Lewisham Local Health and Care Partners Strategic Board – Part I
Date: Thursday 21 November 2024, 14.00-16.15hrs (includes 5-minute break)
Venue: MS Teams (meeting to be held in public)
Chair: Ceri Jacob

AGENDA

No	Item	Paper	Presenter	Action	Timing
1.	**Welcome, declarations of interest, apologies for absence & Minutes of the previous LCP meeting held on 19 September 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**			For Noting	14.05-14.10 5 mins
3.	**PEL (Place Executive Lead) Report**	Enc 3	Ceri Jacob	For Noting	14.10-14.15 5 mins
	Delivery (Lewisham priority 2) *				
4.	**Children's Services DfE Family Help Pathfinder Update**	Enc 4	Sara Rahman	For Discussion	14.15-14.35 20 mins
5.	**GP-Led Youth Clinic Update and Plans for Potentially Scaling Provision Across the Borough**	Enc 5	Simon Whitlock	For Discussion	14.35-14:55 20 mins
6.	**Start for Life Programme Update and Continuation Beyond March 2025**	Enc 6	Simon Whitlock	For Discussion	14.55-15:15 20 mins
	Break – 5 mins				
7.	**Intermediate Care Beds procurement**	Verbal	Kenny Gregory	For Noting	15.20-15.25 5 mins

8.	**Lewisham Winter Plan**	Enc 7	Amanda Lloyd	For Noting	15.25-15.35 10 mins
9.	**Lewisham Assurance Report**	Enc 8	Ceri Jacob	For Discussion	15.35-15.45 10 mins
	Governance & Performance				
10.	**PSR Cover sheet and Terms of reference**	Enc 9	Kenny Gregory	For Noting	15.45-15.50 5 mins
11.	**Risk Register**	Enc 10	Ceri Jacob	For Discussion	15.50-16.00 10 mins
12.	**Finance update**	Enc 11	Michael Cunningham	For Discussion	16.00-16.10 10 mins
	Place Based Leadership				
13.	**Any Other Business**		All		16.10-16.15 5 mins
	CLOSE				
14.	**Date of next meeting (to be held in public): Thursday 30 January 2025 at 14.00hrs via Teams**				
	Papers for information				
15.	**Minutes/Updates from:** • **Place Executive Group and Highlight reports:** ➢ **Lewisham Neighbourhood programme** ➢ **Urgent and Emergency Care programme** • **Primary Care Group Chairs Report and appendix A Primary Care Access Plan**	Enc 12 Enc 13			

***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 19 September 2024 at 14.00 hrs

via MS Teams

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Present:

Tom Brown (TB) (Chair)	Executive Director for Community Services (DASS) LBL
Anne Hooper (AH)	Community representative Lewisham
Dr Catherine Mbema (CMb)	Director of Public Health, LBL
Ceri Jacob (CJ)	Place Executive Lead (PEL) Lewisham, SEL ICS
Dr Helen Tattersfield (HT)	GP, Primary Care representative
Fiona Derbyshire (FD)	CEO Citizens Advice, Voluntary Sector Representative
Vanessa Smith (VS)	Chief Nurse, SLaM
Barbara Gray (BG)	VCSE representative, KINARAA
Michael Kerin (MK)	Healthwatch representative
Sabrian Dixon (SD)	VCSE representative, SIRG
Dr Simon Parton (SP)	GP, Primary Care representative (LMC)
Dr Neil Goulbourne (NG)	Chief Strategy & Transformation Officer & Deputy CEO, LGT

In attendance:

Lizzie Howe (LH)	Corporate Governance Lead, SEL ICS
Laura Jenner (LJ)	Director of System Development, SEL ICS
Charles Malcolm-Smith (CMS)	People & Provider Development Lead, SEL ICS
Kenny Gregory (KG)	Director, Adult Integrated Commissioning, SEL ICS
Ashley O'Shaughnessy (AOS)	Associate Director of Community Based Care & Primary Care, Lewisham, SEL ICS
Amanda Lloyd (AL)	Assistant Director Service Development & UEC, SEL ICS
Jack Upton (JU)	System Development Manager, SEL ICS
Ann Guindi (AG)	Clinical Care Lead for CYP (children & young people), SEL ICS
Mariama Marfo (MM)	External guest – GP Registrar, Public Health Lewisham
Jacqueline Best-Vassell (JBV)	External guest - KCH

Apologies for absence:

Pinaki Ghoshal
Michael Cunningham

		Actioned by
1.	**Welcome, introductions, declarations of interest, apologies for absence & Minutes from the previous meeting held on 25 July 2024** Tom Brown (Chair) welcomed everyone to the meeting. The meeting was agreed as quorate. TB advised attendees of the housekeeping rules. LH confirmed the meeting was quorate. <u>Declaration of Interests</u> – There were no new or amended declarations of interest.	

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	Apologies for absence were noted as detailed above. Minutes of the Lewisham LCP Strategic Board meeting held on 25 July 2024 – these were agreed as a correct record. Action log – updated. CJ requested one action to be reopened regarding the PSR (provider selection regime). This would be brought to the Board at the next meeting (CH to note) **Action: Cordelia Hughes** Matters Arising MK queried on page 10 (agenda item 5 – Older People's Business Case) with regards to seminar comments and co-production. Was the KG report picked up. CJ advised this is scheduled on the Forward Planner. LJ noted MK had now attended a few meetings where co-production had been spoken about as well. **The LCP Board approved the Minutes of the meeting held on 25 July 2024.**	**CH**
2.	**Questions from members of the public** Ceri Jacob updated following a question received prior to the July 2024 LCP Board meeting. A response had been sent (detailed as Appendix A). Further information was now available, and this would be sent to the member of the public who submitted the original question as routine correspondence. LH advised the Board that no further questions had been received in advance from members of the public for today's meeting.	
3.	**PEL (Place Executive Lead) report** Ceri Jacob presented the agenda item. The PEL report was taken as read. CJ updated on the key highlights. • A SEND inspection is currently underway in Lewisham. • CJ updated about the Darzi Report and access to primary care • Waldron update	

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	• Change in the LCP Board co-chair rotation • CJ noted TB's tenure will be ending soon (this would be his last meeting held in public prior to retirement) and thanked him for all his work with the Board • CJ noted LJ will be chairing a steering group to accelerate delivery of neighbourhoods in Lewisham. **The Lewisham LCP Board noted the PEL report.**	
4. & 5.	**Learning & Impact/Health Inequalities Funding** Dr Catherine Mbema presented the agenda items. Slides were shared on screen. The programme had been launched against the backdrop of Covid and the BLACHIR report. A summary of the workstreams and projects was noted. CMb spoke about the next steps. The programme is for two years and there is a desire to test some new approaches. Overall summary of progress slide discussed. CMb detailed the workstreams and the funding. The recommendation to the Board was to continue funding for project four. CMb spoke about the next steps. TB acknowledged the amount of work taking place. LJ felt there was scope to align work with other programmes and support the neighbourhood model. The engagement feedback was noted. CMb agreed with the comments. CJ said there was a need to acknowledge it can be difficult to evaluate the impact. With regards to BLACHIR, how many opportunities were there for action to start/complete? Need to measure the outcomes. Noted funding is tight. CJ also commented on data collection and improvements. Information is available from Population Health and primary care work. Two key drivers of ill health were noted as smoking and obesity. CMb advised outcomes measurements had been started (detailed on the appropriate slide). For workstream one there were opportunities for action. It would be a building blocks concept. The challenge is building up data for evaluation. JBV said the data represented how good the programme is in Lewisham.	

	HT noted the health equity fellow scheme benefits, but breaks in the scheme are not helpful. HT mentioned the Lewisham shopping centre outreach and queried signposting for residents and any work with Bromley. CMb noted the points raised. BG said it was great to see details of the programme across the borough. We need to show what difference this has made to our residents. CMb said evaluation of the work would be invaluable and would include qualitative feedback. CMb agreed to bring this item back to the LCP Board in the new year *(CH to note for Forward Planner – completed).* BG said it would be helpful to see the questions being asked. CMb agreed to take this request back to the evaluation partner and would also pick this up offline with BG. **Action: Dr Catherine Mbema** AG queried the role of specialist midwives and smoking cessation and spoke about SIDS. CMb said there was monitoring at the time of delivery, advice and guidance was given along with safer sleep advice. CJ asked the LCP Board if they formally approved the funding for the proposals. The Board agreed to the funding proposals. **The LCP Board noted the update and approved the funding for the proposals.**	**CMb/CH**
TB advised there would be a 5-minute break. The meeting resumed at 15.00 hrs.		
6.	**Improving Flu Uptake** Laura Jenner presented the agenda item. The report was taken as read. LJ updated on a joint LA/ICB plan. The aspiration is a 3% increase in uptake. SP queried messaging and support for the creation of messages. Need to ensure messages have the correct translation. LJ advised	

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	text messages had been looked at with regards to first language spoken and confirmed, yes, there was support available. MK mentioned previous Covid-19 and vaccination programmes running in parallel. LJ advised this would have been a Public Health matter. CMb stated she was not aware of any specific information. Vaccinations would be offered as before (a similar approach) with eligible cohorts being notified and communications work to publicise the vaccinations being offered. AOS confirmed they were looking to co-administer wherever possible, e.g. outreach sessions. NG queried looking at Population Health data to see what had worked. LJ advised that was the plan behind the 3% increase uptake aspiration. CJ noted this would be a challenging increase for Lewisham with regards to uptake. We need to capture the explicit initiatives that make a difference. SP mentioned sharing the learning. Health and social care partners need to know about RSV vaccinations as well. FD noted the equality impact and advised Citizens Advice could also share information. AOS agreed with FD. Access points are good but this does not translate to uptake. Also noted the child immunisations as well. Residents need to recognise the benefit of vaccinations. TB stated trust needed to be rebuilt with communities which will be a collective endeavour. AG queried a focus on the population target which might also encompass the workforce target as well. LJ said that everyone is entitled. SP noted there had been a delay last year in practices vaccinating their own staff. LJ agreed to look into workforce vaccination and took it as an action with AOS. **Action: Laura Jenner/Ashley O'Shaughnessy** AOS said key partners were meeting regularly about this programme and he stated he would also take it to a meeting next week. It would	 **LJ/AOS**

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	seem LGT have low staff uptake and AOS had already spoken about it to NG. Accurate figures need to be recorded and reflected. HT commented on a pilot for those who are housebound but do sometimes leave the house. The community café is an option, although there can be transport issues. Can share the results if anyone would like to see them. **The LCP Board noted the update.**	
7.	**Lewisham Intermediate Care Bed Extension** Kenny Gregory presented the agenda item. KG gave a recap of the service. Brymore has 14 beds, it is an integrated provider service. The service supports hospital discharge from LGT (Lewisham & Greenwich NHS Trust). The contract has been extended for another six months into 2025 via PSR (provider selection regime). There has been a partners workshop at the Ladywell Centre. An intermediate care strategy has been developed. Need to finalise the contract now. SP queried primary care representation and KG confirmed Dr Emma Nixon (Clinical Care Professional Lead (CCPL) for Older People) has attended meetings. NG queried bringing in new ideas and KG confirmed they will look at best practice examples from around the country. Will test what the local population and staff think. TB commented on being sufficiently ambitious. We must be realistic about what we are working with. NG agreed about the constraints. NG stated that estates are not always optimally used. TB commented on step-up and the virtual ward. NG stated remote monitoring can add value. BG commented on the taking time to involve people and queried if any black-led VCSE had been included at all. BG also noted	

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	BLACHIR and community work. There is scope and opportunity to involve people with this. KG stated this was more for physical health rather than mental health. KG agreed to produce a summary for BG and would talk to colleagues about the right people to contribute to the development. **Action: Kenny Gregory** **The LCP Board noted the update and endorsed the proposal.**	**KG**
8.	**111 Procurement** Amanda Lloyd presented the agenda item and gave the background to the slide pack. LAS (London Ambulance Service) is the current provider. The current contract expires in 2026 (spring). Slide 62 & 63 were discussed. The current service is provided for London in one place. There can be an issue with sufficient knowledge of local services in the current 111 service. The proposal on slide 63 details call handling at SEL level then onto a local service/provider. AL spoke about the six different integrated delivery units. The drivers for change were noted. There have been concerns over call back times and this has led to some duplication in the system. Need to reduce multiple calls. AL spoke about three key elements: • telephony platform detailed on slide 66 (current service) • call handling • clinical element (IDU) integrated delivery unit (slide 77) AL noted activity levels for in hours and OOH (out of hours). For OOH there was high activity at the weekend. Slide 80 detailed the basic principles for six borough services. AL noted collaboration and mutual aid. It is hoped there will be innovation with technology to improve the service. AG mentioned mental health and CYP for the six delivery units. AL advised this was covered under the 111 Star 2 service for mental	

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	health needs. The proposal being discussed today did not include a specialised element just for CYP. AL has asked for feedback though. MK stated he had concerns that the public engagement element had a tick-box feel to it. Public engagement was needed throughout the system with a public campaign to educate residents on the new system. There were changing roles in this as well as economies of scale and workforce issues. MK also highlighted digital resilience (cyber-attack concerns) and overall security of the system. AL responded to MK points and agreed on the public engagement element and reassured MK that the SEL IT team were leading on digital security (not a borough team). For the same day urgent care model development AL has spoken to comms teams. With regards to roles, there are no concerns being raised by providers. Digital resilience was detailed on the technology slide in the pack. The requirements for resilience are a major part of the work and IT are involved. MK suggested AL probing a little further on the digital response. CJ commented on ICB security audit and have also looked at provider expectations. AH commented on the engagement as well. It needs to be meaningful and we must understand what the plans are (borough centric). AL noted that point. SP spoke about links into primary care for the IDU's and Trust colleagues. The paper stated an 8-8 service but practices are 8-6.30pm. AL said there had been a lot of discussion around the hours with very mixed views. Needs to reflect current primary care opening hours but timings are not finalised yet. BG emphasised there was still time to involve black-led VCSE and communities and queried the procurement cycle. AL agreed to pick this up with BG offline. BG commented on shaping the service specification as cultural relevance is critical.	

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	HT noted 111 demand had fallen 10% which was good, however there has been an increased workload in primary care. AL said they have been tracking data and looking at A&E attendance numbers. **The LCP Board noted the update.**	
9.	**People's Partnership update** Anne Hooper presented the agenda item. The report was taken as read. Key areas were highlighted. AH updated for the October seminar session there would be an outline document for discussion detailing the proposed five principles. SP said for the primary care co-ordination hub membership it would be useful to have core practice membership and said he was happy to volunteer as the LMC representative. SP also queried if it would be appropriate to consider pharmacy representation and perhaps other stakeholders within the system as well. AH said these were well made points and would pick up with SP offline. CMb supported the hub of hubs model as this could lead to more voices being heard. CMb also commented on participation and remuneration with a mixture of approaches. This had been noted in the health inequalities work. AH noted the differing views on remuneration. LJ commented on a system approach and a link up with LA/LGT. LJ would pick up offline. BG also commented that she would pick up the proposals with AH offline. **The LCP Board noted the update.**	
10.	**Risk Register** Ceri Jacob presented the agenda item. New risks were discussed. Noted R526 is now closed (Pentland House and use by Tower Hamlets LA).	

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	Main themes are currently finance, workforce and quality. Key slides detailed actions locally to manage the financial position. TB commented on mental health risk concerns. CJ stated there are a set of actions overseen by the Lewisham Mental Health Alliance along with individual risk holder reviews. KG noted significant changes at SLaM (provider) over the last few months. SP commented on primary care access and the risk register. Access work has been quite significant in the last year. Messaging is important. CJ and LJ would meet and discuss further items. **Action: Ceri Jacob/Laura Jenner** Further updates would be discussed at the primary care leadership forum and then back to the LCP Board. **The Board noted the Risk Register update.**	**CJ/LJ**
11.	**Finance update** Ceri Jacob presented the agenda item (Michael Cunningham had sent apologies for absence). CJ updated on the main points. At Month 4 there was a YTD overspend of £0.5m (break even forecast). The LCP must deliver on its financial plans to achieve this. The two main areas of overspend are prescribing and CHC (continuing health care). Finance matters are discussed at SMT and monthly financial recovery meetings. The LA is challenged on the demand side with a £6m overspend on ASC (adult social care) and £12m on children's. The ICB as a whole YTD has a surplus of £919k which is £677k adverse to plan (Synnovis effect). The ICS YTD has a £93.7m deficit position, £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).	

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	NG queried for the prescribing and CHC why was it so much worse for Lewisham compared to other boroughs. CJ said it was due to the number of prescriptions made with particular pressures in LTC (long term conditions), appliances etc. For CHC it is the cost and complexity of cases and there has been a particular issue with transitions from CYP to adults. The process for forecasting has been tightened and there is work underway to reduce the backlog of reviews. This cohort of people are common drivers of increased spend for the NHS and LA. TB said it was the same for the LA with CHC and the cost of care. Budgets had not increased in line with inflationary increases. Patients are often discharged with complex needs requiring support back in the community. SP noted for prescribing this had been historical and would require a cultural change. OTC (over the counter) medications for example were a challenging area. The Pharmacy First Scheme etc. needed promotion to patients. CJ said she would pick this up with AOS and Erfan Kidia (meds optimisation team). **Action: Ceri Jacob/Ashley O'Shaughnessy/Erfan Kidia** There was an opportunity here to work with the People's Partnership involving Charles Malcolm-Smith and Anne Hooper. The ICS system must be financially sustainable to work. BG commented on prevention work and felt it might be beneficial to have a conversation to understand the figures and the opportunities to do things differently. CJ noted AF/Hypertension work and work on obesity and diabetes prevention. LJ/CMb and CJ would consider the best way forward. **Action: Laura Jenner/Catherine Mbema and Ceri Jacob** **The LCP Board noted the finance update.**	**CJ/AOS/ EK** **LJ/CMb/ CJ**
12.	**Any Other Business** CJ and LJ gave thanks to TB again for all his support to the LCP Board and the borough.	

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	No other items raised. Meeting closed 16.26 hrs.	
13.	**Date of next meeting.** Thursday 21 November 2024 at 14.00 hrs via Teams	
14.	**Minutes of previous meetings** The LCP Board noted the document attached for information.	

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Lewisham LCP Strategic Board Action Log

Date of meeting & agenda item:	Action:	For:	Update:
19/09/24 11. Finance update	**Prescribing.** SP noted for prescribing this had been historical and would require a cultural change. OTC (over the counter) medications for example were a challenging area, Pharmacy First Scheme etc. This needed promotion to patients. CJ said she would pick this up with AOS and Erfan Kidia (meds optimisation team). CJ noted **AF/Hypertension** work and work on obesity and diabetes prevention. LJ/CMb and CJ would consider the best way forward.	**CJ/EK/AOS** **LJ/CJ/CMb**	
19/09/24 9. Risk Register	**Primary Care Access** - SP commented on primary care access and the risk register. Access work has been quite significant in the last year. Messaging is important. CJ and LJ would meet and discuss further items	**CJ/LJ**	
19/09/24 7.Lewisham Intermediate Care Bed Extension	**Lewisham Intermediate Care Bed Extension** BG commented on the taking time to involve people and queried if any black-led VCSE had been included at all. BG also noted BLACHIR and		

	community work. There is scope and opportunity to involve people with this. KG stated this was more for physical health rather than mental health. KG agreed to produce a summary for BG and would talk to colleagues about the right people to contribute to the development.	**KG**	
19/09/24 6. Improving Flu Uptake	**Workforce vaccination.** SP noted there had been a delay last year in practices vaccinating their own staff. LJ agreed to look into workforce vaccination and take it as an action with AOS.	**LJ/AOS**	
19/09/24 4&5 Health inequalities	**Learning & Impact/Health Inequalities Funding** Evaluating the impact - evaluation of the work would be invaluable and would include qualitative feedback. CMb agreed to bring this item back to the LCP Board in the new year. CH to add to forward planner. BG said it would be helpful to see the questions being asked. CMb agreed to take this request back to the evaluation partner and would also pick this up offline with BG.	**CMb/CH**	CH included on forward planner.
25/07/24 1.Welcome and previous actions. Action 2 Reopened 19/09/25	**REOPENED** **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 November.*	**KG/CJ**	

Welcome and previous actions. Action 1			
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

Lewisham Local Care Partners Strategic Board

Cover Sheet

Item 3
Enclosure 3

Title:	**PEL Report**
Meeting Date:	**21 November 2024**
Author:	Ceri Jacob
Executive Lead:	Ceri Jacob

<table>
<tr><td rowspan="3">Purpose of paper:</td><td rowspan="3">To provide a general update to the Lewisham Care Partnership Strategic Board</td><td>Update / Information</td><td>x</td></tr>
<tr><td>Discussion</td><td></td></tr>
<tr><td>Decision</td><td></td></tr>
<tr><td>Summary of main points:</td><td colspan="3">This report provides a brief summary of areas of interest to the LCPSB which are not covered within the main agenda.

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 retired last month and Fiona Derbyshire, CEO of Citizens Advice Bureau (CAB) Lewisham will now take on the co-chair role, working alongside Vanessa Smith (SLAM).

10 Year Plan

A joint team from the Department of Health and Social Care (DHSC) and NHS England is working on a 10-Year Health Plan, set to be published in Spring 2025. The plan aims to create a modern health service that meets the evolving needs of the population. It focuses on three key shifts:
1. Moving more care from hospitals to communities.
2. Making better use of technology in health and care.
3. Focusing on preventing sickness, not just treating it.

A national engagement process has been initiated. The expected timeline is set out below:
• 21 October 2024: Listening exercise launched.
• 5 November 2024: CEO leadership briefing event.
• 11 November 2024: First nationally organised public event
• Mid-November 2024: Workshop in a Box (WIAB) resource issued.</td></tr>
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Chair: Richard Douglas CB Chief Executive Officer: Andrew Bland

	• 26 November 2024: Session on WIAB resource for ICB engagement leads. • 2 December 2024: Deadline for organisation responses. • 8 December 2024: London deliberation event near Euston. • 31 January 2025: Engagement closes. The questions posed as part of the engagement are: 1. What does your organisation want to see included in the 10-Year Health Plan and why? 2. What are the biggest challenges and enablers to moving more care from hospitals to communities? 3. What are the biggest challenges and enablers to making better use of technology in health and care? 4. What are the biggest challenges and enablers to spotting illnesses earlier and tackling the causes of ill health? 5. Share specific policy ideas for change, including prioritisation and expected timeframes. SEL ICB will also be supporting local engagement across SEL, working closely with the SEL HealthWatches and South London Listens, amongst others. **SEND Inspection** In September, the Care Quality Commission (CQC) and Ofsted carried out an inspection of arrangements for children with Special Educational Needs and Disabilities (SEND). The inspection included all three main partners in SEND; the Council, education and health. The final report is expected to be published during November.
Potential Conflicts of Interest	**None**
Any impact on BLACHIR recommendations	Currently no impacts are identified however, the 10 year plan with the focus on a neighbourhood based health service may lead to some positive impacts. This will be better understood once the plan is published in Spring 2025.

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 is planned in relation to the 10 year plan at a national, SEL and Lewisham level.
	Other Committee Discussion/ Engagement	NA

Recommendation:	The Board is asked to note this update.

Lewisham Local Care Partners Strategic Board

Cover Sheet

Item 4
Enclosure 4

Title:	**Families First for Children Pathfinder**
Meeting Date:	**21 November 2024**
Author:	Sara Rahman
Executive Lead:	Ceri Jacob

Purpose of paper:	To provide and update the LCP on progress implementation of the DfE Families First for Children Pathfinder in Lewisham Children and Young People's department.	Update / Information	***Update and discussion***
		Discussion	
		Decision	

Summary of main points:	In March 2024 Lewisham were successful in receiving DfE funding to test out reforms to children's social care arrangements following the Government's Stable Homes, Built on Love (2023) - an implementation strategy and consultation. The strategy sets out a vision to rebalance children's social care away from costly crisis intervention to more meaningful and effective early support. This presentation sets out the progress so far in Lewisham and the key areas that are being impacted as a result of the reforms. The teams are designing and delivering on the Pathfinder at pace and each testing stage will be subject to evaluation and review.			
Potential Conflicts of Interest	**Early support and a multi-agency approach is key to the Pathfinder reforms. The local authority have been working closely with partners such as health, education and police to ensure that the upcoming changes are collaborative. There are implications for partners such as working differently, and where there are tri-borough arrangements these will need to be considered.**			
Any impact on BLACHIR recommendations	**In Lewisham, our anti racists approach and ensuring that we capture the voices of children and families is a central to the implementation of the Pathfinder. By supporting families early, reducing the number of times families tell their story we want to contribute to reducing inequality.**			
Relevant to the following Boroughs	**Bexley**		**Bromley**	
	Greenwich		**Lambeth**	
	Lewisham	✓	**Southwark**	
	Equality Impact	The vision of the pathfinder is to ensure families are supported and helped before situations escalated. This is		

		why the accessing of support in facilities such as schools and family hubs is important. The hubs and pathfinder will be collecting data to identify gaps in provision and areas of need to tackle this.
	Financial Impact	The pathfinder is currently being funded by the DfE until March 2025. We are awaiting further announcements on the pathfinder imminently.
Other Engagement	Public Engagement	There is ongoing engagement with children and families in relation to the design and implementation of the Pathfinder.
	Other Committee Discussion/ Engagement	Pathfinder has been presented to relevant council governance arrangements such as Mayor and Cabinet.
Recommendation:	To note the update on the DfE Families First Pathfinder, and an opportunity for partners to raise questions and understand the journey for families in the testing and implementation phase.	

Families First for Children Pathfinder

Programme overview

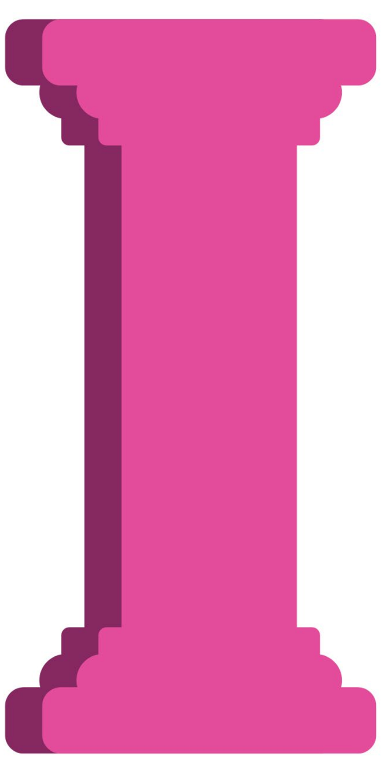
Pathfinder

A seamless offer to children and families providing the right help at the right time, delivered by the right people.

The Four Pillars

The Pathfinder will test reforms and make **improvements across four main sectors** called “pillars”:

- **Family Help-** this pillar will be testing out the integration of Targeted Early Help and Children in Need into **one single offer and the role of a Family Help Lead Practitioner (FHLP)** who may not always be a social worker.
- **Multi Agency Safeguarding Arrangements-** the Pathfinder pillar will be testing out a **stronger role for Education** as a strategic safeguarding partner.
- **Child protection-** this pillar will be testing out a **multiagency response** led by an experienced **Lead Child Protection Practitioner (LCPP)**. The LCPP will undertake **specific child protection tasks** and **work jointly with the FHLP** who will remain **the main contact with the family.**
- **Family Group Decision Making approach- F**amilies and their network will be at the centre of decisions about their plan through family network meetings at all stages. Financial support may also be provided to keep families together where this is agreed in their plan.



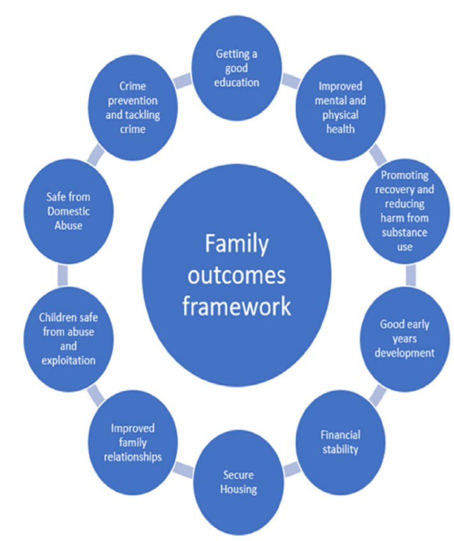
Family-Led Approach

Family Help and Family-group decision-making (FGDM) introduce a shift in power dynamics whereby families have more control over their situations while the local authority (LA) aims to assist them in their social care journeys. In particular:

- **Families will tell their story only once** and participate in a **single dynamic assessment**.
- **A core multi-disciplinary team** working around the family will use a **whole-family, strength-based approach** to empower families to devise their own plan
- **Family Help Lead Practitioner** will support children and families throughout their journey, **instead of constantly changing workers**
- The **Family Help Lead Practitioner may not always be a social worker.** Staff from other agencies- such the voluntary sector or your health nurse- will have the opportunity to support and advocate for families as Lead Practitioners.
- The choice of lead practitioners will be based **on the family's needs and potential risks.** Wherever appropriate the Lead Practitioner will be allocated based on the family's wishes.
- **A Family Group Decision Making** approach (FGDM) will identify and **involve a family's network**- be it family or close friends playing a key role in a child's life- in their needs assessment and goal-setting. Families and their network will devise and review their own plan.

Pathfinder Outcomes

- The outcomes of the Pathfinder are in line with national outcomes 1, 2 and 3 about keeping children safe and supporting them to stay with their families and thrive in their families and communities.
- The new Supporting Families outcomes framework further underscores a whole-family approach to keeping children safe and thriving in their families.
- Shared outcomes, guided by the national framework and SF, will be explored



Outcome 1: Children, young people and families stay together and get the help they need

Outcome 2: Children and young people are supported by their family network

Outcome 3: Children and young people are safe in and outside their homes

- **Enabler1**: Multi-agency working is prioritised and effective
- **Enabler2**: Leaders drive conditions for effective practice
- **Enabler3**: The workforce is equipped and effective

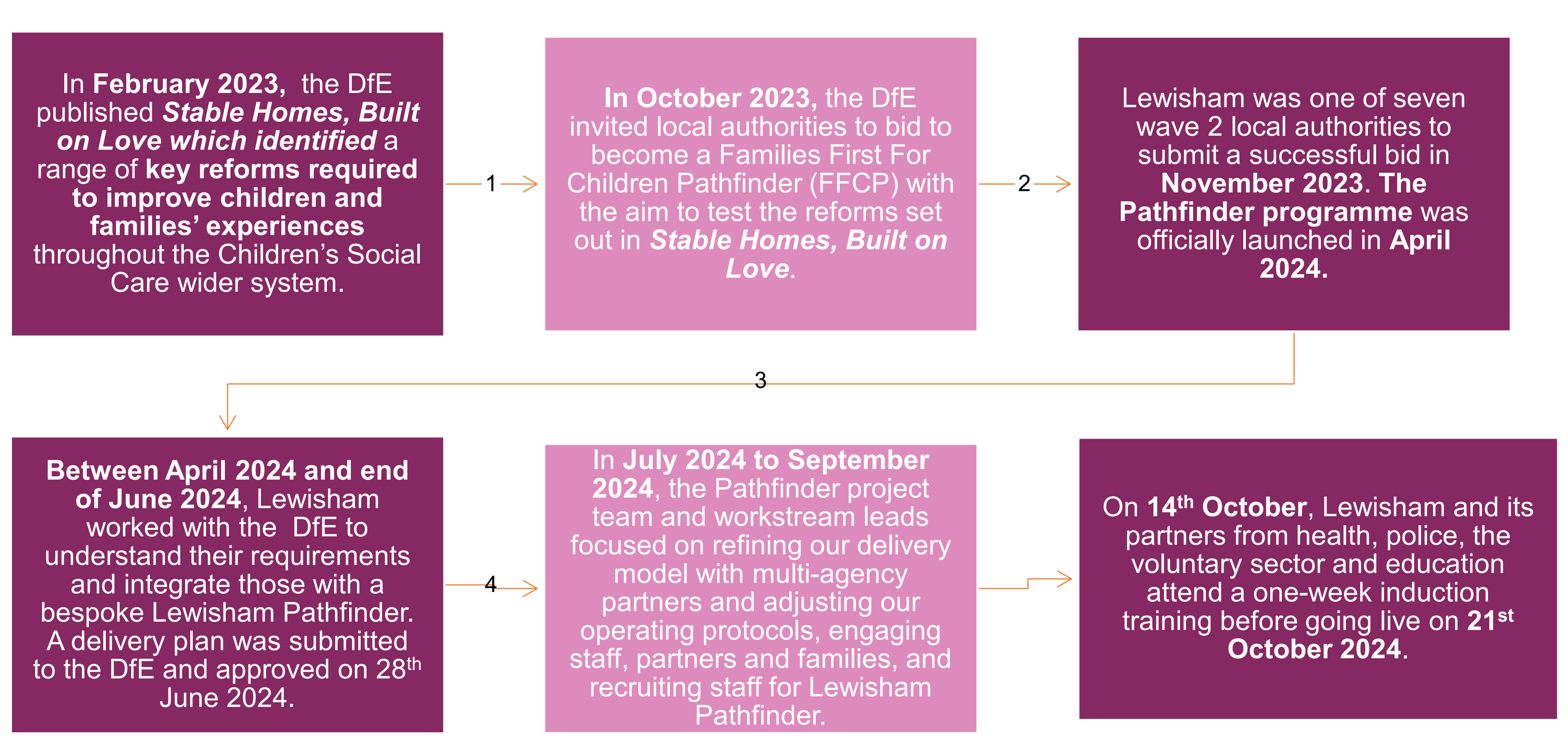
As a result of the Pathfinder, we would expect to see:

Reduction in the number of children looked after

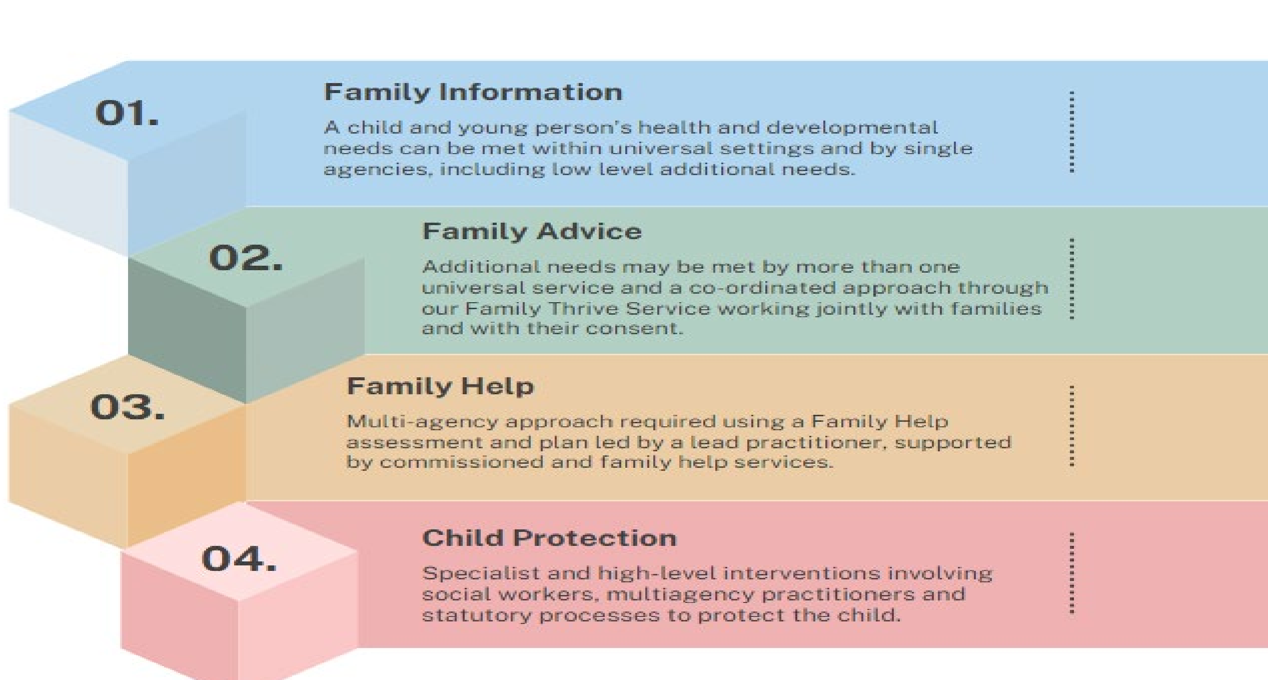
Reduction in the number of child protection plans

Reduction in the number of days a child spends in care

The Journey



MASA- The Continuum of Need



Lewisham Pathfinder Phased Approach

- On **21st October**, after a week's induction, Lewisham Pathfinder went **live**
- The Pathfinder takes an **area-based approach** to delivery, testing out elements of the Pathfinder in certain area teams while others continue with business as usual.
- **A phased approach** allows us to minimise the risks as we deliver our Pathfinder.
- Delivery in this phase focuses on: **one child protection team and one adolescent protection team from Octobe**r while **two FSS** team are diversified i**nto Family Help teams and offer. IAS will be repurposed** to reflect a **similar offer to adolescents.**
- At present, the **scope of the Pathfinder** is limited **to FSS and IAS-** which gives us an offer for children and a specialist offer for adolescents.
- Other services, such as CWCN, will be included in the scope at a later stage

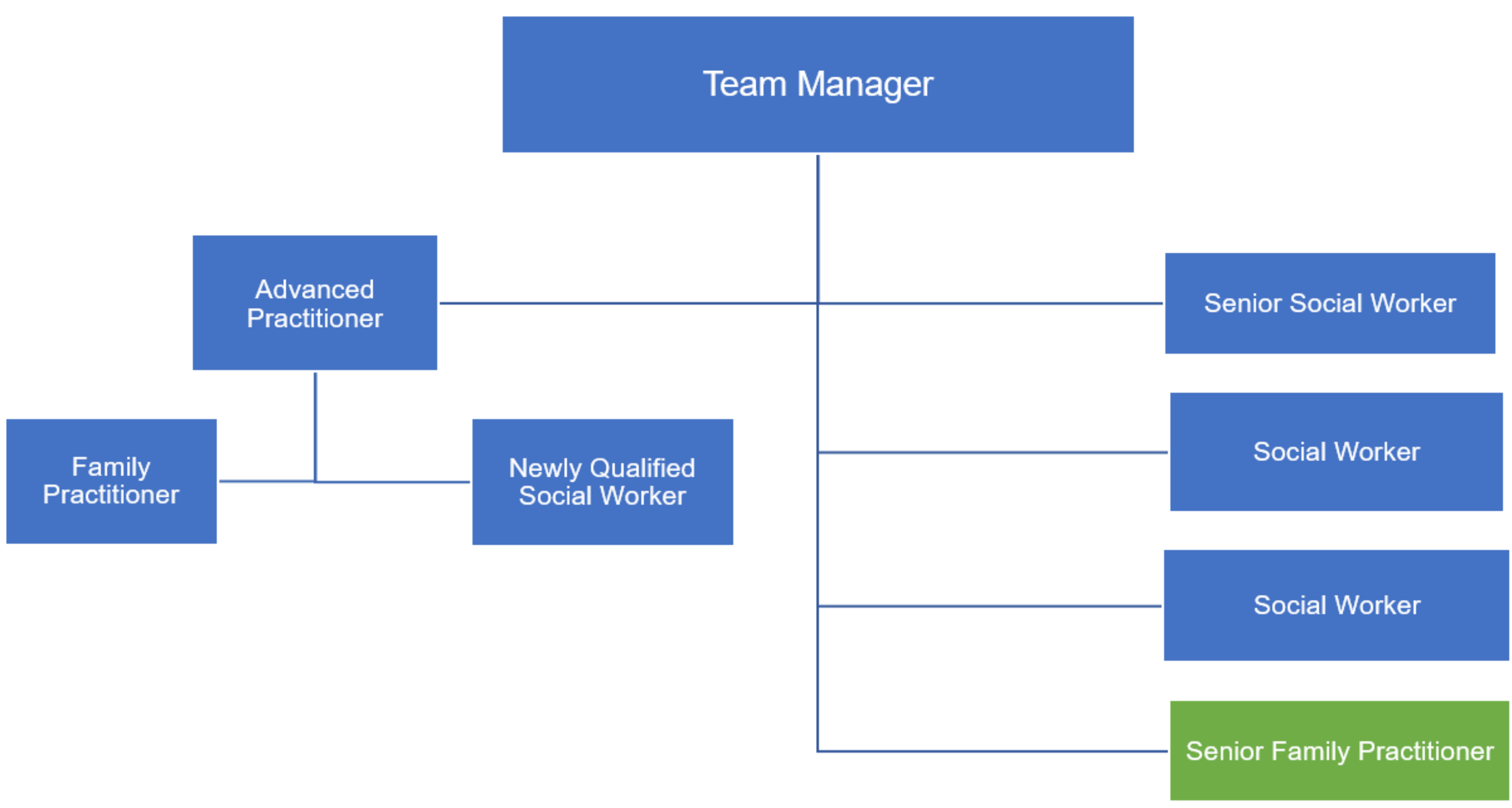
Lewisham Family Help and MACPT Roll Out

Area	Activity
Area 1: Diversification and non-SW FHLP Teams 1 & 2 (Fran and Melodie) Deptford Family Hub/Honor Oak	• Multi-agency partners embedded in Team 2 – housing, domestic abuse support and health • Partners as co-worker and progressing to FHLPs • Senior family practitioners joining teams 1 & 2 and starting to be allocated child in need work as FHLP
Area 2: MACPT and FHLP/LCPP interface/ referral mechanism direct from MASH Teams 3 & 4 (Nelson and Samuel)	• Testing of direct referrals from MASH into Family Help teams 3 & 4 where child protection response is needed from **4 Nov** • Interface between LCPP and FHLP • Family group decision making to be developed in this area
Area 3: MACPT and FHLP/LCPP interface/ referral mechanism direct from MASH Teams 5 & 6 (James and TBC) Downham Family Hub	• Testing of direct referrals from MASH into Family Help team 5 where child protection response is needed from **21 Oct** • Testing of direct referrals where a child protection response is needed into team 6 **from 18 Nov** • Interface between LCPP and FHLP • Family group decision making to be developed in this area
Area 4: Diversification Team 7 & 8 (Alana and Keisha) Bellingham Family Hub	• Family Wellbeing Team providing multi-disciplinary and targeted support to a number of eligible families with MH and substance misuse issues
Integrated Adolescent Service and Adolescent Protection Team	• Set up of 3 family Help teams and 1 Adolescent Protection team • Eligibility criteria for IAS established – edge of care, extra-familial harm, social and emotional needs • Go live date for APT and FH with new eligibility criteria with direct referrals from MASH into the FH teams – **25 Nov**

Family Help

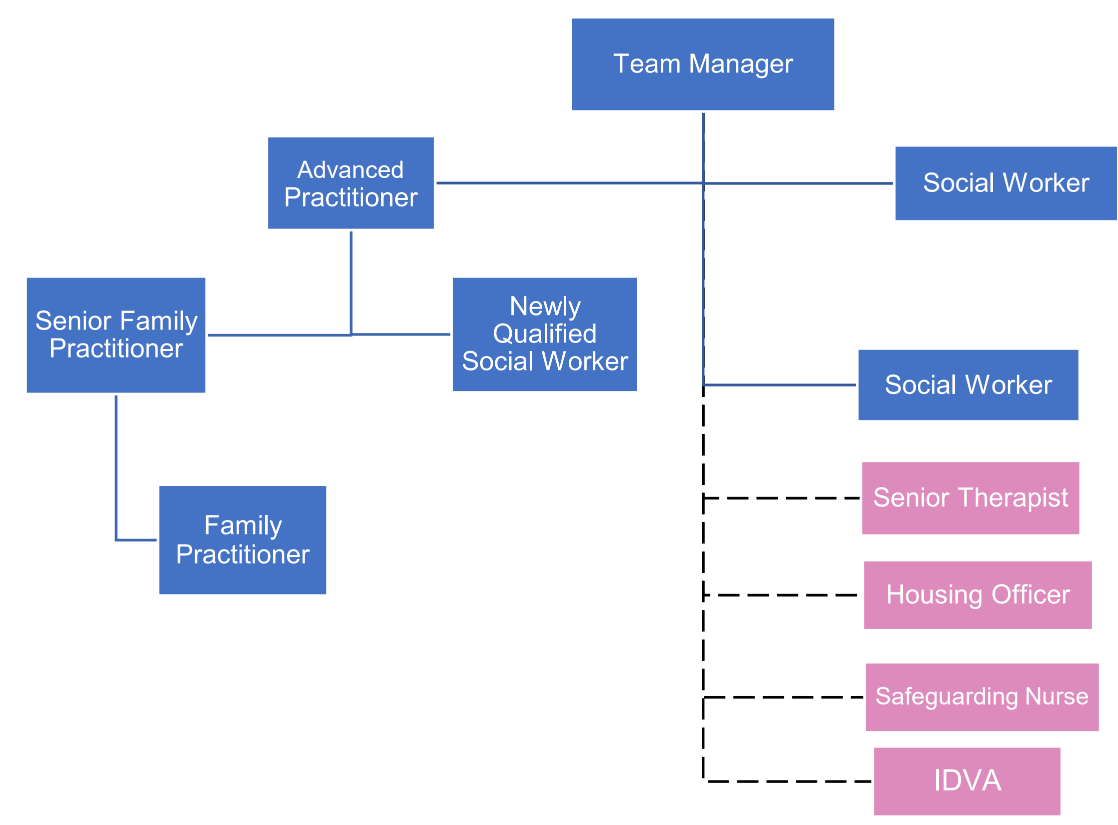
- Engagement of partner agency based on needs assessment
- Development of FHLP role description
- Partner staff recruited and appointed in housing, DV support, Health
- Senior family practitioners appointed and ongoing recruitment
- Allocation and operating protocols drafted
- One assessment/one plan drafted
- Single front door phase 1 with direct referrals to MASH/MASH team briefed
- Delivery model aligned to Family Hubs areas

Family Help Team Structure- Generic



Multi-Agency Partners/ Family Help- Specialist

The Pathfinder is led by the LA. However, it is a partnership programme with:
- Health (LGT and SLaM)
- Police
- Education
- Voluntary sector organisations (Athena for domestic abuse support and HumanKind for substance misuse)



School Cluster

A Schools Cluster offer has been set up to serve the needs of five primary, secondary, pupil referral unit and special schools.

