

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

14:00 – 16:00, Thursday 23rd May 2024

Venue: Community Hub, Greenwich & Bexley Community Hospice, 185 Bostall Hill,
Abbey Wood, London SE2 0GB

Agenda

No.	Item	Encl.	Presenter	Time
Opening Business and Introductions				
1.	Introductions and apologies		Chair	14:00
2.	Declarations of Interest	A	Chair	14:03
3.	Notes from 28 th March 2024 and matters arising	B	Chair	14:04
Public Forum				
4.	<i>Public Questions</i>			14:05
Review				
5.	Better Care Fund <ul style="list-style-type: none"> 2023/24 End of Year Return 2024/25 – 2025/26 Planning Process 	C	Steven Burgess	14:10
Assurance				
6.	Bexley Wellbeing Partnership Performance Report	D	Graham Tanner/Alison Rogers	14:30
7.	Finance Report <ul style="list-style-type: none"> Month 12 Financial Position 2023/24 Place Budget 2024/25 	E	Opeyemi Adetokunbo-Aina	14:45
8.	Risk Register	F	Rianna Palanisamy	15:05
Public Forum				
9.	<i>Public Questions</i>			15:15
10.	<i>Let's talk about co-producing services</i>			15:20
Closing Business				
11.	Any other business		Chair	15:55
For Information				
12.	Glossary	G		
13.	Date of the next meeting: Thursday 25 th July 2024, Council Chamber, London Borough of Bexley, Civic Offices, 2 Watling Street, Bexleyheath, Kent, DA6 7AT			

Presenters

- Dr Sid Deshmukh, Chair, Bexley Wellbeing Partnership Committee
- Alison Rogers, Director of Integrated Commissioning, London Borough of Bexley Council/NHS South East London Integrated Care Board
- Steven Burgess, Policy and Strategy Officer, London Borough of Bexley Council
- Graham Tanner, Associate Director, Primary & Community Based Care (Bexley), NHS South East London Integrated Care Board
- Opeyemi Adetokunbo-Aina, Associate Director of Finance (Bexley), NHS South East London Integrated Care Board
- Rianna Palanisamy, Partnership Business Manager, NHS South East London Integrated Care Board

Let's talk about Co-Production

Co-Production' is a buzzword that is often mentioned when talking about services, but what does it really mean? In short, it means people with lived experience of health and wellbeing issues are involved in planning and design of services to make them more effective and meaningful. Work is progressing to draft a joint engagement and co-production strategy for the Bexley Wellbeing Partnership, ensuring a consistent approach and language when co-producing, and adopting best-practice methods whether services are delivered via NHS, Local Authority or voluntary sector partners. Three speakers from Bexley organisations will be presenting their accounts of how co-production is working for them to improve projects and deliver better services:

- Kathleen Canavan – SEND IASS Service, how they employed a neurodivergent team to help co-produce their website update.
- Adam Smith – Bexley Mencap, the Respect Group and how people are at the heart of everything they do.
- Active Horizons – Some of their team of youth workers on how projects for young people are youth led.

ITEM: 2

ENCLOSURE: A

Declaration of Interests: Update and signature list

Name of the meeting: Bexley Wellbeing Partnership Committee

Date:15.05.2024

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

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

		4. Co-medical Director Grabadoc (financial interest)		
Abi Mogridge (n)	Chief Operating Officer, Bexley Health Neighbourhood Care CIC	Nothing to declare.		
Jattinder Rai (n)	CEO, Bexley Voluntary Service Council (BVSC)	Nothing to declare.		
Rikki Garcia (n)	Chair, Healthwatch Bexley	Nothing to declare.		
Kate Heaps (n)	CEO Greenwich and Bexley Community Hospice	1. CEO of Greenwich & Bexley Community Hospice – financial interest 2. Chair of Share Community - a voluntary sector provider operating in SE/SW London with spot purchasing arrangements with LB Lambeth – non-financial professional interest		
Andrew Hardman	Chief Commercial Officer, Bromley Healthcare	Nothing to declare.		
Stephen Kitchman	Director of Services for Children and Young People, London Borough of Bexley Council	Nothing to declare.		
Sarah Burchell	Director Adult Health Services, Bexley Care	Nothing to declare.		
Iain Dimond*	Chief Operating Officer, Oxleas NHS Foundation Trust	Nothing to declare.		
Dr Sushantra Bhadra	Clinical Director, North Bexley Primary Care Network (deputising for Dr Kailey)	1. GP Partner, Riverside Surgery – financial interest 2. Member of the Londonwide LMC – financial interest 3. Clinical Director, North Bexley PCN – financial interest		
Deborah Travers	Associate Director of Adult Social Care (deputising for Deputy Director of Adult Social Care)	Nothing to declare.		
Dr Sonia Khanna	Clinical Director, Frognal PCN (deputising for Dr Pandu Balaji)	1. GP Partner, Sidcup Medical Centre – financial interest 2. Practice is member of Bexley Health Neighbourhood Care – financial interest 3. Joint Clinical Director, Frognal PCN – financial interest 4. Husband, Dr Sid Deshmukh, is Frognal PCN chair, BHNC Director, Clinical lead – Urgent Care, Senior Partner at Sidcup Medical Centre, shareholder of		

		<p>Frogmed Ltd (dormant company) and Chair of Bexley Wellbeing Partnership – indirect interest</p> <ol style="list-style-type: none"> 5. CYP and Families Clinical Lead – Bexley – non-financial professional interest 6. Father, Mr Vinod Khanna, is Chief Executive Officer of Inspire Community Trust – non-financial personal interest. 7. Member of Bexley LMC – non-financial professional interest. 8. GP Appraiser for south east London – non-financial personal interest. 		
Dr Adefolake Davies	Clinical Director – Clocktower Primary Care Network	<ol style="list-style-type: none"> 1. Clinical Director, Clocktower PCN – Financial Interest 2. Shareholder, Bexley Health Neighbourhood Care – Financial Interest 3. Shareholder, Bexley Health LTD – Financial Interest 4. GP Principal, Dr Davies and Partner – Financial Interest 		
Ellie Thomas	Associate Director, Planning and Partnerships, Dartford & Gravesham NHS Trust	Nothing to declare.		
Spencer Prosser	Chief Finance Officer, Lewisham and Greenwich NHS Trust	###		

***voting member.**

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

Agenda Item: 3
Enclosure: B

Bexley Wellbeing Partnership, Meeting in public

Minutes of the meeting held on Thursday, 28th March 2024, 14:00 hrs to 16:00 hrs
Venue: Council Chambers, Ground Floor, Civic Offices, Bexleyheath DA6 7AT
(and via Microsoft Teams)

Voting Members

Name	Title and organisation
1. Dr Sid Deshmukh (SD)	Chair, Bexley Wellbeing Partnership Committee, NHS SEL ICB (Bexley)
2. Jennifer Bostock (JD)	Vice Chair, Independent Member, NHS SEL ICB (Bexley)
3. Paul Thorogood (PT)	Chief Executive of the London Borough of Bexley (LBB)
4. Yolanda Dennehy (YD)	Director of Adult Social Care, London Borough of Bexley (LBB)
5. Iain Dimond (ID)	Chief Operating Officer, Oxleas NHS Foundation Trust
6. Dr Nicole Klynman (NK)	Director of Public Health, London Borough of Bexley
7. Dr Surjit Kailey (SK) (via MS Teams)	Clinical Lead, North Bexley Primary Care Network
8. Dr Sonia Khanna-Deshmukh (SK-D) (via MS Teams)	Clinical Director, Froggnal Primary Care Network
9. Dr Adefolake Davies (AD) (via MS Teams)	Clinical Director, Clocktower Primary Care Network
10. Dr Pandu Balaji (PB) (via MS Teams)	Clinical Lead, Froggnal Primary Care Network
11. Raj Matharu (RaM)	Chief Officer, Local Pharmaceutical Committee

In attendance

Keith Wood (KW) via MS Teams	Lay Member, Primary Care (Bexley), NHS SEL ICB
Diana Braithwaite (DB)	Place Executive Lead (Bexley) NHS SEL ICB
Steven Burgess (StB)	Policy and Strategy Officer, London Borough of Bexley
Graham Tanner (GT)	Associate Director Primary Care, (Bexley) NHS SEL ICB
Sarah Burchell (SaB)	Service Director Adult Community Physical Health Services, Oxleas NHS Foundation Trust
Abi Mogridge (AM)	Chief Operating Officer (COO), Bexley Health Neighbourhood Care CIC (GP Federation)
Kate Heaps (KH)	Chief Executive Officer, Greenwich & Bexley Community Hospice
Spencer Prosser (SP) (via MS Teams)	Chief Financial Officer and Executive Lead (Bexley), Lewisham & Greenwich NHS Trust
Opeyemi Adetokunbo-Aina (OA-A)	Associate Director of Finance (Bexley) NHS SEL ICB
Patrick Gray (PG)	Engagement Manager (Bexley) NHS SEL ICB
Rianna Palanisamy (RP) (<i>Presenter</i>)	Corporate Governance Lead (Bexley) NHS SEL ICB

Apologies

Jattinder Rai (JR)

Rikki Garcia (RG)

Andrew Hardman (AH)

Alison Rogers (AR)

Stephen Kitchman (SK)

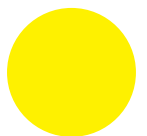
Chief Executive, Bexley Voluntary Services Council

Chair, Healthwatch, Bexley

Commercial & Partnership Director, Bromley
Healthcare

Director of Integrated Commissioning (Bexley), NHS
SEL ICB/LBB

Director of Children's Services, LBB



		Actioned by
1.	<p>Introductions and apologies</p> <p>The Chair, SD welcomed all to the Bexley Wellbeing Partnership, Meeting in public.</p> <p>Acknowledgment of Stuart Rowbotham’s departure as Place Executive Lead and Director of Adult Social Care, expressing gratitude for his contributions to Bexley and wishing him well in his future endeavours.</p> <p>Welcome to Diana Braithwaite as the new Place Executive Lead, highlighting her previous role as Chief Operating Officer and expressing enthusiasm for her continued collaboration.</p> <p>Welcome to Spencer Prosser, the new Chief Financial Officer and Executive Lead for Bexley, Lewisham & Greenwich NHS Trust, alongside with a welcome to Paul Thorogood, the Chief Executive of the London Borough of Bexley Council and Yolanda Dennehy as the new Director of Adult Social Health & Care, London Borough of Bexley Council.</p> <p>Apologies, noted on page 2.</p>	SD
2.	<p>Declarations of Interest</p> <p>The Chair, SD requested everyone to review and update their Declaration of Interest. If any changes were needed, they were asked to inform RP.</p> <p>In relation to Agenda item 6, there is a pecuniary conflict of interest for GPs. Therefore, this item will be chaired by Jennifer Bostock and the remaining items will be chaired by Dr Sid Deshmukh.</p>	SD
3.	<p>Minutes from 25th January 2024 and matters arising.</p> <p>The minutes of the meeting held on 25th January 2024 were NOTED.</p> <p>Matters Arising</p> <p>The Chair, SD invited attendees to raise any matters arising that were not included in the March 2024 agenda. No additional matters were raised.</p>	SD
4.	<p>Public Questions</p> <p>The Chair, SD, reminded attendees of the usual practice of holding a public forum during agenda item 4, which is dedicated to public questions, followed by a further opportunity for public questions during agenda item 9. No public questions were received in advance or during agenda item 4. It was noted that online participants would have the opportunity to post their questions throughout the meeting via the Q&A function in MS Teams.</p>	SD
5.	<p>Better Care Fund (BCF) Progress Report – Q3 2023/24</p> <p>Steven Burgess, Policy and Strategy Officer, London Borough of Bexley talked the group through the salient points of the agenda item 5.</p>	StB

	<p>The BCF Progress Report for Q3 2023/24 outlines the efforts and achievements of the Bexley local system in integrating health and social care. The BCF aims to enable individuals to stay well, safe, and independent at home for longer while providing appropriate care when needed. The report covers progress against BCF metrics, compliance with fund requirements, and expenditure. Despite meeting most national conditions and metrics, there are challenges in reducing admissions to care homes and optimising reablement outcomes for older adults.</p> <p>BCF funds are governed by a section 75 agreement, which will need updating to reflect proposed changes. Further reports will be provided on updating the schedules to the agreement as required.</p> <p><u>Discussion Points:</u></p> <ul style="list-style-type: none"> • Members recognised the progress made in integrating health and social care services, particularly in enabling individuals to return home after hospital discharge and reducing admissions due to falls among older adults. • Members noted challenges in meeting targets for care home admissions and optimising reablement outcomes. These challenges are attributed to demographic trends and complex care needs. Action: JB agreed to share details of new research currently evaluating reablement services in England. • The need to reflect identified risks, such as those related to care home admissions, in future reports. They also discussed the importance of monitoring equality impact to ensure that services meet equality duties. • The group discussed strategies to address challenges, including reviewing and adjusting targets based on demographic trends, maintaining an inclusive approach to reablement, and learning from national evaluations of similar projects. • Questions raised about the allocation and utilisation of BCF funds, prompting a discussion on the need for transparency and detailed reporting on expenditure. It was clarified that the funding covers a wide range of health and social care services, not solely additional initiatives. <p>The Bexley Wellbeing Partnership Committee:</p> <p>(i) NOTED the Quarter 3 Better Care Fund (BCF) return (Appendix A) and the latest available data for the BCF and winter resilience metrics (Appendix B).</p> <p>(ii) COMMENTED on and ENDORSED the proposals for refreshing the BCF Plan.</p>	
<p>6.</p>	<p>Primary Care Business Report Q4 2023/24</p> <p>Graham Tanner, Associate Director Primary Care, NHS South East London Integrated Care Board talked the group through the salient points of the agenda item 6.</p>	<p>GT</p>

The Primary Care Business Report for Q4 2023/24 focuses on the Medicines Optimisation programme. The report is a part of the primary care delivery group's (PCDG) activities within the Bexley Well-being Partnership. The programme aims to address overspending on prescribing, with a focus on incentivising cost-effective and quality prescribing practices among general practitioners (GPs). The report outlines a discretionary commitment of £160k for the programme, which involves incentivising GPs to improve prescribing through various quality and efficiency savings targets. The scheme includes payments based on achieving specified targets, submission of practice audits, and other prerequisites for entry. The overall goal is to encourage and reward GPs for improving prescribing practices to enhance quality, safety, and cost-effectiveness.

Discussion points:

- Nature of investment questioned about how the incentive is provided for the medicine's optimisation scheme justified to the public, and does it truly represent value for public money.
- Explanation provided regarding the scheme as an incentive mechanism tied to achieving specific goals related to prescribing quality and cost reduction, emphasising the importance of adherence to key performance indicators (KPIs).
- Concerns raised about the nature of the investment amount in relation to potential savings and its implications for future budgets.
- Discussion on the overspend issue and its impact on the decision-making process regarding the scheme, with considerations given to national factors influencing prescribing costs.
- It was confirmed that the Guy's and St Thomas' NHS Foundation Trust (GSTT) Pharmacy Consultant, is addressing issues related to overprescribing, deprescribing, and polypharmacy. The pharmacy consultant will work on implementing strategies to tackle these issues, which will then be spread across SEL.
- It was also clarified that a section of the current year's (23/24) medicines optimisation scheme focuses on conducting detailed structured medication reviews for patients who are on more than 10 drugs, addressing polypharmacy specifically.

The Bexley Wellbeing Partnership Committee:

- (i) **NOTED** the report.
- (ii) **APPROVED** the endorsed recommendation emanating from the PCDG (Part 1) meeting on 6th March 2024.

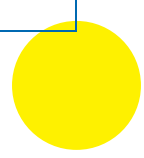
7. Services making a difference – Diabetes Community Services
Sarah Burchell, Service Director Adult Community Physical Health Services, Oxleas NHS Foundation Trust talked the group through the salient points of the agenda item 7.

SaB discussed recent investments in expanding Diabetes Community Services, emphasising improved patient care through streamlined clinics and adoption of continuous glucose monitoring technologies. Challenges include recruitment and managing complex cases, but

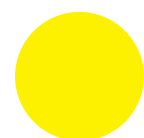
SaB

	<p>future plans prioritise virtual care and technology rollout. This involves addressing patients with chronic conditions and enhancing support for underserved communities. Ongoing deployment of technologies like FreeStyle Libre will continue, with attention to costs and considerations for housebound populations.</p> <p>One of the highlights of the presentation was a patient story demonstrating the effectiveness of the new technologies in diabetes management. Prior to adopting the new technology, the patient's blood glucose levels were elevated. However, after incorporating continuous blood glucose monitoring, their blood glucose levels halved, showcasing the tangible benefits of innovative technologies in improving patient outcomes and quality of life.</p> <p>The discussion primarily focused on the effectiveness of virtual Multidisciplinary Team Meetings (MDTs) for complex patients, the integration of Clinical Effectiveness South East London (CESEL) work into their efforts, and the impact of COVID-19 on long-term condition management. Concerns were raised about meeting future demands amidst increasing complexity and housebound patients. The importance of supporting self-management and addressing the needs of an aging population, including education for care homes and domiciliary care agencies, was highlighted. Additionally, ongoing quality improvement projects are evaluating the cost-effectiveness of new technology in reducing medication usage and A&E visits.</p> <p>The Bexley Wellbeing Partnership Committee:</p> <p>(i) NOTED the presentation from partner organisation Oxleas NHS Foundation Trust on the services they provide for community-based Diabetes care.</p>	
<p>8.</p>	<p>Month 11 Finance Report</p> <p>Opeyemi Adetokunbo-Aina, Associate Director of Finance (Bexley), NHS South East London Integrated Care Board talked the group through the salient points of the agenda item 8.</p> <p>At month 11, Bexley Place is tracking an underspend of £503k year-to-date, with a forecasted underspend of £846k against budget, aligning with the control total after allocating funds to mitigate cost pressures in Prescribing and Continuing Health Care Services. While Prescribing and CHC budgets show overspends, they reflect improvements in run rates due to recovery plans. Efficiencies in Community Health Services contribute to underspend, while delayed mobilisation affects Primary Care Services. Mental Health Services and Corporate Budgets also underspend due to vacancies. The ICB's revised plan and South East London ICS's deficit highlighted ongoing efforts to manage financial positions and deliver efficiencies, with some challenges remaining in meeting savings targets.</p> <p><u>Discussion Points:</u></p> <ul style="list-style-type: none"> PT had raised concerns about the £101 million adverse variance in the wider southeast London position and its potential impact on Bexley's NHS and adult social care services in the future. 	<p>OA-A</p>

	<ul style="list-style-type: none"> • OA-A had responded, indicating that Bexley would receive a set budget for 24/25 and would need to adhere to it, with ongoing discussions to finalise details. • DB had provided insight into the budget process, stating that a budget overview would be presented at the next public meeting, acknowledging the challenges faced by Bexley due to limited resources. • KH had highlighted the broader partnership aspect of the financial challenges, suggesting the need to capture non-statutory income and collaborative risk assessment. • DB had agreed with KH's points and had suggested incorporating partnership risks into future discussions and potentially organising seminar sessions to openly discuss partners' positions for 24/25. • PT expressed his willingness to delegate someone from the Council to convey the Council's overall stance. He suggested that for the upcoming meeting, it would be beneficial to circulate a summary of the Council's broad position, particularly highlighting areas such as adult and children's social care, as well as public health. <p>The Bexley Wellbeing Partnership Committee:</p> <p>(i) DISCUSSED & NOTED the Month 11 (February 2024) financial position for Bexley Place.</p> <p>(ii) NOTED the NHS South East London ICB and NHS South East London ICS financial position.</p>	
9.	<p>Public Questions</p> <p>There were questions from the public via the Q&A function regarding primary care access and digital inclusion. Responses were provided regarding accessing GP appointments and telephone consultations, as well as efforts to address digital exclusion through initiatives like the SEL digital inclusion programme in Blackfen. Individuals were encouraged to join patient groups and community initiatives to contribute ideas for improvement.</p>	
10.	<p>Let's talk about Healthy Outdoor Spaces</p> <p>The discussion focused on the value of green social prescribing and the numerous activities available in Bexley to promote health and well-being through outdoor spaces.</p> <p><u>Key points included:</u></p> <ul style="list-style-type: none"> • Bexley has a significant amount of green space, including parks, conservation areas, and special scientific areas. These spaces offer opportunities for various outdoor activities, from walking to gardening to water sports. • The concept of green social prescribing involves encouraging and supporting people to engage with nature for improved mental and physical health. Activities range from walks to gardening to green gyms, with positive outcomes reported in studies. • Several community-led initiatives were highlighted, such as library-led walking groups, gardening groups, and cycling hubs. These initiatives provide opportunities for social interaction, learning, and physical activity. 	PG



