

**Bexley Local Care Partnership Committee
Inaugural meeting held in public**

14:00 – 16:00, Thursday 21st July 2022
Rooms G04 – G06, Bexley Civic Offices, 2 Watling Street, Bexleyheath DA6 7AT

Agenda

No.	Item	Paper	Presenter	Time
Opening Business and Introductions				
1	Introductions and apologies		Chair	14:00
2	Declarations of Interest	A	Chair	14:03
Public Forum				
3	Public Questions			14:05
Establishing the Bexley Local Care Partnership				
4	Bexley Local Care Partnership – Terms of Reference	B	Stuart Rowbotham	14:10
5	Bexley Local Care Partnership – Branding Proposal	C	Aysha Awan	14:20
Bexley Local Care Partnership – Decisions				
6	Recommissioning Urgent Care Services	D	Robert Shaw/ Erica Bond	14:45
7	Enhanced Access to Primary Care Services <ul style="list-style-type: none"> Bexley Primary Care Networks Plans Patient/Public Feedback – Survey 	E Presentation	Primary Care Networks Patrick Gray	15:05 15:20
Bexley Local Care Partnership – Assurance				
8	Month 2 Finance Report	F	Julie Witherall	15:30
9	System Risk Register	G	Diana Braithwaite	15:40
Public Forum				
10	Public Questions			15:45
Closing Business				
11	Any other business			15:55
12	Glossary	H		
13	Date of the next meeting: Thursday 22 nd September 2022, Venue to be confirmed.			

Presenters

- Stuart Rowbotham, Executive Place Director (Bexley), NHS South East London Integrated Care Board/Director of Adult Health & Social Care, London Borough of Bexley Council
- Aysha Awan, Head of Communications & Engagement (Bexley), NHS South East London Integrated Care Board
- Robert Shaw, Director of System Development (Bexley & Greenwich), NHS South East London Integrated Care Board
- Erica Bond, Programme Lead, (Bexley & Greenwich), NHS South East London Integrated Care Board
- Diana Braithwaite, Borough Director – Operations (Bexley), NHS South East London Integrated Care Board
- Patrick Gray, Engagement Manager, Bexley Local Care Partnership
- Abi Mogridge, Chief Operating Office, Bexley Health Neighbourhood Care, CiC
- Primary Network Representatives: APL, Clocktower, Frognal and North Bexley
- Julie Witherall, Associate Director of Finance (Bexley), NHS South East London Integrated Care Board
- Carol Berry, Corporate Governance Lead (Bexley), NHS South East London Integrated Care Board

ITEM: 2

ENCLOSURE: A

Declaration of Interests: Update and signature list

Name of the meeting: **Bexley Local Care Partnership Committee**

Date: **21.07.2022**

Name	Position Held	Declaration of Interest	State the change or 'No Change'	Sign
Stuart Rowbotham	Bexley Placed Based Director, NHS SEL ICS Director of Adult Social Care, London Borough of Bexley Council	Nothing to declare.		
Abi Mogridge	Chief Operating Officer, Bexley Health Neighbourhood Care CIC	Nothing to declare.		
Jattinder Rai	CEO, Bexley Voluntary Service Council (BVSC)	BVSC, is funded by the NHS SEL CCG to deliver Social Prescribing in Bexley.		
Sue Symmons	Lead Clinical Site Manager, Dartford and Gravesham NHS Trust	Nothing to declare.		
Rikki Garcia	Chair, Healthwatch Bexley	Nothing to declare.		
Kate Heaps	CEO Greenwich and Bexley Community Hospice	CEO of Greenwich & Bexley Community Hospice Chair of Share Community - a voluntary sector provider operating in SE/SW London with spot purchasing arrangements with LB Lambeth Member of CCG committee, contract provider at hospice, Clinical Lead for End of life work for SELCCG, Member of SEL People Board		
Rylla Baker	CEO of The Hurley Group	Nothing to declare.		
Sandra Iskander	Associate Director of Performance & Information, Lewisham and Greenwich NHS Trust	Nothing to declare.		
Dr Richard Money	Chair, Bexley Local Medical Committee	1. GP Partner, Station Road Surgery 2. Director, Chair & Stakeholder Bexley Health Ltd 3. Director & Shareholder Bexley Neighbourhood Care		

		4. GP Trainer Bexley 5. Chair, Local Medical Committee (LMC)		
Bipin Patel	Lead Pharmacist, BBG LPC	Owner of Broadway Pharmacy.		
Dr Mike Robinson	Interim Director of Public Health London Borough of Bexley Council	Nothing to declare.		
Stephen Kitchman	Director of Services for Children and Young People, London Borough of Bexley Council	Nothing to declare.		
Yolanda Dennehy	Deputy Director of Adult Social Care, 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 Sid Deshmukh	Chair - Frognal Primary Care Network GP Lead and Bexley Borough Based Board (Chair)	<ol style="list-style-type: none"> 1. Senior Partner Sidcup Medical Centre PMS Contract - Financial Interest Materiality 50% 2. Shareholder Bexley Health Limited Financial Interest 3. Stake holder Bexley Health limited 4. Shareholder Frogmed Limited - Financial Interest (Dormant company) 5. Clinical Lead - Referral Management and Booking Service (RMBS) - Personal Interest 6. Shareholder, Bexley Health Neighbourhood Care – Financial Interest 7. Wife (Dr Sonia Khanna-Deshmukh) is Frognal PCN Clinical Director 8. 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. 	Interest ceased 30/11/2020	

		9. Clinical Lead Bexley Borough – It, Informatics and Dementia 10. Clinical Lead for Urgent Care		
Dr James Stokes	Chair - APL Primary Care Network	GP Partner Plas Meddyg Surgery		
Dr William Cotter	Chair - Clocktower Primary Care Network	GP Partner Bellegrove Surgery		
Dr Prem Anand	Chair - North Bexley Primary Care Network	GP Partner Lakeside Medical		
Keith Wood	Lay Member, Bexley	Nothing to declare.		
Raj Matharu	LPC Representative	1. Chief Officer of Bexley, Bromley & Greenwich Local Pharmaceutical Committee 2. Chief Officer of Lambeth, Southwark & Lewisham Local Pharmaceutical Committee 3. Chair of Pharmacy London 4. Board Member of Pharma BBG LLP 5. Superintendent Pharmacist of MAPEX Pharmacy Consultancy Limited		

In attendance:

Alison Rogers	Acting Director of Integrated Commissioning, NHS SEL ICS	Nothing to declare.		
Robert Shaw	Director of System Development, NHS SEL ICS	1. My youngest sons mum is a founding Director at Get It Right First Time (GIRFT) 2. Fund raising for Barts and UCLH Cancer charities		
Yolanda Dennehy	Deputy Director of Adult Social Care, London Borough of Bexley Council	Nothing to declare.		
Diana Braithwaite	Borough Director – Operations (Bexley) NHS SEL ICS	Nothing to declare.		

ITEM: 3

Bexley Local Care Partnership Committee

Public Forum*

Thursday 21 July 2022

**Note: Opportunity for questions from the public including ones received in advance of the meeting.*

Bexley Local Care Partnership Committee

Thursday 21st July 2022

Item: 4

Enclosure: B

Title:	Bexley Local Care Partnership Terms of Reference
Author:	Diana Braithwaite, Borough Director – Operations (Bexley), NHS South East London Integrated Care System
Executive Lead:	Stuart Rowbotham, Placed Executive Lead (Bexley)/Director of Adult Social Care, NHS South East London Integrated Care System/London Borough of Bexley Council

Purpose of paper:	This report (Appendix 1) provides the approved Terms of Reference by the NHS South East London Integrated Care Board for the Bexley Local Care Partnership Committee to adopt.	Update / Information	
		Discussion	
		Decision	x
Summary of main points:	<p>The purpose of this paper is to provide the inaugural meeting of the Bexley Local Care Partnership with the opportunity to 'adopt' the Terms of Reference to enable the committee to carry out its functions and responsibilities as a prime committee of the NHS South East London Integrated Care Board.</p> <p>The committee is being asked to adopt the Terms of Reference in the knowledge that at the inaugural meeting of the NHS South East London Integrated Care Board on 01.07.2022 they were approved.</p> <p>The Bexley Local Care Partnership Committee Terms of Reference were endorsed by the Bexley Strategic Board Part 1 meeting on 30.06.2022.</p> <p>During the organisational development programme with all members of the partnership in June, the Hurley Group have requested to no longer be a member of the Bexley Local Care Partnership.</p>		
Potential Conflicts of Interest:	None identified as a direct result of this paper.		
Other Engagement:	Equality Impact	Not as a direct result of this paper.	
	Financial Impact	Not as a direct result of this paper.	
	Public Engagement	Not as a direct result of this paper.	
	Other Committee Discussion/ Engagement	<ul style="list-style-type: none"> Bexley Strategic Board Part 1 (meeting held in public), 30.09.2021 Bexley Strategic Board Part 1, 28.10.2021 Bexley Strategic Board Part 1 (meeting held in public), 25.11.2021 	

		<ul style="list-style-type: none"> • Bexley Local Medical Committee, 23.06.2022 • Bexley Strategic Board Part 1 (meeting held in public), 30.06.2022 • NHS South East London Integrated Care Board (meeting held in public), 01.07.2022
Recommendation:	<p>The Bexley Local Care Partnership Committee is recommended to:</p> <p>(i) Adopt the Terms of Reference.</p> <p>(ii) To note the Hurley Group's request, which will be reflected in the next iteration of the Terms of Reference and will require approval my the SEL Integrated Care Board.</p> <p>(iii) To formally recognise and thank the Hurley Group for their contribution and continued support over the years to the Bexley health and care economy and our residents.</p>	

ENCLOSURE: B(i)

ITEM: 4

Appendix 1

NHS South East London Integrated Care Board Bexley Local Care Partnership Committee Terms of Reference

1st July 2022

1. Introduction

- 1.1. The Bexley Local Care Partnership [the “committee”] is established as a committee of the South East London Integrated Care Board (ICB) and the London Borough of Bexley Council and its executive powers are those specifically delegated in these terms of reference. These terms of reference can only be amended by the ICB Board.
- 1.2. These terms of reference set out the role, responsibilities, membership, and reporting arrangements of the committee under its terms of delegation from the ICB Board and the London Borough of Bexley Council.
- 1.3. All members of staff and members of the ICB are directed to co-operate with any requests made by the Local Care Partnership committee.

2. Purpose

- 2.1. The committee is responsible for the effective discharge and delivery of the place-based functions¹. The committee is responsible for ensuring:
 - a. The Bexley Local Care Partnership Committee is responsible for the effective planning and delivery of place-based services to meet the needs of the local population in line with the ICB’s agreed overall planning processes. There is a specific focus on local care networks delivering community-based care and integration across primary care, community services and social care. The Committee, through the Place Executive Lead, is expected to manage the place delegated budget, to take action to meet agreed performance, quality and health outcomes, ensuring proactive and effective communication and engagement with local communities and developing the Local Care Partnership. The Committee will ensure it is able to collaborate and deliver effectively, within the partnership and in its interactions with the wider Integrated Care System (ICS).
 - b. The Bexley Local Care Committee will support and secure the delivery of the ICS’s strategic and operational plan as it pertains to place, and the core objectives established by the Bexley Local Care Partnership for their population and delegated responsibilities.
 - c. The Bexley Local Care Partnership plays a full role in securing at place, the four key national objectives of ICSs, which are to:
 1. improve outcomes in population health and healthcare
 2. tackle inequalities in outcomes, experience and access
 3. enhance productivity and value for money and

¹ As defined by the South East London Integrated Care Board in the relevant delegation agreement

4. to help the NHS support broader social and economic development, aligned to ICB wide objectives and commitments as appropriate.
- d. The Bexley Local Care Partnership will ensure representation and participation in the wider work of the ICS and ICB, contributing to the wider objectives and work of the ICS as part of the overall ICS leadership community.
- e. The intention is that decisions relating to Bexley will be made local by the Bexley Local Care Partnership.
- f. The Bexley Local Care Partnership is responsible for the planning, delivery and monitoring of local health and care services, as part of the overall strategic and operational plan of the ICB:
 - Primary Care Services
 - Community services
 - Client group services
 - Medicines Optimisation related to community-based care
 - Continuing Healthcare
- g. The Bexley Local Care Partnership Committee will be the prime committee for discussion and agreement for its agreed specific local funding and functions and will work as part of South East London ICB.
- h. The committee has a responsibility to manage the delivery of the annual plan, the associated budget and performance for the areas in scope, ensuring that best value and optimal outcomes are delivered in these areas. The committee has a responsibility to ensure effective oversight of its delivery plan, associated budget, quality and performance and for escalating to the South East London ICB if material risks to the delivery of plans are identified.
- i. A purpose of the committee is to provide assurance to the ICB on the areas of scope and duties set out in the following sections.

3. Duties

- 3.1. **Place-based leadership and development:** Responsibility for the overall leadership and development of the Bexley Local Care Partnership to ensure it can operate effectively and with maturity, work as a collective and collaborative partnership and secure its delegated responsibilities with appropriate governance and processes, development and relationship building activities and meaningful local community and resident engagement. The Bexley Local Care Partnership also needs to support the Place Executive lead to ensure they are able to represent LCP views effectively whilst also considering the needs of the wider ICS.

The Bexley Place Executive Lead will be supported by the multi-agency Executive Leadership Team of the Bexley Local Care Partnership. The Bexley Local Care Partnership will provide leadership, challenge, oversight and guidance to the Primary Care Group and receive recommendations.

- 3.2. **Planning:** Responsibility for ensuring an effective place contribution to Integrated Care Partnership (ICP) and ICB wide strategic and operational planning processes. Ensuring that the Bexley Local Care Partnership develops and secures a place based strategic and operational plan to secure agreed outcomes and which is aligned with the Health and Wellbeing strategic plan and underpinned by the Joint Strategic Needs Assessment (JSNA) and a Section 75 agreement. The Bexley Local Care Partnership must ensure

the agreed plan is driven by the needs of the local population, uses evidence and feedback from communities and professionals, takes account of national, regional and system level planning requirements and outcomes, and is reflective of and can demonstrate the full engagement and endorsement of the full Bexley Local Care Partnership. The Partnership will produce and implement an annual delivery plan underpinned by local priorities and aligned to the ICB's strategic plans and objectives. Monitor and manage the delivery of this plan, in line with agreed outcomes and indicators of delivery.

- 3.3. **Delivery:** Responsibility for ensuring the translation of agreed system and place objectives into tangible delivery and implementation plans for the Bexley Local Care Partnership. The Bexley Local Care Partnership will ensure the plans are locally responsive, deliver value for money and support quality improvement. The Bexley Local Care Partnership will develop a clear and agreed implementation path, with the resource required whilst ensuring the financial consequences are within the budget of the Committee and made available to enable delivery.
- 3.4. **Monitoring and management of delivery:** Responsible for ensuring robust but proportionate mechanisms are in place to support the effective monitoring of delivery, performance and outcomes against plans, evaluation and learning and the identification and implementation of remedial action and risk management where this is required. This should include robust expenditure and action tracking, ensure reporting into the ICS or ICB as required, and ensure local or system discussions are held proactively and transparently to agree actions and secure improvement where necessary.
- 3.5. **Governance:** Responsible for ensuring good governance is demonstrably secured within and across Bexley Local Care Partnership's functions and activities as part of a systematic accountable organisation that adheres to the ICB's statutory responsibilities and adheres to high standards of public service, accountability and probity (aligned to ICB governance and other requirements). Responsibility for ensuring the Bexley Local Care Partnership complies with all legal requirements, that risks are proactively identified, escalated and managed.
- 3.6. **Finance:** The ICB has delegated budgets to the Bexley Local Care Partnership Committee in accordance with agreed functions (as set out in 2.1. f) including running costs and the responsibility and accountability for these budgets' rests with the Place Executive Lead. The Standing Financial Instructions, Standing Orders and Schedule of Matters Delegated to Officers which form part of the ICB's constitution provide the framework by which further delegation and decision making can be enacted by the Bexley Local Care Partnership.
- 3.7. **Transformation:** To provide overall leadership, guidance and direction to the local transformation programme/s through the Bexley Local Care Partnership Executive Leadership supported by a Programme Board – ensuring agreed scope and outcomes are delivered.
- 4. Accountabilities, authority and delegation**
 - 4.1. The LPC Committee is accountable to the Integrated Care Board of the SEL Integrated Care System.
 - 4.2. The LPC Committee will report to the Health & Wellbeing Board on delivery of the Health & Wellbeing Strategy and objectives.
- 5. Membership and attendance**
 - 5.1. The Bexley Local Partnership was formally established in 2018, when the local health and care system agreed a Memorandum of Understanding. On 29th July 2021 the

membership was expanded to include the 4 Primary Care Networks and on 28th April 2022 the membership was expanded again to include Bromley Healthcare. The membership of the Bexley Local Care Partnership consists of a 15 strong local health and care organisations and groups, which provides broad and inclusive representation of the local system in the borough.

