

**Bexley Wellbeing Partnership Committee meeting held in public**

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

Venue: Learning & Enterprise College Bexley  
5 Brampton Road, Bexleyheath, DA7 4EZ

**Agenda**

No.	Item	Encl.	Presenter	Time
<b>Opening Business and Introductions</b>				
1.	Introductions and apologies		Chair	14:00
2.	Declarations of Interest	Encl. A	Chair	14:03
3.	Notes from 26 <sup>th</sup> September 2024 and matters arising	Encl. B	Chair	14:04
<b>Decision</b>				
4.	Annual Safeguarding Report	Encl. C	Clare Hunter/ Philippa Uren	14:05
<b>Assurance</b>				
5.	Joint Forward Integrated Plan – 2024/25 Progress Report	Encl. D	Kallie Heyburn/ Dr Nicole Klynman	14:20
6.	Finance Report – Month 6	Encl. E	Opeyemi Adetokunbo-Aina	14:35
7.	Assurance Report	Encl. F	Graham Tanner	14:50
8.	Communications & Engagement: Winter Programme	Encl. G	Aysha Awan	15:00
9.	Risk Register	Encl. H	Rianna Palanisamy	15:10
<b>Public Forum</b>				
10.	<i>Public Questions</i>			15:15
11.	<i>Let's talk about</i> – Tackling Health Inequalities			15:20
<b>Closing Business</b>				
12.	Any other business		Chair	15:55
<b>For Information</b>				
13.	Better Care Fund Quarter 2 Return	Encl. I		
14.	Glossary	Encl. J		
15.	Date of the next meeting: Thursday 23 <sup>rd</sup> January 2025			

## Presenters

- Dr Sid Deshmukh, Chair, Bexley Wellbeing Partnership Committee
- Graham Tanner, Associate Director – Primary & Community Care, NHS South East London Integrated Care System
- Opeyemi Adetokunbo-Aina, Associate Director of Finance (Bexley), NHS South East London Integrated Care System
- Rianna Palanisamy, Partnership Business Manager, NHS South East London Integrated Care System
- Kallie Heyburn, Partnership Programme Director, NHS South East London Integrated Care System
- Dr Nicole Klynman, Director of Public Health, London Borough of Bexley

## *Let's talk about – Tackling Health Inequalities*

- Sarah Birch, Head of Community Based Care, NHS South East London Integrated Care System
- Deborah Travers, Clinical Care Professional Lead, Frogna Local Care Network, London Borough of Bexley
- Geraldine Russell, Functional Fitness Project Manager, Age UK Bexley
- Dawn Joseph, Clocktower project lead, Counselling Matters

ITEM: 2

ENCLOSURE: A

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

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

**Date:20.11.2024**

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

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

Jattinder Rai (n)	CEO, Bexley Voluntary Service Council (BVSC)	Nothing to declare.		
Rikki Garcia (n)	Chair, Healthwatch Bexley	Nothing to declare.		
Kate Heaps (n)	CEO Greenwich and Bexley Community Hospice	<ol style="list-style-type: none"> <li>1. CEO of Greenwich &amp; Bexley Community Hospice – financial interest</li> <li>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</li> </ol>		
Andrew Hardman	Chief Commercial Officer, Bromley Healthcare	Nothing to declare.		
Stephen Kitchman	Director of Services for Children and Young People, London Borough of Bexley Council	Nothing to declare.		
Sarah Burchell	Director Adult Health Services, Bexley Care	Nothing to declare.		
Iain Dimond*	Chief Operating Officer, Oxleas NHS Foundation Trust	Nothing to declare.		
Dr Sushantra Bhadra	Clinical Director, North Bexley Primary Care Network (deputising for Dr Kailey)	<ol style="list-style-type: none"> <li>1. GP Partner, Riverside Surgery – financial interest</li> <li>2. Member of the Londonwide LMC – financial interest</li> <li>3. Clinical Director, North Bexley PCN – financial interest</li> </ol>		
Deborah Travers	Associate Director of Adult Social Care (deputising for Deputy Director of Adult Social Care)	Nothing to declare.		
Dr Sonia Khanna	Clinical Director, Frognal PCN (deputising for Dr Pandu Balaji)	<ol style="list-style-type: none"> <li>1. GP Partner, Sidcup Medical Centre – financial interest</li> <li>2. Practice is member of Bexley Health Neighbourhood Care – financial interest</li> <li>3. Joint Clinical Director, Frognal PCN – financial interest</li> <li>4. Husband, Dr Sid Deshmukh, is Frognal PCN chair, BHNC Director, Clinical lead – Urgent Care, Senior Partner at Sidcup Medical Centre, shareholder of Frogmed Ltd (dormant company) and Chair of Bexley Wellbeing Partnership – indirect interest</li> <li>5. CYP and Families Clinical Lead – Bexley – non-financial professional interest</li> </ol>		

		<ul style="list-style-type: none"> <li>6. Father, Mr Vinod Khanna, is Chief Executive Officer of Inspire Community Trust – non-financial personal interest.</li> <li>7. Member of Bexley LMC – non-financial professional interest.</li> <li>8. GP Appraiser for south east London – non-financial personal interest.</li> </ul>		
Dr Adefolake Davies	Clinical Director – Clocktower Primary Care Network	<ul style="list-style-type: none"> <li>1. Clinical Director, Clocktower PCN – Financial Interest</li> <li>2. Shareholder, Bexley Health Neighbourhood Care – Financial Interest</li> <li>3. Shareholder, Bexley Health LTD – Financial Interest</li> <li>4. GP Principal, Dr Davies and Partner – Financial Interest</li> </ul>		
Ellie Thomas	Associate Director, Planning and Partnerships, Dartford & Gravesham NHS Trust	Nothing to declare.		
Spencer Prosser	Chief Finance Officer, Lewisham and Greenwich NHS Trust	###		

**\*voting member.**

**### members who have not made the annual declaration for 2024/25 will be requested to make a verbal declaration within the meeting.**

**Agenda Item: 3  
Enclosure: B**

**Bexley Wellbeing Partnership, meeting in public**

Minutes of the meeting held on Thursday 26<sup>th</sup> September 2024, 14:00 hrs to 16:00 hrs

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

(and via Microsoft Teams)

**Voting Members**

<b>Name</b>	<b>Title and organisation</b>
1. Dr Sid Deshmukh (SD)	Chair, Bexley Wellbeing Partnership Committee, NHS South East London Integrated Care Board (NHS SEL ICB)
2. Jennifer Bostock (JB)	Chair, Independent Member
3. Yolanda Dennehy (YD)	Director of Adult Social Care, London Borough of Bexley (LBB)
4. Nicole Klynman (NK)	Director of Public Health, London Borough of Bexley
5. Dr Miran Patel (MiP) (via MS Teams)	Clinical Director, APL Primary Care Network
6. Dr Mehal Patel (MeP) (via MS Teams)	Clinical Director, APL Primary Care Network
7. Dr Pandu Balaji (PB) (via MS Teams)	Clinical Lead, Frogna Primary Care Network
8. Raj Matharu (RaM)	Chief Officer, Local Pharmaceutical Committee
9. Diana Braithwaite (DB)	Place Executive Lead, NHS SEL ICB (Bexley)

**In attendance**

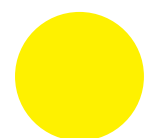
Clive Anggiansah (CA) (via MS Teams)	Clinical and Care Professional Lead – Community Based Care
Stephen Kitchman (SK)	Director of Children's Services
Opeyemi Adetokubo-Aina (OA-A)	Associate Director of Finance, NHS SEL ICB (Bexley)
Alison Rogers (AR)	Director of Integrated Commissioning (Bexley), NHS SEL ICB/LBB
Dr Simon Henley-Castleden (SH-C) (via MS Teams)	Director of Performance, Oxleas NHS Foundation Trust
Abi Mogridge (AM)	Chief Operating Officer (COO), Bexley Health Neighbourhood Care CIC (GP Federation)
Jim Beale (JB)	Deputy Director Adult Social Care, London Borough of Bexley
Steven Burgess (StB)	Policy and Strategy Officer, London Borough of Bexley
Kara Lee (KL)	Chief Executive, Bexley Mencap
Rikki Garcia (RG)	Chair, Healthwatch, Bexley
Amanda Gillard (AG)	Head of Professional Standards & Equality, London Borough of Bexley
Ellie Thomas (ET)	Associate Director of Planning and Partnerships, Dartford and Gravesham NHS Trust
Kate Heaps (KH)	Chief Executive Officer, Greenwich & Bexley Community Hospice
Graham Tanner (GT)	Associate Director Primary & Community Care, (Bexley) NHS SEL ICB

Andrew Hardman (AH)	Commercial & Partnership Director, Bromley Healthcare
Rianna Palanisamy (RP) ( <i>Presenter</i> )	Partnership Business Manager (Bexley) NHS SEL ICB
Nazima Bashir (NB) (via MS Teams) (Minutes)	Corporate Business Manager, (Bexley) NHS SEL ICB

**Apologies**

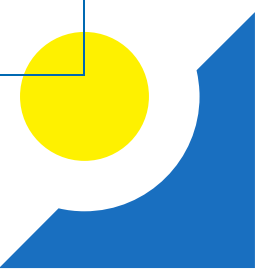
Dr Surjit Kailey (SK) (Apologies received)	Clinical Lead, North Bexley Primary Care Network
Dr Adefolake Davies (AD) (Apologies received)	Clinical Director, Clocktower Primary Care Network
Keith Wood (KW)	Lay Member, Primary Care (Bexley), NHS SEL ICB
Jattinder Rai (JR)	Bexley Voluntary Services Council
Sarah Burchell (SaB)	Service Director Adult Community Physical Health Services, Oxleas NHS Foundation Trust

		<b>Actioned by</b>
<b>1-2</b>	<p><b>Welcome, apologies and declarations of interest</b></p> <p>The Chair, SD opened the meeting and welcomed all present.</p> <p>Apologies noted on page 1 and the meeting was declared as being quorate.</p> <p>There were no declarations of interest other than those recorded on the register of interests.</p> <p><i>The order of the agenda was changed, with items 9 and 10 discussed in reverse.</i></p>	<b>SD</b>
<b>3.</b>	<p><b>Draft minutes of the public meeting held on 25<sup>th</sup> July 2024</b></p> <p>Bexley Wellbeing Partnership agreed that the draft minutes of the public meeting held on 25<sup>th</sup> July 2024 were a true and accurate record of that meeting and approved them on that basis</p> <p><b>Matters Arising</b></p> <p>No additional matters were raised.</p>	<b>SD</b>
<b>4.</b>	<p><b>Public Questions</b></p> <p>No public questions were received in advance or during agenda item 4.</p>	<b>SD</b>
<b>5.</b>	<p><b>Bexley Autism Strategy</b></p> <p>Jim Beale (JB) talked the group through the salient points of the Bexley Autism Strategy alongside with Alison Rogers (AR) and Kara Lee (KL).</p> <p><b>Key Points:</b></p> <ul style="list-style-type: none"> <li>• It was reminded that autistic people prefer to be referred to as "autistic" rather than "people with autism," as this respects their identity and aligns with their own preferences.</li> <li>• Bexley borough has had an autism strategy since 2015, now expanded to include children and adults for the first time.</li> <li>• Extensive community engagement was carried out by Bexley Mencap, including surveys and workshops, to inform the strategy. This led to a clear vision: "autistic people of all ages in Bexley are valued, supported, and empowered to thrive."</li> </ul>	<b>JB</b>



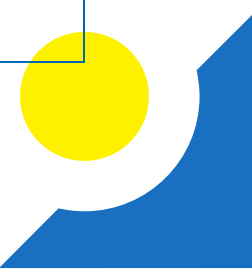


	<ul style="list-style-type: none"> <li>• These include raising awareness, improving access to services, enhancing health and well-being, and increasing opportunities for education and employment.</li> </ul> <p>At this point the Chair, SD provided an opportunity for questions and/or comments.</p> <ul style="list-style-type: none"> <li>• It was clarified that despite the lack of dedicated financial resources, the strategy seeks to make meaningful improvements through small but impactful changes across the community.</li> <li>• Efforts are underway to better understand the number and needs of autistic individuals in Bexley to inform future service planning.</li> </ul> <p><b>The Bexley Wellbeing Partnership Committee:</b></p> <p>(i) <b>Noted</b> the engagement completed to inform the draft strategy.</p> <p>(ii) <b>Reviewed</b> and <b>endorsed</b> the draft Autism Strategy.</p> <p>(iii) <b>Noted</b> the action plan and resources identified to support delivery of the Strategy can be made available on request.</p>	
6.	<p><b>Bexley Safer, Haven, Inspiring, Empowering, Leading &amp; Defending (SHIELD) Partnership: Annual Report 2023/24</b></p> <p>The Bexley SHIELD Partnership Annual Report 2023/24 was presented by Diana Braithwaite (DB) in the absence of Stephen Kitchman (SK).</p> <p><b>Key Points:</b></p> <ul style="list-style-type: none"> <li>• The report summarises the work done by the SHIELD partnership (local authority, NHS, and police) over the year, focusing on safeguarding and supporting young people.</li> <li>• Emphasis on continuous learning and training for all partners involved, ensuring that challenges faced by young people are addressed with the appropriate skills.</li> <li>• The report is intended for a broad audience, including service providers, the public, and statutory partners.</li> </ul> <p>At this point the Chair, SD provided an opportunity for questions and/or comments.</p> <ul style="list-style-type: none"> <li>• Suggestions were made to create a more concise, user-friendly version of the report.</li> <li>• There was discussion around breaking the report into more digestible sections on the SHIELD website to improve accessibility.</li> <li>• Clarification on the role of the partnership’s independent scrutineer, Jenny Pearce, who provides an external review of the partnership's work, including safeguarding practices and exploitation prevention.</li> <li>• A suggestion was made to explain the expenditure on public facing documents, particularly for roles like the independent scrutineer, to enhance transparency.</li> </ul> <p><b>The Bexley Wellbeing Partnership Committee:</b></p> <p>(i) <b>Noted</b> the report, plans and priorities for 24/25 and provided feedback on the format and accessibility of the report.</p>	DB
7.	<p><b>Better Care Fund 2024/25</b></p> <p>The Better Care Fund (BCF) 2024/25 report, presented by Steven Burgess (SB), sought the committee's endorsement to update the schedules and appendices of the Section 75 agreement between the London Borough of</p>	SB

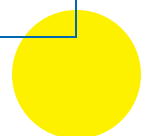


	<p>Bexley (LBB) and NHS Southeast London Integrated Care Board (ICB). The BCF plan for 2024/25 was approved by NHS England, and the updates must be finalised by 30<sup>th</sup> September 2024. This is largely a technical process to ensure proper governance, as the BCF, valued at approximately £86 million, continues to fund key services. The committee was asked to endorse these updates.</p> <p><b>The Bexley Wellbeing Partnership Committee:</b></p> <p>(i) <b>Considered</b> and <b>endorsed</b> the proposal to update the schedules and appendices to the section 75 Agreement between the London Borough of Bexley (LBB) and NHS South East London Integrated Care Board (ICB).</p>	
8.	<p><b>Primary Care Delivery Group Business Update Report – Q1 &amp; Q2 2024/25</b></p> <p>The Primary Care Delivery Group (PCDG) Business Update Report for Q1 and Q2 2024/25, presented by Graham Tanner (GT), provided an overview of the group's activities. The PCDG, a subcommittee of the Bexley Partnership, manages primary care matters, including GP contracts, enhanced service contracts, estates, budgets, and developmental work related to integrated neighbourhood teams. The report covers two quarters due to a significant discussion in July 2024 regarding primary care access and funding outcomes.</p> <p>The report provides transparency on decisions made by the PCDG and place executive leads. These decisions are reported to the committee for oversight, but major items can be escalated for in-depth discussion.</p> <p>At this point the Chair, SD provided an opportunity for questions and/or comments.</p> <p>The Chair, JB raised a concern about the recommendation to "note" the report, suggesting that instead the committee should be asked to review, question, or discuss the contents. It was agreed to amend the wording as well as in future reports to recommend that the committee review and discuss the report, rather than simply noting it.</p> <p><b>The Bexley Wellbeing Partnership Committee:</b></p> <p>(i) <b>Reviewed</b> and <b>discussed</b> the summary of decisions taken by the Primary Care Delivery Sub-committee during Q1 and Q2 2024/25.</p>	GT
9.	<p><b>Finance Report – Month 4</b></p> <p>The Finance Report for Month 4, presented by Opeyemi Adetokunbo-Aina (OA-A), discussed the financial status of the Bexley place within the Integrated Care System (ICS), including planned deficits and financial pressures. Bexley is forecasting a break-even position, but the overall ICS is facing a significant deficit of £100 million, including £40.8 million for the Integrated Care Board (ICB).</p> <p>At this point the Chair, SD provided an opportunity for questions and/or comments.</p> <ul style="list-style-type: none"> <li>• The committee is still waiting for further details on the new government's health plans and any potential impact on NHS funding.</li> <li>• The Chair, JB shared her experience, highlighting an example where she tried to return crutches to the hospital but was told they couldn't accept them due to health and safety regulations. She then attempted</li> </ul>	OA-A

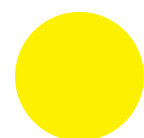
	<p>to donate them to a charity shop, which also declined because of infection control concerns. She emphasised that while this may seem trivial individually, when similar situations accumulate, they point to a larger issue.</p> <ul style="list-style-type: none"> <li>• DB mentioned that there are organisations that will take the crutches and offered to provide the details.</li> <li>• The discussion touched on NHS England’s new reporting methodologies, intended to simplify financial tracking. Unidentified mitigations and a potential surplus of £4.7 million for Bexley were also discussed, with the importance of monitoring the system deficit highlighted.</li> </ul> <p>DB acknowledged the length of the finance report, noting that they had previously discussed simplifying it for this meeting. However, that for future meetings, they will take this into account and work on simplifying the finance reports to make them easier to understand, especially in a public forum.</p> <p><b>The Bexley Wellbeing Partnership Committee:</b></p> <ul style="list-style-type: none"> <li>(i) <b>Discussed and noted</b> the Month 4 (July 2024) financial position for Bexley Place.</li> <li>(ii) <b>Noted</b> the NHS South East London ICB and NHS South East London ICS financial position at Month 4. Details of these reports can be provided upon request.</li> </ul>	
10.	<p><b>Community &amp; Mental Health Services – Operational Report (Oxleas NHS Foundation Trust)</b></p> <p>Dr Simon Henley-Castleden (SH-C) presented the operational report from Oxleas NHS Foundation Trust concerning community and mental health services. This report, submitted monthly to the Executive, highlights key operational issues and is broken down by SEL boroughs. A collaborative working group, including Alison Rogers, is partnering with Greenwich and Bromley to explore potential improvements for future reports.</p> <p>At this point the Chair, SD provided an opportunity for questions and/or comments.</p> <p>The discussions highlighted areas for improvement, including deeper analysis of referrals, clearer communication of service capacities, and understanding the broader context of performance metrics. In addition, ensure that all acronyms in the report are explained for better understanding among all audience members. Ongoing collaboration among partners will be essential in refining reporting and addressing the needs of the community effectively.</p> <p>DB made the requirements for future reports:</p> <ol style="list-style-type: none"> <li>1. Provide context by comparing performance metrics with London-wide data to understand the organisation’s standing, which was also agreed by JB.</li> <li>2. Conduct an analysis of district nursing referrals, specifically looking at demographics (e.g., age, frailty) to understand needs better.</li> <li>3. Clarify the capacity of the virtual wards and how they are operating to keep patients safely at home.</li> <li>4. Understand and report on the usage of immediate care beds and how it compares with other facilities.</li> </ol>	SH-C



	<p>5. JB mentioned the discharge planning examination required on admission for both informal and detained patients as this may impact upon variations in length of stay across different wards. Similarly, variations may be impacted by a variation in MHA managers discharge hence the statistics broken down by Ward may help inform the picture.</p> <p>6. Identify measures being taken to manage the increasing wait times for the podiatry service.</p> <p>7. Include information on staff vacancy and sickness rates in future reports.</p> <p>8. Provide data on DNAs, which impact capacity, and raise public awareness about the consequences of missed appointments.</p> <p>SH-C agreed with the suggestions provided and assured that they already analyse variations in discharges and length of stay, and he would investigate the suggested avenues for further exploration. He mentioned that staff vacancy and sickness rates information sit with the workforce committee but indicated that it would not be a problem to bring this data to the meeting. SH-C acknowledged the impact of DNAs on capacity and agreed to provide data on this topic while also expressing the need for caution in how information is presented to ensure clarity and prevent any potential misunderstandings.</p> <p><b>The Bexley Wellbeing Partnership Committee:</b></p> <p>(i) <b>Noted</b> the contents of the report.</p> <p>(ii) <b>Made</b> suggestions for future reports, to feed into the wider NHS SEL ICB and Place joint development work.</p>	
11.	<p><b>Place Risk Register</b></p> <p>Rianna Palanisamy (RP) provided an overview of the Place Risk Register, highlighting the complexities of the current risks in the Bexley Risk Register, particularly concerning GP collective action and data-sharing issues.</p> <p>At this point the Chair, SD provided an opportunity for questions and/or comments.</p> <p>The BWP partnership committee emphasised the importance of continuous monitoring to ensure effective healthcare delivery while minimising negative impacts on the community.</p> <p>RM raised concerns about the activation status of GP Connect, which allows pharmacies to share clinical information with GP surgeries, specifically regarding hypertension services, noting associated risks to patient safety. He also mentioned issues with data stored in former outcomes, leading to a backlog, with NHSE directing a review of this data. RM is actively working with the regional team to identify the affected surgeries and address the backlog challenges. GT acknowledged that incorrect email addresses have caused data backlogs for four Bexley practices, resulting in communication failures between pharmacies and GP practices.</p> <p><b>The Bexley Wellbeing Partnership Committee:</b></p> <p>(i) <b>Noted</b> the Risk Register.</p>	RP
12.	<p><b>Public Questions</b></p> <p>Pippa Norris from Danson Youth Trust raised concerns about waste reporting at a commissioning level and questioned the reporting structure of high-threshold services, particularly those in the Oxleas NHS FT report. She expressed interest in understanding how services contributing to the overall</p>	



	<p>Bexley picture are coordinated, especially regarding services below the high-threshold level. DB responded by encouraging Pippa to reach out with any concerns about commissioned services, emphasising the importance of public engagement in these discussions. DB explained that the reporting structure is primarily focused on delegated areas such as community and mental health services. DB also acknowledged the complexities of reporting on areas like prescribing and indicated a willingness to consider recommendations for further committee discussions.</p> <p>Another member referenced the importance of recycling and resource management through organisations like Inspired Community Trust. The Chair, JB contributed by highlighting the need for clearer communication the costs associated with missed appointments (DNAs) to raise awareness among patients. She suggested that additional information be provided to explain to patients why these missed appointments impact NHS funding, which would foster greater understanding and accountability among patients. If it is not about funding, but more about other patients being denied appointments due to DNAs then this needs to be made clear to patients via the communication channels available (for example any poster in GP waiting rooms etc). JB further questioned if the same is true in secondary care and if so communication could be improved there too. The Chair, SD reiterated the challenges faced by GPs in managing appointments when patients do not arrive, emphasising the resource implications of DNAs.</p>	
13.	<p><b>Any other business</b> There was no further business, and the Chair closed the meeting.</p>	
14.	<p><b>Glossary</b> These glossary terms were noted.</p>	
15.	<p><b>Date of the next meeting</b> Thursday 26<sup>th</sup> November 2024</p>	SD



**Bexley Wellbeing Partnership Committee**

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

**Item: 4**

**Enclosure: C**

<b>Title:</b>	<b>Children &amp; Adults Safeguarding Annual Report 2023-2024</b>
<b>Author/Lead:</b>	Clare Hunter, Designated Nurse for Safeguarding Children, NHS South East London Integrated Care Board Philippa Uren, Designated Nurse for Safeguarding Adults, NHS South East London Integrated Care Board
<b>Executive Sponsor:</b>	Diana Braithwaite, Place Executive Lead (Bexley), NHS South East London Integrated Care Board

<b>Purpose of paper:</b>	<b>The purpose is to secure approval for the Children &amp; Adults Safeguarding Annual Report 2023/24.</b>	<b>Update / Information</b>	
		<b>Discussion</b>	
		<b>Decision</b>	<b>X</b>
<b>Summary of main points:</b>	<p>This paper explains the governance structure of safeguarding within NHS South East London Integrated Care Board (NHS SEL ICB) and the governance at place.</p> <p>It outlines all statutory reviews that have taken place this year across children and adults. The main themes to highlight from the statutory reviews are:</p> <ul style="list-style-type: none"> <li>• Think Family model of care not fully embedded in practice for all agencies</li> <li>• Lack of multi-agency working and poor communication within agencies</li> <li>• Lack of Information Sharing across all agencies</li> <li>• Lack of Professional Curiosity</li> <li>• High incidence of Domestic Abuse in our Reviews</li> <li>• High incidence of Mental Health in our Reviews</li> </ul> <p>Priorities for NHS SEL ICB Bexley 2024/25:</p> <ul style="list-style-type: none"> <li>• Transition of young people from children to adult services</li> <li>• Think Family</li> <li>• Voice of child/young person</li> <li>• Professional Curiosity</li> <li>• Information Sharing</li> <li>• Mental Capacity</li> <li>• Children Protection information Sharing (CP-IS)</li> <li>• Domestic Abuse and Violence against Women</li> <li>• Serious Youth Duty</li> </ul>		
<b>Potential Conflicts of Interest</b>	There are no conflicts of interest.		

<b>Other Engagement</b>	Equality Impact	This report has been produced in accordance with the Equality and Diversity requirements for NHS SEL ICB.
	Financial Impact	There are no financial and other implications arising from this report.
	Public Engagement	Not applicable for the purposes of this report.
	Other Committee Discussion/ Engagement	Not applicable for the purposes of this report.
<b>Recommendation:</b>	<p>The Bexley Wellbeing Partnership Committee is recommended to:</p> <p>(i) Approve the Children &amp; Adults Safeguarding Annual Report 2023/24 and review the priorities for 2024/25.</p>	

# **NHS South East London Integrated Care Board Bexley Children & Adults Safeguarding Annual Report 2023/24**

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Philippa Uren, Designated Nurse Safeguarding Adults

Dr Sarah Ismail, Designated Doctor Safeguarding Children

Dr Jennifer Liddington, Named GP for Safeguarding Children and Adults

Maria Hawes-Gatt, Designated Nurse for Children Looked After



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## 1. Introduction

This report provides an overview of safeguarding across health services in Bexley during 2023/24. The statutory responsibilities to safeguard children and young people and adults at risk of harm remains the same and continues to be a major priority for the organisation and for our work with local partners.

### Safeguarding Children and Adults Local Context

The latest data for the population of Bexley is at 247,835 (as of 2022). Bexley is a growing borough, and the expectation is that by 2030 the population will be 257,000 and 267,000 by 2040.

- 30% of Bexley residents are young people (under the age of 25) which makes Bexley the 16th youngest borough in London.
- The largest five-year age group in Bexley is 35 to 39-year-olds at 7.2%.
- Bexley has the 5th highest rate of people aged 65 and over in London at 16.6%. This number will increase to 21.8% in 2050.
- Higher populations of older people living alone are found in the south and centre of the borough. However, a quarter of older residents registered on the housing register live in Erith, in the north of the borough.

Overall, Bexley is not a deprived borough. The deprived wards are in the north of the borough, in Erith and Thamesmead, there are also pockets of deprivation in the Cray wards situated in the south.

Poverty and poor housing are environmental factors which add stresses to families and there is a concentration of these risk factors, including child abuse, domestic abuse, parental substance misuse in these deprived wards in Bexley and therefore a higher incidence of safeguarding concerns.

## 2. Governance & Accountability

The 'Safeguarding Children, Young People and Adults at Risk in the NHS: Safeguarding Accountability and Assurance Framework (NHS England 2022) sets out the requirements necessary for Integrated Care Systems to demonstrate that they have appropriate systems in place to discharge their statutory duties in terms of safeguarding. These include:

- Identify and clarify how relationships between health and other systems work at both strategic and operational levels to safeguard children, young people and adults under the care of the NHS at risk of abuse or neglect.
- Clearly set out the legal framework for safeguarding children and adults as it relates to the various NHS organisations, to support them in discharging their statutory requirements to safeguard children and adults.
- Outline principles, attitudes, expectations, and ways of working that recognise that safeguarding is everybody's responsibility and that the safety and wellbeing of those in vulnerable circumstances are at the forefront of our business.
- Identify how NHS England regional and national teams work with integrated care board (ICB) accountable leadership and ICB place-based leadership to support partnerships.
- Identify clear arrangements and processes to be used to support evidence-based practice and provide assurance at all levels, including to the NHS England Board, that safeguarding arrangements are in place.
- Promote equality by ensuring that health inequalities are addressed and are at the heart of NHS England values.

Our compliance with these requirements is demonstrated in this report.

### NHS England and NHS Improvement

NHS England (NHSE) and SEL ICB's are statutorily responsible for ensuring that organisations from which they commission services provide a safe system that safeguards children and adults from abuse and neglect. NHS England is the policy lead for safeguarding and has safeguarding responsibilities for some directly commissioned services.

### SEL ICB Safeguarding Team

The overall accountability for safeguarding adults and children within the NHS SEL ICB sits with the NHS SEL ICB Chief Executive and the executive responsibility with the Chief Nurse.

Designated professionals, as clinical experts and strategic leaders, take a strategic, professional lead on all aspects of the health service contribution to safeguarding adults and children across the health economy. They provide support to all providers and link particularly with the named safeguarding health professionals, local authority children's and adult services, and local safeguarding partnerships (LSPs), the safeguarding panel of the health and social care trust, and NHS England.

