

## Bexley Wellbeing Partnership Committee meeting held in public

14:00 – 16:00, Thursday 24<sup>th</sup> November 2022

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

### Agenda

No.	Item	Paper	Presenter	Time
<b>Opening Business and Introductions</b>				
1	Introductions and apologies		Chair	14:00
2	Declarations of Interest	A	Chair	14:03
3	Notes and actions of 20 <sup>th</sup> October 2022	B(i) – (ii)	Chair	14:04
<b>Public Forum</b>				
4	Focus on Men's Health & Wellbeing <ul style="list-style-type: none"> <li>• <i>Let's talk</i> about Prostate Cancer, Dr Winnie Kwan</li> <li>• Rob's Story</li> </ul> Mental Health & Wellbeing Q&A Panel <ul style="list-style-type: none"> <li>• Men's Health Group</li> <li>• Men's Shed</li> </ul>			14:05
<b>Bexley Local Care Partnership – Decisions</b>				
5	Children and Young People's Emotional Health and Wellbeing Plan	C	Alison Rogers	15:00
<b>Bexley Local Care Partnership – Assurance</b>				
6	System Winter Plan	D	Alison Rogers	15:15
7	Month 6 Finance Report <ul style="list-style-type: none"> <li>• Place</li> <li>• ICB/ICS</li> </ul>	E(i) – (ii)	Julie Witherall	15:30
8	Place Risk Register	F	Stuart Rowbotham	15:40
<b>Public Forum</b>				
9	Public Questions			15:45
<b>Closing Business</b>				
10	Any other business			15:55
11	Glossary	G		
12	<b>Date of the next meeting:</b> Thursday 26 <sup>th</sup> January 2023, Venue to be confirmed.			

## Presenters

- Alison Rogers, Director of Integrated Commissioning, NHS South East London Integrated Care Board/ London Borough of Bexley Council
- Stuart Rowbotham, Place Executive Lead (Bexley), NHS South East London Integrated Care Board/Director of Adult Health & Social Care, London Borough of Bexley Council
- Robert Shaw, Director of System Development (Bexley & Greenwich), NHS South East London Integrated Care Board
- Julie Witherall, Associate Director of Finance (Bexley), NHS South East London Integrated Care Board
- Dr Winne Kwan, Cancer Lead (Bexley), NHS South East London Integrated Care Board

**ITEM: 2**

**ENCLOSURE: A**

**Declaration of Interests: Update and signature list – 20.10.2022**

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

**KEY: \* = voting member; ### = members who have not made the annual declaration for 2022/23 will be requested to make a verbal declaration during the meeting.**

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

Yolanda Dennehy*	Deputy Director of Adult Social Care, London Borough of Bexley Council	Nothing to declare.		
Raj Matharu*	LPC Representative	<ol style="list-style-type: none"> <li>1. Chief Officer of Bexley, Bromley &amp; Greenwich Local Pharmaceutical Committee</li> <li>2. Chief Officer of Lambeth, Southwark &amp; Lewisham Local Pharmaceutical Committee</li> <li>3. Chair of Pharmacy London</li> <li>4. Board Member of Pharma BBG LLP</li> <li>5. Superintendent Pharmacist of MAPEX Pharmacy Consultancy Limited. ###</li> </ol>		
Keith Wood*	Lay Member Member (Bexley)	Nothing to declare.		
Dr James Stokes*	Chair - APL Primary Care Network	###		
Dr William Cotter*	Chair - Clocktower Primary Care Network	###		
Dr Prem Anand*	Chair - North Bexley Primary Care Network	###		
Dr Pandu Balaji*	Clinical Lead – Frognal Primary Care Network	###		
Abi Mogridge (n)	Chief Operating Officer, Bexley Health Neighbourhood Care CIC	Nothing to declare.		
Jattinder Rai (n)	CEO, Bexley Voluntary Service Council (BVSC)	BVSC, is funded by the SEL ICS deliver Social Prescribing in Bexley. ###		
Sue Symmons (n)	Lead Clinical Site Manager, Dartford and Gravesham NHS Trust	Nothing to declare. ###		
Rikki Garcia (n)	Chair, Healthwatch Bexley	Nothing to declare.		
Kate Heaps (n)	CEO Greenwich and Bexley Community Hospice	<p>CEO of Greenwich &amp; Bexley Community Hospice</p> <p>Chair of Share Community - a voluntary sector provider operating in SE/SW London with spot purchasing arrangements with LB Lambeth</p> <p>Member of CCG committee, contract provider at hospice, Clinical Lead for End-of-life work for ICS, Member of SEL People Board</p>		

Diana Braithwaite (n)	Borough Director – Operations, SEL ICS (Bexley)	A relative is employed by SLaM (NHS SEL ICS Partners) and is currently on a secondment to NHS SEL ICB		
Sandra Iskander	Associate Director of Performance & Information, Lewisham and Greenwich NHS Trust	Nothing to declare.		

Dr Richard Money	Chair, Bexley Local Medical Committee	1. GP Partner, Station Road Surgery 2. Director, Chair & Stakeholder Bexley Health Ltd 3. Director & Shareholder Bexley Neighbourhood Care 4. GP Trainer Bexley 5. Chair, Local Medical Committee (LMC) ###		
Stephen Kitchman	Director of Services for Children and Young People, London Borough of Bexley Council	Nothing to declare.		
Sarah Burchell	Director Adult Health Services, Bexley Care	Nothing to declare.		
Iain Dimond	Chief Operating Officer, Oxleas NHS Foundation Trust	Nothing to declare.		

Robert Shaw	Director of System Development	1. My youngest sons mum is a founding Director at Get It Right First Time (GIRFT) 2. Fund raising for Barts and UCLH Cancer charities ###		
Alison Rogers	Acting Director of Integrated Commissioning	Nothing to declare.		

**Item: 3**  
**Enclosure: B**

**Bexley Wellbeing Partnership**  
**Meeting in public**  
**Thursday, 20<sup>th</sup> October 2022 – 2.00 to 4.00 pm**  
**The Black Prince Suite, Holiday Inn Bexley**  
**Black Prince Interchange, Southwold Road**  
**Bexley DA5 1ND**  
**(and via Microsoft Teams)**

**Present:**

Name	Title and organisation
Dr Sid Deshmukh (SD) – <b>Chair</b>	Governing Body, GP Lead (Bexley), NHS South East London Integrated Care Board (NHS SEL ICB)
Iain Dimond (ID)	Chief Operating Officer – Oxleas NHS Foundation Trust
Stuart Rowbotham (SR)	Place Executive Lead (Bexley), NHS SEL ICB/Director of Adult Social Care, London Borough of Bexley (LBB)
Raj Matharu (RaM)	Chair, Local Pharmaceutical Committee
Dr Nicole Klynman (NK)	Director of Public Health, LBB
Jennifer Bostock (JB) ( <i>via MS Teams</i> )	Independent Member (Bexley), NHS SEL ICB
Dr Mehal Patel (MeP) ( <i>via MS Teams</i> )	Clinical Lead, Primary Care Network – APL
Dr Lakhbir Kailey (LK) ( <i>via MS Teams</i> )	Clinical Lead, Primary Care Network – Clocktower
Dr Pandu Balaji (PB) ( <i>via MS Teams</i> )	Clinical Lead, Primary Care Network – Frogнал
Dr Surjit Kailey (SK) ( <i>via MS Teams</i> )	Clinical Lead, Primary Care Network – North Bexley

**In Attendance:**

Diana Braithwaite (DB)	Borough Director – Operations (Bexley), NHS SEL ICB
Simon Beard (SiB)	Associate Director, Corporate Governance, NHS SEL ICB
Keith Wood (KW) ( <i>via MS Teams</i> )	Lay Member, Primary Care (Bexley), NHS SEL ICB
Graham Tanner (GT)	Associate Director of Primary Care & Delivery (Bexley), NHS SEL ICB
Kate Heaps (KH)	Chief Executive Officer, Greenwich & Bexley Community Hospice
Andrew Hardman (AH)	Commercial & Partnership Director, Bromley Healthcare
Sandra Iskander (SI)	Acting Chief Strategy, Partnerships & Transformation Officer, Lewisham & Greenwich NHS Trust
Dr Clive Anggiansah (CA)	Bexley Local Care Partnership Clinical and Care Professional Lead - Primary & Community Care
Aysha Awan (AA)	Head of Comms & Engagement (Bexley), NHS SEL ICB
Patrick Gray (PG)	Comms & Engagement Manager (Bexley), NHS SEL ICB
Alison Rogers (AR)	Acting Director of Integrated Commissioning, NHS SEL ICB
Julie Witherall (JW)	AD, Finance (Bexley), NHS SEL ICB
Erica Bond (EB)	Programme Lead – System Development Team (Bexley & Greenwich), NHS SEL ICB

Faith Abiola-Ellison (FA-E)	Senior Project Manager (Bexley/Greenwich)
Rikki Garcia (RG) (via MS Teams)	Project Manager (Lewisham)
Julie Mann (JM)	Chair, Healthwatch Bexley
Sue Wright (notes)	PA/Business Support, NHS SEL ICB (Bexley)
David Flanagan (DF)	Business Support Lead (Bexley), NHS SEL ICB
Alastair Hutton (AH)	SEL ICT Corporations Manager, NHS SEL ICB
	AV Manager, Ground Zero

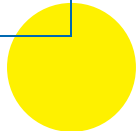
### Apologies

Dr Miran Patel (MiP)	Clinical Lead, Primary Care Network – APL
Abi Mogridge (AM)	Chief Operating Officer, Bexley Health
	Neighbourhood Care CIC
Sue Symmons (SS)	Clinical Site Lead, Dartford & Gravesham NHS Trust
Saby Ghosh (SG)	Volunteer for Healthwatch Bexley deputising for Rikki Garcia
Stephen Kitchman (SK)	Director of Children’s Services, LBB
Dr Mike Robinson (MR)	Interim Director of Public Health, LBB
Carol Berry (CB)	Corporate Governance Lead (Bexley), NHS SEL ICB
Yolanda Dennehy (YD)	Assistant Director of Adult Social Care, LBB
Dr Richard Money (RiM)	Chair, Local Medical Committee
Jattinder Rai (JR)	Chief Executive, Bexley Voluntary Services Council
Sarah Burchell (SaB)	Director of Adult Health Services – Bexley
	Care/Oxleas NHS FT
Swagatu Basu Pajor (SBPj)	Greenwich and Bexley Community Hospice
Dr Nisha Nair (NN)	Clinical Lead, Primary Care Network – Clocktower
Basirat Sadiq (BS)	Director of Improvement, Dartford & Gravesham
	NHS Trust

### Notes

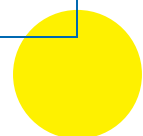
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1.	<b>Introductions and apologies</b> Introductions were made and apologies noted.	SD
2.	<b>Declarations of Interest</b> <b>Dr Sid Deshmukh, Governing Body, GP Lead (Bexley), NHS SEL ICB</b> noted that one item on the agenda required a decision where there was a conflict of interest – namely: <ul style="list-style-type: none"><li>Item 5 – Urgent Care Procurement – Recommendations</li></ul> <b>Raj Matharu, Chair, Local Pharmaceutical Committee</b> , was asked to chair this section of the meeting. The minutes of the last meeting on 21 <sup>st</sup> July 2022 were <b>NOTED</b> .	SD
3.	<b>Public Questions</b> No public questions were received in advance. There will be an opportunity for members of the public to ask questions throughout the meeting.	SD
4.	<b>Bexley Primary Care Delivery Group Terms of Reference (ToR)</b> <b>Diana Braithwaite, Borough Director – Operations (Bexley), NHS SEL ICB</b> and <b>Dr Clive Anggiansah, Bexley Local Care Partnership Clinical and Care Professional Lead - Primary &amp; Community Care</b>	DB/CA