	<ul style="list-style-type: none"> Partnerships with organisations like BVSC and Peabody, along with funding opportunities, support the development and sustainability of these initiatives. For instance, funding is available for individuals and community groups to set up their own projects. Discussion around exploring options for recycling and reusing equipment, such as bicycles. Action: PT agreed to discuss the possibility of an arrangement with the council for recycling cycles and bicycle accessories with the presenting scheme. There was a call to ensure that these initiatives are publicised effectively and included in directories of services to increase awareness and accessibility for residents. Opportunities highlighted for collaboration, such as involving hospice grounds for gardening initiatives and expanding partnerships with other organisations. <p>The Chair expressed gratitude to all the speakers for their informative and inspiring presentations.</p>	
11.	<p>Any other business</p> <p><u>MyGP App:</u> RM raised a concern about the use of a MyGP App directing patients to an online pharmacy based in Leeds, as reported by community pharmacy contractors in Bexley. He emphasised the importance of providing patients with choice and understanding the potential impact on the primary care estate in Bexley. RM suggested investigating as the NHS App could develop further to address this issue, as the NHS promotes its usage. Action: RM to send an email to DB outlining the problem to be addressed by the ICT team.</p> <p><u>New Medical Director appointed:</u> Lesley Bull, who will continue her role as Frailty Lead in Bexley, will commence her new role working for the hospice from August 2024.</p> <p><i>Before the meeting concluded, DB expressed appreciation to all the residents who participated online.</i></p> <p><i>Meeting concluded at 16.00hrs.</i></p>	
12.	<p>Risk Register</p> <p>The Bexley Wellbeing Partnership Committee:</p> <p>NOTED the Risk Register.</p>	
13.	<p>Glossary</p> <p>These glossary terms were noted.</p>	
14.	<p>Date of the next meeting:</p> <p>Thursday 23rd May 2024, Venue TBC</p>	SD



Bexley Wellbeing Partnership Committee

Thursday 23rd May 2024

Item: 5

Enclosure: C

Title:	Better Care Fund 2023/24 end of year return and 2024/25 planning process
Author/Lead:	Alison Rogers, Director of Integrated Commissioning, NHS South East London Integrated Care Board/London Borough of Bexley Steven Burgess, Policy and Strategy Officer, London Borough of Bexley
Executive Sponsor:	Diana Braithwaite, Place Executive Lead (Bexley), NHS South East London Integrated Care Board Yolanda Dennehy, Director of Adult Social Care and Health, London Borough of Bexley

Purpose of paper:	To report on the draft Better Care Fund (BCF) End of Year Return and give an update on the 2024/25 BCF planning process.	Update / Information	X
		Discussion	X
		Decision	

Summary of main points:	<ul style="list-style-type: none"> • This report gives a summary of the draft BCF End of Year Return 2023/24 for information and confirms that all BCF national conditions and requirements have been met during 2023/24. • An update is provided on our progress against the BCF and winter resilience metrics (see Appendix). • Confirmation of Income and expenditure during the year for the BCF Pooled Fund as a whole is provided in the return. We have also reported on outputs and expenditure against 33 schemes in the BCF Plan. On the whole, this shows that good progress was made. • The return shows how much hospital discharge and community activity we have delivered compared to our original demand projections. This primarily reflects short term and intermediate care activity delivered through social care and community health services. • The End of Year Return includes Year End Feedback on: <ul style="list-style-type: none"> ○ The joint working between health, social care, housing (in respect of the DFG) and the third sector during 2023/24. ○ Implementation of BCF schemes in 2023/24. ○ The impact of the BCF plan on the integration of health and social care in Bexley. ○ Successes and challenges. • Officers have commenced work on refreshing the BCF Plan for 2024/25, covering confirmed funding allocations, updates to the BCF Expenditure
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	<p>Plan, Capacity and Demand Planning, narrative updates and metric ambitions.</p> <ul style="list-style-type: none"> • NHS South East London Integrated Care Board is required to agree with the relevant local authorities in South East London the final distribution of their Discharge Fund allocation to individual Health and Wellbeing Boards. The BCF Planning Template for 2024/25 is also subject to sign-off by the Bexley Health and Wellbeing Board. • NHS South East London Integrated Care Board has reduced the amount of growth on the additional discharge fund for Bexley by £319K for 2024/25 – this is subject to and requires ‘joint’ agreed with the Council in line with the governance and process. • Consequently, the BCF plan for 2024/25 will need to be amended. • There will be implications for the discharge-funded schemes that were approved as part of the original BCF Plan for 2023-25. • It will impact on the ability of the Council and partners to build additional social care and community-based reablement capacity. • The BCF Pooled Fund is governed by a section 75 Agreement between the London Borough of Bexley and NHS South East London Integrated Care Board. The schedules to the Agreement will need to be updated to reflect any changes to the BCF Plan. The BCF Policy Framework has set a deadline of 10 June to submit the updated BCF Planning Template for 2024/25 and 30 September for updating and signing off the schedules to the section 75 Agreement. • The proposal to update the schedules to the Agreement will need to be considered by the Bexley Wellbeing Partnership Committee on behalf of the NHS South East London Integrated Care Board at a future meeting prior to 30th September 2024. This is subject to: (i) the Council and NHS South East London Integrated Care Board reaching agreement on an updated BCF Plan for 2024/25; (ii) the Bexley Health and Wellbeing Board signing it off; and (iii) this clearing the BCF assurance process. • It is recommended that the Place Executive Lead be authorised to finalise and jointly agree the BCF Planning Template for 2024/25 with the London Borough of Bexley Council on behalf of the Bexley Wellbeing Partnership Committee. 	
Potential Conflicts of Interest	None.	
Other Engagement	Equality Impact	Our BCF Plan 2023-25 sets out local priorities for addressing health inequalities and equality for people with protected characteristics, and how BCF-funded services are being delivered to address these. The contracts and the services commissioned under the section 75 agreement are monitored to ensure that equalities duties are met.
	Financial Impact	Total expenditure incurred from the BCF Pooled Fund in 2023/24 was £84.369m of which NHS South East London Integrated Care Board funded £49.646m and the Council funded £34.723m.

		<p>The estimated BCF Pooled Fund in 2024/25 was expected to be approximately £86.110m of which the ICB funds £51.054m and the Council funds £35.056m. A reduction of £0.300m in Bexley's share of the ICB allocation from the Discharge Fund would reduce the estimated BCF Pooled Fund in 2024/25 to approximately £85.810m.</p>
	Public Engagement	<p>We consulted on the original proposals to enter into the section 75 agreement in 2020/21, which included the arrangements for the Bexley BCF Pooled Fund.</p>
	Other Committee Discussion/Engagement	<p>It is a requirement of the BCF that the return is signed off by the Bexley Health and Wellbeing Board (or with appropriate delegation) as part of its responsibility for overseeing the BCF plan locally. The return is due to be presented to the Bexley Health and Wellbeing Board at their next meeting. Officers will also consult and brief the Cabinet Member for Adults' Services and Health.</p>
Recommendation:	<p>The Bexley Wellbeing Partnership Committee is asked/recommended to:</p> <ul style="list-style-type: none"> (i) Review the attached report on the BCF End of Year return and the latest available data for the BCF and winter resilience metrics (see Appendix). (ii) Note the update on the BCF 2024/25 planning process and authorise the Place Executive Lead to finalise and jointly agree the BCF Planning Template for 2024/25. 	

BEXLEY WELLBEING PARTNERSHIP COMMITTEE

THURSDAY 23rd MAY 2024

BETTER CARE FUND 2023/24 END OF YEAR RETURN AND 2024/25 PLANNING PROCESS

1. INTRODUCTION

The purpose of this report is to present the End of Year Better Care Fund (BCF) return to the Bexley Wellbeing Partnership Committee. All BCF national conditions and requirements have been met. This report also shows the latest available data for the BCF and winter resilience metrics (see Appendix) and gives an update on the 2024/25 BCF planning process.

2. ASSESSMENT OF PROGRESS AGAINST METRICS

Our progress against the national BCF metrics is summarised below:

- **Avoidable Admissions – on track:** We are on track to meet target with provisional data showing a reduction in avoidable admissions when compared to the previous year.
- **Discharge to usual place of residence – on track:** The vast majority of people go home once they have been discharged from hospital. Our performance in Bexley is better than planned and shows that over 93% of hospital discharges are to a person's usual place of residence.
- **Emergency hospital admissions due to falls in people aged 65 and over – on track:** The available data so far suggests that we are on track to achieve a lower rate of hospital admissions due to injuries from falls among the 65+ age group than planned (a lower rate is better).
- **Admissions of older people (65+) to care homes – not on track:** Provisional data for 2023/24 shows that there have been 247 older people whose long-term support needs were met by admission to residential and nursing care homes in 2023/24. This is subject to further validation through our Statutory Returns and could be subject to change.
- **Effectiveness of reablement – not on track:** Provisional Adult Social Care Outcomes Framework (ASCOF) data shows that 1094 out of 1258 older people aged 65 and over, who were discharged from hospital into reablement, were still at home in the 91-day follow-up period for each case (87.0%). There are more people leaving hospital on a reablement pathway, often with a higher level of need, which may help to explain why outcome achievement is not on track to meet our target (90.4%). This is subject to further validation through our Statutory Returns and could be subject to change.

3. OUTPUTS DELIVERED

Table 1 gives a summary of the actual outputs delivered by scheme type during the 2023/24, compared to the expected outputs for the year as a whole. These outputs only relate to those scheme-types where we were required to include estimated outputs in our BCF plan. This information relates to 33 of the 67 schemes in our plan.

Table 1 – Planned and actual outputs from BCF schemes:

Scheme type	Expected outputs 2023-24	Actual outputs delivered
Assistive Technologies and Equipment (Number of beneficiaries)		
Assistive technologies including telecare	500	373
Community based equipment	6,190	2,606
Bed based intermediate Care Services (Number of placements)		
Bed-based intermediate care with reablement to support discharge	39	35
Carers Services (Number of beneficiaries)		

Carer advice and support related to Care Act duties	1,660	616
DFG Related Schemes (Number of adaptations funded/people supported)		
Adaptations, including statutory DFG grants	246	232
Discretionary use of DFG	200	108
Home Care or Domiciliary Care		
Hours of domiciliary care	315,848	345,510
Packages of short-term domiciliary care without reablement input	150	121
Home-based intermediate care services (packages of care)		
Joint reablement and rehabilitation service to prevent admission to hospital or residential care	205	395
Reablement at home to prevent admission to hospital or residential care	174	336
Reablement at home to support discharge	237	613
Residential Placements (Number of beds/Placements)		
Short term residential care (without rehabilitation or reablement input)	80	35
Workforce recruitment and retention		
WTEs gained	-	9

4. BCF PLAN REFRESH

Officers have commenced work on refreshing the BCF Plan for 2024/25, covering confirmed funding allocations, updates to the BCF Expenditure Plan, Capacity and Demand Planning, narrative updates and metric ambitions. The deadline for submitting the BCF Planning Template 2024/25 is 10 June 2024.

The ICB is required to agree with the relevant local authorities in South East London the final distribution of their Discharge Fund allocation to individual Health and Wellbeing Boards. The BCF Planning Template for 2024/25 is also subject to sign-off by the Bexley Health and Wellbeing Board.

The ICB has reduced the amount of growth on the additional discharge fund for Bexley by £319K for 2024/25 – this is subject to and requires ‘joint’ agreed with the Council in line with the governance and process. Consequently, the BCF plan for 2024/25 will need to be amended. There will be implications for the discharge-funded schemes that were approved as part of our original BCF Plan for 2023-25. It will impact on the ability of the Council and partners to build additional social care and community-based reablement capacity.

5. RECOMMENDATIONS

The Bexley Wellbeing Partnership Committee is asked/recommended to:

- (i) Review this report on the BCF End of Year return and the latest available data for the BCF and winter resilience metrics (see Appendix).
- (ii) Note the update on the BCF 2024/25 planning process and authorise the Place Executive Lead to finalise and jointly agree the BCF Planning Template for 2024/25.

6. LEGAL IMPLICATIONS

The statutory and financial basis of the Better Care Fund (BCF) is described in the BCF Policy Framework and the BCF Planning Requirements (see **List of Background Documents**). An Addendum to the BCF Policy Framework and Planning Requirements sets out the arrangements for a required refresh of the BCF plan for 2024/25.

The BCF Pooled Fund is governed by a section 75 Agreement between the London Borough of Bexley and NHS South East London ICB. The schedules to the Agreement will need to be updated to reflect any changes to the BCF Plan. The BCF Policy Framework has set a deadline of 10 June 2024 to submit the updated BCF Planning Template for 2024/25 and 30 September for updating and signing off the schedules to the section 75 Agreement.

The proposal to update the schedules to the Agreement will need to be considered by the Bexley Wellbeing Partnership Committee on behalf of the NHS South East London ICB at a future meeting prior to 30 September 2024. This is subject to: (i) the Council and ICB reaching agreement on an updated BCF Plan for 2024/25; (ii) the Bexley Health and Wellbeing Board signing it off; and (iii) this clearing the BCF assurance process. Officers will also consult and brief the Cabinet Member for Adults' Services and Health on the proposals on behalf of the Council.

7. FINANCIAL IMPLICATIONS

7.1 Better Care Fund Outturn 2023/24

Financial contributions to the BCF Pooled Fund under the section 75 agreement have taken place from the approved budgets/financial plans of the Council and NHS South East London ICB and are subject to regular financial monitoring, annual review and audit. We have maintained records of spending against schemes funded through the BCF and have reported actual income and expenditure in the BCF return. Bexley's BCF Pooled Fund for 2023/24 is summarised in Table 2:

Table 2 – Summary of Funding Sources, Bexley BCF Pooled Fund 2023/24

Funding Source	Planned Income	Actual Income	Difference (Actual minus Planned)
Disabled Facilities Grant	£2,964,977	£3,223,701	£258,724
Improved Better Care Fund	£6,616,137	£6,616,137	£0
Minimum NHS Contribution	£19,499,901	£19,499,901	£0
Additional NHS Contribution	£29,096,570	£29,060,570	-£36,000
Additional Local Authority Contribution	£23,956,000	£23,956,000	£0
Total BCF Pooled Budget 2023/24	£82,133,585	£82,356,309	£222,724
Discharge Fund (ICB)	£1,085,172	£1,085,172	£0
Discharge Fund (Local Authority)	£927,572	£927,572	£0
Discharge Fund Total	£2,012,744	£2,012,744	£0
Total BCF plus Discharge Fund	£84,146,329	£84,369,053	£222,724

The total value of services within the scope of the BCF Pooled Fund in 2023/24 was £84,369m of which the ICB funded £49.646m and the Council funded £34.723m.

On 7 September 2023, the Government confirmed an additional DFG allocation of £258,724. This is reflected in Actual Income in Table 2 and Actual Expenditure in Table 3.

A revision was made to 'Scheme 2 - Preventative & Early Intervention Services (ICB contribution)' from £0.432m to £0.396m (-£0.036m). The Actual Income figure in Table 2 above has been adjusted to reflect this. This is a correction to the original BCF plan, which was submitted in July 2023 and has been included in the updated schedules to the section 75 Agreement, signed off in October 2023.

Bexley's expenditure against the BCF Pooled Fund for 2023/24 is summarised in Table 3:

Table 3 – Summary of Expenditure, Bexley BCF Pooled Fund 2023/24

Funding Source	Planned Expenditure	Actual Expenditure	Difference (Actual minus Planned)
Disabled Facilities Grant	£2,964,977	£3,223,701	£258,724
Improved Better Care Fund	£6,616,137	£6,616,137	£0
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Additional NHS Contribution	£29,096,570	£29,060,570	-£36,000
Additional Local Authority Contribution	£23,956,000	£23,956,000	£0
Total BCF Pooled Budget 2023/24	£82,133,585	£82,356,309	£222,724
Discharge Fund (ICB)	£1,085,172	£1,085,172	£0
Discharge Fund (Local Authority)	£927,572	£927,572	£0
Discharge Fund Total	£2,012,744	£2,012,744	£0
BCF plus Discharge Fund	£84,146,329	£84,369,053	£222,724
Income from Additional DFG			-£258,724
Difference			-£36,000

Actual expenditure in 2023/24 was £84.369m against the original planned BCF Pooled Fund of £84.146m (+£0.223m). This is off-set against the income from the Additional DFG (-£0.259m).

Actual expenditure against the planned Additional NHS Contribution was £29.061m (-£0.036m) reflecting the correction to the original BCF plan in respect of 'Scheme 2 - Preventative & Early Intervention Services (ICB contribution)'.

7.2 Disabled Facilities Grant 2023/24

Overall, DFG spending (mandatory and discretionary) exceeded the grant allocation for the 2023/24 Financial Year; however, this was offset by using carried forward underspend from the Covid period. As the DFG is capital expenditure, this has been managed in line with the Council's arrangements for its Capital Programme.

7.3 Discharge Fund 2023/24

Expenditure and outputs delivered from the Discharge Fund were monitored separately on a fortnightly basis until November 2023 and then switched to monthly monitoring from December 2023 onwards.

There was an expectation from the NHS and government that the 2023/24 Discharge Fund, designed to support new discharge activity, had to stretch across 12 months but the funding was insufficient to facilitate discharge from hospital across the whole year at the scale required by the NHS and government. Additional funding totalling £1m from the ICB and the local authority was used to help meet the additional costs incurred in relation to the discharge pathways in 2023/24 (i.e., these are additional costs that were not met from the Discharge Fund).

8. RISKS AND MITIGATION MEASURES

Risk	Mitigation
Outcomes and benefits are not realised.	The Integrated Commissioning Team jointly manage the contracts for services to support the realisation of the outcomes and benefits.
The pressure on acute hospitals and expectations around prioritising discharge do not diminish in the short term.	Use Capacity and Demand Planning to update the picture of expected demand and capacity for 2024/25.
Impact of inflation on DFG-related schemes.	To be offset by using carried forward DFG underspend from the Covid period.
Metric ambitions are not met	Performance is monitored and reported on a monthly and quarterly basis. Consider actions that may be taken to address any issues, as appropriate.

9. SUMMARY OF OTHER IMPLICATIONS

BCF-funded schemes and services are expected to have a positive impact on the health and wellbeing of the Borough. Our BCF Plan 2023-25 sets out local priorities for addressing health inequalities and equality for people with protected characteristics, and how BCF-funded services are being delivered to address these. The contracts and the services commissioned under the section 75 agreement are monitored to ensure that equalities duties are met.

Our BCF Plan 2023-25 includes funding contributions from the BCF Pooled Fund towards staffing costs to support the integrated commissioning and delivery of schemes. As part of the refresh of the BCF Plan, proposals will consider the contribution from the BCF Pooled Fund towards the costs of personnel to enable joint commissioning.

There are no other implications arising from this report.