The safeguarding leads attend quarterly clinical network for London designated professionals hosted by NHS England (London).

The NHS SEL ICB Governing Body has appointed a GP member as the 'Safeguarding Champion' to the Board. This role reinforces strategic ownership of safeguarding by the Governing Body.

Bexley has a named GP for safeguarding both children and adults and represents GPs on various local, London wide and national forums.

Acting Chief Nurse SEL ICB	Paul Larrisey
Head of Nursing-Safeguarding SEL ICB	Rebecca Saunders
Designated Nurse Safeguarding Children SEL ICB Bexley	Clare Hunter
Designated Nurse for Children Looked After SEL ICB Bexley	Maria Hawes-Gatt
Designated Nurse for Adult Safeguarding SEL ICB Bexley	Philippa Uren
Named GP Safeguarding Children/Adults SEL ICB Bexley	Dr Jennifer Liddington
Designated Doctor Safeguarding SEL ICB Bexley	Dr Sarah Ismail
Safeguarding Team Administrator SEL ICB Bexley	Ellen Still

The designated professionals' discharge their responsibility for providing professional accountability in partnership with neighbouring NHS SEL ICB's to the named professionals in the provider trusts through six weekly professional supervision. The designated professional's access external supervision for themselves.

### NHS SEL ICB Safeguarding Sub-committee

This is a subgroup of the integrated Governance and Performance Committee and meets on a quarterly basis. It has been established in accordance with the ICB's constitution to provide assurance that the ICB is discharging its statutory duties relating to safeguarding of children, young people, looked after children and adults.

Its purpose is to support the ICB in the delivery of its statutory duties and provide assurance to the Governing Body via the Integrated Governance & Performance Committee (IGP) in relation to the delivery of these duties.

### Bexley Borough Safeguarding Health Forum

The Bexley Borough Safeguarding Health Forum (BBSHF) is in place to oversee the development and implementation of safeguarding children, children looked after and adults practice across the health economy in Bexley. This Safeguarding Health Forum will be a subgroup of the SEL ICB Safeguarding Executive Sub Group and through this to the NHS SEL ICB Governing Body. The NHS SEL ICB Bexley Borough Safeguarding Health Forum has a formal link to the Bexley Safeguarding Children's Partnership *Shelter, Haven, Inspire, Empowering, Leading and Defending* (S.H.I.E.L.D) and Bexley Safeguarding Adults Board (BSAB) through senior ICB representation and Governing Body membership on both Boards and as the lead safeguarding partner for health under the new Working Together arrangements.

The purpose is to ensure the health contribution to safeguarding children and adults is discharged effectively across all health agencies and support the delivery of the priorities and desired outcomes of S.H.I.E.L.D and Bexley Safeguarding Adults Board.

The forum will support commissioned services for children and adults, in NHS SEL ICB (Bexley Borough) to influence local thinking and practice, using the national assurance framework 2022, which provides assurance from health providers that training is compliant with intercollegiate documents for adults, children and children looked after.

The forum will request assurance from health providers that action plans and recommendations from any statutory review, learning reviews or SI have been completed. This should be achieved through collective planning, learning and innovation. It will also provide an opportunity for joint working and sharing of information.

### Domestic Abuse Health Sub-group

The Bexley Borough Domestic Abuse Health Sub-group is a multi-agency health partnership which is a subset of the Domestic Abuse Operational Group and reports into the Bexley Domestic Abuse Partnership Strategic Group.

The sub group's function is to oversee and manage the health response to domestic abuse, ensuring that all health services are responding effectively to domestic abuse.

This Domestic Abuse Health Sub Group has been formed in response to the Pathfinder Toolkit which has been developed by Standing Together and its partners to build on the existing good practice of health partners from acute health, mental health and primary care with local domestic abuse specialist services.

Key areas of focus have included:

- Standalone Domestic Abuse policy for patients.
- Embedding of Routine Enquiry.
- Health services to have a domestic abuse champion.

This promotes the use of governance and policies, coordination, data collection, specialist interventions and training to build the capacity of local health systems to respond to survivors of domestic abuse.

## Partnership Governance

### **Safeguarding Children Partnership**

Bexley S.H.I.E.L.D (Shelter, Haven, Inspire, Empowering, Leading and Defending) is the safeguarding partnership for children and young people. The Children and Social Work Act 2017 replaced the statutory requirement for a Local Safeguarding Children Board (LSCB) with a new flexible statutory framework for protecting and safeguarding children in the area.

The partnership was formed in October 2018, is led by the Local Authority, Police, and Integrated Care Board and was named by Bexley's Youth.

#### *Representation from NHS SEL ICB (Bexley Borough):*

Diana Braithwaite	Place Executive Lead
Clare Hunter	Designated Nurse Safeguarding Children
Philippa Uren	Designated Nurse for Adult Safeguarding
Maria Hawes-Gatt	Designated Nurse for Children Looked After
Dr Sarah Ismail	Designated Doctor Safeguarding Children
Dr Jennifer Liddington	Named GP for Safeguarding

The Place Executive Lead (Bexley) shares chairing arrangements of the S.H.I.E.L.D. Partnership Board and is a member of the S.H.I.E.L.D. Executive group for the Partnership, together with the Designated Nurse for Safeguarding Children.

The priorities for the partnership's sixth year were determined in January 2023 by Bexley S.H.I.E.L.D. Executive and shared at the Partnership Board in April and July 2023. Three priorities were identified and below is a description of the Learning Hub's activity and recommendations made to the Partnership Board

#### **Priority 14: To develop a strategic multi-agency approach to Early Help in Bexley.**

##### Progress

- S.H.I.E.L.D. to plan and deliver a follow-up event for parents to support the development of Bexley's Early Help Strategy Event being planned to take place on 12/8/24.
- Bexley S.H.I.E.L.D. to produce a multi-agency Early Help Strategy for Bexley to be completed by December 2024.

#### **Priority 15: Better understanding the multi-agency approach in Bexley to (a) children and young people going missing and (b) safeguarding in and by the wider community June – October 2023.**

##### Progress

- That Bexley S.H.I.E.L.D. Executive require Strategic Children at Risk of Exploitation Specialist Safeguarding Task Group (CREST) to review the Priority 1 impact report (May 2020) and agree a position in relation to current practice on missing completed in December 2023 – Missing People charity commissioned to complete a full review (July 2024).
- That Bexley S.H.I.E.L.D. Executive require Strategic CREST chairs to produce a report for the January 2024 S.H.I.E.L.D. Partnership Board with the above assessment of practice relating to missing including feedback from the Targeted Youth Service on the current RHI process Completed at Partnership Board on 29/4/24.
- That Strategic CREST notes any findings and next steps from the tri-borough missing event in October 2023 in relation to developing practice in Bexley (including informing on any future commissioning of support from Missing People charity). Completed in December 2023.

- That Strategic CREST notes the Children's Society's missing self-assessment tool as a mechanism for reviewing current and/or future practice around missing. Shared and discussed at Strategic CREST in January 2024.
- That Bexley S.H.I.E.L.D. follows up with the community contacts list to identify key service information and shares the final contacts list as a resource for the wider safeguarding system Community contacts list produced and ongoing work to add service information.
- That Bexley S.H.I.E.L.D. agrees any further promotional work and networking activity in relation to the groups and organisations on the community contacts list (including involving them in future Learning Hub work).

### **Priority 16: Getting basic child protection right October 2023 – February 2024**

#### Progress

- That Bexley S.H.I.E.L.D. commission an ongoing series of briefings on Bexley's bruising protocol.
- That Bexley Children's Social Care shares the findings from their deep dive on pre-birth assessments in March 2024 with Bexley S.H.I.E.L.D. This work continues.
- That Bexley S.H.I.E.L.D. commissioned a series of briefings on Bexley Children's Social Care's Pre-birth Assessment Protocol. This work continues.
- Bexley S.H.I.E.L.D. ensure any previous recommendations relating to working with under-1's that are not completed are prioritised in the partnership's work programme for 2024/25. The S.H.I.E.L.D. team review the recommendations log every six weeks at the Learning Practice Group meeting.
- Bexley Children's Social Care routinely share pre-birth safety plans with Health Visitors and GPs. This work continues.
- Bexley S.H.I.E.L.D. in partnership with Bexley Children's Social Care use the Multi Agency Safeguarding Hub (MASH) audit (February 2024) to follow up on any key lines of enquiry identified by this Learning Hub in relation to working with under-1's, domestic abuse and gender identity/sexuality and share the findings of the MASH audit accordingly. This work continues.
- Bexley Community Safety Partnership develops practice guidance and resources relating to children who witness domestic abuse in their home. The work includes feedback from children, young people and parents gathered by this Learning Hub. The work continues.
- Bexley Community Safety Partnership develops practice guidance and resources relating to parents who experience violence towards them from their children. This includes feedback from children, young people and parents gathered by this Learning Hub. This work continues.
- Bexley FLARE (is a parent champion network in Bexley) are invited to support recommendations 7 and 8. This work continues.
- Bexley S.H.I.E.L.D. commissions a report from Bexley Community Safety Partnership on practice relating to routine safe enquiry This work continues.
- That Bexley S.H.I.E.L.D. ensure any previous recommendations relating to domestic abuse are prioritised in the partnership's work programme for 2024/25.

#### **Bexley Safeguarding Adults Board**

The Bexley Safeguarding Adults Board (BSAB) is a statutory body established by the Care Act 2014. It is made up of senior people from organisations that have a role in preventing the neglect and abuse from adults. Its main objective is to protect all adults in its area who have needs for care and support and who are experiencing or at risk of abuse or neglect against which they are unable to protect themselves because of their needs.

NHS SEL ICB (Bexley) is a statutory partner of the board along with the police and local authority. In Bexley the board also has many additional partners that contribute to its work including representation from our health providers.

The Board has a number of statutory duties as set out in the Care Act 2014:

1. Ensure Statutory Partners are appropriately represented on the Safeguarding Adults Board.
2. Develop and produce a 3-year Strategy and an annual Business Plan in order to direct the work of the Board that reflects priorities.
3. Publish a SAB annual report/accountability statement highlighting the Board's progress and achievements in meeting stated objectives in the Strategic Safeguarding Plan and ensuring this is widely reported across partner agencies and organisations.
4. Learn from the experiences of individuals, through undertaking Safeguarding Adult Reviews in accordance with the national guidance of best practice and the Board's Safeguarding Adult Review protocol.

*Representation from SEL ICB (Bexley Borough) are:*

Diana Braithwaite	Place Executive Lead
Philippa Uren	Designated Nurse for Adult Safeguarding
Dr Jennifer Liddington	Named GP for Safeguarding

The Bexley Safeguarding Adults Board has identified 3 Strategic Priorities for the 2023-2026 period, and these are as follows:

1. Ensure that staff understand Making Safeguarding Personal especially with adults who self-abuse and self-neglect.
2. Improve access to safeguarding information so people know where to go and who to speak to in a timely and effective way
3. Improve professional curiosity for staff's safeguarding practice including all areas regarding Mental Capacity.

In this reporting period the safeguarding team within the NHS SEL ICB Bexley have supported these priorities. The Designate Nurse for Adult Safeguarding and the named GP for Adult Safeguarding have been key members of a task and finish group for setting up a self-neglect panel in Bexley. This panel aims to reduce risk and where possible prevent serious injury or death of individuals who appear to be self-neglecting by ensuring that:

- Individuals are empowered as far as possible, to understand the implications of their actions and/or behaviours.
- There is a shared, multi-agency understanding and recognition of the issues including those involved in working with individuals who self-neglect.
- There is effective multi-agency working and practice and concerns receive appropriate prioritisation.
- That all agencies and organisations uphold their duties of care.
- There is a proportionate response to the level of risk to self and others.

The Designate Nurse will co-chair this panel alongside the Head for Safeguarding Adults from the Local Authority. The first panel meeting is set to start at the beginning of the next reporting period.

The NHS SEL ICB Safeguarding team also support the Board work for the above priorities by supporting the NHS SEL ICB Bexley Continuing Healthcare team with monthly supervision to discuss all complex cases and support with ensuring assessment of mental capacity and professional curiosity is a constant priority within the team.

### 3. Reviews

#### Local Child Safeguarding Practice Reviews

In the reporting time frame for the annual report there have been two Local Child Safeguarding Practice Reviews one of which is joint Local Child Safeguarding Practice & Domestic Homicide Review, both are still in progress. There have also been two Rapid Review meetings and learning has been disseminated to all agencies.

#### Safeguarding Adult Reviews

In the reporting time frame for the annual report there have been 29 Safeguarding Adult Review (SAR) notifications. Of these, 9 have met the SAR criteria, 7 have been completed and 5 published. The SARs not currently published are because there is currently ongoing work with police investigations.

Below is a brief summary of the key themes from each SAR published:

#### 1. SAR Jonah

Jonah was a young man who died following suicide by hanging. Through this report it was identified that Jonah's mental health deteriorated due to the misuse of crystal-meths which caused psychotic episodes, paranoia and confused thinking. For example, Jonah believed that his mind had been hacked like a computer. He was tormented with troubling voices, thoughts and suggestions of action contrary to his personality. Fearing these voices would make him do something bad or damaging, Jonah took his own life.

There were many services involved in Jonah's life across to different areas and the review included all of these services. The following conclusions were made following the review:

- The risk of Jonah's suicide was not fully understood
- There was a lack of involvement with Jonah's family or friends.
- There was little inter-agency coordination and opportunities for joint working and sharing information were not always taken.

The full report can be accessed here [SAR JONAH](#)

#### 2. SAR Noah

Noah was a young man who had been placed into Bexley Borough from another ICB. As a result of this the SAR was completed with both SAB. The review identified the following 3 factors that impacted on his care and support:

- Noah had both complex health and complex social care needs, which at times were in conflict. For example, he would have benefited from a bespoke residential placement, but that could have caused him to be somewhat socially isolated
- assessing and meeting Noah's care and support needs were, at different times, the responsibility of various combinations of Children and Families Services, Transition Services, Leaving Care Services, Adult/Social Care Services, Community Health Services and Continuing Health Care Services, leading to confusion as to which services were responsible for what and who had overall responsibility for the co-ordination of his care and support package and
- part of the Review Period fell during the Lockdowns imposed because of the Covid-19 pandemic

The full report can be accessed here - [SAR NOAH](#)

#### 3. SAR Self- Neglect Thematic Review

This SAR review looked at the care and support that was offered 25 individuals in Bexley who were identified as self-neglecting. 3 of these individuals were a family living together.



As a result of the review the Bexley Safeguarding Adults Board and partners identified that there was a need for a self-neglect panel to support frontline workers supporting residents of Bexley that were identified as self-neglecting.

The full report can be accessed here - [SAR SELF NEGLECT THEMATIC REVIEW](#)

#### **4. SAR Lola and Mike**

This review concerned a mother and her adult son who were well known to services within Bexley. They had a history of domestic abuse, poor living conditions, substance misuse and neglect.

Lola and her son Mike had multiple complexities, which included self-neglect, substance misuse, domestic abuse, lack of health care including mental health support, neither of them was initially registered with a GP. Lola was totally reliant on Mike and as a result could not bring herself to make a statement or assist Police with a prosecution against Mike in the multiple times, he had abused her. As well as mental and physical abuse Mike was financially abusing his mother.

Neither of them was trusting of professionals and were isolated from their community, although, they were well known to their neighbours due to noise disturbances. Lola would only open the door to the Police because she believed they had powers of entry and was worried about losing her dogs and home. Lola was not willing to engage with most professionals, however she did eventually engage with her IDVA and Social Worker once Mike was banned from the property and was able to develop a relationship with them.

Lola was dependent on her son for shopping, collecting money and for escorting her to hospital appointments. The impact of Mike's caring responsibility for Lola also took its toll on him. Both Lola and Mike had unmet care and support needs and were also unfit carers for each other.

The full report can be accessed here - [SAR LOLA AND MIKE](#)

#### **5. SAR ALD Thematic review**

As a result of 6 notifications to the Bexley Safeguarding Adults Board of individual residents of Bexley who died with a learning disability, the Board commissioned a Thematic Review to review the system wide support for residents in Bexley with a learning disability.

The full report can be accessed here - [SAR ALD THEMATIC REVIEW](#)

##### Domestic Homicide Reviews

Two Domestic Homicide Reviews (DHRs) were published in 2023 "Linda" and "Tracey".

- **DHR Linda**

LINDA was aged 66 at the time of her homicide and was enjoying retirement from her career in the financial sector. Her husband, DAVID, was aged 68 and had not yet retired. He was very successful professionally, with a senior role in a large telecommunications company and was described as a 'workaholic'. Unfortunately, David's mental health started to deteriorate and he began to exhibit paranoid and delusional ideation with regards to Linda. An incident of violent aggression towards Linda and a tradesman resulted in him becoming known to the Police and he left the family home. Unfortunately, he returned after 5 weeks and killed Linda the next day.

Agencies involved included Police, Mental health services and Primary care. Recommendations and the full report can be found here. [Domestic Homicide Review - Overview report into the Homicide of Linda \(bexley.gov.uk\)](#)

- **DHR Tracey**

In March 2020 Tracey was moving into new temporary accommodation in the London Borough of Bexley on her own. She had previously been living with a friend, Sarah, for a few months. Sarah became concerned that she could not contact Tracey and reported her as a

missing person to the Metropolitan Police Service (MPS). Sarah expressed concerns about the decline of Tracey's mental health and that two weeks prior Tracey had planned to jump under a train. The police recorded the missing person's report (MISPER). After two days the enquiry was graded "HIGH RISK" as Tracey had not made contact with her friend. Three days after she was reported missing, the landlord of the temporary accommodation found Tracey dead at the property. She was hanging in the wardrobe and had apparently taken her own life. Following the discovery of Tracey, police enquiries revealed that Tracey had previously been reported as a victim of domestic abuse from her then partner, Mehmed. Tracey had been admitted to hospital after assaults, resulting in serious injuries. Tracey's circumstances had been discussed at Multi-Agency Risk Assessment Conferences (MARAC) in Bexley and Kent. Tracey had also been known to NHS mental health services in South East London. Tracey's experience of trauma associated to domestic abuse was known to those services and as such a DHR was commissioned. The full report can be found [here](#).

[Overview Report into the Homicide of Tracey.pdf \(bexley.gov.uk\)](#)

Currently there are two Domestic Homicide Reviews ongoing..

The ICB safeguarding team members have contributed to these review panels and continue to support agencies to embed learning and recommendations via the DA health subgroup.

#### Learning Disability Mortality Review

Learning Disability Mortality Review (LeDeR) is a service improvement programme which aims to improve care, reduce health inequalities, and prevent premature mortality of people with a learning disability and autistic people by reviewing information about the health and social care support people received. The 2021 LeDeR policy requires all NHS Integrated Care Systems to establish a clear governance process to support effective implementation of the LeDeR programme.

The SEL LeDeR programme sits within the Learning Disability and Autism Programme which in turn is part of the Quality and Nursing Directorate and led by the NHS SEL ICB Chief Nursing Officer. The team consists of a Local Area Contact (LAC) and Programme Lead, Programme Support Officer, Senior Reviewer, and a Reviewer.

The Designate Nurse for Adult safeguarding is also the Bexley Borough LeDeR area contact and chairs the Bexley LeDeR steering group.

In this reporting period there were 15 notifications for residents of Bexley. The median age of death for these individuals was 59 years.

All areas of good practice identified within the reviews are shared with the Bexley LeDeR steering group along with areas identified as needing improvement. The steering group aim is to share learning and support services to develop and improve areas of practice to improve inequalities that these individuals endure.

All areas of learning and good practice are shared via the NHS SEL ICB LeDeR Annual Report.

## **4. Named GP**

The Named GP has continued to support GP practice safeguarding leads with regular meetings every other month. This invitation is sent to GP practice leads and safeguarding admin leads however all primary care staff are welcome. A core cohort attend every meeting. These meetings cover a wide variety of subjects to support both adult and child safeguarding and are an opportunity to allow case discussion, share learning from safeguarding reviews and support communication between agencies. All safeguarding leads are emailed the minutes from these meetings and other information which is deemed useful for dissemination. To date there have been speakers from multiagency partners including the Local Authority, London Fire Brigade and Police. These have enabled sharing of information and strengthening of relationships between agencies, as well as educating primary care staff.

In October the Safeguarding team delivered a safeguarding training session for over 150 primary care staff which covered a Level 3 refresher session. This is an opportunity to share learning from specific reviews and also flag common themes seen in primary care.

Information is also shared to GPs using the primary care bulletin which is sent out weekly.

The Named GP has contributed locally to all relevant safeguarding boards, review meetings and supported GPs and primary care staff with queries on specific complex cases. This includes supporting GP practices with involvement in serious case reviews for both adult and children and embedding learning following the review.

The Named GP has also continued to attend networking meetings for both adult and children's Named GPs within the six boroughs, London wide and nationally, bringing relevant learning and information back to GPs. Currently the named GP is also co-chair for the London Network of Named GPs and this means she is involved at NHS London level. The named GP works with the SEL named GPs to share learning across SEL and embed best practice using GP search tools. At a borough level we have embedded safeguarding in the current GP Premium, using a search to identify adults who are potentially vulnerable and proactively contacting them to offer support.

At a multi-agency level, the named GP has delivered training on behalf of the Bexley Adults Safeguarding Board and S. H. I. E.L. D partnerships including recording a webinar on the Bruising protocol for non-mobile babies and children and delivering workshops on modern slavery.

## **5. Joint work with NHS SEL Integrated Care Board**

### Child Sexual Abuse Pathways

The work with NHS SEL ICB Child Sex Abuse Working Group to Enhance the Sexual Abuse Pathway for children and young people in South London has continued into Year 2. The aim of the working group is to create a collaborative partnership of Child Sex Abuse service providers across South London to deliver best practice services with a common pathway for children and families.

The Havens continues to be the referral centre for all Child Sex Abuse cases in Bexley.

Child Sex Abuse emotional wellbeing services have now been commissioned in Bexley and SEL. Barnardo's Trauma Informed Growth and Empowered Recovery emotional support services provide therapeutic support to children and young people under 18 (or up to 25 with Special Educational Needs) where there has been a disclosure of sexual abuse or sexual assault, or where a professional believes sexual abuse is likely.

## **6. What has worked well**

### Think Family

Our team have continued to work in a Think Family way and support our health providers in supporting this way of working. This includes children looked after who live with foster parents. Any complex cases that are brought to our attention are supported by the whole team to ensure we are identifying all services required to support the families moving forward. We have had presentations at the Safeguarding Health forum on identifying carers and young carers and how best to support them. The NHS SEL ICB (Bexley) safeguarding team have worked alongside the procurement and contracts team to ensure that Think Family is in all new health Contracts awarded.

Bexley health providers delivered ways in which they are supporting Think Family within their services at the Bexley Think Family Conference February 2024.

### Domestic Abuse Health Sub-group

The Domestic Abuse health sub group was set up to ensure that the Pathfinder Tool kit was fully embedded into practice for all health providers. This has now been achieved. As a result of

completion, the group were asked if they would like to “stand down” this meeting and combine it with the Bexley Borough Safeguarding Health Forum (BBSHF). The overall decision was that members found this separate meeting beneficial and therefore this meeting will continue.

The Safeguarding team have been successful in ensuring that all new contracts for Bexley now have Think Family as part of the contract. The team contributed to the Local Authority’s Think Family protocol.

### National Referral Mechanism

The Safeguarding team continue to be a quorate member and contribute their health safeguarding expertise to the National Referral Panel. Over the reporting period the Panel has seen an increase in referrals. A common theme for health is the number of children and young people who have been reportedly diagnosed with a learning difficulty. From a health perspective we can contribute by cross checking this information with the GP to ascertain if this information is correct and update the Panel accordingly.

### Refresh of Bruising Protocol

As a result of a previous LCSPR and update from the Child Safeguarding Practice Review Panel in regard to bruising in non-mobile infants, the Safeguarding Partnership decided to refresh their Bruising Protocol. The protocol was reviewed and updated by health colleagues including the Designated Consultant Paediatrician for Safeguarding Bexley. Several training sessions for the protocol were delivered to key stakeholders and there was good attendance at all sessions. A webinar for the protocol was also made and uploaded on to S.H.I.E.L.D. Safeguarding Partnership website.

## **7. Ambitions for 2023/24 Update**

### **1. To improve health’s response to domestic abuse by utilising the Pathfinder tool**

The Domestic Abuse Health Subgroup was initially set in January 2022 to embed the “Standing Alone Pathfinder toolkit”. This involved all of our health partners who provide services to Bexley residents to improve the local response to domestic abuse in health settings across the borough.

The Toolkit includes advice for embedding good practice responses to domestic abuse in health settings including a domestic abuse policy template, a checklist form reviewing domestic abuse training and practical briefings on how to response to Black & Minority Ethnic, LGBT+, older and disabled survivors of domestic abuse.

All health partners have now completed the Pathfinder tool kit and continue to embed and update the process as and when required.

### **2. Transitional Safeguarding response**

During this reporting period the NHS SEL ICB Bexley Safeguarding team have contributed to improving health and social care response young people with complex needs to safety transition from children to adult services.

This has been achieved by coordinating complex multi-agency meetings with relevant attendance by senior practitioners.

The team are also currently members of the Transitional Safeguarding working group.

### **3. Self-Neglect**

The SAR Self Neglect panel members identified there was a gap within Bexley where individual residents with complex self-neglect and hoarding issues could be discussed. As a result, the designated nurse for adult safeguarding has supported the Bexley Safeguarding Adult Board to set up a multi panel for this purpose. The first panel meeting was set for the new reporting period.

#### **4. To continue to work in collaboration with partners to improve and strengthen the mental health of children, young people and families in Bexley**

The Designated Nurse for Safeguarding children, and Named GP attend the monthly Bexley Wellbeing Partnership Children & Young People's Programme Board to support development of Bexley's strategic priorities for the mental health of children

We are also committed to supporting the development of Early help and contributed to the work of the SHIELD partnership on this priority. Looking at SAR and complex cases raised to us we are aware that supporting mental health continues to be a common theme and we continue to raise awareness of this whilst embedding learning from these in all our workstreams.

Any child or young person seen by the Children Looked After team who record over 17 on the strengths and difficulties questionnaire, (SDQ), or who exhibited mental health issues, will be signposted to the wellbeing group whereby they will be either referred to CAMHS or the local authority psychological support therapist. In addition, work is undertaken with foster carers to help identify, support or escalate children and young people with mental health concerns.

#### **5. To develop a vulnerable adult register across primary care which can be used to proactively support patients as needed.**

This has been developed in conjunction with the primary care team using the GP premium to incentivise practices. This will enable the team to try and proactively identify patients who may be at risk of self-neglect or abuse and support them to engage with services as needed. This will be reviewed after a year to consider any impact.

## **8. New Priorities for NHS SEL ICB – Bexley**

### Transitioning of Young People from children to adults' services

We have met with Children's and Adult Social Care to consider how we can support transition of young people into adulthood and will continue to champion the needs of young people in this phase of their life, recognising that those with Adverse Childhood Experiences (ACE's) who may need more input find it more difficult to access this. This remains a priority for the safeguarding team to ensure transitioning processes are fully embedded for all.

### Think Family

Remains a priority for the safeguarding team to ensure think family is fully embedded for all.

### Voice of the Child

The right of a child or young person to be heard is included in the United Nations Convention and reinforced by national legislation and guidance. In working together (2023) it is made clear that the core principles of safeguarding practice is a child centred approach which aims to understand the lived experience of children and young people and additionally seeks their views about their lives and circumstances.

Bexley safeguarding and Children Looked After team work hard to ensure where possible the voice of the child is listened to and heard. Significant progress has been made, particularly within the Children Looked After service, whereby children and young people are encouraged to use their voice regarding their care, to effect changes in service provision and to voice their wishes and aspirations. However, leaning from serious cases has highlighted that this is not always the case for every child in Bexley.

The team will continue to work with partners to ensure that the voice of the child is evident in assessments and arrangements, that children with communication difficulties and/or disabilities are facilitated to utilise the appropriate communication methods, that a child's voice is not obstructed by a parent, carer or professional and that a pre- verbal or nonverbal child is observed for behaviour, expressions and interactions.

### Professional Curiosity

Improve professional curiosity for staff's safeguarding practice including all areas regarding Mental Capacity has been identified as a priority for the Bexley Safeguarding Adults Board. The purpose is to ensure that staff are clearly documenting and assessing mental capacity for all decisions pertaining to health, care and safeguarding concerns. This will contribute to supporting individuals to be involved with their care and improve best interest decisions that need to be made when capacity is lacking. This priority will be monitored via the Bexley Borough Safeguarding Health Forum.

Making safeguarding personal has been identified as a priority for the Bexley Safeguarding Adults Board. The purpose is to ensure that staff understand Making Safeguarding Personal especially with adults who self-abuse and self-neglect. This priority will be monitored through the Bexley Borough Safeguarding Health Forum and self-neglect panel.

#### Information Sharing

In most of the Bexley Reviews Information Sharing is a common theme and is on the action plans for Bexley Safeguarding Adults Board, Bexley S.H.I. E.L.D Partnership Board, Bexley Borough Safeguarding Health Forum and Domestic Abuse Sub Health Group. As part of the Learning Hub the S.H.I.E.L.D Partnership Board will focus on this theme in 2025. This will continue to be monitored and updates disseminated required.

#### Mental Capacity

Mental capacity and legal literacy continues to be a common theme in Safeguarding adult reviews and the ICB team are committed to raising awareness and the ongoing education for staff and agencies in Bexley. Feedback to professionals in complex case discussions, as well as protected learning time for staff are both ways in which this is done. We also publicise the education sessions run by Bexley adult safeguarding board which includes an MCA session. We will continue to raise awareness through all our forums.

