

**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, Frognaal 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. 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 |
| <p>Recommendation:</p> | <p>The Bexley Local Care Partnership Committee is recommended to:</p> <ul style="list-style-type: none"> (i) Adopt the Terms of Reference. (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. (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. | |

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: Frogna
- 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.

ITEM: 5

ENCLOSURE: C(i)

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:

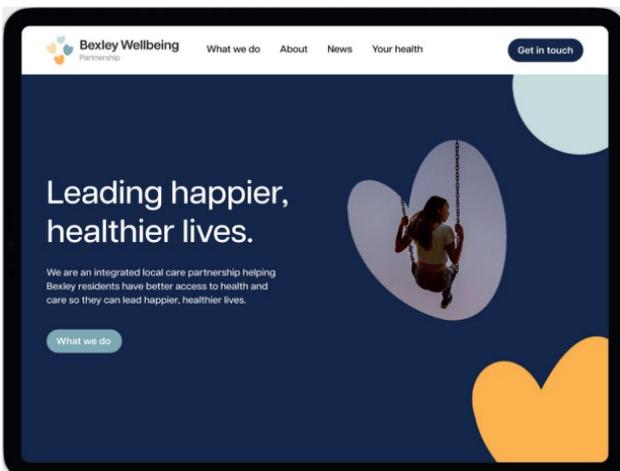
Figure 2 – Bexley Wellbeing (a)



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.

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|-------------------------|---|
| 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> |
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| <p>Potential Conflicts of Interest:</p> | <p>There are three specific groups on the Bexley Local Care Partnership, where there could be a perceived conflict of interest:</p> <p>(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.</p> <p>(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.</p> <p>(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.</p> | |
| <p>Other Engagement:</p> | <p>Equality Impact</p> | <p>An equalities impact assessment will be conducted once the service specification is developed.</p> |
| | <p>Financial Impact</p> | <p>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.</p> |
| | <p>Public Engagement</p> | <p>Co Create sessions were run over 4 workshops.</p> |
| | <p>Other Committee Discussion/ Engagement</p> | <p>Bexley Local Care Partnership Executive, 22.06.2022 Bexley Local Care Partnership Forum, 08.07.2022</p> |
| <p>Recommendation:</p> | <p>The Bexley Local Care Partnership Committee is recommended to approve the requests to:</p> <p>(i) Commence <i>Market Development</i> with the Local Care Partnership and receive feedback and recommendations.</p> <p>(ii) Commence the procurement of Urgent Care for Bexley in line with SEL ICS schedule of delegated matters.</p> | |

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.

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|-------------------------|---|
| 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, Frognaal 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. |
| <p>Recommendation:</p> | <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

| No. | Section | Page | Hyperlink |
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| 1 | NHS England Plan for <i>Improving access for patients and supporting general practice</i> | 3 | Slide 3 |
| 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 |
| 8 | Enhanced Access – Benefits | 14 | Slide 14 |
| 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.**