Local Government Act 1972 – section 100d

List of background documents

Better Care Fund Planning Requirements 2023-25, NHS England, 4 April 2023:

<https://www.england.nhs.uk/publication/better-care-fund-planning-requirements-2023-25/>

Better Care Fund Policy Framework 2023 to 2025, Department of Health and Social Care and Department for Levelling Up, Housing and Communities, 4 April 2023:

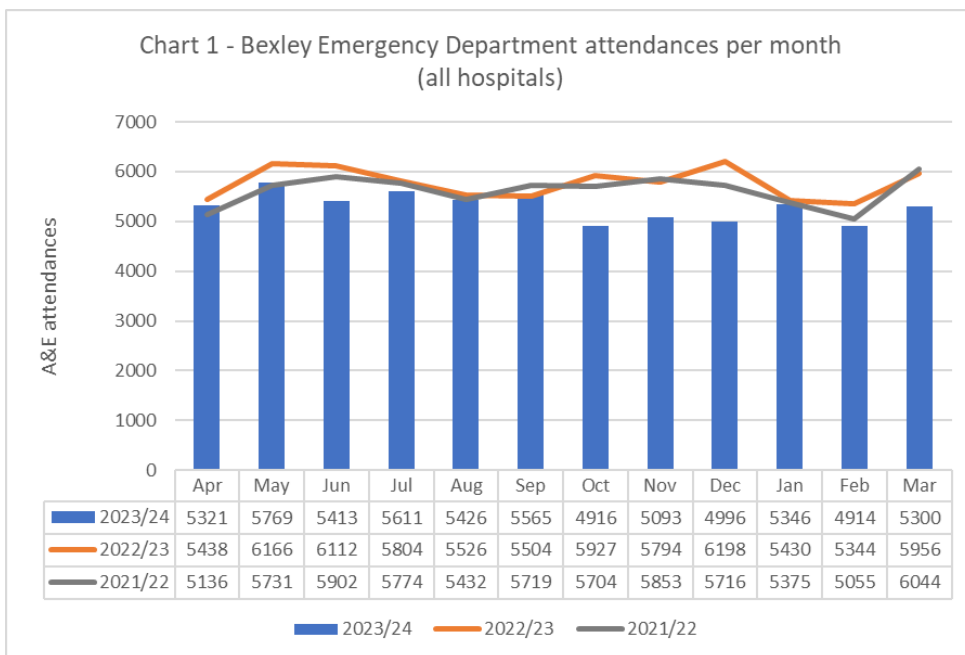
<https://www.gov.uk/government/publications/better-care-fund-policy-framework-2023-to-2025>

APPENDIX B: BETTER CARE FUND AND WINTER RESILIENCE METRICS

This appendix contains metrics monitored through the Better Care Fund, which can be used alongside other relevant metrics, to help inform the system’s understanding of performance in 2023/24. This includes a focus on winter resilience within the context of wider plans. Please note that data relating to Guy’s and St Thomas’s NHS Foundation Trust and King’s College Hospital NHS Foundation Trust is incomplete from October 2023 onwards due to the implementation of a new electronic patient record system.

a) Emergency department attendances

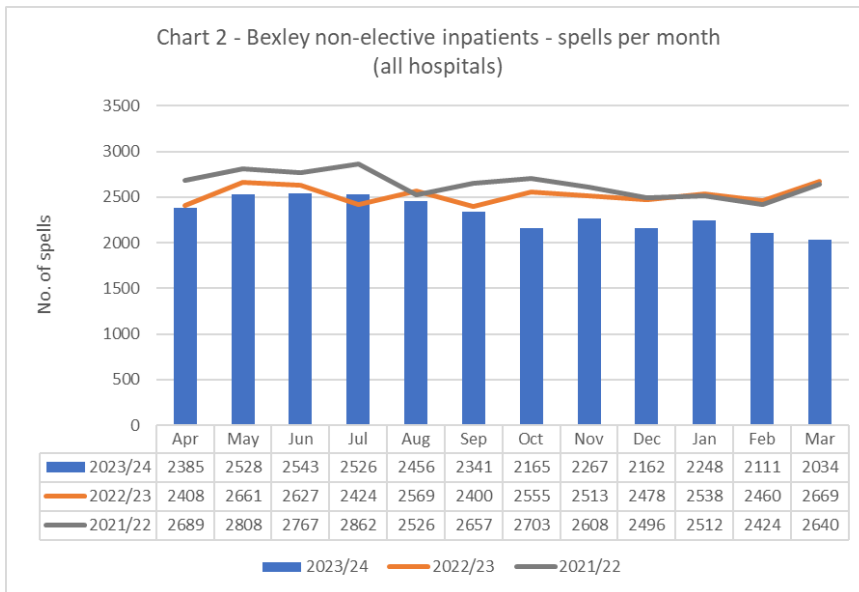
The number of emergency department attendances recorded in 2023/24 is 63670. This is 8.0% lower than the number for the previous year (69199). It is important to bear in mind that we do not have any data for PRUH from October 2023 onwards.



Source: SUS data and Emergency Care Data Set, NHS South East London ICB.

b) Non-elective in-patients – spells

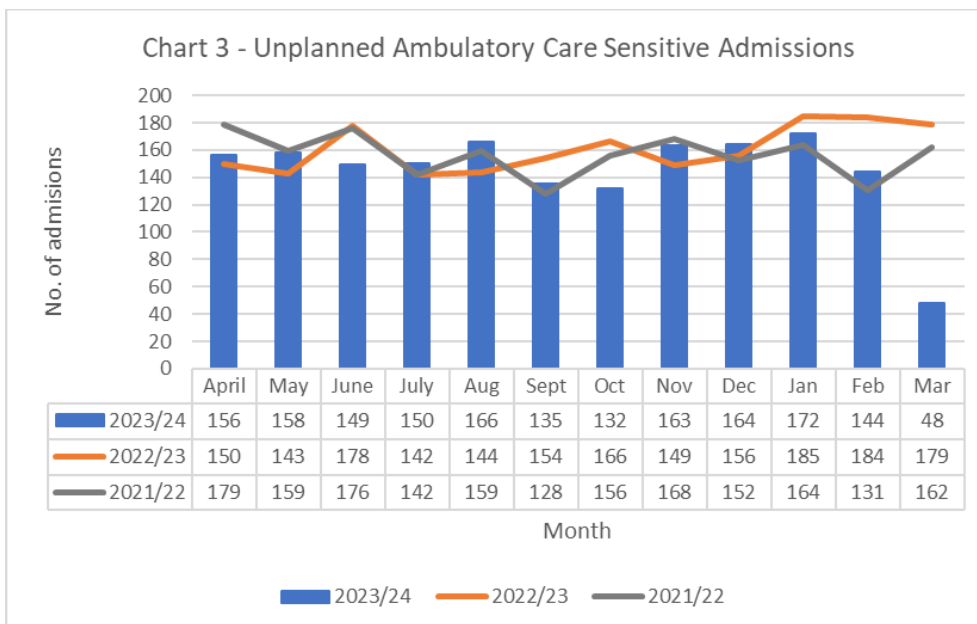
The number of non-elective inpatient spells across all hospitals recorded in 2023/24 is 27,766. This is 8.4% lower than the number for the previous year (30,302). It is important to bear in mind that we do not have any data for PRUH from October 2023 onwards.



Source: Secondary Uses Service in-patients data, NHS South East London ICB.

c) Avoidable admissions

The outcome sought is to reduce the number of unplanned acute admissions to hospital, which can be influenced by effective collaboration across the health and social care system. The ICB monitors the number of unplanned admissions related to Ambulatory Care Sensitive Conditions (ACSCs) during the year, using Secondary Uses Service (SUS) data to give an indication of progress.



Source: NHS South East London ICB.

Local data from NHS South East London ICB (Chart 3) shows that there have been 1737 avoidable admissions in the period 2023/24, compared to 1930 avoidable admissions in the same period the year before. We do not yet have full year data.

Table 1 shows that we are on track to meet the target in our BCF plan, which is based on a quarterly rate per 100,000 population. The data is provisional and may be subject to further revisions.

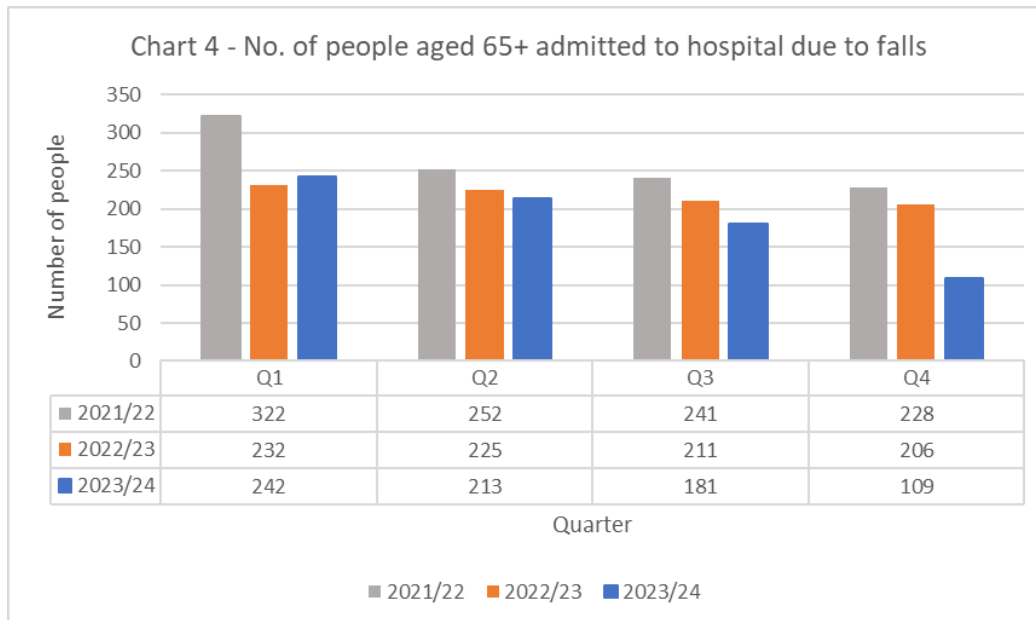
Table 1 - Avoidable admissions (quarterly rate per 100,000 population)

2023/24	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Plan	190.3	190.9	191.4	192.0
Numerator	472	474	475	477
Denominator	248,287	248,287	248,287	248,287
Actual	186.5	181.6	184.9	146.6
Numerator	463	451	459	364
Denominator	248,287	248,287	248,287	248,287

Source: NHS South East London ICB.

d) Number of people aged 65 and over admitted to hospital due to falls

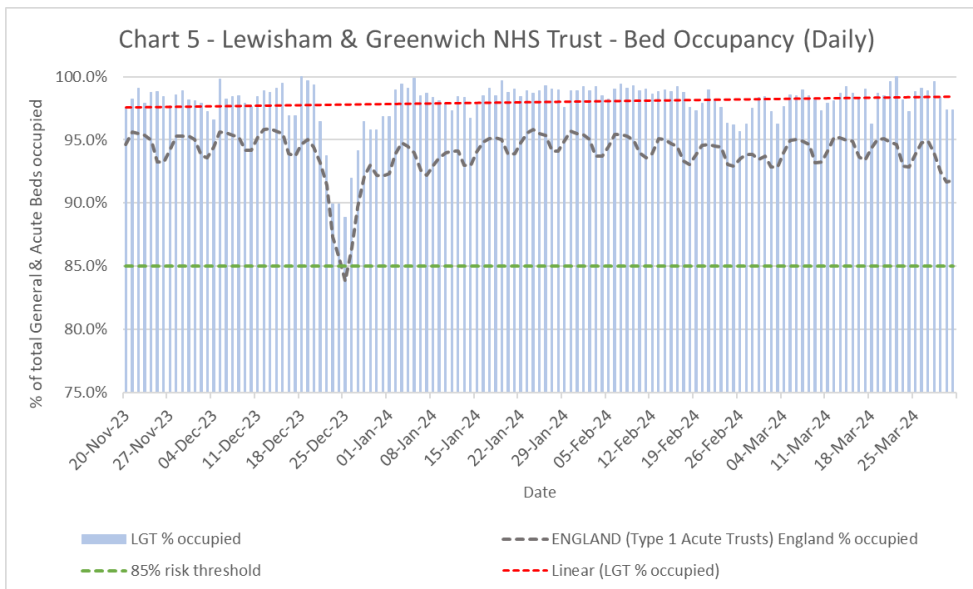
Falls are a leading cause of emergency hospital admissions for older people and can significantly impact on long term outcomes. Monitoring this indicator can help inform how we are working together to prevent hospital admissions and improve outcomes for older people. Data shows that 745 older people were admitted to hospital due to falls but we may not yet be showing full data for Quarter 4 2023/24.



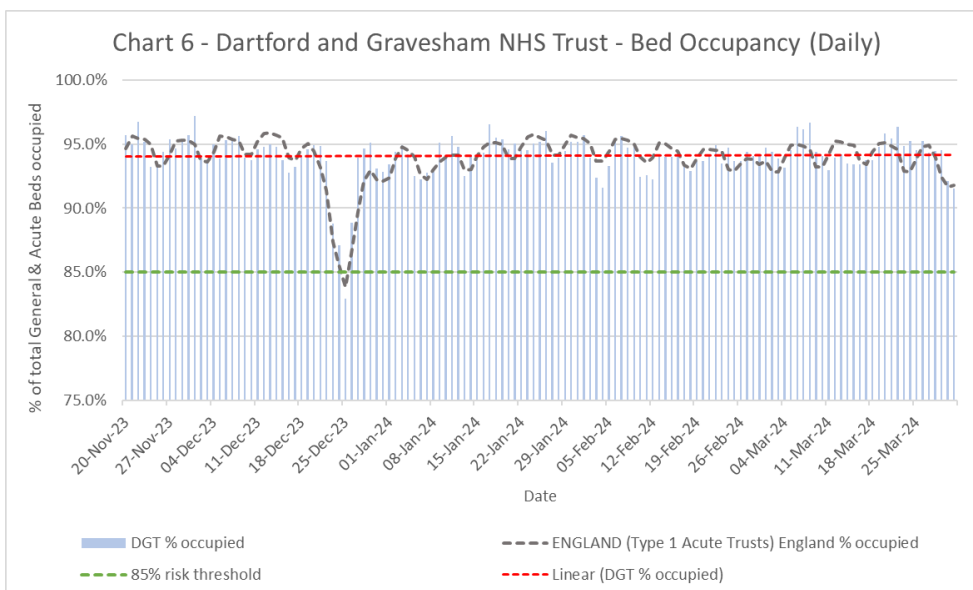
Source: NHS South East London ICB.

e) General and acute bed occupancy

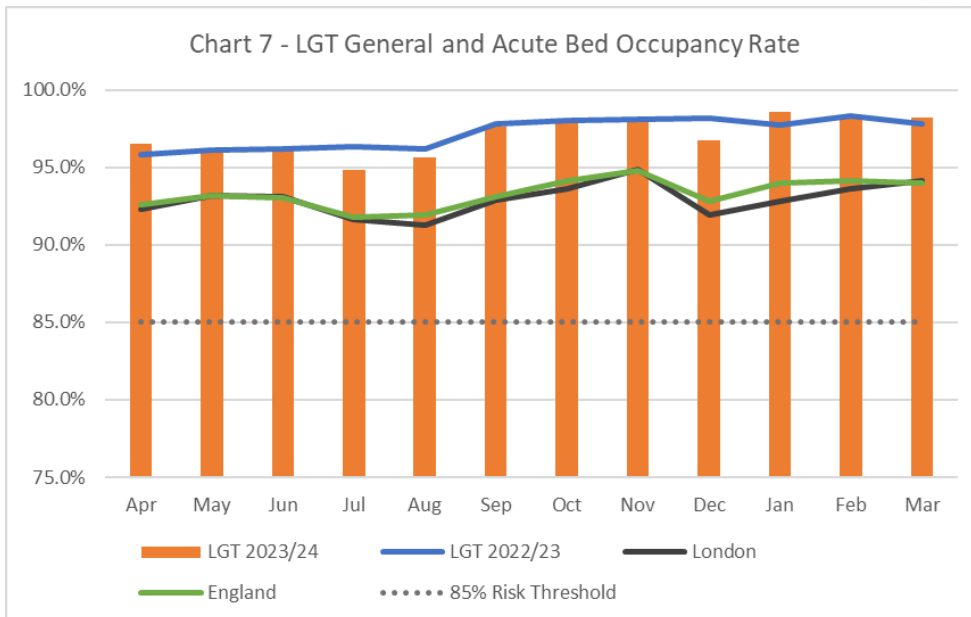
High levels of hospital occupancy can have an impact on patient flow. Average bed occupancy above 85% is generally considered to be the point beyond which safety and efficiency are at risk. Local variation in supply and demand have seen some trusts exceed 95% occupancy. The focus on discharge pathways should help people who no longer meet the criteria to reside to return home or to the most appropriate care setting. Weekly updates commenced on 30 November 2023 and continued through the winter with a final publication on 4 April 2024 covering the week ending 31 March 2024 (Charts 5 and 6). Monthly bed occupancy data for Lewisham and Greenwich Trust and Dartford and Gravesham Trust is also shown below for 2023/24 (Charts 7 and 8).



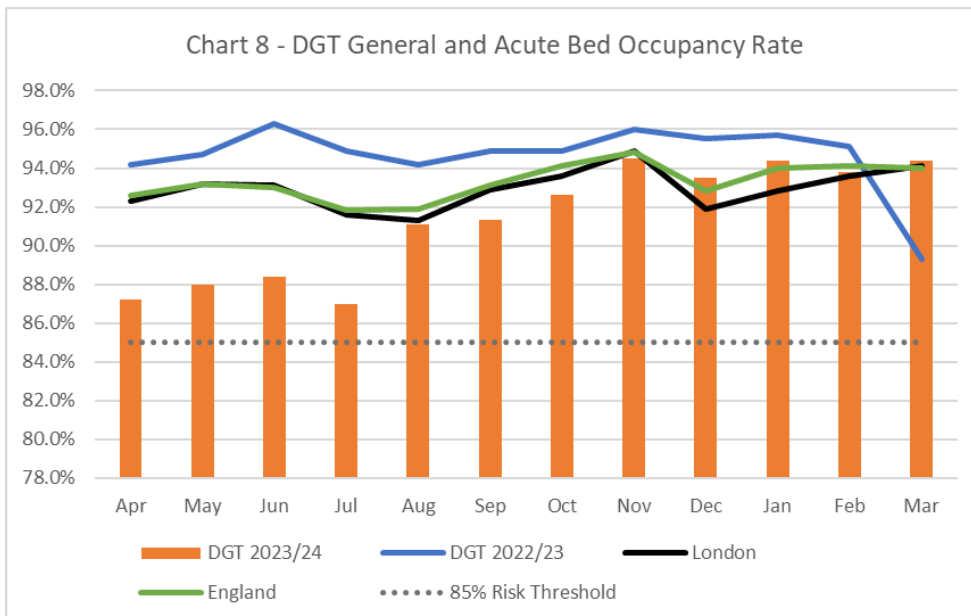
Source: Urgent and Emergency Care Daily Situation Reports 2023-24, NHS England.



Source: Urgent and Emergency Care Daily Situation Reports 2023-24, NHS England.



Source: Critical care and General & Acute Beds – UEC Daily Situation Reports, NHS England



Source: Critical care and General & Acute Beds – UEC Daily Situation Reports, NHS England

f) Length of stay

The focus of this metric is on attempting to reduce length of stay in hospital. Staying too long in hospital can leave people vulnerable to infections or deconditioning, especially older people. As well as being better for patients, reducing length of stay releases capacity that can be used for other people who need care. The available data shows that the proportion of patients with a length of stay of 14+ days and 21+ days was lower in Quarters 3 and 4 2023/24 than in the same period the year before.

