

Bexley Wellbeing Partnership Committee meeting held in public

14:00 – 16:00, Thursday 28th September 2023
Venue: Council Chamber, London Borough of Bexley, Civic Offices
2 Watling Street, Bexleyheath, Kent, DA6 7AT

Agenda

No.	Item	Paper	Presenter	Time
Opening Business and Introductions				
1.	Introductions and apologies		Chair	14:00
2.	Declarations of Interest	A	Chair	14:03
3.	Notes from 27 th July 2023 and matters arising.	B	Chair	14:04
Public Forum				
4.	<i>Public Questions</i>			14:05
Decision				
5.	Bexley Better Care Fund Plan 2023-25	C	Steven Burgess	14:10
6.	Place Executive Lead <ul style="list-style-type: none"> • Autumn Report • System Winter Plan 2023/24 	D	Stuart Rowbotham/ Alison Rogers	14:30
Assurance				
7.	Primary Care Business Report – Q2 2023/24	E(i) – (ii)	Graham Tanner	14:45
8.	Supplementary Integrated Performance Report	F(i) – (ii)	Graham Tanner	14:55
9.	Month 4 Finance Report	G(i) – (iii)	Opeyemi Adetokunbo-Aina	15:05
10.	Place Risk Register	H(i) – (ii)	Simon Beard	15:20
Public Forum				
11.	<i>Let's talk about self-care and management support</i>			15:30
Closing Business				
12.	Any other business			16:00
For Information				
13.	Glossary	I		

14.	Date of the next meeting: Thursday 23 rd November 2023, Council Chamber, London Borough of Bexley, Civic Offices, 2 Watling Street, Bexleyheath, Kent, DA6 7AT
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Presenters

- Committee Chair, Dr Sid Deshmukh
- Stuart Rowbotham, Place Executive Lead/Director of Adult Social Health & Care, NHS South East London Integrated Care Board/London Borough of Bexley
- Graham Tanner, Associate Director Primary Care Development (Bexley), NHS South East London Integrated Care Board
- Alison Rogers, Director of Integrated Commissioning, NHS South East London Integrated Care Board/London Borough of Bexley
- Opeyemi Adetokunbo-Aina, Associate Director of Finance (Bexley), NHS South East London Integrated Care Board
- Simon Beard, Associate Director of Corporate Operations, NHS South East London Integrated Care Board
- Steven Burgess, Policy and Strategy Officer, Strategy, Performance and Complaints, London Borough of Bexley

ITEM: 2

ENCLOSURE: A

Declaration of Interests: Update and signature list

Name of the meeting: Bexley Wellbeing Partnership Committee

Date:28.09.2023

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

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

		4. Co-medical Director Grabadoc (financial interest)		
Abi Mogridge (n)	Chief Operating Officer, Bexley Health Neighbourhood Care CIC	Nothing to declare.		
Jattinder Rai (n)	CEO, Bexley Voluntary Service Council (BVSC)	Nothing to declare.		
Rikki Garcia (n)	Chair, Healthwatch Bexley	Nothing to declare.		
Kate Heaps (n)	CEO Greenwich and Bexley Community Hospice	<ol style="list-style-type: none"> 1. CEO of Greenwich & Bexley Community Hospice – financial interest 2. Chair of Share Community - a voluntary sector provider operating in SE/SW London with spot purchasing arrangements with LB Lambeth – non-financial professional interest 3. Clinical Lead for End-of-life work for ICS 		
Diana Braithwaite (n)	Chief Operating Officer, NHS SEL ICB (Bexley)	A relative is employed by SLaM (NHS SEL ICS Partners) and is currently on a secondment to NHS SEL ICB		
Sandra Iskander	Acting Chief Strategy, Partnerships & Transformation Officer Lewisham and Greenwich NHS Trust	Nothing to declare.		
Andrew Hardman	Chief Commercial Officer, Bromley Healthcare	Nothing to declare.		
Stephen Kitchman	Director of Services for Children and Young People, London Borough of Bexley Council	Nothing to declare.		
Sarah Burchell	Director Adult Health Services, Bexley Care	Nothing to declare.		
Iain Dimond*	Chief Operating Officer, Oxleas NHS Foundation Trust	Nothing to declare.		
Dr Sushantra Bhadra	Clinical Director, North Bexley Primary Care Network (deputising for Dr Kailey)	<ol style="list-style-type: none"> 1. GP Partner, Riverside Surgery – financial interest 2. Member of the Londonwide LMC – financial interest 3. Clinical Director, North Bexley PCN – financial interest 		
Deborah Travers	Associate Director of Adult Social Care (deputising for Deputy Director of Adult Social Care)	###		

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

***voting member.**

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

Agenda Item: 3
Enclosure: B

Bexley Wellbeing Partnership, Meeting in public
Thursday, 27th July 2023, 14:00 hrs to 16:00 hrs
Council Chamber, Civic Offices, 2 Watling Street, Bexleyheath, DA6 7AT
(and via Microsoft Teams)

Voting Members

Name	Title and organisation
Dr Sid Deshmukh (SD)	Chair, Bexley Wellbeing Partnership Committee, NHS South East London Integrated Care Board (NHS SEL ICB)
Stuart Rowbotham (SR)	Place Executive Lead (Bexley), NHS SEL ICB/Director of Adult Social Care, London Borough of Bexley (LBB)
Jennifer Bostock (JD)	Chair, Independent Member, NHS SEL ICB (Bexley)
Yolanda Dennehy (YD)	Assistant Director of Adult Social Care, LBB
Diana Braithwaite (DB)	Chief Operating Officer (Bexley) NHS SEL ICB
Iain Dimond (ID)	Chief Operating Officer, Oxleas NHS Foundation Trust
Dr Mehal Patel (MeP)	Clinical Director, APL Primary Care Network
Dr Sonia Khanna-Deshmukh (SK-D) (via MS Teams)	Clinical Director, Froggnal Primary Care Network
Dr Sushanta Bhadra (SuB)	Clinical Director, North Bexley Primary Care Network
Dr Adefolake Davies (AD)	Clinical Director, Clocktower Primary Care Network
Dr Miran Patel (MiP) via MS Teams	Clinical Director, APL Primary Care Network

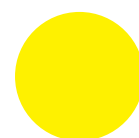
In attendance

Keith Wood (KW) via MS Teams	Lay Member, Primary Care (Bexley), NHS SEL ICB
Sarah Birch (SaB)	Head of Primary Care (Bexley), NHS SEL ICB
Sarah Burchell (SB)	Service Director Adult Community Physical Health Services, Oxleas NHS Foundation Trust
Gemma O'Neil (GO'N)	Deputy Director of System development, Joint System Development Team (Bexley & Greenwich)
Tim Collett (TC)	Integrated Commissioning Manager for MH, Adults & Childrens Commissioning
Aysha Awan (AA)	Head of Comms & Engagement (Bexley), NHS SEL ICB
Kate Heaps (KH)	Chief Executive Officer, Greenwich & Bexley Community Hospice
David Palmer (DP)	Chief Executive Officer, Mind in Bexley & Kent
Simon Dolby (SiD)	Fundraising and Development Lead at Mind in Bexley and East Kent
Gurjit Shokar (GS)	Mental Health Campaigner
Simon Beard (SiB) (<i>presenter</i>)	Associate Director of Corporate Operations Governance, NHS SEL ICB
Shanie Dengate (ShD)	Public Health (Suicide Partnership), London Borough of Bexley
Emma Willing (EW)	Associate Director, Oxleas NHS Foundation Trust
Chris Dance (CD)	Associate Director of Finance (Greenwich), NHS South East London Integrated Care Board
Andrew Hardman (AH)	Commercial & Partnership Director, Bromley Healthcare

Steven Burgess (StB)	Policy and Strategy Officer Strategy, Performance and Complaints, London Borough of Bexley Council
Patrick Gray (PG)	Communications & Engagement Manager (Bexley), NHS SEL ICB
Alison Rogers (AR)	Director of Integrated Commissioning (Bexley), NHS SEL ICB/LBB
Daniel Rattigan (DR)	Associate Director of Strategy, Lewisham & Greenwich NHS Trust
Jattinder Rai (JR)	Chief Executive, Bexley Voluntary Services Council
Vikki Wilkinson (VW)	CEO, Carers Support Bexley
Rianna Palanisamy (RP)	Corporate Governance Lead (Bexley), NHS SEL ICB
Nazima Bashir (NB) (Minutes)	Interim Business Manager, NHS SEL ICB (Bexley)

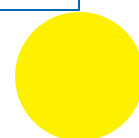
Apologies

Raj Matharu (RaM)	Chief Officer, Local Pharmaceutical Committee
Dr Clive Anggiansah (CA)	Clinical and Care Professional Lead - Primary & Community Care (Bexley) (Bexley), NHS SEL ICB
Graham Tanner (GT)	Chair, Healthwatch, Bexley
Rikki Garcia (RG)	Director of Public Health, London Borough of Bexley
Dr Nicole Klynman (NK)	Interim Consultant in Public Health, London Borough of Bexley
Dr Mike Robinson (MR)	Associate Director, Planning & Partnerships, Dartford & Gravesham NHS Trust
Ellie Thomas (ET)	Clinical Lead, North Bexley Primary Care Network
Dr Surjit Kailey (SK)	Joint Healthwatch Bexley Manager
Jayne Garfield-Field (JG-F)	Clinical Lead, Frognal Primary Care Network
Dr Pandu Balaji (PB)	Acting Chief of Strategy, Partnerships & Transformation Officer, Lewisham & Greenwich NHS Trust
Sandra Iskander (SI)	Director of Financial Management, NHS SEL ICB
Julie Witherall (JW)	Director of Children's Services, LBB
Stephen Kitchman (SK)	



Notes

		Acted on by
1.	<p>Introductions and apologies</p> <p>The Chair, SD welcomed all to the Bexley Wellbeing Partnership, Meeting in public.</p> <p>Apologies, noted on page 2.</p>	SD
2.	<p>Declarations of Interest</p> <p>The Chair, SD addressed the group and confirmed that there were no new declarations of interests for this meeting reported. Attendees were reminded to update RP, or SiB if there were any changes in their declarations.</p> <p>It was noted that the chairing of Agenda items 5 and 6 will be handed over to Jennifer Bostock (JB), Independent Member for the NHS SEL ICB (Bexley), due to the conflict of interest for GPs as holders of PMS and GMS contracts and PCN representatives.</p> <p>JB clarified that despite the conflict of interest for the GPs and the PCN representatives they would <u>not</u> be asked to leave the room during the discussion of both agenda items, as their expertise and work were directly related to the items that will be presented.</p>	SD
	<p>Minutes and Action Log</p> <p>Minutes of the meeting held on 25th May 2023 were NOTED. No corrections reported.</p>	SD
	<p>Matters Arising</p> <p>The Chair, SD invited attendees to raise any matters arising from the previous meeting that were not included in the current agenda. No additional matters were raised.</p> <p>The Chair, SD took a moment to remind the attendees of Robert Shaw's compelling presentation last November during the "Let's Talk Men's Health" segment. RS, Director of System Development for Bexley and Greenwich ICB had eloquently shared his personal battle with cancer and his unwavering dedication to raising awareness for crucial health issues. Tragically, it was announced that RS had passed away on the 12th of July 2023, leaving behind a void in the hearts of those who knew and respected him. As both a beloved leader and team member, his profound impact on the organisation and its members would be remembered for years to come.</p>	SD
3.	<p>Public Questions</p> <p>No public questions were received in advance. There will be an opportunity for members of the public to ask questions throughout the meeting.</p>	SD
4.	<p>Let's talk about Mental Health & Wellbeing</p> <p>The Chair, SD, introduced agenda item 4, focusing on mental health, particularly suicide prevention, and emphasising the need for collaboration and improved access to mental health services.</p>	DP/SiD/ShD /GS



Information was also shared about the Bexley Suicide Prevention Partnership, an early-stage initiative showing promising potential.

The most crucial focus was on gaining a personal perspective on mental health and suicide prevention. The group were grateful to have GS as the guest speaker. He shared his own experiences, particularly surrounding his brother's tragic suicide. GS journey had compelled him to advocate for a cultural shift in how discussions are approached about mental health. Considering the sensitivity of the topic, the Chair ensured sufficient time for reflection, open dialogue, and the opportunity for questions and comments following the presentations.

The discussion was moderated by DP, the CEO of MIND in Bexley. DP led the group through this significant and meaningful segment, engaging them in an open and supportive conversation about mental health and wellbeing.

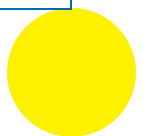
DP highlighted the devastating impact of suicide on families and the wider community and expressed gratitude for GS's willingness to share his personal experience as a bereaved individual.

ShD presented data on suicide in Bexley, noting that the suicide rate is lower than the national average, but higher among men aged 45 to 49. The Bexley Suicide Prevention Partnership, established in 2022, aims to develop an action plan focusing on awareness, accessible support, community assets, training, data collection, addressing health inequalities, and bereavement services.

SiD discussed the successful "barber's project" from East Kent MIND, which engages barbers to provide a platform for men to discuss mental health and access referral pathways to mental health services. The project involved training barbers as empathetic listeners and proved more effective than traditional methods, receiving positive feedback and surpassing targets. Video testimonials were utilised to promote the project's importance.

The aim of the topic was to foster a discussion on improving mental health services in Bexley, and colleagues from MIND and Oxleas were available for further conversations or support if needed.

GS shared his personal experience of losing his brother to suicide in October 2021. Despite his attempts to save him, he couldn't prevent the tragedy. He expressed deep guilt and regret, believing that more open communication could have made a difference. GS emphasised the importance of breaking down societal barriers that hinder discussions about mental health and seeking help. He highlighted the positive impact of projects like the Barber's Project and urged the audience to contribute ideas and solutions to prevent similar tragedies. GS emphasised that creating a supportive environment is crucial, acknowledging that there is no easy fix, but collective efforts can make a difference in supporting those struggling with mental health. SiD expressed gratitude to GS for his powerful and resonant testimony, highlighting the issues surrounding mental health stigma and the devastating impact of suicide on families. He touched on his own experience and emphasised the need to break down barriers and reach out to at-risk individuals, praising initiatives like the Barbers project as a starting point.



During the discussion, participants expressed profound admiration for GS's courage in sharing his personal experience. They emphasised the importance of finding peace and helping others, commending GS's efforts in that regard. Others also expressed gratitude to GS for sharing his powerful and inspiring story, and this sentiment was echoed by others in the discussion. The openness and contribution of GS to the discussion on the topic were acknowledged by all.

Suggestions from the group:

- SuB noted the significance of considering the environment as a GP. The idea of incorporating the environment into mental health treatment was taken as a valuable takeaway.
- Consider expanding the Barbers project's focus to include hard to reach ethnic groups and explore using nail bars and hair salons to support women in deprived communities facing mental health challenges.
- Collaborate with the community to address mental health issues among the traveller community.
- Launch a campaign to support employers in addressing mental health in the workplace.
- Focus on providing culturally appropriate bereavement support and consider linking with ongoing research at Kings.
- Explore synergies between mental health support, barbers, and compassionate neighbours.
- Ensure clear and effective implementation of the "right care right person" mental health policy to avoid gaps in responding to mental health crisis.

The Chair, SD thanked all participants for their contributions and noted that the suggestions discussed will be taken forward for further consideration and action.

5.

Primary Care Networks Access Improvement Plan

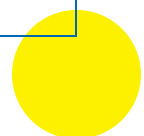
Sarah Birch, Head of Primary Care (Bexley), NHS SEL ICB talked the group through the agenda item Primary Care Access Improvement Plans.

Background: The delivery plan for recovering access to primary care was published by NHS England on 9th May 2023, with the aim of addressing the 8:00 AM rush and improving patient access to primary care. The plan recognises the challenges faced by primary care due to increasing demand, an aging population, a shortage of GPs, and declining patient satisfaction. It is one of three significant recovery plans the NHS is implementing, with the other two focusing on elective recovery and urgent and emergency recovery.

The plan is divided into four main pillars:

1. Empowering patients
2. Implementing a modern general practice
3. Building capacity
4. Cutting bureaucracy at the primary and secondary care interface:

SaB/PCNs



Alongside the delivery plan, there are national level support programmes, including publicity campaigns and tailored improvement programmes for practices to enhance their access to primary care.

Locally, Bexley task and finish group has been working on translating the national plan into PCN access improvement plans. This work includes baselining data from patient experiences, activity numbers, and system demands.

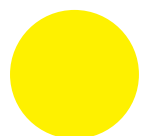
The purpose of this paper: is to summarise the Government's 'Delivery Plan for Recovering Access to Primary Care' and its impact on SEL ICB, PCNs, and BWP. It also explains the process of gathering baseline data and formulating Access Improvement Plans, influencing 'Capacity and Access Fund' payments in 2023/24. Additionally, it provides a platform for Clinical Directors to present their Access Improvement Plans to the Committee for local assurance.

Before the voting took place, all four PCN CDs (SuB, SK-D, MeP & NN) presented their access improvement plans, outlining strategies to enhance healthcare services in their respective areas. The overall summary highlights common challenges faced by the PCNs, including data accuracy, patient experience, and appointment accessibility. Each PCN has devised specific actions to address these concerns, such as leveraging digital tools, streamlining processes, piloting new technologies, and engaging with the ICB for collaboration. The PCNs are dedicated to building patient-centric healthcare systems that prioritise efficiency, innovation, and patient satisfaction to deliver high-quality care to their communities.

Feedback and questions raised during the meeting:

- Measuring success and setting clear outcomes.
- Ensuring digital inclusion for all patients/ Impact on patients without digital access.
- The issue of inconsistencies across boroughs was raised, Dr SB mentioned that standardisation will be addressed through ICB's procurement process.
- Being cautious about potential clinical bias in AI programmes.
- Long-term accountability of the investment.
- Call for more specific and measurable improvement trajectories in the recovery plans.
- Meeting's focus on improving the interface between primary and secondary care to resolve GP access issues due to secondary care demands.
- Emphasis on the need for clear milestones, regular updates, and transparency regarding public funding to track progress effectively.

SuB responded to the question raised about the primary and secondary care interface by acknowledging that one of the factors affecting GP access is the increasing use of GPs as a holding pattern for secondary care tasks, which consumes their time. However, they mentioned that discussions are ongoing with the ICB to address this issue. NHS England has set a timeline to resolve this matter by around October 2023.



Regarding measuring the success of their plans, SuB stated that they have set a timeline for reassessment, which is scheduled for March 2024.

To gather patient input and feedback, the team relies on various sources, including Patient Participation Groups (PPG), surveys, the Friend and Family test, and soft intelligence from Healthwatch, among others. These inputs help in ensuring the plans are well-informed and considerate of patients' needs and preferences.

DB explained the explicit criteria for delivering against the plan and the investment distribution (70% upfront and 30% held by ICB). Bexley has seen positive patient response rates, but challenges with phone access compared to other SEL boroughs.

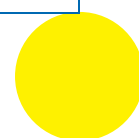
The Chair, JB advised caution when signing contracts and mentioned the importance of continuity in care. She also pointed out potential biases in AI programmes and concerns about abrupt changes to appointment systems without considering accessibility for all patients.

Overall, the presentations were commended for the comprehensive and innovative plans and the collaborative approach to learning and sharing ideas among the practices.

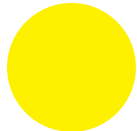
Following the Primary Care Delivery Group recommendations, the Bexley Wellbeing Partnership Committee:

- i. **NOTED** The key components of the Government's 'Delivery Plan for Recovering Access to Primary Care', published on 9th May 2023 and its implications for the ICB, PCNs and the wider Bexley Wellbeing Partnership in Appendix Ci.
- ii. **NOTED** The total financial investment to support delivery of the Primary Care Network Access Improvement Plans in Bexley is £915,085.00. Of which 30% is conditional on Primary Care Networks achieving agreed local improvement in relation to access and experience – this equates to £274,524 in 2023/24.
- iii. **NOTED** The recently published National GP Patient Survey results and the challenges it poses for Bexley Primary Care Networks and that further analysis will be submitted to a future committee meeting. The Bexley Wellbeing Partnership Committee is recommended to note:
- iv. **NOTED** the four Primary Care Networks Access Improvement Plans as presented and included in Appendix Cii.
- v. **NOTED** that Integrated Care Boards are expected to report to their Boards on progress on a system level access improvement plan in October/November 2023 – with a further update in February/March 2024. The Access Improvement Plans submitted by Bexley Primary Care Networks will contribute to an overall system level plan.
- vi. **APPROVED** the PCN Access Improvement Plans in line with national assurance timelines, **however**, one voting member, Raj Matharu was absent. As a result, it was proposed to check in with Mr Matharu and report back at the next public meeting in September 2023 regarding the approval status.

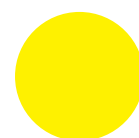
	<p>Action: GT to follow up with Raj Matharu, Chief Pharmaceutical Officer, to discuss PCN Access Improvement Plans, address any concerns, and report back at the next public meeting in September 2023 regarding approval status.</p>	
6.	<p>Primary Care Business Report – Q1 2023/24</p> <p>Sarah Birch, Head of Primary Care (Bexley), NHS SEL ICB talked the group through the agenda item Primary Care Business Report – Q1 2023/24.</p> <p>The agenda item 6 was about seeking approval for a recommendation made by the primary care delivery group. The recommendation aimed to put in place a local enhanced service with Clocktower PCN to cover enhanced access elements of the PCN DES for Ingleton Avenue Surgery that had not signed up to the DES.</p> <p>Key Points:</p> <ul style="list-style-type: none"> • The proposal was to ensure that the population served by the practice received the same service as other practices within the primary care network. This included access to primary care services on Saturdays from 9:00 am to 5:00 pm and on weekdays from 6:30 pm to 8:00 pm. • The practice had already been providing some elements of the enhanced access service but was not fully compliant with all aspects of the specification. • The decision to retrospectively fund part of the enhanced access was in recognition of the practice's efforts to provide a significant proportion of the service and its compliance with the requirements. • The practice used a different clinical system, which presented challenges in integrating data and providing the same level of service as other practices. • The proposal involved commissioning via Clocktower PCN to enable the practice's population to have access to Saturday appointments through a workaround mechanism. • The population served by the practice was well-served, and patient feedback indicated high satisfaction with opening hours. <p>Following the Primary Care Delivery Group recommendations, the Bexley Wellbeing Partnership Committee:</p> <ol style="list-style-type: none"> i. The voting members APPROVED the proposal, recognising the need to remunerate the practice for providing enhanced access services despite not being part of the primary care network. 	SaB
7.	<p>Place Executive Lead – Summer Report</p> <p>The Bexley Wellbeing Partnership Committee NOTED the report.</p>	SR
8.	<p>Month 3 Finance Report:</p> <ul style="list-style-type: none"> • Place • Integrated Care Board • Integrated Care System 	CD



	<p>The agenda item 8 was for noting and to provide assurance on the financial position of the ICB and the measures being taken to address the challenges faced.</p> <p>Chris Dance, Associate Director of Finance (Greenwich), NHS SEL ICB talked the group through the overview of the financial position for the year to date, reported in the M2 of the financial year.</p> <p>The overall financial situation for the ICB was challenging, with a year to date variance of £962K.</p> <p>Key Points:</p> <ul style="list-style-type: none"> • Two main strategic financial risks were identified, contributing to the financial pressures. The first risk was related to prescribing, accounting for £838K of the total variance. This was attributed to the pricing of drugs, some of which is mandated nationally and beyond the direct control of the ICB. • The second risk involved continuing healthcare services, affected by potential fluctuations in activity and the broader cost of living crisis, leading to increased demands from suppliers and care homes, exceeding the planning provisions provided by the national tariff. • Bexley was adversely affected by £191K, primarily due to the prescribing issue. However, it was the only borough within the ICB that performed favourably in all other areas of the report, which was a positive achievement. • Each borough was required to identify savings of at least 4.5% to mitigate budget constraints. For Bexley, this meant a savings plan of £3.9 million, with 70% of the plan identified by M2, aligning with other boroughs' efforts to meet the challenge. <p>The Bexley Wellbeing Partnership Committee:</p> <p>i. NOTED the financial position of the ICB and the measures being taken to address the challenges faced.</p>	
<p>9.</p>	<p>Place Risk Register</p> <p>It was noted that Appendix A, which contains the actual risk register, was missing from the papers. Therefore, Simon Beard, Associate Director of Corporate Operations, NHS SEL ICB, who presented the item, apologised for the oversight.</p> <p>Key Points:</p> <ul style="list-style-type: none"> • The risk register highlighted that there is still work to be done to address and mitigate various risks to bring them down to the target risk score and align with the risk appetite of the organisation. • Most of the risks identified in the register were related to funding issues impacting discharge processes and overall activity in the borough. <p>Action: As the risk register was not presented during the meeting, attendees were informed that they would receive it along with the Minutes. Any specific questions or concerns regarding the risk register</p>	<p>SiB</p>



	were encouraged to be addressed offline, allowing for further discussion and clarification.	
10.	<p>Public Questions</p> <p>Cllr Geraldine Lucia-Hennis, from Crayford Ward initiated a discussion about the interactions between Bexley and Dartford PCNs, acknowledging the challenges in aligning administrative boundaries and patient lists. There was an agreement on the importance of establishing effective communication channels between the two systems, despite not having a legal obligation to do so. Although complex, there was a consensus to explore ways to manage the gaps and improve collaboration between Bexley and Dartford PCNs to enhance healthcare services for all residents involved.</p>	SD
11.	<p>Any Other Business</p> <p>The expression of appreciation for the meeting format was noted but concerns raised about limited time for questions. Discussion took place around possible solutions, such as allocating more time for questions, considering the order of agenda items, and ensuring attendees read papers beforehand. The focus was on maximising engagement and addressing crucial topics effectively.</p> <p>There was a request for paper copies of the agenda to be made available to attendees. It was clarified that the papers are already published online. However, in response to the request, it was decided that starting from the next meeting, paper copies of the agenda will also be provided on the day of the meeting, in addition to the online publication.</p> <p><i>Meeting concluded at 16:23hrs.</i></p>	All
12.	<p>Glossary</p> <p>These glossary terms were noted.</p>	
13.	<p>Date of the next meeting:</p> <p>Thursday 28th September 2023, Council Chamber, London Borough of Bexley, Civic Offices, 2 Watling Street, Bexleyheath, Kent, DA6 7AT</p>	SD



Bexley Wellbeing Partnership Committee

Thursday 28th September 2023

Item: 5

Enclosure: C

Title:	Bexley Better Care Fund Plan 2023-25
Author/Lead:	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
Executive Sponsor:	Stuart Rowbotham, Bexley Place Executive Director/Director of Adult Social Care and Health, NHS South East London Integrated Care Board/London Borough of Bexley Diana Braithwaite, Chief Operating Officer (Bexley), NHS South East London Integrated Care Board

Purpose of paper:	To consider and endorse 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).	Update / Information	
		Discussion	
		Decision	x

Summary of main points:	<ul style="list-style-type: none"> • Our Better Care Fund (BCF) plan was submitted to the national BCF Team on 3 July 2023 and we received feedback from assurers on 19 July 2023. We submitted an updated plan on 25 July. The BCF plan has now been approved by the NHS Executive and, at the time of writing this report the approval letter, was due to be issued. In terms of next steps, officers are required to update the schedules to the section 75 Agreement between LBB and NHS South East London ICB by 31 October 2023. • On 7 September 2023, the Government issued a Grant Determination Letter, confirming an additional Disabled Facilities Grant (DFG) allocation of £258,724. The DFG is capital funding for the provision of home adaptations to help eligible older and disabled people to live as independently and safely as possible in their homes. This funding will enable LBB to provide additional services that are agile, make minor adaptations quickly and support speedier hospital discharge. Officers will need to add this funding into the BCF Pooled Fund for 2023/24 and reflect this in the schedules of the section 75 Agreement. • The proposed changes reflect our agreed plans, job title changes, and revised terms of reference. This will ensure that the schedules and appendices of the Agreement are up to date. • Officers will liaise with the Council’s Legal Services, as appropriate, for advice on preparing and finalising the documentation. A Change Authorisation Form will need to be signed by the Council’s Authorised Officer (Deputy Director, Adult Social Care, LBB) and the ICB’s Authorised Officer (Chief Operating Officer – Bexley, NHS South East London ICB). The documents will be placed with the original section 75
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	agreement in the Council's deed packet and a copy will be retained by the ICB.	
Potential Conflicts of Interest	None identified.	
Other Engagement	Equality Impact	Our plans have included consideration of the Core20 PLUS5 framework. The section 75 agreement between LBB and NHS South East London ICB includes a section on Equalities that commits the Council and ICB to comply with the public sector equality duty when they carry out their functions or services. The contracts and the services commissioned under the section 75 agreement are monitored to ensure that equalities duties are met.
	Financial Impact	The total value of services within the scope of the BCF Pooled Fund in 2023/24 is approximately £84.405m of which the ICB funds around £49.682m and the Council funds around £34.723m. This is expected to increase to approximately £85.871m in 2024/25. The spending plans cover two years with plans for 2024/25 provisional.
	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	<p>Local partners and stakeholders have been involved in the development of the BCF plan 2023-25.</p> <p>The draft plan was endorsed by the Bexley Wellbeing Partnership Committee on behalf of the ICB at their meeting in public on 25 May 2023. The draft plan was signed off by the Bexley Health and Wellbeing Board on 15 June 2023.</p> <p>The Chief Operating Officer (Bexley), on behalf of NHS South East London ICB, was authorised to finalise and jointly agree the BCF Plan 2023-25 with Council Officers. This has been achieved.</p> <p>On 14 September 2023, the Bexley Health and Wellbeing Board received an Update on the Better Care Fund Plan 2023-25, which includes information about the further changes that were made to the plan in order to meet BCF conditions and planning requirements.</p> <p>Officers at LBB will also consult and brief the Cabinet Member for Adults' Services and Health on the proposal to update the section 75 Agreement on behalf of the Council.</p>
Recommendation:	<p>The Bexley Wellbeing Partnership Committee is asked/recommended to:</p> <p>(i) consider and endorse the proposal to update the schedules and appendices to the section 75 Agreement between the London</p>	

Borough of Bexley (LBB) and NHS South East London Integrated
Care Board (ICB).

Appendix A: Change Authorisation Form (Seq Ref. No. 00)

CHANGE AUTHORISATION FORM

CHANGE AUTHORISATION FORM

SEQUENTIAL REFERENCE NUMBER: 002

TITLE: Section 75 Agreement, NHS South East London ICB and London Borough of Bexley

NUMBER OF PAGES ATTACHED: XX.

WHEREAS the NHS South East London Integrated Care Board (formerly NHS South East London Clinical Commissioning Group) and the Authority:

- A entered into an agreement (the “**Original Agreement**”) dated 26 January 2022 relating to:
- integrated commissioning arrangements between the ICB (formerly the South East London CCG) and the Authority.
 - services supported by the Bexley Better Care Fund; and
- B wish to add, amend, remove or replace an Individual Schedule to the Original Agreement

IT IS AGREED as follows

1. With effect from 1 April 2023, the Original Agreement (as the same may from time to time have been amended prior to the date of this Change Authorisation Form) shall be amended as set out below:
 - Replace ‘Schedule 3 – Services’ with an updated schedule comprising the schemes in the BCF Pooled Fund 2023/24 and 2024/25 in line with the approved Bexley BCF Plan 2023 to 2025.
 - Replace ‘Schedule 4 – Contributions’ with an updated schedule comprising the BCF Pooled Fund 2023/24 and 2024/25.

Add in the additional Disabled Facilities Grant allocation of £258,724 to Scheme 14. This funding was confirmed by the government in a Grant Determination Letter issued on 7 September.

The total value of services within the scope of the BCF Pooled Fund in 2023/24 is approximately £84.405m of which the ICB funds around £49.682m and the Council funds around £34.723m. This is expected to increase to approximately £85.871m in 2024/25. The spending plans cover two years with plans for 2024/25 provisional.

Update the Adult Mental Health Services Pooled and Non-Pooled Funds to reflect the change in year from 2022/23 in the previous schedule to 2023/24 in this schedule.

- Replace ‘Schedule 5 – Performance Management Arrangements’ with a revised schedule to reflect updated sections on the Better Care Fund Plan, monitoring arrangements, outcomes frameworks and timescales.

- Note that the job title of the ICB's Authorised Officer has changed from the Director of Borough Operations to the Chief Operating Officer (Bexley).
 - Note that the job title of the Pooled Fund Manager has changed from the Acting Director of Integrated Commissioning (Bexley) to the Director of Integrated Commissioning (Bexley).
2. To replace 'Appendix 2' with the revised Orders of Reference of the Health and Wellbeing Board, dated September 2023.
 3. To replace 'Appendix 3' with the revised Terms of Reference of the Bexley Local Care Partnership Committee, dated October 2023 (NB: subject to ICB Board approval).
 4. Save as herein amended all other terms and conditions of the Original Agreement shall remain in full force and effect.