	<p>DB outlined that the Primary Care Delivery Group (PCDG) will support this committee in its responsibilities for delegated core Primary Care service at place.</p> <p>The Terms of Reference (ToRs) have been presented at the PCDG twice and were updated to accommodate comments from the Vice-Chair of the Local Medical Committee and DB has brought here as the final version for agreement.</p> <p>Going forward, a formal report and dashboard will be brought to this committee to be discussed in public. SR welcomed these ToR as the PCDG will be essential to our governance and a specific and important aspect of the partnership's delivery. SR said it was vital that we ensure we are clear about governance, how we delegate this group for delivery, clear about feedback routes back to this committee. SR thanked DB/CA for the delivery around this.</p> <p>KH queried the link between Primary Care and Community services and how to ensure that decisions are informed by the experiences working with partners and not just patients directly. CA confirmed that the PCDG is a contractual forum, and that the newly formed Primary Care Development &amp; Transformation Sub-group (the first meeting took place on 13<sup>th</sup> October 2022) will invite the various partners to be included to co-design matters for Primary Care, including Enhanced Access which had successful engagement from patients and residents.</p> <p>The Bexley Wellbeing Partnership Committee <b>VOTED</b> to formally adopt the Terms of Reference for the Primary Care Delivery Group.</p>	
<p>5.</p>	<p><b>Urgent Care Procurement – Recommendations</b>  <b>Erica Bond, Programme Lead (Bexley &amp; Greenwich), NHS SEL ICB</b></p> <p>Due to the pecuniary conflict of interests for all GPs as shareholders of the GP Federation (Bexley Health Neighbourhood Care CIC) as potential suppliers of the service – Dr Sid Deshmukh stepped down from chairing this item and Dr Raj Matharu took over as Chair.</p> <p>Erica Bond (EB) gave some background to this item which was brought to the last meeting of this committee in public on 21<sup>st</sup> July 2022 with proposals.</p> <p>Since then, it became apparent that there was a conflict of interest with Oxleas NHS Foundation Trust (Community &amp; Mental Health provider) resulting in a lack of quoracy to approve the decision. Non-conflicted members were therefore asked to decide via e-mail by 12<sup>th</sup> August 2022 as to the two recommendations to: (i) commence market development with the LCP and receive feedback and recommendations; and (ii) commence the procurement of Urgent Care for Bexley in line with the SEL ICS schedule of delegated matters were subsequently approved.</p> <p>The market engagement event took place on 25<sup>th</sup> August 2022, was well attended, and the service specification was updated following feedback from local providers.</p> <p>The contract for the two Urgent Treatment Centres (UTCs) in Bexley is due to expire on 31st March 2023. This provides a short timeframe</p>	<p>EB/RaM</p>

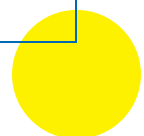




	<p>within which to procure and mobilise a new service particularly during what is predicted to be an unprecedented winter for the NHS.</p> <p>The purpose of the GP Out of Hours Home Visiting (GP OOH HV) service provides urgent home visits when GP surgeries are typically closed, from 6.30 pm to 8.00 am weekdays, all day at weekends and all day on Bank Holidays. Referrals are made into this service through NHS111.</p> <p>There are 2 procurement options regarding GP OOH HV:</p> <p>Option 1 - Procure a combined UTC/GP OOH HV service</p> <p>Option 2 - Procure the two services separately</p> <p>Based on workforce flexibilities and economies of scale offered by an integrated UTC and GP OOH HV service, EB was asking the committee to approve the continued integration of the UTC and GP OOH HV services and launch of one combined procurement (Option 2).</p> <p>The non-conflicted members of the Bexley Wellbeing Partnership Committee:</p> <p>(i) <b>Approved</b> the launch of a formal procurement for a provider of Urgent Treatment Service including GP Out of Hours Home Visiting at Queen Mary's Sidcup and Erith Hospital.</p> <p>(ii) <b>Endorsed</b> the proposal to extend the existing contract until 31<sup>st</sup> July 2023, subject to waiver approval in line with the NHS SEL ICB Scheme of Delegation.</p>	
6.	<p><b>Executive Place Lead's Update</b>  <b>Stuart Rowbotham, Place Executive Lead (Bexley), NHS SEL ICB/Director of Adult Social Care, London Borough of Bexley</b></p> <p>Stuart Rowbotham (RB) highlighted the following key points:</p> <ul style="list-style-type: none"> <li>• The UTC proposals (covered in section 5 above) will form a critical part of Bexley's offer to its patients and residents.</li> <li>• The Enhanced Access proposals will result in a significant change in providing access to a full range of GP services, but it was noted that it is too soon to gauge the true extent of the potential benefits until this is fully established and when we get real-time feedback. With winter approaching, and subsequent risks involved, it has been agreed by the ICS to continue to fund certain services such as 111 until the end of March 2023 when a review will take place of both the impact of the enhanced offer arrangements and what deficits might arise post-March from a partnership and ICB place point of view, with the addition of feedback from patients, the wider resident group and stakeholders. SR thanked the Bexley Primary Care colleagues for their hard efforts in conducting this complex change in practice. SR also thanked the Comms &amp; Engagement Team for conducting the survey and gaining the survey response, which was exemplar in SEL.</li> <li>• SR noted that, although the winter pressures are present each year, this summer saw particularly extreme pressure on our colleagues in the ambulance services, etc, the huge strain on beds and now the proposed threat of a 'twindemic'. There is a coherent plan in place contributed to by all partners but which has not yet been reported to this committee. This incorporates the</li> </ul>	SR



	<p>virtual wards programme. There are plans in place to further enhance our winter offer if that funding becomes available.</p> <p><b>Action: The Winter Plan to be put on a future agenda.</b></p> <p>Sandra Iskander (IS) questioned how much involvement there had been with NHS Lewisham &amp; Greenwich NHS Trust (LGT) around the virtual wards programme and felt it would be useful to be more sighted on the interim picture. SR confirmed that there had been a rigorous assurance process and that this included operational staff from LGT as part of the Home First Board to be party to the development of the proposals. SR pointed out that an ambitious procurement programme was submitted with a speculative sum, not entirely believing that it would be successful, but Bexley place was happy to learn it achieved virtually what it had planned for. AR added that there were regular meetings with the Home First Board and the Home First Operational Group and LGT colleagues were welcome to participate and there had been representation from the acute system. There is still work to be done around the clinical oversight of virtual wards in the Community and Acute sectors.</p> <p>The Bexley Wellbeing Partnership Committee <b>NOTED</b> the Place Executive Lead's update.</p>	
7.	<p><b>Performance Assurance Report</b>  <b>Alison Rogers, Acting Director of Integrated Commissioning, NHS SEL ICB and Graham Tanner, Associate Director of Primary Care Delivery, NHS SEL ICB</b> presented on this item.</p> <p>Alison Rogers (AR) began by highlighting the particular red areas within her remit – namely, Personal Health Budgets (PHBs) and Continuing Health Care (CHC) assessment targets.</p> <ul style="list-style-type: none"> <li>• <b>PHBs</b> - It was recognised that there has been a dip in performance for PHBs in the first quarter of this year, compared to a strong performance seen previously, one of the main reasons being late submission of data and the wheelchair service which accounts for a large number of the PHBs. AR appreciates there is a lot more work to be done to meet national targets. Whilst there has been an improvement in quarter 2 figures, AR acknowledged that this would still not meet the national trajectory.</li> <li>• <b>CHC targets</b> – There are three performance targets, two of which remain strong this year (CHC assessments in acute and CHC 12-week referrals, both 0%), but the dip in performance around the CHC 28-day assessments (currently 46%) is being addressed with colleagues in Adult Social Care in order to meet the trajectory. This dip is partly due to reduced staffing levels over the summer period.</li> </ul> <p>Graham Tanner (GT) presented on his two key individual performance areas not meeting trajectories:</p> <ul style="list-style-type: none"> <li>• Serious Mental Illness (SMI) Health Checks (currently 36.1%)</li> <li>• Learning Disability &amp; Autism (LD&amp;A) Annual Health checks (currently 68%).</li> <li>• Both of these cohorts suffer significant health inequalities and outcomes due to other factors. There is a national focus to ensure these patients are seen on a regular basis in Primary Care, have a comprehensive health check and are signposted to appropriate support when necessary. There are approximately</li> </ul>	AR/GT



1,800 individuals on the SMI register alone. This target has seen a significant improvement over the last few years and Bexley achieved a similar result during the pandemic compared with other boroughs. GT feels quite confident that, along with work with Oxleas, additional investment, resource and capacity across both Primary and Secondary Care, a rise in performance this year will be seen this year.

GT explained that the LD&A performance issues related mainly to coding of patients and inconsistencies in timeframes for them being identified and then seen in the system. GT was happy to report that there is now a jointly funded LD nurse in Oxleas NHS Foundation Trust and expects to see a significant uplift in quarter 2.

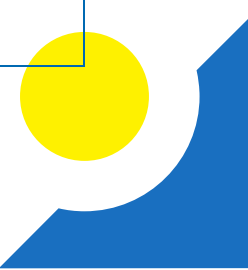
GT responded to JB's question as to whether the annual SMI health checks were physical and/or mental and if there was a plan in place to improve performance. GT explained that these are predominantly physical Gold Standard assessments, but it is often difficult to separate the two cohorts. These checks can take place in either Primary or Secondary Care although, ideally for reporting requirements, it would be beneficial for them to be carried out in a single setting. Currently, there are six components which need to have been undertaken/recorded every 12 months. GT and Oxleas are currently reviewing the Gold Standard model. ID pointed out that not all residents with SMI are placed under Oxleas, which can lead to confusion as to where the checks take place and lead to possible duplication in the statistics. However, Oxleas are planning to streamline this aspect. GT is hopeful that there will be some improvement especially with discussions as to how to resolve that cross-over between Primary and Secondary Care. The patient record is the key data source, but it is the co-ordination issue which needs to be worked through to ensure that activity is making its way back to the GP recording system. There is a fear that we may be under recording rather than the other way round, hence the plan that is being implemented.

LK stressed that, with regard to SMI checks, it is very important to ensure we have the exchange of information from Oxleas with regard to physical examinations, as well as the investigations such as blood results e.g., drug and prolactin levels, the ECG and the Prescribing element.

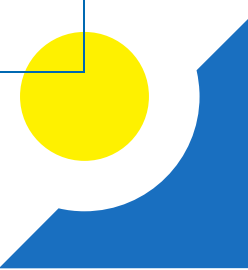
GT highlighted a few other key areas in the performance report:

- Bexley's Child Immunisations programme has been very successful due to robust and recall work within the Primary Care Team. However, GT recognises that there is a disparity across the borough with lower uptake in the more deprived areas and by under-represented groups.
- The Polio booster campaign has also been successful, targeting children in the 1-to 9-year-old category. Colleagues in the Comms & Engagement Team were acknowledged for their positive engagement in this programme,
- CQC ratings for Bexley GP practices are not an area of poor performance – Lakeside Medical Practice received an "outstanding" rating and Welling Medical Practice a "requires

	<p>improvement” rating. There is a robust plan in place to share good practice.</p> <p>The Bexley Wellbeing Partnership Committee <b>NOTED</b>:</p> <p>(i) The Place Assurance Report.</p> <p>(ii) The actions being taken at place to address areas of underperformance.</p>	
8.	<p><b>Bexley Primary Care Networks Enhanced Access Services</b>  <b>Graham Tanner, AD Primary Care Delivery (Bexley), NHS SEL ICB</b></p> <p>Graham Tanner (GT) explained that the Bexley Extended Access service will bring a significant change within the Primary Care Network (PCN) Plans. This was mobilised on 1<sup>st</sup> October. It will be an overarching contract, oversee joint working and bring together the pre-existing GP extended hours arrangement and Bexley’s extended access hubs into a combined offer. Stipulations under the new arrangements:</p> <ul style="list-style-type: none"> <li>• All patients must have access to all Enhanced Access sites within a PCN for the following: 18:30 –20:00 Monday to Friday and 09:00 –17:00 on Saturdays. This is known as the Network Standard Hours.</li> <li>• Patients will be able to access appointments for all Enhanced Access sites from their own GP Surgery.</li> <li>• Appointments will be available to be booked within a minimum of two weeks in advance with same-day online booking.</li> <li>• Mixture of in-person face-to-face and remote (telephone, video, online) appointments will be offered to patients.</li> <li>• Equity of access regardless of post codes.</li> </ul> <p>Thanks to the Communications &amp; Engagement team, a robust piece of work was carried out within the community and around 14,000 members of the public participated in the survey which demonstrated the strength of feeling within the population. The results were fed back to the PCNs, and there were clear messages that obtaining face-to-face appointments with practitioners, and in a timely fashion, and ability to getting through on the telephone were major concerns. There was also a strong preference for weekday morning appointments and each PCN is working to achieve this in variation. There have been issues with EMIS Community and the Primary Care Team is working collectively working with PCNs and individual practices to address the telephony aspect.</p> <p>Recognising the difficult winter ahead, LGT has agreed to retain its Sunday and Bank Holiday out-of-hours service until March 2023, as well as the Bexley Wound Dressings Service (BHNC) and the Virtual Clinical Assessment Service.</p> <p>In view of the funding and workforce constraints, a number of pharmacies have had to reduce their hours and Sunday working despite the increase in activity for prescriptions. RaM has recently completed a Pharmacy Needs Assessment and this highlighted a gap in the system going forward especially around increasing prescription requests from the acute sector. LK agreed with SD’s response that scripts will go to the patients’ normal EPS pharmacy and they are unlikely to require them immediately which will avoid a requirement for Sunday opening. MeP added that, when the needs assessment</p>	GT