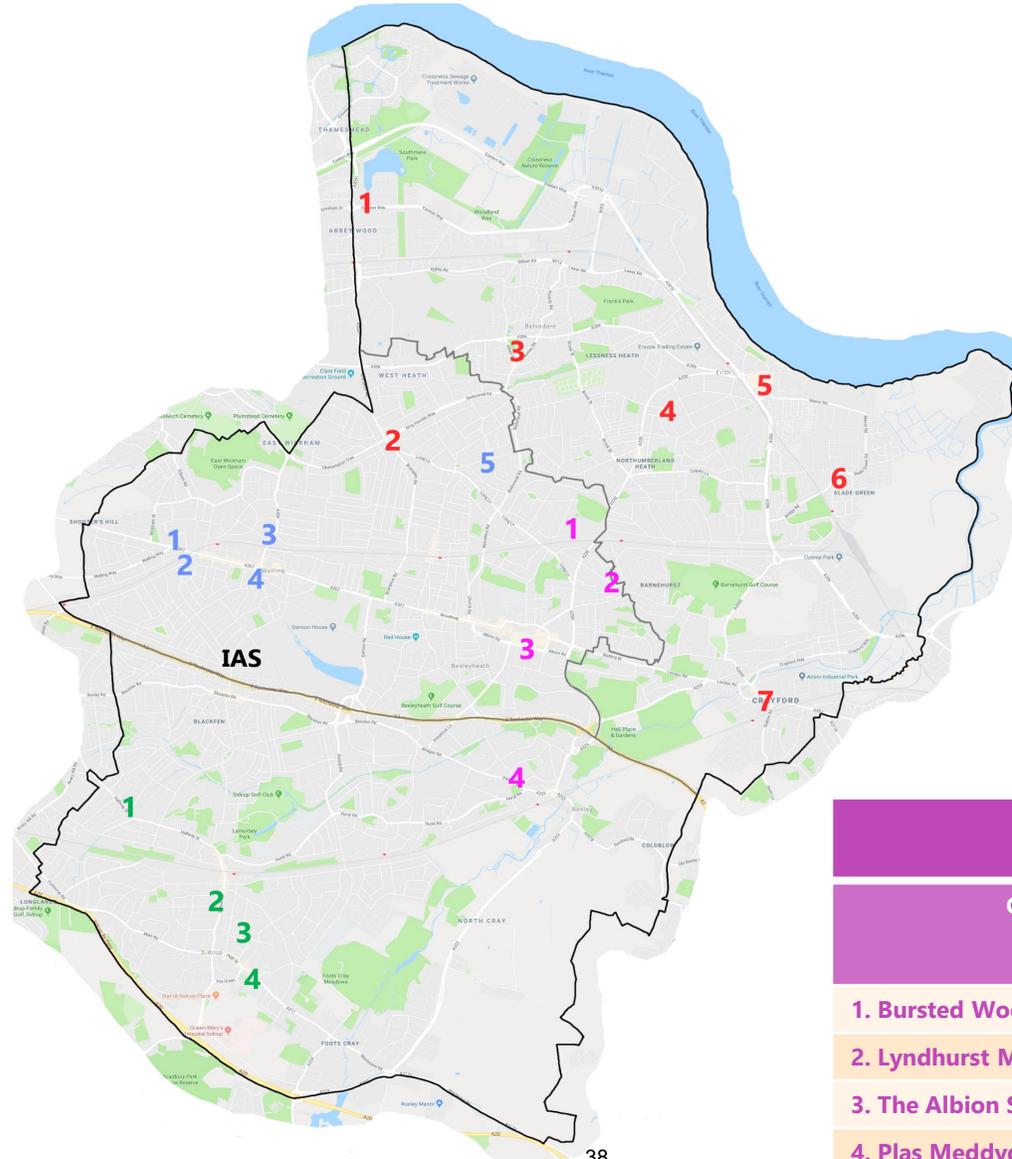


- ❑ Primary Care Networks led by Clinical Directors in collaboration with the Bexley Health Neighbourhood Care CiC (Local GP Federation) commenced consideration of the clinical models to improve access for patients in April and agreed a number of clinical and patient outcome principles.
- ❑ Primary Care 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

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 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.**



- ❑ 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.



 18.30 - 20.00 Mon – Fri
09.00 - 17.00 Saturday



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

 18.30 - 20.00 Mon – Fri
09.00 - 17.00 Saturday



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



 18.30 - 20.00 Mon – Fri
09.00 - 17.00 Saturday



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.



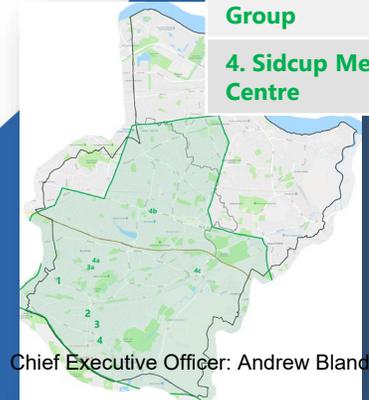
Location



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

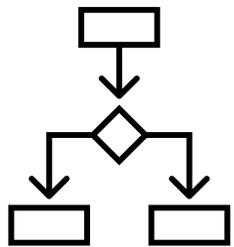


- North Bexley PCN**
(Pop. 99,824)
- Clinical Directors:**
Dr Sushanta Bhadra
Dr Surjit Kailey
1. Lakeside Medical Centre
 2. Bexley Medical Group
 3. Belvedere Medical Centre
 4. Northumberland Heath MC
 5. Riverside Surgery
 6. Slade Green Medical Centre
 7. Crayford Town Surgery



