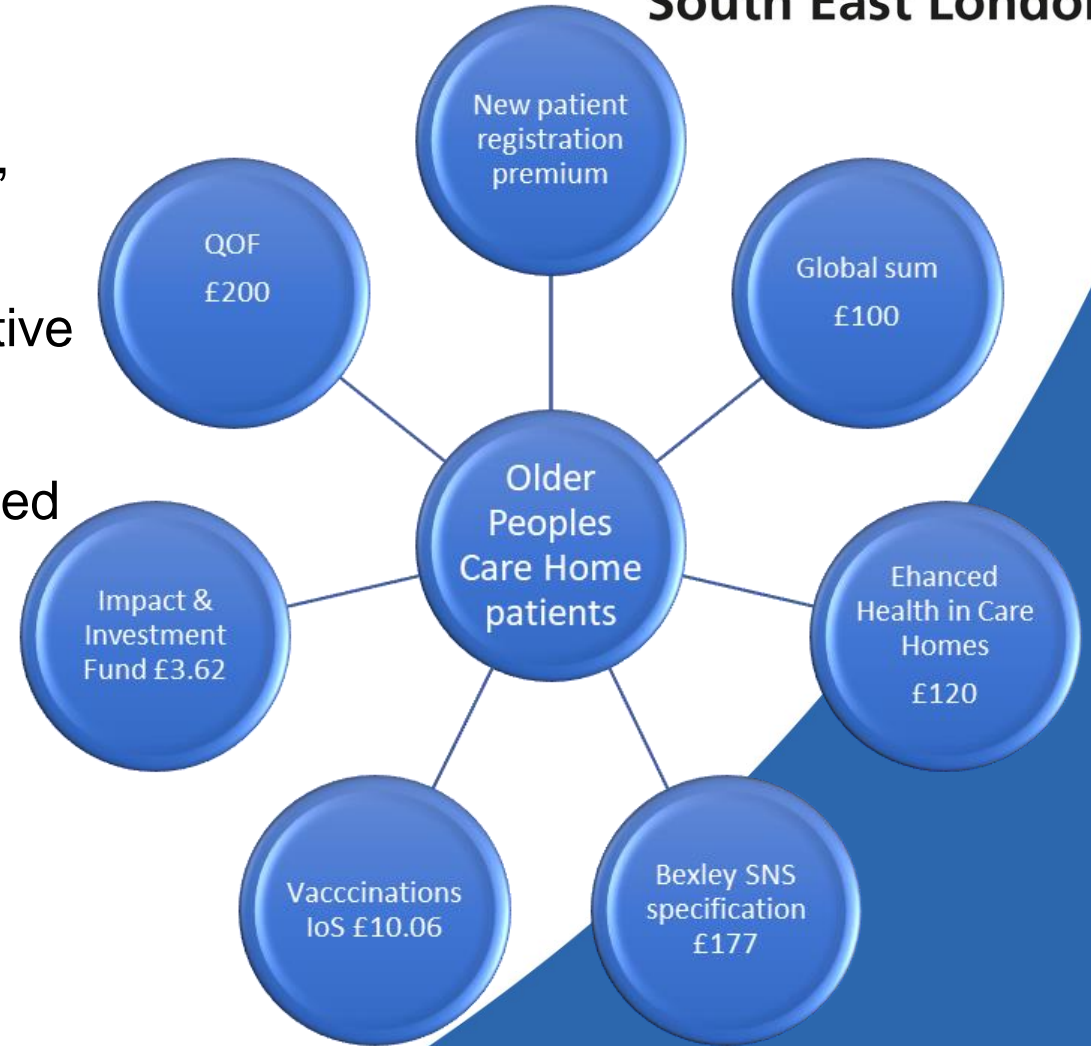
1. Better continuity of care, joint working and improved communication between care home staff, community services and all providers i.e. GPs, pharmacists, social care, community services, *secondary* care
2. Improved service user & carer experience and increased satisfaction of care homes staff through stronger working relationships with healthcare providers
3. Better communication and involvement of residents, their families/closest friends around end of life and Advanced Care Planning
4. End of life wishes upheld so residents are supported to die in their preferred place.
5. Reduction in out of hours service usage, LAS call out rates and inappropriate or unwanted admission to hospital
6. Minimising harm from medication side effects and interactions
7. Improved quality of life
8. Avoidance of unnecessary suffering
9. Improvement in quality of care received in homes
10. Improved medication compliance

The SNS offers funding of £177 per bed/per annum, £60 of which is incentivised.

Practices are paid based on bed numbers, irrespective of occupancy levels

The SNS funding is in addition to the funding provided by

- New patient registration premium
- Core registration
- Enhanced Health in Care Homes as part of the PCN Network DES
- Investment & Impact funding
- QOF
- IoS & dispensing fee for vaccinations such as Covid, Flu, Shingles & Pneumonia



Key Performance Indicators 2022/23

The KPIs are designed to enhance patient care and support system working and appropriate admission avoidance. There are currently seven KPIs associated with the SNS Specification.

KPIs 1-3 relate to timely the competition, publication and subsequent review of an Urgent Care Plan are not financially incentivised.

KPIs 4-7 have financial incentives aligned to them and are paid on a “per bed” basis

Table 1 details the current KPI requirements

KPI	Table 1: Performance Indicators	Achievement Qtr.1/2 22-23
1	Proportion of residents who have a published and complete Urgent Care Plan that has been prepared in accordance with the SNS care home specification	90.30%
2	Number of new residents to the home within the last 6 months who had an Urgent Care Plan record published within 2 weeks of admissions to the home	83.58%
3	Number of residents who have had their Urgent Care Plan reviewed within the last 6 months	82.28%
4	Visiting lead or deputy clinician and Administration Lead to attend and fully participate in the sharing best practice workshops. Sessions to be held in Q1/2 and Q3/4.	83%
5.	The practice/PCN to develop a Standard Operating Procedure that will be discussed, agreed and shared with each individual Care Home served by the PCN/practice	100%
6	Two meetings per care home per annum to discuss what works well, what could be improved and agreed actions	91%
7.	To support system working and admission avoidance practices are to provide a direct route (either secure email address or telephone number & designated contact name) that can be used by the Rapid Response Team to make direct contact with the practice	100%

Bexley Care Homes by PCN and GP practice

Care Home	Number of beds per home	PCN	GP practice	Number of beds per PCN
Groveland Park Care Home	55	APL	Lyndhurst Medical Practice	APL 124
Parkview Care Home	69	APL	Lyndhurst Medical Practice	
Riverdale Court	80	Clocktower	Westwood Surgery	Clocktower 155
Maples Nursing Home	75	Clocktower	Westwood Surgery	
Adelaide Care Home	76	Frogna1	Sidcup Medical Centre	Frogna1 760
Sidcup Nursing Home	100	Frogna1	Sidcup Medical Centre	
St Aubyns Nursing Home	39	Frogna1	Sidcup Medical Centre	
Abbotsleigh Mews	120	Frogna1	Sidcup Medical Centre	
Baugh House	58	Frogna1	Sidcup Medical Centre	
Northbourne Court	120	Frogna1	Sidcup Medical Centre	
St Mary's Nursing Home <i>Closure scheduled by 28/02/23</i>	16	Frogna1	Sidcup Medical Centre	
St Margaret's Residential Home	21	Frogna1	Sidcup Medical Centre	
Signature at Frogna1	131	Frogna1	Sidcup Medical Centre	
Smythe Lodge	79	Frogna1	Sidcup Medical Centre	
Cedar Court	47	North Bexley	Lakeside Medical Centre	North Bexley 265
Marlborough Court	78	North Bexley	Lakeside Medical Centre	
Meyer House	34	North Bexley	Northumberland Heath Medical Centre	
Heathfield Court	66	North Bexley	Northumberland Heath Medical Centre	
Shaftsbury Court	40	North Bexley	Northumberland Heath Medical Centre	
*Lyndhurst Nursing Home	16	Closed on 30th December 2022 , previously served by APL PCN Plas Meddyg Surgery		Total beds 1304

Summary of Proposed KPI amendments for 2023/24

KPI	Appendix 1: Performance Indicators	Method of measurement	Target	Threshold	Monitoring
1	2022/23 Proportion of residents who have a published and complete Urgent Care Plan that has been prepared in accordance with the SNS care home specification.	Practice/PCN reporting and verification by Urgent Care Plan	100%	Over 90%	6 monthly
	2023/24 No change to KPI				
2	2022/23 Number of new residents to the home within the last 6 months who had an Urgent Care Plan record published within 2 weeks of admission to the home.	Practice/ PCN reporting and verification by Urgent Care Plan	100%	Over 90%	6 monthly
	2023/24 Proposed change : Number of new residents to the home within the last 6 months who had an Urgent Care Plan record published within 4 weeks of admission to the home. To support allow for a meaningful set of decisions on a patient following a baseline information gathering exercise to be undertaken & GP2GP	Practice/ PCN reporting and verification by Urgent Care Plan	100%	Over 90%	6 monthly
3	Number of residents who have had their Urgent Care Plan reviewed within the last 6 months. 2023/24 No change to KPI	Practice/ PCN reporting and verification by Urgent Care Plan	100%	90% in 6 months	6 monthly
4	2023/23 Visiting lead or deputy clinician and Administration Lead to attend and fully participate in the sharing best practice workshops. Sessions to be held in Q1/2 and Q3/4. 2023/24 No change to KPI or reporting requirement. Amendment to payment mechanism only	Evidence of attendance & full engagement in the session	100%	2022/23 £18 per bed 2023/24 £600 per meeting per care home	6 monthly
5	2022/23	Minutes & actions of the meetings to be recorded on the template provided	100%	2022/23 £24 per bed,	6 monthly

KPI	Appendix 1: Performance Indicators	Method of measurement	Target	Threshold	Monitoring
6	New for 2023/24 To provide an opportunity for families to meet and engage with the GP., the named visiting GP to attend a resident/ family meeting, in person at the care home, twice per year.	Date & times details of the meeting to be provided to commissioners along with a brief overview of the issues discussed.	100%	2023/24 £600 per meeting per care home	6 monthly
7	New for 2023/24 The practice to undertake a survey of experiences of residents, residents' families and care home staffs in regard to the primary care support provided to the care home. The survey will be developed by the commissioner. An agreed minimum number of responses will be required based on the size of the home/occupancy	Results to be provided to commissioners by 30/12/2023	100%	2023/24 £350 per care home	Once

2022/23 KPIs removed for 2023/24

One off action for 2022/23

Practices to provide a direct route (either secure email address or telephone number & designated contact name) that can be used by the Rapid Response Team to make direct contact with the practice

One off action for 2022/23

The practice/PCN to develop a Standard Operating Procedure that will be shared with the care homes & commissioners

A 12 month extension to the current arrangements is being sought to allow a piece of work to be undertaken to review the effectiveness of the current model of delivery and consider if a change to single provider model would improve patient care and value for money.

- The PCN Network DES, to which the SNS specification is aligned, ends in its current form on 31st March 2024.
- As yet there has been no indication of the successive requirements/arrangements from 1st April 2024
- There is a risk that any new specification developed without knowledge of PCN arrangements after 1st April 2024, will not align with any new requirements and necessitate a subsequent a re-design
- A robust, detailed review is a significant, but necessary piece of work to ensure delivery of a service that delivers the gold standard of patient care and value for money

Proposed approach for review of the current scheme and options for delivery model from 1st April 2024

Jan - Mar 2023.
Establish a task & finish group to review current KPIs & amend as necessary

April 2023 - contract extension commences, 12 month period, ending 31st March 2024

March 2023 - Appointment of independent consultant to review current arrangements/delivery model & consider alternative options

Mar - May 2023 - review of current arrangements

June - July 2023 review findings presented and considered

Aug - Sept 2023 decision on next steps

Sept 2023 -Mar 2024 reprocurement

April 2024 new arrangements commence

EHCH-01: Number of patients aged 18 years or over and recorded as living in a care home, as a percentage of care home beds aligned to the PCN and eligible to receive the Network Contract DES Enhanced Health in Care Homes service

EHCH-01 18 points available

EHCH-02: Percentage of care home residents aged 18 years or over, who had a Personalised Care and Support Plan (PCSP) agreed or reviewed

EHCH-02 18 points available

EHCH-04: Mean number of patient contacts as part of weekly care home round per care home resident aged 18 years or over

EHCH-04 13 points available

EHCH-06: Standardised number of emergency admissions on or after 1 October per care home resident aged 18 years or over (Deferred)

EHCH-06 27 points available
Deferred, due to commence
01/04/2023

8.4. **Enhanced Health in Care Homes**

8.4.1. A PCN is required to:

- a. have agreed with the commissioner the care homes for which the PCN will have responsibility (referred to as the **"PCN's Aligned Care Homes"** in this Network Contract DES Specification). The commissioner will hold ongoing responsibility for ensuring that care homes within their geographical area are aligned to a single PCN and may, acting reasonably, allocate a care home to a PCN if agreement cannot be reached. Where the commissioner allocates a care home to a PCN, that PCN must deliver the Enhanced Health in Care Homes service requirements in respect of that care home in accordance with this Network Contract DES Specification;
- b. have in place with local partners (including community services providers) a simple plan about how the Enhanced Health in Care Homes service requirements set out in this Network Contract DES Specification will operate;
- c. support people entering, or already resident in the PCN's Aligned Care Home, to register with a practice in the aligned PCN if this is not already the case; and
- d. ensure a lead GP (or GPs) with responsibility for these Enhanced Health in Care Homes service requirements is agreed for each of the PCN's Aligned Care Homes.

- 8.4.2. By exception, the clinical lead may be a non-GP clinician with appropriate experience of working with care homes, provided this is agreed by the practices in the PCN, the commissioner and the relevant community provider.
- 8.4.3. A PCN must:
- a. work with community service providers (whose contracts will describe their responsibility in this respect) and other relevant partners to establish and coordinate a multidisciplinary team (“**MDT**”) to deliver these Enhanced Health in Care Homes service requirements; and
 - b. have established arrangements for the MDT to enable the development of personalised care and support plans with people living in the PCN’s Aligned Care Homes.
- 8.4.4. A PCN must have in place established protocols between the care home and with system partners for information sharing, shared care planning, use of shared care records, and clear clinical governance.
- 8.4.5. A PCN must:
- a. deliver a weekly ‘home round’ for the PCN’s Patients who are living in the PCN’s Aligned Care Home(s). In providing the weekly home round a PCN:
 - i. must prioritise residents for review according to need based on MDT clinical judgement and care home advice (a PCN is not required to deliver a weekly review for all residents);
 - ii. must have consistency of staff in the MDT, save in exceptional circumstances;

- iii. must include appropriate and consistent medical input from a GP or geriatrician, with the frequency and form of this input determined on the basis of clinical judgement; and
- iv. may use digital technology to support the weekly home round and facilitate the medical input;
- b. using the MDT arrangements referred to in section 8.4.3 develop and refresh as required a personalised care and support plan with the PCN's Patients who are resident in the PCN's Aligned Care Home(s). A PCN must:
 - i. aim for the plan to be developed and agreed with each new patient within seven working days of admission to the home and within seven working days of readmission following a hospital episode (unless there is good reason for a different timescale);
 - ii. develop plans with the patient and/or their carer;
 - iii. base plans on the principles and domains of a Comprehensive Geriatric Assessment⁶⁰ including assessment of the physical, psychological, functional, social and environmental needs of the patient including end of life care needs where appropriate;
 - iv. draw, where practicable, on existing assessments that have taken place outside of the home and reflecting their goals; and
 - v. make all reasonable efforts to support delivery of the plan;
- c. identify and/or engage in locally organised shared learning opportunities as appropriate and as capacity allows; and
- d. support with a patient's discharge from hospital and transfers of care between settings, including giving due regard to NICE Guideline 27⁶⁴²

8.4.6. For the purposes of this section 8.4, a 'care home' is defined as a CQC-registered care home service, with or without nursing⁶².

8.4.7. A PCN's Core Network Practices must ensure the coding of care home residence is accurately recorded on a continuous basis, using the relevant SNOMED codes as published in the supporting Business Rules⁶³.