## **9. NHS South East London Integrated Care Board Priorities**

#### Child Protection Information Sharing

Child Protection Information Sharing is an NHS project that is helping health and children's social care staff to share information and better protect society's most vulnerable children.

This service will deliver the capacity to share key information as to whether a child is subject to a Child Protection Plan or is a Looked After Child, which is not currently readily available to clinicians, specifically within Unscheduled Care Settings, where a presenting child is not known to that organisation.

The project has now moved into Phase 2 of its implementation and is in the process of being rolled out in order of priority to the following services, Primary Care, Mental Health Sexual Health 0-19 services and Dentistry.

The Designate Safeguarding Children Nurse for Bexley is part of the Task and Finish group that is leading on this project to ensure that implementation has been fully embedded into the services by the January 2025.

#### Domestic Abuse and Violence Against Women

The Designate Nurse for Safeguarding Adult and Children are part of the NHS SEL ICB task and finish group for Domestic Abuse and Violence Against Women. The aim of both groups is to ensure there is consistency across all six boroughs in regards to policies and procedures. Data collection will form part of the group's work, and it is anticipated that this will provide evidence to ensure that the appropriate services are in place across all boroughs to support all service users within the NHS SEL ICB.

#### Serious Violence Duty

The Designate Nurse for Safeguarding Adult and Children are part of the NHS SEL ICB task and finish group for Serious Violence Duty. The aim of this group is to ensure there is

consistency across all six boroughs in regards to policies and procedures. Data collection will form part of the group's work, and it is anticipated that this will provide evidence to ensure that the appropriate services are in place across all boroughs to support all service users within the NHS SEL ICB and keep them safe.

**Bexley Wellbeing Partnership Committee**

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

**Item: 5**

**Enclosure: D**

<b>Title:</b>	<i>Integrated Joint Forward Plan 2024/25: Progress Report</i>
<b>Author/Lead:</b>	Kallie Heyburn, Bexley Wellbeing Partnership Programme Director, NHS South East London Integrated Care Board Alison Rogers, Director of Integrated Commissioning, NHS South East London Integrated Care Board/London Borough of Bexley
<b>Executive Sponsor:</b>	Diana Braithwaite, Place Executive Lead, NHS South East London Integrated Care Board Dr Nicole Klynman, Director of Public Health, London Borough of Bexley

<b>Purpose of paper:</b>	<b>The purpose of this paper is to provide the Bexley Wellbeing Partnership Committee with an update on progress over the past 6-months on delivering the Bexley Wellbeing Partnership Integrated Forward Plan. This paper captures key successes from April to September 2024, highlights any challenges and captures key learning that can be applied for the remainder of this year.</b>	<b>Update / Information</b>	<b>X</b>
		<b>Discussion</b>	<b>X</b>
		<b>Decision</b>	
<b>Summary of main points:</b>	<ul style="list-style-type: none"> <li>NHS South East London Integrated Care Board’s Joint Forward Plan was published in June 2023, built on the borough level local care partnership plans.</li> <li>For Bexley, the alignment of priorities with the Joint Local Health &amp; Wellbeing Strategy resulted in the development of a local health and care system Integrated Joint Forward Plan, reflecting the needs of the local population with a focus on reducing inequalities in access, experience and outcomes.</li> <li>A 6-month review on progress of delivery against the plan is required to highlight our most significant successes to date, understand any associated challenges and capture key learning that can be applied for the remainder of the year.</li> <li>The partnership has made considerable progress across all four programme areas:             <ol style="list-style-type: none"> <li><b>Supporting Childre &amp; Young People Throughout Life</b></li> <li><b>Ageing Well – Supporting Older People Living with Frailty</b></li> <li><b>Supporting People living with Mental Health Challenges</b></li> <li><b>Supporting People to maintain a Healthy Weight</b></li> </ol> </li> <li>Whilst some challenges in relation to broader integration of teams, securing investment for new initiatives, data quality and consistency and ensuring the continued engagement and involvement of our local</li> </ul>		



	communities remain, mitigating actions are being explored and will be taken forward over the remainder of this year.	
<b>Potential Conflicts of Interest</b>	None directly relating to this report.	
<b>Other Engagement</b>	Equality Impact	None directly relating to this report.
	Financial Impact	None directly relating to this report.
	Public Engagement	None directly relating to this report.
	Other Committee Discussion/Engagement	None directly relating to this report.
<b>Recommendation:</b>	<p>The Bexley Wellbeing Partnership Committee is recommended to:</p> <p>(i) Review the progress made on delivering the Bexley Wellbeing Partnership Integrated Forward Plan.</p>	

## Joint Forward Integrated Plan 2024/25 Progress Report

### Supporting Children and Young People Throughout Life

#### Key Successes in Delivery

- Promotional activities in relation to our established children and young people Community Asthma Service has seen additional referrals made by primary care, hospital inpatient settings and the Hospital at Home service. The development of our new children and young people Respiratory Hub, offering diagnostic testing for asthma, has made considerable progress and plans are in place for an imminent 'go live'.
- Incremental steps have been made to increase capacity of the community Sickle Cell service through the recruitment of an additional 0.5wte band 6 nurse. Plans are in place to support the management of Sickle Cell in the community incorporating both adults and children's services which includes access to a multi-disciplinary team, providing input for more complex cases.
- We have incorporated the 'Strengthening Families programme' into our health visiting model which provides a framework for both health visitors and other professionals to follow when working with vulnerable families requiring additional support.
- We relaunched our Bexley Infant Feeding steering group in July 2024, bringing together a range of professionals, including midwives, health visitors, early years settings and children's centres, to scope the availability of infant feeding support in Bexley and to identify areas for improvement.
- **We have seen a positive impact on those children** offered the *Emotional Literacy Support Assistant* (ELSA) which has been offered to nearly 300 children during the past academic year. Delivery of this intervention continued as part of our Safety Valve programme with the 4<sup>th</sup> cohort underway. Training plans have been developed to target schools to adopt a more systemic change to ensure a legacy beyond the Safety Valve programme.

#### Key Challenges to Delivery

- Commissioning and delivery of the Integrated Child Health Model has been delayed as investment opportunities are explored and invest to save is sufficiently test against other SEL models.
- Progress is being made on the Thrive model in community mental health services, but full implementation relies on partners who have competing priorities.

#### Learning and Implications for Future Delivery Plans

- Our success is predicated on building strong relationships across the partnership and developing these, alongside communication pathways and shared priorities, has improved our effectiveness and ability to implement actions at pace. Being able to think holistically with system partners about healthcare and the needs of children and young people through collaboration can create scalable opportunities and practices.

## Ageing Well – Supporting Older People Living with Frailty

### Key Successes in Delivery

- Our introduction of the ‘Your Life, Your Choice Bexley’ digital platform has increased the availability of information in relation to care, support and advice. People are matched to providers based on their personal care and support needs by answering a few short questions. As a result, people can self-manage, seek peer support and contribute to their communities, placing them in control of choice and their own care.
- Our existing Falls training in care homes has successfully expanded to include clinicians providing face to face hands on training in these residential settings as well virtual clinics which support homes to problem solve.
- The ‘Trusted Partner model of reablement’ has been mobilised and the next stage is currently being embedded within each local care network geography. In response to resident feedback, we have adopted a ‘team around a person’ approach which, following training, has enabled members of care agencies to carry out Care Act assessments and trusted assessor reviews, focusing on both physical and mental health to develop an outcome focused personalised care plan tailored to the needs of the individual.
- The Reablement team use the Rockwood Frailty to measure improvement for people coming through the pathway, with 61% of people showing an improved score once completed.
- Implementation of two frailty virtual ward admission avoidance pathways with over 80% occupancy
- We have increased the ability to share information about patients through the expansion of London Care Record access and embedding the Universal Care Plan (UCP), with Bexley having the highest proportion of residents who have a UCP record.
- We have strengthened our Palliative and End of Life Care support through online training aimed at increasing the skills and confidence of the wider workforce, as well as introducing training to volunteers in the community who wish to become ‘befrienders’ to those receiving palliative care.

### Key Challenges to Delivery

- The quality and consistency of our datasets are variable which impacts on our ability to join up information on conveyances, admissions and discharges in a way that enables us to clearly measure the impact and effectiveness of our interventions.
- Training care home staff to support residents and avoid hospital conveyances/admissions has proved challenging owing to the high turnover of the health and care workforce. A ‘train the trainer’ approach has been adopted alongside a mix of virtual and face to face sessions to maintain a level of expertise and knowledge.
- Reaching and training the wider care at home workforce to enhance skills and expertise to support Home First methodology needs further development due to the dispersed model of care in the community.
- Further work required with Lewisham & Greenwich NHS Trust to develop Same Day Emergency Care pathways and enable support for higher acuity patients to remain at home.

### Learning and Implications for Future Delivery Plans

- The ability to scale, spread and sustain our positively impactful initiatives is dependent on us being able to draw on the learning from these schemes by fully evaluating outputs and outcomes, ensuring the benefits meet both organisational and individual needs.
- There is considerable focus and effort on supporting our frail population across the partnership with numerous initiatives in place. However, we recognise the need to raise awareness of the entirety of

the programme of work to ensure alignment, avoid duplication and silo working as well as share learning across sectors.

## Supporting People Living with Mental Health Challenges

### Key Successes in Delivery

- Following the implementation of the mental health hub in Bexley we have continued to improve our ways of working to ensure improved access and a greater choice of interventions through further integration of mental health partners.
- We have started to implement our bed recovery programme which has seen a modest decrease in the length of stay and occupied bed days of people on the acute inpatient wards who are identified as clinically ready for discharge.
- The development of a partnership with a local housing and support agency has enabled individuals to gain tenancies who have Care Act needs and are under Oxleas NHS Foundation Trust Mental Health services.
- We have continued with a rolling programme of training in care homes, delivered by a team of clinical experts, to help reduce the impact of behaviours of concern in people with dementia. The team adopt a psychosocial approach, rather than medication, which has seen increased support for this model of care by some care home staff.
- We have progressed support for those at risk of suicide through continuing to work with schools on mental health initiatives as well as successfully recommissioning the 'Barber project', where barbers are trained to become ambassadors and identify signs of depression in men, enabling them to support conversations about mental health and signpost to local services. The service has been extended to other spaces including sports clubs and nail bars to reach a wider catchment of the population.

### Key Challenges to Delivery

- The Synnovis cyber-attack impacted on delivery of Serious Mental Illness (SMI) physical health checks. However, the proportion of SMI patients with all tests completed is just below target (54%) as we enter the recovery phase following the incident.
- The level of demand to support people with mental health issues in finding a secure tenancy placed additional pressure on the need to rapidly build on relationships housing department colleagues.
- Demand at Emergency Departments for people previously unknown to mental health services indicates that the mental health hub will have more to do to prevent people going into mental health crisis.
- Waiting times for assessment for neurodiversity and other psychological therapies are continuing to lengthen, challenging partners and impacting on access.

### Learning and Implications for Future Delivery Plans

- The ability to successfully implement new ways of working is reliant on the engagement and buy in of those delivering the services. Supporting staff to adopt and embrace change has been resource intensive and this needs to be factored into future ways of working to bring about culture change.

## Supporting People to Maintain a Healthy Weight

### Key Successes in Delivery

- Commissioned the adults Tier 2 Weight Management program and integrated a weight management offer within the new 0-19s Public Health Service to support families and primary school age children.
- Developed a segmented communications plan on healthy lifestyles with communities and other stakeholders. Updated and communicated the adult, child and family weight management pathways, including locally, regionally, and nationally commissioned services from universal to tier 4, to partners and stakeholders.
- Working with partners, established and delivered year 1 of the School Superzone (SSZ) project in areas of high deprivation and with high comparative obesity rates, aiming to reduce inequalities and create healthier environments. The SSZ project has provided funding to support projects such as the development of a community fridge project, a school garden meadow, smokefree gates policy, tree planting and tools and equipment for Craydene community gardens to support residents with activities to become more physically active.
- Upskilled community health champions to signpost residents to appropriate areas of support and recent engagement events that took place in North Bexley and Frognaal Local Care Networks.
- Provided training to primary care staff on obesity (including raising the issue of weight) and signposting to relevant support.

### Key Challenges to Delivery

- Establishing ways of working. To mitigate this, the Healthy Weight Strategic Partnership has been reinvigorated and is in the process of re-agreeing terms of reference, mode of working and agreeing governance pathways, and setting priority actions for 2025, with a workshop to be held in November 2024.
- Obesity is a priority within the Health and Wellbeing Strategy and Joint Integrated Forward Plan, and there is also a Bexley Council Obesity Strategy. As a result, developing clear reporting mechanisms has been a challenge, which is being addressed through partnership working.
- Lack of funding and capacity across all partners, limiting possibilities for ambition and ability to engage, for example through the Healthy Weight Strategic Partnership.

### Learning and Implications for Future Delivery Plans

- Obesity is multifaceted and requires system-wide action to tackle, therefore collaborative working, for example through the Healthy Weight Partnership, is key.
- Having a clear reporting mechanism and clear responsibilities facilitates productive collaboration, however, to work well requires commitment from stakeholders to be active participants in the Healthy Weight Strategic Partnership and other key fora.

## Enabler: Local Care Networks delivering preventative services and improving population health

### Key Successes in Delivery

- Our Local Care Network leadership model has continued to evolve; expanded resource enabled more regular meetings to explore developmental support and provide greater clarity on the definition, role and responsibilities of Local Care Networks. As a result, we have seen strengthened links and connections across the local communities within all three of our Local care Networks geographies.

- Our 'showcase' approach to building our network provided us with an ideal platform to promote the work underway across Bexley and has helped increase awareness and maximise the support for local people.
- The '*Reducing Health Inequalities Programme*', in partnership with Public Health, has gained traction with five of the six projects now mobilised and operating in each of the respective Local Care Networks. These include functional fitness MOTs in Frognal Local Care Network, a children's and young people mental health offer in Clocktower Local Care Network and the Slade Green and cancer awareness projects are underway in North Bexley Local Network.
- Asset mapping for North Bexley Local Care Network continues as part of the Slade Green community engagement project and as part of the wider ICB's work to strengthen the Community Champions Programme.

### **Key Challenges to Delivery**

- We have not been able to recruit to the North Bexley Clinical Care Professional Leadership role and are currently reviewing options to ensure we secure the right level of leadership.
- The Local Care Network Health Inequalities Projects are 2 year schemes and have been funded for that period, future funding will be dependent on evaluation of outcomes and impact on reducing inequalities.

### **Learning and Implications for Future Delivery Plans**

- The ability to succeed in our work is strengthened through a strong community voice, which can only come from those who know what matters most to the population. Going forward the leads are committed to strengthening the bottom-up approach whilst ensuring fair and collaborative representation.
- Much of the service delivery is organised along a Local Care Network footprint and this will continue to grow, strengthen and expand over the coming years as we continue to find new ways for professionals to work together in teams of teams around the needs of patients.

**Bexley Wellbeing Partnership Committee**

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

**Item: 6**

**Enclosure: E**

<b>Title:</b>	<b>Finance Report Month 6</b>
<b>Author/Lead:</b>	Opeyemi Adetokunbo-Aina, Associate Director of Finance (Bexley), NHS South East London Integrated Care Board
<b>Executive Sponsor:</b>	Diana Braithwaite, Place Executive Lead (Bexley), NHS South East London Integrated Care Board David Maloney, Director of Corporate Finance, NHS South East London Integrated Care Board

<b>Purpose of paper:</b>	<b>This paper is to provide an update on the financial position of Bexley (Place) as well as the overall financial position of the ICB and the ICS as at month 6 (September) 2024/25).</b>	<b>Update / Information</b>	
		<b>Discussion</b>	<b>X</b>
		<b>Decision</b>	

<b>Summary of main points:</b>	<p><b>Bexley Position</b> At month 6, Bexley Place reported underspends, year to date of £79k and forecast of £149k. The position is driven by:</p> <ul style="list-style-type: none"> <li>• Prescribing reports overspends, year to date of £319k and forecast of £456k. This is a deterioration from month 5 position. As usual, the position is 2 months lag in actual data and an average estimate of same has been included. The current overspend is mainly driven by significant growth in medicines to prevent complications and optimise the management of long-term conditions. Delivery of the efficiency plan is underway but the impact on the run rate is expected at the back end of the financial year. Additionally, recovery plans recently presented to the ICB’s executives are also expected to make significant impact on decelerating the run rate.</li> <li>• CHC reports underspends of £114k year to date and forecast of £211k being a significant improvement from last month and year on year. The run rate has decelerated due to the delivery of the efficiency plans especially on the CHC reviews, personal health budget refunds and better payment practice incentive from a CHC Provider. Monitoring will persist due to the volatility of the service and potential retrospective claims.</li> <li>• Community Health Services reports an underspend of £87k and £173k year to date and forecast respectively due to efficiency delivery within various contracts.</li> <li>• Corporate budget reports a £132k underspend year to date and forecast due to existing vacancies which are now being filled.</li> <li>• Other service areas are delivering a near/break-even position against budget year to date and marginal underspends in the forecast position.</li> <li>• Efficiency savings – The 2024/25 target is 4% of controllable budget across SEL, amounting to £3.33m for Bexley Place. The forecast delivery</li> </ul>
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has been identified at £3.47m, which is 4% above plan as a contingency. The schemes are on track to fully deliver.

### **ICB Summary**

As at month 6, the ICB is reporting a year to date surplus of £1.7m, which is £0.7m adverse to plan. The overspend of £0.7m all relates to non-recurrent costs incurred by the ICB resulting from the Synnovis cyber-attack, specifically to review discarded tests and additional SMS messaging. Aside from this additional Synnovis expenditure, the ICB delivered in full the YTD element (£2.4m) of its additional savings requirement.

Due to the usual time lag in receiving current year information from the Prescription Pricing Authority, the ICB has received four months of prescribing data. Based upon actual spend for April to July, plus an estimate for August and September, the ICB is reporting an overspend of £2.6m at month 6. Details of the drivers and mitigating actions are set out in the detailed report.

The current expenditure run rate for continuing healthcare (CHC) services is above budget (£3.2m year to date). Lewisham (£2.6m), Greenwich (£0.6m) and Bromley (£0.5m) boroughs are particularly impacted.

The ICB continues to incur the pay costs for staff at risk following the consultation process to deliver the required 30% reduction in management costs. The ICB's business case no longer requires Department of Health and Social Care approval and so the ICB has started the process of issuing notice to affected staff. This delay is generating additional costs for the ICB of circa £0.5m per month and £2.8m year to date.

Four places are reporting overall overspend positions year to date at month 6 – Lewisham (£0.5m), Greenwich (£0.4m), Bromley (£0.3m) and Lambeth (£0.2m), with financial focus meetings recently held with the Chief Finance Office/Deputy Chief Executive Officer, and recovery plans being implemented.

In reporting this month 6 position, the ICB has delivered the following financial duties:

Underspending (£1.135m year to date) against its management costs allocation, with the monthly cost of staff at risk being charged against programme costs in line with the relevant definitions.

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 6, and noting the risks outlined in this report, the ICB is forecasting that it will deliver a year-end position of break-even, whilst noting the surplus of £34.2m included in the ICB plan on behalf of ICS partners.

### **ICS Summary**

#### Revenue

- At M6 the system is forecasting to deliver a breakeven position. This is despite many of the planning risks still existing, along with additional pressures arising since finalising the 2024/25 financial plan.
- The ICB is currently forecasting a £39.0m surplus, offset by a forecast (£39m) deficit in providers. The ICB surplus includes £34.2m of



	<p>improvement that will be delivered by providers but has been held in the ICB for planning purposes.</p> <ul style="list-style-type: none"> <li>At M6 SEL ICS is reporting a YTD deficit of (£132.7m), £52.1m adverse to plan. The main drivers to the adverse variance are the impact of the Synnovis cyber-attack (£32.6m) and slippage in efficiency programmes (£21.5m).</li> </ul> <p><u>Capital Overview</u></p> <p>As planned, SEL ICS is forecasting to spend £305.3m against its published capital allocation of £272.6m. This £32.7m over-commitment is not adjusted for the net impact of CDEL repayment to NHSE and loan of CDEL from South West London ICB. Once adjusted the system is forecasting to under-spend its system capital allocation by £6.6m.</p>	
<b>Potential Conflicts of Interest</b>	None arising as a direct result of this paper.	
<b>Other Engagement</b>	Equality Impact	None, all Bexley residents have the same levels of access to healthcare.
	Financial Impact	There is no known risk to these numbers as they have now been published.
	Public Engagement	The finance reports and efficiency delivery are 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 finance reports are discussed at SE London level at the Planning and Delivery Group, locally, it has been discussed at Bexley SMT and the LCP Executive.
<b>Recommendation:</b>	<p>The Bexley Wellbeing Partnership Committee is recommended to:</p> <ol style="list-style-type: none"> <li>Discuss and accept the Month 6 (September 2024) financial position for Bexley Place.</li> <li>Accept NHS South East London ICB and NHS South East London ICS financial position at Month 6. Details of these reports can be provided upon request.</li> </ol>	

# Bexley Wellbeing Partnership Committee

## Finance Report – Month 6

Thursday 28th November 2024

V1.0

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## Overall Position

	M06					
	YTD Budget	YTD Actual	YTD Variance	FOT Budget	FOT Actual	FOT Variance
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Acute Services	2,435	2,404	31	4,871	4,809	62
Community Health Services	11,128	11,041	87	22,255	22,082	173
Mental Health Services	5,228	5,193	34	10,455	10,428	27
Continuing Care Services	13,069	12,955	114	26,139	25,928	211
Prescribing	18,706	19,025	(319)	37,412	37,868	(456)
Prescribing Reserves	-	-	-	-	-	-
Other Primary Care Services	1,633	1,633	(0)	3,266	3,266	0
Other Programme Services	600	600	0	1,199	1,199	0
Programme Wide Projects	-	-	-	-	-	-
Delegated Primary Care Services	19,978	19,978	-	43,475	43,475	(0)
Corporate Budgets	1,427	1,295	132	2,874	2,742	132
<b>Total FOT</b>	<b>74,203</b>	<b>74,124</b>	<b>79</b>	<b>151,946</b>	<b>151,797</b>	<b>149</b>

**Month 6 (M6) Financial overview-** Underspend reported year to date (YTD) and forecast outturn (FOT) by £79k and £149k, respectively.

### Key drivers to the position:

- Prescribing reports an overspend of £319k YTD and £456k FOT, a deterioration from last month. As usual, the position is 2 months lag in actual data and an average estimate of same has been included. The current overspend is mainly driven by significant growth in medicines to prevent complications and optimise the management of long-term conditions. Delivery of the efficiency plan is underway but the impact on the run rate is expected at the back end of the financial year along with the effect of the recovery plan.
- CHC reports a YTD underspend of £114k and FOT of £211k being a significant improvement from last month, (£500k FOT improvement) and on year on year. The run rate has decelerated due to the delivery of the efficiency plans especially on the CHC reviews, personal health budget refunds and better payment practice incentive from CHC Provider. Monitoring will persist due to the volatility of the service and potential retrospective claims.
- Community Health Services reports an underspend of £87k and £173k YTD and FOT respectively due to efficiency delivery within various contracts.
- Acute Services delivered an underspend of £31k YTD and FOT of £62k, driven by efficiency within the urgent care contract.
- Corporate budget reports a £132k underspend YTD and FOT due to existing vacancies which are now being filled.
- Other service areas are delivering a marginal underspend/break-even position against budget YTD and FOT.

# Appendix A

## SEL ICB Abridged Finance Report Month 6 2024/25

# 1. Executive Summary

- This report sets out the month 6 financial position of the ICB. The financial reporting for month 3 onwards is based upon the final June plan submission. This included a **planned surplus of £40,769k** for the ICB which has now been adjusted due to the impact of the deficit support funding by £1,811k, to give a revised surplus of **£38,958k**. However, it should be noted that this includes significant values relating to ICS partners. Specifically, improvements to provider positions (**£19,200k, of which £13,200k is externally funded by NHSE**) and the additional stretch for Kings (**£15,000k**). Both have been phased into quarter 4 to ensure transparency of ICB financial reporting. The remaining surplus of **£4,758k** is the responsibility of the ICB to deliver.
- The ICB's financial allocation as at month 6 is **£4,622,090k**. In month, the ICB has received an additional £120,277k of allocations. These are as detailed on the following slide. This included as anticipated the non-recurrent **deficit support funding of £99,989k**, to enable the ICS to set an overall balanced plan.
- As at month 6, the ICB is reporting a year to date (YTD) surplus of **£1,716k**, which is **£678k** adverse to plan. The overspend of £678k all relates to non-recurrent costs incurred by the ICB resulting from the Synnovis cyber-attack – specifically, to review discarded tests and additional SMS messaging. Aside from this additional Synnovis expenditure, the ICB delivered in full the YTD element (**£2,394k**) of its additional savings requirement.
- Due to the usual time lag in receiving current year information from the PPA, the ICB has received four months of prescribing data. Based upon the number of prescribing days, the ICB is reporting an overspend of **£2,557k** at month 6. Details of the drivers and actions are set out later in the report.
- The current expenditure run-rate for continuing healthcare (CHC) services is above budget (**£3,208k YTD**). Lewisham (**£2,635k**), Greenwich (**£579k**) and Bromley (**£487k**) boroughs are particularly impacted, with the other boroughs reporting breakeven or small underspends.
- The ICB continues to incur the pay costs for staff at risk following the consultation process to deliver the required 30% reduction in management costs. The ICB's business case no longer requires DHSC approval and so the ICB has started the process of issuing notice to affected staff. This delay is generating additional costs for the ICB of **circa £500k per month and £2,770k YTD**.
- Four places are reporting overall overspend positions YTD at month 6 – **Lewisham (£505k), Greenwich (£440k), Bromley (£298k) and Lambeth (£196k)**, with financial focus meetings recently held with the CFO/Deputy CEO, and recovery plans being implemented.
- In reporting this month 6 position, the ICB has delivered the following financial duties:
  - Underspending (**£1,135k YTD**) against its management costs allocation, with the monthly cost of staff at risk being charged against programme costs in line with the relevant definitions;
  - 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 6, and noting the risks outlined in this report, the ICB is forecasting that it will deliver a year-end position of **break-even**, whilst noting the above highlighted surplus of **£34,200k** included in the ICB plan on behalf of ICS partners.

## 2. Key Financial Indicators

- The below table sets out the ICB’s performance against its main financial duties on both a year to date (YTD) and forecast basis.
- As at month 6, the ICB is reporting a year to date (YTD) surplus of **£1,716k** against the RRL, which is **£678k** adverse to plan. The overspend of £678k all relates to non-recurrent costs incurred by the ICB resulting from the Synnovis cyber-attack, specifically to review discarded tests and additional SMS messaging. Aside from this additional Synnovis expenditure, the ICB delivered in full the YTD element (**£2,394k**) of its additional savings requirement. **All boroughs are reporting that they will deliver financial balance at the year end. Four boroughs are reporting overspends YTD, with recovery plans being implemented.**
- ICB is showing a YTD underspend of **£1,135k** against the running cost budget, which is largely due to vacancies within the ICB’s staff establishment. These are in the process of being recruited to. The stranded costs (of staff at risk) following the MCR process to deliver 30% savings on administrative costs as per the NHSE directive, are being charged to programme costs in line with the definitions given for running costs versus programme costs.
- All other financial duties have been delivered for the year to month 6 period.
- As at month 6, and noting the risks outlined in this report, the ICB is forecasting that it will deliver a year-end position of break-even, whilst noting the surplus of **£34,200k** included in the ICB plan on behalf of ICS partners.

Key Indicator Performance	Year to Date		Forecast	
	Target	Actual	Target	Actual
	£'000s	£'000s	£'000s	£'000s
Expenditure not to exceed income	2,300,208	2,300,886	4,583,101	4,583,101
Operating Under Resource Revenue Limit	2,311,045	2,309,329	4,622,090	4,622,090
Not to exceed Running Cost Allowance	15,555	14,420	31,110	31,110
Month End Cash Position (expected to be below target)	4,500	3,744		
Operating under Capital Resource Limit	n/a	n/a	n/a	n/a
95% of NHS creditor payments within 30 days	95.0%	100.0%		
95% of non-NHS creditor payments within 30 days	95.0%	98.6%		
Mental Health Investment Standard (Annual)			458,449	459,245

### 3. Revenue Resource Limit (RRL)

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL ICB
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
<b>ICB Start Budget</b>	147,630	249,631	177,025	214,455	170,943	167,786	3,333,394	4,460,864
M2 Internal Adjustments	1,049	3,464	2,037	2,146	901	2,431	(12,028)	-
M2 Allocations							11,975	11,975
<b>M2 Budget</b>	148,679	253,095	179,062	216,601	171,844	170,217	3,333,341	4,472,839
M3 Internal Adjustments	1,286	1,666	812	1,770	1,512	1,541	(8,587)	-
M3 Allocations				128			7,831	7,959
<b>M3 Budget</b>	149,965	254,761	179,874	218,499	173,356	171,758	3,332,585	4,480,798
M4 Internal Adjustments	33	33	125	128	120	128	(567)	-
M4 Allocations	106	177			75		17,952	18,310
<b>M4 Budget</b>	150,104	254,971	180,000	218,627	173,551	171,886	3,349,969	4,499,108
M5 Internal Adjustments	127	296	165	230	184	189	(1,191)	-
M5 Allocations						20	2,685	2,705
<b>M5 Budget</b>	150,231	255,267	180,165	218,858	173,734	172,095	3,351,463	4,501,813
<b>M6 Internal Adjustments</b>								
Delegated Primary Care	210	2	299	295	102	312	(1,220)	-
Primary Care transformation SDF	367	548	505	726	558	579	(3,284)	-
Other		(260)					260	-
<b>M6 Allocations</b>								
Non-recurrent deficit support							99,989	99,989
GP Practice contract changes	1,137	1,589	1,489	2,124	1,694	1,756	3,402	13,191
Industrial Action							4,871	4,871
Cancer SDF							886	886
Primary Care Access Recovery							554	554
National Recovery programme							358	358
Other		46					382	428
<b>M6 Budget</b>	151,946	257,191	182,459	222,003	176,088	174,741	3,457,662	4,622,090

- The table sets out the Revenue Resource Limit (RRL) at month 6.
- The start allocation of **£4,460,864k** is consistent with the Operating Plan submissions.
- During month 6, internal adjustments were actioned to ensure allocations were aligned to the correct agreed budgets. These had no overall impact on the overall allocation. The main adjustments related to delegated primary care and primary care transformation SDF funding, which were added to borough delegated budgets.
- In month, the ICB has received an additional **£120,277k** of allocations, giving the ICB a total allocation of **£4,622,090k** at month 6. The additional allocations received in month were in respect of the non-recurrent deficit support (£99,989k) for the ICS, GP practice contract changes (£13,191k), industrial action (£4,871k) plus some smaller value allocations.
- Further allocations both recurrent and non-recurrent will be received as per normal throughout the year each month.