Signed for and on behalf of NHS South East London ICB (the ICB)

By the ICB's Authorised Officer:

Name: Diana Braithwaite

Job title: Chief Operating Officer (Bexley), NHS South East London ICB

Date:

Signed for and on behalf of London Borough of Bexley (the Authority)

By the Authority's Authorised Officer:

Name: Yolanda Dennehy

Job title: Deputy Director, Adult Social Care, London Borough of Bexley

Date:

CHANGE REQUEST FORM

CHANGE REQUEST FORM	
Sequential Reference Number:	002
About Your Change Request	
Name of Service, Scheme or Schedule:	Schedules 3, 4, and 5 and Appendices 1 and 2 of the section 75 Agreement between the London Borough of Bexley and NHS South East London ICB
Reason for proposed change:	Replace
Description of proposed change:	
<ul style="list-style-type: none"> • Replace 'Schedule 3 – Services' with an updated schedule. Renumber the schemes accordingly. • Replace 'Schedule 4 – Contributions' with an updated schedule comprising the BCF Pooled Fund 2023/24 and 2024/25. Add in the additional Disabled Facilities Grant allocation of £258,724 in 2023/24 to Scheme 14. Update the Adult Mental Health Services Pooled and Non-Pooled Funds to reflect the change in year from 2022/23 to 2023/24 in this schedule. • Replace 'Schedule 5 – Performance Management Arrangements' with a revised schedule to reflect updated sections on the Better Care Fund Plan, monitoring arrangements, outcomes frameworks and timescales. • Note the job title of the ICB's Authorised Officer has changed from the Director of Borough Operations to the Chief Operating Officer (Bexley). • Note that the job title of the Pooled Fund Manager has changed from the Acting Director of Integrated Commissioning (Bexley) to the Director of Integrated Commissioning (Bexley). • Replace 'Appendix 1' with the revised Terms of Reference of the Bexley Local Care Partnership Committee, dated October 2023 (NB: to follow subject to ICB Board approval). • Replace 'Appendix 2' with the revised Orders of Reference of the Health and Wellbeing Board, dated September 2023. 	
Do you have any accompanying documents?	Yes
If 'Yes', please list the documents here:	<ul style="list-style-type: none"> • New 'Schedule 3 – Services' • New 'Schedule 4 – Contributions' • New 'Schedule 5 – Performance Management Arrangements'. • New 'Appendix 1 – Terms of Reference of the Bexley Local Care Partnership Committee' (NB: to follow subject to ICB Board approval). • New 'Appendix 2 – Orders of Reference of the Health and Wellbeing Board'.
Date request made:	28/09/2023
Date that you wish the change to come into effect:	01/04/2023
Impact Assessment	
Implications, if any, of the proposed change:	<p>Financial: The total value of services within the scope of the BCF Pooled Fund in 2023/24 is approximately £84.405m of which the ICB funds around £49.682m and the Council funds around £34.723m. This is expected to increase to approximately £85.871m in 2024/25. The spending plans cover two years with plans for 2024/25 provisional.</p> <p>Legal: The statutory and financial basis of the BCF is described in the BCF Policy Framework and the BCF Planning Requirements. The BCF Pooled Fund is</p>
<ul style="list-style-type: none"> • Financial implications • Legal implications • Equality impact • Other impacts (e.g., health and wellbeing of the Borough, HR, Data Privacy, etc.) • Mobilisation and/or delivery of plans • Exit strategy 	

	<p>governed by a section 75 Agreement between the London Borough of Bexley and NHS South East London ICB. The schedules to the Agreement need to be updated by 31 October 2023. The proposal to update the schedules to the Agreement will be considered by the Bexley Wellbeing Partnership Committee on behalf of the NHS South East London ICB at their meeting in public on 28 September 2023. Officers will also consult and brief the Cabinet Member for Adults' Services and Health on the proposal to update the section 75 Agreement on behalf of the Council.</p> <p>Equalities: Our plans have included consideration of the Core20 PLUS5 framework, where required. The section 75 agreement between London Borough of Bexley and NHS South East London ICB includes a section on Equalities that commits the Authority and ICB to comply with the public sector equality duty when they carry out their functions or services. The contracts and the services commissioned under the section 75 agreement are monitored to ensure that equalities duties are met.</p> <p>Health and Wellbeing of the Borough: The schemes and services in the Pooled and Non-Pooled Funds of the section 75 agreement are expected to have a positive impact on the health and wellbeing of the Borough.</p> <p>Human Resources: The Discharge Fund Spending Plan includes schemes to support general adult social care workforce capacity that will contribute to reducing delayed discharges.</p> <p>Mobilisation and/or delivery of plans: The BCF plan has been approved by the NHS Executive. An approval letter is due to be issued in September 2023. The plans and funding allocations in 2023/24 cover a period which is already in progress.</p> <p>Exit Strategy: The Parties will develop and agree an appropriate exit strategy for schemes should this be needed, in accordance with Schedule 8 (Exit Strategy) of the section 75 Agreement.</p>
<p>Key risks and mitigations:</p>	<p>The main risk is that BCF schemes are not delivered as planned and/or metric ambitions are not achieved. We have set out clear plans to help ensure that activities are delivered in line with our commitments in 2023/24. The Integrated Commissioning Team jointly manage the contracts for services to support the realisation of the outcomes and benefits.</p> <p>In relation to reablement capacity and demand planning, we have estimated a gap in funded capacity of approximately 200 packages of care. Our plan includes proposals to address this by focussing on mitigations that reduce the average episode of care (e.g., through early assessment and intervention to achieve a reduction in length of episode of care).</p>

	Planning for 2024-25 discharge funding is provisional at this point. Final details regarding 2024-25 will be published in due course. Plans may need to be amended or updated to reflect any changes to conditions once these are published. Refreshed Capacity and Demand plans will be required ahead of winter and before the start of 2024-25.		
Financial Information 2023/24			
Name of Service, Scheme or Schedule:	Schedules 3 and 4		
Name of Pooled or Non-Pooled Fund affected:	Better Care Fund		
Income and Expenditure:	Existing amount	New amount	Difference
Annual budget:	£84,146,329	£84,405,053	£258,724
ICB contribution:	£49,681,643	£49,681,643	£0
Authority contribution	£34,464,686	£34,723,410	£258,724
Financial year:	2023/24	2023/24	2023/24
Additional BCF Scheme Information (if applicable)			
BCF Theme:	Theme 2 - Enabling people to stay well, safe and independent at home for longer		
BCF Scheme ID:	Scheme 14		
BCF Scheme Type:	DFG Related Schemes		
BCF Area of Spend:	Social Care		
Commissioner:	Local Authority		
Provider:	Private Sector		
Source of funding:	Disabled Facilities Grant		
New or Existing BCF scheme:	Existing		
Financial Information 2024/25 Provisional			
Name of Service, Scheme or Schedule:	Schedules 3 and 4		
Name of Pooled or Non-Pooled Fund affected:	Better Care Fund		
Income and Expenditure:	Existing amount	New amount	Difference
Annual budget:	£84,405,053	£85,870,636	£1,465,583
ICB contribution:	£49,681,643	£51,089,752	£1,408,109
Authority contribution	£34,723,410	£34,780,884	£57,474
Financial year:	2023/24	2024/25	2024/25
Your Details			
Your Name:	Steven Burgess		
Job title:	Policy and Strategy Officer		
Organisation:	London Borough of Bexley		
Pooled Fund Manager Recommendation			
Recommendation:	(i) Update schedules 3, 4, and 5 and appendices 1 and 2 of the section 75 Agreement between the London Borough of Bexley and NHS South East London Integrated Care Board.		

Bexley Wellbeing Partnership Committee

Thursday 28th September 2023

Item: 6

Enclosure: D

Title:	Place Executive Lead – Autumn Report & 2023/24 System Winter Plan
Author/Lead:	Stuart Rowbotham, Place Executive Lead (Bexley)/Director of Adult Health & Social Care, NHS South East London Integrated Care Board and London Borough of Bexley Alison Rogers, Director of Integrated Commissioning/ NHS South East London Integrated Care Board and London Borough of Bexley
Executive Sponsor:	Andrew Bland, Chief Executive Officer, NHS South East London Integrated Care System

Purpose of paper:	<p>Winter is always a challenging time for the health and social care system. This year feels different as the system moves towards winter without having experienced the traditional summer dip in demand and with the anticipated cost of living crisis expected to have an additional impact on health and care services.</p> <p>The purpose of this paper is to provide the Committee with information and assurance on system wide preparations for winter 2023/24.</p>	Update / Information	x
		Discussion	
		Decision	x
Summary of main points:	<p>In the national context the emphasis is on high impact changes for improving flow. The local Bexley and Greenwich system has selected four high impact priorities based on current strategic plans:</p> <ul style="list-style-type: none"> • Same Day Emergency Care (SDEC) • In-patient Flow and Length of Stay • Care Transfer Hubs (called the Transfer of Care Collaborative locally) • Acute Respiratory Infection Hubs (ARI) 		
Potential Conflicts of Interest	None as a consequence of this report.		
Other Engagement	Equality Impact	Not applicable for the purposes of this update report.	
	Financial Impact	Not applicable for the purposes of this update report.	
	Public Engagement	Not applicable for the purposes of this update report.	
	Other Committee Discussion/ Engagement	<ul style="list-style-type: none"> • Bexley Wellbeing Partnership Executive • Adult Social Care & health Overview & Scrutiny Committee (09.10.2023) 	

Recommendation:

The Bexley Wellbeing Partnership Committee is recommended to:

- (i) Note the Autumn update.
- (ii) Review and endorse the 2023/24 Bexley System Winter Plan.

Place Executive Lead's Autumn Report

1. South Asian Heritage Month

1.1 For South Asian Heritage Month the Bexley Wellbeing Partnership funded and organised a South Asian Health and Wellbeing Fair. The event took place at the Nest.

1.2 The residents who attended were able to access a range of support services and advice, which included the Bexley Voluntary Service Council, Mind, Healthwatch Bexley & Greenwich, Age UK Bexley and the London Borough of Bexley 0-9 years services. Local faith group leaders were also on hand.



1.3 Local GP Dr Sid Deshmukh and Shoba Sharma, Community Pharmacist from The Late Night Pharmacy in Greenwich and Imam Shakir from Greenwich Islamic Centre took part in a panel session. The panellists discussed the role of the GP and pharmacist and spoke about prevalent illnesses amongst South Asian communities, offering advice on preventative measures to help improve their health. This included diabetes and cardiovascular diseases.

1.4 The Mayor of Greenwich and the Mayor and Mayoress of Bexley attended the event. The Mayor and Mayoress of Bexley lent their support to the planned activities by the Bexley Wellbeing Partnership for the national *Blood Pressure Awareness Week*, by both having their blood pressure taken at the Fair.

2. Bexley Wellbeing Partnership Blood Pressure Pop-up Service

2.1 The Bexley Wellbeing Partnership funded a Blood Pressure Pop-up Service during the national *Blood Pressure Awareness Week*. The service was delivered by the Bexley Health Neighbourhood Care, the GP Federation on 5th, 6th, and 7th September 2023, at the Bexley Civic Suite. Bexley has the highest prevalence of hypertension per 1,000 GP registered patients in South East London. Bexley has low rates of GP registered patient who have had a routine Blood Pressure check during the past 12 months. Consequently, hypertension may not be detected until other risk factors become evident.

2.2 During the pop-up clinics 73 residents had their Blood Pressure checked:

- Marginally, more people who described their gender as female attended than those who described their gender as male
- 70% had normal Blood Pressure
- 30% had abnormal Blood Pressure
- Of those with abnormal Blood Pressure, 68% had no previous history or diagnosis of hypertension
- 6 residents referred to Stop smoking (5 of those were registered with Bexley GP practices)
- 2 residents were given alcohol advice give and one patient referred to Pier Road Clinic
- 26 residents were referred back to their GP practice for NHS health checks (13 of those were registered with Bexley GP practices)
- 21 residents were referred back to their GP (12 of those were registered with Bexley GP Practices) for follow up appointment for Blood pressure management and 2 patients required urgent appointment with their Bexley GP



- 1 patient under 18 years (Looked After Children) was given general health advice, on stop smoking, alcohol, and sexual health

2.3 The partnership will be sharing the learning from these clinics with Primary Care to support improving take-up of Blood Pressure checks.

3. Bexley System Winter Plan 2023/24

1. Introduction

1.1 Winter is always a very challenging time for the health and social care system, but over more recent years there has been less evidence of reduced demand over the summer with acute hospitals continuing to experience very high demand, acuity of need and associated knock-on effect on community health and social services. Staff across all partner organisations have worked tirelessly together throughout the year and Bexley has managed to minimise delays and maintain good flow through the acute system at all hospital sites, including during periods of industrial action which have added to the pressures through the summer and show no signs of abating into the autumn.

2. Winter Principles

2.1 The Home First approach continues to underpin the way that partners work together with an emphasis on prevention of illness, self-care and treatment with support from local pharmacies and primary care. Signposting to the most appropriate service through high quality communications will continue. Admissions to hospital will; be avoided wherever possible via Urgent Community Response services and on-going treatment in the home setting through increased capacity in Virtual Wards.

2.2 Learning from recent winters has shown that trying to develop innovative short term additional winter schemes at short notice is somewhat of a distraction and not proportionately effective in delivering the required outcomes. Additional funds for winter 23/24 have yet to be agreed, however if additional funding does become available, partners will aim to build on existing strategic plans to enhance and extend existing schemes and capacity in the system to accelerate flow.

2.3 In a national context the emphasis is on high impact changes for improving flow. The local Bexley and Greenwich system has selected four high impact priorities based on current strategic plans;:

- Same Day Emergency Care (SDEC)
- In-patient Flow and Length of Stay
- Care Transfer Hubs (called the Transfer of Care Collaborative locally)
- Acute Respiratory Infection Hubs (ARI)

3. Key Challenges

3.1 The system faces several key challenges moving into winter, with partners continuing to work closely together to mitigate risk, connect services and adjust delivery plans to meet the spikes in demand expected. There are five key challenges facing the system as winter approaches.

3.2 Demand continues to outstrip funded (and physical) capacity in several critical areas.

- Funds allocated to social care to support discharge flow have been exceeded by demand and are expected to run out ahead of winter. Every effort continues to be made extend the longevity of these funds and escalate the need for additional funding for the local system. Service changes (including discontinuation of some discharge pathways) may be required to avoid an unauthorised overspend on these budgets.
- District Nursing demand is already significantly exceeding capacity and any further increases in activity over winter will be challenging for the service both in terms of workforce sustainability and financial balance.
- Emergency department and bed capacity at Queen Elizabeth Hospital is insufficient to support the growing local population and contributes to challenges in patient flow and attainment of national performance targets.

3.3 Funds awarded to the system over the last year have largely been non-recurrent in nature, limiting the ability to embed the necessary workforce and change needed to sustain improvement.

- 3.4 There have been a reduction in funding streams from original projected investment meaning that capacity falls short of planning projections e.g. for virtual wards
- 3.5 The system continues to comply with time-intensive performance monitoring across several schemes and funds, which limits time available for service improvement and change across the partnership.
- 3.6 Workforce remains a challenge across many areas, particularly around specialist community nursing.

4. *Prevention & Primary Care*

- 4.1 As always, prevention of ill health and early intervention are key to protecting residents and ensuring that they are seen in the right place at the right time. Bexley Primary Care Networks (PCNs) and member practices are all working to implement Access Improvement Plans developed in response to the national 'Delivery plan for recovering access to primary care' published in May 2023. This work includes a range of measures towards implementing 'modern general practice', for example the roll-out of cloud-based telephony, improved online access and more effective care navigation. Practices will also be expected to provide an outcome to patients at the initial point of contact with the practice and a guarantee that all patients needing a non-urgent appointment will be scheduled within two weeks. This work complements the roll-out of PCN 'Enhanced Access' appointments (18:30-20:00 weekdays and 09:00-17:00 on Saturdays) where provision can be flexed to accommodate more same day urgent appointments in periods of high demand. As part of locally assured plans, at least 75% of these additional appointments are required to be face to face.
- 4.2 Bexley's Virtual Clinical Assessment Service (VCAS) provides Out-of-Hours GP telephone support and advice, on Saturdays, Sundays, and Bank Holidays, accessible to NHS 111 call handlers with bookable appointments via GP Connect. A roster will be agreed to provide appropriate cover across the Christmas and New Year period.
- 4.3 Recognising the likelihood of a surge in need for Acute Respiratory Infection support, especially due to the onset of a new covid variant, the ICB is working with PCNs and the GP Federation to identify opportunities to replicate this model which was established last year in response to the Strep A outbreak on a more proactive basis. Sustainable, seasonal respiratory hubs are a priority development for the system and work is ongoing to define the model for this winter.
- 4.4 Proactive identification and management of people with complex health needs and long-term conditions is the focus of ongoing work to establish a Long-Term Condition hub to conduct annual patient reviews on behalf of Bexley practices. The GP Federation alongside other stakeholders have been working to set this up, using the Accurx product which allows partners to share plans for patients with complex needs via an easy-to-use digital platform.
- 4.5 The ICB will work with PCNs, the GP Federation and the wider Local Care Partnership to explore creative utilisation of the Additional Roles Reimbursement Scheme to bolster workforce capacity during the winter months.

5. *Winter Communications Campaign*

- 5.1 The Bexley Wellbeing Partnership Communications and Engagement team will be linking with South East London and Regional colleagues to promote key messages in relation to optimising access to healthcare during winter, self-care/self-referral options and the wider general practice workforce. The national NHS England (NHSE) winter vaccinations campaign this year has the strapline '**Be winter strong**' and will have a wider health and wellbeing focus. South East London's campaigns over Autumn/Winter have three overarching strands:
 - Vaccinations – winter vaccinations (flu, COVID-19, shingles) and childhood vaccinations
 - Managing demand in urgent and emergency care settings by helping people navigate the health system.
 - Helping people access care from their GP practice and local pharmacy (includes encouraging registration).

- The SEL Central Communications team will support each borough by providing material and messaging that is approved by the NHSE national team. Core material will be disseminated centrally; however, each region will tailor comms to their needs as well as run their own placed based Winter campaigns and activity.
- The Bexley Winter Wellbeing Campaign will bring together and localise national/regional vaccination campaigns adapting messaging for residents of Bexley, while running specific Bexley Winter campaigns focusing on Enhanced Access, Primary Care promotion and the roll-out of Care Navigator communications. All will feed into the overarching strategic objectives for NHSE and SEL with a focus on Bexley's own strategic aims.

6. *Voluntary Sector and Support for Unpaid Carers*

- 6.1 The role of unpaid carers in supporting their loved ones, day in day out and year-round, is fully recognised in Bexley and the Carers Partnership works to listen to the voices of carers and ensure that people have access to practical and emotional support. It is recognised that winter can exacerbate challenges faced by carers including loneliness and isolation. It can also be overwhelming when a loved one is discharged from hospital with higher levels of need. A voluntary sector led needs assessment is currently in progress in two local hospitals to inform the commissioning of additional help to support the discharge of people on 'Pathway 0' and their carers over the winter and beyond.
- 6.2 We continue to ensure that funding in our Better Care Fund Plan 2023 to 2025 is used to support unpaid carers, which includes short breaks and respite from their caring responsibilities.

7. *Community, Adults and Mental Health*

- 7.1 Developments in time for winter 2023/24 build on the broader strategic plans surrounding the Home First strategy which focuses on optimising step-up and step-down pathways to avoid acute hospital admissions and expedite discharges, supporting patients to live fulfilling and independent lives. The new Home First Emergency Department Care Navigator role will be key to ensuring Bexley residents who attend Queen Elizabeth Hospital are signposted to appropriate alternative support in the community. Working closely with a Greenwich colleague in the same role, this provision is expected to be fully operational ahead of the winter period.
- 7.2 This winter, in addition to the continued delivery of the urgent community response service (2-hour response for patients requiring urgent support in the community), Bexley residents will benefit from the roll out of the Virtual Wards programme, which was at a very early stage at the onset of last winter. Virtual wards have been developed to strengthen and extend existing services in Bexley and there are now 50 Virtual Ward beds open with a further 7 due on stream by 23 December 2023. Virtual wards are available for adult and children's intravenous therapies, physiotherapy, frailty, Chronic Obstructive Pulmonary Disease (COPD), complex care (all provided locally by Oxleas NHS Foundation Trust) and end of life care (provided locally by the Greenwich and Bexley Community Hospice). There have been over 600 admissions to the virtual wards since the beginning of the year, with occupancy around 75% (which is broadly in line with NHS England guidance). South East London virtual ward providers are working together to specify and procure the right digital monitoring system. In the meantime, there continues to be reliance on more traditional methods such as telephone and email – and existing tools such as the MyCOPD app which Oxleas use and airmid and brigid used by the hospice.
- 7.3 This winter will see a continued effort to support more local people requiring specialist mental health support in a community setting. Demand for community and inpatient services has doubled over the last four years and the resilience of local mental health services continues to lie in early identification and support for patients to avoid Emergency Department (ED) attendances and admission. Key developments for this winter include:
- NHS 111 Press 2 for mental health to open at the end of October 2023 providing patients experiencing a crisis to speak to a mental health professional without delay.

- Multi-disciplinary mental health hubs based in the community to provide initial support for patients in crisis, assessment and intervention services
- Continuing work to increase inpatient flow to ensure that all local patients who need inpatient care can access this locally.
- The addition of 30 additional inpatient beds across the whole SEL footprint to ensure local access to an inpatient bed where this is needed.

8. *Acute Trust Emergency and Inpatient Flow*

8.1 Queen Elizabeth Hospital (QEH): Over the last six months the team at QEH, in partnership with the national Emergency Care Improvement Support Team and local partners, have undertaken a detailed diagnostic phase of work to identify a programme of opportunities to improve processes for patients and staff. The QE Cares programme aims to avoid unnecessary admissions by approaching urgent and emergency care with a same-day mindset, and expedite safe discharges by improving ward and discharge processes. The resulting programme, which includes the five workstream below, is fully supported by wider system partners.

- Optimising ED flow – to ensure patients are directed to the right place for the right care first time. This workstream will be focused on developing pathways into and from the co-located urgent treatment centre (which appointed a new provided in June) and ensuring ambulance handovers are safe and efficient.
- Same day emergency care (SDEC) – to ensure that all suitable patients can access a same-day pathway with a view to increasing the number of patients who can receive emergency care and be connected to any community pathways to support their ongoing health and social needs, without the need for an admission. This workstream aligns with the national SDEC priority selected for focus in Bexley.
- Improving internal flow – to ensure that patient journeys are safe and effective, with the right support and coordination from ward nursing and medical teams. Reducing length of stay remains a central driver of the QEHs ability to cope with surges in demand. This work also aligns with the national high impact change agenda.
- Site management – to ensure the seamless flow of patients and staff throughout the trust in and out of hours.
- Safe, timely discharge (Transfer of Care Collaborative locally) – to ensure that all patients have well-coordinated and planned discharges, with good communication and support for patients and their carers. Partners from across the system, including Adult Social Care leads from Bexley and Greenwich, met on September 14th to develop the detail of this programme with a focus on wrapping an integrated transfer of care team around the QEH discharge process. This is a system priority and aligns with the national high impact change programme.

8.2 In addition to the QEH Cares programme, works are underway to add 10 additional beds to the QEH bed base which will be available for use before winter.

8.3 Darent Valley Hospital (DVH): Approach & Objectives

- Reviewed winter schemes from 2022/23 to inform the development of this year's local plan and understand opportunities/ lessons learnt.
- Utilised outcomes from local and ICB Winter Planning events to ensure plan is robust.
- Undertook a self-assessment against the 10 High Impact Interventions
- Outlined our approach to utilisation of winter funding opportunities based on previous evidence and outcome.

8.4 Key actions to support:

- Review of OPEL 3 & 4 actions and KLOE actions as a partnership

- Daily focus on discharges with Local Health Economy calls stood up for system support and LLoS MDT reviews.
- System Escalation Process document in place and weekly Senior Winter Leads calls stood up with all relevant HCP partners to resolve wicked issues.
- Focus on weekends – continuation of Weekend Discharge Team at DGT and 7-day Community IDT support.
- Review and use of step-down beds and maximising discharges ‘home first’
- Ageing well actions including use of Treatment Escalation Plans (TEPS), RESPECT Training, maximisation of all Frailty and Falls capacity in the community in addition to the Frailty Assessment SDEC Unit at DGT and a focus on anticipatory care
- Robust support in place to support Care homes – training, red bag scheme, maximising Starline 6
- Maximising voluntary sector capacity to support admission avoidance and discharge

8.5 Schemes currently funded to support winter (which have remained in place since last winter due to positive impact):

- Weekend Discharge Team at DGT
- Falls Response Service at HCRG Care Group
- Stroke Bridging Team
- Integration of D2A team with Community IDT – development of Transfer of Care Hub, with KCC input
- OT/Physio In-reach / Drop & Stop and OOH Nursing (*awaiting confirmation to stand back up by ICB*)

Preparation of additional winter schemes being worked up by the partnership to mobilise at speed, should funding become available.

8.6 Bed capacity and modelling through Lightfoot

- In addition to optimisation of the above schemes, along with escalation beds outlined in DGT’s plan, interventions also include secured step-down bed capacity of 15 beds at Wombwell Hall, and additional impact from Virtual Wards.
- Current predicted bed gap in accordance with Lightfoot is therefore 94 beds.
- DGT continue to review and consider any additional ‘super-surge’ and ‘extraordinary’ escalation bed capacity that could become available in worst case scenario.
- There may be additional impact from central ICB schemes that will be identified and included in our final version to further close the bed gap.
- DGS HCP are also working up a number of ‘off the shelf’ schemes ready to bid against any additional monies that may become available for winter.

9. *Discharge – Social and Intermediate Care*

9.1 In Bexley the Home First partnership arrangements monitor discharge, flow and intermediate care on a year-round basis.

9.2 Bexley’s Better Care and Discharge funds have focused on keeping people as independent as possible and have largely added capacity to existing schemes to maximise the already good outcomes that were being achieved. This has included:

- Increased capacity in the Marlborough Court bed base, stepdown beds with additional therapy support, from 8 – 15 beds. (This has enabled people to receive further rehabilitation and has been successful in moving people back to their own homes and avoiding long term care home admissions. Dedicated staffing resource to facilitate flow through these beds has also been provided).
- Increased capacity to spot contract step down beds to facilitate discharge to assess – on an individual basis.

- Increased social work and brokerage capacity to assess and discharge people in a timely way. Increased capacity in the reablement team including therapy capacity to work closely with the reablement providers.
 - Purchasing additional equipment to be readily available in stores for discharge.
 - Additional use of the Disabled Facilities Grant to provide minor adaptations to support discharge.
- 9.3 The increased reablement capacity, from 668 episodes of care per year to 1200, has allowed more people to be taken through that pathway and that a higher proportion of people have been supported to be independent or with low level services due to this approach. ASC have provided additional occupational therapy and social care assistant capacity to manage increased demand through this pathway. From April to August 23 672 reablement packages of care were started, which is a 15% increase from the same period last year. There has also been improvement in performance related to the percentage of people supported to maximise independence (87.5% to 88.7%) and the proportion of people stall at home 91 days after discharge from hospital (64.2% - 69.7%).
- 9.4 Demand has remained high over the spring and summer period, and there is now a risk that the discharge funds will be exhausted before the winter period. Bexley has invested some funds from additional grants which has enabled an extension of the 'discharge to assess' approach but this will maintain only until the end of November. Any additional funds for winter will therefore be allocated to maintain these schemes. Without winter investment, there will be the need to reduce 'discharge to assess' to a pre-covid home care scheme only.
- 9.5 Given the high level of demand, there has been the need already to reverse some discharge to assess pathways, such as the enhanced care pathway and the complex discharge to assessment on the wards, to support stretching the funds further. This appears to be in line with other local authority's pathways and has had minimal effect on people waiting on the TOCC list for discharge, as many of these people took time to discharge due to complexities in any case and this enables us to get better information quicker to care providers.
- 9.6 It is important to maintain continuity and morale in hospital social work teams and part of this will be avoiding 'knee-jerk' responses to winter surges and last-minute announcements of non-recurrent funding. Therefore, this year this more managed and proportionate approach will be taken in partnership with acute settings.
- 9.7 It is now 12 months since bed based intermediate care was reconfigured across Bexley and Greenwich with the totality of that capacity concentrated at Meadowview on the Queen Mary's site. The Home First Board has reviewed the outcomes of this to ensure adequate capacity for Bexley residents, especially during the winter months. Occupancy has been maintained at around 85% since the reconfiguration, ensuring that there is capacity for Bexley residents who will benefit from bed-based rehabilitation.
- 9.8 Bexley is part of the TOCC (Transfer of Care Collaborative) process for all three hospitals which admit our residents with Social Workers, Brokerage officers, ASC Managers and the ICB Discharge and Patient Flow Manager in regular attendance.

10. *End of Life Care*

- 10.1 Bexley continues to commission high quality end-of-life care from the Greenwich and Bexley Community Hospice and adult community health services in Bexley, with a key role for the district nursing service and home care provision commissioned by the Continuing Health Care team. The providers work in partnership with GPs, Integrated Rapid Response and other services throughout the year to ensure that people who need end of life care can be cared for and are enabled to die in their place of preference and are not admitted to hospital unnecessarily. Cruse Bereavement Counselling also offers support to bereaved people. Greenwich and Bexley Hospice are also a key partner in the virtual ward programme, providing some additional specialist support at home for a short time. This is an additional service that will help people to go home from the hospice or

hospital, supporting them to get the best possible care at home. End of Life services are experiencing the same workforce challenges as other system partners.

11. Market Sustainability/Capacity & Demand

- 11.1 Bexley published its Market Sustainability Plan in March 2023 and submitted an update to the Department of Health and Social Care, which involved providing a capacity plan and completing a Market Availability Template in June 2023. This sets out our plans to manage the residential and home care markets to ensure quality affordable capacity all year round and especially through the winter period. The Council is also in the process of finalising its Adult Social Care Vision Statement and associated new Market Position Statement which are expected to be published in October 2023. These developments will be critical in signalling the borough's needs and aspirations to the market and help to secure that capacity for the future.
- 11.2 In July 2023, the Council and ICB submitted Bexley's Better Care Fund Plan 2023 to 2025. This plan includes an Intermediate Care Capacity and Demand Plan, which captures short term capacity across health and social care. Taken together with the above work on market sustainability, this provides a picture of Capacity and Demand across Short- and Long-Term Support. As part of the BCF Planning Round, a review has been undertaken of the Capacity and Demand Plan, including assumptions around discharge pathways, expenditure, and outputs. This has identified a risk around a shortfall in funded reablement capacity and therefore plans have been developed to mitigate this risk by reducing the average episode of care (e.g., through early assessment and intervention to achieve a reduction in length of episode of care).
- 11.3 On 28 July 2023, the government announced ringfenced funding of £1.4m in 2023/24 to the London Borough of Bexley from the MSIF workforce fund to support workforce and capacity in adult social care. At the same time, the Department of Health and Social Care issued the Adult Social Care Winter Letter, setting out expectations as part of a joined-up approach to planning across the health and care system this winter. The government has asked all local authorities to provide by 28 September 2023 a summary description, aligned to NHS winter surge plans, of how they will ensure sufficient capacity to meet potential adult social care surges in demand over winter, including through use of this fund. The requirements of this return were under consideration at the time of writing this report.
- 11.4 Capacity and demand for intermediate care, particularly trends in demand, will be monitored closely throughout winter in line with the BCF policy framework and planning requirements. An additional refreshed capacity and demand plan will be submitted in October 2023.
- 11.5 Capacity and demand are also kept under constant review through our Home First arrangements which is also where plans to commission additional capacity, subject to available funding, are developed. However, it is important to underline that current ASC funding will only enable the provision of current capacity, not additional, and only until November which is the point at which discharge funding provided by the ICB will run out. Therefore, any additional funding announced for winter will only maintain existing capacity, not buy additional.

12. Governance

- 12.1 Partners will monitor the local position in relation to national requirements and monitor service performance through the weekly urgent and emergency care partnership forum known as Resplendent, and through the newly formed Urgent and Emergency Care Board for Bexley and Greenwich which will include executive leads from each local provider organisation. The Home First Board provides the local governance for winter management in Bexley, reporting to the Bexley Well-being Partnership Executive. The Place Executive Lead represents Bexley Borough on the newly re-established South East London Urgent & Emergency Care Board which works to ensure the resilience of the system South East London level. Bexley recognises that Darent Valley Hospital sits outside the South East London system and has different accountabilities to the other sites where Bexley residents are admitted. Darent Valley colleagues are therefore members of the Home First Board and Resplendent.

13. Monitoring

- 13.1 Nationally there are only two key metrics of winter performance this year:
- 76% of patients being admitted, transferred, or discharged within four hours by March 2024
 - Ambulance response times for Category 2 incidents to 30 minutes on average over 2023/24
- 13.2 Whilst these measures are not reflective of the effort or contribution the whole system in ensure resilience during the winter period, the system’s winter plans are carefully considered to drive performance towards these targets and other key system targets.
- 13.3 The Bexley and Greenwich Urgent and Emergency Care Board is developing a dashboard of system-wide measures which will be used to monitor the effectiveness of local interventions over the winter period and beyond. Last year’s metrics included data not routinely available to the local system. This year, the proposal is to utilise the Bexley and Greenwich Urgent and Emergency Care Board’s dataset to provide Overview and Scrutiny members with a mid-winter progress update.
- 13.4 Quarterly reporting of Bexley’s Better Care Fund plan will commence from Quarter 2 in 2023-24 and will cover progress in implementing the BCF plan, progress against metrics and ongoing compliance with the requirements and conditions of the fund. The BCF metrics will be used, alongside other relevant metrics, to help inform the system’s understanding of performance in 2023/24, including a focus on winter resilience within the context of wider plans.

14. Risks & Mitigations

Risk	Mitigation Measure
1. 14.1 Insufficient health and social care staffing to support required interventions	Joined up recruitment/ sharing of workforce/rotational roles. Work more closely with voluntary sector. Recruit substantive roles at risk where appropriate in line with current financial challenges
14.2 Social care unable to afford to continue with current levels of discharge support due to financial constraints	Plan in place to distribute resources to stretch as far as possible into the winter period. Continue to engage at a London and National level regarding finding solutions, together with South East London ICS opportunities for funding
14.3 Community Health services unable to meet existing demand	Continued review to prioritise need and manage risk. Continue to engage at a London and National level re finding solutions, together with SEL ICS opportunities for funding. Ensuring that activity is managed in the right place at the right time across primary, community and secondary care.
14.4 System-wide lack of capacity to respond to peaks in demand	Continue to work in partnership to support the whole system to flex together during significant peaks in demand. Continue to engage at a London and National level re finding solutions, together with SEL ICS opportunities for funding
14.5 Limited physical space / options to reconfigure space to respond to peaks in demand at QEH and to expand community services	Constant review of opportunities to reduce demand, decompress ED, optimise use of space. Exploration of all elements of NHS / healthcare space including general practice and social care.