Table 2 - Length of stay:

Year	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Proportion of inpatients resident for 14 days or more				
2020/21	10.8%	9.8%	10.4%	12.8%
2021/22	10.5%	11.9%	13.7%	13.8%
2022/23	12.7%	14.4%	15.7%	15.0%
2023/24	14.6%	13.0%	13.4%	14.4%
Proportion of inpatients resident for 21 days or more				
2020/21	5.5%	5.2%	5.2%	7.1%
2021/22	5.7%	6.4%	7.4%	7.9%
2022/23	7.4%	7.6%	9.1%	8.4%
2023/24	8.1%	7.6%	7.3%	8.1%

Source: NHS South East London ICB.

One of the main reasons why long stay patients remain in hospital is because they continue to meet the criteria to reside. Patients who meet the criteria to reside are still receiving treatment or remain in hospital for reasons related to physiology, recovery or function. This means that those who no longer meet the criteria to reside represent only a proportion of the total number of long stay patients. From a community perspective, the focus of our response tends to be on those long stay patients who no longer meet the criteria to reside.

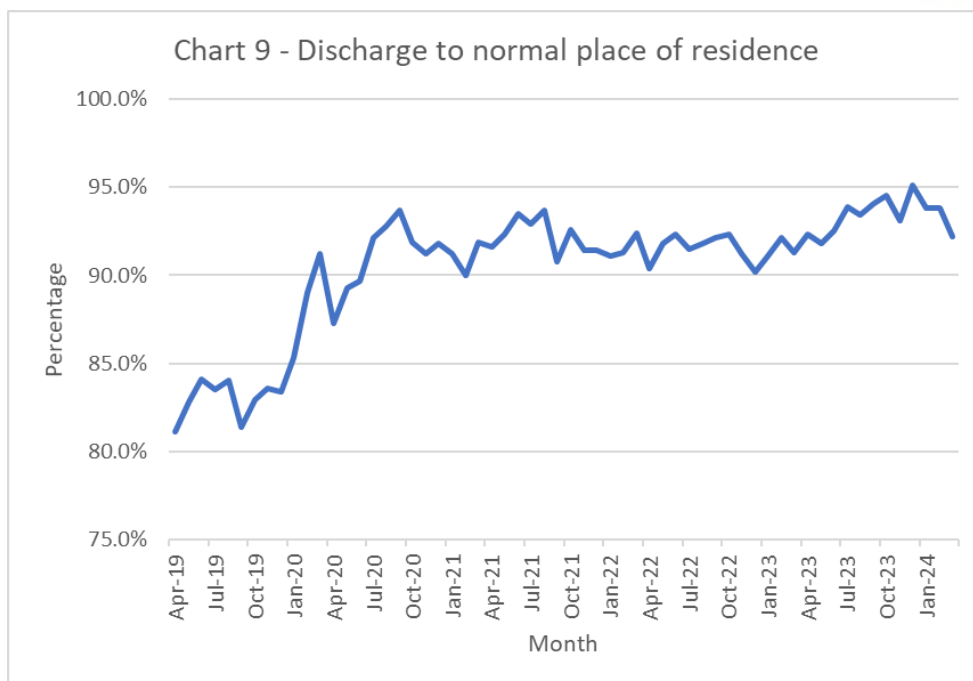
g) Discharge to normal place of residence

This indicator measures the percentage of discharges to a person's normal place of residence. There is evidence that recovery and independence for people who have been admitted to hospital are improved if they are discharged to their own home. Our performance in Bexley is better than planned and shows that over 93% of hospital discharges are to a person's usual place of residence.

Table 3 - Discharge to normal place of residence

2023/24	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Plan	91.2%	92.4%	91.6%	91.4%
Numerator	4,390	4,878	4,793	4,475
Denominator	4,816	5,280	5,234	4,897
Actual	92.2%	93.8%	93.2%	93.8%
Numerator	4,832	4,815	3,684	2404
Denominator	5,239	5,133	3,952	2563

Source: NHS South East London ICB.



Source: NHS South East London ICB.

h) Admissions of older people (65+) to care homes

The outcome sought is to reduce inappropriate admissions of older people (65+) into residential/nursing care. The aim is for health and social care to work together and, where possible, enable people to stay in their homes rather than move into residential care.

Provisional data for 2023/24 so far shows a rate of 579.2 new admissions to care homes per 100,000 population (65+). This is calculated based on 247 older people whose long-term support needs were met by admission to residential and nursing care homes in 2023/24. This is subject to further validation through our Statutory Returns and could be subject to change.

Table 4 - Admissions of older people (65+) to care homes

Indicator		2022/23 Actual	2023/24 Plan	2023/24 Actual
Long term support needs of older people (aged sixty-five and over) met by admission to residential and nursing care homes, per 100,000 population	Rate	444.2	438.5	579.2
	Numerator	187	187	247
	Denominator	42,097	42,647	42,647

Source: LB Bexley and ONS 2018-based Sub-National Population Projections.

i) Effectiveness of reablement

Through our short-term services, such as reablement, we aim to delay dependency, support recovery and promote independence. There is evidence of good outcomes being achieved as a result of this short-term support.

Provisional Adult Social Care Outcomes Framework (ASCOF) data shows that 1094 out of 1258 older people aged 65 and over, who were discharged from hospital into reablement, were still at home in the 91-day follow-up period for each case (87.0%).

The majority of new clients who receive short-term services, subsequently have no further need for services or only require support of a lower level. This figure was 68.7% in 2023/24 (646 out of 940 completed episodes, excluding early cessations and clients who self-funded or refused further support).

The ASCOF measures are subject to further validation through our Statutory Returns and could be subject to change.

In addition, we continue to be successful in achieving an evidenced reduction in care on completion of reablement episodes for the majority of people who have ongoing support needs. This figure was 84.2% in 2023/24 (947 completed episodes with reduced hours out of 1125 completed episode).

Bexley Wellbeing Partnership Committee

Thursday 23rd May 2024

Item: 6

Enclosure: D

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

Purpose of paper:	<p>This report is produced by the SEL ICB assurance team and is intended to be used by Local Care Partnerships as part of their local assurance processes.</p> <p>The latest position against key areas of local performance is presented, highlighting achievement against national targets, agreed trajectories and other comparators. An overview of performance and wider SEL context is provided to support interpretation of the data.</p> <p>This report is intended to be used by the Bexley Wellbeing Partnership to identify areas where performance is not in line with expectations and where members/teams may be required to provide additional explanation and assurances that issues are being addressed either locally or as part of a wider system approach.</p>	Update / Information	X
		Discussion	
		Decision	
Summary of main points:	<p>The report covers a range of metrics where LCPs either have a direct delegated responsibility for delivery or play a key role in wider SEL systems. It covers the following areas:</p> <ul style="list-style-type: none"> • Areas of performance delegated by the ICB board to LCPs • Metrics aligned to the six ICB corporate objectives that fall within delegated responsibilities for LCPs. • Metrics requested for inclusion by LCP teams <p>The latest available report (February 2024) presents a good overall position for Bexley with performance above trajectory against the majority of metrics.</p> <p>Performance is, however, below the required trajectory for:</p> <ul style="list-style-type: none"> • Talking therapies (IAPT) – access (<i>Operating Plan 457 / Current Performance 265</i>) • Personal Health Budgets (<i>Local trajectory 676 / Current Performance 667</i>) • Children Receiving MMR1 at 24 months (<i>England average 89% / Current Performance 86%</i>) • Children Receiving MMR1 at 5 years (<i>England average 92% / Current Performance 89%</i>) 		

	<ul style="list-style-type: none"> • Children receiving DTaP/IPV/Hib % at 24 months (England average 93% / Current Performance 92%) • Children receiving pre-school booster (DTaPIPV%) % at 5 years (England average 83% / Current Performance 82%) • Children receiving DTaP/IPV/Hib % at 5 years (England average 93% / Current Performance 89%) • Patients with hypertension recorded as being treated in line with NICE Guidance (Corporate objective 70% / Current Performance 64%) <p>Appendix 1 provides a short narrative on each of these metrics, including any mitigating factors and/or plans to address shortfalls or deficits within the next reporting period.</p>	
Potential Conflicts of Interest	This report is for information only. There are no conflicts of interest.	
Other Engagement	Equality Impact	The stated mission of the South East London ICS is to help people in South East London to live the healthiest possible lives. The Bexley Wellbeing Partnership (BWP) supports this through helping people to stay healthy and well, providing effective treatment when people become ill, caring for people throughout their lives, taking targeted action to reduce health inequalities, and supporting resilient, happy communities as well as the workforce that serves them.
	Financial Impact	This report is for information only. There are no financial impacts.
	Public Engagement	The majority of the information provided in this report is publicly available via NHS Digital.
	Other Committee Discussion/ Engagement	This report and any required mitigations are discussed at the SEL ICB Board and Bexley Wellbeing Partnership Executive. It is being reported to the Bexley Wellbeing Partnership Committee for information.
Recommendation:	<p>The Bexley Wellbeing Partnership is recommended to:</p> <p>(i) Note the report and the mitigations/actions highlighted in Appendix 1 for each of the metrics RAG rated as red based on the latest reporting period.</p>	

Appendix 1 – Bexley Wellbeing Partnership - LCP Performance Exception Report

Performance Metric	Reporting Period	Expected Standard / Trajectory	Latest Performance Position	Trend Since Last Report	SEL context and description of performance	Mitigations and Improvement Actions
IAPT Access	Feb 24	457	265	↓	<p>The February 2024 trajectory for IAPT access was not achieved by five of the six boroughs in SEL ICB.</p> <p>Service leads have previously raised concerns about their ability to meet the agreed 2023/24 access target, with reduced capacity due to the level of vacant positions and the recruitment process of new Psychological Wellbeing Practitioner (PWP) Trainees into post.</p> <p>They have also identified an increase in requests for face-to-face appointments.</p>	<p>The provider remains committed to achieving the best possible access figure for Bexley and has been working on a number of initiatives to increase outturn. These include:</p> <ul style="list-style-type: none"> • a leaflet drop to every household in the borough • a GP supported menopause awareness raising event • completion of the NHS driven rebranding exercise from IAPT to Talking Therapies • a timetable of visits to all GP practices has been agreed and implemented • leaflet drop and visits to pharmacies • awareness raising through contact with barber shops and gyms
Personal Health Budgets	Q4 23/24	667	676	↑	As part of the NHS Long Term Plan, annual borough level targets were submitted for the	Bexley fell just 9 short of the quarterly target, achieving 99% of the required 676

Performance Metric	Reporting Period	Expected Standard / Trajectory	Latest Performance Position	Trend Since Last Report	SEL context and description of performance	Mitigations and Improvement Actions
					<p>total number of Personal Health Budgets (PHB) to be delivered annually up to the end of 2023/24. The total number of PHBs that had been in place YTD to end of Q4 2023/24 was 3,777 which was below the overall SEL ICB Q4 trajectory of 4,926. There is large variation in individual LCP level performance.</p> <p>There is ongoing support to LCPs to implement the personalisation agenda and expand their PHB provision. A 'Community of Practice' has been developed to support the workforce to implement personalised care across the SEL Integrated Care System (SEL ICS).</p>	<p>PHBs. Generally, PHB performance has remained steady whilst the target has recently increased from 140 to 253 per quarter (an increase of 55%). Preventative small PHBs are being introduced, linked to social prescribing in Lewisham for people with low level mental health needs, where an immediate solution or intervention isn't available. In Bromley, an offer of a PHB will be introduced alongside annual health checks for people with Learning Disability & Autism linking into social prescribing to provide additional support. These options will also be further explored for Bexley.</p>
<p>Childhood Immunisations, including:</p> <p>Children Receiving MMR1 at 24 months</p> <p>Children Receiving MMR1 at 5 years</p>	See main report for detail	See main report for detail	See main report for detail	See main report for detail	<p>SEL ICS has a strong strategic drive to reduce inequalities through a focus on prevention and well-being.</p> <p>Vaccination and Immunisation are key priorities within this strategy. There are 10 high impact actions driving that, including:</p> <ul style="list-style-type: none"> • Call & Recall • Making every contact count 	<p>The borough Immunisation Coordinator works closely with practices to support improvement in uptake. Key actions include the timely & regular distribution of vaccination programme updates at meetings/via written communications with the aims of:</p> <ul style="list-style-type: none"> • Raising awareness on programme changes &

Performance Metric	Reporting Period	Expected Standard / Trajectory	Latest Performance Position	Trend Since Last Report	SEL context and description of performance	Mitigations and Improvement Actions
<p>Children receiving DTaP/IPV/Hib % at 12 months</p> <p>Children receiving DTaP/IPV/Hib % at 24 months</p> <p>Children receiving DTaP/IPV/Hib % at 5 years</p>					<ul style="list-style-type: none"> • Up to date on latest information about vaccines • Making it easy to make appointments • Understanding data & insights including inequalities in uptake • Tailor messages & information to our population • Utilise all available assets in the boroughs • Early engagement • Evaluation <p>The downward trend in all but one of the reported metrics since the last report is disappointing. However, Bexley remains above the London average for the six metrics included within the report and above the SEL average for four. The improvement in uptake of DTaP/IPV/Hib by 24 months (6 in1 vaccine) from 89.5% for Qtr.2 to 91.8% for Qtr.3 which is reassuring.</p> <p>Uptake of MMR1 and MMR 2 at 5 years remains above the SEL average, with uptake of MMR1 at 24 mths siting slightly below.</p> <p>Detailed review of Qtr.3 cover data has identified a potential issue with the data export from one practice, specifically with the</p>	<p>signposting to associated supporting resources & toolkits</p> <ul style="list-style-type: none"> • Publicising training opportunities • Encouraging staff to build a library of resources & knowledge to support healthy conversations with patients who are unsure about accepting a vaccine offer <p>Following approval at the Primary Care Delivery Group on 06.09.2023 Bexley is now aligned with other SEL boroughs and adopts an accelerated schedule for the delivery of the 2nd dose of MMR2 at 18 months. All practices in the borough are signed up to the scheme, with implementation borough wide from 1st March 2024. In response to the measles outbreak situation in London 2 pop-up MMR vaccination clinics took place during April at West Street Childrens Centre in Erith. The MMR vaccination offer was open to eligible</p>

Performance Metric	Reporting Period	Expected Standard / Trajectory	Latest Performance Position	Trend Since Last Report	SEL context and description of performance	Mitigations and Improvement Actions
					<p>reporting metrics for a majority of the 24 mths. vaccination. This will require further investigation to establish whether the reported cover data is correct. The data anomaly seen for one practice is not evident for any other Bexley practices.</p> <p>Failure of practice data export will significantly impact the reported figures and may account for the unexpected drop in uptake.</p> <p>The position in Bexley remains strong in comparison to the wider London picture. However, we are below England averages and the WHO target of 95% coverage for all childhood immunisation programmes.</p>	<p>un/under-vaccinated adults and children and resulted in 24 vaccinations.</p> <p>Leaflets in community languages such as Romanian, Kurdish, Punjabi & Gujarati explaining the dangers of measles and the benefits of the MMR vaccine have been shared with practices for onward distribution to their patients.</p>
Management of hypertension treated to NICE Guidance	Q1 24/25	National Operating Plan Target: 80%	63.6%	↓	<p>The National Operating Plan has increased the target for the percentage of patients with hypertension treated to NICE guidance to 80% for 24/25, in 23/24 the target was 77%.</p> <p>At the end of 23/24, SEL achieved an average of 64%, Bexley also achieved an average of 64%, although this ranged from PCN averages of 74% - 58%.</p> <p>Hypertension is predominantly managed in general practice and</p>	<p>Management of hypertension features prominently within the national Primary Care Network Directed Enhanced (DES) specification for 24/25 and as such all Primary Care Networks are funded to improve diagnosis of patients with hypertension, in line with NICE guideline NG136 and also to undertake activity to improve coverage of blood</p>

Performance Metric	Reporting Period	Expected Standard / Trajectory	Latest Performance Position	Trend Since Last Report	SEL context and description of performance	Mitigations and Improvement Actions
					<p>there is wide variation in achievement across practices, not always explained by demography.</p>	<p>pressure checks, including opportunistic checks, targeted outreach and improved join up with Community Pharmacy.</p> <p>CESEL (Clinical Effectiveness South East London) continue their work to improve hypertension management in primary care through producing data packs showing practice and Primary Care Network variation, meeting practices and supporting them to identify hypertension improvement priorities and associated actions, and facilitate sharing of best practice across and between Primary Care Networks.</p> <p>Practices within the North Bexley Primary Care Network have the lowest achievement, and this will be raised through the Local Care Network to agree actions required to make improvements – this is an integral part of reducing health inequalities. The Long-Term Conditions Clinical and Care</p>

Performance Metric	Reporting Period	Expected Standard / Trajectory	Latest Performance Position	Trend Since Last Report	SEL context and description of performance	Mitigations and Improvement Actions
						<p>Professional Lead (CCPL) will also be asked to prioritise this piece of work – raising awareness within primary care and supporting with mitigating actions.</p> <p>CESEL, Health Innovation Network (HIN), and the South London Cardiovascular Network (Cardiac ODN) continue to work together to support PCNs and practices in SEL to deliver the best possible hypertension care to their patients and achieve the targets set through the national Quality Outcomes Framework and PCN DES.</p> <p>Community Pharmacy is also commissioned to test patients for hypertension.</p>

Bexley Wellbeing Partnership Delegated functions performance data report

April 2024

Agenda Item: 6

Enclosure: D(i)

Introduction and summary

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Summary:

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

Contents and structure of report:

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

Structure

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

Bexley performance overview

Standard	Trend since last period	Period covered in report	Comparator	Benchmark	Current performance
Dementia diagnosis rate	↓	Feb-24	National standard	67%	72%
IAPT access	↓	Feb-24	Operating plan	457	265
IAPT recovery rate	↑	Feb-24	National standard	50%	57%
SMI Healthchecks	↑	Q4 - 23/24	Local trajectory	1187	1274
PHBs	↑	Q4 - 23/24	Local trajectory	676	667
NHS CHC assessments in acute	↓	Q4 - 23/24	National standard	0%	0%
CHC - Percentage assessments completed in 28 days	↓	Q4 - 23/24	Local trajectory	70%	71%
CHC - Incomplete referrals over 12 weeks	↓	Q4 - 23/24	Local trajectory	0	0
Children receiving MMR1 at 24 months	↓	Q3 23/24	England average	89%	86%
Children receiving MMR1 at 5 years	↓	Q3 23/24	England average	92%	89%
Children receiving MMR2 at 5 years	↓	Q3 23/24	England average	84%	82%
Children receiving DTaP/IPV/Hib % at 12 months	↑	Q3 23/24	England average	91%	92%
Children receiving DTaP/IPV/Hib % at 24 months	↑	Q3 23/24	England average	93%	92%
Children receiving pre-school booster (DTaPIPv%) % at 5 years	↓	Q3 23/24	England average	83%	82%
Children receiving DTaP/IPV/Hib % at 5 years	↓	Q3 23/24	England average	93%	89%
LD and Autism - Annual health checks	↑	Feb-24	Local trajectory	694	784
Bowel Cancer Coverage (60-74)	↑	Sep-23	Corporate Objective	67%	72%
Cervical Cancer Coverage (25-64 combined)	↑	Jan-24	Corporate Objective	69%	72%
Breast Cancer Coverage (50-70)	↔	Sep-23	Corporate Objective	57%	69%
Percentage of patients with hypertension treated to NICE guidance	↓	Q2 - 23/24	Corporate Objective	70%	64%
Flu vaccination rate over 65s	-	Jan-24	Previous year	74%	73%
Flu vaccination rate under 65s at risk	-	Jan-24	Previous year	43%	37%
Flu vaccination rate – children aged 2 and 3	-	Jan-24	Previous year	37%	37%

Performance data

SEL context and description of performance

- The 2023/24 priorities and operational planning guidance identifies recovery of the dementia diagnosis rate to 66.7% as a National NHS objective. Dementia diagnosis rate is defined as the rate expressed as a percentage of the estimated dementia prevalence.
- South east London as a whole is currently achieving this target. During 2023/24, SEL performance has varied between 68.3% and 69.8%.
- There is, though, considerable variation between boroughs. Greenwich did not achieve the target in February 2024 (or during any of the previous 12 months).