## 4. Prescribing – Overview as at Month 6

- The table below shows the month 6 prescribing position. Due to the usual lag in receiving information from the PPA, the ICB has received four months of 2024/25 prescribing data. Based upon a prescribing days methodology to estimate spend for August and September, the ICB is reporting an overall overspend on **PPA prescribing of £2,759k**.

M06 Prescribing	Total PMD (Excluding Cat M & NCSO) £	Cat M & NCSO £	Central Drugs £	Flu Income £	PY Flu (Benefit)/Cost Pressure £	Cat M Clawback £	Total 24/25 PPA Spend £	M06 YTD Budget £	YTD Variance - (over)/under £
BEXLEY	18,434,038	93,955	617,242	(198,176)	3,336		18,950,395	18,602,509	(347,886)
BROMLEY	24,601,666	161,401	821,601	(310,737)	(31,432)		25,242,499	25,402,291	159,792
GREENWICH	18,602,744	149,085	623,454	(161,262)	(1,687)		19,212,334	18,500,001	(712,334)
LAMBETH	20,806,301	226,564	696,842	(182,435)	(23,696)		21,523,576	21,294,091	(229,485)
LEWISHAM	21,217,305	314,952	717,599	(131,882)	(6,642)		22,111,333	20,956,641	(1,154,692)
SOUTHWARK	17,251,889	213,084	582,172	(147,659)	(45,179)		17,854,307	17,376,037	(478,269)
SOUTH EAST LONDON	0					56,374	56,374	60,000.00	3,626
<b>Grand Total</b>	<b>120,913,943</b>	<b>1,159,040</b>	<b>4,058,910</b>	<b>(1,132,150)</b>	<b>(105,300)</b>	<b>56,374</b>	<b>124,950,818</b>	<b>122,191,570</b>	<b>(2,759,248)</b>

- This position is variable across the boroughs, with significant overspends in Lewisham, Greenwich and Southwark. Key drivers of the overspend continue to be Cat M and NCO price impacts, plus significant activity growth in medicines to support the management of long-term conditions. Other drivers of increased expenditure include increased prescribing of central nervous system drugs (especially ADHD drugs and migraine drugs), female sex hormones and nutrition and blood products. All these items are showing a higher % increase than is being seen nationally. The boroughs are reviewing how each of these issues has impacted them specifically.
- Lewisham place is seeing the largest cost pressure (**£1,155k YTD**). Actions being undertaken taken to address the position include the review of additional savings opportunities including the patent expiry on key drugs such as Rivaroxaban, and additionally drugs and other items which are recommended not to be prescribed in primary care are being reviewed to ensure they are not prescribed by practices. An audit has been undertaken of patients being managed under the Monitored Dosage System (MDS) and Medication Administration Records (MARS). This sets out a basis for ensuring that patients are reassessed as required on an annual basis and has been committed to by the Local Pharmaceutical Committee (LPC) and the Lewisham Medical Committee (LMC). It is anticipated that through ensuring annual review of patient needs, recurrent savings will be achieved against the annual budget of circa £626k.
- Non PPA budgets are underspent by £202k giving an overall overspend on PPA and non PPA prescribing of **£2,557k**.

## 5. NHS Continuing Healthcare

- The overall CHC financial position as at month six is an **overspend of £3,208k**, with underlying cost pressures variable across the boroughs. Three of the six boroughs are reporting overspends, namely, Bromley, Greenwich, and Lewisham whilst the other three boroughs are reporting breakeven or small underspends.
- The majority of the overspend (**£2,635k**) is in **Lewisham**. The position is driven predominantly by the full year effect of activity pressures seen in the second half of last year circa £1,445k, a significant element relating to LD clients. The position also assumes price pressures of 4% for 2024/25 equivalent to circa £818k and reflects an increase in active clients in 2024/25, across several care groups including palliative care clients, and those in receipt of funded nursing care (FNC). The Place Executive Lead in Lewisham continues to lead weekly meetings of the Lewisham CHC team to ensure savings plans are being implemented and monitored, and a plan is in place to ensure client reviews are being undertaken in an optimal way. The team is also focussed on an ongoing cleanse of the client database to help assure reporting accuracy, and progress is monitored through weekly meetings with the ledger reflecting any changes made to the database. An improvement in the run rate (**£68k**) has been seen in month 6 arising from this work. There has been a favourable movement in the **Bexley** outturn position this month of **£505k** due to a reduction in forecast activity. The overspend in **Bromley** of **£225k** partially relates to the final settlement of a CHC case, with the remainder due to increased activity driven in part by increase in the borough's bed base. **Greenwich** has seen a deterioration in its full-year position of **£645k**, due to an increase in the number of CHC children, with this movement being validated.
- The ICB set up a panel to review price increase requests above 1.8% from providers to both ensure equity across SE London and to mitigate large increases in cost. The panel had weekly meetings to discuss and agree cost increase requests from the CHC care providers. The panel has agreed majority of the claims, and boroughs have started to update their client databases. The reported financial position reflects a 4% inflationary uplift. In month 7, a review of the reserves held in each borough to fund the inflationary uplifts will be undertaken.
- All boroughs are reporting achievement against their identified CHC savings schemes. Despite this however, increased activity, higher numbers of higher-cost patients, and above inflation increases for providers are all contributing to the overspend on the CHC budget.

## 6. Provider Position

### Overview:

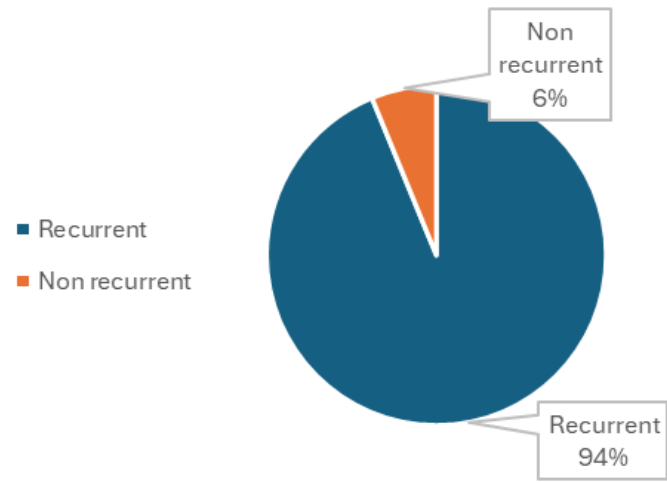
- This is the most material area of ICB spend and relates to contractual expenditure with NHS and Non-NHS acute, community and mental health providers, much of which is within block contracts.
- In year, the ICB is forecasting to spend circa **£3,216,286k** of its total allocation on NHS block contracts, with payments to our local providers as follows:
  - Guys and St Thomas **£704,191k**
  - Kings College Hospital **£856,304k**
  - Lewisham and Greenwich **£645,073k**
  - South London and the Maudsley **£317,551k**
  - Oxleas **£247,407k**
- In month, the ICB position is showing a break-even position on these NHS services and a break-even position has also been reflected as the forecast year-end position.

# 7. ICB Efficiency Schemes at as Month 6

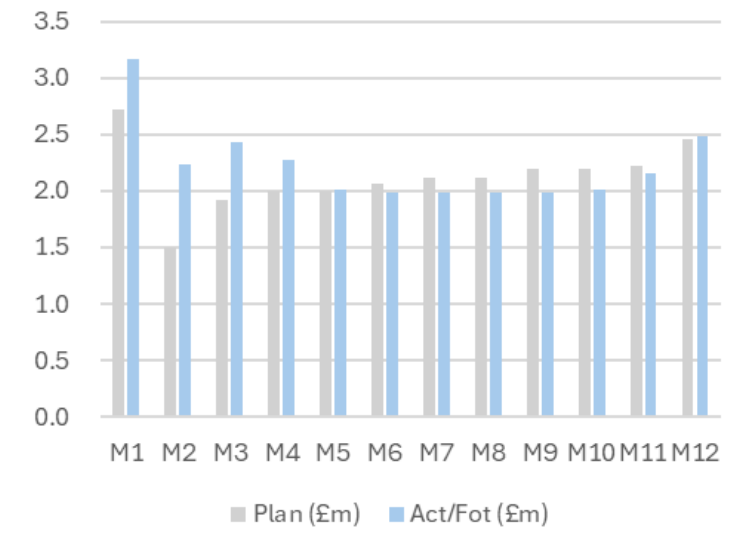
- The 6 places within the ICB have a total savings plan for 2024/25 of **£25.5m**. In common with the previous financial year, the key elements of the savings plans are in continuing healthcare (CHC) and prescribing.
- As at month 6, the table to the right sets out the YTD and forecast status of the ICB's efficiency schemes.
- As at month 6, overall, the ICB is reporting actual delivery ahead of plan (£1.9m).** At this stage in the financial year, the annual forecast is to slightly exceed the efficiency plan (**by £1.2m**), although this will need ongoing close monitoring.
- The current risk rating of the efficiency plan is also reported. At this stage in the year, **£2.6m** of the forecast outturn of **£26.7m** has been assessed by the places as **high risk**.
- Most of the savings (**94%**) are forecast to be delivered on a recurrent basis.

Providers	M6 year-to-date			Full-year 2024/25			Full Year - Identified			Full Year Forecast - Scheme Risk		
	Plan	Actual	Variance	Plan	Forecast	Variance	Plan	FOT	Change	Low	Medium	High
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Bexley	2.2	2.1	(0.0)	3.5	3.6	0.1	3.5	3.6	0.1	3.0	0.2	0.4
Bromley	2.8	2.9	0.1	6.3	6.4	0.1	6.3	6.4	0.1	4.2	2.2	0.0
Greenwich	1.6	1.9	0.2	3.5	4.2	0.7	3.5	4.2	0.7	2.6	1.6	0.0
Lambeth	2.5	3.7	1.3	5.2	5.5	0.3	5.2	5.5	0.3	1.7	1.6	2.2
Lewisham	1.6	1.9	0.3	3.2	3.6	0.4	3.2	3.6	0.4	2.9	0.7	0.0
Southwark	1.6	1.6	(0.0)	3.8	3.4	(0.3)	3.8	3.4	(0.3)	3.4	0.1	0.0
<b>SEL ICB Total</b>	<b>12.2</b>	<b>14.1</b>	<b>1.9</b>	<b>25.5</b>	<b>26.7</b>	<b>1.2</b>	<b>25.5</b>	<b>26.7</b>	<b>1.2</b>	<b>17.8</b>	<b>6.3</b>	<b>2.6</b>

Forecast efficiencies by recurrence



Monthly phasing of efficiencies



**Appendix B**  
**SEL ICS Abridged Finance Report**  
**Month 6 2024/25**

## Revenue overview

- At M6 the system is forecasting to deliver a breakeven position. This is despite many of the planning risks still existing, along with additional pressures arising since finalising the 2024/25 financial plan.
- The ICB is currently forecasting a £39.0m surplus, offset by a forecast (£39m) deficit in providers. The ICB surplus includes £34.2m of improvement that will be delivered by providers but has been held in the ICB for planning purposes.
- At M6 SEL ICS is reporting a YTD deficit of (£132.7m), £52.1m adverse to plan. The main drivers to the adverse variance are the impact of the Synnovis cyber-attack (£32.6m) and slippage in efficiency programmes (£21.5m).
- These drivers of the YTD variance along with uncertain inflationary pressures and income risks pose a significant risk to the delivery of the system's financial plan. Initial analysis of the funding for pay awards reported an additional inflationary pressure of c.£37m. Work is continuing to refine the pay award impact, and it is anticipated that the impact will be up to £26m.
- At month 5 the system reported £23.6m of unidentified mitigations to the delivery of the forecast, with a central assessment raising the level of unidentified mitigations to c.£54.4m. Following a focused review at month 5, at month 6 the reported unidentified mitigations has increased to £72.8m. Taking into account the KCH £15m planning stretch and alignment of FOTs with organisation control totals, the unmitigated gap is £102.8m, of which £69.5m relates to Synnovis and pay awards.

## Capital overview

- As planned, SEL ICS is forecasting to spend £305.3m against its published capital allocation of £272.6m. This £32.7m over-commitment is not adjusted for the net impact of CDEL repayment to NHSE and loan of CDEL from South West London ICB. Once adjusted the system is forecasting to under-spend its system capital allocation by £6.6m.
- The KPMG-led I&I phase 1 work has indicated potential opportunities of between £12.2m and £37.4m of in-year improvements. Validation workshops have taken place and organisations are responding to phase 2 commercial proposals.
- WTE numbers have reduced since 31 March 2024, although substantive headcount has not reduced as much as planned so far and currently sits 107 WTE above the YTD plan figure. Although the recent downward trend in workforce numbers reflects the planning direction, progress appears to have stalled and continued effort will be required to maintain reductions in line with future month plans. This will continue to be a key focus and risk to delivery

# I&E summary

Organisation	Surplus / (Deficit) - Adjusted Financial Position							
	Plan	Actual	Variance		Plan	Forecast	Variance	
	YTD	YTD	YTD		Year Ending	Year Ending	Year Ending	
	£000	£000	£000	%	£000	£000	£000	%
South East London ICB	2,394	1,716	(678)	(0.0%)	38,958	38,958	0	0.0%
Guy'S And St Thomas' NHS Foundation Trust	(6,000)	(44,205)	(38,205)	(2.7%)	0	0	0	0.0%
King'S College Hospital NHS Foundation Trust	(74,356)	(71,729)	2,627	0.3%	(40,004)	(40,004)	-	0.0%
Lewisham And Greenwich NHS Trust	(145)	(9,027)	(8,882)	(2.2%)	-	-	-	0.0%
Oxleas NHS Foundation Trust	518	518	-	0.0%	1,036	1,036	-	0.0%
South London And Maudsley NHS Foundation Trust	(3,034)	(9,973)	(6,939)	(2.3%)	10	10	-	0.0%
<b>ICS Total</b>	<b>(80,623)</b>	<b>(132,700)</b>	<b>(52,077)</b>	<b>(2.3%)</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0.0%</b>

- At M6 SEL ICS is reporting a YTD deficit of (£132.7m), £52.1m adverse to plan. The main drivers are **the impact of the Synnovis cyber-attack (£32.6m)**, and **slippage in efficiency programmes (£21.5m)**.
- These drivers along with uncertain inflationary and income risks pose a significant risk to the delivery of the system's financial plan. Initial analysis of the funding for pay awards reported an additional inflationary pressure of c.£37m. Work is continuing to refine the pay award impact, and it is anticipated that the impact will be up to £26m.
- The M6 CIP shortfall is forecast to translate to a **full year under-delivery of £27.4m**. Every ICS organisation except GSTT is forecasting to deliver its efficiency plan. Further work on workforce reductions is required to achieve the savings targets and overall financial plan.
- The **ICB is currently forecasting a £39m surplus, offset by a forecast (£39m) deficit in providers**.
- At month 5 the system reported **£23.6m of unidentified mitigations to the delivery of the forecast**, with a central assessment raising the level of unidentified mitigations to c.£54.4m. Following a focused review at month 5, at month 6 the reported unidentified mitigations has increased to £72.8m. **Taking into account the KCH £15m planning stretch and alignment of FOTs with organisation control totals, the unmitigated gap is £102.8m**, of which **£69.5m relates to Synnovis and pay awards**.

# System capital expenditure

- As from Month 4 the total system capital allocation includes IFRS 16, and for 2024/25 is £272.62m, made up of £269.36m provider allocation and £3.3m ICB primary care allocation. This allocation figure excludes the net impact of the £52.6m repayment of CDEL to NHS England and borrowing of £31.9m CDEL allocation from South West London ICS. Adjusting for those expected changes the system allocation will be £251.9m.
- The system is currently forecasting to under-spend its allocation by £6.6m. £5.8m of this is due to Oxleas not using the full extent of their IFRS 16 uplift. For reporting purposes, the £60m CDEL repayment is currently being recorded outside the system allocation and consequently the system appears to be over-spent against its allocation. A reconciliation table has been included to explain how the system will limit its FOT underspend to £6.6m.
- At M6 the system has spent £59.1m YTD, £21.5m less than planned for at M6.

## Capital spend against system capital allocation

	Year to date (YTD)			Full-year (FY)		
	Plan	Actual	Variance	Plan	Forecast	Variance
	£m	£m	£m	£m	£m	£m
GSTT	30.6	25.9	4.7	124.7	124.7	0.0
KCH	14.7	7.8	6.9	50.4	50.4	0.0
LGT	22.4	19.0	3.4	44.9	44.9	0.0
Oxleas	6.8	3.1	3.7	17.2	11.4	5.8
SLAM	6.1	3.3	2.8	70.8	70.7	0.1
<b>SEL Providers</b>	<b>80.7</b>	<b>59.1</b>	<b>21.5</b>	<b>307.9</b>	<b>302.1</b>	<b>5.8</b>
<b>SEL ICB</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>3.3</b>	<b>3.3</b>	<b>0.0</b>
<b>Total</b>	<b>80.7</b>	<b>59.1</b>	<b>21.5</b>	<b>311.2</b>	<b>305.3</b>	<b>5.8</b>
<b>Provider allocation</b>				<b>269.4</b>		<b>(32.7)</b>
<b>ICB allocation</b>				<b>3.3</b>		<b>0.0</b>
<b>System allocation</b>				<b>272.6</b>		<b>(32.7)</b>

## IFRS 16 impact upon capital forecast

	Impact of IFRS 16		
	Plan	Forecast	Variance
	£m	£m	£m
GSTT	32.4	32.4	0.0
KCH	5.4	5.4	0.0
LGT	8.0	8.0	0.0
Oxleas	5.2	(0.6)	5.8
SLAM	1.5	1.4	0.1
<b>SEL Providers</b>	<b>52.4</b>	<b>46.6</b>	<b>5.8</b>
<b>SEL ICB</b>			<b>0.0</b>
<b>Total</b>	<b>52.4</b>	<b>46.6</b>	<b>5.8</b>
<b>Provider allocation</b>	<b>53.1</b>		<b>6.6</b>
<b>ICB allocation</b>			
<b>System allocation</b>	<b>53.1</b>		<b>6.6</b>

## Reconciliation between M6 Reporting and expected forecast position

	Allocation	Spend	Variance
<b>M6 Reported</b>	<b>272.6</b>	<b>305.3</b>	<b>(32.7)</b>
CDEL repayment to NHSE	(52.6)		(52.6)
SWL loan of CDEL	31.9		31.9
SLaM £60m repayment <sup>1</sup>		(60.0)	60.0
<b>Restated M6</b>	<b>251.9</b>	<b>245.3</b>	<b>6.6</b>

<sup>1</sup> reported in M6 but outside of system charge



**Bexley Wellbeing Partnership Committee**

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

**Item: 7**

**Enclosure: F**

<b>Title:</b>	<b>Local Care Partnership Supplementary Performance Data Report</b>
<b>Author:</b>	Graham Tanner, Associate Director, Primary Care (Bexley), NHS South East London Integrated Care Board
<b>Executive Lead:</b>	Diana Braithwaite, Place Executive Lead (Bexley), NHS South East London Integrated Care Board

<b>Purpose of paper:</b>	<p><b>This report is produced by the NHS SEL ICB assurance team and is intended to be used by Local Care Partnerships as part of their local assurance processes.</b></p> <p><b>The latest position against key areas of local performance is presented, highlighting achievement against national targets, agreed trajectories and other comparators. An overview of performance and wider SEL context is provided to support interpretation of the data.</b></p> <p><b>This report is intended to be used by the Bexley Wellbeing Partnership to identify areas where performance is not in line with expectations and where members/teams may be required to provide additional explanation and assurances that issues are being addressed either locally or as part of a wider system approach.</b></p>	<b>Update / Information</b>	<b>X</b>
		<b>Discussion</b>	
		<b>Decision</b>	
<b>Summary of main points:</b>	<p>The report covers a range of metrics where LCPs either have a direct delegated responsibility for delivery or play a key role in wider SEL systems. It covers the following areas:</p> <ul style="list-style-type: none"> <li>• Areas of performance delegated by the ICB board to LCPs</li> <li>• Metrics aligned to the six ICB corporate objectives that fall within delegated responsibilities for LCPs.</li> <li>• Metrics requested for inclusion by LCP teams</li> </ul> <p>The latest available report (October 2024) presents a balanced overall position for Bexley but with some areas requiring additional focus over the remainder of the year to ensure trajectories are achieved..</p> <p>Performance is below the required trajectory for:</p> <p><b>Mental Health</b></p> <ul style="list-style-type: none"> <li>• Talking therapies (IAPT) – discharge <i>(Benchmark Trajectory 176 / Current Performance 115)</i></li> <li>• Talking therapies (IAPT) – reliable improvement</li> </ul>		

	<p>(Benchmark Trajectory <b>67%</b> / Current Performance <b>59%</b>)</p> <ul style="list-style-type: none"> <li>Talking therapies (IAPT) – reliable recovery (Benchmark Trajectory <b>48%</b> / Current Performance <b>47%</b>)</li> <li>SMI Healthchecks (Local trajectory <b>64%</b> / Current Performance <b>56%</b>)</li> </ul> <p><b>Continuing Healthcare</b></p> <ul style="list-style-type: none"> <li>CHC Percentage assessments completed within 28 days (Local trajectory <b>70%</b> / Current Performance <b>69%</b>)</li> </ul> <p><b>Childhood Immunisations</b></p> <ul style="list-style-type: none"> <li>Children Receiving MMR1 at 24 months (PH efficiency standard <b>90%</b> / Current Performance <b>87%</b>)</li> <li>Children Receiving MMR1 at 5 years (PH efficiency standard <b>90%</b> / Current Performance <b>89%</b>)</li> <li>Children Receiving MMR2 at 5 years (PH efficiency standard <b>90%</b> / Current Performance <b>77%</b>)</li> <li>Children receiving DTaP/IPV/Hib % at 12 months (PH efficiency standard <b>90%</b> / Current Performance <b>89%</b>)</li> <li>Children receiving pre-school booster (DTaPIPv%) % at 5 years (PH efficiency standard <b>83%</b> / Current Performance <b>82%</b>)</li> <li>Children receiving DTaP/IPV/Hib % at 5 years (PH efficiency standard <b>90%</b> / Current Performance <b>87%</b>)</li> </ul> <p><b>Cancer</b></p> <ul style="list-style-type: none"> <li>Cervical Cancer Coverage (25-64 combined) (Corporate objective <b>72%</b> / Current Performance <b>71.9%</b>)</li> </ul> <p><b>Hypertension</b></p> <ul style="list-style-type: none"> <li>Patients with hypertension recorded as being treated in line with NICE Guidance (Corporate objective <b>66%</b> / Current Performance <b>61%</b>)</li> </ul> <p><b>Appendix 1</b> provides a short narrative on each of these metrics, including any mitigating factors and/or plans to address shortfalls or deficits within the next reporting period.</p>	
<p><b>Potential Conflicts of Interest</b></p>	<p>This report is for information only. There are no conflicts of interest.</p>	
<p><b>Other Engagement</b></p>	<p>Equality Impact</p>	<p>The stated mission of the South East London ICS is to help people in South East London to live the healthiest possible lives. The Bexley Wellbeing Partnership (BWP) supports this through helping people to stay healthy and well, providing effective treatment when people become ill, caring for people throughout their lives, taking targeted action to reduce health inequalities, and supporting resilient, happy communities as well as the workforce that serves them.</p>

	Financial Impact	This report is for information only. There are no financial impacts.
	Public Engagement	The majority of the information provided in this report is publicly available via NHS Digital.
	Other Committee Discussion/Engagement	This report and any required mitigations are discussed at the SEL ICB Board and Bexley Wellbeing Partnership Executive. It is being reported to the Bexley Wellbeing Partnership Committee for information.
<b>Recommendation:</b>	<p>The Bexley Wellbeing Partnership is recommended to:</p> <p>(i) Review the report and the mitigations/actions highlighted in Appendix 1 for each of the metrics RAG rated as red based on the latest reporting period.</p>	

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

Performance Metric	Reporting Period	Expected Standard / Trajectory	Latest Performance Position	Trend Since Last Report	SEL context and description of performance	Mitigations and Improvement Actions
<b>IAPT discharge</b>	Oct 23	176	115	↓	Number of patients discharged having received at least 2 treatment appointments in the reporting period, that meet caseness at the start of treatment.	The service is taking steps to: review assessment tools, and reduce the time it takes for a potential service users to be assessed, and thereby reduce waiting times from referral to treatment work more closely with the Bexley Mental Health Hub to eradicate duplicate patient assessments audit past treatment decisions to make sure that new patients are referred for the correct course of treatment from the outset introduce new ‘treatment modalities’ so that patients receive treatments that are increasingly tailored to their presentations
<b>IAPT reliable improvement</b>	Oct 24	67%	59%	↓	Reliable improvement rate for those completing a course of treatment.	In order to improve patient clinical outcomes (including reliable improvement and reliable recovery) the service is implementing a new system of clinical supervision of therapists. These changes will increase the proportion of cases
<b>IAPT reliable recovery</b>	Oct 24	48%	47%	↑	Reliable recovery rate for those completing a course of treatment and meeting caseness.	