The Schools Cluster has a **strong focus and dedicated specialist staff** for children presenting with SEMH needs at key transition times.

The work in the Schools Cluster will be overseen by an operational educational lead.

A complementary youth offer will be developed within the five designated schools.

- Abbey Manor College (PRU)
- Elfrida Primary School
- Rushey Green Primary School
- New Woodlands School (Special School - SEMH)
- Haberdasher's Aske's Knights Academy (Secondary)

School Cluster

Within the Pathfinder, we will be trialling a range of initiatives with a few schools to promote educational attainment and improve attendance through relational safety.

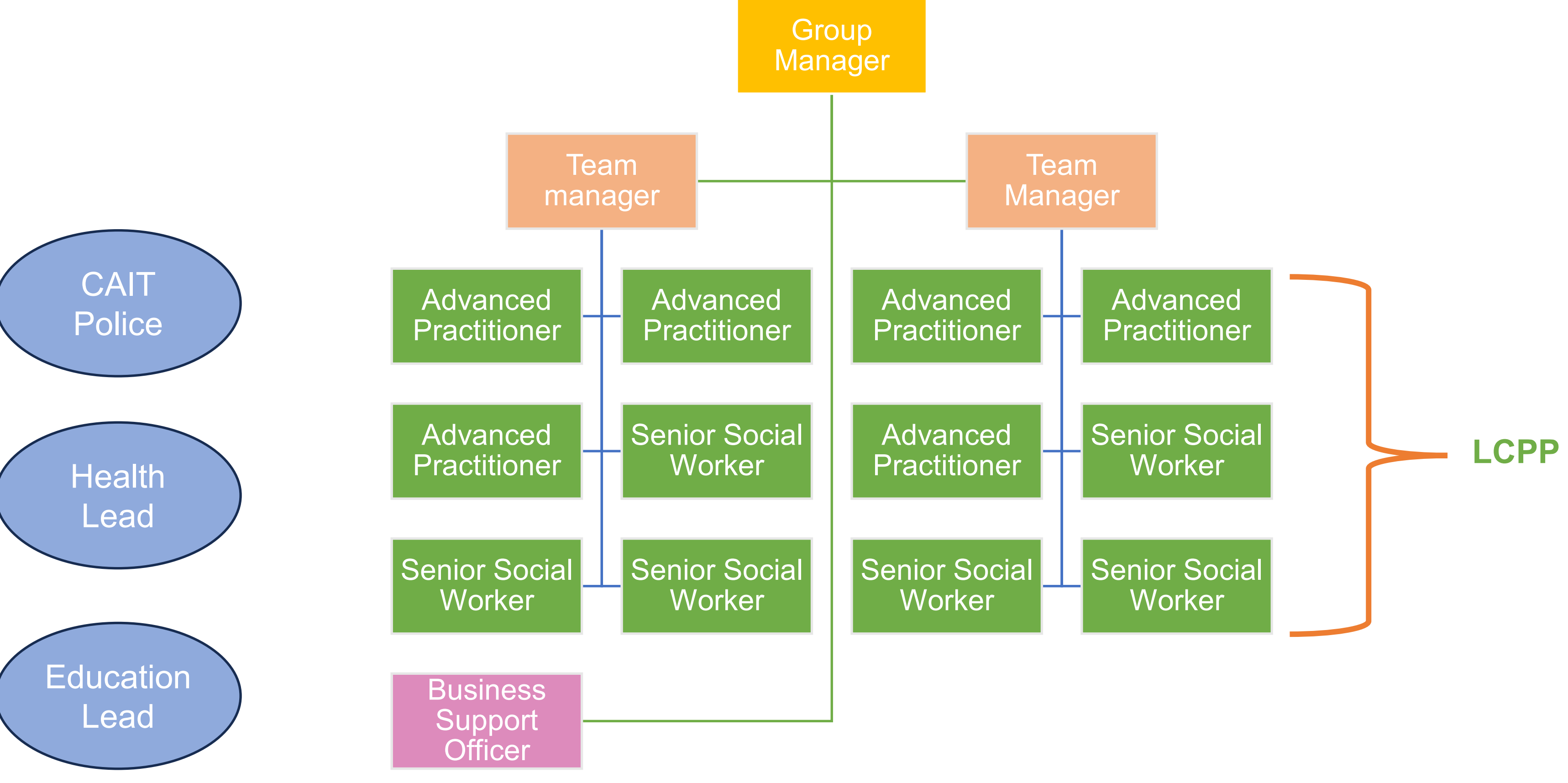
Schools have shared that parents and families come to them for support that they are not always fully equipped to provide.

Within the Pathfinder, schools and Family Hubs will work together with a dedicated navigator to provide parents and families with the right support at the right time in their community.

Multi-Agency Child Protection Teams (MACPT)

- Group manager recruited
- Recruitment: advanced practitioners, senior social workers, team managers
- Delivery model approved:
  - Child Protection Teams x 2 broadly working with intra-familial harm
  - Adolescent Protection Team x 1 working with vulnerable adolescents, children looked after, extra-familial harm - Integrated Adolescent Service will be the family help offer
- Partner agencies in place and roles will be developed during testing phase – police, health, education
- Operating protocols for all 3 teams drafted
- Parent advocacy at ICPC commissioned
- Redesign of child protection conferencing process in progress
- Focus on testing specific practice elements eg group supervision

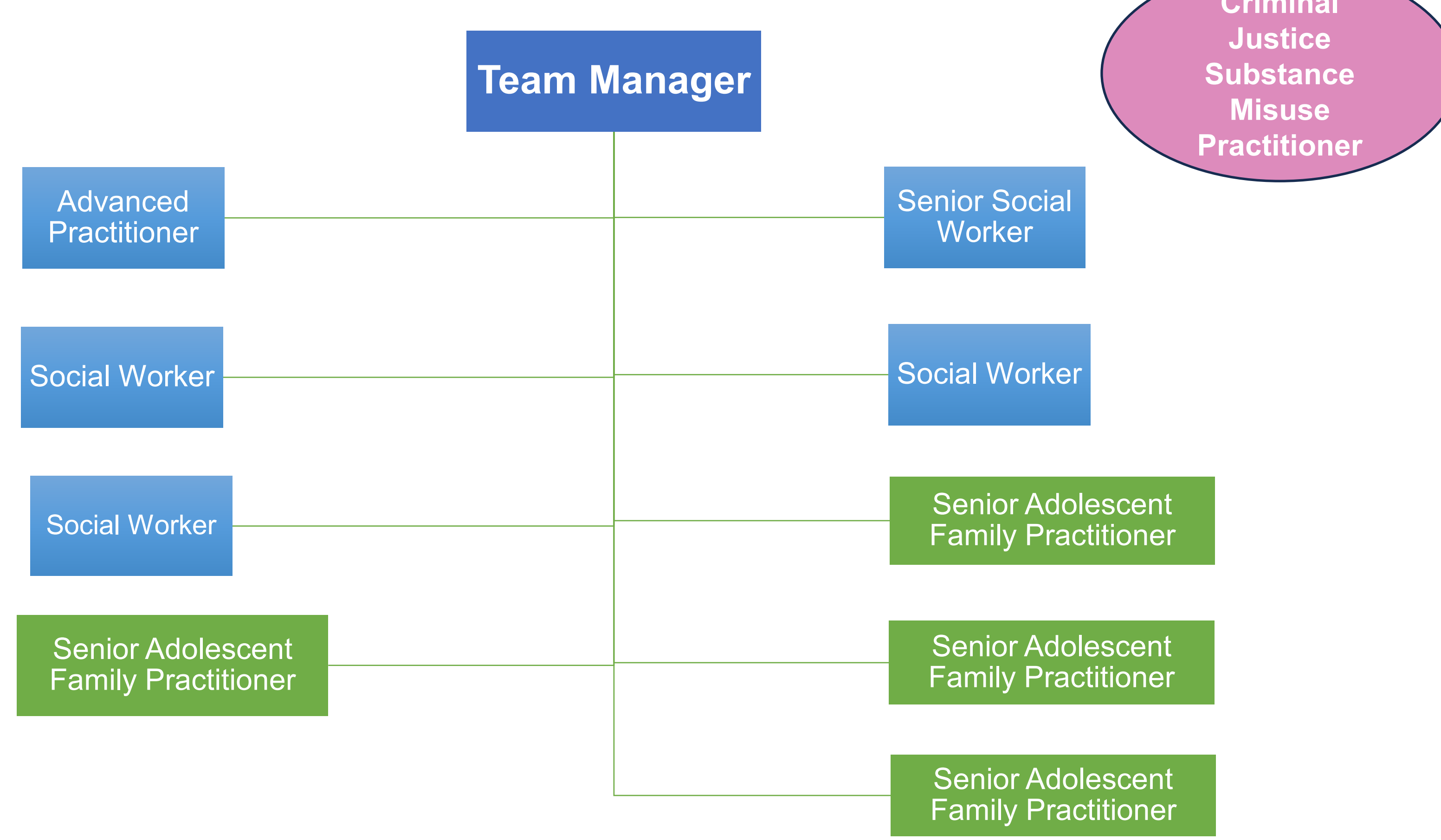
Child Protection Teams



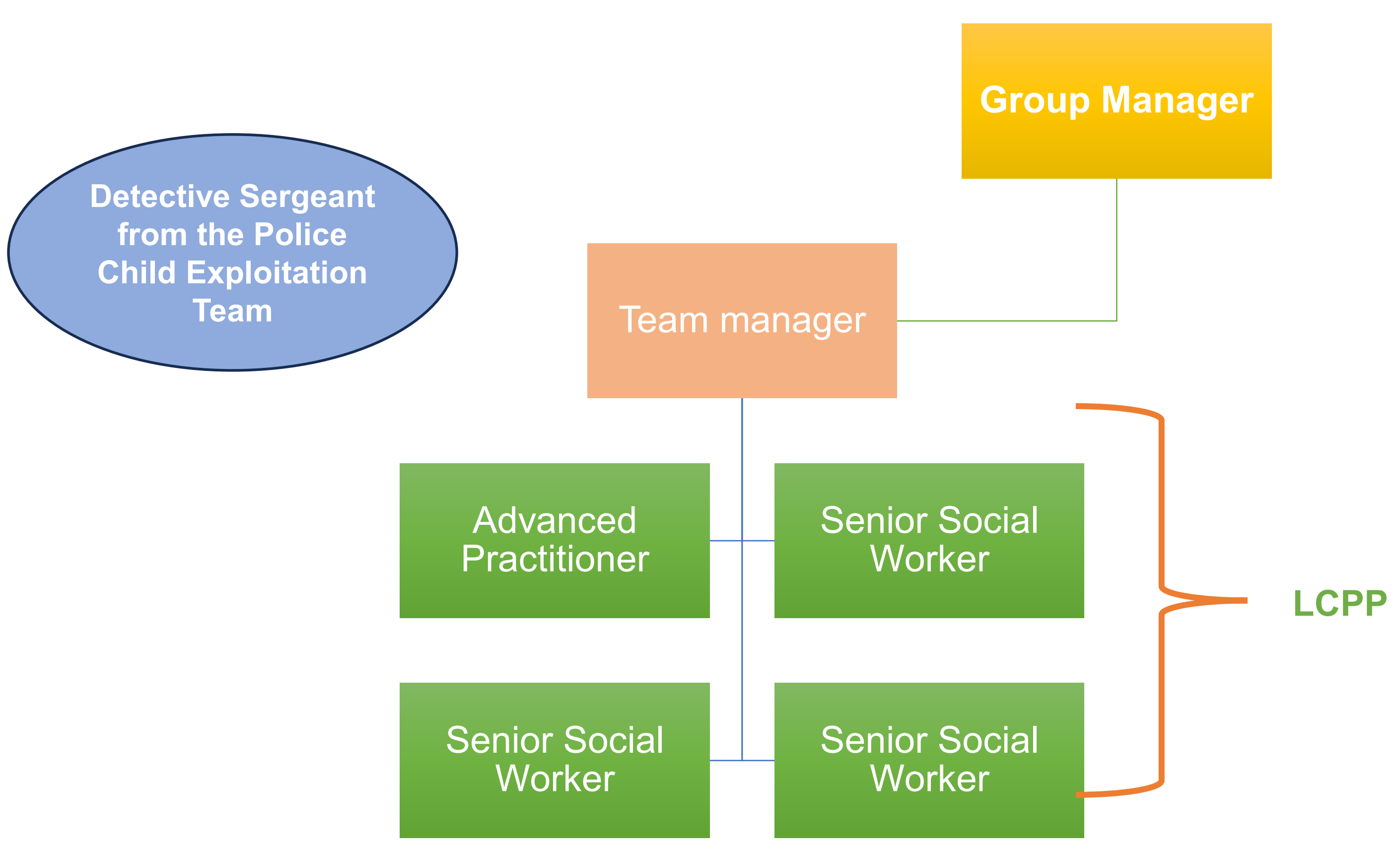
Integrated Adolescent Service

- Integrated Adolescent Service – family help offer with adolescent protection team alongside
- Team consisting of social workers & senior adolescent family practitioners with a youth work background
- Criminal justice substance misuse practitioner from Insight co-located
- Recruitment to key roles to establish the IAS family help offer
- Working with vulnerable adolescents – edge of care, social and emotional needs, extra-familial harm
- Adolescent protection response from Adolescent Protection Team including for children looked after – developed from Safe Space

Family Help Team- Adolescent



Adolescent Protection Team



Family Group Decision Making

- Training for FGDM approach (area 3, team 5).
- FGDM approach is informing the redesign of child protection conferences.
- Family group conference service being established.
- FGC offer at PLO Stage launch: November.
- Family Network Support Packages live from October.
- Four FGC Coordinators appointed
- Participation and co-production of Pathfinder elements underway.
- Parent Advocacy offer commissioned and preparation for launch in November.

Engagement with Families and children

Have your say

Families First for Children Pathfinder

Working together to shape the future of Social Care in Lewisham

The Families First programme will transform how Lewisham supports families and children by:

- Creating multi-disciplinary family help teams
- Making greater use of extended family members
- Putting families at the heart of the decision-making process
- Creating stronger and clearer multi-agency safeguarding processes

Join us for a series of events and working groups

- ✔ Warm and friendly environment
- ✔ Refreshments
- ✔ Morning and evening sessions available
- ✔ Vouchers given for your participation

Scan the QR code or email us for more information on how to get involved
pathfinder@lewisham.gov.uk

SHAPING THE FUTURE OF SOCIAL WORK

Join us for an exciting and creative project as part of the
Families First for Children Pathfinder
We want you to share your views on how we can work together to bring about change for families in Lewisham.

Come along and be a part of change!

- ✔ Be the voice for children and young people
- ✔ Make positive changes
- ✔ Learn new skills
- ✔ Meet other young people
- ✔ Vouchers and paid opportunities
- ✔ Refreshments and snacks
- ✔ 6 weeks of fun activities through a creative project

How to get involved

SCAN ME

To complete the consent form

- ✔ To find out more information you can speak to your social worker or personal advisor
- ✔ Or contact Cheriece Nelson on pathfinder@lewisham.gov.uk

Engagement with Families, children and staff

- Engagement and co-production with families as well as staff and partners are key to the development and delivery of the Pathfinder
- A number of sessions will be run with **parents' groups** to inform the Pathfinder
- **Other opportunities** for engagement and co-production will be offered for thematic working groups and representation on boards
- A **Young Advisors' group** will also work on the Pathfinder over six sessions. They will capture their reflections and the co-production process with the help of a creative organization.
- **Staff are also regularly kept up-to-date** in staff briefings and invited to **engage** through tasks and finish groups and workshops on specific topics

Engagement with children and young people

The young people have been forthcoming with their views on how they would like the "Youth Project Team" to be.

"An exciting and creative participation opportunity"

"To help other young people know where they can get help"

"Short videos and comic strips is a good way to get our attention"

Family Networks

Some of our families have shared that they find Family Networks and Family Decision Making Approach useful.

"Not all families have a network – how are they helped? Some parents may be embarrassed to tell people close to them about being involved with social care".

"I had my sister even though she doesn't live close, and my mum. I found it really helpful".

Parent Advocacy

- Families like the offer of support within Parent Advocacy but feel that this offer should be more widely available to parents and are concerned about what happens when this support comes to an end.
- Families shared that they would like to be made aware of other channels of support within the community and felt that groups run for parents, by parents would be a good place to start.

"Parent Advocacy offer is good – would that be for all parents, how long does the advocacy last?... It would be good to have other parent supporters that have been through these processes. Drumbeat have a really good offer of support for families, something like that in social care would be good. If this is here, we don't know about it".

Parent Advocacy

Lewisham families with lived experience shared that they felt that there **is no support available when cases are resolved or closed.**

”.

“When the situation has been dealt with and you don't need the social care, can it mean that we still get support for that child as well as their parents? Because with my situation there was no support after to get through it… After care needs to feed into this Pathfinder. Some things can be traumatic for the parent and the child when they are taken from you and then returned with no guidance. I was scared, she was scared, nothing has been right since. I was never told about any form of support afterwards, or even during that time

Ideals

"After care needs to feed into this Pathfinder. Some things can be traumatic for the parent and the child when they are taken from you and then returned with no guidance. I was scared, she was scared, nothing has been right since. I was never told about any form of support afterwards, or even during that time"

"At least some information of where I could go for help and support. Leaflets, booklets, someone to talk to – a helpline. If I knew there were parent group sessions like this, that would be helpful. You feel alone in these situations – isolated from family and friends. You just don't mention it to anybody."

Family Advice

We will offer a range of family advice services in the community delivered in great part through the area-based Family hubs making it easier for families to access welcoming support.

In line with new Lewisham's Family Help Continuum of Need document, Family Thrive staff will become more aligned with Family Hubs, working in the community.

This will include change of language and a move away from 'Targeted Early Help', which will become Family Advice from mid-October.

Next steps

- **Weekly reviews** after the launch will help us **capture the learning and adjust our delivery model** as we expand
- **Expansion** of Family Help diversification and Child Protection to **other areas**
- **L&D offer**
- **CWCN** in scope
- **Parental advocacy** offer
- **CPC redesign**
- **Single point of contact**

Lewisham

Lewisham Local Care Partners Strategic Board
Cover Sheet

Item 5
Enclosure 5

Title:	**GP Youth Clinics Update and Potential To Expand**
Meeting Date:	**21st November 2024**
Author:	John Dunning, Joint Commissioner / Simon Whitlock, Head of CYP Joint Commissioning
Executive Lead:	Ceri Jacob, Place Executive Lead

Purpose of paper:	Briefing paper to provide an update on the GP Youth Clinic programme an outline the ambition for expansion and potential creation of an innovative adolescent health and wellbeing offer across the borough.	Update / Information	***No***
		Discussion	**Yes**
		Decision	***n/a***
Summary of main points:	• The 'Mulberry Hub' GP Youth Clinic at The Mulberry Education Centre established as a pilot GP Youth Clinic in September 2022 in partnership with SLaM, North Lewisham PCN and Metro Charity. Has had a positive impact on access to treatment (300+ young people supported to date) and provides an effective early intervention preventing escalation of need. • Using the learning from the Mulberry Hub, opened The `124 Hub` GP Youth Clinic at Goldsmiths Community Centre operating from September 2024 in partnership with SLaM, Sevenfields PCN, and Metro Charity. • Ambition to expand and develop GP Youth Clinic programme to cover all Lewisham neighbourhoods in response to positive outcomes achieved to date. This could create a core adolescent primary care offer accessible across the borough and reach between 1000-2000 young people annually, taking pressure off primary care. • Challenges with recurrent funding and estates to overcome and further work to develop a business case would be needed. • If the expansion of the GP Youth Clinic programme takes place, a vision for a pioneering integrated adolescent health and wellbeing would be developed that connects and integrates the GP Youth Clinics with other community-based support services such as Family Hubs, youth provision, and public health service.		
Potential Conflicts of Interest	None.		

<table>
<tr><td rowspan="1">Any impact on BLACHIR recommendations</td><td colspan="4">The GP Youth Clinic model was developed with young people and designed to meet their needs and to be culturally aware. Data from the current GP Youth Clinic (The Mulberry) shows greater access from historically under-served populations from different Global Majority communities are accessing the clinic in higher rates than specialist mental health services, where the numbers have been lower than anticipated. Any expansion of the current model would include specific opportunities to coproduce the services with young people, particularly young people from Black African and Caribbean heritage.</td></tr>
<tr><td rowspan="3">Relevant to the following Boroughs</td><td>Bexley</td><td></td><td>Bromley</td><td></td></tr>
<tr><td>Greenwich</td><td></td><td>Lambeth</td><td></td></tr>
<tr><td>Lewisham</td><td>✓</td><td>Southwark</td><td></td></tr>
<tr><td rowspan="2"></td><td>Equality Impact</td><td colspan="3">The current model has shown a positive trend of more young people of global majority heritage accessing support compared to specialist mental health provision (e.g. CAMHS). Further possible expansion would enable greater access to specialist GP Youth Clinics, across Neighbourhood 2 and Neighbourhood 4 and across Lewisham`s communities and reduce any inequity of access.</td></tr>
<tr><td>Financial Impact</td><td colspan="3">None resulting from this report. A full Business case would assess viability and financial impact of any potential expansion in due course.</td></tr>
<tr><td rowspan="2">Other Engagement</td><td>Public Engagement</td><td colspan="3">Series of focus groups and surveys with young people to design current Youth Clinic sites.</td></tr>
<tr><td>Other Committee Discussion/ Engagement</td><td colspan="3">Preliminary discussions with GP Youth Clinic Steering Group, Commissioners and Clinical Care Practice Leads (CCPLs).</td></tr>
<tr><td>Recommendation:</td><td colspan="4">Note the update provided on the GP Youth Clinic programme and the potential to expand across the four neighbourhood sites, which will require a full business case and be subject to funding and estates being available in future years.</td></tr>
</table>

GP Youth Clinics Update and Potential to Expand

Introduction

1.1 This paper provides an update on the GP Youth Clinic programme and provides an outline of early scoping for an expansion of the GP Youth Clinic model across Lewisham. This would build on the successes of the Mulberry Hub (neighbourhood 1) and recent addition of the 124 Hub (neighbourhood 3). An expansion would be part of a wider developing vision for supporting children and young people earlier and preventing escalation to crisis or to specialist CAMHS provision through neighbourhood-based youth clinics.

1.2 In Lewisham, a vision is beginning to develop for integrated adolescent health and wellbeing offer at a neighbourhood level to be a first point of contact for young people / young adult`s concerns about their emotional, mental, other physical health needs. Other London Boroughs are developing similar neighbourhood-based integrated youth clinic models, which embed primary care services, and these models align with what young people in Lewisham have asked for.

1.3 A full costed business case will be developed to expand the model across all four neighbourhood areas and bring together other connected support services into a new integrated adolescent health and wellbeing offer.

1.4 We will continue to evaluate the success of the Mulberry Hub GP Youth Clinic in North Lewisham and growth of 124 Hub GP Youth Clinic in South Lewisham over the coming year to further shape proposal, whilst working extensively with young people at each stage of the work.

1.5 Development of the GP Youth Clinic programme is a system priority for Lewisham and core strategic aim of the Children and Young People Emotional Wellbeing and Mental Health Board.

Background Context

2.1 Improving children and young people's emotional wellbeing and mental health is a shared key priority for Lewisham Council and the South East London Integrated Care Board (SEL ICB / Lewisham Health and Care Partnership - LHCP). The SEL wide CYPEW&MH Transformation Plan has 10 priorities which include increasing access to support, reducing waiting time for specialist services, improving support in schools, intervening earlier, and reducing the impact of crisis presentations. At a local level, Lewisham has been developing the GP Youth Clinic programme to meet local needs and respond to the SEL ICB proirties.

2.2 There has been a sustained increased in the number of children and young people requiring access to mental health and emotional wellbeing services Lewisham over the last few years. The bulk of this increase has been seen through an increase in community CAMHS referrals over the last few years. Providers working with children and young people (e.g., youth services, community providers, substance misuse services, education providers) report that they are seeing more children and young people presenting to their services requiring support for emotional wellbeing and mental health. This is a trend being seen across the country and not unique to Lewisham. The Children's Society estimate that young people experiencing mental health problems has increased by 50% over the last three years. Similarly, primary care referral data highlighted a 50% increase in CYP referrals for anxiety related presentations post-Covid-19.

2.3 Both the Council and the ICB through the Lewisham CYP Emotional Wellbeing and Mental Health Board are jointly working on a number of programmes to meet the needs of our children and young people and their families, these include:

- Strengthening the prevention and early intervention wellbeing offer in partnership with the voluntary and community section, including developing digital wellbeing provision (i-Thrive: Getting Help).
- Expansion of the GP-led Youth Clinics as part of the Integrated Neighbourhood offer.
- Outcome and impact reporting; integrated dashboard tracking system-wide 'health' indicators .
- Developing options for workforce capacity including training and upskilling of CYP staff across the whole system (e.g., youth workers, aligning with the pending draft Youth Strategy).
- Mapping and connecting existing offers and services leading to improved integrated pathways and potential physical and virtual Single Points of Access specific to Lewisham.
- Focus on addressing inequalities and access to mental health services for underserved communities.
- Exploring multidisciplinary ways of working across CAMHS, Family Help, Social Care and Education for vulnerable children and young people with increasing complexities (i-Thrive: Getting More Help); Co-location of specialist multiagency teams.

Evolution of GP Youth Clinics in Lewisham

The Need

3.1 Primary Care data for Lewisham has shown an upward trend of an increasing level of distress and poor emotional health amongst young people, which aligns with an increase demand for specialist CAMHS provision. For young people that accessed GPs as a first point of contact with any mental and physical health concerns, GPs were reporting that opportunities for onward referral or ongoing support with emotional and mental health needs was limited. Young people in Lewisham were telling us that mental health was the greatest issue impacting on them and their peers, and their preference was to seek support from a trusted professional that is separate from their family, friends, and school life. They were reluctant to seek support from their registered GP because they were concerned that their parents would be informed, which can be barrier in some instances.

Our Response

3.2 Working with young people, we developed a GP-led Youth Clinic Model to pilot in Neighbourhood 1, in partnership with North Lewisham Primary Care Network, South London and Maudsley NHS Trust, and Metro Charity in 2022. The model integrates primary care and low-level mental health services for young people aged 13-25 providing a holistic approach. The overall aim of the youth clinic is to increase access to primary care and mental health services for young people by providing these in a young person-friendly and non-clinical setting, which provides earlier intervention and prevention of escalation of need to specialist child and adult mental health services. There is a particular focus on improving low-level mental health outcomes as the most prevalent and acute need identified amongst this age group.

3.3 The aims of the GP Youth Clinics are:

- Improve access to and visibility of primary care services and support for mental and emotional wellbeing needs.
- Reduce stigma around accessing mental health support (something identified as an issue amongst this cohort).

- Increase knowledge of local services amongst young people, leading to increased access to wider services.
- Improve mental health and emotional wellbeing amongst service user population.
- Prevent escalation of need to specialist mental health services through early intervention.
- Strengthen the integration between primary care, mental health services and the voluntary sector.

3.4 The current neighbourhoods and PCNs were identified to be the initial sites for the GP Youth Clinic project based on: large, registered population of 13-25 year-olds; high 'global majority' population; greater number of patients aged 13-25 with a code for anxiety, depression, self-harm, suicidal tendency or sleeping difficulty and greater numbers of the population living in the most deprived quintile.

3.5 The Mulberry Hub opened in September 2022 with this project currently extended until July 2025. The Mulberry Hub is a partnership between North Lewisham Primary Care Network (NLPCN), South London and Maudsley NHS Trust (SLaM), METRO Charity, and South East London Integrated Care System (SEL ICS). it operates on Monday and Wednesday evenings from 4-7pm.

3.6 The 124 Hub at Goldsmiths Community Centre opened in September 2024. This clinic is a partnership between Sevenfields Primary Care Network, South London and Maudsley NHS Trust (SLaM), METRO Charity, and South East London Integrated Care System (SEL ICS). It operates on Tuesdays and Thursdays evenings from 4-7pm.

GP Youth Clinics Model

3.7 Young people attending the Clinics will receive an initial appointment with a GP. In most cases this will be a 40-minute holistic health assessment and care planning (unless this has already been undertaken recently by their registered GP). Following this, the majority of young person are supported to access a mental health practitioner who is based on site at the same time and will provide ongoing structured mental health treatment. The Clinic is hosted by a wellbeing coordinator from METRO Charity, who will welcome young people to the building and help them navigate the clinic. Both Clinics operates as a fully integrated service. Young people can attend on a referral or walk-in basis for any health and wellbeing. Outside of clinic times, the mental health practitioners will provide follow-up appointments at a range of locations around the borough, including at the Clinics.

3.8 All referrals are triaged jointly by the lead GP and mental health practitioners, and a Multi-Disciplinary Team (MDT) meeting is held monthly to discuss any cases of concern, supported by a Child and Adolescent Consultant Psychiatrist from SLaM. Young people receive a 'warm handover' between clinicians of different disciplines rather than following standard referral processes. Both sites also have a dedicated Clinic Manager, who is the initial point of contact for the clinic, and is responsible for managing referrals and booking appointments, and managing data collection. For young adults aged over the age of 18, a Mental Health and Wellbeing Practitioner from within the PCNs provides mental health assessment and interventions and has links into the Primary Care Adult Mental Health Team if more specialist and ongoing treatment is needed.

3.9 The Youth Clinics comprise of:

- GPs (PCNs).
- Service Development Lead (SLaM).
- Clinic Manager / Assistant Psychologist (SLaM).
- Child MH Practitioners (SLaM).

- Counselling Psychologist (SlaM).
- Adult mental health and wellbeing practitioners (PCNs).
- Premises lead / Clinic Host (youth worker from Metro).

3.10 The current GP Youth Clinics are funded from CYP Mental Health Investment Standard (MHIS) and SLaM`s NHS Standard Development Fund (SDF) with PCN Additional Role Reimbursement Scheme for Band 7s, to a total value of £397k per annum. Each GP Youth Clinic can provide direct support to around 200 young people per annum under the current service design (c.400 young people capacity in total).

GP Youth Clinic Impact and Outcomes

The Mulberry Hub Activity

4.1 As of June 2024, (from September 2022), 310 referrals have been received into the clinic.

- 63% from GPs, 37% self-referrals (17% of which were walk-ins), 10% CAMHS.
- 160 Over 18, 150 Under 18.
- 2 PCN GP Practices recorded the highest number of referrals.
- 145 young people completed the YP Core outcome measure.
- 93% of young people said they would recommend the Mulberry Hub to a friend, 89% said they felt comfortable during their visit

4.2 Referrals received from White British accounted for 18.9% of the referrals, with referrals from Black / Black British – Africans accounting for 23%, Asian backgrounds circa 10%. The Clinics have seen greater proportion of young people from global majority communities compared to CAMHS.

4.3 Young people aged 13 to 25, are the main cohort of the service delivery. With 28% referrals into the clinics being from 15 – 16-year-olds. There has been an increase of referrals for young people under the age of 13. With 6% of referrals being from 11 – 12-year-olds. Referrals received from 11 – 12 years are triaged and case-loaded on a case-by- case basis.

4.4 On average, young people are presenting in ‘severe psychological distress’, the highest rating on the YP-CORE psychological wellbeing measure, with an average score of 35 out of 40. The most common presenting need was depression/low mood (present in 50% of cases). Anxiety (22%), sleeping difficulties (20%) and self-harm (15%) were also relatively common. 86% of young people had multiple needs identified.

4.5 93% of young people said they would recommend the Mulberry Hub to a friend, 89% said they felt comfortable during their visit, and 89% said they found the service helpful.

4.6 The Clinics have increased access to early intervention and preventative support through:

- Providing timely care without waiting lists.
- Flexible and light-touch eligibility criteria, meaning that referrals are very rarely diverted elsewhere, and the vast majority of young people will receive support in some form.
- Flexible and wide ranging, including support for parents and siblings (whole family approach), means that a wide range of needs can be met within the service, avoiding young people being referred onwards.

- Broad clinical knowledge and skill of the GP ensures holistic earlier identification of mental and physical health need.
- Multi-Disciplinary Team meetings with Consultant Psychiatrist prevents escalation of cases and supports practice.

4.7 There are some challenges with service delivery due to increasing demand (at Mulberry site) which could lead to waiting lists for support – this is being carefully managed. As the service grows, availability of space (estates) has become a challenge.

Demand Modelling

5.1 In the period 1 January 2022 to 31 December 2023, **5,310** young people aged 13-25 years old presented to a Lewisham GP practices with concerns around their mental health and wellbeing. For the purposes of this modelling, we have defined mental health issues as the following conditions: anxiety, depression, self-harm, suicidal tendency or sleeping difficulty, which are the conditions most presented to the current GP Youth Clinics.

5.2 These 5,310 young people had 7,184 encounters with a GP:

- 4,006 young people (75%) attended once.
- 939 (18%) attended twice.
- 242 (5%) attended three times.
- 82 (2%) attended four times.
- 25 (0.4%) attended five times.
- 18 (0.3%) attended six or more times.

5.3 In addition to this, local and national research tells us that there will be a considerable number of young people that will not access their GP for mental health issues, and so will not appear in the figures above. Our codesign work with young people in Lewisham has told us that many may not seek support from their family GP regarding a mental health issue.

5.4 Nationally it is estimated that 20% of 11 to 24-year-olds have a 'probable mental health disorder' and a further 12% have a 'possible mental health disorder'[1] (NHS, 2022). The numbers above (5.2) represent only 5% of the population of 13–25-year-olds that are registered with a GP, meaning that the remaining 15% with a probable mental health disorder are either not accessing support from the GP, or seeking support elsewhere in the system.

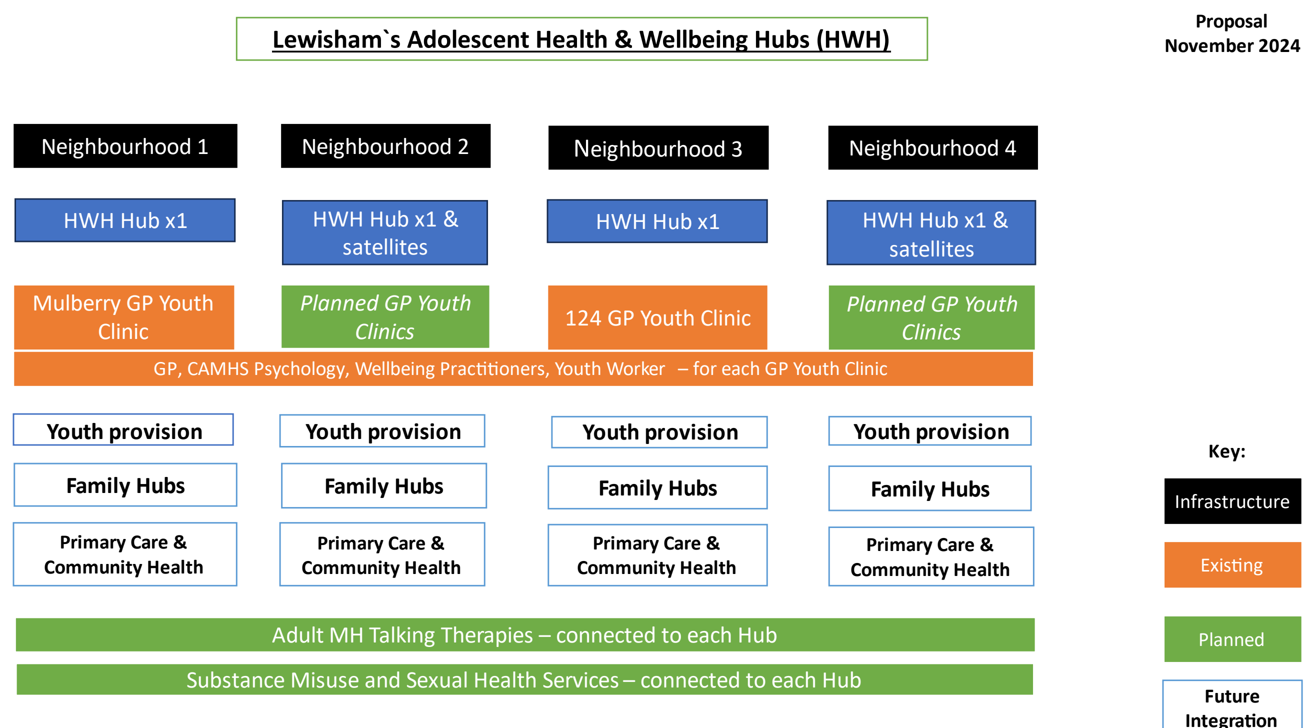
5.5 Based on our initial analysis, there is circa target population between 1 – 2k across 6 PCNs that may require some form of support for a GP Youth Clinic if they were available in each of the four neighbourhoods. Targeting this cohort could potentially avoid young people attending GP appointments more than once for the same problem and mean young people receive the right support earlier. Not only would it potentially relieve several hours of primary care time (clinician and appointments), but it would also provide more effective interventions and improved outcomes to young people - which may continue into adulthood and reduce likelihood of adult mental ill health.

Our Ambition – Expanding the GP Youth Clinic Programme

6.1 Building on the success of the Mulberry and 124 GP Youth Clinic Hubs, it could be possible (subject to future funding being available and estates capacity) to expand the clinics and establish at least one youth clinic within each neighbourhood (or increasing capacity within existing youth clinics to see young people from neighbourhoods 2 and 3) to ensure equitable access for all Lewisham young people, regardless of where they live.

6.2 Work is also underway to outline a proposed vision for an integrated adolescent health and wellbeing offer built around a core adolescent primary health care offer (GP Youth Clinic model). The visual below illustrates a potential model and how Lewisham could begin to expand and enhance the GP Youth Clinics, similar to a 'hub and spoke' model. The hubs would integrate other Lewisham locality developments such area-based Family Hubs, new Youth Offer and re-configuration of youth work provision. The Hubs could also co-locate and embed other primary care and community public health services such as sexual health, substance misuse, screening clinics etc. and connect with local supportive wellbeing services and projects run by voluntary and community sector, schools, colleges etc. including digital wellbeing and mental health services.

6.3 As the offer develops and more services are integrated the model would facilitate new points of contract and could become a locality-based integrated front door and single point of access; a strategic priority for SEL ICB CYP MH & Community Health Transformation.



(Diagram above provided for illustration purposes only)

6.4 Examples of integrated and connected support offers:

- New Youth Offer and reconfigured youth provision.

- Family Hubs and new Family Pathfinder ways of working.
- Insight Lewisham – Substance Misuse Service.
- Youth mentoring Services.
- VCSE Creative Activity and Sports programmes.
- Employment and skills support (i.e. at Downham Centre).
- Mental Health Support in Schools teams.
- New partnership services developed with Maudsley Charity Building Brighter Futures Fund.
- Other Primary Care Social/ Youth prescribing offers.

Estimated Cost of GP Youth Clinic Expansion

6.7 Based on a fully established Clinic Hub model covering whole of the Borough, the total cost is estimated to be **in the region of £800k - £900k** per year and is based on a four-site model supporting **1-2k** young people per year, this equates to a cost of **an average of £700-800** per person. The compares to the average cost of a referral to a community CAMHS service of £2,338 per individual (this is based on 2018 modelling, so will likely be higher for 2024). Considering the value of having other connected services working in a seamless manner, further efficiencies may be realised within the system through improving outcomes and reducing the impact of other limiting societal factors.

6.8 The Mulberry Hub and the 124 Hub are funded out of a mixture of funding sources but are essentially recurrent funding sources. Further expansion will require a system commitment to ongoing development and expansion of the GP Youth Clinic Programme and an understanding that any future increase in CYP mental health budgets would need to be allocated to the expansion. It is anticipated there may be some efficiencies found through integrating some service through shared use of estates.

Next Steps

7 This paper has demonstrated the success of the GP Youth Clinics which has been well received by young people, practitioners, and other stakeholders. It further outlines our ambition to expand the model and eventually create an integrated adolescent health and wellbeing offer.

7.1 The Opportunities:

- Expansion across Lewisham would ensure equity and enable a whole borough approach and support the ongoing neighbourhoods programme of work (community-based care).
- Growth in the range of services offered could include support for substance misuse, mentoring and sexual health, and enable more collaborative working with schools. Providing a 'one-stop-shop' for young people to access a range of holistic support.
- Increased collaboration and pathway working between adult mental health and CAMHS.
- Create full integrated adolescent health and wellbeing offer where young people and young adults receive preventative support around their emotional, mental, physical, and sexual health without having to repeat their story/assessment at each service.

5.6 A full costed business will be prepared in due course to explore all options and variations of the model and ensure alignment to other major strategic developments: Family Pathfinder Programme, Family Hubs, new

Youth Offer, building local health services around neighbourhoods. The business case will explore risks associated with clinical capacity, understanding of actual need/demand, financial sustainability, confidence/ trust, and public perception.

Supporting and Background Papers

- Mulberry and 124 Hubs Data Performance report (available on request)

Lewisham Local Care Partners Strategic Board

Cover Sheet

Item 6
Enclosure 6

Title:	**Lewisham Start for Life Perinatal Mental Health and Parent-Infant Relationship Programme: Evaluation and plan for future investment**
Meeting Date:	**21st November 2024**
Author:	Emily Newell, CYP Joint Commissioner
Executive Lead:	Ceri Jacob, Place Executive Lead

<table>
<tr><td rowspan="3">Purpose of paper:</td><td rowspan="3">This report provides a summary of the impact DfE and DHSC Start for Life of the programme in Lewisham so far and sets out proposals for discussion on how best to continue the provision of preventative and early intervention support for perinatal and infant mental health beyond the end of the current grant funding (March 2025).</td><td>Update / Information</td><td>No</td></tr>
<tr><td>Discussion</td><td>Yes</td></tr>
<tr><td>Decision</td><td>No</td></tr>
<tr><td>Summary of main points:</td><td colspan="3">
The Start for Life programme brings together services operating in the perinatal period to design and deliver joined-up, multi-disciplinary care for parents and their babies.
The programme sits within the LHCP Joint Forward View objective: ‘To build stronger, healthier families and provide families with integrated, high quality, whole family support services.’, and has evidenced achievement of the planned outcomes set out in the JFV.
DHSC and DfE investment in the programme is due to end in March 2025. The long-term aim is for this support to become a core part of the offer for new and expectant parents within Lewisham.
There is considerable evidence of the programme’s positive impact on the perinatal mental health of Lewisham parents, and the quality of parent-infant relationships for 0–2-year-olds.
The programme has reached parents across ethnic groups as well as those living in the most deprived areas of the borough.
Based on the emerging findings in this report, the CYP Joint Commissioning Team have been working collaboratively with providers and the programme Steering Group, to develop proposals for continued delivery of perinatal mental health and parent-infant relationship support from April 2025 onwards. This has included rationalising the offer and prioritising the
</td></tr>
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<tr><td></td><td colspan="4">elements that have been shown to be most impactful for parents and professionals.</td></tr>
<tr><td>Potential Conflicts of Interest</td><td colspan="4">None.</td></tr>
<tr><td>Any impact on BLACHIR recommendations</td><td colspan="4">Addressing inequalities in access to and outcomes from services in the perinatal period is a priority running through every element of the Start for Life programme. Through delivering a range of interventions using a variety of different settings, formats, and approaches, including some targeted to underserved groups such as parents from a ‘global majority’ background, the programme has aimed to remove barriers to parents and babies accessing the care they need. This is particularly important in delivering perinatal services as it is evidenced that Black, Asian and mixed ethnicity women and birthing people, and those living in deprivation continue to have disproportionately poorer maternal and neonatal outcomes compared to their white counterparts.