		Feb-24						
Metric	Target	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Dementia diagnosis rate	66.7%	71.7%	68.5%	63.3%	75.0%	70.0%	70.3%	69.7%
Trend since last report	-	↓	↑	↓	↓	↑	↑	↑

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

SEL context and description of performance

- The February 2024 trajectory for IAPT access was not achieved by five of the six boroughs in SEL ICB
- All providers have developed plans and communication strategies to increase the number of people accessing talking therapies services. These plans include improving and maintaining their relationships with their local GPs and Health Care providers.
- Service leads have previously raised concerns about their ability to meet the agreed 2023/24 access target, with reduced capacity due to the level of vacant positions and the recruitment process of new PWP Trainees into post. They have also identified an increase in requests for face to face appointments.
- The 50% IAPT recovery rate was met in February 2024. Four of six individual IAPT services reported recovery rates above the required 50%.
- Talking therapies service leads have been informed of the new monitoring metrics for 2024/25 and are working on plans to achieve these targets. Service leads have stated that the new targets will require teams to work differently going forward.

	Feb-24						
Metric	Mind in Bexley	Bromley Healthcare	Greenwich – Oxleas	Lambeth	Lewisham	Southwark	SEL
IAPT access	265	525	785	1045	690	730	4050
Trajectory	457	674	624	1118	905	966	4744
Trend since last report	↓	↑	↑	↑	↓	↓	↓

		Feb-24						
Metric	Target	Mind in Bexley	Bromley Healthcare	Greenwich – Oxleas	Lambeth	Lewisham	Southwark	SEL
IAPT recovery rate	50.0%	57.0%	51.0%	48.0%	52.0%	52.0%	49.0%	51.0%
Trend since last report	-	↑	↓	↓	↔	↑	↓	↑

SEL context and description of performance

- The south east London ICB board have set Improving the uptake of physical health checks for people with SMI as a corporate objective for 2023/24.
- There was a significant increase in the number of AHCs undertaken for people with an SMI over the last 12 months and the SEL operating planning trajectory was achieved in 2023/24.
- Borough level improvement has been supported by the development of ICS wide key lines of enquiry to set the relevant standards and expectations, non-recurrent funding in 2022/23 to support delivery of borough level improvement plans, and development of an SEL dashboard which enables more frequent review of progress and drill down to monitor by PCN, gender, ethnicity identify opportunities, and review progress post actions
- Indicative quarterly borough level trajectories were set for 2023/24 to support delivery of the overall SEL target and enable closer in year borough level tracking.
- All LCPs have significantly improved their position this year and all delivered health checks to over 60% of their registers. Indicative trajectories were met by 3 out of 6 LCPs.
- A deep dive with recommendations to improve performance has been produced by the central SEL mental health teams and shared with place-based teams via the SMI PHC Task and Finish Group.
- Work is underway with Oxleas to identify the number of checks performed at secondary mental health and to ensure the activity is accurately recorded in primary care systems.
- Where annual health checks are being completed, quality can vary as can onward referral to other physical health services.

Metric	Q4 - 23/24						
	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
SMI Healthchecks	1274	1528	2012	3509	2769	2827	13919
Trajectory	1187	1578	2069	3255	2915	2495	13500
% of current SMI register	68.5%	60.7%	62.2%	67.6%	60.7%	71.5%	65.3%
Trend since last report	↑	↑	↑	↑	↑	↑	↑

SEL context and description of performance

- As part of the Long Term Plan, annual borough level targets were submitted for the total number of PHBs to be delivered annually up to the end of 2023/24. To support LCP and ICB in year tracking of delivery towards the overall LTP annual plan for SEL, quarterly trajectories were shared with LCP PHB leads.
- The total number of PHBs that had been in place YTD to end of Q4 2023/24 was 3,777 which was below the overall SEL ICB Q4 trajectory of 4,926. There is large variation in individual LCP level performance.
- The personal wheelchair budgets offer is in place across SEL and PHBs for mental health service users. This has been introduced through the South London Partnership.
- S117 PHBs have been a 'right to have' since December 2019, but this still needs implementing through SLAM and Oxleas. There have been some challenges with encouraging SLAM and Oxleas to move forward with this offer.
- Preventative small PHBs are being introduced, linked to social prescribing in Lewisham for people with low level mental health needs, where an immediate solution or intervention isn't available. In Bromley, an offer of a PHB will be introduced alongside annual health checks for people with LD&A, linking into social prescribing to provide additional support.
- There is ongoing support to LCPs to implement the personalisation agenda and expand their PHB provision. A 'Community of Practice' has been developed to support the workforce to implement personalised care across the ICS.

	Q4 - 2023/24						
Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
PHBs	667	1089	805	465	258	472	3777
Trajectory	676	966	837	934	773	741	4926
Trend since last report	↑	↑	↑	↑	↑	↑	↑

SEL context and description of performance

- There are a number of national standards which systems are required to achieve consistently. Where deviating from the standard, there is an expectation that performance will be addressed as a priority. Performance standards are as follows:
 - A national target was previously set to reduce the number of CHC assessments in an acute hospital setting to less than 15%. The aim, however, is that zero assessments should be completed in an acute setting and this is the benchmark that LCP and ICB teams are measured against.
 - Complete assessments of eligibility within 28 days from the date of referral in >80% cases. A recovery trajectory for SEL has been agreed with NHSE/I
 - Reduce the number of outstanding referrals exceeding 12 weeks to Zero
- A CHC audit was completed in December 2022 which identified completion of overdue three and twelve month reviews as high priority. Actions from the internal audit, the financial review, CHC/ADoF Summits and other workstreams are now set out in a CHC transformation action plan, reviewed and shared collectively at the CHC/CYPCC Oversight Group and reviewed and updated with Borough Leads at monthly assurance meetings.
- The Place Executive Leads have been advised of the position and requested to provide revised trajectories and a collective plan to address the backlog of reviews (CHC Standard, fast track and FNC).

		Q4 - 23/24						
Metric	Target	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
NHS CHC assessments in acute	0%	0.0%	0.0%	0.0%	0.0%	3.0%	0.0%	1.0%
Trend since last report	-	↓	↓	↔	↔	↓	↓	↓

		Q4 - 23/24						
Metric		Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
CHC - Percentage assessments completed in 28 days		71%	86%	95%	53%	66%	61%	72%
Trajectory	70%	70%	70%	70%	70%	70%	70%	70%
Trend since last report		↓	↓	↑	↓	↑	↓	↓

		Q4 - 23/24						
Metric		Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
CHC - Incomplete referrals over 12 weeks		0	0	0	1	0	0	1
Trajectory	0	0	0	0	0	0	0	4
Trend since last report		↓	↔	↔	↑	↓	↔	↓

Description of metric and SEL context

- Vaccination saves lives and protects people’s health. It ranks second only to clean water as the most effective public health intervention to prevent disease. Through vaccination, diseases that were previously common are now rare, and millions of people each year are protected from severe illness and death. South East London and our 6 local care partnerships recognise this in the ICS Strategic priorities and our Joint Forward Plan.
- South East London ICB has recently refreshed its Vaccination and Immunisation Strategy and has embedded within the six boroughs an approach to increase uptake by developing trust and confidence in the childhood immunisation programme with local communities.
- Since December there has been a number of reported cases of measles across the country resulting in a national and regional response. South East London boroughs and programme team are co-ordinating and aligning plans across the system in response to the concerns. A full report detailing the position and proposed actions was agreed at the ICB Executive Committee in February. Actions include: SRO/director level attendance at the weekly London IMT meeting; production of a weekly sitrep feeding up to London IMT; A sub-group of the SEL board is meeting on a weekly basis with borough leads, public health, communications and primary care leads to co-ordinate the local response and to support local plans. Each borough has produced a local action plan and are using their local place level vaccination groups to support delivery.
- The following tables provide the borough and SEL level performance compared to London and England. For all metrics SEL is above the London average but below the England position. The World Health Organisation (WHO) has a target of 95% coverage for all childhood immunisation programmes. The NHS oversight framework also has a target of 95% coverage for MMR2 at 5 years old. Neither of these targets are being achieved.

Q3 23/24									
Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL	London	England
Children receiving MMR1 at 24 months	85.6%	90.6%	86.6%	84.5%	85.1%	84.2%	86.2%	81.3%	88.6%
Trend since last report	↓	↓	↓	↑	↓	↓	↓	↓	↓

Q3 23/24									
Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL	London	England
Children receiving MMR1 at 5 years	88.9%	92.9%	89.4%	87.0%	86.5%	85.7%	88.5%	85.6%	92.3%
Trend since last report	↓	↑	↑	↓	↓	↓	↓	↔	↔

Q3 23/24									
Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL	London	England
Children receiving MMR2 at 5 years	82.1%	87.3%	79.8%	79.9%	78.5%	78.4%	81.1%	73.6%	84.3%
Trend since last report	↓	↑	↑	↑	↓	↑	↑	↑	↑

Childhood immunisations (2 of 2)

Q3 23/24									
Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL	London	England
Children receiving DTaP/IPV/Hib % at 12 months	91.9%	90.3%	89.5%	86.9%	87.4%	89.2%	89.0%	86.2%	91.3%
Trend since last report	↑	↓	↑	↓	↓	↑	↑	↓	↔

Q3 23/24									
Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL	London	England
Children receiving DTaP/IPV/Hib % at 24 months	91.8%	94.0%	90.9%	90.6%	90.7%	87.3%	90.9%	88.4%	92.8%
Trend since last report	↑	↑	↑	↑	↑	↓	↑	↓	↓

Q3 23/24									
Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL	London	England
Children receiving pre-school booster (DTaPIPv%) % at 5 years	82.3%	85.7%	78.8%	77.8%	76.2%	74.4%	79.3%	73.1%	83.2%
Trend since last report	↓	↑	↑	↑	↑	↑	↑	↑	↑

Q3 23/24									
Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL	London	England
Children receiving DTaP/IPV/Hib % at 5 years	88.6%	92.9%	91.0%	87.9%	88.6%	88.7%	89.7%	87.6%	93.0%
Trend since last report	↓	↑	↑	↓	↓	↑	↑	↑	↑

SEL context and description of performance

- The south east London ICB board has set improving the uptake of physical healthchecks for people with LDA as a corporate objective for 2023/24
- SEL is meeting the February trajectory with 6,236 healthchecks delivered against a plan of 5,322.
- Where annual health checks are being completed, quality can vary as can onward referral to other physical health services.
- There is an LDA Clinical and Care Professional Lead (CCPL) supporting AHCs.
- Five of the six boroughs are implementing an AHC co-ordinator role for 12 months. Increasing the number of people on registers by finding “the missing” will allow more people with a learning disability to access AHCs
- As outlined in the operational planning guidance, actions for 24/25 will include:
 - Increasing the size/numbers on learning disability registers across all boroughs – supported by specialist LDA prescribing advisors, workforce training in learning disability and or autism.
 - Ensuring that health action plans are developed from each annual health check – supported by a focus on providing good quality health checks and recording of health action plans.

Metric	Feb-24						
	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
LD and Autism - Annual health checks	784	856	1160	1303	1251	882	6236
Trajectory	694	852	915	1008	1067	786	5322

SEL context and description of performance

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

SEL context and description of performance

- Bowel cancer screening coverage is currently above the nationally defined optimal level of screening of 60% for south east London. As part of the corporate objective setting an ambition to achieve 67.3% by March 2024 has been set.
- Cervical cancer screening is currently below the nationally defined optimal level of screening of 80%. The ambition set in the corporate objectives is to achieve 68.5% by March 2024.
- Breast cancer screening is currently below the nationally defined optimal level of screening of 70-80%. The ambition set in the corporate objectives is to achieve 56.7% by March 2024.
- NOTE: Due to lag in national reporting, local data from the SEL BI cancer screening dashboard is shown below.

		Sep-23						
Metric	SEL ambition	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Bowel Cancer Coverage (60-74)	67.3%	71.5%	74.1%	63.9%	60.6%	61.4%	60.7%	65.8%
Trend since last report	-	↑	↓	↔	↑	↑	↑	↔

		Jan-24						
Metric	SEL ambition	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Cervical Cancer Coverage (25-64 combined)	68.5%	71.6%	73.9%	65.7%	62.7%	67.4%	63.8%	66.9%
Trend since last report	-	↑	↔	↑	↓	↑	↑	↑

		Sep-23						
Metric	SEL ambition	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Breast Cancer Coverage (50-70)	56.7%	68.5%	72.0%	57.0%	55.1%	56.7%	54.7%	60.9%
Trend since last report	-	↔	↓	↓	↔	↑	↑	↔

SEL context and description of performance

- The south east London ICB board has set improving the percentage of patients with hypertension treated to NICE guidance as a corporate objective for 2023/24. The board have agreed a 'floor' level ambition of 69.7% as a minimum by March 2024 with the intention to achieve 77% as soon as possible.
- The 2023/24 priorities and operational planning guidance also identifies increasing the percentage of patients with hypertension treated to NICE guidance to 77% by March 2024 as national objective.
- The percentage of patients managed to NICE guidance fell in quarter one in all boroughs. Overall for SEL, this reduced from 67.1% to 64.1%. Local data available via the SEL pathfinder hypertension dashboard indicates that there has been some improvement in performance since then. The local performance data for the end of December was 65.2% .
- Prior to Q1, there had been consistent improvement in the level of hypertension control as part of the process of Covid recovery. The achievement variation between practices, PCNs and boroughs persists.
- Hypertension is predominantly managed in general practice and there is wide variation in achievement across practices, not always explained by demography.
- All boroughs have access to the BP at home and community pharmacist schemes.
- All boroughs receive facilitator visits from CESEL and have access to QI data
- People at risk may not have sufficient support to understand the importance of detecting and managing raised blood pressure.

		Q2 - 23/24						
Metric	SEL ambition	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Percentage of patients with hypertension treated to NICE guidance	69.7%	63.6%	65.8%	64.3%	64.3%	58.9%	66.8%	64.0%
Trend since last report	-	↓	↑	↑	↑	↓	↑	↑

SEL context and description of performance

- The south east London ICB board has set improving adult flu vaccination rates as a corporate objective. The ambitions for 2023/24 are as follows: improve the vaccination rate of people aged over 65 to 73.7% (an increase of 5 percentage points from 2022/23), improve the vaccination rate for people under 65 at risk to 46.0% (increase of 6 percentage points from 2022/23). These ambitions are based on the nationally published data.
- The SEL ICB Vaccination and Immunisation Board has co-produced a strategy which outlines the approach and the principles we will collectively take to tackling the uptake of all types of vaccinations. Recognising the roles that different parts of the system will need to take to develop the trust and confidence in our communities.
- Each borough has a winter vaccination plan and a dedicated group focusing on delivery and uptake in SEL’s core 20 plus 5 population. Plans identify areas where populations are most at risk of inequalities (of access, experience and outcomes), and addresses these.
- The SEL vaccination dashboard is updated daily and is available to teams to support planning of outreach and engagement events.
- The table below summarises the SEL position of the two adult cohorts included in the corporate objectives, and the children aged 2 and 3 cohort. This uses ImmForm data.
- An indicative planning trajectory for SEL to reach the corporate ambition (this is based on the improvement needed from 22/23) is included as a comparator.
- The next slide also provides the LCP level uptake.

Metric	SEL summary		
	Over 65s	Under 65s at risk	All aged 2 and 3
Week 4 (28/01/2024)	66.4%	34.1%	40.4%
Indicative SEL planning trajectory to reach corporate objective ambition	73.0%	45.3%	N/A

Borough level uptake

- The following tables provide the individual borough level flu vaccination uptake based on the most recent ImmForm data.
- The uptake for the same period in 2022/23 is provide as a comparator

Vaccination rate over 65s: 31 Jan 24							
Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
2023/24	73.2%	75.5%	65.5%	57.6%	57.6%	60.1%	66.4%
2022/23	73.8%	78.0%	67.1%	58.6%	57.9%	62.5%	68.0%

Vaccination rate of under 65s at risk: 31 Jan 24							
Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
2023/24	37.3%	40.0%	35.6%	30.7%	30.2%	33.2%	34.1%
2022/23	42.8%	47.2%	41.6%	34.9%	34.2%	38.3%	39.3%

Vaccination rate children aged 2 and 3: 31 Jan 24							
Metric	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
2023/24	36.7%	50.5%	40.0%	37.9%	38.9%	37.4%	40.4%
2022/23	36.9%	49.3%	39.2%	36.4%	37.1%	37.5%	39.6%

Bexley Wellbeing Partnership Committee

Thursday 23rd May 2024

Item: 7

Enclosure: E

Title:	Month 12 Finance Report
Author:	Opeyemi Adetokunbo-Aina, Associate Director of Finance (Bexley), NHS South East London Integrated Care Board
Executive Lead:	David Maloney, Director of Corporate Finance, NHS South East London Integrated Care Board Diana Braithwaite, Place Executive Lead (Bexley), NHS South East London Integrated Care Board

Purpose of paper:	<p>This paper is to provide an update on the financial position of Bexley (Place) as well as the summary of the draft financial position of the ICB and the ICS as at the end of 2023/24 financial year.</p> <p>The results are draft as they are subject to external audit.</p>	Update / Information	
		Discussion	X
		Decision	

Summary of main points:	<p><i>Bexley Position</i></p> <p>Bexley has successfully achieved its control total, a surplus of £846k for the 2023/24 financial year. This was set subsequent to the allocation of £2.4m from the £14.7m ICB reserve designated for Places, with the objective of mitigating cost pressures within Prescribing and Continuing Health Care Services.</p> <p>The main areas of variance in the report are summarised below:</p> <ul style="list-style-type: none"> • <i>Prescribing</i> – £3.18m overspent. The key drivers remain the effect of the Implementation of NICE Technology Appraisals (TAs) or Guidelines and medications being out of stock, necessitating the use of higher-cost alternatives, some being CAT M and NCSO. • <i>Continuing Health Care</i> – £935k overspent driven by increased activities coupled with increase in the funded nursing care (FNC), any qualified provider (AQP) contracts and non-specialist home care weekly rates. • <i>Community Health Services</i> – is underspent by £1.15m attributable to non-recurrent efficiencies within several contracts to ensure delivery of the control total. • <i>Corporate Budgets</i> – 28k underspend in due to existing vacancies without backfill. This is partly due to the ICB’s management cost reduction (MCR) programme. • <i>Mental Health Services</i> underspent by £531k due to activity reduction in the cost per case placements. • <i>Other Primary Care Services</i> underspent by £394k. This is part of the proactive action taken to deliver the control total as mobilisation of programmes was delayed.
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- *Acute Services* £181k underspend is driven by the reduction in requirement for patient transport.
- Other *Programme Services* underspend of £1.88m is part of the reserves funding of £2.4m to offset the cost pressures and deliver the control total. The balance is reported within Prescribing budget.
- Efficiency Delivery – The 23/24 savings target is 4.5% of controllable budget across SEL, being £3.9m for Bexley borough. The target was fully identified and combined delivery rate is 5% above target.

ICB Summary Position

As agreed with NHSE and local providers, the ICB plan for 2023/24 was revised from a surplus of £64.100m to a surplus of £16.873m. This movement of £47.227m was represented by equal and opposite changes in the plan values for NHS providers within the South East London ICS. Therefore, no overall impact upon the overall 2023/24 plan for the ICS. A further re-forecasting exercise was undertaken in November which was reflected in month 09 accounts onwards.