[Network-Contract-DES-Specification_171022](#)

SNS funding allocation

PCN	Care Home	Practice (provider)	Beds 22/23 (CQC)	Baseline 2022/23 £117 per bed No change in 23/24	Potential Incentive payment 23/24 per care home
APL	Groveland Park Care Home	Lyndhurst Medical Centre	55	£ 6,435.00	3950
APL	Parkview Care Home	Lyndhurst Medical Centre	69	£ 8,073.00	3950
Clocktower	Riverdale Court	Westwood Surgery	80	£ 9,360.00	3950
Clocktower	Maples Care Home	Westwood Surgery	75	£ 8,775.00	3950
Frogna	Abbotsleigh Mews Residential & Nursing Home	Sidcup Medical Centre	120	£ 14,040.00	3950
Frogna	Baugh House	Sidcup Medical Centre	58	£ 6,786.00	3950
Frogna	Northbourne Court	Sidcup Medical Centre	120	£ 14,040.00	3950
Frogna	St Aubyns Nursing Home	Sidcup Medical Centre	39	£ 4,563.00	3950
Frogna	St Margaret's Residential Home	Sidcup Medical Centre	21	£ 2,457.00	3950
Frogna	Signature at Frogna	Sidcup Medical Centre	131	£ 15,327.00	3950
Frogna	The Sidcup Care Home	Sidcup Medical Centre	100	£ 11,700.00	3950
Frogna	Adelaide Care Home	Sidcup Medical Centre	76	£ 8,892.00	3950
Frogna	Smyth Lodge	Sidcup Medical Centre	79	£ 9,243.00	3950
North Bexley	Cedar Court	Lakeside Medical Practice	47	£ 5,499.00	3950
North Bexley	Marlborough Court	Lakeside Medical Practice	78	£ 9,126.00	3950
North Bexley	Shaftesbury Court	Northumberland Heath Medical Centre	40	£ 4,680.00	3950
North Bexley	Heathfield Court Care Home	Northumberland Heath Medical Centre	66	£ 7,722.00	3950
North Bexley	Meyer House	Northumberland Heath Medical Centre	34	£ 3,978.00	3950
	Total		1,288	£ 150,696.00	71100

Bexley Wellbeing Partnership Committee

Thursday 23rd March 2023

Item: 7

Enclosure: E

Title:	South East London Integrated Care Board Joint Forward Plan
Executive Lead:	Diana Braithwaite, Chief Operating Officer (Bexley), NHS South East London Integration Care Board
Executive Sponsor:	Stuart Rowbotham, Place Executive Lead (Bexley), NHS South East London Integration Care Board/Director of Adult Social Care, London Borough of Bexley

Purpose of paper:	<p>The purpose of this paper is to the Bexley Wellbeing Partnership Committee is to:</p> <p>(a) Set out the approach taken for the development of the South East London Integrated Care Board Joint Forward Plan, the local and national timeless and engagement programme.</p> <p>(b) The development of the draft Bexley 3 Year Plus Integrated Improvement Plan Actions for inclusion in the Joint Forward Plan.</p>	Update / Information	
		Discussion	X
		Decision	
Summary of main points:	<p>Integrated Care Boards (ICB) have a duty to prepare a Joint Forward Plan (JFP) – 2023/24 is the first year of this requirement. In future years the refresh of the plan will need to be done before the start of the financial year, however in this first year NHS England has specified that the date for publishing and sharing the final plan is 30th June 2023. It is therefore the expectation that the process for engagement on the draft plan will be undertaken from the 1st April 2023 to 30th June 2023.</p> <p>The ICB must engage with their stakeholders during this time including the Integrated Care Partnership, NHS England, Local Authorities, voluntary and community sector and local communities. ICBs must involve all relevant Health and Wellbeing Boards in preparing and revising the plan and this will include sharing a draft with each Board and consulting them on whether the Joint Forward Plan takes proper account of each relevant joint local health and wellbeing strategy. Each Health & Wellbeing Board will need to provide confirmation that this has happened.</p> <p>The Joint Forward Plan should be informed by existing strategies and plans at system, place and neighbourhood levels, as well as universal NHS commitments described in the NHS Long Term Plan and annual Priorities and Operational Planning Guidance. Universal NHS commitments for the first year of the Joint Forward Plan are set in the 2023/24 priorities and operational planning guidance.</p> <p>The draft Bexley Wellbeing Partnership 3 Year Plus Integrated Improvement Plan ‘actions’ are provided as a summary for the committee in the NHS SEL</p>		

	<p>ICB Joint Forward Plan, which encompasses and reflects the priorities as set out in the Bexley Joint Local Health & Wellbeing Strategy and partnerships vision.</p> <p>The draft Bexley Wellbeing Partnership 3 Year Plus Integrated Improvement Plan reflects the 4 Bexley key system priorities of Children & Young People, Frailty, Mental Health and Obesity, along with the SEL Integrated Care System 5 Year Forward View, the 2023/24 operating plan and the Fuller recommendations.</p> <p>This first draft will be further developed to include workstreams and key system actions, working with Public Health and specifically with Primary Care and our Local Care Networks. Subject to additional engagement with system partners the final plan will be submitted to the committee for formal approval in April/May 2023.</p>	
Potential Conflicts of Interest	There are no conflicts of interest.	
Other Engagement	Equality Impact	The stated mission of the South East London Integrated Care system is to help people in South East London to live the healthiest possible lives. The Bexley Wellbeing Partnership supports this through helping people to stay healthy and well, providing effective treatment when people become ill, caring for people throughout their lives, taking targeted action to reduce health inequalities, and supporting resilient, happy communities as well as the workforce that serves them.
	Financial Impact	There are no financial impacts.
	Public Engagement	Refresh to Joint Local Health and Wellbeing Strategy: Public Engagement Event – 23.11.2022 Roadmap to Health & Care in Bexley: Improving Access: Public Engagement Event – 08.12.2022
	Other Committee Discussion/ Engagement	Draft 3 Year Plus Integrated Improvement Plan – Summary & Actions: <ul style="list-style-type: none"> • Bexley Wellbeing Partnership Executive – 15.02.2023 • Bexley Wellbeing Partnership Committee – 23.02.2023 • Bexley Wellbeing Partnership Executive – 15.03.2023
Recommendation:	<p>The Bexley Wellbeing Partnership Committee is recommended:</p> <p>(i) Note the South East London Integrated Care Board’s approach, timelines and engagement programme for the Joint Forward Plan.</p> <p>(ii) Review and endorse the summary actions for the draft Bexley Wellbeing Partnership 3 Year Plus Integrated Plan as part of the South East London Integrated Care Board’s Joint Forward Plan.</p>	

Agenda Item: 7

Encl.: E

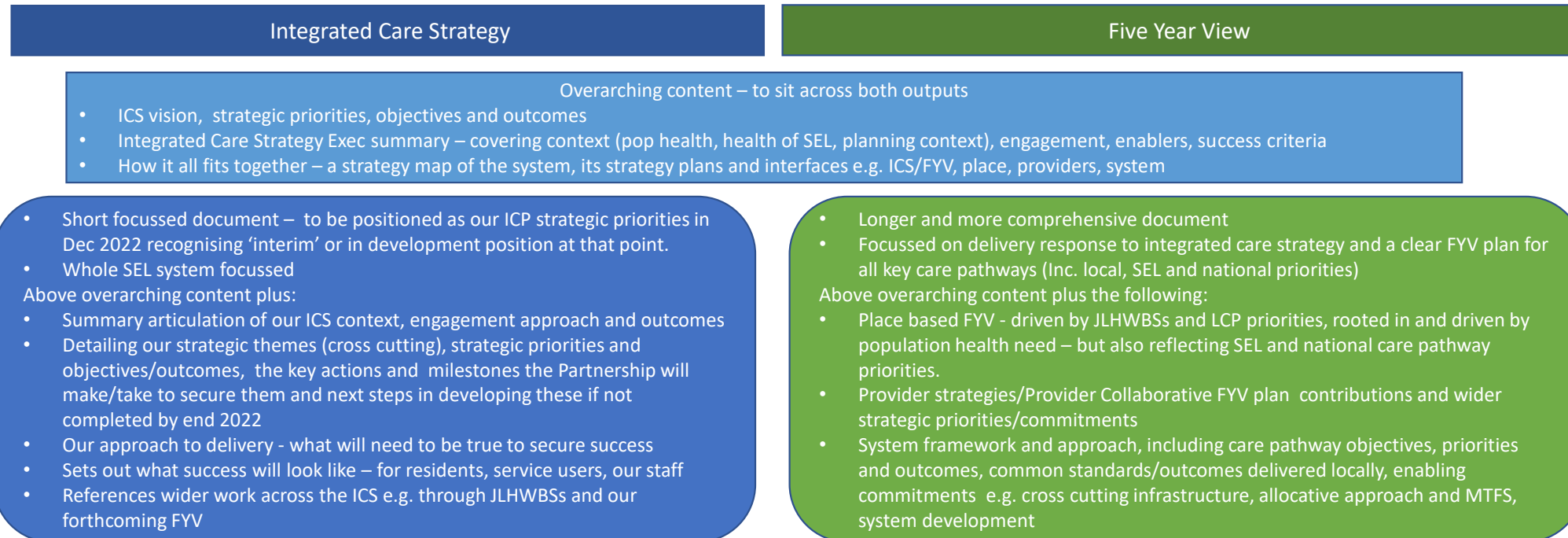
SEL Joint Five Year Forward Joint Plan Approach and content proposal

Bexley Wellbeing Partnership Committee

Thursday 23rd March 2023

Context and SEL approach

- The SEL Integrated Care Partnership is required to produce an initial strategy document by end Dec 2022, and the SEL Integrated Care Board is required to produce a draft Joint Forward Plan (JFP) by end March 2023.
- SEL has agreed an approach where these will be aligned documents, with a golden thread from the strategy to the plan and some common overarching content across vision, context, engagement and strategic priorities. The approach will avoid where possible duplication across the two but also use the opportunity of the two documents to ensure that the two form a comprehensive whole plan.
- It is important to note that the Joint Forward Plan has a broader remit and will need to cover expectations for a broader set of services than those covered in any detail within the integrated care strategy.



Expectations of the Joint Forward Plan

- The guidance specifies the following expectations:
 - JFP is aligned to partnership ambition (SEL interpretation - as set out in the integrated care strategy), it should build on existing local strategies and plans and reflect universal NHS commitments and should be delivery focused with specific objectives, trajectories and milestones. On the local strategies point Joint Local Health and Well Being Strategies are specifically called out.
 - JFP must show how the NHS will meet the physical and mental health needs of its population, including the delivery of NHS commitments (LTP, NHS priorities and planning guidance) and the four core purposes of ICSs.
 - A list of ICB statutory requirements that will need to be covered – noting this is an extensive and not very strategic list – with an expectation that the JFP describes the services the ICB proposes to make arrangements for in the exercise of its functions
 - The articulation of the engagement undertaken in the production of the JFP and clarity as to how feedback / views have been taken into account
 - The need for ICBs to secure comments and endorsement from LHWB Boards to the JFP
 - JFP to be updated annually
- SEL has developed a matrix approach to the content of the JFP document which has been shared with the SEL Strategy Steering Group. This proposes taking two “views” of the work the system will deliver over the next five years, aligned to the SEL system of systems
 - *System framework and approach*; recognising that for a number of key pathways, population groups and enabler functions we have system programmes of work in place to ensure a coordinated and comprehensive approach to address key challenges e.g. UEC and CYP. This section of our JFP will set out the key system objectives, priorities and outcomes in these areas, covering national planning priorities, Long Term Plan objectives and local priorities, cross referencing to the next two sections which will set out approach to delivery of agreed common standards / outcomes
 - *Place based perspective*; driven by JLHWBSs and LCP priorities, rooted in and driven by population health need – but also reflecting borough delivery work related to SEL and national care pathway / population group priorities

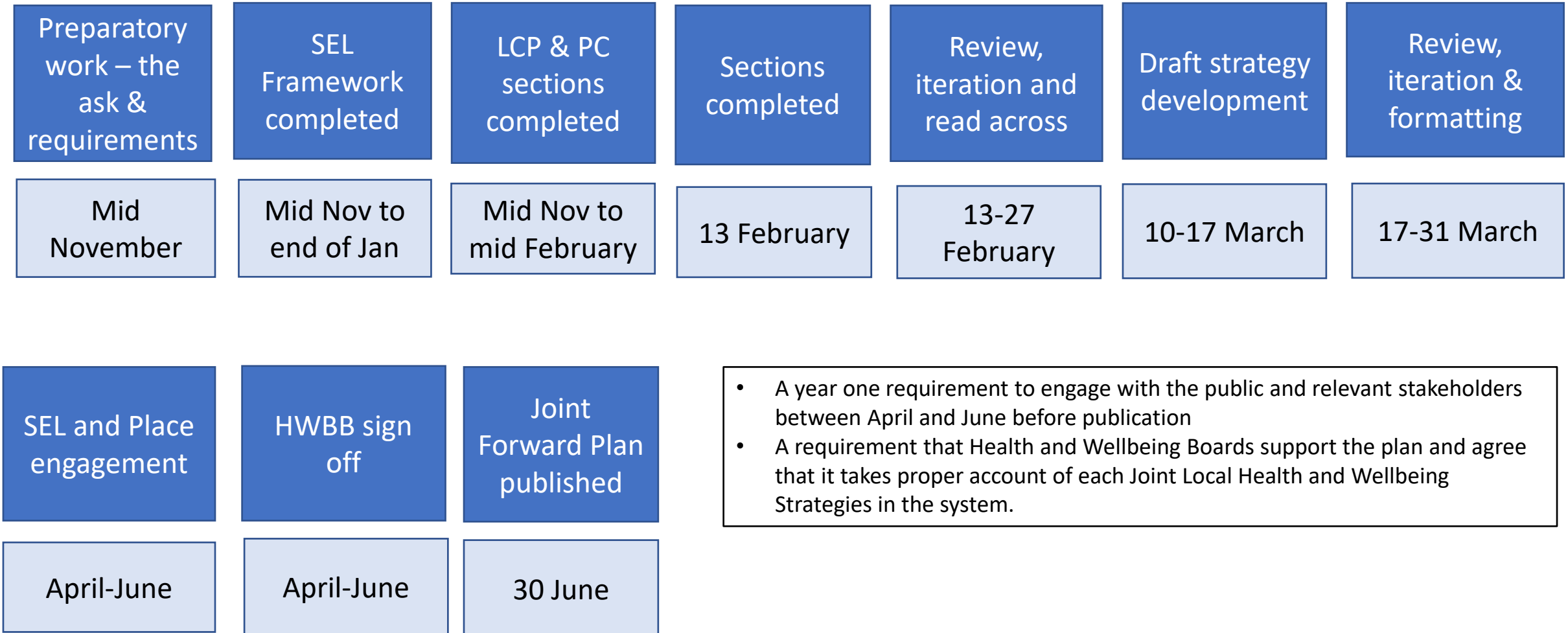
System framework and approach to key pathways and population groups

- System framework to cover “the what”, as articulated below, which will then be expanded on in borough/ provider sections to reflect local additionality and commitments around “the how”. Where pathways / population groups have been identified as priority areas from the ICP Strategy work, these priorities will be included alongside the broader FYV system priorities. The key care pathways that we plan to include as a designated area of focus within our FYV are:
 - **Urgent & Emergency Care**
 - **Mental Health**
 - **Children & Young People**
 - **Learning Disabilities and Autism**
 - **Planned Care**
 - **Maternity**
 - **Cancer**
 - **Primary care**
 - **community care**
 - **Prevention and wellbeing**
 - **End of life**
 - **Specialised services**
 - **Key enablers**
- System boards / programmes will be responsible for developing these sections and providing content on:
 - Context; current view of the world – strengths, weaknesses, challenges and opportunities
 - Strategic outcomes and priorities for change over the next five years – making explicit link to ICP strategy priorities where relevant and agreed cross cutting themes e.g. inequalities and covering both SEL and regional/national priorities
 - Strategic approach to delivering these changes (including reference to what needs to be delivered in which part of the system – i.e. the ask of boroughs and providers that can be incorporated into those sections)
 - Standards / outcomes / what will be different for our population in 5 years time
 - Enabler requirements - what needs to be true to ensure success, including a specific consideration of enabler requirements e.g., cross cutting infrastructure / estates / workforce / digital / finance (which will need to be addressed in our enabler plans), plus our Medium Term Financial Strategy

Borough view

- Local Care Partnership priorities for delivery drawing in:
 - Strategic outcomes and priorities based on local population need identified in Joint Local Health & Wellbeing Strategies
 - Local contribution to SEL and national priorities, as set out in the system approach and framework to key pathways and population groups
- Local Care Partnership focussed articulation of a JFP for each borough:
 - Context; summary of population and population health need in the borough, areas of strength and weakness in terms of current health outcomes and service offer
 - Strategic outcomes and priorities for change over the next five years
 - Approach to delivering on these priorities – including approaches to and commitments around fostering the opportunities around integrated care pathways, service delivery models across health and care
 - Outcomes / what will be different for the local population in 5 years time
 - Local work contributing to delivery of National and SEL priorities (responding to strategic approach set out in SEL approach and framework to provide local detail on delivery)
 - UEC, Mental Health, CYP, LD and Autism, Planned Care, Maternity, Cancer, Coronary Heart Disease Integrated primary and community care including LTCs, Prevention and wellbeing, End of life
 - Enabler requirements - what needs to be true in our enablers to ensure success; cross cutting infrastructure / estates / workforce / digital / finance – which can be incorporated into enabler sections

Timeline and governance



Current Position and next steps

- All boroughs and SEL programmes have completed their templates
- All submissions have been uploaded and are accessible to all teams
- The enabling functions have reviewed all plans and developed a summary of the collective asks from each of the boroughs and programmes
- The first draft of the plan will be produced by the 17th March 2023 – bringing together all of the submissions
- From the 1st April 2023 until the 29th June there 2023 will be a period of engagement both at borough and SEL level with stakeholders and the public
- Health and Wellbeing boards will be asked to submit a statement confirming they are happy with the content of the plan
- Publication of the plan 30th June 2023

Bexley Wellbeing Partnership

Our population

The London Borough of Bexley has a population of 244,247. Bexley is experiencing the twin challenges of an ageing population toward the south and a relatively younger, ethnically diverse and deprived population towards the north. Bexley ranks 190 of 326 local authorities for deprivation and is the 9th least deprived local authority in London. However, there is considerable variation within the borough; 1 in 7 people live within the 30% most deprived areas nationally and around 1 in 6 children and 1 in 9 older people in Bexley are affected by income deprivation.

Health outcomes for our population

Obesity: High levels of obesity, including higher rates of childhood obesity.

Mental Health & Wellbeing: High prevalence of mental health problems and Bexley adults have relatively low self-reported wellbeing compared to London.

Emergency Admissions: Emergency hospital admissions for young children and babies are significantly higher in Bexley compared to London.

Frailty: Up to half of Bexley's population of over 65 years of age is affected by frailty, rising to 65% in those over 90 years of age.

Life Expectancy: Healthy life expectancy at birth for males is significantly higher in Bexley than the London and England averages and healthy life expectancy at birth for females is in line with regional and national averages.

Health Improvement: Smoking – Less than 1 in 23 women smokers at time of delivery: less than a third of the number 10 years ago.

Cancer screening – For cervical cancer (50 to 64 years) Bexley performs above regional and England average and is third best in London.

Inequalities within our borough

Diversity: Bexley is expected to become more diverse and by 2045 Black, Asian and minority ethnic groups will account for an 30% of the population. Children from a Black minority ethnic background are significantly more likely to be overweight or obese. They are also two and half times more likely to live in the most deprived areas of Bexley, compared to children from a White ethnic background. **Borough**

Variation: There are stark inequalities in the north of the borough with approximately double the prevalence of reception age children identified as overweight and obesity compared to areas with the lowest prevalence.

What we've heard from the public

Develop and provide clear and simple messages on what and how to access the right services · Improve access to same day urgent care and the quality of primary care · Concerned about digital exclusion particularly for some of the most vulnerable communities · Impact of the cost of living · Provide services that are closer to where people live.