5.2. Membership of the Bexley Local Care Partnership Committee will include the following postholders as voting members:

- Chair, Bexley Local Care Partnership Committee
- Independent Member, Bexley Local Care Partnership Committee
- Executive Place Director (Bexley), NHS South East London Integrated Care Board
- Chair, Local Pharmacy Committee
- Director of Adult Social Care, London Borough of Bexley Council
- Director of Public Health, London Borough of Bexley Council
- Chief Operating Officer, Oxleas NHS Foundation Trust
- Clinical Lead - Primary Care Network: APL
- Clinical Lead - Primary Care Network: Clocktower
- Clinical Lead - Primary Care Network: Frognal
- Clinical Lead - Primary Care Network: North Bexley.

5.3. The following postholders will act as non-voting members on Bexley Local Care Partnership Committee:

- Director of Adult Health Services, Bexley Care
- Chief Operating Officer, Bexley Health Neighbourhood Care Community Interest Company (CiC)
- Chief Executive, Bexley Voluntary Service Council
- Commercial & Partnership Director, Bromley Healthcare
- Clinical Site Lead, Dartford & Gravesham NHS Trust
- Chief Executive, Greenwich & Bexley Community Hospice
- Chair, Healthwatch
- Chief Executive Officer, Hurley Group
- Associate Director of Performance & Information, Lewisham & Greenwich NHS Trust
- Chair, Local Medical Committee
- Director of Children's Service, London Borough of Bexley Council

5.4. It is recognised that as service providers may change and/or cease to provide services in the borough membership of the Bexley Local Care Partnership will be amended.

5.5. The Bexley Local Care Partnership are supportive of the inclusion of patient representation on the committee and will develop proposals to signal the partnerships

ambition to 'do something different' to ensure meaningful (active) patient representation on the committee in whichever format that takes.

- 5.6. Officers in attendance will be as follows for South East London Integrated Care Board, Bexley LCP Chief Operating Officer, Bexley LCP System Transformation Director, Head of Communications & Engagement and for the London Bexley Borough of Bexley, the Deputy Director of Adult Social Care and the following joint roles of Director of Integrated Commissioning and the Partnership Manager.

6. Chair of meeting

- 6.1. The chair and deputy chair will be appointed by the committee.
- 6.2. At any meeting of the committee the chair or deputy chair if present shall preside.
- 6.3. If the presiding chair is temporarily absent on the grounds of conflict of interest, the deputy chair shall preside, or, in the case that they also may not, then a person chosen by the committee members shall preside.

7. Quorum and conflict of interest

- 7.1. The quorum of the committee is at least 50% of voting members of which the following must be present or their delegated representatives:
- 1 x Local Care Partnership Place Executive Lead
 - 1 x Local authority representative
 - 1 x Primary care representative
 - 1 x Community & mental health services provider.
- 7.2. In the event of quorum not being achieved, matters deemed by the chair to be 'urgent' can be considered outside of the meeting via email communication.
- 7.3. The committee will operate with reference to NHS England guidance and national policy requirements and will abide by the ICB's standards of business conduct. Compliance will be overseen by the chair.
- 7.4. The committee agrees to enact its responsibilities as set out in these terms of reference in accordance with the Seven Principles of Public Life set out by the Committee on Standards in Public Life (the Nolan Principles).
- 7.5. Members will be required to declare any interests they may have in accordance with the ICB Conflict of Interest Policy. Members will follow the process and procedures outlined in the policy in instances where conflicts or perceived conflicts arise.

8. Decision-making

- 8.1. The aim of the committee will be to achieve consensus decision-making wherever possible. If a vote is required, the 11 voting members (see section 5.2.) will vote, with a simple majority required for decision.
- 8.2. When additional services are delegated to place in the future, voting rights may be amended to encompass any changes. Changes to voting membership will be subject to review and approval by the ICB Board.
- 8.3. Quorum representatives are expected to have a designated deputy who will attend the formal Local Care Partnership with delegated authority as and when necessary.

9. Frequency

- 9.1. The committee will meet once every two months (in public) with ability to have closed session as Part B in addition to this.
- 9.2. All members will be expected to attend all meetings or to provide their apologies in advance should they be unable to attend.
- 9.3. Members are responsible for identifying a suitable deputy should they be unable to attend a meeting. Arrangements for deputies' attendance should be notified in advance to the committee Chair and meeting secretariat.
- 9.4. Nominated deputies will count towards the meeting quorum as per the protocol specified in the ICS constitution, which means individuals formally acting-up into the post listed in the membership shall count towards quoracy and deputies not formally acting-up shall not.

10. Reporting

- 10.1. Papers will be made available five working days in advance to allow members to discuss issues with colleagues ahead of the meeting. Members are responsible for seeking appropriate feedback.
- 10.2. The committee will report on its activities to ICB. In addition, an accompanying report will summarise key points of discussion; items recommended for decisions; the key assurance and improvement activities undertaken or coordinated by the committee; and any actions agreed to be implemented.
- 10.3. The minutes of meetings shall be formally recorded and reported to the NHS ICB Board and made publicly available.
- 10.4. A report on the delivery plan will be submitted to the Health & Wellbeing Board.
- 10.5. The Committee will receive formal reporting and submissions from the Primary Care Group. Reporting for all other workstreams reporting will be to the Committee via a Programme Board.

11. Committee support

- 11.1. The Bexley Local Care Partnership in collaboration with the embedded SEL will provide business support to the committee. The meeting secretariat will ensure that;
 - Draft minutes are shared with the Chair for approval within three working days of the meeting.
 - Draft minutes with the Chair's approval will be circulated to members together with a summary of activities and actions within five working days of the meeting.
 - Co-ordination of the annual work plan.
 - The agenda and forward plans are developed in agreement with the Chair and Place Executive lead.
 - Collation, production and dissemination of papers.
 - The communications plan for the committee is implemented.
 - The agenda for the committee will be published 5 working days ahead of the meeting.
 - The management and monitoring of public questions and co-ordination of responses.

12. Review of Arrangements

- 12.1. The committee shall undertake a self-assessment of its effectiveness on at least an annual basis. This may be facilitated by independent advisors if the committee considers this appropriate or necessary.

Bexley Local Care Partnership Committee

Thursday 21st July 2022

Item: 5

Enclosure: C

Title:	Bexley Local Care Partnership Branding Proposal
Author:	Aysha Awan, Head of Communications and Engagement (Bexley), NHS South East London Integrated Care System
Executive Lead:	Stuart Rowbotham, Placed Executive Lead (Bexley)/Director of Adult Social Care, NHS South East London Integrated Care System/London Borough of Bexley Council

Purpose of paper:	This paper will set out the rationale behind creating one joint brand for the partnership and layout next steps to sign off proposed designs.	Update / Information	
		Discussion	x
		Decision	x
Summary of main points:	<p>This paper sets out a proposed brand and logo for the Bexley Local Care Partnership. The aim of branding project is to:</p> <ul style="list-style-type: none"> Create an identity for the Local Care Partnership (LCP) and raise awareness of the LCP amongst residents. Promote the work that the LCP does and highlight the benefits of joint working for the local population. <p>Formalise the partnership with a co-ordinated look and feel of all communications, that are shared by the partnership across the Bexley community.</p>		
Potential Conflicts of Interest:	None identified as a consequence of this proposal.		
Other Engagement:	Equality Impact	Not as a direct result of this paper.	
	Financial Impact	Not as a direct result of this paper.	
	Public Engagement	The Bexley Local Care Partnership Communication and Engagement Forum have been involved in discussions about the brand. Members include community champions, voluntary sector representatives and partners.	
	Other Committee Discussion/ Engagement	Not applicable.	

Recommendation:

The Bexley Local Care Partnership Committee is asked to:

- (i) Chose a logo from the two proposed designs in this paper, which will then formalise the Bexley Local Care Partnership brand.

Bexley Local Care Partnership Branding Proposal

1. Introduction

This paper sets out a proposed brand and logo for the Bexley Local Care Partnership (LCP) for the committee to discuss and agree on a final logo and next steps, to officially launch the LCP to the residents of Bexley.

2. Executive Summary

The aim of the Bexley LCP branding project is to:

- Create an identity for the LCP that will help to raise awareness of the partnership amongst residents of Bexley.
- Promote the work that the LCP does and highlight the benefits of joint working for the local population.
- One joint logo will help to strengthen joint working, familiarise staff, stakeholders, and the public with the Bexley LCP.
- Create a sense of unity amongst partners by formalising the partnership with a co-ordinated look and feel of all communications that are shared by the partnership across the Bexley community.
- Ensure that health and social care information, support and services in Bexley are accessible for all and people know where, when and how to access services through the partnership.

The Bexley Care Partnership Committee is asked to choose a logo from the two proposed designs selected in this paper, which will then Bexley Local Care Partnership brand.

3. Creating an identity – what's in a name?

We worked closely with a focus group to gauge their understanding of how we could positively engage with Bexley residents and raise awareness of the LCP through our communications. The group is comprised of members of Bexley Community Champions, and we also consulted forums consisting of LCP partners including a cross section of voluntary group representatives from the borough. It was agreed that a strong brand identity was key to communicating the ethos of the partnership. The brand needed to illustrate the vital partnership work that the LCP does to help residents live healthy lives (**start well, live well, age well**).

To this end, we discussed creating a suitable name for the partnership as it was felt that the current name, LCP, didn't help to engage the public or inform residents of what the LCP does as a collective group. The name of the partnership needed to describe the purpose of the partnership. A number of names were suggested, including:

- Bexley Wellbeing Partnership
- Bexley Together
- Bexley Health and Care Partnership

The name **Bexley Wellbeing Partnership** was chosen as the focus group felt it was both positive and direct. The focus group felt that residents would understand that the partnership works towards improving the wellbeing of Bexley residents, covering a range of health and care support. The word wellbeing also suggests that the health of Bexley residents is core to the work of the partnership. Partners are invested in providing support to improve the health and wellbeing of residents to help them to start well, live

well and age well. The word wellbeing was seen as more community focussed and less medicalised, emphasising the role partners play in keeping people well rather than caring and/or curing – with an emphasis on living well.

The focus group felt that Bexley Health and Care Partnership was too long and wordy and not as engaging or emotive as wellbeing. Wellbeing points towards helping people live healthy lives.

While Bexley Together also proved popular, there was a feeling from some of the focus group, that Bexley LCP should have its own identity and it was felt that the name was too similar to Lambeth Together.

4. Creating a logo

Having taken on board comments from focus groups, the Comms and Engagement Team worked with a design agency to create a suitable logo that generated interest in the partnership.

As a rule, a good logo is distinctive, appropriate, memorable, practical, and simple in form. It conveys the intended message, and from a practical level it is transferable when used in different formats and across various communications materials.

An impactful logo grabs attention, makes a strong first impression, and is the foundation of a brand identity. The proposed Bexley Wellbeing Partnership logo needs to be bright, positive and instil trust in residents while being instantly recognisable. It needs to convey who we are as a partnership.

For a partnership that offers health and social care services, it is important to build trust right from the start and a good logo can help to achieve this. It is also important to consider the use of imagery as it signifies what the partnership does. We also looked at the logos that belonged to other SEL boroughs to both inspire creative discussion and to ensure that we didn't copy what had been done before, and to ensure we created our own brand identity. Figure 1 examples of other SEL LCP borough logos:

Figure 1 – Example: SEL Local Care Partnerships Logos

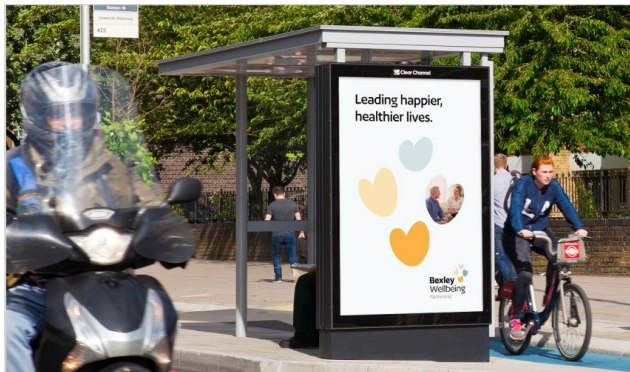


In light of this, the following two logos and branding have been shortlisted for Bexley:

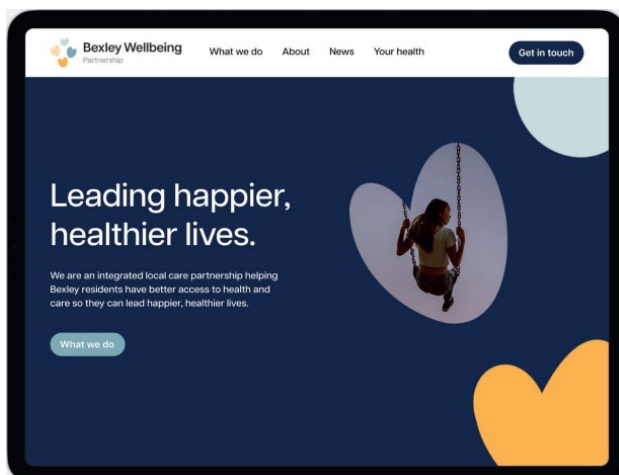
Figure 2 – Bexley Wellbeing (a)



The proposed logo is both warm, positive, and bright.



The use of imagery is important for the logo to both stand out and illustrate what the partnership does. The hearts could house images that show how the partnership works together to ensure that Bexley residents can start well, live well and age well. The images can highlight both primary and social care services.



The microsite will house all relevant information about the partnership and signpost residents to services that exist on their doorstep. We will promote the work of each partner and ultimately instil trust of the partnership amongst residents of Bexley.

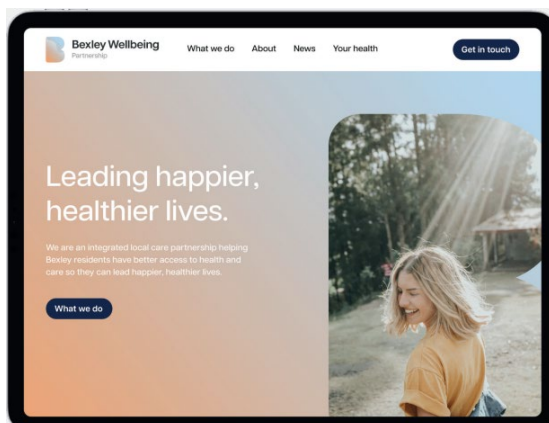
Figure 3 – Bexley Wellbeing (b)



The proposed logo is both warm, inviting, and bright. This design in particular visually represents the geographical shape of the borough (with the river running through it) and should therefore help residents to understand that the partnership offers place-based care.



The use of imagery is important for the logo to both stand out and illustrate what the partnership does. The B could house images that show how the partnership works together to ensure that Bexley residents can start well, live well and age well and also highlight both primary and social care services.



The microsite will house all relevant information about the partnership and signpost residents to services that exist on their doorstep. We will promote the work of each partner and ultimately instil trust of the partnership amongst residents of Bexley.

Collateral to be created:

Other collateral that will be created will include:

- Microsite
- Template letterheads
- Brand guidelines
- Business cards

5. Conclusion and recommendations

Both logos will help to raise the profile of the Bexley LCO and help to promote the work of the LCP that benefits local residents. A joint logo will create a sense of unity and partnership working that is key to helping residents start well, live well and age well. The proposed microsite will be a one-stop hub of useful information for residents, signposting them to the most relevant location for their health and care needs.

Our ask of the committee is to choose a logo that best represents the partnership from the two choices presented in this paper.

Once a final design is chosen, work will begin on creating the microsite and other relevant collateral, aiming to officially launch the partnership over the coming months.

6. Summary of financial, legal, and other implications

There are no new financial implications as result of this proposal. The Bexley Strategic Board Part 1 on Thursday 21st November 2021 approved the programme to re-brand the partnership and this was funded by Bexley, the former NHS South East London Clinical Commissioning Group.