During month 12, the ICB made additional, planned payments to local providers. An element of these payments deteriorated the ICB position with a corresponding improvement in provider positions, thus net neutral to the overall ICS position. Accordingly, at month 12, the ICB reported a year end overspend of £16,827k against plan, which is a £46k surplus against its revenue resource limit (RRL) excluding the historic surplus of £9,046k. As reported in previous months, the key areas of financial pressure in the ICB were overspends in prescribing (£20,616k) and continuing healthcare (CHC) (£5,569k).

Ten months prescribing data was available as at year-end, given it is produced two months in arrears. Prescribing expenditure continued to be impacted by national price and supply pressures. The overspend was also driven by new NICE recommended drugs together with local activity growth related to Long Term Conditions. Efficiency savings schemes were implemented, which mitigated this overspend.

The overspend in CHC related both to the impact of 2023/24 prices, which increased significantly above the level of NHS funding growth, and increased activity since the start of the year.

Second focus meetings with all 6 places were held in December to review recovery actions and de-risk financial positions. Year-end positions were agreed with each place. As at month 12, all places delivered final year-end financial positions in line with their agreed targets.

In reporting this month 12 position, the ICB has **delivered all its financial duties:**

- An overall **£46k surplus** against the RRL.
- Underspending (**£3,910k**) against its management costs allocation.
- Delivering all targets under the **Better Practice Payments code**.
- Subject to the usual annual review, delivered its commitments under the **Mental Health Investment Standard** (over-delivery by **£818k**); and
- Delivered the **year-end cash position (£1,999k)**, well within the target cash balance (£4,875k).

	<p>ICS Summary Position At month 12:</p> <ul style="list-style-type: none"> • Revenue Expenditure (I&E): At month 12, South East London ICS (whole system) is reporting a system deficit of £77.5m; £77.5m adverse to the planned break-even position. <p>The position has been achieved with the use of significant non recurrent flexibilities (c. £128m).</p> <p>Key drivers to the deficit include the under-delivery of planned efficiencies, the impact of higher than planned levels of inflation, the net impact of industrial action and unplanned costs of using the independent sector, driven by significant operational demand in acute non-elective and mental health pathways.</p> <ul style="list-style-type: none"> • Capital: For 2023/24 the system's spend against its system capital allocation (inc. IFRS 16 uplift) is £265.1m, £1.6m higher than the total allocation of £263.5m. This is due to approval, in month 12, from NHS England for SEL to charge £1.6m against under-utilised Capital Department Expenditure Limit (CDEL) allocated to other ICBs. <p>Further details on the ICB and highlights on the ICS positions at month 12 are included in Appendix A and B to the finance report. Additional details can be provided upon request.</p>	
<p>Potential Conflicts of Interest</p>	<p>None arising as a direct result of this paper.</p>	
<p>Other Engagement</p>	<p>Equality Impact</p>	<p>None, all Bexley residents have the same levels of access to healthcare</p>
	<p>Financial Impact</p>	<p>Although currently being audited, there is no known risk to these numbers.</p>
	<p>Public Engagement</p>	<p>Finance is reported to public borough-based board meetings and the position is reported by SE London ICB at the public Governing Body Meetings.</p>
	<p>Other Committee Discussion/ Engagement</p>	<p>The month 12 financial position is discussed at SE London level at the Planning and Delivery Group, locally, it has been discussed at Bexley SMT and the LCP Executive.</p>
<p>Recommendation:</p>	<p>The Bexley Wellbeing Partnership Committee is asked to:</p> <ol style="list-style-type: none"> 1. DISCUSS & NOTE the month 12 (March 2024) financial position for Bexley Place. 2. NOTE the NHS South East London ICB and NHS South East London ICS financial position. 	

Bexley Wellbeing Partnership Committee

Finance Report – Month 12 2023/24

Thursday 23rd May 2024

V1.0

Agenda Item; 7

Enclosure: E(i)

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Bexley 2023/24 Outturn Position

ICB Reporting Areas	2023/24		
	Annual Budget	Full Year Actual	Outturn Variance
	£'000s	£'000s	£'000s
Acute Services	4,851	4,670	181
Community Health Services	20,331	19,184	1,147
Mental Health Services	10,443	9,912	531
Continuing Care Services	25,116	26,051	(935)
Prescribing	34,366	37,542	(3,176)
Other Primary Care Services	3,299	2,904	394
Other Programme Services	1,930	49	1,881
Delegated Primary Care Services	42,487	42,490	(4)
Corporate Budgets	3,540	2,712	828
Total	146,362	145,515	846

Bexley has successfully achieved its control total, a surplus of £846k for the 2023/24 financial year.

The main areas of variance in the report are summarised below:

Prescribing- £3,176k overspent. The key drivers remains the effect of the Implementation of NICE Technology Appraisals (TAs) or Guidelines and medications being out of stock, necessitating the use of higher-cost alternatives, some being CAT M and NCSO.

Continuing Health Care- £935k overspent driven by increased activities coupled with increase in the FNC, AQP and non-specialist home care weekly rates.

Community Health Services is underspent by £1,147k attributable to non-recurrent efficiencies within several contracts to ensure delivery of the control total.

Mental Health Services underspent by £531k due to activity reduction in the cost per case placements.

Other Primary Care Services reports an underspend of £394k. This is a proactive action to support the recovery plan as mobilisation of the local care network schemes are delayed.

Other underspends are: Corporate budgets - £828k, due to existing vacancies without backfill. This is in part due to the ICB MCR programme and therefore a non-recurrent opportunity.

Other Programme Services is mostly the reserves funding of £1.87m to offset some of the cost pressures and deliver the control total.

Efficiency: The 23/24 savings target is 4.5% of controllable budget across SEL, being £3.9m for Bexley borough. All target has been identified and combined delivery rate is 5% above target.

Bexley Delegated Budget – Efficiencies Month 12

- This table summarises the Bexley efficiency position at month 12.
- The borough has identified and delivered efficiencies of £4.1m (5% above target) compared to a target of £3.9m.
- Over above target was identified to replace slipping schemes.
- Of the £4.1m plans identified and delivered, £3.7m were recurrent, being 95% of the target.

Area	Key figures	Current progress	Actions being taken
Year-to-date efficiencies	At M12 Bexley have reported YTD efficiencies of £4.1m	Fully delivered on the 23/24 Efficiency Plan	This is 5% above the 23/25 efficiency target .
Forecast efficiencies	At M12 Bexley is forecasting to deliver a full year plan of £3.7m efficiencies recurrently and £0.3m non-recurrently. The planned delivery for the year is £3.9m	Target is 100% attained	Alternatives to the non-recurrent efficiencies will be explored in 24/25 financial year.
Progress on identifying efficiencies	£4.1m of efficiency schemes have been identified, with a remaining gap of £-0.2m.	No further gap in efficiency target as slipping plans were replaced with low risk ones.	All schemes have been identified and delivered for the financial year.
Progress on derisking efficiencies	£2.9m of efficiency schemes have been classified as low risk, with a remaining gap of £1m.	All others are medium risks and being monitored.	All medium risk schemes have been managed to deliver fully in the financial year.
Full-year effect	The full-year effect of efficiencies is £3.7m	Target is 95% attainment	Alternatives to non-full year effect schemes will be explored in 24/25 financial year.

Appendix A
SEL ICB Finance Report
Month 12 2023/24

Contents

1. [Executive Summary](#)
2. [Key Financial Indicators](#)
3. [Budget Overview](#)
4. [Prescribing Overview](#)
5. [NHS Continuing Healthcare Overview](#)
6. [Corporate Costs](#)
7. [Cash Position](#)
8. [MHIS performance](#)

- This report sets out the month 12 financial position of the ICB. As agreed with NHSE and local providers, the ICB plan for 2023/24 was revised from a surplus of £64.100m to a surplus of £16.873m. This movement of £47.227m was represented by equal and opposite changes in the plan values for NHS providers within the South East London ICS. Therefore, no overall impact upon the overall 2023/24 plan for the ICS. A further re-forecasting exercise was undertaken in November as part of the national H2 planning process which was reflected in month 09 accounts onwards.
- The ICB's financial allocation as at month 12 was **£4,489,317k, which includes the historic surplus (£9,046k) so the in-year allocation is £4,480,271k**. In month, the ICB's **allocation was reduced overall by £436,739k**, which included the removal of specialised commissioning funding (£454,576k), as this is to be included in the NHS England accounts. The ICB received allocations in respect of its carry forward historic surplus (£9,046k), depreciation funding (£2,687k), Elective Recovery Fund (ERF) payments (£2,488k), delegated pharmacy services (£2,360k), plus some smaller allocations.
- During month 12, the ICB made additional, planned payments to local providers. An element of these payments deteriorated the ICB position with a corresponding improvement in provider positions, thus net neutral to the overall ICS position. Accordingly, at month 12, the ICB reported a year end overspend of £16,827k against plan, which is a **£46k surplus against its revenue resource limit (RRL) excluding the historic surplus of £9,046k**. As reported in previous months, the key areas of financial pressure in the ICB were **overspends in prescribing (£20,616k) and continuing healthcare (CHC) (£5,569k)**.
- Ten months prescribing data was available as at year-end, given it is produced two months in arrears. Prescribing expenditure continued to be impacted by national price and supply pressures. The overspend was also driven by new NICE recommended drugs together with local activity growth related to Long Term Conditions. Efficiency savings schemes were implemented, which mitigated this overspend.
- The overspend in CHC related both to the impact of 2023/24 prices, which increased significantly above the level of NHS funding growth, and increased activity since the start of the year.
- Second Focus meetings with all 6 places were held in December to review recovery actions and de-risk financial positions. Year-end positions were agreed with each place. **As at month 12, all places delivered final year-end financial positions in line with their agreed targets.**
- In reporting this month 12 position, the ICB has **delivered all its financial duties**:
 - An overall **£46k surplus** against the RRL.
 - Underspending (**£3,910k**) against its management costs allocation;
 - Delivering all targets under the **Better Practice Payments code**;
 - Subject to the usual annual review, delivered its commitments under the **Mental Health Investment Standard** (over-delivery by **£818k**); and
 - Delivered the **year-end cash position (£1,999k)**, well within the target cash balance (£4,875k).

2. Key Financial Indicators

- The below table sets out the ICB’s performance against its key financial duties as at the end of 2023/24. As highlighted above in the Executive Summary, the ICB is reporting an overspend against plan of £16,827k which represents an overall **£46k surplus position against the revenue resource limit (RRL) excluding the historic surplus of £9,046k.**
- The table below shows the in-year allocations excluding the historic surplus figure.
- In reporting this month 12 position, **all financial duties have been achieved by the ICB for the financial year 2023/24.**

Key Indicator Performance	Year to Date		
	Target	Actual	
	£'000s	£'000s	
Expenditure not to exceed income	4,463,397	4,480,225	■
Operating Under Resource Revenue Limit	4,480,271	4,480,225	■
Not to exceed Running Cost Allowance	39,433	35,523	■
Month End Cash Position (expected to be below target)	4,875	1,999	■
Operating under Capital Resource Limit	n/a	n/a	■
95% of NHS creditor payments within 30 days	95.0%	99.9%	■
95% of non-NHS creditor payments within 30 days	95.0%	98.7%	■
Mental Health Investment Standard (Annual)	439,075	439,893	■

3. Budget Overview

M12 YTD								
	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCGs
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Year to Date Budget								
Acute Services	4,851	6,861	6,936	1,200	1,053	553	2,289,937	2,311,391
Community Health Services	20,331	83,710	35,708	25,540	24,703	32,651	241,474	464,117
Mental Health Services	10,443	14,385	9,142	21,503	7,016	7,589	497,796	567,874
Continuing Care Services	25,116	25,042	27,433	31,961	21,002	19,687	-	150,241
Prescribing	34,366	47,071	33,755	39,271	39,401	32,533	2,492	228,889
Other Primary Care Services	3,299	3,694	2,825	3,783	2,101	1,204	26,297	43,202
Other Programme Services	1,930	1,954	3,083	2,648	7,134	1,635	8,691	27,075
PROGRAMME WIDE PROJECTS	-	-	-	-	26	300	32,437	32,762
Delegated Primary Care Services	42,487	60,751	53,911	83,117	63,482	64,601	(1,975)	366,375
Delegated Primary Care Services DPO	-	-	-	-	-	-	208,189	208,189
Corporate Budgets	3,540	4,321	5,228	5,811	4,187	4,411	35,785	63,283
Total Year to Date Budget	146,361	247,789	178,021	214,833	170,104	165,165	3,341,124	4,463,397
Year to Date Actual								
Acute Services	4,670	6,885	6,824	211	852	78	2,290,001	2,309,522
Community Health Services	19,184	81,852	35,297	25,010	23,704	30,682	241,718	457,446
Mental Health Services	9,912	14,784	8,568	21,333	6,240	9,397	496,422	566,656
Continuing Care Services	26,051	25,664	27,857	32,743	24,640	18,854	-	155,810
Prescribing	37,542	50,557	38,214	42,002	43,332	35,677	2,182	249,505
Other Primary Care Services	2,904	3,516	2,327	3,735	1,930	1,155	24,297	39,864
Other Programme Services	49	54	161	261	(870)	213	38,992	38,861
PROGRAMME WIDE PROJECTS	-	-	-	-	26	216	28,772	29,014
Delegated Primary Care Services	42,490	60,668	53,840	83,379	63,855	64,923	(588)	368,567
Delegated Primary Care Services DPO	-	-	-	-	-	-	206,428	206,428
Corporate Budgets	2,712	3,881	4,932	4,787	4,120	3,883	34,238	58,553
Total Year to Date Actual	145,515	247,861	178,020	213,460	167,828	165,079	3,362,462	4,480,225
Year to Date Variance								
Acute Services	181	(24)	111	989	200	475	(64)	1,869
Community Health Services	1,147	1,858	412	530	1,000	1,969	(244)	6,671
Mental Health Services	531	(399)	574	170	776	(1,808)	1,373	1,217
Continuing Care Services	(935)	(622)	(425)	(782)	(3,638)	833	-	(5,569)
Prescribing	(3,176)	(3,486)	(4,458)	(2,731)	(3,931)	(3,145)	310	(20,616)
Other Primary Care Services	394	178	498	48	171	49	2,001	3,338
Other Programme Services	1,881	1,900	2,921	2,387	8,004	1,422	(30,301)	(11,786)
PROGRAMME WIDE PROJECTS	-	-	-	-	-	84	3,665	3,749
Delegated Primary Care Services	(4)	83	72	(262)	(373)	(321)	(1,386)	(2,192)
Delegated Primary Care Services DPO	-	-	-	-	-	-	1,761	1,761
Corporate Budgets	828	440	295	1,024	67	528	1,547	4,730
Total Year to Date Variance	846	(71)	1	1,373	2,276	86	(21,308)	(16,827)

- At month 12, the ICB is reporting an overspend against plan of £16,827k and a **£46k surplus against the RRL**. This position reflects prescribing and continuing care overspends, with offsetting underspends in other budgets.
- The ICB is reporting a **£20,616k overspend** against its **prescribing position**. This is based on ten months actual data. Savings schemes have mitigated the growth, but there continued to be pressures, the impact of which was differential across boroughs. This is detailed in the next slide.
- Overall Mental Health budgets were underspent by **£1,217k** at year-end. The main area of financial pressure was in cost per case activity, where the overspending was differential across boroughs - with Bromley and Southwark being the most impacted.
- The final, overall **continuing care** financial position was **£5,569k overspent**. Underlying pressures were variable across the boroughs with only Southwark showing an underspend. The overspend in CHC related both to the impact of 2023/24 prices, which increased significantly above the level of NHS funding growth, and increased activity since the start of the year.
- The corporate budgets are showing an underspend of **£4,730k**, further details of which can be found on page 7. Specifically, the ICB was underspent against its management costs allocation by **£3,910k**.
- Second Focus meetings with all six boroughs were held in December to review recovery actions and de-risk financial positions. Year-end positions were agreed with each borough. **As at month 12, all boroughs delivered final year-end financial positions in line with their agreed targets.**

4. Prescribing – Overview

- The prescribing budget represented the largest financial risk facing the ICB. The month 12 prescribing position was based upon M10 2023/24 data as the information is provided two months in arrears. **This month, the rate of overspend reduced as the savings programme continued to impact.** The ICB is reporting a PPA prescribing position of a **£21,454k overspend**. This is after 12 months of the borough 1% Risk Reserve and £3,500k Prescribing Reserve have been reflected into the position. In addition, the non PPA budgets were underspent by **£838k** giving an **overall year-end overspend of £20,616k**.

M12 Prescribing	Total PMD (Excluding Cat M & NCSO)	Cat M & NCSO	Central Drugs Flu Income	PY (Benefit)/Cost Pressure	QIPP Savings	Difference between PMD & IPP Report	Total PPA YTD Spend	YTD PPA Budget (Includes 1% Risk Reserve budget)	YTD Variance - (over)/under	Annual Budget (Includes Flu Income & 1% Risk Reserve)	FOT Actual	FOT Variance - (over)/under	
BEXLEY	35,777,224	1,004,108	1,213,784	(447,332)	(34,988)	0	123,696	37,636,492	34,319,141	(3,317,352)	37,636,492	37,636,492	(3,317,352)
BROMLEY	48,368,381	1,216,386	1,636,297	(714,230)	(23,718)	0	166,572	50,649,689	47,121,897	(3,527,792)	50,649,689	50,649,689	(3,527,792)
GREENWICH	35,932,936	1,186,808	1,224,952	(334,147)	(79,790)	0	123,350	38,054,108	33,600,653	(4,453,455)	38,054,108	38,054,108	(4,453,455)
LAMBETH	40,127,212	1,104,511	1,360,647	(443,910)	(116,496)	0	138,464	42,170,429	39,353,371	(2,817,058)	42,170,429	42,170,429	(2,817,058)
LEWISHAM	40,409,630	1,224,536	1,373,927	(242,395)	(42,378)	0	138,385	42,861,705	38,926,856	(3,934,849)	42,861,705	42,861,705	(3,934,849)
SOUTHWARK	33,615,185	993,325	1,142,081	(230,369)	(122,341)	0	115,303	35,513,183	32,109,399	(3,403,784)	35,513,183	35,513,183	(3,403,784)
SOUTH EAST LONDON	0	-	0	0	0	0	-	0	-	0	-	0	0
Grand Total	234,230,569	6,729,675	7,951,688	(2,412,384)	(419,711)	0	805,770	246,885,607	225,431,316	(21,454,291)	246,885,607	246,885,607	(21,454,291)

- The table above shows that of the overspend, approximately **£6,730k** is related to Cat M and NCSO (no cheaper stock) pressures. An additional **£14,724k** related to a local growth in prescribing.
- The growth has been identified as partly relating to NICE recommendations for new and existing drugs, which are mandatory for the NHS. Specifically, key elements of the growth relate to hormone replacement therapy, medicines for attention deficit hyperactivity disorder, melatonin (sleep disorder), antibiotics, catheters, wound care, and promethazine.
- The financial position is differential per borough and is in part determined by local demographics and prescribing patterns.
- A joint finance and medicines optimisation meeting took place on 27 June to discuss these matters in greater detail, where mitigating actions (including the identification of additional savings areas) were agreed for in-year implementation. Overall, prescribing savings of circa **£8.0m** have been delivered, which has mitigated the above overspend.