Our objectives and priority actions

Our key objectives – what we want to achieve over the next five years

We have three priority objectives for integrated improvement in Bexley: **1. Improving people’s health and wellbeing across the life journey; 2. Improving access to our health and care services; and 3. Addressing health and care inequalities.** Our aim is to support residents across their entire life course ‘start well, live well and age well’. Through our Joint Local Health & Wellbeing Being Strategy together with residents we have prioritised four key priority areas across the life course: Children and Young People, Frailty, Obesity and Mental Health. Cross cutting themes include focus on **personalisation, early prevention and population health.**

Our priority actions

- 1. START WELL – Giving Children & Young People the best possible start:** Prevention and early identification of physical and mental health conditions, improving access to mental health support, and reducing waiting times for Children and Adolescent Mental Health Services.
- 2. AGE WELL – Supporting Frail and older residents to age well:** Deliver on our 3 three commitments to our frail and older residents.
- 3. LIVE WELL – Transforming Community Mental Health Services:** Our community mental health transformation programme takes a wellness approach to care planning. There is no ‘wrong front door’ into services and movement between primary and secondary care should be seamless.
- 4. LIVE WELL – Tackling Obesity:** We intend to create a local environment that supports everyone to have a healthy weight, to halt the rise of excess weight among children and adults and create a downward trajectory by 2025.
- 5. ENABLERS – Neighbourhood Teams:** Bexley will deliver improvements to accessing health and care services and addressing health inequalities – through our joint neighbourhood teams located in **Local Care Networks.** Our 3 Local Care Networks, Clocktower, Frognaal and North Bexley will have a common core offer; and a local offer derived from our Local Care Networks Health and Care Profiles, system stakeholders, Primary Care Networks and our community voice. **Primary Care Networks:** Developing programmes to support our 4 Primary Care Networks as part of our established neighbourhood teams and deliver improved access to core services. **Community Activation:** We will co-design pathways with residents to help them understand how best to access health and care services. We will continue to build on and support our 518 Community Champions. We intend to place our team/s in the community to listen and engage with residents. We will support and develop Voluntary, Charity and Social Enterprise (VCSE) as partner providers of services.

Priority actions – Start Well

Giving Children & Young People the best possible start

Children and young people were disproportionately impacted by the pandemic. We want all children and young people in Bexley to have the best start in life and recognise the importance of those early years in laying the foundation for future physical and mental well-being. Post-pandemic period there has been a worrying increase in the number of serious safeguarding incidents involving babies and children and young people. A joint approach to strengthening universal and targeted 0-19 services and to hearing women's voices on maternity pathways with our three key maternity providers.

How we will secure delivery

Actions for 23/24

- Pilot Primary Care Networks Integrated Child Health Model
- Development of Single Point of Access for CAMHS
- Strengthen Local Care Partnership Standard Operating Procedure
- Work to prevent eating disorders and support Mental Health of LGBTQ+ C&YP through targeted work in schools
- Embed Maternity Voices Partnership to identify improvements to maternity care and continue projects through stop smoking in pregnancy steering group
- Support the health interface of Bexley school expansions into Shenstone secondary school

Actions for 24/25

- Roll out Primary Care Networks Integrated Child Health Model targeting long-term conditions
- Focus on infant feeding, creating an environment for breastfeeding
- Developing Perinatal mental health support services

Intended outcomes in 5 years time

- Reduce CAMHS wait-times in line with agreed 2023/24 target
- Improved support for Children & Young People (C&YP) with long-term conditions, both physical and mental health
- Reduction in hospital admissions for C&YP
- Fall in the numbers of woman smoking during and after pregnancy and of a healthy weight
- Better access to psychological therapies with specialist perinatal mental health services
- C&YP with special educational needs and disabilities (SEND) are identified early, reducing the need for escalation to more specialist services and are supported to access education in the borough
- C&YP are immunised against preventable diseases
- C&YP and their parents and carers, report feeling engaged in the process of assessing their needs and the criteria used to make decisions

Priority action – Age Well

Supporting frail and older residents to age well

Proportionally, Bexley has the **third-highest** age 65+ (41,000) population in London. There are an estimated **23,500** people in Bexley (50+) with **frailty**. Around **17,000 mild, 4,300 moderate, 1,800 severe**. Bexley has the **second highest** rate of emergency admissions for **falls** in London for people aged 65+. We will continue to closely evaluate our *Home First* approach to ensure that treatment and care is available in the right place at the right time and to ensure that people have timely access to reablement therapies to enable a return to an independent life.

How we will secure delivery

Actions for 23/24

- Embed *Home First* approach to hospital discharge
- Roll out year 2 of *Virtual Frailty Ward* including End of Life, rapid response services
- Review district nursing services to support housebound people and enable choice of place of death
- Develop 2 hour Urgent Care Response
- Evaluate dementia care home support multi-disciplinary team

Actions for 24/25

- Develop opportunities for extra care housing
- Review and develop falls prevention services
- Co-produce support for carers of frail older people and people with dementia through the Carers Partnership.
- Standardise identification of moderate and severe frailty across primary and secondary care

Intended outcomes in 5 years time

- Reablement outcomes continue to improve (as measured by Adult Social Care Outcomes Framework)
- Fewer hospital attendances and admissions
- Frail older people are safely discharged in a timely manner
- Reduction in falls for frail older people
- Better identification of people with moderate and severe frailty
- Increase in recording of advance care plans
- More people can die at home or in the community with multidisciplinary support
- Expansion in the range of housing options to support Bexley residents later in life
- Increased uptake in physical activity by people with dementia and, separately, by carers
- Carers report good access to support in the community, including to address their physical and mental health needs

Priority action – Live Well

Transforming Community Mental Health Services

Around 15,000 people in Bexley live in areas among the 20% most deprived in England, which is associated with at least a doubling of the risk of mental health problems. Prevalence of serious mental illness in Bexley is also associated with deprivation. People with serious mental illness in Bexley are more than 4 times more likely to die before the age of 75. Our community mental health services (CMHS) transformation plan takes a wellness approach to care planning. There is no ‘wrong front door’ into services – movement between primary and secondary care should be seamless. We will take a multidisciplinary approach to assessing needs and use brief interventions and social prescribing to facilitate access to mainstream resources and activities.

How we will secure delivery

Actions for 23/24

- Deliver year 3 of CMHS transformation plan
- Develop systems to screen residents using psychological community assets approach
- Mobilise neighbourhood hubs to encourage wider use of direct access services
- Refresh dementia diagnosis action plan and evaluate older people multidisciplinary approach to care home dementia support
- Progress mental health rehab relocation capital project

Actions for 24/25

- Expand neighbourhood hubs to enable to access timely personalised support to prevent a crisis
- Improved community out of hours crisis services
- Progress development of mental health rehab capital programme
- Improve housing options for people with mental health issues
- Expand care homes support for people with dementia

Intended outcomes in 5 years time

- Residents with acute mental health needs will be cared for as close to home as possible
- Residents who are clinically ready for discharge will be supported to appropriate housing solutions and community rehabilitation
- Community mental health services are embedded in Local Care Networks and providers work in partnership to intervene early and prevent escalation
- Dementia diagnosis and post diagnostic support is equally accessible to all our communities
- Residents and their carers are supported to live in the community for as long as possible
- People with severe mental illness will have personalised care planning to improve their physical health and normalise their life expectancy

Priority actions – Live Well

Tackling Obesity

Obesity is one of the biggest health challenges for Bexley and is a family issue. Children living with obesity are more likely to become adults living with obesity and thus increases the risk of obesity for their own children later in life. Close to two-thirds of adults are overweight, with more than a third of 10- and 11-year-olds being obese. Just under 1 in 4 (22.9%) children starting primary school are obese or overweight; Prevalence of obesity is significantly higher than in London and England, which is more apparent in the north of the Borough. 1 in 3 (38.5%) children leave primary school obese. Bexley 1 in 6 children who enter primary school not overweight leave primary school overweight.

How we will secure delivery

Actions for 23/24

- Review of the Bexley 5 Year Obesity Strategy and action plan in light of the COVID-19 Pandemic
- Develop programmes that support easy access to information, healthy food and creating a healthy food environment
- Develop a ‘Family approach’
- Target support at those that need it most and tailor support to meet different communities

Actions for 24/25

- Create a healthy physical activity environment – so it is easy to be physically active
- Develop communications and engagement programmes that makes a obesity a cause and a ‘call to action’
- Secure sustainable funding sources to support the development of interventions at Local Care Network level delivered by local communities

Intended outcomes in 5 years time

1. Reduction in the rate of excess weight in children and adults by a minimum of 2% over five years, with a stretch target of 5%
2. Ethnic minority children most at risk and their families are better supported and can access the right services
3. Increase in the number of ‘healthy places for all’ in Bexley
4. Increase in healthy environments at school, in workplaces and throughout Bexley
5. Healthy weight is promoted in all health and care settings
6. Improved access weight management services
7. Consistent and early identification in Primary Care

Priority actions – Live Well

Local Care Networks delivering preventative services and improving population health

Bexley Care was established in 2018 and is a consortia between the London Borough of Bexley Council and Oxleas NHS Foundation Trust. Joint integrated neighbourhood teams are delivering services that provide community, mental health and learning disability services, and adult social care – using a matrix approach. The integrated neighbourhood teams deliver services within the 3 established Local Care Networks geographies; Clocktower, Frognaal and North Bexley. Our priority action is for the Bexley Care integrated teams to develop and evolve as a neighbourhood ‘team of teams’, and include the 4 Primary Care Networks and other primary care providers, reflecting recommendations of the Fuller Stocktake.

How we will secure delivery

Actions for 23/24

- Development of the Bexley Local Care Network Operating Model
- Recruitment of Clinical/Care Professional Leads to partner with *Bexley Care* Local Care Network Associate Directors
- Local Care Network Asset Mapping to support understanding and identification of neighbourhood need and requirements
- Adopt a ‘Plan, Do, Study, Act’ approach in developing early interventions and services

Actions for 24/25

- Create a bank of evidence-based interventions that deliver better outcomes and reduce inequalities at neighbourhood level
- Develop an estates plan for Local Care Networks to enable the delivery and co-location of services closer to where people live
- Implement Year 2 of the Health Inequalities Programme for Local Care Networks
- Co-produce the community activation programme

Intended outcomes in 5 years time

- Bexley Local Care Network Population Health & Care Profiles are in place and accessible to all
- Primary Care Networks are integral to neighbourhood ‘teams of teams’ with pragmatic and long-term support established
- The Bexley Local Care Network Operating Model ensures standardised governance and infrastructure to support and empower neighbourhood teams
- Local Care Networks and neighbourhood teams develop interventions and services that support with long-term conditions, addressing inequalities and improve health outcomes for neighbourhoods
- Local residents, community leaders, VSCE and key stakeholders are activated to be engaged and involved in co-producing services and interventions in their neighbourhood

Bexley – Local Delivery

Bexley borough delivery of SEL pathway and population group priorities

The Bexley Wellbeing Partnership is developing its *3 Year Plus Integrated Improvement Plan*, which represents and reflects its commitment to the Bexley Joint Local Health & Wellbeing Strategy. Local health and care partners will agree a series of meaningful and sustainable ‘system’ actions that will support improving access and outcomes for residents in the priority areas; Ensuring *Children & Young People start well, Supporting our frail and older residents to age well, Tackling obesity and delivering our Community Mental Transformation Programme*. The partnership is committed to – within allocated resources, where there is local alignment and natural synergies and ‘at scale’ efficiencies to delivering the SEL pathway and population group priorities.

Example of local delivery – Prevention

Primary Care Network Practitioners will collaborate across primary and secondary care teams to increase uptake of annual health checks for people with **Severe Mental Illness**. This will be delivery through; improved information transfer and recording; and working with local health and care partners will develop referral pathways for further support e.g. healthy weight and drug and alcohol interventions.

Example of local delivery – Health Inequalities

The Bexley Wellbeing Partnership utilising its Health Inequalities Fund will be developing programmes at the 3 Local Care Networks geographies – using the Local Care Network Health & Care Profiles developed by the London Borough of Bexley. The **integrated neighbourhood teams**, VCSE and key stakeholders including social housing and community leaders will lead on development and delivery.

Example of local delivery – Urgent & Emergency Care

The Bexley Wellbeing Partnership is recommissioning local urgent care services located at **Queen Mary’s and Erith General & District Hospitals**, to support development of a; A **simplified integrated urgent care pathway** where patients are confident about where to go for treatment, offers **holistic**, consistent quality of care, are **financially sustainable** and continually evolve to **meet the changing urgent care** needs of Bexley.

Example of local delivery – Primary Care

The Bexley Wellbeing Partnership is commissioning a 3 year Personal Medical Services Premium for GP Practices, which will commence in 2023/24. It will support GP practices with improving take-up rates for; screening for **Bowel and Breast Cancers** – particularly for those with **learning disabilities**, immunisations and providing **personalised** and proactive care for the management of **long-term conditions**.

Enabler requirements

Workforce

Retention: Ensure staff, volunteers and unpaid carers feel valued and empowered to act to do what is right for the people they care for.

Recruitment: Create opportunities for personal development including working across the health, local government and VCSE sectors in neighbourhood teams.

System Working: Maximise the national Additional Roles & Responsibilities Scheme ensuring retention and defined career pathways, supported by wider system and of new model of workforce supports delivery of primary care services.

Estates

System Planning: Rationalisation of current Estate and ensure health and care premises are fit for purpose and in good condition. Increase integrated working where providers and services are co-located.

Securing Investment: Continue to progress optimisation programme across the borough and leveraging funding for new developments including the Community Diagnostic Centre and neighbourhood hubs.

Primary Care: Maximise funding opportunities to understand the clinical capacity required for Primary Care Networks to inform future investment and priority primary care estates projects to improve access.

Delegation: Primary care estates budget and decision making delegated to the partnership.

Digital

- Developing an integrated approach to **population health**/public health improvement.
- Mapping the different IT systems being used by different organisations and the need for **interoperability** – including hospital data in shared care records and population health data.
- Develop our **business intelligence** capabilities to aggregate a spectrum of demographic, health and care data.
- Create a data driven culture with ‘one version of the truth’ across the partnership, making evidence-based decisions.
- Creating shared dashboards for **shared outcomes** and joint activities/tasks for the partnership’s priorities and within the Local Care Networks.
- Accurate identification of individuals and cohorts across health and social care is needed to ensure success.

Finance

- Sustainable funding for the VCSE to deliver local programmes and initiatives.
- Development of a ‘**pooled budgets**’ partnership approach to support maximising the **Bexley £**. Consider funding shifts where Bexley are outliers across the local health and care system.

Bexley Wellbeing Partnership Committee

Thursday 23rd March 2023

Item: 8

Enclosure: G

Title:	Month 10 Finance Report
Author:	Julie Witherall, Associate Director of Finance (Bexley), NHS South East London Integrated Care Board
Executive Lead:	David Maloney, Director of Corporate Finance, NHS South East London Integrated Care Board

Purpose of paper:	This paper is to provide an update on the financial position of Bexley (Place) including progress against savings targets as well as the overall financial position of the ICB and the ICS as at Month 10 (January) 2022/23.	Update / Information	
		Discussion	x
		Decision	
Summary of main points:	<p>Bexley Position</p> <p>At month 10, Bexley is reporting a £45k overspend year to date, which is a positive movement in month of £89k. The main driver of this movement was a further in month deterioration of £234k in the prescribing position. This overall position is made up of underspends on Mental Health, Community, Acute, Other Primary Care and CHC which are offsetting the overspend on Prescribing. The majority of the underspend is non-recurrent and it is hoped that most of the prescribing Cat M and NCSO will be non-recurrent. The corporate underspend is due to the level of vacancies currently being carried with no backfill support.</p> <p>There has been some improvement in the community budgets this month due to some non-recurrent mitigations being identified and the underspends in Mental Health CPC and CHC have continued this month. The main area of overspend is prescribing where there has been another material increase in month which it is believed is due to the Strep A outbreak and the antibiotics becoming an out of stock item. As in previous months, the main drivers continue to be Cat M increases in costs and items being out of stock together with non-delivery of QIPP due to increased spend on self-care drugs due to the cost of living crisis. In month the QIPP delivery was an improvement on the previous month but still an additional cost pressure cumulatively. Work will continue in month to mitigate the overspend and will include targeted visits to practices with the highest levels of overspend, together with an increased focus on the delivery of the local prescribing incentive scheme to ensure all practices are participating.</p> <p>The Any Qualified Provider contract for hearing continues to over perform across SE London as a whole and in Bexley, this is currently being offset by other community underspends. The activity continues to be closely monitored to ensure it is correctly attributed and to establish if the activity is backlog related. This will need to be addressed as we move into next year.</p>		

Bexley is now predicting a year end overspend of £402k which is £25k less than predicted last month due to some increases in underspends in community which have been identified as non-recurrent mitigations. Budget holders continue to explore further mitigations to see if year-end breakeven can be achieved or at least the position improved.

In respect of savings, plans are in place for the savings targets. Generally, these schemes are largely on track except for prescribing which is currently underdelivering due to the self care project not delivering which is felt largely to be as a result of the cost of living crisis. The other prescribing schemes are delivering the required levels of QIPP. However, Bexley is not forecasting any net QIPP on prescribing schemes this financial year.

ICB Position – Refer Appendix 1

This report sets out the Month 10 financial position of the ICB. The ICB has a nine month reporting period in 2022/23 which reflects its establishment on 1 July 2022. The budget for the nine months is constructed from the CCG/ICB annual financial plan. As the CCG delivered a £1,047k surplus during its final three months, the ICB is able to overspend its allocation by this amount, so that across the whole year a financial position no worse than break-even is delivered.

The ICB financial allocation for the Month 4 to 12 period is £3,059,854k. Due to the carry-forward of the Q1 CCG position, the ICB is able to spend up to £3,060,901k. As at Month 10, the ICB is reporting a £7,500k surplus against its recurrent (BAU) allocation. The surplus is the result of the agreed release of earmarked reserves being held by the ICB. In total, the ICB will release reserves of £9,000k in-year and this will be the ICB's contribution to the delivery of the wider in-year ICS financial position. The intention is that this will be used to support provider financial positions at year-end.

The key risk within the ICB financial position relates to the prescribing budget, which is £6,472k overspent YTD. Prescribing data is received two months in arrears, so the latest information we have relates to November 2022. The YTD overspend is driven by both activity and price pressures. Activity (based upon the number of items prescribed) for the first 8 months of 2022/23 compared to the same period for last year, has increased by circa 3.3%. The ICB is also being impacted by increases in price driven by issues outside of its direct control – including the short supply of specific drugs and the price of Category M drugs which are nationally set. All ICBs are being similarly impacted, and we have ensured that NHSE has been made aware of this pressure. We estimate that the impact upon the prescribing position resulting from Category M price and stock shortages is £6,823k YTD – namely without these the prescribing budget would be in balance. If this trend continues into future months, the full year forecast overspend would be circa £9,271k before mitigations. This is set out in greater detail later in this report in section 5. A second area of overspend relates to Continuing Healthcare (£1,286k overspent YTD, primarily in Greenwich and Lambeth). SEL wide two boroughs (Bromley £1,038k and Greenwich £1,777k) are reporting material overspend positions at Month 10, for which recovery plans are being implemented.

In reporting this Month 10 position, the ICB has delivered the following financial duties:

- Delivering all targets under the Better Practice Payments code;

- Subject to the usual annual review, delivered its commitments under the Mental Health Investment Standard; and
- Delivered the month-end cash position, well within the target cash balance.