Contact Officer:	Aysha Awan, Head of Communications & Engagement (Bexley), NHS South East London Integrated Care System
Reporting to:	Russell Cartwright, Associate Director of Communications & Engagement (Greenwich), NHS South East London Integrated Care System

Bexley Local Care Partnership Committee

Thursday 21st July 2022

Item: 6

Enclosure: D

Title:	Bexley Urgent Care Procurement
Author:	Erica Bond, Programme Lead, System Development Team, NHS South East London Integrated Care System
Executive Lead:	Robert Shaw, Director of System Development, NHS South East London Integrated Care System

Purpose of paper:	Provide the Local Care Partnership Committee with a proposal to move to procurement of Urgent Care for Bexley.	Update / Information	
		Discussion	
		Decision	x
Summary of main points:	<p>Our current Urgent Treatment Centre contract expires 31st March 2023, and the expectation is that we will procure a new service. We therefore embarked on a co-design process has been performed in Bexley identifying what urgent care should look like within the Borough. From this work actions and transformation themes have been identified that can improve how urgent care can be delivered. There are short-term actions and four transformation themes that were identified.</p> <p>The area and service provision has also changed, with an Urgent Care Centre at Dartford and Gravesham and a new NHS 111 service that supports more local patient flows. Both have impacted on the “out of area” income the current provider generated, with a significant reduction in this income.</p> <p>Therefore, there is a significant risk that the financial envelope will not support the existing business model and will need to change. Whilst cost reduction remains an option, it remains unlikely that we will be able to procure on the same business model for less money alone. We will need to look at the transformation themes identified in the co-design work and different ways of working with new initiatives and review just coming over the horizon with the Primary Care Network Directed Enhanced Service (DES) for Enhanced Access and the Fuller report respectively.</p> <p>We are now seeking support from the partnership to commence market development to bring these four transformational themes together with new ways of working with much stronger local primary care networks into a clinical model that is within our financial envelope and subsequent procurement as required.</p> <p>We have our Bexley Urgent Care steering group who will oversee the programme, manage risks and keep the Local Care Partnership and Executive team updated with progress and highlight wider risks together with mitigation.</p> <p>We need to have our new service in place by the 31st March 2023.</p>		

Potential Conflicts of Interest:	<p>There are three specific groups on the Bexley Local Care Partnership, where there could be a perceived conflict of interest:</p> <ul style="list-style-type: none"> (i) <i>The Hurley Group</i>: The Hurley Group are the current commissioned provider of the two Urgent Treatment Centres in Bexley and a potential provider for any future service. However, although members of the partnership in attendance the group are non-voting members and therefore this mitigates any perceived conflicts of interest. (ii) <i>Bexley Health Neighbourhood Care CiC</i>: The local GP Federation are a potential provider for any future service. However, although members of committee in attendance the group are non-voting members and therefore this mitigates any perceived conflicts of interest. (iii) <i>Primary Care Networks</i>: The Primary Care Networks are made up of individual GP Practices and those 21 GP Practices all shareholders of Bexley Health Neighbourhood Care CiC. The four Primary Care Networks are voting members and therefore, to mitigate the conflict of interest the Primary Care Networks will be excluded from voting on this item. 	
Other Engagement:	Equality Impact	An equalities impact assessment will be conducted once the service specification is developed.
	Financial Impact	The financial envelope remains challenging for procurement due to changes in the local economy. (Dartford UTC and new NHS 111 service) have significantly reduced out of area flows that have historically provided additional financial income for provider.
	Public Engagement	Co Create sessions were run over 4 workshops.
	Other Committee Discussion/ Engagement	Bexley Local Care Partnership Executive, 22.06.2022 Bexley Local Care Partnership Forum, 08.07.2022
Recommendation:	<p>The Bexley Local Care Partnership Committee is recommended to approve the requests to:</p> <ul style="list-style-type: none"> (i) Commence <i>Market Development</i> with the Local Care Partnership and receive feedback and recommendations. (ii) Commence the procurement of Urgent Care for Bexley in line with SEL ICS schedule of delegated matters. 	

ITEM: 6
ENCLOSURE: D(i)

Bexley Urgent Care Review

1. Executive Summary

Our current Urgent Treatment Centre contract expires 31st March 2023 and the expectation is that we will procure a new service. We therefore embarked on a co-design process has been performed in Bexley identifying what urgent care should look like within the Borough. From this work actions and transformation themes have been identified that can improve how urgent care can be delivered. There are short-term actions and four transformation themes that were identified.

The area and service provision has also changed, with an Urgent Care Centre at Dartford and Gravesham and a new NHS 111 service that supports more local patient flows. Both have impacted on the “out of area” income the current provider generated, with a significant reduction in this income.

Therefore, there is a significant risk that the financial envelope will not support the existing business model and will need to change. Whilst cost reduction remains an option, it remains unlikely that we will be able to procure on the same business model for less money alone. We will need to look at the transformation themes identified in the co-design work and different ways of working with new initiatives and review just coming over the horizon with the Primary Care Network Directed Enhanced Service (DES) for Enhanced Access and the Fuller report respectively.

We are now seeking support from the partnership to commence market development to bring these four transformational themes together with new ways of working with much stronger local Primary Care Networks. into a clinical model that is within our financial envelope and subsequent procurement as required. We have our Bexley Urgent Care steering group who will oversee the programme manage risks reporting to the Local Care Partnership Programme Board keeping the Local Care Partnership and Executive team updated with progress and highlight wider risks together with mitigation.

We need to have our new service in place by the 31st March 2023.

2. Background

In September 2021, the NHS South East London Clinical Commissioning Group launched a review of Urgent Care pathways in Bexley. Urgent care refers to an illness or injury that requires urgent attention but is not a life-threatening situation. Urgent care services include a phone consultation through the NHS111 Clinical Assessment Service, pharmacy advice, out-of-hours GP appointments, same day primary care access, and/or referral to an urgent treatment centre (UTC). If unsure what service is needed, NHS 111 can help to assess and direct to the appropriate service/s. UTCs are open at least 12 hours a day, every day. In Bexley, there are two Urgent Care Centre's (UTC) – at Erith & District Hospital (EDH) and at Queen Mary's Hospital in Sidcup (QMS).

The purpose of this review was to improve how urgent care is delivered in Bexley and ensure that it meets the needs of local people. This review has included considering the full urgent care offer and pathway in Bexley as well as Urgent Treatment Centres at Erith Hospital and Queen Mary Sidcup. It is noted that some of our residents also access Urgent Care services at both Queen Elizabeth Hospital in Woolwich and Darent Valley Hospital in Dartford. Whilst this paper and recommendations focus on the procurement for Bexley Place, we are also involved in the procurement for Urgent Care at the Queen Elizabeth in respect of Bexley residents.

In November 2021 Amanda Pritchard, NHS Chief Executive, asked Dr Claire Fuller, Chief Executive-designate Surrey Heartlands Integrated Care System (ICS) and GP, to undertake a stocktake on integrated primary care, looking at what is working well, why it's working well and how we can accelerate the implementation of integrated primary care (incorporating the current 4 pillars of general practice, community pharmacy, dentistry and optometry) across systems.

[NHS England » Next steps for integrating primary care: Fuller stocktake report](#)

In March 2020 NHS England published the Primary Care Network Directed Enhanced Services. Within the specification is the ability for Primary Care Networks to run elements of Urgent Care and Access Hubs.

[NHS England Report Template 7 - no photo on cover](#)

In September 2022, a steering group was established to oversee the review, and bring together opportunities for new ways of working across Urgent care for Bexley. The steering group agreed that the review and subsequent recommendations for improvement should be driven by the views and experiences of staff, healthcare professionals and local people.

3. Co-design

Between October 2021 and March 2022, partners engaged with more than 250 residents, community groups and people who use urgent care services, as well as a variety of healthcare professionals across the system.

Several engagement methods were used to reach local people and communities, including face-to-face feedback sessions and insight interviews. The main method used was collaborative design or 'co-design'. Co-design is a way of looking at a problem and bringing a group of people together to think out a solution.

The aim of undertaking a co-design process was to bring a group of diverse people, including healthcare staff and service users, together collaboratively to develop a list of viable actions that have the potential to improve the way we deliver urgent care services in Bexley.

The process was led by the System Development Team together with members of the Bexley Local Care Partnership (LCP). It was supported by Co-create, an independent agency specialising in enabling the development of effective, sustainable ways of involving people in decision-making in health, community and organisational settings.

4. Actions and Themes

Through this work the following short term actions have been identified and four transformational themes have emerged which will form the longer-term strategy of urgent care in Bexley;

- Short term actions
 - Clear definitions of services – to help make sure that people understand their options, and go to the right place
 - Education campaigns for key points in people's lives. For example, when they are pregnant or through links to schools.
 - Improve use of Triage
- Transformational changes
 - Create a shared information platform so that medical professionals across settings have access to comprehensive patient information
 - Improve interagency and partnership work between services to provide joined-up care for patients

- Better and more comprehensive assessments by multi-disciplinary teams mean that people are referred on to the right services that take a more holistic approach to the issues that people present with. (This links to underlying conditions and to MDTs)
- Improve disability access and make sure basic accessibility is available at all urgent care sites, with clear publicity about what's available so people make the appropriate choice of where to attend

These short-term actions and themes will be implemented through the clinical model and subsequent procurement and will be articulated in a service specification for Urgent Care in Bexley.

Whilst there is nothing overly radical in the proposal, the feedback is more about integration (particularly with primary care) and joint working with common point of triage, all of which means we are not looking for increased investment in a new service. The service will continue at the two existing sites in Bexley and have the same opening hours.

Members of the System Development team met with GP Primary Care Network leads in June 2022 to discuss the report and map out a potential patient pathway for people attending UTC, the pathway following further discussion will be embedded in the new service specification.

There is an opportunity to have a combined GP out of hours home visiting service across SEL boroughs. Currently in Bexley we have a one provider one borough offer which is not value for money, so this service will form a separate procurement. Patients will still be entitled to receive an out of hours home visit if appropriate so there will be no fundamental change to the care they may receive.

4. Procurement Risk

The financial envelope for the existing UTC service element of Urgent Care is a challenge as the current provider relies on out of area activity to supplement the tariff for Bexley patients at the Bexley sites. The introduction of the 111 'help us to help you' initiative whereby patients are encouraged to telephone 111 first rather than walk in to a UTC and the opening of the co-located UTC at Darenth Valley Hospital has meant that out of area income has significantly decreased and our current provider has found covering their costs challenging. As there is no additional money for the new service there is a risk that the procurement will attract no bidders and a new service will not be in place for April 2023.

- The changes described previously will need to lead to a revised business model for potential providers that has a much stronger local primary care relationship. Again, this should see a reduction in cost of provision reflecting the changes in the local economy.
- The transformational themes identified by the co design work provide the opportunity for a UTC provider to potentially reduce costs by:
 - Having a different workforce in place (multidisciplinary workforce)
 - Implementing streaming tariffs (redirecting patients to the right place) thereby having patients seen in the right service.

5. Conclusions

By implementing the themes and actions from the co design work, new ways of working together with Primary Care Network DES for Urgent Care and the Fuller report, the procurement gives Bexley the opportunity to redesign urgent care services making the current service more efficient and effective for the residents of Bexley by ensuring that they get seen at the right time right place. The changes articulated within the co-design

work will not be detrimental to the patient and should improve their patient experience. There is a financial risk of the service not being attractive to bidders but by implementing alternative strategies and new ways of working potential providers could reduce their costs.

To help potential providers we will run market development event with the partnership.

6. Recommendation

The Bexley Local Care Partnership Committee is recommended to approve the requests to:

- Commence *Market Development* with the Local Care Partnership and receive feedback and recommendations.
- Commence the procurement of Urgent Care for Bexley in line with SEL ICS schedule of delegated matters.

Contact Officer:	Erica Bond, Programme Lead, System Development Team, NHS South East London Integrated Care System
Reporting to:	Robert Shaw, Director of System Development, NHS South East London Integrated Care System

Bexley Local Care Partnership Committee

Thursday 21st July 2022

Item: 7

Enclosure: E

Title:	Bexley Primary Care Networks Enhanced Access Plans
Author:	Diana Braithwaite, Borough Director – Operations (Bexley), NHS South East London Integrated Care System
Executive Lead:	Stuart Rowbotham, Executive Place Lead (Bexley)/Director of Adult Social Care, NHS South East London Integrated Care System/London Borough of Bexley Council

Purpose of paper:	<p>NHS England require Primary Care Networks to work with their commissioner to produce and agree an Enhanced Access Plan. The Plans will need to set out how the Primary Care Network are planning to deliver Enhanced Access from October 2022.</p> <p>In reviewing the Primary Care Networks Enhanced Access Plans, commissioners will need to ensure they form part of a cohesive Integrated Care System (ICS) approach.</p> <p>The purpose of this paper is to support the Bexley Local Care Partnership Committee in seeking assurance and approval of those plans.</p> <p>The papers set out the plans to date by the four Bexley Primary Care Networks in collaboration with the Bexley Health Neighbourhood Care CiC (GP Federation), the support provided by the local health and care system, progress on patient/public engagement and clarity on some of the key risks in delivering the October 2022 deadline and the key milestones and timelines.</p>	Update / Information	
		Discussion	
		Decision	x
Summary of main points:	<p><u>National Programme</u></p> <ul style="list-style-type: none"> NHS England launched the Primary Care Network contract Directed Enhanced Service (DES) for Enhanced Access on 31st March 2022. From 1 October 2022, Primary Care Networks will be required to provide Enhanced Access between the hours of 6.30pm and 8pm Mondays to Fridays and between 9am and 5pm on Saturdays. This is the 'Network Standard'. Enhanced access arrangements aim to remove variability across the country and are designed to improve patients understanding of, and access to, available services. The enhanced access hours that are offered to patients must utilise the full multidisciplinary team, and offer a range of general practice services, 		

including 'routine' services such as screening, vaccinations and health checks, in line with patient preference and need.

- Enhanced access hours should be delivered by a multidisciplinary team of healthcare professionals, including GPs, nurses and the Additional Roles Reimbursement Scheme (ARRS) workforce.

Local Care Partnership Assurance

- NHS England have set out clear commissioner requirements¹ on any significant changes to the Enhanced Access Plans:

8.1.28.: Commissioner approval is required for any significant change to the Enhanced Access Plan. Changes that will be considered significant include but are not limited to:

- a. the PCN site(s) from which physical services will be delivered;*
- b. sub-contracting arrangements;*
- c. the staffing mix which will be available during the Network Standard Hours which significantly reduces the availability of a type of clinician, for example GPs, or other member of the team; and*
- d. timings and distribution for when the minimum 60 minutes of appointments per 1000 PCN adjusted patients per week is delivered.*

Bexley Enhanced Access Plans

- The four Bexley Primary Care Networks, APL, Clocktower, Frognal and North Bexley are working in collaboration with Bexley Health Neighbourhood Care CiC (BHNC), the GP Federation.
- The Primary Care Networks intend to sub-contract joint delivery of the Enhanced Access Services to the GP Federation to offer a hybrid model to improve access for patients. Work commenced on developing the hybrid model and core principles in April.
- Draft Enhanced Access Plans have been shared with the Bexley Local Care Partnership Enhanced Access Task & Finish Group, which was launched in June 2022. The group provides system oversight, scrutiny, and support.
- The draft Primary Care Network Plans as set out in the main document and the initial Bexley Local Care Partnership assessment is:
 - ✓ All Primary Care Networks intend to deliver the Network Standard, which is 06:30pm to 08.00pm on weekdays and Saturdays with subcontracting some delivery to the GP Federation.
 - ✓ The intention is to continue to offer early morning weekday access currently available at GP Practices.
 - ✓ Access will be provided to multi-disciplinary teams and a range of core primary care services.
 - ✓ All sessions will have GP Leadership.

Risks

The risks of greatest concern (for the detail see System Risk Report – Agenda Item 9) are:

- (i) Those which relate to ensuring GP Clinical Systems correctly interface with additional primary care platforms necessary to provide a holistic approach to the care provided to patients. The risk is that the work required to ensure this happens may not be completed on time.