Bexley Wellbeing Partnership Committee

Thursday 28th September 2023

Item: 7

Enclosure: E(i)

Title:	Primary Care Delivery Group Business Update Report – Q2 2023/24
Author/Lead:	Graham Tanner, Associate Director Primary Care (Bexley), NHS South East London Integrated Care Board
Executive Sponsor:	Diana Braithwaite, Chief Operating Officer, NHS South East London Integrated Care Board

Purpose of paper:	<p>The Bexley Primary Care Delivery Group (PCDG) is established as a sub-group of the Bexley Wellbeing Partnership (BWP) Committee.</p> <p>Under adopted Terms of Reference, the PCDG has two main functions that support the Bexley Wellbeing Partnership Committee in enacting the delegated function of primary care services:</p> <ul style="list-style-type: none"> (i) To Support the delivery of the vision for integrated primary care as defined by the Next steps for integrated Primary Care, Fuller Report (ii) Support the Bexley Wellbeing Partnership Committee by considering all primary medical services (PMS), general medical services (GMS), primary care network (PCN), local premium/incentives, out of hours GP services, alternative medical services (APMS) and contractual matters and providing recommendations for decision. <p>In line with the proposal endorsed by the BWP Committee at its meeting on 25th May 2023, the business of PCDG will be reported quarterly to the Committee, highlighting any endorsements or recommendations requiring formal approval by the Committee</p>	Update / Information	x
		Discussion	
		Decision	
Summary of main points:	<p>The enclosed paper details all items of business discussed and transacted by the Primary Care Delivery Group during Q2 2023/24 at its meetings held on:</p> <ul style="list-style-type: none"> • Wednesday 5th July 2023 • Wednesday 2nd August 2023 • Wednesday 6th September 2023 <p>All the above meetings were Quorate in line with the adopted Terms of Reference.</p>		

	<p>The Committee's attention is drawn to the following decision items endorsed by PCDG and recommended for approval by the Bexley Wellbeing Partnership Committee: <u>5th July 2023</u></p> <ul style="list-style-type: none"> • Primary Care Access and Recovery Plans - Recommendation to approve. (discussed and approved at the BWP meeting in public on 27 July 2023) • Primary Care Network Directly Enhanced Service: Local Improvement Scheme for Enhanced Access to cover the patients registered at Ingleton Avenue Surgery – Recommendation to approve. (discussed and approved at the BWP meeting in public on 27 July 2023) <p><u>6th September 2023</u></p> <ul style="list-style-type: none"> • Primary Care Delivery Group: Terms of Reference – Recommendation to approve. 	
<p>Potential Conflicts of Interest</p>	<p>All GP voting members of the committee have pecuniary interests in the national Primary Care Network Directed Enhanced Specification contract and associated funding streams. The mitigation for the pecuniary interest is that GPs on the committee will not be permitted to vote on this item and the chair for this item will pass to the independent member of the committee.</p>	
<p>Other Engagement</p>	<p>Equality Impact</p>	<p>None directly relating to this report.</p>
	<p>Financial Impact</p>	<p>All items with financial implications are deliverable within existing delegated primary care budgets.</p>
	<p>Public Engagement</p>	<p>Not applicable for this report.</p>
	<p>Other Committee Discussion/ Engagement</p>	<p>This report highlights business transacted by the Primary Care Delivery Group, in consultation with the Local Medical Committee and Local Pharmaceutical Committee where applicable.</p>
<p>Recommendation:</p>	<p>The Bexley Wellbeing Partnership Committee is recommended to:</p> <ol style="list-style-type: none"> (i) Note the report. (ii) Note the items recommended for formal approval emanating from the Primary Care Delivery Group meeting held on 5th July 2023 but that these items were considered and approved at the Bexley Wellbeing Partnership Committee on 27th July 2023. (iii) Approve the minor amendments to the approved Terms of Reference for the Primary Care Delivery Group on 6th September 2023. (iv) Highlight any of the other reported items requiring further clarification and/or future consideration by the Bexley Wellbeing Partnership Committee. 	

Agenda Item: 7
Enclosure: E(ii)

Primary Care Delivery Group Business Update Report – Q2 2023/24

Bexley Wellbeing Partnership Committee, Thursday 28th September 2023

Graham Tanner, Associate Director, Primary Care (Bexley)

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

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

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

Primary Care Delivery Group convened on three occasions during Q2 (Jul to Sep 2023), on the following dates:

- **Wednesday 5th July 2023**
- **Wednesday 2nd August 2023**
- **Wednesday 6th September 2023**

All meetings were quorate in terms of representation and voting members.

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

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

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

5th July 2023 (Part 1)

Agenda Item	Key Considerations and Recommendations	Info. only	PCDG Decision	Recommendation to BWP	Outcome and applicable mitigations/conditions
<p>Primary Care Access and Recovery Plans including:</p> <p>(i) PCN Level Access Improvement Plans</p> <p>(ii) Practice level SMART Action Plans</p>	<p>The purpose of this paper was to:</p> <ul style="list-style-type: none"> i. Summarise the key components of the Government’s ‘Delivery Plan for Recovering Access to Primary Care’, published on 9th May 2023 and its implications for the ICB, PCNs and the wider Bexley Wellbeing Partnership. Describe the steps taken to gather baseline data and formulate PCN level Access Improvement Plans against which a proportion of the ‘Capacity and Access Fund’ payments to the PCNs in 23/24 will be determined. ii. Provide PCN Clinical Directors with the opportunity to present and outline their Access Improvement Plans to Primary Care Delivery Group for review feedback in advance of submitting for final sign off to the Bexley Wellbeing Partnership Committee on 27th July 2023 			<p>Recommendation to approve. Reported to BWP Committee on 27th July 2023</p>	<p>The Primary Care Delivery Group resolved to:</p> <ul style="list-style-type: none"> i. Note the progress to date on the PCN SMART plans. ii. Endorse the plans to proceed for final assurance to the Bexley Wellbeing Partnership Committee on 27th July 2023 with the stipulation that they be made be rewritten to be tailored more to a more public audience.

5th July 2023 (Part 1)

Agenda Item	Key Considerations and Recommendations	Info. only	PCDG Decision	Recommendation to BWP	Outcome and applicable mitigations/conditions
Bexley – London Improvement Grant Update and Review	<p>The purpose of this paper was to:</p> <ul style="list-style-type: none"> • Provide the Primary Care Delivery Group with an update on the Bexley General Practice 2023/24 London Improvement Grant (LIG) application process. • Propose the criteria for future scheme prioritisation. • Report on the applications that were approved and delivered through the LIG process from 2022/23. • Set out the process of how the programme operates and the roles and responsibilities of NHS England, the ICB and practices themselves to ensure greater clarity and influence on how approvals are agreed. 		Approved		<p>The Primary Care Delivery Group resolved to:</p> <ol style="list-style-type: none"> Note the update on the London Improvement Grant application process for 2023/24 and what the programme delivered in 2022/23. Endorse the proposed criteria for prioritising future LIG applications received from Bexley practices.
Primary Care Quality Report	<p>The purpose of this paper was to provide the formal quarterly Quality Report to the Bexley Primary Care Delivery Group. The Report provides an update on key issues and themes relating to Primary Care and quality.</p> <p>The report addresses:</p> <ul style="list-style-type: none"> • Infection prevention and control • Patient safety and learning • Primary Care Quality Dashboard • Urgent and Emergency Care • Care Quality Commission • Quality alerts • Serious incident reporting 	✓			<p>The Primary Care Delivery Group resolved to:</p> <ol style="list-style-type: none"> Note the report and review the format and presentation. Confirm the quarterly frequency of reporting to the Group.

5th July 2023 (Part 2)


Agenda Item	Key Considerations and Recommendations	Info. only	PCDG Decision	Recommendation to BWP	Outcome and applicable mitigations/conditions
<p>Primary Care Network Directly Enhanced Service: Local Improvement Scheme for Enhanced Access to cover the patients registered at Ingleton Avenue Surgery</p>	<p>At the May 2023 Primary Care Delivery Group meeting, an options appraisal was presented in relation to the how the Primary Care Network (PCN) Network Directed Enhanced Specification (DES) could be delivered to the Ingleton Avenue Surgery who are not signed up to the PCN Network DES.</p> <p>Where a practice does not sign up to the PCN Network DES, commissioners have a responsibility to ensure that the patients are still offered the same level of service provision as those where practices have signed up.</p> <p>While there was a previous Local Improvement Scheme (LIS) in place with Clocktower PCN, there are now far more service specifications within the DES that have come online and hence more comprehensive consideration is needed for the commissioner to discharge their responsibility on ensuring that the Ingleton patients are offered the same level of service.</p> <p>The feedback from the committee set out the following:</p> <ul style="list-style-type: none"> • There are very few concerns raised about Ingleton Avenue Surgery to the ICB and performance was of no concern • Enhanced access was the main service line within the DES that should be resolved so Ingleton Avenue Surgery patients have access to vital service options outside of core hours 	✓		<p>Recommendation to approve. Reported to BWP Committee on 27th July 2023</p>	<p>The Primary Care Delivery Group (Part 2) resolved to:</p> <ol style="list-style-type: none"> Endorse a recommendation to the Bexley Wellbeing Partnership Committee that a Local Enhanced Service is put in place with Clocktower PCN to cover the enhanced access elements of the PCN DES only. Recommend paying 75% of the enhanced access funding line retrospectively since the commencement of Enhanced Access provision (October 22), until such a time that Saturday provision is made available to this population Note that none of the other funding lines associated with the Network DES will be paid to Clocktower PCN for delivering services on behalf of the Ingleton Avenue Surgery population as there is no evidence of delivery or that the Ingleton population are disadvantaged.

5th July 2023 (Part 2)

Agenda Item	Key Considerations and Recommendations	Info. only	PCDG Decision	Recommendation to BWP	Outcome and applicable mitigations/conditions
	<ul style="list-style-type: none"> The practice engage well and cooperate with Clocktower PCN when necessary and are delivering clinics outside core hours but cannot link into 'Emis Community' which is the key enabling software for Enhanced Access i.e. the ability to book appointments with partner practices and BHNC. This is because of the Practice's ongoing utilisation of 'Vision' software as their main patient records system. For this reason, all early morning and 18:30-20:00 appointments are offered within the Practice and Saturday appointments are not available. The practices core hors access is very good and therefore it was acknowledged that there is likely low demand for services outside of core hours. <p>Primary Care Delivery Committee was recommended to endorse a proposal to:</p> <ul style="list-style-type: none"> Commission a Local Enhanced Service with Clocktower PCN to cover the enhanced access elements of the PCN DES only. Pay 75% of the enhanced access funding until Saturday provision is made available to this population. Note that none of the other funding lines associated with the Network DES will be paid to Clocktower PCN. 				

5th July 2023 (Part 2)

Agenda Item	Key Considerations and Recommendations	Info. only	PCDG Decision	Recommendation to BWP	Outcome and applicable mitigations/conditions
<p>Bexley – General Practice Lease Recommendation</p>	<p>The purpose of this paper was to provide Primary Care Delivery Group Part 2 with a recommendation in relation to required lease renewals for four practice premises in the borough.</p> <p>A lease is a crucial contractual document where the owner of a property or land grants exclusive possession of that property or land to another person (the tenant or lessee) for a fixed or periodic term, at a specific rent.</p> <p>Under the terms of a GMS (General Medical Services) or PMS (Personal Medical Services) contract, if a practice is leasing its premises, rent is generally reimbursed in full, in arrears.</p> <p>It was noted that there were several practices in Bexley which are currently occupied under lease arrangements which have either expired or are due to expire shortly.</p> <p>The practices have been offered a new 10-year lease by their landlord. The ICB has recommended there is a tenant only break clause at year 5. The break clause will allow GP partners to break the lease at year 5 with no additional cost. This would provide the practice and ICB flexibility, potentially enabling any future practice relocation to alternative healthcare premises, should that opportunity arise.</p>		<p>Approved</p>		<p>The Primary Care Delivery Group resolved to:</p> <ol style="list-style-type: none"> i. Endorse the lease proposals for: <ul style="list-style-type: none"> • Crook Log Surgery (branch of Sidcup Medical Centre) • Thanet Road (branch of Sidcup Medical Centre) • Westwood Lane Surgery • Pickford Lane Surgery (branch of Westwood Surgery) ii. Note the broader context of the emerging ICB estates strategy and the need to maximise future flexibility, whilst proving short-term security of tenure for individual practices.

Agenda Item	Key Considerations and Recommendations	Info. only	PCDG Decision	Recommendation to BWP	Outcome and applicable mitigations/conditions
<p>Performance Report on Primary Care Contracts 22/23</p>	<p>The purpose of this paper was to update the Primary Care Delivery Group on how Bexley practices performed on a range of local commissioned services and nationally commissioned enhanced services that operated during the 22/23 financial year.</p> <p>The paper reported on performance and the associated income earned by practices for the following areas:</p> <ul style="list-style-type: none"> • ReMOS: practice level performance varied from 30% to 100% with the average (median) performance being 76%. This led to Bexley practices earning £932,953 (70%) of the total available budget of £1.3m. • Care Homes SNS: 5 practices across four PCNs provide this service to the 18 (was 20) older people care homes in the borough. Performance was strong for all providers against the financially driven KPIs. • LD Health Checks: The number of LD health checks has been increasing year on year since 2019. In the last year (April 2022 – March 2023) there were 840 checks completed compared to 748 in the previous year taking health check uptake from 70% to 76% of the register. Practice level variation shows a range of 45% to 100% of this population receiving a check and this range has narrowed compared to the previous year. 				<p>The Primary Care Delivery Group resolved to:</p> <ol style="list-style-type: none"> Note the contents of the performance report acknowledging the variation in achievement by practice across the various contracts and incentive schemes and the ongoing monitoring and assurance to address that.

2nd August 2023

Agenda Item	Key Considerations and Recommendations	Info. only	PCDG Decision	Recommendation to BWP	Outcome and applicable mitigations/conditions
	<ul style="list-style-type: none"> • SMI Health Checks: Since 2019, there have been year on year increases in the number of SMI health checks being delivered annually from 374 to 913 taking the % achievement to 49% of the SMI register from 27%. This is still short of the national target of 60% but steady improvement is being made. • Weight Management DES: referral numbers varied significantly by practice demonstrating an opportunity to raise the profile of this enhanced service so that more eligible, consenting patients can benefit from being referred to weight management services. 				
<p>Local Improvement Scheme – Initial Patient Health Checks, Ukrainian Nationals in line with SEL ‘Core Offer’</p>	<p>The purpose of this paper was to request Primary Care Delivery Group to review and endorse a short-term Local Improvement Scheme (LIS) to incentivise an initial health assessment and associated screening for communicable disease in line with the recommendations of the ‘SEL Health Core Offer for Asylum Seekers, Refugees and People Arriving in the UK Under Government Schemes (e.g. Resettlement and Ukrainian Schemes)’</p> <p>A number of commissioning options were discussed at Primary Care Delivery Group on 7th June 2023 and following further discussion with the SEL Primary Care contracting team, a Local Improvement Scheme ‘LIS’ was recommended as the most appropriate contracting model to incentivise completion of the initial health checks for Ukrainian nationals newly arrived in the borough, either under Government sponsored schemes or private arrangements.</p>		<p>Approved</p>		<p>Primary Care Delivery Group resolved to approve the proposed Local Improvement Scheme for implementation from 1 September 2023 to 31 March 2024 and publicise the opportunity to Bexley GP practices to participate.</p>

2nd August 2023

Agenda Item	Key Considerations and Recommendations	Info. only	PCDG Decision	Recommendation to BWP	Outcome and applicable mitigations/conditions
<p>Primary Care Risk Register</p>	<p>This paper was presented as a regular standing item at Primary Care Delivery Group and is intended to track and monitor any identified risks which have the potential to negatively impact the delivery of universal and good-quality Primary Care within Bexley in the short, medium and long term. The scope will reflect delegated commissioning and contracting functions within the Integrated Care System (ICS).</p> <p>Four risks were included on the Bexley Primary Care Risk Register:</p> <p>PC1 – Enhanced Access and universal delivery of the specified requirements of that service. Inherent Risk rated ‘High - 16’. Residual Risk rated ‘Moderate - 12’. Target Risk rated Moderate/Low - ‘8’.</p> <p>PC2 – Individual premises lease issues. Inherent Risk rated ‘High - 16’. Residual Risk rated ‘Moderate - 12’. Target Risk rated Moderate/Low - ‘8’.</p> <p>PC3 – Succession planning in relation to retirement. Inherent Risk rated ‘High - 16’. Residual Risk rated ‘Moderate - 12’. Target Risk rated Moderate/Low - ‘8’.</p> <p>PC4 – Business continuity plans. Inherent Risk rated ‘High - 16’. Residual Risk rated ‘Moderate - 12’. Target Risk rated Moderate/Low - ‘8’</p>		<p>Approved</p>		<p>The Primary Care Delivery Group resolved to:</p> <p>Note the recorded risks and mitigations and agree scores.</p> <ul style="list-style-type: none"> i. Agree that the recorded risks should remain as a substantive risks within the Register. ii. That the risks should be managed and monitored within Primary Care Delivery Group and not escalated via the SEL ICB Datix system for reasons of contractual/commercial sensitivity and/or recognition that some risks were ‘national’ and not unique to Bexley. <p>The Associate Director for Primary Care resolved to provide a further update on plans/mitigations at the next meeting and to report back on Primary Care risks currently included within Datix for SEL ICB as a whole.</p>

2nd August 2023

Agenda Item	Key Considerations and Recommendations	Info. only	PCDG Decision	Recommendation to BWP	Outcome and applicable mitigations/conditions
	<ul style="list-style-type: none"> • SMI Health Checks: Since 2019, there have been year on year increases in the number of SMI health checks being delivered annually from 374 to 913 taking the % achievement to 49% of the SMI register from 27%. This is still short of the national target of 60% but steady improvement is being made. • Weight Management DES: referral numbers varied significantly by practice demonstrating an opportunity to raise the profile of this enhanced service so that more eligible, consenting patients can benefit from being referred to weight management services. 				
<p>Quality and Primary Care</p>	<p>This paper sought to describe plans for joint working between the Primary Care team in Bexley, the SEL Quality Leads and Infection Prevention & Control lead within the context of the South East London Primary Care Quality Framework</p> <p>The paper covered proposals to:</p> <ul style="list-style-type: none"> • Support Quality improvement • Share intelligence from subject matter experts • Identify learning for General Practice • Identify systemwide learning • Recognise and share good practice 	<p>✓</p>			<p>The Primary Care Delivery Group resolved to note the paper.</p>

6th September 2023

Agenda Item	Key Considerations and Recommendations	Info. only	PCDG Decision	Recommendation to BWP	Outcome and applicable mitigations/conditions
<p>Local Care Network Estates Plans and Future Prioritisation</p>	<p>The purpose of this paper was to:</p> <ul style="list-style-type: none"> (a) summarise key outputs from the three Local Care Network Estates Workshops hosted in May and June 2023. (b) Highlight follow up work in relation to the identified opportunities. (c) Agree a prioritised pipeline of schemes for further detailed work-up to place the ICB and wider Local Care Partnership on stronger footing to respond to future releases of funding for capital programmes <p>The paper recognised the need for SEL ICB and PCNs to link across the Bexley Wellbeing Partnership and Local Care Networks to engage key partners and identify opportunities to enable the key building blocks of the Fuller ambitions to be delivered, including building integrated teams in every neighbourhood that provide joined up accessible care and improving same-day access for urgent care.</p> <p>Overcoming long standing estates risks that remain in primary care due to the estates ownership model also needs to be factored into any solutions proposed. Estates pose one of the most significant risks to the resilience of Primary Care in Bexley.</p>		<p>Approved</p>		<p>Primary Care Delivery Group resolved to:</p> <ul style="list-style-type: none"> i. Review the pipeline of projects and schemes identified for each LCN ii. Agree, in principle, the key priorities for 23/24 in terms of more detailed feasibility studies (subject to further discussion within PCN/LCN meetings)

6th September 2023

Agenda Item	Key Considerations and Recommendations	Info. only	PCDG Decision	Recommendation to BWP	Outcome and applicable mitigations/conditions
<p>Primary Care System Development Funding (23/24)</p>	<p>On 6th June 23 NHS England published the primary care service development funding and general practice IT guidance for 23/24. Each year this funding is released as an additional programme on top of ICB baselines and the guidance reflects the focus and requirements that this allocation needs to be invested in.</p> <p>Primary care SDF in 2023/24 can be thought of in three sections:</p> <ul style="list-style-type: none"> i. a transformation budget to support change and improvement in primary care (and particularly general practice) including support to the workforce and digital transformation ii. a set of specific workforce programmes continuing from previous years (including some ARRS funding) – see ‘Workforce initiatives’ section and appendix 3 for more detail. iii. funding from primary care SDF to increase general practice IT (GPIT) revenue budgets (‘GPIT Infrastructure and Resilience’) <p>This paper to Primary Care Delivery Group set out a plan for how the residual Bexley proportion of this allocation (£123K) is proposed to be spent in 23/24 and requested the Group endorse the recommendation to focus on 3 main priority areas, namely:</p>		<p>Approved</p>		<p>The Primary Care Delivery Group resolved to:</p> <ul style="list-style-type: none"> i. Approve the enclosed ICB and Bexley specific plan for 23/24 System Development Funding.

6th September 2023

Agenda Item	Key Considerations and Recommendations	Info. only	PCDG Decision	Recommendation to BWP	Outcome and applicable mitigations/conditions
	<ul style="list-style-type: none"> Practice resilience- to mitigate some ongoing estates and workforce risks that impact core primary care provision in the Borough Digital Inclusion and raising awareness of self-management, care navigation and self-referral routes (locally led & with co-ordination with other boroughs/SEL) PCN Leadership development to support integrated neighbourhood teams and the linkages with the emerging Local Care Networks 				
<p>Proposal for Bexley practices to adopt an accelerated schedule for the delivery of the 2nd dose of the MMR (Measles, Mumps and Rubella) vaccine</p>	<p>The purpose of this paper was to highlight to Primary Care Delivery Group the potential risk of a measles outbreak this winter and that awareness campaign is underway encouraging the uptake of the MMR vaccine. Practices are supporting the campaign by calling/recalling patients for their routine vaccinations, reminding people that the MMR vaccine requires 2 doses and supporting patient education in regard to false information linking the MMR vaccine and autism.</p> <p>The paper highlighted that a number of London boroughs follow an accelerated vaccination schedule for the second dose of the MMR vaccine and administer the second dose of MMR at 18 months. The main purpose of advancing the second dose of MMR is to improve coverage and therefore further reduce the likelihood of measles outbreaks.</p>		<p>Approved</p>		<p>The Primary Care Delivery Group resolved to:</p> <ol style="list-style-type: none"> agree the commissioner recommendation to formally request that all practices adopt the accelerated schedule for the MMR second dose at 18 months for children reaching 18 months from 1st November 2023.

Agenda Item	Key Considerations and Recommendations	Info. only	PCDG Decision	Recommendation to BWP	Outcome and applicable mitigations/conditions
	<p>In areas of London where the second dose of MMR was brought forward in response to local measles outbreaks the second dose coverage increased by 3.3% (J Lacy and others (2022) Earlier vaccination of MMR2 is associated with significantly higher coverage at five years for this vaccine in London.</p> <p>It was noted that Bexley was currently the only SEL borough that does not currently follow the accelerated schedule for the second dose.</p> <p>Primary Care Delivery Group was asked to:</p> <ul style="list-style-type: none"> i. review and consider options with regard to the scheduling of the 2nd dose of the MMR vaccine and a proposal to encourage GP practices in Bexley to adopt an accelerated schedule in line with the other South East London (SEL) Boroughs within the ICB ii. Agree a preferred option in line with the recommendation i.e. to encourage all practices to routinely adopt the accelerated schedule for the MMR second dose at 18 months for children reaching 18 months from 1st November 2023. 				

Agenda Item	Key Considerations and Recommendations	Info. only	PCDG Decision	Recommendation to BWP	Outcome and applicable mitigations/conditions
<p>Primary Care Delivery Group – Terms of Reference</p>	<p>The Terms of Reference for the Primary Care Delivery Group were approved by the Bexley Wellbeing Partnership Committee on 20 October 2022 and adopted by Primary Care Delivery Group on 2 November 2022.</p> <p>The Primary Care Delivery Group provides regular reporting and recommendations for decisions to the Bexley Wellbeing Partnership Committee at its meetings held in public, principally on issues relating to national contracts, local incentive schemes or Premiums, the quality of primary care services and changes to services and access.</p> <p>The purpose of this paper to the Primary Care Delivery Group was to seek endorsement of minor amendments to the adopted Terms of Reference, reflecting operating practice over the last 12 months and, in particular, the adoption of an optional Part 2 meeting to deal with items with significant conflicts of interest.</p>			<p>Recommendation to approve.</p>	<p>The Primary Care Delivery Group resolved to:</p> <p>Approve the following proposed amendments to its adopted Terms of Reference (subject to ratification by the BWP Committee):</p> <ul style="list-style-type: none"> i. The formal inclusion of an optional Part 2 meeting ii. The adoption of a Quarterly Primary Care Delivery Group Business Report as the default mechanism for reporting on endorsements and recommendations to the Bexley Wellbeing Partnership Committee. <p>and to re-adopt the wider Terms of Reference in line with the agreed review schedule, recognising that further consideration of the delegation of commissioning responsibility for dentistry, optometry and community pharmacy will need to be considered in due course.</p>

Thank you.

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

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Bexley Wellbeing Partnership Committee

Thursday 28th September 2023

Item: 8

Enclosure: F(i)

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

Purpose of paper:	<p>This report is produced by the SEL ICB assurance team and is intended to be used by Local Care Partnerships as part of their local assurance processes.</p> <p>The latest position against key areas of local performance is presented, highlighting achievement against national targets, agreed trajectories and other comparators. An overview of performance and wider SEL context is provided to support interpretation of the data.</p> <p>This report is intended to be used by the Bexley Wellbeing Partnership to identify areas where performance is not in line with expectations and where members/teams may be required to provide additional explanation and assurances that issues are being addressed either locally or as part of a wider system approach.</p>	Update / Information	X
		Discussion	
		Decision	
Summary of main points:	<p>The report covers a range of metrics where LCPs either have a direct delegated responsibility for delivery or play a key role in wider SEL systems. It covers the following areas:</p> <ul style="list-style-type: none"> • Areas of performance delegated by the ICB board to LCPs • Metrics aligned to the six ICB corporate objectives that fall within delegated responsibilities for LCPs. To note: future iterations will include flu uptake once the flu season for 23/24 seasonal campaign begins (September/October 2023) • Metrics requested for inclusion by LCP teams <p>The latest available report (August 2023) presents a good overall position for Bexley with performance above trajectory against the majority of metrics.</p> <p>Performance is, however, below the required trajectory for:</p> <ul style="list-style-type: none"> • Talking therapies (IAPT) – access (<i>Operating Plan 1360 / Current Performance 960</i>) • Talking therapies (IAPT) – recovery (<i>National standard 50% / Current Performance 49%</i>) • SMI Healthchecks (<i>Local trajectory 923 / Current Performance 824</i>) • Personal Health Budgets 		

	<p><i>(Local trajectory 253 / Current Performance 216)</i></p> <ul style="list-style-type: none"> Patients with hypertension recorded as being treated in line with NICE Guidance <i>(Corporate objective 70% / Current Performance 68%)</i> <p>Appendix 1 provides a short narrative on each of these metrics, including any mitigating factors and/or plans to address shortfalls or deficits within the next reporting period.</p>	
Potential Conflicts of Interest	This report is for information only. There are no conflicts of interest.	
Other Engagement	Equality Impact	The stated mission of the South East London ICS is to help people in South East London to live the healthiest possible lives. The Bexley Wellbeing Partnership (BWP) supports this through helping people to stay healthy and well, providing effective treatment when people become ill, caring for people throughout their lives, taking targeted action to reduce health inequalities, and supporting resilient, happy communities as well as the workforce that serves them.
	Financial Impact	This report is for information only. There are no financial impacts.
	Public Engagement	The majority of the information provided in this report is publicly available via NHS Digital.
	Other Committee Discussion/Engagement	This report and any required mitigations are discussed at the SEL ICB Board and Bexley Wellbeing Partnership Executive. It is being reported to the Bexley Wellbeing Partnership Committee for information.
Recommendation:	<p>The Bexley Wellbeing Partnership Committee is recommended to:</p> <p>(i) Note the report and the mitigations/actions highlighted in Appendix 1 for each of the metrics RAG rated as red based on the latest reporting period.</p>	

Appendix 1 – Bexley Wellbeing Partnership – Performance Exception Report

Performance Metric	Reporting Period	Expected Standard / Trajectory	Latest Performance Position	Trend Since Last Report	SEL context and description of performance	Mitigations and Improvement Actions
IAPT Access	Q4 22/23	1360	905	↑	<p>Data still refers to Q4 22/23 (latest available published data at time of reporting)</p> <p>The 50% IAPT recovery rate for SEL was not met in Q4 22/23. Four of the six individual IAPT services reported recovery rates below the required 50.0%. Recovery rate performance can also be negatively affected if access rates increase, this is due to service slots being utilised by those entering treatment rather than by those continuing their course of treatment.</p>	<p>Recent data provided from Mind in Bexley shows that from April to August* 2023 1826 patients have entered first treatment. The Bexley access target is 1372 per quarter and therefore at this point in the year, we have a shortfall of 461.</p> <p>The provider remains committed to achieving the best possible access figure for Bexley and has been working on a number of initiatives to increase outturn. These include:</p> <ul style="list-style-type: none"> • a leaflet drop to every household in the borough • a GP supported menopause awareness raising event • completion of the NHS driven rebranding exercise from IAPT to Talking Therapies • a timetable of visits to all GP practices has been agreed and implemented • leaflet drop and visits to pharmacies

Performance Metric	Reporting Period	Expected Standard / Trajectory	Latest Performance Position	Trend Since Last Report	SEL context and description of performance	Mitigations and Improvement Actions
						<ul style="list-style-type: none"> awareness raising through contact with barber shops, gym's etc promotion of the service throughout Mental Health Awareness Week (daily, in person information stands) <p>There is some potential for these national prevalence-based targets to be revised on the basis that all providers are some way short of achievement.</p>
IAPT Recovery	Q4 22/23	50%	49%	↓		<p>Recovery: Bexley's recovery score averages 50.1% as at August 2023. The target is 50% and sometimes there are small variations around the mean. This is not a cause for concern.</p>
SMI Physical Healthchecks	Q1 23/24	923 (60%)	824 (43.9%)	↓	<p>The south east London ICB board have set Improving the uptake of physical health checks for people with SMI as a corporate objective for 2023/24.</p> <p>There was a significant increase in the number of AHCs undertaken for people with an SMI over the last 12 months. However, the SEL operating plan trajectory for 2022/23 was not achieved and SEL remains the lowest performing ICB in London in terms of percentage of SMI register receiving all elements of the health check.</p>	<p>Within Bexley, there remains significant variation in relation individual practice performance, although all but two of our practices have evidenced year on year improvement. 4 practices have exceeded the 60% target based on the latest reporting data with the highest reporting practice at 76%. Performance is routinely discussed at scheduled practice meetings to learn from and share good practice and the GP</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>Premium incentive scheme has been designed to reward GP Practice performance over and above the 60% threshold (recognising that delivery at 60% is already part of the Quality Outcomes Framework – QOF – schedule).</p> <p>Borough level improvement has been underpinned by the development of ICS wide key lines of enquiry to set the relevant standards and expectations and the establishment of a steering group to review individual borough progress/issues and share areas of good practice.</p> <p>Oxleas Mental Health teams have their own internal action plan to improve the monitoring of physical health for those under secondary care, including the timely reporting of data to GP practices for upload onto a patient’s clinical record.</p>
Personal Health Budgets	Q1 23/24	253	216	-	As part of the NHS Long Term Plan, annual borough level targets were submitted for the total number of PHBs to be delivered annually up to the end of 2023/24. To support LCPs and the ICB in year tracking of delivery towards the overall LTP annual plan for	Bexley fell 37 short of the quarterly target, achieving 85% of the required 253 PHBs. Generally PHB performance has remained steady whilst the target has increased from 140 to 253 per quarter (an increase of

Performance Metric	Reporting Period	Expected Standard / Trajectory	Latest Performance Position	Trend Since Last Report	SEL context and description of performance	Mitigations and Improvement Actions
					SEL, quarterly trajectories have been shared with LCP PHB leads. In 2022/23, SEL did not achieve the annual plan. 3,477 were delivered against a plan of 4,105 PHBs across the year. Bexley and Bromley achieved their individual LCP level plans.	55%) Unfortunately due to the significant vacancy factor in the team there has not been the capacity to focus on increasing PHBs especially in S117 mental health services which are a gap. Commissioners of Oxleas mental health services have recently met with the Trust to develop an action plan to accelerate the offer to all new recipients of S117 aftercare, building on good practice elsewhere.
Management of hypertension treated to NICE Guidance	Q4 22/23	69.7%	68%	↑	<p>The south east London ICB board has set improving the percentage of patients with hypertension treated to NICE guidance as a corporate objective for 2023/24. The board have agreed a 'floor' level ambition of 69.7% as a minimum by March 2024 with the intention to achieve 77% as soon as possible.</p> <p>Hypertension is predominantly managed in general practice and there is wide variation in achievement across practices, not always explained by demography.</p>	<p>Q4 22/23 data shows Bexley is currently marginally short of the floor level ambition for 23/24 but has achieved the best recovery post pandemic.</p> <p>Management of hypertension features prominently within the PCN Network DES specification for 23/24 and as such all PCNs are funded to improve diagnosis of patients with hypertension, in line with NICE guideline NG136 and also to undertake activity to improve coverage of blood pressure checks, including opportunistic checks, targeted outreach and improved join up with Community Pharmacy.</p> <p>CESEL (Clinical Effectiveness South East London) continue</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>their work to improve hypertension management in primary care through producing data packs showing practice and PCN variation, meeting practices and supporting them to identify hypertension improvement priorities and associated actions, and facilitate sharing of best practice across and between PCNs.</p> <p>Bexley PCNs received £23,364 in March 23 to enhance hypertension improvement work, to support the detection, management and reduction in inequalities in hypertension in care, and support COVID recovery.</p> <p>CESEL, Health Innovation Network (HIN), and the South London Cardiovascular Network (Cardiac ODN) continue to work together to support PCNs and practices in SEL to deliver the best possible hypertension care to their patients and achieve the targets set through the QOF and PCN DES.</p>

Agenda Item: 8
Enclosure: F(ii)

Bexley Wellbeing Partnership LCP performance data report

August 2023

Introduction and summary

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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. To note: future iterations will include flu uptake once the flu season for 23/24 seasonal campaign begins (September/October 2023)
 - 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 London comparators (where included in the tables). Arrows showing whether performance has improved from the previous reporting period is also included.

Bexley performance overview

Standard	Trend since last period	Period covered in report	Comparator	Benchmark	Current performance
Dementia diagnosis rate	↑	Jun-23	National standard	67%	70%
IAPT access	↑	Q4 - 22/23	Operating plan	1360	905
IAPT recovery rate	↓	Apr-23	National standard	50%	49%
SMI Healthchecks	↓	Q1 - 23/24	Local trajectory	923	824
PHBs	↓	Q1 - 23/24	Local trajectory	253	216
NHS CHC assessments in acute	↔	Q1 - 23/24	National standard	0%	0%
CHC - Percentage assessments completed in 28 days	↑	Q1 - 23/24	Local trajectory	50%	76%
CHC - Incomplete referrals over 12 weeks	↔	Q1 - 23/24	Local trajectory	1	0
Children receiving MMR1 at 24 months	↑	Q4 - 22/23	London average	83%	89%
Children receiving MMR1 at 5 years	↑	Q4 - 22/23	London average	87%	91%
Children receiving MMR2 at 5 years	↑	Q4 - 22/23	London average	75%	82%
Children receiving DTaP/IPV/Hib % at 12 months	↓	Q4 - 22/23	London average	87%	91%
Children receiving DTaP/IPV/Hib % at 24 months	↑	Q4 - 22/23	London average	89%	92%
Children receiving pre-school booster (DTaPIPv%) % at 5 years	↑	Q4 - 22/23	London average	75%	81%
Children receiving DTaP/IPV/Hib % at 5 years	↓	Q4 - 22/23	London average	88%	89%
LD and Autism - Annual health checks	↑	Jun-23	Local trajectory	108	172
Bowel Cancer Coverage (60-74)	↓	Dec-22	Corporate Objective	67%	71%
Cervical Cancer Coverage (25-64 combined)	↓	Apr-22	Corporate Objective	69%	71%
Breast Cancer Coverage (50-70)	↓	Dec-23	Corporate Objective	57%	63%
Percentage of patients with hypertension treated to NICE guidance	↑	Q4 - 22/23	Corporate Objective	70%	68%

Performance data

SEL context and description of performance

- The 2023/24 priorities and operational planning guidance identifies recovery of the dementia diagnosis rate to 66.7% as a National NHS objective. Dementia diagnosis rate is defined as the rate expressed as a percentage of the estimated dementia prevalence.
- South east London as a whole is currently achieving this target. During 2022/23, SEL performance varied between 65.9% and 68.4%.
- There is, though, considerable variation between boroughs. The latest data shows that Greenwich and Lambeth did not achieve the target in June 2023.

