Lewisham Local Care Partners Strategic Board
Date: 19 September 2024, 14.00-16.10 hrs (includes 5 minute break)
Venue: MS Teams (meeting to be held in public)
Chair: Tom Brown

AGENDA

No	Item	Paper	Presenter	Action	Timing
1.	**Welcome, declarations of interest, apologies for absence & Minutes of the previous LCP meeting held on 25 July 2024 (for approval) & Action Log**	Verbal/ Encs 1 & 2	Chair	To Note/For Approval	14.00-14.05 5 mins
2.	**Any questions from members of the public** *Note response from a previous question received from a member of the public*			For Noting (Appendix A)	14.05-14.10 5 mins
3.	**PEL (Place Executive Lead) Report**	Enc 3	Ceri Jacob	To Note	14.10-14.15 5 mins
	Delivery (Lewisham priority 2) *				
4.	**Learning and Impact**	Enc 4	Dr Catherine Mbema	For Discussion	14.15-14.30 15 mins
5.	**Health Inequalities funding**	Enc 4	Dr Catherine Mbema	For Approval	14.30-14.50 20 mins
	Break – 5 mins				
6.	**Improving Flu Uptake**	Enc 5	Laura Jenner	For Discussion	14.55-15.10 15 mins
7.	**Lewisham Intermediate Care Bed extension**	Verbal	Kenny Gregory	For Endorsement	15.10-15.15 5 mins
8.	**111 Procurement**	Enc 6	Amanda Lloyd	For Discussion	15.15-15.30 15 mins

9.	**People's Partnership Action Plan**	Enc 7	Anne Hooper	For discussion	15.30-15.45 15 mins
	Governance & Performance				
10.	**Risk Register**	Enc 8	Ceri Jacob	For Discussion	15.45-15.55 10 mins
11.	**Finance update**	Enc 9	Ceri Jacob	For Discussion	15.55-16.05 10 mins
	Place Based Leadership				
12.	**Any Other Business**		All		16.05-16.10 5 mins
CLOSE					
13.	**Date of next meeting (to be held in public):** • **Thursday 21 November 2024 at 14.00 hrs via Teams**				
	Papers for information				
14.	**Minutes/Updates from:** • **Primary Care Group Chairs Report (Enc 10)**				

***Lewisham priority 2 – To build stronger, healthier families and provide families with integrated, high quality, whole family support services**

Lewisham Local Care Partners Strategic Board

Minutes of the meeting held in public on 25 July 2024 at 14.00 hrs

via MS Teams

Present:

Vanessa Smith (VS) (Chair)	Chief Nurse, South London & Maudsley (SLaM)
Ceri Jacob (CJ)	Place Executive Lead (PEL) Lewisham, SEL ICS
Anne Hooper (AH)	Community Representative Lewisham
Dr Catherine Mbema (CMb)	Director of Public Health, Lewisham Council (LBL)
Sabria Dixon (SD)	VCSE representative, Sirg London
Fiona Derbyshire (FD)	CEO Citizens Advice, Voluntary Sector Representative
Neil Goulbourne (NG)	Chief Strategy and Transformation Officer & Deputy CEO, Lewisham & Greenwich NHS Trust (LGT)
Michael Kerin (MK)	Healthwatch representative
Dr Simon Parton (SP)	GP, Primary Care representative

In attendance:

Cordelia Hughes (CH)	Borough Business Support Lead, SEL ICS (Minutes)
Lizzie Howe (LH)	Corporate Governance Lead, SEL ICS
Sara Rahman (SR)	Director of Families Quality and Commissioning
Michael Cunningham (MC)	Associate Director Finance, SEL ICS
Laura Jenner (LJ)	Director of System Development, SEL ICS

Kenny Gregory (KG)	Director of Adults Integrated Commissioning
Fiona Kirkman (FK)	Neighbourhood Lead
Jonathan McInerny (JMc)	Head of Service Long Term Conditions (LTC) & Cancer
Gamu Mutsau (GM)	Clinical Nurse Officer - CYP Joint Commissioning
Julia Ambrozy (JA)	External Attendee
Jack Upton (JU)	System Development Manager
Chima Olugh (CO)	Neighbourhood Development Manager

Apologies for absence:

Dr Helen Tattersfield
Barabara Gray
Pinaki Ghoshal
Prad Velayuthan
Amanda Lloyd
Ashley O'Shaughnessy

		Actioned by
1.	**Welcome, introductions, declarations of interest, apologies for absence & Minutes from the previous meeting held on 30 May 2024** Vanessa Smith (Chair) welcomed everyone to the meeting as the new co-chair of Lewisham LCP strategic Board. It was noted at this point the meeting was not quorate. LH advised VS that no decisions or approvals could be made until quoracy had been met (as per the committee Terms of Reference (ToRs). Apologies for absence were noted as detailed above. VS advised members on housekeeping rules. Declaration of Interests – There were no new or amended declarations of interest. At this point with the attendance of Neil Goulbourne, LH advised VS the meeting was now quorate.	

	Minutes of the Lewisham LCP Strategic Board meeting held on 30 May 2024 – these were agreed as a correct record and as read. Action log – updated. **Action 1** – *In reference to the Waldron Health Centre - can space for black led VCSE organisations be accommodated. Also, space for 1:1's as well. CJ advised space is available for free for VCSE groups, CMS to take away the suggestion with LJ.* **Action 2** – *Provider Selection Regime. Terms of reference for existing groups will be amended. Paper coming to SMT and will bring to LCP Board for noting in September.* **The LCP Board approved the Minutes of the meeting held on 30 May 2024.**	
2.	**Questions from members of the public** The Board noted that a question had been received but was too late for a full response to be provided in the meeting. The question related to items 4 and 6 on today's agenda: **Question 1** - Item 4, Action 13: It is estimated that there are about 20,000 people in Lewisham who look after a family member partner or friend who needs help because of their illness, frailty, disability, mental health circumstances or addiction. The care they provide is unpaid…I hope that the growing membership of the Unpaid Carers Forum can inform and complement its work to increase citizen involvement representing relevant populations. **Do the committee welcome this approach?** **Question 2** - Item 6, on Better Care Funding regarding an investment of over £600k and could a **breakdown of this sum be made available so that the Forum can understand what other aspects of support for unpaid carers will be funded this year?** AH would welcome (Question 1) and include the Unpaid Carers Forum in our communication and a align with the People's Partnership objectives to ensure the number of organisations in Lewisham are represented. VS confirmed that a formal response will be provided in due course to the member of the public and be included in the next set of meeting Minutes (September 2024).	

3.	**PEL (Place Executive Lead) report** Ceri Jacob presented the agenda item. The PEL report was taken as read. **Tri borough UEC Board** CJ reported that the Lewisham LHCP had established an Urgent Emergency Care (UEC) Board with representation from across the local system. The Board had an agreed recovery plan that spans four main areas: o Admission avoidance o The front door of the Emergency Department o Flow of patients through the hospital o Discharge Each of these areas are being delivered through a dedicated working group that reports into the Lewisham LHCP UEC Board. CJ reported Bexley, Greenwich and Lewisham Places have agreed to merge the Lewisham UEC Board with the Bexley and Greenwich UEC Board to reflect the footprint of the main ED provider (LGT). This will allow increased sharing of good practice, reduced duplication of governance and consistency in processes and pathways where this is felt to be beneficial to local people. The Board had met once already and is chaired by Ben Travis CEO for Lewisham and Greenwich NHS Trust. The current Lewisham UEC Board will cease to exist however, the working groups for the four areas noted above will continue and will now report into the Tri-borough UEC Board. **Community Dermatology Service** Lewisham LHCP Senior Management Team (SMT) approved direct award of the Community Dermatology Service to One Health Lewisham (OHL) under the Provider Selection Regime regulations. The contract is fixed to April 2025. A formal procurement will take place during 2024 with a go live date of April 2025 for a new community dermatology service. **Lewisham LHCP 5 Priorities** Lewisham LHCP agreed 5 key strategic priorities. These were drawn from the priorities of local partner organisations and were identified as areas where most progress could be made by working collaboratively at a local Place level. The 5 priorities also fit within the priorities of the SEL ICS. The 5 priorities are:	

	○ Collaborative working, encompassing neighbourhood development, UEC, mental health, older people and LTCs ○ Reducing health inequalities ○ Children and Young People and Family Hubs ○ Workforce welfare and employment opportunities for local people ○ Financial sustainability With limited capacity and resources, it is important that the work of the LHCP remains focused on these areas and that progress and impact is tracked. To support this, future LHCP Strategic Board meetings will be themed around 1 of the priorities on a rolling basis. The next LCP Strategic Board agenda will focus on health inequalities. NG asked if the dermatology service procurement would be going to open tender post April 2025. It was confirmed that it would. LJ mentioned that an engagement and stakeholder session will be held imminently and will forward the meeting invite to NG offline. **The Lewisham LCP Board noted the PEL report.**	
4.	**Community Integration – Fuller report and Waldron** Laura Jenner presented the agenda item. The Fuller report and Waldron report were taken as read. LJ reported on the latest updates regarding the Fuller report in reference to the Enhanced Access to Primary Care, Implementing Integrated Neighbourhood Teams, Same Day Urgent Care (SDUC) and implementation of network teams, strengthening Long Term Conditions pathway. FK will present on the fostering a stronger partnership with the Waldron work. LJ highlighted some key points: **Enhancing Access to Primary Care** LJ confirmed that all GP practices in Lewisham have an improving access to general practice plan. There has been huge pressure on GPs and a lot of work to support them to make improvements such as a digital hub for online self-referral forms for patients and supporting practices with their websites. However, there is still significant work to be done. The six Places and the SEL team are working together to reprocure the 111 service for 2026. This will need to align with wider work on Same Day Urgent Care, which is one of the requirements of the Fuller	

	Review. There has been significant work to agree a common service model across SEL and this is being tested with partners. Attendances to ED for minor conditions (type 3) is increasing. The team is reviewing data to understand what is driving this. LJ suggested that it would be useful to come back to this meeting in the future with an update. **Action:** CH to add on forward planner. Completed. **Integrated Neighbourhood Teams** LJ gave an update on the Integrated Neighbourhood teams. Lewisham has a population health team who have access to health and social care data and can drill down into particular cohorts. LJ confirmed the two areas of work are: 1) Patients with complex high end needs and using this to design an integrated team. 2) Patients with LTC, those with 3+ long terms conditions and social issues – therefore reviewing data and building services to support this area including community support. **<u>Neighbourhood 3 and The Waldon</u>** FK updated on Neighbourhood 3 in the southeast of the borough. The team is working closely with Primary Care Networks, Sevenfields and Modality and the two trusts, LGT and SLAM. The aim is to bring about a partnership including the district nursing service, Public Health, Food Justice programme and other team members from SLaM to think about working together differently. Sevenfields have developed a community café named Goldsmiths' that will enable outreach into Neighbourhood 3 and working with other partnerships. The aim is to solve some of the challenges such as hypertension and increasing the rate of diagnosis in Lewisham. There is also an opportunity to work with partners in a different way. Learning from this initiative could cascade to other neighbourhoods. **A social prescribing** lead role in Neighbourhood 3 will support social prescribers across other neighbourhoods and identify activity around social prescribing taking place and any gaps using the Joy platform. **Winter planning** is also an opportunity to support the most vulnerable patients by bringing a team together and by providing an outreach and utilising the café for example.	**CH**

	FK reported on the **Waldron** which is in New Cross and covers Neighbourhood 1. There are a number of providers that operate out of the space including GP practices, King's dental practice and LGT. There are teams on upper floors with teams such as health visiting and district nursing. FK reminded all that the Waldron refurbishment is underway and on track to finish in September 2024. The Waldon will provide improved clinical space, improved facilities for staff and space for community groups. FK reported that there will also be free space for community groups on the ground floor for local community organisations whose priority is to reduce health inequalities. Two new Waldon Navigators will be located on ground floor as a welcoming and friendly face for signposting and navigating. In addition, there will also be space for a digital hub. Other groups have mentioned their interest in the space such as Red Ribbon Living Well organisation and DWP. It will provide a holistic and personalised offer which will focus on health and wellbeing. CJ commented that there had been a struggle with engagement with our communities. A message would need to be put out to communities to ensure we engage in a meaningful way. Also, not all our neighbourhood's will have a Waldron space, therefore do we need to think about we can meaningfully duplicate this offer in our other neighbourhoods. CJ asked how we measure positive impact on communities using Goldsmith's as an example. Also, the role of co-locating and having everything in one place such as CAB, domestic abuse alongside other services. Think about the positive impact that that can have. MK asked in relation to public engagement at the Waldron which provides new opportunities, but was concerned about the following: 1) Due to financial pressures particularly during these times, the concern is around the community café for example would it be the first to go when there is a problem; what are the plans around sustainability? 2) Digital Hubs and in reference to the latest cyber-attack is there enough resilience and protection in the system and contingency plans regarding digital hubs? 3) Following on from question 2. Not everyone can cope with digital, again what are the plans for supporting those who cannot use digital outlets and ensuring that those in poverty are not losing out?	

	SR mentioned about there being an overlap particularly in Neighbourhood 3 and connecting with the Family Hub in Downham. Could possibly join together with the Hubs and outreach. Will follow up offline with FK. NG asked how far have we got with implementation of Fuller, how do we assess how much we have achieved and how far do we need to go? FD mentioned a discussion with FK around Citizen's Advice Bureau (CAB) who are keen to be involved and who do a number of outreach sessions across the borough. CAB records every outcome and every element for every resident they see, so keen to integrate and work collectively to capture some of the impact and outcomes. FK referred to the Family Hub and SR's question and noted a discussion had been held around this. FK agreed the aim is not to duplicate as resources are too scarce. However, looking at the programme schedule, north of the borough there is a need to tap into certain cohorts such as older age groups. LJ noted there is a need to think about the other neighbourhood's and a need to co-ordinate better across work areas for example, with Public Health. LJ confirmed there had been a lot of discussions on the neighbourhood propositions and how to measure the outcomes. Work is ongoing in this area. CJ said that the six SEL Places are collaborating together on a multi-morbidity and frailty service that will be delivered through the neighbourhood lens. Working across SEL on this issue should mean Places can demonstrate far more easily where community based care and neighbourhood working is having a positive impact. An update on this work will be provided at a future Board meeting. FK concluded that the 2 x navigators and community development role are funded via the North Lewisham PCN (additional roles imbursement scheme). **The LCP Board noted Fuller report and Waldron update.**	
5.	**Older People's Business Care (for Endorsement)** KG presented Older People's business case. Proactive care is personalised and co-ordinated multi-professional support and interventions for people living with complex needs. The	

	specific aims of proactive care are to improve health outcomes and patient experience by: • Delaying the onset of health deterioration where possible • Maintaining independent living • Reducing avoidable exacerbations of ill health, thereby reducing use of unplanned care KG confirmed that an overarching plan had been agreed which proposed investing approximately £500,000 over a 15-month period to implement a Proactive Care model that will: Improve quality of care received by adults aged 65+ and reduce Emergency Department attendances and Emergency Admissions from the predicted baseline by 4%. Using the proactive frailty case-finding dashboard, promote a targeted approach when identifying patients who will benefit most from Proactive Care o Improve patient experience and impact o Improve professional experience o Contribute to improvement of the wider system affordability and sustainability. KG reported on the strategic planning tool key which details the vision that we want to achieve and the workstreams. It also defines the older people transformation care key pillars which are: Proactive Care, Admission Avoidance, Integrated Discharge and Intermediate Care. Throughout the 15-month period, the service will be tracked continuously (Appendix 2) to determine how effectively it is performing. The team comprises 1 x Geriatrics Manager and Allied Health Professionals. A clinical Project Manager has been appointed and they will in turn recruit the rest of the team. KG briefly reported on the Implementation phase which is a 3 month cycle looking for a reduction in attendance and emergency admission. The community referrals will generate into our community services such as podiatry. KG referred to the current Terms of Refence and is proposing a refresh of the Older People's Transformation Board into an Ageing Well Strategic approach including mental health. KG was asking the LCP Board for their support.	

	Next August would be drafting the comms plan and a new name was proposed: the Proactive Ageing Well Service and transitioning to an ageing well approach, case finding tool and recruitment of team. CJ agreed with the proposal and reiterated that this was already in place across the other SEL Places. Key points to raise for this proposal were: 1) this is an investment saving that will benefit across the system and provide sustainability. 2) The demographic of our older population is changing significantly over the next 5 to 10 years. Also, that in areas of deprivation, people become frail approximately 10 years earlier than in more affluent areas. NG agreed with this proposal but asked what evidence there was from elsewhere and to check that we are doing a similar model. NG is supportive of the proposal. AH agreed to the proposal and said that co-production was one of the core principles for this. However, not aware of any engagement that had taken place according to the plan. If there was collaboration with community groups on this proposal, it would be welcomed. MK echoed AH comments. Also, we may not all know or agree what the word 'co-production' means, therefore clarity around this may also need more work so we are all on the same sheet and can agree the definition. VS suggested a seminar on engagement and co-production. KG agreed with the comments. KG noted that there had been significant engagement work such with local older people and through our work with Age UK. KG apologised for not factoring this into the papers. KG agreed that a joint and/or shared understanding workshop or seminar around co-production would be welcomed. **The LCP Strategic Board endorsed the Older Adults Business case.**	
6.	**Better care Fund** KG presented on the Better Care which was taken as read. KG presented on the joint health and adults social care which supports local systems, provides person centred care, and managed by S75 group. The strategic planning framework was released by NHSE in April 2023. The 2-year plan was approved by the Lewisham Health and Wellbeing Board on 24th June 2023.	

	A requirement for a BCF plan refresh for 2024/25 was required for submission to NHSE by 10th June 2024 and approved by the Health and Wellbeing Board or under delegated authority from the Board. Discharge funding, which is non-recurrent, had been incorporated into the Better Care Fund. Sign off did not align with the Health and Wellbeing Board, it received chairs action for sign off. Aim of the BCF is to support people to live healthy and live interdependently and to stay well and receive the right care, at the right place at the right time. Budget overall was £52m (refer to section 4.1) which provides a breakdown of the spend, key scheme initiatives and metrics (refer to Item 6 of Better Care Fund slide deck). MK wanted to understand the dynamics but questioned the proposal on how this group would be able to influence how the money was used particularly around the VCSEs, and that it could work better together if the BCF could support this, rather than being told funding has been allocated. CJ confirmed that some areas of the budget are attached to services and were therefore fixed however, other areas can be reviewed. For VCSE, this can be looked at this year. VCSE allocated £100k via the ICB to support capacity building this year. The BCF VCSE funding is recurrent and its use can be discussed through the People's Partnership. **The LCP Board endorsed The Better Care Fund with final sign off via Health and Wellbeing Board.** **Break – 14.15 hrs (5 mins) – all due to return at 14.20 hrs**	
7.	**Risk Register** CJ presented the risk register which was taken as read. CJ confirmed that 1 risk had become worse and 3 were showing steady positions. Noted 2 risks had improved but financial balance reporting at M3 showed a deficit. Risk 506 - CHC and prescribing are big pressures. Weekly review meetings with CHC team with focus on reducing the backlog of reviews. CHC is also a pressure to the LA (Local Authority).	

	Risk 334 – Delivery of Mental Health plan long term trajectories. There are some actions in place for example, physical health checks for people with Serious Mental Illness or Learning Disabilities had seen improvements. Some of the alliance subgroups for oversight are being restarted which are: Crisis Collaborative and Adults Transformation Assurance and Outcome forum. Risk Appetite set out on p.87 and LCP Comparative risks pgs. 95-97 – to check for consistency across the six Places and review of the financial balance. **The Risk register was noted by the LCP Board.**	
8.	**Finance update** Michael Cunningham presented the Finance update which was taken as read. At Month 3, the borough is reporting a year to date (YTD) overspend of £392k but is retaining a forecast outturn of breakeven. It should be noted this is the first time in recent history that Lewisham place has reported an overspend and is reflective of the severity of the financial challenges faced locally and across SEL. A breakeven FOT is currently maintained in anticipation that sufficient financial recovery measures will be identified and implemented in the remainder of the year. CHC shows a material overspend YTD of £1,310k and FOT of £5,239k (outturn 2023/24 £3,638k). The position is driven predominantly by the full year effect of activity pressures seen in the second half of last year c.£1,445k, a significant element relating to LD (Learning Disability) patients. Prescribing shows an overspend YTD of £390k and FOT £1,547k overspend (based on April's data) prescribing data is received 2 months in arrears. April's data did show a spike in activity compared to February and March 2024. MC continued that May's data is not looking much better and will update at the next meeting. A group had been set up to review overspend and understand the key drivers and what we can do locally. Most of the remaining budgets are showing break-even or underspends and are partial mitigation to offset CHC and prescribing. Each borough has signed a Delegated Budget Agreement with the ICB and is obliged to deliver a break-even position by end of the year.	

	MC referred to the Children's and Adults social care position in the Council which had forecast an overspend of Adult's £6m and children £7.9m in 2024/25. For the position across the wider ICS – a system wide plan had been submitted to NHSE in June. This forecast an aggregate net deficit of (£100m) including a £40.8m surplus in the ICB to offset provider planned deficits. The ICB £40.8m surplus consists of a £4.8m stretch target for the ICB; £21.0m of agreed improvements to providers' positions; and an additional £15.0m stretch (King's), held in the ICB for planning purposes only. £16.5m of improvements to provider positions will be externally funded by NHSE by additional income. Reporting the position at M3, SEL ICB showed a surplus of £697k against resource limit. £0.5m adverse to plan due to non-recurrent costs resulting from the Synnovis cyber-attack. Across the broader system SEL ICS reported a YTD £74.3m deficit adverse to plan £25.6m. MC said that it was a challenging financial position and needed to bring in those efficiencies and financial mitigations across the system. AH asked about Lewisham Place with regards to mitigations on current overspend and what would be the impact on further reductions on primary and community services. Also, if this were to happen what would be the impact on these services and the population needs. MC advised that Lewisham SMT is very mindful of clinical safety, quality and the impact on populations needs in making decisions. Difficult decisions will be required, but any decisions will be mindful of residents and services provided in the borough. **The LCP Board noted Finance update.**	
9.	**Any Other Business** LJ gave an update on the proposed LCP Board Seminar scheduled for 5th September which has now been converted to focus on the neighbourhood model and changes we would like to implement. It will be a marketplace event so there will be plenty of stalls to showcase elements of the programme. Meeting closed 15.44 hrs.	

10.	**Date of next meeting.** Thursday 19 September 2024 at 14.00 hrs via Teams	
11.	**Minutes of previous meetings** VS noted the further documents attached in the pack for information.	

Lewisham LCP Strategic Board Action Log

Date of meeting & agenda item:	Action:	For:	Update:
25/07/24 1.Welcome and previous actions. Action 2 (30/05/24)	**Provider Selection Regime**. *Terms of reference for existing groups will be amended. Paper coming to SMT and will bring to LCP Board for noting in September.*	**KG/CJ**	On the agenda. Completed
25/07/24 4.Community Integration – Fuller report.	**Community Integration – Fuller report** The team is reviewing data to understand what is driving this type 3 increase. LJ suggested that it would be useful to come back to this meeting in the future with an update.	**CH**	To add to forward planner. Completed.
30/05/2024 (3). PEL (Place Executive Lead) report	**Waldron** - *BG commented on contracts for organisations to deliver services access to space issue and booking rooms. Reception area and pop ups will be in the large ground floor space. Can space for black led VCSE organisations be accommodated. Also, space for 1:1's as well. CJ advised space is available for free for VCSE groups, CMS to take away the suggestion with LJ.*	**CMS/LJ**	Completed

South East London Integrated Care System

NHS South East London

APPENDIX A

[redacted]
SENT BY EMAIL

Ceri Jacob
Lewisham Place Excutive Lead
[redacted]

Monday 20th August 2024

Dear [redacted]

My sincere apolgies for the delay in responding to you regarding your question submitted for our Local Care Partnership Strategic Board meeting held on Thursday 25th July 2024 via our Lewisham Question's inbox.

You had asked the following questions relating to items 4 and 6 on the agenda and I can now respond as follows to the points you have raised.

It is estimated that there are about 20,000 people in Lewisham who look after a family member partner or friend who needs help because of their illness, frailty, disability, mental health circumstances or addiction. The care they provide is unpaid…I hope that the growing membership of the Unpaid Carers Forum can inform and complement its work to increase citizen involvement representing relevant populations. Do the committee welcome this approach?

The Board agreed with this approach, particularly [redacted] our Lay Member who noted she is keen to include the Unpaid Carers Forum in the work of the People's Partnership objectives to ensure the number of organisations in Lewisham are represented. In addition, to review the interface between the People Partnership and the Unpaid Carers Forum.

Your final question related to the Better Care Fund (item 6 on the agenda):

It is also to be welcomed that the sum of £658,646 is to be made available for Carer Services as part of the refresh in 24/25. I have assumed that a significant percentage of this funding is committed to the jointly commissioned Maximising Well-being Service provided by Imago. Clearly the Lewisham Unpaid Carers Forum is very new initiative, and it would not have been possible to share details with the Forum before or seek their views on this. Please could a breakdown of this sum be made available now so that the Forum can understand what other aspects of support for unpaid carers will be funded this year.

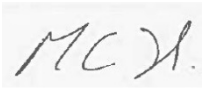
I can now provide a breakdown of this funding as requested below:

1. *Maximising Wellbeing of Unpaid Carers – As noted in London Borough of Lewisham tender documentation, the annual contract value was estimated at £320,457 and the successful bidder's annual contract value is within this prescribed annual amount.*
2. *A contribution to respite care of £352k*

Thank you again for taking the time to contact the Lewisham Local Care Partnership Strategic Board with your questions. I do hope this has answered your question, however, if you would like to discuss this further, please do not hesitate to contact me.

In the meantime, our next Local Care Partnership Strategic Board public meeting is taking place on Thursday 19th September, 14:00 and as you are aware, you are welcome to attend to hear about the latest developments in Lewisham.

Yours sincerely,



Ceri Jacob
Place Executive Lead
Lewisham ICB

Lewisham Local Care Partners Strategic Board
Cover Sheet

Item 3
Enclosure 3

Title:	**PEL Report**
Meeting Date:	**19 September 2024**
Author:	Ceri Jacob
Executive Lead:	Ceri Jacob

Purpose of paper:	**To provide a general update to the Lewisham Care Partnership Strategic Board**	Update / Information	**x**
		Discussion	
		Decision	

Summary of main points:

This report provides a brief summary of areas of interest to the LCPSB which are not covered within the main agenda.

Waldron Centre
The Waldron community hub in Amersham Vale (neighbourhood one) received funding from NHSE of £1,751,000 to refurbish the ground floor and to support the provision of health and care with the VCSE at the center of the model. The refurbishment was due to complete in early September but has been delayed by a couple of weeks with completion now anticipated by late September early October.

Work is continuing as planned in the remaining two workstreams; the service model group and the community engagement group.

Neighbourhood development acceleration
At the last LHCP Strategic Board an update was provided on progress with implementing the Fuller Recommendations, including the development of neighbourhoods and collaborative delivery.

The CEOs across Lewisham have tasked the LCP and partner organisations with accelerating the existing neighbourhood development programme. The following principles will underpin our ways of working in Neighbourhoods in Lewisham:

- We will be data driven, making best use of our Population Health Team
- We will be focused on the self-defined and professionally defined outcomes for individuals, not organisational measures
- We will provide single points of contact for people needing to access the system
- We will ensure the “wiring” of the system is hidden so that patients/residents experience joined up care, however complicated their needs

	• We will rigorously evaluate the impact of our work, utilising external evaluation partners and opportunities for external peer challenge Three key areas have been identified to be accelerated: • Prevention and self-management, working alongside and supporting local communities and trusted leaders at a neighbourhood level and using our Population Health Team to clearly identify where we need to focus our collective effort for maximum impact on health inequalities and longer-term wellbeing. • How teams work together to provide single points of access for our patients/residents and a seamless service by working as a team of teams making best use of Trusted Assessors and similar roles. • Securing an evaluation partner to help us understand the impact of our work and what more we can do to maximise the benefits of neighbourhood working for our population. A working group has been established, which will report into the three local CEOs. A detailed update on progress will be provided at the next LHCP Strategic Board. **Darzi Report** On Thursday 12 September Lord Darzi's rapid review of the state of the NHS was published. Summary letter from Lord Darzi to the Secretary of State for Health and Social Care - GOV.UK (www.gov.uk) He raised a range of issues affecting the NHS, notes the pressure the NHS is under and makes 7 main recommendations: • Re-engage staff and re-empower patients. • Lock in the shift of care closer to home by hardwiring financial flows. • Simplify and innovate care delivery for a neighbourhood NHS. • Drive productivity in hospitals • Tilt towards technology. • Contribute to the nation's prosperity. • Reform to make the structure deliver. He also comments on ICBs, noting some ambiguities within the new system and a need to clarify these. A new 10-year plan is anticipated in October. **Rotation of Co-Chair for the Lewisham Health and Care Partnership Strategic Board** Co-chairing arrangements for the LHCP Strategic Board rotate once a year on a staggered basis ie. every 6 months one of the co-chair roles rotates. Tom Brown's tenure comes to an end in October and a new co-chair will be announced within the next 4 weeks. I would like to thank Tom for his support and contribution to the Board in the co-chair role over the last year.
Potential Conflicts of Interest	**None**

Any impact on BLACHIR recommendations	The Waldron Centre work and the Neighbourhood development programme will also explicitly address health inequalities and Opportunities for Action identified in the BLACHIR report. The impact of the Darzi report will be better understood when the new NHS 10 year plan is published.			
Relevant to the following Boroughs	**Bexley**		**Bromley**	
	Greenwich		**Lambeth**	
	Lewisham	✓	**Southwark**	
	Equality Impact	NA for this paper		
	Financial Impact	NA for this paper		
Other Engagement	Public Engagement	NA for this paper although engagement will take place at a programme level for each of the areas covered.		
	Other Committee Discussion/ Engagement	NA		
Recommendation:	The Board is asked to note this update.			

Lewisham Local Care Partners Strategic Board
Cover Sheet

Item 4 & 5
Enclosure 4

Title:	**Lewisham Health Inequalities and Health Equity Programme – learning/impact and funding 24/25**
Meeting Date:	**19th September 2024**
Author:	Dr Catherine Mbema
Executive Lead:	Ceri Jacob

Purpose of paper:	• To provide an update on the Lewisham Health Inequalities and Health Equity Programme 2022-24 • To outline the plans for SEL Health Inequalities funding in Lewisham for 24/25	Update / Information	*x*
		Discussion	x
		Decision	*x*
Summary of main points:	• There has been good progress in workstreams 1, 2 and 3 of the programme to date. • There has been some progress in workstreams 4 and 5 but more to be done around a wider borough inequalities network yet to be established and workforce toolbox yet to be developed but first component for Black British History and anti-racism in the process of being commissioned/developed/piloted. • Workstreams 6-8 have been cross-cutting, particularly workstream 8. • Indicator dashboard has been developed to monitor progress (also attached for those unable to access via the link): https://app.powerbi.com/groups/me/reports/91b12be0-b579-4488-80e1-1b658e243271/ReportSection?experience=power-bi		
Potential Conflicts of Interest	**Nil**		
Any impact on BLACHIR recommendations	**These are detailed in the content of the report**		

Relevant to the following Boroughs	**Bexley**		**Bromley**	
	Greenwich		**Lambeth**	

	Lewisham	✓	**Southwark**	
	Equality Impact	The main content of the report relates to the programme of work that aims to address health inequalities faced by those in protected characteristic groups related to sexuality (those who identify as LGBTQ+) and ethnicity (those in Black and minoritised groups). The programme intends to improve outcomes and have a positive impact for those in these groups.		
	Financial Impact	The funding for the programme has been budgeted for and should not result in any cost pressures for the system.		
Other Engagement	Public Engagement	The programme was conceived with good engagement from a number of community organisations/members of the public via a Health Inequalities Summit in November 2021 and Community Planning Day in March 2022. Some projects within the programme include ongoing engagement with community groups and wider public throughout the course of the programme e.g. BLACHIR community partner and Health Equity Teams. In terms of future planning for the programme, specific engagement is being planned/underway for projects that will be ongoing.		
	Other Committee Discussion/ Engagement	Regular updates about the programme are made to the Lewisham Health and Wellbeing Board.		
Recommendation:	To agree the plans for health inequalities funding for 24/25 and future plans for project within the programme.			

Lewisham Health Inequalities and Health Equity Programme 2022-24

Next steps for programme beyond 2024

Dr Catherine Mbema

Overview of presentation

- Summary of workstreams
- Summary of projects, outputs, evaluation and funding
- Next steps and discussion

Lewisham Health Inequalities & Health Equity Programme 2022-24

Aim:

Local health & wellbeing partnerships across health system and communities focused on equitable access, experience and outcomes for Lewisham residents, particularly those from Black and other racially minoritised communities

Objectives:

1. System leadership, understanding, action and accountability for health equity
2. Empowered communities at the heart of decision making and delivery
3. Identifying and scaling-up what works
4. Establish foundation for new Lewisham Health and Wellbeing Strategy
5. Prioritisation and implementation of specific *opportunities for action* from Birmingham and Lewisham African Caribbean Health Inequalities Review (BLACHIR)

There are **eight concurrent and intersecting workstreams**:

Workstream	Aim
1) Equitable preventative, community and acute physical and mental health services	Designing, testing and scaling up new models of service provision that achieve equitable access, experience and outcomes for all
2) Health Equity Teams	Place-based teams to provide leadership for system change and community-led action supported by the Health Equity Fellows Programme
3) Community Development	Infrastructure development to empower communities and deliver community-led service design and delivery
4) Community of Practice	Sharing synergies across PCN Health Equity Teams, workforces and communities
5) Workforce Toolbox	Increase awareness and capacity for health equity within practice
6) Maximising Data	Maximising the use of data, including Population Health platform, to understand and take action on health inequalities
7) Evaluation	Evaluation within and across programme to identify what does and doesn't work
8) Programme Enablement & Oversight	Programme management, support and coordination

Overall summary of progress

- Good progress in workstreams 1, 2 and 3
- Some progress in workstreams 4 and 5 but more to be done:
  - Community of practice for Health Equity Fellows developed by wider staff health inequalities network yet to be established.
  - Workforce toolbox yet to be developed but first component for Black British History and anti-racism in the process of being commissioned/developed/piloted.
- Workstreams 6-8 have been cross-cutting, particularly workstream 8
- Indicator dashboard has been developed: https://app.powerbi.com/groups/me/reports/91b12be0-b579-4488-80e1-1b658e243271/ReportSection?experience=power-bi

Workstream 1: Equitable preventative, community and acute physical and mental health services – Projects to date (1)

Project name	Project Aim	Funding allocation/source (recurrent/one-off)	Main Project Output	Process metrics	Evaluation completed/Learning to date	Plan for 24/25	Recommendation for sustainability / next steps
Community based preventative health outreach programme	To make community-based preventative outreach more sustainable and to establish a programme of preventative outreach that will focus on libraries and faith settings.	£83,730.71 (recurrent SEL ICS health inequalities funding)	Refurbishment of the Lewisham CommUNITY space in Lewisham Shopping Centre (Unit 19) to serve as a central location for community-based preventative outreach. Commissioned provider Enable has managed and run the space to date.	Engaging with 600 Lewisham residents per month Run 10 health and wellbeing sessions (activities or workshops) per week. Host 8 regular health and support services (i.e. sexual health clinics, health checks, NHS workshops). Working alongside LGBTQ+ organisations in Lewisham to run at least 1 workshop per quarter. Run at least 1 workshop per quarter for minority ethnic communities (including Black African and Black Caribbean residents).	No formal evaluation	Procurement exercise for CommUNITY space provider completed. Contract started on the 1st June 2024 and was awarded for 1 year with potential to extend for a further 2 years.	For this project to continue with ongoing recurrent funding from SEL ICS. Shortfall in recurrent funding (approximately £40,000) to commission provider from 30th May 2025.

Workstream 1: Equitable preventative, community and acute physical and mental health services – Projects to date (2)

Project name	Project Aim	Funding allocation/source (recurrent/one-off)	Main Project Output	Process metrics	Evaluation completed/Learning to date	Plan for 24/25	Recommendation for sustainability / next steps
Implementation of opportunities for action from the Birmingham and Lewisham African Caribbean Health Inequalities Review (BLACHIR)	To co-produce the implementation of opportunities for action from the BLACHIR report.	£125,596.06 (recurrent SEL ICS health inequalities funding)	Commissioning of BLACHIR community partner, Social Inclusion Recovery Group (SIRG) for 16 months. Recruitment of a fixed term BLACHIR Senior Project Officer for 18 months.	1. Number of Opportunities for Action (OFAs) from the BLACHIR report completed or in progress via the HI & HE programme 2. Number of events attended and delivered to promote BLACHIR by community partner 3. Number of community contacts engaged by community partner	No formal evaluation	BLACHIR Community Partner contract extended until October 2024. BLACHIR Senior Project Officer to be in post until 2025.	Effective model for system accountability to wider community for implementation of BLACHIR opportunities for action. More work to develop effective feedback mechanism to system leaders/work.