Performance Metric	Reporting Period	Expected Standard / Trajectory	Latest Performance Position	Trend Since Last Report	SEL context and description of performance	Mitigations and Improvement Actions
						that are reviewed through internal clinical governance processes and will allow the service to support clinicians to work with patients to improve the effect of treatment. However, thus far, the service has identified that poorer outcomes are associated with patients declining treatment, and with patients not attending appointments in an unplanned way (DNAs).
<b>SMI Physical Healthchecks</b>	Q1 24/25	64%	56%	↓	<p>There was a significant increase in the number of AHCs undertaken for people with an SMI over the last 12 months and the SEL operating planning trajectory was achieved at the end of 2023/24.</p> <p>All LCPs significantly improved their position and delivered health checks to over 60% of their registers. Indicative trajectories, aligning with the SEL operational plan, were met by 3 out of 6 LCPs.</p> <p>As part of the operational planning process, a trajectory to achieve 70% uptake by the end of 2024/25 has been agreed for south east London.</p>	<p>Bexley's Q1 position is the best of the 6 SEL boroughs which is positive but, in common with the other 5 boroughs, there has been a marked drop from the 23/24 year end position and performance is below target and trajectory.</p> <p>Unfortunately, the Synnovis cyber-attack incident will have had a marked impact on performance due to the inability to process routine blood tests for several months and the Q2 position will therefore likely show a worse position.</p> <p>The Bexley Primary Care Team has shared individual</p>

Performance Metric	Reporting Period	Expected Standard / Trajectory	Latest Performance Position	Trend Since Last Report	SEL context and description of performance	Mitigations and Improvement Actions
						<p>performance data with each practice and is working with them to create tailored improvement plans.</p> <p>Additionally, the Bexley Mental Health Board, which includes members from GP practices, is meeting to discuss improvement actions and further efforts to enhance data sharing.</p>
<b>Continuing Healthcare - Percentage assessments completed in 28 days</b>	Q2	70%	69%	↓	<p>There are a number of national standards which systems are required to achieve consistently. Where deviating from the standard, there is an expectation that performance will be addressed as a priority. This includes:</p> <p><i>Complete assessments of eligibility within 28 days from the date of referral in &gt;80% cases.</i></p> <p>Recovery trajectories for the 28-day metrics have been agreed with NHSE and for quarter 2 it was 70%.</p> <p>SEL ICB as a whole achieved 66% with Bexley achieving 69%</p>	<p>The principal cause for not meeting the standard this quarter was due to Social Workers not being allocated to cases in a timely way. This was especially difficult during the summer holidays when many social workers were on leave.</p> <p>A few delays were also caused by care providers wanting to attend the Decision Screening Tool meetings but not being available when the assessors were.</p> <p>LBB Adult Social Care took immediate action when made aware of the issue and Social Workers were allocated immediately. They also offered a route of escalation for future</p>

Performance Metric	Reporting Period	Expected Standard / Trajectory	Latest Performance Position	Trend Since Last Report	SEL context and description of performance	Mitigations and Improvement Actions
						issues. We can therefore be optimistic regarding future performance.
<b>Childhood Immunisations, including:</b> Children Receiving MMR1 at 24 months Children Receiving MMR1 at 5 years Children Receiving MMR2 at 5 years Children receiving DTaP/IPV/Hib % at 12 months Children receiving DTaP/IPV/Hib % at 24 months Children receiving pre-school booster (DTaPIPv) % at 5 years Children receiving DTaP/IPV/Hib % at 5 years	Q1 – 24/25	90%	87%	↑	South East London ICB has recently refreshed its Vaccination and Immunisation Strategy and has embedded within the six boroughs an approach to increase uptake by developing trust and confidence in the childhood immunisation programme with local communities.  Since December there has been a number of reported cases of measles across the country resulting in a national and regional response. SEL boroughs and programme team are co-ordinating and aligning plans across the system in response to the concerns. A full report detailing the position and proposed actions was agreed at the ICB Executive Committee in February 2024.  Actions include: SRO/director level attendance at the weekly London IMT meeting; production of a weekly sitrep feeding up to London IMT; A sub-group of the SEL board is meeting on a weekly basis with borough leads, public health, communications and primary care leads to co-ordinate the local response and to support local plans. Each borough has produced a	The decrease in coverage seen in Bexley is a reflection of the wider picture seen across England & London. The 3.4% increase of MMR1 at 24 mths and the 0.1% increase of DTaP/IPV/Hib at 24 mths, on the previous quarter's figures is encouraging.  Response actions will be primarily focused on 6 in 1 , MMR and pre-school booster vaccines. Coverage of routine childhood immunisations tends to be lower in North Bexley but there is variance in uptake of difference vaccines across most practices.  Actions include, targeted communications to early years settings, PVIS and schools , together with a review of access and booking process for GP practice vaccination appointments.  Plans are in train to undertake a directed piece of work to firstly identify which patient

Performance Metric	Reporting Period	Expected Standard / Trajectory	Latest Performance Position	Trend Since Last Report	SEL context and description of performance	Mitigations and Improvement Actions
					<p>local action plan and are using their local place level vaccination groups to support delivery.</p> <p>Borough plans are also in place in response to the rise in numbers of whooping cough numbers and the imperative to focus on the full range of childhood immunisations including pertussis.</p> <p>The performance indicators have an efficiency standard of 90% and an optimal performance standard of 95% for childhood immunisations. Based on current performance for south east London (and London more widely), the 90% efficiency standard is used as the comparator for RAG ratings in the 2024/25 LCP performance. This is a change in approach compared to the previous year (which used the national average as comparator)</p>	<p>groups are not taking up vaccination offers and coming forward establish a task &amp; finish group</p> <p>Capacity for MMR vaccination of 5-19yr olds will be boosted by an NHSE programme (time limited) for a small number of Community Pharmacies to deliver MMR vaccination. As of November 2024, Belvedere Pharmacy and Aspire Pharmacy are able to deliver MMR vaccinations. Patient communications are being drafted centrally in collaboration with the SEL Associate Chief Pharmacist the Comms</p> <p>The borough Immunisation Coordinator works closely with practices to support improvement in uptake. Key actions include the timely &amp; regular distribution of vaccination programme updates at meetings/via written communications with the aims of:</p> <ul style="list-style-type: none"> <li>• Raising awareness on programme changes &amp;</li> </ul>



Performance Metric	Reporting Period	Expected Standard / Trajectory	Latest Performance Position	Trend Since Last Report	SEL context and description of performance	Mitigations and Improvement Actions
						<p>signposting to associated supporting resources &amp; toolkits</p> <ul style="list-style-type: none"> <li>• Publicising training opportunities</li> <li>• Encouraging staff to build a library of resources &amp; knowledge to support healthy conversations with patients who are unsure about accepting a vaccine offer</li> </ul>
<b>Cervical Cancer Coverage (25-64 combined)</b>	Apr 24	72%	71.9%	↑	<p>Cervical cancer coverage is now being reported against the new 2024/25 LCP level indicative trajectories. The most recently available bowel and breast cancer screening coverage data is for February 2024 so continues to be reported against the overall SEL ambition for 2023/24.</p>	<p>Raising awareness with the general public regarding the importance of cervical screening, through community engagement events.</p> <p>Cancer data packs sent quarterly to Practices so they can track their performance against their peers and the borough target.</p>
<b>Management of hypertension treated to NICE Guidance</b>	Sep 24	66%	61%	↓	<p>The south east London ICB board has set improving the percentage of patients with hypertension treated to NICE guidance as a corporate objective. The board agreed a 'floor' level ambition of 69.7% as a minimum by March 2024 with the intention to</p>	<p>Working together with 'Clinical Excellence South East London' (CESEL) to ensure that the CVD investment funding is focused on supporting the improvement of the hypertension target.</p>

Performance Metric	Reporting Period	Expected Standard / Trajectory	Latest Performance Position	Trend Since Last Report	SEL context and description of performance	Mitigations and Improvement Actions
					<p>achieve 77% (2023/24 operational plan target) as soon as possible.</p> <p>At the end of 23/24, SEL achieved an average of 64%, Bexley also achieved an average of 64%, although this ranged from PCN averages of 74% - 58%.</p> <p>2024/25 performance will be reported against straight line trajectories for each LCP to achieve the 80% target by March 2026.</p> <p>There is a significant time lag (of approximately 4 months) in the publishing of national reporting (CVD PREVENT) of this metric. To support local monitoring of performance, the SEL LTC team have used the local data as the basis for trajectories up to March 2026. The latest position from each data source is reported below</p> <p>Hypertension is predominantly managed in general practice and there is wide variation in achievement across practices, not always explained by demography.</p>	<p>Hypertension webinar for primary care to be held shortly (SEL wide)</p> <p>Increasing awareness with the general public about the importance of having blood pressure checked and controlled - through community engagement events with blood pressure monitoring available.</p> <p>For patients with uncontrolled hypertension, they do require a blood test prior to medication changes and therefore the impact of the Synnovis cyber-attack will have contributed to the drop in achievement.</p>

# Bexley Local Care Partnership LCP performance data report

October 2024 v2

## Introduction and summary

Overview of report

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## Reported metrics

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## Summary:

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

## Contents and structure of report:

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

## Structure

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

## Definitions:

- Definitions and further information about how the metrics in this report are calculated can be found [here](#).

# Bexley performance overview

Standard	Trend since last period	Period covered in report	Comparator	Benchmark	Current performance
Dementia diagnosis rate	↑	Sep-24	National standard	67%	72%
IAPT discharge	↓	Aug-24	Operating plan	176	115
IAPT reliable improvement	↓	Aug-24	Operating plan	67%	59%
IAPT reliable recovery	↑	Aug-24	National standard	48%	47%
SMI Healthchecks	↓	Q1	Local trajectory	64%	56%
PHBs	↓	Q1 - 24/25	Local trajectory	253	615
NHS CHC assessments in acute	↔	Q2 - 24/25	National standard	0%	0
CHC - Percentage assessments completed in 28 days	↓	Q2	Local trajectory	70%	69%
CHC - Incomplete referrals over 12 weeks	↔	Q1 - 24/25	Local trajectory	0	0
Children receiving MMR1 at 24 months	↑	Q1 - 24/25	PH efficiency standard	90%	87%
Children receiving MMR1 at 5 years	↓	Q1 - 24/25	PH efficiency standard	90%	89%
Children receiving MMR2 at 5 years	↓	Q1 - 24/25	PH efficiency standard	90%	77%
Children receiving DTaP/IPV/Hib % at 12 months	↓	Q1 - 24/25	PH efficiency standard	90%	89%
Children receiving DTaP/IPV/Hib % at 24 months	↑	Q1 - 24/25	PH efficiency standard	90%	91%
Children receiving pre-school booster (DTaPIPv%) % at 5 years	↓	Q1 - 24/25	PH efficiency standard	90%	76%
Children receiving DTaP/IPV/Hib % at 5 years	↓	Q1 - 24/25	PH efficiency standard	90%	87%
LD and Autism - Annual health checks	↑	Aug-24	Local trajectory	249	290
Bowel Cancer Coverage (60-74)	↑	Feb-24	Corporate Objective	67%	73%
Cervical Cancer Coverage (25-64 combined)	↑	Apr-24	Corporate Objective	72%	72%
Breast Cancer Coverage (50-70)	↑	Feb-24	Corporate Objective	57%	70%
Percentage of patients with hypertension treated to NICE guidance	↓	Sep-24	Corporate Objective	66%	61%
Flu vaccination rate over 65s	-	-	-	-	-
Flu vaccination rate under 65s at risk	-	-	-	-	-
Flu vaccination rate – children aged 2 and 3	-	-	-	-	-
Appointments seen within two weeks	↑	Aug-24	Operating plan	90%	93%
Appointments in general practice and primary care networks	↓	Aug-24	Operating plan	-	92329
Appointments per 1,000 population	↓	<sup>70</sup> Aug-24	-	-	354

# Performance data

## SEL context and description of performance

- The 2024/25 priorities and operational planning guidance identifies improving quality of life, effectiveness of treatment, and care for people with dementia by increasing the dementia diagnosis rate to 66.7% by March 2025 as a National NHS objective. Dementia diagnosis rate is defined as the diagnosis rate for people with dementia, expressed as a percentage of the estimated prevalence.
- South east London is achieving this target. September 2024 performance was 70.5%
- There is, though, variation between boroughs. Greenwich has not achieved the target in 2024/25 (or during 2023/24).
- Waiting times from referral to diagnosis continue to be high. The average waiting time from referral to diagnosis within SLaM memory services in June was 127 days and 115 days within Oxleas services.

		Sep-24						
Metric	Target	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Dementia diagnosis rate	66.7%	71.9%	69.9%	64.0%	76.5%	69.3%	71.5%	70.5%
Trend since last report	-	↑	↓	↑	↓	↓	↑	↑

\*Nationally reported borough-level dementia diagnosis rates are aggregated based on the postcode of individual GP practices mapped to UTLAs. This does not map exactly to NHS geographies. This means that a single Lambeth practice is included as part of the figures for Southwark.



## SEL context and description of performance

- New metrics to measure performance of NHS Talking Therapies have been introduced for 2024/25. These new targets have been welcomed by services, but they will need to adjust their delivery in line with these. New targets are as follows:
  - Number of patients discharged having received at least 2 treatment appointments in the reporting period, that meet caseness at the start of treatment.
  - Reliable improvement rate for those completing a course of treatment.
  - Reliable recovery rate for those completing a course of treatment and meeting caseness.
- Services are working on plans to achieve these targets. The TT Service leads have stated these new targets will require teams to work differently going forward. There will be a greater focus on more complex referrals and upscaling of some step 3 services.
- All providers have started to implement their plans to increase the number of referrals to their service, which includes communication campaigns; postal leaflet drops, bus campaigns, engagement with GPs.

		Aug-24						
Metric		Bexley - MIND	BHC	Greenwich (Oxleas)	Lambeth (SLaM)	Lewisham (SLaM)	Southwark (SLaM)	SEL
Talking Therapies discharge metric		115	230	250	590	370	360	1875
Trajectory		176	261	321	585	355	406	2119
Trend since last reporting period		↓	↔	↓	↑	↓	↓	↓

		Aug-24						
Metric	Target	Bexley - MIND	BHC	Greenwich (Oxleas)	Lambeth (SLaM)	Lewisham (SLaM)	Southwark (SLaM)	SEL
TT reliable recovery	48.0%	47.0%	50.0%	48.0%	46.0%	44.0%	41.0%	45.0%
Trend since last report	-	↑	↑	↑	↓	↓	↓	↓

		Aug-24						
Metric	Target	Bexley - MIND	BHC	Greenwich (Oxleas)	Lambeth (SLaM)	Lewisham (SLaM)	Southwark (SLaM)	SEL
TT reliable improvement	67.0%	59.0%	67.0%	66.0%	66.0%	65.0%	61.0%	64.0%
Trend since last report	-	↓	↑	↑	↓	↓	↔	↓

## SEL context and description of performance

- The south east London ICB board has set Improving the uptake of physical health checks for people with SMI as a corporate objective.
- There was a significant increase in the number of AHCs undertaken for people with an SMI over the last 12 months and the SEL operating planning trajectory was achieved at the end of 2023/24. All LCPs significantly improved their position and delivered health checks to over 60% of their registers. Indicative trajectories, aligning with the SEL operational plan, were met by 3 out of 6 LCPs.
- As part of the operational planning process, a trajectory to achieve 70% uptake by the end of 2024/25 has been agreed for south east London.
- SMI physical health checks is also part of the 2024/25 Quality and Outcomes Framework (QOF) with an aim to reduce health inequalities. QOF rewards practices for delivering all six elements of the check
- Where annual health checks are being completed, quality can vary as can onward referral to other physical health services.
- National performance data for Q1 has now been published and replaces the local data provided in the previous report.

Metric	Q1 - 24/25*						
	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
SMI Healthchecks	56.5%	51.0%	51.8%	51.9%	48.2%	52.3%	51.4%
Trajectory	63.6%	63.6%	63.6%	63.6%	63.6%	63.6%	63.6%
Trend since last report	↓	↓	↓	↓	↓	↓	↓

**\*NOTE:** Nationally published Q1 performance is now available: [Physical Health Checks for People with Severe Mental Illness - NHS England Digital](#). The above figures have been calculated based on published LCP performance. This replaces the previously provided figures based on local EMIS searches at borough level.

## SEL context and description of performance

- As part of the Long Term Plan, annual borough level targets were submitted for the total number of PHBs to be delivered annually up to the end of 2023/24. The regional team have extended the targets into 2024/25. For SEL this is to achieve 4,926 by the end of Q4.
- The personal wheelchair budgets offer is in place across SEL and PHBs for mental health service users. This has been introduced through the South London Partnership.
- S117 PHBs have been a ‘right to have’ since December 2019, but this still needs implementing through SLAM and Oxleas.
- Preventative small PHBs have been introduced, linked to social prescribing in Lewisham for people with low level mental health needs, where an immediate solution or intervention isn’t available. The intention is to expand the offer to all PCNs. This is primarily offered through Age UK currently.
- In Bromley, an offer of a PHB will be introduced alongside annual health checks for people with LD&A, linking into social prescribing to provide additional support.
- There is ongoing support to LCPs to implement the personalisation agenda and expand their PHB provision. A ‘Community of Practice’ has been developed to support the workforce to implement personalised care across the ICS. Issues relating to DPIA and data sharing agreements have been resolved.

Metric	Q1 - 2024/25						
	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
PHBs	615	373	230	190	104	195	1715
Trajectory	253	361	313	349	289	277	1841
Trend since last report	-	-	-	-	-	-	-

## SEL context and description of performance

- There are a number of national standards which systems are required to achieve consistently. Where deviating from the standard, there is an expectation that performance will be addressed as a priority. Performance standards are as follows:
  - A national target was previously set to reduce the number of CHC assessments in an acute hospital setting to less than 15%. The aim, however, is that zero assessments should be completed in an acute setting and this is the benchmark that LCP and ICB teams are measured against.
  - Complete assessments of eligibility within 28 days from the date of referral in >80% cases.
  - Reduce the number of outstanding referrals exceeding 12 weeks to Zero
- Recovery trajectories for the 28 day and 12 week metrics have been agreed with NHSE.

		Q2 - 24/25						
Metric	Target	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
NHS CHC assessments in acute	0	0	0	0	0	1	0	1
Trend since last reporting period	-	↔	↔	↑	↔	↓	↔	↓

		Q2 - 24/25						
Metric		Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
CHC - Percentage assessments completed in 28 days		69%	87%	91%	56%	37%	70%	66%
Trend since last reporting period		↓	↓	↓	↓	↓	↓	↓
Trend since last reporting period		↓	↓	↓	↓	↓	↓	↓

		Q2 - 24/25						
Metric		Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
CHC - Incomplete referrals over 12 weeks		0	0	0	1	0	0	1
Trend since last reporting period		↔	↔	↔	↔	↔	↔	↔

**Description of metric and SEL context**

- Vaccination saves lives and protects people’s health. It ranks second only to clean water as the most effective public health intervention to prevent disease. Through vaccination, diseases that were previously common are now rare, and millions of people each year are protected from severe illness and death. South East London and our 6 local care partnerships recognise this in the ICS Strategic Priorities and our Joint Forward Plan.
- South East London ICB has recently refreshed its Vaccination and Immunisation Strategy and has embedded within the six boroughs an approach to increase uptake by developing trust and confidence in the childhood immunisation programme with local communities.
- Since December there has been a number of reported cases of measles across the country resulting in a national and regional response. SEL boroughs and programme team are co-ordinating and aligning plans across the system in response to the concerns. A full report detailing the position and proposed actions was agreed at the ICB Executive Committee in February 2024. Actions include: SRO/director level attendance at the weekly London IMT meeting; production of a weekly sitrep feeding up to London IMT; A sub-group of the SEL board is meeting on a weekly basis with borough leads, public health, communications and primary care leads to co-ordinate the local response and to support local plans. Each borough has produced a local action plan and are using their local place level vaccination groups to support delivery.
- Borough plans are also in place in response to the rise in numbers of whooping cough numbers and the imperative to focus on the full range of childhood immunisations including pertussis.
- The 24/25 operational planning guidance identifies the following as a key action for systems: maximise uptake of childhood vaccinations and flu vaccinations for CYP, achieving the national KPIs in the Section 7a public health functions agreement, including reducing inequalities.
- The performance indicators have an efficiency standard of 90% and an optimal performance standard of 95% for childhood immunisations. Based on current performance for south east London (and London more widely), the 90% efficiency standard is used as the comparator for RAG ratings in the 2024/25 LCP performance below. This is a change in approach compared to previous year (which used the national average as comparator)

		Q1 - 24/25								
Metric	Efficiency standard	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL	London	England
Children receiving MMR1 at 24 months	90%	87.2%	89.1%	86.5%	79.9%	85.1%	83.2%	85.2%	82.1%	89.2%
Trend since last reporting period	-	↑	↑	↑	↓	↑	↓	↑	↑	↑
		Q1 - 24/25								
Metric	Efficiency standard	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL	London	England
Children receiving MMR1 at 5 years	90%	88.9%	89.2%	85.5%	83.6%	85.0%	86.7%	86.4%	84.2%	91.7%
Trend since last reporting period	-	↓	↓	↓	↓	↓	↓	↓	↓	↓
		Q1 - 24/25								
Metric	Efficiency standard	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL	London	England
Children receiving MMR2 at 5 years	90%	77.5%	83.4%	75.6%	75.8%	78.3%	79.7%	78.4%	71.8%	83.6%
Trend since last reporting period	-	↓	↓	↓	↓	↓	↓	↓	↓	↓

# Childhood immunisations (2 of 2)

		Q1 - 24/25								
Metric	Efficiency standard	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL	London	England
Children receiving DTaP/IPV/Hib % at 12 months	90%	89.5%	91.0%	91.2%	86.5%	86.8%	87.1%	88.6%	85.8%	91.0%
Trend since last report	-	↓	↑	↑	↓	↓	↑	↑	↔	↓

		Q1 - 24/25								
Metric	Efficiency standard	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL	London	England
Children receiving DTaP/IPV/Hib % at 24 months	90%	90.7%	92.4%	90.0%	86.3%	87.5%	88.1%	89.1%	87.7%	92.5%
Trend since last report	-	↑	↑	↑	↓	↓	↑	↓	↑	↔

		Q1 - 24/25								
Metric	Efficiency standard	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL	London	England
Children receiving pre-school booster (DTaPIPv%) % at 5 years	90%	76.4%	80.4%	72.5%	73.1%	72.9%	71.9%	74.6%	68.5%	81.8%
Trend since last report	-	↓	↓	↓	↓	↓	↓	↓	↓	↓

		Q1 - 24/25								
Metric	Efficiency standard	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL	London	England
Children receiving DTaP/IPV/Hib % at 5 years	90%	86.6%	90.4%	88.6%	87.7%	85.9%	85.5%	87.6%	86.7%	92.8%
Trend since last report	-	↓	↓	↑	↓	↓	↓	↓	↓	↓

## SEL context and description of performance

- The south east London ICB board has set improving the uptake of physical healthchecks for people with LDA as a corporate objective.
- SEL achieved the 2023/24 plan with 7,104 health checks delivered against a plan of 6,018. The SEL plan for 2024/25 is to deliver a minimum of 6,600 health checks.
- All LCPs are currently delivering against the 2024/25 trajectory
- Where annual health checks are being completed, quality can vary as can onward referral to other physical health services.
- The AHC Strategic group is being reshaped to have a greater focus on boroughs sharing their learning and knowledge from their areas.

	Aug-24						
Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
LD and Autism - Annual health checks	290	283	454	527	520	444	2518
Trajectory	249	256	334	344	403	261	1778

## SEL context and description of performance

- The south east London ICB board has set improving breast, bowel and cervical screening a corporate objective. At an SEL level, bowel cancer screening coverage is currently above the nationally defined optimal level of screening of 60% for south east London. Cervical cancer screening is currently below the nationally defined optimal level of screening of 80%. Breast cancer screening is currently below the nationally defined optimal level of screening of 70-80%.
- For 2023/24, SEL set overall ambitions for improving breast, bowel and cervical screening a corporate objective. Indicative LCP level targets have now been developed for 2024/25 and shared via the six Place Executive Leads (PELs). These are based on a standard proportional reduction in the unscreened population at an LCP level for each cancer cohort. 2024/25 performance will be reported against these trajectories.
- This means that there is an expectation that all LCPs will improve uptake in 2024/25 but those with a lower current uptake will have a slightly larger stretch for the year. Thus, supporting a reduction in inequality between boroughs.
- Cervical cancer coverage is now being reported against the new 2024/25 LCP level indicative trajectories. The most recently available bowel and breast cancer screening coverage data is for February 2024 so continues to be reported against the overall SEL ambition for 2023/24.
- Screening is directly commissioned by NHS England, and delivery is through regional teams. Changes to programme, workforce, capacity etc. require NHS England to action. Given this, we rely on a joint approach with other London ICBs on common issues within these areas and advocate for regional solutions such as addressing workforce and capacity challenges within programmes, improving processes and operational pressures, and coordinating potential mutual between screening providers. Local actions for SEL require focus on improvements within the current programme structure/resource.

		Feb-24						
Metric	SEL ambition	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Bowel Cancer Coverage (60-74)	67.3%	72.7%	74.8%	64.5%	61.3%	62.8%	61.5%	66.7%
Trend since last reporting period	-	↑	↑	↑	↑	↑	↑	↑

		Apr-24						
Metric		Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Cervical Cancer Coverage (25-64 combined)		71.7%	74.0%	66.0%	63.0%	67.7%	63.9%	67.1%
Trajectory		71.9%	74.2%	66.0%	63.0%	67.8%	64.1%	67.2%
Trend since last reporting period		↑	↑	↑	↔	↑	↑	↑

		Feb-24						
Metric	SEL ambition	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Breast Cancer Coverage (50-70)	56.7%	70.0%	71.9%	57.3%	55.4%	56.6%	56.3%	61.4%
Trend since last reporting period	-	↑	↑	↑	↑	↑	↑	↑

NOTE: Due to lag in national reporting, local data from the SEL BI cancer screening dashboard is shown below. This uses the same Open Exeter data source



## SEL context and description of performance

- The south east London ICB board has set improving the percentage of patients with hypertension treated to NICE guidance as a corporate objective. The board agreed a ‘floor’ level ambition of 69.7% as a minimum by March 2024 with the intention to achieve 77% (2023/24 operational plan target) as soon as possible.
- The SEL ‘floor’ level ambition for 2023/24 was achieved overall and by five of six LCPs individually. Significant improvement was achieved across all LCPs.
- The 2024/25 priorities and operational planning guidance identifies increasing the percentage of patients with hypertension treated to NICE guidance to 80% by March 2025 as a national objective. For 2024/25, this will remain the primary aspirational goal for SEL. SEL will also pursue a ‘minimum achievement’ target (which will serve as the revised SEL ICB corporate objective) to achieve 80% over a 2 year time period (i.e. by end March 2026). This approach has been agreed by the PELs.
- 2024/25 performance will be reported against straight line trajectories for each LCP to achieve the 80% target by March 2026.
- There is a significant time lag (of approximately 4 months) in the publishing of national reporting (CVD PREVENT) of this metric. To support local monitoring of performance, the SEL LTC team have used the local data as the basis for trajectories up to March 2026. The latest position from each data source is reported below
- Hypertension is predominantly managed in general practice and there is wide variation in achievement across practices, not always explained by demography. People at risk may not have sufficient support to understand the importance of detecting and managing raised blood pressure.

		Final 2023/24 position (National CVD PREVENT reporting)						
Metric	SEL ambition	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
% patients with hypertension treated to NICE guidance	69.7%	71.2%	72.7%	70.3%	71.4%	65.5%	72.8%	70.7%
Trend since last report	-	↑	↑	↑	↑	↑	↑	↑

		Sep-24 (Local data reporting)						
Metric		Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Percentage of patients with hypertension treated to NICE guidance		61.4%	64.6%	65.1%	64.8%	60.7%	63.6%	63.4%
Trajectory		66.1%	68.5%	68.0%	67.9%	63.6%	67.5%	67.0%
Trend since last report		↓	↓	↓	↓	↓	↓	↓

### SEL context and description of performance

- The south east London ICB board set improving adult flu vaccination rates as a corporate objective. The ambitions for 2023/24 was as follows: improve the vaccination rate of people aged over 65 to 73.7%, improve the vaccination rate for people under 65 at risk to 46.0%.
- Performance in 2023/24 (year 1) was significantly below ambition for both metrics and represented a decrease in performance from the previous year.
- In order to ensure that 24/25 ambition are informed by place, their knowledge of and insights into their local population, their role in commissioning services and their strategic plans for delivery, each borough team have set their own ambitions to improve uptake for the two main adult flu cohorts for the upcoming flu season.
- These will be the basis of monitoring and reporting during the 2024/25 flu season.
- The below table provides targets set at borough level

### Year end targets for 2024/25 proposed by borough teams:

	65+ cohort vaccination target for 2024/25 season	<65 at risk cohort vaccination target for 2024/25 season
<b>Bexley</b>	<b>75.0%</b>	<b>42.0%</b>
<b>Bromley</b>	<b>76.2%</b>	<b>46.5%</b>
<b>Greenwich</b>	<b>66.4%</b>	<b>36.9%</b>
<b>Lambeth</b>	<b>60.0%</b>	<b>32.9%</b>
<b>Lewisham</b>	<b>61.0%</b>	<b>34.3%</b>
<b>Southwark</b>	<b>61.5%</b>	<b>34.2%</b>
<b>SEL</b>	<b>68.1%</b>	<b>37.3%</b>

## SEL context and description of performance

- The 2024/25 Priorities and Operational Planning guidance identifies the following as a national objective for 2024/25:
  - Continue to improve the experience of access to primary care, including by supporting general practice to ensure that everyone who needs an appointment with their GP practice gets one within 2 weeks and those who contact their practice urgently are assessed the same or next day according to clinical need
- The following trajectories have been agreed at an SEL level as part of the annual planning process:
  - Planned number of general practice appointments.
  - Percentage of patients whose time from booking to appointment was two weeks or less for appointment types not usually booked in advance.
- Appointments totalled 676,492 in August against the operating plan of 728,558. noting variation by month and previous monthly performance that has been in line with or exceeded plan. SEL achieved the planning trajectory for appointments seen within 2 weeks (91.6% vs 90.0% trajectory).

		Aug-24						
Metric	Planning trajectory	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Appointments seen within 2 weeks	90.0%	93.3%	88.7%	94.6%	93.2%	88.3%	91.4%	91.6%

		Aug-24						
Metric	Planning trajectory	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Appointments in general practice and primary care networks	727,786	92,329	116,185	105,963	153,900	102,462	105,653	676,492
Appointments per 1,000 population	-	354	323	326	341	287	293	320

**Bexley Wellbeing Partnership Committee**

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

**Item: 8**

**Enclosure: G**

<b>Title:</b>	<b>Bexley Winter Wellbeing Communications and Engagement Plan 2024/25</b>
<b>Author/Lead:</b>	Aysha Awan, Head of Communications and Engagement, Bexley
<b>Executive Sponsor:</b>	Diana Braithwaite, Place Executive Lead (Bexley), NHS South East London Integrated Care Board

<b>Purpose of paper:</b>	<p><b>The purpose of this report is to inform the Bexley Wellbeing Partnership Committee of the communications and engagement activity that has been planned for Winter 2024/25 to:</b></p> <p>a) <b>help alleviate pressures on the system</b> b) <b>ensure that residents are aware of the health and wellbeing support available to them across the borough.</b></p>	<b>Update / Information</b>	<b>X</b>
		<b>Discussion</b>	<b>X</b>
		<b>Decision</b>	

<b>Summary of main points:</b>	<p>The Winter Wellbeing Plan for 2024/25 will aim to:</p> <ol style="list-style-type: none"> <li><b>1. Build confidence in local services:</b> Winter can put health and care systems under considerable strain and Accident and Emergency (A&amp;E) and Urgent Treatment Centres (UTC), may not be the most appropriate services for residents when they need medical attention and advice. It is important to ensure that residents are aware of and feel confident in accessing other local NHS services that may be able to offer appropriate support when needed.</li> <li><b>2. Encourage resident responsibility:</b> We want to encourage residents to look after their health by ensuring their vaccinations are up to date and that they take care of themselves during the winter months by taking simple, yet effective steps to stay well during this period.</li> </ol> <p><b>Objectives of plan:</b></p> <ul style="list-style-type: none"> <li>• Build resident health resilience by encouraging uptake of the flu vaccine/COVID-19 and other relevant vaccines.</li> <li>• Promote primary care services through bespoke winter campaign, Better Access Bexley. Introduce residents to local NHS services that exist on their doorstep, alleviating pressure on UTC and A&amp;E and building confidence in GP and pharmacy services.</li> <li>• Influence resident behaviour and encourage people to access the most appropriate urgent care services for their needs, such as NHS 111 Online, broader GP services, and high street pharmacies.</li> <li>• Encouraging GP registration among underserved communities – a high number of A&amp;E attendees aren't registered with their local surgery.</li> </ul>
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<b>Potential Conflicts of Interest</b>	None arising as a direct result of this paper.	
<b>Other Engagement</b>	Equality Impact	<ul style="list-style-type: none"> <li>• Ensuring underserved communities are aware of and can access appropriate care by creating culturally sensitive communications.</li> <li>• Engaging with community and faith group leaders to influence positive behaviour change across diverse communities.</li> </ul>
	Financial Impact	There are no financial impacts for the partnership as the programme is funded from place budgets.
	Public Engagement	The Better Access Bexley campaign will be evaluated through surveys and other measurable mechanisms.
	Other Committee Discussion/Engagement	Bexley Wellbeing Partnership Executive.
<b>Recommendation:</b>	The Bexley Wellbeing Partnership Committee is recommended to support the Winter Plan.	