	<p>was carried out with PCNs, no additional capacity requirements or changes were mentioned. It was agreed this was a SEL issue and RaM should raise at the SEL Primary Care Group meetings.</p> <p><b>Action: GT/RaM to discuss outside of the meeting.</b></p> <p>The Bexley Local Care Partnership Committee <b>NOTED</b>:</p> <ul style="list-style-type: none"> <li>(i) The Bexley Primary Care Networks Enhanced Access Services went live on 1<sup>st</sup> October 2022.</li> <li>(ii) There are still some operational challenges that are being addressed.</li> <li>(iii) The mitigations that commissioners have put in place as a consequence of the limitations of the national Network Standard Hours.</li> <li>(iv) The successful Patient/Public Engagement Programme that was used to help shape where possible this new service.</li> <li>(v) Reporting on the performance of the services will take place via the Primary Care Delivery Group with escalation to committee.</li> </ul>	
<p><b>9.</b></p>	<p><b>System Risk Register</b> <b>Simon Beard, Associate Director, Corporate Governance, NHS SEL ICB</b> summarised the Bexley Risk Register on behalf of <b>Carol Berry, Corporate Governance Lead (Bexley)</b>.</p> <p>Since the last meeting on 21<sup>st</sup> July 2022:</p> <ul style="list-style-type: none"> <li>• Seven risks have been closed, which is positive.</li> <li>• There are two new risks which are both scored at 20. Risk ID401 relates to non-recurrent funding for winter schemes and ID401 relates to discharge under Home First arrangements.</li> <li>• There are five risks extracted from the SEL ICB risk register which are of significant interest to Bexley and which have been included in this report for the committee’s information. These include Risk ID197 – medicines supplies and cost Increases from the Pandemic and Brexit; and Risk ID289 – Pathology results from Viapath.</li> </ul> <p>Although SR was fully aware that risks are reviewed regularly, he would like to showcase more of the Bexley specific risks from its partners in place, such as recruitment/retention issues with District Nurses (Oxleas), Adult Social Care issues (Local Authority) and Voluntary Sector issues (BVSC). SR appreciated that this might be an ongoing progress, but wanted to consider offline how to develop a fuller picture for risks around Bexley patients in the form of a dashboard for both risk and performance. Both SiB and ID agreed with SR’s point regarding adding risks from the individual organisations.</p> <p><b>Action: ID to put SiB in touch with Oxleas colleagues.</b></p> <p>The Bexley Wellbeing Partnership Committee <b>NOTED</b> and <b>ACCEPTED</b> the Bexley System Risk Register.</p>	<p><b>SB</b></p>
<p><b>10.</b></p>	<p><b>Month 5 Finance Report</b></p>	<p><b>JW</b></p>



**Julie Witherall, Associate Director of Finance (Bexley), NHS SEL ICB** highlighted the key points for Bexley and the ICS and ICB positions.

#### Bexley Position

- Reporting a £61k underspend year to date which is made up of a small underspend on Urgent Treatment Centre (UTC) costs which are being offset against Mental Health and corporate budget. The majority of the underspend is non-recurrent with an updated budget profile in place from Month 5. The corporate underspend is due to the level of vacancies currently being carried with no backfill support.
- Seeing a significant overspend in Prescribing and Prescribing QIPP is not being delivered in full. There has been a lot of work to determine the drivers in the increased activity. A lot of drugs are out of stock so having to use alternatives which are significantly more expensive. This is being reviewed at both a borough and SEL level as it is a system-wide issue.
- Another area for concern is the AQP contract for Hearing which is over performing across SEL, but especially in Bexley, so currently looking at what is driving that increased activity.
- It is expected that, overall, Bexley will achieve a breakeven position at year end.
- Plans are in place for the initial savings targets and these are largely on track except for Prescribing.
- It is anticipated that the schemes will start to improve delivery rates in the next couple of months. Bexley has now recurrently identified the £399k additional savings target and budget adjustments have been enacted in Month 5,
- There is an emerging cost pressure of circa £200k requiring further investigation in relation to the Community Dietetics service. A meeting is being set up to agree a way forward with the provider.

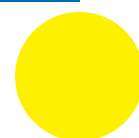
Both RaM and MeP expressed their concerns around the Prescribing situation and the future cost implications, as there is no contingency funding built into the plan which has been allocated to place to resource. The Bexley Medicines Optimisation Team has been working hard at both SEL and borough level to determine what can be mitigated, but it was noted that this was a national issue which cannot be controlled. SD queried if JW had a projection as to where Bexley would stand at the end of the current financial year. JW responded that the best projection is what the PPA has provided, but even they are unsure what is happening with the out-of-stock position. JW has spoken to the Bexley Medicines Optimisation lead (Clare Fernee) who is concerned that, if more regularly prescribed drugs, such as one of its diabetes drugs, land on the out-of-stock list, this will have huge implications for the system as a whole.

**Action: JW to ask CF to contact MeP.**

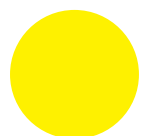
#### ICB Position

- Reporting an overall £218k overspend to Month 5. This reflects a break-even position against its recurrent (BAU) allocation, and a (£218k) overspend on the Covid vaccination programme. The

	<p>vaccination costs are expected to be reimbursed in full by NHSE, thereby generating an overall break-even position.</p> <ul style="list-style-type: none"> <li>Delivered all of its financial duties such as paying providers within 30 days and delivering its commitments under the Mental Health Investment Standard.</li> <li>Expected to break even at year end.</li> </ul> <p><u>ICS Position</u></p> <ul style="list-style-type: none"> <li>Reporting a YTD deficit of £49.2m.</li> <li>£38.4m adverse to the plan, the main drivers being under-delivery of planned efficiencies, higher than planned levels of expenditure due to COVID and the profiling of planned non- recurrent flexibilities. Discussions are taking place at provider/ICS level to improve that position and put mitigations in place.</li> </ul> <p>The Bexley Wellbeing Partnership Committee:</p> <ul style="list-style-type: none"> <li>(i) <b>DISCUSSED &amp; NOTED</b> the Month 5 (August 2022) financial position for NHS South East London ICS, NHS South East London ICB and Bexley Borough.</li> <li>(ii) <b>NOTED</b> the details of the 2022/23 allocations (programme and running costs) received and expenditure to date for both NHS South East London ICB and Bexley Borough.</li> <li>(iii) <b>DISCUSSED &amp; NOTED</b> the key risks identified for NHS South East London ICB and NHS South East London ICS and how they relate to Bexley Borough.</li> <li>(iv) <b>NOTED</b> details of the savings requirements for NHS South East London ICB, NHS South East London ICS and Bexley Borough.</li> </ul>	
11.	<p><b>Public Questions</b></p> <p>No questions were received during the meeting.</p> <p>Whilst SR acknowledged that this committee is obliged to undertake a large proportion of formal business as part of its agenda, and despite the hard efforts of the Comms &amp; Engagement team in showcasing the meetings, he would like to see more engagement with our communities going forward and pointed out that there used to be more interaction from the public members when certain topics which were important or relevant to them were on the agenda such as Mental Health, Diabetes or residents talking about their own particular experiences. Prior to the merger, at one point Bexley could see up to 18 members of the public engaging with this meeting via MS Teams. With that in mind, SR would appreciate more planning on that for future meetings.</p> <p>SD queried if this was exclusive to Bexley and what other boroughs were doing to attract public interest. ID attends other boroughs' committee meetings and said the level of engagement from the public is currently like Bexley's.</p>	DB
12.	<p><b>Any Other Business</b></p> <p>There was no other business.</p>	SD
12.	<p><b>Glossary</b></p>	



<b>13.</b>	<b>Date of next meeting – Thursday, 24<sup>th</sup> November 2022 – 2.00 to 4.00 pm – Council Chamber, Civic Offices, 2 Watling Street, Bexleyheath DA6 7AT</b>	
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**Item: 3**

**Enclosure: B(ii)**

**Bexley Wellbeing Partnership Committee (in Public) – Action Log 20.10.2022**

<b>Reference</b>	<b>Action</b>	<b>Action/Owner</b>	<b>Due Date</b>	<b>Update</b>	<b>Status</b>
20.10/8	Implications of the national Enhanced Access Services on Community Pharmacies	Graham Tanner to discuss with Raj Matharu	24.11.2022	It is important to note that LBB Public Health has recently completed and published a draft Pharmaceutical Needs Assessment. This report concluded 'there are no current gaps in the provision of Necessary Services outside normal working hours across Bexley to meet the needs of the population'. The Needs Assessment included extensive consultation, including with the Local Pharmaceutical Committee. GP Enhanced Access is a national programme with consistent hours of operation across England. The impact of the programme will therefore have been assessed at a national level. South East London ICB has not been made aware of specific concerns relating to Community Pharmacy operation within Bexley.	<b>CLOSE</b>
20.10/9	System Risk Register: Register needs to better reflect system risks.	Ian Dimond to provide contact details for Oxleas colleagues to Simon Beard	24.11.2022	16.11.2022: Some more in-depth work being undertaken by the assurance team on risk management processes for ICB risks and there is a view that this needs to be completed before we	<b>CLOSE</b>

				look at the wider system risk piece, so this is on hold for the time being. Include on forward planner for future meeting.	
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**Bexley Wellbeing  
Partnership Committee**

***Focus on Men's Health\****

Thursday 24<sup>th</sup> November 2022

*\*Note: Presentation and panel session open to members of the public to ask questions – therefore no papers are contained in this pack for this item.*

**Bexley Wellbeing Partnership Committee**

**Thursday 24<sup>th</sup> November 2022**

**Item: 5**

**Enclosure: C**

<b>Title:</b>	<b>Bexley Emotional Wellbeing Transformation Plan</b>
<b>Author:</b>	Katie Farrar-Daniel, Children and Young People Commissioning Manager, NHS South East London Integrated Care Board/London Borough of Bexley
<b>Executive Lead:</b>	Alison Rogers, Acting Director of Integrated Commissioning, NHS South East London Integrated Care Board/London Borough of Bexley

<b>Purpose of paper:</b>	<b>To seek endorsement of the proposed Bexley Children and Young People’s Emotional Wellbeing and Child &amp; Adolescent Mental Health Services Transformation Plan pending final confirmation of the financial envelope.</b>	Update / Information	
		Discussion	
		Decision	<b>X</b>
<b>Summary of main points:</b>	<p>The draft Children and Young People’s Emotional Wellbeing and Child &amp; Adolescent Mental Health Services Transformation Plan for 2022/23 – 2024/25 has been developed with partners and requires approval by Bexley place governance committees and the Bexley Wellbeing Partnership Committee. The plan includes key priorities that have been agreed across the South East London (SEL) boroughs to ensure equity and consistency across the SEL Integrate Care System (SEL ICS). In addition, Bexley has local priorities that have been developed to meet the needs of our local population. The plan has a broad remit focusing on Children &amp; Young People’s emotional wellbeing as well as mental health.</p> <p>Some of the priorities have allocated funding from the NHS SEL Integrated Care Board but require a commitment for continued funding beyond the pilot by Bexley place and some of the long-term priorities will require a funding commitment to be agreed once the budget is allocated in December.</p> <p>Members are asked to review with a view to endorse our plan and proposed prioritisation of actions.</p> <p>An outline of the plan is included in appended PDF (Appendix A): <i>CYP EHWB Transformation Update and Plans for 22-23- November.</i></p>		
<b>Potential Conflicts of Interest:</b>	None identified.		
<b>Other Engagement:</b>	Equality Impact	<p>A number of areas of the plan are focused on reducing inequalities for our local Bexley population. The drive to reduce wait-times across SEL for Children and Young People’s Emotional Wellbeing and Child &amp; Adolescent Mental Health Services is based on the need to ensure consistency and equality of access across SEL ICS. Bexley specifically will be targeting waiting times for eating disorder services.</p>	

	<p>The Empowering Parents, Empowering Communities (EPEC) programme is focused on reducing inequalities through targeted work with Bexley's vulnerable populations with poorer educational, health, and wellbeing outcomes. Year 1 of the programme will target the Gypsy, Roma, Traveller (GRT) community as Bexley has the highest GRT community in London.</p> <p>We will be expanding inequalities work in schools with invitations to Expressions of Interest sent out to 9 Bexley schools which do not have Mental Health in Schools Team (MHIS) provision. Two schools will be selected to undertake co-production work and develop a model to target inequalities in their school.</p> <p>We will also be focusing on training and support for gender dysphoria and support for transgender Children and Young People, particularly for neurodivergent.</p> <p>The overall draft <i>Bexley Children and Young People's Emotional Wellbeing and Children and Young People's Emotional Wellbeing and Child &amp; Adolescent Mental Health Services Transformation Plan</i> has been drafted using population data and local intelligence to ensure that the plan will target Bexley's health inequalities.</p>
Financial Impact	<p>The financial envelope for Bexley child and adolescent mental health and emotional wellbeing will not be confirmed until December 2022. This plan sets out our intentions and proposed prioritisation of actions to ensure that we are prepared to allocate the money when the budget is received.</p> <p><b>Improved Wait times:</b> Financial impact to be determined by the central NHS SEL ICB team, demand and capacity modelling currently underway.</p> <p><b>Transition worker:</b> Proposed 1 WTE. Pending outcome of demand and capacity modelling.</p> <p><b>EPEC programme £73,850 annually:</b> Funded through the central ICB budget for year one and delegated to SEL boroughs. This is to be agreed locally once we receive quality and outcomes data.</p> <p><b>Violence Reduction Pilot:</b> first year funding has been disseminated. Further two years funded by NHS England.</p> <p><b>Single Point of Access:</b> Task and finish group set-up to identify budget and resource required.</p> <p><b>Intensive outreach/ home treatment:</b> task and finish group has been set-up to establish resourcing requirements.</p>