Workstream 1: Equitable preventative, community and acute physical and mental health services – Projects to date (3)

Project name	Project Aim	Funding allocation/source (recurrent/one-off)	Main Project Output	Process metrics	Evaluation completed/Learning to date	Plan for 24/25	Recommendation for sustainability / next steps
Community Connections Lewisham (CCL) Prostate Cancer Support Role	To bring the experience and benefits of a social prescribing service to a secondary care setting. Providing more holistic support to patients, empowering them to take control of their health and wellbeing to tackle health inequalities that will ultimately affect their medical treatment.	£63,635 (recurrent SEL health inequalities funding)	Established a Prostate Cancer Support Role, links from secondary Care into the community. Set up new referral pathways. Directly supported men and those affected by Prostate Cancer. Community outreach and awareness raising events. Partnership with Prostate Cancer Support Group and regular facilitated sessions.	Proportion of residents supported with Social Prescribing interventions and the Peer Support Group are of Black African and Black Caribbean heritage. Proportion of residents supported with Social Prescribing interventions are signposted or referred to three or more services.	Review has been undertaken. Draft report being finalised. The scheme has a positive impact in raising awareness of and supporting people affected by prostate cancer. There has also been significant learning demonstrating the benefits of better links between secondary care and community/ VCS services. Shows value of benefits of a holistic approach to care.	The current contract ends on 30th September 2024.	Macmillan will be funding a two-year social prescribing initiative for those diagnosed with cancer via Community Connections Lewisham. Macmillan will also be funding a three-year Cancer Champion programme via Community Connections Lewisham. The funding for the prostate cancer support role will therefore be released for a new initiative.

Workstream 1: Equitable preventative, community and acute physical and mental health services – Projects to date (4)

Project name	Project Aim	Funding allocation/source (recurrent/one-off)	Main Project Output	Process metrics	Evaluation completed/Learning to date	Plan for 24/25	Recommendation for sustainability / next steps
HEE Population Health Fellows - addressing inequalities in clinical outcomes	To use the integrated data set to work with clinical teams across Lewisham to prioritise clinical services for review to identify differential clinical outcomes.	£75,357.64 (recurrent SEL health inequalities funding)	-Working to develop a model of cardiovascular diseases with analysts, public health, primary care -Proposing a population collaborative alongside other stakeholder (workshop delivered and proposal agreed by PH, ICS) -Engagement with other collaborators – health innovation network south london, King's college London, SEL long term conditions team -Presentation of QI projects on national academic platforms -Participation in benefits / impact evaluation	Measures being developed for the hypertension risk score, Atrial Fibrillation and DNA risk	No	-Clearer role defined for the fellow to be a link between health equity fellow projects and the pop health analytic team -Clearer role for engagement leads working through evaluation plans and putting together projects	-CVD project to go across 2 years with a timeline currently being developed -Co-ordinate evaluation and platform findings for scalability across SEL and wider -Look to expand "building blocks" approach to engagement and developing projects -Lead insight work to help Lewisham/Greenwich direct services, would be good to sit on JSNA Recommendation that funding to continue to enable continued clinical fellows' recruitment.

Workstream 1: Equitable preventative, community and acute physical and mental health services – Projects to date (5)

Project name	Project Aim	Funding allocation/source (recurrent/one-off)	Main Project Output	Process metrics	Evaluation completed/Learning to date	Plan for 24/25	Recommendation for sustainability / next steps
Addressing inequalities in elective surgery waiting lists	To implement proactive approach to identifying patients at risk of inequalities to provide health optimisation support so they are fit for surgery without further delays.	£125,596.06 (recurrent SEL health inequalities funding)	Established of approach within T&O, with expansion in ENT and General Surgery	Number of patients discussed at clinical panel Number of patients referred to each pathway (Anaemia, diabetes, POPS, smoking cessation, weight management, learning disability) Proportion of patients with improved health outcomes (HbA1c, Hb, BP, Smoking status)	Interim 6 month evaluation has been completed. Varying needs across surgical specialties due to patient population and procedure complexity – e.g. ENT procedures are lower risk and a younger patient age profile To optimise health ahead of surgery, support for frailty and anaemia is key.	Expand approach into new surgical specialties Expand approach with Acute Provider Collaborative (APC) funding to Queen Elizabeth Hospital (QEH) Complete co-production project and shape improvements based on learnings Fuller evaluation with outcome data	Findings from initial evaluation are positive and future evaluation will provide more insight into outcomes as more patients go through surgery. Service is supported by additional funding from APC to make sustainable alongside Lewisham funding. Recommendation for service to continue.

Workstream 1: Equitable preventative, community and acute physical and mental health services – Projects to date (6)

Project name	Project Aim	Funding allocation/source (recurrent/one-off)	Main Project Output	Process metrics	Evaluation completed/Learning to date	Plan for 24/25	Recommendation for sustainability / next steps
Improving recording of special category data	To improve access to accurate and up to date data, the recording of special category data (including ethnicity and sexual orientation) across the health system.	£70,846.23 (recurrent SEL health inequalities funding)	Improved data collection – understanding of whether certain groups require a targeted approach	Number of patient records amended Proportion of patient records in iCare and RiO with complete ethnicity record	Some learning of initial coding project – demonstrates there are data completeness issues to resolve but no one group appears disproportionately impacted	To repurpose this funding to recruit to a specific role within community services to improve special category data collection	To recruit to new role with repurposed funding.

Workstream 1: Equitable preventative, community and acute physical and mental health services – Projects to date (7)

Project name	Project Aim	Funding allocation/source (recurrent/one-off)	Main Project Output	Process metrics	Evaluation completed/Learning to date	Plan for 24/25	Recommendation for sustainability / next steps
Specialist Smoke Free Pregnancy Midwife	To commission a tri-borough Specialist Smoke Free Pregnancy Midwife to be responsible for the delivery of 'Smoke Free Pregnancies'. To facilitate training, provide support for non-specialist staff and performance management, and engage with external stop smoking services.	£21,633 (recurrent SEL health inequalities funding)	Specialist Smoke Free Pregnancy Midwife in post across Lewisham and Greenwich Trust	Number of women receiving CO monitoring at 36 weeks pregnancy Number of women smoking at time of birth Number of maternity staff trained to deliver brief interventions in relation to smoking cessation	Rate of CO monitoring at 36 weeks has increased significantly from 42% in January 2023 to 80% in Q4 2023/24. Smoking at time of birth rates are meeting the target of below 6% at UHL. Data at end of 2023 (latest report) is that – 92% midwives are trained, 92% doctors are trained, and 96% of maternity support workers are trained. This is a significant increase from Q2 where there were 67% midwives trained, 56% doctors trained, 20% Maternity Support Workers.	To complement the work of the specialist Smoke Free Pregnancy Midwife: • Specialist Maternity Support Worker to be recruited to work across hospital sites • DHSC are looking to LGT to be an early adopter of a nationally-funded incentive scheme, due to the pilot delivered previously by the midwife. • NHS Long Term Plan funding for smoking in pregnancy has been agreed, but LGT are awaiting letters confirming funding amount, which will influence the scope of service delivery moving forwards • Continue work to analyse equalities data to inform future service delivery.	The role will continue to be recurrently funded in partnership by Lewisham Health Inequalities programme and Greenwich Public Health.

Workstream 1: Equitable preventative, community and acute physical and mental health services – Projects to date (8)

Project name	Project Aim	Funding allocation/source (recurrent/one-off)	Main Project Output	Process metrics	Evaluation completed/Learning to date	Plan for 24/25	Recommendation for sustainability / next steps
Culturally Tailored Tier 2 Adult Weight Management	To pilot and evaluate a culturally tailored Tier 2 weight management service for adults to address ethnic inequalities in overweight and obesity in Lewisham	£171,267.00 (one-off CCG funding)	The pilot of Up!Up! a co-produced culturally tailored service delivered by GSTT.	Proportion of participants completing the active intervention. Proportion of participants giving baseline measurements at end of 12-week intervention that reduce measurements by a minimum of 2% of baseline measure. Proportion of completers that lose a minimum of 5% of their baseline anthropometric measurements at the end of the active intervention.	Officers commissioned an external evaluation which found that Up!Up! is progressing positively and consistently. Participants highly value and endorse the programme. However, there is a need for ongoing engagement with the Black African and Black Caribbean (BABC) community to ensure a sustainable and equitable service that caters to their specific needs and delivers positive health outcomes.	Officers are looking to consult with stakeholders/residents regarding recommissioning. Current service to be extended to 31st March 2025.	This service will be recurrently funded in part from the public health grant alongside universal Tier 2 adult weight management services and partly from SEL ICB Vital 5 funding. Scoping is underway to develop a maternity culturally tailored service in Lewisham. Up!Up! has also influenced the development of culturally tailored weight management services in other boroughs. Further investment into aftercare provisions needs to be considered and working in partnership with black-led VSCO's.

Workstream 1: Equitable preventative, community and acute physical and mental health services – Projects to date (9) – ALTERNATIVE SOURCE OF FUNDING REQUIRED

Project name	Project Aim	Funding allocation/source (recurrent/one-off)	Main Project Output	Process metrics	Evaluation completed/Learning to date	Plan for 24/25	Recommendation for sustainability / next steps
Pride in Practice – workforce training	To improve Lewisham's statutory, voluntary and community sectors to work towards greater inclusion of LGBTQ+ people and their needs.	£47,754 (one-off CCG funding)	One-year contract with the LGBT Foundation Pride in Practice programme to include VCS organisations in workforce training.	To work with local charities/commissioned services to raised awareness on LGBTQ+ service user needs. 95% of participating professionals will report that their knowledge has increased around LGBTQ+ people's needs. 100% of total organisations will report increased knowledge of LGBTQ+ people's experiences	No local evaluation	The contract with Pride in Practice came to an end in May 2024. In light of the recommendations from the LGBTQ+ JSNA for Lewisham planning is underway to take learning from the work to date to agree resource and scope for further workforce training.	A recurrent source of funding is required to continue workforce training in this area. Officers are working with local providers to explore service delivery bespoke to LGBTQ+ residents e.g. cliniq.

Workstreams 2 and 3: Heath Equity Teams and Community Development - CONTINUE

Project name	Project Aim	Funding allocation/source (recurrent/one-off)	Main Project Output	Process metrics	Evaluation completed/Learning to date	Plan for 24/25	Recommendation for sustainability / next steps
Health Equity Teams / Community Champions	To recruit a Heath Equity Fellow in each Lewisham PCN and form Health Equity Teams with a local community organisation. Teams to co-produce health equity projects in their respective PCNs for 1 year. To recruit a diverse group of Lewisham Health and Wellbeing Community Champions to support health promotion to achieve health equity in Lewisham.	Health Equity Fellows: Part recurrent funding from SEL ICS - £197,604.47 and part one-off CCG funding £40,896 Commissioned VCS groups: one-off CCG funding of £240,000 for 6 groups to recruit Champions and work on co-produced projects within health equity teams.	Six Lewisham Health Equity Teams consisting of Health Equity Fellows, commissioned community groups and additional PCN staff.	Number of residents engaged by health equity teams (through events or other activities) Number of additional staff recruited across all health equity teams Number of new PCN interventions across all health equity teams	Evaluation of educational component of Health Equity Fellowships delivered by KCL completed: main learning, need for shared training and support for coproduction in addition to the need for a shared strategy to cultivate data driven and measurable priorities. Evaluation of Health Equity Teams is being commissioned.	Health Equity Teams will complete their work by October 2024. Planning is underway to evolve the work into a collaborative community driven population health approach for primary care in Lewisham. The next cycle will focus on embedding co-production with community organisations and work with community champions as business as usual for primary care.	Recurrent funding will be required to continue with the current model for the shortfall in funding for Health Equity Fellows (£40,896) and commissioned VCS groups. Additional funding will be needed to address the collaborative training needs across health equity teams along with program managerial support.

Next steps

- Several projects in workstream 1 will require ongoing recurrent funding from SEL health inequalities funding alongside evaluation for a longer time period.
- Some shortfalls in recurrent funding for continuation of projects that are not recurrently funded.
- Evaluation completion required for a number of workstreams.
- £63,635 available for 24/25 for additional HI project.
- Process needed for release/reallocation of funding.
- Future governance for ongoing projects within the 22-24 programme to be determined ahead of 2025.

Workstream 1

Equitable preventative, community and acute physical and mental health services

Aim: *Designing, testing & scaling up new models of service provision that achieve equitable access, experience and outcomes for all.*

Community Connections Prostate Cancer Support Group

1

Count of Proportion of residents supported with Social Prescribing interventions signposted or referred to three or more services.

12

Number of residents supported with Social Prescribing interventions in Q3

83%

Proportion of residents supported with Social Prescribing interventions signposted or referred to three or more services.

Targeted Adult Weight Management - Up Up

Proportion of participants giving baseline measurements at end of 12-week intervention that reduce measurements by a minimum of 2% of baseline measure per quarter

Average proportion of completers that lose a minimum of 5% of their baseline anthropometric measurements at the end of the active intervention

Q2-Q3 23/24

25%

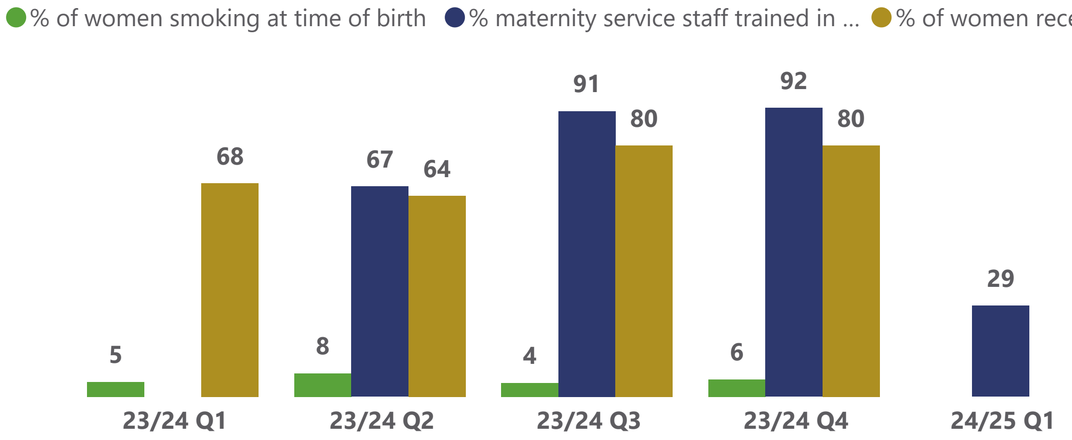
Proportion of participants completing the active intervention per quarter

Workstream 1

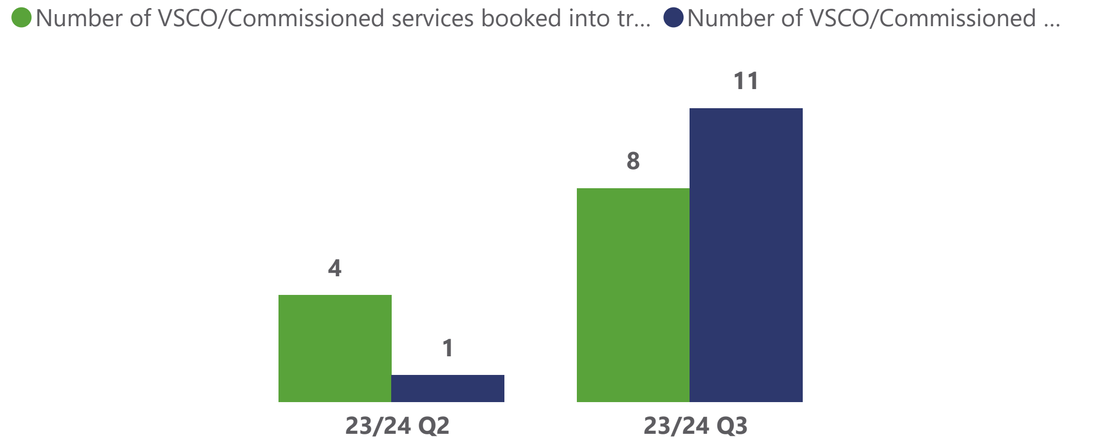
Equitable preventative, community and acute physical and mental health services

Aim: *Designing, testing & scaling up new models of service provision that achieve equitable access, experience and outcomes for all.*

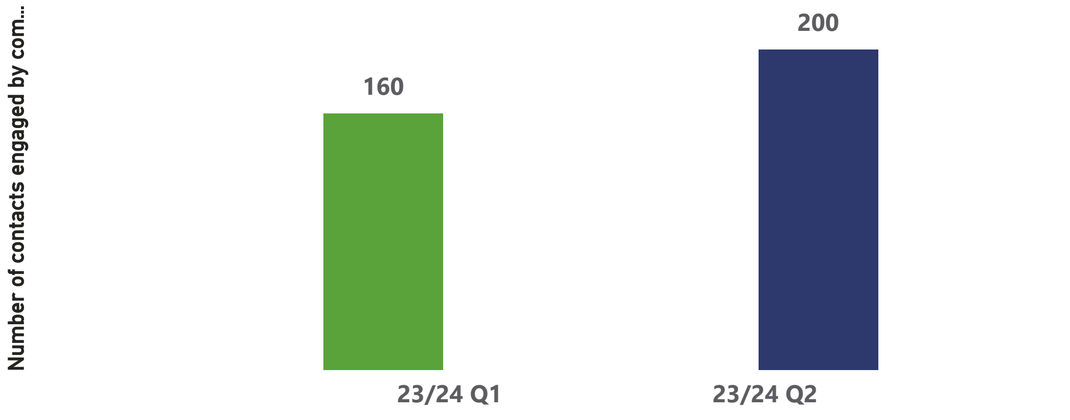
Smokefree Pregnancy Midwives



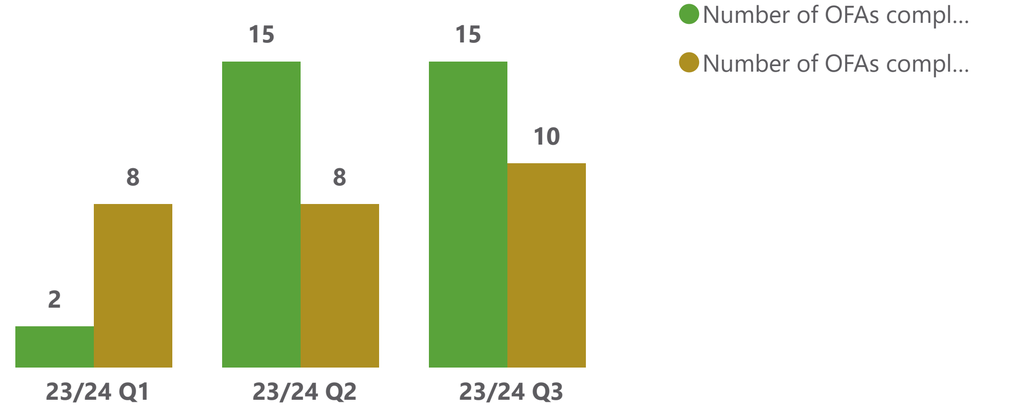
Pride in Practice



BLACHIR Contact Engagement



BLACHIR Opportunities for Action



Workstream 1

Equitable preventative, community and acute physical and mental health services

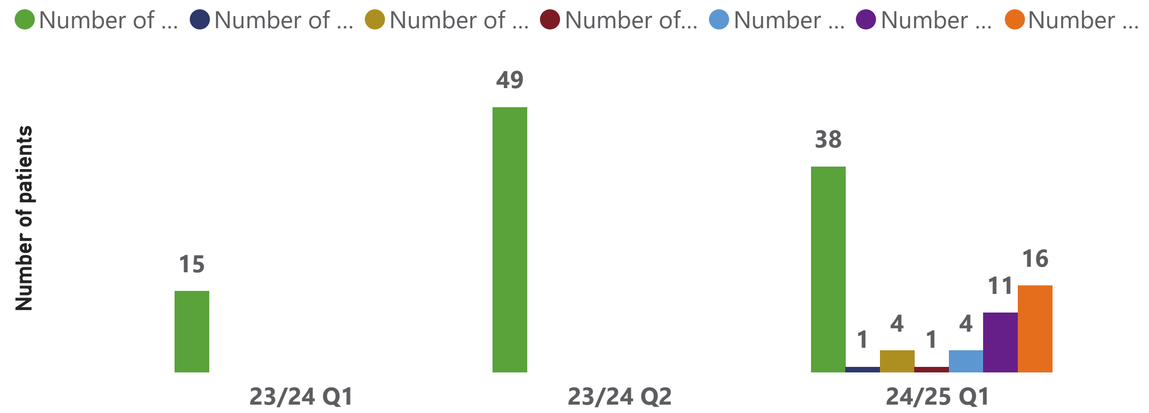
Aim: *Designing, testing & scaling up new models of service provision that achieve equitable access, experience and outcomes for all.*

Population Health Fellows

3

Number of projects being worked on in Q1

Addressing Inequalities in Elective Surgery Waiting Lists



Community Based Preventative Health Outreach Programme

Enable were officially commissioned on 1st June 2024 to undertake the coordination and infrastructure of the community space.
The provider is working towards KPIs for 24/25 and is increasing the frequency of health and wellbeing interventions/drop-in's for Lewisham residents.

Improving Collection of Special Category Data

9225

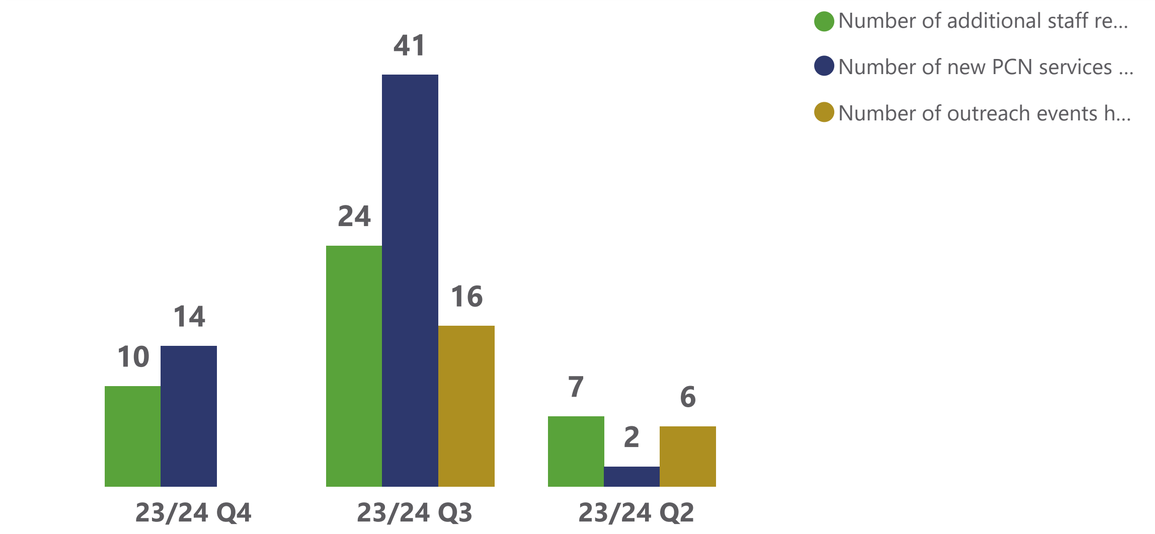
Number of patient records amended in Q3

Workstream 2

Health equity teams

Aim: *Place-based teams to provide leadership for system change and community-led action*

Health Equity Teams' Quarterly Outcomes



Red Ribbon Health Equity Partnership

Health Equity Teams' Engagment

2526

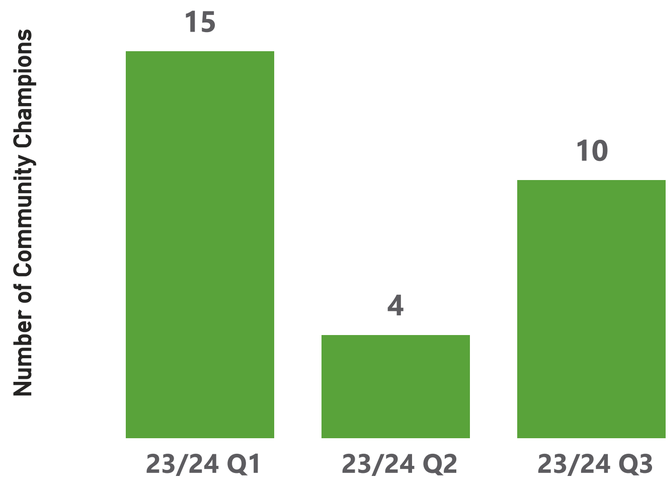
Total number of residents engaged by health equity teams through events or other activities

Workstream 3

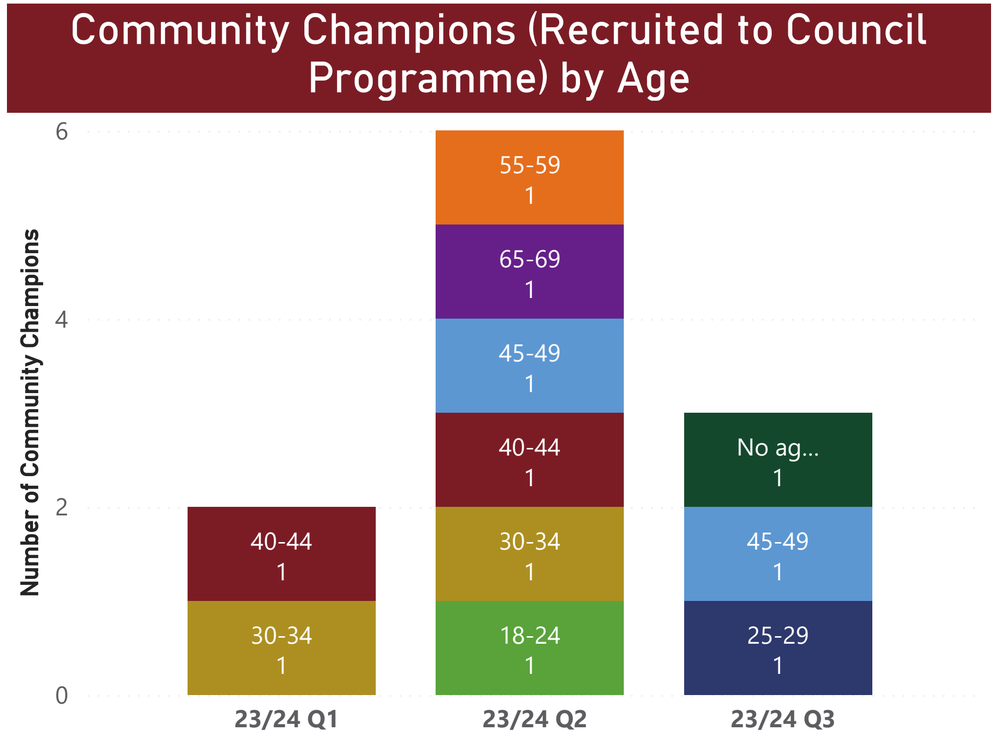
Community development

Aim: *Infrastructure development to empower communities and deliver community-led service design and delivery*

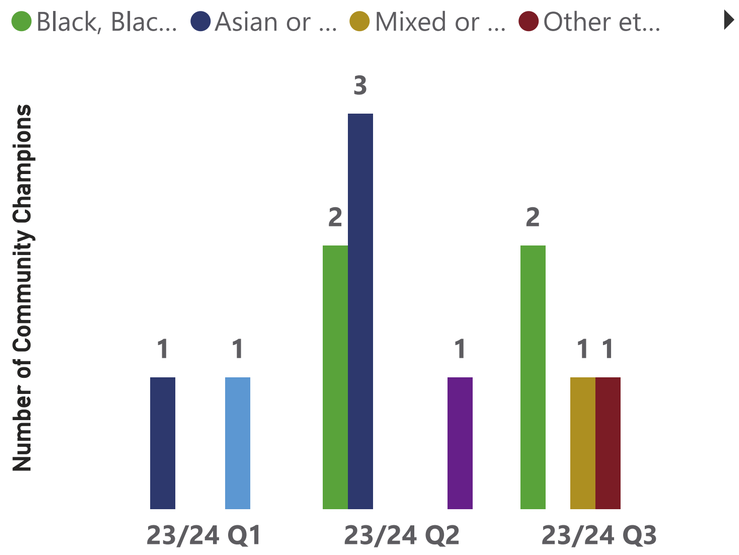
Community Champions' RSPH Level 2 Understanding Health Improvement Training



Community Champions (Recruited to Council Programme) by Age



Community Champions (Recruited to Council Programme) by Ethnicity



Lewisham Local Care Partners Strategic Board
Cover Sheet

Item 6
Enclosure 5

Title:	**Lewisham Autumn/Winter Flu Plan 2024/25 (adults)**
Meeting Date:	Thursday 19th September
Author:	Mervlyn Clarke, Community Based Care Development Manager (Lewisham) Noah Ajanaku, Population Health Portfolio Manager, LGT
Executive Lead:	Ceri Jacob, Place Executive Lead (Lewisham)

Purpose of paper:	This report is to update on the (adult) Lewisham Flu plan for the 24/25 Autumn/Winter Campaign. The plan includes how we will work with partners to increase flu uptake across the board, and how we will specifically work with the Population Health management team to utilise the FLU dashboard and identify areas with below-average uptake to target our interventions.	Update / Information	*x*
		Discussion	*x*
		Decision	
Summary of main points:	Flu vaccination remains a critically important public health intervention to reduce morbidity and mortality in those most at risk including older people, pregnant women and those in clinical risk groups. It helps the health and social care system manage winter pressures by helping to reduce demand for GP consultations and likelihood of hospitalisation. Vaccinating health and care workers also plays an important role in helping to prevent transmission of flu, protecting themselves and those they care for. Eligibility for flu vaccination is based on the advice and recommendations of the Joint Committee on Vaccination and Immunisation (JCVI). This includes a vaccination programme for children based on JCVI's 2012 recommendation, using live attenuated influenza vaccine (LAIV) which provides individual protection to the child and reduces transmission in the wider population. In the Flu Plan 2024/2025, the following groups are to be offered flu vaccination in line with the announced and authorised cohorts: <u>From 1 September 2024:</u> • pregnant women • all children aged 2 or 3 years on 31 August 2024 • primary school aged children (from Reception to Year 6) • secondary school aged children (from Year 7 to Year 11) • all children in clinical risk groups aged from 6 months to less than 18 years		

	From 3rd October 2024: • those aged 65 years and over • those aged 18 years to under 65 years in clinical risk groups (as defined by the Green Book, Influenza Chapter 19) • those in long-stay residential care homes • carers in receipt of carer's allowance, or those who are the main carer of an elderly or disabled person • close contacts of immunocompromised individuals • frontline workers in a social care setting without an employer led occupational health scheme including those working for a registered residential care or nursing home, registered domiciliary care providers, voluntary managed hospice providers and those that are employed by those who receive direct payments (personal budgets) or Personal Health budgets, such as Personal Assistants This update specifically focusses on the work being undertaken to support flu uptake in the adult population however extensive work is underway to support the other cohorts and many interventions are generic across all cohorts especially in regard to communications and engagement. As part of the ICB's and the Local Authority's joint action plan, an ambition is set at a 3% increase in flu vaccine uptake in adults from 23/24. To support delivery of this goal, PHM will update its FLU dashboard to identify eligible cohort demographics and support four targeted interventions within identified LSOAs in Lewisham Borough to support the efforts of primary care and vaccination teams. Timelines for FLU dashboard upgrades: 1. Logic updates on who is eligible for vaccination for both 23/24 and 24/25 agreed by Lewisham with Oracle team: · Eligibility updates into the dashboard and ready for testing on 16th September 2024 · Go live of 23/24 and 24/25 years available on the dashboard for 23rd September 2024 2. Enhancements to the dashboard (to enable the FLU team to use it according to their use cases): · Ready for testing on 30th September 2024 · Go live on 14th October 2024 The full National flu immunisation programme 2024 to 2025 letter can be found at: https://www.gov.uk/government/publications/national-flu-immunisation-programme-plan-2024-to-2025/national-flu-immunisation-programme-2024-to-2025-letter
Potential Conflicts of Interest	**None Identified**
Any impact on BLACHIR recommendations	Recommended outreach work will be culturally sensitive and we will work with the local community and VCSE to ensure that interventions appropriate and targeted. Training on how to have positive conversations with people about vaccinations will be provided to community leaders so they can engage within their communities to build trust and knowledge.

	Interventions will also be tailored to specific groups of Faith, Ethnicity and language and will be informed by the available data.			
Relevant to the following Boroughs	**Bexley**		**Bromley**	
	Greenwich	✓	**Lambeth**	
	Lewisham	✓	**Southwark**	
	Equality Impact	The Autumn/Winter Flu Plan seeks to ensure equity of access including through the provision of community outreach clinics. It also includes interventions which are targeted at specific groups including those in care homes, the housebound, the homeless population and where English is not the patient's first language.		
	Financial Impact	The necessary local resource to support delivery of the plan has been secured from vaccine hesitancy funds held by public health. In addition, the PHM received board approval to engage Oracle Health to upgrade this dashboard at a cost of £13,168.00 for the FLU work.		
Other Engagement	Public Engagement	Ongoing through both Local Authority and ICB Comms and engagement especially working with the outreach and community groups, as well as practices		
	Other Committee Discussion/ Engagement	Programme overseen by the Autumn / Winter Vaccinations Task Group which is a sub group of the Lewisham Immunisations Partnership Group		
Recommendation:	**<u>The Lewisham Local Care Partners Strategic Board is asked to note this report and provide comment as appropriate</u>**			

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Lewisham Autumn/Winter Flu Plan 2024/25

Lewisham adult Flu Immunisation Trajectory – 24/25

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- Trajectory signed off through the Lewisham Immunisation Partnership group on the 11th July 2024
- A 3% increase has been modelled on the cohort populations
- Realistic trajectory based on 23/24 performance
- Action plan to support delivery enclosed
- Seasonal task force to be convened to oversee delivery

Planned adult Flu Immunisation Trajectory

Lewisham Flu Vaccination proposed uptake 2024-25

**The ICB and Local Authority have a joint action plan aimed at increasing the uptake of the flu vaccine in adults.
Ambition set at 3% increase from 23/24 levels**

Month	65 and over			Under 65 (at-risk only)		
	Patients registered	Number vaccinated	Percentage Vaccine Uptake	Patients registered	Number vaccinated	Percentage Vaccine Uptake
Oct-24	35,643	20,494	57.5%	50,315	15,103	30.02%
Nov-24	35,999	21,239	59%	50,818	15,745	30.98%
Dec-24	36,359	21,997	60.5%	51,326	16,422	32%
Jan-25	36,723	22,309	60.75%	51,840	16,897	32.59%
Feb-25	37,090	22,625	61%	52,358	17,978	34.34%

Planned adult Flu Immunisation Trajectory

Lewisham Flu Vaccination uptake 2023-24

Month	65 and over			Under 65 (at-risk only)		
	Patients registered	Number vaccinated	percentage Vaccine Uptake	Patients registered	Number vaccinated	percentage Vaccine Uptake
Oct-23	9,223	4,946	53.6	10,822	2,745	25.4
Nov-23	35,811	19,640	54.8	53,419	13,919	26.1
Dec-23	35,679	20,220	56.7	54,004	15,658	29.0
Jan-24	35,492	20,449	57.6	54,617	16,476	30.2
Feb-24	35,319	20,479	58.0	55,166	16,866	30.6

Adult Flu Immunisation (1/3)

The ICB and Local Authority have a joint action plan aimed at increasing the uptake of the flu vaccine in adults

Plan Theme	Theme Lead(s)	Objective	Action	Barriers to success	Success criteria / Outcomes
Working in partnership	**Ashley O'Shaughnessy/ Kerry Lonergan**	Governance and Oversight arrangements for Lewisham	Autumn/winter task and finish group (fortnightly stakeholder group). T&F group reports into Place Executive Group and Borough Vaccination Group	Capacity to attend these meetings and reports provided	Clear plan in place that leads to an increase in the overall uptake of flu vaccination in all groups
Removing barriers to access	**PCN / GP Practices / Helen Magnuson-Baker (pharmacy) / Mervlyn Clarke (Primary Care/care homes) / Yvonne Davies (Homeless) / Jo Peck (LGT)**	Routes of delivery of flu vaccination	- GP-led delivery (all eligible Cohorts) – in place via GP practices - Pharmacy option - for all eligible cohorts - Saturdays Lewisham Shopping Centre - Outreach Team - 3 days per week - LGT vaccination hub - Hostels and Day centres will be visited	Capacity to deliver in all sites. Since less vaccines ordered by the GPs, Pharmacies need to be prepared take more vaccination opportunities	Increase in overall flu vaccination uptake in all groups
		Incorporate flu vaccines into the health inequalities programme.	Messaging through community champions, outreach work, health equity fellows	Workforce, technology, availability, uptake.	Increase in patient uptake.
		Incentivise a population health approach to vaccination coverage.	Clarify requirements of practices/PCNs	Lack of clarity on expectations.	practices/PCNs have clear incentive to drive programme.
		Support vaccination of Care home residents.	Liaison with GP Federation/practices who support care homes	Capacity & prioritisation against other areas	Eligible care home residents vaccinated.
		Support vaccination of housebound patients.	Confirm arrangements for housebound patients.	Providers not willing to sign up to SLA.	Eligible housebound patients vaccinated.
		Support vaccination of unregistered patients.	Confirm arrangements for unregistered patients.	Providers not willing to sign up to Service Level Agreement.	Unregistered patients vaccinated.
		Support vaccination of care home staff	Confirm plans in place to vaccinate staff.	Staff uptake- getting the message out to frontline	Relevant staff vaccinated
		Increase in uptake of flu in patients with LTCs attending LGT	Consultants and other professionals are encouraged to enquire with patients about their flu vaccination status and encourage them to get the vaccine.	Lack of engagement.	More patients with LTC are vaccinated against flu
		Increase in uptake of LGT Health Care Workers.	Look at data and agree with LGT how figures can be recorded.	Lack of engagement.	Figures reflect actual number of vaccinations

Adult Flu Immunisation (2/3)

The ICB and Local Authority have a joint action plan aimed at increasing the uptake of the flu vaccine in adults

Plan Theme	Theme Lead(s)	Objective	Action	Barriers to success	Success criteria /Outcomes
Data and reporting	**Safdar Raffiq**	Low uptake identification and reporting	Identify GP practices / PCN with low uptake rates.	Delay in identifying areas of low uptake.	Accuracy of data and targeted intervention
			Identify pockets of geographical areas with low uptake rates.		
			Focus communication campaign in those areas of low uptake.		
		Practices are using the correct read codes for the flu vaccination.	Read codes to be clarified with practices.	Human error may still cause wrong read codes to be used.	
		Sharing Regular comparative performance data.	Performance league tables.	Different data sources being used.	