The programme directly contributes to the BLACHIR Opportunity for Action to ‘Improve data collection by specific ethnicity in maternity and early years services considering the differences in ethnic background and nationality.’ The programme has gathered a significant amount of demographic data on families accessing services, to evidence equity of access and outcomes. This is set out in the report.</td></tr>
<tr><td rowspan="3">Relevant to the following Boroughs</td><td>Bexley</td><td></td><td>Bromley</td><td></td></tr>
<tr><td>Greenwich</td><td></td><td>Lambeth</td><td></td></tr>
<tr><td>Lewisham</td><td>✓</td><td>Southwark</td><td></td></tr>
<tr><td rowspan="2"></td><td>Equality Impact</td><td colspan="3">Positive, through sustaining delivery of support for families across a range of locations and approaches, and reaching families across ethnic groups, age groups and deprivation levels (as measured by IMD).</td></tr>
<tr><td>Financial Impact</td><td colspan="3">None - proposals are for discussion at this stage.</td></tr>
<tr><td rowspan="2">Other Engagement</td><td>Public Engagement</td><td colspan="3">Consultation with Lewisham parents and professional stakeholders in the design and review of the programme.</td></tr>
<tr><td>Other Committee Discussion/ Engagement</td><td colspan="3">Discussion with the Start for Life Programme Steering Group, with membership across Lewisham maternity, mental health, early years, and VCS.</td></tr>
<tr><td>Recommendation:</td><td colspan="4">For the Board to note the contents of the report, which includes draft proposals to continue investing in the provision of preventative and early intervention support for perinatal and infant mental health from April 2025 onwards. Board to note the intention to work towards the Start for Life Perinatal Mental Health and Parent-Infant Relationship to become a core offer in the future.</td></tr>
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Lewisham Start for Life Perinatal Mental Health and Parent-Infant Relationship programme: Evaluation and proposal for future investment

November 2024

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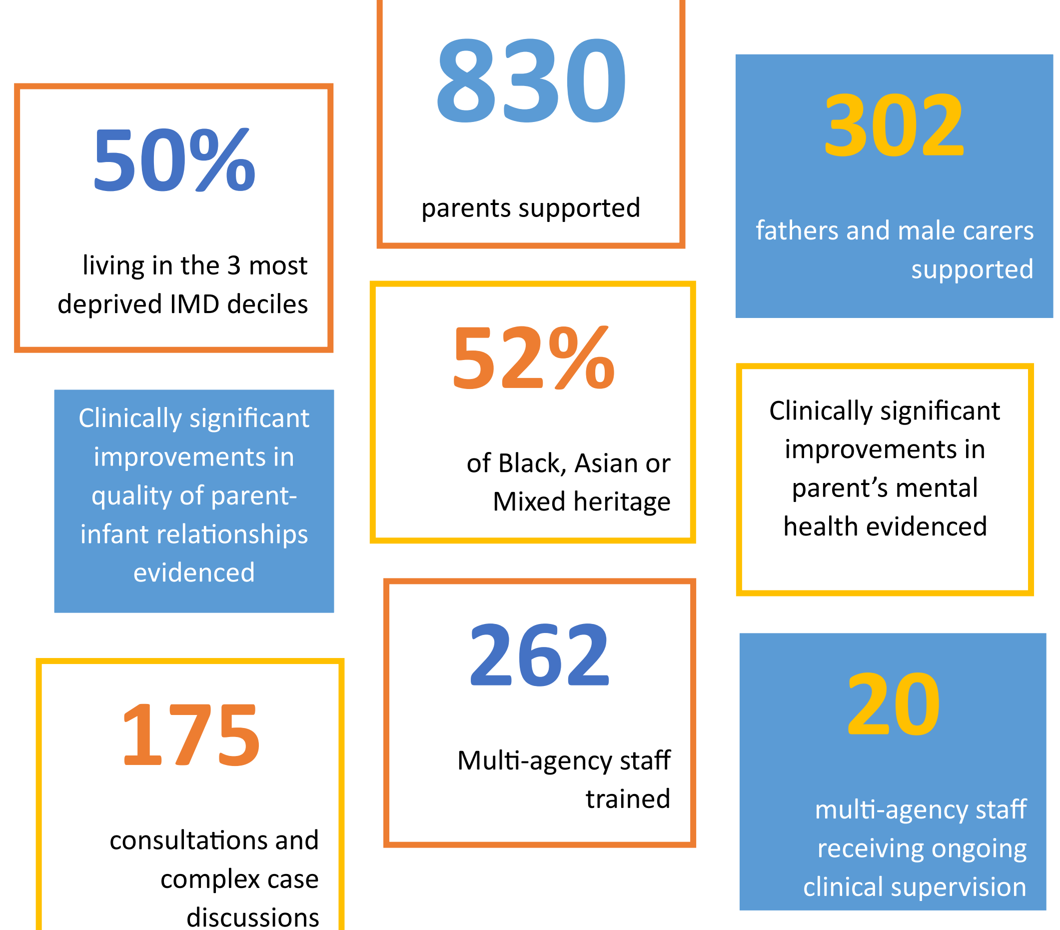
1. Purpose

1.1 The Department for Education (DfE) and Department of Health and Social Care (DHSC) Family Hubs and Start for Life programme, funded in Lewisham until March 2025, offers preventative and early intervention support for perinatal and infant mental health. This report provides a summary of the programme's impact to date and sets out draft proposals for discussion with the Lewisham Health and Care Partnership and the London Borough of Lewisham on continuing investment beyond April 2025. Drawing on data on the programme's reach and impact from April 2023 to October 2024, alongside insights gained, the report outlines recommendations for shaping the programme to best meet the needs of residents in the future.

2. Impact summary

From April 2023 to September 2024:



3. Strategic context

3.1 In October 2022 the London Borough of Lewisham (LBL) received a package of funding as part of the DfE and DHSC's Family Hubs and Start for Life Programme. This investment covered financial years 2023/24 and 2024/25 and was aimed at supporting LBL to transform local services into a Family Hub model and increase provision of services in the crucial 'Start for Life' or 'perinatal' period from conception to age two. There are six strands to this programme, the largest of which focuses on Perinatal Mental Health and Parent-Infant Relationships and is the focus of this report. The

programme came with clear requirements of LBL to increase access to early intervention and preventative support in these two areas. The aims of the programme are set out in detail in section 4 below.

3.2 The Start for Life programme outlined in this report contributes towards three of the Southeast London Integrated Care System's (SEL ICS) strategic priorities, specifically:

- **Early years** - Making sure that children get a good start in life and there is effective support for mothers, babies, and families before birth and in the early years of life.
- **Children's and young people's mental health -** Improving children's and young people's mental health, making sure they have quick access to effective support for common mental health challenges.
- **Adults' mental health -** Making sure adults have quick access to early support, to prevent mental health challenges from worsening.

3.3 The Start for Life programme aligns with the SEL ICS 'vision for future health and care', as is underpinned by the following principles:

- **Whole-person care –** The Start for Life programme brings together services operating in the perinatal period to deliver joined-up, multi-disciplinary care for parents and their babies. This includes adult and children's health services, as well as the voluntary sector. Parents now access care from one coordinated pathway, and this is led by a trusted network of professionals that help them to navigate the system of perinatal and parent-infant relationship support. The wide range of services on offer means that care is personalised to the individual needs of the family.

- **Reducing health inequalities –** There are several factors that mean some families are at greater risk of developing perinatal mental health difficulties and experience difficulties in the parent-infant relationship. In addition, there are structural and individual barriers that mean that some families are less likely to access support. This programme has aimed to address these inequalities and includes a number of targeted initiatives aimed at reaching underserved groups (for example parents from global majority backgrounds, and for fathers and male carers). Equalities data (IMD, ethnicity, age) is used routinely to evaluate the success of the programme in reducing health inequalities.

- **Partnership with our staff and communities –** Supporting the workforce is a key focus of the programme, with an overall aim of ensuring that staff in universal services feel confident to address perinatal mental health and parent-infant relationship difficulties within their own services where possible. This has been achieved through delivery of a range of initiatives including clinical supervision, training, peer support groups, and consultation with specialists.

3.4 The Start for Life programme sits underneath the Lewisham Health and Care Partnership Joint Forward View objective: ***'To build stronger, healthier families and provide families with integrated, high quality, whole family support services.'***. The Joint Forward View includes the objectives below which directly relate to this programme:

- Parents and carers will feel supported and empowered to care for and nurture their babies and children, ensuring they receive the best start in life.
- Establishing the integrated model for family hubs across Lewisham and to identify the integrated pathways that can be delivered through family hubs.

3.5 This report demonstrates how the Start for Life programme has helped Lewisham to achieve the planned outcomes set out in the Joint Forward View:

- An increase in the number of parents accessing support for perinatal mental health.
- An increase in the number of parents receiving structured support with parent-infant relationships.

3.6 The programme contributes towards the SEL ICS Joint Forward Plan for Maternity, specifically the priority to *'Reduce inequalities and increase equity in maternity and neonatal services for women/birthing people and staff - ensuring that care is personalised with the woman/birthing person at the centre'*. It is evidenced that Black, Asian and mixed ethnicity women and birthing people, and those living in deprivation, continue to have disproportionately poorer maternal and neonatal outcomes compared to their white counterparts in Southeast London and on a national level[1].

3.7 The programme directly contributes to the BLACHIR Opportunity for Action to 'Improve data collection by specific ethnicity in maternity and early years services considering the differences in ethnic background and nationality'. Section 6 of this report provides a summary of the ethnicity data that has been gathered on access to the programme.

3.8 The focus of the Start for Life programme is on 'universal' (services available to all families regardless of need) and 'targeted' (enhanced support available to families where an additional need is identified) support. This complements and supports the NHS Long-Term Plan ambitions in relation to perinatal mental health, which focus on specialist support for moderate to severe mental health needs, including existing work within the SEL Integrated Care System to:

- Extend perinatal mental health treatment up to 24 months post-birth.
- Increase support for fathers and partners.
- Improve access to evidence-based psychological therapies for perinatal mental health.
- Establish Maternal Mental Health Services.

Shared Language Across the Partnership

3.9 For the purposes of building a shared language and understanding of this programme across the Lewisham partnership, the following definitions were agreed by the multi-agency Steering Group for Perinatal Mental Health and Parent-Infant Relationships.

- *Perinatal mental health* problems are those which occur during pregnancy or in the first year following the birth of a child. If left untreated, perinatal mental health issues can have significant

[1] https://www.selondonics.org/wp-content/uploads/SEL-Maternity-and-Neonatal-System-Equality-and-Equality-Strategy-2023.pdf
https://www.npeu.ox.ac.uk/assets/downloads/mbrrace-uk/reports/maternal-report-2023/MBRRACE-UK_Maternal_Report_2023_-_Lay_Summary.pdf

and long-lasting effects on the woman, the child, and the wider family. Perinatal metal health issues are shown to have a negative impact on how parents interact with children[2].

- *The parent-infant relationship* describes the experience a baby and parent have of each other, in relation to each other. The quality of a parent-infant relationship is based on the quality of interaction and emotional connection between a baby and their parent. How well parents bond with and care for their baby shapes the quality of attachment the baby forms with that caregiver and the quality of an infant's mental health.
- *Infant mental health* describes the social and emotional wellbeing and development of children in the earliest years of life. It reflects whether children have the secure, responsive relationships that they need to thrive.

Evidence of need

3.10 Data on the local prevalence of perinatal mental health needs and parent-infant relationship difficulties is very limited. In order to assess the need for these services, commissioners have had to rely mainly on national prevalence estimates, combined with local data on risk factors. Throughout the programme this evidence base has been strengthened through screening and feedback gathered from parents and stakeholders.

3.11 An audit of women and birthing people booking for maternity care at University Hospital Lewisham between October 2023 and March 2024, found that 36% of expectant parents (738 in total) screened positively for mental health issues using a validated depression screening tool (Whooley Questions).

3.12 National research shows that perinatal mental health problems affect up to 26% of women during pregnancy and the first year after having a baby[3]. A significant minority of women are affected by mild-moderate mental health problems, including anxiety disorders (13%) and depression (12%)[4]. If these numbers are applied to the Lewisham birth rate (2021), this equates to approximately 523 women affected by anxiety disorders in the perinatal period, and 482 women affected by depression[5].

3.13 A parent's ability to bond with and care for their baby, their parenting style, and the development of a positive relationship, can predict several physical, social, emotional and cognitive outcomes through to adulthood[6]. International research shows that the majority of babies (55-60%[7]) will have a secure relationship with a sensitive and nurturing adult, giving them a strong foundation to develop physically and mentally. However, as a relatively deprived area, modelling estimates that Lewisham can expect:

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[2] Faculty of Public Health, Mental Health Foundation. Better Mental Health for All: A Public Health Approach to Mental Health Improvement (2016)
[3] Centre for Mental Health, LSE Personal Social Services Research Unit. The costs of perinatal mental health problems – report summary (2015)
[4] NICE. Antenatal and postnatal mental health: clinical management and service guidance. Clinical guideline CG192 (2014)
[5] https://data.london.gov.uk/dataset/births-and-fertility-rates-borough
[6] Faculty of Public Health, Mental Health Foundation. Better Mental Health for All: A Public Health Approach to Mental Health Improvement (2016)
[7] Van Ijzendoorn, M. H., Schuengel, C., & Bakermans-Kranenburg, M. J. (1999). Disorganized attachment in early childhood: Meta-analysis of precursors, concomitants, and sequelae. Development and psychopathology, 11(2), 225-250.

- 26-32% of babies (up to 1287 per year in Lewisham) to have *insecure attachment relationships* with their primary caregiver (including both avoidant and ambivalent subtypes).
- 16% of babies (644 per year in Lewisham) will have a *disorganised attachment relationship* with their primary caregiver. Research shows that this percentage will be significantly higher where trauma and adversity occur. For example, up to 80% of Children Looked After have a disorganised attachment.

3.12 These 16% of babies with a disorganised attachment relationship are the babies that are most at risk. Their lack of emotional connection and interaction with a supportive and nurturing adult can have long term effects on mental health, social, emotional and cognitive development.

3.13 Research shows that the presence of certain risk factors in the local population will increase this prevalence of parent-infant relationships difficulties. The risk factors that have been evidenced include Adverse Childhood Experiences, Multiple Index of Deprivation, children living in poverty, maternal mental illness, teenage pregnancy, unemployment, and domestic abuse.

Access to Parent-Infant Mental Health Support Across Southeast London

3.14 Until the Start for Life programme investment in Lewisham CAMHS set out in this report, there has been no mental health provision for 0–5-year-olds in the borough, and no specialist parent-infant relationship offer. This makes Lewisham an outlier in Southeast London, as both Southwark (Parental Mental Health Team) and Lambeth (Parent-Infant Relationship Service) have had provision for 0-5 year-olds within their CAMHS for some time.

4. Programme aims and objectives

4.1 At the outset of the Start for Life programme, the CYP Joint Commissioning Team brought together stakeholders to form a multi-agency Steering Group. The purpose of this Steering Group was to develop local aims and objectives, review progress of the programme, and evaluate impact. Membership of the group includes representatives of; Maternity Services (LGT), Perinatal Mental Health Services (SLaM), CAMHS (SLaM), Health Visiting (LGT), Public Health (LBL), Family Hubs (LBL), Children's Services (LBL) and voluntary and community organisations (SEL Mind, Home-Start, Future Men).

4.2 Using the DfE and DHSC Start for Life programme guidelines as a basis, the Steering Group developed local aims to:

- Increase support to parents and carers that promotes positive perinatal emotional wellbeing and addresses mild perinatal mental health difficulties, including for fathers and male caregivers.
- Increase support to parents and carers that encourages healthy parent-infant relationships and address any low-level difficulties, including for fathers and male caregivers.
- Ensure that all services interacting with parents in the perinatal period have the skills, resources and capacity to support parents in these two areas.
- Ensure a multi-agency and whole-system approach to supporting parents in these two areas.

4.3 To achieve these aims, the Steering Group agreed to deliver the following objectives:

1. **Programmes and interventions for Parent-Infant Relationships:** Develop a comprehensive and coherent package of interventions for parents that encourage healthy parent-infant relationships and address any low-level difficulties, delivered by multi-agency staff.

2. **Programmes and interventions for Perinatal Mental Health:** Develop a comprehensive and coherent package of interventions for parents to support positive perinatal mental health and address any low-level emotional wellbeing needs, delivered by multi-agency staff.

3. **Training and workforce development:** Ensure that practitioners with Lewisham maternity and early years services have a good awareness of the importance of parent–infant relationships and perinatal mental health.

4. **Developing the local system:** Develop and improve care and referral pathways to ensure support is provided when needed for babies and their families, in a co-ordinated way across maternity and early years services.

5. Overview of the Start for Life programme

5.1 The Steering Group developed a Delivery Plan under each of the four programme objectives, a summary of which is set out below.

1. **Programmes and Interventions for Parent-Infant Relationships**	**Implementation**
Objective: Develop a comprehensive and coherent package of interventions for parents that encourage healthy parent-infant relationships and address any low-level difficulties, delivered by multi-agency staff.	
Establish the Triple P for Baby programme, with co-delivery from multi-disciplinary staff	Achieved
Establish an offer of Video Interaction Guidance	Achieved
Increase capacity of the Solihull Postnatal Parenting Plus programme	Achieved
Test delivery of the Circle of Security programme	In progress
Establish Specialist Health Visitor for Parent-Infant Mental Health	Achieved
Establish 0-2 parent-infant therapeutic offer within CAMHS	Achieved
2. **Programmes and Interventions for Perinatal Mental Health**	**Implementation**
Objective: Develop a comprehensive and coherent package of interventions for parents to support positive perinatal mental health and address any low-level emotional wellbeing needs, delivered by multi-agency staff.	
Establish antenatal education focused on perinatal mental health	In progress
Establish Maternal Journal group	Achieved
Expand delivery of perinatal peer support programmes to reach targeted groups	Achieved
Establish perinatal peer support programme for male caregivers	Achieved
3. **Training and Workforce Development**	**Implementation**
Objective: Ensure that practitioners with Lewisham maternity and early years services have a good awareness of the importance of parent–infant relationships and perinatal mental health.	
Deliver basic perinatal and infant mental health training across the maternity and early years workforce	Achieved
Train multi-agency staff in the delivery of parent-infant relationship interventions	Achieved

Train multi-agency staff to be 'champions' of parent-infant mental health within their services	In progress
Provide consultation of clinical practice and group supervision in relation to parent-infant relationships	Achieved
4. **Developing the local system**	**Implementation**
Objective: Develop and improve care and referral pathways to ensure support is provided when needed for babies and their families, in a co-ordinated way across maternity and early years services.	
Understand population needs	In progress
Establish process for universal assessment of PMH and PIR difficulties during the perinatal period	In progress
Develop a system-wide Parent-Infant Relationship (PAIRS) pathway for parents and professionals	Achieved
Secure a commitment and understanding across the system of the importance of improving early intervention for PMH and PAIRS	In progress

5.2 Delivery of this programme required commissioning activity across different providers and services, led by the CYP Joint Commissioning Team. This included investment in the following contracts, the impact of which is set out in this report:

- 0-19 Public Health Nursing Services, provided by Lewisham and Greenwich NHS Trust.
- Child and Adolescent Mental Health Services, provided by South London and Maudsley NHS Trust.
- Perinatal Mental Health Peer Support Programmes, provided by Southeast London Mind.
- Universal and Targeted Father's Programmes, provided by Future Men.

6. Addressing health inequalities

6.1 Addressing inequalities in access to and outcomes from services in the perinatal period is a priority running through every element of the Start for Life programme. This is particularly important when commissioning perinatal services as it is evidenced that across Southeast London, Black, Asian and mixed ethnicity women and birthing people, and those living in deprivation, continue to have disproportionately poorer maternal and neonatal outcomes compared to their white counterparts.

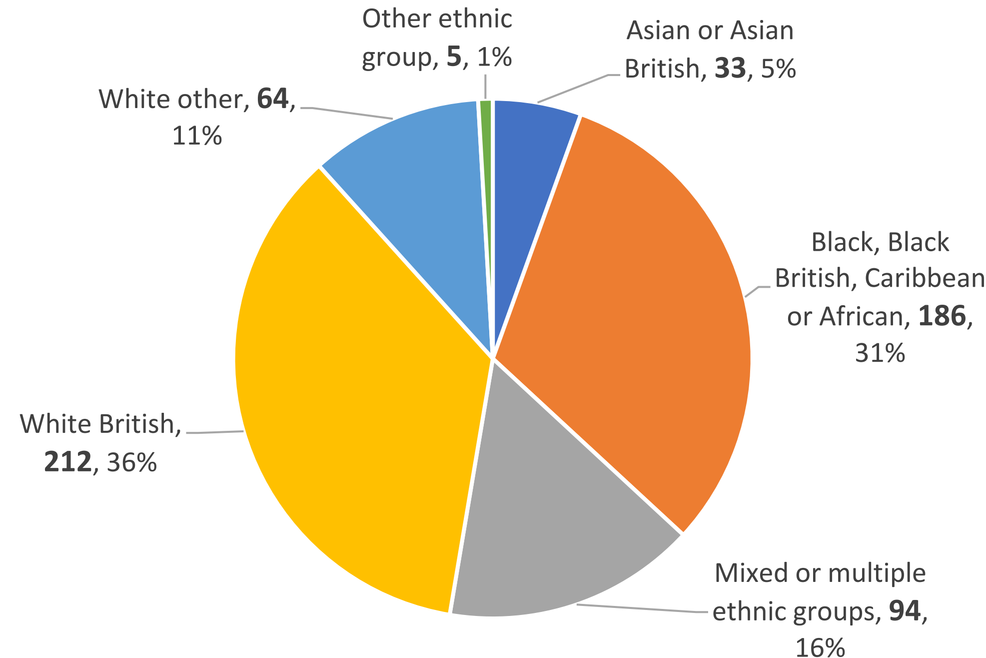
6.2 Through delivering a range of interventions using a variety of different settings, formats, and approaches, including some targeted to underserved groups, the programme has aimed to remove barriers to parents and babies accessing the care they need.

6.3 The programme has gathered a significant amount of demographic data on families accessing services, to evidence whether this priority has been achieved. A summary of this is set out below. The data below includes all families accessing support between April 2023 and September 2024 (18 months), across all interventions within the programme.

6.4 The programme collected ethnicity data on 595 parents (see figure 1 below). Compared to the ethnicity of the adult population in Lewisham, the programme has supported a disproportionately high number of parents of a 'Black' ethnic background and 'Mixed' ethnic background (mainly mixed

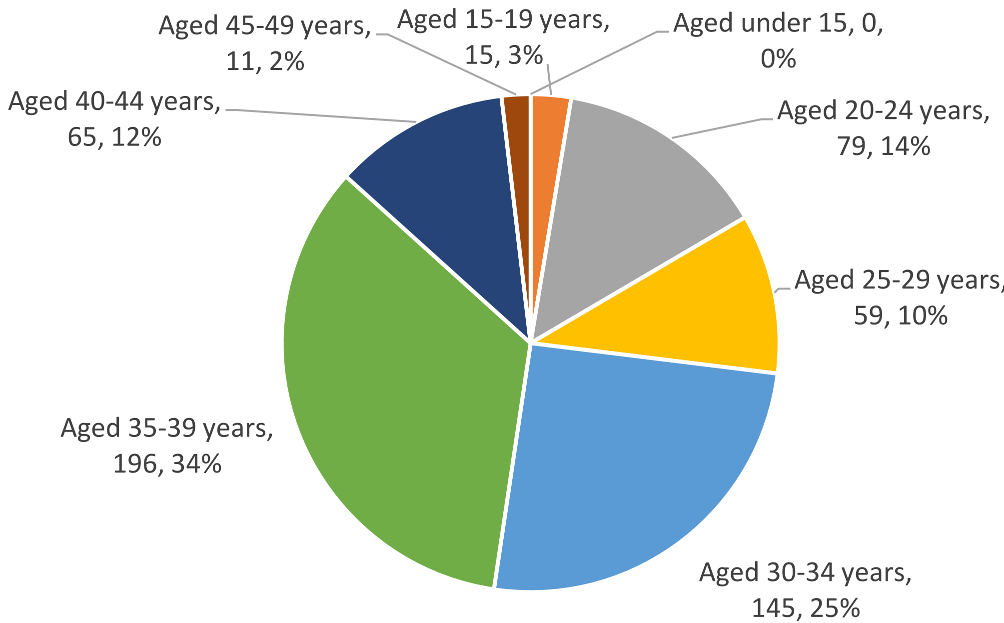
White and Black African or Caribbean), and a disproportionately low number of parents of a 'White – Other' and 'Other' ethnic group.

Figure 1. Number of parents supported by ethnic group



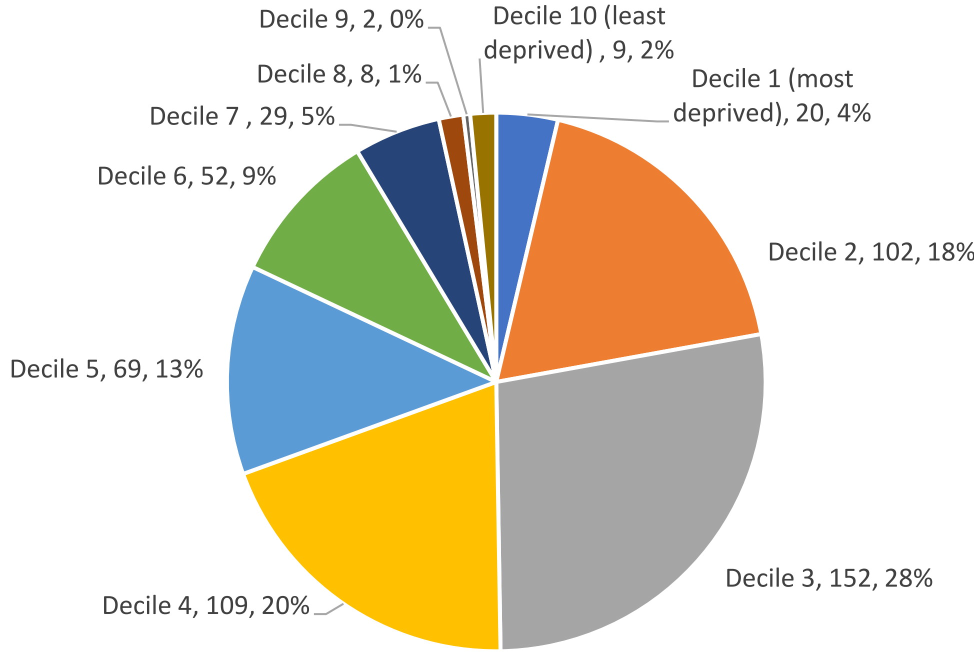
6.5 The programme collected the age of 571 parents (see figure 2 below). Compared to the age of the general population of women and birthing people giving birth at University Hospital Lewisham (2021-23), the programme saw a disproportionately high number of parents aged under 25, and a disproportionately low number of parents aged 25–35 years.

Figure 2. Number of supported parents by age



6.6 The programme collected data on the related Indices of Multiple Deprivation (IMD) of each parent, based on their postcode. IMD data was collected on 552 parents, which showed that parents accessing support from the programme is in line with the IMD of the overall Lewisham population.

Figure 3. Parents supported by Indices of Multiple Deprivation



7. Impact so far: Programmes and Interventions for Parent-Infant Relationships

7.1 This section provides a summary evaluation of the following interventions, which are focused on supporting healthy parent-infant relationships and addressing low-level difficulties:

- The Parent and Infant Relationship Services (PAIRS) single point of access.
- Triple P for Baby programme.
- Solihull Approach 'Understanding Your Baby' Postnatal Plus programme.
- Specialist Health Visitor for Perinatal Infant Mental Health.
- CAMHS Parent-Infant Therapy.

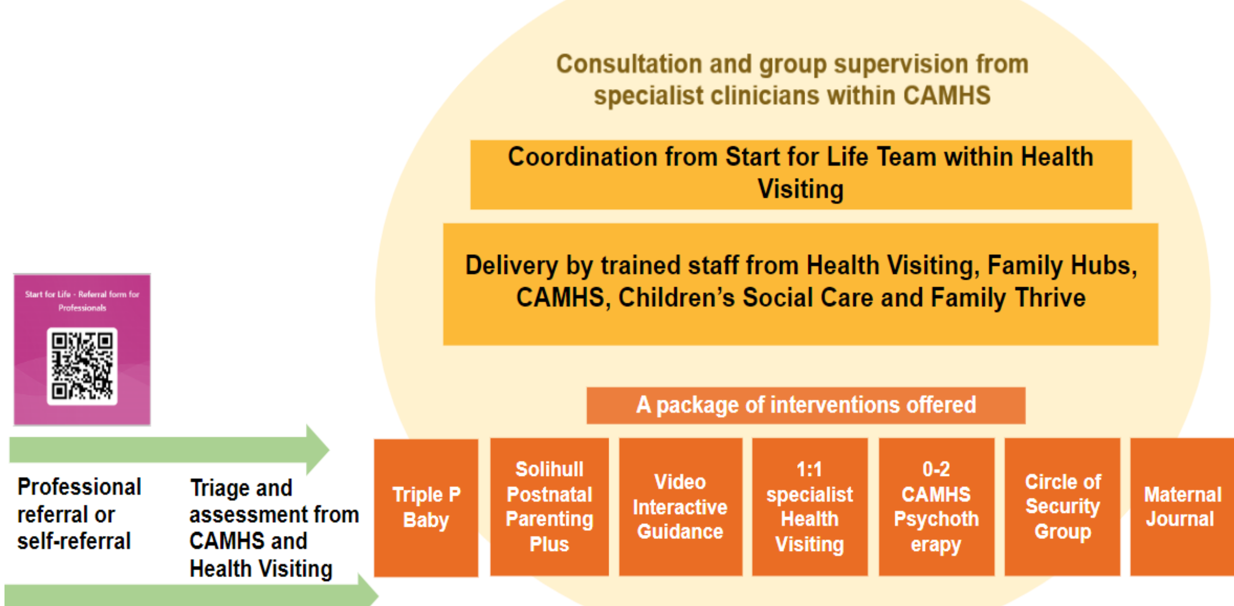
Parent-Infant Relationship Services (PAIRS) single point of access

7.2 One of the key objectives of the Start for Life programme was to *'establish a co-ordinated approach to supporting families to build positive parent-infant relationships, including through establishing an integrated care pathway from conception to age 2'.*

7.3 This has been achieved via the development of a multi-agency Parent and Infant Relationship Service (PAIRS) single point of access. PAIRS provides access to assessment and a range of interventions in relation to parent-infant relationships and is a fully integrated service led by Health Visiting and CAMHS, supported by multi-agency practitioners from across Lewisham.

7.4 PAIRS provides a joint triage and assessment function between Health Visiting and CAMHS, plus joint care planning and delivery of interventions. A key feature is that a consultation between the PAIRS specialists and the referrer happens prior to referral, to help determine the most appropriate pathway for the family. This is vital as a new area of provision in Lewisham, and because setting eligibility thresholds and criteria for parent-infant relationship issues is very difficult. PAIRS then provides access to a range of support depending on the needs of the family or practitioner:

- **Universal support** – Training, advice, and resources for professionals on how to support parents to build positive parent-infant relationships.
- **Targeted support -** Individual and group interventions which strengthen parent-infant relationships where there are some risk factors or mild-moderate difficulties.
- **Specialist support** – Short and long-term psychotherapy with mental health professionals, specialist assessment, and case formulation. Provision of clinical supervision, both in groups and one-to-one, and case consultation for professionals.



7.5 236 parents and their babies have been referred into PAIRS in the one year since October 2023. Referrals have come from nine different Lewisham agencies, as well as self-referrals from parents.

7.6 Feedback gathered from professionals accessing PAIRS demonstrates the positive impact of this integrated and one-stop approach for both families and professionals. Colleagues from Perinatal Mental Health and CAMHS have observed that having a range of preventative interventions available means that parents are only referred into specialist mental health services when necessary and after other options have been explored. Professionals have emphasised the benefits of:

- Non-specialist staff having access to specialist knowledge, expertise, and skills in one place.
- A multi-disciplinary team approach to triage means quicker assessment and access to services, and better sharing of information between services.
- Developing a shared understanding across agencies of how to identify parent-infant relationship difficulties and infant mental health needs, and a shared language and approach when supporting parents.
- Offering a range of interventions that can be tailored to suit the different levels of need of the parent and infant.

Triple P for Baby

7.7 The Triple P for Baby programme is an 8-week programme for expectant parents or parents with a baby up to 12 months old. The programme aims to prepare parents for a positive transition to parenthood and the first year with their baby, promoting sensitive and responsive care in the perinatal period. This includes sharing strategies to develop a positive relationship with their baby, promote their baby's development and help teach their baby new skills and behaviours.

7.8 17 practitioners have been trained to deliver Triple P Baby from across multiple services (Family Hubs, Family Thrive, Children's Social Care, and Health Visiting). The training and deployment of

these staff is coordinated centrally by the Start for Life Team within the Health Visiting Service, including providing access to peer support, resources, and shadowing.

> ***Mothers Object Relations Scale (MORS)***
>
> *The impact of all parent-infant relationship interventions was measured using the Mothers Object Relations Scale (MORS). This is a validated scale that assesses a) a parent's perception of how warm their infant is towards them, and b) the extent to which a parent feels a sense of unwelcome invasion or control by their infant. A high 'warmth' score and a low 'invasion' score indicates a positive parent-infant relationship. A 'warmth' score lower than 20 may indicate grounds for possible concern. An 'invasion' score higher than 12 may indicate grounds for possible concern.*

7.9 Between September 2023 and September 2024, 75 parents have accessed the Triple P Baby programme.

7.10 MORS data shows that the Triple P Baby programme has had a positive impact on the quality of the parent-infant relationship:

- The average 'Warmth' score increased from 24 to 25 (positive impact).
- The average 'Invasion' score decreased from 11 to 9 (positive impact).

7.11 Professionals have reported that, following attendance on the Triple P Baby programme, parents have a better understanding that their babies are trying to communicate with them, and pay greater attention to the body language and sounds made by their babies. Professionals have also observed changes in the way that parents interact with babies, including waiting until the baby has finished communicating and not interrupting, and giving babies space to explore freely rather than being overly attentive.

7.12 Parents regularly provide feedback on their experience of Triple P Baby. Two examples of this are below:

"There was no judgement. I didn't feel awkward spending about my issues, everyone was really kind and helpful, I wasn't expecting such support."

"Triple P Baby was the best thing to come out of my Child Protection Plan. I understand my baby better now."

The Solihull Approach 'Understanding Your Baby' Programme

7.13 The Solihull Approach 'Understanding Your Baby' Postnatal Plus programme, is an 8-week group programme targeted at parents with existing perinatal mental health difficulties or identified difficulties in the parent-infant relationship. The group aims to nurture connected, sensitive, and responsive interactions between parents and babies through supporting parents to understand their babies' brain development, as well as providing practical support with feeding, routines, and play.

7.14 So far 26 parents have accessed the programme between October 2023 and September 2024.

7.15 Data shows that the 'Understanding Your Baby' Postnatal Plus programme has had a mixed impact on the quality of the parent-infant relationship:

- Their average 'Warmth' score decreased from 29 to 23 (negative impact).
- Their average 'Invasion' score decreased from 18 to 14 (positive impact).

7.16 The negative impact above could be explained by the fact that attendance on the programme increased parents' awareness and knowledge around understanding their baby, and therefore may negatively impact 'Warmth' MORS scores as they develop a more realistic view of their relationship with their infant.

7.17 Parents regularly provide feedback on their experience of the Understanding Your Baby programme. Two examples of this are below:

"The care and the passion shown by the Health Visitors running the Solihull Group is outstanding. I got answers to my questions, and I feel my relationship with my daughter improved thanks to what I have learnt during the sessions."

"I enjoyed speaking and listening to the experiences of the other mums in the group and the advice provided by the facilitator."

Specialist Health Visitor for Perinatal and Infant Mental Health

7.18 Through the Start for Life programme, the Health Visiting Service has recruited a Specialist Health Visitor in Perinatal and Infant Mental Health. This role has been instrumental in the coordination and delivery of interventions for families, training multi-agency staff, and facilitating joint working between CAMHS and Perinatal Mental Health Services. The outreach and one-to-one element of the role has enabled PAIRS to reach parents that are less willing or able to engage with group programmes.

7.19 The Specialist Health Visitor in Perinatal Infant Mental Health provides initial home visits and assessments for families referred into PAIRS, joint triage of referrals with CAMHS, longer-term episodes of care tailored to client need, for parents with more complex mental health needs and relationship difficulties and joint visits with multi-agency staff. The role also directly delivers two group programmes for parents.

7.20 The Specialist Health Visitor has provided one-to-one support and care coordination for 49 parents between October 2023 and September 2024.

7.21 Parents that have received support from the Specialist Health Visitor have told us that:

"[Health Visitor], thank you for taking the time to listen, very happy to leave a 5 review your support was amazing"*

"Thank you so much [Health Visitor], I appreciate all the support always, I am so grateful to you"

CAMHS 0-2s Service: Parent-Infant Therapy

7.23 With investment from the Start for Life programme, Lewisham CAMHS have established a new parent-infant relationship and infant mental health offer to support babies and infants under 3 years old and their parents. This a small team of 1.8 FTE staff.

7.24 The offer has two strands a) direct psychological assessment and therapy for parents and babies, and b) consultation, clinical supervision, and training for Lewisham practitioners (see section 9). Access to this support is primarily through the PAIRS single point of access.

7.25 The CAMHS 0-2s Service provides direct interventions to a caseload of families that require specialist psychological assessment and treatment, for example where there is a rupture in the relationship between the parent and the infant and the developing bond between baby and parent is being impacted, or where the parent is expressing consistent negative thoughts and feelings about the relationship. A range of different long and short-term parent-infant interventions are offered, including different evidence-based group and one-to-one programmes. The team also provides joint assessment and home visits with other agencies.

7.26 29 parent and 29 infants have been referred for support from CAMHS over the 8-month period of February to September 2024.

7.27 So far, MORS evaluation data shows that Parent-Infant Therapy has had a positive impact on the quality of the parent-infant relationship for those in treatment:

- Average 'Warmth' score has increased from 22 to 24 (positive impact)
- Average 'Invasion' score has decreased from 29 to 23 (positive impact)

7.29 Parents that have received support from the CAMHS 0-2 Service have told us that:

"I have been able to strengthen my bond with my son through play. [The most helpful thing about the service was] openly expressing my concerns about my son and feeling that they were acknowledged and understood."

"Thank you so much for your fast response to our problems, the time and advice given was of great support to us at a tricky time for our child, we are extremely grateful for your help love and support."

7.26 Professionals that have worked with the CAMHS 0-2 Service have told us that:

"Family has been able to unpick issues, resolve and understand child's perspective"

"Timely access to support. Excellent working relationship with my colleagues at CAMHS, very grateful for the service"

8. Impact so far: Programmes and Interventions for Perinatal Mental Health

8.1 This section includes a summary evaluation of the following interventions, which are focused on supporting positive perinatal mental health and addressing any low-level emotional wellbeing needs:

- Perinatal Mental Health Peer Support Programmes.
- Future Dads antenatal education.
- Targeted Fathers' Programme.

- Maternal Journal.

Perinatal Mental Health Peer Support Programmes

8.2 The Perinatal Mental Health Peer Support Programmes are peer–led group programmes of support with mental wellbeing and resilience for expectant and new parents. The aim of these programmes is to achieve improved wellbeing, increased resilience, and reduced isolation amongst parents. The programmes are structured 5-week to 10- week programmes delivered by trained volunteer facilitators who are Lewisham parents with lived experience of perinatal mental health issues.

8.3 Five different programmes were commissioned to reach different target groups as set out below:

- Mindful Mums – a universal programme open to any expectant or new mothers.
- Being Dad – targeted at new and expectant fathers and male carers.
- Diversity Matters – targeted at new and expectant mothers from 'global majority' backgrounds.
- Pride Parents – new and expectant parents that identify as LGBTQI+.
- Young Mums Space - targeted at new and expectant mothers aged under 22 years-old.

Mindful Mums

8.4 175 women have received support from the programme between April 2023 and July 2024. 37% of these women had clinical mental health symptoms as measured by the Recovering Quality of Life scale (ReQol-1) 15% self-reported mental health symptoms.

8.5 The programme has been shown to have a positive impact on the mental wellbeing of parents. As measured by the ReQol-1, 42% of participants reported a clinically significant improvement in their mental health after just five weeks of receiving support, and a further 25% showed improvements below the clinical threshold.

8.6 Participants also completed a self-reported wellbeing measure following the programme, which showed that 90% of participants felt better able to cope, 93% felt less isolated, and 99% had learnt coping skills they could use in future. Feedback is regularly gathered from participants. See below for some examples from parents:

"It was really helpful to be in a group of women going through similar, the facilitation was excellent and created a safe environment where we could be ourselves and share"

"Since attending the group, the bond with my baby has become stronger. I have begun to prioritise myself and my well-being and feel I am managing my relationships with others in a healthier, more balanced way"

Being Dad

8.7 100 male carers have received support from the programme between April 2023 and July 2024. 34% of these men had clinical mental health symptoms as measured by the ReQol-10 scale. 12% self-reported mental health symptoms.

8.8 The programme has been shown to have a positive impact on the mental wellbeing of parents. Participants completed a self-reported wellbeing measure following the programme, which showed that 83% of men felt better able to cope, 90% felt more confident about their parenting, and 94% had learnt coping skills they could use in future. As measured by the ReQol-1 scale, 17% of

participants reported a clinically significant improvement in their mental health after just four weeks of receiving support, and a further 30% showed improvements below the clinical threshold.

8.9 Feedback is regularly gathered from participants. Two examples are below:

"Sharing stories with other dads and hearing about their experiences. This is incredibly valuable as it allows you to realise that you are not facing unique problems or that you do not have unique flaws"

"The chance to speak as a group with dads that were not part of my existing network offered a chance to be authentic with myself and others."

Diversity Matters

8.10 75 women from 'global majority' backgrounds have received support from the programme between April 2023 and July 2024. 45% of these women had clinical mental health symptoms as measured by the ReQol-10 scale. 11% self-reported mental health symptoms.

8.11 The programme has been shown to have a positive impact on the mental wellbeing of parents. Participants also completed a self-reported wellbeing measure following the programme, which showed that 95% had learnt coping skills they could use, 83% felt less isolated and 92% felt it had a positive impact on their wellbeing. As measured by the ReQol-1 scale, 21% of participants reported a clinically significant improvement in their mental health after just five weeks of receiving support, and a further 44% showed improvements below the clinical threshold.

8.12 Feedback is regularly gathered from participants. See below for some examples from parents:

"I really enjoyed making collages, I found it very cathartic, relaxing and facilitated conversation. Also the writing exercise. I loved every part of this course! It was the highlight of my week!"

"I enjoyed the self-care menu - identifying the small and easy ways to incorporate self-care every day made it feel more doable and less daunting. Overall the creative approach was really relaxing. I really appreciated having that dedicated time"

Young Mums' Space

8.13 42 young parents have received support from the programme between April 2023 and July 2024. 45% of these women had clinical mental health symptoms as measured by the ReQol-10 scale. 11% self-reported mental health symptoms.

8.14 The programme has been shown to have a positive impact on the mental wellbeing of parents. As measured by the ReQol-1 scale, 25% of participants reported a clinically significant improvement in mental health following the programme, and a further 32% showed improvements below the clinical threshold. For the remaining 45%, clinical measures of mental health often reveal minimal challenges or improvements over time for this group, and the participants admit to masking their mental health issues.

8.15 Participants also completed a self-reported wellbeing measure following the programme, which showed that 93% felt better able to cope, 86% felt more confident in their parenting and 100% reported feeling happier and more positive. Feedback is regularly gathered from participants. See below for some examples:

"I had a lot of things going on mentally that would make me question myself like "is this normal?" "Should I be feeling like this?" And I just genuinely feel crazy almost for thinking this way… (This group) has helped me realise that in fact I'm not crazy and everything I'm feeling is normal"

"I've found an amazing group of friends that I can talk to about anything and everything with no judgement… It also got me out the house which is what I enjoyed because most of my week I'm stuck inside with baby"

Pride Parents

8.16 35 new and expectant parents have received support from the programme between April 2023 and July 2024. 16% of these parents had clinical mental health symptoms as measured by the ReQol-10 scale. 16% self-reported mental health symptoms.

8.17 The programme has been shown to have a positive impact on the mental wellbeing of parents. Participants completed a self-reported wellbeing measure following the programme, which showed that 100% felt less isolated and 100% felt better able to cope. As measured by the ReQol-1 scale, 50% of participants reported a clinically significant improvement in mental health following the programme.

8.18 Feedback is regularly gathered from participants. See below for some examples from parents:

"Chatting with other parents who have had similar experiences as you feel less isolated"

"I was so excited when I saw it come up...We can talk about things that in parent-baby groups with straight couples we may not feel comfortable bringing up, or where we might feel misunderstood."

Future Dads Antenatal Education

8.19 The Future Dads programme is a practical and theoretical one day antenatal education course designed and targeted for first time and new fathers. The programme aims to build stronger family communities providing practical guidance, advice, and support, developing their confidence in their roles as fathers, particularly in terms of their skills and ability to support the mother and baby.

8.20 The programme is delivered in the antenatal clinic at University Hospital Lewisham, as well as online. 17 courses have been delivered at the hospital since April 2023, and seven have been delivered virtually.

8.21 115 expectant fathers have attended the Future Dads programme since April 2023. 71% showed an improvement in the knowledge and confidence about becoming a father. 72% said they agree with the statement *'I feel capable of speaking to my partner about the impact of having a baby'* after completing the course.

8.22 Feedback is regularly gathered from participants. See below for two examples:

"The information has been very essential and crucial for me to feel more confident and prepared in the coming weeks to welcome the baby. Thanks so much!"

"Learned interesting things around taking care of the baby and some of the challenges we are going to experience and how to deal with them"

The Start for Life Fathers Programme

8.19 The Start for Life Fathers Programme provides support to expectant and new fathers and male carers in the perinatal period (with babies up to two years old), with an aim to improve outcomes for children through improving the wellbeing, parenting skills and confidence of fathers, ensuring they are actively engaged in the pregnancy and perinatal period. There are two strands to this offer:

- Targeted support for fathers and male carers that may be less likely to access mainstream services.
- Upskilling the network of professionals within Family Hubs, via training and consultation on father-inclusive practice.

Targeted support for fathers

8.20 The Father's Programme has provided one-to-one direct work with fathers and male carers, including mentoring, provision of information and guidance, and use of arrange of tools and techniques to support specific individual needs in relation to parenting.

8.21 The aim is to improve outcomes for children through improving the parenting skills and confidence of expectant and new fathers, focusing on those that may be marginalised and less likely to access mainstream Family Hub services. This includes support for younger fathers, including those that have been involved in the Youth Offending Service, that are Children Looked After or Leaving Care, that are at risk of criminal involvement or exploitation, and that are not in education, employment, or training (NEET).

8.22 87 male carers have received ongoing one-to-one support since April 2023. In addition, 36 male carers have accessed dedicated Stay and Play sessions within Family Hubs, and 105 men have been reached through community outreach.

8.23 The programme has been shown to have a positive impact on parent's confidence and resilience, with 85% of the 87 male carers showing a positive improvement after receiving support, as measured by the Outcomes Star scale. This measures a range of factors including men's ability to manage feelings, their resilience, their ability to maintain healthy relationships, and their confidence.

8.24 Feedback is regularly gathered from participants. See below for some examples from parents:

"I have a better understanding of my behaviour and how this has impacted my child, his mother and myself."

"I now know the importance of what a child centred approach means and how we both (mother) can co-parent better and communicate respectfully for our child."

Upskilling professionals on father-inclusive practice

8.25 The Father's Programme provides consultation sessions for practitioners across the Lewisham partnership to advise them on how best to engage and work with men, including support with challenging cases. 175 individual consultation sessions have been held since April 2023.

8.26 The Programme also offers training on 'Father-Inclusive Practice' which has been delivered to 110 practitioners across Lewisham since April 2023.