	Public Engagement	<p>Many aspects of this plan are aligned to the commitments in the NHS long-term plan which involved extensive public engagement.</p> <p>The targeted equalities work in schools will be co-produced with children and young people and teachers to develop a proposed model.</p> <p>The EPEC model involves community outreach and support to parents, and we will be engaging these communities to gain insight into areas where parents and families require more support around emotional and social wellbeing. This will be used to inform future planning.</p> <p>The plan sets out our intentions to develop a cohesive communications and engagement strategy and set-up established routes for engaging children and young people and families.</p>
	Other Committee Discussion/Engagement	<ul style="list-style-type: none"> <li>• Bexley Children &amp; Young People Emotional Wellbeing Partnership Board – 25<sup>th</sup> October 2022</li> <li>• Bexley Senior Management Team – 1<sup>st</sup> November 2022</li> <li>• Bexley Wellbeing Partnership Executive – 2<sup>nd</sup> November 2022</li> </ul>
<b>Recommendation:</b>	<p>The Bexley Wellbeing Partnership Committee is recommended to:</p> <p>(i) Agree and endorse the draft Bexley Children and Young People’s Emotional Wellbeing and <b>Child &amp; Adolescent Mental Health Services</b> Transformation Plan (Appendix A).</p> <p>(ii) Endorse the prioritisation of actions set out in the plan.</p>	

# Children and Young People's Emotional Health and Wellbeing Plan, October 2022

## What We Planned to Would Work on 21-22

- Improve mental health support in schools
- Improve information regarding services, and how to access them
- Develop the role of the lead professional
- Training for professionals, and parents
- Integration of local services
- Improve early intervention and prevention pathways






## Transformation Update

### What have we achieved so far

- Increased Mental Health support in schools
- Assessed the links between mental health services and schools, with the Anna Freud Centre
- Increased Early Intervention and Prevention for children and young people with mental health needs
- Piloted support for children and young people with mental health needs who are neurodivergent
- Redesign of Oxleas Specialist CAMHS to a Thrive model
- Piloted Social Prescribing for young people with mental health needs
- Increased mental health support for children and young people who have experienced a sexual assault
- Training – on key areas such as Thrive, Autism, Dynamic Support Register and CETRs
- Improved the information relating to emotional health and wellbeing on the local offer, SHIELD effective support document and Oxleas CAMHS site, also developed information for professionals and parents
- Taken part in a piece of research commissioned by London Innovation and Improvement Alliance

## SEL Wide Transformation Plans for 22-23 Onwards

-  - Well underway
-  - Action started
-  - To be completed

We agreed the following actions would be completed by all SEL boroughs:

- Continue to develop the SEL wide offer for Positive Behaviour Support- new contract mobilised as of 1<sup>st</sup> November 2022. The service is currently operating a waiting list.
- Eliminate 52 week waits for CAMHS services across SEL with a target of less than 52 weeks wait for 22/23, 18 weeks or less for 2023/24, and 12 weeks or less for 24/25. Demand and Capacity modelling is underway to establish what the cost and resourcing would be required to meet this target for this financial year and onwards, this will include identifying support CYP who are on CAMHS waiting lists.
- Proposal of a 1 WTE transition worker to support transition to adult services for each borough for CYP that are 16 years+. Bexley is undertaking work to identify what will be required for Bexley pathways, Oxleas CAMHS have a recently appointed Darzi fellow working on transition across the three Oxleas boroughs
- Closer working with primary care, including the new mental health practitioner roles, this will be an area of focus for 2023/24.
- Each place is committed to developing a Single Point of Access over the next 12 months. Bexley will convene a working group, starting with mapping the all local Emotional Health, Wellbeing, and Mental Health Services available to Bexley Children and Young People and then establishing the financial and technical resources required to achieved a digital SPA.
- We will look to ensure we have clear focused approach on comms/engagement with CYP and their families across all six boroughs, supported by some dedicated resource. The resource for this is yet to be determined.
- We will develop a core offer for perinatal support for 16-25, though Oxleas may be the pilot for this work initially.
- We will develop a core offer for intensive outreach for CYP across SLAM/Oxleas. A SEL- wide task and finish group is being established to work on this

## Bexley's Local Transformation Plans for 22-23 Onwards

- - Well underway
- - Action started
- - To be completed

<p><b>Place-based planning and commissioning teams</b></p>	<ul style="list-style-type: none"> <li>Roll out parental mental health support through Bexley using the <b>Empowering Parents, Empowering Communities (EPEC)</b> model from the Maudsley</li> <li>Pilot mental health support for young people at risk of exploitation and violence with the Maudsley and Charlton Athletic- this is funded by NHSE for 3 years</li> <li>Procure a Social Prescribing Service for young people with mental health needs- lead by BVSC</li> <li>Further develop mental health support in schools, through targeted inequalities work</li> <li>Continue to invest in local voluntary sector organisations who can work alongside Oxleas and offer early intervention services, for CYP with mental health needs</li> <li>Further develop positive behaviour support in Bexley, to reach young adults and adults up to age 25</li> <li>Further development of services for children with mental health needs, who are neurodivergent, and also need additional support with their gender identity</li> <li>Improved services and pathways for young people aged 16-25</li> <li>Reduced waits for specialist CAMHS services in Bexley, and South London, e.g. eating disorders</li> </ul>
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# Financial Implications

Action	Action Level	Financial Implications	Priority
Reducing wait time for CAMHS	SEL Wide	To be determined- D&C modelling underway	High
Single Point of Access	SEL Wide	To be determined in 23/24	High
Transition and 16-25 pathway	SEL Wide	Darzi fellow funded and in post across BBG. Proposed 1 WTE- need to be determined locally	High
Neurodevelopmental pathways and positive behaviour support	SEL and Bexley	£370,000 recurrent £50,000 non-recurrent Funded through Oxleas budget allocation for BBG	High
Intensive Outreach	SEL Wide	£1,100,000 £350,000 Funded through Oxleas budget allocation for BBG	High
Supporting CYP responding to trauma and distress Gender dysphoria training	Bexley	TBC	Medium
Inequalities in Schools Model	Bexley	Model and funding implications to be determined	Medium
Empowering Parents Empowering Communities (EPEC)	Bexley	£73,850- year 1 funded via central ICB, further years to be funded locally	Medium

**Bexley Wellbeing Partnership Committee**

**Thursday 24<sup>th</sup> November 2022**

**Item: 6**

**Enclosure: D**

<b>Title:</b>	<b>Winter Preparedness and Resilience Planning</b>
<b>Author:</b>	Alison Rogers, Acting Director of Integrated Commissioning, NHS South East London Integrated Care Board/London Borough of Bexley Gemma O'Neill, Deputy Director, System Development (Bexley and Greenwich), NHS South East London Integrated Care Board
<b>Executive Lead:</b>	Stuart Rowbotham, Place Executive Lead/Director of Adult Social Care

<b>Purpose of paper:</b>	<b>Winter is always a challenging time for the health and social care system. This year feels different as the system moves towards winter without having experienced the traditional summer dip in demand and with the anticipated cost of living crisis expected to have an additional impact on health and care services. The purpose of this paper is to provide the Committee with information and assurance on system wide preparations for winter 2022/23.</b>	<b>Update / Information</b>	<b>X</b>
		<b>Discussion</b>	<b>X</b>
		<b>Decision</b>	
<b>Summary of main points:</b>	<p>Based on the national priorities and local context, system executive leads have agreed the following principles which guide the development of the Bexley winter plan:</p> <ul style="list-style-type: none"> <li>• <b>Maximising capacity</b> through investment in existing provision as opposed to creating new services.</li> <li>• <b>Supporting prevention</b> through targeted vaccination and enhanced access to urgent primary care</li> <li>• <b>Supporting effective system flow</b> through action to improve discharge planning, social work assessment, provide interim care and increase access to care in a range of community settings</li> <li>• <b>Considering mental health, alongside physical health</b>, as a core driver of demand</li> <li>• <b>Basing decisions on data and system intelligence</b> and acting in the interest of improved outcomes</li> <li>• <b>Supporting staff wellbeing</b> by ensuring that staff can continue to work safely and effectively with access to timely physical, practical, and emotional wellbeing support</li> <li>• <b>Focusing on access and equity</b> – aiming for a consistent approach with a focus on closing gaps in provision</li> <li>• <b>Deploying our finite workforce smartly</b> – ensuring that we deploy capacity in the areas with the greatest need and potential to impact on the highest volume of patients.</li> </ul> <p>The Priority Areas for Action in the system are:</p>		

	<ul style="list-style-type: none"> <li>• The vaccine programme</li> <li>• Prevention/primary care</li> <li>• Community and urgent response</li> <li>• Ambulance handovers and Emergency Department (ED) processes</li> <li>• Hospital capacity and internal flow</li> <li>• Discharge flow into the community</li> <li>• Workforce</li> </ul> <p><b>Delivery of plans within the current strategic context</b></p> <p>In addition to the specific opportunities above, system partners are engaged in work to reduce inequalities and variation in practice and process across multiple areas of provision. Programmes currently underway include:</p> <ul style="list-style-type: none"> <li>• <b>Virtual wards</b> – to provide additional specialist / acute capacity in out-of-hospital settings for adults and children .</li> <li>• <b>100-day challenge</b> – a challenge to systems to implement 10 best discharge practices identified nationally to improve flow and discharge.</li> <li>• <b>Core20PLUS5</b> is a national NHS England and NHS Improvement approach to support the reduction of health inequalities at both national and system level.</li> <li>• <b>Going further on our winter resilience plans</b> – revised guidance on community falls response, acute respiratory infection hubs, care home ambulance conveyances and system control centres.</li> </ul>	
<p><b>Potential Conflicts of Interest</b></p>	<p>None identified.</p>	
<p><b>Other Engagement</b></p>	<p>Equality Impact</p>	<p>Our winter resilience plans are intended to ensure equality of access to health and social care for Bexley residents in the context of the additional challenges expected during the winter period</p>
	<p>Financial Impact</p>	<p>Bexley’s winter resilience plans are supported by £3.1m of investment including recurrent winter funding received by all partners and additional winter investment of £992,000 and virtual wards funding of £1,112,340.</p>
	<p>Public Engagement</p>	<p>Whilst no specific engagement has taken place regarding our winter plans, we have however listened extensively to our residents on Enhanced Access to Primary Care access and reflected those preferences into that service. In addition, our winter plan builds on existing services and processes, for which the system receives patient feedback and performance information regularly to guide decision making and improvements.</p>
	<p>Other Committee Discussion/ Engagement</p>	<p>Bexley Well-being Partnership Forum – 14<sup>th</sup> October 2022  Adult Social Care &amp; Health Overview &amp; Scrutiny Committee – 6<sup>th</sup> October 2022</p>
<p><b>Recommendation:</b></p>	<p>The Bexley Wellbeing Partnership Committee is recommended to:</p>	

- (i) Note the plans which have been agreed with partners across the system for Winter 2022/23.

# Bexley Wellbeing Partnership Winter Preparedness and Resilience Planning 2022/23 – Briefing paper

## 1. Purpose of this paper

- 1.1 Winter is traditionally a challenging time for the health and social care system, with the number of people requiring hospital treatment or admission rising sharply. This year feels different; the system moves towards winter without having experienced the traditional summer dip in demand and with the anticipated cost of living crisis expected to have an additional impact on health and care services.
- 1.2 Staff across the system have worked tirelessly to balance priorities over the last two years. It is thanks to their efforts and professionalism that NHS and social care services in Bexley remain something of which we are proud. Supporting staff and acting together to make changes where we know there is challenge or opportunity, is central to our plan for winter. We will build on the significant intelligence and insight we have developed into system challenges, priorities, and opportunities over the last two year. Our aim, wherever possible, is to strengthen the infrastructure and services we have, rather than to add in new services and pathways.
- 1.3 Meeting the health and care needs of Bexley residents this winter is a system priority, with the performance of the Emergency Department (ED) serving to signify whether the system as a whole is working effectively to support people in need of urgent or emergency treatment. This winter plan seeks to support sufficient capacity in the hospital by supporting opening up additional beds in the hospital system and in the community settings but also provision of care in people's own homes in line with our Home First principle – where the provision of care can take place outside hospital this will be enabled, preserving hospital beds for those requiring specialist input.
- 1.4 Developed collaboratively with partners from across the Bexley Wellbeing Partnership (previously the Bexley Local Care Partnership), this plan brings together a summary of the changes that we will make ahead of, and during, winter to safeguard our collective resilience and ensure residents continue to receive high-quality care. It is supported by investment in Bexley totalling £3.1m and has been developed within the context of the wider South East London Integrated Care Board, which contributes both strategically through the identification of at-scale opportunities and practically through the delivery of system-wide daily operational check-ins and the coordination of mutual aid between providers at times of challenge.