¹ [NHS England Report Template 7 - no photo on cover](#)

	<p>However, work is underway to ensure that contingency arrangements are put in place and support a potential phased transition from October. The national contract specifies a number of inoperability requirements being in place, “when available”</p> <p>(ii) The Network Standard does to include Saturdays (8am-9am and 5pm-8pm) Sundays or Bank Holidays, although once the Standard is met there is scope for considering these gaps. Therefore, the risks to urgent care services and 111 on Sundays and Banks Holidays in Bexley must be noted, recognising that a considerable amount of rapid assessment is required to better validate the impact and any potential solutions.</p> <p><u>Patient/Public Engagement Programme</u></p> <p>NHS England requires Primary Care Networks to engage on their Plans with patients/public and local stakeholders. The Bexley Local Care Partnership have developed a Patient/Engagement Programme to support the Primary Care Networks allocated and commissioned additional resources.</p> <p>The Patient/Public Engagement Programme consists of offering dedicated focus groups for GP Practice Participation Groups and the Bexley Community Champions. This is supported by a public survey on Enhanced Access, which enables residents to support with shaping the new services. The programme went live on 7th July with the launch of the public survey and initial results will be presented live to the committee.</p> <p>Whilst recognising that engagement is a requirement it is important to manage expectations, given that the Network Standard is explicit although there is scope for nuances based on local population needs – the Primary Care Network Plans to maintain early weekday mornings provides a positive local example.</p>	
<p>Potential Conflicts of Interest:</p>	<p>There are two groups who are members of the Bexley Local Care Partnership where conflict of interests are apparent as a consequence of this report:</p> <p>(i) <i>Bexley Health Neighbourhood Care CiC</i>: The four Bexley Primary Care Networks have indicated their intention to sub-contract to the GP Federation, which is subject to approval by the Local Care Partnership. However, although members of committee in attendance the GP Federation are non-voting members and therefore this mitigates any perceived conflicts of interest.</p> <p>(ii) <i>Primary Care Networks</i>: The Primary Care Networks are made up of individual GP Practices and those 21 GP Practices all shareholders of Bexley Health Neighbourhood Care CiC. The Primary Care Networks are the primary contract holders of the Enhanced Access DES and the main providers. The four Primary Care Networks are voting members and therefore, to mitigate this conflict of interest the Primary Care Networks will be excluded from voting on this item.</p>	
<p>Other Engagement:</p>	<p>Equality Impact</p>	<p>Not as a direct result of this paper.</p>
	<p>Financial Impact</p>	<p>Not as a direct result of this paper.</p>
	<p>Public Engagement</p>	<ul style="list-style-type: none"> • Patient/Public Survey • GP Practice Participation Groups (Focus Sessions) • Community Champions

	Other Committee Discussion/ Engagement	<ul style="list-style-type: none"> Enhanced Access Task & Finish Group, 05.07.2022 and 12.07.2022.
Recommendation:	<p>The Bexley Local Care Partnership Committee is recommended to ‘endorse the direction of travel’ given that the Primary Care Network Plans are still in development – although there is a commitment to deliver the Network Standard in addition to maintaining early morning access at individual GP Practice sites and to note the following caveats:</p> <ul style="list-style-type: none"> (i) The Primary Care Networks intention is to subcontract some delivery of Enhanced Access to the local GP Federation, which will require formal approval from commissioners. (i) More work is required by the Local Care Partnership to review and validate the Primary Care Network Plans and better articulate the level of increased access, the suitability of sites from where enhanced access will be delivered, how patient outcomes will be measured and captured and value for money. (ii) The potential impact on urgent care services, including 111 in Bexley because of the Network Standard requires validation, consideration, and a plan from the Local Care Partnership if not the ICS. (iii) There are several risks that relate specifically to ICT operability, which could delay mobilisation, however contingency plans are being developed. (iv) SEL ICS will review all plans to ensure a cohesive approach across the system in August 2022. (v) Engagement with wider stakeholders will take place including with Local Medical Committee on 18th August 2022 and the Enhanced Access Plans and supporting Patient/Public Engagement outputs will be shared with the Overview & Scrutiny Committee in September 2022. (vi) Work will continue on the Patient/Public Engagement Programme to the end of July 2022. (vii) An update on the Plans will be submitted to the Bexley Local Care Committee on 22nd September 2022. 	

Item: 7

Enclosure. E(i)

Primary Care Networks Plans for Providing Enhanced Access to Primary Care Services

Bexley Local Care Partnership Committee
Thursday 21st July 2022

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2	The Bexley Local Care Partnership Approach	4	Slide 4
3	Primary Care Networks	5 – 6	Slide 5-6
4	Current Services in Bexley – GP Surgeries Extended Hours	7	Slide 7
5	Current Services in Bexley – Extended Access Hubs	8	Slide 8
6	NHS England's Network Standard for Enhanced Access	9	Slide 9
7	Bexley Primary Care Networks – Enhanced Access Proposals	10 – 13	Slide 10 Slide 11 Slide 12 Slide 13
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9	Patient/Public Engagement Programme	15	Slide 15
10	Timeline and Key Deliverables	16	Slide 16

- ❑ NHS England have asked GP Practices to work collaboratively in Primary Care Networks to develop Enhanced Access to primary care services.
- ❑ The new enhanced access arrangements aim to remove variability across the country and improve patient understanding of the service.
- ❑ Existing GP Extended Access Hubs and GP Surgery Extended hours will merge to provide a new enhanced delivery model to patients.
- ❑ **A minimum service of 60 mins per weighted 1000 Primary Care Network registered patients per week must be provided for patients.**



- ❑ Primary Care Networks led by Clinical Directors in collaboration with the Bexley Health Neighbourhood Care CiC (Local GP Federation) commenced consideration of the clinical models to improve access for patients in April and agreed a number of clinical and patient outcome principles.
- ❑ Primary Care Networks will subcontract with the local GP Federation to support delivery of the Enhanced Access Service in Bexley.
- ❑ A Bexley system-wide Enhanced Access Task & Finish Group was launched in June to support Primary Care Networks and provide assurances to the Bexley Local Care Partnership, with representatives from: Primary Care Networks, GP Federation, Urgent Care Centre provider, SEL ICS 111 leads and Engagement Managers.
- ❑ A Patient/Public Engagement Programme was developed by the Bexley Local Care Partnership and additional resources commissioned.

- ❑ Primary Care Network (PCNs) are groups of GP Practices working together.
- ❑ They work with a range of local providers across primary care, including community services, social care and the voluntary sector – to offer more personalised, coordinated health and social care to their local populations.
- ❑ They include multi-disciplinary teams including GPs, Nurses, first contact physiotherapists, pharmacists, paramedics and other health and care professionals.



Primary Care Networks in Bexley

Clocktower PCN

(Pop. 51,301)

Clinical Directors:

Dr Nisha Nair
Dr Lakhbir Kailey

1. Bellegrove Surgery
2. The Westwood Surgery
3. Bexley Group Practice
4. The Welling Medical Practice
5. Dr Davies & Partner

(Pop. 4,915)

IAS. Ingleton Avenue Surgery

Froggnal PCN

(Pop. 54,778)

Clinical Directors:

Dr Sonia Khanna-Deshmukh
Dr Pandu Balaji

1. Woodlands Primary Care
2. Station Road Surgery
3. The Barnard Medical Group
4. Sidcup Medical Centre

Chair: Richard Douglas CB

North Bexley PCN

(Pop. 99,824)

Clinical Directors:

Dr Sushanta Bhadra
Dr Surjit Kailey

1. Lakeside Medical Centre
2. Bexley Medical Group
3. Belvedere Medical Centre
4. Northumberland Heath MC
5. Riverside Surgery
6. Slade Green Medical Centre
7. Crayford Town Surgery

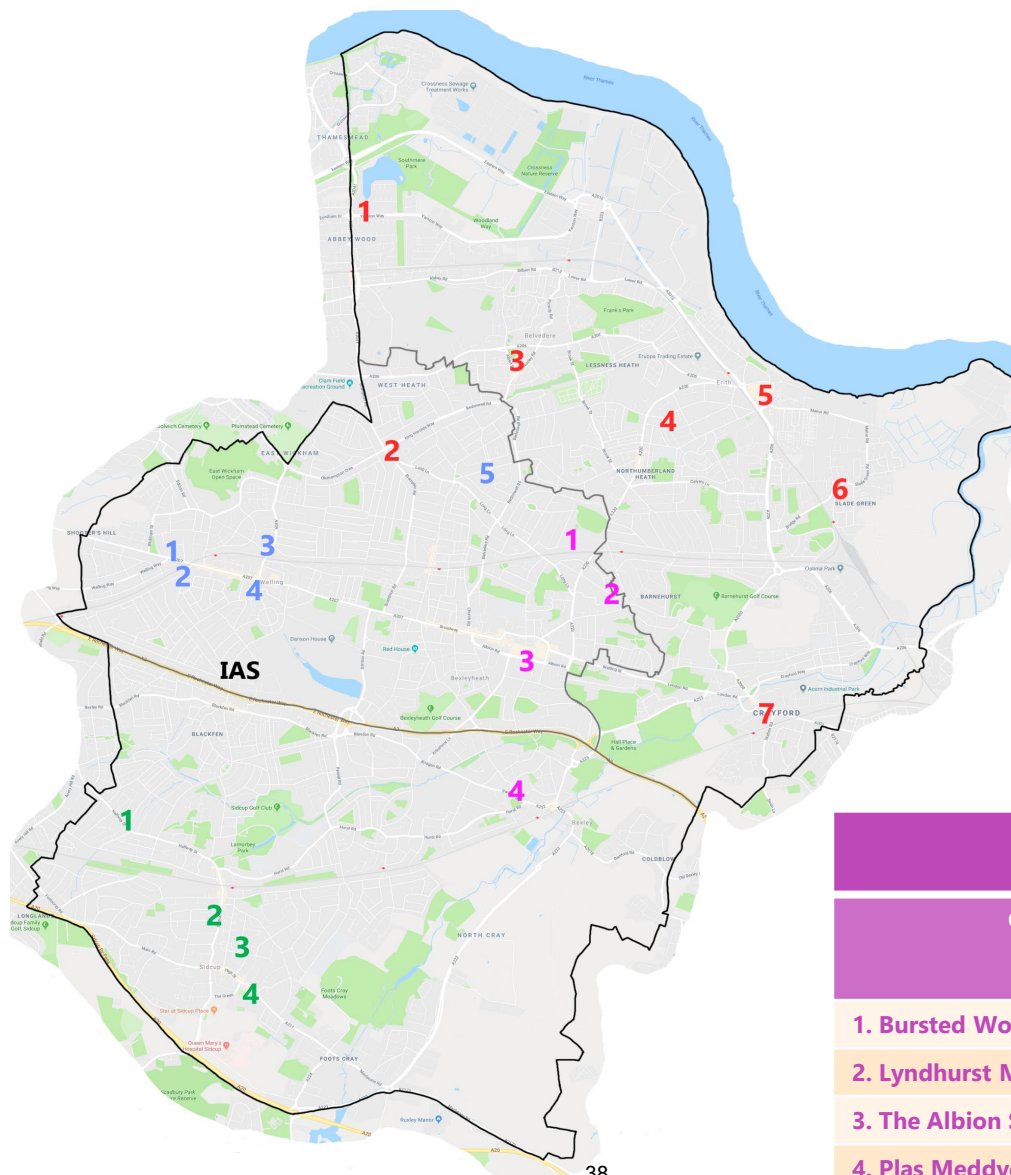
APL

(Pop. 38,189)

Clinical Directors:

Dr Mehal Patel
Dr Miran Patel

1. Bursted Wood Surgery
2. Lyndhurst Medical Centre
3. The Albion Surgery
4. Plas Meddyg Surgery



- ☐ All GP practices in Bexley currently provide some additional access to primary care services outside of core hours (09:00am – 06:30pm) during the mornings, evenings and on Saturdays.
- ☐ GP Practices are required to provide minimum of **30 minutes per 1000 patients registered with their practice**, for additional clinical appointments provided at the same time/day each week.
- ☐ The times are in line with patient preferences.
- ☐ The types of appointments offered must be emergency, same day and pre-bookable.
- ☐ Appointments can be provided face-to-face, by telephone, by video or by online consultation provided as long as a reasonable number of appointments are available for face-to-face consultations where appropriate.
- ☐ **Patients have can only access these services from the GP Practice that they are registered with.**



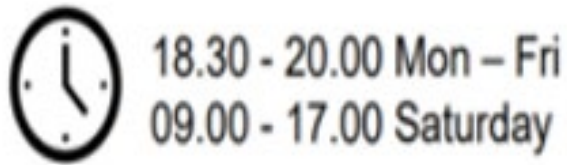
- ❑ The Service commenced in 2017 following a requirement from NHS England for the provision of Extended Access Hubs, so that GP Practices providing primary care services operate 8.00am to 8.00pm, 7 days per week.
- ❑ Extended Access Hubs in Bexley are provided by the local GP Federation, Bexley Health Neighbourhood Care CiC and the service currently operates from two locations:
 1. Queen Mary's Hospital, Monday to Friday 6.30pm to 8.30pm and Saturday from 8.00am to 8.00pm.
 2. Northumberland Health Medical Centre, Monday to Friday 6.30pm to 8.00pm. The service also operates on Saturday and Sunday from 8.00am to 8.00pm.
- ❑ **All patients in Bexley can access this service via their GP Practice.**



Chief Executive Officer: Andrew Bland

- ❑ All patients must have access to all Enhanced Access sites within a Primary Care Network from 18:30 – 20:00 Monday to Friday and 09:00 – 17:00 on Saturdays. This is known as the **Network Standard**.
- ❑ Practices can provide early mornings and Sundays once the Network Standard has been achieved.
- ❑ Patients will be able access appointments for all Enhanced Access sites from their own GP Surgery.
- ❑ Appointments will available to book into a **minimum of 2 weeks in advance** with same day online booking.
- ❑ **Mixture of in person face-to-face and remote (telephone, video, online)** appointments which will be offered to patients.
- ❑ Appointment reminders and the ability to cancel for patients.





APL will continue to offer early mornings on weekdays and are not proposing to offer Enhanced Access on Sundays.



Appointment types



GP face-to-face and remote appointments will be 15 minutes. Nurse, Allied Health Professionals and Health Care Assistant appointments for 10 minutes.



Skill mix of workforce



Enhanced Access across all 4 GP Practices sites within APL.



Bookable in advance



Saturday Enhanced Access will be rotated between the 4 GP Practices sites.

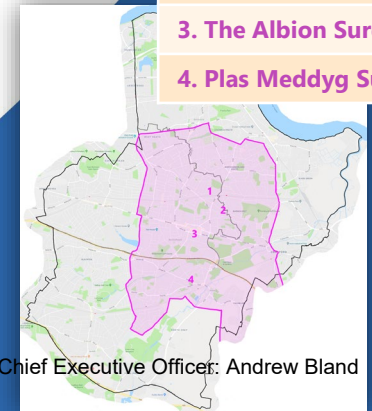


Location



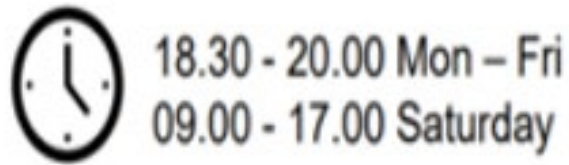
Chair: Richard Douglas CB

APL (Pop. 38,189)
Clinical Directors: Dr Mehal Patel Dr Miran Patel
1. Bursted Wood Surgery
2. Lyndhurst Medical Centre
3. The Albion Surgery
4. Plas Meddyg Surgery



Chief Executive Officer: Andrew Bland

Clocktower Primary Care Network Enhanced Access



Clocktower will continue to offer early mornings on weekdays and are not proposing to offer Enhanced Access on Sundays.



Appointment types



GP face-to-face appointments will be 15 minutes and remote 10 minutes. Nurse appointments 10 minutes, Allied Health Professionals 15 minutes and Health Care Assistant, 20 minutes. Double appointments if required.



Skill mix of workforce



Enhanced Access across all 5 GP Practices sites within Clocktower including Ingleton Avenue.



Bookable in advance



Location



Clocktower PCN

(Pop. 51,301)

Clinical Directors:

Dr Nisha Nair
Dr Lakhbir Kailey

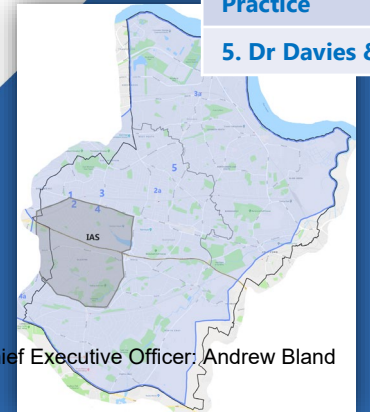
1. Bellegrove Surgery

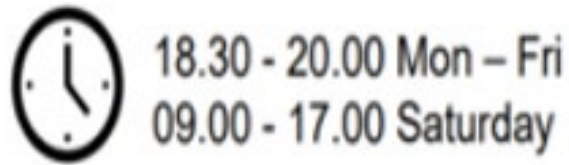
2. The Westwood Surgery

3. Bexley Group Practice

4. The Welling Medical Practice

5. Dr Davies & Partner





Frognal will continue to offer early mornings on weekdays and are not proposing to offer Enhanced Access on Sundays.



Appointment types



GP face-to-face appointments will be 15 minutes and remote will be 10 minutes. Nurse, Allied Health Professionals and Health Care Assistant, will be for 15 – 20 minutes.



Skill mix of workforce



Enhanced Access across all Frognal sites during weekdays.



Bookable in advance



Saturdays Enhanced Access located at Queen Marys and Barnard Medical Group.



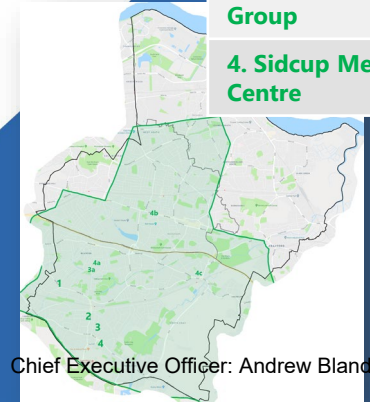
Location




Frognal PCN
(Pop. 54,778)

Clinical Directors:
Dr Sonia Khanna-
Deshmukh
Dr Pandu Balaji

1. Woodlands Primary Care
2. Station Road Surgery
3. The Barnard Medical Group
4. Sidcup Medical Centre



North Bexley Primary Care Network Enhanced Access

 18.30 - 20.00 Mon – Fri
09.00 - 17.00 Saturday



North Bexley will continue to offer early mornings on weekdays and are not proposing to offer Enhanced Access on Sundays.