How we are using population health data

- PHM works as an enabler of all system intentions in improving health and care outcomes in Lewisham.
- The flu dashboard, which was created in partnership with Oracle Health at the same time as the COVID-19 dashboard to support population access to flu and COVID vaccines, is out of date and requires updates to the logic and target populations based on current trends and needs. Using the PHM approach, the team worked with the requesting primary care team to build and agree data use statements.
- The aim is to generate data outcomes with actionable plans and delivery mechanisms to maximize the dashboard's use. The team received board approval to engage Oracle Health to upgrade this dashboard at a cost of £13,168.00 for the flu work.
- The key dates are:
    - Review the logic for the eligibility criteria (23/24 & 24/25) with lead clinician **COMPLETE**
    - Both years eligibility criteria updated and ready for testing **w/c 16th sept**
    - Go live of both years and ongoing clinical risk assessment **w/c 23rd Sept**
    - Link with flu team / St. Marks to review data and agree actions **w/c 7th October**
    - Use case statements ready for testing **w/c 30th September**
    - Use cases live **w/c 14th October**
    - Link with flu team to review data and agree actions **w/c 21st October**

How we are using population health data

OBJECTIVE: Using population health data, identify areas of Lewisham with lower-than-average uptake and work with both pharmacy, outreach and GP practice providers to increase uptake.

Action (use cases)	Flu Group action
(1) List of last year's/this year's not vaccinated by language/by PCN/practice/PID.	Obtaining last year's list of patients who did not receive vaccination to undertake actions for current campaign
(2) Hot spotting high numbers of non-vaccinated by LSOA on a map with top LSOAs, languages, religion, gender and ethnicity reflected in the same landing page charts.	Obtaining information on last year's uptake by LSOA / hotspot areas to undertake actions for current campaign
(3) Use the highest number of **languages table to direct the map** so we can see where those not vaccinated are located by a specific language across the borough. Then move into case finding using those LSOAs to provide a list of patients that can be split/sorted by practice to contact those people should we wish to put on events to target these areas in that language	Information will used with practices to send out translated and/or more tailored messages
(4) Searching by Sevenfields PCN and practices for patients of pension age (66+), who are still eligible for the winter flu payment, to support keeping them warm and hopefully avoid ED attendances and admissions. The PCN would like to case-find the pension-age patients, especially the most deprived, so they can provide this advice alongside offering the flu jab.	Information will be used to determine best intervention in each given area e.g. outreach clinic, comms, working with community groups
(5) For Greenwich St. Mark's medical centre is interested in identifying gaps in vaccination among the Vietnamese and Somali populations eligible for flu vaccination to increase uptake	

Adult Flu Immunisation (3/3)

The ICB and Local Authority have a joint action plan aimed at increasing the uptake of the flu vaccine in adults

Plan Theme	Theme Lead(s)	Objective	Action	Barriers to success	Success criteria/Outcomes
Communication and engagement	**Helen Eldridge / Joe Tambini**	Multi-channel communication and engagement plan	Use of SEL & London central messaging.	Identification of areas of low uptake with different spoken languages	Increased awareness in various groups and coverage levels
			Local Messaging for specific groups using various languages spoken in specific geographical areas identified through Pop Health dashboard.		
			Messaging near pharmacy locations (Flu).		
		Ensure clear information is available to the pubic on the benefits of having a flu vaccination and how to access this.	Clarify what communication activities will be undertaken at national, London, SEL and Lewisham level and then action accordingly.	Responsibilities unclear. Patients do not engage with the programme.	Increased public awareness and coverage levels.
		Creation of vaccination helpline to support winter and childhood vaccs	Commission service from GSTT - monitor in short term	GSTT ability to mobilise the service. No calls received, helpline not accessible when needed	Patients will be able to speak to a clinician with their queries / concerns

South East London Integrated Care System

Indicative timeline

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September			October			
w/c 16th	w/c 23rd	w/c 30th	w/c 7th	w/c 14th	w/c 21st	w/c 28th
Testing Flu Logic (both 23/24 & 24/25)	Flu data live (both years)	Enhancements to the dashboards to meet requirements	Group to start manipulation and review of the dashboard information	data and system is live	Information out to practices- prioritised	Information out to practices- prioritised
		Flu/Covid Campaign starts	Care Home/ Housebound Visits	Planning interventions	Planning interventions	Planning interventions
		Comms out to practices		Care Home/ Housebound Visits	Care Home/ Housebound Visits	Care Home/ Housebound Visits
						Outreach starts

November				December		
w/c 4th	w/c 11th	w/c 18th	w/c 25th	w/c 2nd	w/c 9th	w/c 16th
Outreach clinics	Outreach clinics	Outreach clinics	Outreach clinics	Outreach clinics	Outreach clinics	Outreach clinics
Monitoring data and numbers	Monitoring data and numbers	Monitoring data and numbers	Monitoring data and numbers	Monitoring data and numbers	Monitoring data and numbers	Monitoring data and numbers
other contact activities	other contact activities	other contact activities	other contact activities	other contact activities	other contact activities	other contact activities

Lewisham Local Care Partners Strategic Board
Cover Sheet

Item 8
Enclosure 6

Title:	**111 procurement**
Meeting Date:	**19th September**
Author:	Amanda Lloyd
Executive Lead:	Ceri Jacob

Purpose of paper:	To provide an update to all system partners on the current status and plans for the re-procurement of the 111 service.	Update / Information	
		Discussion	x
		Decision	

Summary of main points:	The 111 contract will expire in March 2026. Since 2018 activity and costs have almost doubled – driven by COVID, and patient behaviour change. The re-procurement of this service offers a significant opportunity to utilize insights from the current contract to refine the model, whilst supporting the implementation of the Fuller Recommendations and the vision for Urgent and Unscheduled care in the SEL Forward Plan. Local stakeholder engagements indicated a strong wish to localise services more, and a model has been developed to reflect this. Two market engagement events have been held to inform the development of the procurement approach. The delivery of the new 111 service is planned to take a phased design, with improvements in delivery to reduce system duplication and activity levels. Phase 1 separates the clinical assessment element from the call handling contract, laying the foundations of local Integrated Delivery Units (IDUs) delivered at place. Initially the IDU provider(s), will manage all the patients currently managed by the existing LAS-provided Clinical Assessment Service (CAS), with some additional 111 online activity to achieve parity for patients. Following phases will look to continuously develop local patient pathways and reduce the demand on the call handling element of the service to gradually transition resource into local systems over time. It is expected that the IDUs, overtime, will develop into delivering integrated Urgent and Emergency care systems at place. In order to reduce the risks of disaggregation of the current SEL-wide service into borough-based delivery units, a set of principles have been developed to ensure

	collaborative working and mutual aid systems in place, with the proposal of a pooled budget. A presentation will be provided on the day.			
Potential Conflicts of Interest	GP Federations, PCNs and GP practices may be interested bidders and would therefore have a conflict of interest.			
Any impact on BLACHIR recommendations				
Relevant to the following Boroughs	**Bexley**		**Bromley**	
	Greenwich		**Lambeth**	
	Lewisham	✓	**Southwark**	
	Equality Impact	The service supports all callers equally and provides access for those with language barriers or speech/hearing difficulties. A 111 online service is also in place. The new contract seeks to provide greater equity to a clinician callback for those currently using the 111 online service.		
	Financial Impact	The contract will be within the current financial envelope for the service. The budget is held at SEL level.		
Other Engagement	Public Engagement	Public engagement has taken place by the SEL team to inform the development of the specifications and approach		
	Other Committee Discussion/ Engagement	Lewisham SMT, regular updates		
Recommendation:	To note the update provided.			

South East London Integrated Care System

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South-East London 111 Service

Drivers for Change and Transformation Outline

September 2024

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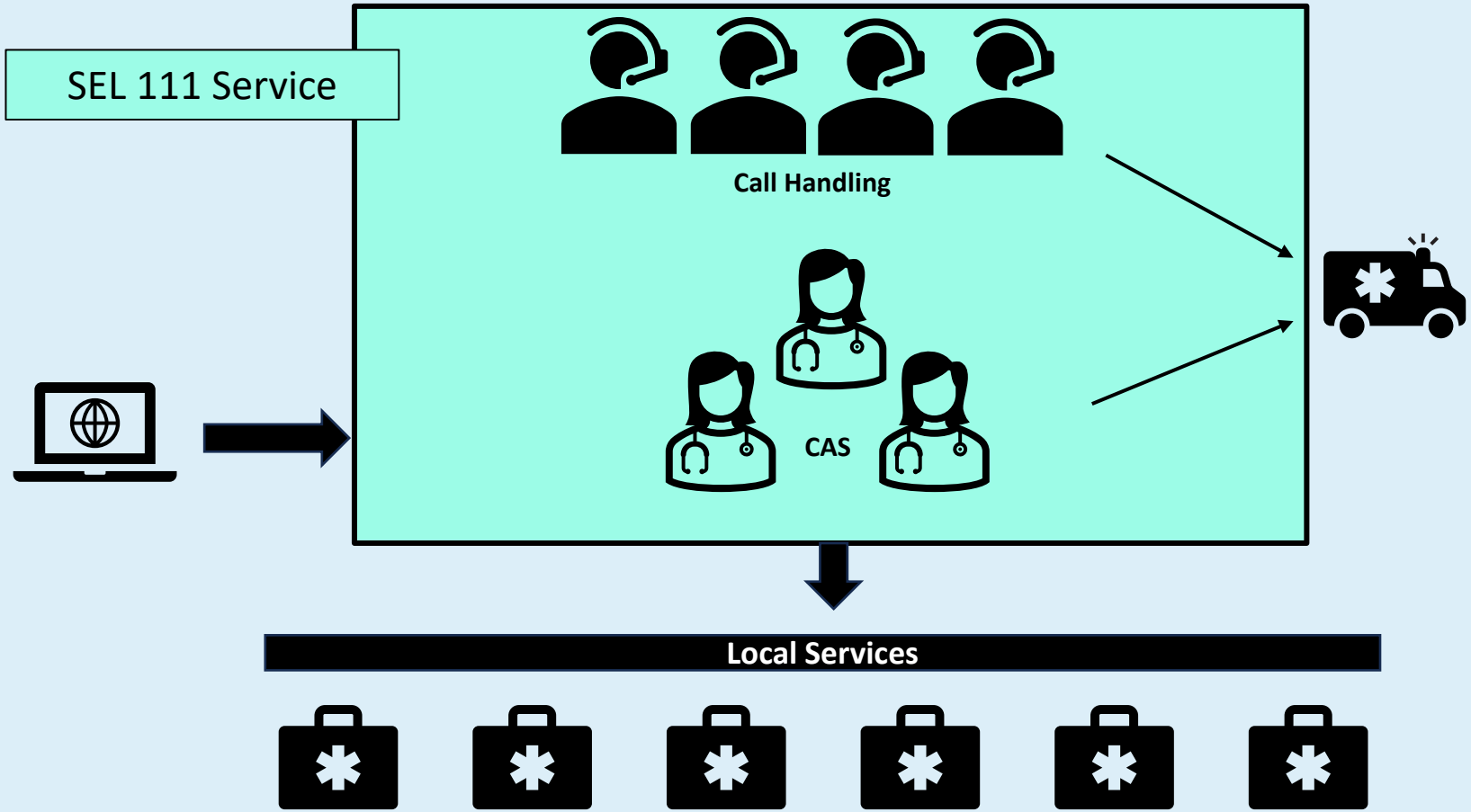
Current 111 Model 24/7



CAS = Clinical Assessment Unit

Proposed 111 Model

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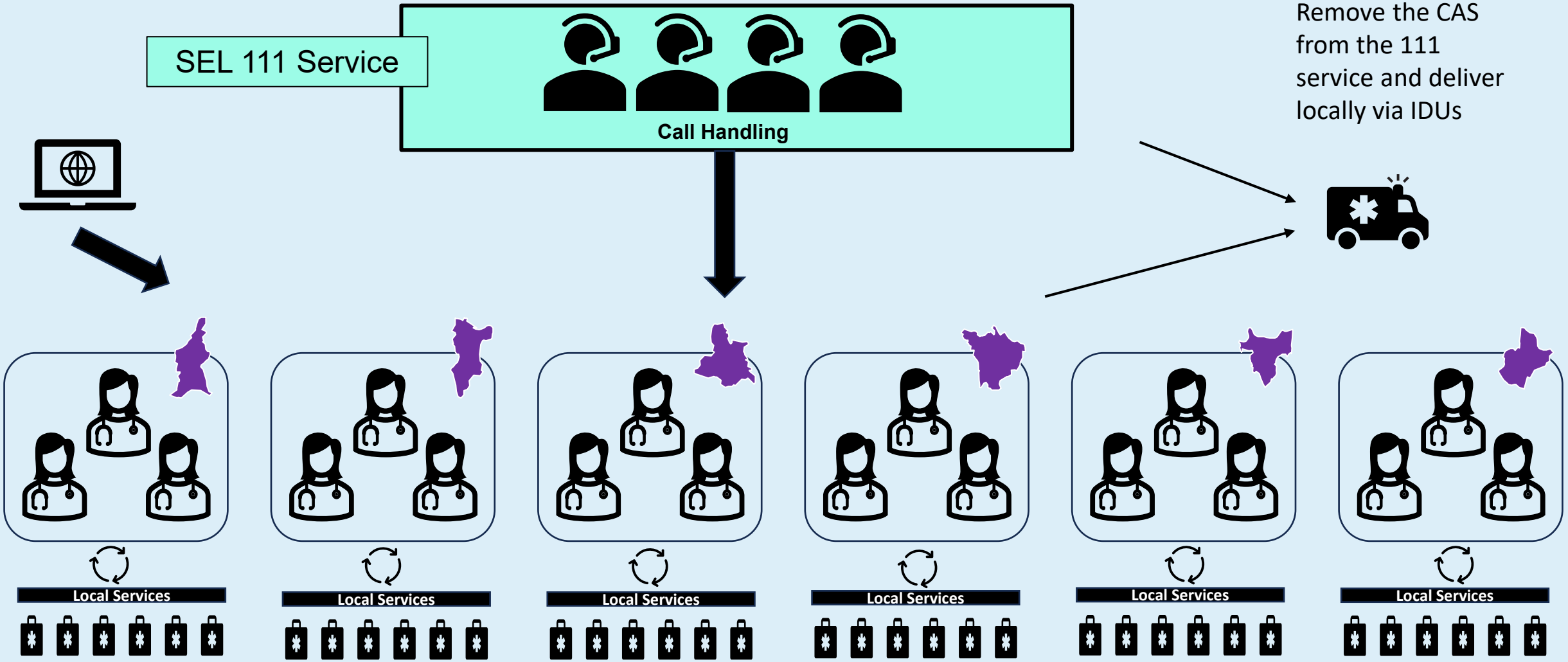
Remove the CAS from the 111 service and deliver locally via IDUs



These IDUs may be one provider 24/7 or one provider for in hours and another for out of hours

Drivers for Change

Better experience for patients by:

- **Offering more holistic care** – patients being treated by local services with local institutional knowledge, expanding the range of services that patients can be referred onto, in line with Fuller's recommendations.
- **Improving call back times** – This was a key theme in the feedback received via the 111 service redesign patient survey (407 responses, received between November 2023 and January 2024). Sharing the clinical workload between multiple Integrated Delivery Unit (IDU) providers will result in smaller, more manageable clinical queues.
- **Reducing the need for patients to call multiple times** – analysis of all London 111 calls made between June and November 2023 showed between 17 and 20% of calls were multiple calls made to 111 from the same number within 96 hours of the original call.
- **Giving parity to 111 online users** – ensuring patients using 111 online get offered a call back from a clinician for the same things that 111 callers would; in doing so, encouraging channel shift to digital services.
- **More efficient and effective use of 111 call handling and IDU services** – seeking innovation and new approaches to managing 111 demand to ensure the service remains sustainable in the face of workforce challenges.

South East London
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The telephony platform

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NHS South East London

National 111 Telephony Platform
The patient journey currently looks like…

When you call 111, your phone call is connected to the national 111 telephony platform. You will be asked to press 9 to continue.

You will be asked to say the name of your borough or nearest tube/train station, to find out where in the country you are.

You will be asked to:
Press 1 for physical health
Press 2 for mental health
Press 3 if you're a healthcare professional

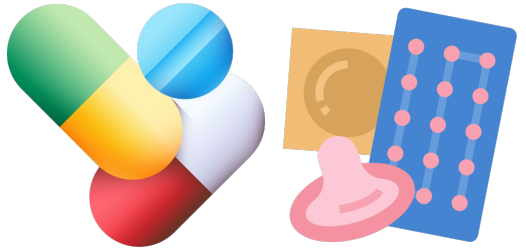
Mental Health calls are routed to your local mental health hub.
All other London calls are routed to the London 111 PRM telephony platform.

London 111 Telephony Platform

If the telephony platform identifies the phone number as having contacted 111 within the last 72-hours, the caller will be asked to confirm that they are a repeat caller and whether they are worsening, before being routed to a 111 call handler.

Callers are asked to say their age. All calls relating to under 5-year-olds or other 80-year-olds are routed straight to a 111 call handler.

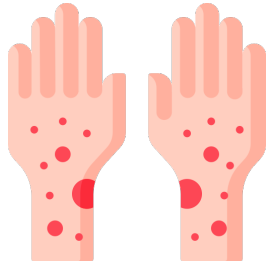
Callers are asked to state the reason for their call.



Any callers (excluding under 5s, over 80s and repeat callers) with a keyword match for:

- Dental
- Repeat Medication / Emergency Medication
- Sexual Health (and over 15-years-old)

Are given the option of being redirected to online services.



Callers with a keyword match for skin rash may be sent a text link to an Artificial Intelligence tool to capture relevant information (including photos) and send this into the 111 service for a call back from a clinician (currently only available in certain parts of London).

All other callers are routed to a 111 call handler.

NHS 111 Telephony - Future Plans

South East London (SEL) Integrated Care Board (ICB) is committed to **a programme of technological transformation in order to deliver more efficient and effective use of 111 services.** Some examples of this are:

- SEL ICB is working with the other London ICBs and NHS England to **expand the use of Natural Language Processing (NLP) and Artificial Intelligence (AI) to encourage channel shift** from the 111 telephony service to the NHS app, 111 online and alternative triage tools, such as Visiba. This is an **iterative technological transformation process**, focusing on one pathway at a time.

- North West London ICB are piloting the **use of webforms** for pathology laboratories **to request a call back from the 111 Clinical Assessment Service**, and LAS (current provider of 111) are making plans to pilot webforms for paramedics. If successful, this may be rolled out to all healthcare professionals that routinely call 111 for support from the Clinical Assessment Service (CAS), **meaning HCPs in SEL could submit a webform to their local IDU, bypassing the 111 call handling service**.

There will remain a need for a 111 call handling service, as many patients express a preference for speaking to a person about their health concerns, and for some there are barriers to digital access e.g., lack of digital literacy and / or English proficiency.

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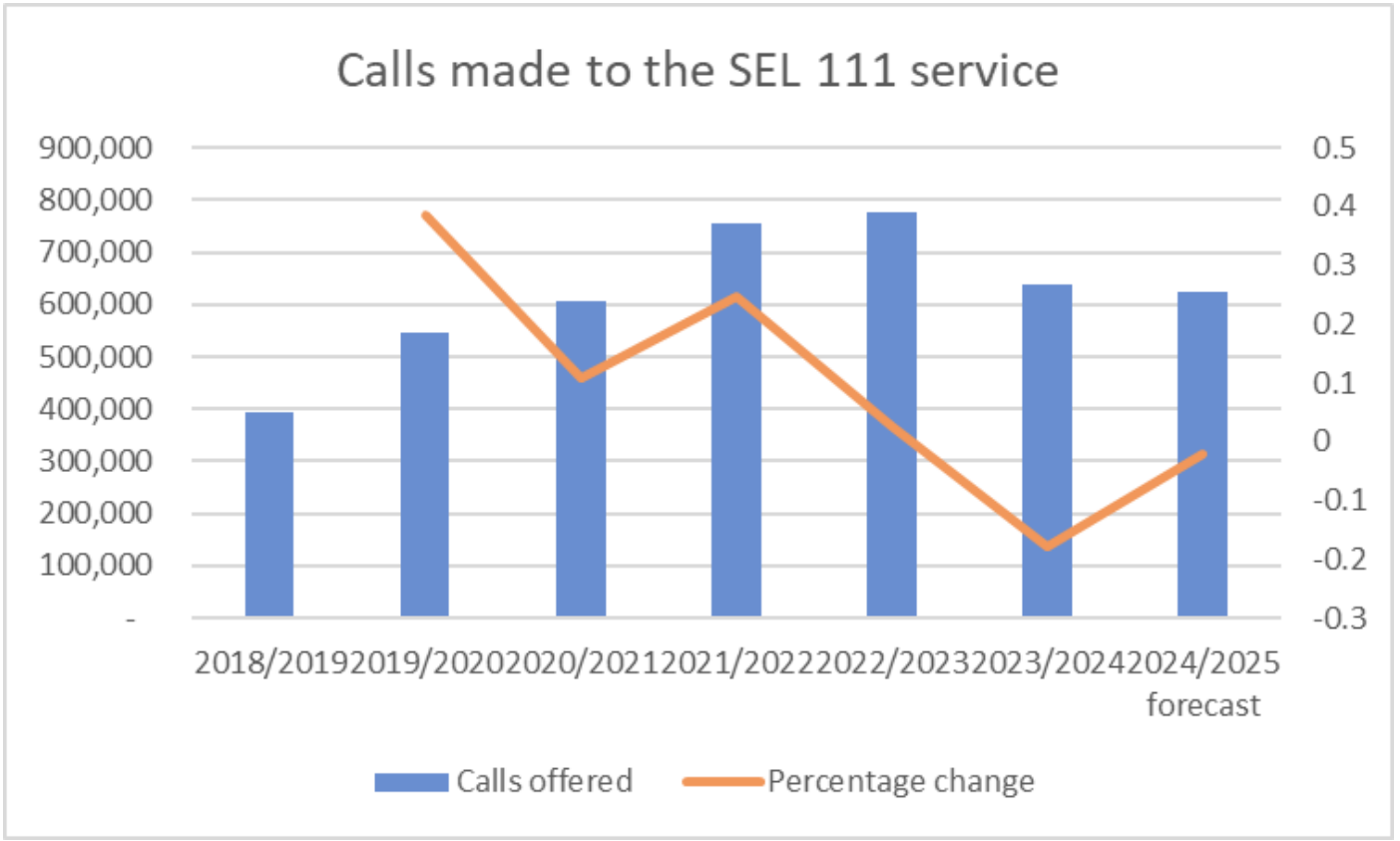
The call handling service

Historic Demand

	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023	2023/2024	2024/2025 forecast
Calls offered	394,276	546,888	606,448	755,520	774,950	636,935	624,194
Percentage change		39%	11%	25%	3%	-18%	-2%
2023/24 v 2018/19						62%	

- In the first year of the current contract (2019/20), demand was 39% higher than the previous year due to the impact of Covid.
- Demand continued to rise throughout the pandemic.
- We are now seeing that trend reverse with demand in 2023/24 18% lower than the previous year. However, demand remains high at 62% higher than the last full pre-pandemic year.
- 2024/25 is currently seeing demand 10% lower than last year.



Forecast Demand

- The **2024/25 SEL 111 IUC contract** has been agreed on the basis of offered calls **2% lower than the previous year**, in acknowledgment of the reduction in demand seen over the past year.

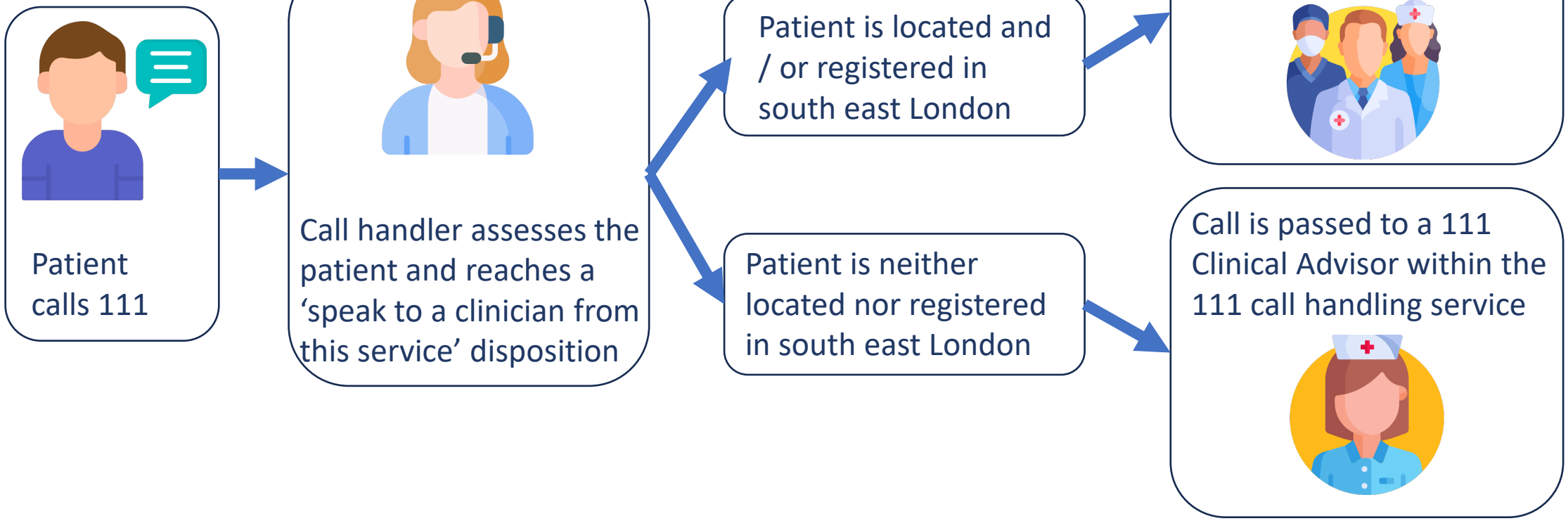
- At the moment, **we do not know when the recovery from the demand peaks of the pandemic will be complete**.

- It's possible that the attempts to **channel shift** 111 callers to webforms, the NHS app, 111 online and other triage tools **will cause reductions in call volumes** over the lifetime of the contract; **however, we cannot prevent demand increasing as a result of unforeseen circumstances** – recent examples include: Covid, M-Pox, Strep-A, Industrial Action, and the CrowdStrike incident.

Procurement of the Call Handling Service

- SEL ICB will be procuring a 111 call handling service as a separate lot to the IDUs.
- The **call handling service will triage 111 callers and refer on to appropriate clinical services**, as needed.
- The call handling service will need to **utilise a clinical decision support system** – for example, NHS Pathways.
- The **use of NHS Pathways is not mandated, and providers will be encouraged to innovate and explore other options.**
- **All 'speak to a clinician from this service' dispositions for patients located and / or registered in SEL will be passed downstream**. A postcode mapping table will be used to facilitate the transfer of these dispositions that cannot be transferred via the Directory of Services.
- **All 'speak to a clinician from this service' dispositions for patients that are neither located nor registered in South-East London will be handled by Clinical Advisors within the 111 call handling service** (0-2 patients per hour).

‘Speak to a clinician from this service’



South East London
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The Integrated Delivery Units *(formerly known as clinical assessment service)*

IDUs - Remit

The functions traditionally delivered by the 111 Clinical Assessment Service will be delivered by local Integrated Delivery Units (IDUs). The remit will be expanded slightly to offer parity for 111 online users and will include:

24/7

- Patients with a care plan
- Patients with a Special Patient Note (when relevant to their episode of care)
- Complex calls
- Frequent callers
- Category 3 and 4 ambulance dispositions
- Emergency treatment centre dispositions
- Home management dispositions
- All other 'Speak to a clinician from this service' dispositions not covered above e.g., Toxic ingestion / inhalation, chemical eye splash, failed contraception, refused dispositions
- Neonates (less than 4-weeks-old)
- Repeat prescription requests (if it has not been possible to refer these to a pharmacy e.g., controlled drug requests)
- Medication enquiries (if it has not been possible to refer these to a pharmacy)
- Speak to and contact primary care dispositions (if it has not been possible to refer these to a primary care service)
- Health information calls (if it has not been possible to refer these to an online source of information)
- Calls from 999 staff
- Calls from nursing and residential care home staff
- Calls from registered healthcare professionals

Out of hours only

- Urgent laboratory test results

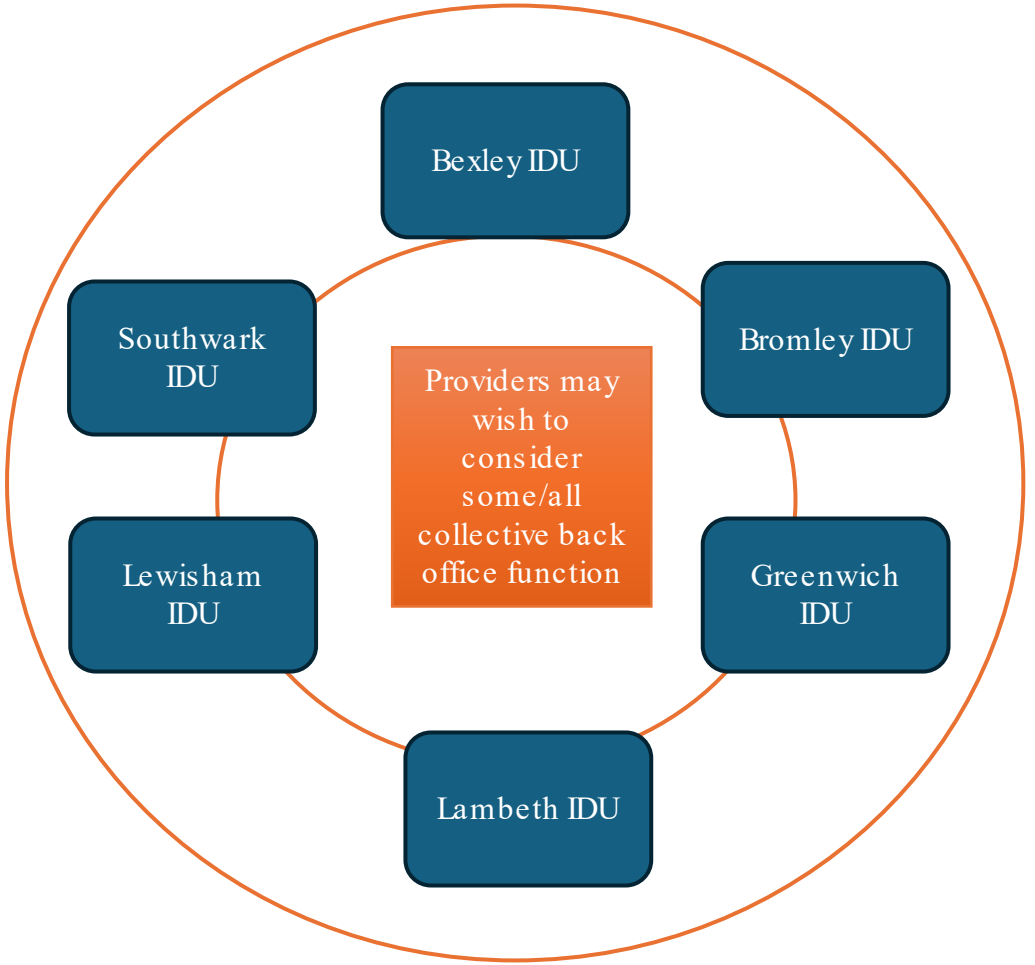
Expected Demand for the IDUs and 111 CAs

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	Out of Area
Average weekly in hours activity	290 calls	409 calls	422 calls	422 calls	465 calls	440 calls	63 calls
Average weekly out of hours activity	531 calls	804 calls	810 calls	756 calls	762 calls	720 calls	109 calls
Total average weekly activity	821 calls	1213 calls	1231 calls	1178 calls	1227 calls	1160 calls	172 calls
Range in calls per hour	1-12 calls per hour	1-19 calls per hour	2-17 calls per hour	2-16 calls per hour	2-15 calls per hour	2-14 calls per hour	0-2 calls per hour
Busiest periods	Sat 10:00-12:00	Sat and Sun 08:00-20:00, Mon 09:00-12:00 and 15:00-21:00 , Tues 18:00-20:00, Wed and Thurs 19:00-20:00 and Fri 17:00-21:00	Sat and Sun 08:00-22:00, Mon 09:00-15:00 and 18:00-20:00, Wed 18:00-21:00, Thurs 19:00-20:00 and Fri 16:00-22:00	Sat 08:00-21:00, Sun 09:00-18:00, Mon 10:00-20:00, Tues 12:00-13:00, Tues and Wed 19:00-20:00 and Fri 18:00-21:00	Sat 08:00-20:00, Sun 09:00-18:00, Mon 09:00-20:00, Tues 11:00-13:00, Wed 17:00-18:00, Fri 14:00-21:00	Sat 08:00-17:00, Sun 09:00-18:00, Mon 09:00-19:00, Tues 11:00-12:00, 17:00-18:00 and 20:00-21:00, Fri 11:00-18:00	None

IDUs - Future Plans

These IDUs may be provided at a borough level, or provision may cover multiple boroughs (for example, during times of day where call volumes are very low at a borough level).

Day time



Nighttime

IDUs – Delivery Options

It is planned to separate the IDU procurement into Lots 'In hours' and 'Out of hours' (OOH) by each borough, (6 'In hour' Lots and 6 'Out of hours' Lots). There are a number of potential ways of cutting the working times for each Lot. Below are some options discussed at the last market engagement event.

- Option 1 – 'In hours' 08.00 – 18.30 Monday - Friday and OOH 18.30 – 08.00 Monday to Friday and 24/7 at weekends/Bank Holidays (BHs)
- Option 2 – 'In hours' being 08.00 – 18.30 7 days a week, with OOH 18.30 – 08.00 7 days a week
- Option 3 – 'In hours' 08.00 – 20.00 Monday - Friday and OOH 20.00 – 08.00 Monday - Friday and 24/7 at weekends/BHs
- Option 4 – 'In hours' 08.00 – 20.00 7 days a week, OOH 20.00 – 08.00hrs 7 days a week

IDUs - Future Plans

- Each borough will outline the requirements for a Lot A (in hours) and Lot B (out of hours) to serve each borough's local population. Bidders can bid by borough, for multiple boroughs, or for all boroughs.

- Bidders are encouraged to work collaboratively on joint bid / alliance type models where possible. Where a joint / alliance bid is submitted, bidders will be expected to articulate who the lead provider is and how organisations will work together, including: Terms of Reference, governance, business continuity plans as well as explaining a robust mutual aid policy.

IDUs – Principles

These are examples of what providers may be asked during the bidding process:

1. To describe how they will **collaborate with other providers** to deliver the IDU, and, if working together, what the alliance arrangements will be.
2. To be able to describe how they will ensure staff delivering the IDU are fully conversant with **services at local borough level**, i.e. Lewisham offer providing IDU input on behalf of Lewisham residents etc
3. To describe how they will work **collaboratively with other stakeholders** across the same day care landscape, to manage demand and ensure patients are seen in the right place, first time.
4. To demonstrate an approach to delivering **mutual aid** across all six boroughs.
5. To demonstrate how they will adopt and **innovate using developments in technology** over the term of the contract.
6. To describe **interoperability systems** and arrangements to aid hand offs to and from other services.
7. To produce regular borough, aggregated and PCN/GP practice level **reporting data**.
8. To describe how they will support **channel shift** and the redirection of patients to local services as part of the longer-term reduction of activity levels.
9. To describe how they will **influence the improvement and development of the call handling** elements based on intelligence gathered, working collaboratively with the call handling provider to ensure delivery against reduced activity.

South East London
Integrated Care System

The technical requirements

South East London Integrated Care System

Mapping the Technology Requirement

NHS South East London

Inbound request via online / phone:	Outbound request via online / phone	Clinical Decision Support System & clinical workflow system	Reporting Requirement
• NHS 111 Telephony • NHS 111 Online • British Sign Language Interpreting Services • 999 direct transfer of low acuity patients not requiring an ambulance via electronic message into queue. • Electronic message request for Health Care Professional (HCP) call back • Electronic message with pathology laboratory results for follow up	• Integrated Delivery Units • Mental Health Crisis Lines • The Pan-London Dental Nurse Triage Service • All urgent care services • Ambulance Request • Electronic referral methods when referring to any other services. • Direct appointment booking with destination services • The use of Post Event Messaging	• Ambulance response Programme (ARP) compliant clinical decision support system (CDSS) version • Integration with the Personal Demographics Service (PDS) • Integrate with the National Repeat Caller Service • Query Child Protection Information System (CP-IS), SCR, LCR • Access detailed primary care/GP records • Integration with the DoS	• Real time reporting systems to satisfy the Commissioner's Minimum Data Set (MDS) requirements • Regular reporting of data will be required that covers the entirety of the IUC service for a Commissioner's area to report to NHSE and Commissioner • IUC Aggregated Data Collection (ADC) is collected and reported disposition and outcome monitoring • Staff and Patient Feedback Survey • Financial inputs and staff models • Syndromic surveillance • London level Reporting via interactive dashboard

South East London Integrated Care System

Proposed Solution

NHS South East London

- 111 Call Handling and IDU service specifications will separately specify the need to have the capability to deliver the technical requirements within the IUC Technical Specification.

- How this is done is up to the providers e.g. IDU providers may approach a 111 provider or a GPOOH provider and ask to pay to piggyback off their clinical workflow and clinical decision support systems.