## 2. National context

- 2.1 In an initial letter to Integrated Care Board executives nationally, the following objectives were set out to increase capacity and operational resilience in urgent and emergency care this winter:
  - **Prepare for variants of COVID-19 and respiratory challenges**, including an integrated COVID-19 and flu vaccination programme
  - **Increase capacity outside acute trusts**, including the scaling up of additional roles in primary care and releasing annual funding to support mental health through the winter
  - **Increase resilience in NHS 111 and 999 services**
  - **Target Category 2 response times and ambulance handover delays**, including improved utilisation of urgent community response and rapid response services and the new digital intelligent routing platform
  - **Reduce crowding in A&E departments** and target the longest waits in ED
  - **Reduce hospital occupancy**, through increasing capacity by the equivalent of at least 7,000 general and acute beds, through a mix of new physical beds, virtual wards, and improvements elsewhere in the pathway.
  - **Ensure timely discharge**, across acute, mental health, and community settings, by working with social care partners and implementing the 10 best practice interventions through the '100 day challenge'.
  - **Provide better support for people at home**, including the scaling up of virtual wards and additional support for High Intensity Users with complex needs.



2.2 The plans outlined in this paper respond to the specific challenges and enablers within the Bexley system which will directly support the achievement of these objectives. Measurement of success will be via a national reporting framework which focuses on six key metrics:

- 111 call abandonment
- Mean 999 call answering times
- Category 2 ambulance response times
- Average hours lost to ambulance handover delays per day
- Adult general and acute type 1 bed occupancy (adjusted for void beds)
- Percentage of beds occupied by patients who no longer meet the criteria to reside.

2.3 Subsequently further guidance has been received **Going further on our winter resilience plans**, which sets out expectations around community falls response, acute respiratory infection hubs, care home ambulance conveyances and system control centres.

2.4 Providers and commissioners will continue to review our local position in relation to national requirements and monitor individual service performance, with system partners coming together weekly at Resplendent (the system urgent and emergency care forum) and Bexley Home First operational group to review system performance and make recommendations to the Home First Board and Bexley Wellbeing Partnership about risk and issue mitigation.

### 3. Local challenges and learning

3.1 Whilst the national framework services to guide planning and focuses on the indicators of system stress, the local focus over the last few months has been on developing a deep understanding of the issues and drivers of poor outcomes and performance associated with residents seeking urgent and emergency care and beyond. The outputs of this work are summarised through the expression of six local challenges:

- **Demand for emergency care, urgent care, community support, mental health assessment and care, and social care assessment has risen significantly.** A notable example is enhanced care (short term intense support in a person's own home to support them to settle and recover following a hospital stay) which includes a focus on people who experience delirium and/or dementia. In 2020/21 45 clients were supported in their own home through enhanced care in 2021/22 this rose to approximately 170 clients. In the past, many of these people would have spent protracted periods in hospital with very long lengths of stay. Demand in some areas, particularly on physical space at Queen Elizabeth hospital, district nursing and social care now routinely exceeds physical and staffing capacity. This impacts on Emergency Department performance, timely discharge and the outcomes for residents when they return home.
- **The impact on social care associated with meeting resident need earlier (in their patient pathway) and with increased complexity.** This has put additional strain on social care both in terms of the need to provide rapid assessment and the intensity of the packages of care that are required to support residents at home.
- **The local workforce**, across most parts of the system, is struggling to maintain morale in the face of recruitment challenges, an increase in violence and aggression and the cost-of-living crisis.
- **The flow of patients through the hospital** – there are opportunities for hospital teams and system partners to work more efficiently together on system flow, which flexed to accommodate the changing needs at the height of the covid pandemic, as it moves towards winter.
- **The changing landscape of service provision**, including the changes necessitated by the national primary care directed enhanced access programme, and the reduction in capacity associated with the fixed-term nature of Covid funding.

- **The general perception that the pandemic is over**, and the NHS has returned to business as usual. The reality is that many NHS services are struggling to clear backlogs exacerbated by the pandemic. This is compounded by confusion about which pathway residents should take when they experience episodic ill health.
- 3.2 These challenges align with those being felt by health and social care nationally. Bexley has the right foundations in place to deliver this winter plan. The close working relationships, fostered at the height of the Covid pandemic, endure and there is universal commitment to enacting the changes agreed. However, the challenges are significant, not least the ability to recruit the right staff and the physical space available within local hospitals and beyond, which will require longer-term innovation and ongoing partnership working to resolve.

## 4. System preparedness and resilience

### 4.1 System planning principles

Based on the national priorities and local context, system executive leads have agreed the following principles which guide the development of the Bexley winter plan:

- **Maximising capacity** through investment in existing provision as opposed to creating new services.
- **Supporting prevention** through targeted vaccination and enhanced access to urgent primary care
- **Supporting effective system flow** through action to improve discharge planning, social work assessment, provide interim care and increase access to care in a range of community settings
- **Considering mental health, alongside physical health**, as a core driver of demand
- **Basing decisions on data and system intelligence** and acting in the interest of improved outcomes
- **Supporting staff wellbeing** by ensuring that staff can continue to work safely and effectively with access to timely physical, practical and emotional wellbeing support
- **Focusing on access and equity** – aiming for a consistent approach with a focus on closing gaps in provision
- **Deploying our finite workforce smartly** – ensuring that we deploy capacity in the areas with the greatest need and potential to impact on the highest volume of patients.

The plan is based on what can practically be delivered to aid efficiency and resilience across the system as it moves towards winter. The focus is on delivering the right outcomes for residents by optimising responsiveness and flow throughout the system. Where the need for beds arises, this should be targeted and be out of hospital where appropriate.

### 4.2 System priority areas for action

In response to the national objectives, local challenges, and using learning from previous winters and Covid, seven priority areas for action have been identified to provide a framework for summarising the improvements and developments taking place across the whole system in readiness for winter.

The secondary care schemes outlined below are focused on Queen Elizabeth Hospital. Colleagues at Princess Royal University Hospital and Darent Valley Hospital are finalising their site plans, and these will be incorporated when available.

#### 4.2.1 Vaccine programme

Bexley Primary Care Networks (PCNs) and community pharmacies have a track record of delivering the national COVID19 Vaccination Programmes during the pandemic. This success has been supported by the Bexley Wellbeing Partnership's Vaccine Hesitancy Programme led by Public Health. Consequently, Bexley has seen good engagement with residents, community champions and community leaders and will build on that learning and experience for the next campaign.

- **National COVID19 booster and flu campaign** – in line with the Joint Committee on Vaccination and Immunisation (JCVI) guidance and timelines, Bexley PCNs and community pharmacies have commenced delivery of the local programme to:
  - residents in a care home for older adults and staff working in care homes for older adults
  - all adults aged 50 years and over
  - persons aged 5 to 49 years in a clinical risk group
  - persons aged 5 to 49 years who are household contacts of people with immunosuppression
  - persons aged 16 to 49 years who are carers
- All care homes (older people, learning disability and severe mental illness) will be provided with a GP visit to administer the COVID19 vaccination, including co-administration of the flu vaccine by 19<sup>th</sup> October 2022. In addition, Bexley Wellbeing Partnership have contacted supported living providers and offered GP visits for their residents.
- **Polio Booster Programme** - following the detection of the polio virus in sewage samples taken from north and east London, the NHS is offering all 1-9 year olds in London a polio booster vaccination. For some children this may be an extra dose of polio vaccine, on top of their routine vaccinations. In other children it may just bring the vaccination up to date. The programme in Bexley is being delivered by GP practices and our local community pharmacies (Belvedere and Aspire – 5-9 year olds). All Bexley children between the ages of 1 – 9 will be invited for a booster vaccination by 26<sup>th</sup> September 2022. A letter has been sent via primary school headteachers for parents/guardians with children in the JCVI cohort.

#### 4.2.2 Prevention / primary care

- **Enhanced Access to primary care services** – NHS England have asked GP Practices to work collaboratively in Primary Care Networks (PCNs) to develop Enhanced Access to primary care services. The new enhanced access arrangements aim to remove variability across the country and improve patient understanding of the service. Existing GP extended access hubs and GP surgery extended hours will merge to provide a new enhanced delivery model to patients. A minimum service of 60 mins per weighted 1,000 Primary Care Network registered patients per week must be provided for patients.

The Enhanced Access Service commenced in Bexley on 1<sup>st</sup> October 2022. The four Bexley primary care networks, APL, Clocktower, Frognaal and North Bexley, working in partnership with the local GP federation will be delivering the national network standard hours which are 18:30 – 20:00 Monday to Friday and Saturday 09:00 – 17:00.

The service will see core primary care services extended and enhanced outside of traditional GP surgery hours. Patients will have access to a range of multi-disciplinary teams providing specialist care and appointments. Patients registered with a GP Practice will be able to access primary care services and appointments from neighbouring practices within the same PCN. Bexley Wellbeing Partnership undertook a substantial patient / public engagement programme to support patient-focused developments where possible, within the national network standard hours. Bexley's Primary Care Network enhanced access service will be different in that it will reflect some of the key priorities we heard from residents:

- access to same day urgent primary care (e.g., book on the day) – up to 2/3rds of the enhanced access appointments across the four Primary Care Networks will provide book on the day appointments
- face to face appointments – the enhanced access service in Bexley will provide a minimum of 75% face to face appointments across all four Primary care Networks.
- **Promotion of electronic repeat prescribing** – many pharmacies in Bexley deliver this service which allows patients to request repeat prescriptions from their local pharmacy and thereby reducing the demand on the patient's own GP practice. Bexley's medicine optimisation will lead

on engaging pharmacies not currently participating in the scheme to ensure universal coverage across Bexley.

#### 4.2.3 Community and urgent response

- Strengthening step-up pathways to avoid admissions – action is being taken to review the criteria for the access to urgent response pathways with London Ambulance Service (LAS) to ensure that appropriate patients are directed to an urgent community response pathway, for example the Bexley Rapid team or Urgent Treatment Centres, as an alternative to ED.
- **Under the auspices of the Virtual Ward scheme**, for which Bexley received confirmation of the funding award in October, several investments into new services will be made in time for winter:
  - **Frailty service** – Short-term intervention following earlier hospital discharge for those considered appropriate for care at home using technology to support monitoring and enhanced care where needed to support reduction in readmissions
  - **A respiratory SOS service** - this includes a team of respiratory nurse specialists who will respond to patients on the COPD caseload who are experiencing an acute deterioration in symptoms to prevent ED attendance where possible
  - **Increase capacity for patients experiencing a crisis at end of life** – additional investment in the Greenwich and Bexley Community Hospice community teams to provide support in resident's homes.
  - **Children's hospital at home service** – IV antibiotics in the community
- **Additional capacity for community healthcare services** – additional investment in district nursing and therapy to support patients in the community to avoid admission and expedite discharge.
- **Increasing the social prescribing presence in ED** – a patient champion works in the QEH ED department two days a week. This presence will be extended during winter through the support of the Bexley voluntary and service council (BVSC). This will provide information to patients about the support and care options available to them including befriending and mental health crisis support.

#### 4.2.4 Ambulance handovers and ED processes

- **Same Day Emergency Care** – opening Acute Assessment Unit to support the decompression of ED & support site flow
- **Co-location of mental health crisis team in ED** – this includes extending service provision to 24 hours a day.
- **Opportunities to smooth the flow of patients being explored** – specifically, work underway to explore opportunity for LAS to book directly into the Urgent Treatment Centre (UTC) and for LAS / ED to use Urgent Care plans as means to share patient information (CMC replacement)
- **Explore introduction of bookable appointments for ED / UTC first assessment** – as part of an SEL-wide initiative, including for 111 referrals to ED or UTC. This allows presenting patients, who require same day care, but not emergency care, to book an appointment to return to site later in the day. This reduced the time that patients wait in the department and decompresses ED.
- **Review UTC criteria for accepting LAS patients.** Increase referrals to Bexley UTC sites (currently ~ 4 Bexley patients per day via ambulances to QEH and less than 4 per month to Erith and QMS)

#### 4.2.5 Hospital capacity and internal flow

- **Addition of 10 acute beds at QEH** – from February 2023

- **Expansion of Mental Health inpatient capacity** - 16 escalation beds to be opened from November
- **Clinical redesign of flow** – opening Acute Assessment Unit to support the decompression of ED & support site flow
- **Review internal escalation processes** – Full capacity protocol in place to manage site risk. ‘Your Next Patient’ initiative used to increase early emergency capacity and balance risk
- **Additional medical support at weekends** – ensuring senior on-site presence to provide acute care planning and expedite discharges throughout the week and on weekends / bank holidays
- **Continuation of twice-weekly TOCC (Transfer of Care Collaborative) meetings** – system partners meet to review all inpatients not meeting the criteria to reside to agree next steps in discharge planning
- **Appointment of Clinical Site Director**, to work in collaboration with divisional teams to manage escalation process, flow, safety & quality across the sites.