# Bexley Winter Wellbeing Communications and Engagement Plan 2024-25

**Aysha Awan**

**Head of Communications and Engagement, Bexley**

# Overview

- The core focus for the Bexley Wellbeing Partnership Communications and Engagement team over winter will be to promote the following services and messaging to residents:
  - **Vaccinations:** flu, COVID-19, RSV vaccinations and childhood immunisation
  - **Winter health:** advising resident how to stay well over the winter period and signposting them to relevant local NHS support services
  - **Using NHS Services:** advising on how different services on offer can help residents access the right care when needed: these include Pharmacy First, Use the Right Service, NHS App
- A special campaign has been deigned to further inform residents of how they can access NHS services on their doorstep. The Better Access Bexley Campaign will raise awareness of primary care services that exists across the borough that include Enhanced Access as well as highlighting the role of GP teams.

**This plan covers communications and engagement activity that is planned for Winter 2024/25**

# Bexley Winter Wellbeing Plan - Aims & Objectives

## Aims

**1. Build confidence in local services:** Winter can put health and care systems under considerable strain and A&E and Urgent Emergency Care may not be the most appropriate services for residents when they need medical attention and advice. It is important to ensure that residents are aware of and feel confident in accessing other local NHS services that may be able to offer appropriate support and advice when needed.

**2. Encourage resident responsibility:** We want to encourage residents to look after their health by ensuring their vaccinations are up to date and that they take care of themselves during the winter months by taking simple, yet effective steps to stay well during this period.

## Objectives:

- Build resident health resilience by encouraging uptake of the flu vaccine/COVID-19 and other relevant vaccines.
- Promote primary care services through bespoke winter campaign, Better Access Bexley. Introduce residents to local NHS services that exist on their doorstep, alleviating pressure on UTC and A&E and building confidence in GP and pharmacy services. Influence resident behaviour and encourage people to access the most appropriate urgent care services for their needs, such as NHS 111 Online, broader GP services, and high street pharmacies.
- Encouraging GP registration among underserved communities – a high number of A&E attendees aren't registered with their local surgery.



# Target Audience

## Underserved groups:

It is important to ensure that underrepresented communities are targeted throughout the year. Amongst a population of **247,244**, 16% are aged over 65 and 22% come from a Black, Asian and minority ethnic backgrounds.

## Other target audiences:

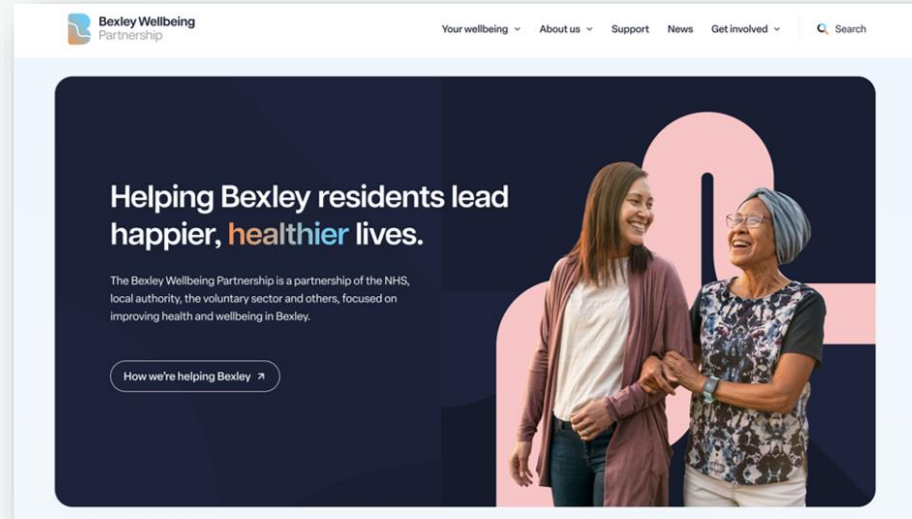
- Elderly patients with long-term conditions
- Caribbean, West African, Turkish, Somali Muslim and Eastern European Communities
- Younger people
- Local politicians – MPs and Ward Councillors



# Communication Channels

## SEL ICS Bexley Comms channels and networks:

- The @bexleywellbeing Instagram channel
- Bexley NHS SEL ICB webpage
- SEL ICS Facebook channel
- **Bexley Wellbeing Partnership microsite**
- **Community champions: 564 community volunteers**
- **Printed comms: posters and leaflets**

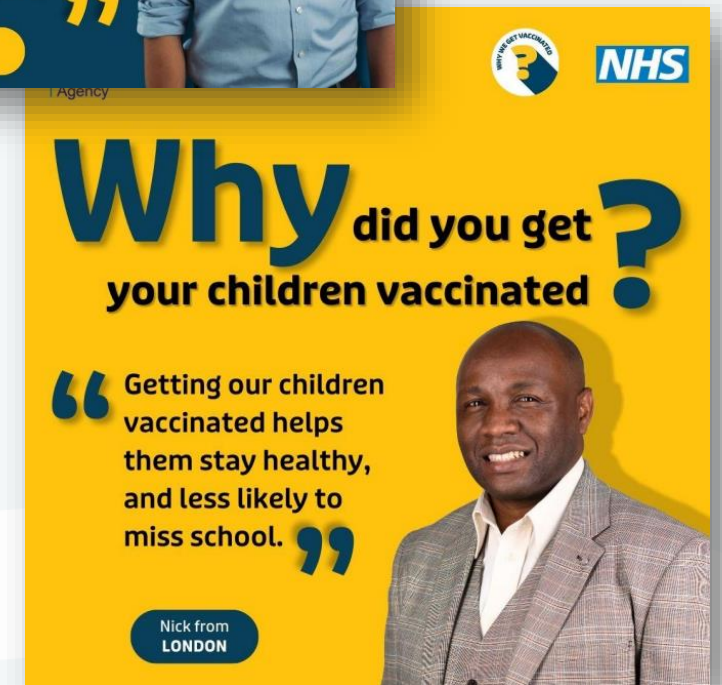


## Partner channels

- Bexley Council Newsletter
- Bexley council channels including SM, Council webpage, 12 local libraries and JC Decaux boards across the borough.
- **Bexley Magazine** –that reaches 100,000 homes
- **BWP comms & engagement network** to disseminate comms through 17 partner channels.
- Community and faith group leader networks

# Why we get vaccinated

- A national communications campaign called “Why we get vaccinated” launched in September. The campaign seeks to build trust and land messages that resonate with communities by being informative rather than instructive.
- It promotes engagement with vaccination throughout a resident’s life.
- Why we get vaccinated has focused on using real life everyday people to engage with communities.
- Bexley has localised the communications with Bexley primary care colleagues, community leaders and residents who reflect communities where uptake has been low, to speak to residents with ‘real life’ reasons to get vaccinated.



# Stay Well this Winter – Key Advice

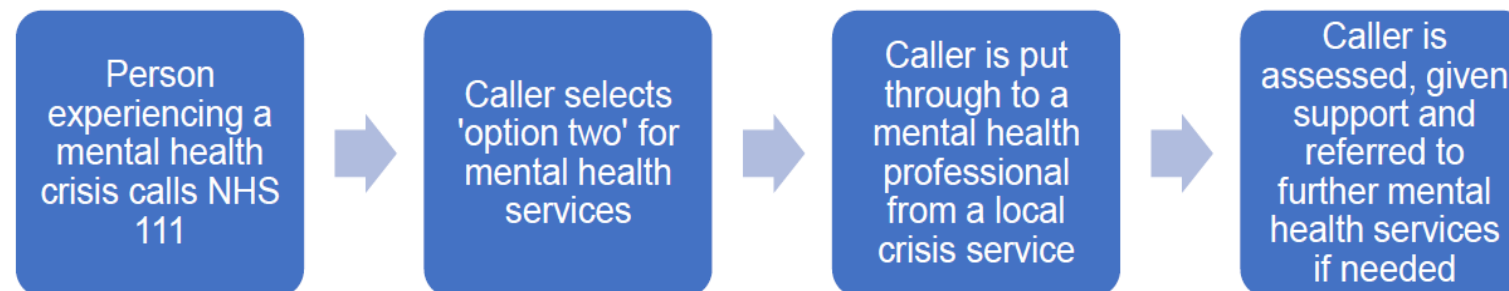
- Winter conditions can be bad for people’s health, aggravating any existing health problems, increasing the risk of a fall, and making people more vulnerable to respiratory winter illnesses.
- But there are simple steps the public can take to help themselves stay well this winter.
- Checking your home for safety concerns, keeping warm, keeping active, handwashing, looking out for other people (especially those who live alone), as well as how to seek mental health and financial support.
- It is important that people who are eligible for vaccinations such as COVID-19, flu, and RSV, come forward for their dose of protection when invited.
- During winter, hospitals see significant numbers of people being treated for viruses like flu and COVID-19, and vaccines are our best defence – it is important to top up your protection, even if you have had a vaccine or been ill with flu or COVID-19 before, as immunity fades over time and the viruses change each year.



# NHS 111 'select mental health option'

- NHS England has rolled this service nationally to provide 24/7 support for people in a mental health crisis.
- The extension of the 111 service means people in England who are experiencing a mental health crisis will be able to dial the NHS urgent medical advice number (111), and by choosing the 'mental health option' (option two) they will be put through to their local crisis service.
- The lines are staffed by mental health professionals who will speak to callers, discuss their urgent needs, and assess the best way to support them depending on their symptoms. This can include organising face-to-face community support or facilitating access to crisis alternatives services, such as crisis cafes, sanctuaries and safe havens.
- The service people receive is operated by local mental health providers and not NHS 111. This means that callers can be better directed to the local mental health services specific to them.

## How does it work?



# Bexley Winter Campaigns and Activity 2024/25

# ***Better Access Bexley***

- We want residents across Bexley to be able to access the right care for themselves and their families when they need it. A range of primary care services exist across the local NHS system, that can provide appropriate care. However, due to a number of factors, residents often gravitate towards their local A&E or wait to see a GP when their local pharmacy for example could have helped them instead and faster.
- As the communications and engagement team we have been working on a campaign that will highlight the range of NHS services that exist in the local community or online, that will ensure that residents get better access to the right care, when they need it.

**#BetterAccessBexley**

***Helping you to better access NHS services when needed.***

# Better Access Bexley

*Better Access Bexley* is a campaign designed to communicate ways in which Bexley residents can better access primary care. The campaign will encompass a number of current and forthcoming campaigns that will include:

- Enhanced Access to Primary Care
- Pharmacy First
- Online Consultations
- NHS App
- Care Navigators



**Need help with the NHS App?**

Contact the NHS App support team using the QR code below or by visiting: [digital.nhs.uk/nhsapphelp](https://digital.nhs.uk/nhsapphelp)



The team will be able to help you with all technical queries. It's normal to experience some technical difficulties with the NHS App if your GP surgery is changing clinical systems or merging with another practice. If you encounter any technical issues after these changes are complete, please contact the NHS App Team. You can also find more help and information, here: [www.nhs.uk/nhs-app](https://www.nhs.uk/nhs-app)



See your pharmacist **Help us help you**



**We're here for you evenings and weekends** 



To book appointments at these times, contact your GP practice.  **Help us help you**



# Objectives

- To both relaunch existing services to Bexley residents that they may have been unaware of and to better communicate the support on offer to them.
- To introduce new services to Bexley residents, all the while informing them that they can now **better access primary care** across the board – GP and pharmacy services.
- To build confidence amongst the public of the services on offer to them, clearly explaining the support on offer and how each service works.

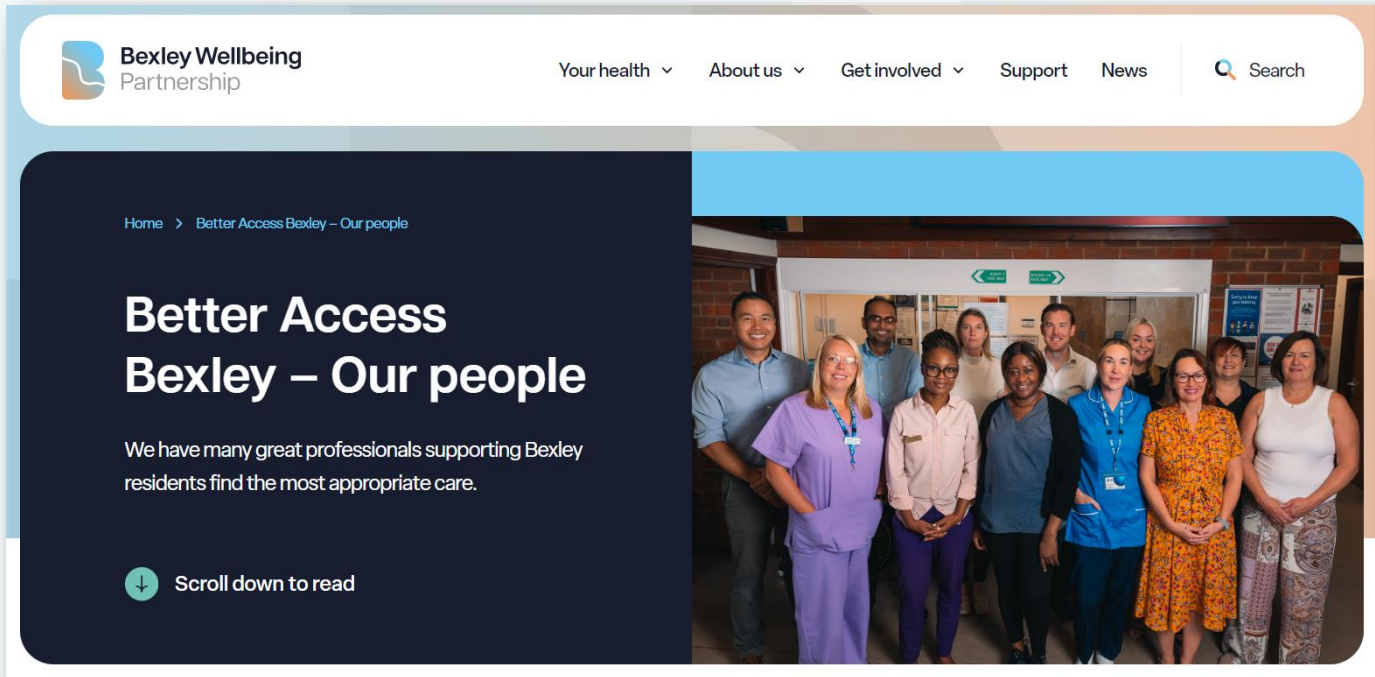


# The Bexley Approach

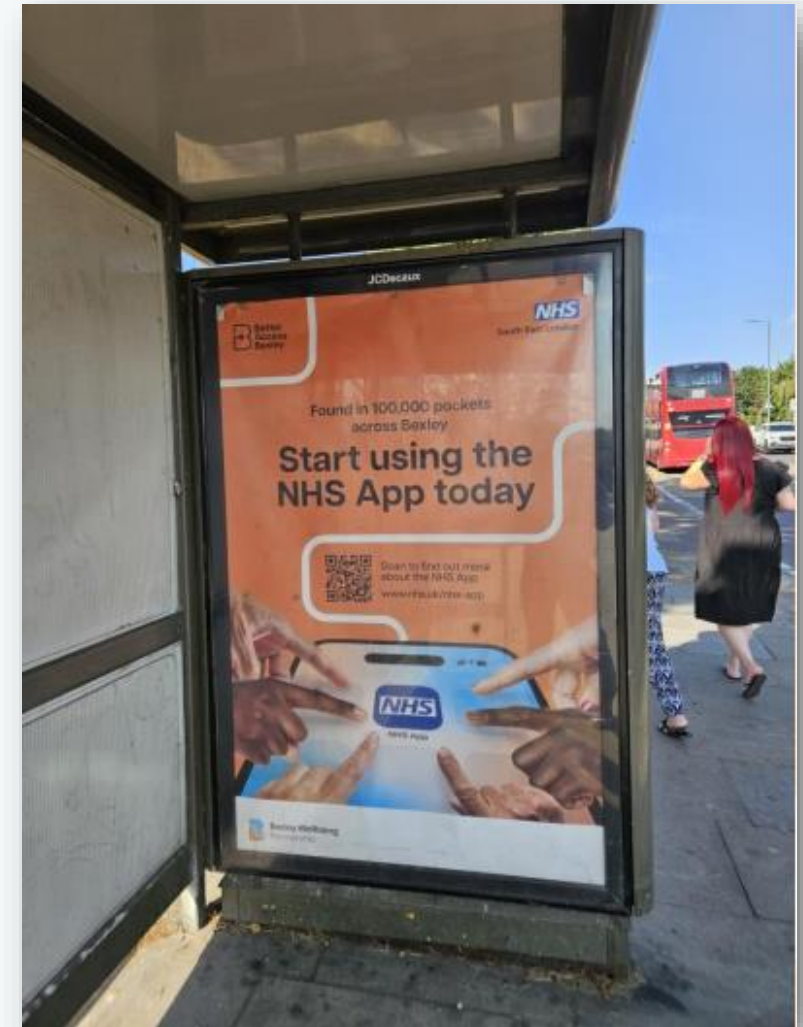
- We are creating bespoke collateral to publicise the relevant phases of the campaign with Bexley primary care colleagues
- All comms signpost people to a special webpage created for the campaign on the Bexley Wellbeing Partnership website that goes into detail about the services with case studies on a range of roles.
- By featuring interviews/profiles of Bexley colleagues on the Bexley Wellbeing Partnership website, residents will feel an instant connection to the campaign.
- This will also help us to familiarise the BWP website with residents.



# Communication Channels



A special webpage (above) has been created that all comms assets will signpost residents to. Here they will find details of each service promoted and be able to read profiles of primary care colleagues – ‘Our People’



We successfully launched Better Access Bexley in August 2024, promoting the NHS App to residents. Posters were shared across 27 JC Decaux sites incl. bus stops (**above**), train stations and the Bexley Broadway shopping centre, to catch resident footfall in busy locations.

# Communications channels

**Better Access Bexley** **NHS South East London**

## Improving access to NHS services in Bexley

The Bexley Wellbeing Partnership is supporting Bexley residents to access the right care for themselves and their families. You can choose from a range of NHS services, providing appropriate care, when you need it. For example, you can book GP appointments to take place in early mornings, evenings and Saturdays to fit around your schedule. Visit [www.bexleywellbeing.org/betteraccess](http://www.bexleywellbeing.org/betteraccess) to find out about the services available to meet your healthcare needs in Bexley.

**GP appointments that fit around you**

We are making it easier for you to get an appointment. In addition to normal GP opening hours (9am to 5.30pm), Bexley GP surgeries also offer early morning, evening and Saturday appointments in partnership with their neighbouring practices. Ask your practice for more information.

**Your GP team**

Your Bexley GP teams are made up of a range of health professionals helping you access the right care, when you need it either at the surgery or in the wider community. If you need to see a GP you will always be offered an appointment, but there may be other health professionals who can provide the most appropriate support.

**Your Pharmacy Team**

Your regular local pharmacist can help you if you have concerns with your medicines and advise you on symptoms including coughs, colds, stomach upsets, bites and stings. Seeing a community pharmacist means you don't have to wait to see a GP or visit your local A&E. It's the NHS on the High Street.

**NHS App**

The NHS App helps you access a range of services straight from your phone or tablet. The NHS App can help you order repeat prescriptions, book and manage appointments, view your GP health record and book and manage COVID-19 vaccinations.

Visit [www.bexleywellbeing.org/betteraccess](http://www.bexleywellbeing.org/betteraccess) or scan the QR code to find out more

**Bexley Wellbeing Partnership**

**Better Access Bexley** **NHS South East London**

## Meet your primary care team

We interviewed some of our local GP and Pharmacy teams to find out more about the essential services they offer you in Bexley. Scan the QR code to read more of their stories.

**Matthew, Pharmacist, Hayshine Pharmacy**

"I understand now more than ever how essential we are in improving lives, whether through something as small as sourcing hard-to-find medicines or contributing to larger efforts like reducing health inequalities and supporting early detection of life-threatening conditions."

**Why did you become a pharmacist?**

I became a pharmacist because I wanted to make a tangible difference in people's health by offering medication expertise and support. I've seen firsthand the positive impact healthcare professionals can have within their communities, and this inspired my passion for the field.

**What services are available at a local pharmacy?**

"Pharmacy First," was introduced at the start of the year and is increasingly being used by the public. This service improves access to care by allowing pharmacists to diagnose and treat common conditions like ear, nose, and throat infections, urinary tract infections, impetigo, and shingles. The list is growing and pharmacists can now support people quickly and without an appointment, freeing up GP time.

To read Matthew's interview in full, scan the QR code below.

**"I start your care by asking key questions to direct you to the appropriate health professional."**

Francisca, Reception Team, Bursled Wood Surgery

**"I oversee your general health, offering diagnoses, treatments, and referrals to ensure comprehensive medical care."**

Mehal, GP, Bursled Wood Surgery

**"I care for you throughout your life, from family planning and immunisations to blood samples and chronic conditions."**

Vivian, Nurse, Bursled Wood Surgery

Visit [www.bexleywellbeing.org/betteraccess](http://www.bexleywellbeing.org/betteraccess) or scan the QR code to find out more

**Bexley Wellbeing Partnership**

A special two-page advertorial will feature in Bexley Magazine promoting Enhanced Access, reaching 100,000 homes across the borough.

# Enhanced Access to Primary Care

**Better Access Bexley**

Early morning, evening and Saturday appointments are available at your GP practice or at an NHS service nearby – including for your vaccinations, health checks and screenings.

**NHS South East London**

**We're here for you evenings & Saturdays**

To book appointments at these times contact your GP Practice

**Bexley Wellbeing Partnership**

*Labels on staff:*  
Mandy, Case Coordinator, Bursled Wood Surgery  
Oli, GP, Plas Meddy Surgery  
Mehul, GP, Bursled Wood Surgery

**Better Access Bexley**

Early morning, evening and Saturday appointments are available at your GP practice or at an NHS service nearby – including for your vaccinations, health checks and screenings.

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**We're here for you evenings & Saturdays**

To book appointments at these times contact your GP Practice

**Bexley Wellbeing Partnership**

*Labels on staff:*  
Francesca, Reception Team, Bursled Wood Surgery  
Oli, GP, Bursled Wood Surgery  
Vivien, Nurse, Bursled Wood Surgery

**Phase 2** of the campaign will launch in **early November 2024**, promoting the Enhanced Access services. Materials above feature real life primary care colleagues from GPs to nurses based at practices.

# Winter Wellbeing in Bexley/Use the Right Service

Last year's Winter Wellbeing in Bexley Booklet was shared in Bexley Magazine and distributed to **100,000 residents**. The 'pull out and keep' booklet contained details of the various campaigns we were running and signposted residents to the appropriate services as well as including information on COVID-19 vaccinations. An updated Winter Wellbeing Booklet has been produced for 2024/25, with a focus on mental health support over the festive period, as well as promotion of the COVID-19 and flu vaccinations (below).

**Bexley Wellbeing Partnership** *Advertorial*

## Winter Wellbeing in Bexley

**PULL OUT & KEEP**

*This pull-out booklet provides important information to help you stay well this winter.*

**Let's Meet...Bexley Receptionist: Emma Richardson**

**Tell us a little bit about your role?**  
I have worked at Lonelife Practice for 15 years, and for the last 4 years, I have held the position of Reception Supervisor in this role. I oversee the day-to-day operations of the reception area and lead a team of receptionists. My role involves assisting the reception services remotely, assisting both receptionists and patients with their queries. I also provide feedback to the team from other departments to ensure we are all on the same page operationally. I have a hand in addressing complaints and always aim to help resolve issues before they escalate, as most people are very understanding.

**How has the role of a receptionist changed?**  
The role of a receptionist is not just about answering calls and booking appointments. Receptionists are responsible for answering specific questions when patients call to understand the reason for their visit. This helps direct patients to the right clinical staff for their needs. This can be challenging as it's often perceived as going into general matters, however, we are only trying to ensure that patients get the care they need from the best person. Despite some misconceptions, receptionists play a crucial role in providing healthy patients.

**What would you like people to understand about the role?**  
We genuinely aim to help patients receive the care they need. It's also important to be aware that the number of available appointments does have a limit, and they do run out. The personally experienced frustration that can be, and we truly wish we could accommodate everyone, but sometimes it's just not possible.

**What aspects of the role do you enjoy?**  
I genuinely love dealing with the public interaction in my role. Over the years, I've had the chance to build relationships with many individuals, which is quite fulfilling. Being a local resident, I often come across patients who are not just acquaintances but also family, school friends, or neighbours. It's heartwarming to come to work every day with the knowledge that I've been able to assist someone, even if it's in a small way. The satisfaction of making a positive impact is a significant part of my job, and it's a privilege to work with someone who has a successful health or care career or an unmet need.

**We're online! How can you find out more about how we support our residents at:**  
[www.bexleywellbeing.org](http://www.bexleywellbeing.org)

*Advertorial*

## Get your winter vaccinations

**Get vaccinated. Get Winter Strong.** Vaccination is our best protection against flu and COVID-19. Over the last few years, they have kept tens of thousands of people out of hospital and helped to save countless lives.

**Flu vaccination:** As winter flu and COVID-19 spread each year, we spend more time indoors. Getting these vaccines ahead of winter are two of the most important things you can do to keep yourself and others around you safe and winter strong.

**Flu vaccination for children:** The NHS is offering flu and COVID-19 vaccines to those at greater risk of serious illness this autumn and winter. This includes those that are aged 65 or over on 31 August 2023, have a long-term health condition that puts them at risk, live with someone who has a weakened immune system, or are a frontline health or care worker or an unpaid carer.

**Children aged 5 to 11 years old:** The flu vaccine is being offered to children aged 2 to 5 years old from 31 August 2023, and school-aged children from reception to school year 11.

**Adults aged 65 years and over:** Residents in a care home for older adults.

**Pregnant women:** Those aged 6 months to 6 years and have an increased risk of getting seriously ill from COVID-19 because of a health condition or treatment.

**How does the NHS 111 online work?** NHS 111 Online We want to encourage people to use the NHS 111 online service when they have an urgent but not life-threatening medical need. 111 online will not give a diagnosis but will direct you to the best place to get urgent help for a wide range of health problems. The service can direct people to the most appropriate local treatment options such as GPs, pharmacy consultations, urgent walk-in treatment centres or arrange for a car back from a hospital. For more details visit: [www.111.nhs.uk](http://www.111.nhs.uk)

**COVID-19 vaccination:** The COVID-19 vaccination is being offered to the following groups:

- Adults aged 65 years and over
- Residents in a care home for older adults
- Pregnant women
- Those aged 6 months to 6 years and have an increased risk of getting seriously ill from COVID-19 because of a health condition or treatment

**How does the NHS 111 online work?** NHS 111 Online We want to encourage people to use the NHS 111 online service when they have an urgent but not life-threatening medical need. 111 online will not give a diagnosis but will direct you to the best place to get urgent help for a wide range of health problems. The service can direct people to the most appropriate local treatment options such as GPs, pharmacy consultations, urgent walk-in treatment centres or arrange for a car back from a hospital. For more details visit: [www.111.nhs.uk](http://www.111.nhs.uk)

**Not registered with a GP practice?** Being registered will help you get the right care when you need it. There's no need for an NHS number or registration number. If you're an NHS worker, don't forget that GP contact may not be the right option for you.

**NHS 111 Mental Health support line - We are here to help in your time of need**

If you are experiencing something that makes you feel unsafe, distressed, or worried about your mental health, please call your local urgent mental health support service here in South London by calling 111 and selecting the mental health option. We have specially trained NHS mental health specialists ready to listen, support and help you. You can't get held or someone else, please call 111. This is a special additional service launched by the NHS to help local people who need urgent mental health support get the right care when they need it. A full list of mental health support options is available via <https://www.nhs.uk/111-services/> or visit [www.nhs.uk/111-services/](https://www.nhs.uk/111-services/)

**NHS 111 offering crisis mental health support for the first time** This is a special additional service launched by the NHS to help local people who need urgent mental health support get the right care when they need it. A full list of mental health support options is available via <https://www.nhs.uk/111-services/> or visit [www.nhs.uk/111-services/](https://www.nhs.uk/111-services/)

**Bexley Wellbeing Partnership** *Advertorial* **NHS**

## Use the right service

	<b>Self Care</b> Care for yourself at home Minor cuts and grazes Minor bruises Minor sprains Coughs and colds
	<b>Pharmacy</b> Expert advice and medicines Minor illnesses Headaches Stomach upsets Bites and stings
	<b>GP</b> Medical attention and advice Persistent symptoms Chronic pain Long-term conditions New prescriptions
	<b>NHS 111 online</b> If you can't contact your GP Feeling unwell? Unsure? Assistant Need help?
	<b>Urgent Treatment Centres</b> Minor injuries Breaks and sprains X-Rays Cuts and grazes Fever and rashes
	<b>A&amp;E or 999</b> For life-threatening emergency Choking Chest pain Bleeding out Serious blood loss

[selondonics.org/usetherightservice](http://selondonics.org/usetherightservice)

# Flu Vaccination Promotion: *Targeting under 65 years with clinical risks*

The Bexley Wellbeing Partnership will take a targeted approach to improving the take-up of the flu vaccination amongst those under 65 years with clinical risks, who may be hesitant to get vaccinated for several reasons. These could include not understanding the benefits of the vaccine to ease of accessing vaccination clinics.