As at Month 10, and noting the risks outlined in this report, the ICB is forecasting a break-even position for the 2022/23 financial year.

ICS Position – Refer Appendix 2

I&E position

At month 10 the ICS is reporting a YTD deficit of (£53.9m); £51.1m adverse to plan (M9 was £56.3m adverse to plan).

4 out of 5 providers are reporting an adverse variance against plan YTD. The ICB is reporting a YTD underspend of £7.5m.

The system, and each organisation, is reporting a breakeven forecast: It is anticipated that the YTD underspend in the ICB will be utilised to support providers to deliver breakeven.

The main drivers to the position are under-delivery of planned efficiencies, higher than planned levels of expenditure due to COVID, unfunded inflation (including the full impact of the pay award), and the profiling of planned non-recurrent flexibilities.

The system has delivered £122.7m of efficiency YTD against a plan of £171.6m. Despite the adverse YTD position, the system is forecasting to broadly recover and deliver £200.9m of efficiencies (against a plan of £207.2m), with 39% of the forecast expected to be delivered non-recurrently.

The system has breached the agency expenditure limit for the year.

The main risks to the forecast are continued under-delivery against planned efficiencies, use of agency / bank and winter pressures.

Capital

Spend against the system capital resource limit (CRL) is £63.3m less than plan YTD. FOT is £4.6m less than the System Allocation, but it is anticipated that this will be fully committed as plans are implemented.

Potential Conflicts of Interest

None arising as a direct result of this paper.

Other Engagement

Equality Impact	None, all Bexley residents have the same levels of access to healthcare
Financial Impact	The borough is reporting a deficit of £45k at month 10, which is an improvement on the month 8 position despite the prescribing figure moving adversely again in month. The improvement is largely due to additional non recurrent measures being played in to mitigate the overspend, this does of course then mean that we are unable to invest in local priorities this financial year. If the trend in the prescribing spend continues which it is expected to do, then the borough is now forecasting an overspend at the year-end of £402k which is slightly better than last

month. The borough has been asked to deliver on the FOT of £427k as this has been submitted as part of the ICB position for year end and deviation from this would not be looked upon favourably as the whole system FOT needs to be landed. Therefore, work is continuing to identify any additional underspends elsewhere which could be utilised to offset the prescribing issue but there is very little available.

The ICB as a whole is reporting an underspend of £7,500k against its recurrent (BAU) allocation. The surplus is the result of the agreed release of earmarked reserves being held by the ICB. In total, the ICB will release reserves of £9,000k in-year and this will be the ICB's contribution to the delivery of the wider in-year ICS financial position. The intention is that this will be used to support provider financial positions at year-end.

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The ICS is reporting a year to date deficit of £53.9m which is £51.1m adverse to plan. The main drivers to the adverse position are under-delivery of planned efficiencies, higher than planned levels of COVID, unfunded inflation (including the full impact of pay awards) and the profiling of planned non recurrent

		flexibilities. 4 out of the 5 providers are reporting an adverse variance against plan year to date but all are reporting breakeven for forecast out-turn. The ICB is reporting an underspend of £7.5m which it is anticipated will be used to support the system to meet its financial targets.
	Public Engagement	Finance is reported to public borough based board meetings and also the position is reported by SE London ICB at the public Governing Body Meetings
	Other Committee Discussion/Engagement	The month 10 financial position is discussed at SE London level at the Planning and Delivery Group, locally, it has been discussed at Bexley SMT and the Local Care Partnership Executive.
Recommendation:	<p>The Bexley Wellbeing Partnership Committee is asked to:</p> <ul style="list-style-type: none"> (i) DISCUSS & NOTE the Month 10 (January 2023) financial position for NHS South East London ICS, NHS South East London ICB and Bexley Borough. (ii) NOTE the details of the 2022/23 allocations (programme and running costs) received and expenditure to date for both NHS South East London ICB and Bexley Borough. (iii) DISCUSS & NOTE the key risks identified for NHS South East London ICB and NHS South East London ICS and how they relate to Bexley Borough. (iv) NOTE the details of the savings requirements for NHS South East London ICB, NHS South East London ICS and Bexley Borough. 	

Bexley Wellbeing Partnership Committee

Financial Year 2022/23

Month 10 Finance Report – January 2022

Agenda Item: 8

Enclosure: G(i)

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1. Summary of Bexley Borough's Financial Position as at Month 10
2. Summary of Bexley Borough's Financial Position as at Month 10 re: Savings Targets
3. Summary of Bexley Borough's Financial Position as at Month 10 – Other Issues
4. Summary of Key Messages for NHS SE London ICB's Financial Position as at Month 10
5. Summary of NHS SE London ICB's Financial Position as at Month 10
6. Revenue Resource Limit as at Month 10
7. Summary of Key Messages for NHS SE London ICS's Financial Position as at Month 10
8. Summary of NHS SE London ICS's Financial Position as at Month 10

1. Summary of Bexley Borough's Financial Position as at Month 10

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	3,093	3,025	69	3,977	3,927	50
Community Health Services	10,511	10,351	160	13,514	13,464	50
Mental Health Services	6,095	5,971	124	7,837	7,686	150
Continuing Care Services	13,963	13,670	292	18,051	17,751	300
Prescribing	19,317	20,413	(1,096)	24,831	26,234	(1,403)
Other Primary Care Services	1,780	1,680	100	2,288	2,188	100
Other Programme Services	14	26	(13)	18	18	(0)
Delegated Primary Care Services	21,641	21,641	0	27,910	27,910	(0)
Corporate Budgets	2,063	1,744	318	2,652	2,302	350
Total	78,476	78,521	(45)	101,077	101,480	(402)

- At month 10, Bexley is reporting a £45k overspend year to date, which is a positive movement in month of £89k. The main driver of this movement was a further in month deterioration of £234k in the prescribing position. This overall position is made up of underspends on Mental Health, Community, Acute, Other Primary Care and CHC which are offsetting the overspend on Prescribing. The majority of the underspend is non-recurrent and it is hoped that most of the prescribing Cat M and NCSO will be non recurrent. The corporate underspend is due to the level of vacancies currently being carried with no backfill support.
- There has been some improvement in the community budgets this month due to some non recurrent mitigations being identified and the underspends in Mental Health CPC and CHC have continued this month. The main area of overspend is prescribing where there has been another material increase in month which it is believed is due to the Strep A outbreak and the antibiotics becoming an out of stock item. As in previous months, the main drivers continue to be Cat M increases in costs and items being out of stock together with non delivery of QIPP due to increased spend on self care drugs due to the cost of living crisis. In month the QIPP delivery was an improvement on the previous month but still an additional cost pressure cumulatively. Work will continue in month to mitigate the overspend and will include targeted visits to practices with the highest levels of overspend, together with an increased focus on the delivery of the local prescribing incentive scheme to ensure all practices are participating.
- The AQP contract for hearing continues to over perform across SE London as a whole and in Bexley, this is currently being offset by other community underspends. The activity continues to be closely monitored to ensure it is correctly attributed and to establish if the activity is backlog related. This will need to be addressed as we move into next year.
- Bexley is now predicting a year end overspend of £402k which is £25k less than predicted last month due to some increases in underspends in community which have been identified as non recurrent mitigations. Budget holders continue to explore further mitigations to see if year end breakeven can be achieved or at least the position improved.
- In respect of savings, plans are in place for the savings targets. Generally, these schemes are largely on track except for prescribing which is currently underdelivering due to the self care project not delivering which is felt largely to be as a result of the cost of living crisis. The other prescribing schemes are delivering the required levels of QIPP. However, Bexley is not forecasting any net QIPP on prescribing schemes this financial year.

2. Summary of Bexley Borough's Financial Position as at Month 10 re: Savings Targets

Bexley has a total recurrent savings target of £2,013k which includes the £399k of additional savings requested. Plans are in place for all of the savings targets and these are largely on track except for prescribing which is currently underdelivering and is overspending against budget per previous page. Given the prescribing issues with Cat M and NCSO pressures, it is unlikely that the QIPP will be delivered at the levels anticipated as much is predicated on the delivery of a self care QIPP which is proving difficult to deliver due to the cost of living crisis. All of the QIPP schemes are delivering except for the self care line and if that were to be excluded then savings of £204k could be reported. Again, like Cat M and NCSO, the medicines management team are doing everything they can but these issues are outside of their control. The QIPP plans and the incentive scheme will continue with the hope that things will improve into the new financial year. Overall, Bexley is £327k behind plan at month 10 and is forecasting non delivery of £432k of prescribing QIPP by the year end. Budget holder meetings have taken place to see if there are any further mitigations which can be offset against this for future months and where appropriate, these will be played into the financial position going forward.

SEL Boroughs	Target £'000	Year to Date plan £'000	Year to Date Delivery £'000	Year to Date Variance £'000	Year to Date Recurrent £'000	Year to Date Non Recurrent £'000	Forecast Delivery £'000	Forecast Variance £'000	Forecast Delivery Recurrent £'000	Forecast Delivery Non Recurrent £'000
Bexley	2,013	1,644	1,318	-327	1,217	101	1,581	-432	1,460	121
Bromley	3,841	3,133	2,838	-295	2,637	201	3,448	-393	3,207	241
Greenwich	2,891	2,386	1,834	-552	1,603	231	2,201	-690	1,924	277
Lambeth	2,555	2,096	1,946	-150	1,811	135	2,475	-80	2,340	135
Lewisham	2,623	2,078	2,047	-31	1,885	162	2,623	0	2,429	194
Southwark	1,963	1,614	1,433	-181	1,312	121	1,712	-251	1,574	138
SEL Central	13,419	11,183	11,183	0	6,568	4,615	13,419	0	7,881	5,538
Total	29,305	24,134	22,598	-1,536	17,032	5,566	27,453	-1,846	20,815	6,644

3. Summary of Bexley Borough's Financial Position as at Month 10 – Other Issues

Staffing Position

As at month 10, Bexley Borough has a number of vacancies against the borough based structure which are as follows;

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

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

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

These posts are not generally being fully backfilled and so there is additional pressure on the remaining staff to cover these roles to the best of their ability.

Balance Sheet / Financial Services Issues

In the 10 highest value debtors of the ICB, there are again no items which relate to Bexley which is positive. To assist providers with cash flow, all invoices are currently paid within 7 days of approval. The finance team in conjunction with budget holders are now actively working to clear all pre ICB invoices from the system which Bexley has achieved. Work has now started on clearing invoices which are dated between July and September 22, the number for Bexley to clear is 2 as at 1st March.

Governance Arrangements

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

Financial Management Arrangements

Month 10 budget holders meetings have taken place and the meetings for the remainder of the financial year have also been arranged. Work has also taken place with all budget holders on any budgets which can be used to offset our prescribing position in 2022/23 to ensure that the borough achieves breakeven. At present, the borough is predicting an overspend of circa £400k at the end of the year.

2023/24 Budget Setting

Budget setting guidance and draft borough budgets have been issued and budget setting meetings have been taking place. Initial budgets needs to be signed off by Place Executive Leads by 10th March and we are on track to do this. Bexley place has identified a number of cost pressures and service developments which will be prioritised by the Local Care Partnership Executive and funded within our financial envelope where possible. It will not be possible to fund the full list of items within our resources and so some items will have to remain on the list pending further opportunities being found in year, risks associated with taking this stance will be entered on the risk register.

4. Summary of Key Messages for NHS SE London ICB's Financial Position as at Month 10

- This report sets out the Month 10 financial position of the ICB. The ICB has a nine month reporting period in 2022/23 which reflects its establishment on 1 July 2022. The budget for the nine months is constructed from the CCG/ICB annual financial plan. As the CCG delivered a **£1,047k surplus** during its final three months, the ICB is able to overspend its allocation by this amount, so that across the whole year a financial position no worse than break-even is delivered.
- The ICB financial allocation for the Month 4 to 12 period is **£3,059,854k**. Due to the carry-forward of the Q1 CCG position, **the ICB is able to spend up to £3,060,901k**. As at Month 10, the ICB is reporting a **£7,500k surplus** against its recurrent (BAU) allocation. The surplus is the result of the agreed release of earmarked reserves being held by the ICB. In total, the ICB will release reserves of **£9,000k** in-year and this will be the ICB's contribution to the delivery of the wider in-year ICS financial position. The intention is that this will be used to support provider financial positions at year-end.
- The key risk within the ICB financial position relates to the **prescribing** budget, which is **£6,472k** overspent YTD. Prescribing data is received two months in arrears, so the latest information we have relates to November 2022. The YTD overspend is driven by both activity and price pressures. Activity (based upon the number of items prescribed) for the first 8 months of 2022/23 compared to the same period for last year, **has increased by circa 3.3%**. The ICB is also being impacted by increases in price driven by issues outside of its direct control – including the short supply of specific drugs and the price of Category M drugs which are nationally set. All ICBs are being similarly impacted, and we have ensured that NHSE has been made aware of this pressure. We estimate that the impact upon the prescribing position resulting from Category M price and stock shortages is **£6,823k** YTD – namely without these the prescribing budget would be in balance. If this trend continues into future months, the full year forecast overspend would be circa **£9,271k** before mitigations. This is set out in greater detail later in this report in section 5. A second area of overspend relates to Continuing Healthcare (**£1,286k overspent YTD, primarily in Greenwich and Lambeth**). SEL wide two boroughs (**Bromley £1,038k and Greenwich £1,777k**) are reporting material **overspend** positions at Month 10, for which recovery plans are being implemented.
- In reporting this Month 10 position, the ICB has delivered the following financial duties:
 - Delivering all targets under the **Better Practice Payments code**;
 - Subject to the usual annual review, delivered its commitments under the **Mental Health Investment Standard**; and
 - Delivered the **month-end cash position**, well within the target cash balance.
- As at Month 10, and noting the risks outlined in this report, the ICB is forecasting a **break-even** position for the 2022/23 financial year.

4. Summary of Key Messages for NHS SE London ICB's Financial Position as at Month 10

- The below table sets out the ICB's performance against its main financial duties on both a year to date and forecast basis. As highlighted above, the ICB is reporting a surplus of **£7,500k** as at Month 10. The surplus at Month 10, is after the agreed release of reserves held by the ICB, and the full year release (**£9,000k**) is the ICB's contribution to the wider ICS financial position.
- All other financial duties have been delivered for the year to Month 10 period.
- A break-even position is forecasted for the 2022/23 financial year.

Key Indicator Performance	Year to Date		Forecast	
	Target	Actual	Target	Actual
	£'000s	£'000s	£'000s	£'000s
Agreed Surplus	-	7,500	-	-
Expenditure not to exceed income	2,388,691	2,381,191	3,073,936	3,073,936
Operating Under Resource Revenue Limit	2,370,792	2,363,292	3,050,921	3,050,921
Not to exceed Running Cost Allowance	22,428	22,317	28,836	28,693
Month End Cash Position (expected to be below target)	7,550	509	8,500	-
Operating under Capital Resource Limit	n/a	n/a	n/a	n/a
95% of NHS creditor payments within 30 days	95.0%	100.0%	95.0%	100.0%
95% of non-NHS creditor payments within 30 days	95.0%	98.6%	95.0%	98.2%
Mental Health Investment Standard (Annual)	314,774	314,889	404,710	404,857

5. Summary of NHS SE London ICB's Financial Position as at Month 10

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCGs (Non Covid)
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Year to Date Budget								
Acute Services	3,093	3,818	14,331	913	1,143	573	1,290,242	1,314,113
Community Health Services	10,511	46,367	16,144	14,614	15,879	17,940	129,901	251,356
Mental Health Services	6,095	7,666	4,999	11,593	3,706	3,552	261,946	299,558
Continuing Care Services	13,963	14,167	15,155	17,523	11,890	11,406	-	84,104
Prescribing	19,317	26,397	19,046	22,156	22,410	18,344	1,472	129,143
Other Primary Care Services	1,780	1,828	1,640	1,952	964	652	14,016	22,832
Other Programme Services	14	21	26	199	193	200	40,421	41,074
Delegated Primary Care Services	21,641	31,671	27,709	42,924	32,270	34,220	2,136	192,570
Corporate Budgets	2,063	2,749	2,798	3,478	2,529	2,633	19,793	36,042
Total Year to Date Budget	78,476	134,684	101,848	115,354	90,982	89,521	1,759,927	2,370,792
	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCGs (Non Covid)
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Year to Date Actual								
Acute Services	3,025	3,801	14,430	494	987	554	1,290,446	1,313,737
Community Health Services	10,351	46,263	15,944	14,021	15,340	17,663	129,655	249,235
Mental Health Services	5,971	7,697	4,531	11,410	3,684	3,945	261,962	299,200
Continuing Care Services	13,670	13,782	16,404	18,425	12,142	10,966	-	85,390
Prescribing	20,413	28,280	20,381	22,884	23,279	18,832	1,545	135,614
Other Primary Care Services	1,680	1,828	1,666	1,952	905	637	14,512	23,180
Other Programme Services	26	43	9	247	89	281	30,501	31,197
Delegated Primary Care Services	21,641	31,671	27,709	42,924	32,270	34,220	2,136	192,570
Corporate Budgets	1,744	2,355	2,550	2,998	2,223	2,256	19,041	33,168
Total Year to Date Actual	78,521	135,721	103,625	115,355	90,918	89,355	1,749,797	2,363,292
	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCGs (Non Covid)
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Year to Date Variance								
Acute Services	69	16	(99)	420	155	19	(204)	376
Community Health Services	160	105	200	593	539	278	247	2,121
Mental Health Services	124	(31)	468	183	23	(393)	(16)	358
Continuing Care Services	292	385	(1,249)	(901)	(252)	439	-	(1,286)
Prescribing	(1,096)	(1,883)	(1,335)	(728)	(869)	(488)	(73)	(6,472)
Other Primary Care Services	100	(0)	(26)	0	59	15	(496)	(349)
Other Programme Services	(13)	(22)	18	(48)	104	(81)	9,920	9,877
Delegated Primary Care Services	-	-	(0)	-	-	-	-	(0)
Corporate Budgets	318	394	248	480	306	377	753	2,874
Total Year to Date Variance	(45)	(1,038)	(1,777)	(1)	64	166	10,130	7,500

- At Month 10, the ICB is reporting an overall a **£7,500k surplus** against its **22/23 BAU budgets**. Main financial risks for the delegated borough budgets relate to prescribing and continuing care.
- The ICB is reporting a **£6,472k overspend** against its **prescribing position**. This position is based upon M01-08 data and represents a like for like **deterioration of the position in-month** of £2,047k. Prescribing activity has increased by 3.3% compared to the same period in 2021/22. The underlying drivers relate to national issues including the availability of unbranded drugs (No Cheaper Stock available), the price of Cat M drugs, the growth of patients with long term conditions and cost of living pressures with a consequence of patients receiving over the counter drugs via FP10. This is set out in Section 5.
- Across the ICB's Acute, Community and Mental Health budgets, the YTD **underspend** is **£2,855k**. In-month there have been reductions in spend with Urgent Care Centres, community services with NHS and non-NHS Providers and mental health cost per case activity. This underspend is partially offsetting the overspend in prescribing highlighted above.
- The overall **continuing care** financial position is **£1,286k** overspent, although the underlying pressures are variable across the boroughs. Whilst boroughs have seen a slight increase in activity in year, this is being offset by lower than anticipated price pressures. An increase in the number of clients in Greenwich, Lambeth and Lewisham coupled with higher package prices are driving their adverse positions. Benchmarking of activity and price differentials for each borough is set out later in this report.
- The Other Primary Care services overspend of **£349k** relates to activity and price pressures within the Home Oxygen therapy budget.
- The underspend of **£2,874k** against corporate budgets, reflects vacancies in ICB staff establishments. This is a non-recurrent underspend.
- More detail regarding the individual borough (Place) financial positions is provided later in this report.