		Jun-23						
Metric	Target	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Dementia diagnosis rate	66.7%	69.6%	66.8%	65.1%	63.9%	71.0%	78.9%	68.7%
Trend since last report	-	↑	↑	↔	↑	↑	↑	↑

SEL context and description of performance

- The most recent data (April 2023) shows a decrease in the number of people accessing IAPT services in SEL, with 3,435 people accessing services compared with 3,875 in March. The most recent quarterly data at a borough/service level is included in the table below and shows that the trajectory for 22/23 was not achieved across SEL.
- The 50% IPAT recovery rate was not met in April 2023. Four of the six individual IAPT services reported recovery rates below the required 50.0%. Recovery rate performance can also be negatively affected if access rates increase, this is due to service slots being utilised by those entering treatment rather than by those continuing their course of treatment.
- SEL continues to perform well against the 6- and 18-week IAPT waiting times standards with both targets being consistently delivered throughout 2022/23.
- Risks to performance include staffing/workforce and securing a sustainable level of referrals into each service. All providers continue to secure the services of a private provider to carry out assessments and treatments which help to manage the waiting list position.
- All IAPT services have developed improvement plans for implementation and the forecast impact of these plans will continue in this financial year. Providers have been actively engaged with setting the improvement trajectory for IAPT access in 2023/24.

	Q4 - 22/23						
Metric	Bexley Mind	Bromley	Oxleas Greenwich	SLAM - Lambeth	SLAM - Lewisham	SLAM - Southwark	SEL
IAPT access	905	1330	1700	3080	2055	2425	11120
Trajectory	1360	1964	1964	4080	2720	2871	15110
Trend since last report	↑	↑	↑	↑	↑	↑	↑

		Apr-23						
Metric	Target	Bexley Mind	Bromley	Oxleas Greenwich	SLAM - Lambeth	SLAM - Lewisham	SLAM - Southwark	SEL
IAPT recovery rate	50.0%	49.0%	53.0%	56.0%	45.0%	49.0%	49.0%	49.0%
Trend since last report	-	↓	↓	70 ↑	↓	↔	↓	↓

SEL context and description of performance

- The south east London ICB board have set Improving the uptake of physical health checks for people with SMI as a corporate objective for 2023/24.
- There was a significant increase in the number of AHCs undertaken for people with an SMI over the last 12 months. However, the SEL operating plan trajectory for 2022/23 was not achieved and SEL remains the lowest performing ICB in London in terms of percentage of SMI register receiving all elements of the health check.
- Borough level improvement has been supported by development of ICS wide key lines of enquiry to set the relevant standards and expectations, establishment of a steering group to review individual borough progress/issues and share areas of good practice, non-recurrent funding in 2022/23 to support delivery of borough level improvement plans, and development of an SEL dashboard which enables more frequent review of progress and drill down to monitor their position, identify opportunities, and review progress post actions
- Indicative quarterly borough level trajectories have been set for 2023/24 to support delivery of the overall SEL target and enable closer in year borough level tracking.
- Challenges impacting borough level performance include:
 - Variation in understanding of individual components that account for an annual health check
 - Barriers to engagement and high DNA rates. Co-production with this client group and engagement of the voluntary and community sector to provide peer support varies across boroughs
 - Not all practices have agreed to flow data to the central SEL BI team dashboard so some boroughs may not be able to view their full data.
 - Data interoperability issues meaning that data isn't automatically transferred to primary care systems when a healthcheck is completed in secondary care
- Where annual health checks are being completed, quality can vary as can onward referral to other physical health services.

	Q1 - 23/24						
Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
SMI Healthchecks	824	1230	1405	2741	2033	2081	10314
Trajectory	923	1228	1609	2532	2268	1941	10500
% of current SMI register	43.9%	49.3%	43.0%	53.3%	44.1%	52.7%	48.3%
Trend since last report	↓	↓	↑	↓	↓	↓	↓

SEL context and description of performance

- As part of the Long Term Plan, annual borough level targets were submitted for the total number of PHBs to be delivered annually up to the end of 2023/24. To support LCP and ICB in year tracking of delivery towards the overall LTP annual plan for SEL, quarterly trajectories have been shared with LCP PHB leads. In 2022/23, SEL did not achieve the annual plan. 3,477 were delivered against a plan of 4,105 PHBs across the year. Bexley and Bromley achieved their individual LCP level plans.
- The total number of PHBs that have been in place YTD to end of Q1 2023/24 is 1,375 which is below the overall SEL ICB Q1 trajectory of 1,841. There is large variation in individual LCP level performance. Greenwich is currently achieving their quarterly trajectory.
- The personal wheelchair budgets offer is in place across SEL and PHBs for mental health service users will be 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 are being introduced, linked to social prescribing in Lewisham and Southwark for people with low level mental health needs, where an immediate solution or intervention isn’t available.
- 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.

Metric	Q1 2023/24						
	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
PHBs	216	266	339	199	116	239	1,375
Trajectory	253	361	313	349	289	277	1,841
Trend since last report	-	-	-	-	-	-	-

SEL context and description of performance

- There are a number of national standard 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 more than 80% of cases. A recovery trajectory is currently in place for this target, which has been agreed by NHSE/I.
 - Reduce the number of outstanding referrals exceeding 12 weeks to Zero
- The following charts show the individual borough level breakdown for each of these standards against agreed trajectories towards achieving the targets:

		Q1 - 2023/24						
Metric	Target	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
NHS CHC assessments in acute	0%	0.0%	7.0%	0.0%	0.0%	4.0%	0.0%	2.0%
Trend since last report	-	↔	↑	↔	↓	↑	↔	↑

		Q1 - 2023/24						
Metric		Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
CHC - Percentage assessments completed in 28 days		76%	91%	57%	26%	75%	48%	67%
Trajectory		50%	50%	50%	50%	50%	50%	50%
Trend since last report		↑	↑	↑	↓	↑	↓	↑

		Q1 - 2023/24						
Metric		Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
CHC - Incomplete referrals over 12 weeks		0	0	0	3	1	1	5
Trajectory		1	1	1	1	1	1	9
Trend since last report		↔	↔	↔	↔	↓	↔	↓

Description of metric and SEL context

- Ensuring that Children and Young People are immunised against preventable diseases is identified as a key objective by a number of boroughs in the SEL 2023/24 Joint Forward Plan. The ICP Integrated Care Strategy for 2023/24 to 2027/28 also identifies early years and ensuring that children have the best start to life as one of its key priorities.
- The following data provide the borough and SEL level performance compared to London and England. For all metrics SEL is above the London average but below the England position.

	Q4 - 22/23								
Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL	London	England
Children receiving MMR1 at 24 months	88.9%	91.9%	88.2%	84.3%	86.9%	83.4%	87.3%	83.0%	89.5%
Trend since last report	↑	↑	↑	↓	↑	↓	↑	↑	↑

	Q4 - 22/23								
Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL	London	England
Children receiving MMR1 at 5 years	91.1%	93.3%	89.5%	86.8%	88.2%	90.1%	89.9%	86.6%	92.7%
Trend since last report	↑	↑	↑	↓	↑	↑	↑	↓	↓

	Q4 - 22/23								
Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL	London	England
Children receiving MMR2 at 5 years	81.8%	87.2%	83.9%	79.8%	79.9%	83.3%	82.7%	74.9%	85.0%
Trend since last report	↑	↑	↑	↑	↑	↑	↑	↑	↓

Childhood immunisations (2 of 2)

Q4 - 2022/23									
Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL	London	England
Children receiving DTaP/IPV/Hib % at 12 months	91.0%	91.2%	88.2%	88.1%	87.8%	86.9%	88.8%	87.0%	91.6%
Trend since last report	↓	↓	↓	↓	↓	↑	↓	↓	↓

Q4 - 22/23									
Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL	London	England
Children receiving DTaP/IPV/Hib % at 24 months	92.1%	93.3%	91.2%	88.2%	89.1%	89.2%	90.5%	88.6%	93.0%
Trend since last report	↑	↓	↑	↓	↑	↓	↓	↑	↔

Q4 - 22/23									
Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL	London	England
Children receiving pre-school booster (DTaPIPv%) % at 5 years	81.4%	84.4%	81.4%	76.4%	77.1%	79.2%	80.1%	74.5%	84.0%
Trend since last report	↑	↑	↑	↓	↑	↑	↑	↑	↔

Q4 - 22/23									
Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL	London	England
Children receiving DTaP/IPV/Hib % at 5 years	89.4%	92.7%	89.7%	88.8%	88.9%	90.9%	90.1%	88.3%	93.3%
Trend since last report	↓	↓	↓	↓	↓	↑	↓	↓	↓

SEL context and description of performance

- The south east London ICB board has set improving the uptake of physical healthchecks for people with LDA as a corporate objective for 2023/24
- 6,518 healthchecks were delivered in 2022/23 in south east London, which was above the operational plan of 5,815. Five out of six LCP achieved their individual trajectories.
- Where annual health checks are being completed, quality can vary as can onward referral to other physical health services.
- There is an LDA Clinical and Care Professional Lead (CCPL) supporting AHCs.
- Five of the six boroughs are implementing an AHC co-ordinator role for 12 months. Increasing the number of people on registers by finding “the missing” will allow more people with a learning disability to access AHCs

Metric	Jun-23						
	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
LD and Autism - Annual health checks	172	93	190	232	185	124	996
Trajectory	108	133	143	157	166	122	829
Trend since last report	↑	↑	↑	↑	↑	↑	↑

SEL context and description of performance

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

SEL context and description of performance

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

		Dec-22						
Metric	Target	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Bowel Cancer Coverage (60-74)	67.3%	70.8%	73.8%	63.7%	60.0%	60.7%	60.5%	65.4%
Trend since last report	-	↓	↓	↔	↔	↓	↑	↓

		Apr-23						
Metric	Target	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Cervical Cancer Coverage (25-64 combined)	68.5%	71.3%	73.5%	65.6%	62.8%	67.2%	63.6%	66.7%
Trend since last report	-	↓	↔	↑	↓	↔	↔	↓

		Dec-23						
Metric	Target	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Breast Cancer Coverage (50-70)	56.7%	63.2%	67.5%	48.2%	50.9%	50.1%	52.1%	55.7%
Trend since last report	-	↓	↑	↑	↑	↑	↑	↑

SEL context and description of performance

- The south east London ICB board has set improving the percentage of patients with hypertension treated to NICE guidance as a corporate objective for 2023/24. The board have agreed a ‘floor’ level ambition of 69.7% as a minimum by March 2024 with the intention to achieve 77% as soon as possible.
- The 2023/24 priorities and operational planning guidance also identifies increasing the percentage of patients with hypertension treated to NICE guidance to 77% by March 2024 as national objective.
- 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.
- We are also in a process of Covid recovery and now achieving pre-pandemic levels of hypertension control with ever increasing prevalence, however the achievement variation between practices/PCNs/boroughs persists.

Metric	Target	Q4 - 22/23						
		Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Percentage of patients with hypertension treated to NICE guidance	69.7%	68.0%	66.1%	67.7%	68.1%	63.2%	69.9%	67.1%
Trend since last report	-	↑	↑	↑	↑	↑	↑	↑

Bexley Wellbeing Partnership Committee

Thursday 28th September 2023

Item: 9

Enclosure: G(i)

Title:	Month 4 Finance Report
Author:	Opeyemi Adetokunbo-Aina, Associate Director of Finance (Bexley), NHS South East London Integrated Care Board
Executive Lead:	David Maloney, Director of Corporate Finance, NHS South East London Integrated Care Board

Purpose of paper:	This paper is to provide an update on the financial position of Bexley (Place) as well as the overall financial position of the ICB and the ICS as at Month 4 (July) 2023/24.	Update / Information	
		Discussion	X
		Decision	
Summary of main points:	<p>Bexley Position</p> <p>At month 4, Bexley Place reported a year to date overspend against budget of £1m and forecast outturn of an overspend of £3.5m. The main reasons for the position were:</p> <ul style="list-style-type: none"> • Prescribing budget overspent by £1.2m year to date. The main drivers are the implementation of NICE Technology Appraisals (TAs) or Guidelines, which are mandatory for the NHS. In addition to this are medications being out of stock, requiring switches to different high-cost medications. Most of these are within CAT M and NCSO (No Cheaper Stock available), which are subject to national pricing policies. Other pressures include increase in demand due to worsening illness as an aftermath of the COVID pandemic, increased waiting lists and population growth. Note that actual data are received two months in arrears, but activity trends are higher than prior year. Efficiency opportunities are being explored to mitigate the cost pressures with effects expected to be seen at back end of the financial year. • CHC budget reports an overspend of £83k. This is a deterioration in position from previous months, due to increased activity in 1:1 support in care homes, learning disability service, and very complex service users in FNC, coupled with increase in weekly rates in FNC, AQP and non-specialist home care. Constant review is being done to explore opportunities to discontinue high-cost placements where there is patient improvement. • Mental Health Services is overspent by £18k, driven by inflation on learning disabilities cost but this is expected to be managed through activities for the remaining part of the year. • £132k is underspent in Community Health Services. This is due to efficiencies within various community contract at renewal. 		

- £52k is underspent in Acute Services, driven by the reduction in requirement for patient transport.
- £112k is underspent in Corporate Budgets due to existing vacancies without backfill which is expected to continue till year end.

Work is ongoing to validate identified recovery mitigations to the overspend forecast outturn on controllable expenditure and this is expected to have an effect in the future months' forecast outturn.

Efficiency savings – The 23/24 efficiency target has been revised to 4.5% across SEL. This comes to £3.899m for Bexley borough. £3.4m has now been identified with £3.1m being recurrent. More schemes are being identified recurrently to bridge the £0.5m gap.

ICB Position – Refer Appendix 1 (Gii)

The ICB's financial allocation for the year as at month 4 is **£4,738,176k**. As at Month 04, the ICB is reporting a year to date overspend against plan of **£5,177k** which is driven by an **adverse movement in prescribing expenditure (£7,367k) and continuing healthcare (CHC) pressures (£1,941k) which are being partially offset by underspends in other budgets.**

At present, there are only two months prescribing data available for 23/24 as it is produced 2 months in arrears, although the current increase is an acceleration of the trend seen in the latter half of 22/23. Expenditure continues to be impacted by national price and supply pressures. All ICBs are being similarly impacted, and we have ensured that NHSE has been made aware of this pressure. There is a second element to the current overspend which Medicines Optimisation colleagues have established relates to Long Term Condition prescribing and further work is ongoing to review and mitigate this.

The overspend on CHC relates partially to the impact of 23/24 prices, which are increasing significantly above the level of NHS funding growth. A panel to review uplift requests has been put in place to ensure equity across the boroughs and providers.

The ICB is reporting break-even against plan for the forecast outturn as it is planned that the position will be recovered in year.

The above financial pressures mean that 5 out of 6 boroughs are reporting overspend positions at month 04. Focus meetings are taking place to review borough recovery actions, with the outcomes of these meetings supporting the forecast break-even position.

In reporting this Month 04 position, the ICB has delivered the following financial duties:

- Underspending (£1,068k) against its management costs allocation.
- Delivering all targets under the Better Practice Payments code.
- Subject to the usual annual review, delivered its commitments under the **Mental Health Investment Standard**; and
- Delivered the **month-end cash position**, well within the target cash balance.

	<p>As at month 04, and noting the risks outlined in this report (primarily relating to prescribing and CHC), the ICB is forecasting a break-even position for the 2023/24 financial year.</p> <p>ICS Position – Refer Appendix 2 (Giii)</p> <p>Revenue Expenditure (I&E)</p> <p>South East London ICS reported a system deficit of £58.1m, £43.9m adverse to a planned £14.2m deficit. This compares to a £32.5m adverse variance at month 3. The system is reporting a break-even forecast out-turn position.</p> <p>Operational risks relating to the non-elective acute and mental health pathway continue to lead to significant unplanned costs for the system and, along with the impact of industrial action, has a knock-on impact on CIP development, de-risking, and delivery.</p>	
Potential Conflicts of Interest	None arising as a direct result of this paper.	
Other Engagement	Equality Impact	None, all Bexley residents have the same levels of access to healthcare.
	Financial Impact	There is no known risk to these numbers as they have now been published.
	Public Engagement	Finance is reported to public borough-based board meetings and also the position is reported by SE London ICB at the public Governing Body Meetings
	Other Committee Discussion/Engagement	The month 04 financial position is discussed at SE London level at the Planning and Delivery Group, locally, it has been discussed at Bexley SMT and the LCP Executive.
Recommendation:	<p>The Bexley Wellbeing Partnership Committee is asked to:</p> <p>(i) DISCUSS & NOTE the Month 04 (July 2023) financial position for NHS South East London ICS, NHS South East London ICB and Bexley Place.</p>	

SEL ICB Finance Report

Month 04 2023/24

Agenda Item: 9
Enclosure: G(ii)

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9. Corporate Costs
10. Debtors Position
11. Cash Position
12. Creditors Position
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Appendices

1. Bexley Place Position
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3. Greenwich Place Position
4. Lambeth Place Position
5. Lewisham Place Position
6. Southwark Place Position

- This report sets out the month 04 financial position of the ICB. This financial year the ICB returns to the standard reporting of a 12-month financial period which makes budgeting and reporting more straightforward.
- The ICB's financial allocation for the year as at month 04 is **£4,738,176k**. In month, the ICB received additional allocations of **£75,987k**, which included 84% of the Elective Recovery Fund (**£69,726k**), Primary Care Access Recovery Plan (**£2,133k**), additional running cost allowance for ICB staff pay awards (**£906k**) plus some other additional allocations set out on the next slide.
- As at month 04, the ICB is reporting a **year to date overspend** against plan of **£5,177k** which is driven by an **adverse movement in prescribing expenditure (£7,367k) and continuing healthcare (CHC) pressures (£1,941k), which are being partially offset by underspends in other budgets**. The ICB is reporting **break-even** against plan for the forecast outturn as it is planned that the position will be recovered in year. Both prescribing and CHC have been flagged as significant financial pressures risks in the ICB's latest financial report to NHS England.
- At present there are only two months **prescribing data** available for 23/24 as it is produced 2 months in arrears, although the current increase is an acceleration of the trend seen in the latter half of 22/23. Prescribing expenditure continues to be impacted by national price and supply pressures. All ICBs are being similarly impacted, and we have ensured that NHSE has been made aware of this pressure. There is a second element to the current overspend which Medicines Optimisation colleagues have established relates to Long Term Condition prescribing and further work is ongoing to review and mitigate this.
- The overspend on CHC relates partially to the impact of 23/24 prices, which are increasing significantly above the level of NHS funding growth. A panel to review uplift requests has been put in place to ensure equity across the boroughs and providers. However, some boroughs have also seen activity levels increasing compared to the start of the year. Greenwich and Lambeth boroughs have the most challenging financial positions for continuing care, and both are working to identify efficiencies that can be delivered to reduce run-rate.
- The above financial pressures mean that **5 out of 6 boroughs** are reporting **overspend** positions at month 04. **Focus meetings** have been arranged for September to review borough recovery actions, with the outcomes of these meetings supporting the forecast break-even position.
- In reporting this month 04 position, the ICB has delivered the following financial duties:
 - Underspending (**£1,068k**) against its management costs allocation;
 - Delivering all targets under the **Better Practice Payments code**;
 - Subject to the usual annual review, delivered its commitments under the **Mental Health Investment Standard**; and
 - Delivered the **month-end cash position**, well within the target cash balance.
- As at month 04, and noting the risks outlined in this report (primarily relating to prescribing and CHC), the ICB is forecasting a **break-even** position for the 2023/24 financial year.

2. Revenue Resource Limit

Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL ICB
£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s

135,661	233,559	165,890	203,003	158,836	157,251	3,075,121	4,129,321
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1,308	3,618	2,309	574	527	1,134	(9,470)	-
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						65,867	65,867
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136,969	237,177	168,199	203,577	159,363	158,385	3,131,518	4,195,188
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1,316	1,924	1,608	2,644	1,885	1,813	(11,190)	-
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						467,001	467,001
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138,285	239,101	169,807	206,221	161,248	160,198	3,587,329	4,662,189
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ICB Start Budget

M2 Internal Adjustments

M2 Allocations

M2 Budget

M3 Internal Adjustments

M3 Allocations

M3 Budget

M4 Internal Adjustments

Diabetes Outcomes scheme

Discharge funding

Prescribing reserve

Other

84	97	97	115	103	102	(598)	-
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91	52	46	58	195	55	(497)	-
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28	38	27	31	32	26	(181)	-
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	13		108		64	(185)	-
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M4 Allocations

Elective Recovery Fund

PCT Primary Care Access Recovery Plan

ED BBV testing

Running costs allowance

DWP NHS Talking Therapies

Cardiac Rehab & Heart Failure targeted funding

Asylum Health

Other

						69,726	69,726
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						2,133	2,133
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						925	925
--	--	--	--	--	--	-----	-----

						906	906
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						821	821
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						803	803
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	4	5	32	21	50	320	432
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		37				204	241
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138,488	239,305	170,020	206,564	161,599	160,495	3,661,706	4,738,176
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M4 Budget

- The table sets out the Revenue Resource Limit at month 04.
- The start allocation of **£4,129,321k** is consistent with the final 2023/24 Operating Plan.
- During month 04, internal adjustments were actioned to ensure allocations were aligned to the correct agreed budgets – this had no overall impact on the overall allocation. The main adjustments related to discharge funding, the prescribing risk reserve and the diabetes outcome scheme, all of which were added to delegated borough budgets.
- In month, the ICB has received an additional **£75,987k** of allocations, giving the ICB a total allocation of **£4,738,176k** at month 04. The additional allocations included 84% of the Elective Recovery Fund (**£69,726k**), Primary Care Access Recovery Plan (**£2,133k**), additional running cost allowance for pay awards (**£906k**) plus long-term conditions funding and talking therapies & asylum health allocations. Each of the allocations is listed in the table to the left. These will be reviewed and moved to the correct budget areas as required.
- Further allocations both recurrent and non-recurrent will be received as per normal throughout the year on a monthly basis.

3. Key Financial Indicators

- The table below sets out the ICB’s performance against its main financial duties on both a year to date and forecast basis. As highlighted above, the ICB reporting an overspent position (£5.2m) as at Month 4 due to the prescribing pressure which is continuing into this financial year and the impact of CHC pressures.
- All other financial duties have been delivered for the year to Month 4 period.
- At this point in the financial year, a breakeven position is forecasted for the 2023/24 financial year.

Key Indicator Performance

	Year to Date		Forecast		
	Target	Actual	Target	Actual	
	£'000s	£'000s	£'000s	£'000s	
Expenditure not to exceed income	1,458,226	1,463,403	4,738,176	4,738,176	
Operating Under Resource Revenue Limit	1,436,859	1,442,036	4,674,076	4,674,076	
Not to exceed Running Cost Allowance	12,066	10,998	36,199	33,392	
Month End Cash Position (expected to be below target)	4,500	817			
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%	97.6%			
Mental Health Investment Standard (Annual)			440,426	441,834	

4. Budget Overview – Position as at Month 4

	M04 YTD								
	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCGs (Non Covid)	Total SEL CCGs
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Year to Date Budget									
Acute Services	1,585	2,238	2,312	396	420	184	765,235	772,370	772,370
Community Health Services	6,241	27,349	11,750	8,604	8,798	10,827	80,483	154,053	154,053
Mental Health Services	3,360	4,708	3,022	7,116	2,323	2,487	161,909	184,925	184,925
Continuing Care Services	8,290	8,265	9,055	10,551	6,931	6,496	-	49,588	49,588
Prescribing	11,278	15,448	11,078	12,888	12,931	10,677	352	74,651	74,651
Other Primary Care Services	952	1,008	857	1,041	504	197	7,033	11,592	11,592
Other Programme Services	19	29	71	88	946	54	3,799	5,008	5,008
PROGRAMME WIDE PROJECTS	-	-	-	-	9	100	2,930	3,039	3,039
Delegated Primary Care Services	13,398	19,348	17,074	26,316	19,720	21,074	(720)	116,210	116,210
Delegated Primary Care Services DPO	-	-	-	-	-	-	67,041	67,041	67,041
Corporate Budgets	1,113	1,475	1,634	1,937	1,369	1,470	10,752	19,751	19,751
Total Year to Date Budget	46,236	79,868	56,853	68,938	53,951	53,567	1,098,815	1,458,227	1,458,226
Year to Date Actual									
Acute Services	1,533	2,237	2,222	184	368	117	765,003	771,665	771,665
Community Health Services	6,109	27,355	11,779	8,587	8,669	10,702	80,692	153,893	153,893
Mental Health Services	3,378	4,899	2,992	7,109	2,159	3,113	161,548	185,198	185,198
Continuing Care Services	8,373	8,348	9,798	11,282	7,180	6,548	-	51,529	51,529
Prescribing	12,481	16,773	12,411	14,058	14,106	11,850	339	82,018	82,018
Other Primary Care Services	952	1,008	857	996	504	180	7,160	11,657	11,657
Other Programme Services	19	21	71	88	38	54	2,630	2,922	2,922
PROGRAMME WIDE PROJECTS	-	-	-	-	9	100	2,504	2,612	2,612
Delegated Primary Care Services	13,398	19,348	17,074	26,316	19,720	21,074	(720)	116,210	116,210
Delegated Primary Care Services DPO	-	-	-	-	-	-	67,191	67,191	67,191
Corporate Budgets	1,002	1,359	1,616	1,670	1,171	1,286	10,406	18,508	18,508
Total Year to Date Actual	47,244	81,350	58,819	70,290	53,924	55,025	1,096,752	1,463,403	1,463,403
Year to Date Variance									
Acute Services	52	1	90	212	52	67	231	705	705
Community Health Services	132	(6)	(29)	18	129	125	(209)	160	160
Mental Health Services	(18)	(191)	30	7	164	(626)	362	(273)	(273)
Continuing Care Services	(83)	(83)	(742)	(731)	(249)	(52)	-	(1,941)	(1,941)
Prescribing	(1,203)	(1,326)	(1,333)	(1,170)	(1,176)	(1,174)	14	(7,367)	(7,367)
Other Primary Care Services	0	(0)	(0)	45	(0)	17	(127)	(65)	(65)
Other Programme Services	0	8	(0)	0	908	(0)	1,169	2,086	2,086
PROGRAMME WIDE PROJECTS	-	-	-	-	-	-	426	426	426
Delegated Primary Care Services	-	-	-	-	-	-	-	-	-
Delegated Primary Care Services DPO	-	-	-	-	-	-	(150)	(150)	(150)
Corporate Budgets	112	116	19	267	199	184	346	1,242	1,242
Total Year to Date Variance	(1,008)	(1,482)	(1,967)	(1,352)	27	(1,459)	2,063	(5,177)	(5,177)

- At month 04, the ICB is reporting a YTD overspend of **£5,177k**. As highlighted the main drivers relate to prescribing and continuing care overspends. The ICB is reporting a break-even outturn position.
- The prescribing budget is **£7,367k overspent year to date**. This is based on two month's PPA data which shows the expenditure trend from last year is accelerating. This position includes four months of the borough 1% risk reserve for prescribing. In addition, at a SE London level, four months of the £3.5m central reserve for prescribing have been factored into the position.
- The Mental Health cost per case (CPC) budgets across the ICB are highlighting a pressure of £273k YTD. The boroughs seeing the largest overspends are Bromley and Southwark and both are taking actions to mitigate this expenditure.
- The overall **continuing care** financial position is **£1,941k overspent** and the underlying pressures are variable across the boroughs. The full impact of 23/24 bed prices are not yet reflected as negotiations are still ongoing with some suppliers. Greenwich and Lambeth boroughs are continuing to see the largest pressures, but all boroughs are now seeing the impact of increased client numbers and above inflation uplifts. Four months of the 1% CHC reserve has been included to partially mitigate the overspend. Benchmarking of activity and price differentials for each borough is set out later in this report.
- The overspend on delegated primary care DPO relates to the ophthalmology claims and further investigation into this is taking place.
- The underspend of **£1,241k** against corporate budgets, reflects vacancies in ICB staff establishments.
- More detail regarding the individual borough (Place) financial positions is provided later in this report. The above financial pressures mean that **5 out of 6 boroughs** are reporting **overspend** positions at month 04. **Focus meetings** have been arranged for September to review borough recovery actions.

5. Prescribing

- The prescribing budget currently represents the largest financial risk facing the ICB. The month 4 prescribing position is based upon M02 23/24 data as the information is provided two months in arrears. Early indications from this data are that the trend from last financial year is continuing into this year. The ICB is reporting a prescribing position of **£7,367k overspend** year to date (YTD). This is after 4 months of the borough 1% risk reserve and the central (£3.5m) risk reserve have been reflected into the position. In addition, the non PPA budgets are overspent by £13k giving an overall overspend of £7,380k YTD.
- If this trend continued for the full year, this would generate an unmitigated overspend of circa **£26,300k**.

Borough	Total PMD (Excluding		Central Drugs	PY (Benefit)/Cost Flu Income Pressure	Difference between PMD & IPP Report	Total PPA YTD Spend	YTD PPA Budget (Includes 1 Qtr of 1% Risk Reserve		Annual Budget (Includes Flu Income & 1 Qtr of 1% Risk Reserve budget)		FOT Actual (S/L)	FOT Variance - (over)/under
	Cat M & NCSO)	Cat M & NCSO					YTD Variance - (over)/under	FOT Actual (S/L)				
BEXLEY	11,783,564	402,598	402,143	(99,873)	(34,988)	11,887	12,465,332	11,262,714	(1,202,619)	33,567,861	37,788,263	(4,220,402)
BROMLEY	15,848,404	545,121	540,986	(136,514)	(23,718)	15,925	16,790,204	15,464,627	(1,325,577)	46,092,478	50,652,042	(4,559,564)
GREENWICH	11,646,211	426,631	398,404	(43,659)	(79,790)	11,776	12,359,574	11,026,212	(1,333,362)	32,862,522	37,558,390	(4,695,867)
LAMBETH	13,362,736	421,277	454,872	(50,781)	(116,496)	13,398	14,085,005	12,915,450	(1,169,555)	38,495,936	42,686,379	(4,190,444)
LEWISHAM	13,135,707	436,950	447,898	(43,052)	(42,378)	13,365	13,948,490	12,772,616	(1,175,874)	38,062,722	42,599,945	(4,537,223)
SOUTHWARK	11,110,024	376,438	379,053	(45,160)	(122,341)	11,132	11,709,146	10,535,465	(1,173,681)	31,399,108	35,458,080	(4,058,972)
SOUTH EAST LONDON												
Grand Total	76,886,646	2,609,016	2,623,357	(419,039)	(419,711)	77,483	81,357,751	73,977,083	(7,380,668)	220,480,628	246,743,099	(26,262,471)

- The table above shows that of the YTD overspend, approximately **£2,610k** related to Cat M and NCSO (no cheaper stock) pressures. An additional **£4,700k** relates to a local growth in prescribing, some of which will be a consequence of the pandemic. The table on the next page shows the drug chapters where the growth can be identified to, and how these relate to long term conditions.
- Of the overall annual unmitigated pressure of circa £26,300k, around **£8,000k** relates to **national Cat M and NCSO factors**.
- The position is differential per borough and is determined by local demographics including care homes and local prescribing patterns.
- A joint finance and medicines optimisation meeting took place on 27 June to discuss these matters in greater detail, where mitigating actions (including the identification of additional savings areas) were agreed.

5. Prescribing – Drivers of Overspend (1)

- The table below shows the BNF chapters which are seeing the highest levels of growth and these all map to long term conditions such as Diabetes, CVD, respiratory and the central nervous system.
- The table on the next page shows the top 20 drugs showing growth year to date; April-May 2023/24 v 2022/23 – some of the % growth rates are very large and will help to explain the cost pressures we are seeing within the prescribing budget.