Appointment types



GP face-to-face appointments will be 15 minutes and remote will be 10 minutes. Nurse, Allied Health Professionals and Health Care Assistant, will be for 15 – 20 minutes.



Skill mix of workforce



Enhanced Access across all North Bexley sites during weekdays.
Saturdays located at Northumberland Heath Medical Centre and Bexley Medical Group.



Bookable in advance



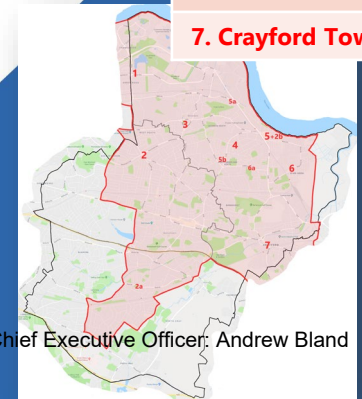
Location



North Bexley PCN (Pop. 99,824)

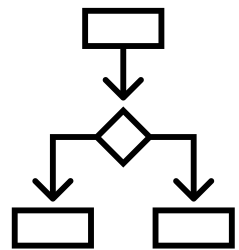
Clinical Directors:
Dr Sushanta Bhadra
Dr Surjit Kailey

1. Lakeside Medical Centre
2. Bexley Medical Group
3. Belvedere Medical Centre
4. Northumberland Heath MC
5. Riverside Surgery
6. Slade Green Medical Centre
7. Crayford Town Surgery



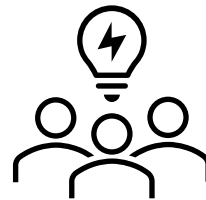


Better access to health and care services in the mornings, evenings and weekends including: Same day urgent care, Minor Illnesses, Chronic Disease Management e.g. Hypertension, Diabetes, Asthma and COPD, Medication Reviews, Wound Care, NHS Health Checks, Blood Tests and Referral to other health and care services.



**Improved
Choice**

Access to
primary care
services across a
Primary Care
Network through
your GP Practice.



**Multi-
disciplinary
Team**

Access to multi-
disciplinary
primary care
including GPs,
Nurses, Health
Care Assistants
and Pharmacists.

NHS England requires Primary Care Networks to engage with patients and stakeholders on the range, composition, and timings of services as part of the development of their plans, to ensure: - consistent approach is achieved at borough and System level - the right service offer is provided to patients that does not cause confusion.

The Bexley Local Care Partnership took the decision to support Primary Care Networks by developing a Patient/Public Engagement Plan for Category 1 (Patients/Carers) and provide leadership, engagement expertise and co-ordination for Category 2 (Stakeholders) and Category 3 (Providers). The Bexley Local Care Partnership have allocated and commissioned additional resources. The Category 1 Plan was launched on 7th July 2022 with a public survey and planned Focus Group sessions are being offered in person and online to GP Practice Participation Groups and Community Champions. The Patient/Public Engagement Plan was shared at the formal meeting of the Local Medical Committee (Category 2) on 23rd June 2022.



Enhanced Access – Timeline & Key Milestones @ 12.07.2022

Dates	Milestone	Workstream Lead	RAG
05.07.2022	DRAFT: 1 st Clinical Model/s – Discussion	Abi Mogridge/Primary Care Networks	
07.07.2022	Patient/Public Enhanced Access Survey Launched	Patrick Gray	
12.07.2022	GP Practice Participation Group – Focus Group Session (APL)	Patrick Gray/Dorothy Muir	
19.07.2022	DRAFT: 2 nd Clinical Model/s – Patient/Public Considerations	Primary Care Networks/BHNC	
21.07.2022	Bexley Local Care Partnership Committee – Progress Report	Primary Care Networks/BHNC	
22.07.2022	Group 2: Stakeholders – Bexley Local Care Partnership Forum	Primary Care Networks/BHNC	
26.07.2022	FINAL: 3 rd Clinical Model/s	Primary Care Networks/BHNC	
27.07.2022	Bexley Local Care Partnership Executive – Clinical Model Review	Diana Braithwaite	
29.07.2022	Primary Care Networks submit plans to Bexley Local Care Partnership	Primary Care Networks/BHNC	
09.08.2022	Local Care Partnership Review	Diana Braithwaite/Julie Witherall	
18.08.2022	Group 2: Stakeholders – Local Medical Committee	Primary Care Networks/BHNC	
23.08.2022	South East London Integrated Board Executive – Sign Off	Diana Braithwaite/Primary Care Networks	
24.08.2022 – 30.09.2022	Mobilisation	Primary Care Networks/BHNC	
06.09.2022	Communications Plan	Aysha Awan/Central Communications	
TBC	Group 2: Stakeholders - Overview & Scrutiny – Assurance	Primary Care Networks/Diana Braithwaite	
03.10.2022	Service/s Go Live	Abi Mogridge/Primary Care Networks	

Bexley Local Care Partnership Committee

Thursday 21st July 2022

Item: 8

Enclosure: F

Title:	Month 2 Finance Report
Author:	Julie Witherall, Associate Director of Finance (Bexley), NHS South East London Integrated Care System
Executive Lead:	David Maloney, Director of Corporate Finance, NHS South East London Integrated Care System

Purpose of paper:	This paper is to provide an update on the financial position of Bexley (Place) as well as the overall financial position of the CCG as at Month 2 (May) 2022/23.	Update / Information	
		Discussion	x
		Decision	
Summary of main points:	<p>Bexley Position</p> <p>The table opposite summarises the reported financial position for Bexley borough as at Month 2 which is breakeven. In achieving this position, the following should be noted;</p> <ul style="list-style-type: none"> At this early stage in the financial year, it is too early for financial trends to emerge, but the key features of the position are highlighted below. Bexley is reporting a £30k overspend against its Prescribing position. No 2022/23 prescribing financial information is yet available and the position is based upon Month 12 2021/22 data. The overspend is driven by activity levels. The Continuing Care financial position is showing a very slight underspend of £14k at month 2, but even at this early stage there are indications of an increase in the number of clients being supported. This position will be reviewed during Month 3 to verify the accuracy of these numbers. The Mental Health position is reported based on actual cost per client (CPC) activity. There is a slight increase in activity, which will be reviewed in month but overall, Bexley is reporting a small underspend of £20k. Due to the volatility of expenditure, the impact on the Mental Health Investment Standard (MHIS) will be reviewed at the end of Quarter 1. At Month 2, the CCG is awaiting actual reporting information on a number of budget areas. Where this is the case, these budgets have been reported to break-even. This position will be reviewed in time for Month 3 reporting and include community, other primary care, other acute and delegated primary care. Other programme services is showing a small overspend of £32k at month 2 and this will be reviewed in month to establish the source of the overspend and how it can be addressed. 		

- The corporate budgets are showing a small underspend year to date of £28k which is due to the vacancies at present. There is a need to meet the vacancy factor set for Bexley and so this will assist in that process.

2022/23 Budget Setting

Budget setting meetings for 22/23 have also taken place with budget holders to agree budgets and savings in line with the budget setting paper previously brought to this committee. The initial 2022/23 budgets have now been accepted with all savings identified, however an additional £399k of recurrent savings has been requested of Bexley in order to assist with the overall system deficit and this has yet to be identified.

Overall CCG Position

This report sets out the Month 2 financial position of the CCG. The position is based upon a three month reporting period and reflects the dissolution of the CCG on 30th June 2022. The budget for the three months is constructed from the CCG/ICB annual financial plan. Any overspend/underspend against this plan in Months 1-3 will be carried forward into the ICB position for the following nine months of the year.

The CCG is reporting an £84k overspend to Month 2. This represents expenditure related to the CCG's vaccination programme. These costs are expected to be reimbursed by NHSEI. Confirmation of this funding is expected prior to Month 3 reporting. Covid expenditure is forecasted to be £132k for the Quarter 1 period.

In reporting the month 2 position, the CCG is seeing potential risks within its Prescribing, Continuing Care and the cost per case position in Mental Health. The detail is being review in-month, to ensure that risks can be appropriately managed and mitigated in year.

In reporting this position, the CCG has delivered its duties in addition to that of financial balance, namely:

- Delivering all targets under the Better Practice Payments code;
- Subject to the usual annual review, delivered its commitments under the Mental Health Investment Standard; and
- Delivered the month-end cash position, well within the target cash balance.

In month, the CCG has received confirmation of its Quarter 1 recurrent allocation of £908,820k plus non recurrent allocations covering Ockenden Funding (£966k), Health Inequality Funding (£1,465k), Covid Funding (£23,833k) and the Service Development Fund (£11,011k). This funding is as expected and is in line the CCG's planning submission at 28th April. A further submission was made on 20th June, and the allocations will be updated accordingly.

(Refer to appendix 1 for full report)

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 borough is reporting a breakeven position at month 2, with the CCG as a whole is reporting a

		small overspend which will be reimbursed by NHSE/I. There remain significant risks around the second tranche of savings requirements plus the volatility of areas of expenditure such as CHC, MH Cost per Case and prescribing.
	Public Engagement	Finance will be reported to the Local Care Partnership Committee meetings held in public borough based board meetings and also the position is reported by SEL Integrated Care Board at the public meetings.
	Other Committee Discussion/Engagement	The month 2 financial position is discussed at SE London level at the Planning and Delivery Group, locally, it has been discussed at the Bexley Senior Management Team
Recommendation:	<p>The Bexley Local Care Partnership is asked to:</p> <ol style="list-style-type: none"> 1. DISCUSS & NOTE the Month 2 (May 2022) financial position for both NHS South East London CCG and Bexley Borough. 2. NOTE the details of the 2022/23 allocations (programme and running costs) received and expenditure to date for both NHS South East London CCG and Bexley Borough. 3. DISCUSS & NOTE the key risks identified for NHS South East London CCG and how they relate to Bexley Borough. 4. NOTE the details of the savings requirements for both NHS South East London CCG and Bexley Borough. 	

Bexley Local Care Partnership Committee

Financial Year 2022/23

Month 2 Finance Report – May 2022, NHS SEL CCG

Thursday 21st July 2022

CONTENTS:

- 1. Summary of Bexley Borough's Financial Position as at Month 2**
- 2. Summary of Bexley Borough's Financial Position as at Month 2 re: Savings Targets**
- 3. Summary of Bexley Borough's Financial Position as at Month 2 – Other Issues**
- 4. Summary of Key Messages for SE London CCG's Financial Position as at Month 2**
- 5. Summary of SE London CCG's Financial Position as at Month 2**
- 6. Revenue Resource Limit as at month 2**

1. Summary of Bexley Borough Financial Position as at Month 2 (Please refer to detailed report Appendix 1)

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCGs (Non Covid)	Covid-19	Total SEL CCGs
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Year to Date Budget										
Acute Services	20	127	2,929	117	158	123	335,537	339,010	-	339,010
Community Health Services	1,713	9,500	2,656	1,281	1,256	1,060	39,523	56,988	-	56,988
Mental Health Services	1,474	1,668	1,054	3,128	944	869	73,512	82,647	-	82,647
Continuing Care Services	3,914	3,873	4,224	5,011	3,280	3,211	-	23,513	-	23,513
Prescribing	5,489	7,535	5,403	6,261	6,378	5,182	106	36,355	-	36,355
Other Primary Care Services	518	559	416	581	284	166	3,020	5,544	-	5,544
Other Programme Services	1,366	3,203	2,175	2,249	2,692	3,418	9,576	24,678	-	24,678
Delegated Primary Care Services	5,885	8,565	7,528	11,709	8,745	9,320	1,156	52,909	-	52,909
Corporate Budgets	490	804	743	922	637	695	4,795	9,086	-	9,086
Total Year to Date Budget	20,869	35,834	27,128	31,259	24,373	24,043	467,225	630,730	-	630,730
Year to Date Actual										
Acute Services	20	127	2,929	117	158	123	335,537	339,010	0	339,010
Community Health Services	1,713	9,500	2,656	1,281	1,256	1,060	39,523	56,988	-	56,988
Mental Health Services	1,454	1,688	1,114	3,183	932	878	73,446	82,693	-	82,693
Continuing Care Services	3,900	3,833	4,213	5,094	3,326	3,164	-	23,530	-	23,530
Prescribing	5,519	7,629	5,480	6,245	6,447	5,170	106	36,596	-	36,596
Other Primary Care Services	518	559	416	581	284	166	3,020	5,544	-	5,544
Other Programme Services	1,398	3,109	2,031	2,167	2,594	3,442	9,610	24,350	84	24,434
Delegated Primary Care Services	5,885	8,565	7,529	11,709	8,746	9,319	1,155	52,909	-	52,909
Corporate Budgets	462	824	762	881	631	722	4,828	9,110	(0)	9,110
Total Year to Date Actual	20,869	35,834	27,128	31,259	24,373	24,043	467,224	630,730	84	630,814
Month 2										
Acute Services	-	-	-	-	-	-	-	-	(0)	(0)
Community Health Services	-	-	-	-	-	-	-	-	-	-
Mental Health Services	20	(20)	(60)	(55)	12	(9)	67	(46)	-	(46)
Continuing Care Services	14	40	11	(83)	(46)	47	-	(17)	-	(17)
Prescribing	(30)	(94)	(76)	16	(69)	13	-	(241)	-	(241)
Other Primary Care Services	0	(0)	0	(0)	-	0	(0)	(0)	-	(0)
Other Programme Services	(32)	94	144	82	98	(24)	(34)	328	(84)	244
Delegated Primary Care Services	0	0	(0)	(0)	(0)	0	1	0	-	0
Corporate Budgets	28	(20)	(18)	40	6	(27)	(33)	(24)	0	(24)
Total Year to Date Variance	-	-	-	-	-	-	-	-	(84)	(84)

Chairman Richard Douglas CB

The table opposite summarises the reported financial position for Bexley borough as at Month 2 which is breakeven. In achieving this position, the following should be noted;

- At this early stage in the financial year, it is too early for financial trends to emerge, but the key features of the position are highlighted below.
- Bexley is reporting a £30k overspend against its Prescribing position. No 2022/23 prescribing financial information is yet available and the position is based upon Month 12 2021/22 data. The overspend is driven by activity levels.
- The Continuing Care financial position is showing a very slight underspend of £14k at month 2, but even at this early stage there are indications of an increase in the number of clients being supported. This position will be reviewed during Month 3 to verify the accuracy of these numbers.
- The Mental Health position is reported based on actual cost per client (CPC) activity. There is a slight increase in activity, which will be reviewed in month but overall, Bexley is reporting a small underspend of £20k. Due to the volatility of expenditure, the impact on the Mental Health Investment Standard (MHIS) will be reviewed at the end of Quarter 1.
- At Month 2, the CCG is awaiting actual reporting information on a number of budget areas. Where this is the case, these budgets have been reported to break-even. This position will be reviewed in time for Month 3 reporting and include community, other primary care, other acute and delegated primary care.
- Other programme services is showing a small overspend of £32k at month 2 and this will be reviewed in month to establish the source of the overspend and how it can be addressed.
- The corporate budgets are showing a small underspend year to date of £28k which is due to the vacancies at present. There is a need to offset the vacancy factor set for Bexley and so this will assist in that process.

2. Summary of Bexley Borough's Financial Position as at Month 2 re: Savings Targets (Please refer to detailed report Appendix 1)

- The CCG has a final QIPP ask of £29.3m in 2022/23, with the 'by area' and borough positions set out in the table below. The savings identified include the impact of the NHS wide 1.1% tariff efficiency requirement. QIPP reporting (actuals versus plan) for 2022/23 is being developed and will be included within future monthly financial reports.

Savings By Budget Area	Total Requirement £'000s	Savings By Borough	Total Requirement £'000s
Acute Services	822	Bexley	2,013
Community Health Services	2,595	Bromley	3,841
Mental Health Services	601	Greenwich	2,891
Continuing Care Services	3,429	Lambeth	2,555
Prescribing	3,162	Lewisham	2,623
Other Primary Care Services	208	Southwark	1,963
Other Programme Services	15,761	South East London	13,419
Delegated Primary Care Services	-		
Corporate Budgets	2,727		
Total Year to Date Actual	29,305	Total Year to Date Actual	29,305

- The initial savings request of Bexley was for £1,493k on programme budgets plus £121k as a vacancy factor, totalling £1,614k. During the budget setting process, budget holders identified the £1,493k and so this was removed from the start budget positions where appropriate. Bexley has a plan for the £121k vacancy factor and progress against this target will be reported on a monthly basis to this committee and also to the ICB.
- Subsequently, a further request for savings in order to help to close the system financial gap was made and Bexley's share of this is £399k recurrently. Savings have yet to be identified to cover this requirement, although there have been some suggestions made. Work will continue to compile a savings plan and then progress against this plan will be monitored and reported to this committee.