5. NHS Continuing Healthcare – Overview

Overview:

- The Continuing Care (CHC) budgets were built from the 2022/23 budgets with uplifts made to fund price inflation (1.8%), activity growth (3.26%) and ICB allocation convergence adjustments (-0.7%).
- The overall CHC financial position as at month 12 **is an overspend of £5,569k, which is an adverse movement in-month of circa £350k compared to the forecast outturn reported at month 11.** This was largely due to expenditure on CHC retrospective clients plus movements related to increased activity and cost. Except for Southwark, all boroughs are reporting overspend positions at the year end. Generally, boroughs are overspending on Fully Funded, Palliative, Joint Funded and Funded Nursing Care (FNC) care settings. The borough teams have fully identified and implemented savings plans (**circa £9.0m**) and throughout the year have worked collaboratively to identify replacement savings for any slippage. This should generate a positive impact upon run-rate for the new financial year. All boroughs actively participated in the CHC Summits and Task and Finish Groups which looked at high-cost clients including 1:1 care, transition arrangements and communications with clients and their relatives with regards to managing care expectations. The 1% risk reserve has been released into borough financial positions to partially mitigate the overspend.
- An additional piece of work which was requested by the Place Executives (PELs) has been completed which has highlighted specific areas where there are borough variations – including enhanced care, respective costs of CHC teams and CHC performance. This work was completed with input from central finance, CHC teams and the Nursing and Quality Directorate. This work was shared with Place Executive Leads, with each borough taking this work forward, specifically where their borough is an outlier.
- The ICB has had a panel in place to review price increase requests above 1.8%, to both ensure equity across SE London and to mitigate large increases in cost. This process was concluded for 2023/24, with providers having reached an agreement with ICB regarding uplifts. However, we are now receiving uplift requests for 2024/25 and a similar process will be put in place for agreeing these.

6. Corporate Costs – Programme and Running Costs

- The table below shows the year-end position on corporate pay and non-pay costs. As at month 12, there was a combined underspend of **£4,730k**, which consists of an **£820k** underspend on programme costs and an underspend of **£3,910k** on administrative costs which is a direct charge against the ICB's **running cost allowance (RCA)**. Vacant posts are the key driver for the underspend. The RCA is **£39,433k** for the year, with no movement in month. The current run-rate will be beneficial in respect of the required reductions (30%) that need to be delivered over the next two financial years.

SOUTH EAST LONDON ICB TOTAL			
Cost Centre Description	YTD Budget £000s	YTD Actual £000s	YTD Variance £000s
PROGRAMME			
ACUTE SERVICES B	0	66	(66)
MENTAL HEALTH SERVICES E	0	216	(216)
NON MHS MENTAL HEALTH SERVICES B	446	1,614	(1,169)
COMMUNITY SERVICES E	0	105	(105)
REABLEMENT	0	72	(72)
CONTINUING HEALTHCARE ASSESSMENT & SUPPORT	3,637	2,870	768
MEDICINES MANAGEMENT - CLINICAL	4,522	3,803	718
PRIMARY CARE PROGRAMME ADMINISTRATIVE COSTS	4,623	3,492	1,131
PRIMARY CARE TRANSFORMATION	0	15	(15)
SAFEGUARDING	3,058	2,903	155
NURSING AND QUALITY PROGRAMME	2,548	2,054	494
CLINICAL LEADS	5,093	4,377	716
PROGRAMME WIDE PROJECTS	(952)	917	(1,868)
PROGRAMME ADMINISTRATIVE COSTS	875	526	349
PROGRAMME TOTAL	23,850	23,029	820
ADMIN			
ADMINISTRATION & BUSINESS SUPPORT	854	358	496
ASSURANCE	525	508	16
BUSINESS DEVELOPMENT	471	743	(272)
BUSINESS INFORMATICS	3,712	3,208	503
CEO/ BOARD OFFICE	0	25	(25)
CHAIR AND NON EXECs	269	242	26
PRIMARY CARE SUPPORT	982	1,047	(65)
COMMISSIONING	6,620	5,602	1,018
COMMUNICATIONS & PR	1,863	1,910	(47)
COMPLAINTS	0	3	(3)
CONTRACT MANAGEMENT	1,015	771	245
CORPORATE COSTS & SERVICES	1,828	1,679	149
CORPORATE GOVERNANCE	5,341	4,657	684
EMERGENCY PLANNING	546	421	125
ESTATES AND FACILITIES	2,921	2,872	48
FINANCE	(435)	(943)	508
IM&T	1,265	999	265
IM&T PROJECTS	1,021	1,021	0
OPERATIONS MANAGEMENT	517	523	(5)
PERFORMANCE	825	729	96
STRATEGY & DEVELOPMENT	6,972	5,278	1,694
ADMIN PROJECTS	(1,902)	(359)	(1,544)
SERVICE PLANNING & REFORM	127	114	13
EXECUTIVE MANAGEMENT TEAM	1,840	1,857	(17)
CORPORATE - FINANCE	2,259	2,259	0
ADMIN TOTAL	39,433	35,523	3,910
CORPORATE TOTAL	63,283	58,552	4,730

7. Cash Position

- The ICB’s cash limit as at month 12 was **£4,447,464k**, the reduction in-month (**£445,785k**) mainly due planned adjustments to the cash allocation for specialised commissioning.
- As at month 12, the ICB had drawn down 99.9% of the available cash compared to the budget cash figure of 100%. The ICB under drew cash by **£3,069k** which was mainly due to late receipt of allocations plus the allowance of some flexibility for the top sliced elements such as prescribing, dental, and community pharmacy. A supplementary cash drawdown was used in March so that final allocations could be paid to providers and to ensure the maximum cash utilisation.
- The cash key performance indicator (KPI) was achieved in each month during the year, showing continued successful management of the cash position by the ICB’s Finance team. The actual cash balance at the end of Month 12 was **£1,999k**, well within the target set by NHSE (**£4,875k**).
- ICBs are expected to pay 95% of all creditors within 30 days of the receipt of invoices. The ICB had met the BPPC targets in full both each month and cumulatively at the end of the financial year.

ICB	2023/24	2023/24	2023/24
Annual Cash Drawdown Requirement for	AP12 - MAR 24	AP11 - FEB 24	Month on month movement
	£000s	£000s	£000s
ICB ACDR	4,447,464	4,893,249	(445,785)
Capital allocation	0	0	0
Less:			
Cash drawn down	(4,533,800)	(4,100,000)	(433,800)
Prescription Pricing	(269,476)	(245,745)	(23,731)
HOT	(2,427)	(2,262)	(165)
POD	(87,233)	(79,312)	(7,921)
22/23 Pay Award	(1,733)	(1,733)	0
PCSE POD charges	452,532	(2,043)	454,575
Pension Uplift	(2,259)	(2,259)	0
Remaining Cash limit	3,069	462,155	(456,827)

Cash Drawdown	Monthly Main Draw down £000s	Supplementary Draw down £000s	Cumulative Draw down £000s	Proportion of ICB ACDR %	KPI - 1.25% or less of main drawdown £000s	Month end bank balance £000s	Percentage of cash balance to main draw
Apr-23	310,000	15,000	325,000	9.30%	3,875	3,250	1.05%
May-23	310,000	0	635,000	18.20%	3,875	3,423	1.10%
Jun-23	317,000	0	952,000	22.50%	3,963	2,955	0.93%
Jul-23	360,000	0	1,312,000	30.50%	4,500	817	0.23%
Aug-23	385,000	0	1,697,000	39.20%	4,813	1,771	0.46%
Sep-23	396,000	0	2,093,000	48.30%	4,950	2,052	0.52%
Oct-23	367,000	15,000	2,475,000	62.30%	4,588	3,561	0.97%
Nov-23	390,000	0	2,865,000	64.20%	4,875	470	0.12%
Dec-23	370,000	15,000	3,250,000	72.70%	4,625	927	0.25%
Jan-24	455,000	0	3,705,000	82.60%	5,688	358	0.08%
Feb-24	395,000	0	4,100,000	90.60%	4,938	582	0.15%
Mar-24	390,000	43,800	4,533,800	99.90%	4,875	1,999	0.51%
	4,445,000	88,800					

8. Summary MHIS Position – Month 12 (March) 2023/24

Mental Health Spend By Category	Category Number	Total Mental Health Plan 31/03/2024 Year Ending £'000	Mental Health - NHS Outturn 31/03/2024 Year Ending £'000	Mental Health - Non-NHS Outturn 31/03/2024 Year Ending £'000	Total Mental Health Outturn 31/03/2024 Year Ending £'000	Total Mental Health Outturn 31/03/2024 Year Ending £'000
Children & Young People's Mental Health (excluding LD)	1	41,002	36,251	4,091	40,342	660
Children & Young People's Eating Disorders	2	2,726	2,732	0	2,732	(6)
Perinatal Mental Health (Community)	3	9,285	9,304	0	9,304	(19)
Improved access to psychological therapies (adult and older adult)	4	34,993	28,232	6,547	34,779	214
A and E and Ward Liaison mental health services (adult and older adult)	5	18,139	18,176	0	18,176	(37)
Early intervention in psychosis 'EIP' team (14 - 65yrs)	6	12,478	12,503	0	12,503	(25)
Adult community-based mental health crisis care (adult and older adult)	7	32,673	32,402	336	32,738	(65)
Ambulance response services	8	1,146	1,148	0	1,148	(2)
Community A – community services that are not bed-based / not placements	9a	119,100	105,886	11,259	117,145	1,955
Community B – supported housing services that fit in the community model, that are not delivered in hospitals	9b	22,839	15,080	9,805	24,885	(2,046)
Mental Health Placements in Hospitals	20	5,548	3,340	1,295	4,635	913
Mental Health Act	10	6,567	0	6,600	6,600	(33)
SMI Physical health checks	11	890	670	110	780	110
Suicide Prevention	12	0	0	0	0	0
Local NHS commissioned acute mental health and rehabilitation inpatient services (adult and older adult)	13	112,743	113,683	0	113,683	(940)
Adult and older adult acute mental health out of area placements	14	8,811	8,225	1,206	9,431	(620)
Sub-total MHIS (exc. CHC, prescribing, LD & dementia)		428,941	387,632	41,249	428,881	60
Mental health prescribing	16	9,585	0	10,670	10,670	(1,085)
Mental health in continuing care (CHC)	17	549	0	342	342	207
Sub-total - MHIS (inc CHC, Prescribing)		439,075	387,632	52,261	439,893	(818)
Learning Disability	18a	11,525	1,839	668	12,774	(1,249)
Autism	18b	2,594	7,983	43,863	2,507	87
Learning Disability & Autism - not separately identified	18c	50,112			51,846	(1,734)
Sub-total - LD&A (not included in MHIS)		64,231	21,347	45,780	67,127	(2,896)
Dementia	19	14,671	12,691	1,704	14,395	276
Sub-total - Dementia (not included in MHIS)		14,671	12,691	1,704	14,395	276
Total - Mental Health Services		517,977	421,670	99,745	521,415	(3,438)

Summary

- SEL ICB is required to deliver the Mental Health Investment Standard (MHIS) by increasing spend over 22/23 outturn by a **minimum of the growth uplift of 9.22%**. This spend is subject to annual independent review.
- MHIS excludes:
 - spending on LDA and Dementia (Non eligible).
 - out of scope areas such as ADHD and physical health spend within CHC/S117 placements
 - spend on SDF and other non-recurrent allocations
- The ICB is reporting that it will deliver the target value of **£439,075k** with a forecast of **£439,893** (£818k, 0.19% over delivery). This over-delivery is attributable to increased prescribing spend resulting from price increases over the 2023/24 plan, and additional spend on inpatient and mental health cost per case placements.
- There continue to be pressures on areas such as S117 placements. Mitigations include improving joint funding panel arrangements and developing new pathways.
- ADHD is excluded from this reported position, however there is significant independent sector spend with a forecast outturn of £2m compared to the 22/23 outturn position of £1.6m. ADHD along with ASD waits for adults and CYP are a key priority for 2024/25.

Appendix B
SEL ICS Finance Highlights
Month 11 2023/24

This presentation summarises the draft month 12 financial position for SEL ICS. The results are draft and subject to finalisation of preparation of annual accounts and external audit.

Revenue

- At month 12, SEL ICS (whole system) is reporting a **system deficit of £77.5m; £77.5m adverse to the planned break-even position.**
- The position has been achieved with the use of significant non recurrent flexibilities (c. £128m).
- Key drivers to the deficit include the under-delivery of planned efficiencies, the impact of higher than planned levels of inflation, the net impact of industrial action and unplanned costs of using the independent sector, driven by significant operational demand in acute non-elective and mental health pathways.

	Full Year Surplus / (Deficit)		
	Plan	Outturn	Variance
	£m	£m	£m
South East London ICB	16.9	0.0	(16.8)
Providers	(16.9)	(77.5)	(60.6)
ICS Total	0.0	(77.5)	(77.5)

Capital

- For 2023/24 the system's **spend against its system capital allocation (inc. IFRS 16 uplift) is £265.1m**, £1.6m higher than the total allocation of £263.5m.
- This is due to approval, in month 12, from NHS England for SEL to charge £1.6m against under-utilised CDEL allocated to other ICBs.

M12 Interim - I&E Summary

The table (above right) shows the draft M12 out-turn and variance from plan for each SEL organisation. Of the £77.5m system deficit:

- ICB is breakeven
- Providers are £77.4m deficit in aggregate.

All SEL trusts have delivered to the M11 yearend forecasts with adjustments approved by NHS England.

The table (below right) shows the ICB net expenditure by key service heading.

Organisation	Surplus / (Deficit) - Adjusted Financial Position		
	Plan	Actual	Variance
	Year Ending £000	Year Ending £000	Year Ending £000
South East London ICB	16,873	46	(16,827)
Guy'S And St Thomas' NHS Foundation Trust	(0)	1,906	1,906
King'S College Hospital NHS Foundation Trust	(17,478)	(78,732)	(61,254)
Lewisham And Greenwich NHS Trust	403	(5,276)	(5,679)
Oxleas NHS Foundation Trust	162	3,852	3,690
South London And Maudsley NHS Foundation Trust	45	752	707
ICS Total	5	(77,452)	(77,457)

	Year Ending £m	Year Ending £m	Year Ending £m	Year Ending %
System Revenue Resource Limit	(4,480.3)			
ICB Net Expenditure				
Acute Services	2,311.4	2,309.6	1.8	0.1%
Mental Health Services	568.3	568.5	(0.2)	(0.0%)
Community Health Services	464.1	457.6	6.5	1.4%
Continuing Care Services	153.9	158.7	(4.8)	(3.1%)
Primary Care Services	281.2	298.6	(17.3)	(6.2%)
<i>Memo: Prescribing</i>	227.6	247.9	(20.2)	(8.9%)
Other Commissioned Services	31.7	30.4	1.4	4.3%
Other Programme Services	39.3	40.8	(1.4)	(3.7%)
Reserves / Contingencies	(0.6)	5.6	(6.2)	1002.1%
Delegated Primary Care Commissioning	574.6	575.0	(0.4)	(0.1%)
ICB Running Costs	39.4	35.5	3.9	9.9%
Total ICB Net Expenditure	4,463.4	4,480.2	(16.8)	(0.4%)

M12 – Interim Charge Against System Capital Allocation

- The ICB received a system capital allocation, including the IFRS 16 uplift, of £263.5m.
- In M12 NHS England approved an additional charge against CDEL of £1.6m for SEL ICS. This was due to an undershoot in another ICB. As this was too late for NHS England to adjust SEL ICB's capital allocation SEL ICS was permitted to overshoot its capital allocation by 1.6m.
- In effect, this means that SEL ICB has managed within its system capital allocation.
- NB – These tables represent charges against system capital allocation only, i.e. exclude PDC CDEL.

System - Charge against allocation								
	Plan	Actual	Variance		Plan	Outturn	Variance	
	YTD	YTD	YTD		Year Ending	Year Ending	Year Ending	
	£'000	£'000	£'000	%	£'000	£'000	£'000	%
System charge against allocation	278,073	268,829	9,244	3.3%	278,073	268,829	9,244	3.3%
Capital allocation						267,497		
Variance to allocation						(1,332)		
Allocation met						No		

ICB - Charge against allocation								
	Plan	Actual	Variance		Plan	Outturn	Variance	
	YTD	YTD	YTD		Year Ending	Year Ending	Year Ending	
	£'000	£'000	£'000	%	£'000	£'000	£'000	%
South East London ICB	3,697	3,697	-	0.0%	3,697	3,697	-	0.0%
Capital allocation						3,976		
Variance to allocation						279		
Allocation met						Yes		

Provider - Charge against allocation								
	Plan	Actual	Variance		Plan	Outturn	Variance	
	YTD	YTD	YTD		Year Ending	Year Ending	Year Ending	
	£'000	£'000	£'000	%	£'000	£'000	£'000	%
Guy'S And St Thomas' NHS Foundation Trust	152,805	133,361	19,444	12.7%	152,805	133,361	19,444	12.7%
King'S College Hospital NHS Foundation Trust	45,237	57,231	(11,994)	(26.5%)	45,237	57,231	(11,994)	(26.5%)
Lewisham And Greenwich NHS Trust	36,534	37,890	(1,356)	(3.7%)	36,534	37,890	(1,356)	(3.7%)
Oxleas NHS Foundation Trust	16,078	7,862	8,216	51.1%	16,078	7,862	8,216	51.1%
South London And Maudsley NHS Foundation Trust	23,722	28,788	(5,066)	(21.4%)	23,722	28,788	(5,066)	(21.4%)
Total Provider charge against allocation	274,376	265,132	9,244	3.4%	274,376	265,132	9,244	3.4%
Capital allocation						263,521		
Variance to allocation						(1,611)		
Allocation met						No		

Bexley Wellbeing Partnership Committee

Thursday 23rd May 2024

Item: 7

Enclosure: E(ii)

Title:	Bexley Place Budget 2024/25
Author:	Opeyemi Adetokunbo-Aina, Associate Director of Finance (Bexley), NHS South East London Integrated Care Board
Executive Lead:	Diana Braithwaite, Place Executive Lead (Bexley), NHS South East London Integrated Care Board

Purpose of paper:	This paper is to provide an update on the 2024/25 ICB delegated budget and efficiency target for Bexley Place.	Update / Information	
		Discussion	X
		Decision	

Summary of main points:	<p>The report sets out the 2024/25 delegated budget for the Place, a starting total of £146m and the requirement to deliver efficiency target of 4%.</p> <p>2024/25 Budget</p> <p>The budget was determined based on the recurrent budgets from 2023/24 of £137.7m and the following adjustments:</p> <ul style="list-style-type: none"> • £4.49m pre-growth baseline adjustments, primarily within Prescribing and Continuing Care Services (CHC), to address underlying cost pressures. • As per NHS England planning guidance and South East London Integrated Care Board (SEL ICB) allocation, a net tariff uplift of 0.8% was included, amounting to £951k. This incorporates the tariff efficiencies of 1.1%, £961k reduction. Whilst our uplift starting position is as per the net tariff uplift, it is recognised that there will be exceptions, these will be negotiated and controlled within budgets. • Growth funding of £3.77m was allocated based on planning guidance rates applicable to different ICB reporting areas. • Convergence was applied at -1.09%, resulting in a reduction of £1.155m. <p>Efficiency Target</p> <p>4.0% minimum efficiency savings on controllable budgets is required for 2024/25 financial year. The Place target is £3.3m, to be achieved as follows:</p> <ul style="list-style-type: none"> • 1.1% embedded within tariff/inflation uplifts, £961k budget reduction at planning with expected run rate reduction. • Savings/efficiencies to offset the convergence adjustment, £953k budget reduction at planning with expected run rate reduction. • Cash releasing efficiencies and improved productivity – £1.56m identified at Place. <p>The total amount of £1.56m reflects a marginal additional provision of £141k, 4.2% above plan. This is strategically in place to mitigate potential risks within the</p>
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	<p>efficiency plans. The Place will continue to explore more efficiency opportunities as a provision to delivering a balanced budget.</p> <p>Further details on the Place 2024/25 budget and efficiency target are included in Appendices to the report.</p>	
Potential Conflicts of Interest	None arising as a direct result of this paper.	
Other Engagement	Equality Impact	None, all Bexley residents have the same levels of access to healthcare.
	Financial Impact	The delivery of the efficiency target will impact delivery of a balanced budget for the financial year.
	Public Engagement	The budget monitoring and efficiency delivery is reported to public borough-based board meetings and also the position is reported by SE London ICB at the public Governing Body Meetings.
	Other Committee Discussion/ Engagement	The budget and efficiency target are discussed at SE London level at the Planning and Delivery Group, locally, it has been discussed at Bexley SMT and the LCP Executive.
Recommendation:	<p>The Bexley Wellbeing Partnership Committee is asked to:</p> <ol style="list-style-type: none"> 1. DISCUSS & NOTE the 2024/25 Budget and efficiency target for Bexley Place. 	