Maternal Journal

8.30 Maternal Journal is a 6-week universal group programme that is offered to mothers antenatally or postnatally. The programme provides a safe, supportive, and informal environment for mothers to discuss and process parenting experiences and feelings whilst being creative. Maternal Journal complements the wider offer as it facilitates mothers for whom English is not their first language, mothers who may be neurodivergent, those who do not do well in structured groups.

8.31 Between February and September 2023, 22 have accessed support through this programme. Quantitative measurement tools have not been used in this space, as it is an informal programme with outcomes individual to each parent. Parents have reported that Maternal Journal was a relaxing, psychologically safe, and non-judgemental space, and valued that it was facilitated by a professional whom they could ask questions to.

8.32 Parents told us that they valued:

"Knowing you're not the only one going through stuff and it's normal and people are there to help you. Just knowing the help is there."

I love this group! It works wonders for my mental health and [the facilitator] who runs the group is like a ray of sunshine. It's really nice being able to connect with other Parents. The group allows me to feel like I am not alone"

9. Impact so far: Building workforce capacity

9.1 The third objective of the Start for Life programme was to upskill the wider maternity and early years workforce in relation to perinatal mental health, parent-infant relationships, and infant mental health. The aim is to ensure that non-specialist practitioners have a strong understanding of the importance of these issues and their impact on child and parent outcomes, and have the confidence, skills and resources needed to have sensitive, inclusive conversations with parents and carers.

9.2 Building workforce skills and capacity in this way is a core part of the sustainability plans, aiming to ensure the impact of the programme continues beyond its lifetime.

CAMHS 0-2s Service: Consultation and supervision

9.3 The CAMHS 0-2s Service has developed a system-wide offer of consultation, supervision and advisory support for Lewisham practitioners that are working with families that are experiencing difficulties in the parent-infant relationship.

9.4 Since February 2024, the CAMHS Parent-Infant Psychotherapist has provided the following support for practitioners across the system:

- Reflective group supervision sessions with multi-agency staff delivering PAIRS programmes. So far there has been 16 group supervision sessions, with 20 individuals have attended these from across different agencies.
- One-to-one supervision with multi-agency staff delivering PAIRS programmes. 27 one-to-one clinical supervision sessions have been provided.

- Consultations and complex case discussions with practitioners across maternity, perinatal, social care and early years services. In Q2 2024/25, 28 of these consultations were held.
- General liaison and awareness raising sessions with colleagues across CAMHS to build understanding and focus on the mental health needs of 0-2 year-olds.
- Weekly at the Perinatal Mental Health Team multi-disciplinary team panel, to support decision making on referrals, and bring additional focus to the needs of the babies.

9.5 Practitioners who attended individual and reflective supervision sessions have provided positive feedback that their anxieties and concerns have been listened to, and value the space to reflect on work and parents-infants seen. The following quantitative feedback was also provided:

- 50% strongly agreed and 50% agreed with the statement: *'I have the opportunity to discuss my thoughts and concerns in consultation'.*
- 73% rated the reflective supervision sessions as 'useful', 17 % rated them as 'extremely useful'.
- 66% agreed and 34% strongly agreed with the statement: *'Reflective supervision has helped me in thinking about the complexities and difficulties of my work'.*
- 67% said they were likely to recommend the reflective supervision sessions to a colleague, 34% said they were 'very likely'.

"Having the time and space to reflect and discuss is a game changer for my practice. It's easy to develop tunnel vision when what's really needed is a helicopter view. Taking the time to reflect on how a case impacts you emotionally is also a key part of maintaining objectivity."

Multi-agency training

9.6 A range of different training programmes have been provided through the Start for Life programme. These have been written through consultation with providers based on the needs of Lewisham professionals. Training is ongoing, but since October 2023:

- 52 practitioners from across the partnership have been trained in 'Perinatal and Infant Mental Health'. This includes Family Hubs, Children's Services, Maternity Services, and the voluntary sector.
- 51 practitioners from Children's Social Care have attended a training on 'Observation of the Parent-Infant Relationship'.
- 28 practitioners from across the partnership have been trained in Perinatal Mental Health support for parents who identify as LGBTQI+.
- 110 professionals from across the partnership have been trained in 'Father-inclusive practice'.
- 21 multi-agency staff have been trained to directly deliver parent-infant interventions (Triple P Baby, Video Interaction Guidance, Solihull Approach).

10. Learning from delivery and recommendations for the future

10.1 A focus throughout the Start for Life programme has been to gain a better understanding of 'what works' when it comes to successful delivery of perinatal mental health and parent-infant relationship support for parents in Lewisham. As all the interventions outlined above are new to Lewisham, the programme has taken a 'test and learn' approach to implementation, continuously adapting delivery achieve the most successful outcomes for families.

10.2 This section of the report summarises the insight and learning gained from delivery of this programme, for the purpose of informing design and delivery of support for parents and babies in future. The findings are also applicable to other areas of parenting support.

10.3 The content below has been gathered through consultation with parents, and a series of discussion groups with professionals across Lewisham maternity and early years services.

Recommendations from parents

10.4 Parents were asked how they would like to receive support with their mental health and wellbeing and how they would like to be supported to build the bond and connection with their baby. Below is a summary of their feedback - a more detailed report is available.

10.5 Lewisham parents have told us that:

- ✓ Meeting peers that are going through similar challenges is the most valuable thing about attending group programmes.
- ✓ It is the attitude and behaviours of the practitioners providing support that really makes the difference in terms of impact.
- ✓ Professionals should: demonstrate that they are listening, show empathy and understanding, be positive, be passionate, don't make assumptions, and be knowledgeable about wider services - *"you can tell when someone is passionate about helping you".*
- ✓ Parents are unlikely to discuss their mental or emotional wellbeing with a professional that they haven't met before. Discussion about perinatal mental health shouldn't feel like an assessment, and professionals should explain why they're asking certain questions.
- ✓ Access to support to build positive parent-infant relationships should be offered before the baby is born and be offered on repeat throughout pregnancy and beyond.
- ✓ They would like a place where all services and programmes are set out together, so that are empowered and informed to make their own choices, rather than feeling pressured.
- ✓ A combination of face-to-face and virtual support is helpful, especially for new parents. Virtual support has to be very well facilitated to be impactful.
- ✓ Attending groups can be scary for parents. They are more likely to go to a group if they have a good relationship with the professional recommending it.
- ✓ There are lots of barriers to new parents accessing support, so this needs to be offered in a variety of different formats, methods, and locations.

Reflections on service delivery

10.6 Throughout the programme, professionals and services working across the partnership have been asked to capture learning on what has and hasn't worked in terms of delivery of support to parents, to help inform future design and delivery of services. Below is a summary of this feedback, a full report is available.

Delivery of support to parents

- ✓ Engagement and triage with parents ahead of programme delivery improves attendance and completion rates. Recommendations for effective triage have been developed.

- ✓ Due to the high levels of anxiety and stigma parents feel about accessing support with their mental wellbeing and relationship with their baby, a range of different approaches should be offered, including non-structured support, and support outside of a group setting.
- ✓ Support from peers in a group setting is vital for giving hope, empowerment, a sense of worth and normalisation of parents' concerns.
- ✓ Groups with a focus on creativity and music feel less daunting for parents that are not comfortable talking about their mental health.
- ✓ Parents from 'global majority' backgrounds can experience additional stressors in the perinatal period related to isolation, family and cultural pressures, and navigating the healthcare system.
- ✓ Young parents often require additional time to build trust with professionals and are more likely to 'mask' their mental health issues. The opportunity for connection with other young parents is even more important with this group as they can feel alienated by mainstream services.

Support for fathers and male carers

- ✓ Linking with existing services such as midwifery and Family Hubs is key to accessing and engaging with fathers, and 'word of mouth' has been key to promoting services.
- ✓ Delivery of support on evenings and weekends is essential.
- ✓ Engaging with marginalised fathers and male carers requires intensive support. Long-term approaches have a greater impact.
- ✓ Fathers and male carers often feel a sense of self-criticism for not being 'emotionally strong', or 'a good enough dad', which can prevent them from accessing support. More conversational and less structured approaches are needed when discussing male mental health.

Multi-agency working

- ✓ It is challenging to set criteria and thresholds for interventions in relation to PAIRS and perinatal mental health, which means that information conversations and consultations between professionals are essential.
- ✓ Multi-agency delivery of programmes helps to build trust and relationships between organisations.
- ✓ The programme Steering Group and professional group consultation has provided opportunities for networking and sharing information that didn't exist previously. These should be maintained.

11. Plans for sustaining the programme beyond April 2025

11.1 The funding provided by the DfE and DHSC for the Start for Life programme is due to end on 31st March 2025. Based on the emerging findings set out above, the CYP Joint Commissioning Team have been working collaboratively with providers and the programme Steering Group, to develop proposals for continued delivery of perinatal mental health and parent-infant relationship support from April 2025 onwards. This has included rationalising the offer and prioritising the elements that have been shown to be most impactful for parents and professionals.

11.2 The long-term aim is for this support to become a core part of the offer for new and expectant parents within Lewisham, delivered in partnership between Health Visiting, CAMHS and Perinatal Mental Health, Family Hubs, and the voluntary and community sector. To move towards this, the following activity is underway:

- Building positive Parent-Infant Relationships will be a key strand of the new Early Childhood Offer with the Council's Family Hubs, to be launched from April 2025. This includes continued delivery of structured group and 1-to-1 programmes by existing trained staff.
- The Health Visiting Service will continue to deliver the Solihull Approach 'Understanding Your Baby' programme and offer Video Interaction Guidance as part of the core offer. Further discussion is needed on the continuation of the Maternal Journal programme.
- Children's Social Care are planning in-house delivery of the Triple P Baby programme for parents within the Meliot Family Service from January 2025 onwards.
- Multi-agency governance structures will be maintained, including continuation of the Steering Group and establishing a new operational group led by providers within Family Hubs.

System intentions for 2025-27

11.3 The majority of the initiatives within the Start for Life programme will end on 31st March without recurrent investment being identified. It is proposed that the following three elements are prioritised should recurrent funding become available based on the positive impact demonstrated for parents, and on the Lewisham maternity and early years system.

Priority 1: Continuation of the Parent and Infant Relationship Service (PAIRS)

11.4 It is proposed that PAIRS is maintained as the single-point of access for parent-infant relationship and infant mental health support. This would continue to be jointly led by the Health Visiting Service and CAMHS and would continue to coordinate the multi-agency pathway of support across Lewisham.

11.5 Continuation of PAIRS would include continuation of:

- An integrated front door hosted by the Health Visiting Service, with joint triage of referrals with CAMHS, assessment and supported access to appropriate interventions.
- Co-ordination and oversight of the pathway of parent-infant relationship programmes across the partnership, to ensure existing trained staff continue to deliver programmes to families.
- CAMHS clinical supervision, reflective practice, and case consultation for the Lewisham workforce.
- CAMHS specialist Parent and Infant Mental Health therapeutic interventions for 0-2 year olds including one-to-one and group work.
- PAIRS and infant mental health advisory support, consultation, and training for the Lewisham workforce, including 'Advisory Hub' sessions.

11.6 Provisional expectations in terms of activity and reach are:

- 150 families referred into PAIRS for triage, assessment, and access to targeted interventions per year.
- Delivery of six Triple P Baby group programmes per year including coordinating and supporting 17 trained practitioners.
- Direct parent-infant therapy to 40 parents and 40 children per year.
- Ongoing clinical supervision for 20 staff across the partnership.
- Training for 60 multi-agency staff per year.
- One-off advisory support and consultation for 40 staff across the partnership per year.

Priority 2: Continuation of the Perinatal Mental Health Peer Support programmes for target groups

11.7 It is proposed that the targeted Perinatal Mental Health Peer Support programmes are maintained, prioritising new and expectant parents from 'global majority' backgrounds and fathers and male carers as areas which have shown the greatest impact. This will complement the universal programme for mothers, which is funded on a recurrent basis by the ICB – Lewisham (Perinatal Mental Health).

11.8 Provisional expectations in terms of activity and reach are:

- 75 fathers and male carers supported through group wellbeing programmes per year.
- 60 mothers from 'global majority' backgrounds supported through group wellbeing programmes per year.
- Six local parents per year recruited as volunteers.

Priority 3: Continuation of targeted support for fathers and male carers

11.9 It is proposed that the current offer of targeted support for fathers and male carers from marginalised backgrounds is maintained. This will continue to empower fathers to support the wellbeing of their baby and wider family, be actively engaged in the pregnancy and immediate postnatal period, and support them to engage with mainstream health care and Family Hub services.

11.10 Provisional expectations in terms of activity and reach are:

- Ongoing one-to-one support for 60 fathers per year.
- 8 Stay and Play sessions for fathers within Family Hubs per year.
- Case consultation for 100 maternity and early years staff per year.
- Training for 20 staff on father-inclusive practice per year.

12. Finance implications

12.1 Potential short-term nonrecurrent investment has been identified from the Mental Health Service Development Funding (SDF) to continue the priority elements of the programme (see section 11) for 2025/26 period (see finance table below) whilst evaluation continues and until a permanent recurrent financial solution is achieved. This is subject to Lewisham Place receiving the same allocation as 2024/25, which will be confirmed later in the year. The 2025/26 cost is part-year as some contracts continue to June or September 2025, the full year cost of the programme is £405k.

Priority	Activity	Investment Required 2025/26	Investment Required 2026/27	Total Investment Required - 2 years
Early Intervention for Perinatal Mental Health	Emotional wellbeing peer support programmes for new and expectant parents from target groups - parents from global majority backgrounds and fathers/male carers	£65000	£65000	**£130000**

Lewisham Parent-Infant Relationship Service (PAIRS)	Clinical supervision, case consultation and training for the early years' workforce	£50000	£100000	**£150000**
	Specialist Parent and Infant Mental Health interventions for 0–2-year-olds	£25000	£50000	**£75000**
	Co-ordination and delivery of target parent-infant relationship programmes	£75000	£100000	**£175000**
Early intervention for fathers in perinatal period	Targeted support for fathers and male carers from marginalised backgrounds, supporting them to prepare and care for their babies and families in the perinatal period	£90000	£90000	**£180000**
	Total	**£305000**	**£405000**	**£710000**

Lewisham Local Care Partners Strategic Board
Cover Sheet

Item 8
Enclosure 7

Title:	**Lewisham Place Winter Plan**
Meeting Date:	**21st November 2024**
Author:	Amanda Lloyd, AD Service Development and UEC
Executive Lead:	Ceri Jacob, Place Executive Lead

Purpose of paper:	To inform the Board on system-wide plans for managing winter pressures.	Update / Information	*x*
		Discussion	
		Decision	
Summary of main points:	The 2024/25 Lewisham Winter Plan sets out the arrangements that are being put in place to safeguard the quality of health and care services for Lewisham residents during the winter, including the Christmas and New Year holiday period. The work is overseen by the Bexley, Greenwich and Lewisham Urgent and Emergency Care Board to ensure that all parties across the system are sighted on pressures and are able to support each other appropriately to ensure the safety, health and wellbeing of the local population. Further support to local systems is provided through mutual aid arrangements with neighbouring providers and across South-East London, across Mental Health, Community Health services and Acute provision. The plan highlights pre-winter activity where this will support winter pressures, and additional activity / resources which are being put in place over winter specifically to target the expected additional pressures. Some elements of the planned interventions remain subject to funding and will only be implemented should additional funding become available. This is particularly true of additional staffing in CYP ED and CYP MH Crisis services, and hospital in-patient additional staffing cover plans. The plan was approved by the Bexley, Greenwich, Lewisham UEC Board on 4th November 2024.		
Potential Conflicts of Interest	**None**		

<table>
<tr><td>Any impact on BLACHIR recommendations</td><td colspan="4">N/A</td></tr>
<tr><td rowspan="3">Relevant to the following Boroughs</td><td>Bexley</td><td></td><td>Bromley</td><td></td></tr>
<tr><td>Greenwich</td><td></td><td>Lambeth</td><td></td></tr>
<tr><td>Lewisham</td><td>✓</td><td>Southwark</td><td></td></tr>
<tr><td rowspan="2"></td><td>Equality Impact</td><td colspan="3">Nil</td></tr>
<tr><td>Financial Impact</td><td colspan="3">All spend planned is within existing budgets</td></tr>
<tr><td rowspan="2">Other Engagement</td><td>Public Engagement</td><td colspan="3">Feedback is sought continually by individual services which informs service development and winter planning for each service area.</td></tr>
<tr><td>Other Committee Discussion/ Engagement</td><td colspan="3">BGL UEC Board 4th November 2024</td></tr>
<tr><td>Recommendation:</td><td colspan="4">To note the plan.</td></tr>
</table>

Lewisham Urgent and Emergency Care Board

Winter Plan 2024/25

October 2024, Version 2.0

Approved:

Version Control

Version	Date	Author	Title	Key changes
1.0	21/08/24	Jack Upton	System Development Manager	First draft – input provided by system partners for the following: • Ashley O'Shaughnessy (ICB, Primary Care) • Amanda Lloyd (ICB/LBL, Same Day Urgent Care) • Rebecca Mills; Rebekah Sales; & Sue Robinson (LGT/LBL, Community-Based and Acute Care) • Simon Whitlock (LBL, Children and Young People's Services) • Corinne Moocarme (ICB/LBL, Care Homes) • Trevor Long (LGT, Urgent Community Response service) • Mervlyn Clarke (ICB, Vaccinations) • Mary Farinha (LBL, Local Authority Plans) • Helen Eldridge (ICB, Comms and Engagement)
1.1	27/08/24	Amanda Lloyd	AD UEC	Section added on Same Day Urgent Care and other comments
1.2	18/09/24	Jack Upton	System Development Manager, SEL ICB	Additional input sought from partners for the following: • Jen Cassettari & Andrew Cook (LGT, Community-Based and Acute Care) • Matea Deliu & Ross Wickens (LGT, NHS@Home) • Aslam Baig (LBL, Local Authority Plans) • Gemma King (LBL, Warm Hubs) • ICB Organisational Development team (Staff Wellbeing initiatives) • ICB EPRR team (Emergency Planning Governance)
1.3	10/10/24	Amanda Lloyd	AD UEC	comments from Ceri Jacob PEL, Tom Brown DASS, Denise Radley interim DASS, Catherine Mbema Dir PH.
2.0	22/10/24	Amanda Lloyd	AD UEC	Final version for distribution

Distribution

Version	Date	Sent to	Organisation
1.0	21/08/24	Input requested from colleagues outlined above. Sections of 23/24 plans shared for context. Document shared with Amanda Lloyd for approval and comment.	Representatives from ICB teams and system partners (SlaM, LGT, LBL) asked for comment – full document not shared.
1.1	27/08/24	Same Day Urgent Care section added by Amanda Lloyd, along with additional comments. Shared back with Jack Upton.	ICB internal use only.
1.2	18/09/24	Additional input and clarification sought from colleagues outlined above, and changes made based on Amand Lloyd feedback. Document shared with Amanda Lloyd for approval and comment.	Representatives from ICB teams and system partners (SlaM, LGT, LBL) asked for comment – full document not shared.
2.0	22/10/24	Final for distribution	

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1. Lewisham Overview

The 2024/25 Lewisham Winter Plan sets out the arrangements that are to be put in place to safeguard the quality of health and care services for Lewisham residents during the winter, including the Christmas and New Year holiday period.

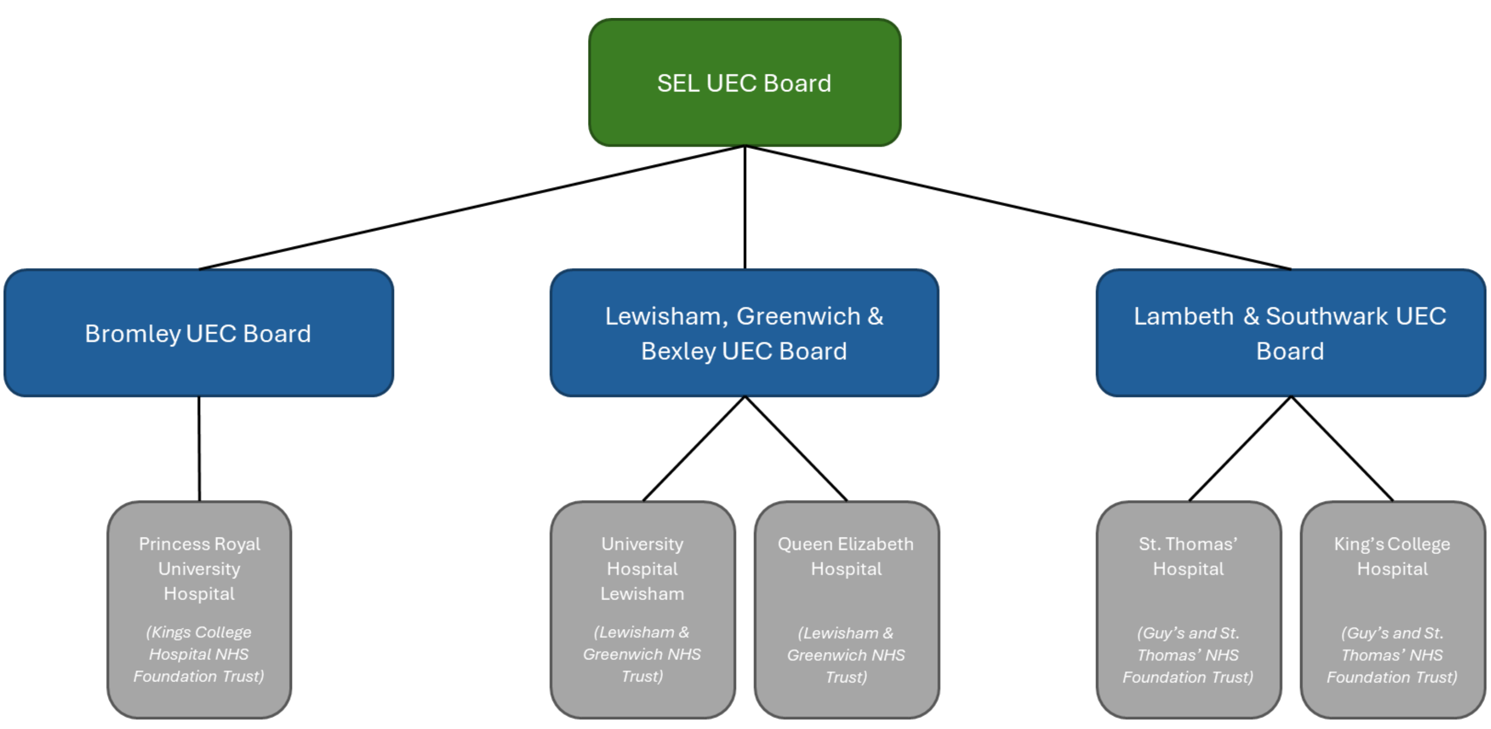
The work is overseen by the Bexley, Greenwich and Lewisham Urgent and Emergency Care Board to ensure that all parties across the system are sighted on pressures and are able to support each other appropriately to ensure the safety, health and wellbeing of the local population.

The 2024/25 Lewisham Winter Plan has been developed in partnership representation from all health and care delivery areas as set out in Graphic 1.

Graphic 1. Lewisham health and care system

Further support to local systems is provided through mutual aid arrangements with neighbouring providers and across South-East London, across Mental Health, Community Health services and Acute provision. Such mutual aid arrangements were key to supporting health and care delivery during the pandemic and continue to be part of wider surge and winter planning.

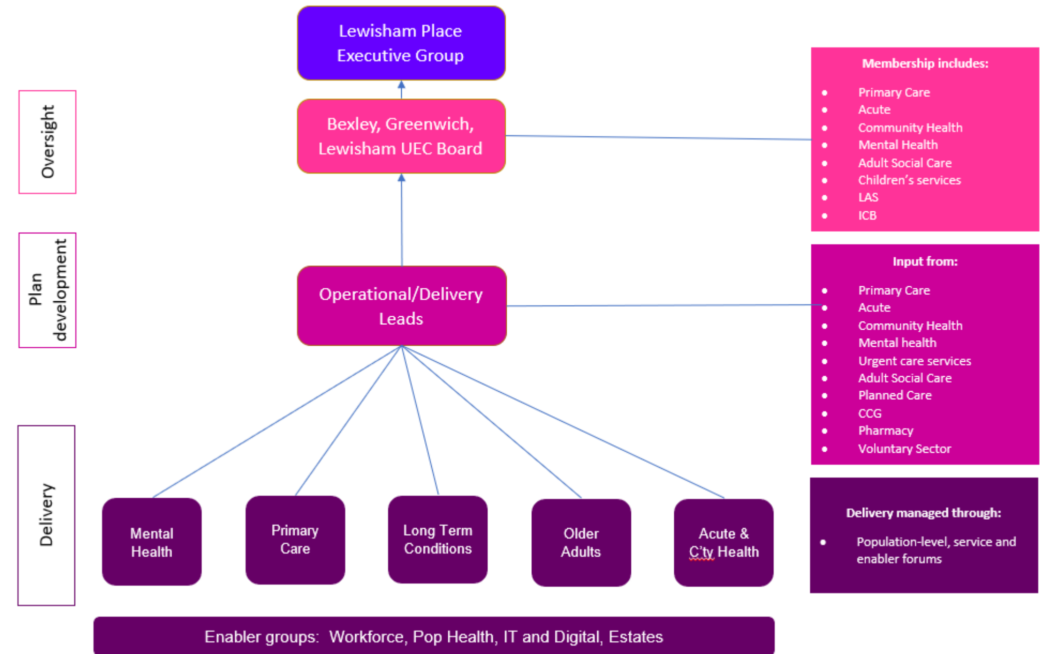
Graphic 2. SEL Acute system structure



2. Governance structure – Lewisham

The development of Winter Plans is overseen by the Bexley, Greenwich and Lewisham Urgent and Emergency Care Board. Delivery of the Winter Plan and wider service delivery is managed through operational and strategic boards as set out in the graphic below.

Graphic 3: Lewisham Winter Plans governance



3. Key pillars of Winter Plan

3.1 2023/24 Winter Wash-up

The 23/24 winter wash-up workshop took place in March 2024, where system stakeholders set out what had worked well and what the challenges had been during winter 2022/23. Stakeholders discussed the areas with highest need for investment, to inform system prioritisation of Winter Pressures Funds and help shape the focus of system partner organisations as we approach Winter 24/25.

3.2 Themes for winter management

No particular area/s of focus were agreed formally; therefore, this Plan has as its basis the key aims of coping with increased demand and improving resilience in the winter months. In line with these aims, colleagues from within the ICB and across our system partners were asked to provide an outline of their winter plans, to gather a view of the planning taking place across the system.

4. Activity

The following tables set out the key areas of activity, work currently in hand, and further activity being planned. Sections in italics indicate where additional provision is still under discussion and is subject to funding allocations being identified.

4.1 Primary Care

Scheme ID	NAME OF WORKSTREAM	PRE-WINTER IN PLACE	WINTER ACTIVITY
4.1.1	PCN Enhanced Access	On top of Mon-Fri regular access, all PCNs must offer extra appointments on weekday evenings and Saturday daytime.	These measures are BAU but can be optimised to focus on specific populations/illnesses in order to support the most vulnerable and tackle any pressure points in the system during winter.
4.1.2	Monthly MDT Meetings	Targeted multiagency management of patients with complex needs; focussing on proactive care and avoiding unnecessary admissions.	As above.
4.1.3	Pharmacy First	Patients can be treated for 7 common conditions at pharmacy, freeing up primary care capacity. Practices and pharmacies advertise this to their patients.	Continue to embed initiatives like Pharmacy First and Enhanced Access within practices; targeted comms to promote the use of appropriate services to residents of Lewisham.
4.1.4	Promoting Digital Offer	Practices continue to promote use of NHS app and online GP referrals, rather than calling or walking in. Practices encouraged to use cloud-based telephony to increase call capacity.	These measures are BAU but can be optimised to focus on specific populations/illnesses in order to support the most vulnerable and tackle any pressure points in the system during winter.
4.1.5	Home Visiting service	Federation commissioned by PCNs to provide acute and long-term condition management appointments for housebound patients.	As above.

4.2 Community-Based Care

	NAME OF WORKSTREAM	PRE-WINTER IN PLACE	WINTER ACTIVITY
4.2.1	NHS@Home (Virtual Ward)	BAU work continues, helping with admission avoidance and acute discharges by managing patients in their homes. Holistic review of care home patients currently underway, to proactively identify and limit any deterioration.	Virtual Ward will proactively seek out patients if numbers are lower than capacity and begin work with SDEC to screen for appropriate patients before hospital admission. Targeted piece of work supporting patients with heart failure will take place over winter following a successful bid for funding. A similar piece of work proactively identifying and supporting patients with COPD may also take place, subject to the outcome of a recent funding bid.
4.2.2	Urgent Community Response (UCR) Winter Plan	UCR team have a winter plan to optimise capacity and manage increased demand. This is supported by the recent recruitment of 1x Manager, 1x Administrator, 1x Advanced Clinical Practitioner (ACP) and the planned recruitment of a further 2 ACPs. Effectiveness of this plan to be monitored through regular UCR team meetings; establishing regular feedback loops with all other care providers (GP, hospital, social workers etc…); monitoring of KPIs; and regular reviews.	***Care Home Engagement –*** Proactive outreach to care homes, offering rapid response for urgent incidents. Increase staff awareness of UCR to ensure timely intervention and prevent admissions. Training for care home staff on fall prevention and early identification of deterioration. ***Community Services Collaboration –*** Work with virtual ward team to monitor higher-risk patients remotely, reducing the need for UCR F2F visits. Coordinate with community nursing and therapy teams to ensure seamless care transitions and to provide care at home. ***Early Discharge Support –*** Work with UHL ED to identify patients who could be discharged – or not admitted at all – and treated at home with UCR support. Direct communication with ED to facilitate rapid referrals and interventions, reducing burden on emergency services. ***Strengthening Links with Primary Care –*** GP outreach to reinforce UCR inclusion and exclusion criteria. Refresher sessions with practice managers and staff about how and when to refer patients to UCR. **Review of Follow-Up Visits –** Review current follow-up visits to assess necessity and effectiveness. Consider reducing frequency or duration

			where safe appropriate. This increases UCR team's capacity to take new referrals.
4.2.3	Wider LGT Community Services	No specific additional workstreams – BAU work continues, supporting patients in the community through a variety of services.	

4.3 Local Authority (Public Health, Adult and Children's Social Care)

	NAME OF WORKSTREAM	PRE-WINTER IN PLACE	WINTER ACTIVITY
	Currently no specific workstreams in place in adult social care services, outside of BAU measures, to manage winter pressures.		
4.3.1	Cost of living support	Several food banks continue to operate across Lewisham – details can be found on Council website. Other pre-existing general wellbeing support programmes continue to operate, including: • Local advice drop-ins • Support with money worries • SELCE support with household bills • Warm Homes support • Employment support • Support for families	Existing services will continue to operate throughout the coming winter. No indication of any additional services supplemented by additional funding. With the end of the Household Support Fund, the LBL cost-of-living delivery programme is also ending.
4.3.2	Warm Hubs programme	Warm Hubs ran successfully throughout Lewisham in 23/24, supplemented by MH Alliance Winter Pressures funding.	Despite a lack of recurrent funding (see above), there would likely be an appetite from VCSE partners to renew this programme in 24/25 if additional funding was available.
4.3.3	Housing Protocol	Work to complete a protocol between Health, Social Care and Housing to improve process and timeliness of support for service users with housing issues.	Protocol expected to be in place and to reduce delays in discharge for reasons related to housing issues.

4.4 Children and Young Peoples' Services

	NAME OF WORKSTREAM	PRE-WINTER IN PLACE	WINTER ACTIVITY
	Currently no specific workstreams in place in CYP services, outside of BAU measures, to manage winter pressures. If funding were available:		
4.4.1	Social Worker Support in ED	Pilot scheme placing social workers and youth workers in ED to support those in crisis. Also relieves pressure on ED staff.	Subject to additional funding.
4.4.2	CYP Mental Health Crisis Personal Health Budgets	PHBs for children and young people in crisis, with mental health/wellbeing needs which could be more effectively addressed by purchasing small items/activities to support the patient holistically.	Subject to additional funding.

4.5 Mental Health

	NAME OF WORKSTREAM	PRE-WINTER IN PLACE	WINTER ACTIVITY
	Currently no specific workstreams or initiatives in place in MH services, outside of BAU measures to manage winter pressures such as regular flow meetings, discharge planning, housing officer support for acute discharge etc…		

4.6 Care Homes

	NAME OF WORKSTREAM	PRE-WINTER IN PLACE	WINTER ACTIVITY
4.6.1	IPC nurse	IPC nurse is in post, covering care homes in Lewisham and one other borough. Role offers advice and guidance during winter months and has previously helped prevent avoidable bed closures.	
4.6.2	Care Home Liaison Officer	In post from 16th September 2024. Acts as a go-between for carers/families/hospital staff, and care homes. Helps facilitate safe, efficient discharge and build relationships between LGT and care homes.	Focus on improving discharges to care homes, reducing waits for placements.

4.6.3	Trusted Assessor forms	TA documentation recently redesigned to improve accuracy of information shared from hospital to care homes. Initial feedback is positive, with forms helping care home staff make informed decisions about the patients they are accepting – minimising the risk of discharging patients to a care home not suited to their needs and allowing discharge to happen clearly and quickly.	
4.6.4	Care Homes Primary Care contract	Contract recently awarded for Care Home-focussed primary care to One Health Lewisham. Helps to coordinate care between system partners and ensures uniformity for came home residents. Progress will continue to be monitored as more care homes in Lewisham are brought under this contract.	
4.7.5	Access to London Care Record, Universal Care Plan and shared care records	Ability for hospital and care home staff to read and share care plans helps to support safe and timely discharges back to care homes from an acute setting.	

4.7 Vaccinations

	NAME OF WORKSTREAM	PRE-WINTER IN PLACE	WINTER ACTIVITY
4.7.1	Flu Plan		Flu Plan in place to coordinate this workstream and increase uptake across all providers and all eligible cohorts inc. acute settings; housebound; primary care; community pharmacy; care homes; and health inclusion groups such as homeless residents. COVID vaccination will follow a similar plan as Flu, for eligible cohorts.
4.7.2	RSV Programme		New vaccination offered to over 75s from this winter. This will also follow a similar plan as Flu, for eligible cohorts.

4.7.3	Tailored hot spotting (with Pop. Health support)		Using population health dashboards, identify areas of Lewisham with lower-than-average uptake and work with both pharmacy, outreach and GP practice providers to increase uptake.
4.7.4	Staff Immunisations		Healthcare workers no longer recommended as a COVID vaccination cohort. Flu vaccines should be offered to healthcare workers by the provider organisations they work for. **Laurence House:** Flu organised by LBL for Council and ICB staff.

4.8 Same Day Urgent Care

	NAME OF WORKSTREAM	PRE-WINTER IN PLACE	WINTER ACTIVITY
4.8.1	GP Out of Hours (SELDOC)	BAU service	Under discussion to provide additional support for unregistered patients to register with a GP practice, reducing reliance on UTC/ED.
4.8.2	Urgent Community Response		See section 4.2 above

4.9 Acute Hospital (including SDEC, ED; & Hospital Discharge)

	NAME OF WORKSTREAM	PRE-WINTER IN PLACE	WINTER ACTIVITY
4.9.1	HIU service	Proactive case management of 100 highest ED attendees; aims to reduce attendance and support patients out of a hospital setting.	This service is BAU but can be optimised to focus on specific populations/illnesses in order to support the most vulnerable and tackle any pressure points in the system during winter.
4.9.2	SDEC Expansion	Expanding pathways to get more people in. More nurses; working on getting more ACPs. Have been delivering 12 hours, 7 days per week SDEC service unfunded since September 2024.	Winter funds used to resource expanded SDEC hours. Piloting Trusted Assessor Model, with ambulances bringing some patients to SDEC directly where clinically appropriate.
4.9.3	Flexible AAU Model	Will continue to attempt overnight AAU closure, to help decongest ED by decanting into AAU in the morning. Can be kept open overnight if necessary.	

4.9.4	Redirect at ED front door		Redirection nurse role being funded through Trust and ICB winter / discharge funds, to redirect patients at the front door to appropriate services in the community (primary care, pharmacy, community services etc…) Working with Primary Care to scope out specific appointments for these patients and redirecting into local pharmacies and other services where appropriate.
4.9.5	Criteria-led discharge (AMU; Cherry; Mulberry)	Criteria-led discharge (AMU; Cherry; Mulberry) which means junior doctors and nurses can discharge early in the morning.	
4.9.6	Proactive Aging Well Service (PAWS)	Programme of work with existing community and acute services to increase and promote admission avoidance in community.	
4.9.7	Discharge Lounge		Expanding discharge lounge hours later into evenings, allowing more people to be assessed and discharged later into each day.
4.9.8	Increased Staffing		• Additional JD and senior consultant cover available. • Paediatric GP cover in place for ED. • Increased weekend workforce (inc. therapies, senior nurses, & medics). • Recruiting discharge admin roles alongside staff in enabling areas inc. porters; therapies; flow matron; discharge lounge
4.9.9	Care Home Liaison Officer	Starts 16th September. Help with Pathway 3 discharges. Joint post, funded by ICB. More detail in 'Care Homes' section above.	Liaison Nurse working proactively with care homes to reduce delays for pathway 3 discharges
4.9.10	New Bed Management System		New electronic system for managing beds is being rolled out.
4.9.11	Home First	Therapies & enablement capacity and demand plans and review of service to improve delivery pathways and better match capacity with demand. Improved management of flow through step down beds, ensuring better access for hospital discharges.	• Under discussions to pilot inreach to Wards to reduce LOS and drive reduction in patient care needs pre-discharge • Change plan in place with focus on therapies/enablement capacity • Long Length of Stay SW in place providing early discharge planning for complex patients

			• Additional 3 step-down beds (bringing total to 9, plus 3 x extra-care flats), to be secured, subject to demand.

5. Comms, Emergency Planning & Escalation Points

	ACTIVITY / AUDIENCE	WINTER ACTIVITY
5.0	General Public	• Three core campaigns for comms team in Q3 and Q4: i. Winter Health (self-care; keeping warm; government/LA support offers) ii. Vaccinations (COVID; FLU; RSV; Pertussis; childhood imms) iii. Choosing the right NHS services (pharmacy; 111; ED; UTC; NHS App etc…) • Three levels of comms packages will be offered by central ICB team, and it will then be up to Lewisham HCP to choose based on what meets borough needs and what budget is available.
5.1	Staff teams	• Winter workshops to provide space for information, Q&As on key services which support winter pressures • Targeted comms on specific services (e.g. lunch and learn sessions) to increase referrals into key services which help mitigate winter pressures • ICB Organisational Development team will promote various employee health and wellbeing support offers throughout winter via the intranet, SEL Together newsletter, online all-staff briefings, and staff Teams channels. Examples of wellbeing support available this year include Keeping Warm and Managing Finances advice from the Employee Assistance Programme; staff access to wellbeing support via Vivup; information on where to get a flu vaccine; and a daily Advent Calendar leading up to Christmas where a different health, wellbeing, or creative activity is suggested for staff to complete each day.
5.2	GPs, Care Homes, Domiciliary Care agencies (aka Maximising Wellbeing at Home teams)	Annual update of information pack targeted at 3 key groups: • GP & practice staff • Care Homes • Domiciliary Care agencies (aka Maximising Wellbeing at Home)
5.3	Escalation protocol	Escalation protocol and contacts in process of being agreed across SEL patch, covering health and social care key service areas. Senior staff on call for Xmas and Bank Hols. SEL ICB EPRR team have been invited to SEL-wide winter planning workshop to ensure they are involved with strategic conversations regarding winter plans and potential escalation points.
5.4	Christmas and New Year cover	Detailed plans worked up by each organisation in November.

5.5	Severe weather impact	Severe weather can impact on travel and transport reducing people's ability to access healthcare and to get to pharmacies to collect medication and on staff ability to deliver services. Lewisham is part of the London Resilience Group, which plans for severe weather impacts on London. A local winter preparedness service plan is produced by the highways team within Lewisham Borough Council with the support of local Public Health teams, this includes identification of high priority roads for gritting to enable access to hospital and shopping areas: Lewisham Council - Gritting in icy weather Primary Care and community service providers will receive email updates from EPRR team regarding adverse weather.

6. Risks Identified

- Lack of funding to provide additional resources/initiatives to tackle increased demand
- Securing the workforce
- GP Work-to-Rule – unclear what effect this will have on GP access, and the rest of the system as a result (e.g. UTC, 111)
- PCN Vaccinations – Only 3 have signed up to deliver COVID & Flu to patients so far (inc. housebound). Community Pharmacy may need to cover the shortfall
- UHL Front Door Redevelopment – work is happening throughout winter 24/25 to reconfigure existing space into a co-located adult & paeds UTC). Will need to decant the UTC whilst this is happening, which may create additional pressure on ED. Liaising with CCPLs to help mitigate any risks.

Lewisham Local Care Partners Strategic Board

Item 9
Enclosure 8

Title:	**Lewisham LCP Assurance Report**
Meeting Date:	**21st November 2024**
Author:	Ceri Jacob, Lewisham Place Executive Lead
Executive Lead:	Ceri Jacob, Lewisham Place Executive Lead

<table>
<tr><td rowspan="3">Purpose of paper:</td><td rowspan="3">To set out current performance against key corporate objectives and performance targets and in particular, childhood immunisation in alignment with the focus of this LHCP Board meeting.
To agree which of these should be brought back to the next Board for a deep dive.</td><td>Update / Information</td><td>✓</td></tr>
<tr><td>Discussion</td><td>✓</td></tr>
<tr><td>Decision</td><td></td></tr>
<tr><td>Summary of main points:</td><td colspan="3">The LHCP receives a monthly report on performance against key targets and ICB corporate objectives that are deliverable at Place. These reports are reviewed in the LHCP SMT and actions taken forward collectively across partners as appropriate to the target for example, there is a season vaccination task group (focussing on flu, covid and Respiratory Syncytial Virus (RSV) vaccinations) that is co-chaired by the Council Public Health Team and the ICB Lewisham Community Based Care team.

Previously reports have been provided that set out the actions taking place in General Practice to achieve some of these targets.

LHCP is not achieving any of the national standards for baby and childhood immunisations. Achievement is in line with performance in other inner SEL boroughs.

Improvement work is led and overseen by the Lewisham Partnership Immunisation Group, where key stakeholders come together to review progress and plan activity.

The main obstacles to uptake of baby and childhood immunisations appear to be a lack of confidence in vaccines, and an erosion of the debilitating effects some of the vaccine preventable diseases can have on long term health and wellbeing. We are seeing this with the introduction of RSV where pregnant people are coming forward for their vaccination due to personal connections to previous infection in friends and family.

Key actions in place include:</td></tr>
</table>

- Supporting practices through the Lewisham immunisations coordinator to maximise uptake including through the sharing of performance data, supporting call/recall processes and investigation of any data quality issues
- Increasing access points – taking the vaccinations to where people are including pharmacy and community outreach sites (including the community hub at Lewisham shopping centre)
- JITSUVAX training to address misinformation around vaccines which may lead to people being less likely to accept vaccination - https://jitsuvax.info/
- Extensive communications campaign to raise awareness about vaccinations and how to access these
- Using population health management data to target interventions including tailoring communications to specific communities/languages and identifying areas of low uptake to focus outreach clinics
- Close working with Lewisham Family hubs to maximise the opportunity to engage with families around vaccinations
- Encouraging health and social care staff to get vaccinated when offered, through occupational health, pharmacy and their own GP
- Piloting of an online chatbot (with follow up telephone support where needed) to help answer questions from the public on vaccinations to help build vaccine confidence

Potential Conflicts of Interest	None.
Any impact on BLACHIR recommendations	Opportunity for Action (OPA) 16 - Put in place interventions for Black African and Black Caribbean children and young people that address specific inequalities (e.g. sickle cell disease services), ensuring proportionate targeting and equality assessments of whole population interventions for issues they are disproportionately impacted by (e.g. low traffic neighbourhoods and school streets).

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

	Equality Impact	The majority of performance targets and all of the corporate objectives address health inequalities in our local community.
	Financial Impact	None relating to this paper.
Other Engagement	Public Engagement	None relating to this paper. Engagement takes place in relation to development of any initiatives that are designed to improve performance.
	Other Committee Discussion/ Engagement	At the LHCP Senior Management Team

Recommendation:	- To note and discuss this paper. - To identify which performance target to provide a deep dive into at the next public meeting.

Lewisham Local Care Partnership
LCP performance data report

November 2024

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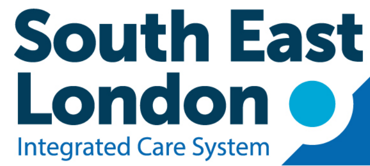


Overview of report

Summary:

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

Contents and structure of report:

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

Structure

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

Definitions:

- Definitions and further information about how the metrics in this report are calculated can be found here.