#### 4.2.6 Discharge flow into the community

- **Six additional discharge to assess beds** – in addition to the 12 already in place. These support patients requiring social care assessment to receive this in an out-of-hospital (care home) setting.
- **Additional social care capacity** – to support hospital discharge planning. Additional social work resource will support with expediting social care assessments, plus an increase in the volume of packages of care available, including intensive home care.
- **Streamlining process for end-of-life patients requiring complex care (fast-track)** – local hospice fast-track team to take ownership for process, including paperwork and placement finding, for these patients.
- **Voluntary care sector support for vulnerable residents post-discharge** – this offer will include increasing access to befriending capacity and schemes to support vulnerable people in their own home.

#### 4.2.7 Workforce

- **Keeping Well in South East London** is a programme focused on health and social care staff support and wellbeing. There will also be wellbeing champions and peer support, including structured team wellbeing events. There is also an online chat function, and phone line available 24/7/365 to staff who require urgent support.
- **South East London have developed a programme of staff passports** to enable staff who are interested in experiencing other areas of work in another organisation can do so using their existing employment checks. On occasion, this also allows partners to provide mutual aid in the form of capacity and capability at times of high demand.
- **All providers locally are considering options and developing plans to support their own staff this winter.** These plans will be fed into the wider winter plan as they are finalised.

#### 4.2.8 Delivery of plans within the current strategic context

- In addition to the specific opportunities above, system partners are engaged in work to reduce inequalities and variation in practice and process across multiple areas of provision. Programmes currently underway include:
  - **Virtual wards** – to provide additional specialist / acute capacity in out-of-hospital settings and for adults and children
  - **100-day challenge** – a challenge to systems to implement 10 best discharge practices identified nationally to improve flow and discharge
  - **Core20PLUS5** is a national NHS England and NHS Improvement approach to support the reduction of health inequalities at both national and system level.

- **Going further on our winter resilience plans** – revised guidance on community falls response, acute respiratory infection hubs, care home ambulance conveyances and system control centres

4.2.9 This remains a live document, submitted at a point in time where plans are being iterated and new opportunities emerging. Work will continue, with plans under constant review and subject to change. There will also be work completed to ensure that there are initiatives ready to mobilise should additional funding become available.

## 5. Key risks

5.1 The scale of the challenge faced by the system as colleagues progress with planning and implementation of winter priorities, is clear. Local providers report an uncomfortable level of challenge associated with delivering change, whilst maintaining high standards of care within the specified performance standards. The table below represents the key risks associated with delivering the initiatives identified above, along with proposed mitigations.

Risk Description	Mitigation / response strategy
▶ <b>Insufficient health and social care staffing to support required interventions</b>	▶ Joined up recruitment/ sharing of workforce/rotational roles. Work more closely with voluntary sector. Recruit substantive roles at risk
▶ <b>Social care unable to meet demand for levels of discharge – POC and D2A</b>	▶ Continued review to prioritise need and manage risk. Continue to engage at a London and National level re funding solutions together with SEL ICS opportunities for funding
▶ <b>Community Health services unable to meet existing demand</b>	▶ Continued review to prioritise need and manage risk. Continue to engage at a London and National level re funding solutions together with SEL ICS opportunities for funding
▶ <b>System-wide lack of capacity to respond to peaks in demand</b>	▶ Continue to work in partnership to support the whole system to flex together during significant peaks in demand. Continue to engage at a London and National level re funding solutions together with SEL ICS opportunities for funding
▶ <b>Limited physical space / options to reconfigure space to respond to peaks in demand at QEH and to expand community services</b>	▶ Constant review of opportunities to reduce demand, decompress ED, optimise use of space. Exploration of all elements of NHS / healthcare space including general practice and social care.

## 6. Summary

6.1 The challenges described within this plan align with the national perspective and there is confidence in the ability locally to deliver the changes described. The close working relationships fostered at the height of the Covid pandemic endure and there is universal commitment to responding to the needs of the local population despite the challenges and constraints. However, the challenges are significant, not least the ability to recruit the right staff and the physical space available within the local hospitals and beyond, which will require longer-term innovation and ongoing partnership working to resolve. It should be noted that this winter plan is shared at a point in time where discussions with partners are ongoing. The plan is expected to continue to evolve as clarity around the reality of winter pressures emerge.

**Bexley Wellbeing Partnership Committee**

**Thursday 24<sup>th</sup> November 2022**

**Item: 7**

**Enclosure: E**

<b>Title:</b>	<b>Month 6 Finance Report</b>
<b>Author:</b>	Julie Witherall, Associate Director of Finance (Bexley), NHS South East London Integrated Care Board
<b>Executive Lead:</b>	David Maloney, Director of Corporate Finance, NHS South East London Integrated Care Board

<b>Purpose of paper:</b>	<b>This paper is to provide an update on the financial position of Bexley (Place) including progress against savings targets as well as the overall financial position of the ICB and the ICS as at Month 6 (September) 2022/23.</b>	Update / Information	
		Discussion	<b>X</b>
		Decision	

<b>Summary of main points:</b>	<p><b>Bexley Position</b></p> <p>At month 6, Bexley is reporting a £210k underspend year to date, this is made up of underspend on Mental Health and CHC which are offset by overspend on Prescribing, Community and Urgent Treatment Centre (UTC) costs within acute services. The majority of the underspend is non-recurrent, with an updated budget profile in place from month 6. The corporate underspend is due to the level of vacancies currently being carried with no backfill support.</p> <p>The two main areas of underspend are Mental Health which is due to lower cost per case costs at present and CHC where costs are being reviewed regularly to ensure compliance with budget. The main area of overspend is prescribing where there has been material increase in month is still being investigated by the Meds Optimisation Team. The prescribing QIPP is also not currently being delivered in full. Work will continue in month to determine the drivers of the increase in prescribing activity and will include targeted visits to practices with the highest levels of overspend to see how the position can be recovered and an increased focus on the delivery of the local prescribing incentive scheme to ensure all practices are participating.</p> <p>The AQP contract for hearing is over performing across SE London as a whole and in Bexley, this is currently being offset by other community underspends. A discussion was undertaken at the ICB Planning and Delivery Group where it was agreed that activity would continue to be closely monitored to establish if the activity is backlog and will stabilise and the length of waiting list would be discussed with the provider to see how this can best be managed.</p> <p>It is expected that Bexley overall will achieve at least an overall break-even position at the year end.</p> <p>In terms of savings, plans are in place for both the initial savings targets and the additional savings target on a recurrent basis. These schemes are largely on track except for prescribing which is currently underdelivering and is overspending against budget per above. The level of achievement of the prescribing QIPP did improve in month 6 and it is expected that improved</p>
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delivery rates will be seen in the next couple of months as the schemes gain traction. This should enable savings to be delivered in full by the year end. Further investigation and discussion is still ongoing regarding an emerging cost pressure of circa £200k in relation to our community dietetics service. A meeting is now in place for the end of October to agree a way forward with the provider. This will also be reflected in our local risk register if appropriate.

Work is ongoing to assess the year end position for Bexley and also to look at the next financial year and assess how any savings requirements may be met.

### **ICB Position – Refer Appendix 1**

This report sets out the Month 6 financial position of the ICB. The ICB has a nine month reporting period in 2022/23 which reflects its establishment on 1 July 2022. The budget for the nine months is constructed from the CCG/ICB annual financial plan. As the CCG (as the predecessor organisation) delivered a £1,047k surplus during its final three months, the ICB is able to overspend its allocation by this amount, so that across the whole year a financial position no worse than break-even is delivered.

The ICB financial allocation for the Month 4 to 12 period is £3,020,897k. Due to the carry-forward of the Q1 CCG position, the ICB is able to spend up to £3,021,944k. The ICB is reporting an overall £48k overspend to Month 6. This reflects a break-even position against its recurrent (BAU) allocation, and a (£48k) overspend on the Covid vaccination programme. The vaccination costs are expected to be reimbursed in full by NHSE, thereby generating an overall break-even position.

The key risk within the ICB financial position relates to the prescribing budget. Prescribing data is received two months in arrears, so the latest information we have relates to July 2022. This reported a significant change, to the extent that activity for the first 4 months of 2022/23 compared to the same period for last year, showed an increase of around 5%. If this trend continued into future months, the full year forecast impact would be circa £3,400k before mitigations. Borough prescribing leads and the ICB Finance team have jointly reviewed the activity information during the month, and the underlying drivers of the increase relate to the growth of patients with long term conditions, reduced availability of unbranded drugs (NCSO – No Cheaper Stock available), CAT M drugs and cost of living pressures with a consequence of patients requesting over the counter drugs via FP10. This is set out later in this report. There were no other material changes in-month.

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

Delivering all targets under the Better Practice Payments code;

Subject to the usual annual review, delivered its commitments under the Mental Health Investment Standard; and

Delivered the month-end cash position, well within the target cash balance.

As at Month 6, and noting the risks outlined in this report, the ICB is forecasting a break-even position for the 2022/23 financial year.

### **ICS Position – Refer Appendix 2**

#### **I&E position**

At month 6 the ICS is reporting a YTD deficit of (£49.9m); £40.9m adverse to plan.



	<p>The main drivers to the adverse YTD position are under-delivery of planned efficiencies, higher than planned levels of expenditure due to COVID, unfunded inflation (including the full impact of the pay-award), and the profiling of planned non-recurrent flexibilities.</p> <p>The system has delivered £59.4m of efficiency YTD against a plan of £109m. Despite the adverse YTD position, the system forecast has improved by £6.8m this month. The forecast is now £201m against a plan of £207.2m.</p> <p>4 out of 5 provider organisations are reporting an adverse variance against plan YTD. All organisations, providers and ICB, are reporting a break-even forecast for the full year.</p> <p>The system is forecasting to breach the agency expenditure limit for the year.</p> <p>The main risks to the forecast are ESRF claw back/underachievement, continued under-delivery against planned efficiencies, potential use of agency/bank, inflation and winter pressures.</p> <p><b>Capital</b></p> <p>Spend against the system capital resource limit (CRL) is £24.7m under plan YTD. FOT is £0.9m less than the confirmed system capital allocation (CRL).</p>	
<p><b>Potential Conflicts of Interest</b></p>	<p>None arising as a direct result of this paper.</p>	
<p><b>Other Engagement</b></p>	<p>Equality Impact</p>	<p>None, all Bexley residents have the same levels of access to healthcare</p>
	<p>Financial Impact</p>	<p>The borough is reporting a surplus of £210k at month 6, with the ICB as a whole reporting an overspend of £48k which relates to Covid vaccination costs which are expected to be reimbursed by NHS England. There remain significant risks around the delivery of some of the savings programmes, namely, prescribing plus the volatility of areas of expenditure such as CHC, MH Cost per Case. Work is ongoing to review the prescribing spend as there is unexpected increased demand in areas such as long term conditions and stock issues resulting in increased costs. A number of mitigations are being formulated to try to get the spend back under control. The ICS is reporting a year to date deficit of £49.9m which is £40.9m adverse to plan. The main drivers to the adverse position are under-delivery of planned efficiencies, higher than planned levels of COVID, unfunded inflation (including the full impact of pay awards) and the profiling of planned non recurrent flexibilities.</p>
	<p>Public Engagement</p>	<p>Finance is reported to public borough based board meetings and also the position is reported by SE London ICB at the public Governing Body Meetings</p>
	<p>Other Committee Discussion/ Engagement</p>	<p>The month 6 financial position is discussed at SE London level at the Planning and Delivery Group,</p>

		locally, it has been discussed at Bexley SMT and the LCP Executive.
<b>Recommendation:</b>	<p>The Bexley Wellbeing Partnership Committee is asked to:</p> <ol style="list-style-type: none"> <li>1. DISCUSS &amp; NOTE the Month 6 (September 2022) financial position for NHS South East London ICS, NHS South East London ICB and Bexley Borough.</li> <li>2. NOTE the details of the 2022/23 allocations (programme and running costs) received and expenditure to date for both NHS South East London ICB and Bexley Borough.</li> <li>3. DISCUSS &amp; NOTE the key risks identified for NHS South East London ICB and NHS South East London ICS and how they relate to Bexley Borough.</li> <li>4. NOTE the details of the savings requirements for NHS South East London ICB, NHS South East London ICS and Bexley Borough.</li> </ol>	

**Item: 7**

**Enclosure: E(i)**

**Bexley Wellbeing Partnership Committee**

**Financial Year 2022/23**

**Month 6 Finance Report – September 2022**

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# 1. Summary of Bexley Borough's Financial Position as at Month 6

## Overall Position

	Year to Date Budget £'000s	Year to Date Actual £'000s	Year to Date Variance £'000s
Acute Services	1,164	1,179	(15)
Community Health Services	4,188	4,201	(13)
Mental Health Services	2,635	2,529	106
Continuing Care Services	5,925	5,715	209
Prescribing	8,290	8,462	(172)
Other Primary Care Services	692	692	0
Other Programme Services	6	12	(6)
Delegated Primary Care Services	8,988	8,988	-
Corporate Budgets	866	766	100
<b>Total Year to Date</b>	<b>32,754</b>	<b>32,544</b>	<b>210</b>

- At month 6, Bexley is reporting a £210k underspend year to date, this is made up of underspend on Mental Health and CHC which are offset by overspend on Prescribing, Community and Urgent Treatment Centre (UTC) costs within acute services. The majority of the underspend is non-recurrent, with an updated budget profile in place from month 6. The corporate underspend is due to the level of vacancies currently being carried with no backfill support.
- The two main areas of underspend are Mental Health which is due to lower cost per case costs at present and CHC where costs are being reviewed regularly to ensure compliance with budget. The main area of overspend is prescribing where there has been material increase in month is still being investigated by the Meds Optimisation Team. The prescribing QIPP is also not currently being delivered in full. Work will continue in month to determine the drivers of the increase in prescribing activity and will include targeted visits to practices with the highest levels of overspend to see how the position can be recovered and an increased focus on the delivery of the local prescribing incentive scheme to ensure all practices are participating.
- The AQP contract for hearing is over performing across SE London as a whole and in Bexley, this is currently being offset by other community underspends. A discussion was undertaken at the ICB Planning and Delivery Group where it was agreed that activity would continue to be closely monitored to establish if the activity is backlog and will stabilise and the length of waiting list would be discussed with the provider to see how this can best be managed.
- It is expected that Bexley overall will achieve at least an overall break-even position at the year end.
- In terms of savings, plans are in place for both the initial savings targets and the additional savings target on a recurrent basis. These schemes are largely on track except for prescribing which is currently underdelivering and is overspending against budget per above. The level of achievement of the prescribing QIPP did improve in month 6 and it is expected that improved delivery rates will be seen in the next couple of months as the schemes gain traction. This should enable savings to be delivered in full by the year end.
- Further investigation and discussion is still ongoing regarding an emerging cost pressure of circa £200k in relation to our community dietetics service. A meeting is now in place for the end of October to agree a way forward with the provider. This will also be reflected in our local risk register if appropriate.