South East London
Integrated Care System

The contract terms

Future Plans

- Feedback received at the first market engagement event that a 2- plus 2-year contract length was not desirable. The ICB is considering agreeing all contracts (111 call handling and Integrated Delivery Units) on a **3-year basis with the potential for a 2-year extension.**
- Budget is held at SEL level for both call handling and IDU activity, and discussions are ongoing about the level and amounts for each element. Proposal is to split budget for IDUs by weighted list size.
- The construct of the contracts is yet to be determined. All IDUs will use the same contract constructs.
- One of our key ambitions is for transformation of the 111 service to transition into locally delivered provision. A block, cap and collar contract is proposed to encourage innovation and transformation by the provider.

Borough	Weighted list size (%)
Bexley	12%
Bromley	17%
Greenwich	16%
Lambeth	21%
Lewisham	17%
Southwark	18%

South East London
Integrated Care System

Appendix

South East London Integrated Care System

Potential Bexley IDU demand

NHS South East London

Bexley								
Time Band Start	Time Band End	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
00:00	01:00	3	2	2	3	2	3	3
01:00	02:00	2	2	2	2	2	2	2
02:00	03:00	2	2	2	2	2	2	2
03:00	04:00	2	2	2	1	2	2	1
04:00	05:00	1	2	2	2	1	2	2
05:00	06:00	2	2	2	2	2	2	2
06:00	07:00	2	3	2	3	3	3	3
07:00	08:00	5	4	4	3	4	6	4
08:00	09:00	7	6	5	5	5	7	6
09:00	10:00	8	6	6	5	6	9	8
10:00	11:00	8	6	5	6	6	12	9
11:00	12:00	8	5	5	5	6	10	8
12:00	13:00	7	6	6	5	6	8	8
13:00	14:00	7	5	4	5	5	8	6
14:00	15:00	6	6	5	5	5	8	6
15:00	16:00	6	5	4	4	5	8	6
16:00	17:00	7	6	6	6	7	8	7
17:00	18:00	7	6	6	7	7	8	8
18:00	19:00	7	7	7	5	7	8	7
19:00	20:00	7	7	7	7	8	8	8
20:00	21:00	6	7	6	7	6	6	6
21:00	22:00	6	6	5	6	6	6	6
22:00	23:00	5	5	4	4	5	5	5
23:00	00:00	3	4	3	4	4	5	3

South East London Integrated Care System

Potential Bromley IDU demand

NHS South East London

Bromley								
Time Band Start	Time Band End	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
00:00	01:00	3	4	4	3	3	5	4
01:00	02:00	3	3	3	3	2	3	3
02:00	03:00	2	2	2	2	2	3	3
03:00	04:00	2	2	2	2	3	3	2
04:00	05:00	2	3	2	1	1	3	3
05:00	06:00	2	2	2	2	2	3	3
06:00	07:00	3	4	3	4	3	5	4
07:00	08:00	6	6	5	5	5	9	8
08:00	09:00	9	8	8	8	8	14	11
09:00	10:00	11	7	8	9	8	19	15
10:00	11:00	12	9	8	8	8	18	16
11:00	12:00	10	8	7	6	8	19	16
12:00	13:00	9	7	7	7	8	18	12
13:00	14:00	9	8	8	7	8	16	11
14:00	15:00	9	7	8	7	7	13	12
15:00	16:00	10	7	8	7	8	12	12
16:00	17:00	9	9	7	7	9	13	10
17:00	18:00	10	8	8	8	10	13	11
18:00	19:00	10	10	8	9	12	11	11
19:00	20:00	12	11	10	11	12	11	10
20:00	21:00	10	8	8	8	10	9	9
21:00	22:00	8	8	7	7	9	9	8
22:00	23:00	6	6	6	5	7	7	7
23:00	00:00	5	5	5	4	6	5	6

South East London Integrated Care System

Potential Greenwich IDU demand

NHS South East London

Greenwich								
Time Band Start	Time Band End	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
00:00	01:00	4	4	4	4	4	4	5
01:00	02:00	3	3	3	3	3	4	4
02:00	03:00	3	2	3	3	3	2	2
03:00	04:00	3	3	2	2	2	3	3
04:00	05:00	3	2	2	2	2	3	2
05:00	06:00	3	2	2	2	2	3	3
06:00	07:00	4	4	3	3	4	5	3
07:00	08:00	5	5	5	5	5	8	7
08:00	09:00	9	8	7	7	7	13	11
09:00	10:00	10	8	9	8	9	16	14
10:00	11:00	11	9	8	8	9	16	14
11:00	12:00	11	9	8	8	8	17	15
12:00	13:00	10	8	9	8	8	16	12
13:00	14:00	10	8	8	7	8	14	12
14:00	15:00	10	8	7	7	9	13	12
15:00	16:00	9	7	8	7	8	13	10
16:00	17:00	9	9	9	7	10	13	12
17:00	18:00	9	9	8	8	10	12	9
18:00	19:00	11	9	10	9	10	10	11
19:00	20:00	11	9	10	10	11	10	10
20:00	21:00	9	9	10	9	11	11	10
21:00	22:00	8	9	8	8	10	10	8
22:00	23:00	6	7	6	7	8	9	7
23:00	00:00	5	6	4	5	6	6	6

South East London Integrated Care System

Potential Lambeth IDU demand

NHS South East London

Lambeth								
Time Band Start	Time Band End	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
00:00	01:00	4	4	4	4	3	5	5
01:00	02:00	3	4	3	3	2	4	4
02:00	03:00	3	2	3	2	2	3	3
03:00	04:00	2	2	2	2	2	3	3
04:00	05:00	2	2	2	2	3	2	2
05:00	06:00	2	3	3	3	2	3	3
06:00	07:00	3	3	4	3	4	5	4
07:00	08:00	6	5	4	4	5	7	5
08:00	09:00	8	7	7	6	7	10	9
09:00	10:00	9	9	8	8	9	13	11
10:00	11:00	11	9	8	8	9	15	11
11:00	12:00	10	8	8	8	8	14	12
12:00	13:00	10	10	8	7	8	16	11
13:00	14:00	10	8	8	9	8	14	12
14:00	15:00	9	8	8	8	7	13	11
15:00	16:00	10	8	7	9	8	11	10
16:00	17:00	10	9	8	8	9	10	9
17:00	18:00	10	9	9	8	10	9	11
18:00	19:00	9	9	9	8	9	11	9
19:00	20:00	10	11	10	9	9	10	9
20:00	21:00	9	7	9	7	10	10	9
21:00	22:00	9	8	9	8	8	8	9
22:00	23:00	7	6	6	7	9	8	7
23:00	00:00	6	5	5	5	6	6	6

South East London Integrated Care System

Potential Lewisham IDU demand

NHS South East London

Lewisham								
Time Band Start	Time Band End	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
00:00	01:00	4	4	4	4	5	5	5
01:00	02:00	3	4	4	3	3	3	4
02:00	03:00	3	3	3	3	3	3	3
03:00	04:00	3	3	2	2	3	3	2
04:00	05:00	2	2	2	2	3	3	2
05:00	06:00	3	2	3	3	3	3	3
06:00	07:00	4	4	4	4	4	5	4
07:00	08:00	5	6	6	5	6	7	7
08:00	09:00	9	9	8	8	8	12	8
09:00	10:00	10	9	9	8	9	13	13
10:00	11:00	12	9	9	8	8	15	13
11:00	12:00	12	11	9	8	9	15	12
12:00	13:00	12	11	9	9	9	14	11
13:00	14:00	11	9	9	8	9	13	11
14:00	15:00	10	8	8	8	10	13	10
15:00	16:00	10	9	9	8	9	12	10
16:00	17:00	10	9	9	9	10	11	10
17:00	18:00	10	9	10	9	10	11	10
18:00	19:00	9	9	9	9	9	10	8
19:00	20:00	10	8	8	8	10	10	9
20:00	21:00	9	9	8	7	10	9	9
21:00	22:00	8	8	7	7	8	8	8
22:00	23:00	7	6	7	6	7	8	7
23:00	00:00	5	5	6	5	5	6	6

South East London Integrated Care System

Potential Southwark IDU demand

NHS South East London

Southwark								
Time Band Start	Time Band End	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
00:00	01:00	4	4	4	4	4	5	4
01:00	02:00	4	4	3	3	3	3	3
02:00	03:00	3	3	3	2	3	2	3
03:00	04:00	3	2	3	2	2	3	2
04:00	05:00	2	2	2	2	2	2	2
05:00	06:00	3	3	3	3	2	2	3
06:00	07:00	3	4	3	3	3	4	3
07:00	08:00	5	5	5	5	4	7	5
08:00	09:00	9	9	6	7	6	11	8
09:00	10:00	10	9	9	8	8	13	10
10:00	11:00	10	9	8	8	9	13	13
11:00	12:00	11	10	8	7	10	14	13
12:00	13:00	10	9	8	8	8	14	11
13:00	14:00	10	8	8	9	10	12	11
14:00	15:00	10	9	8	9	8	11	10
15:00	16:00	10	8	7	7	9	11	9
16:00	17:00	10	8	8	9	10	11	10
17:00	18:00	10	10	9	9	11	9	10
18:00	19:00	10	8	8	8	8	9	9
19:00	20:00	9	9	8	8	9	8	9
20:00	21:00	9	10	8	8	8	9	8
21:00	22:00	9	7	7	7	7	7	9
22:00	23:00	6	6	6	5	7	7	7
23:00	00:00	6	5	6	4	6	5	6

South East London Integrated Care System

Potential Out of Area 111 CA demand

NHS South East London

Out of Area 111 CA Demand								
Time Band Start	Time Band End	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
00:00	01:00	1	1	1	1	1	1	1
01:00	02:00	1	0	1	1	1	0	1
02:00	03:00	1	1	1	1	1	1	1
03:00	04:00	1	0	0	0	0	1	1
04:00	05:00	1	1	1	1	0	0	0
05:00	06:00	1	0	0	0	1	1	0
06:00	07:00	0	0	1	1	0	1	0
07:00	08:00	1	1	1	1	0	1	1
08:00	09:00	1	1	1	1	1	1	2
09:00	10:00	2	2	1	1	1	2	1
10:00	11:00	1	2	1	1	1	1	2
11:00	12:00	2	2	2	1	1	2	2
12:00	13:00	2	2	2	1	1	2	1
13:00	14:00	1	1	2	1	1	1	1
14:00	15:00	1	1	1	1	1	2	1
15:00	16:00	1	1	1	1	1	1	1
16:00	17:00	1	1	1	1	1	1	1
17:00	18:00	1	1	1	1	1	1	1
18:00	19:00	1	1	1	1	1	1	1
19:00	20:00	1	2	1	1	1	2	1
20:00	21:00	1	1	2	1	2	1	1
21:00	22:00	1	1	2	1	1	1	1
22:00	23:00	1	1	1	1	1	1	1
23:00	00:00	1	1	1	1	1	1	1

Lewisham Local Care Partners Strategic Board
Cover Sheet

Item 9
Enclosure 7

Title:	**Lewisham People's Partnership Action Plan**
Meeting Date:	**19th September 2024**
Author:	Anne Hooper
Executive Lead:	Ceri Jacob

Purpose of paper:	• The purpose of this paper is to present proposals for the Lewisham People's Partnership Action Plan. • They are intended as a road map for initial discussion prior to a more detailed discussion to test out feasibility at the October Board seminar on 31st October 2024.	Update / Information	
		Discussion	
		Decision	
Summary of main points:	At the end of the first year of the Lewisham People's Partnership, a review was undertaken to look at what has worked well, where the challenges have been, and the lessons learnt from engagement. The main agenda item at the April 2024 meeting of the Lewisham People's Partnership was a discussion on a draft of the Year One Review of the Lewisham People's Partnership with the purpose of asking participants for their views and feedback. That meeting – and subsequent discussions – resulted in the first draft of an action plan for how the Lewisham People's Partnership could, in 2024/25, respond to these key issues so that it can better proactively inform decisions of the Lewisham Health and Care Partnership and support a wider and more co-ordinated approach to bringing the voices and lived experiences of people and communities in Lewisham in support of our local strategy and delivery plans – and have the evidence to prove it. The Year One Review and a draft action plan was submitted to the LHCP Strategic Board meeting in May 2024. The Board noted the findings of the review and, after further discussion, agreed to continuing conversations on the action plan with the aim to produce a final version of the action plan in September. Following further review, including at the July 2024 meeting of the Lewisham People's Partnership, the following proposed actions have been identified as those best placed to respond to the issues identified in the Year One Review, continue to support the delivery of Lewisham's shared model of engagement and the continuing development of the Lewisham People's Partnership in 2024/25:		

	The proposed actions for consideration are: **Action 1** – Support longer term and meaningful engagement with people and communities by agreeing a strategic focus for that work – proposed areas of work – Lewisham Five Year Forward View Delivery Plan for Primary Care and the Lewisham Neighbourhood Programme. **Action 2** - Support engagement delivery and effectiveness, widen participation and improve co-ordination through developing an Engagement Hub of Hubs model. **Action 3** - Improving outcomes and influence - co-develop an outcomes framework to demonstrate how the views and lived experiences of people and communities influence LHCP decision making and utilised in future planning and commissioning. **Action 4** – Shifting the balance – to have a discussion within LHCP to find out if there is a desire – and a clearer way - to demonstrate a willingness to discuss how the Lewisham People's Partnership might best operate at arm's length, whether and how the LHCP wants to encourage participation in co-production and to work towards the principle of shared ownership and participation through shared strategic direction. **Action 5** – Participation and remuneration – to have a discussion within LHCP to clarify – one way or the other – whether to commit to a remuneration policy for participation in Lewisham. Further details of the draft action plan can be found in Appendix 1
Potential Conflicts of Interest	None identified
Any impact on BLACHIR recommendations	**BLACHIR Opportunities for Action 34** Ensure the engagement of Black African and Black Caribbean communities is meaningful and valued. This should include direct engagement and collaboration with representative organisations that is done in a way which is respectful, transparent and accessible, and considers and values participants' time and commitments.

Relevant to the following Boroughs	**Bexley**		**Bromley**	
	Greenwich		**Lambeth**	
	Lewisham	✓	**Southwark**	

	Equality Impact	Proposed actions will strengthen engagement with all communities
	Financial Impact	None identified
Other Engagement	Public Engagement	The review is the outcome of discussions at the People's Partnership
	Other Committee Discussion/ Engagement	People's Partnership meetings April and July 2024

Recommendation:	To review the proposals for the Lewisham People's Partnership Action Plan.

APPENDIX 1 – LEWISHAM PEOPLE'S PARTNERSHIP – PROPOSED ACTION PLAN FOR CONSIDERATION - DRAFT

Action 1 - Strategic focus for 2024/25 – Supporting long term and meaningful engagement with people and communities		
Context: The Lewisham's People's Partnership Year One Review identified that meaningful engagement needs be more focused, supporting longer term conversations with people and communities on issues that respond to their needs and concerns, improve their health and wellbeing and reduce health inequalities. Alongside this, is the need to take into account the requirements of local, SEL and national policy imperatives.		
Proposed actions: Having reviewed local, SE London and national system priorities alongside the priorities that most concern people and communities in Lewisham, it is proposed that the following areas should be the focus of the Lewisham People's Partnership's work in 2024/25: • **Lewisham Five Year Forward View Delivery Plan for Primary Care** – this plan contains the long-term priorities for improving primary care in Lewisham outlining how the model of primary are needs to change to improve the health and wellbeing of people and communities in Lewisham and deliver the key recommendations from the Fuller Report • **Lewisham Neighbourhood Programme** – this plan brings together the key elements of Lewisham's place priorities and co-production intentions across the Local Care Partnership and VCSE		
Delivery plan	**Who**	**When**
Agree Lewisham People's Partnership strategic focus for 2024/25	LHCP Strategic Board	
If Action 2 agreed – Develop a Primary Care Co-ordinating Hub - agree membership, specific engagement activity for LPP to support future goals and co-production, co-ordination of relevant engagement activity across statutory/VCSE, outcomes framework		
If Action 2 agreed – Develop a Neighbourhood Programme Co-ordinating Hub - agree membership, specific engagement activity for LPP to support future goals and co-production, co-ordination of relevant engagement activity across statutory/VCSE, outcomes framework		

Action 2 - Hub of Hubs model - Supporting engagement delivery and effectiveness through widening participation and improved co-ordination		
Context: The Year One Review identified that a lot of public engagement is being undertaken by LHCP and VCSE organisations locally - but it is not always well coordinated, leading to potential gaps and duplication, with intelligence and outcomes tending to remain within organisational silos rather than being shared effectively. The Year One Review also identified that the Lewisham People's Partnership is becoming more a group of people from local statutory and voluntary sector organisations rather than solely members of the public with many of the participating organisations act as 'hubs' for coordinating input from a wider range of voices.		
Proposed actions: To support the delivery of engagement activity in Lewisham and to widen participation, co-ordination and effectiveness, it is proposed that: • **The Lewisham People's Partnership implement a Hub of Hubs model** - by working together with VCSE organisations undertaking engagement on behalf of, or commissioned by LHCP, and LHCP organisations this model would support the delivery of engagement priorities by widening participation and improving co-ordination supported by conversations that are joined up and demonstrate partnership working across both LHCP and VCSE sectors. The model would have Lewisham People's Partnership as the strategic hub linked to a network of co-ordinating hubs from both statutory and VCSE organisations.		
Delivery plan	**Who**	**When**
Agree to implement a Hub of Hubs model with agreed resourcing	LHCP Strategic Board	
Develop hubs in line with strategic priorities identified in Action 1 – Primary Care and Neighbourhood Programme		
Working with voluntary, community, grassroots and social enterprise organisations undertaking engagement on behalf of, or commissioned, by LHCP form a VCSE Engagement Hub		
Work with LHCP to agree a shared method of collating engagement activity/recording evidence of outcomes and influence/reporting e.g., implement shared engagement diary across LHCP		

Action 3 - Improving outcomes and influence		
Context: The Year One Review highlighted the necessity of ensuring that when people and communities share their views and lived experiences it is vital that LHCP can demonstrate that everyone knows that their contribution has been heard and valued and ensures that everyone can be honestly informed of the outcome of engagement and the influence it has had.		
Proposed actions: • **Co-develop an outcomes framework** for feeding into t- and out of - the LCP Strategic Board the views of people and communities in Lewisham and to be able to demonstrate how those views have influenced LHCP decision making and utilised in future planning and commissioning.		
Delivery plan	**Who**	**When**
Agree to co-develop outcomes engagement framework to be used in the co-ordinating hubs – Five Year Forward View, Neighbourhood Programme, VCSE Engagement Hub		
Agree process and who to be involved in each		
Complete co-development of outcomes framework		

Action 4 – Shifting the balance		
Context: The overall purpose of Lewisham's shared model of engagement is to support people and communities to exercise power, build trust, enable participation and work together to achieve more with what we have. The Year One Review identified that during the past year, views had been expressed at Lewisham People's Partnership meetings about both trust and the balance of power. People felt that the balance of power was predominately still within the system and that a shift in the balance towards the people and communities would demonstrate a commitment to show that the system works for the people rather that for itself.		
Proposed actions: • There is a discussion within LHCP to find out if there is a desire – and a clearer way - to demonstrate a willingness to discuss how, when and where power could be handed over, whether it wants to encourage participation in budgeting where appropriate (and to identify where it would be appropriate) and to work towards the principle of shared ownership and participation through shared strategic direction.		
Delivery plan	**Who**	**When**
Schedule a discussion with the LHCP Board – October seminar session???		

Action 5 – Participation and remuneration		
Context: In setting up the Lewisham People's Partnership, it was acknowledged that to ensure previously seldom-heard voices are increasingly heard, there needs to be a level of reciprocity and recognition. Without this, there is a danger people will feel their time is not valued or respected or will not have the means to attend and contribute. The Year One Review noted that the lack of a remuneration policy has meant that we have lost participation from individuals and service users. It is understood that there are different perspectives on the issues of remunerations. There has been consideration for an SEL wide remuneration policy, but this has not yet been agreed.		
Proposed actions: • That there is discussion within LHCP to clarify – one way or the other – whether to commit to a remuneration policy for participation in Lewisham		
Delivery plan	**Who**	**When**
Schedule a discussion with the LHCP Board – October seminar session???		

APPENDIX 2 - LEWISHAM PEOPLE'S PARTNERSHIP – Engagement Hub of Hubs Model – Outline discussion paper - DRAFT

Proposal – that the Engagement Hub of Hubs model could have Lewisham People's Partnership as the strategic hub linked to a network of co-ordinating hubs from both LHCP and VCSE organisations.

To demonstrate that power does not solely reside with the system, the Lewisham People's Partnership strategic hub should be at arm's length from the LCP - supporting the delivery of Lewisham's shared model of engagement[1] and delivering on its own objectives[2] – a bridge between what people, communities and VCSE organisations in Lewisham need from the LHCP system and vice versa – it responds to both equally and proactively.

The Lewisham People's Partnership strategic hub focus would be on widening participation, better co-ordination of engagement across both VCSE and LHCP organisation, and improved evidence on outcomes, impact and influence:

- **Widen participation** – continue a more proactive in approach to existing community representative groups, community support groups, VCSE and grass roots organisations etc – perhaps those groups working with or delivering engagement focused on identified Lewisham People's Partnership priorities? Develop better ways to share current and future engagement plans, information, intelligence, activity, outcomes and influence more widely and more effectively. This could include electronic shared engagement schedules, virtual groups, online discussions, newsletters, in person meetings. *Responsibility:: LPP Chair and Lewisham Comms/Engagement Manager*
- **Better co-ordination** – to move away from engagement staying in organisational silo's – develop shared engagement databases for both LHCP and VCSE organisations -enable organisations to record engagement activity and basic information such as with whom, when, purpose, outcomes expected, outcomes achieved. *Responsibility?*
- **Outcomes** – most engagement activity will already have some level of outcome measurements built in but the achievement – or not – of these outcomes is not necessarily known and shared – start with utilising the outcomes identified in the shared engagement databases to share more widely. *Responsibility:?*
- **Impact and influence** - better co-ordination of engagement activity and effective recording of outcomes will result in wider knowledge of engagement activity and outcomes achieved – the next step is to work together to implement a robust feedback mechanism to ensure that the activity and outcomes is then taken to the right place at the right time to influence decision. This would provide the evidence that the views and lived experiences people and communities in Lewisham have been heard, publicised widely (e.g. We Said – We Did) and demonstrate how they have influenced LHCP decision making and utilised in future planning and commissioning. *Responsibility:?*

The Lewisham People's Partnership would continue to report directly into – and out of the LHCP Board. It would continue to have open meetings 4 x annually – an annual meeting to discuss priorities from people and communities place, SEL and national priorities - well in advance of system decisions needing to be made – with the other three meetings used to share engagement intelligence, learning and outcomes as well as provide opportunities for discussions on specific issues or development opportunities – requests that can come from e.g., people, communities, co-ordinating hubs, VCSE, representative organisations or the LHCP system.

[1] The purpose of Lewisham's shared model of engagement is to support people and communities to exercise power, build trust, enable participation and work together to achieve more with what we have.

[2] Be an equal partner with LHCP, empower local people and communities and remove the power imbalance, ensure LHCP is engaging in line with shared model, make sure local people and communities are involved from service design to delivery and have the evidence to show this, the lived experiences and needs of people and communities drive local partnership decision making

Proposal – that two types of co-ordinating hubs could be developed initially:

- Co-ordinating hubs that support strategic engagement activity fulfilling local, SEL or national policy imperatives e.g. to support improving primary care and neighbourhood programmes
- Co-ordinating hub that supports improved co-ordination of engagement activity undertaken by LHCP organisations and VCSE organisations (those undertaking engagement on behalf of, or commissioned by, LHCP)

The purpose of the engagement co-ordinating hubs would be to focus on specific areas of engagement activity, encourage and support the sharing of engagement activity, intelligence, learning and outcomes:

Example – Primary Care Co-ordinating Hub

- **The focus of a primary care co-ordinating hub would be to widen participation** in the engagement programme for improving primary care engagement plans.
- Promote specific engagement activity and enable better co-ordination and sharing of that public engagement carried out by LHCP/VCSE/primary care organisations
- Working together – identify ways to improve the setting of, and recording of, engagement outcomes and timely and effective feedback mechanism – provide – and circulate – evidence of influence on decision making
- Support a better understanding and delivery of co-production
- Showcase engagement activity to demonstrate voices and lived experiences are heard, lessons learnt, intelligence shared, evidence of influence on decision making and commissioning plan
- **The membership of a primary care co-ordinating group could include** PPG reps, individuals, VCSE community partners, community representative groups, Healthwatch, Primary Care Commissioners, CCPL for Primary Care, Primary Care Leadership Forum Chair, PCG Chair

Example - Neighbourhood Programme Co-ordinating Hub

- **The focus of a neighbourhood programme co-ordinating hub would be to provide a framework for additional support for Neighbourhood Programme engagement and to showcase the Neighbourhood Programme integration initiatives**
- Support the co-ordination of neighbourhood programme engagement activity across LHCP/VCSE, share intelligence and learning, and publicise outcomes Promote and support the co-production of neighbourhood programme service design and development
- Involve local people and community groups in conversations about health prevention and barriers to health equity
- Link Neighbourhood Programme engagement activity into existing Lewisham People's Partnership engagement activity
- **The membership of a neighbourhood programme co-ordinating hub** could include health equity team, public health, neighbourhood team leaders, community representative groups, VCSE community partners, primary and community care representatives

Example – VCSE Engagement Co-ordinating Hub

- **The focus of a VCSE engagement co-ordinating hub would be to support joined up conversations and provide an effective framework so that engagement undertaken by both VCSE organisations and LHCP organisations can be more visible, better co-ordinated, outcomes collated with evidence that it has influenced decisions, commissioning, finance**
- Working together with VCSE organisations undertaking engagement - on behalf of, or commissioned by LHCP - and LHCP organisations agree a simple model to record shared engagement activity and how/who/when to share this more widely
- Working together – develop ways to improve the setting of, and recording of, engagement outcomes and a timely and effective feedback mechanism – provide – and circulate – evidence of learning, outcomes and influence on decision making e.g. We Said We Did
- Support conversations that are joined up and demonstrate partnership working across both VCSE and LHCP organisations
- **The membership of a VCSE engagement co-ordinating bub could be: VCSE organisations delivering, or commissioned to deliver, engagement activities, Healthwatch**

Lewisham Local Care Partners Strategic Board
Cover Sheet

Item 10
Enclosure 8

Title:	**Lewisham Risk Register**
Meeting Date:	**Thursday 19 September 2024**
Author:	Cordelia Hughes
Executive Lead:	Ceri Jacob

Purpose of paper:	The purpose of the paper is to provide an update to the Lewisham Health & Care Partners Strategic Board regarding the Lewisham Risk Register.	Update / Information	✓
		Discussion	✓
		Decision	

Summary of main points:

1.Current Status, Direction of Risk and current Risk Appetite Levels

Risk Type	Risk Description	Direction of Risk	*Risk Appetite Levels
Financial	**498.** Achievement of *Recurrent* Financial Balance 2024/25 Cost pressures are on an upward trend and are expected to continue into 2024/25. Material risk will not be able to achieve recurrent financial balance in 2024/25.	⟷	Open (10-12)
Financial	**549.** Achievement of *Non-Recurrent* Financial Balance 2024/25. Cost pressures are on an upward trend and expected to continue into the next financial year. The borough will not be able to achieve non recurrent financial balance in 2024/25.	⟷	Open (10-12)
Financial	**496.** Prescribing Budget Overspend. Risk that the prescribing budget 2024/25 may overspend.	⟷	Open (10-12)
Operational	**505.** The NHS@Home (virtual ward) Service – utilisation of the service is lower than planned for.	⟷	Eager (13-15)
Clinical, Quality and Safety	**528.** Access to Primary Care There is a risk that patients may experience an inequality (and inequity) in access to primary care services.	⟷	Cautious (7–9)
Clinical, Quality and Safety	**529.** Increase in vaccine preventable diseases due to not reaching herd immunity coverage across the population. Childhood Immunisations	⟷	Cautious (7–9)
Clinical, Quality and Safety	**NEW** Increase in vaccine preventable diseases due to not reaching herd immunity coverage across the population - Seasonal Vaccinations	⟷	Cautious (7–9)
Strategic	**334.** Inability to deliver revised Mental Health Long Term Plan trajectories.	↓	Open (10-12)
Financial	**335.** Financial and staff resource risk in 2023/24 of high-cost packages through transition. This is a recurring annual risk.	⟷	Open (10-12)

Financial	**506.** The CHC outturn for adults will not deliver in line with budget.	⟺	Open (10-12)
Clinical, Quality and Safety	**527.** Intermediate Care Bed Provision. There is a risk that Lewisham will not have Intermediate Care Bed provision within the Borough.	⟺	Cautious (7–9)
Governance	**347.** Initial Health Assessments not completed for Children Looked After (CLA) within the 20 working days.	⟺	Open (10-12)
Clinical, Quality and Safety	**377.** All Initial accommodation centres such as Stay City apartments Deptford Bridge have high levels of vulnerable Adults & Children and Young People asylum seekers residents.	⟺	Cautious (7–9)
Data and Information Management	**NEW** A number of staff in an Older People's Care Home are not compliant with GDPR regulations as using personal NHS Mail addresses. Possible breach of GDPR guidelines.	⟺	Cautious (7–9)
Governance	**359.** Failure to deliver on statutory timescales for completion of EHCP health assessments.	↑	Open (10-12)
Governance	**360.** Failure to deliver on statutory timescales for completion of ASD health assessments.	⟺	Open (10-12)

Key - Direction of Risk ***refer to risk appetite statement 24/25 for level descriptions.**

↓ Risk has become worse.

⟺ Risk has stayed the same.

↑ Risk is improving.

2.Process

Risks are discussed monthly with risk owners and reported at the now quarterly Risk Forum chaired by the Chief of Staff. Key areas for discussion relate to themes around workforce, nationally and regionally identified risks, potential risks, funding and delivery of service. In addition, what mitigations have been implemented in the interim.

3. Risk Appetite Statement and Levels

The ICB's stated appetite for risk provides a framework within which decisions can be made in a way that balances risks and rewards, costs and benefits. The ICB risk appetite framework is designed to allow NHS SEL ICB to tolerate more risk in some areas than others as it seeks to deliver its responsibilities and achieve the ambitious aims for the local health and care system. Risk appetite is not about the extent to which the ICB will seek to make changes or maintain the status quo. It is about the extent to which the organisation is willing to take risks in the process of securing the change we know is needed. Appendix 1 – *Risk Appetite Statement.*

4.Local Care Partnership Risks - Comparative Review

A comparative risk review takes place quarterly to ensure a proactive review across all 6 risk registers and their respective scores. The aim is to identify potential risks that should be considered for inclusion in LCP risk registers, comparable analysis of risks with suggestive similarities and/or contrasts. Refer to *Appendix 2 – LCP Risks Comparative Review.*

5.New/Closed Risks

	There are a total of 16 risks on the Lewisham risk register, an increase of 2 from last month and 1 risk now closed and moved to the Issue's Log. New/closed risk(s) are detailed below: • **NEW** GDPR - 3 x Older People's Care Home staff and not compliant with GDPR – and require NHS email addresses. Potential breach of GDPR guidelines. • **NEW** Seasonal Immunisations is a new risk that has been separated out from risk 529 to reflect the impact Flu/Covid. As a result, risk 529 has been reduced. • **CLOSED 526** A large number of families (up to 200) have been relocated from Tower Hamlets to emergency temporary accommodation at Pentland House. At a recent Wider SMT it was agreed to move risks that had become issues to issues log so that focus is maintained to address the issues. Refer to the Issues log for reference. **6.Key Themes:** The key themes from the risk register relate to finance/budgetary impact, workforce limitations and quality of care around delivery of services.				
Potential Conflicts of Interest	**N/a**				
Any impact on BLACHIR recommendations	BLACHIR has coproduced recommendations for the Black African and Black Caribbean communities with the aim of reducing health inequalities. Under the risk-related main headings: finance/budgetary impact, workforce limitations and quality of care around delivery of services. If the residual risk score increased (high-level red risks), mitigations not met and funding/budgetary constraints escalate; limitations on health improvements/health inequalities as per the BLACHIR recommendations would be impacted.				
Relevant to the following Boroughs	**Bexley**		**Bromley**		
	Greenwich		**Lambeth**		
	Lewisham	✓	**Southwark**		
	Equality Impact	Yes			
	Financial Impact	Yes			
Other Engagement	Public Engagement	Public Engagement, where required, takes place as part of the mitigating actions set out in the Risk Register.			
	Other Committee Discussion/ Engagement	Not in relation to this paper but some actions may require engagement and will be picked up via individual teams and initiatives. Risks are allocated each month for a deep dive at a weekly Senior Management Team and is a standardised agenda item at the Lewisham Health & Care Partners Strategic Board.			
Recommendation:	The Lewisham Health & Care Partners Strategic Board are asked to note the upcoming changes to the risk process across SEL. The ICB Board will be taking more of an interest in the risk process as mentioned above for corporate and borough risks going forward and have asked for all high-level red risks to be reviewed at the				

	Planning and Finance Committee along with the BAF. At local level risk owners with risks that are high-level (red) will meet with the Place Executive Lead and Borough Business Support Lead with their delivery plan to conduct a deep dive into risks and mitigations.