Lewisham performance overview

Standard	Trend since last period	Period covered in report	Comparator	Benchmark	Current performance
Dementia diagnosis rate	↓	Sep-24	National standard	67%	69%
IAPT discharge	↓	Aug-24	Operating plan	355	370
IAPT reliable improvement	↓	Aug-24	Operating plan	67%	65%
IAPT reliable recovery	↓	Aug-24	National standard	48%	44%
SMI Healthchecks	↓	Q1	Local trajectory	64%	48%
PHBs	↑	Q2 - 24/25	Local trajectory	450	132
NHS CHC assessments in acute	↓	Q2 - 24/25	National standard	0%	1
CHC - Percentage assessments completed in 28 days	↓	Q2	Local trajectory	70%	37%
CHC - Incomplete referrals over 12 weeks	↔	Q2 - 24/25	Local trajectory	0	0
Children receiving MMR1 at 24 months	↑	Q1 - 24/25	PH efficiency standard	90%	85%
Children receiving MMR1 at 5 years	↓	Q1 - 24/25	PH efficiency standard	90%	85%
Children receiving MMR2 at 5 years	↓	Q1 - 24/25	PH efficiency standard	90%	78%
Children receiving DTaP/IPV/Hib % at 12 months	↓	Q1 - 24/25	PH efficiency standard	90%	87%
Children receiving DTaP/IPV/Hib % at 24 months	↓	Q1 - 24/25	PH efficiency standard	90%	87%
Children receiving pre-school booster (DTaPIPV%) % at 5 years	↓	Q1 - 24/25	PH efficiency standard	90%	73%
Children receiving DTaP/IPV/Hib % at 5 years	↓	Q1 - 24/25	PH efficiency standard	90%	86%
LD and Autism - Annual health checks	↑	Aug-24	Local trajectory	403	520
Bowel Cancer Coverage (60-74)	↑	Feb-24	Corporate Objective	67%	63%
Cervical Cancer Coverage (25-64 combined)	↑	Apr-24	Corporate Objective	68%	68%
Breast Cancer Coverage (50-70)	↑	Feb-24	Corporate Objective	57%	57%
Percentage of patients with hypertension treated to NICE guidance	↑	Oct-24	Corporate Objective	65%	61%
Flu vaccination rate over 65s	-	-	-	-	-
Flu vaccination rate under 65s at risk	-	-	-	-	-
Flu vaccination rate – children aged 2 and 3	-	-	-	-	-
Appointments seen within two weeks	↓	Sep-24	Operating plan	90%	87%
Appointments in general practice and primary care networks	↑	Sep-24	Operating plan	-	112088
Appointments per 1,000 population	↑	Sep-24		-	314

Performance data

Dementia Diagnosis Rate

SEL context and description of performance

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

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

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

IAPT/Talking Therapies

SEL context and description of performance

- New metrics to measure performance of NHS Talking Therapies have been introduced for 2024/25. These new targets have been welcomed by services, but they will need to adjust their delivery in line with these. New targets are as follows:
  - Number of patients discharged having received at least 2 treatment appointments in the reporting period, that meet caseness at the start of treatment.
  - Reliable improvement rate for those completing a course of treatment.
  - Reliable recovery rate for those completing a course of treatment and meeting caseness.
- SEL did not achieve these targets in August 2024. The number of patients having been discharged following at least two treatments has not been met since April 2024. It is likely to have further dropped due to the summer holiday period during August. It is anticipated that activity levels will increase in September.

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

		Aug-24						
Metric	**Target**	**Bexley - MIND**	**BHC**	**Greenwich (Oxleas)**	**Lambeth (SLaM)**	**Lewisham (SLaM)**	**Southwark (SLaM)**	**SEL**
TT reliable recovery	48%	47%	50%	48%	46%	44%	41%	45%
Trend since last report	-	↑	↑	↑	↓	↓	↓	↓

		Aug-24						
Metric	**Target**	**Bexley - MIND**	**BHC**	**Greenwich (Oxleas)**	**Lambeth (SLaM)**	**Lewisham (SLaM)**	**Southwark (SLaM)**	**SEL**
TT reliable improvement	67%	59%	67%	66%	66%	65%	61%	64%
Trend since last report	-	↓	↑	↑	↓	↓	↔	↓

SMI Physical Health Checks

SEL context and description of performance

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

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

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

Personal Health Budgets

SEL context and description of performance

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

	Q2 - 2024/25						
Metric	**Bexley**	**Bromley**	**Greenwich**	**Lambeth**	**Lewisham**	**Southwark**	**SEL**
PHBs	760	724	362	253	132	271	2519
Trajectory	394	563	488	544	450	431	2869
Trend since last report	↑	↑	↑	↑	↑	↑	↑

NHS Continuing Health Care

SEL context and description of performance

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

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

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

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

Childhood immunisations (1 of 2)

Description of metric and SEL context

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

		Q1 - 24/25								
Metric	**Efficiency standard**	**Bexley**	**Bromley**	**Greenwich**	**Lambeth**	**Lewisham**	**Southwark**	**SEL**	**London**	**England**
Children receiving MMR1 at 24 months	90%	87.2%	89.1%	86.5%	79.9%	85.1%	83.2%	85.2%	82.1%	89.2%
Trend since last reporting period	-	↑	↑	↑	↓	↑	↓	↑	↑	↑

		Q1 - 24/25								
Metric	**Efficiency standard**	**Bexley**	**Bromley**	**Greenwich**	**Lambeth**	**Lewisham**	**Southwark**	**SEL**	**London**	**England**
Children receiving MMR1 at 5 years	90%	88.9%	89.2%	85.5%	83.6%	85.0%	86.7%	86.4%	84.2%	91.7%
Trend since last reporting period	-	↓	↓	↓	↓	↓	↓	↓	↓	↓

		Q1 - 24/25								
Metric	**Efficiency standard**	**Bexley**	**Bromley**	**Greenwich**	**Lambeth**	**Lewisham**	**Southwark**	**SEL**	**London**	**England**
Children receiving MMR2 at 5 years	90%	77.5%	83.4%	75.6%	75.8%	78.3%	79.7%	78.4%	71.8%	83.6%
Trend since last reporting period	-	↓	↓	↓	↓	↓	↓	↓	↓	↓

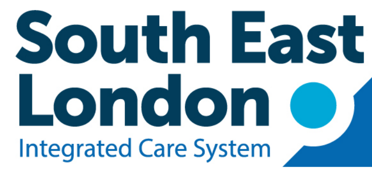
Childhood immunisations (2 of 2)

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

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

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

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

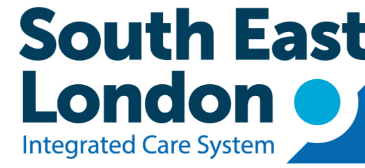


Learning disabilities and autism – annual health checks

SEL context and description of performance

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

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



Cancer screening

SEL context and description of performance

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

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

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

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

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

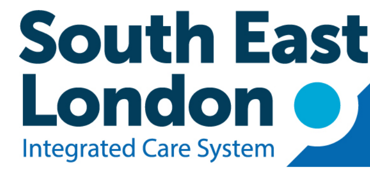
Management of hypertension to NICE guidance

SEL context and description of performance

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

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

	Oct-24 (Local data reporting)						
Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Percentage of patients with hypertension treated to NICE guidance	61.3%	64.5%	65.2%	64.4%	60.5%	64.7%	63.5%
Trajectory	66.9%	69.1%	68.7%	68.6%	64.5%	68.2%	67.7%
Trend since last report	↓	↓	↑	↓	↑	↑	↑



Adult flu immunisation (1 of 2)

SEL context and description of performance

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

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

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

Primary care access

SEL context and description of performance

- The 2024/25 Priorities and Operational Planning guidance identifies the following as a national objective for 2024/25:
    - Continue to improve the experience of access to primary care, including by supporting general practice to ensure that everyone who needs an appointment with their GP practice gets one within 2 weeks and those who contact their practice urgently are assessed the same or next day according to clinical need
- The following trajectories have been agreed at an SEL level as part of the annual planning process:
    - Planned number of general practice appointments.
    - Percentage of patients whose time from booking to appointment was two weeks or less for appointment types not usually booked in advance.
- Appointments totalled 747,036 in September against the operating plan of 772,325. SEL achieved the planning trajectory for appointments seen within 2 weeks (90.6% vs 90.0% trajectory).

		Sep-24						
Metric	**Planning trajectory**	**Bexley**	**Bromley**	**Greenwich**	**Lambeth**	**Lewisham**	**Southwark**	**SEL**
Appointments seen within 2 weeks	90.0%	91.6%	87.0%	94.8%	92.5%	87.1%	90.6%	90.6%

		Sep-24						
Metric	**Planning trajectory**	**Bexley**	**Bromley**	**Greenwich**	**Lambeth**	**Lewisham**	**Southwark**	**SEL**
Appointments in general practice and primary care networks	772,325	104,480	132,024	115,554	163,524	112,088	119,366	747,036
Appointments per 1,000 population	-	400	367	355	362	314	330	353

Lewisham Local Care Partners Strategic Board

Item 10
Enclosure 9

Title:	**Provider Selection Regime – Lewisham Governance**
Meeting Date:	**21st November 2024**
Author:	Lorraine Smedmor, Integrated Commissioning Manager
Executive Lead:	Ceri Jacob, Lewisham Place Executive Lead

<table>
<tr><td rowspan="3">Purpose of paper:</td><td rowspan="3">This paper is for information to provide the Lewisham LHCP an update on the governance arrangements to ensure compliance against the PSR process.</td><td>Update / Information</td><td>✓</td></tr>
<tr><td>Discussion</td><td></td></tr>
<tr><td>Decision</td><td></td></tr>
<tr><td>Summary of main points:</td><td colspan="3">The Provider Selection Regime (PSR) came into effect on 1st January 2024 for healthcare services only and governance structures are required to be established to ensure compliance against the PSR process.

The Lewisham Senior Management Team (SMT) will support the management and oversight of delegated budgets in terms of compliance with procurement and contract management including;

• Approval of business cases and procurement timelines.
• Review of the Lewisham Borough element of the SEL NHS Contracts Register.
• Agreement of contract extensions and Single Tender Waivers
• Obtaining assurance that procurement protocols are guidelines have been followed.
• Approving contract awards in line with the ICB delegated authority and SEL ICB Schedule of Matters
• Identifying and managing organisational or strategic risks related to any procurements undertaken within Lewisham.
• Obtaining assurance that commissioned services are delivering in line with expected quality and activity levels, forming a point of escalation.

The Lewisham LHCP will receive high level reports on the activities above and actions taken.</td></tr>
</table>

Potential Conflicts of Interest	None.			
Any impact on BLACHIR recommendations	The PSR is intended to support Local Partnership's ability to procure high quality services that appropriate and respond to local population-based need. The PSR can be used as an active tool to support the development of culturally specific and appropriate services.			
Relevant to the following Boroughs	**Bexley**		**Bromley**	
	Greenwich		**Lambeth**	
	Lewisham	✓	**Southwark**	
	Equality Impact	Not required for this paper		
	Financial Impact	None		
Other Engagement	Public Engagement	Public engagement would take place in relation to service design leading to procurement. Not relevant for this paper.		
	Other Committee Discussion/ Engagement	Lewisham Senior Management Team SEL Procurement & Contracts Group.		
Recommendation:	The committee are asked to note the work being undertaken by the Lewisham Senior Management Team (SMT) to ensure that there are appropriate governance structures in place to manage the contracts and procurement process against PSR requirements, including managing any challenges which may arise following the award of contracts.			

Lewisham Borough Procurement and Contracts Senior Management Team (SMT)

Terms of Reference

1. Introduction

1.1 The Lewisham Borough Procurement and Contracts Senior Management Team is an established sub-group of the Lewisham Senior Management Team (SMT). These terms of reference can only be amended in agreement by the Lewisham Senior Management Team and the Lewisham Health and Care Partnership (LHCP).

1.2 These terms of reference set out the role, responsibilities, membership and reporting arrangements of the Lewisham Borough Procurement and Senior Management Team (SMT).

2. Purpose

2.1 The Lewisham Borough Procurement and Contracts Senior Management Team is responsible for:

- Maintaining the Lewisham Borough element of the SEL NHS Contracts Register, in line with the SEL ICB Schedule of Matters delegated to officers including;

    - agreement to enact any contract extension under schedule 1C.
    - ensuring processes are agreed to review contract / procurement options in advance of contracts expiring, including;

        - decision making for Business Cases and ensuring budget approval and savings identified.
        - approval of individual procurement timelines for procurement and contracts
        - assurance that impact assessments have been completed.

    - Agreeing any Single Tender Waivers (STWs) to be taken to ICB for approval.
    - Proposing procurement route for newly commissioned services.

- Obtaining assurance that procurement protocols and guidelines have been followed and the procurement approach applied is both sound and legal.

- Approving contract award in-line with the ICB delegated authority and SEL ICB Schedule of Matters delegated to officers.

- Identifying and managing organisational or strategic risks related to procurement.

- Obtaining assurance that contracted / commissioned services are delivering services in line with expected quality and activity levels, forming a point of escalation for any contract performance concerns that cannot be resolved through established contract review meetings, including agreement of issuing of any relevant contract notice and summarising issues and resolutions to the Lewisham Health and Care Partnership.

3. Duties

3.1 Ensure that services are procured in a manner that is open, transparent, non-discriminatory and fair to all potential providers and in-line with the SEL Procurement Strategy.

3.2 Comply with the NHS Standard Contract rules and NHS Procurement Regulations.

3.3 Adhere to the SEL ICB Schedule of Matters delegated to officers in terms of contract awards.

3.4 Ensuring a robust process for reviewing, agreeing and enacting contract options.

3.5 Maintain a record of contract award recommendations and decisions made by Lewisham Borough Procurement and Contracts Senior Management Team.

4. Accountabilities, authority and delegation

4.1 The Lewisham Borough Procurement and Contracts Senior Management Team is accountable to the Lewisham Health and Care Partnership.

5. Membership and attendance

5.1 Core members of the Lewisham Borough Procurement and Contracts Senior Management Team will include representatives of the following:

- Lewisham Place Executive Lead
- Associated Director of Finance
- Director for Integrated Commissioning
- Director of System Delivery
- Deputy Director of Primary Care & Community
- Integrated Commissioning Manager

Other members to be invited as required:

- Procurement Lead
- Head of Safeguarding (Adult or Children)
- Senior Quality Manager
- Relevant Commissioning Managers

6. Chair of meeting

6.1 The meeting will be chaired by the Lewisham Place Director and the deputy chairs will be the Director of Integrated Commissioning and the Director of System Development.

6.2 At any meeting, the chair or deputy chair shall preside.

6.3 Conflicts of Interest will be managed accordingly and should the chair and deputy chair be absent on the grounds of conflict of interest, then a person chosen by other members shall preside.

7. Quorum

7.1 The quorum of the Lewisham Procurement and Senior Management Team meeting is at least 50% of members, of which the following must be present;

- Director of Integrated Commissioning
- Associate Director of Finance
- Director of System Delivery

7.2 In the event of quorum not being achieved, matters deemed to be “urgent” by the chair can be considered outside of the meeting via email communication.

8. Conflicts of Interest

8.1 Members will be required to declare any interests they may have in accordance with the SEL ICB Conflict of Interest Policy. Members will follow the process and procedures outlined in the policy in instances where conflicts or perceived conflicts arise.

8.2 Where a member has an interest or becomes aware of an interest which could lead to a conflict of interest in the event of the Lewisham Procurement and Contract Senior Management team considering an action or decision in relation to that interest, that must be considered as a potential conflict and is subject to the provisions of the SEL ICB’s Conflicts of Interest Policy.

8.3 The Lewisham Procurement and Contracts Senior Management Team will maintain a register of interested declared. Declarations should be made as soon as reasonably practicable after the person becomes aware of the conflict and in any event within 28 days. This could include interests an individual is pursuing.

8.4 When taking reports and recommendations to the Lewisham Health and Care Partnership for information and agreement, the Lewisham Procurement and Contract Senior Management Team will consider any potential conflicts of interest that may exist for the membership of that committee and advise accordingly.

9. Decision-making

9.1 The aim of the Lewisham Procurement and Senior Management Team will be to achieve consensus decision-making wherever possible. If a vote is required, the core members and the Chair are voting members.

10. Frequency

10.1 The Lewisham Procurement and Senior Management Team will meet bi-monthly and may be convened more regularly if required.

10.2 All members will be expected to attend all meetings or to provide their apologies in advance should they be unable to attend.

10.3 Members are responsible for identifying a suitable deputy should they be unable to attend a meeting. Arrangements for deputies should be notified in advance to the Chair and Business Support Officers.

11. Reporting

11.1 Papers will be made available five working days in advance to allow members to discuss issues with colleagues ahead of the meeting. Members are responsible for seeking appropriate feedback.

11.2 The Lewisham Procurement and Senior Management Team will report on its activities to the Lewisham Health and Care Partnership, summarising key points of discussion, key assurance and improvement activities and any actions agreed to be implemented.

11.3 The Lewisham Procurement and Senior Management Team will, in line with the London ICS Scheme of delegation, report decisions and recommendations to the SEL ICS Board or sub-committees to the SEL ICS Board as required.

12. Actions and Decisions

12.1 Draft minutes will be shared with the Chair for approval within five working days of the meeting. Draft minutes with the Chair's approval will be circulated to members together with a summary of activities and actions within 10 working days of the meeting.

13. Review of Arrangements

13.1 The Terms of Reference for the Lewisham Procurement and Contracts Senior Management Team will be reviewed annually.

14. Confidentiality

14.1 Contract and procurement documents circulated to the Lewisham Procurement and Contracts Senior Management Team and / or minutes and enclosures from the meetings may be confidential. Documents **cannot** be shared outside the meeting without explicit permission of the document owner.

14.2 Members are required to respect confidentiality of specific topics discussed at the meeting.

15. Date Agreed

November 2024.

Lewisham Local Care Partners Strategic Board
Cover Sheet

Item 11
Enclosure 10

Title:	**Lewisham Risk Register**
Meeting Date:	**Thursday 21 November 2024**
Author:	Cordelia Hughes
Executive Lead:	Ceri Jacob Place Executive Lead

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 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). There is a material risk that the borough 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 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). There is a risk that 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)
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	**561.** *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.		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)
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 14 risks on the Lewisham risk register, a decrease of 1 from last month, with 1 new risk – GP Collective Action included. An Issue's Log has been created to monitor previous risks considered BAU and/or in development.
New/closed risk(s) are detailed below:

- **NEW Risk 562–GP Collective Action** – now included with the assurance team to review and determine the matrix score for all boroughs.

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<tr><td></td><td colspan="4">

- **CLOSED – NHS@Home/Virtual Ward** is now closed as developments are in progress and can be considered as BAU. Moved to Issue's Log.
- **CLOSED - 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** is now closed as developments are in progress and can be considered as BAU. Moved to Issue's Log.
- **CLOSED - GDPR** - 3 x Older People's Care Home staff and not compliant with GDPR – and require NHS email addresses. Potential breach of GDPR guidelines is now closed as developments are in progress and can be considered as BAU. Moved to Issue's Log.

6.Key Themes:
The key themes from the risk register relate to finance, budgetary and statutory impacts, workforce limitations, and quality of care around delivery of services.</td></tr>
<tr><td>Potential Conflicts of Interest</td><td colspan="4">N/a</td></tr>
<tr><td>Any impact on BLACHIR recommendations</td><td colspan="4">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.</td></tr>
<tr><td rowspan="3">Relevant to the following Boroughs</td><td>Bexley</td><td></td><td>Bromley</td><td></td></tr>
<tr><td>Greenwich</td><td></td><td>Lambeth</td><td></td></tr>
<tr><td>Lewisham</td><td>✓</td><td>Southwark</td><td></td></tr>
<tr><td rowspan="2"></td><td>Equality Impact</td><td colspan="3">Yes</td></tr>
<tr><td>Financial Impact</td><td colspan="3">Yes</td></tr>
<tr><td rowspan="2">Other Engagement</td><td>Public Engagement</td><td colspan="3">Public Engagement, where required, takes place as part of the mitigating actions set out in the Risk Register.</td></tr>
<tr><td>Other Committee Discussion/ Engagement</td><td colspan="3">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.</td></tr>
<tr><td>Recommendation:</td><td colspan="4">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.</td></tr>
</table>

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
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.
561	Clinical, Quality and Safety	**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	Mervlyn 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/Covid/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
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	Mervlyn 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.
562	Clinical, Quality and Safety	**GP Collective Action**	There is a risk that the BMA recommendation for GP Collective Action results in reduction in primary care access and provision, and pressure on acute sector through some of the actions.	4x3=12	4x3=12	2x3=6	TBC	↔	Ceri Jacob	Ashley O'Shaughnessy	National Sitrep in place and daily local monitoring of impact based on situation . Use local information and understanding of key pressure points to monitor the situation, Continue to engage / contact local practices, PCNs and LMC regularly to maintain communications and provide local support as necessary to minimise patient impact	National Sitrep in place and daily local monitoring of impact based on situation . Use local information and understanding of key pressure points to monitor the situation. Continue to engage / contact local practices. PCNs and LMC regularly to maintain communications and provide local support as necessary to minimise patient impact	See controls	Negotiations at a national level will be required to resolve issue. System plans with Trusts. Workarounds may be required to minimise patient impact.
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.	5x3=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. SLaM Stocktake of CMHS to review effectiveness has taken place. Reviews of services and initiatives taking place. Culturally appropriate programme review taken place. Annual review of Bridge Cafe to take place Q3/4. 4. Mobilisation 24/7 Community mental health Centre in N2 in progress. 5. Project to increase capacity within Primary Care taking place by working with the resource currently in place. 6. 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.	5x4=20	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: •Growth in the number of LD complex transition cases at a high cost appears to have stabilised but this is still a risk due to high long term care costs associated with these cases. •Alongside this is the pressure caused generally by costs of existing packages being driven up both by inflation and increases in both NLW and LLW and the hourly rate for homecare included within the MWAH framework. There was a 4.5% increase in the AQP rate (2024/25) and the ICB's contract with Fairlie/ Highfield increased by 2.4%. •CHC continues to see an increase in patient acuity in the 24/25 year particularly in terms of PoC at home for patients requiring tracheostomy care and other health related tasks needing specialist care worker input. •Numbers of newly eligible for CHC appear to have increased compared to 2023/24 with number of patients fast track or eligible due to physical disability increasing, however LD eligibility appears to have plateaued. •There continues to be a large number of delayed reviews which might have offered opportunities for savings through reduction or eligibility decisions. •Staff vacancies and sickness, across CHC Team and Social Work Team have impacted on timely referral to assessment activity which has meant backdating of costs, which show as large stepped changes in spend, making budget projection and management problematic. •Significantly delayed discharge from RHND and BBIU for 2 people that the ICB has struggled to influence (housing issues)	5x4=20	4x3=12	4x3=12	Open (10–12)	↔	Kenny Gregory	Corinne Moocarme	1. Interim Nurse Assessor concentrating on high-cost packages to deliver savings. Prioritisation of reviews of long-term fast track packages 2. Attendance at quarterly Transition panels 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 3. Regular comms from CYP and Adult DSR meetings to clarify risk of Joint Funding Requests from the LDA hospital admission diversion imperative and to clarify S117 pathways 4.Quarterly review of joint funding funded packages to divert risk 5.Cost avoidance of the increase in the existing ICB contract with Fairlie/ Highfield Consideration through identification of more cost-effective packages with other providers (e.g. RHND and PoCs at home. 6. Monthly budget review meetings 7. Weekly review of CHC eligibility decisions and related cost of packages 8. Monthly review of neuro specialist patients to manage associated trim point costs and escalating earlier where there are blockages to 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	Absence of Head of CHC and Team Leader has meant that attendance at Transition Panels has not been robust Pressure from other CHC priorities (particularly appeals/ LRMs/ IRPs) have taken significant management time and attention Review of outstanding eligibility assessments and presentation scheduling for CHC Eligibility Panel	1.Potential patient safety issues through the reduction in packages – all reductions are reviewed in dialogue with both patient and service provider 2. Reputation of the ICB with Council/other partners – LBL regularly updated on progress against assessment, though there is one long term outstanding dispute 3. Increase in complaints because of reduction in packages – Assessing nurse to be clear about the rationale for the reduction in package and this explanation to be put in writing at time decrease is being enacted.
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 Smedmor	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. Uncertainly 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	Christiane Nitsch/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) and normally covers 12 IHA clinic sessions . However a Medical Advisor has been appointed. 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.
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 revieing 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 (outsourced 200 assessments - in progress). 6. SDIP in progress to increase capacity.	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 improving

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
4	**NHS@Home / Virtual Ward**	The NHS@Home Service is now significantly busier than it was earlier in the year. However, the outstanding risk remains that while patients are actively discharged from hospital, there is no agreement on the criteria which would define these patients as an early discharge. SEL Testing approaches are in place to measure patient acuity levels and Lewisham will adopt one of the measures in due course.	*Medium Impact Issue*	*Medium*	Eager (13 - 15)	Open	28/10/2024	Jack Howell/Amanda Lloyd	Moved from Risk Register to Issue Log at the request of Jack Howell and Amanda Lloyd. Developments in progress.
5	**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.	*Medium Impact Issue*	*Medium*	Cautious (7 - 9)	Open	14/10/2024	Shirley Spencer / Fiona Mitchell	Moved from Risk Register to Issue Log at the request of Shirley Spencer. Developments in progress
6	**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.	*low Impact Issue*	*Medium*	Cautious (7 - 9)	Open	29/10/2024	Shirley Spencer / Fiona Mitchell	Moved from Risk Register to Issue Log at the request of Fiona Mitchell. Developments in progress

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

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.*

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 (highlighted: Data and Information Management – Cautious; Workforce – Eager; Reputational – Open)

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

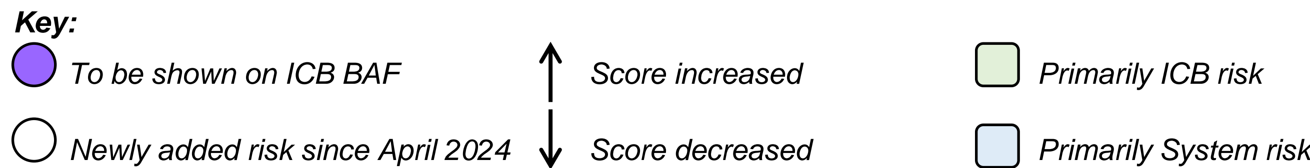
Score decreased

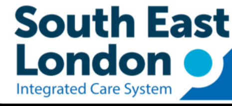
Primarily ICB risk

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 ↓			





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 (To be shown on ICB BAF; Newly added risk since April 2024)	
Intermediate care bed provision					9 (Newly added risk since April 2024)	
Access to primary care services					12 (To be shown on ICB BAF; Newly added risk since April 2024)	

Key:

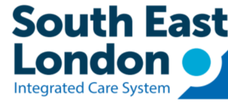
- *To be shown on ICB BAF* (purple circle)
- *Newly added risk since April 2024* (white circle)
- *Score increased* (↑)
- *Score decreased* (↓)
- *Primarily ICB risk* (green)
- *Primarily System risk* (blue)

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 12
Enclosure 11

Title:	**Month 6 Finance Report 2024/25**
Meeting Date:	**21st November 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 6 2024/25. A month 6 position is also included for the wider ICB/ICS and LA, reflecting reporting timescales.	Update / Information	✓
		Discussion	✓
		Decision	

Summary of main points:

Month 6 2024/25 – SEL ICB – Lewisham Place

At month 6, the borough is reporting an overspend year to date (YTD) of £505k (Month 5 £554k) 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), prescribing and delegated primary care (where list size growth pressure is now reflected).

A breakeven FOT is currently maintained in anticipation that sufficient financial recovery measures will be 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 6 2024/25 – Lewisham Council

At month 6 Adult Social Care Services is forecasting an overspend of £4.0m and Children's Social Care Services is forecasting an overspend of £7.4m. Further details are provided in this report.

Month 6 2024/25 – SEL ICB

- As at month 6, the ICB is reporting a year to date (YTD) surplus of £1,716k against the RRL, which is £678k adverse to plan. The overspend of £678k all relates to non-recurrent costs incurred by the ICB resulting from the

	Synnovis cyber-attack, specifically to review discarded tests and additional SMS messaging. Aside from this additional Synnovis expenditure, the ICB delivered in full the YTD element (£2,394k) of its additional savings requirement. As at month 6, and noting the risks outlined in this report, the ICB is forecasting that it will deliver a year-end position of break-even, whilst noting the surplus of £34,200k included in the ICB plan on behalf of ICS partners. The detail of the ICB position is also shown within Appendix A to this report. **Month 6 2024/25 – SEL ICS** Appendix B shows the financial highlights for the ICS at month 6. The key elements are as follows: • At M6 the system is forecasting to deliver a breakeven position. This is despite many of the planning risks still existing, along with additional pressures arising since finalising the 2024/25 financial plan. • At M6 SEL ICS is reporting a YTD deficit of (£132.7m), £52.1m adverse to plan. The main drivers to the adverse variance are the impact of the Synnovis cyber-attack (£32.6m), and slippage in efficiency programmes (£21.5m). These drivers of the YTD variance along with uncertain inflationary 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.

Lewisham LCP Finance Report

Month 6 – 2024/25

ICB – Lewisham Delegated Budget – Month 6 2024-25

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	649	385	264	1,298	770	528
Community Health Services	14,545	13,741	804	29,089	27,519	1,570
Mental Health Services	3,829	3,680	149	7,658	7,115	543
Continuing Care Services	11,528	14,163	(2,635)	23,056	28,462	(5,406)
Prescribing	21,295	22,412	(1,116)	42,591	44,854	(2,263)
Prescribing Reserves	0	0	0	0	0	0
Other Primary Care Services	1,125	792	333	2,250	1,584	666
Other Programme Services	1,677	13	1,664	3,354	(1,025)	4,379
Delegated Primary Care Services	29,388	29,436	(48)	63,803	63,899	(96)
Corporate Budgets	1,501	1,421	79	2,989	2,910	79
Total	**85,537**	**86,042**	**(505)**	**176,088**	**176,088**	**0**

- At month 6, the borough is reporting an overspend year to date (YTD) of £505k (Month 5 £554k) 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), prescribing and delegated primary care (where list size growth pressure is now reflected).

- CHC shows a material overspend YTD of £2,635k and FOT of £5,406k (Month 5 £5,596k) (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 financial recovery 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. The impact of this recovery work has started to show in the improved reported financial position at month 6.

Prescribing shows an overspend YTD of £1,116k and FOT £2,263k (Month 5 £1,994k). This is mainly caused by increased costs relating to appliances, central nervous system and Endocrine system prescribing costs. The prescribing overspend is being managed in the following ways:

Review of further QIPP opportunities. An additional QIPP opportunity of £172k has been identified mainly relating to Stoma 'Do not prescribe items,' and Red Amber Grey Drugs which are recommended not to be prescribed in primary care. These opportunities are not yet reflected in the current forecast outturn. If delivered in full these additional opportunities should reduce the forecast overspend to £2,091k. 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.

Further QIPP review is being undertaken by the Lewisham team to identify further potential opportunities for savings, and a medicines optimisation savings meeting is held monthly to track progress.

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 is not likely to have a material impact in the current year but may generate some recurrent savings going into 2025/26.

The Lewisham Borough is taking every measure possible to reduce the forecast overspends on CHC and prescribing and has also identified other non-recurrent mitigations to help ensure a breakeven position is achieved at the year end. At month 6 the YTD overspend has reduced and it is anticipated this will continue to reduce in the second half of the year as additional mitigations start to impact.

However, there remains potential for further activity pressures to emerge on CHC and prescribing as the year continues.
The borough 4% 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 implemented.

Month 6 2024/25 – Lewisham Council

Overall Position

2024/25 Efficiencies	Year-to-date Month 6 2024/25				Full-Year Forecast 2024/25		
	Plan	Forecast	Variance		Plan	Forecast	Variance
	£m	£m	£m		£m	£m	£m
Adult Care Services	1.9	1.9	0.0		3.7	3.7	0.0
Childrens Care Services	0.5	0.2	(0.3)		0.9	0.3	(0.6)
Total	**2.4**	**2.1**	**(0.3)**		**4.6**	**4.0**	**(0.6)**

2024/25 LBL Managed Budgets	Year-to-date Month 6 2024/25				Full-Year Forecast 2024/25		
	Budget	Forecast	Variance		Budget	Forecast	Variance
	£m	£m	£m		£m	£m	£m
Adult Care Services	38.6	40.6	(2.0)		77.1	81.1	(4.0)
Childrens Care Services	32.3	36.0	(3.7)		64.5	71.9	(7.4)
Total	**70.9**	**76.6**	**(5.7)**		**141.6**	**153.0**	**(11.4)**

Adults Commentary:
The Adult Social Care & Health Directorate is forecasting a £4m overspend for 2024/25. This is 2.6m improvement from previous report. The movement relates to in year management acion and cost reduction drive that has yielded savings around contracts as well as reduction in in year provision for bad debt via proactive debt management measures. There is also sustained savings from use of ECM in MWAH (Homecare) contract.

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 (which is £2.5m higher than budget). 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. There has been a concerted effort around Debt management which is yielding results and it remains a corporate priority with a dedicated project group in place to ensure that these processes are continually 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.

Children's Social Care Commentary:
1.The forecast for placements is based on data provided by the service for active care packages at the end of September 2024. The forecast position assumes that these children remain in the current level of care for the remainder of 2024/25 with the exception of care leavers/parents with babies.

2.No assumption is made for further demand growth during 2024/25 or additional need and therefore costs rising on current packages of care. The forecast position remains volatile due to the volume of high cost placements.

3.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.

4.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 made 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.

5.The CSC challenge session 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.

Appendix A

SEL ICB Finance Report

Month 6 2024/25

Contents

NHS
South East London

1. Key Financial Indicators
2. Executive Summary
3. Revenue Resource Limit (RRL)
4. Budget Overview
5. Prescribing
6. Dental, Optometry and Community Pharmacy
7. NHS Continuing Healthcare
8. Provider Position
9. ICB Efficiency Schemes
10. Corporate Costs
11. Debtors Position
12. Cash Position
13. Creditors Position
14. Metrics Report
15. MHIS performance

Appendices

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

1. Key Financial Indicators

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

Key Indicator Performance

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

2. Executive Summary

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

3. Revenue Resource Limit (RRL)

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL ICB
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
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	33	33	125	128	120	128	(567)	-
M4 Allocations	106	177			75		17,952	**18,310**
M4 Budget	**150,104**	**254,971**	**180,000**	**218,627**	**173,551**	**171,886**	**3,349,969**	**4,499,108**
M5 Internal Adjustments	127	296	165	230	184	189	(1,191)	-
M5 Allocations						20	2,685	**2,705**
M5 Budget	**150,231**	**255,267**	**180,165**	**218,858**	**173,734**	**172,095**	**3,351,463**	**4,501,813**
M6 Internal Adjustments								
Delegated Primary Care	210	2	299	295	102	312	(1,220)	-
Primary Care transformation SDF	367	548	505	726	558	579	(3,284)	-
Other		(260)					260	-
M6 Allocations								
Non-recurrent deficit support							99,989	**99,989**
GP Practice contract changes	1,137	1,589	1,489	2,124	1,694	1,756	3,402	**13,191**
Industrial Action							4,871	**4,871**
Cancer SDF							886	**886**
Primary Care Access Recovery							554	**554**
National Recovery programme							358	**358**
Other		46					382	**428**
M6 Budget	**151,946**	**257,191**	**182,459**	**222,003**	**176,088**	**174,741**	**3,457,662**	**4,622,090**

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

4. Budget Overview

M06 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	2,435	3,847	3,503	594	649	41	1,184,732	**1,195,802**
Community Health Services	11,128	44,449	19,275	13,954	14,545	18,050	125,835	**247,236**
Mental Health Services	5,228	7,309	4,254	11,532	3,829	5,098	259,675	**296,925**
Continuing Care Services	13,069	13,564	14,610	17,308	11,528	9,880	-	**79,960**
Prescribing	18,706	25,523	18,645	21,333	21,295	17,556	58	**123,116**
Other Primary Care Services	1,633	1,069	1,037	1,973	1,125	555	8,093	**15,485**
Other Programme Services	600	-	500	-	1,664	398	24,330	**27,492**
Programme Wide Projects	-	-	-	-	13	125	3,056	**3,194**
Delegated Primary Care Services	19,978	28,742	25,446	39,420	29,388	31,578	121	**174,673**
Delegated Primary Care Services DPO	-	-	-	-	-	-	105,298	**105,298**
Corporate Budgets - staff at Risk	-	-	-	-	-	-	-	**-**
Corporate Budgets	1,427	1,638	1,691	1,739	1,501	1,524	21,508	**31,028**
Total Year to Date Budget	**74,203**	**126,140**	**88,962**	**107,854**	**85,537**	**84,805**	**1,732,706**	**2,300,208**
	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	2,404	3,794	3,522	594	385	42	1,184,271	**1,195,013**
Community Health Services	11,041	44,502	18,811	14,028	13,741	17,956	126,296	**246,375**
Mental Health Services	5,193	7,560	4,465	11,694	3,680	5,438	259,720	**297,750**
Continuing Care Services	12,955	14,052	15,189	17,308	14,163	9,501	-	**83,168**
Prescribing	19,025	25,323	19,327	21,524	22,412	18,010	54	**125,673**
Other Primary Care Services	1,633	1,069	937	1,929	792	555	8,174	**15,089**
Other Programme Services	600	-	-	-	-	-	22,165	**22,764**
Programme Wide Projects	-	-	(3)	-	13	125	3,370	**3,505**
Delegated Primary Care Services	19,978	28,742	25,588	39,420	29,436	31,731	121	**175,016**
Delegated Primary Care Services DPO	-	-	-	-	-	-	105,447	**105,447**
Corporate Budgets - staff at Risk	-	-	-	-	-	-	2,772	**2,772**
Corporate Budgets	1,295	1,398	1,567	1,553	1,421	1,387	19,693	**28,314**
Total Year to Date Actual	**74,124**	**126,438**	**89,402**	**108,050**	**86,042**	**84,746**	**1,732,083**	**2,300,885**
	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	31	53	(19)	0	264	(1)	461	**789**
Community Health Services	87	(53)	465	(74)	804	94	(461)	**861**
Mental Health Services	34	(251)	(211)	(162)	149	(340)	(45)	**(826)**
Continuing Care Services	114	(487)	(579)	0	(2,635)	379	-	**(3,208)**
Prescribing	(319)	201	(682)	(191)	(1,116)	(454)	4	**(2,557)**
Other Primary Care Services	(0)	(0)	100	44	333	0	(81)	**396**
Other Programme Services	0	-	500	-	1,664	398	2,165	**4,728**
Programme Wide Projects	-	-	3	-	-	(0)	(314)	**(311)**
Delegated Primary Care Services	-	-	(141)	-	(48)	(153)	0	**(343)**
Delegated Primary Care Services DPO	-	-	-	-	-	-	(149)	**(149)**
Corporate Budgets - staff at Risk	-	-	-	-	-	-	(2,772)	**(2,772)**
Corporate Budgets	132	240	124	187	79	136	1,815	**2,714**
Total Year to Date Variance	**79**	**(298)**	**(440)**	**(196)**	**(505)**	**59**	**623**	**(678)**

- As at month 6, the ICB is reporting a year to date (YTD) surplus of **£1,716k,** which is **£678k** adverse to plan. The overspend of £678k all relates to non-recurrent costs incurred by the ICB resulting from the Synnovis cyber-attack, specifically to review discarded tests and additional SMS messaging. Aside from this additional Synnovis expenditure, the ICB delivered in full the YTD element **(£2,394k)** of its additional savings requirement.
- Due to the usual time lag in receiving 2425 data from the PPA, the ICB has received four months of prescribing data. Using an estimate for August and September, the ICB is reporting an overall YTD overspend of **£2,557k,** although it should be noted that the position is differential across places. This is clearly a significant financial risk area as in previous years.
- The continuing care (CHC) financial position is **£3,208k** overspent, with Lewisham **(£2,635k)** 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 no longer requires DHSC approval and the ICB has started to issuing notice to impacted staff. The additional cost YTD is **£2,770k.**
- 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 **£826k.** The CPC issue is differential across boroughs with Bromley, Greenwich, Lambeth and Southwark being the most impacted. These boroughs are taking actions to mitigate this expenditure.
- Four places are reporting overspend positions at month 6 – **Lewisham (£505k), Greenwich (£440k), Bromley (£298k) and Lambeth (£196k).** More detail regarding the individual place financial positions is provided later in this report.

5. Prescribing – Overview as at Month 6

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

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

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

5. Prescribing – Comparison of 2425 v 2324

- The table below compares April to July prescribing data for 2023 and 2024. The headlines are that expenditure in the ICB is increasing faster **(3.0%)** than nationally **(2.3%)** and slightly slower than the London average **(3.1%).** This is driven by a combination of the cost per item falling more slowly **(2.4%)**, together a rise in activity **(5.6%)** albeit at a slower rate than across London **(7.3%)**.

Prescribing
Comparison of April to July 2024 v 2023

	2023 April to July	2024 April to July	Change £	Change %
South East London ICB:				
Expenditure (£'000)	79,448	81,871	2,423	**3.0%**
Number of Items ('000)	8,402	8,871	470	**5.6%**
£/Item	9.46	9.23	-0.23	**-2.4%**
London ICBs:				
Expenditure (£'000)	403,787	416,288	12,501	**3.1%**
Number of Items ('000)	47,068	50,500	3,433	**7.3%**
£/Item	8.58	8.24	-0.34	**-3.9%**
All England ICBs:				
Expenditure (£'000)	3,317,057	3,393,779	76,721	**2.3%**
Number of Items ('000)	389,427	412,452	23,025	**5.9%**
£/Item	8.52	8.23	-0.29	**-3.4%**

- It is difficult to base judgements on four 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 central nervous system drugs (especially ADHD drugs and migraine drugs), female sex hormones and nutrition and blood products. All these items continue to show a higher % increase than is being seen nationally;
  - Impact of NCSO remains a factor.

6. Dental, Optometry and Community Pharmacy

- In April 2023, ophthalmic, community pharmacy and dental services were delegated to ICBs from NHS England. The table below sets out the financial position of these budgets on both a month 6 YTD and forecast basis.

Service	YTD Budget £'000s	YTD Actual £'000s	YTD Variance - (over)/under £'000s	Annual Budget £'000s	Forecast £'000s	FOT Variance - (over)/under £'000s
Delegated Primary Dental	51,622	50,232	1,390	103,245	100,464	2,780
Delegated Community Dental	3,848	3,848	(0)	7,696	7,696	0
Delegated Secondary Dental	27,013	27,013	(0)	53,433	53,433	(0)
Total Dental	**82,484**	**81,093**	**1,390**	**164,373**	**161,593**	**2,780**
Delegated Ophthalmic	7,752	8,653	(901)	15,504	17,305	(1,801)
Delegated Pharmacy	14,702	15,340	(638)	29,403	30,680	(1,277)
Delegated Property Costs	361	361	0	722	722	0
Total Delegated DOPs	**105,298**	**105,447**	**(149)**	**210,003**	**210,300**	**(298)**

a) Delegated Dental

- Overall, Dental is showing a YTD underspend against budget of **£1,390k,** and a forecast of **£2,780k** for the full year. **The underspend is forecast to largely offset the overspends within Ophthalmic and Community Pharmacy. The dental ringfence of £161,593k is expected to be fully spent.** Due to the volatility of dental activity the 2425 budget was set greater than the ringfenced value. The month 6 accrual is based September's dental report downloaded from the national e-Den system. The year-to-date level of dental activity is 85.5% and the forecast is 91.1%, with activity levels expected to pick up as the year progresses. The delegated property costs relate to where the primary care dentists are working either in NHS PS or CHP sites and rent is charged.

b) Delegated Ophthalmic

- The YTD position is an **overspend of £901k**. The spend largely relates to Optician Sight Tests and Vouchers submitted by high street opticians within the SEL geography regardless of where the patient resides – claims are based upon location of provider not client/patient. The claims are as per a national framework arrangement, under which the ICB has a requirement to pay.

c) Delegated Community Pharmacy

- The YTD position is an **overspend of £638k**, noting that information is received 2 months in arrears with an accrual then based upon the 4 months average. 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.

7. NHS Continuing Healthcare

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

8. Provider Position

Overview:

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

- In year, the ICB is forecasting to spend circa **£3,216,286k** of its total allocation on NHS block contracts, with payments to our local providers as follows:

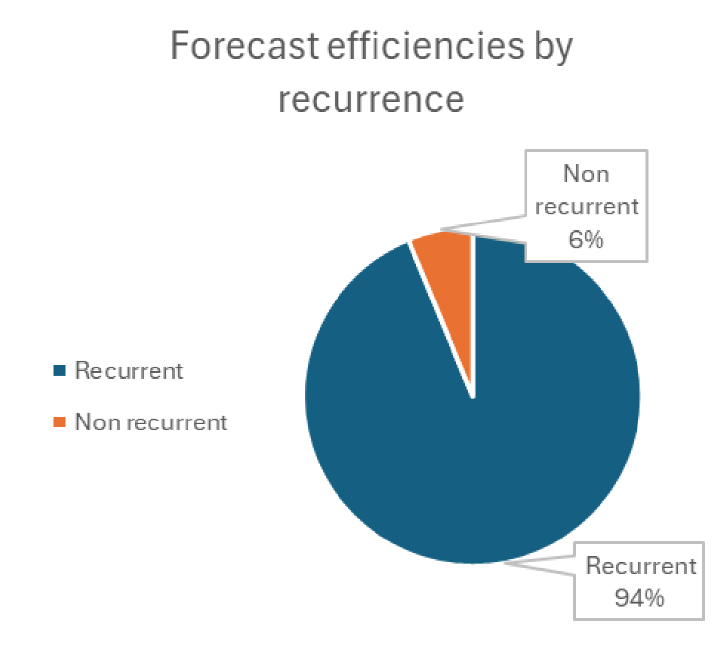
    - Guys and St Thomas **£704,191k**
    - Kings College Hospital **£856,304k**
    - Lewisham and Greenwich **£645,073k**
    - South London and the Maudsley **£317,551k**
    - Oxleas **£247,407k**

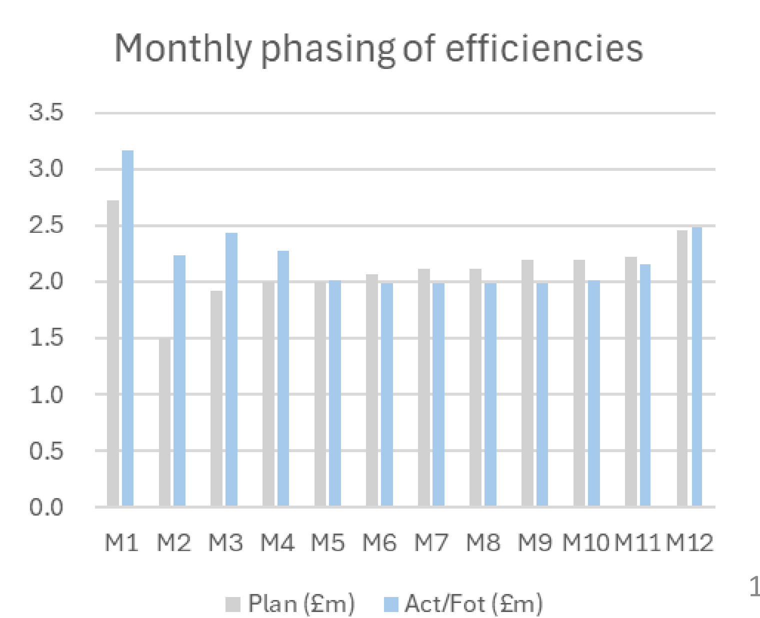
- In month, the ICB position is showing a break-even position on these NHS services and a break-even position has also been reflected as the forecast year-end position.