6. Revenue Resource Limit as at Month 10

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL ICB
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Annual Start Budget	125,212	215,006	162,769	187,409	146,255	144,257	2,922,170	3,903,078
CCG Final Budget	31,009	53,434	40,344	46,467	36,064	35,407	721,525	964,249
ICB Start Budget	94,203	161,573	122,426	140,942	110,191	108,850	2,200,645	2,938,829
M4 allocations	1,574	3,114	2,109	1,359	1,344	1,059	(6,341)	4,220
M1-3 Carry Forward (Allocated)							1,047	1,047
M4 Budget	95,777	164,687	124,535	142,301	111,535	109,909	2,195,351	2,944,096
M5 Internal Adjustments	708	765	762	959	838	801	(4,834)	-
M5 allocations	-	-	50	26	33	30	7,741	7,880
M5 Budget	96,485	165,452	125,347	143,287	112,406	110,740	2,198,259	2,951,976
M6 Internal Adjustments	1,462	2,301	1,766	478	656	517	(7,180)	-
M6 allocations	373	1,453	646	470	241	110	66,675	69,968
M6 Budget	98,320	169,206	127,759	144,234	113,304	111,367	2,257,754	3,021,944
M7 Internal Adjustments	1,510	2,054	1,769	2,485	1,953	2,050	(11,820)	-
M7 allocations	-	-	-	-	-	-	3,717	3,717
M7 Budget	99,830	171,260	129,527	146,719	115,256	113,417	2,249,651	3,025,661
M8 Internal Adjustments	-	294	13	93	41	20	(461)	-
M8 allocations	-	-	-	-	-	-	14,909	14,909
M8 Budget	99,830	171,554	129,540	146,812	115,297	113,437	2,264,099	3,040,570
M9 Internal Adjustments	477	641	581	758	667	676	(3,799)	-
M9 allocations	-	-	-	-	-	-	4,729	4,729
M9 Budget	100,307	172,194	130,121	147,570	115,964	114,113	2,265,028	3,045,299
<i>M10 Internal Adjustments</i>								
Delegated Primary Care (Locum)		61	39	5	89	22	(216)	-
Other	(53)	50		(190)		12	181	-
<i>M10 Allocations</i>								
Discharge Funding	566	793	679	899	765	751		4,453
Winter Capital GPIT & Access DES	256	256	256	256	256	256	483	2,022
NHS 111 Capacity funding							1,595	1,595
H1 Independent Sector ESRF							3,742	3,742
Pensions additional 6.3% contribution							1,585	1,585
DOAC rebates							505	505
Primary Care - N365 licences/Waterloo Health Centre							534	534
Prevention - Tobacco							217	217
Other Allocations			57	19	41	133	700	950
M10 Budget	101,076	173,355	131,152	148,559	117,116	115,287	2,274,355	3,060,901

- The table sets out the Revenue Resource Limit at Month 10. The allocation is consistent with the final 2022/23 Operating Plan and reflects confirmed additional national allocations for inflationary and localised cost pressures, together with further funding for ambulance services. In addition, the ICB also received Elective Recovery Funding (ERF) and System Development Funding (SDF). The final confirmed 2022/23 start allocation is **£3,903,078k** and the ICB's share of this allocation is **£2,938,829k**. This starting allocation has been adjusted as new allocations are received in-year.
- In month, the ICB has received an additional £15,603k of allocations, giving the ICB a total allocation of **£3,060,901k** at Month 10. An assessment will be made in-month in respect of forecasted spend against additional allocations. The ICB has received an allocation of **£8,933k** in respect of the brought forward surplus from the CCG. This is a technical adjustment, in that it is highly unlikely that the ICB will be able to drawdown against this funding.

7. Summary of Key Messages for NHS SE London ICS's Financial Position as at Month 10

I&E position

- At month 10 the ICS is reporting a YTD deficit of (£53.9m); £51.1m adverse to plan (M9 was £56.3m adverse to plan).
- 4 out of 5 providers are reporting an adverse variance against plan YTD. The ICB is reporting a YTD underspend of £7.5m.
- The system, and each organisation, is reporting a breakeven forecast: It is anticipated that the YTD underspend in the ICB will be utilised to support providers to deliver breakeven.
- The main drivers to the position are under-delivery of planned efficiencies, higher than planned levels of expenditure due to COVID, unfunded inflation (including the full impact of the pay award), and the profiling of planned non-recurrent flexibilities.
- The system has delivered £122.7m of efficiency YTD against a plan of £171.6m. Despite the adverse YTD position, the system is forecasting to broadly recover and deliver £200.9m of efficiencies (against a plan of £207.2m), with 39% of the forecast expected to be delivered non-recurrently.
- The system has breached the agency expenditure limit for the year.
- The main risks to the forecast are continued under-delivery against planned efficiencies, use of agency / bank and winter pressures.

Capital

- Spend against the system capital resource limit (CRL) is £63.3m less than plan YTD. FOT is £4.6m less than the System Allocation, but it is anticipated that this will be fully committed as plans are implemented.

8. Summary of NHS SE London ICS's Financial Position as at Month 10

- At month 10 the ICS is reporting a **YTD deficit of (£53.9m)**, £51.1m adverse to plan.
- Providers have **assumed full receipt of ESRF income** in positions. Assurance has been received that there will be no ESRF clawback for H1. NHSE is expected to clarify the position for H2.
- The **main drivers to the adverse YTD position are the under-delivery of efficiencies**, the impact of **higher than planned levels of COVID patients** and **unfunded inflation**.
- Despite being behind plan at month 10, **organisations are forecasting to deliver a breakeven outcome**.

	M10 Year-to-date		
	Plan	Actual	Variance
	£m	£m	£m
GSTT	(£3.5)	(£16.8)	(£13.3)
KCH	(£0.0)	(£38.4)	(£38.4)
LGT	£0.1	(£6.2)	(£6.2)
Oxleas	£0.0	£3.0	£3.0
SLaM	£0.6	(£3.1)	(£3.7)
SEL Providers	(£2.8)	(£61.4)	(£58.6)
SEL ICB	£0.0	£7.5	£7.5
SEL ICS total	(£2.8)	(£53.9)	(£51.1)

	M10 Year-to-date			Commentary	2022/23 Out-turn			
	Plan	Actual	Variance		Plan	Forecast	Variance	Turnover
	£m	£m	£m		£m	£m	£m	£m
GSTT	(3.5)	(16.8)	(13.3)	The in-month position shows an improvement in the Trust's financial position compared with prior months	0.0	0.0	0.0	£2,604.0
KCH	(0.0)	(38.4)	(38.4)	YTD deficit driven by CIP non-achievement and unplanned COVID; unmitigated risk to FOT of £35m	(0.0)	(0.0)	(0.0)	£1,621.3
LGT	0.1	(6.2)	(6.2)	YTD deficit driven by efficiency under-delivery and escalation costs	0.1	0.1	0.0	£739.6
Oxleas	0.0	3.0	3.0	Forecasting to break-even. Concerns remain about rising agency spend related to new contracts	(0.0)	0.0	0.0	£426.7
SLaM	0.6	(3.1)	(3.7)	Several risks to FOT have been identified, including staffing/agency pressures, private beds, and CIPs	0.0	0.0	0.0	£564.0
SEL Providers	(2.8)	(61.4)	(58.6)		0.1	0.1	0.0	£5,955.6
SEL ICB	£0.0	£7.5	£7.5	The ICB is reporting a YTD underspend of £7.5m but forecasting breakeven as anticipating any underspend (FYE of £9.0m) will be utilised to support SEL providers.	£0.0	(£0.0)	(£0.0)	£2,371.8
SEL ICS total	(£2.8)	(£53.9)	(£51.1)		£0.1	£0.1	(£0.0)	£8,327.4

SEL ICB Finance Report

Month 10 2022/23

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4. Lambeth Place Position
5. Lewisham Place Position
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1. Executive Summary

- This report sets out the Month 10 financial position of the ICB. The ICB has a nine month reporting period in 2022/23 which reflects its establishment on 1 July 2022. The budget for the nine months is constructed from the CCG/ICB annual financial plan. As the CCG delivered a **£1,047k surplus** during its final three months, the ICB is able to overspend its allocation by this amount, so that across the whole year a financial position no worse than break-even is delivered.
- The ICB financial allocation for the Month 4 to 12 period is **£3,059,854k**. Due to the carry-forward of the Q1 CCG position, **the ICB is able to spend up to £3,060,901k**. As at Month 10, the ICB is reporting a **£7,500k surplus** against its recurrent (BAU) allocation. The surplus is the result of the agreed release of earmarked reserves being held by the ICB. In total, the ICB will release reserves of **£9,000k** in-year and this will be the ICB's contribution to the delivery of the wider in-year ICS financial position. The intention is that this will be used to support provider financial positions at year-end.
- The key risk within the ICB financial position relates to the **prescribing** budget, which is **£6,472k** overspent YTD. Prescribing data is received two months in arrears, so the latest information we have relates to November 2022. The YTD overspend is driven by both activity and price pressures. Activity (based upon the number of items prescribed) for the first 8 months of 2022/23 compared to the same period for last year, **has increased by circa 3.3%**. The ICB is also being impacted by increases in price driven by issues outside of its direct control – including the short supply of specific drugs and the price of Category M drugs which are nationally set. All ICBs are being similarly impacted, and we have ensured that NHSE has been made aware of this pressure. We estimate that the impact upon the prescribing position resulting from Category M price and stock shortages is **£6,823k** YTD – namely without these the prescribing budget would be in balance. If this trend continues into future months, the full year forecast overspend would be circa **£9,271k** before mitigations. This is set out in greater detail later in this report in section 5. A second area of overspend relates to Continuing Healthcare (**£1,286k overspent YTD, primarily in Greenwich and Lambeth**). SEL wide two boroughs (**Bromley £1,038k and Greenwich £1,777k**) are reporting material **overspend** positions at Month 10, for which recovery plans are being implemented.
- In reporting this Month 10 position, the ICB has delivered the following financial duties:
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 - 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 10, and noting the risks outlined in this report, the ICB is forecasting a **break-even** position for the 2022/23 financial year.

2. Revenue Resource Limit

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL ICB
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
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ICB Start Budget	94,203	161,573	122,426	140,942	110,191	108,850	2,200,645	2,938,829
M4 allocations	1,574	3,114	2,109	1,359	1,344	1,059	(6,341)	4,220
M1-3 Carry Forward (Allocated)							1,047	1,047
M4 Budget	95,777	164,687	124,535	142,301	111,535	109,909	2,195,351	2,944,096
M5 Internal Adjustments	708	765	762	959	838	801	(4,834)	-
M5 allocations	-	-	50	26	33	30	7,741	7,880
M5 Budget	96,485	165,452	125,347	143,287	112,406	110,740	2,198,259	2,951,976
M6 Internal Adjustments	1,462	2,301	1,766	478	656	517	(7,180)	-
M6 allocations	373	1,453	646	470	241	110	66,675	69,968
M6 Budget	98,320	169,206	127,759	144,234	113,304	111,367	2,257,754	3,021,944
M7 Internal Adjustments	1,510	2,054	1,769	2,485	1,953	2,050	(11,820)	-
M7 allocations	-	-	-	-	-	-	3,717	3,717
M7 Budget	99,830	171,260	129,527	146,719	115,256	113,417	2,249,651	3,025,661
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3. Key Financial Indicators

- The below table sets out the ICB’s performance against its main financial duties on both a year to date and forecast basis. As highlighted above, the ICB is reporting a surplus of **£7,500k** as at Month 10. The surplus at Month 10, is after the agreed release of reserves held by the ICB, and the full year release (**£9,000k**) is the ICB’s contribution to the wider ICS financial position.
- All other financial duties have been delivered for the year to Month 10 period.
- A break-even position is forecasted for the 2022/23 financial year.

Key Indicator Performance	Year to Date		Forecast	
	Target	Actual	Target	Actual
	£'000s	£'000s	£'000s	£'000s
Agreed Surplus	-	7,500	-	-
Expenditure not to exceed income	2,388,691	2,381,191	3,073,936	3,073,936
Operating Under Resource Revenue Limit	2,370,792	2,363,292	3,050,921	3,050,921
Not to exceed Running Cost Allowance	22,428	22,317	28,836	28,693
Month End Cash Position (expected to be below target)	7,550	509	8,500	-
Operating under Capital Resource Limit	n/a	n/a	n/a	n/a
95% of NHS creditor payments within 30 days	95.0%	100.0%	95.0%	100.0%
95% of non-NHS creditor payments within 30 days	95.0%	98.6%	95.0%	98.2%
Mental Health Investment Standard (Annual)	314,774	314,889	404,710	404,857

4. Budget Overview

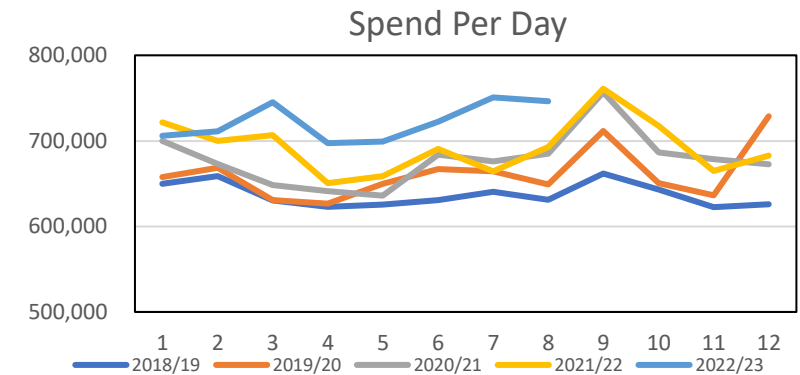
	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCGs (Non Covid)
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Year to Date Budget								
Acute Services	3,093	3,818	14,331	913	1,143	573	1,290,242	1,314,113
Community Health Services	10,511	46,367	16,144	14,614	15,879	17,940	129,901	251,356
Mental Health Services	6,095	7,666	4,999	11,593	3,706	3,552	261,946	299,558
Continuing Care Services	13,963	14,167	15,155	17,523	11,890	11,406	-	84,104
Prescribing	19,317	26,397	19,046	22,156	22,410	18,344	1,472	129,143
Other Primary Care Services	1,780	1,828	1,640	1,952	964	652	14,016	22,832
Other Programme Services	14	21	26	199	193	200	40,421	41,074
Delegated Primary Care Services	21,641	31,671	27,709	42,924	32,270	34,220	2,136	192,570
Corporate Budgets	2,063	2,749	2,798	3,478	2,529	2,633	19,793	36,042
Total Year to Date Budget	78,476	134,684	101,848	115,354	90,982	89,521	1,759,927	2,370,792
Year to Date Actual								
Acute Services	3,025	3,801	14,430	494	987	554	1,290,446	1,313,737
Community Health Services	10,351	46,263	15,944	14,021	15,340	17,663	129,655	249,235
Mental Health Services	5,971	7,697	4,531	11,410	3,684	3,945	261,962	299,200
Continuing Care Services	13,670	13,782	16,404	18,425	12,142	10,966	-	85,390
Prescribing	20,413	28,280	20,381	22,884	23,279	18,832	1,545	135,614
Other Primary Care Services	1,680	1,828	1,666	1,952	905	637	14,512	23,180
Other Programme Services	26	43	9	247	89	281	30,501	31,197
Delegated Primary Care Services	21,641	31,671	27,709	42,924	32,270	34,220	2,136	192,570
Corporate Budgets	1,744	2,355	2,550	2,998	2,223	2,256	19,041	33,168
Total Year to Date Actual	78,521	135,721	103,625	115,355	90,918	89,355	1,749,797	2,363,292
Year to Date Variance								
Acute Services	69	16	(99)	420	155	19	(204)	376
Community Health Services	160	105	200	593	539	278	247	2,121
Mental Health Services	124	(31)	468	183	23	(393)	(16)	358
Continuing Care Services	292	385	(1,249)	(901)	(252)	439	-	(1,286)
Prescribing	(1,096)	(1,883)	(1,335)	(728)	(869)	(488)	(73)	(6,472)
Other Primary Care Services	100	(0)	(26)	0	59	15	(496)	(349)
Other Programme Services	(13)	(22)	18	(48)	104	(81)	9,920	9,877
Delegated Primary Care Services	-	-	(0)	-	-	-	-	(0)
Corporate Budgets	318	394	248	480	306	377	753	2,874
Total Year to Date Variance	(45)	(1,038)	(1,777)	(1)	64	166	10,130	7,500

- At Month 10, the ICB is reporting an overall a **£7,500k surplus** against its **22/23 BAU budgets**. Main financial risks for the delegated borough budgets relate to prescribing and continuing care.
- The ICB is reporting a **£6,472k overspend** against its **prescribing position**. This position is based upon M01-08 data and represents a like for like **deterioration of the position in-month** of £2,047k. Prescribing activity has increased by 3.3% compared to the same period in 2021/22. The underlying drivers relate to national issues including the availability of unbranded drugs (No Cheaper Stock available), the price of Cat M drugs, the growth of patients with long term conditions and cost of living pressures with a consequence of patients receiving over the counter drugs via FP10. This is set out in Section 5.
- Across the ICB's Acute, Community and Mental Health budgets, the YTD **underspend** is **£2,855k**. In-month there have been reductions in spend with Urgent Care Centres, community services with NHS and non-NHS Providers and mental health cost per case activity. This underspend is partially offsetting the overspend in prescribing highlighted above.
- The overall **continuing care** financial position is **£1,286k** overspent, although the underlying pressures are variable across the boroughs. Whilst boroughs have seen a slight increase in activity in year, this is being offset by lower than anticipated price pressures. An increase in the number of clients in Greenwich, Lambeth and Lewisham coupled with higher package prices are driving their adverse positions. Benchmarking of activity and price differentials for each borough is set out later in this report.
- The Other Primary Care services overspend of **£349k** relates to activity and price pressures within the Home Oxygen therapy budget.
- The underspend of **£2,874k** against corporate budgets, reflects vacancies in ICB staff establishments. This is a non-recurrent underspend.
- More detail regarding the individual borough (Place) financial positions is provided later in this report.