Ref	Risk Type	Risk Title	Risk	Inherent Risk (L x I)	Residual Risk (L x I)	Target Risk (L x I)	Risk Appetite Level	Direction of Risk	Risk sponsor	Risk owner	Ongoing controls	Assurances	Impact of ongoing controls	Control gaps
Finance														
498	Financial	**Achievement of Recurrent Financial Balance 2024/25**	During 2023/24 Lewisham delivered efficiencies in excess of the targeted 4.5% (c.£4.2m) of the delegated borough budget. However given material and escalating prescribing and continuing care cost pressures, material non recurrent measures were also required to achieve financial balance. These cost pressures are on an upward trend and expected to continue into 2024/25. Whilst the borough is working to deliver business as usual efficiencies for 2024/25 targeted at a minimum of 4% (c.£3.6m), it is unlikely these will be sufficient and available non recurrent measures are limited. There is therefore a material risk the borough will not be able to achieve recurrent financial balance in 2024/25.	5x3=15	5x3=15	2x2=4	Open (10–12)	⟺	Ceri Jacob	Michael Cunningham	1. A careful and detailed budget setting process has been conducted to identify target savings. 2. Sound budgetary control will continue to be applied to ensure expenditure trends are monitored and any deviations from budget are identified at an early stage. 3. The ICB's Planning and Finance Committee receives monthly reports showing the status of savings schemes against target. 4. The Lewisham borough SMT review and discuss savings identification and delivery on a regular basis. This includes for 2024/25 development of business cases to identify opportunities for system wide efficiencies and meetings with system partners have been arranged to discuss these proposals. 5. Review at LCP meetings with members on a bi-monthly basis. 6.System approach is being followed with LCP partners to align savings opportunities.	Monthly budget meetings. Monthly financial closedown process. Monthly financial reports for ICS and external reporting. Review financial position at CHC Executive meeting. Lewisham Senior Management Team Review.	The impacts of controls will be assessed in the new financial year however risk will remain the same but will be reviewed in new financial year. Regular borough financial focus group meetings with CFO and director of planning.	1. There are no currently identified control gaps.
549	Financial	**Achievement of Non Recurrent Financial Balance 2024/25**	During 2023/24 Lewisham delivered efficiencies in excess of the targeted 4.5% (c.£4.2m) of the delegated borough budget. However given material and escalating prescribing and continuing care cost pressures, material non recurrent measures were also required to achieve financial balance. These cost pressures are on an upward trend and are continuing into 2024/25. Whilst the borough is working to deliver business as usual efficiencies for 2024/25 targeted at a minimum of 4% (c.£3.6m), it is unlikely these will be sufficient and available non recurrent measures are limited. There is therefore a risk the borough will not be able to achieve non recurrent financial balance in 2024/25.	3x3=9	3x2=6	3x2=6	Open (10–12)	⟺	Ceri Jacob	Michael Cunningham	1. A careful and detailed budget setting process has been conducted to identify target savings. 2. Sound budgetary control will continue to be applied to ensure expenditure trends are monitored and any deviations from budget are identified at an early stage. 3. The ICB's Planning and Finance Committee receives monthly reports showing the status of savings schemes against target. 4. The Lewisham borough SMT review and discuss savings identification and delivery on a regular basis. This includes for 2024/25 development of business cases to identify opportunities for system wide efficiencies and meetings with system partners have been arranged to discuss these proposals. 5. Review at LCP meetings with members on a bi-monthly basis. 6.System approach is being followed with LCP partners to align savings opportunities.	Monthly budget meetings. Monthly financial closedown process. Monthly financial reports for ICS and external reporting. Review financial position at CHC Executive meeting. Lewisham Senior Management Team Review.	The impacts of controls will be assessed in the new financial year however risk will remain the same but will be reviewed in new financial year. Regular borough financial focus group meetings with CFO and director of planning.	1. There are no currently identified control gaps.
Medicines Optimisation														
496	Financial	**Prescribing Budget Overspend**	There is a risk that the prescribing budget 2024/25 may overspend due to: 1- Medicines supplies and cost increases -NCSO/price concessions and Category M. 2- Lack of capacity to implement in year QIPP schemes by borough medicines optimisation teams following post MCR staffing changes may effect implementation of the QIPP scheme. 3- Entry of new drugs to the SEL formulary inc. those with NICE Technology Appraisal recommendations with increased cost pressure to prescribing budget. 4- Increased patient demand for prescriptions including self-care items, LTC. 5- Prescribing budget although uplifted for 24/25 a gap remains with regards to forecast outturn and budget. 6- Priority shifts towards qualitative outcomes such as patient safety issues in Meds Management and supporting hospital avoidance or discharge. 7-Income protection for MOP scheme 24/25 (practices are de-incentivised to reach targets).	3x4=12	3x4=12	3x3=9	Open (10–12)	⟺	Laura Jenner	Erfan Kidia	1. Monthly monitoring of spend (ePACT and PrescQIPP), and also Cat M and NCSO spend 2. Monthly meetings with finance colleagues reviewing PPA budgets to date 3. 2 weekly Place finance meetings 4. Monthly savings meeting with SMT at Place to review prescribing spend and development mitigations. 5. Borough QIPP plans, and incentive schemes developed, with following ongoing: -QIPP and Incentive scheme monitoring dashboards -Practice level budget deep dives with RAG and action plans -Face to face practice visits with targeted spend analysis and feedback. -Forum meetings providing information on QIPP status and recommending actions to optimise prescribing (i.e. Practice Managers forum) 5. SEL rebate schemes continue to be reviewed, evaluated and processed	Any actions with regard to the prescribing budget are completed by Erfan Kidia, to dates agreed with the Place Executive, Associate Director of Finance.	Cost and budget pressure	1. No gaps in control identified
Delivery / NHS @ Home (Virtual Ward)														
505	Operational	**NHS @ Home (Virtual Ward)**	The NHS@Home Service is now significantly busier than it was earlier in the year. The outstanding risk remains that few patients are actively being discharged from hospital earlier than they otherwise would be. This is because agreeing the acute clinical pathway is taking longer than expected, with limited clinical time available from LGT Clinicians.	3x3=9	2x2=4	1x2=2	Eager (13-15)	⟺	Amanda Lloyd (Interim)	Amanda Lloyd (Interim)	1.A robust service specification has been drawn up, with recurrent funding confirmed for Virtual Wards. 2.A series of workshops have been held to engage LGT Senior Colleagues. 3.Bi-weekly NHS@Home referral statistics are emailed to the LGT CEO and Divisional Director of Operations. 4.Daily in-reach is provided to the short-term medical assessment units and Emergency Department at UHL, to proactively identify suitable patients for the NHS@Home Service.	A follow up workshop is being planned for September 2024, which Ceri Jacob will chair, bringing together key stakeholders across the ICS, Local Authority, OHL and LGT.	The controls require active engagement from all LGT Stakeholders.	The above controls require active engagement from all LGT Stakeholders.
Primary Care / Community Based Care														
528	Clinical, Quality and Safety	**Access to Primary Care Services**	There is a risk that patients may experience an inequality (and inequity) in access to primary care services. The inequality in access may be caused by: 1.Patients not understanding the various routes to access primary care services and the appropriate alternatives that are available 2.GP Practices operating different access and triage models 3.Digital exclusion 4.Workforce challenges 5.Increasing demand It could lead to: Poor patient outcomes A decline of continuity of patient care Avoidable activity including A&E attendances and NHS 111 calls	4x4=16	4x3=12	4x2=8	Cautious (7 – 9)	⟺	Ceri Jacob	Ashley O'Shaughnessy	The current controls in place are: 1.Local implementation of the national 'Delivery plan for recovering access to primary care' 2.The Modern General Practice model is being implemented across practices supported through the national transition and transformation funding. 3.All practices have telephone and digital access options in place to support and maximise patient access. 4.Work with PCNs to implement the Capacity and Access Improvement Payment metrics for 24/25 which focus on better digital telephony, simpler online requests and faster care navigation, assessment, and response. 5.The PCN Additional Roles Recruitment Scheme is fully operational to support use of a diverse skill mix and provide additional workforce capacity. 6.The PCN Enhanced Access service is operational to provide additional capacity between 6.30pm and 8pm, Monday – Friday, and 9am – 5pm on Saturday. 7.Implementation of the national Pharmacy First scheme to support the management of minor ailments and supply of prescription only medicines for specific conditions. 8.Community self-referral pathways have been developed to empower patients to manage their own health. 9.Continued promotion of the NHS APP so patients can directly book appointments, request repeat prescriptions and access their own medical record. 10.Ongoing review of practice websites to ensure up to date and consistent to support patient navigation 11.Continued support for PCN digital inclusion hubs to support patients who are willing and able to maximise use of digital tools 12.Focused work on the primary/secondary care interface to free up capacity in General Practice 13. Oversight through the Lewisham Primary Care Group	As outlined in controls.	Poor patient outcomes A decline of continuity of patient care Avoidable activity including A&E attendances and NHS 111 calls	Need an effective public-facing communications and engagement plan to educate and inform the public on the new ways of working in general practice and wider primary care to improve understanding of services and manage expectations. Ongoing industrial action may have an impact on patient access.
NEW		**Increase in vaccine preventable diseases due to not reaching herd immunity coverage across the population - Seasonal Vaccinations**	There is a risk that Lewisham may see an increase in vaccine preventable diseases due to not reaching herd immunity coverage across the population. Low vaccine uptake may occur when: 1.Misinformation and lack of knowledge and education about vaccinations and organisms responsible for diseases is widely circulated and reinforced. 2.Cultural beliefs may inform decisions. 3.There is negative lived experience. 4.There is a lack of trust with professionals and wider establishment. 5.There are concerns around safety. 6.Patients find it difficult to access vaccines. It could lead to: 1.Severe and harmful disease outbreaks. 2.Increased pressure on Primary Care. 3.Increased A&E attendances and emergency admissions. 4. Poor patient outcomes, including disability and mortality.	3x4=12	3x4=12	3x3=9	Cautious (7 – 9)	⟺	Ashley O'Shaughnessy	Mervyn Clarke	The current controls in place are: 1. All practices administer vaccinations and where clinically appropriate and operationally feasible, make co-administration of seasonal vaccinations the default model. 2. Practices have robust patient call and recall systems in place. 3.Lewisham has a dedicated flu and immunisations coordinator who supports general practice. 4.The ICB works with the local authority (Public Health) to take responsibility for planning outreach services that meet the needs of underserved populations and address wider health inequalities. 5.There is vaccination delivery in convenient local places, with targeted outreach to support uptake in underserved populations. 6.A universal, core offer in a consistent location/setting to increase efficiency and capitalise on public understanding of 'where to go' for vaccinations. 7.Vulnerable populations, such as asylum seekers, refugees, and rough sleepers, are opportunistically offered vaccinations in different settings to ensure they are given the best chance of protection. 8.Oversight through the Lewisham Immunisation Partnership Group with focussed task and finish sub-groups convened to support specific programmes i.e. MMR/polio. 9. Collaborative working with Population Health team to target smaller cohorts for flu vaccinations.	Appropriate governance in place which includes a stakeholder group and a working group. Lewisham representation at SEL immunisation and Vaccination board. Continued Joint working between primary care and public health	Severe and harmful disease outbreaks. Increased pressure on Primary Care. Increased A&E attendances and emergency admissions. Poor patient outcomes, including disability and mortality.	There is vaccine hesitancy, fatigue and reluctance following covid 19 pandemic Need a comprehensive LHCP approach to build vaccine confidence in groups who may not take up the offer of vaccination. LHCP approach to "making every contact count" especially through the offer of actual vaccination to eligible patients at every opportunity Limited influence over commissioning of vaccination programmes including routine childhood immunisations and school age vaccinations. These are commissioned regionally by NHSE&I.
529	Clinical, Quality and Safety	**Increase in vaccine preventable diseases due to not reaching herd immunity coverage across the population - Childhood Immunisation Programme**	There is a risk that Lewisham may see an increase in vaccine preventable diseases due to not reaching herd immunity coverage across the population. Low vaccine uptake may occur when: 1.Misinformation and lack of knowledge and education about vaccinations and organisms responsible for diseases is widely circulated and reinforced. 2.Cultural beliefs may inform decisions. 3.There is negative lived experience. 4.There is a lack of trust with professionals and wider establishment. 5.There are concerns around safety. 6.Patients find it difficult to access vaccines. It could lead to: 1.Severe and harmful disease outbreaks. 2.Increased pressure on Primary Care. 3.Increased A&E attendances and emergency admissions. 4. Poor patient outcomes, including disability and mortality.	3x3=9	3x3=9	3x2=6	Cautious (7 – 9)	⟺	Ashley O'Shaughnessy	Ashley O'Shaughnessy Mervyn Clarke	The current controls in place are: 1. Practices have robust patient call and recall systems in place. 2. A national failsafe should ensure that unvaccinated individuals are flagged with registered practices. 3.Lewisham has a dedicated flu and immunisations coordinator who supports general practice. 4.The ICB works with the local authority (Public Health) to take responsibility for planning outreach services that meet the needs of underserved populations and address wider health inequalities. 5.There is vaccination delivery in convenient local places, with targeted outreach to support uptake in underserved populations. 6.A universal, core offer in a consistent location/setting to increase efficiency and capitalise on public understanding of 'where to go' and at 'what age' for vaccinations. 7.Vulnerable populations, such as asylum seekers, refugees, and rough sleepers, are opportunistically offered vaccinations in different settings to ensure they are given the best chance of protection. 8.Oversight through the Lewisham Immunisation Partnership Group with focussed task and finish sub-groups convened to support specific programmes i.e. MMR/polio.	As outlined in controls.	Severe and harmful disease outbreaks. Increased pressure on Primary Care. Increased A&E attendances and emergency admissions. Poor patient outcomes, including disability and mortality.	There is also a clear lack of knowledge of the importance and effectiveness of vaccinations amongst young parents Need a comprehensive LHCP approach to build vaccine confidence in groups who may not take up the offer of vaccination. LHCP approach to "making every contact count" especially through the offer of actual vaccination to eligible patients at every opportunity Limited influence over commissioning of vaccination programmes including routine childhood immunisations and school age vaccinations. These are commissioned regionally by NHSE&I.
Commissioning														
334	Strategic	**Inability to deliver revised Mental Health Long Term Plan trajectories**	There is a risk that Mental Health Long Term Plan trajectories cannot be met as a result of activity and financial pressures that are currently affecting SLAM. This is caused by increased demand, limited bed availability, insufficient workforce and insufficient digital solutions to meet a proportion of local demand. This will impact on the ICB's ability to meet statutory requirements and reduce health inequalities.	3x5=15	2x5=10	3x2=6	Open (10–12)	⬇	Kenny Gregory	Natalie Sutherland	1.Outcomes framework measure for Community Mental Health Transformation (CMHS) being produced across SEL ICB. 2.Place based assurance framework being updated to reflect new interventions and monitored through all-age MH Alliance Leadership Board. 3.Understand the needs of people not being admitted after attending A&E to understand what interventions could be accessed instead of A&E and gaps in the system. 4.Continue to implement the CMHS transformation plan and local priorities. 5.Quality Impact Assessments undertaken on all of the priority investments that have been proposed as result of mitigating financial pressures in SLaM and the ICS.	Alliance data/performance review process to be established to provide local oversight and improvement actions. SLaM Stocktake of CMHS through Quality Centre to understand impact of CMHS transformation.	Improvement against KPIs and better collaboration and integration across services (in line with provider alliance ambition).	1.Mitigation plans formulated for red rated measures i.e. Physical Health Checks for SMI. 2.Additional in-patient 16 bed male ward in Lewisham (trust wide resource) to help with bed capacity, as well as Bed management pilot in Lewisham to manage bed supply locally and not Trust wide. 3. Stocktake of CMHS to review effectiveness and implement recommendations, with aim to increase number of people supported in a primary care setting. 4. EOI for NHSE 2 year Community mental health pilot in N2. 5. Re/establish alliance sub-groups for improved oversight and ownership i.e. Crisis Collaborative, Adult Transformation and assurance and outcomes forum to review system dashboard and other key system assurance processes
335	Financial	**Financial and staff resource risk of high cost packages through transition. This is a recurring annual risk.**	The financial risk identified in 2023/24 of new high cost LD packages through transition remains. There are a small number identified but at very high cost. These are young people with significant health needs requiring double handed and overnight waking care or with behaviour which is significant challenging in children's services. There is a potential impact of eligible patients leaving day schools in 24/25 which will represent (a) additional day time care costs previously met by education, or (b) 'hotel and support' costs additional to the costs of education if the person is placed in a residential college or (c) costs relating to full time residential care. This risk is SEL wide. These risks are reflected both in financial terms with cost of care potentially being in the hundreds of thousands of pounds a year. The complexity of health need also represents an increase in nurse time on complex case management.	4x4=16	4x3=12	4x3=12	Open (10–12)	⟺	Kenny Gregory	Tom Bird (Interim)	1. Head of CHC is attending quarterly Transition panels from a CHC perspective to support better understanding of demand and potential cost, supports improvement of <18 assessment in line with the Framework, increases possibility of deflecting unnecessarily high costs/ SEND decisions. Also to flag early warning signs for joint funding requests. Regular comms (1) from the CYP DSR meeting to the adult DSR meeting and (2) from the CYP CHC lead re children already joint funded and where likely demand for joint funding in adulthood is predictable. Quarterly flagging of transition you people not alerted through either process and a RCA of why those young people were not flagged to the adult CHC Team. 2. Quarterly review of ongoing requirement for joint funding funding of packages. 3. Adult Social Care are working with SENs to engage with them whenever they are considering a placement in a residential school or college.	Prioritising review of all new LD packages transferring from LBL to look for savings opportunities. Compliance with the Joint Funding Protocol. Weekly reporting through Funding & Governance Standing agenda item CHC Executive.	Mitigation of financial risk to Lewisham ICS/ ICB. Strengthened projection of future financial risk. Improved robustness and visibility of transitioning plans.	1. Quarterly projection of when younger SEN adults will leave day education and the potential impact on CHC budget to CHC Exec. (High cost) Joint Funded packages to be included as a standing agenda item at monthly Integrated Commissioning Budget Monitoring. Also to review at CHC Executive.
506	Financial	**The CHC outturn for Adults will not deliver in line with budget**	Pressure in adult spend is being driven by a number of variables: •Activity has grown, with new patient numbers increasing in all client groups, but most markedly in LD (an increase of 31%). Of these 13 patients, 3 were older patients who had deteriorated – the remainder are all late teens/early 20s transitioning from college/school to permanent placement/supported living. •There is pressure caused by costs of existing packages being driven up by inflationary uplifts and increases in NLW and LLW. AQP rate has increased by 4.1%. •CHC has continued to experience an increase in patient acuity in 2024/25 particularly in terms of POC at home an increase of 45 patients including several new tracheotomy patients. •There are a large number of delayed reviews which might have offered opportunities for savings through reduction in costs or eligibility decisions. •Delayed discharges from Neuro-Rehab Units continue to impact on CHC Budget.	5x4=20	4x3=12	4x3=12	Open (10–12)	⟺	Kenny Gregory	Corinne Moocarme	1. Review of CHC staffing requirements is underway to determine if additional staff are required to meet quality and savings targets. 2. Monthly budget review meetings. 3. Weekly review of CHC eligibility decisions and related cost of packages. 4. Monthly review of neuro specialist patients to manage associated trim point costs and escalating earlier where there are blockages to 5. discharge not in the control of the ICB	Prioritising review of all new LD packages transferring from LBL to look for savings opportunities Allocating SEL ICB review resource to prioritise remaining outstanding reviews Participating in wider SEL ICB CHC savings programme	Will not meet quality standards set by NHSE regarding 28 days target to complete DST.	Potential patient safety issues and increase in complaints because of reduction in packages.
527	Clinical, Quality and Safety	**Intermediate Care Bed Provision in Lewisham**	There is a risk that Lewisham will not have Intermediate Care Bed provision within the Borough. It is caused by: •The current provider not meeting contractual obligations and the contract is being terminated. •However, provider is currently performing against contractual conditions. •The current provider has submitted evidence to address areas of concern - to be reviewed by subject matter experts. •In the meantime, the current providers have been extended (by 6 months) to September 2025. Leading to: •No intermediate care bed provision in Lewisham. •Cohort of patients not being able to receive bed based rehabilitation locally. •Delay in patients being discharged from an acute bed when medically fit.	4x3=12	3x3=9	4x2=8	Cautious (7 – 9)	⬆	Kenny Gregory	Lorraine Sinodinou	1.Quarterly contract monitoring in place. 2. Monthly meetings to address areas of concern identified as part of procurement. 3. Signed NHS Standard contract in place (01/04/24 – 31/03/25 with the option to extend by 6 months) which includes both organisations giving adequate notice if contract to be terminated. 4. Current provider has held a contract for 10 years+ and there have never been any major concerns / safeguarding issues / incidents to cause commissioners a significant cause of concern.	Service continuity for longer term absence. Reporting and escalation process for incidents and where governance sits within the organisation. How learning will be disseminated from incidents and complaints.	No intermediate care bed provision in Lewisham. Cohort of patients not being able to receive bed based rehabilitation locally. Delay in patients being discharged from an acute bed when medically fit.	Monthly meetings to be arranged with relevant SME's. Uncertainty of next steps following contract expiry, especially given the most recent 2 failed procurements.
Safeguarding														
347	Governance	**Initial Health Assessments not completed for Children Looked After (CLA) within the 20 working days.**	Initial Health Assessment (IHA) – By law, Children Looked After require an IHA to be undertaken by a medical professional within 20 working days of the child entering care. The Lewisham CLA Health Team is able to see all CLA within 20 working days of notification. To give context, in 2023, 50% of IHA were completed outside the timescale (with a monthly range of 0-90%). Children not seen for their IHA may not have their health needs addressed in a timely manner and their carers are not enabled to promote their health appropriately.	4x3=12	3x3=9	2x3=6	Open (10–12)	⟺	Ceri Jacob	Christiana Nikoi/x/Margaret Mansfield	1.KPIs and provider data set in place. Provider data set includes IHAs undertaken outside of statutory timescales and IHAs on children placed in Lewisham by other local authorities. 2.The Designated Doctor, Medical Adviser and medical colleagues undertake IHAs. The Designated Doctor for Children Looked After who is involved in completion of Initial Health Assessment (IHA) is currently off sick until 19 August 2024. The DD normally covers 12 IHA clinic sessions in a month and during the period of sickness, 9 out of 12 would be covered by other doctors leaving possibly 3 uncovered for the month. However, the provider reported plans to rearrange available doctor's diary to accommodate outstanding sessions. If this action is not achieved, the outcome would be delays in health service timely completion of IHA which could also impact on delay in children accessing any other health services for support where needed. 3.The Named Nurse supports CLA Admin with IHA data collection (although IHA are not a nursing remit). There is no Named Doctor in place to focus on this issue (The Designated Doctor does not have any time ringfenced for operational issues but uses some of the allocated DD time to support the Named Nurse). 4. Both Named and Specialist Nurse for CLA have regular discussions with Social Workers preparing forms for IHAs (at a drop-in). 5.Local Authority business support is expected to help with the timely preparation of IHA forms (completing demographic and contact details), provide a reminder to Social Workers regarding the completion of consent forms within 5 days of a child becoming looked after and sent those forms to the CLA health team. 6.Designated and Named Professionals are part of the Partnership CLA Steering Group for service improvement. 7.The quarterly Health and Social Care CLA Steering Group looks has a standing item looking at the issues affecting the timely completion of initial health assessments (includes children placed out of borough and those placed in Lewisham by other local authorities). 8.Health and CSC have developed a SOP for IHAs. 9.LAC health team plans to provide powerpoint slides - this is under review. Reiterating good practices around IHA paperwork and consent. Slides will be included in new Social Worker starter pack.	Statutory guidance in place. Integrated Care Pathway with SOP for Social Workers (and Doctors) in place. IHAs are being completed but assessments are delayed as required forms (consent and demographic/contact details) are not being completed by Social Workers in a timely manner. Designated Doctor, Medical Adviser and other doctors continue completing IHAs as soon as consent is available. Health and Social Care CLA steering group continues monitoring.	IHAs are being completed but assessments are delayed as required forms (consent and demographic/contact details) are not being completed by Social Workers in a timely manner. Designated Doctor, Medical Adviser and other doctors continue completing IHAs as soon as consent is available. Health and Social Care CLA steering group continues monitoring.	1. Any gaps in service provision escalated to Lewisham Place Executive Director.

377	Clinical, Quality and Safety	**All Initial accommodation centres such as Lewisham Stay City apartments Deptford Bridge have high levels of vulnerable Adults & Children and Young People asylum seekers residents.**	Initial Accommodation Centres:- Stay City apartments Deptford Bridge has high levels of vulnerable adults, children and young people (asylum seekers) and to date no safeguarding adult referrals into MASH, ATHENA or PREVENT. Impact: data raises concerns that referral pathways are not being followed and nonconcordance with Lewisham local safeguarding referral pathway for adults. Risk is; large volume of adults, children young people deemed to be at risk. NOTE: Pentland House closed on 11th September 2023 - the rationale has not been shared.	3x3=9	3x3=9	1x1=1	Cautious (7 – 9)	⇔	Geri Jacob	Fiona Mitchell	As of 11th September 2023, Pentland House has closed. Appropriately, 250 service users will be moved before this date and it is likely that the majority moved will take place prior to 31st August 2023. The Clear Springs Ready Safeguarding team visited Pentland House on 8th August 2023 to meet with those that have additional vulnerabilities to ensure they are profiled to appropriate accommodation. ICB and Lewisham's multi-agencies have met to discuss support of service users' and the transition to new locations. These include NGOs, Primary Care Sanctuaries and other agencies. In addition, a complaint will be raised with the Home Office and Clear Springs Ready homes in relation to system processes used during the closure. A meetings is being held to formulate a multi-agency response. ICB have reached a decision to not support complaint letter as better relationships developed with HO and Clear Springs Ready homes and agreement to refer safeguarding via local pathways in to adult and child MASH 09.04.24 Stay City Apartments remains open. Safeguarding assurance visit conducted with Lewisham ICB, Safeguarding adults and Children, AFRIL and Borough of Sanctuary with recommendations generated and working with Clear Spring Ready Homes and Home Office to progress. Clear Springs Ready Homes and Stay City Apartments; some of the workforce have attended LSAB training on referral pathways into Adults safeguarding and domestic abuse training via ICB. Also, other opportunities offered. A further assurance visit will be conducted and asylum meetings are used to monitor system and processes for safeguarding this cohort of Adults and Children. This meeting is chaired by ICB. Risk impact: no evidence that referral pathways into Adult safeguarding as no referrals generated according to Adults MASH team. Unexpected death in Stay City Apartment - an Appreciative Inquiry has been conducted with multidisciplinary agencies including Home Office and Clear Springs Ready Homes, led by Lewisham ICB where learning outcomes were shared with all agencies and recommendations. Case with Coroner and Police have closed case.	As outlined in controls.	Initial accommodation centres are not commissioned by the ICB but the Home Office. ICB has no contractual service agreement. However, primary care resources to centre supported by Lewisham ICB.	Initial accommodation centres not commissioned by ICB but Home Office. ICB has no contractual service agreement. However, enhanced primary care resources to centre supported by Lewisham ICB.
NEW	Data and Information Management and Safety	**GDPR: A number of staff in an Older People's Care Home are not compliant with GDPR regulations as using personal NHS Mail addresses.**	Recent cessation of IT assistance for the last few Care Homes in 'setting up' NHS email addresses in x 3 Older People's Care Homes in Lewisham. Risk impact : Could lead to a risk of breaching of GDPR guidelines. Breach of confidentiality Reduce confidence in exchange of residents' personal data, alongside consideration of recent cyber-attacks.	3x1=3	3x1=3	1x1=1	Cautious (7 – 9)	⇔	Fiona Mitchell	Shirley Spencer	Current controls we have in place are: 1. Resident information will not be sent to 5 members of staff in Care Homes via personal email addresses. 2.To use the Care Home's main E Mail address, for all other communications. 3. Use telephone communications with these specific members of staff on specific confidential issues.	Safeguarding Nurse Advisor to: Inform all members of staff involved Inform Associate Director of IT Inform GDPR Lead	Breach of GDPR statutory guidelines.	1. Need to inform all relevant staff they will not receive any further personal E Mails containing resident information. 2. SEL IT Team have been unable to complete work with these 3 Care Homes to ensure they have personal NHS Mail addresses
Children and Young People													
359	Governance	**Failure to deliver on statutory timescales for completion of EHCP health assessments**	Failure to deliver on statutory timescales for completion of Education Health Care Plan health assessments (EHCP). This is being driven by challenges in recruitment and capacity of community paediatricians and therapists. Significant increase in families requesting Special Educational Needs Assessment (SENA) Lewisham has one of the highest numbers for requests for Special Educational Needs Assessment. This will impact on the ICB's ability to meet statutory timescales for completion of EHCP assessments as it does not have the capacity to carry them out within the 22 weeks deadline.	4x4=16	3x4=12	2x3=6	Open (10 – 12)	⇑	Sara Rahman	Paul Creech	1.GPs are being rotated from Primary Care into community paediatrics to support some activity and free time for statutory CMPS work. There has been limited uptake from GPs so no further scope to expand. 2. Paediatric Nurse in place to support medical work which does not require a Paediatrician. 3. Trust are using American recruitment agent to recruit internationally. So far response has been limited but LGT are reviewing the applications. 4.Therapists continue to work weekends to clear the back-log of reviews. 5. Monthly Recovery meetings held with Head of Integrated SEN & LGT Manager to review EHCNA numbers. Detailed performance data identifies delays for assessments by teams to help determine areas to improve. 6.The DCO reviewing the joint working arrangements between health and SEND to streamline the process. EHCNA requests are triaged to reduce the number of new assessments necessary. 7. Recruitment has improved, demand still higher than capacity.	Monitoring ongoing to gauge impacts of controls. New Head of Integrated SEND is now in place and attending monitoring meetings.	Increase in EHCPs health assessments being completed on time.	1. Families not attending appointments.. 2. Appointments changed. 3. Delayed paperwork (service user end). 4. Brexit has led to loss of staffing (therapists). 5. COVID has also had an impact on staffing levels. 6. Increase in EHCP requests.
360	Governance	**Failure to deliver on statutory timescales for completion of ASD health assessments.**	Failure to deliver on statutory timescales for completion of Autism Spectrum Disorder health assessments. There is an 18 month waiting list. This is being driven by challenges in recruitment of community paediatricians. Impact on ICB - referral to treatment timescale, reputational risk, financial risk - ICB to pay for private assessments.	4x3=12	3x3=9	2x3=6	Open (10 – 12)	⇔	Sara Rahman	Paul Creech	1.Quarterly review of ASD assessments with LCG, includes audit of initial assessments. 2.DCO commissioning reviewing existing autism support pathway to provide pre-diagnostic support. There is the all aged autism service which provides advise and info without the need for a diagnosis. 3.GPs are being rotated from Primary Care into community paediatrics to free up capacity for ADOS assessments. Paediatric Nurse in place to support medical work, 4.International recruitment ongoing (x2 Paediatricians recruited). New adverts in place to attract more application being carefully considered to inspire applicants. No further recruitment - 1.2 vacancies at present and another round of recruitment due. In terms of capacity, clinical staff assessing ECHP will prioritise where possible ASD assessments too to assist with work demands. 5. Outsourced some assessment capacity for CYP waiting the longest to reduce the backlog.	Monitoring ongoing to gauge impacts of controls via Quarterly monitoring meetings.	Reduction in waiting times for assessments.	1. Availability of partners to undertake joint ASD assessments. COVID has increased childhood anxiety in some kids.

Key - Direction of Risk

⇓ Risk has become worse.

⇔ Risk has stayed the same

⇑ Risk is improvine

Lewisham Risk Register Issue Log (last updated 10/09/24)

	Item	Risk description	Issue	Severity	Risk Appetite	Status	Date Logged	Owner	Action Plan/Status
1	**CAMHS waiting times**	There is a risk of CYP in Lewisham not receiving the mental health support they need within the expected timeframes of the service. This has been caused by continued increased demand. This impacts on the ICB's ability to ensure waiting times are met and could affect the ICB's reputation.	*Medium Impact Issue*	*Medium*	Eager (13-15)	Open	10/09/2024	Paul Creech/ John Dunning	Moved from Risk Register to Issue Log at the request of Ceri Jacob
2	**Diagnostic waiting times for children and young people**	There is a risk that waiting time targets for children and young people waiting for and ADHD assessment is unacceptably long. There is no ADHA pathway which is needed - need a neurodiversity pathway with links to both Autism and ADHA and other neurodevelopmental conditions. This impacts on the ICB's ability to ensure waiting time targets are met and could affect the organisations reputation. This could also have an adverse affect on CYP who are waiting for a diagnosis.	*Medium Impact Issue*	*Medium*	Eager (13-15)	Open	10/09/2024	Paul Creech/ John Dunning	Moved from Risk Register to Issue Log at the request of Ceri Jacob
3	**A large number of families (up to 200) have been relocated from Tower Hamlets to emergency temporary accommodation at Pentland House.**	There is a potential risk of failure to protect and safeguard the residents (adults and children) placed at Pentland House (temporary/emergency accommodation) due to a lack of health information available to form accurate assessments and provide appropriate support. Since Oct/Nov 2023, families were transferred to Pentland House accommodation. To date, information shared regarding families that have been placed in the accommodation has been limited and LBL CYP Joint Commissioning and LBL Housing are liaising with Tower Hamlets Housing Services to try to resolve this. Section 208 notice – housing legal requirements from Tower Hamlets to Lewisham is to provide data on all individuals including health. Emergency accommodation for Pentland House should only be for 56 days - this has now been breached. Families are also registered with Tower Hamlets (through choice) but the impact and risk is: pregnant females travelling across London for obstetric care, those fleeing domestic abuse, lack of advocacy generally within the location, those re-housed due to domestic / familial abuse and honour based violence abuse, nutritional concerns and limitations with security at Pentland House.	*Low Impact Issue*	*Low*	Cautious (7-9)	Open	10/09/2024	Margaret Mansfield/ Fiona Mitchell	Moved from Risk Register to Issue Log at the request of Ceri Jacob

Key

Inherent risk	is current risk level given the existing set of controls rather than the hypothetical notion of an absence of any controls.
Residual risk	would then be whatever risk level remain after additional controls are applied.
Target risk	the desired optimal level of risk.
What is a risk	Risk is the likelihood and consequences of a potential negative outcome. Risk involves uncertainty about the effects/implications of an activity often focusing on undesirable consequences.

Key - Direction of Risk

Risk has become worse.

Risk has stayed the same

Risk is improving

Risk Scoring Matrix

			Likelihood				
			1	2	3	4	5
			Rare	Unlikely	Possible	Likely	Almost certain
Severity	5	Catastrophic	5	10	15	20	25
	4	Major	4	8	12	16	20
	3	Moderate	3	6	9	12	15
	2	Minor	2	4	6	8	10
	1	Negligible	1	2	3	4	5

showing direction of travel. Green arrow up (improving risk), yellow arrow sideways (risk has stayed the same) and red arrow down (risk has become worse).

Likelihood Matrix

Likelihood (Probability) Score	1	2	3	4	5
Descriptor	Rare	Unlikely	Possible	Likely	Almost certain
Frequency How often might it/does it happen	This will probably never happen/recur	Do not expect it to happen/recur but it is possible it may do so	Might happen or recur occasionally	Will probably happen/recur but it is not a persisting issue	Will undoubtedly happen/recur, possibly frequently
Frequency Time-frame	Not expected to occur for years	Expected to occur at least annually	Expected to occur at least monthly	Expected to occur at least weekly	Expected to occur at least daily
Frequency Will it happen or not?	<0.1%	0.1 to 1%	1 to 10%	10 to 50%	>50%

Severity Matrix

Severity (Impact) Score	1	2	3	4	5
Descriptor	Negligible	Minor	Moderate	Major	Catastrophic
Impact on the safety of patients, staff or public (physical / psychological harm)	Minimal injury requiring no/minimal intervention or treatment. No time off work	Minor injury or illness, requiring minor intervention Requiring time off work for >3 days Increase in length of hospital stay by 1-3 days	Moderate injury requiring professional intervention Requiring time off work for 4-14 days Increase in length of hospital stay by 4-15 days RIDDOR/agency reportable incident An event which impacts on a small number of patients	Major injury leading to long-term incapacity/disability Requiring time off work for >14 days Increase in length of hospital stay by >15 days Mismanagement of patient care with long-term effects	Incident leading to death Multiple permanent injuries or irreversible health effects An event which impacts on a large number of patients
Adverse publicity/ reputation	Rumours Potential for public concern	Local media coverage – short-term reduction in public confidence Elements of public expectation not being met	Local media coverage – long-term reduction in public confidence	National media coverage with <3 days service well below reasonable public expectation	National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions in the House) Total loss of public confidence
Business objectives/ projects	Insignificant cost increase/ schedule slippage	<5 per cent over project budget Schedule slippage	5–10 per cent over project budget Schedule slippage	Non-compliance with national 10–25 per cent over project budget Schedule slippage Key objectives not met	Incident leading >25 per cent over project budget Schedule slippage Key objectives not met

South East London Integrated Care System

NHS South East London

NHS SEL ICB
Risk Appetite Statement 2023/24

SEL ICB Risk Appetite Statement 2023/24

The statement

1. *Risk management is about finding the right balance between risks and opportunities in order that the Integrated Care Board – as a key partner in the South East London Integrated Care System – might act in the best interests of patients, residents, and our staff.*

2. *The ICB's stated appetite for risk provides a framework within which decisions can be made in a way that balances risks and rewards; costs and benefits.*

3. *The ICB risk appetite framework is designed to allow NHS SEL ICB to tolerate more risk in some areas than others as it seeks to deliver its responsibilities and achieve the ambitious aims for the local health and care system. Risk appetite is not about the extent to which the ICB will seek to make change or maintain the status quo. It is about the extent to which the organisation is willing to take risks in the process of securing the change we know is needed.*

4. *This risk statement is issued by the ICB and relates to the risk management processes in place to support the organisation's Board to manage risks faced by the organisation. However, as an integral part of the SEL Integrated Care System – working to shared operational and strategic objectives – a significant proportion of ICB risks will also affect ICS partner organisations, and vice versa. The ICB's risk approach aims to respect individual institutional responsibilities and processes, whilst seeking a better coordinated response to risks that exist across the partnership. This approach is a particular priority given that risks exist at provider interfaces and as part of patients' interactions across system partners.*

5. *The ICB has a dual role. It functions as a highly regulated organisation with responsibilities for ensuring statutory compliance, overseeing provision and ensuring financial sustainability. It additionally functions as an engine of change, with responsibilities to promote joined-up care, innovation, and to deliver improved population health outcomes.*

6. *To achieve our ambitious objectives for the health and care system in south east London, the ICB, as a leading voice in the wider ICS partnership, will need to be an increasingly innovative and change-driven organisation. The ICB has consequently adopted an **OPEN** or **EAGER** appetite in most areas of risk. However, the ICB will in pursuit of its wider objectives, operate with a **CAUTIOUS** posture to risks relating to the quality and safety of clinical care and to data and information management*

7. *Where a risk related to the ICB's activities is recorded with a residual risk score in excess of the defined risk tolerance level for the stated category of risk, that risk will be escalated within the SEL governance structure and ultimately be included in the Board Assurance Framework (BAF) for consideration by the ICB Board.*

South East London Integrated Care System

NHS South East London

ICB risk appetite level descriptions by type of risk

Proposed risk appetite levels by risk category (1 of 3)

Risk appetite level description (and residual risk score)					
Risk Category	**Averse (1 – 3)**	**Minimal (4 – 6)**	**Cautious (7 – 9)**	**Open (10 – 12)**	**Eager (13 – 15)**
Financial	Avoidance of any financial impact or loss is the key objective.	Only prepared to accept the possibility of very limited financial impact if essential to delivery.	Seek safe delivery options with little residual financial loss only if it could yield upside opportunities	Prepared to invest for benefit and to minimise the possibility of financial loss by managing the risks to tolerable levels.	Prepared to invest for best possible benefit and accept possibility of financial loss (controls must be in place).
Clinical, Quality and Safety	Prioritise minimising the likelihood of negative outcomes or harm to patients. Strong focus on securing compliance with existing protocols, processes and care standards for the current range of treatments.	Prioritise patient safety and seeks to minimise the likelihood of patient harm. Is focussed on securing compliance with existing protocols, but is open to taking some calculated risks on new treatments / approaches where projected benefits to patients are very likely to outweigh new risks.	Is led by the evidence base and research, but in addition to a commitment to prioritising patient safety, is open to taking calculated risks on new treatments / approaches where projected benefits to patients are likely to outweigh new risks.	Strong willingness to support and enable the adoption of new treatments / processes / procedures in order to achieve better outcomes for patients where this is supported by research / evidence. Willing to take on some uncertainty on the basis of learning from doing.	Prioritises the adoption of cutting edge treatments / processes / procedures in order to achieve better outcomes for patients where this is supported by research / evidence. Willing to take on reasonable but significant uncertainty on the basis of learning from doing.
Operations	Defensive approach to operational delivery – aim to maintain/protect current operational activities. A focus on tight management controls and oversight with limited devolved authority.	Largely follow existing ways-of-working, with decision-making authority largely held by senior management team.	Will seek to develop working practices but with decision-making authority generally held by senior management. Use of leading indicators to support change processes.	Willingness for continuous improvement of operational processes and procedures. Responsibility for non-critical decisions may be devolved.	Desire to “break the mould” and challenge current working practices. High levels of devolved authority – management by trust / use of lagging indicators rather than close control.