9. ICB Efficiency Schemes at as Month 6

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

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



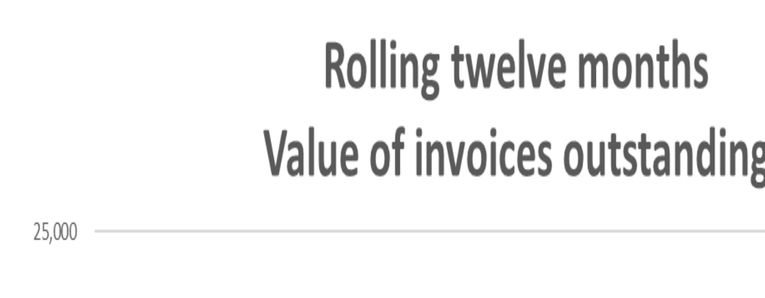


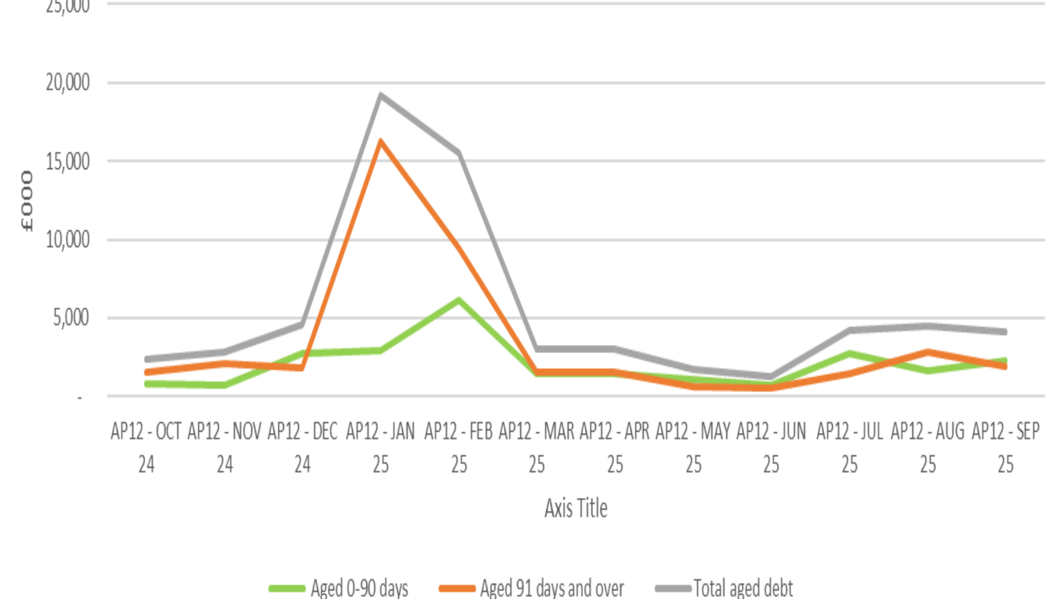
10. Corporate Costs – Programme and Running Costs

Area	Annual Budget	Year to Date Budget	Year to Date Actual	Year to Date Variance
	£	£	£	£
Boroughs				
Bexley	2,466,667	1,223,335	1,091,558	131,777
Bromley	3,073,060	1,555,031	1,314,560	240,471
Greenwich	3,052,238	1,550,118	1,449,834	100,284
Lambeth	3,227,049	1,631,025	1,444,285	186,740
Lewisham	2,773,243	1,392,621	1,313,152	79,469
Southwark	2,900,546	1,473,772	1,337,383	136,389
Subtotal	**17,492,803**	**8,825,903**	**7,950,772**	**875,130**
Central				
CESEL	437,482	218,741	125,687	93,054
Chief of Staff	2,912,328	1,456,164	1,340,735	115,429
Comms & Engagement	1,599,007	799,503	618,994	180,510
Digital	1,542,037	771,018	471,599	299,419
Digital - IM&T	2,965,644	1,482,822	1,360,729	122,093
Estates	615,590	307,795	345,720	(37,925)
Executive Team/GB	2,286,438	1,143,219	1,104,272	38,947
Finance	2,906,225	1,453,112	1,299,713	153,398
Staff at risk costs	-	-	2,770,190	(2,770,190)
London ICS Network	(1)	0	0	(0)
Medical Director - CCPL	1,604,413	797,707	605,013	192,694
Medical Director - ICS	235,647	117,823	90,986	26,837
Medicines Optimisation	3,829,970	1,914,984	1,609,362	305,622
Planning & Commissioning	7,761,074	3,880,537	3,420,202	460,334
Quality & Nursing	1,786,632	893,315	820,914	72,401
SEL Other	1,445,138	722,569	722,569	(0)
South East London	-	-	100,615	(100,615)
Subtotal	**31,927,624**	**15,959,309**	**16,807,300**	**(847,991)**
Grand Total	**49,420,427**	**24,785,211**	**24,758,072**	**27,139**

- The table shows the YTD month 6 position on programme and running cost corporate 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 no longer requires approval from DHSC, NHS England approval is sufficient. Therefore, the process of issuing notices to at risk staff has now begun. The delay has generated additional costs for the ICB both in respect of the ongoing cost **(circa £500k per month and £2,770k YTD)** together with the impact upon the final redundancy payments, given longer employment periods etc.
- Overall, the ICB is reporting a broadly balanced position on its corporate costs **(YTD underspend of £27k),** 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 **(£1,135k YTD)** against its management (running) costs allocation.

11. 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	1,596	581	55	2	50	0	2,284
Non-NHS	1,199	655	5	6	8	4	1,877
Unallocated	0	0	0	0	0	0	0
Total	**2,795**	**1,236**	**60**	**8**	**58**	**4**	**4,161**

- The ICB has an overall debt position of **£4.2m** at month 6. This is **£0.3m lower** when compared to last month. **The age profile of debtors has slightly worsened, however**. Of the current debt, there is **£62k** of debt over 3 months old, which is being pursued as a matter of urgency. **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.
- 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 Value £000
1	NHS NORTH WEST LONDON ICB	1,283	1,283	-
2	ROYAL BOROUGH OF GREENWICH	754	752	2
3	NHS SOUTH WEST LONDON ICB	560	560	-
4	LONDON BOROUGH OF BROMLEY	395	395	-
5	NHS ENGLAND	244	244	-
6	SOUTHWARK LONDON BOROUGH COUNCIL	228	228	-
7	CHANGE GROW LIVE	93	93	-
8	GUY'S AND ST THOMAS' NHS FOUNDATION TRUST	68	17	51
9	GREATER LONDON AUTHORITY	66	66	-
10	GREENWICH & BEXLEY COMMUNITY HOSPICE	64	64	-

12. Cash Position

- The Maximum Cash Drawdown (MCD) as at month 6 was **£4,581,133k**. The MCD available as at month 6, 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 **£2,334,833k**.
- As at month 6 the ICB had drawn-down 49.0% of the available cash compared to the budget cash figure of 50.0%. So far, this financial year, the ICB has not utilised the supplementary drawdown facility due to accurate cash flow forecasting. However, at the request of NHS England a supplementary funding request for actioned in October in respect of cash to make payments to providers for the 2425 pay award, non-recurrent deficit funding and industrial action. The total additional cash requirement was **£106,000k**. All ICBs in the country would have a supplementary cash draw in October.
- 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 6 was **£3,744k**, well within the target set by NHSE **(£4,500k). 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 AP6 - SEP 24	2024/25 AP5 - AUG 24	2024/25 Month on month movement
	£000s	£000s	£000s
ICB ACDR	4,581,133	4,459,045	122,088
Capital allocation	0	0	0
Less:			
Cash drawn down	(2,060,000)	(1,700,000)	(360,000)
Prescription Pricing Authority	(138,939)	(114,512)	(24,427)
HOT	(1,130)	(899)	(231)
POD	(46,239)	(38,188)	(8,051)
Pay Award charges			0
PCSE POD charges adjustments	9	9	0
Pension Uplift			0
Remaining Cash limit	**2,334,833**	**2,605,454**	**(270,621)**

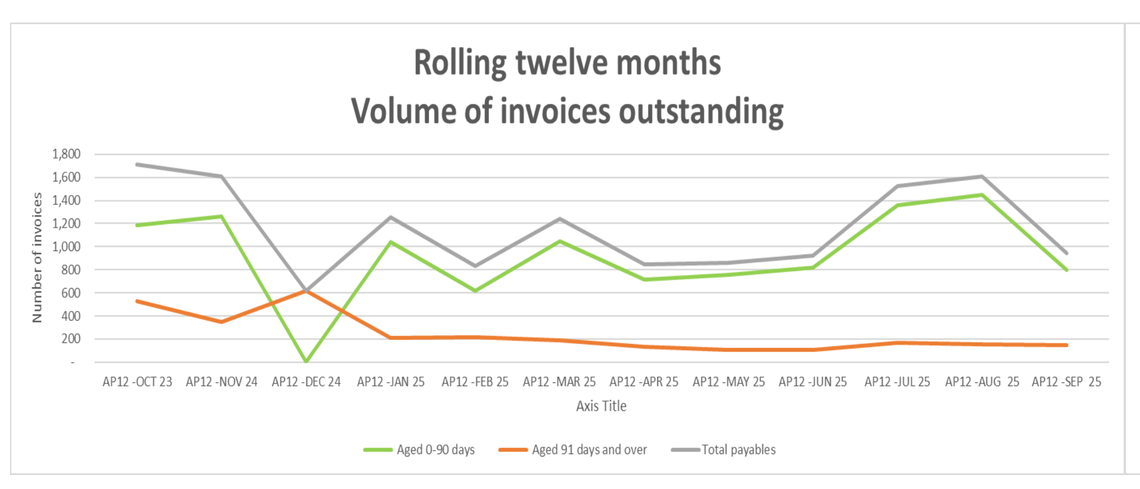
Cash Drawdown	Monthly Main Draw down £000s	Supplementary Draw down £000s	Cumulative Draw down £000s	Proportion of ICB ACDR %	KPI - 1.25% or less of main drawdown £000s	Month end bank balance £000s	Percentage of cash balance to main draw
Apr-24	340,000	0	340,000	8.30%	4,250	3,101	0.91%
May-24	325,000	0	665,000	16.30%	4,063	237	0.07%
Jun-24	365,000	0	1,030,000	25.27%	4,563	3,114	0.85%
Jul-24	350,000	0	1,380,000	33.70%	4,375	2,608	0.75%
Aug-24	320,000	0	1,700,000	41.57%	4,000	661	0.21%
Sep-24	360,000	0	2,060,000	49.00%	4,500	3,744	1.04%
Oct-24	347,000		2,407,000		4,338		
Nov-24			2,407,000				
Dec-24			2,407,000				
Jan-25			2,407,000				
Feb-25			2,407,000				
Mar-25							
	2,407,000	**0**					

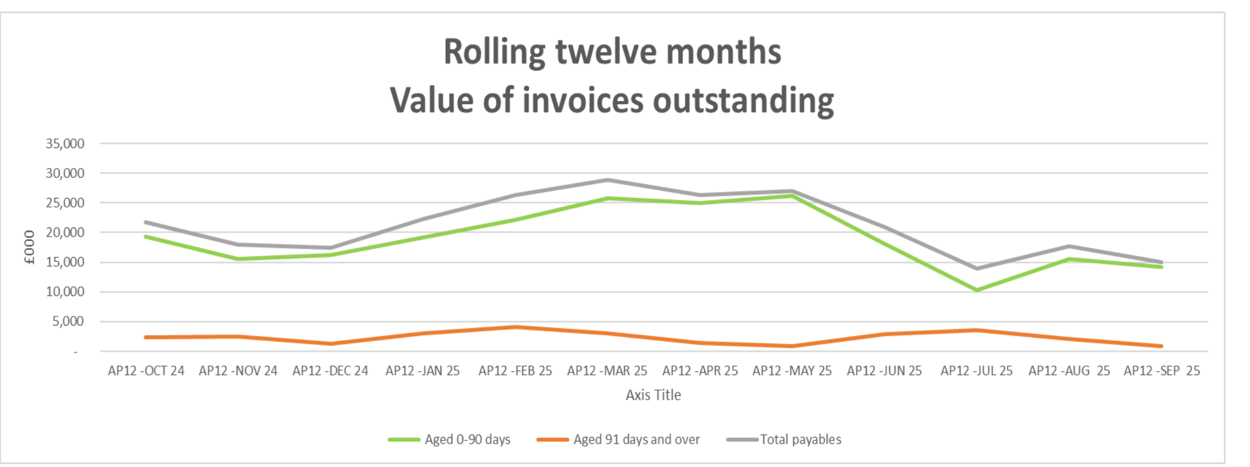
13. Aged Creditors

- The ICB will be moving to a new ledger ISFE2 at the start of 2025/26 subject to national testing being successful 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 **£900k** of invoices which are **over 90 days**, most of which are non-NHS. **This represents a significant decrease in-month**. The overall value of creditors has also decreased in-month, and it will be important to ensure that this is maintained/reduced further on an ongoing basis. Borough Finance leads, and the central Finance team continue to actively support budget holders to resolve queries with suppliers.

- 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	729	121	37	1	18	3	909
Non-NHS	10,353	1,326	1,573	377	45	476	14,150
Total	**11,082**	**1,447**	**1,610**	**378**	**63**	**479**	**15,059**





14. 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 August 2024 as the September report will not be received until the end of October which is too late for this reporting cycle.
- In terms of performance, **SE London ICB was ranked the 2nd highest in the country again** in August 2024. The metric scores below show a further improvement this month which is very positive, the main improvement being on accounts payable for NHS invoices. **The ICB is again the highest placed in London this month.**
- 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 Receivable, showing the work undertaken in this area to reduce and manage debt and b) GL and VAT where all balance sheet reconciliations are up to date with no dated reconciling items. The finance team are continuing to strive to improve the scores in the 3 other areas which are Accounts Payable NHS and Non-NHS where improvements were seen this month, especially in the NHS category, and general accounts which includes areas such as cash and journals, where the score this month remained consistent to last.

Organisation Name	NHS South East London ICB			
Organisation Code	QKK		Period	Aug-24
Region	London		Peer Rank	2 / 42 ICB

	Jun-24	Jul-24	Aug-24	3 month average
Overall Score (max 25)	15.94	18.61	19.15	17.90

	Jun-24	Jul-24	Aug-24	3 month average
Accounts Payable - NHS	3.26	2.74	3.42	3.14
Accounts Payable - Non NHS	2.89	2.78	2.83	2.83
Accounts Receivable	3.24	4.94	4.82	4.33
General Accounts	3.15	3.15	3.08	3.13
GL and VAT	3.4	5	5	4.47

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

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 6 we are forecasting MHIS delivery of **£459,245k**, exceeding the target by **£796k** (0.17%). This is largely made up of over-delivery against the plan on prescribing of £2.1m, noting however that this may change in year given the volatility of prescribing spend based on the supply and cost of drugs. We are also seeing an increase in spend in some mental health placements, offset in part by underspends on community mental health services. Slide 3 sets out the position by ICB budget area.

- **Mental Health Data Review** - ICBs were given an opportunity to review and amend previous and current year expenditure where we have improved data. We are expecting the M07 MHIS report and target to be updated for both this and the impact of the nationally agreed pay uplifts.

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 the 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 on both ADHD and ASD, with a forecast in excess of £3m and an increasing number of independent sector providers for Right to Choose referrals. We are working with local providers to increase 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.

15. Summary MHIS Position – Month 6 (September) 2024/25

Mental Health Spend By Category	Category	Total Mental Health Plan 31/03/2025 Year Ending £'000	Mental Health - NHS Actual 30/09/2024 YTD £'000	Mental Health - Non-NHS Actual 30/09/2024 YTD £'000	Total Mental Health Actual 30/09/2024 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	19,394	2,114	21,508	38,787	4,229	43,016	200
Children & Young People's Eating Disorders	2	2,754	1,377	0	1,377	2,754	0	2,754	0
Perinatal Mental Health (Community)	3	9,455	4,728	0	4,728	9,455	0	9,455	0
Improved access to psychological therapies (adult and older adult)	4	35,049	14,295	3,272	17,567	28,590	6,544	35,134	(85)
A and E and Ward Liaison mental health services (adult and older adult)	5	18,804	9,402	0	9,402	18,804	0	18,804	0
Early intervention in psychosis 'EIP' team (14 - 65yrs)	6	12,806	6,403	0	6,403	12,806	0	12,806	0
Adult community-based mental health crisis care (adult and older adult)	7	35,007	17,335	168	17,503	34,671	336	35,007	0
Ambulance response services	8	1,149	574	0	574	1,149	0	1,149	0
Community A – community services that are not bed-based / not placements	9a	120,135	53,859	5,334	59,193	107,718	11,208	118,926	1,209
Community B – supported housing services that fit in the community model, that are not delivered in hospitals	9b	25,120	7,444	4,564	12,008	14,888	9,330	24,218	902
Mental Health Placements in Hospitals	20	4,351	1,602	641	2,243	3,204	1,230	4,434	(83)
Mental Health Act	10	6,155	0	3,562	3,562	0	6,924	6,924	(769)
SMI Physical health checks	11	843	338	85	423	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	62,527	0	62,527	125,054	0	125,054	(356)
Adult and older adult acute mental health out of area placements	14	9,475	4,546	27	4,573	9,092	52	9,144	331
Sub-total MHIS (exc. CHC, prescribing, LD & dementia)		**449,017**	**203,824**	**19,767**	**223,591**	**407,647**	**40,022**	**447,669**	**1,348**
Mental health prescribing	16	9,190	0	5,644	5,644	0	11,288	11,288	(2,098)
Mental health in continuing care (CHC)	17	242	0	145	145	0	288	288	(46)
Sub-total - MHIS (inc CHC, Prescribing)		**458,449**	**203,824**	**25,556**	**229,380**	**407,647**	**51,598**	**459,245**	**(796)**
Learning Disability	18a	13,144	5,817	1,075	6,892	11,634	2,092	13,726	(582)
Autism	18b	3,766	1,422	215	1,637	2,844	420	3,264	502
Learning Disability & Autism - not separately identified	18c	51,711	4,092	23,385	27,477	8,184	46,723	54,907	(3,196)
Sub-total - LD&A (not included in MHIS)		**68,621**	**11,331**	**24,675**	**36,006**	**22,662**	**49,235**	**71,897**	**(3,276)**
Dementia	19	14,527	6,414	859	7,273	12,828	1,718	14,546	(19)
Sub-total - Dementia (not included in MHIS)		**14,527**	**6,414**	**859**	**7,273**	**12,828**	**1,718**	**14,546**	**(19)**
Total - Mental Health Services		**541,597**	**221,569**	**51,090**	**272,659**	**443,137**	**102,551**	**545,688**	**(4,091)**

15. Summary MHIS Position M6 (September) 2024/25 - by budget area

Mental Health Investment Standard (MHIS) position by budget area M06 2024/25		Year to Date position for the six months ended 30 September 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	21,608	19,394	2,114		21,508	100	43,216	38,787	4,229	0	43,016	200
Children & Young People's Eating Disorders	2	1,377	1,377	0		1,377	0	2,754	2,754	0	0	2,754	0
Perinatal Mental Health (Community)	3	4,728	4,728	0		4,728	0	9,455	9,455	0	0	9,455	0
Improved access to psychological therapies (adult and older adult)	4	17,524	14,295	3,272		17,567	(43)	35,049	28,590	6,544	0	35,134	(85)
A and E and Ward Liaison mental health services (adult and older adult)	5	9,402	9,402	0		9,402	0	18,804	18,804	0	0	18,804	0
Early intervention in psychosis 'EIP' team (14 - 65yrs)	6	6,403	6,403	0		6,403	0	12,806	12,806	0	0	12,806	0
Adult community-based mental health crisis care (adult and older adult)	7	17,503	17,335	168		17,503	0	35,007	34,671	336	0	35,007	0
Ambulance response services	8	574	574	0		574	0	1,149	1,149	0	0	1,149	0
Community A – community services that are not bed-based / not placements	9a	60,054	53,859	5,334		59,193	861	120,135	107,718	11,208	0	118,926	1,209
Community B – supported housing services that fit in the community model, that are not delivered in hospitals	9b	12,560	7,444	4,564		12,008	552	25,120	14,888	9,330	0	24,218	902
Mental Health Placements in Hospitals	20	2,176	1,602	641		2,243	(67)	4,351	3,204	1,230	0	4,434	(83)
Mental Health Act	10	3,077	0	3,562		3,562	(485)	6,154	0	6,924	0	6,924	(770)
SMI Physical health checks	11	422	338	85		423	(1)	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	62,349	62,527	0		62,527	(178)	124,698	125,054	0	0	125,054	(356)
Adult and older adult acute mental health out of area placements	14	4,738	4,546	27		4,573	165	9,475	9,092	52	0	9,144	331
Sub-total MHIS (exc. CHC, prescribing, LD & dementia)		**224,495**	**203,824**	**19,767**	**0**	**223,591**	**904**	**449,017**	**407,647**	**40,022**	**0**	**447,669**	**1,348**
Other Mental Health Services:													
Mental health prescribing	16	4,595	0	0	5,644	5,644	(1,049)	9,190	0	0	11,288	11,288	(2,098)
Mental health continuing health care (CHC)	17	121	0	0	145	145	(24)	242	0	0	288	288	(46)
Sub-total - MHIS (inc. CHC and prescribing)		**229,211**	**203,824**	**19,767**	**5,789**	**229,380**	**(169)**	**458,449**	**407,647**	**40,022**	**11,576**	**459,245**	**(796)**
Learning Disability	18a	6,572	5,817	1,075	0	6,892	(320)	13,144	11,634	2,092	0	13,726	(582)
Autism	18b	1,883	1,422	215	0	1,637	246	3,766	2,844	420	0	3,264	502
Learning Disability & Autism - not separately identified	18c	25,856	4,092	6,263	17,122	27,477	(1,621)	51,711	8,184	12,217	34,506	54,907	(3,196)
Learning Disability & Autism (LD&A) (not included in MHIS) - total		**34,311**	**11,331**	**7,553**	**17,122**	**36,006**	**(1,695)**	**68,621**	**22,662**	**14,729**	**34,506**	**71,897**	**(3,276)**
Dementia	19	7,264	6,414	622	237	7,273	(9)	14,527	12,828	1,244	474	14,546	(19)
Sub-total - LD&A & Dementia (not included in MHIS)		**41,575**	**17,745**	**8,175**	**17,359**	**43,279**	**(1,704)**	**83,148**	**35,490**	**15,973**	**34,980**	**86,443**	**(3,295)**
Total Mental Health Spend - excludes ADHD		**270,786**	**221,569**	**27,942**	**23,148**	**272,659**	**(1,873)**	**541,597**	**443,137**	**55,995**	**46,556**	**545,688**	**(4,091)**

- 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 LD continuing health care costs

SEL ICB Finance Report

Updates from Boroughs

Month 6

Appendix 1 - Bexley

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

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

Key drivers to the position:

- Prescribing reports an overspend of £319k YTD and £456k FOT, a deterioration from last month. As usual, the position is 2 months lag in actual data and an average estimate of same has been included. The current overspend is mainly driven by significant growth in medicines to prevent complications and optimise the management of long-term conditions. Delivery of the efficiency plan is underway but the impact on the run rate is expected at the back end of the financial year along with the effect of the recovery plan.

- CHC reports a YTD underspend of £114k and FOT of £211k being a significant improvement from last month, (£500k FOT improvement) and on year on year. The run rate has decelerated due to the delivery of the efficiency plans especially on the CHC reviews, personal health budget refunds and better payment practice incentive from CHC Provider. Monitoring will persist due to the volatility of the service and potential retrospective claims.

- Community Health Services reports an underspend of £87k and £173k YTD and FOT respectively due to efficiency delivery within various contracts.

- Acute Services delivered an underspend of £31k YTD and FOT of £62k, driven by efficiency within the urgent care contract.

- Corporate budget reports a £132k underspend YTD and FOT due to existing vacancies which are now being filled.

- Other service areas are delivering a marginal underspend/break-even position against budget YTD and FOT.

Appendix 2 – Bromley

Overall Position

	Year to date Budget £'000s	Year to date Actual £'000s	Year to date Variance £'000s	ICB Budget £'000s	Forecast Outturn £'000s	Forecast Variance £'000s
Acute Services	3,847	3,794	53	7,694	7,588	106
Community Health Services	44,449	44,502	(53)	88,897	89,004	(107)
Mental Health Services	7,309	7,560	(251)	14,617	15,053	(436)
Continuing Care Services	13,564	14,052	(487)	27,128	27,954	(826)
Prescribing	25,523	25,323	201	51,047	50,417	630
Other Primary Care Services	1,069	1,069	(0)	2,138	2,138	0
Programme wide projects	-	-	0	-	(392)	392
Delegated Primary Care Services	28,742	28,742	0	62,430	62,430	0
Corporate Budgets	1,638	1,398	240	3,239	2,999	240
Total	**126,140**	**126,438**	**(298)**	**257,191**	**257,191**	**(0)**

- The borough is reporting an overspend of £298k at Month 6 and is forecasting a breakeven position at year end.
- The Community budget is £53k overspent year to date and is forecasting an overspend of £107k. Some of the smaller contracts are currently overperforming due to activity increases. These contracts are being reviewed to see if actions can be taken to improve the financial position.
- The Mental Health budget is £251k overspent year to date and is forecasting an overspend of £436k. This is due to the cost per case budget being overspent due to an increase in the number of clients over the last 2 years. Cost per case clients are reviewed on a regular basis.
- The Continuing Healthcare budget is £487k overspent year to date and the forecast is £826k overspent. The year to date overspend includes the excess costs relating to the provision for retrospective claims and appeals totalling £246k, the full year forecast is £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. There is also an increase in adult CHC client numbers which is impacting adversely upon the position. This is due to an increase in care/nursing home beds in the borough.
- The prescribing budget is £201k underspent year to date and is forecasting a £630k underspend at year end. This position represents a deterioration in the forecast position compared to last month of £229k. Prescribing information (PPA) is received 2 months in arrears, so this position is calculated using four 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.
- The Corporate budget is £240k underspent year to date due to vacancies and these are expected to be filled soon. The forecast position has therefore been reported at the same value because savings arising from vacancies are not expected to continue.
- The 2024/25 borough savings requirement is £6,426k. The borough is on track to achieve these savings and is reporting full delivery of the target.

Appendix 3 – Greenwich

NHS South East London

Overall Position

Description	Annual Budget £'000s	Year to date Budget £'000s	Year to date Actual £'000s	Year to date Variance £'000s	Forecast Outturn £'000s	Forecast Variance £'000s
Acute Services	7,007	3,503	3,522	(19)	7,045	(38)
Community Health Services	38,550	19,275	18,811	465	37,621	929
Mental Health Services	8,509	4,254	4,465	(211)	9,072	(563)
Continuing Care Services	29,220	14,610	15,189	(579)	29,898	(678)
Prescribing	37,290	18,645	19,327	(682)	38,606	(1,316)
Other Primary Care Services	2,074	1,037	937	100	1,874	200
Other Programme Services	1,000	500	0	500	0	1,000
Programme Wide Projects	0	0	(3)	3	(603)	603
Delegated Primary Care Services	55,475	25,446	25,588	(141)	55,758	(283)
Corporate Budgets	3,334	1,691	1,567	124	3,186	148
Total	**182,458**	**88,962**	**89,402**	**(440)**	**182,456**	**2**

- The overall Greenwich financial position is £440k adverse to the year-to-date plan, with a forecast breakeven position.

- The Prescribing position at M5 is £682k 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 £579k overspent to date and is attributable to a retrospective increase in children commissioned packages. The underpinning (CareTrack) database is being reviewed to ensure accuracy of information reported and is reflecting in the forecast expenditure aligning to plan.

- The £19k overspend within Acute services is higher activity than planned at the Hurley (Bexley) UCC site. The £211k adverse variance in Mental Health is attributable to additional joint funded clients in month (cost per case activity) alongside continued , and sustained pressure from Psych UK reflecting an increasing behavioural change with patients exercising "right to choose".

- The £500k underspend in Programme Services is the release of contingency funds to mitigate the pressures reported in other service lines.

- Delegated Primary Care is £283k adverse to plan, attributable to growth in population list size. An interim solution has been reached for 2024/25, offsetting the balance with SDF funds (Other Primary Care), albeit, with a recurrent risk of this eventuating into a substantial financial pressure.

- The forecast recovery £600k within Programme Wide Projects is a contingency assumption on delivery of a financially balanced plan with upcoming Place discussions to detail the underpinning schemes for implementation within M7 reports. This will be closely monitored to assure continued robustness, noting there are potential pressures emerging within MH (Adults), CHC (Children) & Prescribing as outlined above.

Appendix 4 – Lambeth

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	594	594	0	1,188	1,188	0
Community Health Services	13,954	14,028	(74)	27,909	28,027	(118)
Mental Health Services	11,532	11,695	(163)	23,064	23,170	(106)
Continuing Care Services	17,308	17,308	0	34,616	34,616	0
Prescribing	21,333	21,524	(191)	42,666	42,716	(50)
Other Primary Care Services	1,973	1,929	44	3,947	3,859	88
Delegated Primary Care Services	39,420	39,420	0	85,170	85,170	0
Corporate Budgets	1,739	1,553	187	3,444	3,257	187
Total	**107,854**	**108,050**	**(196)**	**222,003**	**222,003**	**0**

- The borough is reporting an overall £196k year to date overspend position and a forecast breakeven position at Month 06 (September 2024). The reported year to date position includes £191k overspend on Prescribing, £163k overspend on Mental Health Services and £74k overspend on Community Health Services mainly driven by increased cost of the Cardiovascular Diagnostics contract, offset by underspends in Corporate and Other Primary Care Services Budgets.

- The current underlying key risks within Lambeth's finance position relate to - costs for Cardiovascular Diagnostics Services, Interpreting Services, Prescribing, Mental Health (including learning disabilities), NHS Continuing Health Care (CHC) and Funded Nursing Care, Delegated Primary Care budgets and further risk against the Integrated Community Equipment Service Contract (Health and Social Care). Prescribing, Mental Health and CHC have savings schemes.

- Mental Health budget year to date overspend is driven by increased ADHD, Section 12 assessments claims, Mental Health and Learning Disabilities (LD) placement expenditure, and mitigated by constraining investments. Borough Commissioners 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 is ongoing to establish better value costs. The number of active CHC and FNC clients at M06 is 591.

- 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 year to date overspend position of £191k and forecast £50k overspend at month 06 (September 2024) based on four 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 M06 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

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	649	385	264	1,298	770	528
Community Health Services	14,545	13,741	804	29,089	27,519	1,570
Mental Health Services	3,829	3,680	149	7,658	7,115	543
Continuing Care Services	11,528	14,163	(2,635)	23,056	28,462	(5,406)
Prescribing	21,295	22,412	(1,116)	42,591	44,854	(2,263)
Prescribing Reserves	0	0	0	0	0	0
Other Primary Care Services	1,125	792	333	2,250	1,584	666
Other Programme Services	1,677	13	1,664	3,354	(1,025)	4,379
Delegated Primary Care Services	29,388	29,436	(48)	63,803	63,899	(96)
Corporate Budgets	1,501	1,421	79	2,989	2,910	79
Total	**85,537**	**86,042**	**(505)**	**176,088**	**176,088**	**0**

- At month 6, the borough is reporting an overspend year to date (YTD) of £505k (Month 5 £554k) 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), prescribing and delegated primary care (where list size growth pressure is now reflected).

- CHC shows a material overspend YTD of £2,635k and FOT of £5,406k (Month 5 £5,596k) (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 financial recovery 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. The impact of this recovery work has started to show in the improved reported financial position at month 6.

- Prescribing shows an overspend YTD of £1,116k and FOT £2,263k (Month 5 £1,994k). This is mainly caused by increased costs relating to appliances, central nervous system and Endocrine system prescribing costs. The prescribing overspend is being managed in the following ways:

- Review of further QIPP opportunities. An additional QIPP opportunity of £172k has been identified mainly relating to Stoma 'Do not prescribe items,' and Red Amber Grey Drugs which are recommended not to be prescribed in primary care. These opportunities are not yet reflected in the current forecast outturn. If delivered in full these additional opportunities should reduce the forecast overspend to £2,091k. 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.

- Further QIPP review is being undertaken by the Lewisham team to identify further potential opportunities for savings, and a medicines optimisation savings meeting is held monthly to track progress.

- 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 is not likely to have a material impact in the current year but may generate some recurrent savings going into 2025/26.

- The Lewisham Borough is taking every measure possible to reduce the forecast overspends on CHC and prescribing and has also identified other non-recurrent mitigations to help ensure a breakeven position is achieved at the year end. At month 6 the YTD overspend has reduced and it is anticipated this will continue to reduce in the second half of the year as additional mitigations start to impact.

- 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. This is estimated at c.£2m on a recurrent basis, although it is expected transitional arrangements will apply in the current year. A co-ordinated piece of work is underway to establish and verify the likely impact. The ICB will need to take account of this recurrent pressure in planning for 2025/26 and prioritise accordingly in the allocation of mental health investment standard (MHIS) growth in 2025/26.

- The borough 4% 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 implemented.

Appendix 6 – Southwark

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	41	42	(1)	82	85	(2)
Community Health Services	18,050	17,956	94	36,101	35,623	478
Mental Health Services	5,098	5,438	(340)	10,196	11,026	(830)
Continuing Care Services	9,880	9,501	379	19,760	19,000	760
Prescribing	17,556	18,010	(454)	35,112	36,026	(914)
Other Primary Care Services	555	555	0	1,109	1,109	0
Other Programme Services	398	-	398	796	-	796
Programme Wide Projects	125	125	(0)	250	250	-
Delegated Primary Care Services	31,578	31,731	(153)	68,334	68,640	(306)
Corporate Budgets	1,524	1,387	136	3,000	2,864	136
Total	**84,805**	**84,746**	**59**	**174,741**	**174,623**	**118**

- The borough is reporting a YTD underspend of £59k and forecast outturn underspend of £118k as at the end of September 24. Key areas of risk continue to be mental health, prescribing , delegated primary care with underspends in corporate budgets and continuing care absorbing some of overspends.

- For mental health we are reporting a forecast overspend of £830k as at month 6. This is a slight improvement from previous month mainly relating to reduction in costs relating to mental health placements. Placements costs for Learning disability continues to be a cost pressures. Other pressures are primarily driven by Right to Choose adult ADHD/Autism pathways, and there is a risk of increased pressure in tri-partite Children and Young People mental health costs. 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 £454k and forecast overspends of £914k at month 6. This is a deterioration of £284k from previous month's forecast. There is significant growth in medicines to prevent and optimise the management of long-term conditions. The Medicines Ops team continue to monitor prescribing spend and prioritise elements of medicines optimisation in the Prescribing Improvement Scheme (PIS) to deliver medicines value. Second round of practice visits will be undertaken in October.

- Some of the budgets in community services are showing overspends, particularly in 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 £136k as at month 6 due to vacancies resulting from the MCR process. All the vacancies have now been filled.

- Continuing Care underspend has remained stable, and we are reporting £760k forecast underspend.

- Delegated Primary Care is reported as an overspend this month. Forecast overspend is expected to be £306k. The borough has a significant risk (£1m) on this budget due to list size growth and the allocation not keeping pace with current run rate requirements. Non recurrent solutions have been identified to manage some of this risk for 24/25 leaving a forecast overspend of £306k. The borough is undertaking a review to identify recurrent solutions to manage this deficit.

- The borough is forecasting a small underspend overall and has had to implement some non-recurrent solutions in order to mitigate cost pressures in prescribing, delegated primary care and mental health. Growth in community services has been restricted to manage the overall position. Prescribing position is quite volatile and there is a potential for further activity pressures as the year continues.

- 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 6 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.

Appendix B

SEL ICS Financial Highlights

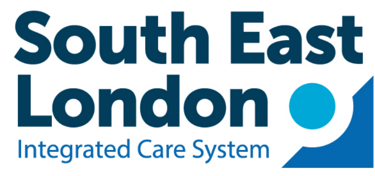
Month 6 2024/25

Executive summary

Revenue overview

- At M6 the system is forecasting to deliver a breakeven position. This is despite many of the planning risks still existing, along with additional pressures arising since finalising the 2024/25 financial plan.
- The ICB is currently forecasting a £39.0m surplus, offset by a forecast (£39m) deficit in providers. The ICB surplus includes £34.2m of improvement that will be delivered by providers but has been held in the ICB for planning purposes.
- At M6 SEL ICS is reporting a YTD deficit of (£132.7m), £52.1m adverse to plan. The main drivers to the adverse variance are the impact of the Synnovis cyber-attack (£32.6m) and slippage in efficiency programmes (£21.5m).
- These drivers of the YTD variance along with uncertain inflationary pressures and income risks pose a significant risk to the delivery of the system's financial plan. Initial analysis of the funding for pay awards reported an additional inflationary pressure of c.£37m. Work is continuing to refine the pay award impact, and it is anticipated that the impact will be up to £26m.
- The key drivers of the position and a summary by ICS organisation is shown on the following slide.

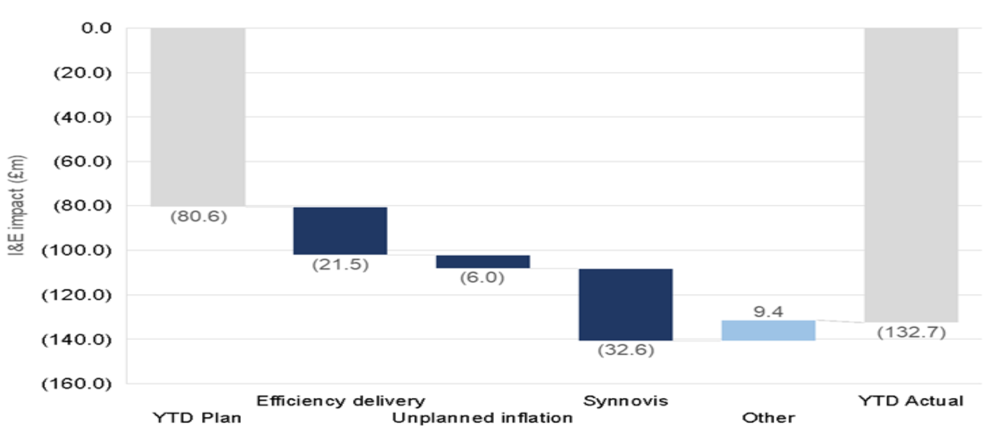
We are collaborative • We are caring • We are inclusive • We are innovative



Analysis of M6 System YTD position

- At M6 SEL ICS is reporting a YTD deficit of (£132.7m), £52.1m adverse to plan. The main drivers to the adverse variance are the **impact of the Synnovis cyber-attack** (£32.6m) and the **slippage in efficiency programmes** (£21.5m).
- These drivers of the YTD variance along with uncertain inflationary pressure (including impact of pay award) and income risks pose a significant risk to the delivery of the system's financial plan. The system is currently estimating a level of **£72.8m of unidentified mitigations to deliver the plan.**

Drivers of YTD position



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

Lewisham Local Care Partners Strategic Board
Cover Sheet

Item 15
Enclosure 12

Title:	**Place Executive Group**
Meeting Date:	**Thursday 21st November 2024**
Author:	Laura Jenner Director of System Development & Beckie Brun Associate Director – Improvement and Transformation (LGT)
Executive Lead:	Ceri Jacob Place Executive Lead

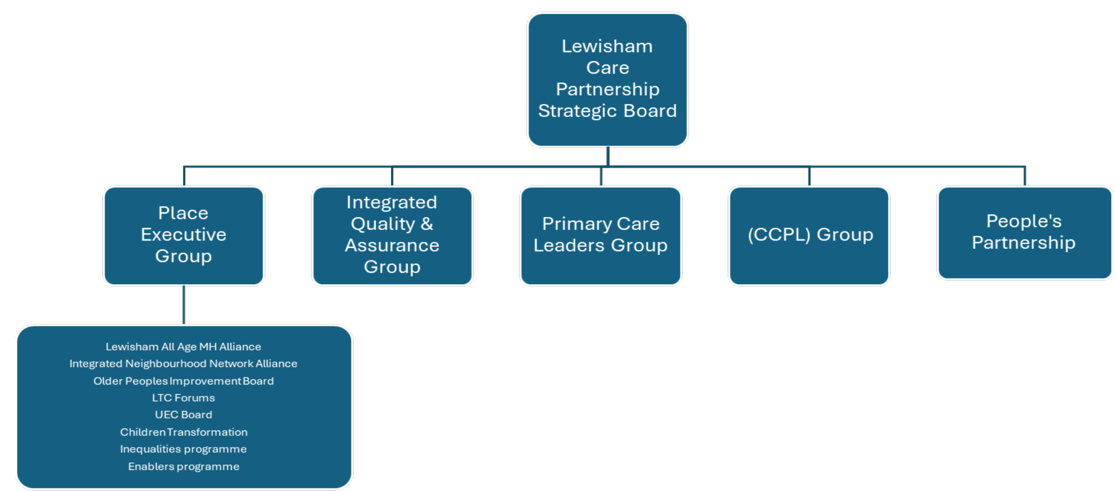
Purpose of paper:	The Report outlines the purpose of the Place Executive Group and the transformation programmes that reported to the meetings. The report also includes 2 highlight reports: • Lewisham Neighbourhood programme • Urgent & Emergency Care programme	Update / Information	***Yes***
		Discussion	
		Decision	
Summary of main points:	**Introduction** The Place Executive Group (PEG) has been established to translate and drive the delivery of Lewisham's strategic intentions, plans and priorities as determined by the LCP Board. The Group hold the LCP's various programme and project steering groups to account and ensure that the LCP Board is fully updated on key deliverables, performance (positive and negative), risks and challenges. The Place Executive Group will provide leadership, direction and oversight of Lewisham's programmes, proactively identifying opportunities within the system to improve health and care outcome, to transform and integrate services and improve partnership working. The Place Executive Group will be solutions focused and seek to understand and resolve complex problems affecting health and care in Lewisham that no single organisation working on their own would be able to resolve or improve. A key role of the Place Executive Group each year will be to bring together all system partners to longlist, shortlist and prioritise the development of Lewisham's system intentions for the coming financial year. All members will be responsible for inputting into our shared system intentions, and for cascading and socialising the system intentions at the appropriate levels of seniority within their own organisations. Programmes feeding into the Board: • Lewisham All Age MH Alliance • Integrated Neighbourhood Network Alliance • Older Peoples Improvement Board		

- LTC Forums
- UEC Board
- Children Transformation
- Inequalities programme
- Enablers programme

Other work that also reported into the board over the six months are:

- Draft System Intentions (25-26)
- Hoarding Proposal
- Outpatient Transformation Programme

Please see attached the current programme and two highlight reports (Integrated Neighbourhood and UEC).



Potential Conflicts of Interest

N/A

Any impact on BLACHIR recommendations

The business of the Place Executive Group will be mindful at all times of:

- the entrenched and complex health inequalities that exist within Lewisham, including but not limited to the findings and recommendations of the BLACHIR report (2022) and Lewisham's high levels of social and economic deprivation
- feedback from patient and public engagement including the Lewisham People's Partnership
- the operating context of the NHS, local authority and voluntary sector in recent years, including the post-Covid pandemic recovery and escalating pressures on resources such as our workforce, estates and finances

Relevant to the following Boroughs

Bexley		**Bromley**	
Greenwich		**Lambeth**	
Lewisham	✓	**Southwark**	

Equality Impact	Each programme that reports to the board has completed an EQIA

	Financial Impact	Each programme that reports to the board has completed a Business Case include Financial Impact of the programme
Other Engagement	Public Engagement	The programme reporting into the Board are being is being co-designed, and community-led, via several avenues: The People Partnership The Partnership Boards The Health Inequalities programme Each programme has its own agreed comms and engagement plan outlining how the public are being engaged on the work taking place.
	Other Committee Discussion/ Engagement	
Recommendation:	Going forward the PEG highlight reports, and performance reports and risks will be included in the LHCP papers to improve transparency and countability to the overall performance of the programme.	

Programme	Programme Lead	SRO	Exec.
Integrated Neighbourhoods	Fiona Kirkman System Development Lead	Laura Jenner Director System Development	Ceri Jacob

Integrated Neighbourhood Programme August 2024 Highlight Report

Actions Taken in period

- Waldron/N1 Models of care delivery group workshop.
- Multi-Disciplinary Meeting (MDM) information sharing arrangements reviewed and mapped.
- Neighbourhood 3 Partnership – development of outcome measures for community café.
- INT, Population Health Team, activity to identify the at-risk population
- Planning for Integrated Neighbourhood Teams Engagement Event.