Code	BNF Chapter	Total items last year	Total cost last year	Total items this year	Total cost this year	% growth items	England % growth items	Actual growth cost	NCSO cost pressure (Apr-Jul)	% growth cost	England % growth cost
06	Endocrine System	484,131	£6,588,237	505,076	£7,438,818	4.3%	3.2%	£850,581	£10,847	12.9%	12.9%
04	Central Nervous System	716,227	£5,058,615	720,896	£5,768,077	0.7%	-0.5%	£709,462	£287,381	14.0%	12.6%
02	Cardiovascular System	1,185,462	£5,167,955	1,211,536	£5,691,218	2.2%	1.6%	£523,263	£531,349	10.1%	9.5%
03	Respiratory System	258,396	£3,760,372	258,230	£4,260,215	-0.1%	-0.8%	£499,843	£44,190	13.3%	7.6%
01	Gastro-Intestinal System	351,768	£2,292,703	356,985	£2,780,001	1.5%	0.8%	£487,298	£389,182	21.3%	23.2%
05	Infections	138,530	£684,389	143,152	£955,573	3.3%	2.7%	£271,183	£270,504	39.6%	38.6%
21	Appliances	132,965	£2,097,592	135,941	£2,330,265	2.2%	4.0%	£232,673		11.1%	13.8%
14	Immunological Products and Vaccines	11,138	£122,853	19,268	£230,291	73.0%	33.6%	£107,438		87.5%	45.2%
13	Skin	107,334	£1,002,279	104,010	£1,095,261	-3.1%	-1.9%	£92,982	£73,218	9.3%	6.6%
09	Nutrition and Blood	267,848	£2,832,318	266,236	£2,908,796	-0.6%	1.8%	£76,478	£13,866	2.7%	10.0%

****Long term conditions such as CVD, CNS, diabetes and respiratory are responsible for 50% increase in prescribing cost growth***

5. Prescribing – Drivers of Overspend (2)

BNF Chemical Substance	Total items last year	Total cost last year	Total items this year	Total cost this year	% growth items	England % growth items	Actual growth cost	% growth cost	England % growth cost
Dapagliflozin	10,250	£419,247	19,839	£767,242	93.6%	75.6%	£347,995	83.0%	74.0%
Omeprazole	135,683	£357,446	136,507	£631,124	0.6%	-1.4%	£273,679	76.6%	79.6%
Promethazine hydrochloride	14,471	£64,875	15,470	£280,813	6.9%	8.9%	£215,939	332.9%	324.3%
Edoxaban	11,751	£519,457	15,264	£695,684	29.9%	80.4%	£176,228	33.9%	84.4%
Detection Sensor Interstitial Fluid/Gluc	6,205	£548,864	7,620	£697,365	22.8%	38.4%	£148,501	27.1%	37.4%
Semaglutide	2,886	£361,462	4,185	£495,741	45.0%	33.6%	£134,279	37.1%	34.4%
Sacubitril/valsartan	2,371	£194,303	4,021	£318,148	69.6%	38.2%	£123,845	63.7%	39.6%
Famotidine	7,982	£164,937	11,118	£287,253	39.3%	51.0%	£122,316	74.2%	90.8%
Aripiprazole	7,452	£34,726	8,005	£151,607	7.4%	2.1%	£116,881	336.6%	349.3%
Adrenaline	2,917	£215,721	3,051	£329,161	4.6%	-2.2%	£113,440	52.6%	42.9%
Influenza	7,826	£74,739	15,116	£170,914	93.2%	24.0%	£96,175	128.7%	48.8%
Phenoxymethylpenicillin (Penicillin V)	11,694	£33,912	12,264	£128,198	4.9%	9.5%	£94,286	278.0%	276.8%
Beclometasone dipropionate	45,834	£1,080,037	47,573	£1,171,748	3.8%	-0.4%	£91,710	8.5%	2.2%
Atorvastatin	200,580	£256,535	217,740	£345,755	8.6%	8.9%	£89,221	34.8%	35.3%
Empagliflozin	7,692	£354,284	10,040	£440,359	30.5%	24.8%	£86,075	24.3%	25.1%
Alendronic acid	19,675	£23,734	18,615	£100,862	-5.4%	-7.4%	£77,128	325.0%	304.7%
Lisdexamfetamine dimesylate	2,537	£166,059	3,675	£239,516	44.9%	38.5%	£73,456	44.2%	41.1%
Gabapentin	24,395	£117,819	24,425	£179,725	0.1%	-2.0%	£61,906	52.5%	40.6%
Estradiol	11,784	£117,307	15,165	£177,812	28.7%	31.8%	£60,505	51.6%	55.0%
Amoxicillin	29,050	£40,882	31,690	£100,234	9.1%	6.7%	£59,352	145.2%	132.2%

**Highlighted drugs are under price concession*

5. Prescribing Mitigating Actions – Savings Schemes

- Boroughs have been given an overall 4.5% savings target to deliver. To date, savings of **£8,766k** (circa 4% of the prescribing budget) have been identified. Delivery against the 2023/24 savings plan is included within slide 8 of this report.
- The table below shows the components of the Prescribing savings plan for 2023/24:

QIPP area	SEL spend Jan-Dec 22	Identified opportunity
High Impact Core QIPP		
Self-care/OTC	£13,947,492	£744,146
Vitamin B co tablets	£45,068	£4,980
Cyanocobalamin	£573,182	£84,802
Low priority prescribing	£2,105,951	£390,760
Unlicensed specials	£1,140,741	£172,730
Adult ONS*	£4,544,697	£493,622
Paediatric CMA*	£1,463,538	£99,471
SMBG	£3,207,963	£276,083
NHSE recommendation (ketones, lancets)	£643,673	£30,777
Semaglutide	£673,611	£65,510
Total		£2,362,881
Generic medicines		
Generic sitagliptin	£4,626,641	£1,558,288
Generic apixaban	£5,605,468	£706,644
Total		£2,264,932
Non-core QIPP		
1) Branded Generics		
Metformin MR 500mg and 1g		£17,514
Oxycodone MR (Longtec/Generic)		£151,197
Buprenorphine Patches (Butec/Generic)		£39,592
Quetiapine MR/Seroquel		£17,514
2) Local opportunities		
GREY drugs		£34,398
RAG list		£46,475
Triple therapy COPD		£120,000
Total		£433,723
Cost avoidance		
OptimiserX**		£2,040,797
SMR***		£129,176
Total contribution to underlying position		£1,133,940
Budget review		£400,743
Total		£3,704,656
		£8,766,193

- The medicines optimisation team are continuing to look for further opportunities to mitigate the prescribing financial pressures.
- In August 2023, the NHS England Medicines Optimisation Executive Group (MOEG) issued 16 national medicines optimisation opportunities for ICBs to deliver upon in 2023/24. These are being reviewed through our medicines governance for prioritisation and implementation, noting that active work on all of them is already underway in SEL.

6. NHS Continuing Healthcare – Overview

- The Continuing Care (CHC) budgets have been built from the 2022/23 budgets with adjustment made to fund the price inflation (1.8%), activity growth (3.26%) and to reflect ICB convergence savings (-0.7%).
- The overall CHC financial position at Month 04 is an **overspend of £1,941K**. All boroughs are reporting overspends in CHC this month, even with the inclusion of 4 months of the borough 1% CHC risk reserve. As previously stated, there is material overspends in Greenwich and Lambeth boroughs with a smaller overspend in Lewisham. The overspend in Greenwich is driven by fully funded LD clients, whilst in Lambeth it is due to fully funded PD under 65 clients, and rehab and palliative clients in Lewisham. The Borough teams are actively looking and identifying potential savings where appropriate and other ways of containing costs. A CHC Summit was also held in month which has resulted in a series of Task & Finish Groups looking at savings opportunities for 2023/24 and 2024/25. Slide 13 details some of the actions agreed to mitigate the spend and look for further opportunities without compromising patient care or quality. A further Summit meeting has been arranged for early September to review progress.
- Consistent with last month, boroughs have continued to experience an increase in activity; this is however being offset by a decrease in average package prices. Even though the average package cost has reduced in Greenwich, Lambeth and Lewisham, the increase in the number of clients is driving their adverse positions. Increases in client numbers is also impacting Bexley. For Bromley and Greenwich, price increases are also a factor in the current overspend. The price negotiations with providers are ongoing and CHC teams are seeing higher than expected price inflation requests, and so there is a risk that costs will increase as we move through the year. There is a panel in place to review price increase requests above 1.8%, to both ensure equity across SE London and to mitigate large increases in cost. **Currently all six boroughs are forecasting overspend CHC positions at the year end.**
- Results of the analysis of CHC expenditure across the boroughs on a price and activity basis is set out on the following slide.

6. NHS Continuing Healthcare – Benchmarking

Number Clients (Excluding FNC) and monthly average cost per clients by Borough												
	Bexley		Bromley		Greenwich		Lambeth		Lewisham		Southwark	
	No Of Clients	Average Price £	No Of Clients	Average Price £	No Of Clients	Average Price £	No Of Clients	Average Price £	No Of Clients	Average Price £	No Of Clients	Average Price £
Budget	295	6,018	339	4,818	255	7,857	333	7,060	220	7,100	237	6,263
Month 2	313	5,650	221	6,561	248	9,079	319	7,659	230	6,778	212	6,982
Month 3	342	5,203	251	5,923	268	8,731	351	7,127	240	6,604	233	6,137
Month 4	387	4,693	298	6,945	277	8,593	375	6,714	265	6,059	251	5,814
Month 5												
Month 6												
Month 7												
Month 8												
Month 9												
Month 10												
Month 11												
Month 12												

Please Note: Average cost excludes FNC and one off costs

	Active Number of clients cost > £1,500/WK @ the end of this period					
	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark
	No Of Clients	No Of Clients	No Of Clients	No Of Clients	No Of Clients	No Of Clients
March 2023 (M12)	72	62	92	147	75	71
Month 2	71	62	87	126	68	70
Month 3	75	71	87	123	73	69
Month 4	77	70	94	119	72	71
Month 5						
Month 6						
Month 7						
Month 8						
Month 9						
Month 10						
Month 11						
Month 12						

- The tables set out the monthly numbers of CHC clients and the average price of care packages excluding FNC and one-off costs to improve comparability . The first table also includes both the activity baseline and average care package price upon which the 2023/24 budgets were set. This table shows that for most boroughs, there has been a significant increase in client numbers compared to March 2023, the exception to this being Bromley. This would indicate activity as a significant driver for part of the overspend. Bromley has started to updated it cost to reflect new price agreements, hence the average price has gone up this month, all other boroughs are yet to update the cost and showing a reduction in average prices this month. Greenwich and Lambeth show high average costs which correlates with the high volume of high cost packages shown in table 2.
- The second table shows the number of care packages above £1,500 per week per borough for 4 months ending 31st July 2023; this also includes high-cost numbers for March 2023 as a baseline. The majority of boroughs are seeing an increase in the high cost cohort of clients compared to the baseline and this will contribute to the overspend position based on activity as the driver unless compensating reductions in client numbers elsewhere are in place but from the first table, we can see this is not the case. For Lambeth there has been a significant decrease in the high cost cohort of patients.
- All boroughs have produced savings plan and are implementing and monitoring them actively. In Southwark and Lambeth, there are issues due to staffing within GSTT as they outsource part of the CHC service, this may adversely impact delivery of the savings schemes

6. NHS Continuing Healthcare – Actions to Mitigate Spend

Further to the CHC Summit which was held in July, finance, quality and CHC Teams agreed to take forward the following areas to look for opportunities to mitigate spend without compromising patient care or quality. Some tasks would be impacted in the short term, but long-term impacts are also being explored.

Short Term

- Completion of a checklist by 1st September to ensure that robust financial processes are in place within CHC, this includes controls such as increased use of AQP beds, specific approval of packages over AQP price/high-cost packages, audit of PHBs, being up to date with reviews, reconciliation of invoices to patient database and the cleansing of databases etc. The results of this checklist will be shared at the next CHC Summit.
- CHC review work requested by PELs to include areas such as comparison of underlying financial positions, care package costs, client numbers, high cost clients, enhanced care costs by borough with benchmarking where available, comparison of savings schemes across boroughs, review of team productivity by borough, complaints information by borough and theme, impact of new financial ledger, use of CHC databases and robustness of them, scope for standard operating process and learning lessons from work completed in boroughs to improve performance.

Longer Term

- 5 Task and Finish Groups to meet before the next CHC Summit so that they can feed back on the potential opportunities around the following areas – (1) assistive technology, (2) high-cost LD clients, (3) transition between childrens and adults CHC, (4) LD expertise in boroughs and support and (5) choice and equity policy and financial ceilings.
- Market management work – this is being explored by a Pan London Group which SE London attends.

7. Provider Position

Overview:

- This is the most material area of ICB spend and relates to contractual expenditure with NHS and Non-NHS acute, community and mental health providers, much of which is within block contract arrangements.
- In year, the ICB is forecasting to spend circa **£3,317,829k** of its total allocation on NHS contracts, with payments to our local providers as follows:
 - Guys and St Thomas **£885,262k**
 - Kings College Hospital **£871,367k**
 - Lewisham and Greenwich **£626,983k**
 - South London and the Maudsley **£302,273k**
 - Oxleas **£228,825k**
- In month, the ICB position is showing a breakeven position on these services and a breakeven position has also been reflected as the forecast year-end position.

8. ICB Efficiency Schemes

South East London ICB Place - Efficiency Savings								
	Full Year 2023/24				Month 4			Month 3
	Annual	Identified	Unidentified	Unidentified	Plan YTD	Actual YTD	Variance	Variance
	Requirement	Month 4	Month 4	Month 3				
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Bexley	3,899	3,858	(41)	(937)	2,579	2,307	(272)	(115)
Bromley	7,429	5,938	(1,491)	(1,741)	1,572	1,516	(56)	(11)
Greenwich	4,857	4,857	0	(536)	1,518	1,635	117	(53)
Lambeth	4,690	5,770	1,080	1,080	1,598	1,735	137	(99)
Lewisham	4,208	4,208	0	(403)	932	932	0	0
Southwark	3,967	4,095	128	(480)	760	777	17	0
Total	29,050	28,726	(324)	(3,017)	8,959	8,902	(57)	(278)

Commentary

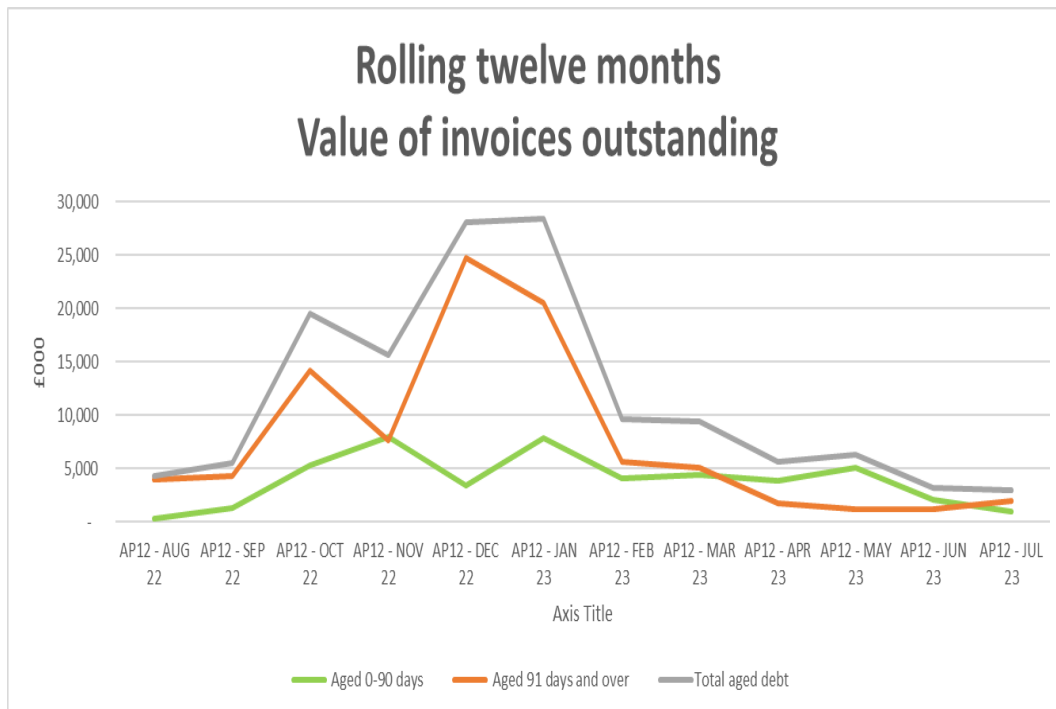
- The above table sets out the position of the ICB efficiency schemes for both month 4 YTD and the full year 23/24.
- The 23/24 total efficiency target for the Places within the ICB is £29.5m. This is based upon an efficiency requirement of 4.5% of start 23/24 applicable recurrent budgets. As at Month 4, saving schemes with a full year value of £28.7m had been identified, leaving a current gap still to be identified of £0.3m. In-month, efficiency schemes with a value of £2.7m were identified. Each Place is currently working to identify the efficiency requirement in full and an update will be provided in the month 5 report.
- At month 4, delivery (£8.9m) is on plan. However, Places are identifying and implementing actions to improve savings run-rate. At this relatively early stage in the financial year, we are forecasting that the savings plan of £29.5m will be delivered albeit at a significant level of risk.
- The reporting against the ICB efficiency plan will continue to be refined over the coming months.

9. Corporate Costs – Programme and Running Costs

- The table below shows the current position on corporate pay and non-pay costs. Year to date there is a combined underspend of **£1,241k**, which consists of an **£174k** underspend on programme costs and an underspend of **£1,068k** on administrative costs which is a direct charge against the ICB's **running cost allowance (RCA)**. The RCA is **£36,199k** for the year, an increase of **£906k** in month due to an additional allocation for the staff pay award. The current run-rate on administrative costs is beneficial in respect of the required reductions (30%) that need to be delivered over the next two financial years.

SOUTH EAST LONDON ICB TOTAL							
Cost Centre Description	YTD Budget	YTD Actual	YTD Variance		Annual Budget	Forecast Outturn	Forecast Variance
	£000s	£000s	£000s		£000s	£000s	£000s
PROGRAMME							
ACUTE SERVICES B	0	22	(22)		0	0	0
NON MHIS MENTAL HEALTH SERVICES B	149	510	(362)		446	1,556	(1,110)
CONTINUING HEALTHCARE ASSESSMENT & SUPPORT	1,212	946	266		3,637	2,796	841
MEDICINES MANAGEMENT - CLINICAL	1,537	1,315	222		4,611	3,917	694
PRIMARY CARE PROGRAMME ADMINISTRATIVE COSTS	1,518	1,555	(36)		4,555	4,690	(134)
PRIMARY CARE TRANSFORMATION	0	29	(29)		0	0	0
SAFEGUARDING	1,027	963	64		3,082	3,022	60
NURSING AND QUALITY PROGRAMME	782	672	110		2,346	2,036	311
CLINICAL LEADS	1,656	1,253	403		4,968	3,745	1,223
PROGRAMME WIDE PROJECTS	(489)	86	(575)		(1,466)	259	(1,726)
PROGRAMME ADMINISTRATIVE COSTS	292	158	133		875	397	478
PROGRAMME TOTAL	7,684	7,511	174		23,053	22,417	636
ADMIN							
ADMINISTRATION & BUSINESS SUPPORT	285	346	(61)		854	456	398
ASSURANCE	175	169	6		525	507	17
BUSINESS DEVELOPMENT	157	157	0		471	471	0
BUSINESS INFORMATICS	1,237	1,021	216		3,712	3,428	284
CEO/ BOARD OFFICE	0	25	(25)		0	0	0
CHAIR AND NON EXECs	75	79	(4)		226	252	(26)
PRIMARY CARE SUPPORT	327	378	(51)		982	1,056	(74)
COMMISSIONING	2,240	2,033	207		6,719	6,566	153
COMMUNICATIONS & PR	621	568	53		1,863	1,700	162
CONTRACT MANAGEMENT	338	263	75		1,015	731	284
CORPORATE COSTS & SERVICES	609	523	86		1,828	1,520	308
CORPORATE GOVERNANCE	1,731	1,490	241		5,193	4,427	766
EMERGENCY PLANNING	182	159	23		546	478	67
ESTATES AND FACILITIES	934	937	(3)		2,802	2,811	(9)
FINANCE	(131)	(345)	215		(392)	(1,618)	1,227
IM&T	422	162	259		1,265	520	745
IM&T PROJECTS	340	340	0		1,019	1,019	0
OPERATIONS MANAGEMENT	172	165	7		517	496	22
PERFORMANCE	275	230	45		825	622	203
STRATEGY & DEVELOPMENT	2,191	1,809	382		6,572	5,645	927
ADMIN PROJECTS	(769)	(170)	(600)		(2,308)	337	(2,646)
SERVICE PLANNING & REFORM	42	42	(0)		127	127	(1)
EXECUTIVE MANAGEMENT TEAM	613	617	(4)		1,840	1,840	(0)
ADMIN TOTAL	12,066	10,998	1,068		36,199	33,392	2,807
CORPORATE TOTAL	19,751	18,509	1,241		59,252	55,809	3,443

10. Debtors Position



Customer Group	Aged 0-30 days £000	Aged 1-30 days £000	Aged 31-60 days £000	Aged 61-90 days £000	Aged 91-120 days £000	Aged 121+ days £000	Total £000
NHS	341	450	91	20	1	76	979
Non-NHS	935	198	471	23	190	117	1,934
Unallocated	0	0	0	0	0	0	0
Total	1,276	648	562	43	191	193	2,913

Overview:

- The ICB has an overall debt position of **£2.9m** at Month 4. This is **£0.2m lower** compared to last month. Of the current debt, there is approximately £384k of debt over 3 months old which is a slight deterioration. **The largest debtor values this month are with partner organisations and the ICB does not envisage any risk associated with settlement of these items.**
- The ICB has implemented a BAU approach to debt management, focusing on ensuring recovery of its larger debts, and in minimising debts over 3 months old. This will be especially important as we move to a new ISFE2 ledger in April 2024. Regular meetings with SBS are assisting in the collection of debt, with a focus on debt over 90 days which will need to reduce before the ledger transition.
- The top 10 aged debtors are provided in the table below:

Number	Supplier Name	Total Value £000	Total Volume	Aged 0-90 days Value £000	Aged 91 days and over Value £000	Aged 0-90 days Volume	Aged 91 days and over Volume
1	ROYAL BOROUGH OF GREENWICH	630	9	564	66	5	4
2	SOUTHWARK LONDON BOROUGH COUNCIL	468	5	468	-	5	-
3	NHS ENGLAND	351	6	351	-	6	-
4	OXLEAS NHS	186	1	186	-	1	-
5	CHIESI LTD	185	3	185	-	3	-
6	THE MAYOR'S OFFICE FOR POLICING AND IMPROVING HEALTH	160	1	-	160	-	1
7		79	1	79	-	1	-
8	NHS SOUTH WEST LONDON ICB	74	10	56	18	4	5
9	NHS NORTH CENTRAL LONDON ICB	67	9	60	7	4	5
10	NHS NORTH EAST LONDON ICB	67	3	67	-	3	-

11. Cash Position

- The Maximum Cash Drawdown (MCD) as at month 4 was **£4,658,142k**. The MCD available as at month 04, after accounting for payments made on behalf of the ICB by the NHS Business Authority (largely relating to prescribing expenditure) was **£3,235,536k**.
- As at month 04 the ICB had drawn down 30.5% of the available cash compared to the budget cash figure of 33.3%. In July, there was again no requirement to make a supplementary draw down and the ICB expects to utilise its cash limit in full by the year end. The ICB is where possible not using the supplementary drawdown facility due to improved cash flow forecasting. The facility was used in month 01 due to high volumes of year end creditors to be paid.
- The cash key performance indicator (KPI) has been achieved in all months so far this year, showing continued successful management of the cash position by the ICB’s Finance team to achieve the target cash balance. The actual cash balance at the end of Month 04 was **£817k**, well within the target set by NHSE (**£4,500k**).
- ICBs are expected to pay 95% of all creditors within 30 days of the receipt of invoices. To date the ICB has met the BPPC targets each month, and it is expected that these targets will be met in full both each month and cumulatively at the end of the financial year.

ICB	2023/24 AP4 - JUL 23	2023/24 AP3 - JUN 23	2023/24 Month on month movement	Cash Drawdown	Monthly Main Draw down £000s	Supplementary Draw down £000s	Cumulative Draw down £000s	Proportion of ICB ACDR %	KPI - 1.25% or less of main drawdown £000s	Month end bank balance £000s	Percentage of cash balance to main draw
Annual Cash Drawdown Requirement for 2023/24	£000s	£000s	£000s								
ICB ACDR	4,658,142	4,582,155	75,987	Apr-22	310,000	15,000	325,000	9.30%	3,875	3,250	1.05%
Capital allocation	0	0	0	May-22	310,000	0	635,000	18.20%	3,875	3,423	1.10%
Less:				Jun-22	317,000	0	952,000	22.50%	3,963	2,955	0.93%
Cash drawn down	(1,312,000)	(952,000)	(360,000)	Jul-22	360,000	0	1,312,000	30.50%	4,500	817	0.23%
Prescription Pricing Authority	(85,494)	(62,022)	(23,472)	Aug-22	385,000	0	1,697,000		4,813		
HOT	(851)	(648)	(203)	Sep-22							
POD	(22,840)	(15,580)	(7,261)	Oct-22							
22/23 Pay Award charges	(1,733)		(1,733)	Nov-22							
PCSE POD charges adjustments	312	0	312	Dec-22							
				Jan-23							
				Feb-23							
				Mar-23							
Remaining Cash limit	3,235,536	3,551,906	(316,370)		1,682,000	15,000					

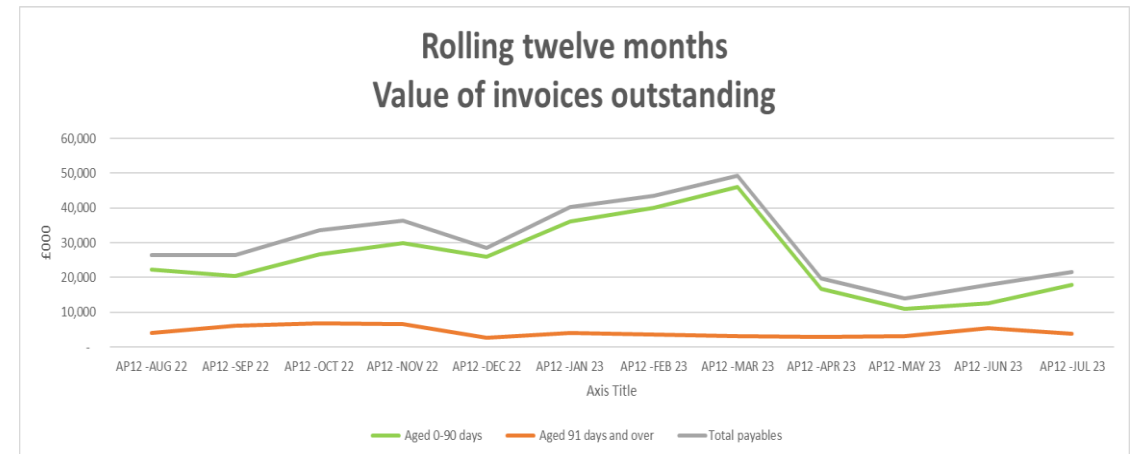
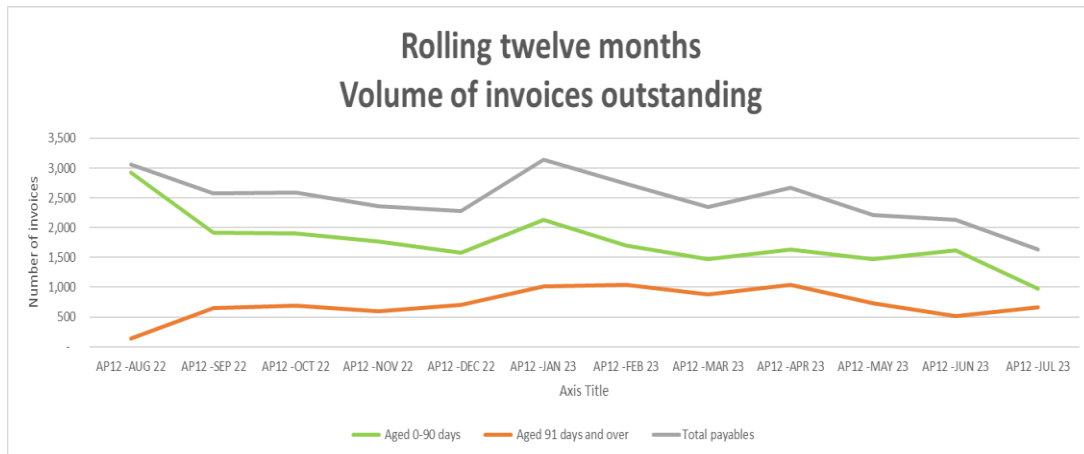
12. Aged Creditors

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

The **volume of outstanding invoices continues to decrease** again this month which is positive, however, the volume of items over 90 days appears to be increasing slightly. The value of the invoices outstanding increased slightly; however, the value of items over 90 days did reduce. The borough Finance leads, and the central Finance team are supporting budget holders to resolve queries with suppliers if required.

Work is ongoing to clear all the items over 91 days and to maintain a reduced level of outstanding invoices following the good work undertaken in the last financial year. The number of pre ICB invoices has reduced to around 10 and it is expected these will be completely cleared shortly. The outstanding invoices relating to quarters 2 and 3 of 2022/23 have also been the focus of attention and these numbers have also reduced. Further attention will be given to these items during the next month as well as outstanding invoices for quarter 4 of 2022/23.

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



Summary

- SEL ICB is required to deliver the Mental Health Investment Standard (MHIS) by increasing spend over 22/23 outturn by a **minimum of the growth uplift of 8.62%**. This has increased by 1.6% since last reported to reflect the recent pay uplift allocation. This spend is subject to annual independent review.
- MHIS excludes:
 - spending on Learning Disabilities and Autism (LDA) and Dementia (Non MHIS eligible).
 - out of scope areas include ADHD and the physical health elements of continuing healthcare/S117 placements
 - spend on SDF and other non recurrent allocations
- Slide 2 summarises the SEL ICB reported YTD and FOT position for the delivery of the Mental Health Investment Standard (MHIS) for M04. The ICB is forecasting that it will deliver the target value of **£440,426k** with a forecast of **£441,834k** (£1,408k over delivery). This over-delivery is largely because of increased spend on prescribing as a result of price increases over 2022/23 and the 23/24 plan, noting the volatility of spend as described below. There are variances against cost per case activity categories 'Community B - 9b' and 'Mental Health Placements in Hospitals – 20' where the patient profile has changed since that used as the basis of the 2023/24 plan.
- Slide 3 sets out the position by ICB budgetary area.
- ICBs have an opportunity to review mental health spend and amend previous and current year spend where we have improved data. The deadline for submission of the 2023 Mental Health Data Review is 13 September.

Risks to delivery

- The current YTD and forecast spend assumes that baseline MHIS and SDF allocations are spent in full. If this ceases to be the case, there is a risk that the target will not be delivered
- We are continuing to see challenges in spend in some boroughs on mental health, for example on S117 placements
- For ADHD, although it is outside the MHIS definition and is therefore excluded from this reported position, there is significant and increasing independent sector spend against the 22/23 outturn position of £1.6m. An SEL task and finish group is considering how best to manage demand, support the delivery of sustainable local services and ensure equity of access. We are also working with the London Region and other ICBs on this.
- Prescribing spend is volatile within and across years. Spend in 20/21 of £11.4m reduced to £9.7m in 21/22 mainly because of a reduction in spend on sertraline of £2m and then increased to an outturn of £10.9m (12.4%) in 22/23 as a result of Cat M and NCSO drug supply issues. For 23/24 the forecast spend based on the latest BSA data (to May 2023) is £12.9m, an increase of 18.3% over 22/23.

13. SUMMARY MHIS POSITION – Month 04 July (2023-24)

Mental Health Spend By Category		Total Mental Health (per recategorisation Plan 31/03/2024 Year Ending £'000)	Mental Health - NHS Actual 31/07/2023 YTD £'000	Mental Health - Non-NHS Actual 31/07/2023 YTD £'000	Total Mental Health Actual 31/07/2023 YTD £'000	Mental Health - NHS Forecast 31/03/2024 Year Ending £'000	Mental Health - Non-NHS Forecast 31/03/2024 Year Ending £'000	Total Mental Health Forecast 31/03/2024 Year Ending £'000	Total Mental Health Variance 31/03/2024 Year Ending £'000
	Category Reference Number								
Children & Young People's Mental Health (excluding LD)	1	44,523	13,301	1,530	14,831	39,902	4,554	44,456	67
Children & Young People's Eating Disorders	2	3,108	1,036	0	1,036	3,108	0	3,108	(0)
Perinatal Mental Health (Community)	3	9,766	3,255	0	3,255	9,766	0	9,766	(0)
Improved access to psychological therapies (adult and older adult)	4	34,964	9,387	2,120	11,507	28,160	6,361	34,521	443
A and E and Ward Liaison mental health services (adult and older adult)	5	17,885	5,962	0	5,962	17,885	0	17,885	0
Early intervention in psychosis 'EIP' team (14 - 65yrs)	6	12,505	4,168	0	4,168	12,505	0	12,505	(0)
Adult community-based mental health crisis care (adult and older adult)	7	33,166	10,942	111	11,053	32,827	334	33,161	5
Ambulance response services	8	1,588	529	0	529	1,588	0	1,588	(0)
Community A – community services that are not bed-based / not placements	9a	118,034	34,878	4,487	39,365	104,635	13,319	117,954	80
Community B – supported housing services that fit in the community model, that are not delivered in hospitals	9b	22,816	3,860	3,291	7,151	11,580	9,771	21,351	1,465
Mental Health Placements in Hospitals	20	6,313	1,812	705	2,517	5,436	2,313	7,749	(1,436)
Mental Health Act	10	6,213	0	2,166	2,166	0	6,441	6,441	(228)
SMI Physical health checks	11	768	182	17	199	545	50	595	173
Suicide Prevention	12	0	0	0	0	0	0	0	0
Local NHS commissioned acute mental health and rehabilitation inpatient services (adult and older adult)	13	111,445	37,148	0	37,148	111,445	0	111,445	(0)
Adult and older adult acute mental health out of area placements	14	7,242	2,183	195	2,378	6,549	529	7,078	164
Sub-total MHIS (exc. CHC, prescribing, LD & dementia)		430,336	128,643	14,622	143,265	385,931	43,672	429,603	733
Mental health prescribing	16	9,606	0	3,969	3,969	0	11,907	11,907	(2,301)
Mental health in continuing care (CHC)	17	484	0	102	102	0	324	324	160
Sub-total - MHIS (inc CHC, Prescribing)		440,426	128,643	18,693	147,336	385,931	55,903	441,834	(1,408)
Learning Disabilities	18a	0	0	0	0	0	0	0	0
Autism	18b	684	0	228	228	0	684	684	(0)
Learning Disability & Autism - not separately identified	18c	30,142	4,140	5,700	9,840	12,421	16,825	29,246	896
Dementia	19	14,540	4,186	645	4,831	12,558	1,933	14,491	49
Sub-total - LD&A & Dementia (not included in MHIS)		45,366	8,326	6,573	14,899	24,979	19,442	44,421	945
Total - Mental Health Services		485,792	136,969	25,266	162,235	410,910	75,345	486,255	(463)