5. Prescribing – Analysis of Activity Growth

- The prescribing budget currently represents the largest financial risk facing the ICB. The Month 10 prescribing position is based upon M01-08 data as the information is provided two months in arrears. Based on the latest available data, the ICB is showing a **£6,472k overspend** year to date (YTD). When a comparison is made using 2022/23 activity to the same period for last financial year, there has been an **increase in items of around 3.3%**. On a borough basis, the increase range from Southwark (2.2%) to Bexley (4.8%). This is set out in the table below:

Items Prescribed	South East London		Bexley		Bromley		Greenwich		Lambeth		Lewisham		Southwark	
	2021/22	2022/23	2021/22	2022/23	2021/22	2022/23	2021/22	2022/23	2021/22	2022/23	2021/22	2022/23	2021/22	2022/23
April	81,269	82,558	12,829	13,428	13,875	14,257	12,522	12,885	16,987	16,748	11,396	11,716	13,655	13,523
May	78,660	82,488	12,211	13,077	13,588	14,197	12,202	12,773	16,064	16,987	11,326	11,966	13,266	13,486
June	78,757	85,007	12,456	13,876	13,546	14,681	12,458	13,114	15,902	17,340	11,326	12,038	13,067	13,954
July	74,153	78,104	11,883	12,481	12,742	13,379	11,569	12,159	15,147	16,055	10,569	10,885	12,242	13,143
August	75,862	78,131	12,167	12,726	12,943	13,499	11,989	11,931	15,586	15,942	10,774	11,071	12,402	12,961
September	78,128	78,425	12,736	12,522	13,377	13,741	11,862	12,389	16,097	15,780	11,151	11,028	12,903	12,963
October	77,572	81,568	12,703	13,561	13,883	14,403	11,880	12,568	15,659	16,526	10,799	11,467	12,647	13,037
November	79,855	81,572	12,873	13,588	14,021	14,297	12,078	12,449	16,371	16,824	11,556	11,508	12,954	12,896
December	86,720	-	14,383	-	15,281	-	13,320	-	17,350	-	12,483	-	13,901	-
January	84,291	-	13,212	-	14,616	-	13,411	-	17,282	-	11,912	-	13,857	-
February	77,645	-	12,554	-	13,099	-	12,187	-	15,778	-	11,196	-	12,829	-
March	78,664	-	12,442	-	13,660	-	12,163	-	16,019	-	11,399	-	12,981	-
Average	79,298	80,982	12,704	13,157	13,719	14,057	12,303	12,533	16,187	16,525	11,324	11,460	13,059	13,245
YTD Average Comparison	78,032	80,982	12,482	13,157	13,497	14,057	12,070	12,533	15,977	16,525	11,112	11,460	12,892	13,245



- If this increase in activity and high acuity continues, then the full year forecast impact would be circa **£9,271k**, before mitigations. The table to the right is showing the borough level impact. This is **£1,363k** higher compared to last month's forecast as a result of increased spend on NCSO and Cat-M drugs. This is a national cost pressure and the underlying drivers of the increase are set out in the following slide.
- The differential position per borough is largely determined by local demographics and prescribing patterns. One of the areas being investigated is a drug for osteoporosis which is in short supply and therefore seeing a large increase in price. This is impacting upon boroughs where there is an older demographic, including Bromley.

Borough	Budget £000	FOT £000	FOT Variance - (over)/under £000
BEXLEY	24,621,995	26,151,147	(1,529,152)
BROMLEY	33,645,508	36,422,283	(2,776,775)
GREENWICH	24,144,054	25,982,910	(1,838,856)
LAMBETH	28,540,306	29,560,003	(1,019,697)
LEWISHAM	27,822,713	29,391,879	(1,569,166)
SOUTHWARK	23,472,795	24,010,033	(537,238)
SOUTH EAST LONDON	0	(0)	0
Total	162,247,371	171,518,255	(9,270,884)

5. Prescribing – Key Drivers of Growth and Mitigations

- The primary care prescribing budget across SEL is seeing unexpected activity pressures in a number of areas and predominantly in NCSO (No Cheaper Stock available) and Cat-M. The latter consists of a group of drugs for which prices are managed and controlled by central government. These have a direct impact on branded product usage, availability and consequently on NCSO. The local system has no control over the aforementioned.
- There are also areas of significant growth in long term conditions driven by the need to optimise medicines in patients (as per NICE guidance) as they are now being reviewed post Covid. This is especially in diabetes and CVD.
- The total Prescribing overspend is **£6,472k YTD**. The table below shows that, **£6,823k** is the impact of national pressures on Cat-M and NCSO drugs, **£5,527k** above budget. As a consequence, the prescribing QIPP is forecasting annual under-delivery of **£1,650k**.
- The second table below shows the change in expenditure for the top 10 drugs impacted by Cat-M and NCSO. For these drugs, the increase in expenditure in 22/23 over the same period for 21/22 is **£4,342k**.

2022/23 M10 YTD Cat-M & NCSO spend

Borough	M10 YTD Budget £	M10 YTD Actuals £	M10 Variance £
BEXLEY	186,275	1,105,045	(918,769)
BROMLEY	274,542	1,451,136	(1,176,594)
GREENWICH	185,548	1,117,900	(932,352)
LAMBETH	223,650	1,105,713	(882,063)
LEWISHAM	228,240	1,097,745	(869,505)
SOUTHWARK	198,183	945,820	(747,637)
Total	1,296,438	6,823,358	(5,526,920)

Impact of Cat-M and NCSO by BNF Paragraph (July to January)

BNF Paragraph	Difference between YTD 21/22 vs YTD 22/23 £
Antihistamines	801,841
Bisphosphonates and other drugs	702,794
Antipsychotic drugs	697,107
Proton pump inhibitors	600,928
Penicillins	386,008
Selective serotonin re-uptake inhibitors	358,395
Mucolytics	225,637
Aminosalicylates	209,309
Other antidepressant drugs	191,609
Male sex hormones and antagonists	168,313
Total	4,341,940

6. NHS Continuing Healthcare - Overview

Overview:

- The underlying financial position of the Continuing Care (CHC) budgets has been materially impacted by the pandemic, both in terms of patient numbers (due to the impact of initiatives such as the Hospital Discharge programme) together with the cost of packages as a result of the impact of the pandemic on wider price inflation.
- To mitigate these risks, 2022/23 budgets were built off an agreed patient activity baseline for each borough. Adjustments were then made to fund the impact of expected price inflation (3.05% at the time of the budget setting) and activity growth (1.80%).
- The overall CHC financial position at Month 10 is an overspend of **£1,286k**, although underlying financial and activity pressures are variable across the individual boroughs. The pressures are primarily in Greenwich (**£1,249k**) and Lambeth (**£901k**). Both the Greenwich and Lambeth teams are continuing to implement their local recovery plans. The Lambeth team is making progress in most elements of their recovery plan and aim to increase the pace further over February and March 2023. The Lambeth CHC team is also working on improving business as usual activities including arranging new training on Broadcare. The Greenwich forecast as at Month 10 assumes a breakeven run-rate position for the Q4 period to align with the embedding of workstreams within the financial recovery plan, with the initial benefits being noted within PHB clients.
- Generally, boroughs are experiencing some increase in activity in year, although this currently being offset by lower than anticipated price pressures. However, with price negotiations on-going with providers there is a risk that costs will increase in Q4. As part of the overall 2022/23 NHS funding settlement, the ICB received additional recurrent funding of £1,800k to offset anticipated price increases for CHC care packages. The allocation of this funding to each Borough has now been completed.
- The result of analysis of CHC expenditure across the Boroughs on a price and activity basis is set out on the following slide.

6. NHS Continuing Healthcare – Benchmarking

	Bexley		Bromley		Greenwich		Lambeth		Lewisham		Southwark	
	No Of Clients	Average Price £	No Of Clients	Average Price £	No Of Clients	Average Price £	No Of Clients	Average Price £	No Of Clients	Average Price £	No Of Clients	Average Price £
Budget	587	3,334	741	2,613	481	4,391	469	5,342	388	4,277	356	4,538
Month 2	650	2,912	723	2,522	461	4,879	377	6,875	422	3,824	340	4,517
Month 3	501	3,783	826	2,432	405	8,348	348	7,080	458	3,627	381	3,406
Month 4	600	3,153	865	2,122	498	4,331	590	4,525	449	3,739	406	3,760
Month 5	805	2,380	919	1,980	521	4,417	617	4,516	427	3,976	421	3,618
Month 6	689	2,756	954	1,903	527	4,315	577	4,732	448	3,770	446	3,392
Month 7	755	2,550	999	1,794	556	4,792	585	4,684	465	3,607	490	3,087
Month 8	817	2,360	1055	1,732	585	4,476	628	4,266	481	3,523	527	2,897
Month 9	862	2,252	1105	1,665	607	3,957	742	3,696	522	3,296	553	2,715
Month 10	932	2,091	1162	1,603	665	3,684	759	3,561	532	3,271	590	2,540

	Active Number of clients cost > £1,500/WK @ the end of this period					
	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark
	No Of Clients	No Of Clients	No Of Clients	No Of Clients	No Of Clients	No Of Clients
Month 4	64	49	81	123	71	62
Month 5	59	47	77	129	73	65
Month 6	65	49	76	132	75	64
Month 7	64	47	80	137	71	62
Month 8	69	53	85	139	77	66
Month 9	71	59	87	142	78	68
Month 10	69	62	92	146	78	71

- The tables set out monthly numbers of CHC clients and the average price of care packages. The first table also includes both the activity baseline and average care package price upon which the 2022/23 budgets were set. The second table shows the number of care packages > £1,500 per week per borough for year to Month 10.
- In month there was a small overall increase (13) in number of clients whose packages cost more than £1,500 per week. The table shows that whilst Bromley has the highest number of clients (which is in line with its demographic profile), the Lambeth and Greenwich average prices are higher than any other borough. The number of client costs > £1,500 a week emphasises this. Therefore, it is price rather than activity increases which is driving the Lambeth and Greenwich positions.
- Lambeth has high levels of cases of individuals with complex and multiple needs cases, this is resulting in high-cost specialist care packages. There are also ongoing challenges in recruiting to vacancies in the CHC team.
- For Lambeth, the increase in number of clients relates to FNC packages identified as part of the ongoing reconciliation on Broadcare, hence a reduction in the average price per client. A similar position for Greenwich whereupon new FNC clients at a fixed national rate of £209/week has driven down the average care package costs.

7. Provider Position

Overview:

- This is the most material area of ICB spend, and relates to contractual expenditure with NHS and Non NHS acute, community and mental health providers.
- In year, the ICB is forecasting to spend circa **£2,893,3795k** of its total allocation on NHS block contracts, with payments to our local providers as follows:
 - Guys and St Thomas **£696,578k**
 - Kings College Hospital **£749,370k**
 - Lewisham and Greenwich **£592,185k**
 - South London and the Maudsley **£277,814k**
 - Oxleas **£212,555k**
- In month, the ICB position is showing an overspend of **£376k** on Acute services. This is primarily due to a rise in activity with independent sector providers. The acute team are implementing recovery actions that will bring the year end position back to **break-even**.

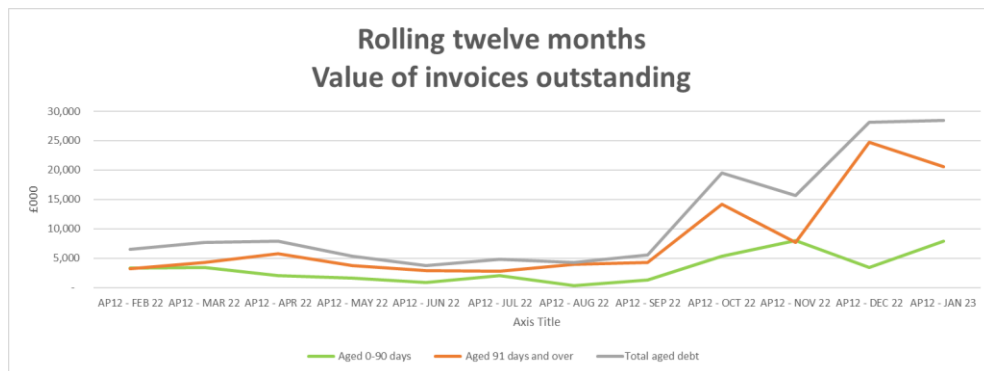
8. QIPP - Overview

- The ICB has a total QIPP savings ask of **£29,305k** for 2022/23. The table below shows the latest position as at Month 10 and provides a breakdown of both recurrent and non recurrent savings. The savings identified include the impact of the NHS wide 1.1% tariff efficiency requirement. The position reported below includes both the Month 1-3 CCG and the YTD ICB positions. The budgets for the individual savings schemes have been phased equally, with the exception of Prescribing which is based upon the expected impact of the specific schemes.
- Overall, the ICB savings plan is reporting an adverse variance of circa **£1,536k** at Month 10. This is primarily due to slippage in both Prescribing and Continuing Care savings plans. Currently of the **£22,598k** delivered as at Month 10, **£17,032k** has been delivered on a recurrent basis. Forecast recurrent savings at the year-end are **£20,815k**. Borough and central teams have been asked to recurrently identify savings which will have a full year recurrent effect of circa £29,000k going into 2023/24.

SEL Boroughs	Target £'000	Year to Date plan £'000	Year to Date Delivery £'000	Year to Date Variance £'000	Year to Date Recurrent £'000	Year to Date Non Recurrent £'000	Forecast Delivery £'000	Forecast Variance £'000	Forecast Delivery Recurrent £'000	Forecast Delivery Non Recurrent £'000
Bexley	2,013	1,644	1,318	-327	1,217	101	1,581	-432	1,460	121
Bromley	3,841	3,133	2,838	-295	2,637	201	3,448	-393	3,207	241
Greenwich	2,891	2,386	1,834	-552	1,603	231	2,201	-690	1,924	277
Lambeth	2,555	2,096	1,946	-150	1,811	135	2,475	-80	2,340	135
Lewisham	2,623	2,078	2,047	-31	1,885	162	2,623	0	2,429	194
Southwark	1,963	1,614	1,433	-181	1,312	121	1,712	-251	1,574	138
SEL Central	13,419	11,183	11,183	0	6,568	4,615	13,419	0	7,881	5,538
Total	29,305	24,134	22,598	-1,536	17,032	5,566	27,453	-1,846	20,815	6,644

- The forecast outturn is an **under-delivery of £1,846k**, mainly due to prescribing (**£1,650k**). The savings position has deteriorated slightly this month due to the further slippage in the prescribing savings plans. Whilst work is being undertaken by boroughs to mitigate slippage and maximise savings potential it is unlikely these will be delivered in full by the end of the year. Where boroughs are showing slippage on savings and reporting a deficit position, financial recoveries have been implemented and other plans either through non-recurrent measures or further QIPP plans are being actioned to ensure that each borough minimises financial overspends by March 2023.

9. Debtors Position



Overview:

- The ICB has an overall debt position of **£28.4m** at Month 10 that is **£0.3m** higher compared to last month. **£11.6m** of the debt relates to invoices raised to Lambeth Council at the end of the Month for community and mental health services. Of the current debt, **£1.4m (4.8%)** relates to debt over 3 months old. Following the work undertaken to resolve debt queries prior to the transition to the new ledger, the ICB has implemented a more BAU approach to debt management, focusing on ensuring recovery of its larger debts, and in minimising debts over 3 months old. Regular meetings with SBS are also assisting.
- The top 10 aged debtors are provided in the table below, with the main balances remaining with Circle Clinical Services (MSK services in Greenwich), Bromley and Lambeth local authorities, Health Education England (HEE) and NHSE.

Customer Group	Aged 0-30 days £000	Aged 1-30 days £000	Aged 31-60 days £000	Aged 61-90 days £000	Aged 91-120 days £000	Aged 121+ days £000	Total £000
NHS	4,469	678	2,424	230	39	51	7,891
Non-NHS	4,289	12,920	898	1,156	1,334	(52)	20,545
Unallocated	0	0	0	0	0	0	0
Total	8,758	13,598	3,322	1,386	1,373	(1)	28,436

Number	Supplier Name	Total Value £000	Total Volume	Aged 0-90 days Value £000	Aged 91 days and over Value £000	Aged 0-90 days Volume	Aged 91 days and over Volume
1	LAMBETH LONDON BOROUGH	11,570	15	11,611	41	12	3
2	NHS ENGLAND	4,093	11	4,093	-	11	-
3	HEALTH	2,338	4	2,321	17	3	1
4	CIRCLE CLINICAL	2,097	2	2,097	-	2	-
5	BROMLEY LONDON BOROUGH	1,995	11	1,526	469	8	3
6	LEWISHAM LONDON	1,220	1	1,220	-	1	-
7	GREENWICH LONDON	1,047	7	1,094	47	5	2
8	SOUTHWARK LONDON	671	11	302	369	7	4
9	GREENBROOKS HEA	620	3	213	407	1	2
10	KINGS COLLEGE LON	564	1	564	-	1	-

10. Cash Position

- The Maximum Cash Drawdown (MCD) as at Month 10, after accounting for payments made on behalf of the ICB by the NHS Business Authority (largely relating to prescribing expenditure) was **£3,824k**.
- As at Month 10, the ICB had drawn down 76.5% of the available cash compared to the budget cash figure of 77.8%. In January, there was no requirement to make a supplementary draw down and the ICB expects to utilise its cash limit in full by the year end.
- The cash key performance indicator (KPI) has been achieved in all months so far this year, showing continued successful management of the cash position by the ICB’s Finance team to achieve the target cash balance. The actual cash balance at the end of Month 10 was **£509k**, well within the target set by NHSE.
- ICBs are expected to pay 95% of all creditors within 30 days of the receipt of invoices. To date the ICB has met these targets each month and it is expected that these targets will be met in full at the end of the year.