Selected ICB risk appetite level

Proposed risk appetite levels by risk category (2 of 3)

Risk appetite level description (and residual risk score)					
Risk Category	**Averse (1 – 3)**	**Minimal (4 – 6)**	**Cautious (7 – 9)**	**Open (10 – 12)**	**Eager (13 – 15)**
Governance	Avoid actions with associated risk. No decisions are taken outside of processes and oversight / monitoring arrangements. Organisational controls minimise risk with significant levels of resource focussed on detection and prevention.	Willing to consider low risk actions which support delivery of priorities and objectives. Processes, and oversight / monitoring arrangements enable limited risk taking. Organisational controls maximised through robust controls and sanctions.	Willing to consider actions where benefits outweigh risks. Processes, and oversight / monitoring arrangements enable cautious risk taking.	Receptive to taking difficult decisions when benefits outweigh risks. Processes and oversight / monitoring arrangements enable considered risk taking.	Ready to take difficult decisions when benefits outweigh risks. Processes, and oversight / monitoring arrangements support informed risk taking.
Strategic	Guiding principles or rules in place that largely maintain the status quo and seek to limit risk in organisational actions and the pursuit of priorities. Organisational strategy is rarely refreshed.	Guiding principles or rules in place that typically minimise risk in organisational actions and the pursuit of priorities..	Guiding principles or rules in place that allow considered risk taking in organisational actions and the pursuit of priorities.	Guiding principles or rules in place that are receptive to considered risk taking in organisational actions and the pursuit of priorities.	Guiding principles or rules in place that welcome considered risk taking in organisational actions and the pursuit of priorities. Organisational strategy is reviewed and refreshed dynamically.

Selected ICB risk appetite level

Proposed risk appetite levels by risk category (3 of 3)

Risk appetite level description (and residual risk score)					
Risk Category	**Averse (1 – 3)**	**Minimal (4 – 6)**	**Cautious (7 – 9)**	**Open (10 – 12)**	**Eager (13 – 15)**
Data and Information Management	Lock down data & information. Access tightly controlled, high levels of monitoring.	Minimise level of risk due to potential damage from disclosure.	Accept need for operational effectiveness with risk mitigated through careful management limiting distribution.	Accept need for operational effectiveness in distribution and information sharing.	Level of controls minimised with data and information openly shared.
Workforce	Priority to maintain close management control and oversight. Limited devolved authority. Limited flexibility in relation to working practices. Development investment in standard practices only.	Decision making authority held by senior management. Development investment generally in standard practices.	Seek safe and standard people policy. Decision making authority generally held by senior management.	Prepared to invest in our people to create innovative mix of skills environment. Responsibility for non-critical decisions may be devolved.	Innovation pursued desire to “break the mould” and do things differently. High levels of devolved authority and a strong willingness for workforce to act with autonomy to improve its impact.
Reputational	Zero appetite for any decisions with high chance of repercussion for organisations’ reputation.	Appetite for risk taking limited to those events where there is no chance of any significant repercussion for the organisation.	Appetite for risk taking limited to those events where there is little chance of any significant repercussion for the organisation	Appetite to take decisions with potential to expose organisation to additional scrutiny, but only where appropriate steps are taken to minimise exposure.	Appetit to take decisions which are likely to bring additional Governmental / organisational scrutiny only where potential benefits outweigh risks.

Selected ICB risk appetite level

South East London Integrated Care System

NHS South East London

Summary of SEL LCP risks

Prepared for the place executive leads (PELs), 29 July 2024

Version 1

Purpose

Purpose

1. The ICB risk and assurance team have a role to support LCP SMTs with identifying potential risks that should be considered for inclusion in LCP risk registers. Possible areas of risk might be identified following the emergence of risks on related programmes of work, near misses / incidents, nationally and regionally identified risks, reviewing risks recorded by other organisations, pro-active horizon scanning of likely areas of risk not recorded, looking at risks identified in other reports (e.g. performance, quality, PMO reports), looking at the wider applicability of risks have been recorded by other parts of the organisation. The role of the risk and assurance team is to work with LCP governance leads and SMTs to assess the applicability of these risks to their boroughs.

2. Following review of the LCP risks by the PELs in November 2023, it was agreed to continue review of comparative LCP risks on a quarterly basis. This pack provides an updated set of LCP risks, as of **16 July 2024**.

3. As the ICB begins to develop its system risk approach, LCP risks on slides 4 - 8 have been assigned* to one of two categories as below:

    - **Primarily ICB risks** – those that have the potential to impact on the legal and statutory obligations of the ICB and / or primarily relate mainly to the operational running of the organisation. Controls for these risks are primarily within the ICB's scope to be able to resolve. The risk summaries have been highlighted in **green**.

    - **Primarily system risks** – those that relate to the successful delivery of the aims and objectives of the ICS as are defined in the ICB's strategic, operational, financial plans, corporate objectives and which impact on and are impacted by multiple partners in the integrated care system. Controls for these risks require a contribution from both the ICB and other ICS system partners to be able to resolve. The risk summaries have been highlighted in **blue**.

*important note: this categorisation is indicative and PELs should highlight any areas of risk which they think belong in the alternative category.

Contents

1. **Slides 4 - 5:** provide a summary of the risks which have been identified and recorded on more than one LCP risk register, with their residual risk score rating. These should be used by LCP SMTs to review whether any potential risks are missing from their registers – see also slide 11.

2. **Slides 6 - 8:** provide a summary of all risks identified and recorded on a single LCP risk register. The list of risks is varied and may be specific to a particular LCP, however these risk make a useful list of risk that in some cases **may also be applicable to other LCPs.** They should therefore be reviewed and considered for inclusion in local risks registers.

3. **Slide 9:** summarises the impact of the Synnovis cyber incident on SEL risks.

4. **Slide 10:** summarises LCP areas of risk that could be impacted by the cyber incident.

5. **Slide 11:** provides a checklist of the top 5 areas for PELs to consider with their SMTs, combining:
    - the impact of the cyber incident on LCP risks, with
    - consideration of the common areas of risks across the LCP registers.

Risks recorded on more than one LCP risk register (1 of 2)

Risk summary	Residual Risk Score					
	Bex	Bro	Gre	Lam	Lew	Sou
Achievement of financial balance in the borough	9 ○	12 ○		9 ○	15 ●	12 ○
Unable to identify and achieve efficiency savings within the borough	6 ○			12 ○	6 ○	12 ○
Overspend against the prescribing budget	12 ○	12 ○	12 ○	12 ○	12 ○	12 ○
Overspend against the borough's delegated CHC budget	12 ○	9		12 ○	12	
Unbudgeted costs due to transfer of high-cost LD clients / MH placements		9		6 ○	12	12 ↑
Delivery of community-based MH programmes / CAMHs waiting times not achieved		6		6		12
Recruitment and retention: lack of capacity within various teams in the LCPs, community teams, across the ICS…		4 and 4*	6 ↓	10	12 and 9*	
Financial risk (legal challenge / poor performance) relating to the community equipment services provider		12	6	8		8
Performance / poor delivery risk associated with community equipment services provider						8
Patients fit for discharge unable to leave hospital due to pressures in community and social care services / loss of funding	12		12			12

Key:

- ● *To be shown on ICB BAF*
- ○ *Newly added risk since April 2024*
- ↑ *Score increased*
- ↓ *Score decreased*
- *Primarily ICB risk*
- *Primarily System risk*

*Note: * there are 2 risks recorded on these LCP risk registers in relation to recruitment and retention and scores for both have been shown.*

Risks recorded on more than one LCP risk register (2 of 2)

Risk summary	Residual Risk Score					
	Bex	Bro	Gre	Lam	Lew	Sou
Virtual wards will not be developed / optimised			9		4	
CYP diagnostic waiting times for autism and ADHD targets not being met		9		6		8
Population vaccination targets not met				12	9	

Key:

- *To be shown on ICB BAF*
- *Newly added risk since April 2024*
- *Score increased*
- *Score decreased*
- *Primarily ICB risk*
- *Primarily System risk*

Risks recorded on one LCP risk register only (1 of 3)

Risk summary	Residual Risk Score					
	Bex	Bro	Gre	Lam	Lew	Sou
Primary Care Estate - Insecure lease arrangements	12 ↓					
CHC packages leading to deprivation of liberty		8				
Lack of engagement with local communities			9			
Risk to development of iThrive and preventative system approach to children's MH and wellbeing			12			
Risk to the rollout of Family Hubs programme			4 ↓			
Risk to ensuring food and nutrition is included as part of all diet-rated disease care pathways			9 ↓			
Risk to implementation of Get Active physical activity and sports strategy			12			
Risk to delivery of performance targets delegated to place (these include IAPT access, SMI health checks, children immunisation and cancer screening)			12			
Clinical risk to CHC funded individual			4 ↓			

Key:

- *To be shown on ICB BAF*
- *Newly added risk since April 2024*
- *Score increased*
- *Score decreased*
- *Primarily ICB risk*
- *Primarily System risk*

Risks recorded on one LCP risk register only (2 of 3)

Risk summary	Residual Risk Score					
	Bex	Bro	Gre	Lam	Lew	Sou
Failure to safeguard adults due to pressures across partners				6		
System wide pressures on LCP delivery plan				6		
Risk to continuity of service provision following expiry of leases for primary care sites				9		
Initial Health Assessments (IHAs) not completed for children Looked After within 20 days					9	
Safeguarding risks with high number of vulnerable adults/children in initial accommodation centres					9	
Risk to delivery of MH LTP trajectories					10	
Families relocated to emergency temporary accommodation at Pentland House					12	
Intermediate care bed provision					9	
Access to primary care services					12	

Key:

- *To be shown on ICB BAF*
- *Newly added risk since April 2024*
- *Score increased*
- *Score decreased*
- *Primarily ICB risk*
- *Primarily System risk*

Risks recorded on one LCP risk register only (3 of 3)

Risk summary	Residual Risk Score					
	Bex	Bro	Gre	Lam	Lew	Sou
Initial accommodation centres putting pressures on the local health system						6
Cost pressures due to rapid increase in patients seeking ADHD and Autism diagnostic services from independent sector providers						4 ↓
Service disruption due to delays opening of a health centre						12
MCR transition and implementation affecting BAU						12

Key:

- *To be shown on ICB BAF*
- *Newly added risk since April 2024*
- *Score increased* (↑)
- *Score decreased* (↓)
- *Primarily ICB risk*
- *Primarily System risk*

Impact of Synnovis cyber-attack on SEL risks

Changes to SEL risks

- Two risks relating to significant disruptions with IT are currently recorded on the SEL risk register:
    - **Risk 437**, relating to significant disruptions to the IT and digital systems across our provider settings due to external factors such as extreme weather conditions or cyber-attacks.
    - **Risk 484**, relating to disruption to providers due to changes to digital systems or processes of another provider.
- In response to updated advice from the National Cyber Security Centre during the recent cyber-attack on Synnovis, **risk 437** has been updated to **increase in likelihood, also increasing the overall risk rating.**
- The impact of the of the cyber incident has also been considered on other areas of risk:
    - The two risks relating to elective care **(384 and 385:** relating to successful elective care transformation programmes to support delivery of elective recovery and waiting time objectives, and competing priorities for non-admitted and admitted capacity, resulting in negative impact on the delivery of elective recovery plans**) were increased in light of the cyber incident, which has escalated the risks onto the BAF**.
    - Other areas of risk have also been reviewed following the cyber-attack, including risks relating to urgent and emergency care and cancer performance. The cancer risk will be updated once the precise implications on performance have been quantified. The urgent and emergency care risk has not been changed as UEC performance has remained at the anticipated level.

Impact of Synnovis cyber-incident on LCPs

Assessing the impact of Synnovis cyber-incident on LCPs

PELs, together with their SMTs should consider how their LCPs have been impacted by the cyber incident – see **checklist table** on next slide.

1. **Impact on current areas of risk**

    - LCPs should consider how their current risks have been affected by the cyber incident.
    - An example that will have affected all LCPs is **access to primary care**. Currently, only Lewisham LCP have this recorded. Other LCPs should consider adding a risk relating to primary care access to their LCP registers.
    - Are there other current areas of risk affected by Synnovis?

2. **Recovery planning**

    - Recovery from the cyber incident will also need to be assessed.
    - Possible areas impacted include:
        - Long term conditions
        - LCP delivery plan commitments
        - Finances
        - Performance targets delegated to Place…

Checklist of top 5 areas for PELs to consider with their SMTs

	Area for consideration	Bex	Bro	Gre	Lam	Lew	Sou
1	Cyber-incident impact on access to primary care services					Primary care access risk already included	
2	Additional and recovery related risks from the cyber-incident (e.g. long terms conditions management)						
3	Risk against being unable to identify efficiency savings in the borough	✓			✓	✓	✓
4	Risk against targets around proportion of the population vaccinated				✓	✓	
5	Financial and / or performance risk related to community services equipment provider		✓	✓	✓		✓

Key:

✓ *risk already recorded / known to have been considered*

Lewisham Local Care Partners Strategic Board
Cover Sheet

Item 11
Enclosure 9

Title:	**Month 4 Finance Report 2024/25**
Meeting Date:	**19th September 2024**
Author:	Michael Cunningham
Executive Lead:	Ceri Jacob

Purpose of paper:	The purpose of the paper is to update the Lewisham Health & Care Partners Strategic Board on the ICB - Lewisham Place financial position at month 4 2024/25. A month 4 position is also included for the wider ICB/ICS and LA, reflecting reporting timescales.	Update / Information	✓
		Discussion	✓
		Decision	

Summary of main points:

Month 4 2024/25 – SEL ICB – Lewisham Place

At month 4, the borough is reporting an overspend year to date (YTD) of £497k but is retaining a forecast outturn (FOT) of breakeven. All budget areas individually are showing breakeven or an underspend except for continuing care services (CHC) and prescribing where there are material overspends.

A breakeven FOT is currently maintained in anticipation that sufficient financial recovery measures will be identified and implemented in the remainder of the year.

Whilst some measures will be non-recurrent, these can only be used once. It is therefore vital that overspends are managed downwards as far as possible and other recurrent mitigations are applied to bring the place back to recurrent financial balance. Further details of the financial position and the approach to financial recovery are included in this report.

Month 4 2024/25 – Lewisham Council

At month 4 Adult Social Care Services is forecasting an overspend of £6.6m and Children's Social Care Services is forecasting an overspend of £8.0m. Further details are provided in this report.

Month 4 2024/25 – SEL ICB

- As at month 4, the ICB is reporting a year to date (YTD) surplus of £919k which is £677k adverse to plan. The overspend of £677k all relates to non-recurrent costs incurred by the ICB resulting from the Synnovis cyber-attack, specifically to review discarded tests and additional SMS messaging.

	Aside from this additional Synnovis expenditure, the ICB delivered in full the YTD element **(£1,596k)** of its additional savings requirement. As at month 4, and noting the risks outlined in this report, the ICB is forecasting that it will deliver a year-end position of break-even against plan, whilst noting £36,000k is included in the ICB plan on behalf of ICS partners. This is further explained in the Executive Summary of Appendix A. The detail of the ICB position is also shown within Appendix A to this report. **Month 4 2024/25 – SEL ICS** Appendix B shows the financial highlights for the ICS at month 4. The key elements are as follows: • At M4 the system is forecasting to deliver its planned aggregate deficit of (£100.0m). This is despite many of the planning risks still existing, along with additional pressures arising since finalising the 2024/25 financial plan. • At M4 SEL ICS is reporting a YTD deficit of (£93.7m), £34.1m adverse to plan. The main drivers to the adverse variance are the impact of the Synnovis cyber-attack (£17.5m), the impact of industrial action (£3.3m) and slippage in efficiency programmes (£15m). • These drivers of the YTD variance along with uncertain inflationary pressure and income risks pose a significant risk to the delivery of the system's financial plan.
Potential Conflicts of Interest	Not applicable
Any impact on BLACHIR recommendations	Not applicable

Relevant to the following Boroughs	**Bexley**		**Bromley**	
	Greenwich		**Lambeth**	
	Lewisham	✓	**Southwark**	

	Equality Impact	Not applicable
	Financial Impact	The paper sets out the YTD financial position and forecast for 2024/25.
Other Engagement	Public Engagement	Not applicable
	Other Committee Discussion/ Engagement	The ICB Finance Report Appendix A is a standing item at the ICB Planning and Finance Committee.
Recommendation:	The Lewisham Health & Care Partners Strategic Board is asked to **note** the YTD financial position and forecast for 2024/25.	

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Lewisham LCP Finance Report

Month 4 – 2024/25

ICB – Lewisham Delegated Budget – Month 4 2024-25

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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	433	289	143	1,298	828	471
Community Health Services	9,696	9,259	437	29,089	27,610	1,479
Mental Health Services	2,553	2,514	39	7,658	7,494	164
Continuing Care Services	7,685	9,408	(1,722)	23,056	28,413	(5,357)
Prescribing	14,197	14,915	(718)	42,591	44,715	(2,124)
Prescribing Reserves	0	0	0	0	0	0
Other Primary Care Services	503	360	143	1,508	1,080	428
Other Programme Services	1,119	9	1,110	3,354	(1,543)	4,897
Delegated Primary Care Services	18,995	18,995	0	62,008	62,008	0
Corporate Budgets	1,004	933	72	2,989	2,947	42
Total	**56,184**	**56,681**	**(497)**	**173,550**	**173,550**	**(0)**

- At month 4, the borough is reporting an overspend year to date (YTD) of £497k (Month 3 £392k) but is retaining a forecast outturn (FOT) of breakeven. All budget lines individually are showing breakeven or an underspend except for continuing care services (CHC) and prescribing.

- CHC shows a material overspend YTD of £1,722k and FOT of £5,357k (Month 3 £5,239k) (outturn 2023/24 £3,638k). The position is driven predominantly by the full year effect of activity pressures seen in the second half of last year c.£1,445k, a significant element relating to LD clients. The position also assumes price pressures of 4% for 2024/25 equivalent to c. £1,100k and reflects an increase in active clients in 2024/25, driven by palliative care clients, fully funded PD65+ and those in receipt of funded nursing care (FNC).

- The Place Executive Lead continues to lead weekly meetings of the Lewisham CHC team to try to mitigate this financial position, and additional resource has been approved to focus on conducting client reviews to assess ongoing eligibility and levels of care provided. It is anticipated that savings will result from the investment of this resource. Additional resource is in place from the second half of August and resulting impacts will be monitored through the weekly review meetings.

- Prescribing shows an overspend YTD of £718k and FOT £2,124k. This is mainly caused by an upward trend in April in some prescribing cost categories (chapters) including appliances, central nervous system and Endocrine system prescribing costs. In May there is a small reduction in total cost of these chapters compared to April of 0.88%. The prescribing overspend is being managed in the following ways:

  1) Review of further QIPP opportunities. In respect of patent expiry on key drugs such as Rivaroxaban an estimated £283k saving is anticipated to be achieved in the latter part of the year. Additionally, Stoma 'Do not prescribe items,' and Red Amber Grey Drugs which are recommended not to be prescribed in primary care by relevant authorities are anticipated to deliver savings of £115k and £96k respectively starting in September. Since the current prescribing forecast overspend is based on an average of the most recent three months prescribing data, none of these savings are reflected in the current forecast outturn. The current year estimated benefit in total is £494k, and if everything else remains constant, these elements should reduce the forecast overspend to £1,630k. This compares to a risk assessed forecast overspend of £2,737k set out by the Lewisham Borough at the start of the current financial year.

  2) Further QIPP review is being undertaken by the Lewisham team across 32 drug cost categories where it is deemed further potential opportunities for savings exist. Outcomes and quantified savings are expected to be reported to the Lewisham Financial Recovery Group on 9th September 2024.

  3) In respect of Prescribing non PPA budgets. An audit has been undertaken of patients being managed under the Monitored Dosage System (MDS) and Medication Administration Records (MARS). This sets out a basis for ensuring that patients are reassessed as required on an annual basis and has been committed to by the Local Pharmaceutical Committee (LPC) and the Lewisham Medical Committee (LMC). It is anticipated that through ensuring annual review of patient needs, some saving will be achieved against the annual budget of £626k. This cannot be currently quantified but will be reviewed monthly.

- The Lewisham Borough is taking every measure possible to reduce the forecast overspends on CHC and prescribing. However, If these measures do not deliver as planned, it is currently anticipated that existing pressures can be mitigated to achieve a breakeven position at the year end. This will involve a significant element of non-recurrent solutions being implemented in the second half of the year at which point the YTD deficit should start to reduce to breakeven.

- However, there remains potential for further activity pressures to emerge on CHC and prescribing as the year continues. The local authority has also indicated an intention to recover health contributions towards section 117 mental health clients which may have a material financial impact. A co-ordinated piece of work is underway to establish and verify the likely impact.

- The borough efficiency target is £3,576k, is fully identified and forecast to deliver in full, but is insufficient on its own to mitigate the scale of financial pressures faced by the borough, and material additional mitigations have been identified.

Month 4 2024/25 – Lewisham Council

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Overall Position

2024/25 Efficiencies	Year-to-date Month 4 2024/25				Full-Year Forecast 2024/25		
	Plan	Forecast	Variance		Plan	Forecast	Variance
	£m	£m	£m		£m	£m	£m
Adult Care Services	1.2	1.2	0.0		3.7	3.7	0.0
Childrens Care Services	0.3	0.1	(0.2)		0.9	0.3	(0.6)
Total	**1.5**	**1.3**	**(0.2)**		**4.6**	**4.0**	**(0.6)**

2024/25 LBL Managed Budgets	Year-to-date Month 4 2024/25				Full-Year Forecast 2024/25		
	Budget	Forecast	Variance		Budget	Forecast	Variance
	£m	£m	£m		£m	£m	£m
Adult Care Services	25.8	28.0	(2.2)		77.3	83.9	(6.6)
Childrens Care Services	22.0	24.7	(2.7)		66.1	74.1	(8.0)
Total	**47.8**	**52.7**	**(4.9)**		**143.4**	**158.0**	**(14.6)**

Adults Commentary:

The Adult Social Care & Health Directorate is forecasting a £6.6m overspend for 2024/25. This is 0.6m movement from previous report. The movement relates increasing demand for packages of care across all care types and settings.

The key cause of the overall overspend, is the unusually high inflation requests from providers, largely due to the increase in London Living Wage, which is estimated to be £4m. This pressure is further exacerbated by the complexity of care requirements for discharged clients. Additionally, there is a steady increase in both the number of and cost of children transitioning to adulthood. Work is ongoing to ensure early intervention and planning so that their care costs can be better managed.

There is an ongoing challenge around collecting service user care costs where they are liable to pay for all or part of the care provided. Debt collection has been identified as a corporate priority and there is a specific project set up to ensure that these processes are improved.

The deep dive into ASC will look to re-assess the significant changes made post the Adults Transformation Programme in 201/22 and 2022/23 to see whether further cost reductions can be made to offset these pressures.

Childrens Commentary:

1. The forecast is based on supporting a similar number of children at a comparable cost to 2023/24, which was £2.9m higher than the revised budget for 2024/25, with an additional in year pressures of £5m for additional Children Looked After (CLA) placements demand. This is based on a net additional impact of 10 CLA's at a rate of circa £10k per week for the duration of 2024/25. The forecast assumption is that any inflation uplifts can be met within the budget allocated for this as part of 2024/25 budget setting.
2. The directorate have been working towards more intervention and support strategies, this involves improved commissioning work with the PAN London Commissioning Alliance to secure more favourable rates and work undertaken to create alternative capacity such as the Amersham and Northover in house provision as well as further support offered to parents and young people. Further opportunities similar to this are being sought, however these are medium to long term solutions.
3. The service as part of the high cost panel review process, considers all young people with an endeavour to limit their stay in high cost provision and also where appropriate secure funding from partner organisations. The aim is to find alternative placements within a 3 to 4 month timeframe, however this is not always possible. Following amendments to the care planning placement and case review regulations, it has been illegal to place children under 16 years of age in unregulated placements. This is a significant driver behind the increased cost per child that the market are demanding and forecasting the expenditure on high cost (£7k a week plus) placements is extremely volatile, as there is huge uncertainty over their length of stay.
4. The CSC deep dive review has identified a number of key lines of enquiry, which is largely aligned with existing projects and programmes of improvement and which will be developed further to identify specific cost reduction measures.

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Appendix A

SEL ICB Finance Report

Month 4 2024/25

Contents

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1. Executive Summary

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- This report sets out the month 4 financial position of the ICB. The financial reporting for month 3 onwards is based upon the final June plan submission. This included a **planned surplus** of **£40,769k** for the ICB. However, it should be noted that this includes significant values relating to ICS partners. Specifically, improvements to provider positions **(£21,000k, of which £16,500k is externally funded by NHSE)** and the additional stretch for Kings **(£15,000k).** Both have been phased into quarter 4 to ensure transparency of ICB financial reporting. The remaining surplus of **£4,769k** is the responsibility of the ICB to deliver.
- The ICB's financial allocation as at month 4 is **£4,499,108k.** In month, the ICB has received an additional £18,310k of allocations. These are as detailed on the following slide.
- As at month 4, the ICB is reporting a year to date (YTD) surplus of **£919k,** which is **£677k** adverse to plan. The overspend of £677k all relates to non-recurrent costs incurred by the ICB resulting from the Synnovis cyber-attack, specifically to review discarded tests and additional SMS messaging. Aside from this additional Synnovis expenditure, the ICB delivered in full the YTD element **(£1,596k)** of its additional savings requirement.
- Due to the usual time lag in receiving current year information from the PPA, the ICB has received two months of prescribing data. Based upon a rolling average of the most recent 3 months, the ICB is reporting an overspend of **£1,463k** at month 4. Details of the drivers and actions are set out later in the report.
- The current expenditure run-rate for continuing healthcare (CHC) services is above budget **(£2,152k YTD)**. Lewisham **(£1,722k)** and Greenwich **(£430k)** boroughs are particularly impacted, with a smaller overspends in Bexley and Bromley. The overspend in Bromley is a result of the final settlements of retrospective claims being settled above the provisions made, rather than ongoing client costs.
- The ICB continues to incur the pay costs for staff at risk following the consultation process to deliver the required 30% reduction in management costs. The ICB's redundancy business case is with the DHSC, and we are awaiting confirmation of its approval, so that notice can be given to staff. This delay is generating additional costs for the ICB both in respect of the ongoing cost **(£500k per month)** and the impact upon the final redundancy payments, given longer employment periods etc.
- Three places are reporting overall overspend positions at month 4 – **Lewisham (£497k), Lambeth (£131k),** and **Bexley (£33k)**.
- In reporting this month 4 position, the ICB has delivered the following financial duties:
    - Underspending **(£1,043k YTD)** against its management costs allocation, with the monthly cost of staff at risk being charged against programme costs in line with the relevant definitions;
    - Delivering all targets under the **Better Practice Payments code**;
    - Subject to the usual annual review, delivered its commitments under the **Mental Health Investment Standard**; and
    - Delivered the **month-end cash position**, well within the target cash balance.
- As at month 4, and noting the risks outlined in this report, the ICB is forecasting that it will deliver a year-end position of **break-even,** whilst noting the above highlighted surplus of **£36,000k** included in the ICB plan on behalf of ICS partners.

2. Revenue Resource Limit (RRL)

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	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL ICB
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
ICB Start Budget	**147,630**	**249,631**	**177,025**	**214,455**	**170,943**	**167,786**	**3,333,394**	**4,460,864**
M2 Internal Adjustments	1,049	3,464	2,037	2,146	901	2,431	(12,028)	-
M2 Allocations							11,975	**11,975**
M2 Budget	**148,679**	**253,095**	**179,062**	**216,601**	**171,844**	**170,217**	**3,333,341**	**4,472,839**
M3 Internal Adjustments	1,286	1,666	812	1,770	1,512	1,541	(8,587)	-
M3 Allocations				128			7,831	**7,959**
M3 Budget	**149,965**	**254,761**	**179,874**	**218,499**	**173,356**	**171,758**	**3,332,585**	**4,480,798**
M4 Internal Adjustments								
Community Violence	33	33	131	128	120	128	(573)	-
Other			(6)				6	-
M4 Allocations								
Depreciation funding							9,396	**9,396**
24/7 Mental Health Pilots							2,500	**2,500**
Primary Care Access Recovery Plan							1,734	**1,734**
GP Fellowships							1,659	**1,659**
Diagnostic Programme							1,207	**1,207**
DWP - Talking Therapies	106	102					453	**661**
DOAC Prescribing Rebates							533	**533**
Other		75			75		470	**620**
M4 Budget	**150,104**	**254,971**	**180,000**	**218,627**	**173,551**	**171,886**	**3,349,969**	**4,499,108**

- The table sets out the Revenue Resource Limit (RRL) at month 3.
- The start allocation of **£4,460,864k** is consistent with the Operating Plan submissions.
- During month 4, internal adjustments were actioned to ensure allocations were aligned to the correct agreed budgets. These had no overall impact on the overall allocation. The main adjustment related to the community violence allocation which has been allocated to boroughs.
- In month, the ICB has received an additional **£18,310k** of allocations, giving the ICB a total allocation of **£4,499,108k** at month 4**.** The additional allocations received in month were in respect of depreciation funding, 24/7 mental health pilots, primary care access recovery plans, GP Fellowships, diagnostic programme, DWP Talking Therapies, DOAC prescribing rebate plus some smaller value allocations.
- Further allocations both recurrent and non-recurrent will be received as per normal throughout the year each month.

3. Key Financial Indicators

NHS South East London

- The below table sets out the ICB's performance against its main financial duties on both a year to date and forecast basis.
- As at month 4, the ICB is reporting a year to date (YTD) surplus of **£919k** against the RRL, which is **£677k** adverse to plan. The overspend of £677k all relates to non-recurrent costs incurred by the ICB resulting from the Synnovis cyber-attack, specifically to review discarded tests and additional SMS messaging. Aside from this additional Synnovis expenditure, the ICB delivered in full the YTD element **(£1,596k)** of its additional savings requirement.
- ICB is showing a YTD underspend of **£1,043k** against the running cost budget, which is largely due to vacancies within the ICB's staff establishment. These are in the process of being recruited to. The stranded costs (of staff at risk) following the MCR process to deliver 30% savings on administrative costs as per the NHSE directive, are being charged to programme costs in line with the definitions given for running costs versus programme costs.
- All other financial duties have been delivered for the year to month 4 period.
- As at month 4, and noting the risks outlined in this report, the ICB is forecasting that it will deliver a year-end position of break-even, whilst noting the above highlighted surplus of **£36,000k** included in the ICB plan on behalf of ICS partners.

Key Indicator Performance

	Year to Date		Forecast		
	Target	Actual	Target	Actual	
	£'000s	£'000s	£'000s	£'000s	
Expenditure not to exceed income	1,492,339	1,493,016	4,539,877	4,539,877	
Operating Under Resource Revenue Limit	1,493,935	1,493,016	4,499,108	4,499,108	
Not to exceed Running Cost Allowance	10,370	9,327	31,110	31,110	
Month End Cash Position (expected to be below target)	4,375	2,608			
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%	99.4%			
Mental Health Investment Standard (Annual)			458,449	459,167	

4. Budget Overview

NHS South East London

	M03 YTD							
	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCG
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Year to Date Budget								
Acute Services	1,624	2,565	2,336	396	433	27	754,616	**761,996**
Community Health Services	7,418	29,617	12,850	9,311	9,696	12,036	83,865	**164,794**
Mental Health Services	3,485	4,921	2,836	7,688	2,553	3,399	172,732	**197,613**
Continuing Care Services	8,713	9,043	9,740	11,539	7,685	6,587	-	**53,307**
Prescribing	12,471	17,016	12,430	14,222	14,197	11,704	38	**82,077**
Other Primary Care Services	924	470	468	997	503	107	6,426	**9,894**
Other Programme Services	400	-	333	-	1,110	280	15,655	**17,777**
Programme Wide Projects	-	-	-	-	9	83	2,024	**2,116**
Delegated Primary Care Services	12,871	18,632	16,371	25,473	18,995	20,365	(647)	**112,061**
Delegated Primary Care Services DPO	-	-	-	-	-	-	70,001	**70,001**
Corporate Budgets - staff at Risk	-	-	-	-	-	-	-	-
Corporate Budgets	945	1,104	1,143	1,163	1,004	1,015	14,329	**20,703**
Total Year to Date Budget	**48,850**	**83,367**	**58,507**	**70,789**	**56,184**	**55,603**	**1,119,039**	**1,492,339**

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCG
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Year to Date Actual								
Acute Services	1,612	2,582	2,356	396	289	32	754,432	**761,699**
Community Health Services	7,256	29,594	12,695	9,321	9,259	11,688	84,049	**163,863**
Mental Health Services	3,488	5,135	2,746	7,999	2,514	3,750	172,754	**198,386**
Continuing Care Services	8,751	9,207	10,170	11,460	9,408	6,463	-	**55,459**
Prescribing	12,722	16,762	12,782	14,223	14,915	12,099	38	**83,541**
Other Primary Care Services	924	470	468	997	360	107	6,426	**9,751**
Other Programme Services	400	-	(187)	-	-	-	13,958	**14,171**
Programme Wide Projects	-	50	-	-	9	83	2,526	**2,668**
Delegated Primary Care Services	12,871	18,632	16,371	25,473	18,995	20,365	(647)	**112,061**
Delegated Primary Care Services DPO	-	-	-	-	-	-	70,926	**70,926**
Corporate Budgets - staff at Risk	-	-	-	-	-	-	1,899	**1,899**
Corporate Budgets	859	917	1,056	1,051	933	850	12,927	**18,593**
Total Year to Date Actual	**48,882**	**83,350**	**58,457**	**70,920**	**56,681**	**55,438**	**1,119,289**	**1,493,016**

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCG
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Year to Date Variance								
Acute Services	12	(18)	(21)	0	143	(4)	184	**296**
Community Health Services	162	23	155	(10)	437	348	(184)	**931**
Mental Health Services	(3)	(215)	90	(311)	39	(351)	(22)	**(773)**
Continuing Care Services	(38)	(164)	(430)	79	(1,722)	123	-	**(2,152)**
Prescribing	(251)	253	(352)	(1)	(718)	(395)	0	**(1,463)**
Other Primary Care Services	0	0	(0)	(0)	143	0	(0)	**143**
Other Programme Services	-	-	520	-	1,110	280	1,697	**3,607**
Programme Wide Projects	-	(50)	-	-	-	(0)	(502)	**(552)**
Delegated Primary Care Services	-	-	0	(0)	-	-	-	**(0)**
Delegated Primary Care Services DPO	-	-	-	-	-	-	(926)	**(926)**
Corporate Budgets - staff at Risk	-	-	-	-	-	-	(1,899)	**(1,899)**
Corporate Budgets	86	188	87	112	72	165	1,402	**2,111**
Total Year to Date Variance	**(33)**	**18**	**50**	**(131)**	**(497)**	**165**	**(250)**	**(677)**

- As at month 4, the ICB is reporting a year to date (YTD) surplus of **£919k,** which is **£677k** adverse to plan. The overspend of £677k all relates to non-recurrent costs incurred by the ICB resulting from the Synnovis cyber-attack, specifically to review discarded tests and additional SMS messaging. Aside from this additional Synnovis expenditure, the ICB delivered in full the YTD element **(£1,596k)** of its additional savings requirement.
- Due to the usual time lag in receiving 2425 data from the PPA, the ICB has only received two months of prescribing data. Based upon a rolling average of the most recent 3 months the ICB is reporting an overall overspend of **£1,463k**, although the position is differential across places. This is clearly a significant risk area as in previous years.
- The continuing care financial position is **£2,152k** overspent, with Lewisham **(£1,722k)** the most impacted. This is predominantly driven by the full year effect of activity pressures seen in the second half of last year. Further details are included later in the report.
- As described in earlier slides, the ICB is continuing to incur pay costs for staff at risk following the consultation process to deliver the required 30% reduction in management costs. The ICB's business case is with the DHSC, and we are awaiting confirmation of its approval, so that notice can be given to staff. The ongoing additional cost is circa **£500k** per month.
- The Mental Health cost per case (CPC) budgets across the ICB are highlighting a cost pressure, with Mental Health budgets reporting an overall overspend of **£773k.** The CPC issue is differential across boroughs with Bromley, Lambeth and Southwark being the most impacted. These boroughs are taking actions to mitigate this expenditure.
- Three places are reporting overall overspend positions at month 4 – **Lewisham (£497k), Lambeth (£131k),** and **Bexley (£33k).** More detail regarding the individual borough (Place) financial positions is provided later in this report.

5. Dental, Optometry and Pharmacy

NHS South East London

- In April 2023, ophthalmic, community pharmacy and dental services were delegated to ICBs from NHS England. To date, the ICB has not reported on these areas in detail. However, moving forward, these areas will be included within the finance report. In month 4, as dental is currently reporting a break-even position (given the dental ringfence), the report is focused on ophthalmic and community pharmacy. From next month, dentistry will also be included.

Delegated Ophthalmic

- The table below shows the month 4 delegated ophthalmic position. The claim-based payment is made one-month arrears. The month 4 accrual is based on the 3 months average. This represents a year-to-date **overspend of £631k**. If this trend continues then the full year position will be an overspend of £1,894k. This is following a similar trend to the last financial year.
- The majority of the spend relates to Optician Sight Tests and Vouchers submitted by high street opticians within the SE London geography regardless of where the patient resides – claims are based upon location of provider not client/patient.

Delegated Community Pharmacy

- The table below shows the month 4 delegated pharmacy position. The information is received 2 months in arrears. The month 4 accrual is based upon the 2 months average. This represent a year-to-date **overspend of £295k.** If this trend continues then the full year overspend would be expected to be circa £884k. A further review of data provided will be undertaken to understand the drivers of this overspend. Pharmacy First will be fully funded by non-recurrent allocations from NHS England which are received in arrears.