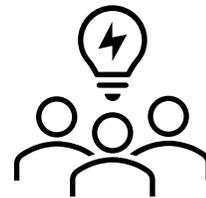


Better access to health and care services in the mornings, evenings and weekends including: Same day urgent care, Minor Illnesses, Chronic Disease Management e.g. Hypertension, Diabetes, Asthma and COPD, Medication Reviews, Wound Care, NHS Health Checks, Blood Tests and Referral to other health and care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



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

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 |
| 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 Actual | 20,869 | 35,834 | 27,128 | 31,259 | 24,373 | 24,043 | 467,224 | 630,730 | 84 | 630,814 |
| 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 Actual | 20,869 | 35,834 | 27,128 | 31,259 | 24,373 | 24,043 | 467,224 | 630,730 | 84 | 630,814 |

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

Contents

1. Executive Summary
2. Revenue Resource Limit
3. Key Indicators
4. Financial Position
5. Budget Overview
6. Prescribing
7. Continuing Care
8. QIPP
9. Debtors Position
10. Cash Position
11. Better Practice Payments Code
12. Creditors Position



South East London
Clinical Commissioning Group

- 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 |
| 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 | |
| Agreed Surplus | - | (84) | - | (132) | Amber |
| Expenditure not to exceed income | 624,337 | 624,420 | 936,512 | 936,644 | Amber |
| Operating Under Resource Revenue Limit | 630,730 | 630,814 | 946,096 | 946,228 | Amber |
| Not to exceed Running Cost Allowance | 5,882 | 5,638 | 8,823 | 8,457 | Green |
| Month End Cash Position (expected to be below target) | 3,650 | 1,254 | 3,588 | 244 | Green |
| Operating under Capital Resource Limit | n/a | n/a | n/a | n/a | Green |
| 95% of NHS creditor payments within 30 days | 95.0% | 100.0% | 95.0% | 100.0% | Green |
| 95% of non-NHS creditor payments within 30 days | 95.0% | 97.9% | 95.0% | 97.8% | Green |
| Mental Health Investment Standard | 73,331 | 73,331 | 109,997 | 109,997 | Green |

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 | 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.

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 |
| 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) |

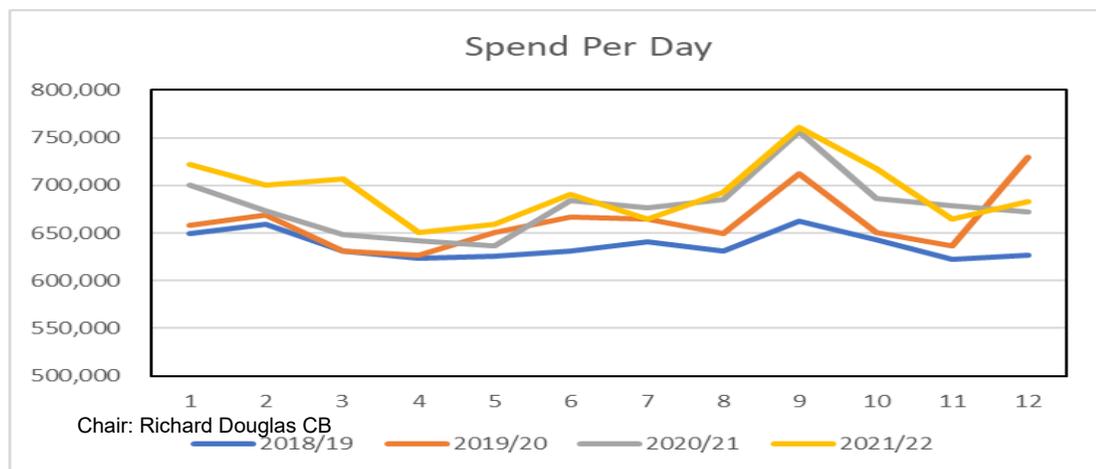
- At Month 2, the CCG is reporting an overall **£84k overspend**. This represents cost incurred in delivering the Covid-19 vaccination programme. Reimbursement in full is expected prior to reporting Month 3.
- At this early stage in the financial year, it is too early for financial trends to emerge, 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:

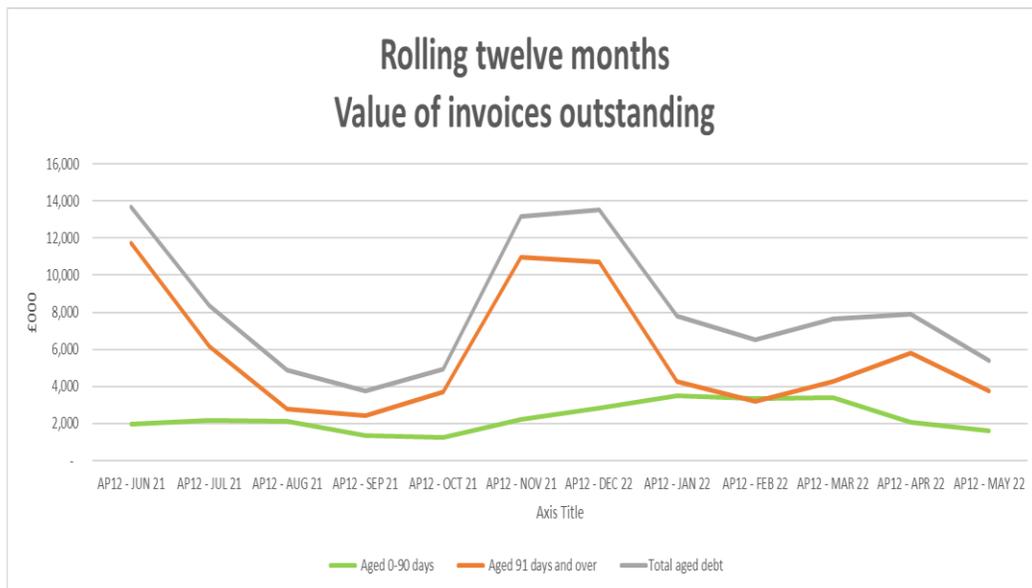
- The CCG's Continuing Care budgets were materially impacted by the pandemic, both in terms of patient numbers (due to the impact of initiatives such as the Hospital Discharge programme) together with the cost of packages as a result of the impact of the pandemic on wider price inflation.
- To mitigate 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 | Savings By Borough | Total Requirement |
|----------------------------------|--------------------------|----------------------------------|--------------------------|
| | £'000s | | £'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 Capital allocation | 945,178 | 945,178 | 0 |
| 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 | AP2 - MAY 21 | AP3 - JUN 21 | Total |
|--|----------------|----------------|----------------|----------------|
| | Actual | Actual | Forecast | Forecast |
| | £'000 | £'000 | £'000 | £'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)

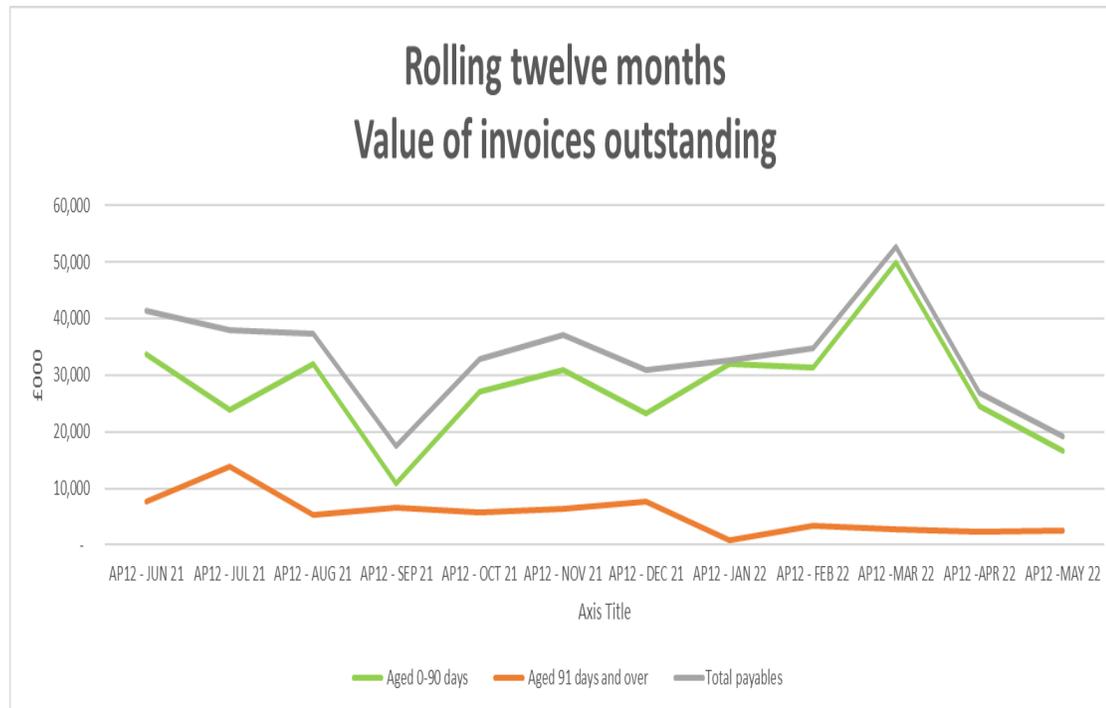
- Under the BPPC, CCGs are expected to pay 95% of all creditors within 30 days of the receipt of invoices. This is measured in terms of the total value of invoices and the number of invoices by count. To date the CCG has met the target cumulatively on both value and count for NHS and non NHS payments, 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% |