Annual Cash Drawdown Requirement for	2022/23	2022/23	2022/23
	AP10 - JAN 23	AP9 - DEC 22	Month on month movement
	£000s	£000s	£000s
ICB ACDR (M4-12)	3,050,921	3,035,319	15,602
CCG ACDR (M1-3)	964,003	964,003	0
Capital allocation			
Less:			
Cash drawn down			
Prescription Pricing Authority	(187,214)	(167,594)	(19,620)
Other Central / BSA payments-HOT	(2,080)	(1,877)	(202)
Pension uplift 6.3%	(2,038)	(454)	(1,585)
Add back PCSE			0
System Error			0
Remaining Cash limit	3,823,592	3,829,397	(5,805)

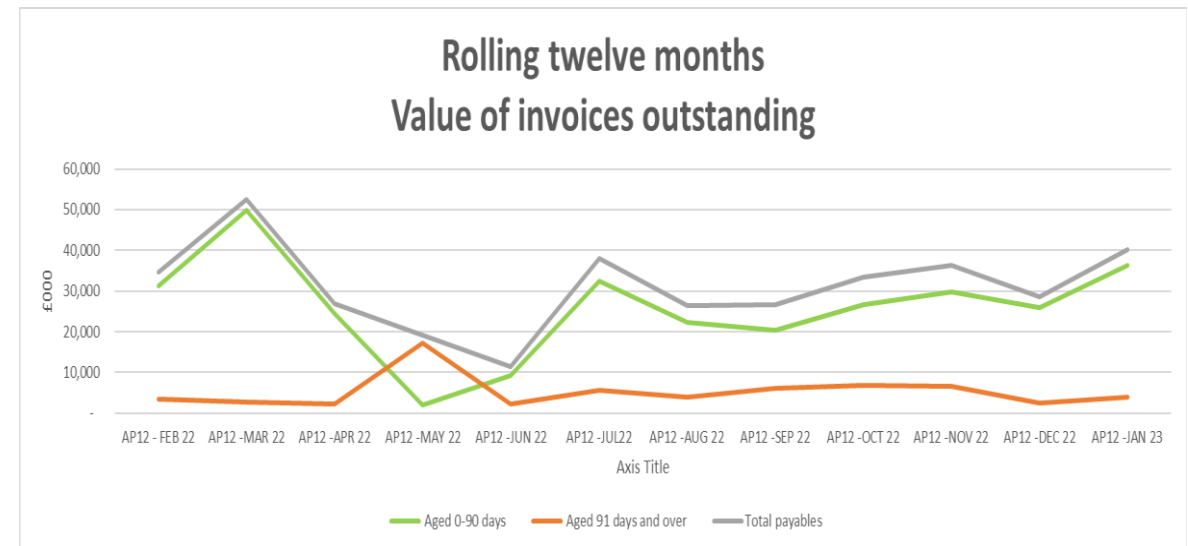
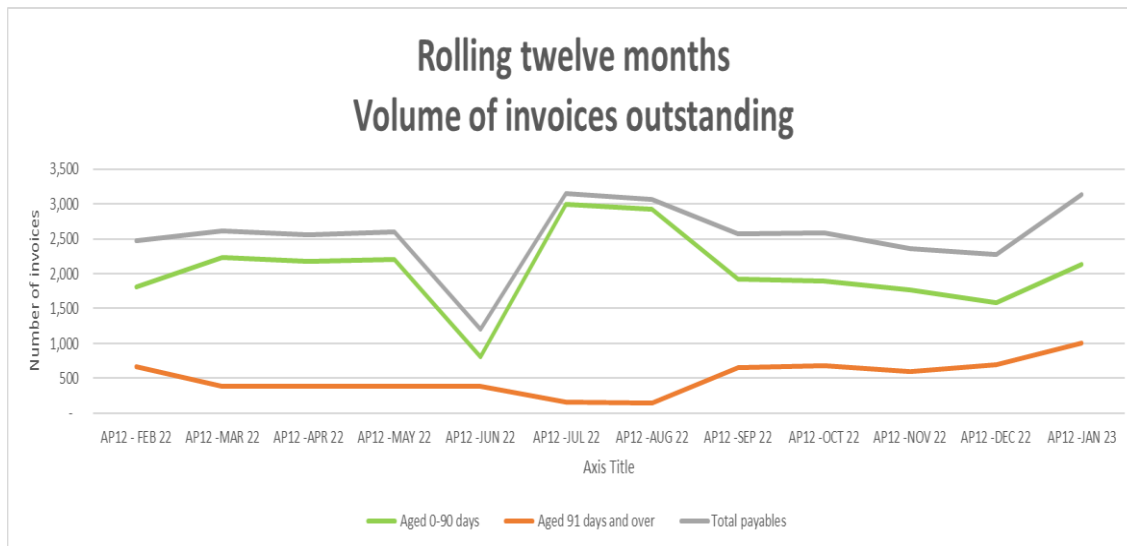
Cash Drawdown	Monthly Main Draw down	Supplementary Draw down	Cumulative Draw down	Proportion of CCG cash requirement	KPI - 1.25% or less of main drawdown	Month end bank balance	Percentage of cash balance to main draw
	£000s	£000s	£000s	%	£000s	£000s	
CCG							
Apr-22	290,000	27,000	317,000	34.93%	3,625	2,830	0.98%
May-22	292,000	0	609,000	67.10%	3,650	1,254	0.43%
Jun-22	287,000	0	896,000	98.72%	3,588	856	0.30%
ICB							
Jul-22	295,000	15,000	310,000	10.59%	3,688	253	0.09%
Aug-22	310,000	0	620,000	21.18%	3,875	197	0.06%
Sep-22	335,000	0	955,000	32.62%	4,188	690	0.21%
Oct-22	305,000	12,000	1,272,000	44.10%	3,813	1,918	0.63%
Nov-22	317,000	0	1,589,000	76.51%	3,963	919	0.29%
Dec-22	302,000	0	1,891,000	65.70%	3,775	185	0.06%
Jan-23	320,000	0	2,211,000	76.50%	4,000	509	0.16%
Feb-23							
Mar-23							
	3,053,000	54,000					

11. Aged Creditors

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

While the volume and value of overall outstanding invoices increased in January, in-month the ICB has made progress in clearing from the ledger significant creditors over 91 days old. This work is ongoing and will continue for the rest of the financial year.

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



12. Mental Health Investment Standard (MHIS) Overview

Summary

- SEL ICB is required to deliver the Mental Health Investment Standard (MHIS) by increasing spend over 21/22 outturn by a **minimum of the growth uplift of 5.52%**. 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 MHIS target is measured for the financial year 2022/23 and therefore brings together the Q1 CCG 22/23 and the SEL ICB Q2-Q4 22/23 reported position
- Slide 3 summarises the SEL ICB reported YTD and FOT position for the delivery of the Mental Health Investment Standard (MHIS) for M10. The ICB is forecasting that it will deliver the target value of **£404,710k** with a forecast of **£404,856k** (£146k over delivery). Within this position, mental health prescribing is overspent by £1,155k (12.4%) with Cat M and No Cheaper Stock Obtainable (NCSO) drugs continuing to have a significant impact.
- Slide 4 sets out the position by ICB budgetary area.

Risks to delivery

- The current YTD and forecast spend assumes that baseline MHIS and SDF allocations are spent in full. If this is not the case there is a risk that the target will not be delivered
- We are seeing an increase in spend in some boroughs on mental health, for example on S117 placements.
- For ADHD, although it is outside the MHIS definition and is therefore excluded from this reported position, we are seeing a significant cost pressure resulting from increasing demand of approximately £1.4m. This cost is managed within the overall mental health budgets. Work is underway to understand and manage the drivers for this demand.
- Prescribing spend is volatile within and across years – in 21/22 we saw a reduction in spend on Sertraline of approximately £2m on a total plan of approximately £11.7m (17%). In 22/23, spend is increasing as described above.
- As stated previously, delivery of the target relies on the current position being sustained and this needs to be taken into account as boroughs implement their local recovery plans.

12. MHIS – Summary Position at Month 10

Mental Health Spend By Category		Total Mental Health (per recategorisation exercise) Plan 31/03/2023 Year Ending	Mental Health - NHS Actual 31/01/2023 YTD	Mental Health - Non-NHS Actual 31/01/2023 YTD	Total Mental Health Actual 31/01/2023 YTD	Mental Health - NHS Forecast 31/03/2023 Year Ending	Mental Health - Non-NHS Forecast 31/03/2023 Year Ending	Total Mental Health Forecast 31/03/2023 Year Ending	Total Mental Health Variance 31/03/2023 Year Ending
Category Reference	Number	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Children & Young People's Mental Health (excluding LD)	1	38,119	29,043	3,271	32,314	34,851	3,920	38,771	(652)
Children & Young People's Eating Disorders	2	2,773	2,311	0	2,311	2,773	0	2,773	0
Perinatal Mental Health (Community)	3	8,790	7,325	0	7,325	8,790	0	8,790	0
Improved access to psychological therapies (adult and older adult)	4	31,824	21,122	5,378	26,500	25,345	6,470	31,815	9
A and E and Ward Liaison mental health services (adult and older adult)	5	15,786	13,155	0	13,155	15,786	0	15,786	0
Early intervention in psychosis 'EIP' team (14 - 65yrs)	6	12,035	10,029	0	10,029	12,035	0	12,035	0
Adult community-based mental health crisis care (adult and older adult)	7	30,014	24,628	335	24,963	29,553	403	29,956	58
Ambulance response services	8	942	785	0	785	942	0	942	0
Community A – community services that are not bed-based / not placements that are not delivered in hospitals	9a	108,044	79,919	9,959	89,878	95,904	12,231	108,135	(91)
Community B – supported housing services that fit in the community model, that are not delivered in hospitals	9b	21,850	9,873	7,495	17,368	12,056	8,928	20,984	866
Mental Health Placements in Hospitals	20	6,331	4,849	601	5,450	5,620	740	6,360	(29)
Mental Health Act	10	6,341	0	5,073	5,073	0	6,131	6,131	210
SMI Physical health checks	11	743	435	39	474	522	39	561	182
Suicide Prevention	12	0	0	0	0	0	0	0	0
Local NHS commissioned acute mental health and rehabilitation inpatient services (adult and older adult)	13	107,601	89,668	0	89,668	107,601	0	107,601	0
Adult and older adult acute mental health out of area placements	14	3,631	2,357	449	2,806	2,828	534	3,362	269
Sub-total MHIS (exc. CHC, prescribing, LD & dementia)		394,824	295,499	32,600	328,099	354,606	39,396	394,002	822
Mental health prescribing	16	9,345	0	8,750	8,750	0	10,500	10,500	(1,155)
Mental health in continuing care (CHC)	17	541	0	290	290	0	355	355	186
Sub-total - MHIS (inc CHC, Prescribing)		404,710	295,499	41,640	337,139	354,606	50,251	404,857	(147)
Learning Disabilities	18a	0	0	0	0	0	0	0	0
Autism	18b	0	0	0	0	0	0	0	0
Learning Disability & Autism - not separately identified	18c	27,701	9,527	13,049	22,576	11,432	15,698	27,130	571
Dementia	19	13,852	10,012	1,251	11,263	12,015	1,533	13,548	304
Sub-total - LD&A & Dementia (not included in MHIS)		41,553	19,539	14,300	33,839	23,447	17,231	40,678	875
Total - Mental Health Services		446,263	315,038	55,940	370,978	378,053	67,482	445,535	728

12. Summary MHIS Position M10 – position by budgetary area

Mental Health Investment Standard (MHIS) position by budgetary area

		Year to Date position for the nine months ended 31 January 2023						Forecast Outturn position for the financial year ended 31 March 2023						
		Year To Date	Planning Directorate spend	Borough Spend	All Other	Total	Variance (over)/under	Annual Plan	SEL Wide Spend	Borough Spend	All Other	Total	Variance (over)/under	
Category number		£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Mental Health Investment Standard Categories:														
Children & Young People's Mental Health (excluding LD)	1	£31,766	£29,043	£3,271	£0	£32,314	£-548	£38,119	£34,851	£3,920	£0	£38,771	£-652	
Children & Young People's Eating Disorders	2	£2,311	£2,311	£0	£0	£2,311	£-0	£2,773	£2,773	£0	£0	£2,773	£0	
Perinatal Mental Health (Community)	3	£7,325	£7,325	£0	£0	£7,325	£0	£8,790	£8,790	£0	£0	£8,790	£0	
Improved access to psychological therapies (adult and older adult)	4	£26,520	£21,122	£5,378	£0	£26,500	£20	£31,824	£25,345	£6,470	£0	£31,815	£9	
A and E and Ward Liaison mental health services (adult and older adult)	5	£13,155	£13,155	£0	£0	£13,155	£0	£15,786	£15,786	£0	£0	£15,786	£0	
Early intervention in psychosis 'EIP' team (14 - 65yrs)	6	£10,029	£10,029	£0	£0	£10,029	£0	£12,035	£12,035	£0	£0	£12,035	£0	
Adult community-based mental health crisis care (adult and older adult)	7	£25,012	£24,628	£335	£0	£24,963	£49	£30,014	£29,553	£403	£0	£29,956	£58	
Ambulance response services	8	£785	£785	£0	£0	£785	£0	£942	£942	£0	£0	£942	£0	
Community A – community services that are not bed-based / not placements	9a	£90,037	£79,919	£9,959	£0	£89,878	£159	£108,044	£95,904	£12,231	£0	£108,135	£-91	
Community B – supported housing services that fit in the community model, that are not delivered in hospitals	9b	£18,208	£9,873	£7,324	£171	£17,368	£840	£21,850	£12,056	£8,723	£205	£20,984	£866	
Mental Health Placements in Hospitals	20	£5,276	£4,849	£601	£0	£5,450	£-174	£6,331	£5,620	£740	£0	£6,360	£-29	
Mental Health Act	10	£5,284	£0	£5,073	£0	£5,073	£211	£6,341	£0	£6,131	£0	£6,131	£210	
SMI Physical health checks	11	£619	£435	£39	£0	£474	£145	£743	£522	£39	£0	£561	£182	
Suicide Prevention	12	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	
Local NHS commissioned acute mental health and rehabilitation inpatient services (adult and older adult)	13	£89,668	£89,668	£0	£0	£89,668	£-1	£107,601	£107,601	£0	£0	£107,601	£0	
Adult and older adult acute mental health out of area placements	14	£3,026	£2,357	£449	£0	£2,806	£220	£3,631	£2,828	£534	£0	£3,362	£269	
Sub-total MHIS (exc. CHC, prescribing, LD & dementia)		£329,020	£295,499	£32,429	£171	£328,099	£921	£394,824	£354,606	£39,190	£205	£394,002	£822	
Other Mental Health Services:														
Mental health prescribing	16	£7,787	£0	£0	£8,750	£8,750	£-963	£9,345	£0	£0	£10,500	£10,500	£-1,155	
Mental health continuing health care (CHC)	17	£451	£0	£0	£290	£290	£161	£541	£0	£0	£355	£355	£186	
Sub-total - MHIS (inc. CHC and prescribing)		£337,258	£295,499	£32,429	£9,211	£337,139	£119	£404,710	£354,606	£39,190	£11,060	£404,856	£-146	
Learning Disability	18a	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	
Autism	18b	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	
Learning Disability & Autism - not separately identified	18c	£23,085	£9,527	£9,508	£2,744	£21,779	£1,306	£27,701	£11,432	£12,405	£3,292	£27,130	£572	
Learning Disability & Autism (LD&A) (not included in MHIS) - total	i	£23,085	£9,527	£9,508	£2,744	£21,779	£1,306	£27,701	£11,432	£12,405	£3,292	£27,130	£572	
Dementia	19	£11,544	£10,012	£902	£349	£11,263	£280	£13,852	£12,015	£1,114	£419	£13,548	£305	
Sub-total - LD&A & Dementia (not included in MHIS)		£34,628	£19,539	£10,410	£3,093	£33,042	£1,586	£41,554	£23,447	£13,519	£3,711	£40,677	£877	
Total Mental Health Spend - excludes ADHD		£371,887	£315,038	£42,839	£12,304	£370,181	£1,705	£446,264	£378,053	£52,709	£14,771	£445,533	£730	

- Approximately 85% of MHIS spend is delivered through SEL wide contracts, the majority of which is with Oxleas and SLaM
- Borough based budgets include voluntary sector contracts and cost per case placements spend
- Other spend includes mental health prescribing and a smaller element of continuing health care

SEL ICB Finance Report

Updates from Boroughs

Month 10

Appendix 1 - Bexley



South East London

Overall Position

	Year to date Budget £'000s	Year to date Actual £'000s	Year to date Variance £'000s	ICB Budget £'000s	Forecast Outturn £'000s	Forecast Variance £'000s
Acute Services	3,093	3,025	69	3,977	3,927	50
Community Health Services	10,511	10,351	160	13,514	13,464	50
Mental Health Services	6,095	5,971	124	7,837	7,686	150
Continuing Care Services	13,963	13,670	292	18,051	17,751	300
Prescribing	19,317	20,413	(1,096)	24,831	26,234	(1,403)
Other Primary Care Services	1,780	1,680	100	2,288	2,188	100
Other Programme Services	14	26	(13)	18	18	(0)
Delegated Primary Care Services	21,641	21,641	0	27,910	27,910	(0)
Corporate Budgets	2,063	1,744	318	2,652	2,302	350
Total	78,476	78,521	(45)	101,077	101,480	(402)

- At month 10, Bexley is reporting a £45k overspend year to date, which is a positive movement in month of £89k. The main driver of this movement was a further in month deterioration of £234k in the prescribing position. This overall position is made up of underspends on Mental Health, Community, Acute, Other Primary Care and CHC which are offsetting the overspend on Prescribing. The majority of the underspend is non-recurrent and it is hoped that most of the prescribing Cat M and NCSO will be non recurrent. The corporate underspend is due to the level of vacancies currently being carried with no backfill support.
- There has been some improvement in the community budgets this month due to some non recurrent mitigations being identified and the underspends in Mental Health CPC and CHC have continued this month. The main area of overspend is prescribing where there has been another material increase in month which it is believed is due to the Strep A outbreak and the antibiotics becoming an out of stock item. As in previous months, the main drivers continue to be Cat M increases in costs and items being out of stock together with non delivery of QIPP due to increased spend on self care drugs due to the cost of living crisis. In month the QIPP delivery was an improvement on the previous month but still an additional cost pressure cumulatively. Work will continue in month to mitigate the overspend and will include targeted visits to practices with the highest levels of overspend, together with an increased focus on the delivery of the local prescribing incentive scheme to ensure all practices are participating.
- The AQP contract for hearing continues to over perform across SE London as a whole and in Bexley, this is currently being offset by other community underspends. The activity continues to be closely monitored to ensure it is correctly attributed and to establish if the activity is backlog related. This will need to be addressed as we move into next year.
- Bexley is now predicting a year end overspend of £402k which is £25k less than predicted last month due to some increases in underspends in community which have been identified as non recurrent mitigations. Budget holders continue to explore further mitigations to see if year end breakeven can be achieved or at least the position improved.
- In respect of savings, plans are in place for the savings targets. Generally, these schemes are largely on track except for prescribing which is currently underdelivering due to the self care project not delivering which is felt largely to be as a result of the cost of living crisis. The other prescribing schemes are delivering the required levels of QIPP. However, Bexley is not forecasting any net QIPP on prescribing schemes this financial year.