## 2. Summary of Bexley Borough's Financial Position as at Month 6 re: Savings Targets

Bexley has a total recurrent savings target of £2,013k which includes the £399k of additional savings requested. Plans are in place for all of the savings targets and these are largely on track except for prescribing which is currently underdelivering and is overspending against budget per previous page. It is hoped that the schemes plus the prescribing incentive scheme will start to improve delivery rates in the next couple of months. Overall, Bexley is £93k behind plan at month 6 which is a similar position to that reported at month 5.

Monitoring of the prescribing and CHC savings will be undertaken on a monthly basis, with an agreed process now in place locally for prescribing. In delivering these additional savings, to date the borough has not has to impact upon front line services but looking forward, the borough is looking at 2023/24 financial year and reviewing contracts which expire, looking at VFM in contracts which are in place as some services may need to be reviewed if savings targets are set which are significant.

Budget Area	Target	Year to	Year to	Year to	Forecast	Forecast
	Savings	Date	Date	Date	Delivery	Variance
	£'000	£'000	£'000	£'000	£'000	£'000
<b>Bexley</b>	<b>2,013</b>	<b>922</b>	<b>829</b>	<b>-93</b>	<b>2,013</b>	<b>0</b>
Additional System Savings Requirement	399	200	200	0	399	0
Community Services	189	95	95	0	189	0
Continuing Care Services	560	280	280	0	560	0
Corporate/Running Cost	121	61	61	0	121	0
Mental Health Services	91	46	46	0	91	0
Other Acute Services	3	2	2	0	3	0
Other Primary Care Services	29	15	15	0	29	0
Other Programme	189	95	95	0	189	0
Prescribing	432	131	38	-93	432	0

### **3. Summary of Bexley Borough's Financial Position as at Month 6 – Other Issues**

#### **Staffing Position**

As at month 6, Bexley Borough has a number of vacancies against the borough based structure which are as follows;

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

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

1 Band 8b Partnership Manager (Joint role) – to be advertised.

These posts are not generally being backfilled and so there is additional pressure on the remaining staff to cover these roles to the best of their ability. It should be noted however that a number of posts have now been recruited into and the people are now in post.

#### **Balance Sheet / Financial Services Issues**

In the 10 highest value debtors of the CCG, there are no items which relate to Bexley which is positive. To assist providers with cash flow, all invoices are currently paid within 7 days of approval. The finance team in conjunction with budget holders are now actively working to clear all pre ICB invoices from the system. Bexley only have a small number of such invoices and work is ongoing to clear these asap.

#### **Governance Arrangements**

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

#### **Financial Management Arrangements**

Month 6 budget holders meetings have taken place and the meetings for the remainder of the financial year have also been arranged. New coding books have been issued to budget holders for the new ledger which took effect from 1st July 2022.

#### **2022/23 Budget Setting**

Budget setting meetings for 22/23 have also taken place with budget holders to agree budgets and savings in line with the budget setting paper previously brought to this committee. The initial 2022/23 budgets have now been accepted with all savings identified, however an additional £399k of recurrent savings has been requested of Bexley in order to assist with the overall system deficit and this has been identified and was enacted in month 5. Work is ongoing to assess the year end position for Bexley and also to look at the next financial year and assess how any savings requirements may be met.

## 4. Summary of Key Messages for NHS SE London ICB's Financial Position as at Month 6

- This report sets out the Month 6 financial position of the ICB. The ICB has a nine month reporting period in 2022/23 which reflects its establishment on 1 July 2022. The budget for the nine months is constructed from the CCG/ICB annual financial plan. As the CCG (as the predecessor organisation) delivered a **£1,047k surplus** during its final three months, the ICB is able to overspend its allocation by this amount, so that across the whole year a financial position no worse than break-even is delivered.
- The ICB financial allocation for the Month 4 to 12 period is **£3,020,897k**. Due to the carry-forward of the Q1 CCG position, **the ICB is able to spend up to £3,021,944k**. The ICB is reporting an overall **£48k overspend** to Month 6. This reflects a **break-even position** against its recurrent (BAU) allocation, and a **(£48k)** overspend on the Covid vaccination programme. The vaccination costs are expected to be reimbursed in full by NHSE, thereby generating an overall **break-even** position.
- The key risk within the ICB financial position relates to the **prescribing** budget. Prescribing data is received two months in arrears, so the latest information we have relates to July 2022. This reported a significant change, to the extent that activity for the first 4 months of 2022/23 compared to the same period for last year, **showed an increase of around 5%**. If this trend continued into future months, the full year forecast impact would be circa **£3,400k** before mitigations. Borough prescribing leads and the ICB Finance team have jointly reviewed the activity information during the month, and the underlying drivers of the increase relate to the growth of patients with long term conditions, reduced availability of unbranded drugs (NCSO – No Cheaper Stock available), CAT M drugs and cost of living pressures with a consequence of patients requesting over the counter drugs via FP10. This is set out later in this report. There were no other material changes in-month.
- In reporting this Month 6 position, the ICB has delivered the following financial duties:
  - Delivering all targets under the **Better Practice Payments code**;
  - Subject to the usual annual review, delivered its commitments under the **Mental Health Investment Standard**; and
  - Delivered the **month-end cash position**, well within the target cash balance.
- As at Month 6, and noting the risks outlined in this report, the ICB is forecasting a **break-even** position for the 2022/23 financial year.



## 4. Summary of Key Messages for NHS SE London ICB's Financial Position as at Month 6

- The below table sets out the ICB's performance against its main financial duties on both a year to date and forecast basis. As highlighted above, the ICB is reporting an overall overspend of **£48k** at Month 6 relating to Covid vaccination expenditure. We are expecting that this will be fully reimbursed by NHSE as per national funding arrangements. Once received a **break-even** (green rated) position will be reported.
- All other financial duties have been delivered for the year to Month 6 period. A balanced financial position is forecasted for the 2022/23 financial year.

Key Indicator Performance	Year to Date		Forecast		
	Target	Actual	Target	Actual	
	£'000s	£'000s	£'000s	£'000s	
Agreed Surplus	-	(48)	-	(48)	Yellow
Expenditure not to exceed income	1,014,070	1,014,118	3,044,323	3,044,371	Yellow
Operating Under Resource Revenue Limit	1,006,611	1,006,660	3,021,944	3,021,992	Yellow
Not to exceed Running Cost Allowance	9,084	8,842	27,251	26,525	Green
Month End Cash Position (expected to be below target)	4,188	690	4,125	500	Green
Operating under Capital Resource Limit	n/a	n/a	n/a	n/a	Green
95% of NHS creditor payments within 30 days	95.0%	96.1%	95.0%	96.1%	Green
95% of non-NHS creditor payments within 30 days	95.0%	97.9%	95.0%	97.9%	Green
Mental Health Investment Standard (Annual)	133,106	133,114	399,319	399,343	Green

## 5. Summary of NHS SE London ICB's Financial Position as at Month 6

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCGs (Non Covid)	Covid-19	Total SEL CCGs
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
<b>Year to Date Budget</b>										
Acute Services	1,164	1,637	5,999	392	490	246	546,131	556,059	-	556,059
Community Health Services	4,188	19,299	6,688	5,623	6,213	7,113	58,739	107,864	-	107,864
Mental Health Services	2,635	3,172	2,124	4,981	1,574	1,524	113,359	129,368	-	129,368
Continuing Care Services	5,925	6,019	6,429	7,428	5,044	4,837	-	35,682	-	35,682
Prescribing	8,290	11,313	8,163	9,496	9,604	7,862	306	55,034	-	55,034
Other Primary Care Services	692	698	575	714	308	124	6,144	9,255	-	9,255
Other Programme Services	6	9	(114)	45	83	86	17,173	17,288	-	17,288
Delegated Primary Care Services	8,988	13,811	11,496	17,846	12,695	14,207	2,203	81,246	-	81,246
Corporate Budgets	866	1,178	1,199	1,554	1,084	1,128	7,808	14,817	-	14,817
<b>Total Year to Date Budget</b>	<b>32,754</b>	<b>57,135</b>	<b>42,560</b>	<b>48,079</b>	<b>37,095</b>	<b>37,127</b>	<b>751,863</b>	<b>1,006,612</b>	<b>-</b>	<b>1,006,611</b>
<b>Year to Date Actual</b>										
Acute Services	1,179	1,617	5,951	243	482	239	545,650	555,362	-	555,362
Community Health Services	4,201	19,264	6,670	5,616	6,230	7,121	58,781	107,884	-	107,884
Mental Health Services	2,529	3,231	1,804	4,891	1,391	1,582	113,409	128,836	-	128,836
Continuing Care Services	5,715	5,953	6,556	7,785	5,043	4,659	-	35,712	-	35,712
Prescribing	8,462	11,700	8,464	9,640	9,776	7,906	306	56,254	-	56,254
Other Primary Care Services	692	698	575	714	308	124	6,357	9,467	-	9,467
Other Programme Services	12	9	(114)	45	26	94	17,415	17,486	48	17,534
Delegated Primary Care Services	8,988	13,811	11,496	17,846	12,695	14,207	2,203	81,246	-	81,246
Corporate Budgets	766	1,136	1,147	1,408	1,038	1,024	7,847	14,365	-	14,365
<b>Total Year to Date Actual</b>	<b>32,544</b>	<b>57,419</b>	<b>42,549</b>	<b>48,188</b>	<b>36,989</b>	<b>36,955</b>	<b>751,968</b>	<b>1,006,612</b>	<b>48</b>	<b>1,006,660</b>
<b>Year to Date Variance</b>										
Acute Services	(15)	19	48	149	8	7	480	697	-	697
Community Health Services	(13)	34	18	7	(16)	(8)	(42)	(20)	-	(20)
Mental Health Services	106	(59)	320	89	183	(58)	(50)	532	-	532
Continuing Care Services	209	66	(127)	(357)	1	178	-	(30)	-	(30)
Prescribing	(172)	(387)	(302)	(144)	(172)	(45)	0	(1,221)	-	(1,221)
Other Primary Care Services	0	(0)	0	0	0	0	(213)	(212)	-	(212)
Other Programme Services	(6)	(0)	(0)	(0)	57	(8)	(242)	(198)	(48)	(246)
Delegated Primary Care Services	-	-	-	-	-	-	-	-	-	-
Corporate Budgets	100	42	52	146	46	105	(39)	452	-	452
<b>Total Year to Date Variance</b>	<b>210</b>	<b>(284)</b>	<b>11</b>	<b>(109)</b>	<b>106</b>	<b>171</b>	<b>(105)</b>	<b>(0)</b>	<b>(48)</b>	<b>(48)</b>

- At Month 6, the ICB is reporting an overall **£48k overspend**. This relates to expenditure on the **Covid vaccination programme** for which the ICB is expected to be reimbursed. This is shown in the Covid-19 column of the table. **All BAU budgets overall are breaking-even**. Main financial risks for the delegated borough budgets relate to prescribing and continuing care.
- The ICB is reporting a **£1,221k overspend** against its **prescribing position**. This position is based upon M01-04 2022/23 data and represents a like for like **deterioration of the position in-month** of around £250k. Prescribing activity has increased by around 5% compared to the same period in 2021/22. A deep dive of the position has been undertaken and the underlying drivers relate to the growth of patients with long term conditions, availability of unbranded drugs (NCSO – No Cheaper Stock available), CAT M drugs and cost of living pressures with a consequence of patients receiving over the counter drugs via FP10.
- Across the ICB's Acute, Community and Mental Health budgets, the YTD **underspend** is **£1,209k** relating to non-block activity. **This is offsetting the overspend in prescribing highlighted above**.
- The overall **continuing care** financial position is **£30k overspent**, although the underlying pressures are variable across the boroughs. In particular in Greenwich and Lambeth. Whilst most boroughs are seeing a slight increase in activity in year, this is being offset by lower than anticipated price pressures. Price negotiations are on-going with providers and there is a risk that costs will increase as we move through the year, although budget provision has been made for additional price inflation. Benchmarking of activity and price differentials for the boroughs is set out later in this report.
- The underspend of **£452k** against corporate budgets, reflects vacancies in ICB staff establishments. This is a non-recurrent underspend.