Where take up is low (amongst White European, West African and South Asian communities) we will:

- 1. Engage with trusted partners from faith and grassroots community organisations.**
- 2. Use community champions to spread our message across faith and community settings.**
- 3. Engage South Asian and West African clinical experts to speak to communities.**
- 4. Set-up vaccination pop-up clinics in places of worship for both communities with GPs on hand to vaccinate and offer advice.**
- 5. Work with statutory and voluntary partners who provide support on specific conditions to residents.**
- 6. Work with GP practices: to send reminder text messages to target patients through ACCURX.**

**Contact:**

**Aysha Awan**

**Head of Communications & Engagement – Bexley**

**NHS SEL ICB**

**Email: [aysha.awan@selondonics.nhs.uk](mailto:aysha.awan@selondonics.nhs.uk)**



**Bexley Wellbeing Partnership Committee**

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

**Item: 9**

**Enclosure: H**

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

<b>Purpose of paper:</b>	<b>To update the committee on the current risks on the Bexley place risk register and actions to mitigate those risks in the context of the boroughs risk appetite.</b>	<b>Update / Information</b>	<b>X</b>
		<b>Discussion</b>	
		<b>Decision</b>	
<b>Summary of main points:</b>	<p>The Bexley Place risk register is currently reporting 9 open risks specifically relating to borough activities.</p> <p>The risks principally arise due to five issues – lack of capacity to support community and discharge demand, Primary care insecure lease arrangements, failure to deliver on the actions from the SEND inspection, reduction in primary care access due to the GP collective actions and the risk of overspend against aspects of the borough delegated budgets resulting in failure to deliver within the financial control total for 2024/25.</p> <p>The risks are reviewed monthly by the borough Senior Management Team. Where risks impact across several boroughs they are also recorded on the NHS South East London Integrated Care Board (NHS SEL ICB) corporate risk register. The Senior Management Team also review the place comparative risks which assesses risks from each of the 6 SEL Boroughs.</p> <p>Further detail, mitigating actions, and gaps in control measures that require further work to address, are detailed in the attached report and appendix.</p>		
<b>Potential Conflicts of Interest</b>	There are no conflicts of interest.		
<b>Other Engagement</b>	Equality Impact	None identified.	
	Financial Impact	The finance risks reported concern financial risks which may impact the ICBs ability to meet its statutory duties.	
	Public Engagement	These risks are highlighted in the regular report which is provided to the Bexley Wellbeing Partnership Committee at their meetings held in public.	

	<p>Other Committee Discussion/ Engagement</p>	<p>Risks as a whole are considered at the ICBs risk forum, which meets monthly.</p> <p>The Board reviews the Board Assurance Framework at each meeting and is provided with an update on actions taken by other committees in relation their specialty associated risks.</p>
<p><b>Recommendation:</b></p>	<p>The Bexley Wellbeing Partnership Committee is recommended to:</p> <ul style="list-style-type: none"> <li>(i) Review the risks and consider the mitigations detailed.</li> <li>(ii) Assess whether, in the committee’s view, there are other mitigations that the risk owners could enact to reduce the risk score or acknowledge acceptance of the risk if no other actions can be taken.</li> <li>(iii) Consider ongoing work on identification and management of risks is ongoing.</li> </ul>	

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

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

### 1. Introduction

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

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

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

### 2. Governance and risk management

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

Risk review is a four tier process comprising:

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

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

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

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

### 3. Bexley Place Risks

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

The committee is asked to note the following:

- Of the nine risks on the boroughs risk register, three are scored at 15 or above for their initial rating (i.e., the risk before any mitigation actions are put in place).
- Of the nine risks on the Place based risk register:
  - **One** risk remains scored at 15 or above following mitigating actions being put in place (residual risk score).
  - **Eight** risks are rated as “high” (amber) after mitigations are put in place.

The underlying cause of these risks is:

- Concerns around achieving financial targets/ funding available.
- Capacity issues, either to meet demand within the borough or within the wider system.
- Insecure lease arrangements with a small number of practices within Bexley.
- Failure to deliver on one or more of the areas for priority action from the SEND inspection
- GP Collective Action resulting in reduced primary care access and provision resulting in pressures on the acute sector.

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

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

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

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

Rianna Palanisamy  
Partnership Business Manager, Bexley  
NHS South East London Integrated Care Board

15<sup>th</sup> November 2024

**Bexley Risk Register @ 15.11.2024**

Risk ID	Risk Description	Initial Rating	Control Summary	Current Rating	Assurance in Place	Gaps in Assurance	Target Rating
450	There is a risk that patients who are medically fit for discharge are unable to leave hospital. This can be caused by a combination of: Internal hospital processes holding discharge up as well as pressure on community and social care services and a changing demographics of the borough. This could impact negatively on the ED and elective performance of our acute partners as well as the best outcomes for residents.	16	Commencement of winter planning earlier in the year, Programme impact monitoring to understand which programme are making a difference and therefore require business cases for long-term investment, Identification of key programmes requiring long-term funding to incorporate into planning rounds, Collaboration with system partners to identify opportunities for joint appointments / joint business cases to enable risk sharing	16	Programme monitoring within Home First programme ops group and boards, with escalation to Bexley Wellbeing Partnership as required. Winter plan in progress as at beginning of September	Lack of additional funding for winter plans	9
503	A small number of practices within Bexley have insecure lease arrangements and/or unresolved issues with landlords that have the potential to lead to loss of premises within a relatively short time frame (< 6 months). There is the risk of a reactive and unplanned dispersal of those lists if appropriate premises cannot be secured and/or alternative arrangements (e.g. co-location or merger) cannot be agreed.	18	Regular liaison with the Lead Partner(s), ICB Estates Team and and LMC representative(s), Workshops and external consultancy input, facilitated through Practice Resilience funding.	12	Legal protections - Some legal protection afforded to the practices where the terms of the lease are being adhered to., Primary Care Delivery Group (Part2) Risk Register, clearly defines the risks for individual practices with plans in development to mitigate.	Currently no identified/agreed estates solutions to mitigate current risks., Lack of clearly defined estates strategies at PC/NL/CN level which makes it harder to assess the validity and implications of 'solutions' proposed by the affected practices, It is suspected that a number of Partnership Agreements including the property ownership and or lease agreements are not up-to-date and signed by all partners.	8
535	There is a risk that the prescribing budget may overspend due to: 1- Medicines supplies and costs increase NCSO/price concessions and Category M 2- Reduced capacity in the team to implement in year QIPP schemes by borough medicines optimisation teams due to a reduction in WTE following MCR. 3- Entry of new drugs with increased cost pressure to prescribing budget. 4- Increased patient demand for self care items to be prescribed rather than purchased as cost of living increases 5- Prescribing budget although uplifted for 24/25 a gap remains with regards to forecast outturn and budget. 6- Vacancy within the team in addition to potential of long term absence within the team (length TBD)	12	Monthly monitoring of spend (ePACT and PrescQIPP), Review PPA budgets, Borough QIPP plans, and incentive schemes developed, SEL rebate schemes, At M6, It is estimated that the Bexley prescribing budget is forecast to overspend by £735k. An additional £738k has been identified at place to offset this.	12	Budget monitoring and continuous review of efficiency plans, Bexley Wellbeing Partnership ; Bexley Wellbeing Executive ; SEL ICB Board Assurance Framework. Actions regarding the prescribing budget are completed by Taher Esfandiari, Monthly practice prescribing dashboard, Monthly QIPP tracker, SEL ICB Primary Care Medicines Value Group for discussion and dissemination of supportive information to help with QIPP delivery/budgetary stewardship, SEL rebate scheme ensures savings are still realised, Prescribing support software harmonisation for SEL in place	Control over national guidance and price changes	6
546	Risk that expenditure for continuing health care services will exceed the 24/25 set budget despite additional cost pressure funding received. The growth funding received is lower than FNC & AQP rates and non AQP providers are requesting even higher rates of an average of 8% against a 2.41% growth funding. Also, increase in home care providers rates for possible providers on Bexley Council's domiciliary care framework	12	Robust recovery plan and regular robust monitoring in place , including delivery on efficiency targets	12	Budget monitoring and continuous review of efficiency plans. SEL process for approval of fee uplift requests. Robust 1;1 review process	Unable to control incoming high cost cases	9
547	There is a risk that Bexley Place will not achieve the required level of savings which may cause overspends on its delegated budget resulting in the Place Executive not managing within the delegated resources. If this crystallises, it will also impact the ability of the ICB to achieve its statutory duties and deliver its financial target.	9	Efficiency schemes have been identified at a level of 5% above target to allow for slippages. Expenditure and efficiency plan will be monitored closely to manage spend and achieve cash releasing savings throughout the financial year., Monthly monitoring of existing schemes is in place. Continuous collaboration with all efficiency scheme owners to ensure the readiness to replace any failing scheme with viable ones.	9	There is a clear understanding of the strategic objective of the Place to deliver its efficiency target. The risks on this is well discussed at the senior management team/executive meetings. Recovery/mitigation actions has been presented to SMT and is being implemented to provide assurance.	None	4
548	There is a risk that Bexley Place will overspend against its delegated budget and not deliver a balanced budget in 2024/25 financial year. This is due to possible cost pressures within the prescribing and continuing health care budgets. If this materialises, it will impact the ICB ability to deliver its statutory financial duties of a balance budget.	12	Budgets will be monitored closely to manage cost pressures, new investment will be delayed and spend freeze policy implemented inline with ICB policy to ensure a balanced budget is delivered.	9	teams and stakeholders. Expenditure and activities are closely monitored with recovery reports and actions being implemented to ensure run rate reduction. This has also been addressed at senior management team and executive meetings, providing the necessary assurance. Monitoring will be continuous.	None	6
550	There is a risk that system partners will fail to deliver on one or more of the areas for priority action from the SEND inspection and that required improvements are not made so that the local authority and ICB fail to meet their statutory duties and children and young people with Special Educational Needs and Disabilities do not receive the support they require.	9	The T&F has generated a project plan to address therapy gaps	12	Progress report to Board, all PAP actions RAG rated and updated monthly, SEND assurance now shared with ICB Accountable Officer,	No Programme Management in place. Unable to effectively evidence impact.	4
554	There is a risk that the BMA recommendation for GP Collective Action results in reduction in primary care access and provision, and pressure on acute sector through some of the actions.	16	National Sitrep reporting in place and daily local monitoring of impact based on situation., Use of local intelligence gathering and understanding of key pressure points to monitor the situation ., Continue to engage / contact local practices, PCNs and LMC regularly to maintain communications and provide local support as necessary to minimise patient impact.	9	Sit rep reporting has not identified any evidence of co-ordinated collective action across Bexley practices at time of review., Returns to National Sit Rep reporting.	Practices are not obliged to notify ICBs of any action they are taking, provided contracts are not breached. Reliance on soft intelligence gathering.	12
559	There is a risk of recurrent cost pressures within the Primary Care delegated budget for Bexley as result of higher rates of population growth, relative to other SEL boroughs. The delivery of direct patient services across the ICB is anticipated to exceed the national allocation during 2024/25 with estimates that the ICB will face a potential over performance of approximately £2m. Bexley had originally been requested to identify cost savings of up to £640k in 2024/25. This has subsequently been reduced to circa £300K after additional central savings and efficiencies were identified.	16	Bexley borough and central teams have identified options for savings and efficiencies in 24/25 which should minimise any impact on commissioned services., Primary Care Delivery Group (04/09/24) received a report on the issues and endorsed the recommended options.	8	Options have been identified which will mitigate the identified cost pressures in 24/25.	The cost pressures will be recurrent and further work is required to ensure that population growth and movement within the ICS is reflected in annual budget setting.	4

**Bexley Wellbeing Partnership Committee**

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

**Item: 13**

**Enclosure: I**

<b>Title:</b>	<b>Better Care Fund Quarter 2 Return 2024/25</b>
<b>Author/Lead:</b>	Alison Rogers, Director of Integrated Commissioning, NHS South East London Integrated Care System/London Borough of Bexley Steven Burgess, Policy and Strategy Officer, London Borough of Bexley
<b>Executive Sponsor:</b>	Diana Braithwaite, Place Executive Lead (Bexley), NHS South East London Integrated Care System Yolanda Dennehy, Director of Adult Social Care and Health, London Borough of Bexley

<b>Purpose of paper:</b>	<b>To report on the Better Care Fund (BCF) Quarter 2 Return 2024/25.</b>	<b>Update / Information</b>	<b>X</b>
		<b>Discussion</b>	
		<b>Decision</b>	

<b>Summary of main points:</b>	<ul style="list-style-type: none"> <li>This report presents the BCF Quarter 2 Return 2024/25 and is being provided to the Bexley Wellbeing Partnership for information.</li> <li>All BCF national conditions and requirements were met during the quarter. The BCF return includes information about the four BCF metrics and confirms that we are on track against three of the metrics but not on track to meet our target for avoidable admissions.</li> <li>There has been a general upward trend in avoidable admissions and our BCF Plan is based on stabilising and preventing further increases, where possible. This is all the more challenging in the face of current pressures but we hope our plans can help to influence this metric over the longer term. Further discussions have taken place with partners and providers, including within the context of our winter plans. Through Community-Based Care work, we are also starting to concentrate more on the top causes of avoidable admissions and are trying to integrate an approach to this within our frailty workstream via our Integrated Neighbourhood Teams.</li> <li>The return gives an update on our Capacity and Demand Plan. The return shows how much hospital discharge and community activity we have delivered compared to our original demand projections. This primarily reflects short term and intermediate care activity delivered through social care and community health services.</li> </ul> <p>The return provides information on:</p> <ul style="list-style-type: none"> <li><b>Changes in capacity and demand assumptions and any learning from the last 6 months:</b> Data so far indicates that the number of emergency department attendances and non-elective in-patient spells are</li> </ul>
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	<p>higher than last year. Our forecast of total discharge activity for 2024/25 is now 25965 people, compared to 23449 in our BCF plan (+10.7%).</p> <ul style="list-style-type: none"> <li>• <b>System wide discussions around winter readiness, including consideration of capacity concerns or specific support needs ahead of winter:</b> Planning for this winter is in the context of already high levels of pressure on the acute system and concern continues regarding the lack of funding to support additional capacity should we need it. Mitigations are in place, including (i) a focus on working with our acute hospitals to encourage early referrals so that discharge planning can begin promptly and (ii) improving outcomes and flow through our interim beds at Marlborough Court (Pathway 2).</li> <li>• <b>Our approach to ensuring that people are supported to avoid admission to hospital or to enable discharge:</b> This includes: (i) a focus on maintaining quality of care and the achievement of good outcomes (e.g., through discharge to assess and reablement pathways) as we respond to meeting increased demand; (ii) exploring contingencies as part of our winter planning, such as the potential option of spot-purchasing additional interim beds, subject to additional funding being available; (iii) Good partnership working and strong relationships, including daily conversations, regular catch-ups and communication between staff, managers and key partners across our system, which helps to ensure that any issues are addressed promptly and avoids the need for escalation.</li> <li>• We have also reported on outputs and expenditure against schemes in the BCF Plan, covering the period April – September 2024. On the whole, this shows that good progress is being made and is generally in line with our plan.</li> <li>• The return confirms that the section 75 agreement for our BCF plan has been finalised and signed off. This was achieved by the end of September 2024.</li> <li>• The return is subject to sign-off by the Bexley Health and Wellbeing Board, which is scheduled for consideration by the Board at their meeting in December 2024.</li> </ul>	
<b>Potential Conflicts of Interest</b>	<p>The report is for information only. There are no conflicts of interest.</p>	
<b>Other Engagement</b>	<p>Equality Impact</p>	<p>Our BCF Plan sets out local priorities for addressing health inequalities and equality for people with protected characteristics, and how BCF-funded services are being delivered to address these. The contracts and the services commissioned under the section 75 agreement are monitored to ensure that equalities duties are met.</p>
	<p>Financial Impact</p>	<p>The value of services within the scope of the BCF Pooled Fund in 2024-25 is approximately £86.092m of which the ICB funds around £51.035m and the Council funds around £35.056m. The BCF Quarter 2 Return reports expenditure to date of £42.383m representing 49.2% of total planned expenditure from the BCF Pooled Fund.</p>

	Public Engagement	We consulted on the original proposals to enter into the section 75 agreement in 2020/21, which included the arrangements for the Bexley BCF Pooled Fund.
	Other Committee Discussion/Engagement	It is a requirement of the BCF that the return is signed off by the Bexley Health and Wellbeing Board (or with appropriate delegation) as part of its responsibility for overseeing the BCF plan locally. The return is due to be presented to the Bexley Health and Wellbeing Board at their next meeting.
<b>Recommendation:</b>	Reported for information.	





HM Government



**Better Care Fund 2024-25 Q2 Reporting Template**

**2. Cover**

**Version 3.6**

Please Note:

- The BCF quarterly reports are categorised as 'Management Information' and data from them will be published in an aggregated form on the NHSE website. This will include any narrative section. Also a reminder that as is usually the case with public body information, all BCF information collected here is subject to Freedom of Information requests.
- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the BCE) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.
- All information will be supplied to BCF partners to inform policy development.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

<b>Health and Wellbeing Board:</b>	Bexley	
<b>Completed by:</b>	Steven Burgess	
<b>E-mail:</b>	<a href="mailto:steven.burgess@bexley.gov.uk">steven.burgess@bexley.gov.uk</a>	
<b>Contact number:</b>	020 3045 5242	
<b>Has this report been signed off by (or on behalf of) the HWB at the time of submission?</b>	No	
<b>If no, please indicate when the report is expected to be signed off:</b>	Thu 19/12/2024	<< Please enter using the format, DD/MM/YYYY

<b>Checklist</b>
Complete:
Yes
Yes
Yes
Yes
Yes
Yes

**Better Care Fund 2024-25 Q2 Reporting Template**

**3. National Conditions**

Selected Health and Wellbeing Board:

Bexley

Has the section 75 agreement for your BCF plan been finalised and signed off?	Yes	
If it has not been signed off, please provide the date section 75 agreement expected to be signed off		
If a section 75 agreement has not been agreed please outline outstanding actions in agreeing this.		
Confirmation of Nation Conditions		
National Condition	Confirmation	If the answer is "No" please provide an explanation as to why the condition was not met in the quarter and mitigating actions underway to support compliance with the condition:
1) Jointly agreed plan	Yes	
2) Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer	Yes	
3) Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time	Yes	
4) Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services	Yes	

Checklist Complete:
Yes
Yes
Yes
Yes
Yes
Yes
Yes

Better Care Fund 2024-25 Q2 Reporting Template

4. Metrics

Selected Health and Wellbeing Board:

Bexley

National data may be unavailable at the time of reporting. As such, please utilise data that may only be available system-wide and other local intelligence.

Metric	Definition	For information - Your planned performance as reported in 2024-25 planning				For information - actual performance for Q1	Assessment of progress against the metric plan for the reporting period	Challenges and any Support Needs <i>Please describe any challenges faced in meeting the planned target, and please highlight any support that may facilitate or ease the achievements of metric plans ensure that if you have selected data not available to assess progress that this is addressed in this section of your plan</i>	Achievements - including where BCF funding is supporting improvements. <i>Please describe any achievements, impact observed or lessons learnt when considering improvements being pursued for the respective metrics</i>	Variance from plan <i>Please ensure that this section is completed where you have indicated that this metric is not on track to meet target outlining the reason for variance from plan</i>	Mitigation for recovery <i>Please ensure that this section is completed where of data is not available to assess progress b) Not on track to meet target with actions to recovery position against plan</i>
		Q1	Q2	Q3	Q4						
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	187.7	183.7	209.0	198.6	191.8	Not on track to meet target	Bexley had a higher rate of avoidable admissions than planned in Q3 & Q4 of 2023/24 and this trend has continued into the first part of 2024/25. Our hospitals experienced significant demand through the spring and summer months for urgent and emergency care, resulting in busy emergency departments. The number of emergency department attendances recorded so far between April - July 2024/25 is 1.8% higher than for the same period in the previous year and the number of non-elective in-patient spells is 6.2% higher.	We have ensured alignment of BCF with our wider plans, including Home First initiatives, the Bexley Winter Plan and UEC plan. Our Home First model encompasses admission avoidance, intermediate care, end of life care and support in the community, including care homes. The Council and our partners are continuing to work together with an emphasis on prevention of illness, self-care and treatment with support from local pharmacies and primary care. We are prioritising avoidance of admission wherever possible through Urgent Community Response services and on-going treatment in the home setting. Alongside "front-door" and community initiatives to prevent avoidable admissions, we are seeking to maintain as far as possible the number of packages of care at times of peak demand to support the flow of discharges (working within the resources available).	There has been a general upward trend in avoidable admissions and our BCF Plan is based on stabilising and preventing further increases in avoidable admissions, where possible. This is all the more challenging in the face of current pressures but we hope our plans can help to influence this metric over the longer term. The top three avoidable admission diagnosis categories in 2024/25 relate to COPD, Heart Failure, and Anaemia. Anaemia is a presenting problem and not an underlying diagnosis for most people, highlighting the need to treat the underlying reasons.	This is being monitored during the year and has been discussed with partners and providers, including within the context of our winter plans. Suggestions so far have included actions to discuss the acute ambulatory care service with all of our local acute partners; (ii) explore arrangements for avoiding admissions of patients on a weekend (i.e., those who are not stable enough to remain at home until Monday); (iii) Communications to remind GPs about what services are available (e.g., Rapid, Ambulatory Care Consultant and Geriatrician). This year's winter plan also has a focus on reducing Emergency Department attendances, admission avoidance, and improved patient flow and hospital discharge with some flexibility around responding to surges, underpinned by a communications campaign.  Through Community-Based Care work, we are starting to concentrate more on the top causes of avoidable admissions and are trying to integrate an approach to this within our frailty workstream via our Integrated Neighbourhood Teams.
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	93.1%	94.2%	94.0%	93.5%	93.74%	On track to meet target	We have considered Bexley's split for discharge destination and looked at the categories that make up the % of those that are not counted in the % of patients who are discharged to usual place of residence. Approximately 2.61% relate to 'NHS other hospital provider - ward for general patients or the younger physically disabled' and 0.77% relate to 'Temporary place of residence when usually resident elsewhere (includes hotel, residential educational establishment). For 1.17%, the discharge destination is 'unknown'. The data suggests that there may be some factors that are not within our direct control and only limited opportunities for improvement.	The vast majority of people go home once they have been discharged from hospital. Our performance in Bexley is better than planned and shows that over 93% of hospital discharges are to a person's usual place of residence.	Not applicable.	Not applicable.
Falls	Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.				1,838.7	418.8	On track to meet target	Our opportunity to influence this metric is limited to what we can achieve through our existing schemes and services.	Provisional data so far suggests that we are on track to achieve a lower rate of hospital admissions due to injuries from falls among the 65+ age group than planned (a lower rate is better). These figures could be subject to change.	Not applicable.	Not applicable.
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)				577	not applicable	On track to meet target	The new admissions to care homes come from both hospital discharge and community pathways. In terms of hospital discharge activity, staff attend the wards and board rounds to enable better discharge planning, which helps to ensure people are being discharged on the right pathway. A permanent care home placement may be the best way of meeting a person's long-term care and support needs, usually when all other options have been exhausted and they can no longer be safely supported at home. This includes people who were discharged from hospital into an interim bed to allow further time for recovery, but who have then moved into a permanent placement, following an assessment of their long-term care needs outside an acute hospital environment. Other precipitants of care home admissions include carer crisis or breakdown, where unpaid or family carers can no longer continue in their caring role, and self-funders who become eligible for local authority support due to depleted funds.	Strength based assessments are used to support people to live at home where possible. Provisional data for 2023/25 so far shows that there have been 92 older people whose long-term support needs were met by admission to residential and nursing care homes between April and September 2024. Our plan is to have no more than 250 new care home admissions in 2024/25.	Not applicable.	Not applicable.

Complete:
Yes
Yes
Yes
Yes

## Better Care Fund 2024-25 Q2 Reporting Template

### 5. Capacity & Demand

Selected Health and Wellbeing Board:

Bexley

#### 5.1 Assumptions

##### 1. How have your estimates for capacity and demand changed since the plan submitted in June? Please include any learnings from the last 6 months.

Our estimates of capacity and demand have changed since the plan submitted in June 2024. The latest available data indicates that the number of emergency department attendances between April - July 2024 is 1.8% higher than for the same period in the previous year and the number of non-elective in-patient spells is 6.2% higher for people of all ages and 7.2% higher for adults aged 18 years and over.

Our forecast of total discharge activity for 2024/25 is now 25965 people, compared to 23449 in our BCF plan (+10.7%). We expect the majority of discharges to be simple discharges home to usual place of residence.

The actual discharge activity has been derived from SUS data as this is the data source that includes the most robust view of the total number of discharges by borough. We recognise that this may not reconcile to our plans which were worked up using the Trust's view of discharge activity based on their Discharge SitRep submissions. In South East London, we will be using the data collated for the BCF returns to initiate conversations with colleagues in relation to improving the data capture and quality of the discharge SitRep data. As not all discharge data is available at borough level, we have calculated the pathway flows using a mixed methodology of the view of our host provider site along with local intelligence from our Discharge Teams.

The average wait times from referral to commencement of service is a new data requirement in the BCF and we need to undertake some further work to support the reporting of this information. We have identified an issue with reporting in regard to 'expected discharge dates' and 'actual discharge dates' for our pathway 2 and pathway 3 cases, which we have been addressing by looking at individual cases. For example, people identified as being ready for discharge from hospital can deteriorate and go back to requiring further medical or therapeutic input in hospital; however the change in expected discharge date is not always updated on IT systems. We will work with our business support team and Hospital Integrated Discharge manager to consider a more robust and accurate way of capturing this data moving forward. We are also putting in place more streamlined processes for pathway 2 and hope this will result in some improvements in future quarters.

In terms of hospital discharge activity, staff attend the wards and board rounds to enable better discharge planning, which helps to ensure people are being discharged on the right pathway. Some people with more complex needs are assessed on the wards for their long-term care options rather than being discharged on a Discharge to Assess pathway. This can result in a longer length of stay for some people to ensure that the care planning to support a major life decision is as thorough as possible. However, we are mitigating this by working with the hospitals to ensure we are identifying these people as early as possible following admission.

##### 2. How have system wide discussions around winter readiness influenced any changes in capacity and demand as part of proactive management of winter surge capacity?

Recognising that additional winter funding will not be available this year, Bexley's winter plan was developed in partnership building on the Urgent and Emergency Care Recovery Plan and places a continued effort on Home First as the underpinning approach to partnership working, with dual focus on the 'front door' and 'back door' to maximise resilience over the winter period. Our plan focuses on reducing Emergency Department attendances, avoiding unplanned admissions related to Ambulatory Care Sensitive Conditions, and improving patient flow and discharge to reduce demand and release bed capacity. Our winter communications plan - Better Access Bexley – promotes Pharmacy First, online consultations, use of the NHS App and Enhanced Access as well supporting the national Flu, Covid and Respiratory Syncytial Virus vaccination programme. System wide discussions have resulted in:

- Increased Urgent Treatment Centre streaming space
- Agreement to fund the Acute Respiratory Hub over the winter period
- Enhanced Same Day Emergency Care
- Expansion of the discharge team with additional clinical staff forming part of the Transfer of Care Collaborative
- Additional inpatient beds
- Agreement to fund spot purchase beds for complex discharges
- Weekend discharge planning
- Formation of an integrated working group focusing on frailty to reduce unplanned admissions for Ambulatory Care Sensitive Conditions.

Oxleas NHS Foundation Trust has been working with consultants at Queen Elizabeth Hospital to explore how we can maximise opportunities and risk share patient care, e.g., through Virtual Wards, Urgent Community Response and Community Health Services. This is helping to build understanding about clinical oversight and what we can manage in the community, including ensuring appropriate referrals are made to the Meadow View Intermediate Care Unit.

#### Checklist

Complete:

Yes

Yes

**3. Do you have any capacity concerns or specific support needs to raise for the winter ahead?**

Planning for this winter is in the context of already high levels of pressure on the acute system and concern continues regarding the lack of funding to support additional capacity should we need it. Whilst we are undertaking a systematic approach to our intermediate care review, the outputs will not impact on capacity this year.

There remains a risk that funded capacity for reablement in a bedded setting might not fully meet estimated demand. This is mitigated by a continued focus on improving outcomes and flow through the existing interim beds at Marlborough Court and our utilisation of Home First and other pathways, where appropriate, working within the available capacity and resources.

We do not have a capacity issue for residential care (Pathway 3) but we have implemented actions to mitigate the costs to adult social care associated with demand, including assessing people so that their long-term care and support plans are put in place as soon as possible and, where appropriate, charges applied.

We are working with our acute hospitals to encourage early referrals so that discharge planning can begin promptly. This is particularly important for people being referred onto Pathway 2 or Pathway 3, especially those with very complex needs, who may need more support.

The Greenwich and Bexley Hospice is already experiencing pressures and the winter period could exacerbate this. The service is safe but does not have huge capacity or any expansion at the moment. The Hospice have very skilled and dedicated staff including a GP with extended role and support from 2 Locum consultants. The Hospice are still seeking consultant palliative care speciality and have been updating and rebranding their recruitment pack.