Planned Activity in period

- Finalise plan for MDM anticipatory care approach including mapping cohort.
- Recruitment of Lead Social Prescribing Role – Interviews 04/09/24
- N3 Partnership sessions and aligned actions including vaccination and winter planning
- Development of the model for Integrated Neighbourhood Teams, agreement of cohort and governance. Align with SEL work on this.
- Planning for Waldron Go Live

MDM Meetings/Initial Metrics Q1 2024

Metric	Value
Number of Practice Based Multi-Disciplinary Meetings held in quarter	88
Number of patients discussed in the Multi-Disciplinary Meetings in the quarter	619

Deliverable	Expected Delivery Date	Completed Date	RAG Rating	Update
Integrated Neighbourhood Engagement Event (Marketplace)	05/09/24		On track	
Go Live - Waldron Ground Floor Community Space, programme of activities.	16/09/24		Delayed	Meeting with Community and VCS Groups to provide a full programme of activity in the community space on the ground floor. Works delayed until early October.
INT - finalise approach to engagement	20/09/24		On track	
Establish Integrated Neighbourhood Team Design Group	30/09/24		On track	
Hold INT Co-design Session with stakeholders.	14/10/24		On track	
Establish Impact and Outcome Framework for Waldron and N3 Community Cafe	31/10/24		On track	Engagement with stakeholders to develop the framework.
Review current INT Care Model for complex cases.	31/10/24		On track	
Agree initial cohort for INT model and appoint evaluation Partner	30/11/24		On track	
Design INT Performance Framework	31/11/24			To be agreed in partnership with stakeholders

Highlight Report – Risk Management

Risk	Pre-mitigation	Mitigation	Post Mitigation
Low levels of partner engagement due to lack of workforce capacity	M12	Programme developed in partnership. Development of metrics, track impact and capacity to demonstrate value.	L6
Lack of buy in by stakeholders	M12	Development of programme in collaboration, ongoing engagement with stakeholders, regular updates.	L6
Lack of system capacity to mobilise Integrated Neighbourhood Teams (INTs).	H16	Robust Programme planning, INT modelling, Workforce and financial modelling. Learning lessons from early adopter sites.	M12
Inability to measure the impact of the INTs.	L4	Build evaluation into the model, robust impact analysis and methodology.	VL2
Inability to recruit staff into key roles.	M12	Early understanding of workforce requirement and planning.	M9
Delivery at scale not achievable.	H15	Evaluation of performance framework, dedicated programme resource to support implementation. Learning from early adopter sites.	M9
Multi-disciplinary Meetings will not be able to take a proactive approach to care if programme is delayed by lack of resources/ change of focus to Integrated neighbourhood Team Development	M9	Align with Population Health Team for careful resource allocation. Mapping of the MDM cohort to improve planning.	L6
MDM Data Sharing. Negative impact on Multi-disciplinary Team meetings if data Sharing is not resolved.	M12	Mapping data flows, meeting with IG Leads, to review and update DPIA.	L4

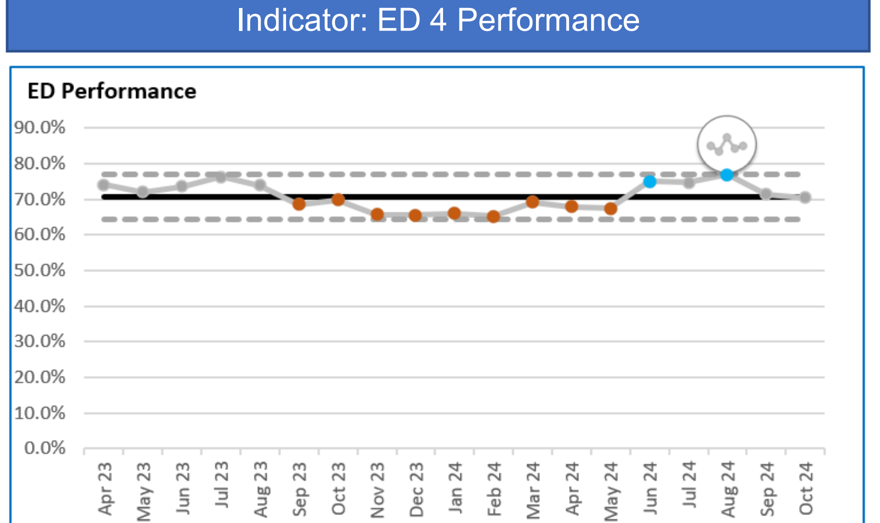
Likelihood (frequency)	Severity (consequences)				
	1	2	3	4	5
	Insignificant	Minor	Moderate	Major	Significant
1. Rare	VL 1	VL 2	VL 3	L 4	L 5
2. Unlikely	VL 2	L 4	L 6	M 8	M 10
3. Possible	VL 3	L 6	M 9	M 12	H 15
4. Likely	L 4	M 8	M 12	H 16	H 20
5. Almost Certain	L 5	M 10	H 15	H 20	H 25

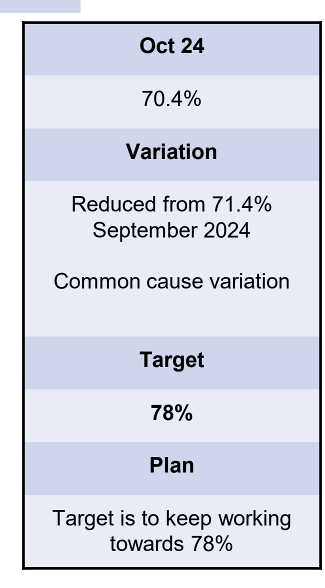
Transformation Scorecard: Outcome Measures

Programme	Lead	Sponsor	Exec
Lewisham Unplanned Care	Amanda Lloyd	Jen Cassettari / Ceri Jacobs	Miranda Jenkins

Programme Vision
To make unplanned care services accessible and relevant to patients needs and available in a community or hospital environment, based on clinical need

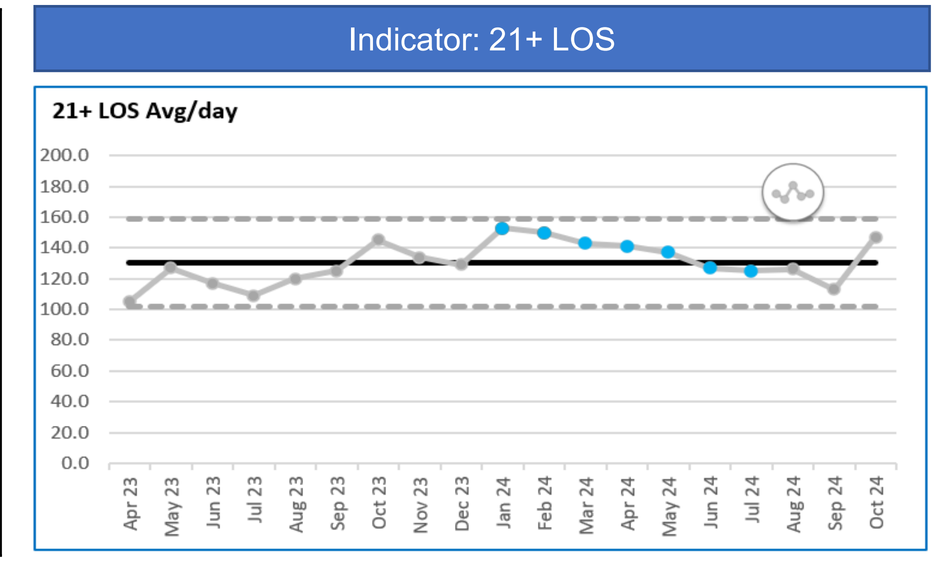
Indicator: ED 4 Performance

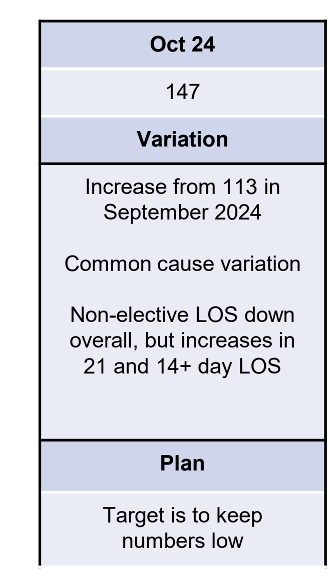




Oct 24
70.4%
Variation
Reduced from 71.4% September 2024 Common cause variation
Target
78%
Plan
Target is to keep working towards 78%

Indicator: 21+ LOS





Oct 24
147
Variation
Increase from 113 in September 2024 Common cause variation Non-elective LOS down overall, but increases in 21 and 14+ day LOS
Plan
Target is to keep numbers low

Top Contributors to performance

- Weekend discharge meetings now moved to Thursday instead of Friday
- Double and Triple boarding without increases in staff groups having impact on LOS
- Large volume of attendances to ED by those with mental health needs. Multiple breaches for waits in A&E due to waiting for specialist beds
- Trusted assessor model with LAS- 20 patients a month straight to SDEC

Actions Taken

- New Passports project added to flow workstream to support accurate completion of passports
- EOLC Coordinator post filled for secondment
- Chief exec escalation to housing colleagues
- Admissions Avoidance project lead now filled
- Care Homes Liaison post now filled and induction complete
- Capacity and Demand analysis for Intermediate Care completed
- Intermediate Care strategy in development

Planned Activity

- Surgery to develop a SOP to improve flow
- Coding to be reviewed to prevent delayed discharges being grouped into therapy causes instead of wider MDT needs e.g. passports
- Falls: Assistive technology to be used to reduce fallers in the community/care homes
- ED Redirect project to reduce Type 3 attendances
- Virtual Wards Care Homes pilot- Alexander Ward

Scorecard: Process Measures

Programme	Lead	Sponsor	Exec	Annual Budget	YTD Budget	YTD Spend	YTD Variance
UEC Delivery	Amanda Lloyd	Jen Cassettari / Ceri Jacobs	Ben Travis	n/a	n/a	n/a	n/a

Deliverable	Expected Delivery Date	Completed Date	RAG Rating	Update
Appropriate Admissions Convening refreshed reference & Steering group Agreed metrics for workstream	Q2 2024 Q2 2024			• Meetings delayed to November • Initial refresh of delivery focus and related metrics completed and agreed with leads • Assistive technology project being launched to reduce falls in community/care homes • Alexander Care Homes pilot with Virtual Ward showing significantly reduced ED attends
ED Front Door Delivery against performance	Ongoing	Ongoing		• Performance strong in August, but dipped in September • Type 3 activity reduction pilot progressing, planned approach in discussion with provider
Flow Long LOS meeting huddles 21 day weekly ward rounds	Ongoing	Ongoing		• Passports – pilot being launched to release OT capacity and pre-plan for discharge needs • Pharmacy now embedded in LOS Board and have reviewed input into workstreams
Discharge Reducing pathway 3 delays Therapies / Enablement C&D & Time and Motion study outputs Intermediate Care Strategy	09/24 – 09/25 09/24 10/24	09/24		• Hospital single point of contact for care homes – Victor Awuja in post • Therapies/enablement - Capacity and Demand report presented to Steering Group and recommendations approved. • Intermediate Care Strategy – strategy in draft form • Intermediate Care beds procurement – market engagement event diarised 13/12/24

Risk	Pre-Mitigation Rating	Mitigation	Post-Mitigation Rating
Move to combined 3-borough UEC board risks losing focus on Lewisham delivery	6	Governance at local level revised to include ability to review all workstreams together by SROs ahead of BGL Board	4
Lack of adequate resource to support delivery of workstreams / projects	9	PMO support in place, ongoing capacity issues. To recruit to fixed-term post funded by BCF, approval received, going to advert	6
Low levels of Winter Pressures Funding 24/25 leading to weakened ability to tackle demand	9	System agreement on priorities, continued joint work to mitigate areas most impacted.	6

Lewisham Local Care Partners Strategic Board
Cover Sheet

Item 15
Enclosure 13

Title:	**Lewisham Primary Care Group - Chairs Report**
Meeting Date:	Thursday 21 November 2024
Author:	Chima Olugh, Neighbourhood Development Manager
Executive Lead:	Ceri Jacob

<table>
<tr><td rowspan="3">Purpose of paper:</td><td rowspan="3">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.</td><td>Update / Information</td><td>X</td></tr>
<tr><td>Discussion</td><td></td></tr>
<tr><td>Decision</td><td></td></tr>
<tr><td>Summary of main points:</td><td colspan="3">The following items were discussed at the September and October 2024 Primary Care Group meetings:

1. Contractual
Decommissioning of Lewisham APBM Services

2. Primary Care Access
24/25 Lewisham Primary Care Access Plan

3. Quality
Novum Health Partnership Care Quality Commission Update.

4. Transformation
a) 24/25 London Improvement Grant Revenue Impact
b) 2024/25 Primary Care Service Development Fund

5. Lewisham General Practice Excellence Awards 2024/25</td></tr>
<tr><td>Potential Conflicts of Interest</td><td colspan="3">There are no conflicts of Interest as the paper is solely for information purposes.</td></tr>
<tr><td>Any impact on BLACHIR recommendations</td><td colspan="3">NA</td></tr>
</table>

Chair: Richard Douglas CB Chief Executive Officer: Andrew Bland

<table>
<tr><td rowspan="3">Relevant to the following Boroughs</td><td>Bexley</td><td></td><td>Bromley</td><td></td></tr>
<tr><td>Greenwich</td><td></td><td>Lambeth</td><td></td></tr>
<tr><td>Lewisham</td><td>✓</td><td>Southwark</td><td></td></tr>
<tr><td rowspan="2"></td><td>Equality Impact</td><td colspan="3">NA</td></tr>
<tr><td>Financial Impact</td><td colspan="3">NA</td></tr>
<tr><td rowspan="2">Other Engagement</td><td>Public Engagement</td><td colspan="3">NA</td></tr>
<tr><td>Other Committee Discussion/ Engagement</td><td colspan="3">The Lewisham LMC have been informed of the decommissioning of the Lewisham APBM Services and the use of the 2024/25 Primary Care Service Development Fund.
Lewisham Senior Management Team approved the 2024/25 Primary Care Service Development Fund.</td></tr>
<tr><td>Recommendation:</td><td colspan="4">The Lewisham Local Care Partners Strategic Board is asked to note the report.</td></tr>
</table>

1. Contractual

Decommissioning of Lewisham APBM Services

The Group received a paper which outlined the locally commissioned GP practice Ambulatory Blood Pressure Monitoring (ABPM) Service, with a recommendation to decommission the service in March 2025.

a) Background

- The GP practice ABPM has been in operation since 2006.
- A Service Level Agreement (SLA) was agreed in September 2023 between the Integrated Care Board (ICB) and 3 GP practices to provide ABPM to all appropriate patients registered in Lewisham practices.
- The SLA had an annual budget of c. £21,000 and practices were remunerated based on the number of patients that were seen. Practices also received some remuneration if a booked patient did not attend their scheduled appointment, in account of the effort and time invested by the practice.
- The current SLA ends in March 2025, and in agreement with practices may be terminated by either party with three months' notice.
- The number of patients who have used ABPM under the scheme has been relatively low. The latest figures split by the four practices are set out in the table below. They show that the number of patients has dropped in 2023/24 from the previous year and no claims were received from New Cross practice in 23/24 though it is not clear if any tests were actually done.

Practice	Number of patients seen in 23/24	Number of DNAs in 23/24
New Cross Health Centre	0	0
Modality Lewisham (2 sites)	209	98
The Lewisham Care Partnership	71	19
Total	280	107

b) National Pharmacy Scheme

As part of the 2019-2024 Community Pharmacy Contractual Framework, it was agreed that a model for detecting undiagnosed cardiovascular disease (CVD) in community pharmacy be piloted in 2021/22.

The NHS England Hypertension Case-Finding Service which was commissioned from community pharmacy as an Advanced service on the 1st October 2021.
The service has aspects similar to the locally commissioned GP practice ABPM service and is a duplication.

The national community pharmacy service is for people aged 40 years or older, or, at the discretion of pharmacy staff, for people under the age of 40 with high blood pressure (who have previously not had a confirmed diagnosis of hypertension).

26 out of 48 pharmacies have signed up to provide the service.

From January 2024 to April 2024, community pharmacy provided 8,600 BP checks. 19% of the checks were referred from GP practices. Lewisham pharmacies have also provided 936 ABPM checks in the last financial year 23/24. 60% of the ABPM checks were referred from GP practices, and 76% of the checks were carried out in the high deprived areas of the borough as per IMD decile.

c) Options

Two main options have been considered by the commissioning team for the future of the ABPM service:

Options	Benefits	Disadvantages
Maintain the Status Quo – continue to commission the GP practice ABPM service	• Maintain additional range of locations in practices for ABPM close to GP surgeries • Less disruption to service/providers by maintaining well-established contracts	• Continued duplication of ABPM services between practices and pharmacies • Confusing referral pathway for GPs • No savings achieved for the ICB.
Decommission the ABPM Service	• Significant costs savings of c £21k per year in the long run achieved by the ICB • Clearer referral pathway for patients • No duplication of services/resources • Pharmacies have the capacity to deal with the extra demand • Less time spent managing the contract by ICB staff, freeing up resources	• Potentially some disruption to local providers as contracts end • No practice based ABPM tests will be possible which may be inconvenient for some patients

d) The recommendation to decommission the GP Practice ABPM service was approved by the Group.

e) Next steps

- Informal notification and discussion with the current providers
- Formal notification given to the current providers.
- Engagement with community pharmacies through Medicines Optimisation Team
- Exit strategy implementation with the providers to ensure a smooth transition.

A communication plan will be implemented and circulated to key stakeholders to confirm changes and to promote the Community pharmacy ABPM service and referral pathway.

2. Primary Care Access

2024/25 Lewisham Primary Care Access Plan

NHSE published the two year Delivery plan for recovering access to primary care in May 2023.

In the second year, the NHS has reiterated its determination to make it easier and quicker for patients to see their GP and members of the primary care team.

Primary Care access is also a key component of the local Five year forward view delivery plan for Primary Care in Lewisham (2023-2028)

Much work is already underway locally to support improved access and the high level plan in **appendix A (Lewisham Primary Care Access Summary Plan 24/25)** seeks to consolidate these activities into one place.

The governance that oversees delivery of the plan and metrics to track progress are included as well as example reporting dashboards that are currently available.

3. Quality

Novum Health Partnership Care Quality Commission Update

The CQC carried out an announced comprehensive inspection of Novum Health Partnership on 11 October 2023.

The report published on 26 March 2024 rated the practice as 'Requires Improvement' overall.

The following service domains were rated Requires Improvement:

a) Effective
b) Responsive
c) Well-led.

The "Safe" domain was rated Inadequate.

The practice submitted an action plan to the ICB which was reviewed by subject matter experts who were assured the practice has effective arrangements in place and has provided sufficient evidence of improvement where concerns were identified.

Commissioners recommended that the ICB do not take formal contractual action against the practice.

It was recognised that there have been a number of CQC inspections in Lewisham that have resulted in a Requires Improvement rating. A lot of practices have not been inspected for a long time and the meticulousness of CQC inspections has changed over time and practices are mostly unaware of this.

It was agreed that this should be looked at across South East London, including collecting and sharing good examples with general practice.

The Group approved the recommendation not to take formal contractual action against Novum Health Partnership.

4. Transformation

a) 2024/25 London Improvement Grant Revenue Impact

The Group was recommended to approve that the ICB fund the anticipated revenue consequences of the Local Improvement Grants (LIG) that had capital funding agreed by NHS England for 2024/25.

The Group received an update on the London Improvement Grant (LIG) applications that had been received by Lewisham, which have been granted capital.

The Group was recommended to approve the anticipated revenue impact arising from the grant's schemes, which would need to be funded by Lewisham delegated budgets.

The Practice LIG schemes were submitted in November 2023 and required to comply with the following conditions of funding:

- Schemes must have a minimum value of £7,500 inclusive of VAT to meet capital funding requirements.
- Funding is not for works that have already started or completed.
- Practices will self-finance minimum 34% of the total scheme value
- Leasehold premises have a valid lease/agreement in place (a copy will need to be shared)
- Landlord consent will be provided for all leasehold premises.

A revised version of the premises cost directions was published on 10th May 2024 that provides commissioners with the option to invest 100% of capital in a scheme, however, NHS England only granted 66% in line with the rules that were in place when the applications were submitted.

Cost of works will be paid upfront by the practice, once works are completed and signed off by the LIG team, the agreed % of costs are reimbursed to the practice.

The conditions of the funding require the premises to either be:

- freehold
- leasehold with minimum of 5 years remaining and landlord's permission obtained.

Table 1 below summarises all the Lewisham applications for 2024/25 that were received and the NHS England funding decision. All were supported by the ICB earlier this year and it was noted in January 2024 that three of the five schemes would have an impact on the delegated rent budget for Lewisham.

Practice	Anticipated costs	Summary of bid	Revenue Implication (Yes / No)	Status or scheme
Oakview Family Practice (G85716)	£120,000 of which £79,200 provided by LIG	The addition of two consulting rooms to the ground floor of the surgery providing an additional 25m2 of space. Extension of fire alarm to new extension - not the upgrade of existing system. Modification of existing fire exit to become entrance to extension. Floor coverings in the existing four consulting/treatment rooms to be replaced with complaint coverings as part of the extension. Landscaping at back to incorporate extension - only where directly affected by the extension.	Yes	• EOI Approved
Wells Park Practice (G85114)	£185,000 of which £122,100 provided by LIG	Convert current seminar room to two consulting rooms. Install automatic front entrance doors. Levelling of the pedestrian access in the car park - to meet Equality Act. Relocate Seminar Room in area behind Reception to enable creation of clinical space	No	• EOI Approved • Grant agreement letter signed
Woodlands Health Centre (G85722)	£150,000 of which £99,000 provided by LIG	Building an extension to existing premises to create one additional clinical room. 20m2 clinical room in an un-used space.	Yes	• EOI Approved
Parkview Surgery (G85121)	£90,000 of which £59,400 provided by LIG	35m2 Loft conversion, allowing relocation of all admin space, giving the first floor to clinic space, adding an additional 3 clinical rooms. This would give the surgery 8 clinical rooms in total 4 on the ground floor and 4 on the first floor. The average number of rooms in the area for the current list size. Please note other surgeries in the area are not using their 1st floors as clinical spaces.	Yes	• EOI Approved
Vesta Road Surgery (G85105)	£79,304 of which £52,341	1 baby change unit to be installed in the patient's toilet. 1 covered area for prams next to the front porch.	No	• EOI Approved

	provided by LIG	Panic button in the clinical rooms and reception area. Second door to main entrance to be an automatic door to meet Equality Act. Upgrade old wash hand basins in 4 clinical rooms to meet clinical compliance requirements.		• Grant agreement letter signed

There revenue consequences of the schemes are outlined in table 2 below:

Project Name	Current Market Rent (CMR)	New CMR	*Abated rent	Additional revenue consequence
Oakview Family Practice	£47,870	£54,150	£50,633	£2,763
Wells Park Practice	£135,700	£135,700	N/A	£0
Woodlands Health Centre	£110,335	£114,375	£112,113	£1,778
Parkview Surgery	£42,175	£48,250	£44,848	£2,673
Vesta Road	£38,760	£38,760	N/a	£0
Total				**£7,214**

The fact that an estimated £500,000 investment would come to the borough for a £7,000 recurrent cost was seen as good news for practices and patients therefore the Group approved the recommendation.

**Abatement is a period during which rent is reduced based on the level of works carried out. In accordance with the abatement formula set out in NHS (GMS Premises Costs) Directions 2013, the CMR shown in the table above is reduced following an annual abatement per annum.*

b) 2024/25 Primary Care Service Development Fund

The Group received an update on the Lewisham position, and intention, for primary care Service Development Funding (SDF) in 2024/25 and seek approval.

Background
NHS England provides SDF ICBs, as additional programme funding on top of ICB baselines.

The Priorities and operational planning guidance 2024/25 confirms the continuing priority focus on delivering 3 recovery plans: primary care, urgent and emergency care, and elective and cancer care.

In 2024/25, ICBs should therefore spend primary care SDF on supporting primary care to make the changes and deliver the commitments set out in the Delivery plan for recovering access to primary care, and the update to this delivery plan (published in April 2024), with the objective of improving access to primary care services and particularly to general practice.
Primary care SDF should be ringfenced for primary care priorities and should not be used to fund business as usual staff costs or other ICB costs.

The full national SDF document for 24/25 is available at: https://www.england.nhs.uk/long-read/primary-care-service-development-funding-and-general-practice-it-funding-guidance-2024-25/

Lewisham SDF allocation for 2024/25

The agreed methodology in SEL ICB to calculate borough SDF allocations is on the basis of weighted population. For 2024/25, the total allocation for Lewisham is £693,926.

Proposed use of the allocation is split between pre-existing SEL-wide commitments, initiatives where boroughs choose to work collectively (particularly through the SEL Workforce Development Hub (WDH) and in regard to digital programmes) and local priorities.

The table below provides a summary of the proposed use of the Lewisham allocation:

Lewisham Population (weighted)		342,591
Allocation	**Full Primary Care Transformation Allocation**	**£693,926**
Pre-existing SEL-wide commitments	Flexible staffing pools (Year 2 of 2 year contract)	-£20,000
Remaining Allocation		**£673,926**
Initiatives where boroughs choose to work collectively	Central ICB Digital team Resources - ICB Business and Data Analyst & PMO officer	-£22,300
	Local Digital team Resources - Borough change manager	-£65,000
	Clinical Effectiveness South East London	-£28,252
	Practice nurse measures	-£23,750
	GP Update Course	-£9,836
	Primary Care Organisational Development Team	-£61,050
Local priorities	Primary care integrated working (Waldron Health Centre)	-£200,000
	Joy social prescribing platform	-£42,000
	Practice resilience	-£30,000
	Primary care proposition	-£191,738

The Group endorsed the proposed SDF areas with the exception of the primary care proposition and primary care integrated working which were approved by the Lewisham ICB senior management team.

5. Lewisham General Practice Excellence Awards 2024/25

The 2024/25 Lewisham General Practice Excellence Awards will be held on Friday 31st January. The General Practice awards will recognise the outstanding work in Lewisham by staff working in general practice and will be an exciting opportunity to celebrate with colleagues.

GP practice staff are being asked to nominate their colleagues for a variety of categories including:

- GP Practice of the Year
- GP of the Year
- Practice Manager of the Year
- Practice Nurse of the Year
- Receptionist/Administrator of the Year
- Extended Practice Team Member of the Year (ARRS and HCAs)

- Innovation in Health Award (Project)
- System Collaboration Award (Project)
- Primary Care Network of the Year

There will also be a People's Choice Award, with nominations to be made directly by the public using the following link: https://www.smartsurvey.co.uk/s/GPAWARDS2425/

Additional information can also be found here: https://www.lewishamcepntraininghub.co.uk/events/general-practice-excellence-awards-2024

Nominations will be assessed based on impact, quality, improved patient experience and innovation.

Lewisham Primary Care Access Summary Plan 24/25

Ashley O'Shaughnessy, Associate Director CBC and Primary Care (Lewisham)

Version 1.0

31st October 2024

Introduction

NHSE published the Delivery plan for recovering access to primary care in May 2023

Primary Care access is also a key component of the local Five year forward view delivery plan for Primary Care in Lewisham (2023-2028)

Much work is already underway to support improved access and this high level summary plan seeks to consolidate these activities into one place

The plan is structured in line with headings of the national Delivery plan for recovering access to primary care

The governance that is overseeing delivery of the plan and metrics to track progress are included as well as example reporting dashboards that are currently available

Empower patients

Empower patients to manage their own health including using the NHS App, self-referral pathways and through more services offered from community pharmacy.

Initiative	Detail	Lead	Timescales	Incentives	Considerations / gaps
NHS APP	Maximise registrations and usage of the NHS APP for repeat prescriptions, viewing medical records, booking appointments and receiving messages	Bianca (digital change manager)	Quarterly deep dive review of data to assess progress and update detailed plan as needed	None	Current focus is on maxmising registrations but also need to track and push actual usage of the NHS APP
Practice websites	Ongoing work with all practices to review and refine their websites to make them easier to navigate including ensuring they are up to date, consistent and cover all key areas	Bianca (digital change manager)	Quarterly review of progress	None	Need to confirm this is still a priority with the SEL digital team who may be looking to divert the change manager focus away from this
Self referral	Promoting self referral into appropriate pathways	TBC	Quarterly review of progress	None	What are the ICB and partners (SEL and place) directly doing to promote self referral pathways
Pharmacy First	Promoting use of the pharmacy first pathway	Sukhvir Johal	Quarterly review of progress	Incentives for community pharmacy	Need to consider the role of the community pharmacy neighbourhood leads
Pharmacy oral contraception (OC) and blood pressure (BP) services	Promoting use of the OC and BP pathways	Sukhvir Johal	Quarterly review of progress with specific focus in Q4 24/25 to coincide with decommissioning of practice based ABPM service	Incentives for community pharmacy	Need to consider the role of the community pharmacy neighbourhood leads
Public comms and engagement campaign	Campaign to clearly articulate key aspects of the access programme particularly to include new ARRS roles and triage models	Chima/Helen Marsh	Ideally would have plan agreed by Q4 24/25	None	Consider how we work with the Peoples Partnership to do this - conversations have already started

Implement ‘Modern General Practice Access’

Implement Modern General Practice Access to tackle the 8am rush, provide rapid assessment and response, and avoid asking patients to ring back another day to book an appointment.

Initiative	Detail	Lead	Timescales	Incentives	Considerations / gaps
Cloud based telephony (CBT)	Ensuing all practices are using fit for purpose CBT to support patients who wish to contact via the phone	Bianca (digital change manager)	All practices already transitioned to CBT including call back functionality but some practices scheduled to move to more optimal systems	Funding already provided to support adoption of fit for purpose CBT Part of CAIP and T&T	Need to consider what resource/support is available to enable practices to maximise the benefits of CBT i.e. training
Online consultation (OC) offer	Ensuing all practices are using fit for purpose OC tools to support patients who wish to contact online	Bianca (digital change manager)	All practices already using OC tools to some degree	Part of CAIP and T&T	Need to consider what resource/support is available to enable practices to maximise the benefits of OC i.e. training
Capacity and Access Improvement Payment (CAIP)	PCN incentive for 24/25 which focuses on better digital telephony, simpler online requests and faster care navigation, assessment, and response.	Chima	Local guidance for 24/25 already circulated to practices with PCNs to confirm compliance across all constituent practices by 31 March 2025	National CAIP funding – compliance with the 3 elements can be submitted individually or collectively at any point up until 31 March 2025	National scheme with no flexibility. PCN CDs to self declare compliance but guidance circulated to help provide assurance and option of post payment verification (PPV) available
Transition and Transformation (T&T) funding	Specific funding for practices to support transition to the modern general practice model.	Chima	Funding available until 31 March 2025	Non-recurrent national transition and transformation funding – an average of £13,500 available per practice.	All practices have received an initial £5k and where evidence of transition has been submitted further funding has followed. Risk that some practices may not be able to evidence transition by 31/3/25
Support Level Framework (SLF) programme	Programme commissioned from the SELWDH to undertake a structured diagnostic with practices to assess strengths/weaknesses and develop corresponding action plans	SEL Workforce Development Hub (SELWDH)	All practices to undertake SLF assessment by March 2025 SLF+ programme also now being offered as a follow up	Funding for practices already allocated to support engagement in the SLF programme	Need to consider what resource/support is available to follow up on actions/themes emerging from the SLF/SLF+ programme

Build capacity

Build capacity to deliver more appointments from more staff than ever before and add flexibility to the types of staff recruited and how they are deployed

Initiative	Detail	Lead	Timescales	Incentives	Considerations / gaps
Additional Roles Reimbursement Scheme (ARRS)	Supporting additional roles in primary care including first contact physiotherapists, pharmacists, social prescribing link workers, health and wellbeing coaches, care coordinators, physician associates and mental health and wellbeing practitioners	Charles Malcom-Smith / Chima	Rolling programme for 24/25 No clarity yet on arrangements for 25/26	Funding for roles provided	Whilst we need to support PCNs to fully utilize their available budgets, we also need to consider how we work with PCNs to integrate and embed these roles into the wider system, taking a more strategic approach
Enhanced Access	Additional capacity on weekday evenings (6.30-8pm) and on Saturdays (9-5pm). Delivered at a PCN level	Yvonne	Quarterly review process already in place	Part of the PCN Network DES requirements and funded as such	Annual review of 23/24 delivery recently undertaken – as part of this, PCNs have been required to submit action plans to address any areas of challenge i.e. appointment mix, consistency of information on practice websites
Closer work with pharmacy, dental, optom providers/services	Programme to be developed to explore opportunities to work with local pharmacy, dental, optom providers/services to support improved access across all primary care services	Ashley	TBC	TBC	Good progress already in train with community pharmacy. Need to consider what resource might be available to support this work
Integrated neighbouhood teams (INTs) and multi-disciplinary meetings (MDMs)	Continued development of INTs and MDMs to take a more proactive approach to the management of the more complex patients, streamlining both their access and also for all others	Fiona Kirman / Chima	Separate detailed plan in place for this workstream	Population Health Framework Primary Care Service Development Funding (SDF) PMS premium	Need to consider how we make the link between this work and improved access

Cut bureaucracy

Cut bureaucracy and reduce the workload across the interface between primary and secondary care, and the burden of medical evidence requests so practices have more time to meet the clinical needs of their patients.

Initiative	Detail	Lead	Timescales	Incentives	Considerations / gaps
Primary / secondary care Interface	Improving the interface between general practice and secondary care services to include discharge letters, onward referrals, test requests, clear communication channels	Jack Upton	TBC	None	Need to formalize our local programme and also consider how we link to the SEL work in this area
District Nursing interface	Improving the interface between general practice and district nursing services	Jack Upton	Workshop held in July 2024 Short term actions identified and being progressed	None	Approach to longer term, more strategic/contractual actions to be agreed

Governance

Access is a standing agenda item at the Lewisham Primary Care Group which reports through to the LCP strategic board via a chairs report

There is also a SEL Primary Care Recovering Access Transformation Programme meeting which covers common issues across all 6 SEL boroughs

As appropriate, access is also discussed at the Lewisham Primary Care Leadership Forum especially in regard to the primary/secondary care interface (LGT are regular attenders) and pharmacy matters (LPC are members of the group).

Individual metrics to track progress have been identified (see next slide) but more work is needed to try and combine these to highlight practices/PCNs where good progress is being made and also where more focus is needed

'Ambitions' against agreed baselines should be set where appropriate to help track progress over time

Metrics to track progress

Metric	Data source	Suggested Frequency	Lead	Specific considerations
GP Appointment Data (GPAD)	https://digital.nhs.uk/data-and-information/publications/statistical/appointments-in-general-practice	Quarterly	Lindsey	• Number of appointments per 1000 patients • Appointments within 2 weeks
Pharmacy First/OC and BP services	TBC	Quarterly	Sukhvir Johal	• Uptake
NHS APP	SEL BI dashboard	Quarterly	Bianca	• % of patients who have registered for the APP
PCN Enhanced Access	PCN reporting	Quarterly	Yvonne	• Delivery against contractual requirements including 60 mins per 1000 patients
ARRS	SEL BI dashboard	Quarterly	Charles Malcom-Smith / Chima	• Spend against budget
GP Patient Survey (GPPS)	https://gp-patient.co.uk/	Annual	Chima	• Getting through on the phone • Overall experience of contacting practice
Friends and Family Test (FFT)	https://www.england.nhs.uk/fft/friends-and-family-test-data/	Quarterly	Chima	• % good / very good
111 utilisation	SEL BI dashboard	Quarterly	Yvonne	• Calls per 1000 patients

Focus areas for the LCP

Focus areas	Considerations
Communications and Engagement	How do we best work across the partnership to communicate a consistent message to the public about how best to utilise primary care services i.e. NHS APP, Pharmacy First, expanding primary care team, Modern General Practice model
Additional Roles Reimbursement Scheme (ARRS)	Can we take a more strategic approach to ARRS to fully integrate and embed this workforce into the local system i.e. recruitment & retention, training, supervision, rotational roles, shared posts
Closer work with pharmacy, dental, ophthalmic providers/services	When exploring closer working with community pharmacy, dental and ophthalmic providers/services, are there broader connections that can be made i.e. health promotion, social prescribing, mental health support
Integrated neighbouhood teams (INTs) and multi-disciplinary meetings (MDMs)	How do we collectively prioritise our work on INTs and MDMs to support our complex patients and make best use of available resources
Interface	Building on the work already started focusing on the primary/secondary interface and the interface with district nursing services, can we go further and faster in these areas and what are the opportunities to expand this work to other system interfaces i.e. mental health, local authority, VCSE

Example reporting dashboards

National GP Appointment Data

Table 4: Practice level summary of appointments by Appointment Mode, England, July 2024
Notes:
1 - Practices using the Cegedim and Informatica GP systems are unable to supply appointment mode data.

Month	GP Code	GP Name	PCN Code	PCN Name	Appointments	List Size	Appointments Per 1,000 Patients	Face to Face	Home Visit	Telephone	Video / Online	Unknown
Jul-24	G85722	WOODLANDS HEALTH CENTRE	U21222	LEWISHAM ALLIANCE PCN	5,507	10,132	543.5	2,907	56	2,544	0	0
Jul-24	G85114	WELLS PARK PRACTICE	U23546	APLOS HEALTH PCN	6,626	12,674	522.8	5,009	1	1,291	325	0
Jul-24	G85015	THE QRP SURGERY	U53896	NORTH LEWISHAM PCN	3,888	9,218	421.8	2,305	0	866	717	0
Jul-24	G85027	BURNT ASH SURGERY	U21222	LEWISHAM ALLIANCE PCN	2,691	6,451	417.1	1,170	6	1,485	0	30
Jul-24	G85057	DOWNHAM FAMILY MEDICAL PRACT	U58020	SEVENFIELDS PCN	2,692	6,836	393.8	1,288	4	1,400	0	0
Jul-24	G85038	THE LEWISHAM CARE PARTNERSH	U11059	LEWISHAM CARE PARTNERSHIP PCN	20,566	53,741	382.7	13,080	96	6,549	703	138
Jul-24	G85076	NEW CROSS CENTRE (HURLEY GR	U53896	NORTH LEWISHAM PCN	3,751	10,040	373.6	1,610	15	2,126	0	0
Jul-24	G85032	TORRIDON ROAD MEDICAL PRACTI	U58020	SEVENFIELDS PCN	4,404	11,906	369.9	3,062	0	1,342	0	0
Jul-24	G85061	WOOLSTONE MEDICAL CENTRE	U23546	APLOS HEALTH PCN	3,395	9,205	368.8	2,229	8	740	418	0
Jul-24	G85736	DEPTFORD MEDICAL CENTRE	U53896	NORTH LEWISHAM PCN	1,510	4,234	356.6	1,080	0	430	0	0
Jul-24	G85120	TRIANGLE GROUP PRACTICE	U21222	LEWISHAM ALLIANCE PCN	2,258	6,630	340.6	1,101	0	827	330	0
Jul-24	G85716	OAKVIEW FAMILY PRACTICE	U58020	SEVENFIELDS PCN	2,093	6,293	332.6	1,309	0	692	91	1
Jul-24	G85121	PARKVIEW SURGERY	U58020	SEVENFIELDS PCN	3,095	9,427	328.3	2,432	117	501	0	45
Jul-24	G85004	MODALITY LEWISHAM (ML)	U22506	MODALITY LEWISHAM PCN	11,315	36,525	309.8	7,646	87	3,480	89	13
Jul-24	G85026	CLIFTON RISE FAMILY PRACTICE	U53896	NORTH LEWISHAM PCN	1,353	4,462	303.2	437	0	902	0	14
Jul-24	G85727	NIGHTINGALE SURGERY	U21222	LEWISHAM ALLIANCE PCN	1,951	6,554	297.7	1,383	0	568	0	0
Jul-24	G85023	LEWISHAM MEDICAL CENTRE	U21222	LEWISHAM ALLIANCE PCN	4,369	14,723	296.7	2,875	0	1,494	0	0
Jul-24	G85046	LEE ROAD SURGERY	U21222	LEWISHAM ALLIANCE PCN	3,268	12,518	261.1	3,224	12	32	0	0
Jul-24	G85104	ICO HEALTH GROUP	U58020	SEVENFIELDS PCN	2,638	10,182	259.1	1,961	8	668	0	1
Jul-24	G85024	SYDENHAM GREEN GROUP PRACT	U23546	APLOS HEALTH PCN	3,901	15,373	253.8	2,614	8	1,232	0	47
Jul-24	G85105	VESTA ROAD SURGERY	U53896	NORTH LEWISHAM PCN	1,639	6,610	248.0	1,272	6	294	66	1
Jul-24	G85020	KINGFISHER MEDICAL CENTRE	U53896	NORTH LEWISHAM PCN	3,917	16,074	243.7	2,667	23	1,227	0	0
Jul-24	G85696	VALE MEDICAL CENTRE	U23546	APLOS HEALTH PCN	3,617	15,962	226.6	2,597	0	513	0	507
Jul-24	G85633	NOVUM HEALTH PARTNERSHIP	U58020	SEVENFIELDS PCN	4,799	21,383	224.4	3,556	0	1,243	0	0
Jul-24	G85711	DEPTFORD SURGERY	U53896	NORTH LEWISHAM PCN	2,667	11,939	223.4	1,597	0	1,070	0	0
Jul-24	G85085	GROVE MEDICAL CENTRE	U53896	NORTH LEWISHAM PCN	2,746	12,831	214.0	1,852	6	884	0	4
Jul-24	G85698	AMERSHAM VALE TRAINING PRACTI	U53896	NORTH LEWISHAM PCN	3,071	15,685	195.8	1,565	0	1,491	15	0
				TOTALS	**113,727**	**357,608**	**323**	**73,828**	**453**	**35,891**	**2,754**	**801**
				AVERAGE				**64.92%**	**0.40%**	**31.56%**	**2.42%**	**0.70%**

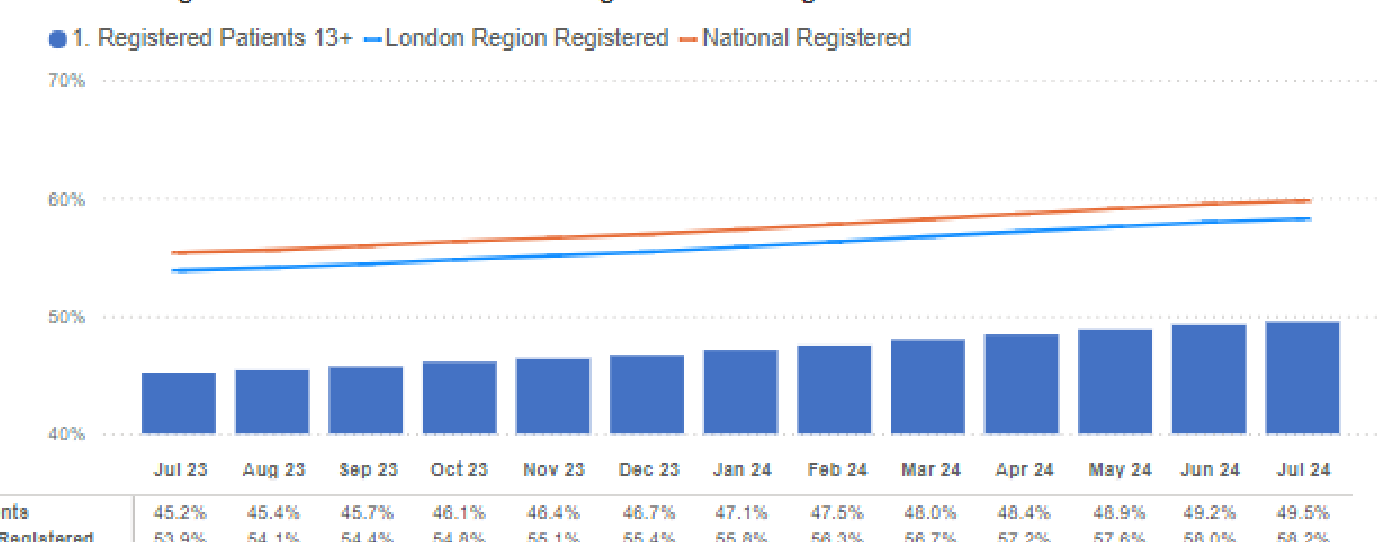
NHS App Utilisation - Summary

Borough, PCN Name, Practice Name

Lewisham

** The NHS App Reporting Dashboard is currently experiencing unforeseen delays with data refresh due to a system outage. Therefore, for July data, we are reporting up to **21st July 2024**

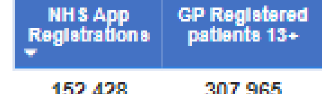
SEL ICB Registered Patients 13+ benchmarked against London Region and National



	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun 24	Jul 24
Registered Patients	45.2%	45.4%	45.7%	46.1%	46.4%	46.7%	47.1%	47.5%	48.0%	48.4%	48.9%	49.2%	49.5%
London Region Registered	53.9%	54.1%	54.4%	54.8%	55.1%	55.4%	55.8%	56.3%	56.7%	57.2%	57.6%	58.0%	58.2%
National Registered	55.4%	55.6%	55.9%	56.3%	56.6%	56.9%	57.3%	57.8%	58.2%	58.7%	59.1%	59.5%	59.8%

Current Month : Jul 24

49.5%



NHS App Registrations	GP Registered patients 13+
152,428	307,965

60%

Target

Key Performance Indicator	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun 24	Jul 24
Total registrations	139,179	139,813	140,700	141,983	142,861	143,730	145,006	146,279	147,774	149,130	150,484	151,672	152,428
1a. Push Notifications turned on	98,276	46,205	48,799	52,216	54,422	56,267	58,992	63,447	67,967	72,616	77,120	80,326	83,079
2. No. of logins	78,147	83,458	93,210	109,920	92,929	89,499	135,947	124,401	149,797	127,884	133,583	127,371	92,518
3. Appointments booked	1,368	1,372	1,197	957	713	551	977	771	861	1,033	1,054	1,050	622
4. Appointments cancelled	453	416	479	498	312	298	514	443	473	508	489	541	424
5. Repeat Prescriptions	8,281	8,221	8,196	8,898	7,393	9,018	10,630	9,919	11,436	11,906	12,681	12,581	8,686
6. Record Views	30,962	33,732	34,549	38,201	34,674	34,732	50,266	52,689	60,899	60,750	73,003	76,039	58,919

Key Performance Indicator	Latest change
Total registrations	↑ 0.5%
1a. Push Notifications turned on	↑ 3.4%
2. No. of logins	↓ 27.4%
3. Appointments booked	↓ 40.8%
4. Appointments cancelled	↓ 21.6%
5. Repeat Prescriptions	↓ 31.0%
6. Record Views	↓ 22.5%