3. Summary of Bexley Borough's Financial Position as at Month 2 – Other Issues (Please refer to detailed report Appendix 1)

Staffing Position

As at month 2, Bexley Borough has a number of vacancies against the borough based structure which are as follows;

- 1 Band 8d Assistant Director of Primary Care – waiting for person to start
- 1 Band 8b Partnership Manager (Joint role) – to be advertised
- 1 Band 8a Patient Flow Manager – person now in post
- 1 Band 8a CHC Clinical Lead – being advertised
- 1 Band 8a CYP Commissioning Manager (Joint role) – to be advertised
- 1 Band 7 LD CHC Nurse – being advertised.

These posts are not being backfilled and so there is additional pressure on the remaining staff to cover these roles to the best of their ability.

Balance Sheet / Financial Services Issues

In the 10 highest value debtors of the CCG, there are no items which relate to Bexley and the dated debt due from LB Bexley has now been recovered in full. To assist providers with cash flow, all invoices are currently paid within 7 days of approval. Due to the high volume across SE London CCG of dated invoices, an action plan to review all aged creditors has been developed as the volumes to be transferred to the new ICB ledger are required to be as low as possible. There is also now a focus on outstanding invoices for the period April 2020 – March 2021 and budget holders are asked to review their workflows and resolve any outstanding queries as soon as possible. As a result of this work, the volume of creditors has reduced significantly but there remains work to do post move to ICB status.

Governance Arrangements

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

Financial Management Arrangements

Month 2 budget holders meetings have taken place and the meetings for the remainder of the financial year have also been arranged. New coding books are being issued to budget holders for the new ledger which takes effect from 1st July 2022.

2022/23 Budget Setting

Budget setting meetings for 22/23 have also taken place with budget holders to agree budgets and savings in line with the budget setting paper previously brought to this committee. The initial 2022/23 budgets have now been accepted with all savings identified, however an additional £399k of recurrent savings has been requested of Bexley in order to assist with the overall system deficit and this has yet to be identified.

4. Summary of Key Messages for SE London Financial Position as at Month 2 (Please refer to detailed report Appendix 1)

- This report sets out the Month 2 financial position of the CCG. The position is based upon a three month reporting period and reflects the dissolution of the CCG on 30th June 2022. The budget for the three months is constructed from the CCG/ICB annual financial plan. Any overspend/underspend against this plan in Months 1-3 will be carried forward into the ICB position for the following nine months of the year.
- The CCG is reporting an **£84k overspend** to Month 2. This represents expenditure related to the CCG's vaccination programme. These costs are **expected to be reimbursed** by NHSEI. Confirmation of this funding is expected prior to Month 3 reporting. Covid expenditure is forecasted to be **£132k** for the Quarter 1 period.
- In reporting the month 2 position, the CCG is seeing potential risks within its Prescribing, Continuing Care and the cost per case position in Mental Health. The detail is being review in-month, to ensure that risks can be appropriately managed and mitigated in year.
- In reporting this position, the CCG has delivered its duties in addition to that of financial balance, namely:
 - Delivering all targets under the **Better Practice Payments code**;
 - Subject to the usual annual review, delivered its commitments under the **Mental Health Investment Standard**; and
 - Delivered the **month-end cash position**, well within the target cash balance.
- In month, the CCG has received confirmation of its Quarter 1 recurrent allocation of **£908,820k** plus non recurrent allocations covering Ockenden Funding (£966k), Health Inequality Funding (£1,465k), Covid Funding (£23,833k) and the Service Development Fund (£11,011k). This funding is as expected and is in line the CCG's planning submission at 28th April. A further submission was made on 20th June, and the allocations will be updated accordingly.

5. Summary of SE London Financial Position as at Month 2 (Please refer to detailed report Appendix 1)

- The table below sets out the CCG's financial position for the year to Month 2, together with the Month 3 forecast.

Headline Financial Performance										
	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCGs (Non Covid)	Covid-19	Total SEL CCGs
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Year to Date Expenditure Position										
YTD Total Budget	20,869	35,834	27,128	31,259	24,373	24,043	467,225	630,730	-	630,730
YTD Total Expenditure	20,869	35,834	27,128	31,259	24,373	24,043	467,224	630,730	84	630,814
YTD In Year Total Surplus/ (Deficit)	-	-	-	-	-	-	-	-	(84)	(84)
YTD Expected Retrospective Allocation	-	-	-	-	-	-	-	-	84	84
YTD Variance After Retrospective Allocation	-	-	-	-	-	-	-	-	-	-
YTD Variance against planned in year Surplus/ Control Total %	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Previous YTD Variance	-	-	-	-	-	-	-	-	-	-
	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCGs (Non Covid)	Covid-19	Total SEL CCGs
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Forecast Expenditure Position										
FOT Total Budget	31,303	53,752	40,692	46,889	36,559	36,064	700,837	946,096	-	946,096
FOT Total Expenditure	31,303	53,752	40,692	46,889	36,559	36,064	700,837	946,096	132	946,228
FOT In Year Total Surplus/ (Deficit)	-	-	-	-	-	-	-	-	(132)	(132)
FOT Expected Retrospective Allocation								-	132	132
FOT Variance After Retrospective Allocation										-
FOT Variance against planned in year Surplus/ Control Total %	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Previous Month FOT Variance After Top Up Allocation	-	-	-	-	-	-	-	-	-	-

- The CCG is reporting a **break-even** position against its Business as Usual (BAU) budgets and an **£84k** overspend against its reclaimable Covid budgets. The CCG is expecting to report a **break-even** position against its BAU budgets at the end of Month 3 with a **£132k** forecast overspend against its reclaimable Covid budgets.

6. Revenue Resource Limit as at Month 2 (Please refer to detailed report Appendix 1)

The table below sets out the movements in the Revenue Resource Limit at Month 2. The table below sets out the reconciliation from the start budget presented to the CCG Governing Body on 19th May. The budget has been updated to reflect the agreed additional CCG/ICB savings target (£7,000k) to support the ICS operating plan. The monthly phasing of the annual financial plan is on a straight line basis.

The CCG's recurrent allocation for Quarter 1 is £908,820 (£833,538k plus £75,282k system top up funding) plus notified non recurrent allocations as at Month 2 covering Ockenden Funding (£966k), Health Inequality Funding (£1,465k), Covid Funding (£23,833k) and Service Development Fund (£11,011k). This funding is as expected and is in line the CCG's operating plan submission on 28th April. A further submission was made on the 20th June and the allocations will be updated accordingly. Total budget as at Month 2 is £946,096k.

In month there has been one budget virement, relating to the Frailty business case in Greenwich.

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCGs
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
2021/22 Start Budget	124,575	214,302	160,210	184,519	141,768	140,041	2,375,738	3,341,153
Agreed Adjustments to Budget Baseline								
Primary Care Budgets	1,036	1,270	3,604	3,606	4,936	4,681	(19,133)	-
Additional Savings Target	(399)	(566)	(530)	(571)	(469)	(465)	(4,000)	(7,000)
Revised Baseline Budget	125,212	215,006	163,284	187,554	146,235	144,257	2,352,605	3,334,153
Quarter 1 Allocation	31,303	53,752	40,821	46,889	36,559	36,064	588,151	833,538
Allocation Changes Month 2								
System Top Up Funding							75,282	75,282
Ockenden funding							966	966
Health Inequalities Funding							1,465	1,465
COVID funding							23,833	23,833
Service Development Fund (SDF)							11,011	11,011
Budget Virements Month 2								
Frailty Business Case			(129)				129	-
Month 2 Total Budget	31,303	53,752	40,693	46,889	36,559	36,064	700,837	946,096

Item: 8
Enclosure: F(ii)

SEL CCG Finance Report

Month 2 2022/23

Quarter 1 Accounts

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1. Executive Summary

- This report sets out the Month 2 financial position of the CCG. The position is based upon a three month reporting period and reflects the dissolution of the CCG on 30th June 2022. The budget for the three months is constructed from the CCG/ICB annual financial plan. Any overspend/underspend against this plan in Months 1-3 will be carried forward into the ICB position for the following nine months of the year.
- The CCG is reporting an **£84k overspend** to Month 2. This represents expenditure related to the CCG's vaccination programme. These costs are **expected to be reimbursed** by NHSEI. Confirmation of this funding is expected prior to Month 3 reporting. Covid expenditure is forecasted to be **£132k** for the Quarter 1 period.
- In reporting the month 2 position, the CCG is seeing potential risks within its Prescribing, Continuing Care and the cost per case position in Mental Health. The detail is being review in-month, to ensure that risks can be appropriately managed and mitigated in year.
- In reporting this position, the CCG has delivered its duties in addition to that of financial balance, namely:
 - Delivering all targets under the **Better Practice Payments code**;
 - Subject to the usual annual review, delivered its commitments under the **Mental Health Investment Standard**; and
 - Delivered the **month-end cash position**, well within the target cash balance.
- In month, the CCG has received confirmation of its Quarter 1 recurrent allocation of **£908,820k** plus non recurrent allocations covering Ockenden Funding (£966k), Health Inequality Funding (£1,465k), Covid Funding (£23,833k) and the Service Development Fund (£11,011k). This funding is as expected and is in line the CCG's planning submission at 28th April. A further submission was made on 20th June, and the allocations will be updated accordingly.

2. Revenue Resource Limit

- The table below sets out the movements in the Revenue Resource Limit at Month 2. The table below sets out the reconciliation from the start budget presented to the CCG Governing Body on 19th May. The budget has been updated to reflect the agreed additional CCG/ICB savings target (£7,000k) to support the ICS operating plan. The monthly phasing of the annual financial plan is on a straight line basis.
- The CCG's recurrent allocation for Quarter 1 is £908,820 (**£833,538k plus £75,282k system top up funding**) plus notified non recurrent allocations as at Month 2 covering Ockenden Funding (£966k), Health Inequality Funding (£1,465k), Covid Funding (£23,833k) and Service Development Fund (£11,011k). This funding is as expected and is in line the CCG's operating plan submission on 28th April. A further submission was made on the 20th June and the allocations will be updated accordingly. Total budget as at Month 2 is **£946,096k**.
- In month there has been one budget virement, relating to the Frailty business case in Greenwich.

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCGs
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
2021/22 Start Budget	124,575	214,302	160,210	184,519	141,768	140,041	2,375,738	3,341,153
Agreed Adjustments to Budget Baseline								
Primary Care Budgets	1,036	1,270	3,604	3,606	4,936	4,681	(19,133)	-
Additional Savings Target	(399)	(566)	(530)	(571)	(469)	(465)	(4,000)	(7,000)
Revised Baseline Budget	125,212	215,006	163,284	187,554	146,235	144,257	2,352,605	3,334,153
Quarter 1 Allocation	31,303	53,752	40,821	46,889	36,559	36,064	588,151	833,538
Allocation Changes Month 2								
System Top Up Funding							75,282	75,282
Ockenden funding							966	966
Health Inequalities Funding							1,465	1,465
COVID funding							23,833	23,833
Service Development Fund (SDF)							11,011	11,011
Budget Virements Month 2								
Frailty Business Case			(129)				129	-
Month 2 Total Budget	31,303	53,752	40,693	46,889	36,559	36,064	700,837	946,096

3. Key Indicators

- The below table sets out the CCG's Month 2 performance against its main financial duties.
- The slight overspend (£84k) against the agreed surplus relates to reimbursable Covid vaccination costs. Funding for this is expected to be confirmed in time for Month 3 reporting. As the funding is to be confirmed these are marked as "amber" for Month 2. The CCG is required to spend within 1.25% of its monthly cash drawdown, with the expectation that it will hold minimal cash balances at the end of a month.

Key Indicator Performance

Year to Date		Forecast	
Target	Actual	Target	Actual
£'000s	£'000s	£'000s	£'000s
-	(84)	-	(132)
624,337	624,420	936,512	936,644
630,730	630,814	946,096	946,228
5,882	5,638	8,823	8,457
3,650	1,254	3,588	244
n/a	n/a	n/a	n/a
95.0%	100.0%	95.0%	100.0%
95.0%	97.9%	95.0%	97.8%
73,331	73,331	109,997	109,997

Agreed Surplus

Expenditure not to exceed income

Operating Under Resource Revenue Limit

Not to exceed Running Cost Allowance

Month End Cash Position (expected to be below target)

Operating under Capital Resource Limit

95% of NHS creditor payments within 30 days

95% of non-NHS creditor payments within 30 days

Mental Health Investment Standard

4. Financial Position

- The table below sets out the CCG's financial position for the year to Month 2, together with the Month 3 forecast.

Headline Financial Performance									
	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCGs (Non Covid)	Covid-19
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Year to Date Expenditure Position									
YTD Total Budget	20,869	35,834	27,128	31,259	24,373	24,043	467,225	630,730	-
YTD Total Expenditure	20,869	35,834	27,128	31,259	24,373	24,043	467,224	630,730	84
YTD In Year Total Surplus/ (Deficit)	-	-	-	-	-	-	-	-	(84)
YTD Expected Retrospective Allocation	-	-	-	-	-	-	-	-	84
YTD Variance After Retrospective Allocation	-	-	-	-	-	-	-	-	-
YTD Variance against planned in year Surplus/ Control Total %	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Previous YTD Variance									
	-	-	-	-	-	-	-	-	-
	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCGs (Non Covid)	Covid-19
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Forecast Expenditure Position									
FOT Total Budget	31,303	53,752	40,692	46,889	36,559	36,064	700,837	946,096	-
FOT Total Expenditure	31,303	53,752	40,692	46,889	36,559	36,064	700,837	946,096	132
FOT In Year Total Surplus/ (Deficit)	-	-	-	-	-	-	-	-	(132)
FOT Expected Retrospective Allocation								-	132
FOT Variance After Retrospective Allocation								-	-
FOT Variance against planned in year Surplus/ Control Total %	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Previous Month FOT Variance After Top Up Allocation									
	-	-	-	-	-	-	-	-	-

- The CCG is reporting a **break-even** position against its Business as Usual (BAU) budgets and an **£84k** overspend against its reclaimable Covid budgets. The CCG is expecting to report a **break-even** position against its BAU budgets at the end of Month 3 with a **£132k** forecast overspend against its reclaimable Covid budgets.

5. Budget Overview

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCGs (Non Covid)	Covid-19	Total SEL CCGs
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Year to Date Budget										
Acute Services	20	127	2,929	117	158	123	335,537	339,010	-	339,010
Community Health Services	1,713	9,500	2,656	1,281	1,256	1,060	39,523	56,988	-	56,988
Mental Health Services	1,474	1,668	1,054	3,128	944	869	73,512	82,647	-	82,647
Continuing Care Services	3,914	3,873	4,224	5,011	3,280	3,211	-	23,513	-	23,513
Prescribing	5,489	7,535	5,403	6,261	6,378	5,182	106	36,355	-	36,355
Other Primary Care Services	518	559	416	581	284	166	3,020	5,544	-	5,544
Other Programme Services	1,366	3,203	2,175	2,249	2,692	3,418	9,576	24,678	-	24,678
Delegated Primary Care Services	5,885	8,565	7,528	11,709	8,745	9,320	1,156	52,909	-	52,909
Corporate Budgets	490	804	743	922	637	695	4,795	9,086	-	9,086
Total Year to Date Budget	20,869	35,834	27,128	31,259	24,373	24,043	467,225	630,730	-	630,730
Year to Date Actual										
Acute Services	20	127	2,929	117	158	123	335,537	339,010	0	339,010
Community Health Services	1,713	9,500	2,656	1,281	1,256	1,060	39,523	56,988	-	56,988
Mental Health Services	1,454	1,688	1,114	3,183	932	878	73,446	82,693	-	82,693
Continuing Care Services	3,900	3,833	4,213	5,094	3,326	3,164	-	23,530	-	23,530
Prescribing	5,519	7,629	5,480	6,245	6,447	5,170	106	36,596	-	36,596
Other Primary Care Services	518	559	416	581	284	166	3,020	5,544	-	5,544
Other Programme Services	1,398	3,109	2,031	2,167	2,594	3,442	9,610	24,350	84	24,434
Delegated Primary Care Services	5,885	8,565	7,529	11,709	8,746	9,319	1,155	52,909	-	52,909
Corporate Budgets	462	824	762	881	631	722	4,828	9,110	(0)	9,110
Total Year to Date Actual	20,869	35,834	27,128	31,259	24,373	24,043	467,224	630,730	84	630,814
Month 2										
	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCGs (Non Covid)	Covid-19	Total SEL CCGs
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Year to Date Variance										
Acute Services	-	-	-	-	-	-	-	-	(0)	(0)
Community Health Services	-	-	-	-	-	-	-	-	-	-
Mental Health Services	20	(20)	(60)	(55)	12	(9)	67	(46)	-	(46)
Continuing Care Services	14	40	11	(83)	(46)	47	-	(17)	-	(17)
Prescribing	(30)	(94)	(76)	16	(69)	13	-	(241)	-	(241)
Other Primary Care Services	0	(0)	0	(0)	-	0	(0)	(0)	-	(0)
Other Programme Services	(32)	94	144	82	98	(24)	(34)	328	(84)	244
Delegated Primary Care Services	0	0	(0)	(0)	(0)	0	1	0	-	0
Corporate Budgets	28	(20)	(18)	40	6	(27)	(33)	(24)	0	(24)
Total Year to Date Variance	-	-	-	-	-	-	-	-	(84)	(84)