Yes

**4. Where actual demand exceeds capacity for a service type, what is your approach to ensuring that people are supported to avoid admission to hospital or to enable discharge?**

Discharge Funding is being used to provide care at home and reablement capacity (Pathway 1), recovery beds to facilitate quicker discharges (Pathway 2), respond to placement pressures (Pathway 3), and secure continuous supplies of community equipment to support timely hospital discharge.

Some people have remained on Discharge to Assess for more than 6 weeks. We have also seen increased demand and referrals for reablement, which has resulted in the need for spot contracting from providers. A key priority is to ensure we maintain the quality of care as we respond to meeting the increased demand.

Our original plans were based on approximately 500 hours of reablement care at any one time for each of our three Local Care Networks (LCNs) but we are currently averaging about 700 hours at any one time per LCN. In some cases, the complexity of people coming out of hospital requires two carers, four times a day. Average hours per person have increased in recent years, which is often associated with more people coming out of hospital earlier onto reablement. However, we have evidence of good outcomes being achieved. Notably, we assess the degree of a person's frailty using the Rockwood frailty scale and compare the results at the start and end of reablement. So far this year, our data shows that the Rockwood frailty score has improved for 61.8% of people by the end of their reablement episode.

Earlier in the year, we also promoted our community reablement services to the One Bexley consortium of third sector organisations and Mental Health services, which has contributed to an increase in community referrals. Due to the rise in demand for reablement over the last three months, we have started a project looking at Capacity and Demand in reablement, which we hope will help to inform the development of a business case for implementation later in the year.

We have seen a lot of demand for our interim beds at Marlborough Court (Pathway 2), which has sometimes impacted on flow through the beds, but we continue to manage this proactively in order to minimise any delays. In some cases, people have been admitted into an interim bed with pressure sores or fractures, which can take a significant amount of time to heal. As a system, we are exploring whether there are any alternative pathways available (e.g., wound pathway).

Since August 2024, there are now two social workers at Marlborough Court to complete assessments and, since October 2024, a Physiotherapist has been on site two days a week to see every person on a Discharge to Assess bed in order to help improve outcomes. This is having a positive impact.

As part of our winter plans, we have discussed the option of spot-purchasing additional interim beds, subject to funding being available. This could include the option of 'family choice' beds to support people out of acute care pending family choice decisions.

All our main acute hospitals provide Same Day Emergency Care (SDEC) Services. Queen Elizabeth Hospital (QEH) in Woolwich has expanded SDEC opening hours from 8 a.m. – 5 p.m. to 8 a.m. – 8 p.m (Monday to Friday) with the ambition to be a 7-day service early in the new year. This means that more patients can be seen there, helping to de-congest the Emergency Department and giving GPs the option to directly refer patients into SDEC.

Yes

Better Care Fund 2024-25 Q2 Reporting Template

5. Capacity & Demand

Selected Health and Wellbeing Board:

Bexley

Actual activity - Hospital Discharge		Prepopulated demand from 2024-25 plan						Actual activity (not including spot purchased capacity)						Actual activity through <u>only</u> spot purchasing (doesn't apply to time to service)					
		Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
Reablement & Rehabilitation at home (pathway 1)	Monthly activity. Number of new clients	185	165	187	158	178	153	74	91	69	104	103	78	104	109	97	122	120	152
Reablement & Rehabilitation at home (pathway 1)	Actual average time from referral to commencement of service (days). All packages (planned and spot purchased)	2.4	2.4	2.4	2.4	2.4	2.4	1	1	1	1	1	1						
Short term domiciliary care (pathway 1)	Monthly activity. Number of new clients	44	47	26	27	23	30	0	0	0	0	0	0	42	35	36	48	40	51
Short term domiciliary care (pathway 1)	Actual average time from referral to commencement of service (days) All packages (planned and spot purchased)	1	1	1	1	1	1	0	1	0	1	0	0						
Reablement & Rehabilitation in a bedded setting (pathway 2)	Monthly activity. Number of new clients	42	45	39	38	31	29	36	24	35	30	27	25	0	0	0	0	0	0
Reablement & Rehabilitation in a bedded setting (pathway 2)	Actual average time from referral to commencement of service (days) All packages (planned and spot purchased)	3	3	3	3	3	3	18	15	14.5	18	14	18						
Other short term bedded care (pathway 2)	Monthly activity. Number of new clients.	0	0	0	0	0	0	0	1	0	0	1	3	0	1	0	0	0	0
Other short term bedded care (pathway 2)	Actual average time from referral to commencement of service (days) All packages (planned and spot purchased)	0	0	0	0	0	0	0	11.5	0	0	28	23						
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Monthly activity. Number of new clients	2	3	1	0	7	13	1	3	1	2	1	1	8	7	4	5	10	6
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Actual average time from referral to commencement of service (days) All packages (planned and spot purchased)	15	15	15	15	15	15	58	28	41	32	37	37						

Actual activity - Community		Prepopulated demand from 2024-25 plan						Actual activity:					
Service Area	Metric	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
Social support (including VCS)	Monthly activity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0
Urgent Community Response	Monthly activity. Number of new clients.	136	136	136	136	136	136	142	125	179	175	185	153
Reablement & Rehabilitation at home	Monthly activity. Number of new clients.	83	80	90	88	94	87	84	92	86	84	75	99
Reablement & Rehabilitation in a bedded setting	Monthly activity. Number of new clients.	1	1	1	1	1	1	1	0	0	0	0	0
Other short-term social care	Monthly activity. Number of new clients.	13	13	13	11	11	11	17	12	19	17	21	18

See next sheet for Scheme Type (and Sub Type) descriptions

**Better Care Fund 2024-25 Q2 Reporting Template**

To Add New Schemes

6. Expenditure

Selected Health and Wellbeing Board:

		2024-25			
Running Balances		Income	Expenditure to date	Percentage spent	Balance
<< Link to summary sheet	DFG	£3,234,050	£1,226,783	37.93%	£2,007,267
	Minimum NHS Contribution	£20,603,595	£10,301,797	50.00%	£10,301,798
	IBCF	£6,616,137	£3,308,068	50.00%	£3,308,069
	Additional LA Contribution	£23,660,000	£11,830,000	50.00%	£11,830,000
	Additional NHS Contribution	£28,409,175	£14,204,587	50.00%	£14,204,588
	Local Authority Discharge Funding	£1,545,953	£654,837	42.36%	£891,116
	ICB Discharge Funding	£2,022,604	£856,739	42.36%	£1,165,865
	<b>Total</b>	<b>£86,091,514</b>	<b>£42,382,811</b>	<b>49.23%</b>	<b>£43,708,703</b>

Comments if income changed

**Required Spend**

This is in relation to National Conditions 2 and 3 only. It does NOT make up the total Minimum ICB Contribution (on row 33 above).

		2024-25		
		Minimum Required Spend	Expenditure to date	Balance
	NHS Commissioned Out of Hospital spend from the minimum ICB allocation	£5,854,957	£6,410,673	£0
	Adult Social Care services spend from the minimum ICB allocations	£8,334,432	£5,148,884	£3,185,548

Checklist	Column complete:	No	Yes

Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Planned Outputs for 2024-25	Outputs delivered to date (Number or NA if no plan)	Units	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	Previously entered Expenditure for 2024-25 (£)	Expenditure to date (£)	Comments
1	Care Act - Carers	This scheme contributes towards the provision of a range of direct support to unpaid carers: • Information and advice. • Carers' Support Worker. • Authority-commissioned support.	Carers Services	Carer advice and support related to Care Act duties		620	475	Beneficiaries	Social Care		LA			Charity / Voluntary Sector	Minimum NHS Contribution	£463,000	£231,500	This is based on the number of carers receiving direct support in the first 6 months of 2024/25. It has been calculated using the SALT definition. We may, therefore, need to review this in light of the introduction of the Client Level Data return.
2	Preventative & Early Intervention Services (ICB)	ICB contribution to the joint commissioning of a range of prevention and early	Prevention / Early Intervention	Other	PEI Funding to Third Sector Organisations	0			Social Care		NHS			Charity / Voluntary Sector	Minimum NHS Contribution	£396,123	£198,062	
3	Prevention & Early Intervention Services (LBB)	LB Bexley contribution to the joint commissioning of a range of prevention and early	Prevention / Early Intervention	Other	PEI Funding to Third Sector Organisations				Social Care		LA			Charity / Voluntary Sector	Additional LA Contribution	£403,000	£201,500	
4	Prevention	Funding from the IBCF to develop our capacity within the Borough to prevent or	Prevention / Early Intervention	Other	Develop the capacity of the independent and				Social Care		LA			Charity / Voluntary Sector	IBCF	£200,000	£100,000	
5	Social Prescribing	Social Prescribing in Practices to help people find support for many non-medical issues,	Prevention / Early Intervention	Social Prescribing					Social Care		LA			Charity / Voluntary Sector	IBCF	£50,000	£25,000	
6	Social Prescribing	Social Prescribing in Practices to help people find support for many non-medical issues,	Prevention / Early Intervention	Social Prescribing					Primary Care		NHS			Charity / Voluntary Sector	Minimum NHS Contribution	£151,500	£75,750	
7	Health Inequalities (ICS Funded Projects)	Health Inequalities Funding has been allocated to the Bexley Wellbeing Partnership	Prevention / Early Intervention	Other	Health Inequalities				Other		NHS			Local Authority	Additional NHS Contribution	£536,000	£268,000	
8	Integrated Community Equipment Service	ICB contribution to the Integrated Community Equipment Service, which provides a range of high quality, responsive, cost effective equipment to people with health and social care needs, who live in Bexley	Assistive Technologies and Equipment	Community based equipment		360	227	Number of beneficiaries	Community Health		NHS			Charity / Voluntary Sector	Minimum NHS Contribution	£283,200	£141,600	1484 adults have benefitted from community-based equipment in the period April-September 2024. This scheme has contributed 15.3% of total costs. This scheme's share of the outputs is 227 adults, who have benefitted from community-based equipment.
9	Integrated Community Equipment Service	LB Bexley contribution to the Integrated Community Equipment Service, which provides a range of high quality, responsive, cost effective equipment to people with health and social care needs, who live in Bexley	Assistive Technologies and Equipment	Community based equipment		829	522	Number of beneficiaries	Social Care		LA			Charity / Voluntary Sector	Additional LA Contribution	£651,000	£325,500	1484 adults have benefitted from community-based equipment in the period April-September 2024. This scheme has contributed 35.2% of total costs. This scheme's share of the outputs is 522 adults, who have benefitted from community-based equipment.

10	Community Equipment	Provides the Bexley Emergency Link Line (BELL) alarm monitoring service.	Assistive Technologies and Equipment	Assistive technologies including telecare		500	498	Number of beneficiaries	Social Care		LA			Private Sector	Minimum NHS Contribution	£163,000	£81,500	This is a contribution towards the costs of the Bexley Emergency Link Line. The outputs are based on £81,500 divided by an estimated cost of £6.30 per week for a Monitoring and Response Service per person with a pendent alarm. £6.30 per week x 26 weeks = £163.80 per person. £81,500 / £163.80 = 498.
11	Assistive Technologies	LB Bexley employs an Assistive Technology Coordinator.	Workforce recruitment and retention			1	1	WTE's gained	Social Care		LA			Local Authority	Minimum NHS Contribution	£60,000	£30,000	
12	Equipment	A pressure relieving equipment service that responds to local need and ensures that residents living with physical impairments are receiving the equipment that they need.	Assistive Technologies and Equipment	Community based equipment		670	333	Number of beneficiaries	Social Care		NHS			Local Authority	Minimum NHS Contribution	£199,520	£99,760	1025 adults have benefitted from pressure relieving equipment in the period April - September 2024. This scheme has contributed 32.5% of total costs. This scheme's share of the outputs is 333 adults, which have benefitted from pressure relieving equipment.
13	Wheelchair Service	We assess for, purchase and provide wheelchairs and associated mobility equipment in line with NHS criteria to meet the postural and independent mobility needs of the population served by NHS South East	Assistive Technologies and Equipment	Community based equipment		750	188	Number of beneficiaries	Community Health		NHS			Charity / Voluntary Sector	Minimum NHS Contribution	£671,880	£335,940	The Wheelchair Service has 2386 wheelchair users of which 2116 are adults and 270 are children. In terms of those seen so far between 1 April and 30 September 2024, the number of adults given a wheelchair is 173 and the number of children given a wheelchair is 15.
14	Housing Adaptations	The Disabled Facilities Grant allocation supports the delivery of major home	DFG Related Schemes	Adaptations, including statutory DFG grants		200	92	Number of adaptations funded/people supported	Social Care		LA			Private Sector	DFG	£3,000,000	£1,023,193	
16	Integrated Crisis and Rapid Response	Integrated crisis and rapid response to situations where an individual requires an	Urgent Community Response						Social Care		LA			Private Sector	Minimum NHS Contribution	£736,000	£368,000	
17	Early Supported Hospital Discharge	Provision of personal care packages to facilitate early supported hospital discharge.	High Impact Change Model for Managing Transfer of Care	Early Discharge Planning					Social Care		LA			Private Sector	Minimum NHS Contribution	£2,285,000	£1,142,500	
18	D2A	Discharge to Assess has streamlined the care pathway and ensures patients do not	High Impact Change Model for Managing Transfer of Care	Home First/Discharge to Assess - process support/core costs					Social Care		NHS			Local Authority	Minimum NHS Contribution	£690,000	£345,000	
19	D2A	Discharge to Assess has streamlined the care pathway and ensures patients do not	High Impact Change Model for Managing Transfer of Care	Home First/Discharge to Assess - process support/core costs					Social Care		LA			Local Authority	IBCF	£700,000	£350,000	
20	Discharge Fund (LA contribution)	Discharge Fund	Home Care or Domiciliary Care	Short term domiciliary care (without reablement input)		43	27	Hours of care (Unless short-term in which case it is packages)	Social Care		LA			Local Authority	Local Authority Discharge	£74,825	£37,413	27 packages of care attributable to this scheme based on an actual average cost of £1,386 per package of care.
21	Discharge Fund (LA contribution)	Discharge Fund	Home-based intermediate care services	Reablement at home (to support discharge)		450	238	Packages	Social Care		LA			Local Authority	Local Authority Discharge Funding	£465,482	£214,336	238 packages of care attributable to this scheme based on an actual average cost of £901 per package of care.
22	Discharge Fund (LA contribution)	Discharge Fund	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-term services supporting recovery)	Bed-based intermediate care with reablement (to support discharge)		28	14	Number of placements	Social Care		LA			Local Authority	Local Authority Discharge Funding	£337,908	£168,954	We have a block contract of 15 interim beds during the year of which 8 are funded from the Discharge Fund. Across the block contract as a whole, we have supported 63 placements in the period April to September 2024. The Discharge Fund (LA & ICB contribution) accounts for 53.3% (33 placements) of which 14 placements have been funded from the local authority contribution and 19 have been funded from the ICB contribution.
23	Discharge Fund (LA contribution)	Discharge Fund	Residential Placements	Short term residential care (without rehabilitation or reablement input)		19	4	Number of beds	Social Care		LA			Local Authority	Local Authority Discharge Funding	£303,251	£51,891	We have made 44 residential care placements in the period April to September 2024. Out of the 44 placements, 10 have been funded from the Discharge Fund of which 4 have been funded from the local authority contribution and 6 have been funded from the ICB contribution.
24	Discharge Fund (LA contribution)	Discharge Fund	Workforce recruitment and retention			7	7	WTE's gained	Social Care		LA			Local Authority	Local Authority Discharge	£271,624	£135,812	
25	Discharge Fund (LA contribution)	Discharge Fund	Assistive Technologies and Equipment	Community based equipment		92	63	Number of beneficiaries	Social Care		LA			Local Authority	Local Authority Discharge Funding	£79,192	£39,596	1484 adults have benefitted from community-based equipment in the period April-September 2024. This scheme has contributed 4.3% of total costs. This scheme's share of the outputs is 63 adults, who have benefitted from community-based equipment.



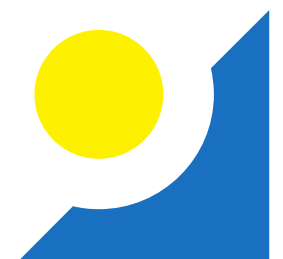
26	Discharge Fund (ICB contribution)	Discharge Fund	Home Care or Domiciliary Care	Short term domiciliary care (without reablement input)		56	35	Hours of care (Unless short-term in which case it is packages)	Social Care		NHS			Local Authority	ICB Discharge Funding	£97,895	£48,948	35 packages of care attributable to this scheme based on an actual average cost of £1,386 per package of care.
27	Discharge Fund (ICB contribution)	Discharge Fund	Home-based intermediate care services	Reablement at home (to support discharge)		589	311	Packages	Social Care		NHS			Local Authority	ICB Discharge Funding	£609,001	£280,421	311 packages of care attributable to this scheme based on an actual average cost of £901 per package of care.
28	Discharge Fund (ICB contribution)	Discharge Fund	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-term services supporting recovery)	Bed-based intermediate care with reablement (to support discharge)		36	19	Number of placements	Social Care		NHS			Local Authority	ICB Discharge Funding	£442,092	£221,046	We have a block contract of 15 interim beds during the year of which 8 are funded from the Discharge Fund. Across the block contract as a whole, we have supported 63 placements in the period April to September 2024. The Discharge Fund (LA & ICB contribution) accounts for 53.3% (33 placements) of which 14 placements have been funded from the local authority contribution and 19 have been funded from the ICB contribution.
29	Discharge Fund (ICB contribution)	Discharge Fund	Residential Placements	Short term residential care (without rehabilitation or reablement input)		21	6	Number of beds	Social Care		NHS			Local Authority	ICB Discharge Funding	£396,749	£67,891	We have made 44 residential care placements in the period April to September 2024. Out of the 44 placements, 10 have been funded from the Discharge Fund of which 4 have been funded from the local authority contribution and 6 have been funded from the ICB contribution.
30	Discharge Fund (ICB contribution)	Discharge Fund	Workforce recruitment and retention			6	6	WTE's gained	Social Care		NHS			Local Authority	ICB Discharge Funding	£355,373	£177,687	
31	Discharge Fund (ICB contribution)	Discharge Fund	Assistive Technologies and Equipment	Community based equipment		99	83	Number of beneficiaries	Social Care		NHS			Local Authority	ICB Discharge Funding	£103,608	£51,804	1484 adults have benefitted from community-based equipment in the period April-September 2024. This scheme has contributed 5.6% of total costs. This scheme's share of the outputs is 83 adults, who have benefitted from community-based equipment.
34	Care Homes - Local Enhanced Services	Continues to provide existing enhanced services to Care Homes. This ensures care	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as					Primary Care		NHS			Private Sector	Minimum NHS Contribution	£247,875	£123,938	
35	Care Homes Trusted Assessors	This supports delivery of the trusted assessor model with the care home sector through	High Impact Change Model for Managing Transfer of Care	Trusted Assessment					Social Care		LA			Local Authority	iBCF	£100,000	£50,000	
36	Plaster of Paris	Joint funding arrangements for Plaster of Paris cases to help get people out of hospital with support. It	Home Care or Domiciliary Care	Domiciliary care packages		2460	985	Hours of care (Unless short-term in which case it is packages)	Community Health		NHS			Private Sector	Minimum NHS Contribution	£50,512	£25,256	Based on an average hourly cost of £25.62 per POP hour, this scheme has so far delivered 985 POP hours.
37	Integrated Care LBB	Investment in integrated care, which provides Integrated rapid response,	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as					Social Care		NHS			Local Authority	Minimum NHS Contribution	£758,000	£379,000	
38	Winter Care Packages	Additional homecare hours that enable our integrated teams to provide responsive	Home Care or Domiciliary Care	Domiciliary care packages		43486	22678	Hours of care (Unless short-term in which case it is packages)	Social Care		LA			Local Authority	iBCF	£928,000	£464,000	Based on an average hourly cost of £20.46 per hour, this scheme has so far delivered 22678 hours of care.
39	Care Act	Contribution to help off-set increase in home care provision since Care Act 2014	Care Act Implementation Related Duties	Other	Home Care or Domiciliary Care				Social Care		LA			Local Authority	Minimum NHS Contribution	£545,000	£272,500	
40	Other preventative - Reablement	Contribution towards reablement packages of care. This maintains current reablement capacity to help	Home-based intermediate care services	Reablement at home (to prevent admission to hospital or residential care)		294	169	Packages	Social Care		LA			Charity / Voluntary Sector	Minimum NHS Contribution	£304,000	£152,000	Based on an average cost of £901 per package of care, this scheme has so far delivered 169 packages of care.
41	Reablement funding to Oxleas	Part of Older People Integrated Care Contract. This maintains current reablement	Home-based intermediate care services	Joint reablement and rehabilitation service (to prevent admission to hospital or residential care)		0	NA	Packages	Community Health		NHS			NHS Community Provider	Minimum NHS Contribution	£105,000	£52,500	
42	Reablement funding to LB Bexley	Staffing and reablement care packages. This maintains current reablement capacity to help people regain their independence and reduce the need for ongoing care.	Home-based intermediate care services	Joint reablement and rehabilitation service (to prevent admission to hospital or residential care)		346	199	Packages	Social Care		LA			Local Authority	Minimum NHS Contribution	£716,000	£358,000	Funding split 50:50 between reablement Packages of Care and contribution to staffing costs. Outputs updated based on £901 average cost of a reablement package of care (£179,000/£901 per POC = 199 POCs).
43	Reablement additional contribution to care costs	Additional contribution towards reablement care costs. This maintains current reablement capacity to help	Home-based intermediate care services	Reablement at home (to support discharge)		117	67	Packages	Social Care		LA			Private Sector	Minimum NHS Contribution	£121,000	£60,500	Based on an average cost of £901 per package of care, this scheme has so far delivered 67 packages of care.
44	Reablement additional contribution to	Additional contribution towards staff costs. This maintains current reablement	Workforce recruitment and retention				1	WTE's gained	Social Care		LA			Local Authority	Minimum NHS Contribution	£50,000	£25,000	

45	Additional ASC packages of care	This enables the home care market to accommodate the increased volume of care	Home Care or Domiciliary Care	Domiciliary care packages		134255	70015	Hours of care (Unless short-term in which case it is packages)	Social Care		LA			Local Authority	IBCF	£2,865,000	£1,432,500	Based on an average hourly cost of £20.46 per hour, this scheme has so far delivered 70015 hours of care.
46	Additional contribution to care package costs	This enables the home care market to accommodate the increased volume of care	Home Care or Domiciliary Care	Domiciliary care packages		14270	7442	Hours of care (Unless short-term in which case it is packages)	Social Care		LA			Local Authority	IBCF	£304,516	£152,258	Based on an average hourly cost of £20.46 per hour, this scheme has so far delivered 7442 hours of care.
47	Maintaining eligibility criteria	Personal care packages (contribution) plus inflation	Home Care or Domiciliary Care	Domiciliary care packages		37237	19419	Hours of care (Unless short-term in which case it is packages)	Social Care		LA			Local Authority	Minimum NHS Contribution	£794,638	£397,319	Based on an average hourly cost of £20.46 per hour, this scheme has so far delivered 19419 hours of care.
48	Develop Social Care Market	This pays for an uplift in provider fees and helps to address associated cost	Home Care or Domiciliary Care	Domiciliary care packages		46860	24438	Hours of care (Unless short-term in which case it is packages)	Social Care		LA			Local Authority	IBCF	£1,000,000	£500,000	Based on an average hourly cost of £20.46 per hour, this scheme has so far delivered 24438 hours of care.
49	Additional ASC Packages of Care funded from	This pays for an uplift in provider fees and helps to address associated cost	Home Care or Domiciliary Care	Domiciliary care packages		39468	20583	Hours of care (Unless short-term in which case it is packages)	Social Care		LA			Local Authority	Minimum NHS Contribution	£842,247	£421,124	Based on an average hourly cost of £20.46 per hour, this scheme has so far delivered 20583 hours of care.
50	Oxleas Community Contract	• Integrated practice based Adult Community Nursing Services to provide care for	Community Based Schemes	Other	Oxleas Community Contract	0			Community Health		NHS			NHS Community Provider	Additional NHS Contribution	£24,273,819	£12,136,909	
51	Oxleas Community Contract	This is part of Oxleas contract and subject to block financial regime at present. NHS	Community Based Schemes	Other	Oxleas Community Contract	0			Community Health		NHS			NHS Community Provider	Minimum NHS Contribution	£8,293,181	£4,146,591	
52	Pulmonary rehabilitation	Pulmonary rehabilitation is a nationally recognised treatment programme, which	Personalised Care at Home	Physical health/wellbeing					Community Health		NHS			Private Sector	Additional NHS Contribution	£204,894	£102,447	
53	Community Dietetics - Bromley Healthcare	A community-based nutrition and dietetic service to prevent avoidable infections	Personalised Care at Home	Physical health/wellbeing					Community Health		NHS			Charity / Voluntary Sector	Additional NHS Contribution	£508,185	£254,093	
54	Learning Disabilities - cost per case	Packages of care for people with a learning disability entitled to S117 aftercare	Personalised Budgeting and Commissioning						Mental Health		NHS			NHS	Additional NHS Contribution	£1,294,315	£647,158	
55	LB Bexley - Learning Disabilities	This is the ICB's contribution to providing personalised services for Bexley people	Personalised Budgeting and Commissioning						Social Care		NHS			Local Authority	Minimum NHS Contribution	£418,876	£209,438	
56	LB Bexley - Further Learning Disabilities	This funding provides personalised services to Bexley people with a Learning	Personalised Budgeting and Commissioning						Social Care		LA			Local Authority	Additional LA Contribution	£22,606,000	£11,303,000	
57	Learning Disability Modernisation	Alternatives to day care, such as the day opportunities provided by Charlton Athletic	Personalised Budgeting and Commissioning						Social Care		LA			Private Sector	IBCF	£44,000	£22,000	
58	Personalisation	Enhancement to support personalisation	Personalised Budgeting and Commissioning						Social Care		NHS			Local Authority	Minimum NHS Contribution	£53,000	£26,500	
59	Greenwich and Bexley Hospice	The Hospice provides care and support in people's own homes, care homes, Queen	Community Based Schemes	Other	Hospice Services				Other		NHS			Charity / Voluntary Sector	Additional NHS Contribution	£1,481,129	£740,565	
60	End of Life Care	The aim is to enable adult community health services in Bexley to provide high quality	Personalised Care at Home	Other	End of Life Care				Community Health		NHS			NHS Community Provider	Minimum NHS Contribution	£246,000	£123,000	
61	Home Care Commissioning	Commissioning capacity to manage the 'Care at Home' procurement,	Enablers for Integration	Integrated models of provision					Social Care		LA			Local Authority	IBCF	£40,000	£20,000	
62	Winter Resilience	Delivers additional capacity in the system over the winter period. This is a fixed budget	Enablers for Integration	Other	Supports winter resilience and provides				Other		NHS			NHS	Additional NHS Contribution	£110,833	£55,417	
63	Additional staff costs	Staff in integrated commissioning. Also, additional costs of	Enablers for Integration	Joint commissioning infrastructure					Social Care		LA			Local Authority	IBCF	£325,000	£162,500	
64	Flexible Fund	A contingency fund to be used for meeting any unforeseen costs or	Enablers for Integration	Other	Cost and demand pressures				Social Care		LA			Local Authority	IBCF	£59,621	£29,811	
15	Housing Adaptations	This scheme will offer assistance at the Council's discretion including	DFG Related Schemes	Discretionary use of DFG	0	96	27	Number of adaptations funded/people supported	Social Care		LA		0.0%	Private Sector	DFG	£234,050	£203,590	
32	Discharge Fund (ICB Contribution)	Discharge Fund - ICB contribution towards housing coordination	High Impact Change Model for Managing Transfer of Care	Housing and related services	0	0			Social Care		NHS		0.0%	Local Authority	ICB Discharge Funding	£17,886	£8,943	
33	Discharge Fund (LA Contribution)	Discharge Fund - Local Authority contribution towards housing coordination	High Impact Change Model for Managing Transfer of Care	Housing and related services	0	0			Social Care		LA		0.0%	Local Authority	Local Authority Discharge	£13,671	£6,836	
65	Additional Home Care Hours	Contribution towards the cost of home care provision	Home Care or Domiciliary Care	Domiciliary care packages	0	32913	17164	Hours of care (Unless short-term in which case it is packages)	Social Care		LA		0.0%	Local Authority	Minimum NHS Contribution	£702,364	£351,182	Based on an average hourly cost of £20.46 per hour, this scheme has so far delivered 17164 hours of care.
66	Additional Staff Costs	Contribution towards the costs of personnel in the NHS SEL ICB (Bexley) Team that	Enablers for Integration	Joint commissioning infrastructure	0	0			Other		NHS		0.0%	NHS	Minimum NHS Contribution	£256,679	£128,340	

**Agenda Item: 15**  
**Enclosure: J**

## **Bexley Wellbeing Partnership Committee**

Glossary of NHS Terms



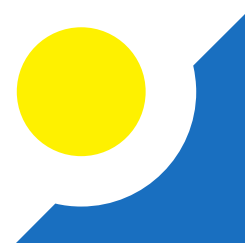
<b>A&amp;E</b>	Accident & Emergency
<b>AHC</b>	Annual health Checks
<b>AAU</b>	Acute Assessment Service
<b>ALO</b>	Average Length of Stay
<b>AO</b>	Accountable Officer
<b>APMS</b>	Alternative Provider Medical Services
<b>AQP</b>	Any Qualified Provider
<b>ARRS</b>	Additional Roles Reimbursement Scheme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



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



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



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