13. SUMMARY MHIS POSITION M04 (July) 2023-24 – position by budgetary area

Mental Health Investment Standard (MHIS) position by budget area M04 2023/24		Year to Date position for the four months ended 31 July 2023						Forecast Outturn position for the financial year ended 31 March 2024					
		Year To Date	SEL Wide Spend	Borough Spend	All Other	Total	Variance (over)/under	Annual Plan	SEL Wide Spend	Borough Spend	All Other	Total	Variance (over)/under
Category number	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Mental Health Investment Standard Categories:													
Children & Young People's Mental Health (excluding LD)	1	14,841	13,301	1,530	0	14,831	10	44,523	39,902	4,554	0	44,456	67
Children & Young People's Eating Disorders	2	1,036	1,036	0	0	1,036	0	3,108	3,108	0	0	3,108	0
Perinatal Mental Health (Community)	3	3,255	3,255	0	0	3,255	0	9,766	9,766	0	0	9,766	0
Improved access to psychological therapies (adult and older adult)	4	11,655	9,387	2,120	0	11,507	148	34,964	28,160	6,361	0	34,521	443
A and E and Ward Liaison mental health services (adult and older adult)	5	5,962	5,962	0	0	5,962	0	17,885	17,885	0	0	17,885	0
Early intervention in psychosis 'EIP' team (14 - 65yrs)	6	4,168	4,168	0	0	4,168	0	12,505	12,505	0	0	12,505	0
Adult community-based mental health crisis care (adult and older adult)	7	11,055	10,942	111	0	11,053	2	33,166	32,827	334	0	33,161	5
Ambulance response services	8	529	529	0	0	529	0	1,588	1,588	0	0	1,588	0
Community A – community services that are not bed-based / not placements	9a	39,436	34,878	4,487	0	39,365	71	118,034	104,635	13,319	0	117,954	81
Community B – supported housing services that fit in the community model, that are not delivered in hospitals	9b	7,605	3,860	3,221	70	7,151	455	22,816	11,580	9,562	209	21,350	1,466
Mental Health Placements in Hospitals	20	2,104	1,812	705	0	2,517	(413)	6,313	5,436	2,313	0	7,749	(1,436)
Mental Health Act	10	2,071	0	2,166	0	2,166	(95)	6,213	0	6,441	0	6,441	(228)
SMI Physical health checks	11	256	182	17	0	199	57	768	545	50	0	595	173
Suicide Prevention	12	0	0	0	0	0	0	0	0	0	0	0	0
Local NHS commissioned acute mental health and rehabilitation inpatient services (adult and older adult)	13	37,148	37,148	0	0	37,148	0	111,445	111,445	0	0	111,445	0
Adult and older adult acute mental health out of area placements	14	2,414	2,183	195	0	2,378	36	7,242	6,549	529	0	7,078	165
Sub-total MHIS (exc. CHC, prescribing, LD & dementia)		143,537	128,644	14,552	70	143,265	271	430,336	385,930	43,463	209	429,602	734
Other Mental Health Services:		0	0	0	0	0	0						
Mental health prescribing	16	3,202	0	0	3,969	3,969	(767)	9,606	0	0	11,907	11,907	(2,301)
Mental health continuing health care (CHC)	17	161	0	0	102	102	60	484	0	0	324	324	161
Sub-total - MHIS (inc. CHC and prescribing)		146,900	128,644	14,552	4,140	147,336	(436)	440,426	385,930	43,463	12,440	441,833	(1,407)
Learning Disability	18a	0	0	0	0	0	0	0	0	0	0	0	0
Autism	18b	228	0	0	228	228	0	684	0	0	684	684	0
Learning Disability & Autism - not separately identified	18c	10,047	4,140	4,570	1,130	9,840	207	30,142	12,421	13,435	3,390	29,246	897
Learning Disability & Autism (LD&A) (not included in MHIS) - total		10,275	4,140	4,570	1,358	10,068	207	30,826	12,421	13,435	4,074	29,930	897
Dementia	19	4,847	4,186	443	202	4,831	16	14,540	12,558	1,328	605	14,491	49
Sub-total - LD&A & Dementia (not included in MHIS)		15,122	8,326	5,013	1,559	14,899	223	45,366	24,979	14,763	4,678	44,421	946
Total Mental Health Spend - excludes ADHD		162,022	136,970	19,565	5,700	162,235	(213)	485,792	410,909	58,226	17,118	486,253	(461)

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

SEL ICB Finance Report

Updates from Boroughs

Month 4

Appendix 1 - Bexley

Overall Position

	Year to date Budget £'000s	Year to date Actual £'000s	Year to date Variance £'000s	Annual Budget £'000s	Forecast Outturn £'000s	Forecast Variance £'000s
Acute Services	1,585	1,533	52	4,755	4,598	157
Community Health Services	6,241	6,109	132	18,723	18,328	395
Mental Health Services	3,360	3,378	(18)	10,079	9,955	124
Continuing Care Services	8,290	8,373	(83)	24,869	25,118	(249)
Prescribing	11,278	12,481	(1,203)	33,614	37,835	(4,220)
Other Primary Care Services	952	952	0	2,856	2,856	-
Other Programme Services	19	19	0	57	56	1
Delegated Primary Care Services	13,398	13,398	-	40,194	40,194	()
Corporate Budgets	1,113	1,002	112	3,340	3,005	335
Total	46,236	47,244	(1,008)	138,488	141,945	(3,457)

- At month 4, Bexley borough is reporting a £1m overspend year to date against budget. This is mainly driven by Prescribing, CHC and Mental Health (MH) but slightly offset by underspends within the Community Health Services, Corporate budgets, and Acute Services.
- The forecast outturn reports an overspend of £3.5m which includes FOT overspend for the Prescribing budget – £4.2m and CHC - £249k. Both are expected to be offset by FOT underspend for Community Health Services - £395k, Corporate Budgets - £335k, Acute Services - £157k and MH - £124k.
- The year to date overspend in Prescribing is mainly driven by increased long term conditions and medication being out of stock, thereby, requiring switches to different high-cost medications, some are within CAT M and NCSO (No Cheaper Stock available) which are subject to national pricing policies. More significantly, other switches are not captured as such but equally expensive. The same overspend position is seen across SEL Places. However, to mitigate the cost pressures within Bexley borough, efficiency opportunities has been explored with effects expected to be seen at back end of the financial year. More opportunities will continue to be explored within the Prescribing services locally to bring the position back to line.
- CHC reports an increased overspend from £9k YTD in prior month to £83k and is now forecast to overspend more to £249k. This is driven by continuous increase in high-cost placements. Constant review is being done to explore opportunities to discontinue high-cost placements where there is patient improvement.
- Mental Health Services is overspent by £18k YTD but forecast to underspend by £124k at year end. In month position is driven by inflation on learning disabilities cost but expected to be managed through activities for the remaining part of the year.
- The Community Health Services underspent by £132k YTD and is forecast to underspend by £395k at year end. This is due to efficiencies within various community contract at renewal. More contracts due for renewal are being reviewed to achieve more savings.
- Acute Services reports an underspent of £52k YTD and is forecast to underspend by £157k at year end. This is driven by the reduction in requirement for patient transport, expected to continue through the financial year and efficiencies achieved within the UTC contract renewal.
- The Corporate Budgets underspent by £112k year to date and is forecast to underspend by £335k at year end. This is due to existing vacancies without backfill which is expected to continue till year end.
- Efficiency savings – The 23/24 savings target has been revised to 4.5% across SEL. This comes to £3.899m for Bexley borough. At M4, £3.4m has been identified and delivering with £3.1m being recurrent. Work is still ongoing to identify recurrent schemes and to bridge the £500k gap.

Overall Position

	Year to date Budget £'000s	Year to date Actual £'000s	Year to date Variance £'000s	ICB Budget £'000s	Forecast Outturn £'000s	Forecast Variance £'000s
Acute Services	2,238	2,237	1	6,715	6,712	3
Community Health Services	27,349	27,355	(6)	82,046	82,065	(19)
Mental Health Services	4,708	4,899	(191)	14,125	14,613	(488)
Continuing Care Services	8,265	8,348	(83)	24,795	25,045	(250)
Prescribing	15,448	16,773	(1,326)	46,042	50,601	(4,560)
Other Primary Care Services	1,008	1,008	(0)	3,023	3,023	0
Other Programme Services	29	21	8	87	64	24
Delegated Primary Care Services	19,348	19,348	0	58,048	58,048	0
Corporate Budgets	1,475	1,359	116	4,424	4,076	347
Total	79,868	81,350	(1,482)	239,305	244,247	(4,943)

- The borough is reporting an overspend of £1,482k at Month 4 and is forecasting a £4,943k overspend at year end.
- The Prescribing budget is £1,326k overspent and represents a continuation of the activity and price (category M/NCSO) pressures that were impacting upon the 22/23 position. The Cat M/NCSO spend at Month 4 is £545k. The budget is being tightly monitored and additional savings schemes continue to be developed to mitigate the position. The 1% borough prescribing reserve has been included within the position.
- The Mental Health budget is £191k overspent. The number of section 117 cost per case (CPC) placements increased during 22/23 and this pressure is impacting upon the 23/24 position. A budget review took place during the month and approx. £490k of additional funding has been transferred from within the directorate to manage the position and there is an improvement compared to last month. However, CPC placements have increased again in the early part of 23/24 causing an additional in year pressure.
- The Continuing Healthcare budget is £83k overspent. The CHC database has recently been updated to include 23/24 price increases and this has resulted in an adverse movement due to the impact being greater than the accrual had been factored into previous reports. In addition to this, activity has increased by 7% between May and July. This increase is unusually high and is being reviewed by the CHC team.
- The Corporate budgets are £116k underspent due to vacancies.
- The 2023/24 borough savings requirement is £7,429k. A savings target 4.5% has been applied to all budgets except for the Mental Health and Delegated Primary Care budgets, which have not been allocated a savings target. At Month 4 annual savings of £5,938k have been identified and work is ongoing to close the gap. The variance against plan at Month 4 is a shortfall of £56k due to a small under-delivery of prescribing savings, though these are expected to increase going forward as schemes are implemented.
- The forecast overspend is £4,943k and the borough continues to systematically identify savings and mitigations to improve the overall place position.

Appendix 3 – Greenwich

Overall Position

	Year to date Budget £'000s	Year to date Actual £'000s	Year to date Variance £'000s	Annual Budget £'000s	Forecast Outturn £'000s	Forecast Variance £'000s
Acute Services	2,312	2,222	90	6,936	6,835	101
Community Health Services	11,750	11,779	(29)	35,251	35,246	5
Mental Health Services	3,022	2,992	30	9,065	8,984	81
Continuing Care Services	9,055	9,798	(742)	27,165	29,393	(2,227)
Prescribing	11,078	12,411	(1,333)	33,017	37,713	(4,696)
Other Primary Care Services	857	857	(0)	2,246	2,246	0
Other Programme Services	71	71	(0)	213	213	(0)
Delegated Primary Care Services	17,074	17,074	0	51,223	51,223	0
Corporate Budgets	1,634	1,616	19	4,903	4,847	56
Total	56,853	58,819	(1,967)	170,019	176,700	(6,680)

- The overall Greenwich borough position is £1,967k adverse year-to-date, principally attributable to pressures reported within Prescribing and Continuing Care Services (CHC). The forecast position is reported as £6,680k, with an initial assumption of the continuation of the Prescribing & CHC spend trajectories, inclusive of efficiencies delivered therein, offset with mitigations elsewhere within the position.
- The primary care prescribing pressures within Greenwich are consistent with the wider trend reported across SEL. The pressures include Cat M & NCSO (No Cheaper Stock available) drugs; these are subject to national (Government) pricing decisions, alongside pricing pressures within the prescribing database. Work will continue in month to mitigate the overspend and will include an increased focus on the delivery of the local prescribing saving schemes to ensure maximum traction of the schemes which encompass an array of initiatives.
- CHC is £742k overspent to date and is attributable to the fully funded cohort of patients within Adults CHC. The overspend is characterised by a greater number of clients commissioned at a higher rate to that as planned. There is ongoing work with the CHC team to assure on the robustness of the database information that informs the report. Further, the inclusion of efficiencies for work to date in tracking reduced spend on domiciliary clients, ensuring Local Authority placement costs are recovered and the recovery of unutilised funds for PHB clients.
- The £29k overspend within Community is for increased activity within neuro-rehabilitation treatment.
- The £90k underspend in Acute Services is primarily due to income for non-SEL 'out-of-area' patient attendances within the Urgent Treatment Centre located at the QEH site. This is a non-recurrent benefit with new contractual arrangements from Q2. This underspend is complemented by reduced in-month activity reported at the Hurley UCC (Bexley).
- The favourable Corporate Budget position is a combination of underspend due to vacancies within the staffing establishment offset by pay inflationary pressures (inclusive of vacancy factor) for 2023/24.

Overall Position

	Year to date Budget £'000s	Year to date Actual £'000s	Year to date Variance £'000s	Annual Budget £'000s	Forecast Outturn £'000s	Forecast Variance £'000s
Acute Services	396	184	212	1,188	552	636
Community Health Services	8,604	8,587	18	25,813	25,760	53
Mental Health Services	7,116	7,109	7	21,348	21,348	0
Continuing Care Services	10,551	11,282	(731)	31,652	33,846	(2,193)
Prescribing	12,888	14,058	(1,170)	38,414	42,604	(4,190)
Other Primary Care Services	1,041	996	45	3,123	2,988	135
Other Programme Services	88	88	0	264	264	0
Delegated Primary Care Services	26,316	26,316	0	78,951	78,951	0
Corporate Budgets	1,937	1,670	267	5,811	5,292	518
Total	68,938	70,290	(1,352)	206,564	211,605	(5,041)

- The borough is reporting an overall £1.4m overspend position year to date and forecast £5m adverse variance at Month 4 (July 2023). The reported year to date position includes £0.7m overspend on Continuing Healthcare and £1.2m overspend on Prescribing, offset by underspends in other budget lines.
- The key risks within the reported position relate to the Prescribing and Continuing Healthcare budgets.
- The CHC team is continuing delivery of actions in its savings plan for 23/24. Reviews of cases and care packages have been set out on a programme of work and are methodically working through them. The number of active clients reduced by 22 in M04.
- Prescribing month 4 is based upon M02 2023/244 actual data and represents an adverse in-month position. The PPA information is provided two months in arrears. The year to date overspend of £1.2m is driven by increase in demand, price pressures due to Cat M and NCSO. All ICBs are experiencing similar impact. The borough Medicines Optimisation team saving initiatives via local improvement schemes include undertaking visits to outlier practices, working with community pharmacy to reduce waste and over-ordering, etc. This is being linked with the wider SEL work being undertaken.
- The 2023/24 borough minimum savings requirement is £4.7m and has a savings plan of £5.8m. In addition to the embedded efficiency (£2.3m) as part of the budget setting process, the borough has saving plans for both Continuing Healthcare (£1.8m) and Prescribing (£1.6m) budgets. Year to date delivery at M04 is £0.1m above plan due to additional vacancy factor. All existing and future expenditure/ investment is being scrutinised to ensure key priorities are delivered within confirmed budgets.

Overall Position

	Year to date Budget £'000s	Year to date Actual £'000s	Year to date Variance £'000s	Annual Budget £'000s	Forecast Outturn £'000s	Forecast Variance £'000s
Acute Services	420	368	52	1,260	1,105	155
Community Health Services	8,798	8,669	129	26,393	25,256	1,137
Mental Health Services	2,323	2,159	164	6,969	6,490	479
Continuing Care Services	6,931	7,180	(249)	20,794	21,266	(472)
Prescribing	12,931	14,106	(1,176)	38,537	43,074	(4,537)
Other Primary Care Services	504	504	(0)	1,513	1,513	0
Other Programme Services	955	47	908	2,865	140	2,725
Delegated Primary Care Services	19,720	19,720	0	59,161	59,161	0
Corporate Budgets	1,369	1,171	199	4,108	3,512	596
Total	53,951	53,924	27	161,599	161,517	81

- At month 4, the borough is overall reporting an underspend of £27k and forecasting an underspend for the full year of £81k.
- The overspend is mainly driven by prescribing costs. Based on May's data (as data is available 2 months in arrears), the position shows a prescribing overspend of £1,176k reflecting activity and price pressures. This is after applying four months of a 1% risk reserve for CAT M/NCISO drugs (£127k). The local medicines management team has identified the drivers of these pressures and is identifying further mitigations beyond the existing efficiency target to try mitigate these pressures.
- The forecast outturn for prescribing is based on May's data and does not reflect that identified efficiencies are profiled from July onwards. The team are focussed on the delivery and de-risking of these efficiencies and as delivery increases, this should positively impact the forecast outturn.
- There is also an overspend on continuing care services of £249k mainly driven by price pressures. The YTD position reflects efficiencies delivered of £182k, and further efficiencies of £413k have been identified and profiled from month 5 which when delivered should positively impact the forecast outturn. There remains however risk to this position reflecting AQP rate increases of c.17% which are required to be managed within a budget uplift of c. 3.5%
- All other budget lines are at breakeven or showing underspends. The main underspend is on other programme services £908k which reflects where budget has been removed from other budget lines relating to identified and delivered efficiencies to month 4.
- The borough has an efficiency target of 4.5% which on applicable budgets equates to c.£4.2m. At month 4 this is now fully identified, and the borough is focussed on delivery and de-risking these identified efficiencies as a key priority. Delivery at month 4 is on plan, however it should be noted prescribing efficiencies of £1.5m are profiled from July to March in line with the optimisation plan for medicines.

Appendix 6 – Southwark



South East London

Overall Position

Budget Areas	Year to Date Budget £	Year to Date Actuals £	Variance £	Annual Budget £	Forecast Outturn £	Variance £
Other Acute	184	117	67	552	352	200
Community Services	10,827	10,702	125	32,482	32,106	376
Mental Health	2,487	3,113	-626	7,460	9,139	-1,679
Continuing Healthcare	6,496	6,548	-52	19,489	19,643	-155
Prescribing	10,677	11,850	-1,174	31,823	35,881	-4,059
Other Primary Care	197	180	17	590	540	50
Delegated Primary Care	21,074	21,074	0	63,224	63,224	0
Other Programme	154	154	0	463	463	0
Corporate	1,470	1,286	184	4,411	3,858	553
Total	53,567	55,025	-1,459	160,494	165,208	-4,714

- The borough is reporting an overspend of £1.46m in month 4 which is a significant deterioration from previous month (£769k o/s). The adverse movement is mainly as a result of further overspends in prescribing costs and mental health cost per case. Underspends in Corporate, acute and other community services are absorbing some of the overspends. Forecast outturn is expected to be an overspend of £4.71m. (Month 3 £1.1m). The forecast overspend is driven by prescribing and mental health. Underspends in Corporate and Community Services is absorbing some of the overspend.
- Prescribing overspend of £1.1m is after the release of the 1% risk reserve. Drug shortages continue to impact on prices and overspend continues due to CatM/NCSO and prescribing in long term conditions. Practice visits and QIPP discussions have been completed. Meds Op team are developing local non-core QIPP reporting in time for phased delivery of saving. (September)
- The Mental Health & Learning Disabilities position represents a significant risk to the ICB Southwark borough. Increase in costs and unfunded cost pressures in mental health placements is the key reason for the overspend. Costs and activity with Psychiatry UK are increasing significantly and this is also contributing to the overspend. We have a savings plan on MH cost per case. To date one discharge has been achieved and another has been delayed due to issues raised at the Mental Health Act Tribunal on housing. Whilst every effort is being made to reduce expenditure in Mental Health placements, there are risks that needs and costs of patients change widening QIPP gap and patients are readmitted following discharge.
- Continuing Health care is also showing an overspend, price negotiations with providers are on-going and CHC teams are seeing higher than expected price inflation requests from providers and so it is likely that costs will increase as we move through the year. A CHC summit took place last month and CHC leads are working together to mitigate the cost pressures in CHC.
- The borough has had to restrict investment and a release all uncommitted budgets in community and primary care services, in order to mitigate the borough overspends and cost pressures. The borough has also had an impact on some of its mental health investment standard (MHIS) & SDF plans as a result of SLAM's financial recovery position. Discussions are going to be taking place to understand the full impact of this on the borough.
- The borough is in the process of identifying and implementing additional recovery actions to improve its financial position.
- Total savings for 2023/24 for Southwark Place amounts to £4m. Savings plans to deliver the 4.5% efficiency (£4m) have now been identified. A number of these schemes in prescribing, Mental Health and CHC are high risk. The YTD plan shows delivery in full as at July 23, however most of the schemes for prescribing and CHC are phased from September and are currently high risk. Since identifying the CHC schemes, a clinical commissioner has left the borough team, which will significantly impact the milestones and delivery.

South East London ICS Finance Report – Month 4

23 August 2023

Executive summary

Revenue

- At month 4 **SEL ICS reported a system deficit of £58.1m, £43.9m adverse to a planned £14.2m deficit.** This compares to a £32.5m adverse variance at month 3.
- The ICB and 4 out of 5 providers are reporting an adverse variance against plan.
- The system is **reporting a break-even forecast out-turn position:** In line with the final plan the ICB is forecasting a £64.1m surplus, offsetting a (£64.1m) deficit in the provider sector in line with our final plan.
- The current assessment of **un-mitigated risk against delivery of the plan is c. £96m** although the future impact of these known issues mean this risk assessment has significant uncertainty.
- The system has **identified £237.7m (82%) of its £290.3m annual efficiency plan.** At month 4 £121.6m (51%) of the identified efficiencies is rated as a low risk of not being delivered.
- At month 4 the system has **delivered £72.3m of efficiencies, £4.2m behind the YTD plan of £76.5m**
- Despite the forecast system agency spend being £3.2m lower than plan, the **system is forecasting to spend £118.2m on agency staff, exceeding the £108.8m system agency spending limit by £9.4m**

Capital

- At month 4 **YTD the system capital expenditure is £86.1m against a planned £106.6m.**
- The system is currently **forecasting to spend the total system allocation of £225.2m.**

M4 Income and expenditure

Month 4 I&E Summary

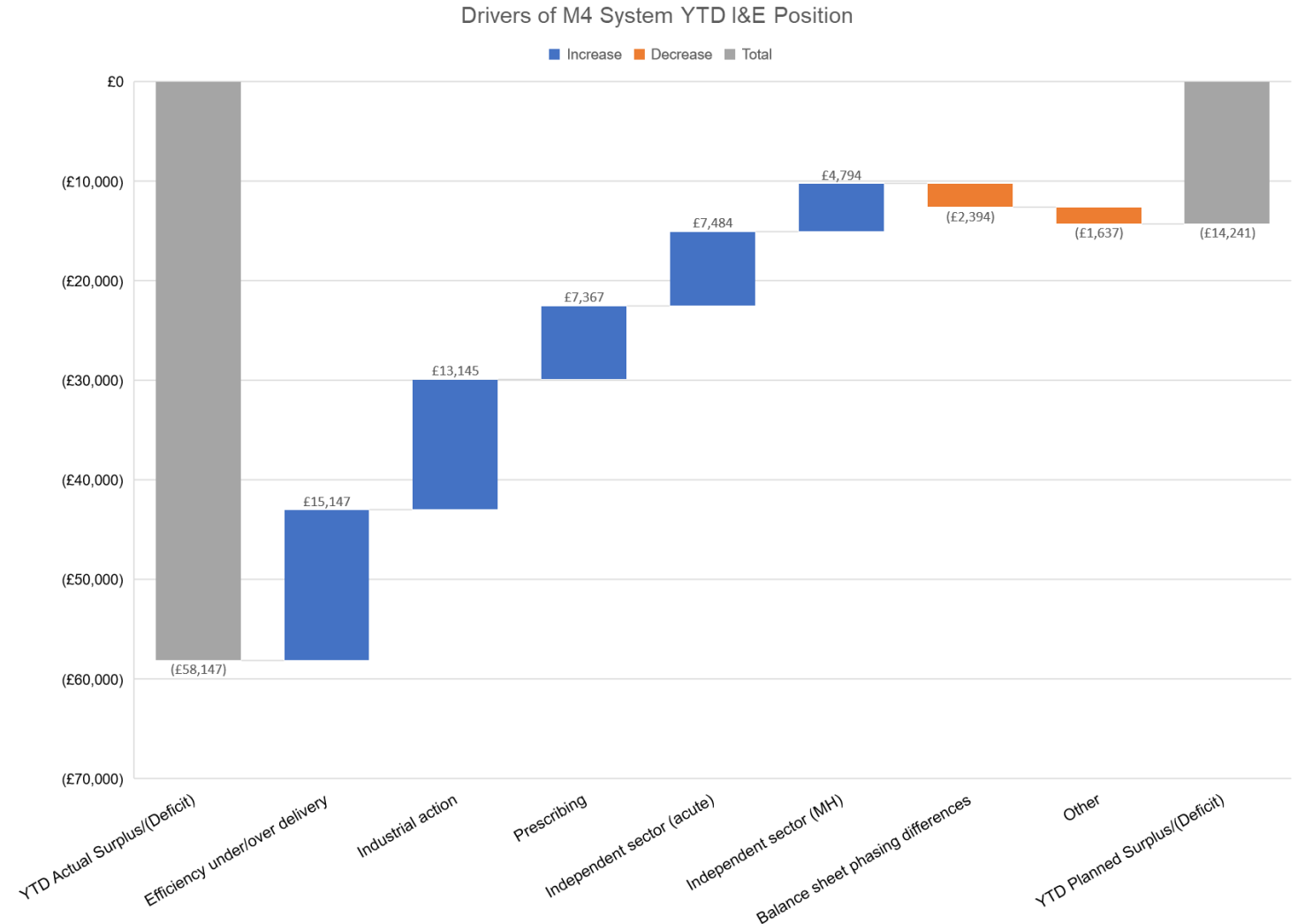
- At month 4 **SEL ICS** reported a system deficit of **£58.1m** against a planned **£14.2m** deficit.
- Whilst the deficit and variance to plan have both increased in absolute terms in month 4, we have seen an improvement in the rate of spend in month across most trusts, with the exception of KCH and the ICB. We have seen higher than expected non pay costs, a continuation of unplanned independent sector costs in support of elective recovery activity and prescribing and CHC pressures, with significant one-off costs as a consequence of industrial action.
- Operational risks relating to the non-elective acute and mental health pathway continue to lead to significant unplanned costs** for the system and, along with the **impact of industrial action**, has a knock-on impact on CIP development, de-risking and delivery.
- The current assessment of **risk, currently without a mitigation, against delivery of the plan is c. £96m** although the future impact of these known issues mean this risk assessment has significant uncertainty.

	YTD Actual £m	Variance £m
GSTT	(19.7)	(18.8)
KCH	(43.6)	(13.1)
LGT	(11.6)	(6.8)
Oxleas	2.6	2.5
SLaM	(2.0)	(2.5)
Providers	(74.3)	(38.7)
ICB	16.2	(5.2)
ICS total	(58.1)	(43.9)

	M04 Year-to-date			Commentary	2023/24 Out-turn		
	Plan	Actual	Variance		Plan	Forecast	Variance
	£m	£m	£m		£m	£m	£m
GSTT	(0.8)	(19.7)	(18.8)	In-month improvement driven by release of planned balance sheet flex into the position totalling £4.6m.	0.0	0.0	0.0
KCH	(30.5)	(43.6)	(13.1)	Key drivers to YTD variance are strikes and bank holidays (£5m), drug costs not offset by income (£3.4m), and back phased CIP plan (£3.3m).	(49.0)	(49.0)	(0.0)
LGT	(4.8)	(11.6)	(6.8)	Main drivers of variance to plan are medical pay overspend (£4.8m YTD) and the impact of industrial action (£3.6m)	(15.3)	(15.3)	0.0
Oxleas	0.1	2.6	2.5	Trust has relied on balance sheet flexibility (£3.9m) and profit on sale of asset of (£2.5m) to deliver an YTD surplus position.	0.2	0.2	0.0
SLaM	0.5	(2.0)	(2.5)	YTD variance main driver is high levels of clinical staff costs (£1.5m) due to recurrent CIP plans not being in place.	0.0	0.0	0.0
SEL Providers	(35.6)	(74.3)	(38.7)		(64.1)	(64.1)	0.0
SEL ICB	21.4	16.2	(5.2)	Key driver to adverse variance in ICB is impact of 22/23 prescribing (c. £6m)	64.1	64.1	(0.0)
SEL ICS total	(14.2)	(58.1)	(43.9)		0.0	0.0	0.0

Analysis of M4 YTD position

- The SEL ICS system set a breakeven operational financial plan for 2023/24 and aims to deliver plans at individual organisation and at system levels.
- At month 4 SEL ICS reported a system deficit of £58.2m against a planned £14.2m deficit.
- A major driver to the deficit is CIP plan phasing and delivery slippage (£15.1m) including £9.1m of stretch efficiency as a result of final changes to submit a break-even plan.
- External factors outside of the system control (e.g., industrial action) is reported as £13.1m. These costs are being validated to ensure they are consistent and complete.
- Other operational challenges being experienced in the system beyond Industrial Action include continuing challenges in Non-Elective Acute and Mental Health pathways that have led to additional costs incurred in **Independent Sector capacity (£12.3m)** with operational pressure requiring the use of >50 unplanned independent sector beds to date.
- We are also experiencing increased unplanned expenditure in acute settings in relation to patients with severe mental health conditions.
- Primary care prescribing pressures caused by drug supply chain issues and increase prescribing (c.£7.4m) have continued from 2022/23 with reduced supply of generic drugs leading to higher utilisation of higher cost branded products.
- CHC pressures are being experienced but contained currently. There is a risk that it will not be possible to contain this pressure through the rest of the financial year.



Provider run-rate analysis

Key data category	Last 5 months					Current month				Year-to-date				Analysis			
	2022/23 M11	2022/23 M12	2023/24 M1	2023/24 M2	2023/24 M3	M4 (in-month)				M4 (year-to-date)				Change from last month		Year-on-year change	
	Actual	Actual	Actual	Actual	Actual	Last year	Plan	Actual	Variance	Last year	Plan	Actual	Variance	£	%	£	%
Income	530.5	840.3	501.1	503.7	525.7	472.1	502.6	513.7	11.1	1,922.0	2,010.3	2,044.3	34.0	(12.0)	-2%	122.3	6%
Agency	(11.1)	(10.6)	(9.4)	(9.2)	(10.0)	(10.6)	(9.8)	(9.1)	0.8	(36.2)	(39.5)	(37.6)	1.8	0.9	-9%	(1.4)	4%
Other pay	(284.6)	(516.9)	(298.8)	(298.5)	(304.8)	(277.2)	(284.8)	(298.3)	(13.5)	(1,094.7)	(1,145.4)	(1,200.3)	(55.0)	6.5	-2%	(105.7)	10%
Pay	(295.7)	(527.4)	(308.2)	(307.7)	(314.7)	(287.8)	(294.6)	(307.3)	(12.7)	(1,130.9)	(1,184.8)	(1,238.0)	(53.1)	7.4	-2%	(107.1)	9%
Non-Pay	(210.0)	(250.6)	(212.1)	(214.1)	(206.7)	(185.0)	(204.9)	(214.8)	(9.9)	(802.0)	(823.1)	(847.7)	(24.6)	(8.2)	4%	(45.8)	6%
Non Operating Items	(8.7)	(16.7)	(8.8)	(8.7)	(8.8)	(10.8)	(9.5)	(6.6)	2.9	(39.3)	(37.9)	(32.9)	5.0	2.2	-25%	6.4	-16%
Surplus/(Deficit)	16.1	45.5	(28.1)	(26.8)	(4.4)	(11.6)	(6.4)	(15.0)	(8.6)	(50.1)	(35.6)	(74.3)	(38.7)	(10.6)	238%	(24.2)	48%

Important to note that the apparent reduction in income and pay costs in M4 from M3 is partly due to the inclusion of the one-off income and costs for the AfC back-pay in M3.

Income: At M4 providers have, following national guidance, assumed full receipt of income for elective activity irrespective of performance.

Adjusting for inflation, **pay costs remain in-line with 23/23 exit run-rate but greater than planned for YTD.** In addition to the key drivers of the variance outlined below there are various pressures, such as additional costs to address pathway pressures, that are being off-set with non-recurrent measures such as vacancy controls

- The net impact of industrial action on pay costs in M4 is calculated to be £4.2m, bringing the YTD impact up to £13.2m.
- The additional AfC settlement has meant £25.1m additional spend YTD, which is offset by income.
- There is slippage on the delivery of pay efficiency schemes meaning savings of £12.2m have not been made

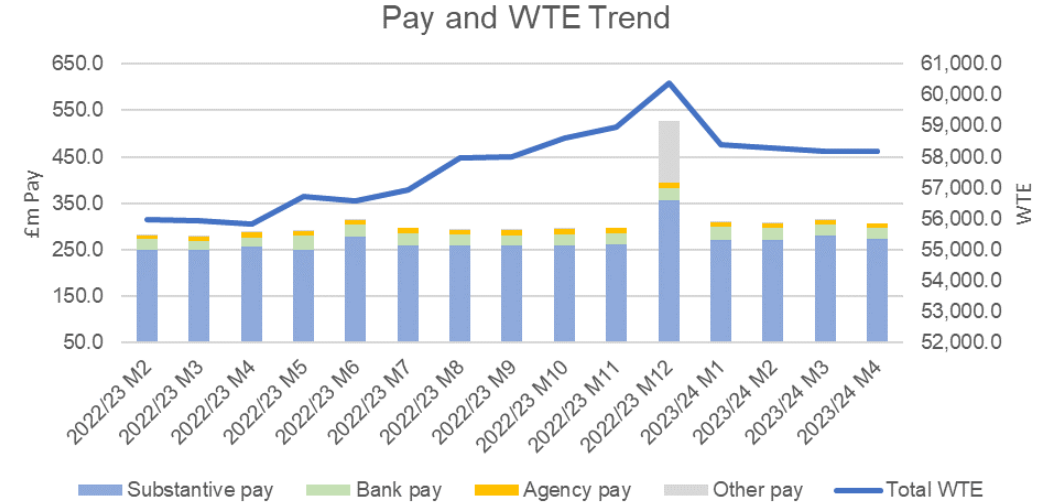
Non pay costs remain broadly in-line with previous months, except for M3 which were 4% higher in M4 largely due to some non-recurrent benefits to non-pay in M3 (CNST rebates and balance sheet flex). The key drivers to the £24.6m YTD variance are:

- £8.5m slippage on non pay efficiency schemes
- £7.5 on pass-through drugs, which is offset by additional income
- £2.4 excess inflation pressure
- £6.2m related to activity pressures, including the outsourcing to the independent sector

Pay run-rate analysis v Q4 22/23

Provider pay run-rate and WTE analysis

- We have identified a real reduction of 256 WTE across SEL providers since April (300 WTE across acute) and expect further reductions in pay in coming months as CIP delivery begins to accelerate.
- Adjusting for pay inflation, pay expenditure is consistent with 2022/23. The 2% reduction in total spend in M4 from M3 is partly due to the M3 spend including an element for back-pay of AfC pay rises.
- Despite agency expenditure for M4 being down (£0.9m/9%) from M3, there are examples of continuing agency pay run rate pressure across the system, for example in mental health trusts and in relation to Oxleas' prison contracts.
- Although the forecast system agency spend is £3.2m lower than plan, the system is forecasting to spend £118.2m on agency staff, exceeding the £108.8m system agency spending limit by £9.4m.
- Bank WTE has increased by 5% and expenditure has increased by 10% (£2.4m) from month 3 but is 21% (£18.4m) higher than 2022/23 levels.