Chair: Richard Douglas CB

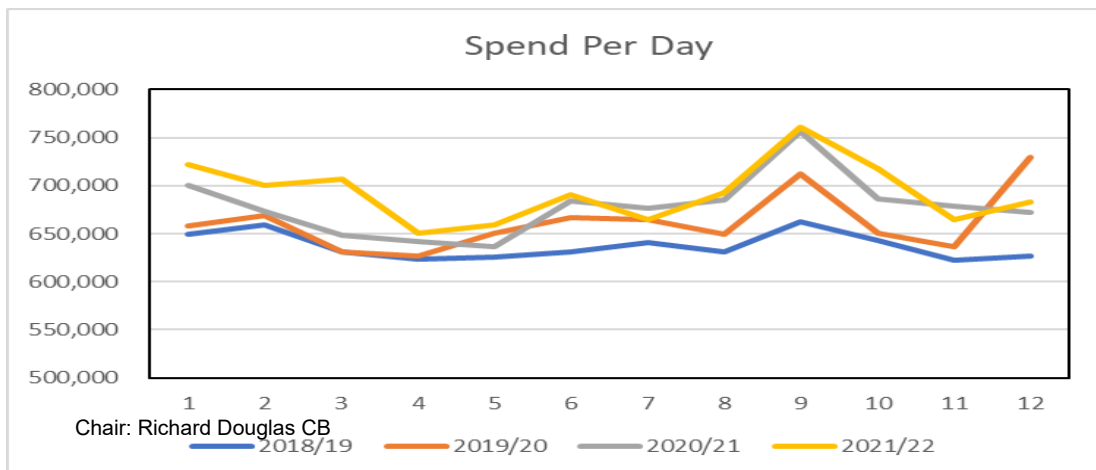
- At Month 2, the CCG is reporting an overall **£84k overspend**. This represents cost incurred in delivering the Covid-19 vaccination programme. Reimbursement in full is expected prior to reporting Month 3.
- At this early stage in the financial year, it is too early for financial trends to emerge, but the key features of the position are highlighted below.
- The CCG is reporting a £241k overspend against its Prescribing position. No 2022/23 prescribing financial information is yet available and the position is based upon Month 12 2021/22 data. The overspend is driven by activity levels.
- The Continuing Care financial position is variable across the boroughs, but even at this early stage there are indications of an increase in the number of clients being supported. This position will be reviewed during Month 3 to verify the accuracy of these numbers.
- The Mental Health position is reported based on actual cost per client (CPC) activity. There is a slight increase in activity, which will be reviewed in month. Due to the volatility of expenditure, the impact on the Mental Health Investment Standard (MHIS) will be reviewed at the end of Quarter 1.
- At Month 2, the CCG is awaiting actual reporting information on a number of budget areas. Where this is the case, these budgets have been reported to break-even. This position will be reviewed in time for Month 3 reporting.

6. Prescribing

Annual Comparison:

	Price Change From			Activity Change From		
	2018/19 vs. 2019/20	2019/20 vs. 2020/21	2020/21 vs. 2021/22	2018/19 vs. 2019/20	2019/20 vs. 2020/21	2020/21 vs. 2021/22
April	0.3%	6.1%	3.5%	0.9%	0.4%	(0.4%)
May	0.4%	5.3%	3.2%	1.0%	(4.4%)	0.7%
June	(0.5%)	6.5%	2.5%	0.6%	(3.5%)	6.4%
July	2.2%	6.1%	(0.2%)	(1.6%)	(3.5%)	1.6%
August	2.5%	2.9%	(0.4%)	1.4%	(4.9%)	4.0%
September	2.6%	4.6%	(0.6%)	3.0%	(2.0%)	1.6%
October	2.9%	5.1%	(2.7%)	0.7%	(3.2%)	1.0%
November	3.4%	5.0%	(1.2%)	(0.5%)	0.5%	2.4%
December	4.1%	4.9%	(0.5%)	3.3%	1.3%	1.1%
January	2.1%	7.0%	(3.5%)	(0.9%)	(1.4%)	8.3%
February	3.3%	6.9%	(3.9%)	(1.1%)	(0.2%)	1.9%
March	9.1%	(0.5%)	(2.6%)	6.7%	(7.3%)	4.2%
Total	2.7%	4.9%	(0.6%)	1.1%	(2.4%)	2.7%

Spend Per Day:



- The Month 2 prescribing position is based upon March 2022 data as the PPA information is provided two months in arrears (the Month 2 data will be received at the end of July 2022, in time for Month 4 reporting). Based on the available data, the CCG is showing a **£241k** overspend year to date (YTD). This position is due to higher than anticipated activity numbers in Month 12.
- Activity numbers have continued to rise since May last year as the impact of the pandemic reverses. This year on year increase is predicted to continue during Quarter 1, and will require close management in year to enable the CCG/ICB to deliver its budgeted prescribing position.
- The final 2021/22 position showed a reduction in price during the year. This year on year price reduction is expected to continue, at least, during Quarter 1.
- The annual comparison table shown to the left, highlights the impact of price and activity changes by month.

7. Continuing Care

Overview:

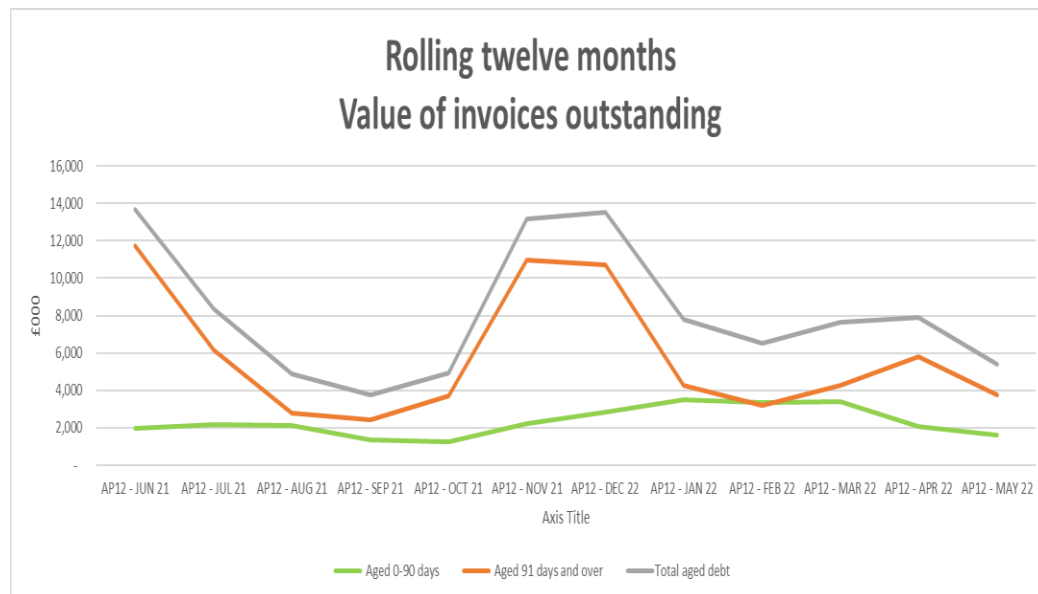
- The CCG's Continuing Care budgets were materially impacted by the pandemic, both in terms of patient numbers (due to the impact of initiatives such as the Hospital Discharge programme) together with the cost of packages as a result of the impact of the pandemic on wider price inflation.
- To mitigate this impact, the 2022/23 Continuing Care budgets were built off an agreed patient activity baseline for each borough. Adjustments were then made to fund the impact of expected price inflation (3.0% at the time of the budget setting) and activity growth (1.8%).
- Based upon the early Month 2 numbers, this budget setting approach appears to be have reasonable although there are activity pressures developing within both Lambeth and Lewisham. For both boroughs, this is due to increases within fully funded Continuing Care. This position is being reviewed in month, and further analysis will be provided in Month 3 reporting.
- The Continuing Care budgets do face a price risk, with the impact of the wider inflationary pressures meaning requests for 2022/23 uplifts are exceeding the 3.0% level set within the budget. The CCG has a central process in place to manage these requests, with additional funding made available during the final operating planning round. An assessment is being made around the likely impact, and an update will be reflected as part of Month 3 financial reporting.

8. QIPP

- The CCG has a final QIPP ask of £29.3m in 2022/23, with the 'by area' and borough positions set out in the table below. The savings identified include the impact of the NHS wide 1.1% tariff efficiency requirement. QIPP reporting (actuals versus plan) for 2022/23 is being developed and will be included within future monthly financial reports.
- The largest area of saving is the 'other programme services' budget line. The £15.76m highlighted below is driven by two main areas:
 - Circa £7.0m relates to a reduction in start budgets, identified following a review of 2022/23 funding arrangements; and
 - £7.0m (£3.0m borough and £4.0m central budgets) relates to the additional savings agreed by the CCG/ICB to contribute to ICS financial balance. This will be allocated to budget lines once the individual elements of the savings plans are finalised.
- The corporate budget savings (£2.7m) reflect the efficiencies required to fund the cost of pay increments and the anticipated 2022/23 pay award. This has been reflected in all directorate budgets as a vacancy savings factor, whilst recurrent solutions are identified.

Savings By Budget Area	Total Requirement £'000s	Savings By Borough	Total Requirement £'000s
Acute Services	822	Bexley	2,013
Community Health Services	2,595	Bromley	3,841
Mental Health Services	601	Greenwich	2,891
Continuing Care Services	3,429	Lambeth	2,555
Prescribing	3,162	Lewisham	2,623
Other Primary Care Services	208	Southwark	1,963
Other Programme Services	15,761	South East London	13,419
Delegated Primary Care Services	-		
Corporate Budgets	2,727		
Total Year to Date Actual	29,305	Total Year to Date Actual	29,305

9. Debtors Position



Overview:

- The CCG has an overall debt position of £5.4m at Month 2. Of this, circa £0.6m relates to debt over 3 months old. Following the work undertaken to resolve the legacy debts the CCG is moving towards a more regular approach to debt management and will focus on ensuring recovery of its larger debts, and in minimising debts over 3 months old. Regular meetings with SBS regarding debt collection are assisting, with a focus on debt over 90 days which is now starting to reduce.
- The top 10 aged debtors are provided in the table below, with the main balances remaining with Circle, NHS England and SE London local authorities. The Circle debt reflects a change in contracting approach this year, with the position expected to be settled in the coming weeks. These debts are being actively chased by borough finance colleagues.

Customer Group	Aged 0-30 days £000	Aged 31-60 days £000	Aged 61-90 days £000	Aged 91-120 days £000	Aged 121-180 days £000	Aged 181+ days £000	Total £000
NHS	110	33	1,377	72	21	6	1,619
Non-NHS	149	2,758	347	289	48	162	3,753
Unallocated	0	(6)	0	0	0	0	(6)
Total	259	2,785	1,724	361	69	168	5,366

Number	Supplier Name	Total Value £000	Total Volume	Aged 0-90 days Value £000	Aged 91 days and over Value £000	Aged 0-90 days Volume	Aged 91 days and over Volume
1	CIRCLE CLINICAL SERVICES LTD	2097	2	2097	0	2	0
2	NHS ENGLAND	1382	10	1351	31	6	4
3	BROMLEY HEALTHCARE CIC	350	3	350	0	1	2
4	LEWISHAM LONDON BOROUGH COUNCIL	228	8	195	33	3	5
5	FREE RADICAL NETWORK	219	1	219	0	1	0
6	BROMLEY LONDON BOROUGH COUNCIL	173	2	0	173	0	2
7	THE MAYOR'S OFFICE FOR POLICING AND CRIME	160	1	0	160	0	1
8	BAYER	110	1	0	110	0	1
9	GREATER LONDON AUTHORITY	100	1	100	0	1	0
10	LEWISHAM AND GREENWICH NHS TRUST	72	6	31	41	2	4

10. Cash Position

- The Maximum Cash Drawdown (MCD) as at Month 2 after accounting for payments made on behalf of the CCG by the NHS Business Authority (largely relating to prescribing expenditure) is £869m.
- In June we have drawn down the total available cash to ensure we can pay as many creditors as possible, before the dissolution of the CCG on 30th June.
- At Month 2, the CCG has drawn down 67.9% of the available cash compared to the budget cash figure of 66.7%. The additional cash represents payment of invoices approved as part of the year-end process. The CCG expects to utilise its cash limit in full by the end of the reporting period.

72Q- Annual Cash Drawdown Requirement for 2022/23	2022/23 AP2 - MAY 22	2022/23 AP1 - APR 22	2022/23 Month on month movement
	£000s	£000s	£000s
CCG ACDR	945,178	945,178	0
Capital allocation			
Less:			
Prescription Pricing Authority	(37,127)	(19,451)	(17,676)
Other Central / BSA payments- HOT	(369)	(182)	(187)
Pension uplift 6.3%			0
Add back PCSE System Error			0
Remaining Cash limit	907,682	925,544	(17,863)

	AP1 - APR 21 Actual £'000	AP2 - MAY 21 Actual £'000	AP3 - JUN 21 Forecast £'000	Total Forecast £'000
Balance b/wd	701	2,830	1,254	701
RECEIPTS				
Main Cash Drawdown	290,000	292,000	287,000	869,000
Supplementary Drawdown	27,000	0	0	27,000
Other	5,786	3,604	3,500	12,890
VAT	0	1,070	591	1,660
Total Receipts	322,786	296,674	291,091	910,550
PAYMENTS				
NHS Payables	230,288	227,813	229,000	687,102
Non NHS Payables	86,725	66,841	59,500	213,066
Salaries & Wages (inc Tax, NI & Pension)	3,644	3,595	3,600	10,840
Total Payments	320,658	298,250	292,100	911,008
BALANCE CFWD	2,830	1,254	244	244

- The cash KPI has been achieved in all months so far this year, showing continued successful management of the cash position by the CCG's finance team and CSU to achieve the target cash balance.

11. Better Practice Payments Code (BPPC)

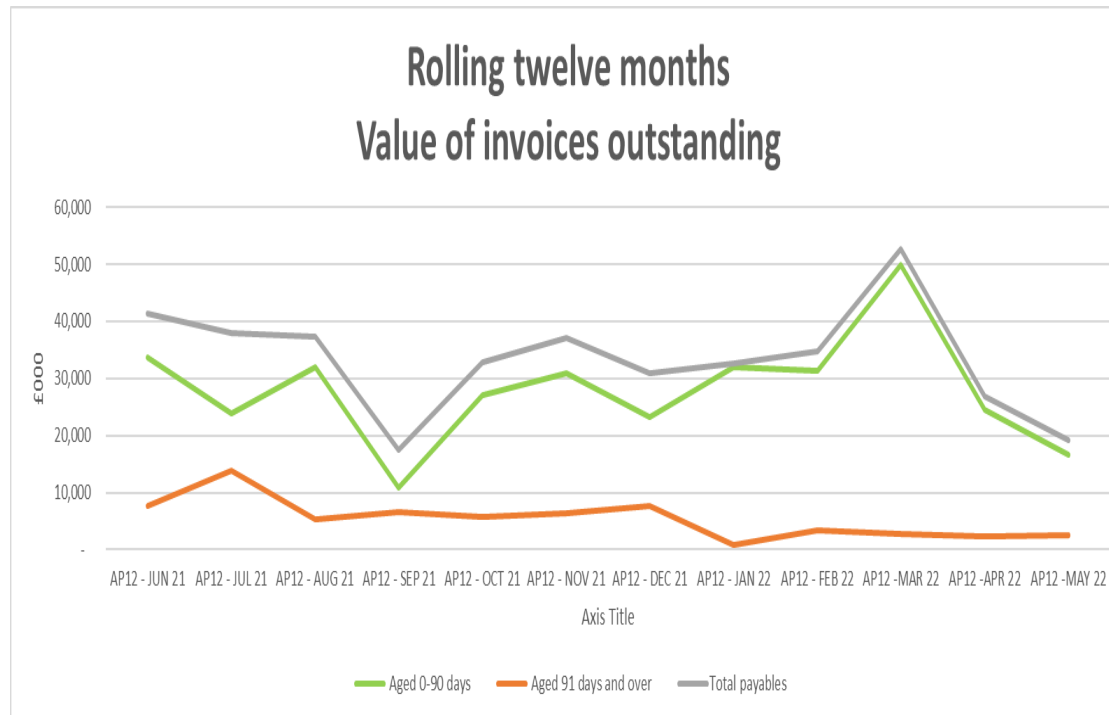
- Under the BPPC, CCGs are expected to pay 95% of all creditors within 30 days of the receipt of invoices. This is measured in terms of the total value of invoices and the number of invoices by count. To date the CCG has met the target cumulatively on both value and count for NHS and non NHS payments, and therefore the target is green on all cumulative aspects. It is similarly expected that this target will be met in full at the end of the year. All in month targets were also met.