## 6. Revenue Resource Limit as at Month 6

- The table below sets out the movements in the Revenue Resource Limit at Month 6. The allocation is consistent with the final 2022/23 Operating Plan and reflects confirmed additional national allocations for inflationary and localised cost pressures, together with further funding for ambulance services. In addition, the ICB also received Elective Recovery Funding (ERF) and additional System Development Funding (SDF). The final confirmed 2022/23 start allocation is **£3,903,078k** and the ICB's share of this allocation is **£2,938,829k**. This starting allocation has been adjusted as new allocations emerged.
- In month, the ICB has received an additional £69,968k of allocations (largely relating to pay inflation), giving the **ICB a total allocation of £3,021,944k** at Month 6. An assessment will be made in-month in respect of forecasted spend against additional allocations.

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCGs
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
<b>Annual Start Budget</b>	<b>125,212</b>	<b>215,006</b>	<b>162,769</b>	<b>187,409</b>	<b>146,255</b>	<b>144,257</b>	<b>2,922,170</b>	<b>3,903,078</b>
<b>CCG Final Budget</b>	<b>31,009</b>	<b>53,434</b>	<b>40,344</b>	<b>46,467</b>	<b>36,064</b>	<b>35,407</b>	<b>721,525</b>	<b>964,249</b>
<b>ICB Start Budget</b>	<b>94,203</b>	<b>161,573</b>	<b>122,426</b>	<b>140,942</b>	<b>110,191</b>	<b>108,850</b>	<b>2,200,645</b>	<b>2,938,829</b>
Month 4 allocations	1,574	3,114	2,109	1,359	1,344	1,059	(6,341)	4,220
Month 1-3 Carry Forward (Allocated)							1,047	1,047
<b>Month 4 Budget</b>	<b>95,777</b>	<b>164,687</b>	<b>124,535</b>	<b>142,301</b>	<b>111,535</b>	<b>109,909</b>	<b>2,195,351</b>	<b>2,944,096</b>
Month 5 Internal adjustments	708	765	762	959	838	801	(4,834)	-
Month 5 allocations	-	-	50	26	33	30	7,741	7,880
<b>Month 5 Budget</b>	<b>96,485</b>	<b>165,452</b>	<b>125,347</b>	<b>143,287</b>	<b>112,406</b>	<b>110,740</b>	<b>2,198,259</b>	<b>2,951,976</b>
<i>Internal Adjustments</i>								
SMI Outreach				(78)	(105)		183	-
Virtual Wards	1,112	1,830	1,406	479	560	479	(5,865)	-
Post Covid	328	425	328		100		(1,181)	-
Delegated Primary Care	22	46	32	77	101	38	(317)	-
<i>Month 6 Allocations</i>								
Additional Pay inflation	275	1,126	646	470	241	110	48,297	51,165
LA/HEE related Pay inflation		327					3,763	4,090
Employers NIC adjustments							(5,549)	(5,549)
Demand and Capacity							7,590	7,590
Covid funding for Royal Brompton							4,687	4,687
Cancer Funding							1,763	1,763
Learning Disabilities and Autism							2,723	2,723
HIV Testing Programme							910	910
Hep and Reflex testing							733	733
Primary Care Transformation							586	586
DOAC rebates							443	443
DWP IAPT	98						335	433
Other Allocations							394	394
<b>Month 6 Budget</b>	<b>98,320</b>	<b>169,206</b>	<b>127,759</b>	<b>144,234</b>	<b>113,304</b>	<b>111,367</b>	<b>2,257,754</b>	<b>3,021,944</b>

## 7. Summary of Key Messages for NHS SE London ICS's Financial Position as at Month 6

### I&E position

- At month 6 the ICS is reporting a YTD deficit of (£49.9m); £40.9m adverse to plan.
- The main drivers to the adverse YTD position are under-delivery of planned efficiencies, higher than planned levels of expenditure due to COVID, unfunded inflation (including the full impact of the pay-award), and the profiling of planned non-recurrent flexibilities.
- The system has delivered £59.4m of efficiency YTD against a plan of £109m. Despite the adverse YTD position, the system forecast has improved by £6.8m this month. The forecast is now £201m against a plan of £207.2m.
- 4 out of 5 provider organisations are reporting an adverse variance against plan YTD. All organisations, providers and ICB, are reporting a break-even forecast for the full year.
- The system is forecasting to breach the agency expenditure limit for the year.
- The main risks to the forecast are ESRF claw back/underachievement, continued under-delivery against planned efficiencies, potential use of agency/bank, inflation and winter pressures.

### Capital

- Spend against the system capital resource limit (CRL) is £24.7m under plan YTD. FOT is £0.9m less than the confirmed system capital allocation (CRL).

## 8. Summary of NHS SE London ICS's Financial Position as at Month 6

- At month 6 the ICS is reporting a **YTD deficit of (£49.9m)**, £40.9m adverse to plan.
- Providers have **assumed full receipt of ESRF income** in positions. Assurance has been received that there will be no ESRF claw-back for H1. NHSE is clarifying the position for H2.
- The **main driver to the adverse YTD position is the under-delivery of efficiencies**, along with the impact of **higher than planned levels of COVID patients and unfunded inflation**.
- Despite being behind plan at month 6, **each organisation is forecasting to deliver a break-even out-turn**.
- A **risk of £32.5m** to the breakeven forecast has been reported.

	YTD Actual	Variance
	£m	£m
GSTT	(25.4)	(15.0)
KCH	(17.6)	(17.6)
LGT	(5.5)	(5.5)
Oxleas	1.4	1.4
SLaM	(2.9)	(4.1)
<b>Providers</b>	<b>(49.9)</b>	<b>(40.9)</b>
<b>ICB</b>	<b>0.0</b>	<b>0.0</b>
<b>ICS total</b>	<b>(49.9)</b>	<b>(40.9)</b>

	M06 Year-to-date			Commentary	2022/23 Out-turn			
	Plan	Actual	Variance		Plan	Forecast	Variance	Turnover
	£m	£m	£m		£m	£m	£m	£m
GSTT	(10.4)	(25.4)	(15.0)	In-month delivered £0.9m surplus, £0.5m better than plan. A number of risks to FOT have been identified.	0.0	0.0	0.0	£2,573.9
KCH	0.0	(17.6)	(17.6)	YTD deficit driven by CIP non-achievement; incremental costs of reset & recovery, and COVID	(0.0)	(0.0)	(0.0)	£1,582.2
LGT	0.0	(5.5)	(5.5)	Break-even in-month. Risks to forecast include additional inflation and claw-back of H2 ESRF	0.1	0.1	0.0	£733.0
Oxleas	0.0	1.4	1.4	Forecasting to break-even. Concerns remain about rising agency spend related to new contracts	(0.0)	(0.0)	(0.0)	£415.1
SLaM	1.3	(2.9)	(4.1)	Several risks to FOT have been identified, including staffing/agency pressures, private beds, and CIPs	0.0	0.0	0.0	£558.6
<b>SEL Providers</b>	<b>(9.1)</b>	<b>(49.9)</b>	<b>(40.9)</b>		<b>0.1</b>	<b>0.0</b>	<b>(0.0)</b>	<b>£5,862.8</b>
<b>SEL ICB</b>	<b>(0.0)</b>	<b>0.0</b>	<b>0.0</b>	Prescribing presents a potential risk of £5.8m of which 50% could potentially be mitigated by QIPP	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>£1,507.3</b>
<b>SEL ICS total</b>	<b>(9.1)</b>	<b>(49.9)</b>	<b>(40.9)</b>		<b>0.1</b>	<b>0.0</b>	<b>(0.0)</b>	<b>£7,246.6</b>

**Bexley Wellbeing Partnership Committee**

**Thursday 24<sup>th</sup> November 2022**

**Item: 8**

**Enclosure: F**

<b>Title:</b>	<b>System Risk Register</b>
<b>Author:</b>	Cheryl Smith – Corporate Governance Lead (Lambeth), NHS South East London Integrated Care Board
<b>Executive Lead:</b>	Stuart Rowbotham, Place Executive Lead/Director of Adult Social Care, NHS South East London Integrated Care Board/London Borough of Bexley

<b>Purpose of paper:</b>	<b>To provide assurance and to ask the Bexley Wellbeing Partnership Committee to note and accept the risks.</b>	Update / Information	<b>X</b>
		Discussion	<b>X</b>
		Decision	
<b>Summary of main points:</b>	<p>The enclosed document outlines the identified risks within Bexley Place and a snapshot of Bexley risk scores with additional context. There are 2 risks currently active on the Bexley Risk Register:</p> <ul style="list-style-type: none"> <li>• Winter Pressure - There is a risk that Bexley residents will have less than optimal access to primary, community and acute health services during the winter of 2022/23 due to the uncertainty caused by non-recurrent funding for winter schemes and associated recruitment difficulties.</li> <li>• Home First: There is a risk Bexley residents discharged under Home First arrangements will have less than optimal outcomes due to being discharged to social care and community health services which are not fully funded/staffed to manage in the community.</li> </ul>		
<b>Potential Conflicts of Interest</b>	None identified as a result of this report.		
<b>Other Engagement</b>	Equality Impact	N/A	
	Financial Impact	N/A	
	Public Engagement	N/A	
	Other Committee Discussion/Engagement	Home First Programme Board.	
<b>Recommendation:</b>	<p>The Bexley Wellbeing Partnership Committee is recommended to:</p> <p>(i) Note and accept the Bexley System Risk Register.</p>		

## November Risk Report



Likelihood	Consequence				
	Negligible	Minor	Moderate	Major	Catastrophic
Almost Certain	0	0	0	2	0
Likely	0	0	0	0	0
Possible	0	0	0	0	0
Unlikely	0	0	0	0	0
Rare	0	0	0	0	0

### Context

- 2 risks currently open on the risk register
- Both risks are categorised as red risks
- Both risks were entered onto the system during October, with first reviews due on the 18<sup>th</sup> November.
- Risk 401 - Non-Recurrent funding for winter schemes - is scored at 20
- Risk 403 - Discharge Under Home First Arrangements - is scored at 20
- Deep dives for each risk have been requested for the next Risk Forum, attended by Governance leads in each borough and Amanda Wixon. The Deep dive forms are currently with each risk owner/sponser
- SEL will be having an internal risk audit during November. Outcomes of this will be relayed to governance leads.
- Issues with the Yellowfin reporting system have meant that a full report is not able to be given at this meeting. This should be rectified ahead of the next meeting and a more detailed report and update can be provided.



## **Bexley Wellbeing Partnership Committee**

### **Public Forum\***

Thursday 24<sup>th</sup> November 2022

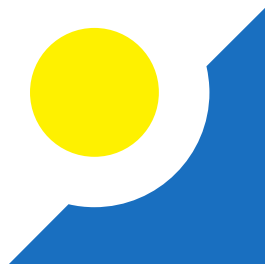
*\*Note: Opportunity for members of the public to ask questions and therefore, not papers are contained in this pack for this item.*



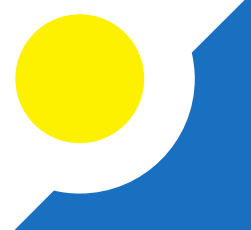
**ITEM: 11**  
**ENCLOSURE: G**

Bexley Wellbeing Partnership Committee

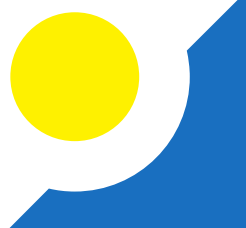
Glossary of NHS Terms



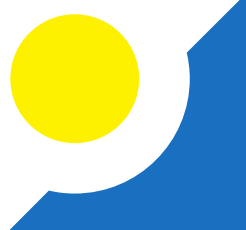
<b>A&amp;E</b>	Accident & Emergency
<b>AHC</b>	Annual health Checks
<b>AAU</b>	Acute Assessment Service
<b>ALO</b>	Average Length of Stay
<b>AO</b>	Accountable Officer
<b>APMS</b>	Alternative Provider Medical Services
<b>AQP</b>	Any Qualified Provider
<b>ARRS</b>	Additional Roles Reimbursement Scheme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



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



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



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