	Last 5 months					Current month				Year-to-date				Analysis			
	2022/23 M11	2022/23 M12	2023/24 M1	2023/24 M2	2023/24 M3	M4 (in-month)				M4 (year-to-date)				Change from last month		Year-on-year change	
	Actual	Actual	Actual	Actual	Actual	Last year	Plan	Actual	Variance	Last year	Plan	Actual	Variance	£	%	£	%
Substantive	261.7	356.3	271.0	271.1	280.9	255.8	261.9	272.6	(10.7)	1,007.9	1,053.2	1,095.7	(42.4)	(8.3)	-3%	87.7	9%
Bank	23.4	27.0	27.6	27.2	23.5	21.3	22.9	25.9	(3.0)	85.9	92.0	104.3	(12.3)	2.4	10%	18.4	21%
Agency	11.1	10.6	9.4	9.2	10.0	10.6	9.8	9.1	0.8	36.2	39.5	37.6	1.8	(0.9)	-9%	1.4	4%
Other	(0.5)	133.6	0.1	0.1	0.3	0.0	0.0	(0.2)	0.3	0.8	0.2	0.4	(0.3)	(0.5)	-164%	(0.4)	-50%
Total Pay	295.7	527.4	308.2	307.7	314.7	287.8	294.6	307.3	(12.7)	1,130.9	1,184.8	1,238.0	(53.1)	(7.4)	-2%	107.1	9%
Substantive	52,267.1	52,352.0	51,898.8	51,854.9	51,983.4	49,647.2	51,736.3	51,913.0	(176.7)	49,647.2	51,736.3	51,913.0	(176.7)	(70.4)	0%	2,265.7	5%
Bank	5,284.1	6,281.3	5,208.1	5,142.7	4,895.4	4,947.6	5,385.7	5,134.8	250.8	4,947.6	5,385.7	5,134.8	250.8	239.4	5%	187.2	4%
Agency	1,403.6	1,739.7	1,275.7	1,294.6	1,296.6	1,238.2	1,483.1	1,123.1	360.0	1,238.2	1,483.1	1,123.1	360.0	(173.5)	-13%	(115.1)	-9%
Other													0.0				
Total WTE	58,954.8	60,373.0	58,382.6	58,292.1	58,175.4	56,706.8	58,605.1	58,170.9	434.2	55,833.1	58,605.1	58,170.9	434.2	(4.5)	-0%	2,337.8	4%

Detailed provider pay run rate

- The 2023/24 plan did not include the increased AFC pay award actioned and backdated in Mth3, this is funded by over-performance in income.
- Applying normalisation adjustments to AfC expenditure this year shows that the pay run rate for months 3 and 4 are broadly at month 11 2022/23 levels. However, months 3 and 4 pay run rates are approximately £4m lower than months 1 and 2.

	Last 5 months					Current month					Year-to-date				Analysis			
	2022/23 M11	2022/23 M12	2023/24 M1	2023/24 M2	2023/24 M3	M4 (in-month)				M4 (year-to-date)				Change from last month		Year-on-year change		
	Actual (£m)	Actual (£m)	Actual (£m)	Actual (£m)	Actual (£m)	Last year (£m)	Plan (£m)	Actual (£m)	Variance (£m)	Last year (£m)	Plan (£m)	Actual (£m)	Variance (£m)	£	%	£	%	
Substantive	67.4	72.4	68.6	68.2	66.9	60.0	66.6	65.4	1.2	258.3	267.9	269.2	(1.3)	(1.5)	-2%	10.9	4%	
Bank	4.8	6.1	7.4	7.4	6.3	7.6	5.0	8.4	(3.4)	18.2	20.2	29.5	(9.3)	2.2	35%	11.2	62%	
Agency	2.6	3.0	2.8	2.3	2.8	2.2	2.3	2.8	(0.5)	8.7	9.2	10.7	(1.5)	(0.0)	-1%	2.0	23%	
Medical	74.8	81.4	78.8	77.9	76.1	69.8	73.9	76.7	(2.8)	285.3	297.2	309.4	(12.2)	0.6	1%	24.1	8%	
Substantive	82.1	130.2	82.5	82.6	84.1	76.3	79.8	83.4	(3.5)	300.0	320.9	332.6	(11.6)	(0.7)	-1%	32.6	11%	
Bank	9.9	11.3	11.0	10.5	8.8	7.2	9.0	9.1	(0.1)	35.2	36.3	39.4	(3.1)	0.3	4%	4.2	12%	
Agency	3.6	4.4	3.3	3.7	2.7	3.8	3.3	2.9	0.4	12.8	13.4	12.6	0.8	0.3	9%	(0.2)	-2%	
Nursing	95.6	145.9	96.8	96.8	95.6	87.4	92.2	95.4	(3.2)	348.0	370.6	384.5	(13.9)	(0.1)	0%	36.6	11%	
Substantive	53.5	70.9	55.3	55.4	65.5	58.4	52.4	57.8	(5.4)	213.8	211.1	234.0	(22.9)	(7.7)	-12%	20.2	9%	
Bank	3.8	4.0	3.8	3.8	3.5	2.6	3.5	3.6	(0.1)	13.2	14.2	14.8	(0.6)	0.1	4%	1.6	12%	
Agency	2.0	0.7	1.1	1.1	1.6	1.7	1.5	1.3	0.2	5.5	6.2	5.0	1.2	(0.3)	-19%	(0.4)	-8%	
Admin & Clerical	59.4	75.6	60.2	60.2	70.6	62.7	57.5	62.7	(5.3)	232.4	231.5	253.8	(22.3)	(7.9)	-11%	21.4	9%	
Substantive	58.6	82.8	64.7	64.9	64.4	61.1	63.0	66.0	(3.0)	235.9	253.3	259.9	(6.6)	1.6	3%	24.1	10%	
Bank	5.0	5.6	5.5	5.5	4.9	3.8	5.3	4.7	0.6	19.3	21.4	20.6	0.7	(0.2)	-5%	1.4	7%	
Agency	2.9	2.5	2.2	2.2	2.9	2.9	2.7	2.0	0.6	9.2	10.7	9.3	1.4	(0.8)	-29%	0.1	1%	
Other	(0.5)	133.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.8	0.0	0.0	0.0	0.0	0%	(0.8)	-100%	
Other	66.0	224.5	72.3	72.6	72.2	67.9	71.0	72.7	(1.7)	265.2	285.4	289.8	(4.4)	0.5	1%	24.7	9%	
Total Pay Spend	295.7	527.4	308.0	307.6	314.4	287.8	294.6	307.5	(12.9)	1,130.9	1,184.7	1,237.5	(52.9)	(6.8)	-2%	106.7	9%	

Detailed provider WTE run rate

	Last 5 months					Current month				Year-to-date				Analysis			
	2022/23 M11	2022/23 M12	2023/24 M1	2023/24 M2	2023/24 M3	M4 (in-month)				M4 (year-to-date)				Change from last month		Year-on-year change	
	Actual	Actual	Actual	Actual	Actual	Last year	Plan	Actual	Variance	Last year	Plan	Actual	Variance	£	%	£	%
Substantive	7,328.6	7,313.4	7,253.0	7,246.8	7,265.8	6,896.9	6,453.6	7,170.7	(717.1)	6,896.9	6,453.6	7,170.7	(717.1)	(95.1)	-1%	273.8	4%
Bank	237.6	405.2	347.5	275.7	342.0	305.7	378.6	482.6	(104.0)	305.7	378.6	482.6	(104.0)	140.7	41%	177.0	58%
Agency	50.3	113.1	64.4	78.6	97.4	69.8	135.3	101.6	33.8	69.8	135.3	101.6	33.8	4.2	4%	31.8	45%
Medical	7,616.6	7,831.7	7,664.9	7,601.1	7,705.2	7,272.4	6,967.5	7,754.9	(787.4)	7,272.4	6,967.5	7,754.9	(787.4)	49.7	1%	482.5	7%
Substantive	16,645.3	16,659.0	16,270.9	16,219.4	16,283.8	15,816.5	16,501.8	16,273.7	228.1	15,816.5	16,501.8	16,273.7	228.1	(10.1)	0%	457.2	3%
Bank	2,202.9	2,540.7	2,021.7	2,053.3	1,887.8	1,759.0	2,147.0	1,888.6	258.4	1,759.0	2,147.0	1,888.6	258.4	0.8	0%	129.6	7%
Agency	608.6	812.1	555.4	602.7	572.3	512.8	595.2	493.4	101.8	512.8	595.2	493.4	101.8	(78.9)	-14%	(19.3)	-4%
Nursing	19,456.7	20,011.8	18,848.0	18,875.3	18,743.9	18,088.2	19,244.0	18,655.8	588.2	18,088.2	19,244.0	18,655.8	588.2	(88.2)	0%	567.5	3%
Substantive	9,119.1	9,327.4	13,130.7	13,169.4	13,258.5	8,774.1	10,427.4	13,285.4	(2,858.1)	8,774.1	10,427.4	13,285.4	(2,858.1)	27.0	0%	4,511.4	51%
Bank	1,196.2	1,420.8	1,088.8	1,144.1	1,109.7	1,197.5	1,092.6	1,152.2	(59.6)	1,197.5	1,092.6	1,152.2	(59.6)	42.5	4%	(45.3)	-4%
Agency	174.5	185.1	148.2	128.1	164.3	143.5	187.1	131.8	55.4	143.5	187.1	131.8	55.4	(32.5)	-20%	(11.8)	-8%
Admin & Clerical	10,489.8	10,933.4	14,367.7	14,441.5	14,532.4	10,115.1	11,707.0	14,569.4	(2,862.4)	10,115.1	11,707.0	14,569.4	(2,862.4)	37.0	0%	4,454.3	44%
Substantive	19,174.1	19,052.2	15,244.3	15,219.3	15,175.3	18,159.8	18,353.6	15,183.1	3,170.5	18,159.8	18,353.6	15,183.1	3,170.5	7.8	0%	(2,976.7)	-16%
Bank	1,647.4	1,914.5	1,750.1	1,669.6	1,555.9	1,685.5	1,767.5	1,611.4	156.1	1,685.5	1,767.5	1,611.4	156.1	55.5	4%	(74.2)	-4%
Agency	570.2	629.4	507.6	485.2	462.6	512.1	565.5	396.4	169.1	512.1	565.5	396.4	169.1	(66.2)	-14%	(115.7)	-23%
Other	21,391.7	21,596.1	17,502.0	17,374.2	17,193.8	20,357.4	20,686.6	17,190.8	3,495.7	20,357.4	20,686.6	17,190.8	3,495.7	(3.0)	0%	(3,166.6)	-16%
Total WTE	58,954.8	60,373.0	58,382.6	58,292.1	58,175.4	55,833.1	58,605.1	58,170.9	434.2	55,833.1	58,605.1	58,170.9	434.2	(4.5)	0%	2,337.8	4%

Note:

- Due to changes in the PWR collection and guidance, the WTE data in 23/24 is not directly comparable with that in 22/23 and therefore the year-on-year analysis is not an accurate reflection of the true trend.
- Admin & Clerical should be reviewed in conjunction with Other due to the coding of some A&C support staff working in clinical settings.

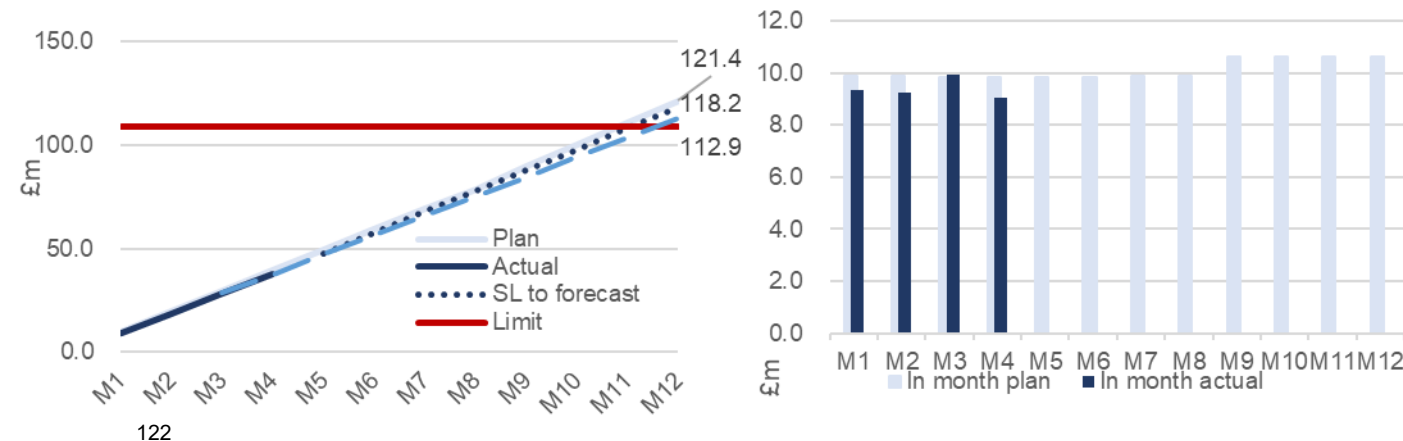
System agency spending limit

- As in 2022/23 all systems have been set a spending limit on the amount that providers can spend on agency staff. For 2023/24 limits have been set at the lower of the forecast agency spend at 2022/23 M7 and 3.7% of the total pay bill.
- Due to the SEL agency spend being c.3% of the total pay bill, the system agency spending **limit for South East London ICS for 2023/24 is £108.8m**, equal to the M7 forecast from agency spend from 2022/23.
- The total planned agency spend for 2023/24 was £121.4m, **£12.6m greater than the spending limit**. This reflects significant pressures to agency spend that were experienced in Q4. Despite being above the system limit, the system agency spend is still forecast to be 3% of total pay, less than the general rule of 3.7%.
- At month 4 agency spend was **£1.8m less than planned YTD**
- The system **is forecasting to underspend agency spend by £3.2m by year-end**, £9.4m greater than the system spending limit
- Despite the improvement in the YTD run-rate of agency spend there are examples of continuing agency pay run rate pressure across the system, for example in mental health trusts and in relation to Oxleas' prison contracts.

Agency expenditure by organisation

	Year to date (YTD)			Full-year (FY)		
	Plan £m	Actual £m	Variance £m	Plan £m	Forecast £m	Variance £m
GSTT	11.2	11.3	(0.1)	36.4	36.9	(0.4)
KCH	8.0	6.4	1.6	23.4	23.4	0.0
LGT	5.6	4.7	0.9	16.8	16.8	0.0
Oxleas	6.0	7.6	(1.6)	18.1	18.1	0.0
SLaM	8.7	7.6	1.1	26.5	22.9	3.6
SEL Providers	39.5	37.6	1.8	121.4	118.2	3.2
Agency spend limit	36%	35%	2%	108.8	108.8	(9.4)

Profile of agency spend run-rate



Non-pay run-rate analysis v Q4 22/23

Provider non-pay run-rate

	Last 5 months					Current month				Year-to-date				Analysis			
	2022/23 M11	2022/23 M12	2023/24 M1	2023/24 M2	2023/24 M3	M4 (in-month)				M4 (year-to-date)				Change from last month		Year-on-year change	
	Actual	Actual	Actual	Actual	Actual	Last year	Plan	Actual	Variance	Last year	Plan	Actual	Variance	£	%	£	%
Purchase of care	23.2	39.9	23.3	23.8	22.5	14.9	21.6	24.4	(2.9)	85.8	86.9	94.0	(7.1)	2.0	9%	8.2	10%
Supplies and services	59.5	76.4	50.0	50.1	54.1	33.8	52.1	47.7	4.4	189.7	209.2	201.9	7.3	(6.4)	-12%	12.2	6%
Drugs costs	49.1	55.6	49.9	50.0	50.6	46.1	49.1	56.6	(7.5)	196.3	196.5	207.1	(10.6)	6.0	12%	10.8	5%
Consultancy	(0.8)	1.0	0.9	0.9	1.7	(0.9)	1.2	0.8	0.3	4.2	4.7	4.3	0.3	(0.9)	-52%	0.2	4%
Establishment	8.5	13.0	6.3	6.3	8.0	5.7	5.3	6.2	(0.9)	19.9	21.5	26.8	(5.3)	(1.7)	-22%	7.0	35%
Premises	28.2	15.1	24.1	25.0	27.3	23.4	22.0	29.5	(7.5)	85.4	90.8	105.9	(15.1)	2.2	8%	20.5	24%
Transport	3.3	5.7	4.0	4.0	3.1	4.0	3.5	3.5	0.1	14.3	14.4	14.5	(0.1)	0.4	13%	0.2	2%
Dep'n and Amortisation	20.4	23.1	17.2	17.2	16.5	17.1	17.3	16.4	0.9	68.4	69.1	67.3	1.8	(0.1)	0%	(1.1)	-2%
Clinical negligence	9.3	9.3	10.2	10.2	7.9	9.4	10.3	10.2	0.1	37.5	41.2	38.5	2.7	2.3	29%	0.9	3%
R&D	2.2	3.5	2.8	2.6	3.5	1.1	2.6	3.6	(1.0)	5.8	10.3	12.5	(2.2)	0.1	2%	6.7	116%
Education & training	(2.0)	11.4	1.6	1.3	2.0	1.4	1.9	1.7	0.3	6.1	7.8	6.5	1.2	(0.3)	-16%	0.4	7%
Lease expenditure	(0.6)	(1.6)	(0.2)	0.5	(0.1)	0.8	0.6	0.3	0.3	3.8	2.6	0.5	2.0	0.4	-350%	(3.3)	-86%
Charges for IFRIC 12	6.5	19.1	7.0	7.0	6.6	8.7	7.5	9.6	(2.1)	29.3	30.0	30.2	(0.1)	3.0	45%	0.9	3%
Other	3.1	(21.0)	15.0	15.3	3.1	19.5	9.8	4.3	5.5	55.6	38.3	37.8	0.6	1.2	38%	(17.8)	-32%
Total Non-pay	210.0	250.6	212.1	214.1	206.7	185.0	204.9	214.8	(9.9)	802.0	823.1	847.7	(24.6)	8.2	4%	45.8	6%

Analysis of delivery against efficiency plans

Risk of delivering efficiency plan

Submitted plan	Organisation	Stretch target	Identified	Gap	High risk	Medium risk	Low risk	Recurrent	Non-recurrent	FYE
72,203	GSTT	105,504	96,737	8,767	31,181	25,003	40,553	57,269	39,468	57,269
72,000	King's	72,000	54,272	17,728	29,071	13,200	12,001	43,304	10,968	57,281
34,932	LGT	34,932	31,272	3,660	1,832	450	28,990	14,964	16,308	31,272
26,056	SLaM	26,056	26,056	0	9,856	11,700	4,500	14,998	11,058	14,998
20,251	Oxleas	20,251	12,712	7,539	0	5,000	7,712	4,558	8,154	4,558
164,367	ICB	164,367	164,367	0	25,652	11,348	127,367	139,290	25,077	139,290
(99,541)	intra-system	(99,541)	(99,541)	0	0	0	(99,541)	(99,541)	0	(99,541)
290,268	SEL ICS	323,569	285,875	37,694	97,592	66,701	121,582	174,842	111,033	205,127

GSST CIP plan as per the operating plan submission is £72.2m which is used for external reporting. GSTT is working to an organisational total of £105.5m and shown here for SEL system internal reporting..

Month 4 YTD efficiency delivery

	Recurrent			Non-recurrent			Total		
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
	£m	£m	£m	£m	£m	£m	£m	£m	£m
GSTT	16.7	14.0	(2.7)	4.4	3.8	(0.6)	21.0	17.8	(3.3)
KCH	9.7	7.1	(2.6)	0.2	2.5	2.3	9.8	9.5	(0.3)
LGT	10.0	3.3	(6.7)	1.2	8.7	7.5	11.3	12.0	0.8
Oxleas	2.0	1.5	(0.4)	4.8	2.6	(2.2)	6.8	4.1	(2.7)
SLaM	2.3	1.9	(0.4)	3.7	5.6	1.9	6.0	7.5	1.5
SEL Providers	40.6	27.8	(12.8)	14.3	23.1	8.8	54.9	50.9	(4.0)
SEL ICB	54.8	45.5	(9.3)	0.0	9.1	9.1	54.8	54.6	(0.2)
Intra-SEL	(33.2)	(33.2)	0.0				(33.2)	(33.2)	0.0
SEL ICS	62.2	40.1	(22.1)	14.3	32.2	17.9	76.5	72.3	(4.2)

Productivity

Productivity – Key Messages

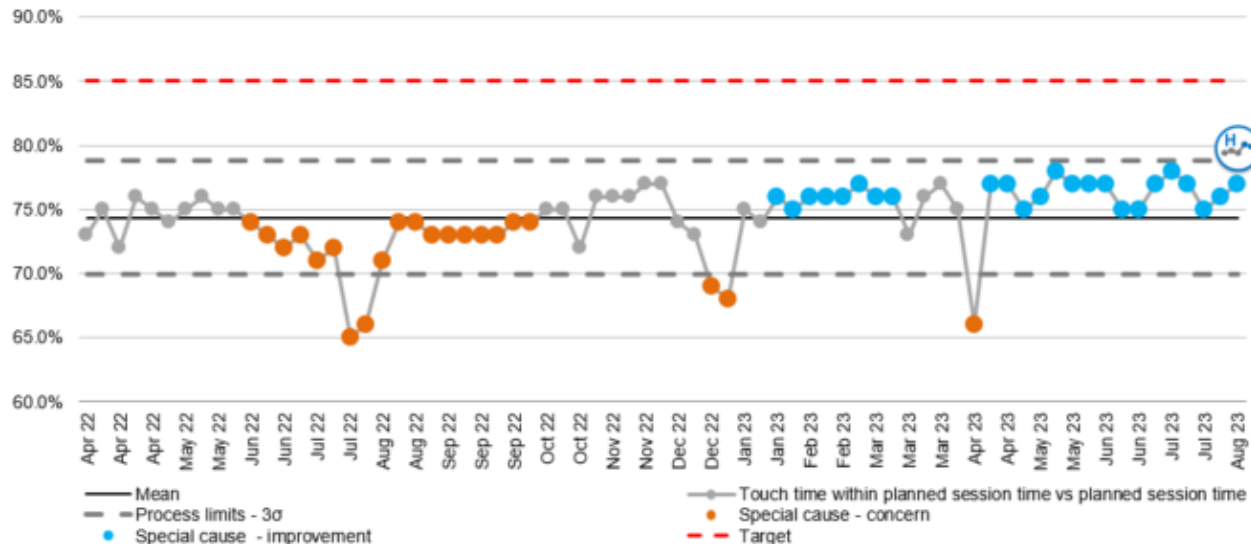
- **Elective Recovery** – NHS England has recently released some ERF performance data for April and May. It shows performance and adjusted baselines, and states the commissioners' targets adjusted for the 2% April only impact of industrial action IA). We are working through this data and will report back to the Committee when we understand the implications for SEL system.
- **SEL diagnostic (DM01) activity** continues to show improvement from 22/23 but M4 performance was impacted by IA.
- **Theatre Utilisation** - SEL's mean YTD capped utilisation is currently 3% higher than over the same period last year.

Theatre Utilisation and Diagnostic Activity

Theatre utilisation and efficiency – Performance to date and compared to M1-4 2022/23

- SEL’s capped utilisation is 76.3%. The mean for M1-4 2023/24 is 75.9% compared to 72.9% in M1-4 2022/23.
- The average number of cases per 4-hour list has increased from 1.62 cases in M1-4 2022/23 to 1.73 cases in M1-4 2023/24.

Capped theatre utilisation %-South East London starting 01/04/22



Source: Model Hospital

Diagnostic activity

- **SEL APC diagnostic DM01 activity has increased year on year**
- Activity across DM01 range of tests in M1-4 23/24 compared with M1-4 22/23 shows an **overall increase of 3%**.
- This is a reduction on position at end of M3 when all Trusts showed an increase and the SEL increase overall year on year was 4%. **Imaging activity was impacted at GSTT & KCH by the 48 hour radiographer IA in July.**

Trust	M1-4 22/23	M1-4 23/24	Movement	
GSTT	92,752	101,715	8,963	10%
KCH	117,283	115,530	-1,753	-1%
LGT	64,737	66,427	1,690	3%
Total	274,772	283,672	8,900	3%

Source: published DM01 provider data, except for GSTT July 22 position as not reported due to IT outage (instead used Jun 22 adjusted for working days). July 23 data uses weekly data

M4 Capital

System capital expenditure

- The SEL ICS system capital allocation for 2023/24 is £228.482m, made up of £225.228m provider allocation and £3.254m ICB capital.
- The submitted capital plan was £8.0m higher than the system allocation, pending the outcome of SEL’s request to NHSE for national funding in relation to LGT’s infrastructure plan for QEH. At month 4 LGT has removed £8m from its full year forecast expenditure, pending resolution of funding/resource.
- The £236.5m plan includes a £22.1m strategic system capital reserve, which is currently held within the GSTT £111.7m plan.
- YTD the system has spent £86.2m against a planned £106.6m.
- Despite the £20.4m underspend at month 4 the system is forecasting on plan.
- 68% of the system’s FOT spend is classified as transformational with 32% on operational priorities, such as maintenance.

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	56.3	47.8	8.5	111.7	111.7	0.0
KCH	10.8	10.9	(0.1)	45.2	45.2	0.0
LGT	12.2	14.2	(2.1)	36.5	28.5	8.0
Oxleas	2.7	2.3	0.4	16.1	16.1	0.0
SLAM	24.6	10.9	13.7	23.7	23.7	0.0
SEL Providers	106.6	86.2	20.4	233.2	225.2	8.0
SEL ICB	0.0	0.0	0.0	3.3	3.3	0.0
Total	106.6	86.2	20.4	236.5	228.5	8.0
Provider Capital Allocation				225.2	0.0	
ICB Capital Allocation				3.3	0.0	
System Capital Allocation				228.5	0.0	

Risk and controls

Risk to Forecast Out-turn

- At M4 SEL organisations have assessed net risks to the forecast of £96.4m.
- The main net risks include:
 - Delivery of efficiencies £38m
 - Industrial action costs £13.1m
 - Inflationary pressures £12m
 - Prescribing and drugs £9m; and
 - Continuing Health Care £5.5m
- Whilst the system is reporting a breakeven FOT, these risks indicate the main areas of focus for the system to manage in order to achieve the FOT.
- ERF income risk has been excluded, with an assumption that ERF income changes will be net neutral across the SEL system, and consequently fully mitigated. No assumption has been made on non SEL ICB ERF risk to SEL providers and consequently this approach may understate the net risk on ERF income.
- There is no system contingency in the plan. In-year risks will need to be mitigated by each organisation/part of the system.
- CIP/efficiencies under delivery – At month 4 we are behind plan. We will need to recover this fully to deliver our year end forecasts.
- The impact of industrial action is £13.1m YTD, which is reflected as the full year risk. While we anticipate this could increase through 2023/24 we have not included future industrial action in the forecast, given its uncertainty.

Risk category	Net risk (£k)
Efficiency	(38,000)
Industrial action	(13,145)
Prescribing	(9,000)
CHC	(5,500)
Inflation	(7,000)
Pay award	(5,000)
CNST	(5,000)
Contracting issues/Activity pressures	(5,372)
Drugs	(2,082)
EPIC	(2,000)
Other	(3,370)
Other income risk	(946)
Total	(96,415)

Mitigations and Controls

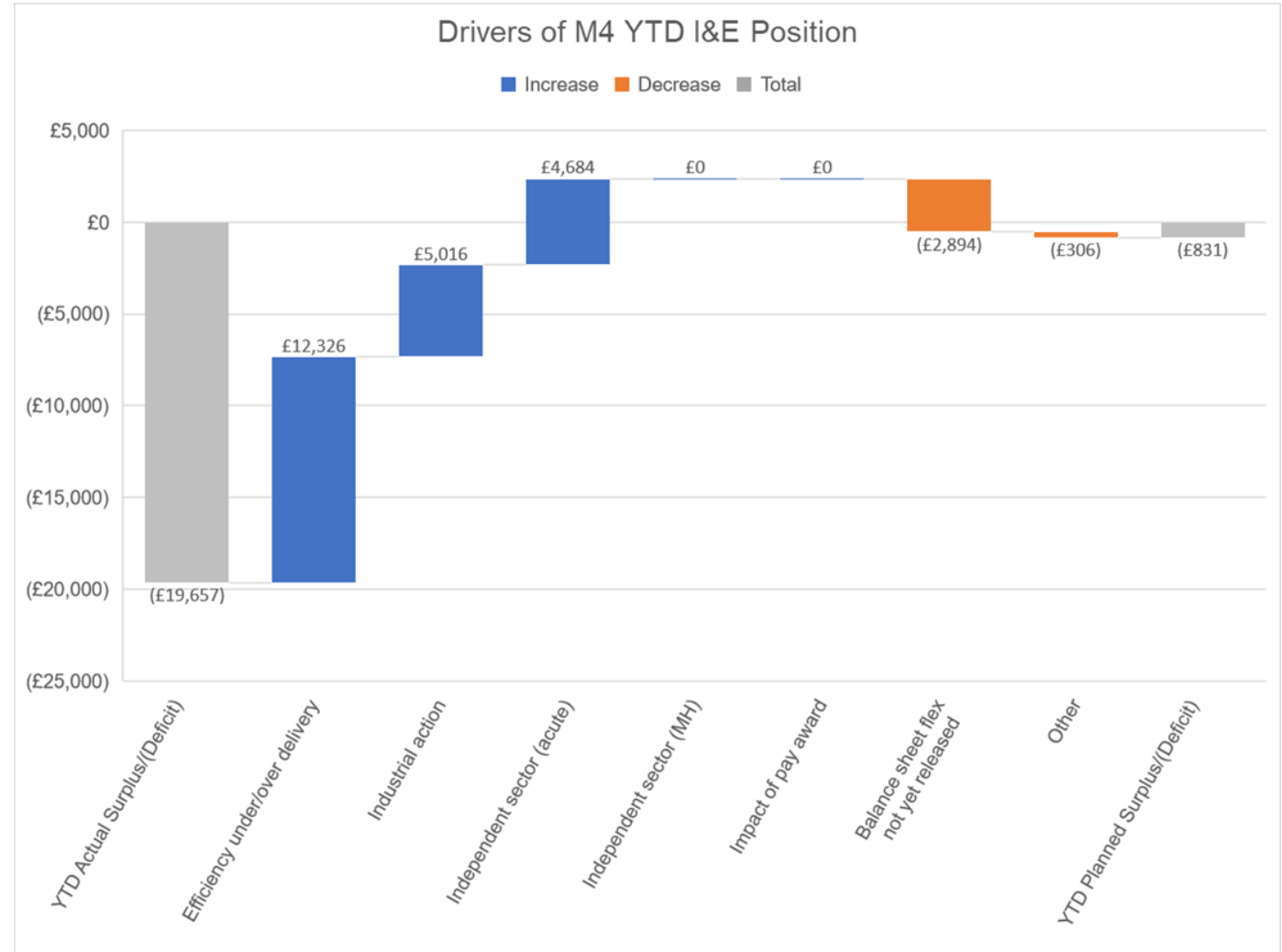
- During the year all SEL organisations have implemented increased management and expenditure controls, e.g., workforce and recruitment. All system partners continue to focus on improving implied productivity, aiming to perform more activity at minimal marginal costs
- In response to unprecedented levels of MH private bed use, the system has block contracted 30 additional private beds for SEL usage for 6 months.
- SEL providers have historically experienced difficulties in fully recovering contract income from some non SEL commissioners, contrary to national guidance. Early intervention by NHSE reinforcing planning and business rules would reduce risk.

Appendix

- Analysis of year-to-date deficit and variance to plan by provider
- Cash and BPPC

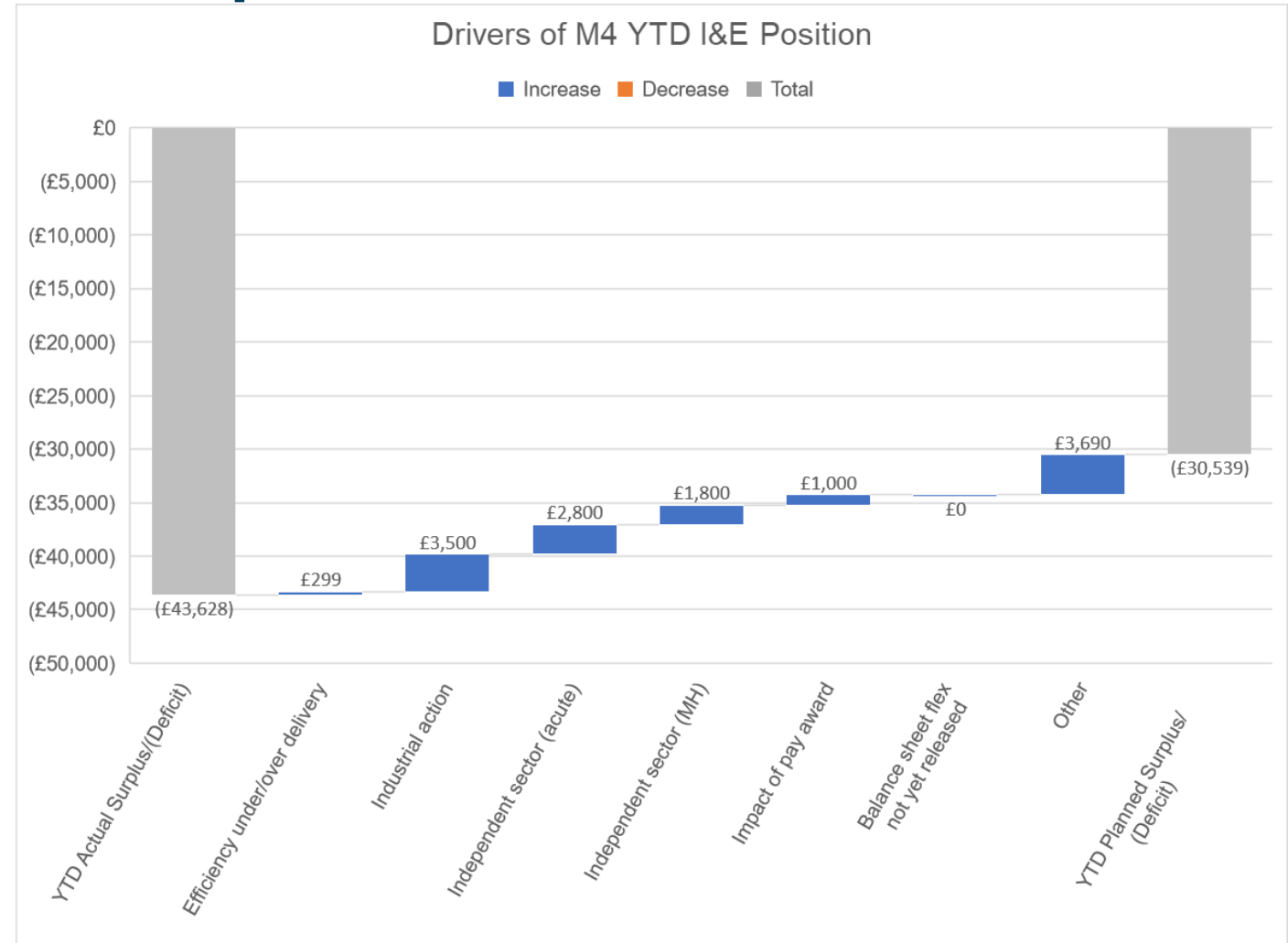
Analysis of M4 YTD position - GSTT

- GSTT reported a £19.7M deficit in M4; £18.8M adverse to plan.
- The key drivers of the year to date position are:
 - CIP delivery, including balance sheet benefits are in aggregate £9.4 million behind plan year to date. The efficiency plan has not been back phased and is broadly flat helping the trust to keep focussed on the financial challenge. CIP maturity is improving month on month with CIP plan forecasting £116.6m out of £125.4m, including balance sheet benefits.
 - GSTT has incurred at least £5m of identifiable costs associated to responding to industrial action. Further costs are likely to manifest driven by cost components such as time off in lieu and untaken annual leave.
 - GSTT has continued to use independent sector facilities at higher than anticipated levels. This is primarily driven by slippage of capital build of new modular theatres. Exit plans are in train and the trust anticipates vacating the IS capacity later in the financial year.
 - The position includes income growth in line with national planning assumptions, which has largely been played through to improve the bottom line, as agreed with national colleagues. The risk if this does not get agreed by non London ICB commissioners is assessed as in excess of £20 million. Similarly, ERF has been included at fair shares values and has not been adjusted for potential commissioner variations or activity performance.