	2022/23 AP2 - MAY 22		2022/23 AP1 - APR 22		2022/23 Year to date		2020/21 Outturn	
	Number	£000	Number	£000	Number	£000	Number	£000
Non-NHS Payables:								
Total Non-NHS trade invoices paid in the month	4,017	66,221	4,177	87,061	8194	153,282	57,544	904,328
Total Non-NHS trade invoices paid within target	3,922	65,285	4,086	86,235	8008	151,519	55,833	886,421
Percentage of non-NHS trade invoices paid within target	97.6%	98.6%	97.8%	99.1%	97.7%	98.9%	97.0%	98.0%
NHS Payables:								
Total NHS trade invoices paid in the month	53	227,786	191	228,805	244	456,592	5,299	2,427,869
Total NHS trade invoices paid within target	53	227,786	191	228,805	244	456,592	5,250	2,427,166
Percentage of NHS trade invoices paid within target	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.1%	100.0%
Combined non NHS and NHS:								
Total Non-NHS trade invoices paid in the month	4,070	294,007	4,368	315,866	8,438	609,873	62,843	2,428,773
Total Non-NHS trade invoices paid within target	3,975	293,071	4,277	315,040	8,252	608,111	61,083	2,428,052
Percentage of all trade invoices paid within target	97.7%	99.7%	97.9%	99.7%	97.8%	99.7%	97.2%	100.0%

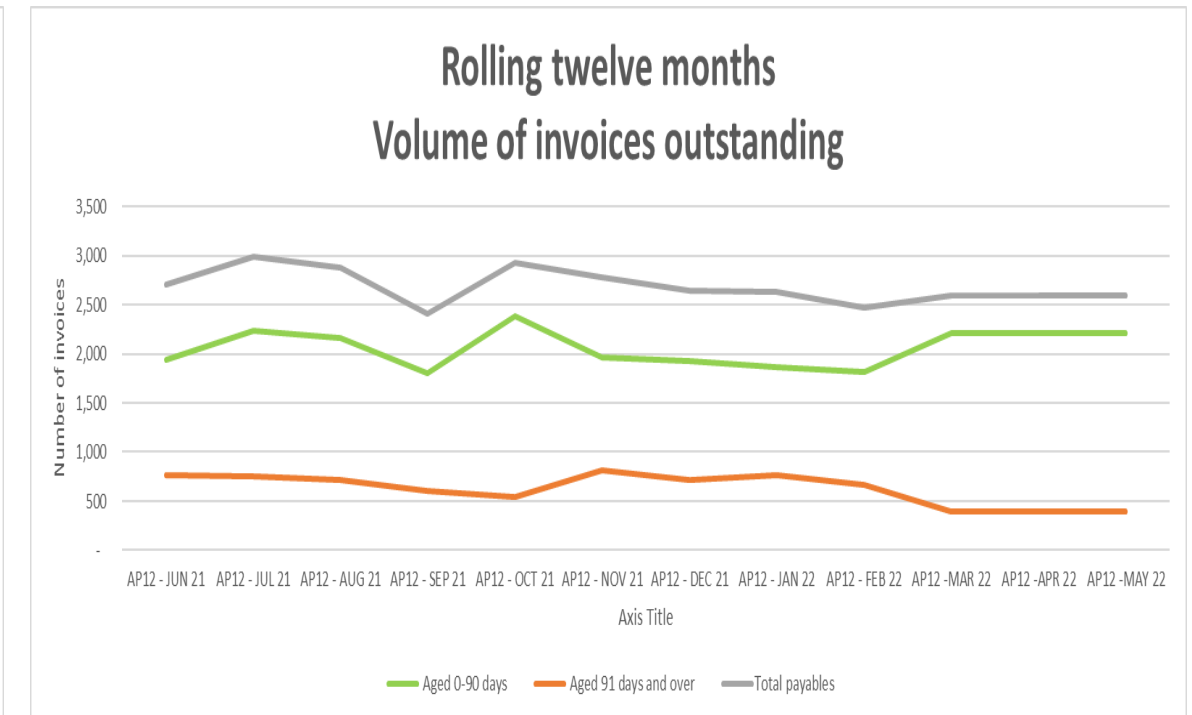
12. Creditors Position

- There continues to be ongoing work to reduce the levels of aged creditors. This work has “stepped up” over the last few months as Finance leads and budget holders have been asked to review workflows and clear as many invoices as possible to minimise the need to transfer items to the new ICB ledger. The graphs below show a decrease in volume for all categories of creditors.

As part of routine monthly reporting for 2022/23, high value invoices are being reviewed to establish if they can be settled and budget holders are being reminded on a regular basis to review their workflows.



Chair: Richard Douglas CB



Chief Executive Officer: Andrew Bland

Bexley Local Care Partnership Committee

Thursday 21st July 2022

Item: 9

Enclosure: G

Title:	System Risk Register		
Author:	Carol Berry, Corporate Governance Lead (Bexley), NHS South East London Integrated Care System		
Executive Lead:	Stuart Rowbotham, Executive Place Lead (Bexley)/Director of Adult Social Care, NHS South East London Integrated Care System/London Borough of Bexley Council		
Purpose of paper:	To provide assurance and to ask the Local Care Partnership Committee to note and accept the risks.	Update / Information	X
		Discussion	X
		Decision	
Summary of main points:	<p>The risks from the Bexley Strategic Board are currently under review and will transition across to the new Bexley Local Care Partnership System Risk Register in due cause and where appropriate.</p> <p>Enclosed are the following documents outlining the identification and mitigation of risks within Bexley Place:</p> <ol style="list-style-type: none">1. A visual summary of all Bexley Place risks demonstrating activity.2. The central risk register outlining all Bexley Local Care Partnership/SEL Integrated Care Board. <p>Currently there are 6 new risks: 1 Finance & 5 Enhanced Access Programme</p>		
Potential Conflict of Interest	None identified as a consequence of this report.		
Other Engagement:	Equality Impact	N/A	
	Financial Impact	N/A	
	Public Engagement	N/A	
	Other Committee Discussion/Engagement	All risks are reviewed operationally at the Bexley Senior Management Team meetings and escalated to the Bexley Local Care Partnership Executive meeting. Risks relating the Enhanced Access Programme were reviewed by the Task & Finish Group on 12.07.2022.	
Recommendation:	The Bexley Local Care Partnership Committee is recommended to: (i) Note and accept the Bexley System Risk Register.		

Item: 9

Enclosure: G(i)

BEXLEY SYSTEM VISUAL RISK SUMMARY JULY 2022						
Finance	F01	There is a risk that Bexley will not meet its breakeven duty on the delegated budgets due to an additional recurrent savings target of £399k being required which has yet to be identified Description: There is a risk that Bexley will be unable to recurrently identify an additional £399k savings target which has been required and also manage the risks associated with the budgets delegated to place.				MODERATE
	EA01	ICT: There is a risk that Primary Care Networks will not be able to implement the National Standard of the Primary Care Network Directory Enhanced Service due to EMIS Remote and Community not being implemented to meet the go-live date of. The consequences are that this could lead to a delay in commencing the new services.				MODERATE
Primary Care	EA02	ICT: Risk of enabling systems (DOCMAN / EPS / DSX / AccRx) not being interoperable with EMIS Community and Remote. The consequence could be that clinical staff will be unable to complete full consultations and associated tasks including difficulty in capturing all activity data.				MODERATE
	EA03	Workforce: There is a national shortage of primary care clinicians and an increased need for additional staff across all health and care sectors. The consequences could result in an ability to attract a workforce to Bexley, which would lead to gaps in service provision.				MODERATE
	EA04	Patient/Public Expectation: There is a risk that patient expectations are unrealistic and not deliverable due to a lack of understanding of the national programme for Enhanced Access to primary care services. The consequences are underutilisation of the new services and inability to navigate and improve access to primary care services.				MINOR
	EA05	The national 'Network Standard' for Enhanced Access delivered to be delivered by Primary Care Networks does not include Sundays. However, once the Network Standard is met there is scope to consider Sundays, subject to residents' feedback from the Bexley Local Care Partnership Patient/Public Engagement Programme. The consequences are that this could result in an adverse impact on 111 and urgent care services on Sundays.				MODERATE

ITEM 9

ENCLOSURE: G(ii)

Bexley System Risk Register July 2022

Ref.:	Risk Description	Inherent Risk (L x I)	Residual Risk (L x I)	Target Risk (L x I)
ICB Bexfin 1	Breakeven duty on the delegated budgets: There is a risk that Bexley will not meet it's breakeven duty on the delegated budgets due to an additional recurrent savings target of £399k being required which has yet to be identified. There is a risk that Bexley will be unable to recurrently identify an additional £399k savings target which has been required and also manage the risks associated with the budgets delegated to place.	3x3=9	3x3=9	3x2=6
Risk Sponsor David Maloney – Director of Corporate Finance		Risk Owner Julie Witherall – Assistant Director of Finance (Bexley)		
Ongoing Controls	TBC			
Assurances	TBC			
Impact	TBC			
Control Gaps	TBC			
Ref.:	Risk Description	Inherent Risk (L x I)	Residual Risk (L x I)	Target Risk (L x I)
EA01	ICT: There is a risk that Primary Care Networks will not be able to implement the National Standard of the Primary Care Network Directory Enhanced Service due to EMIS Remote and Community not being implemented to meet the go-live date of. The consequences are that this could lead to a delay in commencing the new services.	3x3=9	2x3=6	1x3=3
Risk Sponsor Primary Care Networks: APL, Clocktower, Frognal and North Bexley		Risk Owner		

		Abi Mogridge, Chief Operating Officer, Bexley Health Neighbourhood Care CiC (BHNC)			
Ongoing Controls	<ul style="list-style-type: none">Vision contracts held by BHNC have been extended for additional year as a contingency platform.SEL Integrated Care Board (SEL ICB) will maintain Vision contracts as required.The proposed Clinical Models have been developed with PCNs, which has clear expectations regarding outcomes – patient focused.SEL Integrated Care Board (SEL ICB) ICT team have been advised of the PCN proposals and expectations, including timelines for delivery.				
Assurances	<ul style="list-style-type: none">EMIS Remote and Community system has been purchased by NHS SEL ICB.BHNC have set up weekly meetings have been set up with all relevant stakeholders.Project plan is in development.EMIS have been asked to prioritise Bexley Primary Care Networks as this is a major change from Vision to EMIS platforms.				
Impact	Project timelines have not been clearly defined due to gaps in understanding of EMIS Community and Remote implementation requirements.				
Control Gaps	Implementation plan to be finalised. Local expertise and support to be identified.				
Ref.:	Risk Description		Inherent Risk (L x I)	Residual Risk (L x I)	Target Risk (L x I)
EA02	ICT: Risk of enabling systems (DOCMAN / EPS / DSX / AccRx) not being interoperable with EMIS Community and Remote. The consequence could be that clinical staff will be unable to complete full consultations and associated tasks including difficulty in capturing all activity data.		4x4=16	3x4=12	1x4=4
Risk Sponsor Primary Care Networks: APL, Clocktower, Frognaal and North Bexley Nisha Wheeler, Director of IT & Information Governance, NHS SEL Integrated Care System			Risk Owner Abi Mogridge, Chief Operating Officer, Bexley Health Neighbourhood Care CiC (BHNC)		
Ongoing Controls	PCNs have informed all stakeholders of expectations of future requirements and therefore the benefits for patients.				

Assurances	<ul style="list-style-type: none">SEL ICB ICT team have been asked to present an overview of all associated systems and their ability to be interoperable, where there are concerns, the working group will determine workarounds.Support has been sought from neighbouring boroughs who have the systems in place to determine if Bexley PCN requests are realistic and achievable. Bromley and Greenwich have given assurance that this is achievable however need to ensure co-ordination and planning from all stakeholders.					
Impact of ongoing controls	There is insufficient assurance that all associated systems can be implemented which meet Bexley PCN requirement.					
Control Gaps	There are gaps in the expertise required and support from Bromley has been requested.					
Ref.:	Risk Description			Inherent Risk (L x I)	Residual Risk (L x I)	Target Risk (L x I)
EA03	Workforce: There is a national shortage of primary care clinicians and an increased need for additional staff across all health and care sectors. The consequences could result in an ability to attract a workforce to Bexley, which would lead to gaps in service provision.			3x4=12	3x4=12	2x4=8
Risk Sponsor Primary Care Networks: APL, Clocktower, Frognaal and North Bexley			Risk Owner Abi Mogridge, Chief Operating Officer, Bexley Health Neighbourhood Care CiC (BHNC)			
Ongoing Controls	<ul style="list-style-type: none">The Enhanced Access model provides an opportunity for a greater skill mix of staff, therefore reducing the reliance on one type of professional group.BHNC Staff Bank in place to promote staff to join.BHNC has allocated additional HR resource allocated to help increase bank staffing uptake.Benchmarking of staff pay rates across NHS SEL ICB.Agreement by all PCNs to promote service locally to part-time staff.Retained morning sessions at the practices to reduce level of risk.					
Assurances	<ul style="list-style-type: none">Workforce recruitment plans will be finalised once the Enhanced Access proposal from PCNs are agreed by the Bexley Local Care Partnership Committee and the outputs from the Patient/Public Engagement Programme are available.Active recruitment will be undertaken by BHNCEscalation plans will be in place where either where the risk increase, or it becomes an issue.					

Impact of ongoing controls	Understanding patient/public views on the proposals for Enhanced Access, will have an impact on the services eventually provided and the workforce required.			
Control Gaps	The Patient/Public Engagement is underway and on time, once outputs are received plans can be finalised. However, until then workforce plans are outstanding.			
Ref.:	Risk Description	Inherent Risk (L x I)	Residual Risk (L x I)	Target Risk (L x I)
EA04	Patient/Public Expectation: There is a risk that patient expectations are unrealistic and not deliverable due to a lack of understanding of the national programme for Enhanced Access to primary care services. The consequences are underutilisation of the new services and inability to navigate and improve access to primary care services.	2x3=6	1x3=3	1x3=3
Risk Sponsor Primary Care Networks: APL, Clocktower, Frogna and North Bexley		Risk Owner Abi Mogridge, Chief Operating Officer, Bexley Health Neighbourhood Care CiC (BHNC)		
Ongoing Controls	<ul style="list-style-type: none">LCP Enhanced Access Task & Finish Group has been set up.Patient/Public Engagement Programme agreed with the PCNs in June and is being deliver by the Local Care Partnership Engagement Team.This includes Patient Engagement Survey on Enhanced Access. This has been co-created with Primary Care Networks and Bexley Local Care Partnership. The Survey closed on 21.07.2022 and weekly updates are provided in real time.			
Assurances	<ul style="list-style-type: none">The Patient/Public Engagement Programme sets out the National Standard for Enhanced Access, thresholds, commissioning implications and workforce challenges as well the opportunities the service can deliver.Primary Care Networks and the GP Federation (BHNC) will attend the Patient/Public Engagement sessions to support Bexley Local Care Partnership Engagement and answer any clinical questions from residents.			
Impact of ongoing controls	Better management of Public/Patient expectations.			
Control Gaps	Patient/Public Engagement Programme is due for completion at the end of July.			

Ref.:	Risk Description	Inherent Risk (L x I)	Residual Risk (L x I)	Target Risk (L x I)
EA05	The national 'Network Standard' for Enhanced Access to be delivered Primary Care Networks does not include Sundays. However, once the Network Standard is met there is scope to consider Sundays, subject to residents' feedback from the Bexley Local Care Partnership Patient/Public Engagement Programme. The consequences are that this could result in an adverse impact on 111 and urgent care services on Sundays.	3x3=9	2x3=6	1x3=3
Risk Sponsor Diana Braithwaite, Borough Director – Operations (Bexley), NHS SEL ICS		Risk Owner Erica Bond, Urgent Care Programme Lead – Bexley & Greenwich, NHS SEL ISC		
Ongoing Controls	<ul style="list-style-type: none">The NHS SEL ICB 111 team have been advised of the Primary Care Network proposals to deliver the Network Standard.There has been a low update of appointments on Sundays at the Extended Access Hub provided by the BHNC, and therefore the impact is likely to marginal. Data to be provided.Patient/Public Engagement Programme is underway.			
Assurances	NHS SEL ICB 111 to keep central team informed and include Patient/Public Engagement Programme Outputs.			
Impact of ongoing controls	Changes to service provision from 1st October 2022.			
Control Gaps	Extended Access Hub data on utilisation on Sundays.			

ITEM: 10

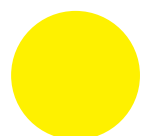
Bexley Local Care Partnership Committee

Public Forum

Public Questions

Thursday 21 July 2022

**Note: This is a Q&A session where members of the public can ask questions in person by the raise hand function or via the 'Chat' function in Microsoft Teams.*



ITEM: 12
ENCLOSURE: H

Bexley Local Care 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