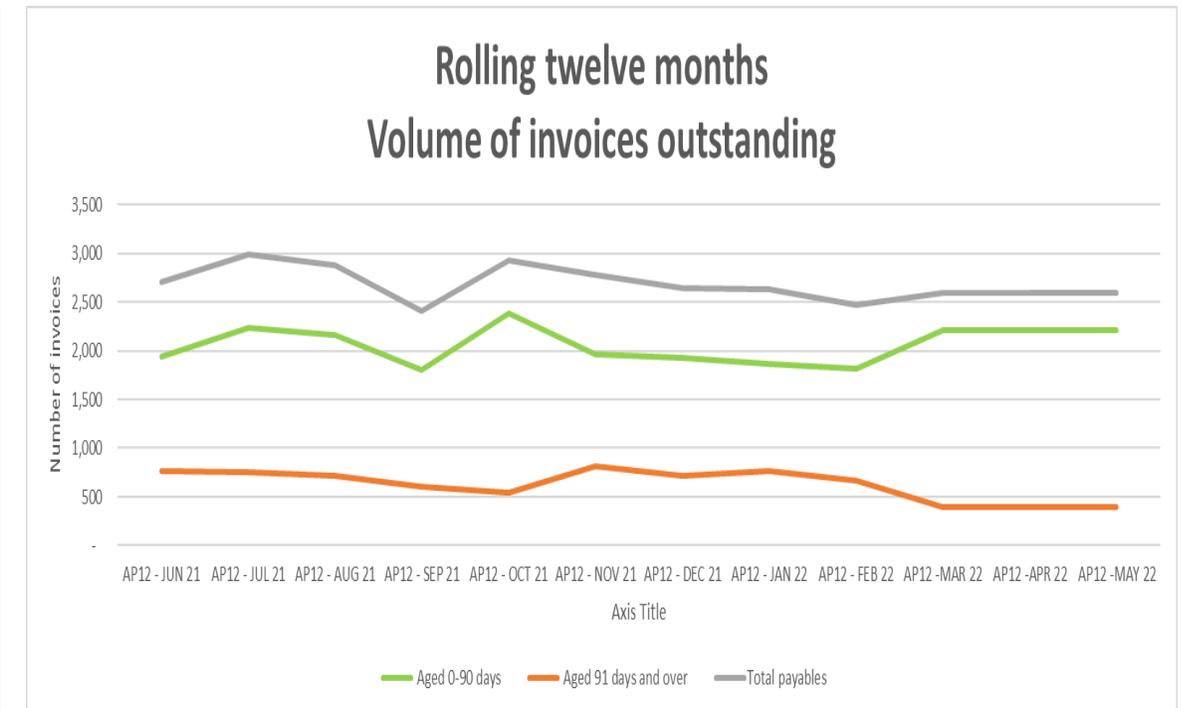
12. Creditors Position

- 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: | <p>The Bexley Local Care Partnership Committee is recommended to:</p> <p>(i) Note and accept the Bexley System Risk Register.</p> | | |

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 a 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, Frogna 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 BHNC Escalation 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, 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"> 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 210.07.2022 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 ICS | | |
| 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 uptake of appointments on Sundays at the Extended Access Hub provided by the BHNC, and therefore the impact is likely to be 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 |