Service	Ytd Budget £	Ytd Actual £	Ytd Variance - (0ver)/Under £	Annual Budget £	Forecast £	FOT Variance - (0ver)/Under £
Delegated Ophthalmic	5,167,961	5,799,012	(631,051)	15,503,881	17,397,035	(1,893,154)
Delegated Community Pharmacy	9,801,079	10,095,624	(294,545)	29,403,225	30,286,860	(883,635)

5. Prescribing – Overview as at Month 4

NHS South East London

- The table below shows the month 4 prescribing position. Due to the usual lag in receiving information from the PPA, the ICB has received two months of 2024/25 prescribing data. Based upon a 3-month rolling average, the ICB is reporting an overall overspend on **PPA prescribing of £1,515k.**

M04 Prescribing	Total PMD (Excluding Cat M & NCSO) £	Central Drugs £	Flu Income £	Total 24/25 PPA Spend £	M04 YTD Budget £	YTD Variance - (over)/under £
BEXLEY	12,346,259	407,427	(100,856)	12,652,829	12,401,673	(251,156)
BROMLEY	16,282,374	537,318	(137,859)	16,681,833	16,934,861	253,028
GREENWICH	12,322,337	406,637	(44,091)	12,684,883	12,333,334	(351,549)
LAMBETH	13,817,847	455,989	(51,281)	14,222,555	14,196,060	(26,495)
LEWISHAM	14,287,198	471,478	(43,477)	14,715,199	13,971,094	(744,105)
SOUTHWARK	11,640,193	384,126	(45,605)	11,978,714	11,584,025	(394,689)
SOUTH EAST LONDON	0			40,000	40,000.00	0
Grand Total	**80,696,208**	**2,662,975**	**(423,169)**	**82,976,013**	**81,461,046**	**(1,514,967)**

- This position is variable across the boroughs, with significant overspends in Lewisham, Greenwich and Southwark. Key drivers of the overspend continue to be Cat M and NCO price impacts, plus significant activity growth in medicines to support the management of long-term conditions. Other drivers of increased expenditure include stoma appliances, malignant disease and immunosuppression. There were an additional 1,000 items of stoma bags and skin protectants prescribed in April 2024 compared to a 12-month average, equivalent to an 8% increase in volume. The main drug within malignant diseases that has driven the increase in spend is the hormonal injection for the treatment of prostate cancer, mainly driven by an increase in prevalence. The boroughs are reviewing how each of these issues has impacted them specifically.
- Lewisham place is seeing the largest cost pressure in SE London **(£744k YTD).** Actions being undertaken taken to address the position include the review of additional savings opportunities including the patent expiry on key drugs such as Rivaroxaban, and additionally drugs and other items which are recommended not to be prescribed in primary care are being reviewed to ensure they are not prescribed by practices. A further review of efficiencies is being undertaken by the Lewisham Medicines team across 32 drug cost categories where it is deemed further potential opportunities for savings exist. In addition, a review and reassessment, where relevant, of patients being managed under the Monitored Dosage System (MDS) and Medication Administration Records (MARS) is being implemented.
- Non PPA budgets are underspent by £52k giving an overall overspend on PPA and non PPA prescribing of **£1,463k**.

5. Prescribing – Comparison of 2425 v 2324

South East London

- The table below compares April and May prescribing data for 2023 and 2024. The headlines are that expenditure in SEL appears to be increasing marginally faster **(4.7%)** than in London **(4.3%)** or nationally **(3.9%)**. This is driven by a combination of average prices falling more slowly **(3.4%)**, and activity rising albeit at a slower rate **(8.3%)**.

Prescribing
Comparison of April and May 2024 v 2023

	2023 April & May	2024 April & May	Change £	Change %
South East London ICB:				
Expenditure (£'000)	38790	40608	1818	4.7%
Number of Items ('000)	4112	4454	342	8.3%
£/Item	9.43	9.12	-0.32	-3.4%
London ICBs:				
Expenditure (£'000)				4.3%
Number of Items ('000)				9.8%
£/Item	8.56	8.13	-0.43	-5.0%
All England ICBs:				
Expenditure (£'000)				3.9%
Number of Items ('000)				8.8%
£/Item	8.50	8.11	-0.39	-4.6%

- It is difficult to base judgements on two months of information, but the key factors explaining the SEL position include:

- Increase in drugs activity and expenditure to support patients with long term conditions;
- Increased prescribing of Stoma products – an 8% increase;
- Impact of NCSO remains a factor; and
- Increase in prevalence of prostate cancer means increased expenditure in associated drugs to treat this condition.

6. NHS Continuing Healthcare – Overview

NHS South East London

- The Continuing Care (CHC) budgets have been built from the 2023/24 budget and adjusted for the risk reserve (£1.5m), underlying forecast outturn (£8.6m), an uplift made to fund price inflation (0.8%), activity growth (3.0%) and ICB allocation convergence adjustments (-1.09%).
- The overall CHC financial position as at month 4 is an **overspend of £2,152k**, with underlying cost pressures variable across the boroughs. Four of the six boroughs are reporting overspends, namely, Bexley, Bromley, Greenwich, and Lewisham whilst the other two boroughs are reporting small underspends.
- The majority of the overspend **(£1,722k)** is in **Lewisham**. The position is driven predominantly by the full year effect of activity pressures seen in the second half of last year c.£1,445k, a significant element relating to LD clients. The position assumes price pressures of 4% for 2024/25 equivalent to £1,217k and emerging activity pressures in 2024/25, driven by palliative care clients and those in receipt of funded nursing care (FNC). The Place Executive Lead in Lewisham continues to lead weekly meetings of the Lewisham CHC team to ensure savings plans are being implemented and monitored, and a plan is in place to ensure client reviews are being undertaken in an optimal way. The team is also focussed on an ongoing cleanse of the client database to help assure reporting accuracy, and progress will be monitored through the weekly meetings with the ledger reflecting any changes made to the database.
- The overspend in Bromley relates to a one-off retrospective settlement, rather than business as usual client costs.
- The ICB has a panel in place to review price increase requests above 1.8% from providers to both ensure equity across SE London and to mitigate large increases in cost. The panel meets every week to discuss and agree cost increase requests from the CHC care providers. The reported financial position reflects a 4% inflationary uplift.
- All boroughs are reporting achievement against their identified CHC savings schemes. Despite this however, increased activity, higher numbers of higher-cost patients, and above inflation increases for providers are all contributing to the overspend on the CHC budget.

7. Provider Position

NHS South East London

Overview:

- This is the most material area of ICB spend and relates to contractual expenditure with NHS and Non-NHS acute, community and mental health providers, much of which is within block contracts.

- In year, the ICB is forecasting to spend circa **£3,095,280k** of its total allocation on NHS block contracts, with payments to our local providers as follows:

    - Guys and St Thomas **£703,230k**
    - Kings College Hospital **£755,661k**
    - Lewisham and Greenwich **£644,447k**
    - South London and the Maudsley **£316,019k**
    - Oxleas **£246,309k**

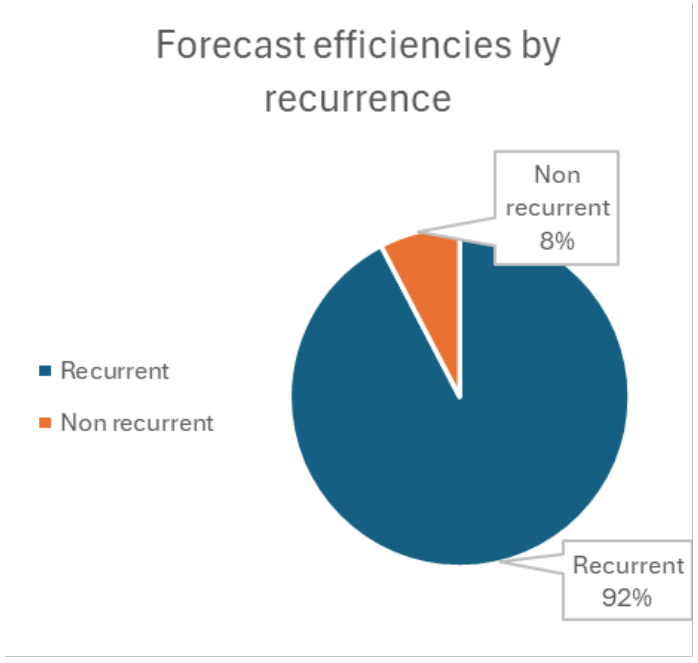
- In month, the ICB position is showing a break-even position on these NHS services and a break-even position has also been reflected as the forecast year-end position.

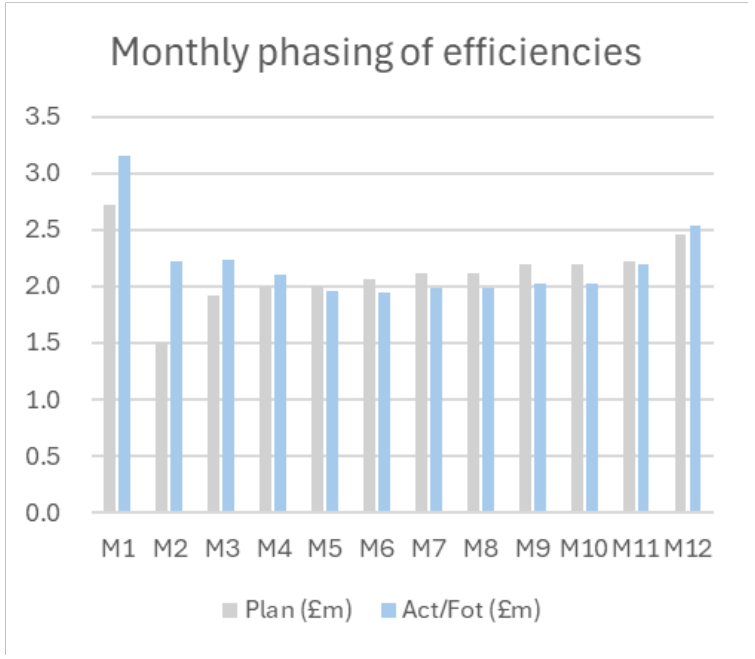
8. ICB Efficiency Schemes at as Month 4

South East London

- The 6 places within the ICB have a total savings plan for 2024/25 of **£25.5m.** In common with the previous financial year, the key elements of the savings plans are in continuing healthcare (CHC) and prescribing.
- As at month 4, the table to the right sets out the YTD and forecast status of the ICB's efficiency schemes.
- **As at month 4, overall, the ICB is reporting actual delivery slightly ahead of plan (£1.2m).** At this stage in the financial year, the annual forecast is to slightly exceed the efficiency plan **(by £0.9m),** although this will need ongoing close monitoring.
- The current risk rating of the efficiency plan is also reported. At this stage in the year, **£0.3m** of the forecast outturn of **£26.4m** has been assessed by the places as **high risk.**
- Most of the savings **(92%)** are forecast to be delivered on a recurrent basis.

	M4 year-to-date			Full-year 2024/25			Full Year - Identified			Full Year Forecast - Scheme Risk		
	Plan	Actual	Variance	Plan	Forecast	Variance	Plan	FOT	Change	Low	Medium	High
Providers	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Bexley	1.7	1.3	(0.4)	3.5	3.4	(0.1)	3.5	3.4	(0.1)	2.5	0.6	0.3
Bromley	1.8	1.8	0.0	6.3	6.4	0.1	6.3	6.4	0.1	4.1	2.4	0.0
Greenwich	1.0	1.1	0.1	3.5	4.1	0.6	3.5	4.1	0.6	0.6	3.5	0.0
Lambeth	1.5	2.9	1.4	5.2	5.4	0.2	5.2	5.4	0.2	1.5	3.9	0.0
Lewisham	1.0	1.2	0.2	3.2	3.6	0.4	3.2	3.6	0.4	2.9	0.7	0.0
Southwark	1.0	0.9	(0.1)	3.8	3.4	(0.3)	3.8	3.4	(0.3)	3.4	0.0	0.0
SEL ICB Total	8.1	9.4	1.2	25.5	26.4	0.9	25.5	26.4	0.9	15.0	11.1	0.3



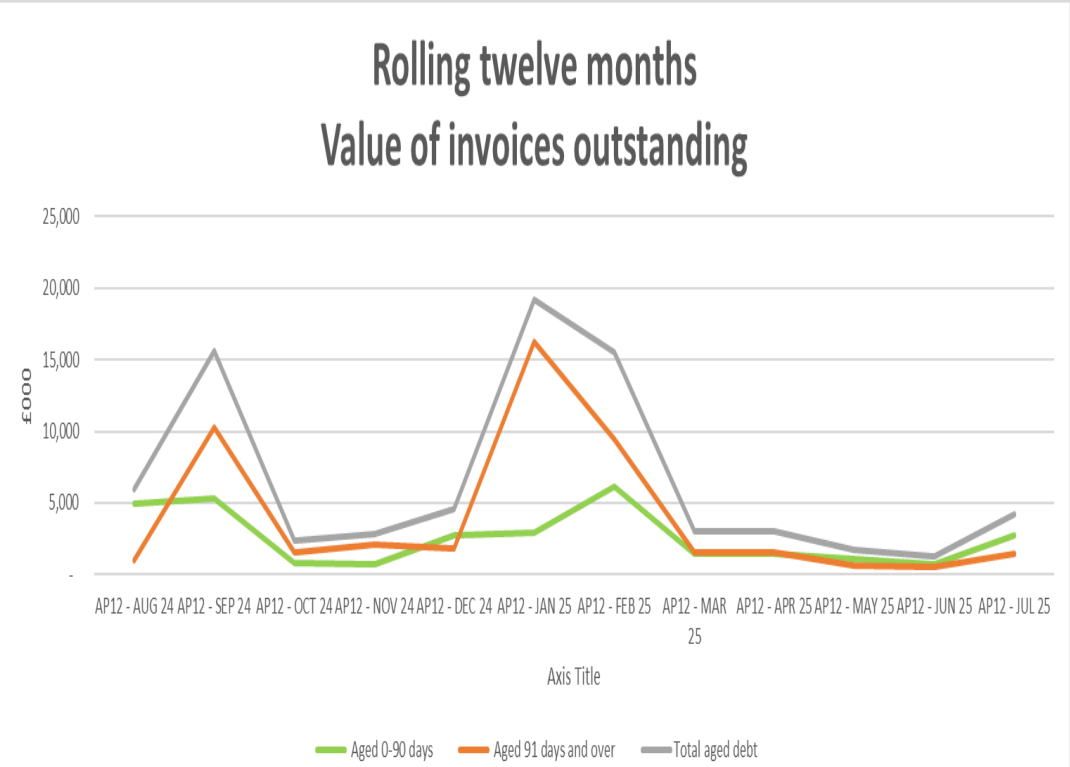


9. Corporate Costs – Programme and Running Costs

Area		Year to Date		
	Annual Budget	Budget	Actual	Variance
	£	£	£	£
Boroughs				
Bexley	2,466,667	808,890	723,041	85,849
Bromley	3,073,060	1,049,021	861,132	187,889
Greenwich	3,052,238	1,049,412	976,396	73,016
Lambeth	3,202,049	1,090,683	979,026	111,657
Lewisham	2,773,243	932,414	860,802	71,612
Southwark	2,850,546	981,515	817,326	164,188
Subtotal	**17,417,803**	**5,911,935**	**5,217,724**	**694,211**
Central				
CESEL	437,482	145,827	75,244	70,583
Chief of Staff	2,912,328	970,776	890,958	79,818
Comms & Engagement	1,599,007	533,002	408,229	124,773
Digital	1,542,037	514,012	264,584	249,428
Digital - IM&T	2,965,644	988,548	856,928	131,620
Estates	615,590	205,197	222,523	(17,327)
Executive Team/GB	2,286,438	762,146	696,936	65,210
Finance	2,906,225	968,741	937,158	31,583
General Reserves	-	-	1,897,365	(1,897,365)
London ICS Network	(1)	0	(0)	0
Medical Director - CCPL	1,544,873	508,958	408,365	100,593
Medical Director - ICS	235,647	78,549	65,092	13,457
Medicines Optimisation	3,829,970	1,276,656	1,061,587	215,070
Planning & Commissioning	7,761,074	2,587,024	2,223,473	363,551
Quality & Nursing	1,786,632	595,543	519,206	76,338
SEL Other	1,445,138	481,713	481,712	0
South East London	-	-	66,289	(66,289)
Subtotal	**31,868,084**	**10,616,692**	**11,075,649**	**(458,957)**
Grand Total	**49,285,887**	**16,528,627**	**16,293,373**	**235,254**

- The table below shows the YTD month 4 position on programme and running cost budgets.
- As described earlier in the report, the ICB is continuing to incur the pay costs for staff at risk following the consultation process to deliver the required 30% reduction in management costs.
- The ICB's redundancy business case is now with the DHSC, and we are awaiting confirmation of its approval, so that notice can be given to staff. This delay is generating additional costs for the ICB both in respect of the ongoing cost **(circa £500k per month)** and the impact upon the final redundancy payments, given longer employment periods etc.
- The ICB is reporting a broadly balanced position on its corporate costs **(YTD underspend of £235k),** with vacancies within directorates currently largely offsetting the pay costs of staff at risk.
- However, this is a non-recurrent benefit which will reduce as vacancies are recruited into.
- As highlighted in earlier slides, the ICB is underspending **(£1,043k YTD)** against its management (running) costs allocation.

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	320	2,364	76	0	0	2	2,762
Non-NHS	1,174	95	146	7	0	1	1,423
Unallocated	0	0	0	0	0	0	0
Total	**1,494**	**2,459**	**222**	**7**	**0**	**3**	**4,185**

- The ICB has an overall debt position of **£4.2m** at month 4. This is **£2.9m higher** when compared to last month due invoices being raised for London Levy contributions. Of the current debt, there is approximately £10k of debt over 3 months old which is a significant improvement on previous months. **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, likely at the start of 2025/26. 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	Aged 0-90 days Value £000	Aged 91 days and over
1	NHS NORTH EAST LONDON ICB	1,318	1,318	-
2	NHS NORTH CENTRAL LONDON ICB	971	971	-
3	ROYAL BOROUGH OF GREENWICH	545	545	-
4	BEXLEY LONDON BOROUGH COUNCIL	376	376	-
5	NHS ENGLAND	303	303	-
6	SOUTHWARK LONDON BOROUGH COUNCIL	233	233	-
7	GUY'S AND ST THOMAS' NHS FOUNDATION TRUST	77	77	-
8	LAMBETH LONDON BOROUGH COUNCIL	66	66	-
9	BROMLEY EDUCATION AND TRAINING HUB	60	60	-
10	SOUTH LONDON AND MAUDSLEY NHS FOUNDATION TRUST	52	52	-

11. Cash Position

NHS South East London

- The Maximum Cash Drawdown (MCD) as at month 4 was **£4,456,340k**. The MCD available as at month 4, after accounting for payments made on behalf of the ICB by the NHS Business Authority (largely relating to prescribing, community pharmacy and primary care dental expenditure) was **£2,954,580k**.
- As at month 4 the ICB had drawn-down 33.7% of the available cash compared to the budget cash figure of 33.3%. So far, this financial year, the ICB has not utilised the supplementary drawdown facility due to accurate cash flow forecasting. No supplementary funding requests have made for August.
- The cash key performance indicator (KPI) has been achieved in all months so far this year, showing continued successful management of the cash position by the ICB's Finance team. The actual cash balance at the end of Month 4 was **£2,608k**, well within the target set by NHSE **(£4,375k). The ICB expects to utilise its cash limit in full by the year end.**
- ICBs are expected to pay 95% of all creditors within 30 days of the receipt of invoices. To date the ICB has met the BPPC targets each month, and it is expected that these targets will be met in full both each month and cumulatively at the end of the financial year.

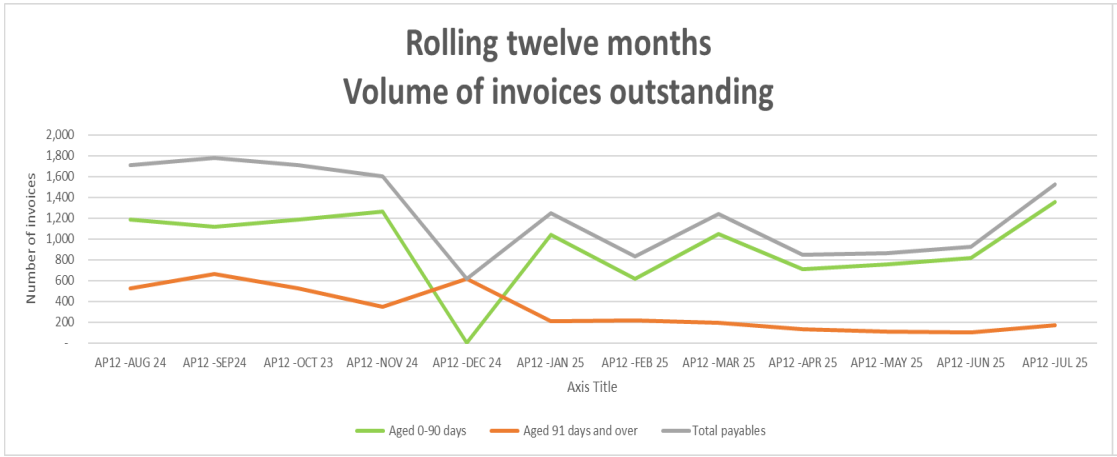
ICB Annual Cash Drawdown Requirement for 2023/24	2024/25 AP4 - JUL 24	2024/25 AP3 - JUN 24	2024/25 Month on month movement	Cash Drawdown	Monthly Main Draw down £000s	Supplementary Draw down £000s	Cumulative Draw down £000s	Proportion of ICB ACDR %	KPI - 1.25% or less of main drawdown £000s	Month end bank balance £000s	Percentage of cash balance to main draw
	£000s	£000s	£000s	Apr-24	340,000	0	340,000	8.30%	4,250	3,101	0.91%
ICB ACDR	4,456,340	4,438,030	18,310	May-24	325,000	0	665,000	16.30%	4,063	237	0.07%
Capital allocation	0	0	0	Jun-24	365,000	0	1,030,000	25.27%	4,563	3,114	0.85%
Less:				Jul-24	350,000	0	1,380,000	33.70%	4,375	2,608	0.75%
Cash drawn down	(1,380,000)	(1,030,000)	(350,000)	Aug-24	320,000	0	1,700,000		4,000		
Prescription Pricing Authority	(90,624)	(68,731)	(21,893)	Sep-24			1,700,000				
HOT	(705)	(531)	(174)	Oct-24			1,700,000				
POD	(30,440)	(22,399)	(8,040)	Nov-24			1,700,000				
Pay Award charges			0	Dec-24			1,700,000				
PCSE POD charges adjustments	9		9	Jan-25			1,700,000				
Pension Uplift			0	Feb-25			1,700,000				
				Mar-25							
Remaining Cash limit	**2,954,580**	**3,316,368**	**(361,789)**		**1,700,000**	**0**					

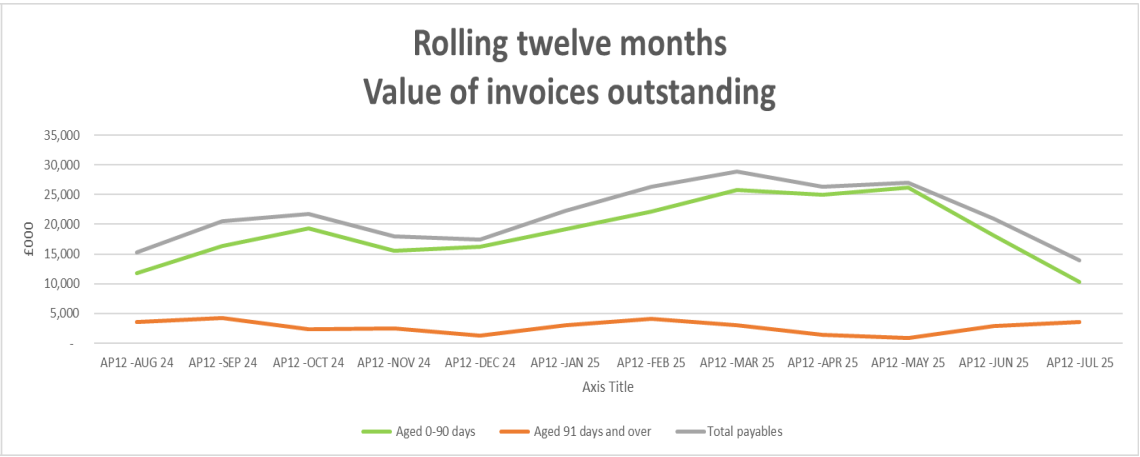
12. Aged Creditors

- The ICB will be likely moving to a new ledger ISFE2 at the start of 2025/26 and as with previous transitions, the ICB needs to reduce the volume and value of outstanding invoices on the ledger. The table below shows that there are circa **£3.6m** of invoices which are **over 90 days**, most of which are NHS, which represents an increase in-month. Borough Finance leads, and the central Finance team are now actively supporting budget holders to resolve queries with suppliers where required to reduce these levels.

- The graphs below show the volumes of invoices increasing in-month, whilst the values of items over 90 days is also increasing. The volume of invoices under 90 days has increased this month, with the value of invoices under 90 days decreasingly significantly. The **total value** of creditors has **reduced** again compared to last month. As part of routine monthly reporting, 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.

Customer Group	Aged 0-30 days £000	Aged 31-60 days £000	Aged 61-90 days £000	Aged 91-120 days £000	Aged 121-180 days £000	Aged 181+ days £000	Total £000
NHS	89	237	49	85	1,649	0	2,109
Non-NHS	6,144	2,352	1,461	944	729	188	11,818
Total	**6,233**	**2,589**	**1,510**	**1,029**	**2,378**	**188**	**13,927**





13. Metrics Report

- The ICB receives a metrics report from NHS England every month which is compiled from information from our ledger which is collated by SBS.
- The report below relates to June 2024 as the July report will not be received until the end of August which is too late for this reporting cycle.
- In terms of performance, **SE London ICB was ranked the 8th highest in the country** in June 2024, which is a slight deterioration from last month. The movement is due to the GL and VAT metric. This will be reviewed and corrected for the next reporting cycle. **However, NHS SE London ICB is still the highest achieving ICB in London.**
- Each score shown on this dashboard has several metrics sitting behind it, which relate to good financial practice. The ICB is currently scoring especially well in two areas which are a) Accounts Payable NHS, showing the work undertaken in this area and b) Accounts Receivables, confirming the work being undertaken to reduce the debt position. The finance team are continuing to strive to improve the scores in the 3 other areas which are Accounts Payable Non-NHS, GL and VAT and general accounts which includes areas such as cash, journals etc.

Organisation Name	NHS South East London ICB		
Organisation Code	QKK	**Period**	Jun-24
Region	London	**Peer Rank**	8 / 42 ICB

	Apr-24	May-24	Jun-24	3 month average
Overall Score (max 25)	16.97	17.62	15.99	16.86

	Apr-24	May-24	Jun-24	3 month average
Accounts Payable - NHS	3.11	2.79	3.26	3.05
Accounts Payable - Non NHS	2.83	2.56	2.94	2.78
Accounts Receivable	4.94	4.12	3.24	4.10
General Accounts	3.69	3.15	3.15	3.33
GL and VAT	2.4	5	3.4	3.60

14. Mental Health Investment Standard (MHIS) – 2024/25

NHS South East London

Summary

- SEL ICB is required to deliver the Mental Health Investment Standard (MHIS) by increasing spend over 23/24 outturn by a **minimum of the growth uplift of 4.22% as set out in the 12 June Operating Plan, a target of £458,449k.** 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 2024/25 SEL ICB MHIS Plan. As at Month 4 we are forecasting MHIS delivery of **£459,167k**, exceeding the target by **£718k** (0.16%). This is largely made up of over-delivery against the plan on prescribing of £1.8m, noting however that this is likely to change in year given the volatility of prescribing spend based on the supply and cost of drugs.
- Slide 3 sets out the position by ICB budget area.

Risks

- We continue to see growth in mental health cost per case spend, for example on S117 placements, and plans to mitigate this include strengthening joint funding panel arrangements and developing new services and pathways.
- There are pressures on learning disability placements budgets in some boroughs. Mitigating actions include review of LD cost per case activity across health and care to understand care package costs and range of providers and planning for future patient discharges to agree funding approaches.
- ADHD is outside the MHIS definition and is therefore excluded from this reported position. There is, however, significant and increasing independent sector spend, with a forecast of at least £2m and an increasing number of independent sector providers for Right to Choose referrals. We are working with local providers to agree the best use of resources and capacity to reduce waiting times and with other London ICBs to complete an accreditation process to ensure the quality and VFM of independent sector providers.

14. Summary MHIS Position – Month 4 (July) 2024/25

NHS South East London

Mental Health Spend By Category	Category	Total Mental Health Plan 31/03/2025 Year Ending £'000	Mental Health - NHS Actual 31/07/2024 YTD £'000	Mental Health - Non-NHS Actual 31/07/2024 YTD £'000	Total Mental Health Actual 31/07/2024 YTD £'000	Mental Health - NHS Forecast 31/03/2025 Year Ending £'000	Mental Health - Non-NHS Forecast 31/03/2025 Year Ending £'000	Total Mental Health Forecast 31/03/2025 Year Ending £'000	Total Mental Health Variance 31/03/2025 Year Ending £'000
Children & Young People's Mental Health (excluding LD)	1	43,216	12,929	1,385	14,314	38,787	4,124	42,911	305
Children & Young People's Eating Disorders	2	2,754	918	0	918	2,754	0	2,754	0
Perinatal Mental Health (Community)	3	9,455	3,152	0	3,152	9,455	0	9,455	0
Improved access to psychological therapies (adult and older adult)	4	35,049	9,530	2,181	11,711	28,590	6,544	35,134	(85)
A and E and Ward Liaison mental health services (adult and older adult)	5	18,804	6,268	0	6,268	18,804	0	18,804	0
Early intervention in psychosis 'EIP' team (14 - 65yrs)	6	12,806	4,269	0	4,269	12,806	0	12,806	0
Adult community-based mental health crisis care (adult and older adult)	7	35,007	11,557	112	11,669	34,671	336	35,007	0
Ambulance response services	8	1,149	383	0	383	1,149	0	1,149	0
Community A – community services that are not bed-based / not placements	9a	120,135	35,906	3,962	39,868	107,718	11,878	119,596	539
Community B – supported housing services that fit in the community model, that are not delivered in hospitals	9b	25,120	4,951	3,216	8,167	14,854	9,612	24,466	654
Mental Health Placements in Hospitals	20	4,351	1,065	601	1,666	3,195	1,501	4,696	(345)
Mental Health Act	10	6,155	0	2,216	2,216	0	6,444	6,444	(289)
SMI Physical health checks	11	843	225	56	281	675	169	844	(1)
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	124,698	41,566	0	41,566	124,698	0	124,698	0
Adult and older adult acute mental health out of area placements	14	9,475	3,031	28	3,059	9,092	51	9,143	332
Sub-total MHIS (exc. CHC, prescribing, LD & dementia)		**449,017**	**135,750**	**13,757**	**149,507**	**407,248**	**40,659**	**447,907**	**1,110**
Mental health prescribing	16	9,190	0	3,658	3,658	0	10,974	10,974	(1,784)
Mental health in continuing care (CHC)	17	242	0	95	95	0	286	286	(44)
Sub-total - MHIS (inc CHC, Prescribing)		**458,449**	**135,750**	**17,510**	**153,260**	**407,248**	**51,919**	**459,167**	**(718)**
Learning Disability	18a	13,144	3,878	569	4,447	11,634	1,673	13,307	(163)
Autism	18b	3,766	948	210	1,158	2,844	596	3,440	326
Learning Disability & Autism - not separately identified	18c	51,711	2,728	14,856	17,584	8,184	47,133	55,317	(3,606)
Sub-total - LD&A (not included in MHIS)		**68,621**	**7,554**	**15,635**	**23,189**	**22,662**	**49,402**	**72,064**	**(3,443)**
Dementia	19	14,527	4,276	573	4,849	12,828	1,719	14,547	(20)
Sub-total - Dementia (not included in MHIS)		**14,527**	**4,276**	**573**	**4,849**	**12,828**	**1,719**	**14,547**	**(20)**
Total - Mental Health Services		**541,597**	**147,580**	**33,718**	**181,298**	**442,738**	**103,040**	**545,778**	**(4,181)**

14. Summary MHIS Position M4 (July) 2024/25 - by budget area

NHS South East London

Mental Health Investment Standard (MHIS) position by budget area M04 2024/25		Year to Date position for the four months ended 31 July 2024						Forecast Outturn position for the financial year ended 31 March 2025					
		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
Mental Health Investment Standard Categories:	Category	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Children &Young People's Mental Health (excluding LD)	1	14,405	12,929	1,385		14,314	91	43,216	38,787	4,124	0	42,911	305
Children &Young People's Eating Disorders	2	918	918	0		918	0	2,754	2,754	0	0	2,754	0
Perinatal Mental Health (Community)	3	3,152	3,152	0		3,152	0	9,455	9,455	0	0	9,455	0
Improved access to psychological therapies (adult and older adult)	4	11,683	9,530	2,181		11,711	(28)	35,049	28,590	6,544	0	35,134	(85)
Aand E and Ward Liaison mental health services (adult and older adult)	5	6,268	6,268	0		6,268	0	18,804	18,804	0	0	18,804	0
Early intervention in psychosis 'EIP' team (14 - 65yrs)	6	4,269	4,269	0		4,269	0	12,806	12,806	0	0	12,806	0
Adult community-based mental health crisis care (adult and older adult)	7	11,669	11,557	112		11,669	0	35,007	34,671	336	0	35,007	0
Ambulance response services	8	383	383	0		383	0	1,149	1,149	0	0	1,149	0
Community A – community services that are not bed-based / not placements	9a	40,004	35,906	3,962		39,868	136	120,135	107,718	11,878	0	119,596	539
Community B – supported housing services that fit in the community model, that are not delivered in hospitals	9b	8,373	4,951	3,216		8,167	206	25,120	14,854	9,612	0	24,466	654
Mental Health Placements in Hospitals	20	1,450	1,065	601		1,666	(216)	4,351	3,195	1,501	0	4,696	(345)
Mental Health Act	10	2,051	0	2,216		2,216	(165)	6,154	0	6,444	0	6,444	(290)
SMI Physical health checks	11	281	225	56		281	0	844	675	169	0	844	0
Suicide Prevention	12	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	41,566	41,566	0		41,566	0	124,698	124,698	0	0	124,698	0
Adult and older adult acute mental health out of area placements	14	3,158	3,031	28		3,059	99	9,475	9,092	51	0	9,143	332
Sub-total MHIS (exc. CHC, prescribing, LD & dementia)		149,630	135,750	13,757	0	149,507	123	449,017	407,248	40,659	0	447,907	1,110
Other Mental Health Services:													
Mental health prescribing	16	3,063	0	0	3,658	3,658	(595)	9,190	0	0	10,974	10,974	(1,784)
Mental health continuing health care (CHC)	17	81	0	0	95	95	(14)	242	0	0	286	286	(44)
Sub-total - MHIS (inc. CHC and prescribing)		152,774	135,750	13,757	3,753	153,260	(486)	458,449	407,248	40,659	11,260	459,167	(718)
Learning Disability	18a	4,381	3,878	569	0	4,447	(66)	13,144	11,634	1,673	0	13,307	(163)
Autism	18b	1,255	948	210	0	1,158	97	3,766	2,844	596	0	3,440	326
Learning Disability & Autism - not separately identified	18c	17,237	2,728	4,148	10,709	17,585	(348)	51,711	8,184	12,007	35,126	55,317	(3,606)
Learning Disability & Autism (LD&A) (not included in MHIS) - total		22,873	7,554	4,927	10,709	23,190	(317)	68,621	22,662	14,276	35,126	72,064	(3,443)
Dementia	19	4,842	4,276	415	158	4,849	(7)	14,527	12,828	1,245	474	14,547	(20)
Sub-total - LD&A & Dementia (not included in MHIS)		27,715	11,830	5,342	10,867	28,039	(324)	83,148	35,490	15,521	35,600	86,611	(3,463)
Total Mental Health Spend - excludes ADHD		180,489	147,580	19,099	14,620	181,299	(810)	541,597	442,738	56,180	46,860	545,778	(4,181)

- Approximately 89% of MHIS eligible (excluding LDA and Dementia) spend is delivered through SEL wide contracts, the majority of which is with Oxleas and SLaM
- The remaining spend is in borough budgets including voluntary sector contracts and cost per case placements, mental health prescribing and mental health continuing health care net of physical healthcare costs.
- Other LDA spend includes LDA continuing health care costs

SEL ICB Finance Report

Updates from Boroughs

Month 4

Appendix 1 - Bexley

NHS South East London

Overall Position

	YTD Budget £'000s	YTD Actual £'000s	YTD Variance £'000s	FOT Budget £'000s	FOT Actual £'000s	FOT Variance £'000s
Acute Services	1,624	1,612	12	4,871	4,835	36
Community Health Services	7,418	7,256	162	22,255	21,768	487
Mental Health Services	3,485	3,488	(3)	10,455	10,163	292
Continuing Care Services	8,713	8,751	(38)	26,139	26,236	(97)
Prescribing	12,471	12,722	(251)	37,412	38,171	(759)
Other Primary Care Services	924	924	0	2,772	2,772	(0)
Other Programme Services	400	400	-	1,199	1,199	0
Delegated Primary Care Services	12,871	12,871	-	42,127	42,127	0
Corporate Budgets	945	859	86	2,874	2,833	41
Total FOT	48,850	48,882	(33)	150,104	150,104	(0)

Month 4 (M4) Financial overview- Overspend reported year to date (YTD) by £33k and breakeven forecast outturn (FOT).

Key drivers to the position:

- Prescribing reports an overspend of £251k YTD and £760k FOT, a significant adverse movement from previous months. The position reflects 2 months of actual data and an average estimate of same, as data is usually 2 months in arrears. Initial investigation reveals there are significant growth in medicines to prevent complications and optimise the management of long-term conditions. Delivery of the efficiency plan to reduce the run rate are expected to be mostly at the back end of the financial year. A deep dive of the other drivers is being undertaken by the medicine optimisation team.
- CHC reports a YTD overspend of £38k and FOT of £97k driven by increase in activity levels on the funded nursing care placements. The position is however an improvement on year-on-year comparison with delivery of efficiencies expected to have an effect in the later part of the financial year.
- Community Health Services reports an underspend of £162k and £487k YTD and FOT respectively due to efficiency delivery within various contracts.
- Corporate budget reports an £86k underspend YTD and £41k FOT due to existing vacancies which are now being filled.
- Mental Health Services delivered a near break-even underspent YTD and FOT underspend of £292k, driven by reduction in placement in mental health cost per case.
- Other service areas are delivering a near/break-even position against budget YTD and marginal underspends in FOT.
- Efficiency savings – The 24/25 target is 4% of controllable budget across SEL, amounting to £3.33m for Bexley Place. The forecast delivery has been identified at £3.47m, which is 4% above plan as a contingency.