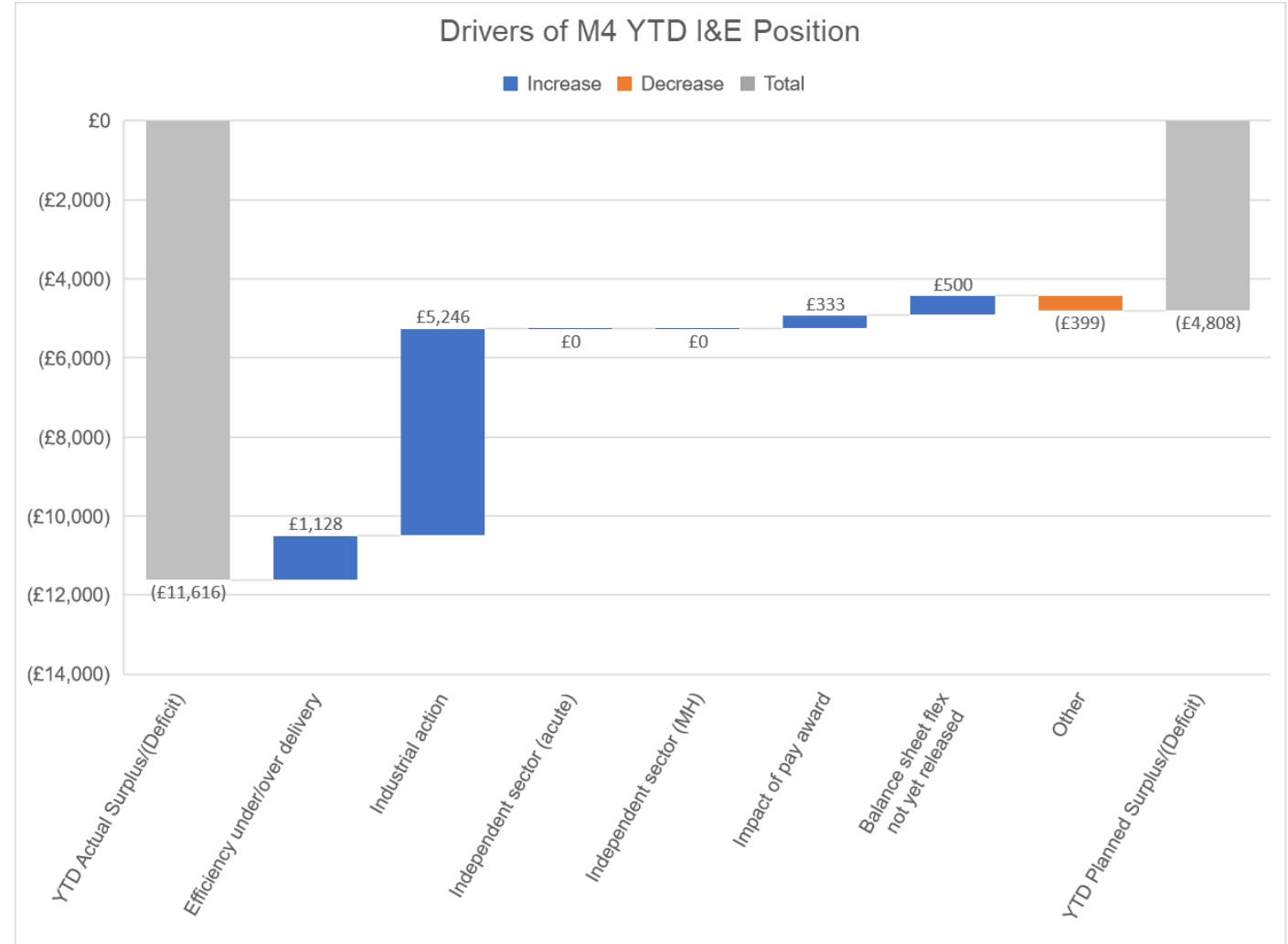
Analysis of M4 YTD position – KCH

- As at month 4, KCH has reported a deficit of £43.6m. This represents a £13.1m adverse variance to plan.
- The main drivers to the position are:
 - £5m strikes and bank holidays
 - £2.8m outsourcing linked to ERF
 - £1.3m COVID testing costs over commissioner allocation
 - £2.4m excess inflation relating to PFI, Energy and Pathology contract
 - £3.4m relates to drugs which is not offset by income
 - £1.9m relating to Apollo
 - Unbudgeted enhanced care £1.8m relating to MH patients.
- Income over performance of £12m is reported. £6m of this relates to a prior year benefit.
- CIPs - KCH's plan includes £72m of cost improvement (£40.9m pay and £31.1m non-pay). As at M4 the total schemes identified is £52.0m, risk rated as £19.5m Red (high), £3.6m Amber (medium) and £28.9m Green (Low). A £20.0m unidentified gap remains.



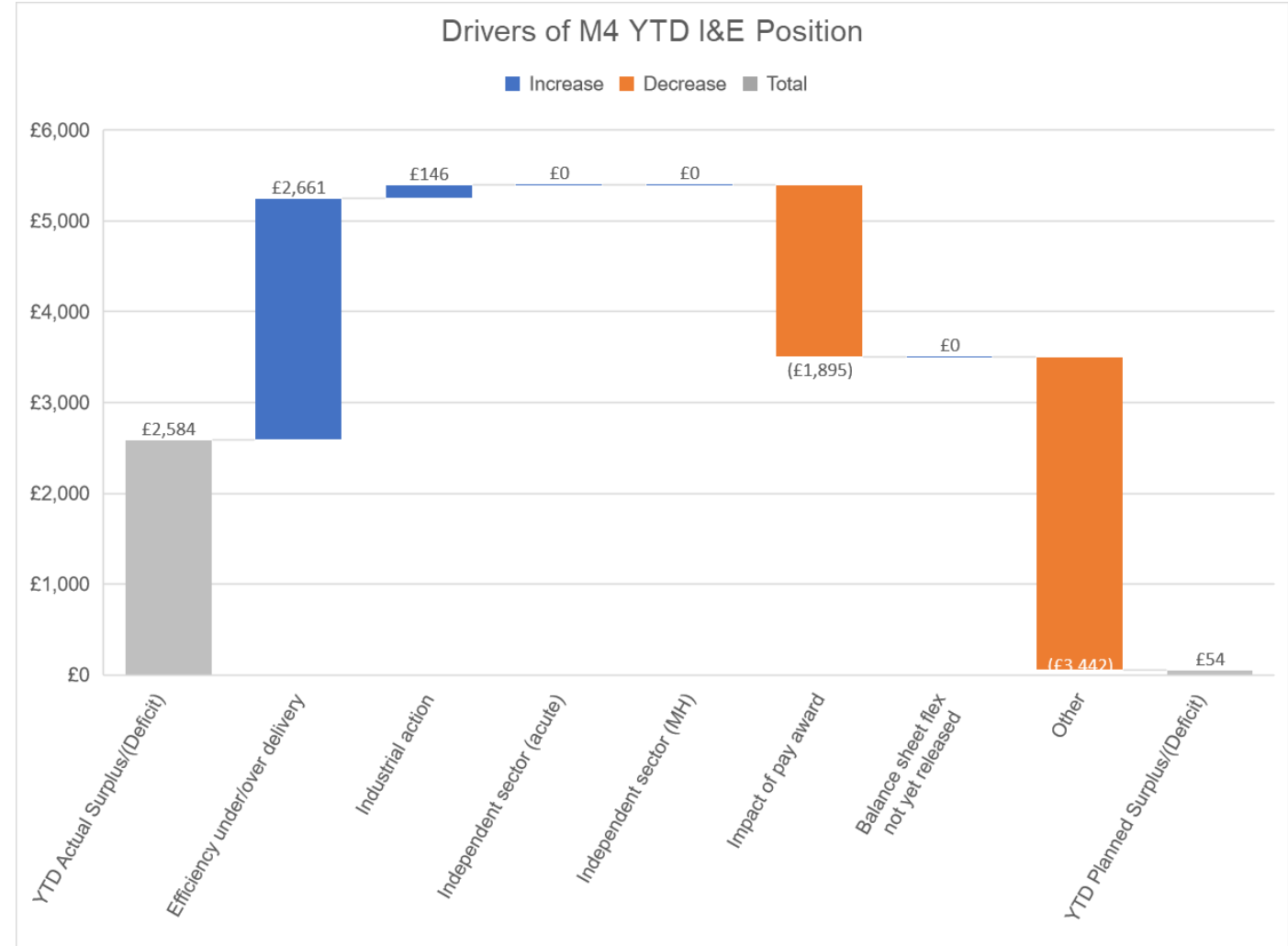
Analysis of M4 YTD position – LGT

- LGT is reporting a deficit of £1.9m in the month of July with YTD deficit of £11.6m
- Adverse YTD variance to plan of £6.5m.
- The main drivers of the YTD variance are:
 - Divisional overspends in Medical pay c£3.2m net of strike costs and IURPs under-delivery
 - Overspends in Nursing costs c£1.6m net of strike costs and IURPs under-delivery
 - Net cost of industrial action incurred YTD, estimated to be c£5.2m (£6.1 less £0.9 clawback)
 - Trust wide shortfall to delivery of transactable cash-out IURP savings c£0.15m YTD
 - Offset by trust-wide underspends on ERF and other reserves expenditure



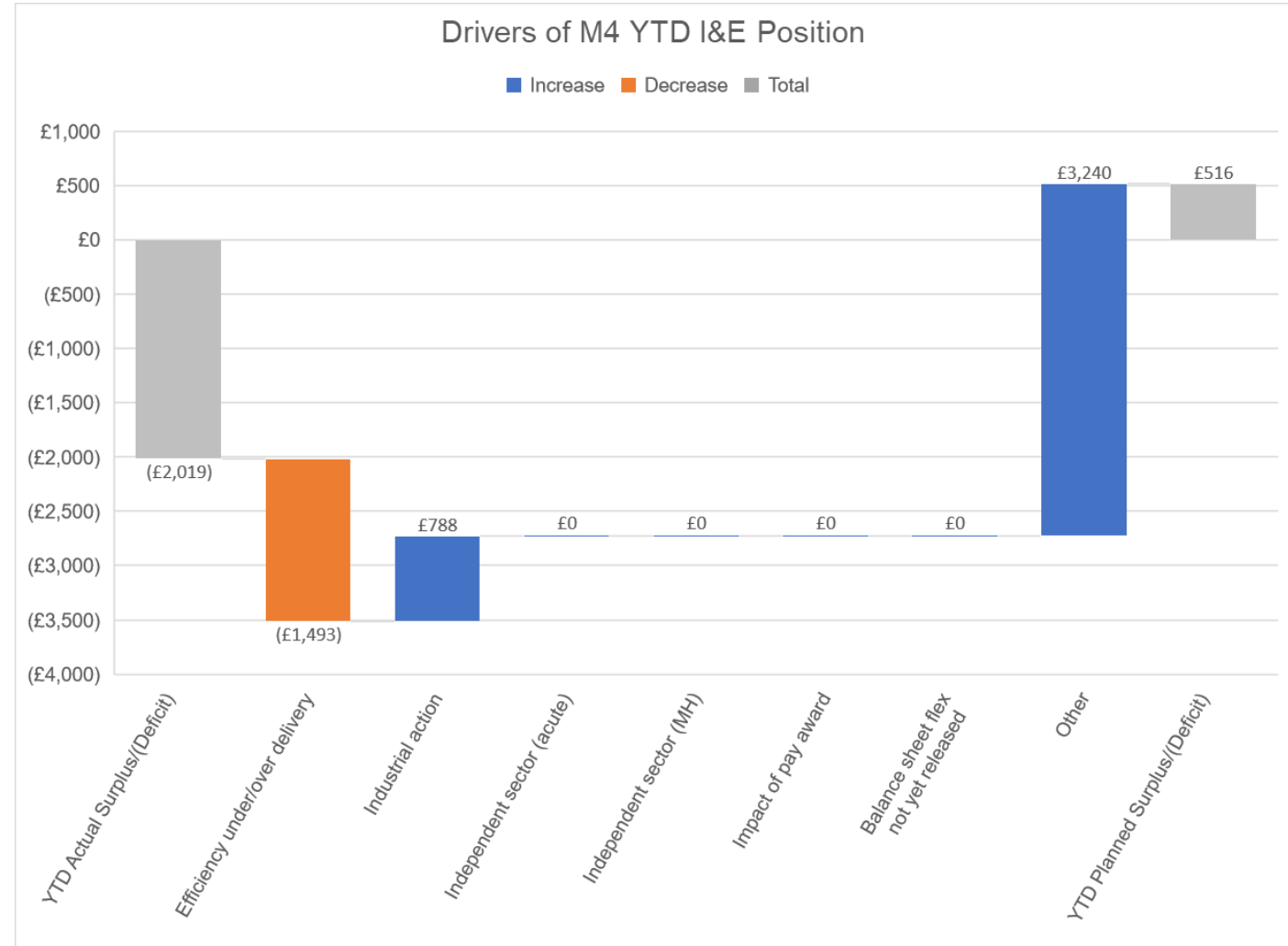
Analysis of M4 YTD position - Oxleas

- Oxleas reported a 2.5m surplus at month 4, (inclusive of a profit on sale of an asset of £2.5m). This is in line with plan, excluding the profit on asset disposal.
- The Trust has used £3.87m balance sheet flexibility YTD (£2.5m of which is offsetting under achievement against CIP targets).
- Pay - underspent at M4. Mostly relating to vacant posts created with new funding. Excluding this would result in a YTD overspend, due to the use of temporary staff to cover substantive posts, increased spend to cover for junior doctors strikes; acuity and increased observations within the wards and cost pressures from the South West England prisons' staff model.
- Non-pay - overspent against plan at the end of M4. The key drivers are the use of private beds and undelivered CIPs. M4 was another record month for private bed usage (an average of 29 beds for the month – equivalent to 2 wards capacity).
- The Trust CIP plans are £20.3m. £7.7m has been identified and RAG rated as low risk. Another £5m relating to potential vacancy factor has been identified and RAG rated medium risk. The unidentified gap is £7.5m. M5 CIP position is expected to improve by circa £1.4m.
- Agency spend was 25.8% above the 2023/24 plan submission. A slight improvement from prior month.



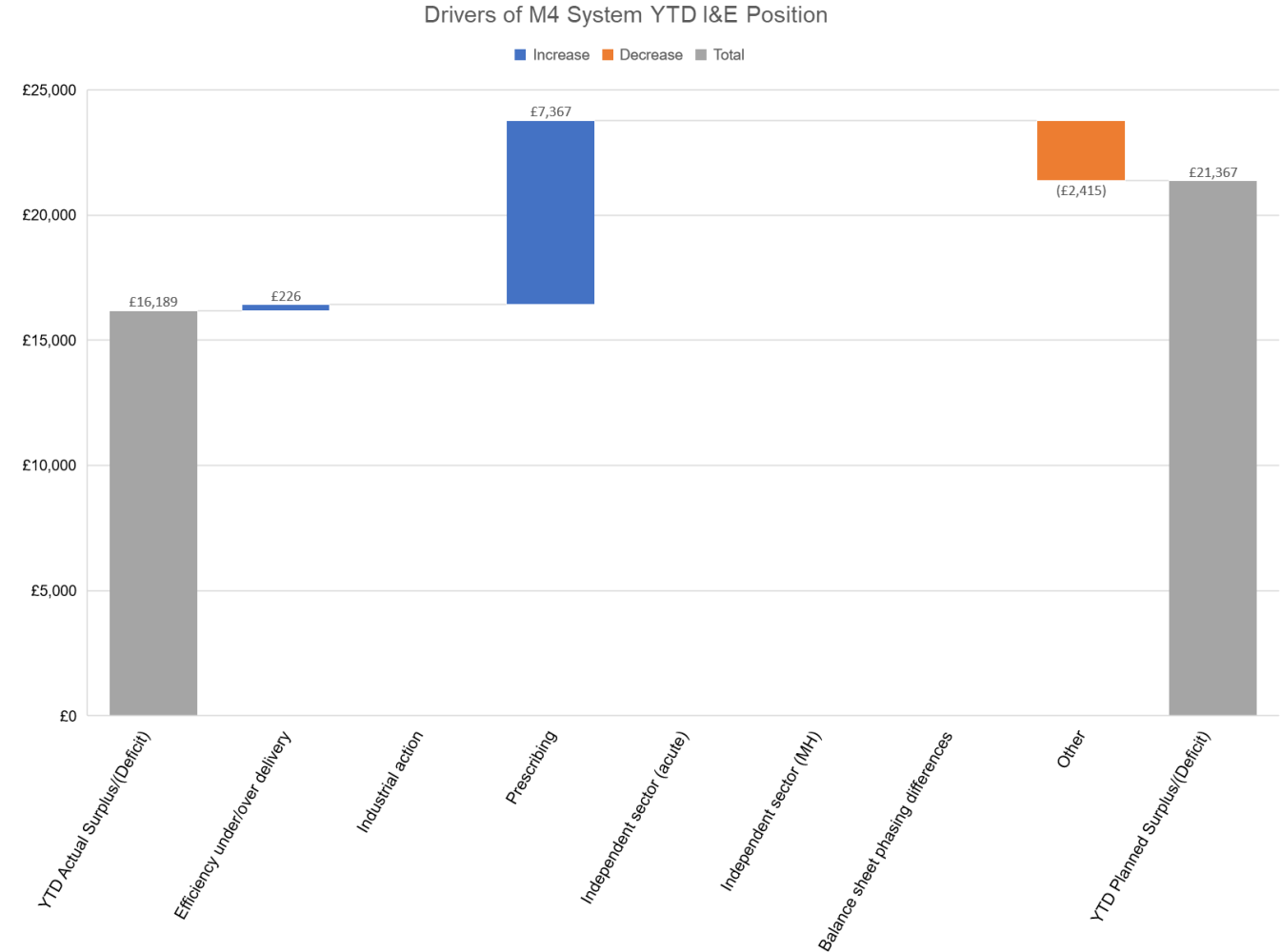
Analysis of M4 YTD position - SLaM

- SLaM is reporting a YTD deficit of £2m
- Key drivers to the trust's current position include:
 - Private bed usage (incl. B&B and Step down)
 - Under-delivery of CIPs (£1.5m)
 - Ward staffing driven by observation and specialising due to increased acuity
 - Complex Care placement cost increases
 - Junior Doctors IA costs - £0.8m
 - These cost overspends are partially offset by non-recurrent support and slippage/expenditure restrictions (£3.2m)
 - Agency spend remains high, particularly in the areas of medical and community nursing and , geographically in Croydon.



Analysis of M4 YTD position - ICB

- The ICB is reporting a surplus of £16.189m at month 4. This reflects the YTD element of the full year surplus (£21.367m), less the actual month 4 financial position (an overspend of £5.178m).
- Therefore, we are reporting £5.178m off plan YTD.
- The main drivers to the YTD variance are:
 - The continued primary care prescribing expenditure pressure (£7.4m variance at month 4) is partly due to the impact of national Cat M/NCSO (approx 50%) with the remainder due to activity/price impacts.
 - A cost pressure of £1.941m YTD in CHC, which is a result of the FNC increases, AQP bed price increases (which were above inflation funding received) and providers requesting above inflation price uplifts. This is included in “other” on the bridge chart.



Cash and BPPC

BPPC Performance - Non-NHS invoices paid within 30 days

	BPPC (Non-NHS)		Percentage of target met	
	Volume		Value	
	000s	%	£m	%
GSTT	61.5	50%	359.6	69%
KCH	64.6	93%	436.0	97%
LGT	18.9	94%	136.6	95%
Oxleas	18.5	92%	68.7	93%
SLaM	12.0	97%	84.1	96%
SEL Providers	175.4	71%	1,085.0	85%

Cash balances by organisation

Organisation	Cash balances	Days of cash on hand
	£m	Days
GSTT	104.0	14
KCH	37.2	8
LGT	114.5	55
Oxleas	135.8	103
SLaM	106.6	66
SEL Providers	498.1	29

- The Better Payment Practice Code (BPPC) sets out an expectation that at least 95% of invoices are paid within 30 days. At month 4 the ICS has paid 71% of Non-NHS invoices within 30 days in terms of value and 85% in terms of volume.
- SEL Providers have £498.1m of cash as of the end of month 4. **This is equivalent to 29 days of operating expenditure, on average.**
- Days of cash on hand varies across organisations in the system, ranging from 8 days at KCH to 103 days at Oxleas.
- There are extreme cash pressures in some trusts, and this will be having an effect on BPPC performance. GSTT and KCH have both applied to NHSE for cash loans.

Bexley Wellbeing Partnership Committee

Thursday 28th September 2023

Item: 10

Enclosure: H

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

Purpose of paper:	To update the committee on the current risks on the Bexley place risk register and actions to mitigate those risks in the context of the boroughs risk appetite.	Update / Information	
		Discussion	x
		Decision	
Summary of main points:	<p>The Bexley Place risk register is currently reporting 10 open risks specifically relating to borough activities. The risks principally arise due to three issues - lack of capacity to support community and discharge demand, risk of overspend against aspects of the borough delegated budgets, and insufficient capacity within internal teams.</p> <p>The risks are reviewed on a monthly basis by the borough Senior Management team. Where risks impact across several boroughs they are also recorded on the SEL-wide corporate risk register.</p> <p>Further detail, mitigating actions, and gaps in control measures that require further work to address, are detailed in the attached report and appendix.</p>		
Potential Conflicts of Interest	There are no conflicts of interest.		
Other Engagement	Equality Impact	None identified.	
	Financial Impact	The finance risks reported concern financial risks which may impact the ICBs ability to meet its statutory duties.	
	Public Engagement	These risks are highlighted in the regular report which is provided to the BWPC at their meetings held in public.	
	Other Committee Discussion/ Engagement	<p>Risks as a whole are considered at the ICBs risk forum, which meets monthly.</p> <p>The Board reviews the Board Assurance Framework at each meeting and is provided with an update on</p>	

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

Bexley Place Risks – report to the Bexley Wellbeing Partnership Committee

Thursday 28 September 2023

1. Introduction

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

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

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

2. Governance and risk management

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

Risk review is a four tier process comprising:

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

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

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

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

3. Bexley Place Risks

The Bexley Place risk register is reviewed on a monthly basis by the LCP group, 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 ten risks on the boroughs risk register, seven are scored at 15 or above for their initial rating (i.e. the risk before any mitigation actions are put in place). This is an increase from 6 red risks reported at the last meeting.
- Of the ten risks on the Place based risk register:
 - **four** risks remain scored at 15 or above following mitigating actions being put in place (residual risk score). However it is encouraging to note that the residual risk rating reported for risk 444 at the last meeting has been reduced to a score of 16 following review of the current position.
 - **Five** risks are rated as “high” (amber) after mitigations are put in place, noting that in the main the control gaps are outside the control of the borough team
 - **One** risk is rated as “moderate” given that the related savings target has been identified and 76% of the savings already achieved.

The underlying cause of these risks is two fold:

- Concerns around achieving financial targets/ funding available.
- Resource capacity issues, either within the borough or the within the wider system.

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

4. Proposed actions for the committee

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

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

Rianna Palanisamy
Borough Governance Lead, Bexley
NHS South East London ICB

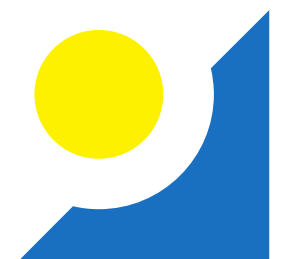
20 September 2023

Risk ID	Risk Owner	Risk Sponsor	Risk Type	Risk appetite	Risk Title	Risk Description	Initial Likelihood	Initial Consequence	Initial Rating	Control Summary	Gaps in Control Summary	Assurance in Place	Gaps in Assurance	Current Likelihood	Current Consequence	Current Rating
402	Director of Integrated Commissioning - Alison Rogers	Place Executive Lead (Bexley) - Stuart Rowbotham	Clinical, Quality and Safety	7 - 9	Discharge Under Home First Arrangements	There is a risk Bexley residents discharged under Home First arrangements will achieve less than optimal outcomes from the service. This is because the system wide impact is not fully funded or adequately staffed on a consistent basis. The possible impact of this is an increase in the potential for poor care and poor patient experience - linked to this is the risk that the ICB will not deliver its requirements in respect of optimising care quality and acting to improve patient outcomes.	5	4	20	We use discharge to assess bedded capacity where appropriate to optimise outcomes before returning home. Partnership governance arrangements in place at both Bexley and SEL level. An investment of £412.5k (B&G) in additional district nursing capacity committed for 23/24, escalation of need for additional, secure, recurrent discharge funding on a regular basis. As part of our operating plan for 23/24 we will review DN capacity against resource allocation with our partners	Inadequate therapy or nursing resource in the community to address the shortfall caused by people being discharged from hospital when not 'therapeutically' optimised. Additional discharge funding is non-recurrent and issued at very short notice making it very difficult to secure and sustain workforce. No system wide business case for affordability of Home First.	Regular review of metrics such as readmission outcomes, waiting times for assessment and treatment, and % still at home 91 days after discharge and take steps to redirect resources when we can to address reduced performance.	Programme Board or equivalent to oversee the impact of Home First approaches.	4	4	16
442	Opeyemi Adetokunbo-Aina	David Maloney	Finance	10 - 12	Failure to Identify and Achieve Required Level of Savings with Bexley Place	There is a risk that Bexley Place will be unable to either identify or achieve the required level of savings which may cause Bexley Place to overspend on its delegated budget resulting in Place Executive not managing within delegated resource which may impact the ability of the ICB to achieve its statutory duties	3	3	9	The savings target has been identified and as part of 23/24 budget setting thorough review undertaken which has identified a significant amount of the savings target which is either already delivered or is achievable. Work is ongoing with the budget holders to identify more efficiency savings schemes to meet the gap in the savings target. 76% of savings target has already been found.				3	2	6
443	Opeyemi Adetokunbo-Aina	David Maloney	Finance	10 - 12	Risk of Overspending against Delegated Budget for Bexley Place	There is a risk that Bexley Place will overspend against its delegated budget due to the ongoing costs pressures in prescribing plus and the impact of the uplifts requested within CHC. This can result in an impact for the ICB to deliver its statutory financial duties.	3	4	12	Budget for 23/24 has been agreed and signed off, there are 1% reserves in place to try to assist with prescribing and CHC pressures plus a central reserve for prescribing. Teams are working to minimise the impact of AQP bed prices and inflationary uplifts with high value items having to be agreed. Cost pressure within Prescribing is being partly mitigated by efficiency savings plans fully developed and now being implemented. There is still a significant element of this cost pressure driven by national pricing policies beyond local control. Other mitigation actions is being developed across the Bexley team to further reduce this. To maintain a balance budget. MHCP has delivered a balanced budget and MH budget as a whole is delivering an underspend. YTD & FOT. To continue to support team to ensure it remains with plan. Due to high cost placement, CHC budget has begun to overspend significantly at M4. Collaboration between finance and service team is ongoing to explore opportunities that can reduce the cost pressure. A separate risk is being logged to monitor this.				3	4	12
444	Director of Integrated Commissioning - Alison Rogers	Place Executive Lead (Bexley) - Stuart Rowbotham	Strategic commitments and delivery priorities: Implementation of ICB strategic commitments, approved plans, and delivery priorities	10 - 12	Insufficient capacity to meet the demand for supported discharge	There is a risk that Bexley residents will not be discharged from hospital when medically fit. This risk is caused by reduced financial allocations for adult social care support in the community, meaning that there is insufficient capacity to enable the demand for supported discharge to be met in a timely way. The likely impact of this is a poor experience for patients who remain in hospital despite not needing to be there, and the consequent delay in accessing hospital beds for patients who require them.	5	5	25	Bexley LCP has established governance arrangements to discuss the situation with provider sector and colleagues at SEL ICB. Bexley LCP has escalated the need for additional secure funding arrangements to SEL ICB central teams.	Consistent recurrent funding has not been agreed. Non-recurrent, short-notice funding has not supported the required sustainable capacity to meet demand for discharge support. Service response is currently reactive and reliant on partners 'digging deep' in times of high demand. Partners absorb unsustainable additional cost pressures from putting in emergency measures	Home First Board meetings and Resplendent work on prioritisation of resources.		4	4	16
445	Director of Integrated Commissioning - Alison Rogers	Place Executive Lead (Bexley) - Stuart Rowbotham	Workforce	13 - 15	Insufficient capacity within the LCP's Integrated Commissioning team	There is a risk that the LCP's integrated commissioning programmes, projects and business activities will be delayed or not completed in a timely manner. This is because there are senior vacancies in the LCP team which are on hold pending the ICB organisational review. The likely impact of this is that the LCP will not be sufficiently resourced to implement its delivery plans or remain able to deliver within its allocated budget envelope. There is an additional impact on the wellbeing of staff members who are temporarily covering vacancies in addition to their substantive duties.	5	3	15	The LCP has developed a plan to work with LCP partners to recruit to vacancies on an interim basis. The LCP has progressed plans to identify agency programme management support. The LCP's integrated commissioning team members are prioritising urgent matters to free capacity to cover vacancies.	Recruitment plans have not been implemented	Recruitment plan not yet approved by ICB	5	2	10	
446	Director of Integrated Commissioning - Alison Rogers	Place Executive Lead (Bexley) - Stuart Rowbotham	Finance	10 - 12	Overspend on cost-per-case budgets (CHC/MH/LD/CYP)	There is a risk that cost-per-case expenditure will exceed allocated budget for 23/24. This is because the necessary fee uplifts required for NHS funded activity exceed the affordable envelope for this. This risk for the NHS is exacerbated as adult social care partners commissioning from the same providers have increased their payment rates in line with Fair Cost of Care requirements. The likely impact of this risk is the LCP will overspend its budget and create a cost-pressure for the wider ICB.	5	4	20	Collaborative working between the Bexley LCP ICB and LA partners to align payment approaches, minimise financial impact for LCP partners balanced with fair funding of providers. CHC team have reviewed all opportunities identified at SEL level to contain/reduce costs and confirmed where any action is needed	Agreement with providers is based on a process of negotiation, which has yet to conclude. An SEL authorisation process has been established to review and align CHC uplifts	SEL Fee Uplift Review Group notes, CHC Recovery Plan September 23		4	4	16
447	Director of Integrated Commissioning - Alison Rogers	Place Executive Lead (Bexley) - Stuart Rowbotham	Workforce	13 - 15	Insufficient capacity of district nursing services	There is a risk that Bexley residents will not receive timely care where they require access to district nursing services. This is because the current demand for district nursing exceeds service capacity. The likely impact of this will be a greater number of patients with unidentifiable or unmanaged health and care needs. There is also a likely cost-pressure resulting from increased spend by the DN provider on agency staff and overtime.	4	5	20	The provider has recruited to vacancies on a temporary basis by using agency staff and extending available overtime for payroll DNs. Additional funding has been allocated to the community provider for DN services in 23/24. LCP partnership has committed to review district nursing functions. Review with partners has commenced and is due to conclude by beginning of September. Action plan with action leads has been developed and the amount of activity to be reduced has been forecast	A sustainable solution to establishment DN roles with the provider. A completed review of current district nursing functions.	Action plan to reduce activity has been developed	Action plan has not yet been completed and relies on partners to deliver	3	4	12
450	Gemma O'Neil	Diana Braithwaite	Strategic commitments and delivery priorities: Implementation of ICB strategic commitments, approved plans, and delivery priorities	10 - 12	Delivery of change and increased capacity	There is a risk that planned changes, and efforts to increase capacity to support urgent and emergency care services, will not be successful due to: * Reductions in funding, such as the discharge funds, which mean that established services / pilots must be reduced or stopped * The reliance on short-term, non-recurrent funding of discharge programmes, winter schemes etc which result in a reliance on short-term contracts which are less appealing to colleagues seeking a substantive appointment. * The availability of colleagues locally across many professions and disciplines and the inequity in the London weighting. There is a risk that planned changes, and efforts to increase capacity to support urgent and emergency care services, will not be successful due to: * Reductions in funding, such as the discharge funds, which mean that established services / pilots must be reduced or stopped * The reliance on short-term, non-recurrent funding of discharge programmes, winter schemes etc which result in a reliance on short-term contracts which are less appealing to colleagues seeking a substantive appointment. * The availability of colleagues locally across many professions and disciplines and the inequity in the London weighting when compared to inner London boroughs This would impact the ICBs ability to deliver on national performance standards and local quality improvements in service of providing Bexley residents with the satisfactory health and wellbeing outcomes.	4	4	16	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		Programme monitoring within Home First programme ops group and boards, with escalation to Bexley Wellbeing Partnership as required.	Control over national guidance	3	4	12
463	Opeyemi Adetokunbo-Aina/Clare Fernée	David Maloney	Finance	10 - 12	Significant overspend on Prescribing Budget	The Prescribing budget continues to overspend against plan. In addition to pressures on CAT M & NCSO drugs, there has been increase in long term conditions due to requirements to meet the NICE guidance and the need to switch patients to different medicines which are higher in cost due to out of stocks but not captured as CAT M nor as NCSO.	5	4	20	Monthly monitoring of spend and also Cat M and NCSO spend. This includes monitoring of price concessions spend jointly with Meds Op and finance colleagues. Rebate scheme income maximised by MM team. Additionally, identified efficiency schemes are being monitored to mitigate the current cost pressure. This will not remove overspend entirely.		Monthly finance and medicine management (MM) meetings to review spend and ensure risk is monitored and exceptions discussed. Bexley prescribing savings plan in place and reviewed regularly for any further opportunities. Bexley MM team meet regularly with Bexley GP practices and produce action plans with the most overspend practices. Prescribing support software in place for Bexley practices and messages reviewed regularly. Medicines optimisation programme (prescribing improvement scheme) in place for Bexley practices.		5	4	20
475	Opeyemi Adetokunbo-Aina & Alison Rogers	David Maloney	Finance	10 - 12	Cost pressure building up with Bexley CHC budget	There is a risk that the CHC budget may not delivery on plan thereby impacting on the Bexley Place and the ICB to delivering on its statutory financial duties.	3	3	9					3	3	9

Agenda Item: 11
Enclosure: I

Bexley Wellbeing Partnership Committee

Glossary of NHS Terms



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



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



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



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