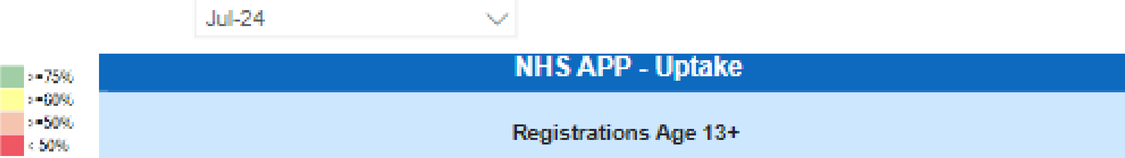
NHS App Utilisation - PCN and Practice

Borough, PCN Name, Practice Name

Lewisham

Please select a month:

Jul-24



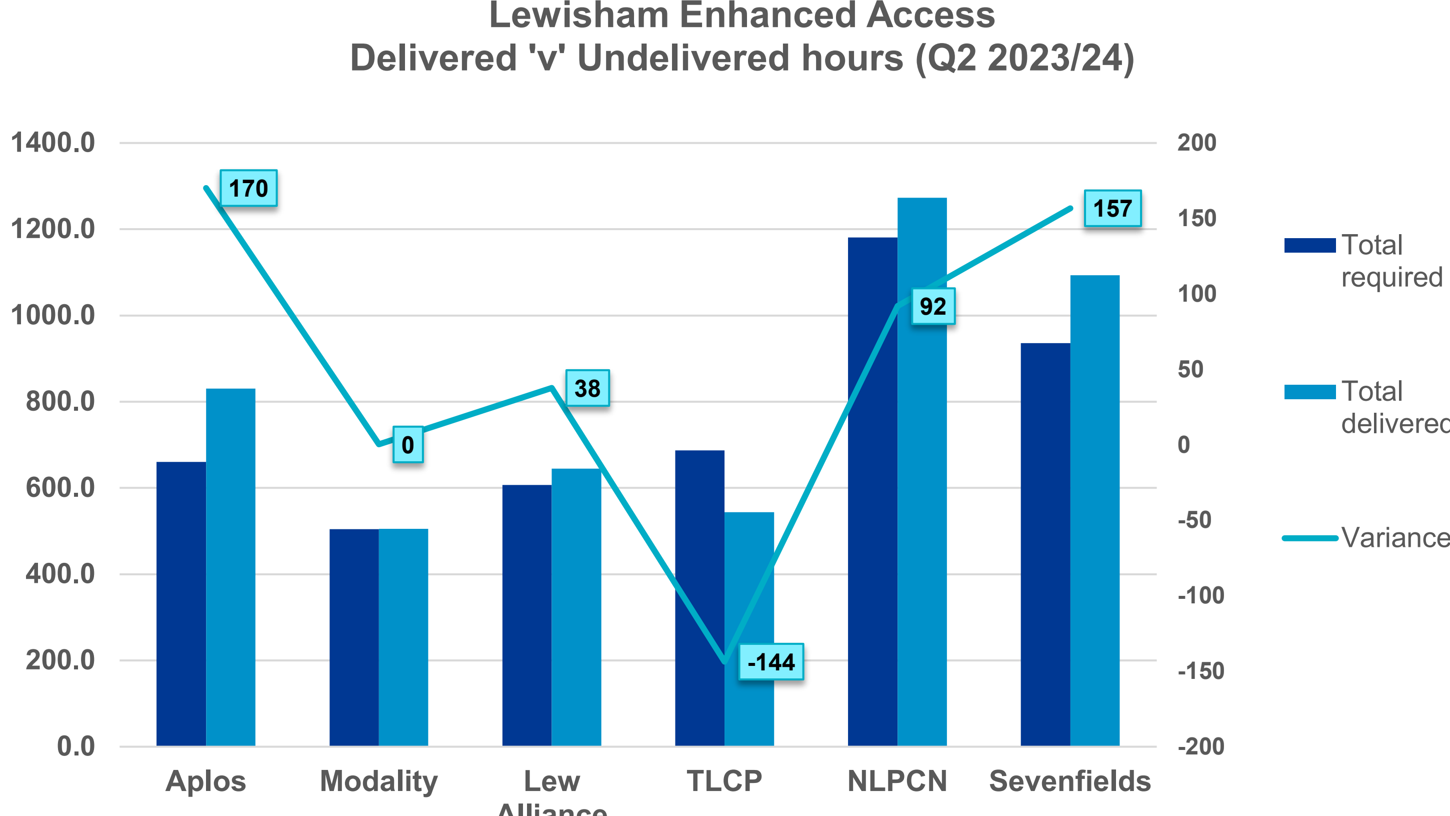
PCN Name	Practice Name and Code	Registrations Baseline February 23	% NHS App registered patients for June 24	% NHS App registered patients for July 24	% Change	% with NHS App notifications turned on	Jul 24 Notifications on	Jul 24 Registrations
North Lewisham PCN	Amersham Vale Training Practice (G85698)	52.7%	62.1%	62.2%	0.2% ↑	54.6%	4,845	
Lewisham Alliance PCN	Burnt Ash Surgery (G85027)	51.8%	56.6%	56.6%	0.1% ↑	49.9%	1,562	
North Lewisham PCN	Clifton Rise Family Practice (G85026)	38.8%	44.0%	44.1%	0.1% ↑	40.6%	707	
North Lewisham PCN	Deptford Surgery (G85711)	51.0%	54.8%	54.9%	0.1% ↑	44.8%	2,652	
Sevenfields PCN	Downham Family Medical Practice (G85057)	43.2%	49.8%	49.9%	0.1% ↑	40.3%	1,142	
North Lewisham PCN	Dr Mog Sarders Practice (G85736)	37.5%	46.6%	46.7%	0.1% ↑	54.6%	939	
North Lewisham PCN	Grove Medical Centre (G85085)	51.7%	56.7%	56.8%	0.1% ↑	43.9%	2,876	
Sevenfields PCN	ICO Health Group (G85104)	43.6%	48.7%	48.7%	0.1% ↑	38.3%	1,634	
North Lewisham PCN	Kingfisher Medical Centre (G85020)	44.0%	48.1%	48.2%	0.1% ↑	45.3%	3,195	
Lewisham Alliance PCN	Lee Road Surgery (G85046)	62.2%	65.4%	65.4%	0.0% ↑	50.5%	3,572	
Lewisham Alliance PCN	Lewisham Medical Centre (G85023)	49.2%	53.9%	54.0%	0.1% ↑	41.2%	2,854	
Modality Lewisham PCN	Modality Lewisham (G85004)	29.8%	36.3%	36.4%	0.1% ↑	78.0%	8,883	
North Lewisham PCN	New Cross Health Centre (G85076)	49.2%	54.4%	54.5%	0.1% ↑	44.2%	2,147	
Lewisham Alliance PCN	Nightingale Surgery (G85727)	54.4%	57.8%	57.9%	0.1% ↑	40.1%	1,241	
Sevenfields PCN	Novum Health Partnership (G85633)	48.2%	53.3%	53.5%	0.2% ↑	42.2%	4,054	
Sevenfields PCN	Oakview Family Practice (G85716)	45.7%	53.1%	53.3%	0.2% ↑	54.7%	1,489	
Sevenfields PCN	Parkview Surgery (G85121)	34.7%	40.9%	41.0%	0.2% ↑	62.3%	2,025	
Sevenfields PCN	South East London Special Allocation Practice (Y06545)	9.4%	13.5%	13.5%	0.0% ↑	70.0%	28	
Aplos Health PCN	Sydenham Green Group Practice (G85024)	51.9%	59.0%	59.1%	0.1% ↑	45.8%	3,603	
Lewisham Care Partnership PCN	The Lewisham Care Partnership (G85038)	21.8%	27.8%	28.1%	0.3% ↑	108.8%	14,151	
North Lewisham PCN	The QRP Surgery (G85015)	50.1%	54.8%	54.9%	0.1% ↑	45.8%	2,091	
Sevenfields PCN	Torridon Road Medical Practice (G85032)	47.6%	52.2%	52.3%	0.1% ↑	38.0%	2,026	
Lewisham Alliance PCN	Triangle Group Practice (G85120)	49.9%	55.6%	55.8%	0.2% ↑	40.7%	1,309	
Aplos Health PCN	Vale Medical Centre (G85696)	58.9%	64.5%	64.6%	0.1% ↑	51.4%	4,354	
North Lewisham PCN	Vesta Road Surgery (G85105)	67.7%	71.2%	71.3%	0.1% ↑	39.1%	1,571	
Aplos Health PCN	Wells Park Practice (G85114)	51.3%	56.8%	56.9%	0.1% ↑	54.1%	3,279	
Lewisham Alliance PCN	Woodlands Health Centre (G85722)	51.0%	55.7%	55.9%	0.2% ↑	49.5%	2,319	
Aplos Health PCN	Woolstone Medical Centre (G85061)	45.1%	53.2%	53.2%	0.1% ↑	60.9%	2,531	
Total		**43.6%**	**49.2%**	**49.4%**	**0.1%**	**54.5%**	**83,075**	

Enhanced Access Offer

- Lewisham delivered approximately 4889 hours from the required 4576 hours **(7% variance).**
- This is an increase of hours offered compared to Q1 (4126 *hours)*

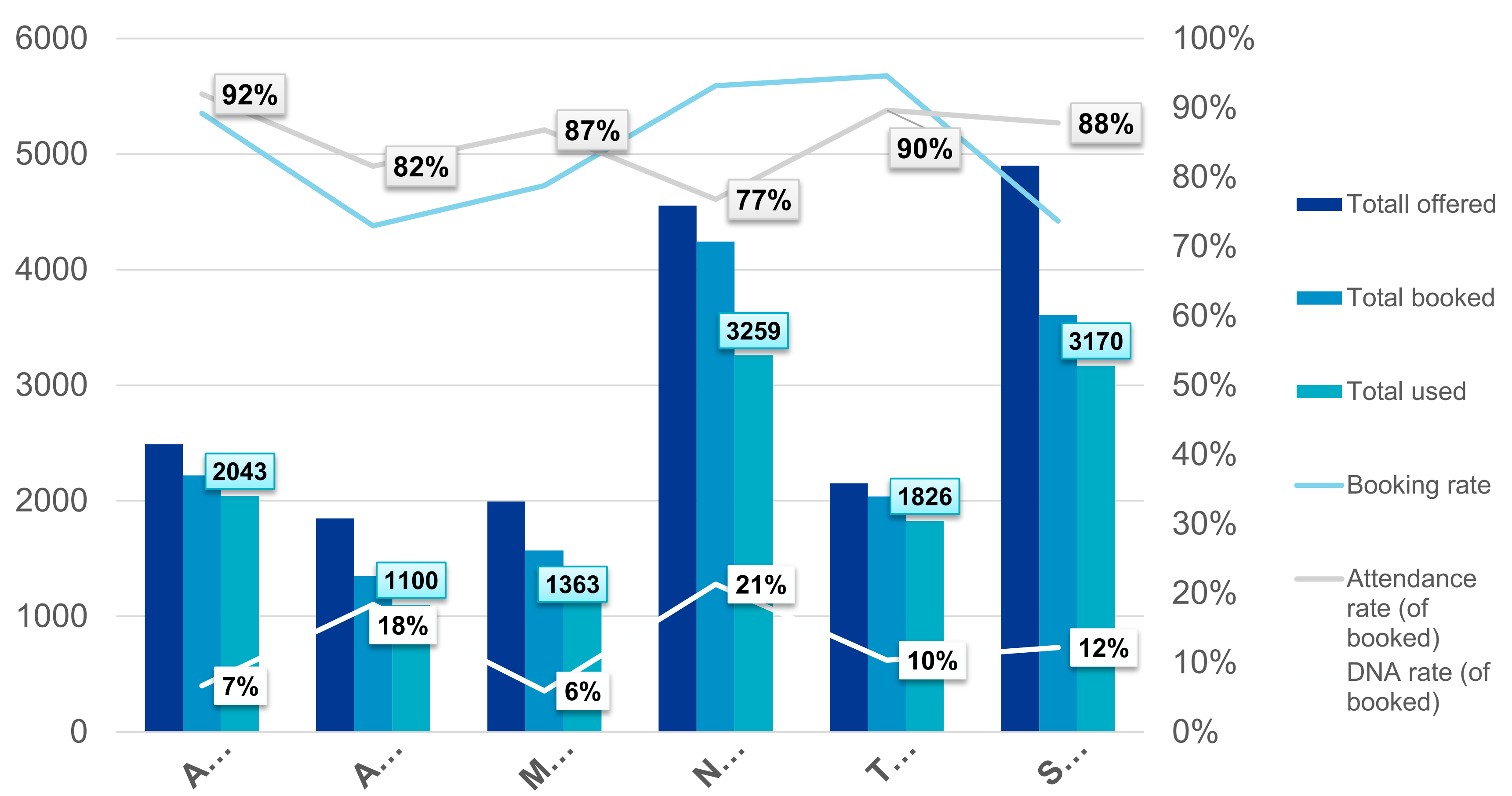
	Additional hours to be delivered per quarter	Delivered	Variance (hrs)	% variance
Aplos	660.10	830.3	170.1	26%
Modality	504.74	505	**0.3**	**0%**
Lew Alliance	688.88	644.5	37.7	6%
TLCP*	687.30	543.7	-143.6	-21%
NLPCN	1180.83	1272.8	91.9	8%
Sevenfields	854.17	1093.0	156.8	17%
Total Year	**4576**	**4889**	**313.2**	**7%**

**Q3 Recovery plan required*



EA - Demand and capacity

South East London Integrated Care System



Lewisham summary

- **84%** Total booking rate
  (decrease from 91% in Q1)
- **85%** Total attendance rate
  (increase from 81% in Q1)
- Total **14%** DNA rate
  (decrease from 15% Q1)
- Total average offer of **3.2** appointments per hour
  (comparable to Q1)
- Average of **2.7** patients per hour seen based on number of bookings made and hours delivered

EA Activity – by clinician type

Please note comparisons are made against each service type and total activity

- **33%** of total appointments offered were for GPs compared to 36% nurses, 17% ARRs and 14% other HCPs
- **GPs** had the highest booking rate (97%) and equated to 33% of total bookings, a decrease from 45% in Q1. They had the highest attendance rate (93% by type/ 42% total). DNA rate decreased from 14% in Q1 to 7% in Q2 and was the lowest by type but 2nd highest DNA rate across all types (20%) although this was a decrease from Q1 (35%)
- **Nurses** had the 2nd highest booking rate (84%) which is an increase from Q1 (78%). They had the highest number of DNAs by type (18%) and by total (46%), a 7% increase on Q1.
- **ARRs** had the lowest attendance rate (80%) They had highest DNA rate by type of 20% compared to 12% in Q1 and total (20%)
- **Other HCP appts** equated to 11% of total attends and has a DNA rate of 18% by type and 14% of total.

		GP	Nurse	ARRs	Other HCP	Total
Total activity by appointment type	Total offered	6009	6372	3029	2533	17943
	Total booked	5809	5322	2148	1635	14914
	Total Attends	5382	4340	1708	1334	12764
	Total DNA	427	982	440	301	2150
% by appointment type	Booking rate	97%	84%	71%	65%	83%
	Attendance rate	93%	82%	80%	82%	86%
	DNA rate	7%	18%	20%	18%	14%
% of total activity	% offered of total	33%	36%	17%	14%	100%
	% booked of total	39%	36%	14%	11%	100%
	% total attends	42%	34%	13%	10%	100%
	% total DNA	20%	46%	20%	14%	100%

EA Activity – by clinician type

7000
6000
5000
4000
3000
2000
1000
0

120%
100%
80%
60%
40%
20%
0%

GP: 97%, 93%, 7%

Nurse: 84%, 82%, 18%

ARRs: 80%, 71%, 20%

Other HCP: 82%, 65%, 18%

Total offered
Total booked
Total Attends
Total DNA
Booking rate
Attendance rate
DNA rate

EA Activity – by appointment type

- This quarter saw an increase in appointments offered for F2F and online and a decrease across all other types.
- Face to Face (F2F) and telephone were the most offered and highest utilised of appointment types available.
- DNA rate of 15% across all types with 89% of DNA attributable to F2F appointments

		F2F	Tel	Online	Other	Total
Total activity by appointment type	Total offered	14530	3139	363	0	18032
	Total booked	12060	2591	218	0	14869
	Total Attends	10085	2364	210	0	12659
	Total DNA	1975	227	8	0	2210
% by appointment type	Booking rate %	83%	83%	60%	0%	82%
	Attendance rate %	84%	91%	0%	0%	85%
	DNA rate %	16%	9%	0%	0%	15%
% of total activity	% offered of total	81%	17%	2%	0%	100%
	% booked of total	81%	17%	1%	0%	100%
	% total attends	80%	19%	2%	0%	100%
	% total DNA	89%	10%	0%	0%	100%

81% of total appointments offered were for F2F appointments compared to Telephone (17%), Online (2%) and Other (0%).

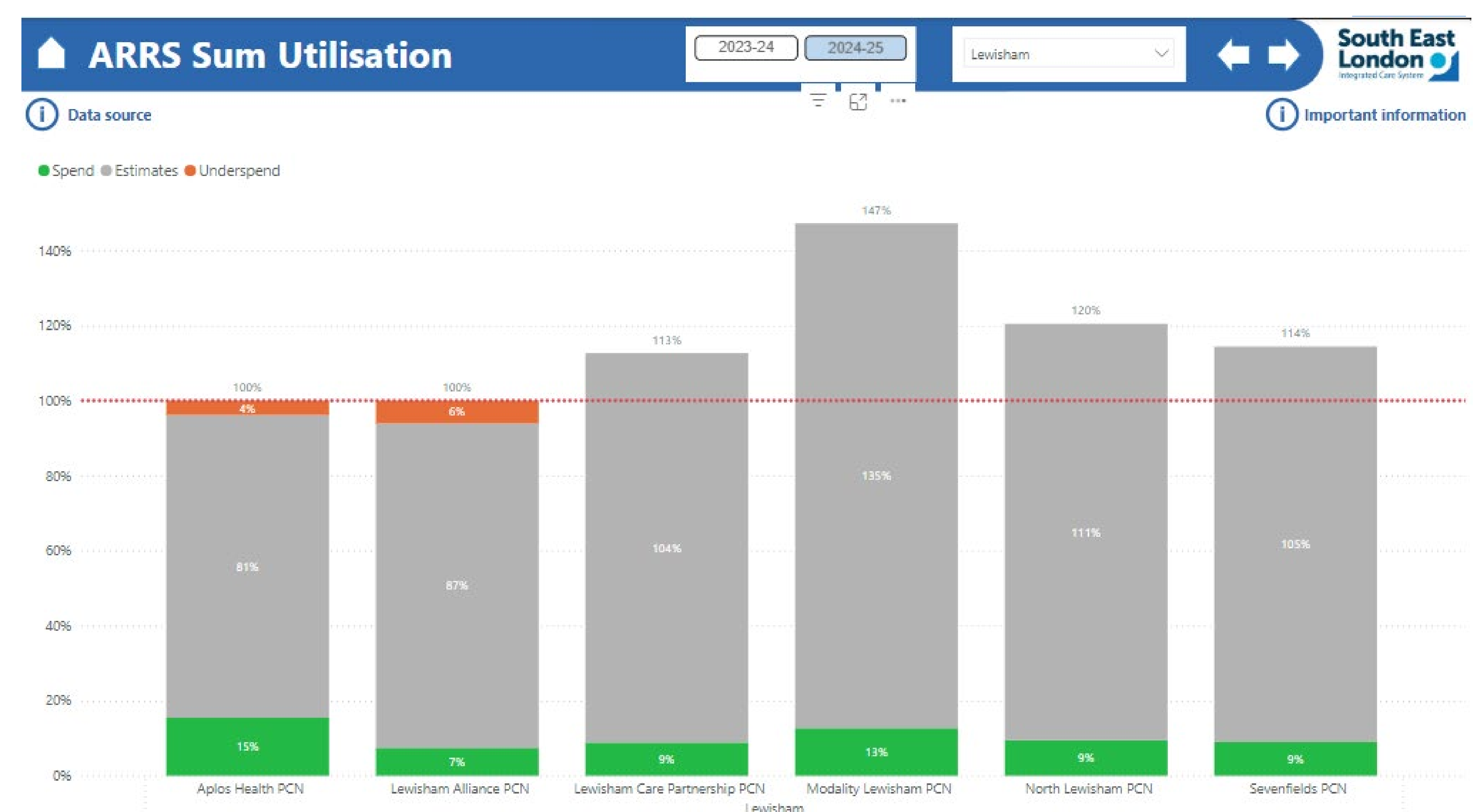
Face to Face There was an overall increase compared to Q1 for the number of appointments offered (81% from 77%), booking rate by type (83% from 78%) and total bookings (81% from 75%).

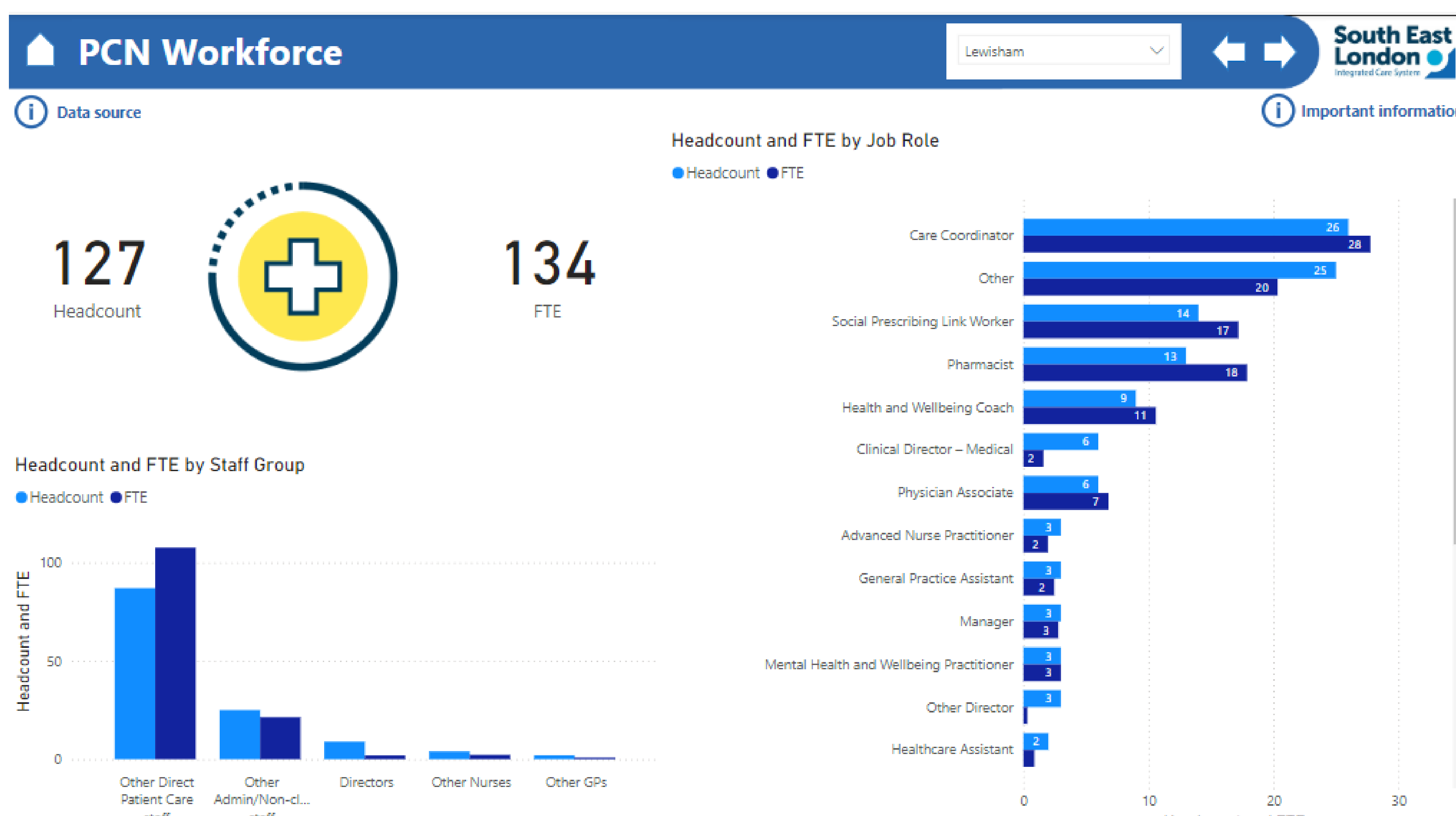
Telephone continued to have the highest attendance rate (91%) by type and 2nd highest DNA rate (9% by type / 10% total bookings)

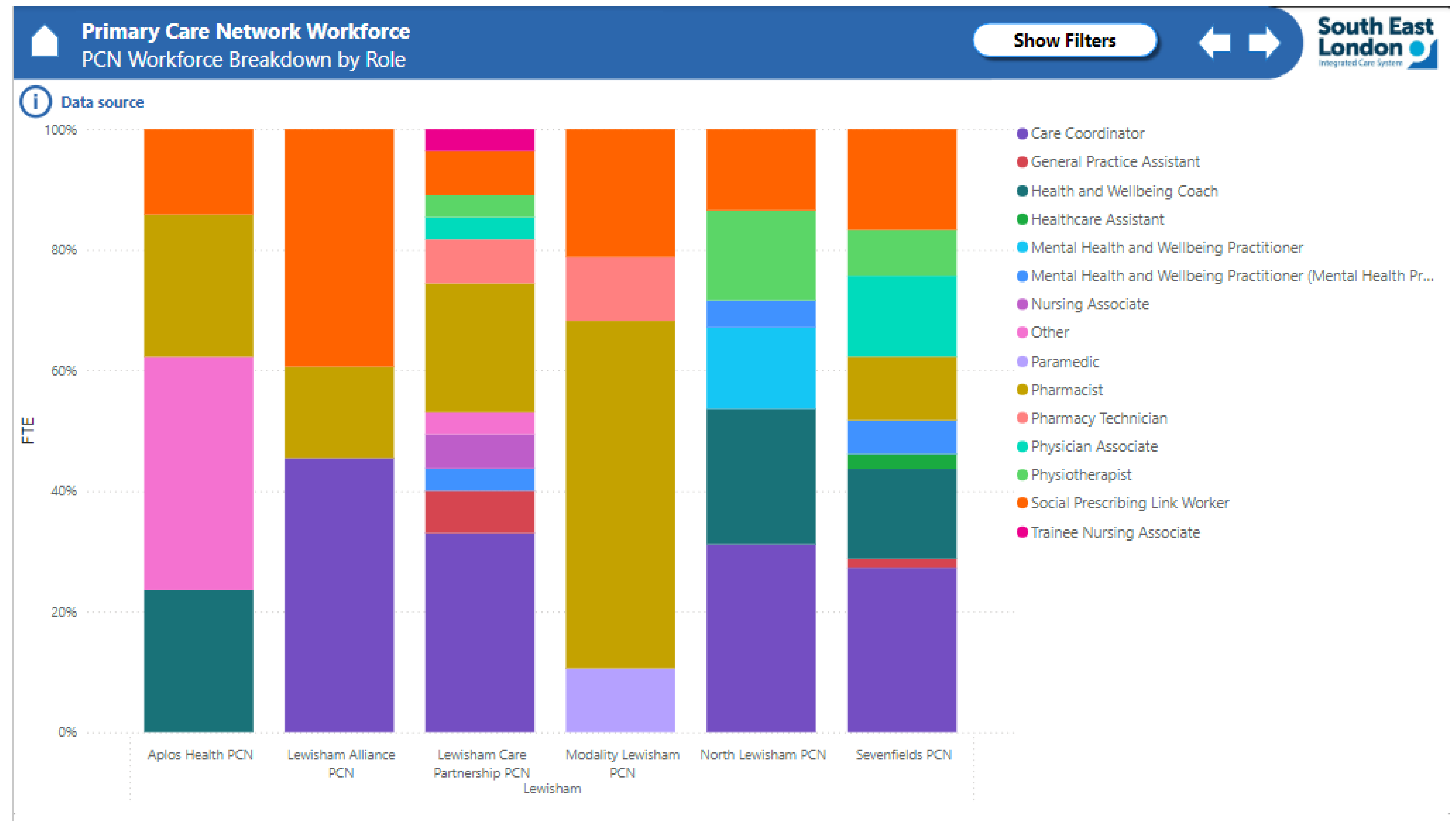
Online - provided a 2% offer of total appointments

Other appts types (Video) no bookings made

EA Activity – by appointment type


ARRS Sum Utilisation
2023-24
2024-25
Lewisham
South East London
Data source
Important information
Spend
Estimates
Underspend
140%
120%
100%
80%
60%
40%
20%
0%
100%
4%
81%
15%
100%
6%
87%
7%
113%
104%
9%
147%
135%
13%
120%
111%
9%
114%
105%
9%
Aplos Health PCN
Lewisham Alliance PCN
Lewisham Care Partnership PCN
Modality Lewisham PCN
North Lewisham PCN
Sevenfields PCN
Lewisham


PCN Workforce
Lewisham
South East London
Data source
Important information
127
Headcount
134
FTE
Headcount and FTE by Staff Group
Headcount
FTE
100
50
0
Headcount and FTE
Other Direct Patient Care staff
Other Admin/Non-cl... staff
Directors
Other Nurses
Other GPs
Headcount and FTE by Job Role
Headcount
FTE
Care Coordinator 26 28
Other 25 20
Social Prescribing Link Worker 14 17
Pharmacist 13 18
Health and Wellbeing Coach 9 11
Clinical Director – Medical 6 2
Physician Associate 6 7
Advanced Nurse Practitioner 3 2
General Practice Assistant 3 2
Manager 3 3
Mental Health and Wellbeing Practitioner 3 3
Other Director 3
Healthcare Assistant 2
0
10
20
30
Headcount and FTE



We are **collaborative** | We are **caring** | We are **inclusive** | We are **innovative**

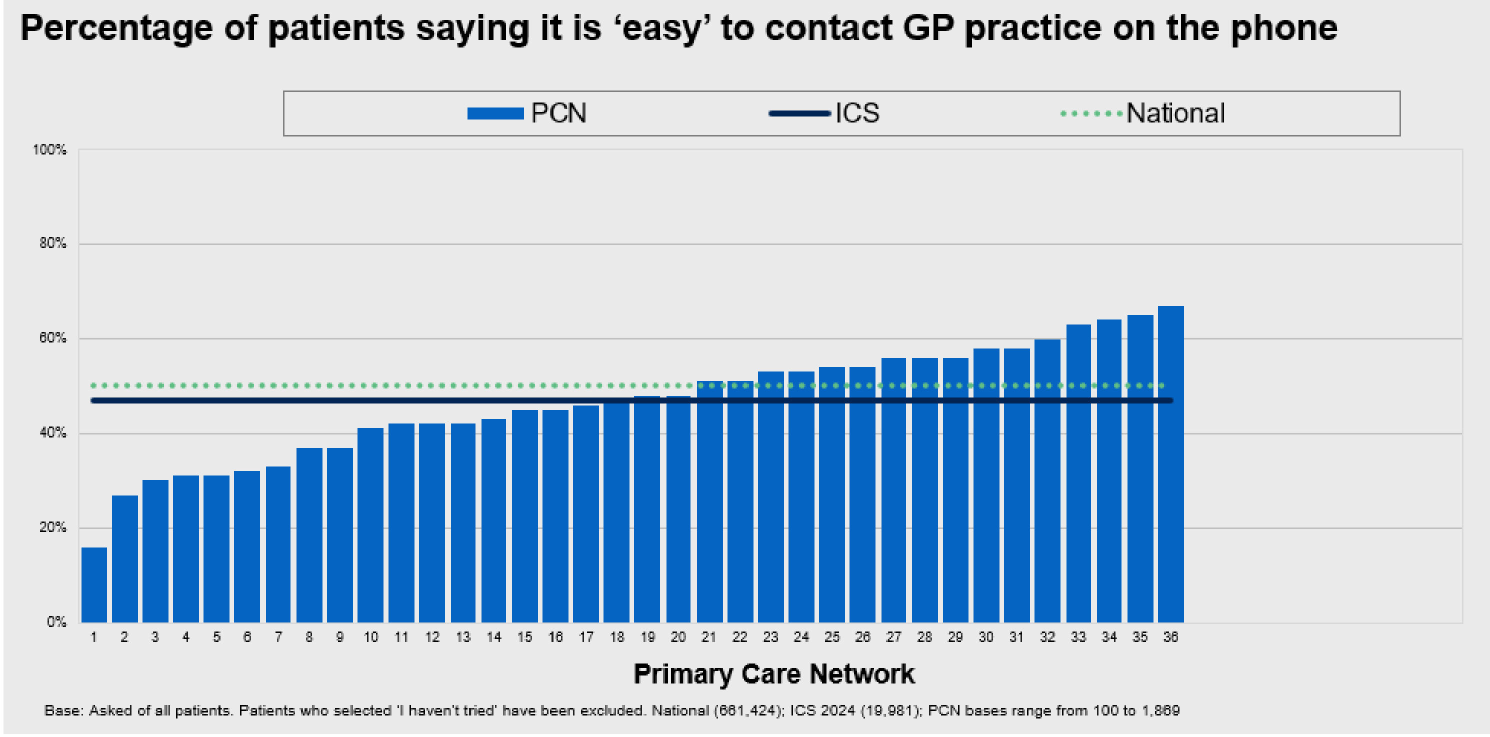
GP Patient survey

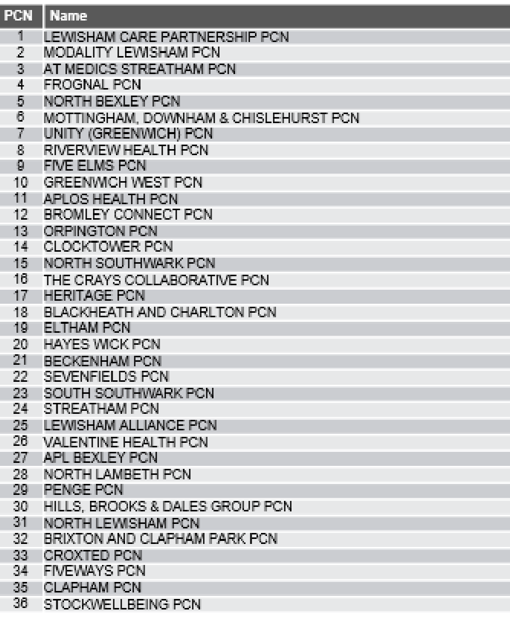
Ease of contacting GP practice on the phone: how the results vary by PCN within the ICS

GP PATIENT SURVEY

SOUTH EAST LONDON INTEGRATED CARE SYSTEM

Q1. Generally, how easy or difficult is it to contact your GP practice on the phone?





PCN	Name
1	LEWISHAM CARE PARTNERSHIP PCN
2	MODALITY LEWISHAM PCN
3	AT MEDICS STREATHAM PCN
4	FROGNAL PCN
5	NORTH BEXLEY PCN
6	MOTTINGHAM, DOWNHAM & CHISLEHURST PCN
7	UNITY (GREENWICH) PCN
8	RIVERVIEW HEALTH PCN
9	FIVE ELMS PCN
10	GREENWICH WEST PCN
11	APLOS HEALTH PCN
12	BROMLEY CONNECT PCN
13	ORPINGTON PCN
14	CLOCKTOWER PCN
15	NORTH SOUTHWARK PCN
16	THE CRAYS COLLABORATIVE PCN
17	HERITAGE PCN
18	BLACKHEATH AND CHARLTON PCN
19	ELTHAM PCN
20	HAYES WICK PCN
21	BECKENHAM PCN
22	SEVENFIELDS PCN
23	SOUTH SOUTHWARK PCN
24	STREATHAM PCN
25	LEWISHAM ALLIANCE PCN
26	VALENTINE HEALTH PCN
27	APL BEXLEY PCN
28	NORTH LAMBETH PCN
29	PENGE PCN
30	HILLS, BROOKS & DALES GROUP PCN
31	NORTH LEWISHAM PCN
32	BRIXTON AND CLAPHAM PARK PCN
33	CROXTED PCN
34	FIVEWAYS PCN
35	CLAPHAM PCN
36	STOCKWELLBEING PCN

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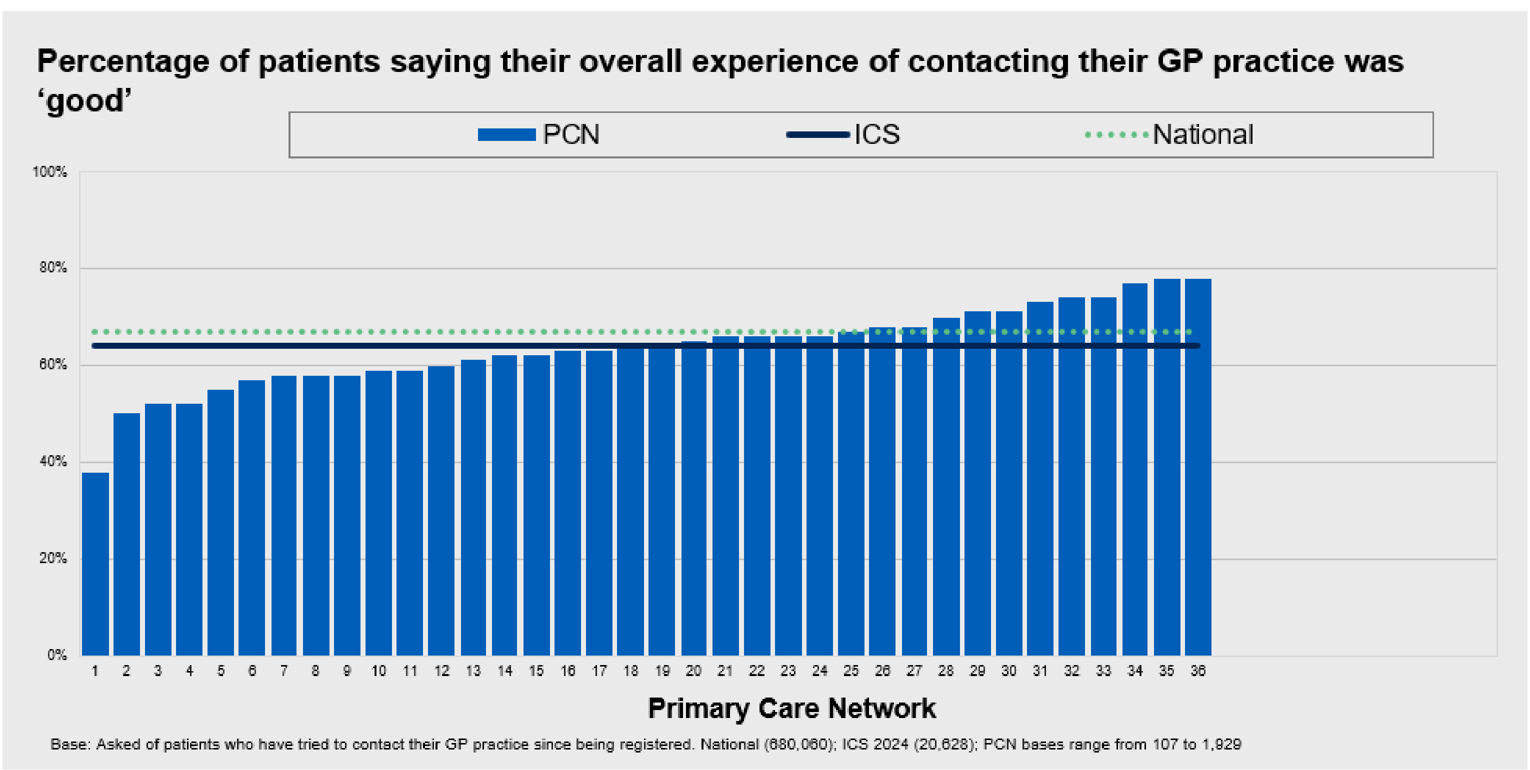
GP Patient survey

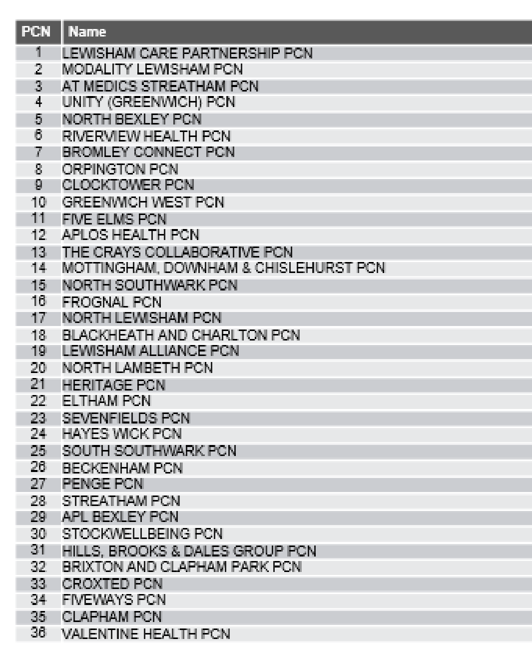
Overall experience of contacting GP practice: how the results vary by PCN within the ICS

GP PATIENT SURVEY

SOUTH EAST LONDON INTEGRATED CARE SYSTEM

Q16. Overall, how would you describe your experience of contacting your GP practice on this occasion?





PCN	Name
1	LEWISHAM CARE PARTNERSHIP PCN
2	MODALITY LEWISHAM PCN
3	AT MEDICS STREATHAM PCN
4	UNITY (GREENWICH) PCN
5	NORTH BEXLEY PCN
6	RIVERVIEW HEALTH PCN
7	BROMLEY CONNECT PCN
8	ORPINGTON PCN
9	CLOCKTOWER PCN
10	GREENWICH WEST PCN
11	FIVE ELMS PCN
12	APLOS HEALTH PCN
13	THE CRAYS COLLABORATIVE PCN
14	MOTTINGHAM, DOWNHAM & CHISLEHURST PCN
15	NORTH SOUTHWARK PCN
16	FROGNAL PCN
17	NORTH LEWISHAM PCN
18	BLACKHEATH AND CHARLTON PCN
19	LEWISHAM ALLIANCE PCN
20	NORTH LAMBETH PCN
21	HERITAGE PCN
22	ELTHAM PCN
23	SEVENFIELDS PCN
24	HAYES WICK PCN
25	SOUTH SOUTHWARK PCN
26	BECKENHAM PCN
27	PENGE PCN
28	STREATHAM PCN
29	APL BEXLEY PCN
30	STOCKWELLBEING PCN
31	HILLS, BROOKS & DALES GROUP PCN
32	BRIXTON AND CLAPHAM PARK PCN
33	CROXTED PCN
34	FIVEWAYS PCN
35	CLAPHAM PCN
36	VALENTINE HEALTH PCN

Comparisons are indicative only: differences may not be statistically significant

%Good = %Very good + %Fairly good

111 Activity

PCD

Presenting Symptom: All | Skill Set Required: All | Disposition (Initial): All | Disposition (Outcome): Primary Care

Age: All | Call Received Date: All | Working Day: All | Weekday: All | Hour: All | In Hours: All | Borough/PCN/GP of Caller: Lewisham

South East London

Primary Care Demand

GP Practice Name	PCN	Borough (Registered GP Patient Location)	111 calls per 1,000 Weighted List	Activity Total	GP Practice Referrals Without Bookings	GP Practice Booked Appointments	Total GP Practice Referrals	%111 Demand Referred to GP Practice	UTC Referral
The Qrp Surgery	North Lewisham	LEWISHAM	588.8	5,533	1,304	517	1,821	33%	1,097
Vesta Road Surgery	North Lewisham	LEWISHAM	529.3	3,572	815	149	964	27%	729
Wells Park Practice	Aplos Health	LEWISHAM	526.0	6,010	758	1,598	2,356	39%	1,053
Vale Medical Centre	Aplos Health	LEWISHAM	521.1	6,848	1,187	1,128	2,315	34%	1,228
Triangle Group Practice	Lewisham Alliance	LEWISHAM	509.8	3,582	582	778	1,360	38%	640
Sydenham Green Group Practice	Aplos Health	LEWISHAM	487.5	7,753	1,025	2,546	3,571	46%	1,220
Torridon Road Medical Practice	Sevenfields	LEWISHAM	470.3	5,225	844	1,165	2,009	38%	938
Deptford Surgery	North Lewisham	LEWISHAM	460.2	4,055	616	848	1,464	36%	756
New Cross Centre (Hurley Group)	North Lewisham	LEWISHAM	459.3	4,855	1,038	659	1,697	35%	982
Lewisham Medical Centre	Lewisham Alliance	LEWISHAM	456.2	5,694					1,143
Novum Health Partnership	Sevenfields	LEWISHAM	456.1	9,483					1,813
Amersham Vale Training Practice	North Lewisham	LEWISHAM	448.5	6,158					952
Parkview Surgery	Sevenfields	LEWISHAM	448.2	3,044					605
Downham Family Medical Practice	Sevenfields	LEWISHAM	417.5	2,549					557
Oakview Family Practice	Sevenfields	LEWISHAM	413.7	2,155					519
Woodlands Health Centre	Lewisham Alliance	LEWISHAM	411.8	3,715					726
Total				129,903					

% 111 demand referred to GP practices by Year and Month

% Bexley GP referrals | % Bromley GP referrals | % Greenwich GP referrals | % Lambeth GP referrals | % Lewisham GP referra

2024 August

% Bexley GP referrals	38%
% Bromley GP referrals	40%
% Greenwich GP referrals	42%
% Lambeth GP referrals	36%
% Lewisham GP referrals	38%
% Southwark GP referrals	27%
% SEL GP referrals	36%

Drill up

% referred: 45%, 40%, 35%, 30%

Jan 2024 | Feb 2024 | Mar 2024 | Apr 2024 | May 2024 | Jun 2024 | Jul 2024 | Aug 2024

Year