Appendix 2 – Bromley



South East London

Overall Position

	Year to date Budget £'000s	Year to date Actual £'000s	Year to date Variance £'000s	ICB Budget £'000s	Forecast Outturn £'000s	Forecast Variance £'000s
Acute Services	3,818	3,801	16	4,908	4,887	21
Community Health Services	46,367	46,263	105	59,615	59,481	134
Mental Health Services	7,666	7,697	(31)	9,856	9,894	(38)
Continuing Care Services	14,167	13,782	385	18,303	17,740	563
Prescribing	26,397	28,280	(1,883)	33,939	36,312	(2,373)
Other Primary Care Services	1,828	1,828	(0)	2,350	2,350	(0)
Other Programme Services	21	43	(22)	27	56	(29)
Delegated Primary Care Services	31,671	31,671	0	40,822	40,822	(0)
Corporate Budgets	2,749	2,355	394	3,534	3,050	484
Total	134,684	135,721	(1,038)	173,355	174,592	(1,237)

- The borough is reporting an overspend of £1,038k at Month 10. The position includes a £1,883k overspend on prescribing. This is partially offset by underspends in Community, Continuing Healthcare and Corporate budgets.
- The Prescribing position is £1,883k overspent year to date and the forecast position is £2,373k based on the Month 8 PPA data adjusted for QIPP and mitigations. Within this position the cost of Cat M & NCSO drugs for the period from July 2022 to January 2023 is £1,451k. The cost of these drugs in the same period last year was £274k. Mitigations have been identified and along with the impact of the savings target in the latter part of the year should help to reduce the overspend. The mitigations relate to QIPP, DOAC rebates and other rebates, however the impact of these has now reduced compared to the initial plan.
- Within the Community budget the AQP contract for hearing is over performing and is overspent by £465k, this is currently being offset by other non-recurrent underspends within community budgets. The Mental Health budget is £31k overspent as there has been a significant increase in cost per case spend, compared to last year. This is due to an increase in the numbers of s117 clients that are jointly funded with the Local Authority. This overspend is being mitigated as budget has been transferred within the directorate to resolve the issue.
- The 2022/23 borough savings requirement is £3,841k. The savings schemes have been identified and at Month 10 all schemes are on target except for prescribing which is reporting both a year to date (£295k) and forecast overspend (£393k).
- The likely year end forecast position is now an overspend of £1,237k compared to the previous forecast position of £1,115k last month. The key movement in the position relates to the deteriorating prescribing position, as set out above. Best and worst-case forecast scenarios have also been modelled and the variances range from £892k overspent as best case to £1,584k overspent as worst case.

Appendix 3 - Greenwich

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	14,331	14,430	(99)	18,425	18,425	0
Community Health Services	16,144	15,944	200	20,756	20,756	(0)
Mental Health Services	4,999	4,531	468	6,428	5,978	450
Continuing Care Services	15,155	16,404	(1,249)	19,595	20,695	(1,100)
Prescribing	19,046	20,381	(1,335)	24,488	26,172	(1,684)
Other Primary Care Services	1,640	1,666	(26)	2,102	2,152	(50)
Other Programme Services	26	9	18	34	34	(0)
Delegated Primary Care Services	27,709	27,709	(0)	35,727	35,727	(0)
Corporate Budgets	2,798	2,550	248	3,597	3,397	200
Total	101,848	103,625	(1,777)	131,151	133,336	(2,184)

- The overall borough position is reported £1,777k adverse, with an underspend in Mental Health and Corporate Budgets partially mitigating the significant pressures reported within Prescribing and Continuing Care Services (CHC). The forecast position is unchanged from last month.
- The primary care prescribing pressures within Greenwich are consistent with the wider trend reported across SEL. The pressures are focussed on Cat M & NCSO (No Cheaper Stock available) drugs; these are subject to national (Government) pricing decisions.
- CHC is £1,249k overspent to date, with in-month pressures arising within Children cases. The improvement within Adults is attributable to the phased implementation of the actions outlined within the financial recovery line albeit mitigated with the occurrence of retrospective costs with the finalisation of appeals. An initial database review had been undertaken, and this is now being re-examined at individual client level to ensure the robustness of reported numbers. In parallel, further intense work is continuing to include the assessment of personal health budgets (PHB) at individual case level to ensure the recovery of unspent funds from clients can be implemented where appropriate. The borough view of CHC forecast assumes a break even position for Q4 to align with the financial recovery plan.
- The £99k pressure in Acute Services is attributable to the recharge of costs for residents using UCC services within Bromley borough. No central budget alignment has been provided for this expenditure.
- The Corporate Budget underspend is due to vacancies within the staffing establishment. This trend is projected to continue due to the tightened controls in place on recruitment.
- The delegated budgets at M10 include the initial tranche of non recurrent allocations for Mental Health (SDF/CMH), Winter Pressures, Virtual Wards and the full complement of ASC funding.

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	913	494	420	1,174	635	539
Community Health Services	14,614	14,021	593	18,790	18,027	763
Mental Health Services	11,593	11,410	183	14,905	14,799	106
Continuing Care Services	17,523	18,425	(901)	22,667	23,950	(1,283)
Prescribing	22,156	22,884	(728)	28,487	29,356	(869)
Other Primary Care Services	1,952	1,952	0	2,496	2,496	0
Other Programme Services	199	247	(48)	256	318	(62)
Delegated Primary Care Services	42,924	42,924	0	55,314	55,314	(0)
Corporate Budgets	3,478	2,998	480	4,472	3,855	617
Total	115,354	115,355	(1)	148,559	148,748	(188)

- The borough is reporting an overall year to date position of £1k overspend and forecast overspend of £188k at Month 10. The reported position includes overspends on Continuing Healthcare and Prescribing, offset by underspends in Acute, Community, Mental Health and Corporate budgets.
- The Acute Services reported position reflects the level of borough's Urgent Care Centre spend and activity mainly due to services no longer commissioned from the Clapham Junction Walk In Centre. The Community Health Services underspend reflects actual payments and contractual commitments and Corporate budgets reflects level of vacancies during the reporting period.
- The CHC team are reinforcing mechanisms to ensure all CHC and FNC cases are accurately reflected on the database and continued to progress the recovery plan submitted in December 2022.
- The Prescribing month 10 position is based upon M01-08 2022/23 actual data and represents an adverse in-month movement as the PPA information is provided two months in arrears. The borough Medicines Optimisation team are undertaking visits to outlier practices. This is being linked with the wider SEL work being undertaken.
- The 2022/23 borough savings requirement is £2,555k. As at month 10 the borough is reporting an under delivery of £150k mainly driven by Continuing Healthcare position (£63k) and Prescribing (£223k) and forecasting £80k adverse variance against the overall target. Actions to mitigate under delivery of the savings requirement is linked in with the work being done to address the adverse variance on the Continuing Healthcare and Prescribing budgets.

Overall Position

	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	1,143	987	155	1,469	1,269	200
Community Health Services	15,879	15,340	539	20,416	19,542	873
Mental Health Services	3,706	3,684	23	4,765	4,765	0
Continuing Care Services	11,890	12,142	(252)	15,373	15,859	(486)
Prescribing	22,410	23,279	(869)	28,812	29,930	(1,118)
Other Primary Care Services	964	905	59	1,235	1,159	76
Other Programme Services	193	89	104	248	114	134
Delegated Primary Care Services	32,270	32,270	0	41,547	41,547	0
Corporate Budgets	2,529	2,223	306	3,251	2,859	393
Total	90,982	90,918	64	117,117	117,046	72

- At month 10, the borough is overall reporting an underspend of £64k. However, there is a significant prescribing overspend at month 10 of £869k reflecting 8 months to November PPA data offset by some non PPA budget mitigations. This position continues to be driven by prescribing activity which is 4.1% higher than in the same period last year, and also price pressures impacting from Cat M and NCSO drugs.
- Continuing care services is also showing an overspend of £252k driven by an increase in the number and value of packages approved mainly relating to funded nursing care.
- The forecast outturn overall remains a £72k underspend as forecast at month 9. Whilst prescribing and continuing care services are showing material forecast overspends, there are sufficient mitigations from other budgets being applied to offset these pressures. The largest is within community health service budgets reflecting community equipment underspends and changes to community investment.
- The corporate forecast is showing an underspend of £393k reflecting the vacancies position in the borough and the management of some other corporate contracts which is also contributing to manage the overall borough position.
- The borough is largely on plan against its YTD savings target, with the exception of prescribing showing a small under achievement of £31k.
- The YTD savings position at month 10 shows the target of £2,623k for the year is on track to being delivered (£2,429k recurrently and £194k non recurrently).

Appendix 6 - Southwark

Overall Position

	Year to Date Budget £'000	Year to Date Actuals £'000	Year to Date Variance £'000	ICB Budget £'000	Forecast Outturn £'000	Variance £'000
Other Acute Services	573	554	19	737	557	180
Other Community Health Services	17,940	17,663	278	23,066	22,630	436
Mental Health Services	3,552	3,945	-393	4,567	5,024	-457
Continuing Care Services	11,406	10,966	439	14,750	14,346	404
Prescribing	18,344	18,832	-488	23,585	24,172	-587
Other Primary Care Services	652	637	15	822	804	18
Other Programme Services	200	281	-81	258	362	-104
Delegated Primary Care Services	34,220	34,220	0	44,117	44,117	0
Corporate Budgets	2,633	2,256	377	3,385	2,901	484
Total	89,521	89,355	166	115,287	114,913	374

- The borough is reporting an underspend of £166k as at the end of month 10. The main movements from previous month are a further deterioration of Prescribing, and an improvement in the Mental Health position due to changes in placement costs. These variances are offset by underspends in Community Services, Continuing Care and corporate budgets. The borough is expecting a forecast outturn underspend of £374k.
- The Prescribing overspend has deteriorated slightly from the previous month with a current overspend of £488k. It is expected that this trend will continue. The main reason for the overspend is medicine shortages - Cat M increases in costs and (NCSO) drugs in short supply. Non delivery of QIPP due to increased spend on self care drugs is also having an impact. The forecast Prescribing overspend is **£587k**. Within this **£447k** is the impact of national pressures on Cat-M and NCSO drugs. The medicine optimisation team continues to work to mitigate the overspend. Practices who are overspent by > 1% of allocated budget are being reviewed and all practice visits have been completed.
- The Mental Health position is an overspend of £393k. Forecast overspend has improved this month due to client movements and placements cost. The borough will be undertaking a review of all placements as part of its planning for 2023/24.
- The Continuing Health Care position is an underspend of £278k. The forecast underspend has deteriorated due to an increase in costs this month. Within community services, the borough is overspending significantly on its audiology budget, this is due primarily to an increase in activity. The borough is also overspending on its Interpreting budget – due in part to asylum seeker activity. Southwark has a significant number of contingency hotels for refugees and asylum seekers. The underspend in community is due to changes to investment throughout the year in order to mitigate risks within the borough in Mental Health & Prescribing.
- As at month 10, the borough is reporting an under delivery on prescribing savings of £187k. The YTD target overall is an under delivery of £181k. Medicine teams continue to monitor QIPP schemes and have put other mitigations in place.

Bexley Wellbeing Partnership Committee

Thursday 23rd March 2023

Item: 9

Enclosure: H

Title:	Borough Risk Register
Author:	Simon Beard, Associate Director for Corporate Operations, NHS South East London Integration Care Board/
Executive Lead:	Stuart Rowbotham, Place Executive Lead (Bexley), NHS South East London Integration Care Board/Director of Adult Social Care, London Borough of Bexley

Purpose of paper:	This paper is presented to the Bexley Wellbeing Partnership Committee to provide an update on the current risks held on the Bexley risk register.	Update / Information	
		Discussion	X
		Decision	

Summary of main points:	<p>The Bexley risk register currently has three active risks, which have been reported to the committee previously:</p> <ul style="list-style-type: none"> • Risk 401 reflects the limitations on service delivery due to the non-recurrent nature of funding for winter schemes, meaning long term solutions can not be put in place and built upon • Risk 402 highlights the risk to residents discharged under Home First arrangements into the community where staffing and funding of community services are challenged • Risk 423 identifies the risk that the borough will not be able to achieve financial balance in the financial year ending 31 March 2023 on its delegated budget – principally due to increases in medicine costs and the lack of available stock meaning more expensive alternatives are being sourced <p>Risks 401 and 402 are rated as “very high” at 20, and risk 423 is given a medium risk scoring of 12. Of concern is that for all three risks, the inherent and current risk scores are the same, indicating that the controls identified are not mitigating the effect of the risk.</p> <p>One risk has been closed on the Bexley risk register since the last Committee meeting in public, which is risk 315 and related to the impact of resourcing on Learning Disability Continuing Healthcare Services. This has been closed on the Bexley register as it has been agreed a new risk relating to the wider impact across south east London should be scoped and added to the south east London wide risk register.</p> <p>In addition, a further risk is in the process of being scoped, around the impact on service delivery for IAPT services following a change in criteria for secondary adult mental health services from GP registration to borough of residence.</p>
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	<p>From an assurance perspective, risk owners are asked to review their risks on a regular basis to ensure they are comfortable the scoring reflects the current situation. Borough representatives attend a risk forum each month with other ICB colleagues to benchmark and challenge risks across the organisation and consider if any risks should be escalated to the corporate risk register or Board Assurance Framework (BAF). BAF risks which are considered to impact the delivery of corporate objectives are reviewed at each Board meeting held in public, and the risks relevant to the committee's business are reported at each main committee of the Board.</p> <p>The Committee is asked to note the risks on the borough risk register and consider if further controls could be put in place to mitigate the impact of these risks.</p>	
Potential Conflicts of Interest	None resulting from this paper.	
Other Engagement	Equality Impact	None identified from the risk process.
	Financial Impact	No financial impact from the risk process. It should be noted that one risk on the register refers to achievement of the financial position.
	Public Engagement	The Board Assurance Framework is reviewed at each Board meeting held in public and the borough risk register is reviewed at each meeting held in public of the Bexley Wellbeing Partnership Committee.
	Other Committee Discussion/ Engagement	Risks are reviewed and benchmarked on a monthly basis at the ICB Risk Forum, and subject specific corporate risks are reviewed at each relevant committee of the ICB.
Recommendation:	<p>The Bexley Wellbeing Partnership Committee is asked/recommended to:</p> <ul style="list-style-type: none"> (i) NOTE the risks on the risk register, and those closed/ proposed in the period since the last report to Committee (ii) NOTE the risk management process (iii) CONSIDER if further mitigating controls could be put in place to reduce the impact of the risks and support reduction of the current risk score 	

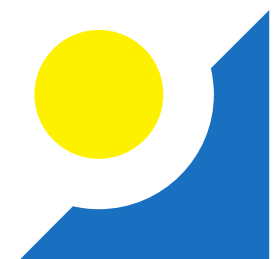
Risk ID	Risk Title	Opened Date	Risk Description	Initial Likelihood	Initial Consequence	Initial Rating	Control Summary	Gaps in Control Summary	Assurance in Place	Gaps in Assurance	Current Likelihood	Current Consequence	Current Rating	Next Review Date	Target Likelihood	Target Consequence	Target Rating
401	Non-Recurrent funding for winter schemes	14/10/2022	There is a risk that Bexley residents will have less than optimal access to primary, community and acute health services during the winter of 2022/23 due to the uncertainty caused by non-recurrent funding for winter schemes and associated recruitment difficulties	5	4	20	There are well established partnerships both within Bexley and at system level where we work together to optimise the use of limited resources to best effect., Arrangements are in place to internally redeploy staff where we can and we use agency and interim staff when we are able to recruit them. We also aim to be inventive with skill mix	Short term funding affects the ability to recruit to roles permanently			5	4	20	15/12/2022	3	4	12
402	Discharge Under Home First Arrangements	14/10/2022	There is a risk Bexley residents discharged under Home First arrangements will have less than optimal outcomes due to being discharged to social care and community health services which are not fully funded/staffed to manage in the community	5	4	20	We closely monitor metrics such as reablement outcomes and % still at home 91 days after discharge and takes steps to redirect resources when we can to address reduced performance, We use discharge to assess bedded capacity where appropriate to optimise outcomes before returning home	We do not have adequate therapy resource in the community to address the shortfall caused by people being discharged from hospital when not 'therapeutically' optimised			5	4	20	18/11/2022	3	4	12
423	Achievement of Financial Balance in Bexley Place	23/12/2022	There is a risk that Bexley Place will be unable to deliver a breakeven position on its delegated budgets which may with other Place budgets lead to the ICB not meeting its statutory duty to break even due to national pricing and out of stock drugs increasing the spend on the prescribing budget so significantly that it is unable to be managed at a local level	4	3	12	The prescribing budget would be showing an underspend were it not for the Cat M and NCSO changes - showing that the Meds Management Team do have a grip on their budget and this is a nationally driven position, The medicines management team are continuing to work with practices to reduce/contain spend on drugs to reduce the overspend, Medicines management team are continuing to implement QIPP schemes and also look for rebate opportunities and this may help in this financial year and beyond, Medicines management team are working across SE London to see if there are actions which they can take to mitigate this overspend				4	3	12	28/02/2023	4	2	8

Item: 12

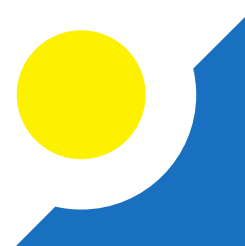
Enclosure: I

Bexley Wellbeing Partnership Committee

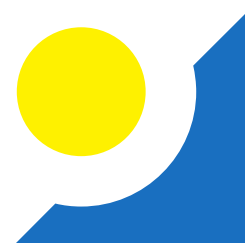
Glossary of NHS Terms



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



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



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



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