Appendix 2 – Bromley

NHS South East London

Overall Position

	Year to date Budget £'000s	Year to date Actual £'000s	Year to date Variance £'000s	ICB Budget £'000s	Forecast Outturn £'000s	Forecast Variance £'000s
Acute Services	2,565	2,582	(18)	7,694	7,747	(53)
Community Health Services	29,617	29,594	23	88,851	88,782	69
Mental Health Services	4,921	5,135	(215)	14,762	15,364	(602)
Continuing Care Services	9,043	9,207	(164)	27,128	27,300	(172)
Prescribing	17,016	16,762	253	51,047	50,352	695
Other Primary Care Services	470	470	0	1,410	1,410	(0)
Programme wide projects	-	50	(50)	-	70	(70)
Delegated Primary Care Services	18,632	18,632	0	60,840	60,840	(0)
Corporate Budgets	1,104	917	188	3,239	3,102	137
Total	**83,367**	**83,350**	**18**	**254,971**	**254,967**	**4**

- The borough is reporting an underspend of £18k at Month 4 and is forecasting a £4k underspend at year end.
- The Continuing Healthcare budget is £164k overspent year to date and the forecast is £172k overspent. The year to date overspend includes the excess costs relating to the provision for retrospective claims and appeals totalling £491k. It is anticipated that this is a non-recurrent pressure and that it will reduce during the year as more cases are concluded and residual provisions can be released. The reported position includes an accrual for 2024/25 prices increases as uplifts with providers are being negotiated.
- The Mental Health budget is £215k overspent year to date and is forecasting an overspend of £602k. This is due to the full year impact of the increase in the number of section 117 cost per case (CPC) placements that was seen during 2023/24 and an increase in ASD assessment expenditure. Cost per case clients are being reviewed on a regular basis.
- The prescribing budget is £253k underspent year to date and is forecasting a £695k underspend at year end. Prescribing information is received 2 months in arrears, so this position is calculated using two months of current year data. It is difficult to forecast the position in the early months of the year and caution should be taken with regards to the ongoing delivery of the current position. Bromley delivered its prescribing savings in full in 2023/24 and is planning to deliver savings of approximately £1.7m in 2024/25.
- The Corporate budget is £188k underspent year to date due to vacancies and these are expected to be filled in the coming months. The year to date non pay budget position is break-even. The forecast underspend is £137k and reflects the Month 3 position. The ICB are awaiting guidance setting out how the 2024/25 pay award will be funded.
- The 2024/25 borough savings requirement is £6,426k. The borough is on track to deliver these savings and is reporting 100% achievement of the target.

Appendix 3 – Greenwich

NHS South East London

Overall Position

Description	Year to date Budget £'000s	Year to date Actual £'000s	Year to date Variance £'000s	Annual Budget £'000s	Forecast Outturn £'000s	Forecast Variance £'000s
Acute Services	2,336	2,356	(21)	7,007	7,056	(49)
Community Health Services	12,850	12,695	155	38,550	38,085	465
Mental Health Services	2,836	2,746	90	8,509	8,505	4
Continuing Care Services	9,740	10,170	(430)	29,220	30,216	(996)
Prescribing	12,430	12,782	(352)	37,290	38,346	(1,056)
Other Primary Care Services	468	468	(0)	1,403	1,403	0
Other Programme Services	333	(187)	520	1,000	(560)	1,560
Delegated Primary Care Services	16,371	16,371	0	53,686	53,686	0
Corporate Budgets	1,143	1,056	87	3,334	3,262	72
Total	**58,507**	**58,457**	**50**	**179,999**	**179,999**	**(1)**

- The overall Greenwich financial position is £50k favourable to the year-to-date plan, with a forecast breakeven position.
- The Prescribing position at M4 is £352k adverse to plan. The medicine optimisation team (MOT) is currently undertaking practice visits to launch the workplan for 2024/25. These visits are now fully completed and anticipating the phased delivery of savings to take traction from Q2 (PPA activity data) to reflect outcome of the practice visits.
- CHC is £430k overspent to date and is attributable to a combination of FNC, Fast Track and Fully Funded care packages. The underpinning (Care-Track) database is being reviewed to ensure accuracy of information reported.
- The £21k overspend within Acute services is higher activity than planned at the Hurley (Bexley) UCC site. The £90k favourable variance in Mental Health is attributable to planned slippage within investment schemes.
- The £520k underspend in Programme Services is the release of contingency funds to mitigate the pressures reported in other service lines in conjunction with contributions from external (non-SEL) parties for specific CHC fully funded packages within their remit
- Delegated Primary Care is aligned with plan, albeit a risk has been noted on wider SEL pressures attributable to growth in population list size. An interim solution has been reached for 2024/25 as part of collaborative discussions across SEL, albeit, with a recurrent risk of this eventuating into a substantial financial pressure.
- The forecast assumes a breakeven position. This will be closely monitored to assure robustness, noting there are potential pressures emerging within CHC, Prescribing and Delegated Primary Care as outlined above.

Appendix 4 – Lambeth

NHS South East London

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	396	0	1,188	1,188	0
Community Health Services	9,311	9,321	(10)	27,934	27,934	0
Mental Health Services	7,688	7,999	(311)	23,064	23,120	(56)
Continuing Care Services	11,539	11,460	79	34,616	34,618	(2)
Prescribing	14,222	14,223	(1)	42,666	42,705	(39)
Other Primary Care Services	997	997	0	2,990	2,990	0
Delegated Primary Care Services	25,473	25,473	0	82,751	82,751	0
Corporate Budgets	1,163	1,051	112	3,419	3,322	97
Total	**70,789**	**70,920**	**(131)**	**218,627**	**218,627**	**0**

- The borough is reporting an overall £131k year to date overspend position and a forecast breakeven position at Month 04 (July 2024). The reported year to date position includes £311k overspend on Mental Health Services driven mainly by increased Learning Disabilities (LD) costs, offset by underspends in Continuing Healthcare and Corporate Budgets.

- The underlying key risks within the reported position relate to Mental Health (Learning Disabilities costs) , Continuing Healthcare, Prescribing, Delegated Primary Care budgets and further risk against the Integrated Community Equipment Service Contract (Health and Social Care).

- Mental Health year to date overspend is driven by increased Learning Disabilities (LD) expenditure. Borough LD Commissioner leading on savings and efficiencies schemes (including Provider-focused service and model reviews, High-cost joint health funded case reviews, etc. to manage cost.

- The CHC team continues to deliver on reducing packages for high-cost (PLD and OP) cases including for 1:1 care, Fast track reviews, PHB clawbacks and reduction, and transfer of out of area placements. Work at Place is ongoing to establish better value costs. The number of active CHC and FNC clients at M04 is 596.

- Prescribing information data is provided two months in arrears by the NHS Business Services Authority (previously PPA - Prescription Pricing Authority). The borough is reporting a YTD breakeven position and forecast £39k overspend at month 04 (July 2024) based on two months actual data. 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 2024/25 borough minimum savings requirement is £3.9m and has a savings plan of £5.2m. In addition to the embedded efficiency (£2.3m) as part of the budget setting process, the borough has saving plans for both Continuing Healthcare (£1.4m) and Prescribing (£1.4m) budgets. Year to date delivery at M04 is £1.4m above plan due to plan profile which differs from actual delivery profile. The forecast delivery is £0.3m above plan due to additional Prescribing saving scheme identified.

Appendix 5 - Lewisham

NHS South East London

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	433	289	143	1,298	828	471
Community Health Services	9,696	9,259	437	29,089	27,610	1,479
Mental Health Services	2,553	2,514	39	7,658	7,494	164
Continuing Care Services	7,685	9,408	(1,722)	23,056	28,413	(5,357)
Prescribing	14,197	14,915	(718)	42,591	44,715	(2,124)
Prescribing Reserves	0	0	0	0	0	0
Other Primary Care Services	503	360	143	1,508	1,080	428
Other Programme Services	1,119	9	1,110	3,354	(1,543)	4,897
Delegated Primary Care Services	18,995	18,995	0	62,008	62,008	0
Corporate Budgets	1,004	933	72	2,989	2,947	42
Total	**56,184**	**56,681**	**(497)**	**173,550**	**173,550**	**(0)**

- At month 4, the borough is reporting an overspend year to date (YTD) of £497k (Month 3 £392k) but is retaining a forecast outturn (FOT) of breakeven. All budget lines individually are showing breakeven or an underspend except for continuing care services (CHC) and prescribing.

- CHC shows a material overspend YTD of £1,722k and FOT of £5,357k (Month 3 £5,239k) (outturn 2023/24 £3,638k). The position is driven predominantly by the full year effect of activity pressures seen in the second half of last year c.£1,445k, a significant element relating to LD clients. The position also assumes price pressures of 4% for 2024/25 equivalent to c. £1,100k and reflects an increase in active clients in 2024/25, driven by palliative care clients, fully funded PD65+ and those in receipt of funded nursing care (FNC).

- The Place Executive Lead continues to lead weekly meetings of the Lewisham CHC team to try to mitigate this financial position, and additional resource has been approved to focus on conducting client reviews to assess ongoing eligibility and levels of care provided. It is anticipated that savings will result from the investment of this resource. Additional resource is in place from the second half of August and resulting impacts will be monitored through the weekly review meetings.

- Prescribing shows an overspend YTD of £718k and FOT £2,124k. This is mainly caused by an upward trend in April in some prescribing cost categories (chapters) including appliances, central nervous system and Endocrine system prescribing costs. In May there is a small reduction in total cost of these chapters compared to April of 0.88%. The prescribing overspend is being managed in the following ways:

  1) Review of further QIPP opportunities. In respect of patent expiry on key drugs such as Rivaroxaban an estimated £283k saving is anticipated to be achieved in the latter part of the year. Additionally, Stoma 'Do not prescribe items,' and Red Amber Grey Drugs which are recommended not to be prescribed in primary care by relevant authorities are anticipated to deliver savings of £115k and £96k respectively starting in September. Since the current prescribing forecast overspend is based on an average of the most recent three months prescribing data, none of these savings are reflected in the current forecast outturn. The current year estimated benefit in total is £494k, and if everything else remains constant, these elements should reduce the forecast overspend to £1,630k. This compares to a risk assessed forecast overspend of £2,737k set out by the Lewisham Borough at the start of the current financial year.

  2) Further QIPP review is being undertaken by the Lewisham team across 32 drug cost categories where it is deemed further potential opportunities for savings exist. Outcomes and quantified savings are expected to be reported to the Lewisham Financial Recovery Group on 9th September 2024.

  3) In respect of Prescribing non PPA budgets. An audit has been undertaken of patients being managed under the Monitored Dosage System (MDS) and Medication Administration Records (MARS). This sets out a basis for ensuring that patients are reassessed as required on an annual basis and has been committed to by the Local Pharmaceutical Committee (LPC) and the Lewisham Medical Committee (LMC). It is anticipated that through ensuring annual review of patient needs, some saving will be achieved against the annual budget of £626k. This cannot be currently quantified but will be reviewed monthly.

- The Lewisham Borough is taking every measure possible to reduce the forecast overspends on CHC and prescribing. However, If these measures do not deliver as planned, it is currently anticipated that existing pressures can be mitigated to achieve a breakeven position at the year end. This will involve a significant element of non-recurrent solutions being implemented in the second half of the year at which point the YTD deficit should start to reduce to breakeven.

- However, there remains potential for further activity pressures to emerge on CHC and prescribing as the year continues. The local authority has also indicated an intention to recover health contributions towards section 117 mental health clients which may have a material financial impact. A co-ordinated piece of work is underway to establish and verify the likely impact.

- The borough efficiency target is £3,576k, is fully identified and forecast to deliver in full, but is insufficient on its own to mitigate the scale of financial pressures faced by the borough, and material additional mitigations have been identified.

Appendix 6 – Southwark

NHS South East London

Overall Position

	Year to Date Budget	Year to Date Actual	Year to Date Variance	Annual Budget	Forecast Outturn	Forecast Variance
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Acute Services	27	32	(4)	82	95	(13)
Community Health Services	12,036	11,688	348	36,107	35,086	1,020
Mental Health Services	3,399	3,750	(351)	10,196	11,251	(1,055)
Continuing Care Services	6,587	6,463	123	19,760	19,373	387
Prescribing	11,704	12,099	(395)	35,112	36,291	(1,179)
Other Primary Care Services	107	107	0	322	322	-
Other Programme Services	280	-	280	840	-	840
Programme Wide Projects	83	83	(0)	250	250	-
Delegated Primary Care Services	20,365	20,365	-	66,267	66,267	-
Corporate Budgets	1,015	850	165	2,950	2,829	122
Total	55,603	55,438	165	171,886	171,763	123

- The borough is reporting a YTD underspend of £165k and forecast outturn underspend of £123k as at the end of July 24. Key areas of risk continue to be mental health and prescribing with underspends in corporate budgets and continuing care absorbing some of overspends.
- Increase in costs and unfunded costs pressures in mental health placements is the key reason for the overspend in Mental Health. We are reporting a forecast overspend of £1.05m as at month 4. This is a deterioration from previous month. The borough will be undertaking a review of all placements as part of its recovery plan for 2024/25.
- Prescribing actual data is provided two months in arrears and the borough is reporting a year to date overspend of £395k and forecast overspends of £1.17m at month 4. This is a significant deterioration from last month. Cost pressures experienced in 23/24 are continuing into 24/25 and there is a material efficiency target of 4% against this budget. The borough Medicines Optimisation team saving initiatives via the local improvement scheme includes implementation of local and national guidance in addition to undertaking quality improvement reviews to prevent hospital admissions and reduce waste.
- Some of the budgets in community services are showing overspends, particularly in interpreting services and audiology due to increase in activity. The team are reviewing the activity data to understand the cost drivers of the overspend.
- Corporate budgets are forecast to underspend by £122k as at month 4 due to vacancies resulting from the MCR process.
- Continuing Care is showing an underspend of £387k for the year. Delegated Primary Care is showing a break-even position as at month 4, however there is a significant risk on this budget due to list size growth and the allocation not keeping pace with current run rate requirements.
- The borough is forecasting a small underspend in line with corporate underspend and has had to implement some non-recurrent solutions in order to mitigate cost pressures in prescribing and mental health. However, this has meant it has had to restrict investment in community services.
- Borough has an efficiency target of 4% which on applicable budgets amounts to £3.3m. A savings plan of £3.7m has been identified. Within this figure prescribing savings total £1.1m and are phased to deliver after quarter 1. As at month 4 the borough is reporting year to date actual savings in line with plan. Forecast savings for the year is expected to be £300k below plan of £3.7m.

NHS
South East London

Appendix B

SEL ICS Financial Highlights

Month 4 2024/25

Executive summary

Revenue overview

- At M4 the **system is forecasting to deliver its planned aggregate deficit of (£100.0m**). This is despite many of the planning risks still existing, along with additional pressures arising since finalising the 2024/25 financial plan.
- The ICB is currently forecasting a £40.8m surplus, offset by a forecast (£140.8m) deficit in providers. **The ICB surplus includes £36.0m of improvement that will be delivered by providers but has been held in the ICB for planning purposes**.
- At M4 SEL ICS is reporting a **YTD deficit of (£93.7m), £34.1m adverse to plan**. The main drivers to the adverse variance are **the impact of the Synnovis cyber-attack (£17.5m), the impact of industrial action (£3.3m) and slippage in efficiency programmes (£15m).**
- These drivers of the YTD variance along with uncertain inflationary pressure and income risks pose a significant risk to the delivery of the system's financial plan.
- In month 4 the national reporting team at NHS England **introduced a new methodology for reporting and analysing run-rates and risk to delivery of forecast.** The system is reviewing the approach taken for consistency ahead of month 5 but the reported results at month 4 show **there is at least £32m of unidentified mitigations to the delivery of the forecast**. After an initial central assessment for consistency and reasonableness, the level of unidentified mitigations rises to c.£52m.

Capital overview

- As planned, SEL ICS is forecasting to spend £311.2m against its published capital allocation of £272.6m. This £39.8m over-commitment is not adjusted for the net impact of CDEL repayment to NHSE and loan of CDEL from South West London. Once adjusted the **system is forecasting to under-spend its system capital allocation by £0.7m.**

I&E summary

- At M4 SEL ICS is reporting a YTD deficit of (£93.7m), £34.1m adverse to plan. The main drivers to the adverse variance are **the impact of the Synnovis cyber-attack** (£17.5m), the **impact of industrial action** (£3.3m) and **slippage in efficiency programmes** (£15m).
- These drivers of the YTD variance along with uncertain inflationary pressure and income risks pose a significant risk to the delivery of the system's financial plan.
- Despite many of the planning risks still existing, along with additional pressures arising since finalising the 2024/25 financial plan, at M4 the system is **forecasting to deliver its plan of an aggregate deficit of (£100.0m).**
- The **ICB is current forecasting a £40.8m surplus, offset by a forecast (£140.8m) deficit in providers.** The ICB surplus includes £36.0m of improvement that will be delivered by providers but has been held in the ICB for planning purposes.
- In month 4 the national reporting team at NHS England **introduced a** new methodology for reporting and analysing run-rates and risk to delivery of forecast. The system is reviewing the approach taken for consistency ahead of month 5 but the reported results at month 4 show **there is at least £32m of unidentified mitigations to the delivery of the forecast**. After an initial central assessment for consistency and reasonableness, the level of unidentified mitigations rises to c.£52m.

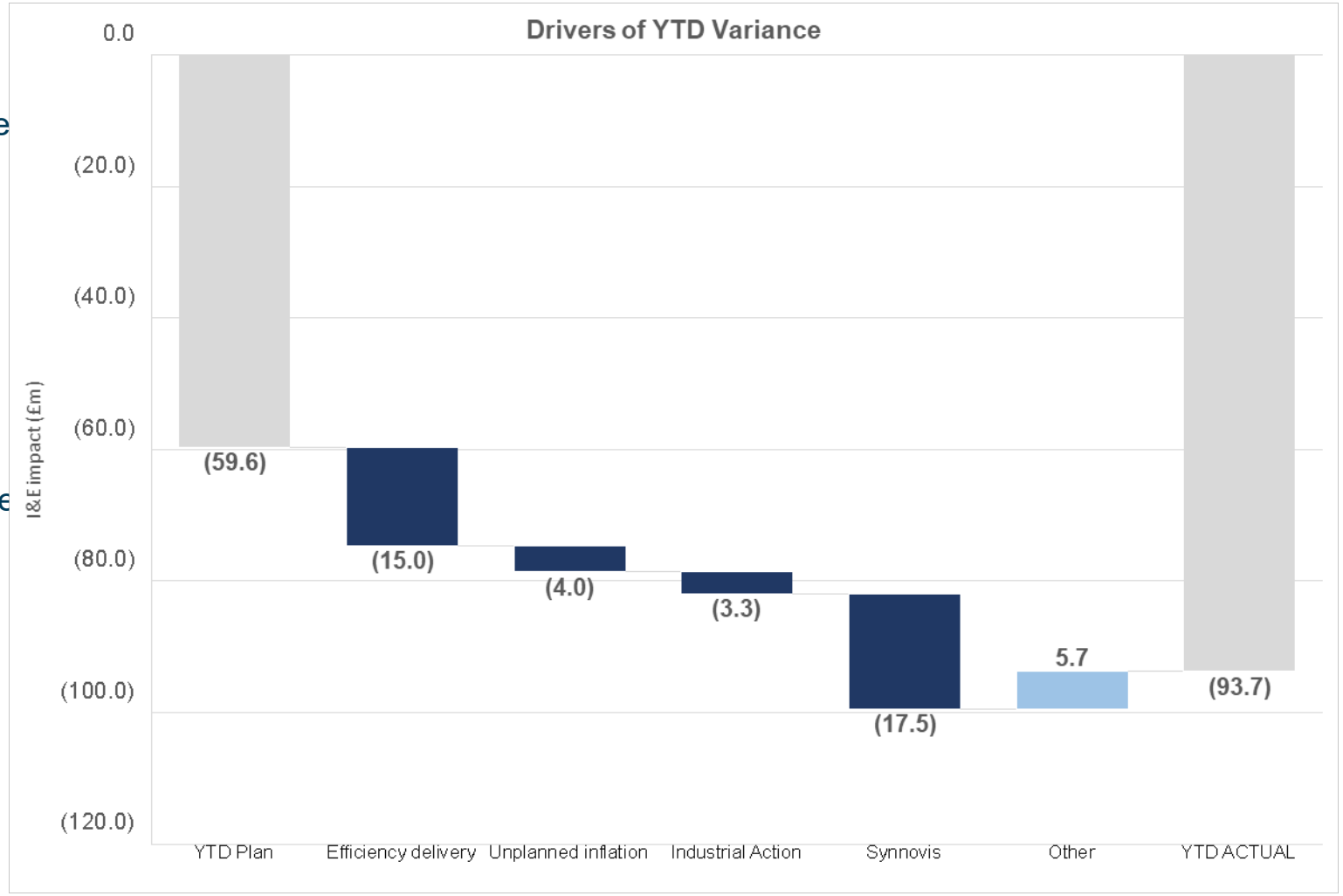
Summary of I&E position

	M4 Year-to-date			2024/25 Out-turn		
	Plan	Actual	Variance	Plan	Forecast	Variance
	£m	*£m*	*£m*	*£m*	*£m*	*£m*
GSTT	(8.0)	(30.9)	(22.9)	0.0	0.0	0.0
KCH	(49.7)	(50.5)	(0.7)	(141.8)	(141.8)	0.0
LGT	(0.1)	(6.8)	(6.7)	0.0	0.0	0.0
Oxleas	0.3	0.3	0.0	1.0	1.0	0.0
SLaM	(3.8)	(6.8)	(3.1)	0.0	0.0	0.0
SEL Providers	**(61.2)**	**(94.6)**	**(33.4)**	**(140.8)**	**(140.8)**	**0.0**
SEL ICB	**1.6**	**0.9**	**(0.7)**	**40.8**	**40.8**	**(0.0)**
SEL ICS total	**(59.6)**	**(93.7)**	**(34.1)**	**(100.0)**	**(100.0)**	**(0.0)**

Analysis of M4 System YTD position

At M4 SEL ICS is reporting a YTD deficit of (£93.7m), £31.4m bigger than the planned YTD deficit of (£59.6m). The main drivers to the adverse variance are:

- £15m of the adverse variance is explained by slippage delivering the efficiency programme.
- Measuring the financial impact of the Synnovis cyber-attack, both identifying the direct costs as well as the indirect is impact is difficult. The initial assessment of the cost included in the YTD position is £17.5m, split between GSTT (£12.2m), King's (£4.5m), and the ICB (£0.5m). The biggest impact is on the loss of income due to the impact on activity. This is marginally offset by a reduction in pathology related costs.
- Junior doctors went on strike for four days across June and July. While separating the impact of strikes and the cyber-attack is not straightforward, the system's initial assessment for the financial impact of industrial action is £3.3m.



South East London Integrated Care System

Efficiency delivery and maturity

NHS South East London

	M4 year-to-date			Full-year 2024/25			Full Year Forecast - Scheme Risk			Full-year	
	Plan	Actual	Variance	Plan	Forecast	Variance	Low	Medium	High	Recurrent (FOT)	% of FOT
Providers	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	%
GSTT	23.3	16.5	-6.8	93.8	63.8	-30.0	47.1	12.6	4.0	56.8	89.0
KCH	15.6	11.1	-4.6	50.0	50.0	0.0	43.9	4.9	1.2	43.4	86.8
LGT	14.8	11.1	-3.7	44.5	44.5	0.0	26.9	2.5	15.0	30.6	68.8
Oxleas	8.0	8.0	0.0	23.9	23.9	0.0	12.7	0.0	11.1	1.5	6.1
SLaM	3.1	3.1	0.0	32.3	32.3	0.0	1.5	12.6	18.1	10.7	33.3
Provider Total	64.8	49.7	-15.1	244.5	214.5	-30.0	132.2	32.7	49.6	143.0	66.7
SEL ICB Total	8.1	9.4	1.3	25.5	26.4	0.9	13.5	11.4	1.5	26.4	100.0
System Total	72.9	59.1	-13.8	270.0	240.8	-29.1	145.8	44.0	51.1	169.4	70.3

- At M4 the system is reporting YTD efficiency delivery of £59.1m, £13.8m (19%) behind the YTD plan of £72.9m
- At M4 the system is forecasting to under-deliver its efficiency plan by £29.1m (11%). Every organisation, except for GSTT, in the system is forecasting to deliver its efficiency plan.
- The system has identified £226.4m (84%) of its £270.0m annual efficiency target.
- At M4 £145.8m (61%) of the full year efficiencies is rated as a low risk of not being delivered.

System capital expenditure

- **As from Month 4 the total system capital allocation includes IFRS 16, and for 2024/25 is £272.62m**, made up of £269.36m provider allocation and £3.3m ICB primary care allocation. This allocation figure excludes the net impact of the £52.6m repayment of CDEL to NHS England and borrowing of £31.9m CDEL allocation from South West London ICS. Adjusting for those expected changes the system allocation will be £251.9m.
- The system is currently forecasting to under-spend its allocation by £0.7m. For reporting purposes, the £60m CDEL repayment is currently being recorded outside the system allocation and consequently the system appears to be over-spent against its allocation. A reconciliation table has been included to explain how the system is forecast to spend all, but not more than, its anticipated revised allocation.
- At M4 the system has spent £37.1m YTD, £16.3m less than planned for at M4.

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	19.4	10.8	8.6	124.7	124.7	0.0
KCH	8.4	4.8	3.6	50.4	50.4	0.0
LGT	15.0	15.0	(0.0)	44.9	44.9	0.0
Oxleas	4.5	4.6	(0.0)	17.2	17.2	0.0
SLAM	6.1	1.9	4.2	70.8	70.8	0.0
SEL Providers	**53.4**	**37.1**	**16.3**	**307.9**	**307.9**	**0.0**
SEL ICB	**0.0**	**0.0**	**0.0**	**3.3**	**3.3**	**0.0**
Total	**53.4**	**37.1**	**16.3**	**311.2**	**311.2**	**0.0**
Provider allocation				**269.4**		**(38.6)**
ICB allocation				**3.3**		**0.0**
System allocation				**272.6**		**(38.6)**

IFRS 16 impact upon capital forecast

	Impact of IFRS 16		
	Plan	Forecast	Variance
	£m	£m	£m
GSTT	32.4	32.4	0.0
KCH	5.4	5.4	0.0
LGT	8.0	8.0	0.0
Oxleas	5.2	5.2	0.0
SLAM	1.5	1.5	0.0
SEL Providers	**52.4**	**52.4**	**0.0**
SEL ICB	**0.0**	**0.0**	**0.0**
Total	**52.4**	**52.4**	**0.0**
Provider allocation	**53.1**		**0.7**
ICB allocation			
System allocation	**53.1**		**0.7**

Reconciliation between M4 Reporting and expected forecast position

	Allocation	Spend	Variance
M4 Reported	**272.6**	**311.2**	**(38.6)**
CDEL repayment to NHSE	(52.6)		(52.6)
SWL loan of CDEL	31.9		31.9
SLaM £60m repayment[1]		(60.0)	60.0
Restated M4	**251.9**	**251.2**	**0.7**

[1] reported in M4 but outside of system charge

Lewisham Local Care Partners Strategic Board
Cover Sheet

Item 14
Enclosure 10

Title:	**Lewisham Primary Care Group - Chairs Report**
Meeting Date:	19 September 2024
Author:	Chima Olugh, Neighbourhood Development Manager
Executive Lead:	Ceri Jacob

Purpose of paper:	The purpose of this report is to provide the Lewisham Local Care Partnership with an update on key primary care priorities discussed at the recent meeting(s) of the Primary care Group.	Update / Information	*X*
		Discussion	
		Decision	

Summary of main points:	The following items were discussed and approved at the August 2024 Primary Care Group meeting: **Contractual** 1) Change in PCN membership: Expulsion of the SEL Special Allocation Scheme practice from Sevenfields PCN. 2) GP Collective Action. **Quality** 1) Care Quality Commission Inspection Updates - New Cross Health Centre CQC Update. 2) Q1 PMS Premium Dashboard.
Potential Conflicts of Interest	There are no conflicts of Interest as the paper is solely for information purposes.
Any impact on BLACHIR recommendations	**NA**

Relevant to the following Boroughs	**Bexley**		**Bromley**	
	Greenwich		**Lambeth**	
	Lewisham	✓	**Southwark**	

	Equality Impact	NA
	Financial Impact	NA
Other Engagement	Public Engagement	NA
	Other Committee Discussion/ Engagement	The Lewisham LMC have been briefed on the issue of the SEL SAS expulsion.
Recommendation:	The Lewisham Local Care Partners Strategic Board is asked to note the report.	

Contractual Matters

1. **Change in PCN membership: Removal of the SEL Special Allocation Scheme practice from Sevenfields PCN**

1.1 The ICB received a formal request from Sevenfields Primary Care Network (PCN) to remove the South East London Special Allocation Scheme (SAS) practice from its membership. The Group was asked to consider and approve the request.

1.2 The process that governs this situation can be found in the Network contract DES: Contract specification 2024/25 – PCN requirements and entitlements, section 6.7.
Link to the full document can be found here.

1.3 The ICB has engaged with Sevenfields PCN to establish the context of their request. It has also assessed and considered the likely consequences of the expulsion, including;

- the likely consequences for the registered patients of the practice being expelled from the PCN, i.e. whether that practice can join another PCN;
- the impact of any consequences on the financial entitlements of the Network Contract DES of the PCN which the practice would be expelled from and that of any PCN the practice may seek to join.
    - It is acknowledged that for payments based on practice list size or PCN list size, the consequence of a practice being expelled from a PCN is likely to be a reduction in the level of payments made to a PCN;
- the viability of the PCN including reference to the criteria of a PCN set out in section 5.1.2; and,
- any other relevant matters

1.4 Taking into account the context, commissioner assessment and the unique nature of the SEL SAS practice, the Group was recommended to approve the change of membership for Sevenfields PCN (removal of the SEL Special Allocation Scheme (SAS) practice) to ensure the ongoing viability/sustainability of the PCN.

1.5 **The Group approved the removal of the SAS from Sevenfields PCN and the change in PCN membership.**
The removal is subject to further advice from NHS England regional team.

2. Collective Action

2.1 The British Medical Association (BMA) formally entered a dispute with NHS England in April this year over changes to the GP contract. Following the completion of voting by GP partners, on the 1st August 2024 the BMA asked GP partners to take at least one of ten possible actions. None of the options breach the GP contract, and partners are encouraged to which action they want to enact as they see fit'.

2.2 Actions range from withdrawing from data-sharing agreements, to writing referral letters in place of preferred hospital referral forms. The most immediately impactful option is to limit daily patient contacts to 25, which the BMA say is the recommended safe maximum.

There is no obligation for practices to notify patients of any action they are taking and the ICB does not know which practices are doing what.

2.3 The Group suggested practices support patients with information, so they have a clear picture as to what is taking place.
The SEL team are carrying out some work to look through practice websites to understand any messaging and whether this is;

- raising patients' awareness of collective action and
- whether particular practices are taking any specific action.

More information on collective action is available here: https://www.bma.org.uk/our-campaigns/gp-campaigns/contracts/gp-contract-202425-changes

3. New Cross Health Centre CQC Update

3.1 The CQC carried out an announced comprehensive inspection of New Cross Health Centre on 06 December 2023.
The report published on 15 February 2024 rated the practice as 'Requires Improvement' overall. The following service domains were rated Requires Improvement:

- Effective
- Caring
- Responsive
- Well-led.

3.2 The practice has developed and submitted an action plan and supporting evidence to the ICB which outlined how it addressed the issues specified in the inspection report.

The Group was asked to approve the recommendation that the ICB take no formal contractual action against the practice.

3.3 The Group approved the recommendation that the ICB take no formal action.

3.4 Support for practices

- Arrange training for practices with the local training hub.
- Share the learning from previous CQC visits, reports and action plans with practices
- Public Health team available to support the Infection Prevention and Control (IPC) team with the training and assurance.
- SEL IPC team have developed a MEG toolkit for use in practices.
- As part of the 12 month follow up following the report, the ICB will request evidence from the practice that action has been taken to address the highlighted issues.

4. Q1 2024/25 PMS Premium Dashboard

4.1 The quarter 1 PMS Premium dashboard was presented to the Group. The dashboard highlights practice performance across the different priority areas of the premium.

4.2 The reasons for variation in performance across some of the areas was discussed and noted.
There is ongoing work on the coding and data collection in areas like breast cancer screening uptake and end of life care.
Additionally, the Synnovis cyber-attack impacted practices' performance in certain areas.

4.3 The Group was asked to note that there were areas in the PMS Premium that do not feature on the dashboard and are measured and assessed differently.
Practices underperforming at the end of quarter 2 will be required to develop an Improvement Plan which would need to outline how they plan to get performance back on track.

The PMS Premium dashboard can be found at appendix 1.

				SS13 - Alcohol Intervention			SS3 - Delivering Co-ordinated Care: Risk Profiling & MDT Working			SS4 - Bowel Cancer			SS5 - Childhood Obesity			SS6 - Post Operative wound and suture removal
PRACTICE NAME	LIST SIZE - All Registered Patients	RAW LIST SIZE - 18+ (1/4/2024)	WEIGHTED LIST SIZE (1/4/2024)	SS13 ALC - LTC patients & AUDIT C NUMERATOR (A)	SS13 ALC - LTC over 16yrs DENOMINATOR (B)	SS13 % LTC patients & AUDIT C	SS3 Target 0.5% of (pts over 18)	SS3 Case management started (Active Care Plans)	SS3 % Active Care Plans	SS4 Verbal advice or letter sent within 1 MTH	SS4 Non-responder BCSP	SS4 % Verbal advice or letter sent within 1MTH	SS5 3-5 yrs attended for pre school booster	SS5 Had weight, height measurement check & BMI centile calculated	SS5 % Had weight, height measurement check & BMI centile calculated	SS6 - Wound & Suture removal activity
Amersham Vale Training Practice	15,669	13,833	14,903	709	729	97.3%	69	162	1.17%	37	40	92.5%	25	18	72.0%	47
Burnt Ash Surgery	6,449	5,119	6,720	437	487	89.7%	26	41	0.80%	36	42	85.7%	11	7	63.6%	34
Clifton Rise Family Practice	4,412	3,724	4,861	513	524	97.9%	19	54	1.45%	54	65	83.1%	2	2	100.0%	6
Deptford Medical Centre	4,040	3,310	3,989	416	452	92.0%	17	19	0.57%	15	15	100.0%	7	7	100.0%	20
Deptford Surgery	12,003	10,372	10,482	352	383	91.9%	52	117	1.13%	28	31	90.3%	32	8	25.0%	36
Downham Family Medical Practice	6,817	4,997	6,183	460	502	91.6%	25	82	1.64%	16	17	94.1%	15	12	80.0%	21
Grove Medical Centre	12,830	10,953	11,290	592	677	87.4%	55	74	0.68%	43	46	93.5%	21	16	76.2%	31
ICO	10,199	8,037	10,217	789	1022	77.2%	40	29	0.36%	66	72	91.7%	15	10	66.7%	31
Kingfisher Medical Centre	16,186	13,951	14,362	728	772	94.3%	70	210	1.51%	71	85	83.5%	20	13	65.0%	28
Lee Road Surgery	13,110	10,106	12,511	514	618	83.2%	51	224	2.22%	36	50	72.0%	33	26	78.8%	29
Lewisham Medical Centre	14,656	12,249	13,630	752	793	94.8%	61	100	0.82%	57	62	91.9%	30	7	23.3%	23
Modality Lewisham	36,638	29,084	36,679	2801	3302	84.8%	145	183	0.63%	304	337	90.2%	86	71	82.6%	161
New Cross Health Centre	9,916	8,217	9,432	640	645	99.2%	41	149	1.81%	43	43	100.0%	13	12	92.3%	27
Nightingale Surgery	6,555	4,857	6,102	409	446	91.7%	24	45	0.93%	22	22	100.0%	16	4	25.0%	24
Novum Health Partnership	22,061	16,555	20,808	1355	1674	80.9%	83	115	0.69%	65	93	69.9%	60	50	83.3%	70
Oakview Family Practice	6,286	4,613	5,762	379	430	88.1%	23	19	0.41%	27	28	96.4%	13	8	61.5%	18
Parkview Surgery	10,121	7,346	8,959	505	613	82.4%	37	40	0.54%	29	40	72.5%	20	16	80.0%	30
Sydenham Green Group Practice	15,290	12,280	15,232	1063	1318	80.7%	61	44	0.36%	52	60	86.7%	24	15	62.5%	51
The Lewisham Care Partnership	53,594	43,189	51,540	3008	3544	84.9%	216	293	0.68%	220	233	94.4%	124	117	94.4%	214
The Queens Road Partnership	9,229	7,802	9,725	706	786	89.8%	39	67	0.86%	43	55	78.2%	10	8	80.0%	33
The Vale Medical Centre	15,933	12,103	13,964	657	679	96.8%	61	20	0.17%	53	53	100.0%	40	35	87.5%	64
Torridon Road Medical Practice	11,893	9,462	11,194	980	1041	94.1%	47	59	0.62%	83	85	97.6%	18	18	100.0%	49
Triangle Group Practice	6,620	5,336	6,876	511	588	86.9%	27	36	0.67%	34	36	94.4%	15	11	73.3%	12
Vesta Road Surgery	6,620	5,454	6,305	312	322	96.9%	27	21	0.39%	0	24	0.0%	8	7	87.5%	16