Bexley Wellbeing Partnership Committee

2024/25 Place Budget & Efficiency Target

Thursday 23rd May 2024

V1.0

Agenda Item: 7

Enclosure: E(iii)

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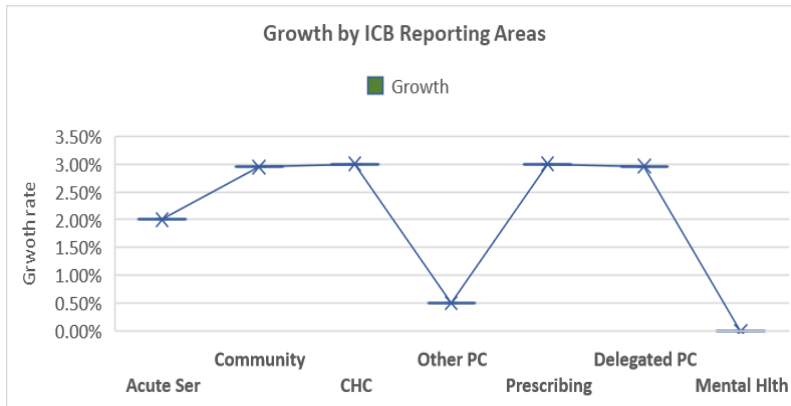
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Bexley	Opening Baseline	Pre-growth baseline adjustments	24/25 Baseline pre-growth	Tariff	Growth	Convergence/Savings requirement	Cost pressures & Investments	Other	24/25 Core budgets	Non-recurrent budgets	Total 24/25 Final budget
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Other Acute Services	4,851	-	4,851	39	97	(53)	-	(63)	4,871	-	4,871
Other Community Health Services	18,381	-	18,381	147	541	(200)	-	518	19,388	-	19,388
Mental Health Services	9,171	-	9,171	73	-	-	-	-	9,245	-	9,245
Continuing Care Services	25,115	1,456	26,571	137	816	(296)	-	(1,089)	26,139	-	26,139
Prescribing	33,835	2,444	36,279	182	1,088	(395)	-	-	37,154	-	37,154
Other Primary Care Services	2,778	-	2,778	31	19	(42)	-	(99)	2,687	-	2,687
Other Programme Services	57	-	57	15	-	-	-	1,276	1,348	-	1,348
Delegated Primary Care Services	40,194	591	40,785	326	1,208	(169)	-	(22)	42,127	-	42,127
Corporate Budgets	3,341	-	3,341	-	-	-	-	(281)	3,060	-	3,060
Total	137,723	4,491	142,214	951	3,770	(1,155)	-	240	146,019	-	146,019

The Place starting budget for the 2024/25 financial year is £146m. This has been approved noting the reduction on the additional discharged funding of £319k and the impact of this on patient out of hospital and out of hospital capacity.

The figure was determined based on the recurrent budgets from 2023/24 as baseline and the following adjustments:

- £4.49m pre-growth baseline adjustments, primarily within Prescribing and Continuing Care Services (CHC), to address underlying pressures.
- As per NHS England planning guidance and South East London Integrated Care Board (SEL ICB) allocation, a net tariff uplift of 0.8% was included, amounting to £951k. This incorporates the tariff efficiencies of 1.1%, £961k reduction. Whilst our uplift starting position is as per the tariff uplift – it is recognised that there will be exceptions, these will be negotiated and controlled within budgets.
- Growth funding of £3.77m was allocated based on planning guidance rates applicable to different ICB reporting areas, as illustrated in the accompanying graph.
- Convergence was applied at -1.09%, resulting in a reduction of £1.155m.



The "Other" category, includes various adjustments; realignments of budgets, a 5.66% growth in BCF adult social care (ASC), the remaining management cost reduction (MCR) adjustments in the corporate budget, and notably, the creation of a £1m investment.

The purpose of this investment is to further control spend and establish a reserve to address unforeseen cost pressures that may arise during the financial year.

Efficiency Plan

	2024/25 Efficiency Plan					
	Annual Requirement	Embedded Efficiency	Embedded Convergence Adjustment	Place Identified Savings Plan	Total Identified	Difference
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Acute Services	190	53	53	70	177	(13)
Community Health Services	696	202	200	232	635	(61)
Mental Health Services	-	-	-	-	-	-
Continuing Care Services	995	276	274	410	960	(35)
Prescribing	1,340	399	395	846	1,640	300
Other Primary Care Services	111	31	30	-	61	(50)
Other Programme Services	-	-	-	-	-	-
Delegated Primary Care Services	-	-	-	-	-	-
Corporate Budgets	-	-	-	-	-	-
Total	3,332	961	953	1,558	3,472	141

- 4.0% minimum efficiency savings on controllable budgets is required for 2024/25 financial year. The Place target is £3.3m as set out in the table above. This is to be achieved as follows:
- 1.1% embedded within tariff/ inflation uplifts, £961k budget reduction at planning with expected run rate reduction and monthly budget monitoring to provide assurance.
- Savings/efficiencies to offset the convergence adjustment, £953k budget reduction at planning with expected run rate reduction and monthly budget monitoring to provide assurance.
- Cash releasing efficiencies and improved productivity – £1.56m identified at Place:
 - **Prescribing; £846k as part of SEL wide medicine management efficiency plan and set out in Appendix A**
 - **Continuing Health Care £410k as detailed in Appendix B**
 - **Community Health Services: £232k on contract efficiencies**
 - **Acute Services: £70k on patient transport pathway transformation**

The total amount of £1.56m reflects a marginal additional provision of £141k, 4.2% above plan. This is strategically in place to mitigate potential risks within the efficiency plans. The Place will continue to explore more efficiency opportunities as a provision to delivering a balanced budget.

ICB Reporting Area	Scheme name	Savings Plan £'000	Risk Assessment	Total £'000
Prescribing	SelfCare	5	High risk	846
	Low Priority Prescribing	1	Medium risk	
	Nutritional Products	37	Medium risk	
	Specials Products	39	Medium risk	
	Glucose testing	75	Low risk	
	Generic Prescribing	392	Low risk	
	Specific Grey list products	10	Low risk	
	Optimise Rx	287	High risk	
CHC	CHC Reviews	390	Medium risk	410
	Audit of PHBs	20	Medium risk	
Community Services	Pulmonary Rehab Contract	132	Low risk	232
	Anticoagulation contract	100	Low risk	
Other Acute Services	Patient Transport pathway transformation	70	Low risk	70
Total Bexley Place Efficiency Plan				1,558

Considering the existing tariff efficiency and convergency savings, along with the directive for Place to align with these targets, the details of £1.56 million identified in Place efficiency is outlined in Table 5 above.

We have conducted a risk assessment to assess the feasibility of delivery. Although fewer than 20% of the schemes are deemed high risk and 30% as medium risk, all initiatives will be closely monitored throughout the financial year to ensure they are fully implemented.

Appendix: A Prescribing Efficiency Plan

Executive Lead:		Diana Braithwaite	SRO:	Graham Tanner			Budget Holder:	Taher Esfandiari
No	High- Level Savings Areas	Description		Monitoring Data Source	RAG	Forecast Cash Releasing Savings £	Risk Factor / Achievement dependant	
1	Self-Care: <ul style="list-style-type: none"> Mild/Moderate Hay fever, Vits/Minerals 	<ul style="list-style-type: none"> Promethazine cost pressure ongoing Addressed through self-care agenda to manage new areas. 		Presqipp Scorecard		4,676	Timely implementation of all required actions: <ul style="list-style-type: none"> Staffing resource/capacity both Primary Care and MOT Influence of external factors i.e. COVID variants, economic factors (cost of living crisis), CATM/NCSO. 	
2	Low Priority Prescribing	Savings based on missed opportunity: It is the difference in cost per ASTRO-PU between SEL average and borough achievement multiplied by the different in ASTRO-PU needed to reach either target or 100%. Progress towards target will see a monthly reduction in lost opportunity.		BI HI Dashboard		1,357	<ul style="list-style-type: none"> Primary Care and Public engagement. Timely implementation of all required actions Staffing resource/capacity both Primary Care and MOT Influence of external factors i.e. COVID variants, economic factors. 	
3	Specific Grey list products	These products include Combodart/Vesomni/Methotrexate 10mg/Avodart		BI RAGG Dashboard		10,228	<ul style="list-style-type: none"> May require specialist input if started in secondary care Requires targeted input from MO team members. 	
4	Specials Products	Managed through collaborative working between practices and the SEL Specials Team.		BI HI Dashboard		39,091	<ul style="list-style-type: none"> Primary Care engagement Timely implementation of all required actions SEL Specials team capacity to review patients Patient amenability to prescription amendments. 	
5	Nutritional Products: <ul style="list-style-type: none"> Oral Nutritional Supplements Cow's Milk Protein Allergy 	Managed through collaborative working between practices and the SEL Prescribing Support Dietitians (figure provided by PSDs)		BI HI Dashboard		36,892	<ul style="list-style-type: none"> Primary Care engagement Timely implementation of all required actions SEL PSD team capacity to review patients Patient amenability to prescription amendments. 	
6	Glucose testing : <ul style="list-style-type: none"> SMBG costing >£9/50, Lancets Ketones, Pen Needles >£9/50, Over Prescribing / Reduction due to CGM. 	<ul style="list-style-type: none"> Facilitated through new NHSE guidance on promoting the cost-effective use of appliances in primary care Anticipated reduction in diabetes related prescribing through utilisation of continuous glucose monitoring (CGM) . 		BI HI Dashboard		74,706	<ul style="list-style-type: none"> Primary Care and Public engagement. Timely implementation of all required actions Staffing resource/capacity both Primary Care and MOT Influence of external factors i.e. COVID variants, economic factors. 	
7	Optimise Rx	Managed through Optimise Rx mini team and Bexley rep in that group.		Optimise Rx Summary Report		286,797	Dependent on practice engagement and attainment	
8	Generic Prescribing	<ul style="list-style-type: none"> Managed through, Optimise Rx, practice visits/EMIS searches/newsletter. Patent expiration resulting in a reduction in the cost of this product. 		ePACT		392,004	<ul style="list-style-type: none"> Dependent on practice engagement and attainment Savings will be dependent on practice usage. 	

Appendix B: Continuing Healthcare Efficiency Plan

Executive Lead:		Diana Braithwaite	SRO:	Alison Rogers	Budget Holder:		Caroline Shirley
No.	High- Level Savings Areas	Description			RAG	Forecast Cash Releasing Savings £	Risk Factor /Achievement dependant
1	CHC Reviews	<ul style="list-style-type: none"> In March 2024, Bexley made up 4% of the SEL overdue fast track reviews and less than 4% of the SEL overdue standard CHC reviews, compared to an SEL average of 31%. This minimises the financial risk of funding service users who are no longer eligible for NHS CHC, reduces clinical risk and checks the quality of care being provided. In the last financial year Bexley’s CHC team completed CHC reviews which resulted in 25 service users no longer eligible for NHS CHC. The associated part year savings was £592k. These savings continues into subsequent financial years. The cost avoided amounts to £27k per week , estimated to £1.4m full year effect. To date in the 24/25 financial year, 3 service users have been assessed as no longer eligible for NHS CHC, with a cash releasing savings of £88k. Additional 4 CHC services users being assessed have been identified as possible no longer eligible for NHS CHC. This will release additional savings of £302k. 				390,000	Some reviews result in increased care package costs, and it also increases the number of complaints/appeals. For example, in the 23-24 financial year 43% of Bexley’s local resolution requests were related to CHC reviews where eligibility was withdrawn.
2	Audit of Personal Health Budgets (PHBs)	<ul style="list-style-type: none"> Last financial year this resulted in £260k being returned to Bexley’s CHC budget. In June 2024, Vibrance who manages the 3rd party PHB accounts will be contacted to request statement of accounts. This information will be used to determine whether there are any accounts with significant underspends that can be returned to Bexley’s CHC budget. 				20,000	Difficult to quantify the value that can be refundable until the audit is concluded. A conservative estimate of £20k has been included in the efficiency plan.

Bexley Wellbeing Partnership Committee

Thursday 23rd May 2024

Item: 8

Enclosure: F

Title:	Place Risk Register
Author/Lead:	Rianna Palanisamy, Borough Governance Lead (Bexley), NHS South East London Integrated Care Board
Executive Sponsor:	Diana Braithwaite Place Executive Lead (Bexley), NHS South East London Integrated Care Board/London Borough of Bexley

Purpose of paper:	To update the committee on the current risks on the Bexley place risk register and actions to mitigate those risks in the context of the boroughs risk appetite.	Update / Information	X
		Discussion	
		Decision	
Summary of main points:	<p>The Bexley Place risk register is currently reporting 5 open risks specifically relating to borough activities.</p> <p>The risks principally arise due to three issues – risk of overspend against aspects of the borough delegated budgets resulting in failure to deliver within the financial control total for 2024/25, lack of capacity to support community and discharge demand and Primary care insecure lease arrangements.</p> <p>The risks are reviewed on a monthly basis by the borough Senior Management team. Where risks impact across several boroughs they are also recorded on the SEL-wide corporate risk register.</p> <p>Further detail, mitigating actions, and gaps in control measures that require further work to address, are detailed in the attached report and appendix.</p>		
Potential Conflicts of Interest	There are no conflicts of interest.		
Other Engagement	Equality Impact	None identified.	
	Financial Impact	The finance risks reported concern financial risks which may impact the ICBs ability to meet its statutory duties.	
	Public Engagement	These risks are highlighted in the regular report which is provided to the BWPC at their meetings held in public.	
	Other Committee Discussion/ Engagement	<p>Risks as a whole are considered at the ICBs risk forum, which meets monthly.</p> <p>The Board reviews the Board Assurance Framework at each meeting and is provided with an update on</p>	

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

Bexley Place Risks – Report to the Bexley Wellbeing Partnership Committee

Thursday 23rd May 2024

1. Introduction

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

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

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

2. Governance and risk management

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

Risk review is a four tier process comprising:

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

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

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

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

3. Bexley Place Risks

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

The committee is asked to note the following:

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

The underlying cause of these risks is:

- Concerns around achieving financial targets/ funding available.
- Capacity issues, either to meet demand within the borough or within the wider system.
- Insecure lease arrangements with a small number of practices within Bexley.

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

4. Proposed actions for the committee

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

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

Rianna Palanisamy

Borough Governance Lead, Bexley

NHS South East London ICB

15th May 2024

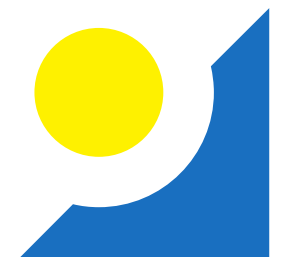
Bexley Risk Register @ 15.05.2024

Risk ID	Risk Description	Initial Rating	Control Summary	Current Rating	Assurance in Place	Gaps in Assurance	Target Rating
450	There is a risk that patients who are medically fit for discharge are unable to leave hospital. This can be caused by a combination of: internal hospital processes holding discharge up as well as pressure on community and social care services and a changing demographics of the borough. This could impact negatively on the ED and elective performance of our acute partners as well as the best outcomes for residents.	16	Commencement of winter planning earlier in the year. Programme impact monitoring to understand which programme are making a difference and therefore require business cases for long-term investment. Identification of key programmes requiring long-term funding to incorporate into planning rounds. Collaboration with system partners to identify opportunities for joint appointments / joint business cases to enable risk sharing	16	Programme monitoring within Home First programme ops group and boards, with escalation to Bexley Wellbeing Partnership as required.	Control over national guidance	9
503	A small number of practices within Bexley have insecure lease arrangements and/or unresolved issues with landlords that have the potential to lead to loss of premises within a relatively short time frame (6 months). There is the risk of a reactive and unplanned dispersal of those lists if appropriate premises cannot be secured and/or alternative arrangements (e.g. co-location or merger) cannot be agreed.	16	Regular liaison with the Lead Partner(s), ICB Estates Team and LMC representative(s), Workshops and external consultancy input, facilitated through Practice Resilience funding. Monthly monitoring of spend (ePACT and PrescQIPP), and also Cat M and NCSO spend.	12	Legal protections - Some legal protection afforded to the practices where the terms of the lease are being adhered to.	Currently no identified/agreed estates solutions to mitigate current risks.	8
533	There is a risk that the prescribing budget may overspend due to: 1-Medicines supplies and costs increase NCSO/price concessions and Category M 2-Reduced capacity in the team to implement in year QIPP schemes by borough medicines optimisation teams due to a reduction in WTE following MCR 3-Entry of new drugs with increased cost pressure to prescribing budget. 4-Increased patient demand for self care items to be prescribed rather than purchased as cost of living increases 5-Prescribing budget although uplifted for 24/25 a gap remains with regards to forecast outturn and budget.	12	Monthly meetings with finance colleagues reviewing PPA budgets to date, QIPP and Incentive scheme monitoring dashboard; Face to face practice visit in the summer with targeted spend analysis and feedback; o1Face to face practice visit in the winter with practice level budget deep dives with RAG and action plans; o1Forum meetings providing information on QIPP status and recommending actions to optimise prescribing (Practice/Community Pharmacist forum in Sept 24 & Feb 25), SEL rebate schemes continue to be reviewed, evaluated and processed	12	Bexley Wellbeing Partnership; Bexley Wellbeing Executive; SEL ICB Board Assurance Framework. Actions regarding the prescribing budget are completed by Taher Esfandiani, Monthly practice prescribing dashboard, Monthly QIPP tracker, SEL ICB Primary Care Medicines Value Group for discussion and dissemination of supportive information to help with QIPP delivery/budgetary stewardship, SEL rebate scheme ensures savings are still realised, Prescribing support software harmonisation for SEL in place	Control over national guidance and price changes	9
535	Risk that expenditure on prescribing may exceed the 2024/25 set budget despite additional underlying cost pressure funding received. The 23/24 outturn position exceeds the current budget by c£400k and this may escalate if predicted growth on 23/24 outturn of 4% materialises.	16	Expenditure and efficiency plan will be monitored closely to manage spend and achieve cash releasing savings	16	Budget monitoring and continuous review of efficiency plans	None	6
536	Risk that expenditure for continuing health care services will exceed the 24/25 set budget despite additional cost pressure funding received. The growth funding received is lower than FNC & AQP rates and non AQP providers are requesting even higher rates of an average of 8% against a 2.41% growth funding. Also, increase in home care providers rates for possible providers on Bexley Council's domiciliary care framework.	16	Expenditure and efficiency plan will be monitored closely to manage spend and achieve cash releasing savings	16	Budget monitoring, implementing spend limit controls, placement reviews	None	6

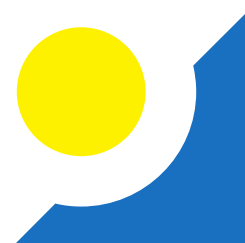
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Bexley Wellbeing Partnership Committee

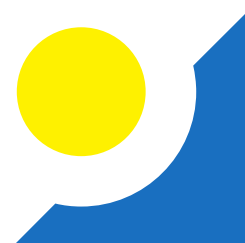
Glossary of NHS Terms



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



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



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



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

